

REPORT TO THE
JOINT LEGISLATIVE COMMISSION ON GOVERNMENT OPERATIONS
SENATE APPROPRIATIONS COMMITTEE ON HEALTH AND HUMAN
SERVICES

HOUSE OF REPRESENTATIVES APPROPRIATIONS
SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

FISCAL RESEARCH DIVISION

AND

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL
HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE
ABUSE SERVICES

OLMSTEAD REPORT
Session Law 2007-323
House Bill 1473, Section 10.49(u)

May 1, 2008

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

Olmstead Report

May 1, 2008

Section 10.49(u)

The Department of Health and Human Services shall conduct an analysis of the individual patient service needs and shall develop and implement an individual transition plan, as appropriate, for patients in each hospital. The State shall ensure that each individual transition plan, as appropriate, shall take into consideration the availability of appropriate alternative placements based on the needs of the patient and within resources available for the mental health, developmental disabilities, and substance abuse services system. In developing each plan, the Department shall consult with the patient and the patient's family or legal representative.

Key Olmstead Activities

The Department continues to be engaged in activities that meet the intent of House Bill 1473 10.49(u), above, including Olmstead Assessments, discharge planning, recidivism reviews and coordination and collaboration with Local Management Entities (LMEs).

Olmstead Assessments are completed for individuals hospitalized 60 or more days with the goal of identifying the types of services and supports the individual will need when he/she transitions to the community. The Assessments are completed by hospital treatment team, an LME/provider representative, the patient and family/guardian where appropriate. The Olmstead Assessment is reviewed annually if the individual remains hospitalized.

Discharge plans, which incorporate information from the Olmstead Assessment, are finalized as the patient is clinically ready for discharge. As with the Olmstead Assessment, the hospital treatment team, LME/provider representatives, patient and, as appropriate, family/guardians are involved with the development of the discharge plan. If the preferred services are not available, the team develops a plan consisting of alternate services that still meet the individual's needs.

Each hospital has developed a Recidivism Review process to address repeated admissions by some individuals, often those with short lengths of stay who do not meet the 60 day criteria for an Olmstead Assessment. The goal is to identify and develop plans to address issues that lead to the repeated admissions. The recidivism review process also includes collaboration with the LMEs.

On December 1, 2007, the Department reported and summarized the December report, since that time to date this fiscal year (July 1, 2007 through March 31, 2008), 11,549 individuals have been discharged from State Hospitals. No State hospitals beds have been decreased due to continuing strong demand for inpatient capacity