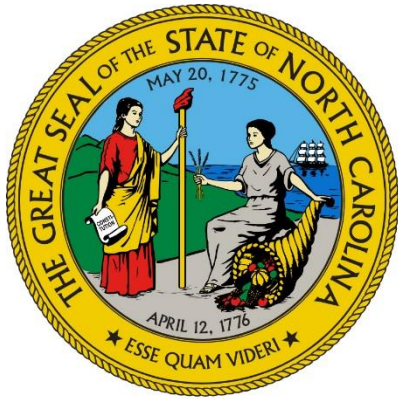




NC Department of Health and Human Services

Olmstead Plan Stakeholder Advisory Member Orientation

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What is the Olmstead Plan Stakeholder Advisory (OPSA)?

- **OPSA is a partnership - a diverse group of organizations, agencies and individuals (stakeholders) appointed by the Secretary of the NC Department of Health and Human Services (DHHS)**
- **Brought together by the Office of the Sr. Advisor for the Americans with Disabilities Act (ADA) and Olmstead, Office of the Secretary, DHHS**
- **To advise DHHS in the development of a plan that continues to align DHHS' service delivery system with a contemporary vision and associated values**

OPSA's Purpose

**To make everyday life in the
community
a reality
for North Carolinians with
disabilities**

***Olmstead v. L.C.* – The Case for Community**

- There's a purpose, vision and values driving the OPESA's agenda and there is also "the law of the land."
- *Olmstead* is often called "*Brown v. The Board of Education*" for the disability community – for a good reason. Like *Brown*, *Olmstead* brings people to a "shared table" (community).
- *Olmstead* made the legal "case for community," forging a path to integration, inclusion, productivity/contribution, and self-determined lives for more than 43 million Americans with disabilities.
- *Olmstead* was born out of the ADA.

The ADA Mandated Community Integration

- **States have an obligation to ensure that people with disabilities live in the least restrictive, most integrated settings possible.**
- **Regulations for the ADA define an integrated setting as one that “enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible.”**

SCOTUS Interpreted the ADA's Mandate in Olmstead

- On June 22, 1999, the US Supreme Court (SCOTUS) held in *Olmstead v. L.C.* that the “unjustified segregation” of people with disabilities in institutional settings was unlawful discrimination under the ADA.
- Public entities (e.g., DHHS) must provide community-based services to people with disabilities when: (1) such services are appropriate; (2) the affected person doesn't oppose treatment that takes place in the community; and (3) providing such services is feasible (services can be “reasonably accommodated, taking into account the resources available... and the needs of others who are receiving disability services...”).

SCOTUS Rationale in Olmstead (cont.)

- **The Court reasoned: When a person can benefit from services in the community, the isolation of institutionally-based services fuels the belief that people are incapable of or unworthy of participating in community life.**
- **The Court also said that "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."**

Why Do We Need an Olmstead Plan?

- **Transparency:** DHHS wants to promote openness about how it provides people with opportunities to live, work and get services in NC's communities.
- **Transformation:** DHHS is analyzing the extent to which DHHS is providing services in the most integrated setting now and what it will take to create the future that people want and need.
- **Trust:** The plan will set out the commitments, timeframes, goals and funding needed to expand integrated opportunities for community life.
- **Team:** DHHS values the engagement of diverse stakeholders

Who is the Plan About?

- **People with disabilities who live in facilities – for example, developmental centers, psychiatric hospitals, nursing homes, and Adult Care Homes.**
- **People in other segregated settings, for example, “sheltered workshops” or segregated day programs.**
- **Target population is cross disability and across the life span – both adults and children.**

Creating Community: It's a Choice... and a Process

- **People should be given the information, experiences and support they need to make an informed choice**
- **Transitions must take place with the benefit of Person-Centered Planning**
- **Dollars have to be aligned with decisions**
- **DHHS will build on strengths**
 - **Health Opportunities**
 - **Money Follows the Person**
 - **Transitions to Community Living Initiative**
 - **The strengths of individuals and families**

How is the Initiative Set Up?

1) Olmstead Executive Leadership Team

- **DHHS Leadership**

2) Olmstead Plan Stakeholder Advisory (OPSA)

- **Consumer/Family/Advocacy Groups**
- **DHHS Divisions/Offices**
- **Professional Organizations and Agencies**
- **Members of NC General Assembly**

3) Staff Work Group

- **Subject Matter Experts**
- **Data Experts**

How Long Will It Take?

- ❖ **We can't do everything by tomorrow *but...***
- ❖ **We will have a plan no later than two years from now.**
- ❖ **Plan will be a living document that guides a changing system of services and supports.**

Sounds Like a Big Job... We have help!

Technical Assistance Collaborative (TAC) in partnership with the Human Services Research Institute (HSRI) – Kevin Martone and Sherry Lerch

- **Access relevant data sources**
- **Identify gaps in data**
- **Assess services, policies, regulations, contracts, and funding patterns**
- **Interview key stakeholders (e.g., service recipients, providers, agency staff) to identify opportunities for enhancing compliance with Olmstead**
- **Host focus groups to gather input from people with lived experience**
- **Report to DHHS and OPSA**
- **Support OPSA to develop a comprehensive, effectively working plan**

Contact Information

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