



**National Association
of Mental Health
Planning and
Advisory Councils**

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**National Association of Mental Health
Planning and Advisory Councils
POLICY STATEMENT**

**In support of community integration and recovery for
individuals with serious mental illnesses**

Statement of Position

The National Association of Mental Health Planning and Advisory Councils (NAMHPAC) considers that implementation of the *Olmstead* decision is an urgent national priority. In order to prevent unnecessary institutionalization and promote community integration it is essential that each state develop the necessary community supports and recovery-oriented services to transition children and adults with serious mental illnesses from institutional settings to communities. To insure successful transitions, community-based services such as affordable housing, transportation, supported employment, children's systems of care and other long-term supports that sustain recovery must be made available in communities. NAMHPAC believes that plans to transition individuals into the community need to be (1) integrated with the overall planning processes within publicly financed mental health systems, (2) coordinated with the state mental health planning councils and other statewide advocacy groups, and (3) monitored to ensure that people are provided high quality community-based services to live successfully in the community.

Rationale for This Position

The landmark Supreme Court ruling in *Olmstead v. L.C.* (1999) found that unnecessary segregation and institutionalization of people with disabilities constitutes discrimination under the Americans with Disabilities Act. In order to implement the *Olmstead* decision, the U.S. Department of Health and Human Services (DHHS) advised States to create comprehensive, effective working plans to place qualified persons in institutions in less restrictive settings.

Olmstead is generally recognized as a pivotal development that encourages community integration for people with disabilities. It provides the framework for states and local governments to expand community-based services for all people with disabilities. These services can provide a pathway for people with *all* disabilities, including those with serious and persistent mental illnesses, to return to and remain integrated in community life with necessary clinical and social supports.

In 2001, President Bush called for swift implementation of *Olmstead* through the New Freedom Initiative, a national effort to remove barriers to community living for individuals with disabilities and long-term illnesses. This initiative includes the President's New Freedom Commission on Mental Health, charged with studying the United States mental health service delivery system and making recommendations to the President to promote full access to community life for individuals experiencing mental illness.¹

While some States have adopted Olmstead plans, and other States are in the process of developing plans, others have not yet developed a plan. This decision not to develop a plan may have negative implications for the State. For example, a lawsuit can be brought against the State where the plaintiff argues that the State does not have a “comprehensive working plan for placing qualified persons in less restrictive settings” as required by the Olmstead decision. In an April 7, 2003 ruling in the *Bruggeman et al. v. Blagojevich et al.*, the 7th Circuit Court of Appeals “commended” to the district court [the] *Olmstead v. L.C.* decision, especially pointing to that part of the decision that provided “if...the State were to demonstrate that it had a comprehensive, effectively working plan for placing qualified persons with mental disabilities in less restrictive settings, and a waiting list that moved at a reasonable pace not controlled by the State’s endeavors to keep its institutions fully populated,” the State would not be in violation of the ADA.²

NAMHPAC recognizes that the states are currently experiencing record-breaking fiscal crises that limit the ability of the states to develop and implement new community-based services. Nevertheless, it is imperative that states develop Olmstead plans that call for placement of persons with disabilities in communities with sufficient supports to be successful in the community. These plans should establish reasonable parameters for implementing the plan and for insuring that plan implementation is monitored, even given the limitations created by the current state fiscal crises. Further, plans should have a futuristic perspective calling for increased implementation as the states eventually return to a more solid fiscal footing.

Stakeholders, including advocates, family members, consumers, providers and others, must work collaboratively with the public mental health system within each state in crafting and implementing their state *Olmstead* plan, and in following up on recommendations from the New Freedom Commission on Mental Health, when the report is issued.

Key Community Integration Issues

Olmstead planning and implementation is only one of several planning mechanisms to enhance community-based services for persons with mental illnesses. In the development of *Olmstead* plans, or any other plans, that address the transition of individuals with mental illnesses from institutions to the community, the following must be addressed:

- An assessment and understanding of the current capacity of the public mental health system’s community based services must occur prior to developing any plans that address the transition of individuals with mental illnesses from institutions to the community;
- Cultural competency is essential in assessment and service delivery. Services must be available in languages and settings that are culturally sensitive for individuals. Cultural values must be respected and included in intervention strategies.
- Evaluation and monitoring of implementation are essential to ensure that services are in fact available and that consumers are not again “dumped” into inadequate community treatment settings or onto the streets;
- The assessment of persons who are unnecessarily institutionalized must be conducted by persons that are qualified and do not have a financial interest in keeping people with mental illnesses institutionalized;

- Transition plans should be voluntary, and the person with a psychiatric disability (or designee) must be part of the service planning process. In order to make any transition successful, stakeholders must:
 - Evaluate the current service system and re-direct resources out of programs that do not work;
 - Reallocate those resources to services that are known to be effective; and
 - Secure additional resources so that persons re-entering the community are fully supported and transition is successful;

Children and Community Integration Planning Issues

The needs of children at risk of or in out-of-home placements differ from those of adults, and many of these children have been exposed to/involved with violence, have co-occurring mental and substance abuse disorders, are in need of special education services, are high-risk infants and toddlers, or are older adolescents transitioning to adult services.³ When addressing the transition of children with mental illnesses from out-of-home placements to family settings, *Olmstead* plans and other state planning documents must include the following⁴:

- Providers need to be trained to recognize and to address these children's needs;
- Innovative approaches to treatment, such as Multi-Systemic Therapy (MST) that uses short-term home and family based intervention with children and their families and strengths-based approaches that offer choice and flexibility to children and family members should be supported;
- The needs of children and families who live in rural areas and urban poverty areas must also be addressed. In urban areas, promoting availability of services at already-frequented locations such as schools, churches, and community centers helps to support children and families. In rural areas, providing transportation assistance and telemedicine services can be useful;
- The provision of transitional services for adolescents transitioning out of residential treatment facilities and into adult services, such as vocational training and job support, is essential. These services should also be available for youth who do not meet the diagnostic criteria for being served in adult service systems;
- States must also be encouraged to blend funding sources from the various agencies such as mental health, education, substance abuse, juvenile justice, developmental disabilities, and the child welfare system, to develop comprehensive systems of care to meet the needs of children and families.

Barriers to Implementation

Olmstead is currently the main initiative through which states plan to transition individuals with mental illnesses into the community. Although individuals with mental illnesses are included in virtually every *Olmstead* plan, plans often lack strategies to increase community-based services for those experiencing mental illnesses.⁵ NAMHPAC is concerned by the dearth of community-based services for individuals with serious mental illnesses, including supported employment, affordable housing, and other psychosocial services.

The lack of coordinated community-based services hinders *Olmstead* implementation, which includes community reintegration and recovery efforts for individuals with mental illnesses who are unnecessarily institutionalized. To reduce the barriers to community integration for individuals with mental illnesses, NAMHPAC strongly supports:

Increasing funding streams for community-based supports: States must take full advantage of all opportunities for funding, including Mental Health Block Grants, Temporary Assistance to Needy Families (TANF), the State Children's Health Insurance Plan (S-CHIP), and the Individuals with Disabilities Education Act (IDEA). Community-based care under Medicaid is increasingly important in enabling individuals with disabilities to live in the community⁶. States may want to maximize their Medicaid options, including Medicaid waivers. Section 1115 waivers, Home and Community-Based waivers, and Title IV-E (funding for children in child protective services, foster care and adoption) are waiver possibilities that states can pursue.

Increasing affordable housing. *Olmstead* plans must support decent, safe, affordable housing in integrated settings, coordinated among state, local and federal agencies. Without adequate housing, states will be unable to meet the *Olmstead* mandate to avoid unnecessary institutionalization.⁷ States must continue to develop a range of affordable housing options for individuals with mental illnesses in order to promote community living and recovery.

Increasing necessary employment supports. Transitional employment, supported employment, social enterprises, supported self-employment, employment through consumer-operated programs, and supported education are essential to helping people develop the skills that will allow them to prosper in communities.

Role of Planning Councils

Mental health planning councils are well suited to coordinate the process of reviewing, developing and implementing *Olmstead* state plans and other community integration and recovery plans because of each council's broad federal mandate for mental health planning, advocacy and evaluation, and because of its council composition. Planning councils, within their planning mandate, review the State Mental Health Block Grant, a flexible funding stream that can be used for systems change initiatives and to support community-based services that will help people integrate successfully into communities of their choice.

Mental health planning councils are unique in that they bring together consumers, family members, providers, and advocates, as well as state personnel representing the systems involved in expanding community-based services for individuals with mental illnesses, including: Mental Health, Education, Vocational Rehabilitation, Criminal Justice, Housing, Social Services and the state Medicaid agency. In their collaboration through the state mental health planning council, these key stakeholders provide a natural locus for state-level planning to develop/monitor state plans and effect systems change.

Mental health planning councils should also work with other agencies to ensure that services and supports are in place to address the needs of children when they return to community settings from residential, hospital, or juvenile justice facilities. Planning Councils should also support the inclusion of parents in the planning, implementation and evaluation of services for their children and their families, including early intervention and prevention activities.

NAMHPAC encourages state mental health authorities to partner with planning councils in the development and implementation of plans for the placement of individuals with disabilities in community-based settings. We also encourage planning councils to work closely with other state agencies responsible for statewide *Olmstead* implementation.

Call to Action

Planning councils should be:

- Involved in their state-level *Olmstead* planning and monitoring activities;
- Engaged in advocacy efforts and in building relationships that will help to leverage additional resources to sustain *Olmstead* planning and implementation efforts;
- Actively involved in the development of data and outcome indicators that monitor how successfully people are effectively integrated into the community of their choice.

Policy Statement Passed by the NAMHPAC Membership on May 29, 2003.

¹ <http://www.whitehouse.gov/news/releases/2002/04/20020429-2.html>;

<http://www.mentalhealthcommission.gov/background.html>

² The opinion may be accessed on the 7th Circuit's web site at: <http://www.ca7.uscourts.gov/op3.fwx>. Enter case number 02-1730

³ Lezak, A., MacBeth, G., Eds. Prepared under contract between the Gallup Organization and the Division of State and Community Systems Development "Overcoming Barriers to Serving Our Children in the Community" Advocates for Human Potential, Inc. Delmar, NY. May 2002.

⁴ Lezak, A., MacBeth, G., Eds. Prepared under contract between the Gallup Organization and the Division of State and Community Systems Development "Overcoming Barriers to Serving Our Children in the Community" Advocates for Human Potential, Inc. Delmar, NY. May 2002.

⁵ Mathis, Jennifer. "Community Integration of Individuals with Disabilities: An Update on Olmstead Implementation" *Journal of Law and Poverty*. November-December 2001.

⁶ Van Tosh, L. Making Systems Change When Times are a'Changing. An Issue Brief on *Olmstead v. L.C.* National Association of State Mental Health Program Directors. Alexandria, VA. 2002

⁷ National Low Income Housing Coalition/LIHIS. The Olmstead Factor: Integrating Housing for People with Disabilities. Spring 2002.