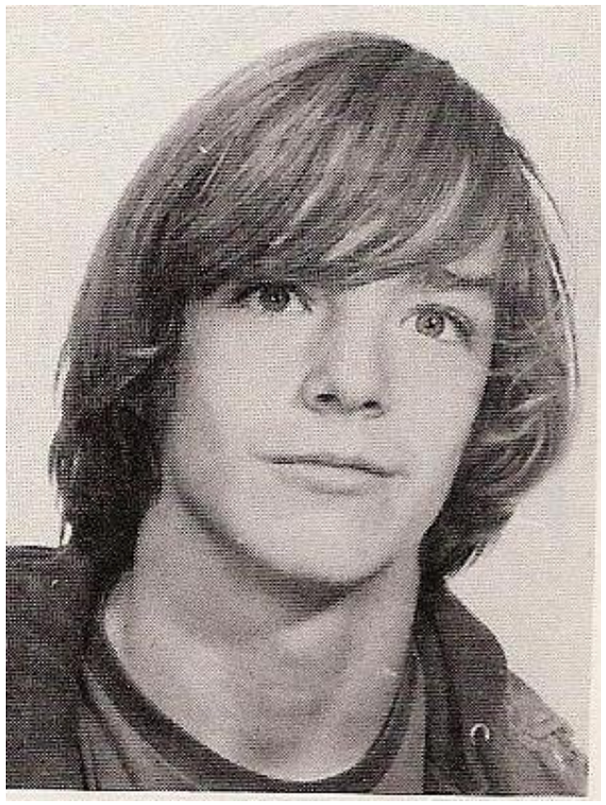
The Olmstead Decision



Paul's Legacy Project

Appropriate Long-Term Care for All Persons with Serious Mental Illness

Because Mental Illness is a Medical Illness


2008/03/15 16:36

Paul Did Not Recover

- "Even with the best treatments available, most patients with schizophrenia do not recover fully" National Institute for Mental Health website on schizophrenia.
- A third have little to no recovery
- Serious Cognitive Impairment
- Lacks Insight - Anosognosia
- Gravely Disabled

What Went Wrong?

From the moment Paul was released from the State Hospital, he was treated as if he were a fully functioning, fully recovered adult, yet he was permanently and gravely disabled and he never gained insight into his illness.

There was only one track for Paul - independent, non-supervised living - and he was treated as if he was already there when he was living in the Group Home and "Assisted" Living Apartment.

Olmstead on Release
A Guide to Meaningful Recovery

- Release Criteria:
  - Clinically Ready
  - Willing
  - Appropriate Setting/Support

What Did Paul Need?

Permanent Congregate Supportive Housing

- Safe
- Clean
- Staff on-site 24/7
- Meals provided
- Supervised Self-Care and General Medical Care
- Medications managed
  - Prescriptions refilled
  - Medications administered
- Common area for recreation/socialization
- Occupational Therapy/Work programs
- Smoking Cessation programs

Discharge/Transition Planning

- Assessment of current ability to perform activities of daily living (ADL)
- Placement and supports built around person's current ability to perform ADLs
- Follow up after transition
- Mechanism to transition back if necessary
- Further step-down to less restrictive environment only when criteria for that level is met

Definition of Institution

- Defined by Medicaid Institutes for Mental Diseases (IMD) Exclusion
  - Hospital, nursing facility, or other institution
  - Greater than sixteen beds
  - Primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including nursing and related services

Types of Institutions

- State and County Psychiatric Hospitals
- Private Psychiatric Hospitals
- Long-Term Residential Substance Abuse Treatment Centers
- Nursing Homes
- Adult Homes

Olmstead on Institutions

"The ADA is not reasonably read to impel States to phase out institutions, placing patients in need of close care at risk. Nor is it the ADA's mission to drive States to move institutionalized patients into an inappropriate setting...

Olmstead on Institutions (Cont'd)

"Some individuals may need institutional care from time to time to stabilize acute psychiatric symptoms. For others, no placement outside the institution may ever be appropriate."

Olmstead on Institutions (Cont'd)

"This Court emphasizes that nothing in the ADA or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings. Nor is there any federal requirement that community-based treatment be imposed on patients who do not desire it."

Justice Ginsberg

Replacing State Hospitals for Homelessness and Incarceration

In NY Alone...

	1973	2000
State Hospitals	93,000	5,000
Prisons	12,500	72,000

Nationwide...

	1960	Now
State Hospitals	500,000	35,000
Homeless	???	200,000
Prisons	25,000*	500,000?

*Using 7% on 333,000; Justice Policy Institute and NAMI statistics

Ultra-Short Lengths of Acute Hospital Stays

- Average stay in acute care admission 6-8 days
  - In Mid Hudson Valley it is 3-5 days
- Patients are being released "quicker and sicker"
- Discharge Process is full of cracks
- Inpatient Psychiatric Care in the 21st Century: The Need for Reform by Ira D. Glick, M.D., Steven S. Sharfstein, M.D., Harold I. Schwartz, M.D., Feb, 2011
  - http://ps.psychiatryonline.org/data/Journals/PSS/1832/pss6202_0206.pdf

Result of Improper Discharge/ Transition Planning

- Re-hospitalization
- Re-Institutionalization
- Homelessness
- Incarceration
- Victimization
- Death

Costs in Dollars

- $317 billion spent annually on hospitals (frequent flyers), SSDI and loss of productivity/ loss of work

- $15 billion spent annually on incarcerating people with severe mental illness (does not include people with substance abuse)

- Costs for 911 calls, ambulance, police, courts, social service agencies - ???

- Costs for homeless outreach, mental health advocacy, prison advocacy - ???

To Sum It Up

- Length of stays of hospital should be based on clinical need, including possible treatment in an institutional stetting

- Discharge based on clinical readiness, not need to make room for incoming patients or financial pressures from insurance companies

- Transition planning to include assessment of existing capabilities, not expected

- Followup to include mechanism for placement back to more restrictive environment if necessary

Necessary Action

- Support improvements of discharge/step-down process; assessment criteria, transition planning, and follow up
- Support funding of permanent supportive housing initiatives and use of ACT teams
- Support integration of mental health care with primary care and community public health clinics, health homes, etc.
- FULL Repeal of Medicaid Institutes for Mental Diseases (IMD) Exclusion

Resources

- National Institutes of Mental Health: www.nimh.gov
- National Alliance on Mental Illness: www.nami.org
- Treatment Advocacy Center: www.treatmentadvocacycenter.org
- National Health Care for the Homeless Council: www.nhchc.org
- National Coalition for the Homeless: www.nationalhomless.org
- Mental Illness Policy: www.mentalillnesspolicy.org
- The National Association of State Mental Health Program Directors www.nasmhpd.org
- Justice Policy Institute: www.justicepolicy.org
- Prison Policy Initiative: www.prisonpolicy.org