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- MENTAL HEALTH
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## **NORTH CAROLINA COUNCIL OF COMMUNITY PROGRAMS**

### **Informal Comments by the NC Council of Community Programs: Adult Care Home Residents Receiving Community Support (September 1, 2009)**

LMEs are familiar with this population. The residents often have chronic illnesses and Community Support has been used to manage their services and plan. Adult Care Homes (ACHs) are the number one referral source for hospital discharge. In fact, more and more ACHs are "specializing" in MH/DD/Sa consumers; actively seeking them through ads, calling jails, and connecting directly with private psychiatric hospitals who are now calling them. These facilities are hanging on by a thread, clinically speaking. Since they're not MH group homes, they need the adjunct MH services of CS but really CST and ACTT. The residential piece of MH treatment ranks up there with medication. As an alternative to CS, the DHHS could implement mandatory peer-support recovery models/colleges in each facility, limit to 20 bed max, with med/IM med capability, and other recommendations.

LMEs know some of the providers. Some ACHs also provide community support and have used the community support to help supplement the residential funds. The committee may want to determine which ACHs also serve as CS providers and how many consumers are in their care. We understand the same phenomenon occurs with Community Support Team. One CS agency built an office next door to an ACH so they could provide CS to the residents. The company has done good work to keep the consumers stable and the LME expects that most (they have 100 + residents) will end up at Broughton when CS goes away.

The LMEs involvement with this population is usually related to hospitalization, complaints, client rights issues or investigations or getting them connected to other levels of care. LMEs are developing community planning efforts to mitigate the harm that may occur by the discontinuation of these services. One alternative is the possibility of expanding ACTT capacity for residents who qualify. The ACH operators are concerned about the growing increase in crisis events with their residential population. More of them are resorting to using the IVC process due to the severity of the crisis. However, as you would expect petitioning often results in the resident being placed in a holding pattern in an ED or being returned to the ACH with only limited services. Consequently, some of the ACHs are decreasing their census.