

TCLI Service Usage Analysis Shows Progression

“Compliance is important but building a strong community-based system for individuals with a serious mental illness is the goal.” Marti Knisley, US DOJ Settlement Independent Reviewer

Knisley, with assistance from HSRI, a national consulting firm, NC DHHS (including LME/MCOs) and CCNC, conducted a study of claims for services over a four-year period using multiple data sources to determine trends in service usage for individuals who are in the US DOJ Settlement. This analysis can be used to “frame future examination of patterns in service use and to address other questions regarding program performance and outcomes,” stated Knisley in the report. The 2013 US DOJ Settlement with North Carolina is related to individuals with Severe Mental Illness (SMI) who are at risk of or reside in adult care homes (ACH). In North Carolina, we have named this effort to build community-based housing, treatment and supports for adults with SMI, Transition to Community Living Initiative (TCLI). A mandatory goal under the Settlement is for North Carolina to offer an array and intensity of services and supports that enables the diversion of individuals with SMI from adult care homes and hospitals to the community. Adult care homes were originally built as a level of care for elderly and disabled adults who may need 24-hour supervision and assistance with activities of daily living such as dressing, toileting and hygiene. For many years, North Carolina relied upon the adult care home industry to “house” individuals with SMI because there was not enough housing or the right type of services needed to treat and support individuals with SMI in the community. With the Supreme Court decision known as Olmstead, many states are under a settlement with the US DOJ to strengthen certain aspects of their community-based service systems to ensure that individuals have a choice of services and living options in the least restrictive setting. Many individuals with a Severe Mental Illness do not require the type of supervision or assistance offered in ACHs and are, in fact, able to work and participate in community activities like grocery shopping, church activities and volunteering. Knisley stated, “When offered the choice, assistance, services and the opportunity, individuals are demonstrating they can live successfully in the community.”

A major focus of the settlement is to increase opportunities for individuals with Severe Mental Illness to have housing that is in the community. North Carolina is close to meeting the goal of 3000 individuals with SMI living in housing units in the community by 2021. But many of the individuals with SMI who are moving from adult care homes or being diverted after inpatient psychiatric stays require other treatment and support services to be successful. The settlement includes several services to accompany Housing: Supported Employment, Assertive Community Treatment, Community Support, Peer Support and Crisis Services. This study focused on an analysis of trends in the treatment and support services for individuals under the Settlement who transitioned to a housing slot as well as those individuals who did not transition to a housing slot. A caveat to keep in mind is that this is a progressive initiative that builds housing options and services over time.

Results of the study, which included 11,451 individuals, provided the following information:

- The highest users of the treatment and support services were individuals who had transitioned to a housing slot.
- 14.5% of the individuals in the study transferred from an adult care home (ACH) to a community-based housing slot while 13.8% transferred from an ACH without a housing slot. The bulk of the remainder of the individuals were at an earlier point than transitioning.
- Almost 50% of the total individuals who qualified for TCLI received In-reach before exiting a state psychiatric hospital or adult care home.
- The majority of TCLI-qualified individuals in the study are under 50 years old (865 individuals).
- 7.4% of the TCLI-qualified individuals who were a part of the study died during the study time period and the majority of those individuals were in the early process of In-reach--education and discharge planning services while still in the ACH or state psychiatric hospital.
- Over 80% of the TCLI-qualified individuals in the study used the emergency room at least once during the four-year study period. More of the TCLI-qualified individuals used the emergency room for physical health needs than for behavioral health needs.

- Use of crisis services declined significantly after the individual had transitioned into a housing slot from an ACH or state psychiatric hospital.