**Interim Report**
**to the**

# North Carolina Study Commission on Aging
# And the
# Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services

**Report on**

# *An Act to Provide Support and Training for Long-term Care Providers Caring for Residents with Mental Illnesses*: Geriatric Mental Health Specialty Teams

**Session Law 2004-144**
**Senate Bill 1148**

**October 1, 2004**

**Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**
**Department of Health and Human Services**

# Interim Report on Geriatric Mental Health Specialty Teams

**October 1, 2004**

Session Law 2004-144, Senate Bill 1148 provides direction to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, to study the mission of the Geriatric Mental Health Specialty Teams to assist long-term care facilities in serving all residents who are within the targeted populations, to standardize criteria across all mental health specialty teams, and to track specified Specialty Team programmatic data. Provisions within this Bill, entitled *An Act to Provide Support and Training for Long-term Care Providers Caring for Residents with Mental Illnesses, as Recommended by the North Carolina Study Commission on Aging*, require an interim and final report. This interim report provides a timeline for accomplishing the specific requirements described within S.B. 1148 as well as provides a status report on requirements that have been addressed and implemented.

**Background**

As part of the overall effort to reduce the number of elderly individuals who are inappropriately admitted to State psychiatric hospitals, the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services is funding 20 community-based geriatric mental health specialty teams - seven teams serve multi-counties. These teams are available to provide consultation and a limited amount of direct services to long term care facilities and other organizations throughout the State. Inasmuch as the creation of the specialty teams represented a new approach to serving elderly persons with mental illness, the Division has standardized many of the functions of these teams to ensure operational consistency across the State, to include:

**Team Purpose and Description**

The purpose of the teams is to increase the ability of older adults with mental illness to live successfully in their communities by:

1. assisting with the successful reintegration of older adults into the community when they are discharged from State psychiatric hospitals; and
2. providing holistic support services and technical assistance to nursing homes, adult care homes, and other agencies and caregivers that serve older adults who have mental health treatment needs and who may be at risk of psychiatric hospitalization.

This is to be accomplished by providing training and consultation to the staff serving the identified individuals, developing linkages with community providers serving older individuals and providing time limited specific direct services to the identified individuals.

The teams consist of a registered nurse and a masters prepared therapist. The teams operate on an itinerant basis and thus provide the majority of services where the individual lives rather than in an office/clinic setting. The geriatric specialty teams are to supplement area authority/county program capacity to serve adults, age 60 and over.

Team member duties and activities are assigned based on each team member's professional training, scope of practice, skills and abilities.

**Eligibility for Services***

The Geriatric Specialty Teams provide services to or on behalf of individuals who meet the following criteria:

1. Individuals who are 60 years of age or older with mental illness, who are in a state psychiatric hospital and who are preparing to return to the community to reside in a nursing home, adult care home or family residence;
2. Individuals who are 60 years of age or older with mental illness, currently residing in a nursing home or adult care home who have mental health service/treatment needs and who may be at risk for psychiatric hospitalization; and
3. Individuals who are 60 years of age or older with mental illness who have significant mental health service or treatment needs and who may be at risk for psychiatric hospitalization and who are living within their own home or with family members.

**Team Activities Tracking**

The Geriatric Specialty Teams have a dual focus: reintegration of older adults into the community when they are discharged from a State psychiatric hospital; and assisting long term care facilities and other agencies in preventing/reducing the number of psychiatric hospital admissions for older adults. To carry out this two-fold mission, the teams engage in the following activities:

- assist in discharge planning with hospital and area program staff or contractors to include the provision of information regarding appropriate placement of an individual into a long term care facility;
- provide consultative support to staff in the transition of individuals from a state hospital to a long term care facility or other community setting;
- provide consultation to staff, the individual and the individual's family in identifying and addressing issues that may threaten successful community placement;
- provide crisis-oriented support, either face-to-face or via telephone to the individual or agency during normal business hours and liaison with crisis services providers as needed after hours to prevent hospitalization or disruption of placement;
- provide individual case consultation to staff of long term care facilities or family members regarding behaviors that may result in hospitalization or need for more intensive services;
- provide training to staff on the development and implementation of intervention plans as needed; and
- provide services such as referrals to community services, assistance with obtaining benefits, time limited case management and/or time limited treatment and support services;

* Individuals younger than 60 years of age may be served if their service needs are similar to those of other geriatric clients and require the expertise of a geriatric specialist.

- train facility staff, other agencies and families on topics such as recognizing symptoms of mental illness, behavioral interventions, communication issues, and medication issues;
- establish linkages with community providers serving the geriatric population for the purpose of increasing community opportunities for the gero-psychiatric population; and
- provide resource information and identify ongoing training resources for staff.

As a means of monitoring the activities of the Geriatric Teams, each team is required to submit to the Division a quarterly activity report. (A blank copy of the report form is included in this interim report as an Attachment.)

During fiscal year 2003-2004 the Geriatric Specialty teams provided a total of 1,132 hours of hospital discharge planning; 1,185 hours of training to staff of long term care facilities; 1,477 of individual case consultations; 2,916 hours of technical assistance and program development and 1,891 hours of community development and education. These services were provided to 171 nursing facilities; 193 adult care homes; 163 human service agencies; 55 local hospitals and 38 private medical facilities.

**Future Standardization Activities**

As required by SB 1148 the Department will, during fiscal year 04-05, develop and implement a standardized screening and referral process for the Geriatric Specialty Teams which addresses issues of service orders and authorization. Also, the various operational guidelines and accountability forms will be pulled together into an operations manual which will serve as the basis for staff training. By March 1, 2005, the Department will implement a system to track and monitor expenditure data, numbers of individuals served and the qualifications of staff who comprise the Specialty Teams.

**Geriatric Specialty Team Study Committee**

SB 1148 calls for a study of the mission of the Geriatric Specialty Team in serving a broader spectrum of residents of long term care facilities. Consistent with the instruction in the bill, a committee consisting of "representatives from area authorities, the adult care home and nursing home industries and other appropriate stakeholders"[*] will be formed by October 15, 2004. The committee will hold its first meeting during the month of November 2004. The committee will consist of representatives of the following interests: nursing homes, adult care homes, area programs, persons with mental illness, Division of Aging and Adult Services, Friends of Adults in Long Term Care and the Division of MHDDSAS. Through this study consideration will be given to: (1) the need to create two separate teams, a Geriatric Mental Health Specialty Team and a Long Term Care Mental Health Specialty Team; or (2) the need to broaden the scope of and rename the Geriatric Mental Health Specialty Teams to Long Term Care Mental Health Specialty Teams to reflect the expanded mission.

[*] Language from Senate Bill 1148