

A SUCCESSFUL LIFE IN THE COMMUNITY AFTER LONG-TERM INSTITUTIONALIZATION

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This newsletter is the first in a series exploring strategies to expand opportunities for individuals with serious mental illness to live successful lives in the community, even after long-term institutionalization.

The Life in the Community Series

This series of newsletters will include two parts. The first part discusses a core set of cost-effective and evidence-based services that help people with serious mental illness succeed while living in their own homes and communities, and describes strategies used in some states to facilitate large-scale expansions of these services to transition people from long-term institutionalization to community settings. The second part includes a set of personal stories that explore the lives of individuals who spent extensive time in institutions, but eventually transitioned to living in their own homes in their own communities. These narratives provide important personal perspectives on the experience of transitioning after long-term institutionalization and what individuals have found helpful as they integrated into the community.

These materials offer useful information for advocates and policy makers seeking to expand opportunities for individuals with mental illnesses to live in their own homes

by the Americans with Disabilities Act and the *Olmstead* decision.

The Stories

Over the next several weeks, you will read about key community services and strategies, and hear from a diverse group of individuals in recovery. Their perspectives are invaluable and we are grateful that each of these individuals is willing to share his or her story.

The Olmstead Decision and Community Services

Transitioning people with psychiatric disabilities from institutions to the community has been a goal of most mental health service systems for decades, particularly since the deinstitutionalization movement of the 1960's and 1970's. Despite progress toward this common goal, however, service systems continue to have avoidable admissions to and unnecessarily long stays in institutional settings due to the unavailability of needed community services.

But the Supreme Court’s 1999 decision in *Olmstead v. L.C.*, interpreting the Americans with Disabilities Act to require that states provide services to individuals with disabilities in the most integrated setting appropriate, created an urgency for states to expand the core community-based services that enable people with serious mental illness to avoid institutionalization. The Supreme Court concluded that needless institutionalization of people with disabilities is a form of discrimination. This holding reflected two evident judgments, according to the Court. First, needlessly institutionalizing individuals with disabilities “perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life.”ⁱ Second, “confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.”ⁱⁱ The Court concluded that the ADA requires states to offer services in community settings to interested individuals who are needlessly institutionalized unless doing so would fundamentally alter their service systems.ⁱⁱⁱ

In addition to this legal mandate, the development of successful community-based services such as supported housing, mobile services including assertive community treatment and mobile crisis services, peer support services, and supported employment have made it possible to serve individuals with the most significant mental health needs in their own homes rather than living in special facilities designed for individuals with disabilities. These services afford people with serious

mental illness the opportunity to live the same kind of lives as people without disabilities, lives with neighbors and co-workers, gardens and pets, and the ability to choose what to eat and what to do during the day.

Courts have found that states must expand supported housing and other community services in order to avoid needless institutionalization of people with serious mental illness. The settlement agreements that states have entered to resolve *Olmstead* claims typically require expansion of one or more of a core set of community-based services: supported housing, assertive community treatment (ACT), mobile crisis teams and other crisis services, intensive case management, peer support services, and supported employment. The Department of Justice also identified these services as crucial for states to expand in order to satisfy the requirements of the Americans with Disabilities Act’s integration mandate.^{iv}

The Goals of the Series

We can learn from the successes of intensive community-based services, which have helped individuals with serious mental illness leave institutions, and from the strategies that some states have used to make these services more widely available and ensure that more people with serious mental illness are able to live in their own homes and communities. This series aims to highlight those strategies and the successes that they have brought for people transitioning from long-term institutionalization to their own homes and communities.

ⁱ 527 U.S. 581, 600 (1999).

ⁱⁱ *Id.* at 601.

ⁱⁱⁱ *Id.* at 604-07.

^{iv} *Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C., Questions and Answers on the ADA’s Integration Mandate and Olmstead Enforcement*, Question 15, at 8, https://www.ada.gov/olmstead/q&a_olmstead.pdf (“[r]emedies for violations of this “integration mandate” “should include, depending on the population at issue: supported housing, Home and Community Based Services (“HCBS”) waivers, crisis services, Assertive Community Treatment (“ACT”) teams, case management, respite, personal care services, peer support services, and supported employment.”).