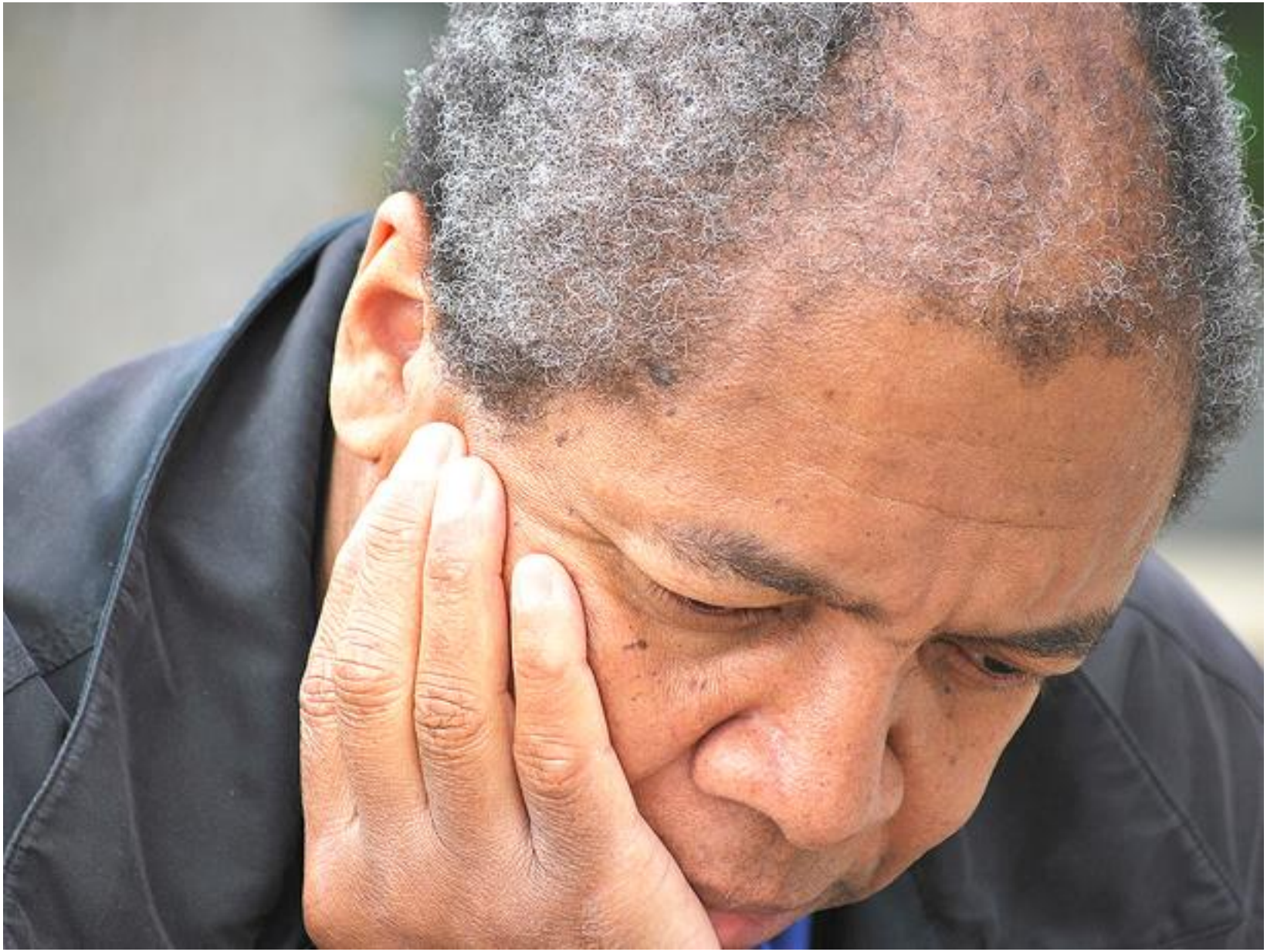
Mental Health & Growing Needs of Seniors

Governor's Behavioral Health
and Wellness Council
October 6, 2014



Recognizing the Need for Services

- Senator Harry Reid introduces the Stop Senior Suicide Act after loss of father.

  Goals:

  - • To improve the geriatric mental health delivery system
  - • Provide grants for suicide prevention, and intervention
  - • Better access to outpatient mental health services under Medicare

Medicare Improvements for Patients and Providers Act

- **Mental Health Parity 2008**
  - Medicare Part B coinsurance for outpatients
  - Illnesses are treated on par with other physical illnesses for eligible providers.
    - **a**. 2008 Medicare covered 50% of psychological treatment for beneficiaries
    - **b**. 2013, covers 65% for beneficiaries
    - **c**. 2014, covers 85% for beneficiaries

Medicare Changes to Mental Health Access

- Pays 80% for psychological therapy
- Seniors get annual depression screening with primary care doctor or primary care clinic
- Brief intervention.
- Follow Referral to Treatment (SBIRT)
- Medicaid - varies state-to-state
- A ***stepping stone*** in helping the elderly gain access to treatment, substance abuse therapy, but does not go far enough.

We Can Do Better

- Lifetime benefit limit of 190 days in general hospital, psychiatric hospital
- Limited professionals, care facilities, housing
- Few trained in geriatrics to help older adults
- Medicare reimbursement rates low, no incentive to take Medicare assignment
- The time to see older patients is short, limited
- JAMA Psychiatry reports a 20% decline in psychiatrists accepting new Medicare patients

Mental Health Statistics

- One in four experience a mental health disorder
- 58 million people affected

  (Nat. Alliance on Mental Illness)
- 55 and older, 20% suffer mental disorder, the most common is anxiety
- Estimated 552,000 mental health professionals working in US.
- One mental health professional per 564 people.

Medicare Does NOT pay
January 1, 2014

- ✓ Environmental intervention
- ✓ Geriatric day care programs
- ✓ Individual psychophysiological therapy that incorporates biofeedback training
- ✓ Marriage and pastoral counseling
- ✓ Report preparation
- ✓ Interpretation or explanation of results and data.
- ✓ Transportation, meals, telephone service

Older Americans Act
Title III-B Funds

- **Geriatric Health and Wellness**

  a. Age 60 access to comprehensive health and medical screening, assessment.

  b. Mental health care, counseling

  c. ☐ADSD Funded: Washoe County Senior Services Mental Health Program, 2003-2011.

  d. ADSD Funded: Nevada Division of Mental Health and Developmental Services, mental health services in Southern/Northern NV., 9 yrs. (2001-10)

  e. ADSD Funded: Visiting Nursing Program, discontinued funding June 30, 2013.

Behavioral Health Services

- ***Carson Tahoe Behavioral Health Services,*** **Senior Pathways Program**,

  inpatient/outpatient program

  a. Multidisciplinary assessment and treatment for senior adults experiencing an acute decrease in everyday level of functioning.

  b. Assessment is quick to address medical, psychosocial, social and situational factors.

  c. Evaluation, crisis intervention, physician collaboration.

Gaps in Service

- No follow-up care once admitted to another skilled care facility, memory care unit.
- Care plan suddenly altered by staff.
- Do not provide care for long periods.
- May be bounced around facilities if bed is lost.
- Patient becomes stigmatized, possible out-of-state placement.
- Separated from family and caregivers.

Behavioral Health Service

- **Southern Hills Hospital, Behavioral Health Program**, Las Vegas
  - • 14 bed, inpatient specialty unit serving ages 55 and older with behavioral health needs.
  - • Primary assessment for seniors with behavioral health concerns and co-occurring Medical issues.
  - • Admission criteria includes individuals who are a danger to themselves or others.
  - • Must be stabilized, have a mental health condition, and be able to participate in treatment.

Gaps in treatment

- Problem connecting low-income seniors to appropriate housing.
- Struggle in developing discharge plans.
- Skilled Nursing Facility placement for patients coming from a gero-psych unit difficult.
- Outpatient psychiatry and long-term care placements ongoing issue.

Positive Program Outcomes

- **Southern Hills Senior Intensive Outpatient Program:**

  a. Intensive group therapy 3 days wk, 3 hours a day (lunch).

  b. A first and only of its kind to fill gaps with outpatient care with promising results.

  c. Individual therapy.

Nevada's Lack of Mental Health Services on Families

1983, 1992 budget cuts

My Brother Johnny

Budget Cuts Lead to: Premature Outcomes

- In 1983, brother admitted to Lake's Crossing several times at age 26, public nuisance, petty crime.
- Diagnosis: schizophrenia, bipolar disease, combative behavior, anger. Treatment was working, started on medication with side affects, received support services, behavior started correcting.
- Care was abruptly halted while in treatment due to state cuts in funding. Staff support stopped, confusion.
- Discharged, referred to campus shared housing without financial assistance. Hearing voices, paranoid, fell off meds.
- Family told he would be incarcerated if he did not correct his behavior. Financially supported in California. Died at 50.

What I took away from experience

- People with mental illness live at least 20 years less than the average senior without support.

  a. They self medicate with drugs, alcohol, don't eat, sleep, or take prescribed meds.

  b. Without supportive services, they self-destruct, impacting family, caregivers, the community.

  c. People with chronic illness, chronic pain, depression, more apt to attempt suicide.

What is Known

- Impact on families and caregivers is emotional, miss work, physically wear themselves out, susceptible to illness, die early.
- When resources are not available, incarceration seems inevitable, jailed frequently, homeless.
- Without assistance, professional help, housing, placed in housing out-of-state, prison, institutions.
- Bouncing a mentally ill elder in and out of facilities becomes a law enforcement problem, public safety liability, capacity eroding issue, costs taxpayers.

Final Thoughts

- Nevada Division of Health Care, Financing and Policy: Behaviorally Complex Care Program may open beds for mentally ill, behavioral, dementia elders.
- Offers higher reimbursement rates for providers and encourages care for psychologically troubled homebound, isolated.
- Need a wider range of therapist/therapies with varying levels of training to deliver services.
- Medicare should pay for coordination between primary care, psychiatrist, psychologist or social workers.

Recommendations

- In-home mental health screening, counseling for depression, grief, loss, suicide, family issues, for people who will not participate in an outpatient program.
- Mental health, alcohol, drug screening during intake at senior centers, assessment, review family support.
- Behavioral management, more community education.
- Closer cognitive evaluations, treatment if unavailable.
  - Limited geropshyic and geriatric evaluations in North, especially for vascular, and frontotemporal dementia and care.
  - Telemedicine for rural communities, education, transportation options for long commutes.

Recommendations

- Collaborations with mental health professionals in schools, prisons, to increase their role in the community, work with non-profits.
- Develop crisis intervention programs, work with law enforcement, Multidisciplinary Teams.
- Medicare pays limited stays, need to be longer periods of treatment, discharge care plans (190 day cap).
- Medicare only covers one depression screening per year. Not adequate. Depression and suicide monitoring, follow-up.
- Medicare does not cover recreational therapies or other modalities.

Questions

Together We can create new opportunities

Contact:
Connie McMullen
Nevada Commission on Aging, member
P.O. Box 7124
Reno, NV 89510