Conclusion

Chapter 6

Although most people think of adult and family care homes (ACH) as homes for the frail elderly, actually the ACHs in North Carolina serve more than 18,000 residents with mental illness, intellectual and developmental disabilities, or Alzheimer disease/dementia. These residents comprise 64% of all ACH residents and more than 75% of residents aged 18 to 64 years.[1] These data show there are large numbers of individuals with disabilities that may result in behavioral problems who are living in facilities with frail elderly populations. The residents are being cared for by staff who, for the most part, are not trained to work with individuals with disabilities. This co-location of different populations in ACHs poses a threat to the health and safety of both residents and staff.

Individuals with disabilities often require services and supports in their daily lives, including assistance with activities of daily living, such as eating, bathing, or dressing. This is why some people choose to live in ACHs, which provide lodging and personal care services. This need for supports and services often limits an individual's choice of place to live because, in North Carolina's current system, certain services and supports are not available in the community, are limited in their availability, or are not financially viable options for individuals living independently in communities. However, individuals with disabilities, particularly those aged 18 to 64 years, may need additional clinical, rehabilitative, or other support services that are recovery-oriented to support long-term goals of living and working as independently as possible in community settings.[2] ACHs are neither designed, nor licensed, to provide this level of services.

North Carolina must work to both ensure that ACHs are better prepared to meet the needs of individuals with disabilities who currently reside in ACHs and to increase options for individuals with disabilities.

North Carolina's system for caring for the needs of individuals with disabilities has changed considerably over the past 60 years. Unfortunately, the system has not kept up with evidence-based research about what is best for individuals with disabilities. As outlined by the Surgeon General, individuals with disabilities should have the opportunity to live in housing that is integrated into the community and that promotes their maximum independence and access to integrated community-based services and, in some cases, supported housing and supported employment.[2,3] The current set of rules and regulations in North Carolina does not provide individuals with disabilities real choices in terms of where and with whom they live. Access to community-based services, supported housing, and supported employment are extremely limited.

In addition to increasing options for individuals with disabilities, North Carolina must work to ensure that ACHs are better prepared to meet the needs of individuals with disabilities who currently reside in ACHs. With more than 18,000 individuals with disabilities currently living in ACHs and few community alternatives available, individuals with disabilities will continue to make up a sizeable proportion of the ACH population. The current ACH system does not have adequate screening, assessment, care planning procedures, and staff training requirements in place to ensure that ACHs can meet the needs of those entering their facilities. To better serve individuals with disabilities as well as to

ensure the safety of staff and other residents, North Carolina needs to update the rules and regulations governing ACHs.

The North Carolina General Assembly asked the North Carolina Institute of Medicine to convene the Task Force on the Co-Location of Different Populations in Adult Care Homes to examine the problems that can be created by the co-location of people with behavioral problems—whatever the underlying cause—with the frail elderly or other people with disabilities. In addition, the Task Force was asked to look at ways to appropriately identify/screen people entering ACHs for behavioral health problems, the adequacy of training for adult care home staff, and other options by which individuals with disabilities could receive appropriate care. The Task Force was asked to develop short-term and long-term strategies to address these issues related to the co-location of different populations in ACHs. This final report provides 9 recommendations that provide a roadmap both to addressing the challenges associated with co-location in ACHs and to increasing the options available to individuals with disabilities, which would reduce co-location in ACHs in the long run.

Below is an abridged list of the Task Force recommendations, along with the agencies or organizations charged with addressing the recommendation. The grid also includes the costs of implementing the recommendations, when known. A list of the complete Task Force recommendations can be found in Appendix 1. Given the state's limited budget, the Task Force only included two priority recommendations that would need additional state appropriations. However, all of the recommendations should be implemented to ensure the safety of existing ACH residents and staff, to expand the availability of housing and services to enable people with disabilities to live as independently as possible in the community, and to more effectively use existing resources to meet the needs of individuals with disabilities.

	NCGA	DHHS	LMEs	ACHs	Others
Recommendation 3.1: Pilot Program (PRIORITY RECOMMENDATION) The North Carolina Department of Health and Human Services should develop a pilot program to evaluate the costs, quality, consumer satisfaction, and patient outcomes of a program that supports individuals who would otherwise be in an adult or family care home and who want to move into independent supported housing.	$100,000 non-recurring in each of SFY 2012-2014	✓ (Secy's Office, DMA)			

	NCGA	DHHS	LMEs	ACHs	Others
Recommendation 3.2: Increase Funding for Housing for Individuals with Disabilities To help individuals with disabilities better afford housing, the North Carolina General Assembly should appropriate $10 million in additional recurring funding beginning in state fiscal year 2011 to the North Carolina Housing Finance Agency to increase funding to the North Carolina Housing Trust Fund. A significant portion of the funding should be targeted for housing for individuals with disabilities. The North Carolina Department of Health and Human Services should work with the Housing Finance Agency to explore options to create transitional housing for people who need short-term stabilization options to help them make a transition to more independent living in the community.	$10M recurring in SFY 2012				✓ (HTF)
Recommendation 3.3: Create an Inventory of Community Housing Options for Individuals with Disabilities Local management entities should develop a real-time inventory of community housing options including 122C therapeutic mental health, substance abuse and developmental disability group homes, adult and family care homes, supported living arrangements, and independent living options, and make this inventory available to families.		✓ (Secy's Office, DMHDDSAS)	✓		
Recommendation 4.1: Requiring Standardized Preadmission Screening, Level of Services, and Assessment Instruments in Adult and Family Care Homes and 122C Facilities (PRIORITY RECOMMENDATION) The North Carolina General Assembly should direct the Department of Health and Human Services to require adult care homes and family care homes, and 122C mental health, developmental disability, and substance abuse group homes to use standardized preadmission screenings, level of services determinations, assessments and care planning instruments.	$900,000 recurring in SFY 2012; $228,000 non-recurring in SFY 2012; and $205,000 non-recurring in SFY 2013	✓ (Secy's Office)	✓	✓	✓ (ACH)
Recommendation 4.2: Local Management Entity Outreach and Education for Adult and Family Care Home Staff The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should require local management entities (LME) to hold an informational forum at least twice a year for staff of adult and family care homes (ACH) and geriatric adult specialty teams (GASTs). The LME forum should help ACH and GAST staff understand the LME's purpose and function, as well as the resources and services accessible through the LME, including crisis services.		✓ (DHSR, DMHDDSAS, DMA, DAAS)	✓	✓	✓ (ACH)

	NCGA	DHHS	LMEs	ACHs	Others
Recommendation 4.3: Case-Mix Adjusted Payments The North Carolina Department of Health and Human Services should use the information obtained from validated assessment instruments to develop case-mix adjusted payments for adult and family care homes, and 122C facilities.		✓			
Recommendation 5.1: Use Geriatric/Adult Mental Health Specialty Teams to Provide Training in all ACHs The North Carolina General Assembly should enact legislation to require all adult and family care homes (ACH) to receive geriatric/adult mental health specialty team training at least three times per year. The training should be tailored to the needs of the specific ACH but should, at a minimum, cover person-centered thinking and de-escalation skills.	$[a]	✓ (Secy's Office, DHSR)		✓	✓ (ACH)
Recommendation 5.2: Require Adult and Family Care Home Staff to Be Trained and to Exhibit Competency in Person-Centered Thinking and Crisis Prevention The North Carolina General Assembly should require all adult and family care home direct care workers, personal care aides, medication aides, and supervisors to be trained and to have passed the competency exam for state-approved crisis intervention training by June 2013.		✓ (DHSR)	✓	✓	✓ (ACH)
Recommendation 5.3: Pilot New Behavioral Health Training and Competency Examinaton Requirements for New Direct Care Workers The North Carolina Division of Health Service Regulation, in conjunction with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the Division of Medical Assistance, should develop a standardized curriculum and competency test for new direct care workers as part of the federal Personal and Home Care Aide State Training Program grant.		✓ (DHSR, DMHDDSAS, DMA)			

a The Task Force recommends the North Carolina Department of Health and Human Services study and report to the appropriate legislative committees on whether there are currently enough resources to meet these new training requirements.

ACH	Adult and family care homes
DAAS	North Carolina Division of Aging and Adult Serves
DHSR	North Carolina Division of Health Service Regulation
DMA	North Carolina Division of Medical Assistance
DMHDDSAS	North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services
HTF	North Carolina Housing Trust Fund
Secy's Office	North Carolina Department of Health and Human Services Secretary's Office

References

1. Adult Care Licensure Section, Division of Health Service Regulation. Diagnosis data by age groups 2009. 2010 License Renewal Application. North Carolina Department of Health and Human Services.

2. Power A. A public health model of mental health for the 21st century. *Psychiatr Serv.* 2009;60(5):580-584.

3. Substance Abuse and Mental Health Services Administration. Mental health: a report of the Surgeon General. US Public Health Service; 1999. http://www.surgeongeneral.gov/library/mentalhealth/home.html. Accessed September 22, 2010.