

MENTAL HEALTH SERVICES FOR CT'S OLDER ADULTS

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CT COALITION TO END HOMELESSNESS JUNE 29, 2023

OLDER ADULTS QUICK FACTS

- Census estimates that there are 40.3 million older adults living in the US
- By 2050, this number is projected to double to 88.5 million
- Increasing diversity: by 2030, 25% of aging population belong to minority racial/ethnic groups
- 95% live in community; 30% live alone;
- It is estimated that up to 20% of older adults experience one or more mental health or substance use issue
- Older women are more likely to have a mental health disorder while men are more likely to have a substance use disorder (SAMSHA)

HOMELESS QUICK FACTS

By 2050, it is predicted that homelessness among people age 65 and older will more than double

- 2010 there were 44,000 homeless seniors
- 2050 there will be an estimated 93,000 homeless seniors

More older adults are aging into poverty and homelessness due to economic factors

45% of people age 65 and older were considered “economically vulnerable”



REASONS FOR HOMELESSNESS

Housing becoming unaffordable; lack of affordable housing

Cost of necessities such as health care are rising leaving little for emergencies; no coverage for long term services & supports; no dental

Stagnant wages and decreasing pensions make it difficult to save for retirement

Pensions not keeping up with cost of living leaving little financial cushion

Many older adults left to rely solely on SSI or Social Security



WHO IS AN OLDER ADULT?

- Depends on perspective; Is it just a number?
- Aging process happens over a lifetime; physiological functioning does not correlate with chronological age
- Research on aging & mental health tends to focus on age 60/65+, but for persons with SMI: aging can start sooner
- 3 groups:
 - Young-old; age 65-74; well & functional
 - Middle-old; age 75-84; some lean towards frailty
 - Oldest-old; age 85+; more frail; fastest growing group

PREVALENCE OF MENTAL ILLNESS IN OLDER ADULTS

- 1 in 4 has psychiatric disorder
- Most common: anxiety, depression & dementia
- Smaller proportion with schizophrenia; bipolar disorder
- Prevalence greater in medical settings (primary care; hospitals; EDs; nursing homes)

WHAT IS MENTAL ILLNESS?

Mental illness is a disturbance in

- Thought
- Emotion
- Behavior

Mental illness influences thoughts, mood and choices and can result in serious functional impairment in one or more major life activities such as social or occupational

20% of people age 55 and older experience some type of mental health concern (National Association of Chronic Disease Directors)

WHAT MENTAL DISTURBANCES HAVE IN COMMON

Decreased

- Predictability
- Problem solving
- Flexibility

Increased

- Anxiety
- Fear
- Suspicion

COMMON PSYCHIATRIC DISORDERS IN OLDER ADULTS

- **Anxiety** – very common for older adults to experience increased anxiety “What will happen to me? Am I safe? Will I be well cared for?”
- **The 3 D’s:**
 - Depression
 - Dementia –complicated by challenging behaviors; mood disorders; anxiety disorders; & SMIs such as schizophrenia & other psychotic disorders
 - Delirium – often confused with dementia & psychotic disorders

TO WORK SUCCESSFULLY WITH OLDER ADULTS, WE NEED TO UNDERSTAND:

Inter-relationship of physical & mental health.

- **How stress can lead to physical problems.**
- **How physical problems can lead to psych s/s.**

Person's interpersonal qualities.

**Social & psychological RESOURCES can affect course of
all conditions.**

RESOURCES FOR OLDER ADULTS WITH MENTAL ILLNESS

What does the Department of Mental Health and Addiction Services offer for CT's Aging Population?

NURSING HOME DIVERSION AND TRANSITION PROGRAM (NHDTP)

The program focuses on the following goals:

- Diverting individuals from institutional level of care (loc), when possible,
- Ensuring that nursing home placements for DMHAS clients are necessary, appropriate, and safe.
- Transitioning nursing home residents with a mental illness back to the community
- Diverting individuals from ED's & avoiding unnecessary acute care hospitalizations

NURSING HOME DIVERSION AND TRANSITION PROGRAM (NHDTP)

- 8 nurses & 3 case managers cover the 5 DMHAS regions
 - Provide consultation to nursing home discharge staff regarding behavioral health options in the community
 - Consult with community providers regarding:
 - medical issues such as diabetes education, healthy lifestyle choices
 - mental health service linkage
 - substance use treatment & linkages including MAT & MOUD
 - RCH placement
 - Ongoing collaboration with Money Follows the Person & Mental Health Waiver
 - Assessment for level of care to determine the most appropriate community based residential option

NURSING HOME DIVERSION & TRANSITION PROGRAM RCH COLLABORATION

The NHDTP program collaborates with the CT Association for Residential Care Homes (CARCH) :

- Develop curricula for the training of RCH direct care staff to better serve residents. Trainings topics: Mental illness 101 , Establishing Professional Boundaries and Avoiding Power Struggles, Crisis Stabilization and De-escalation Bullying in Congregate Care Settings, Substance Use and Addictions, The Mind, Body, Spirit Connection (Self Care), Working with People with Intellectual Challenges, Working with People with Alzheimer's Disease and Dementia, Diabetes 101, Fall Risk and Prevention, and Recovery Transformation Topics
- Assist with residents who are in crisis by assessing clients for the most appropriate level of care; act as liaison between the residential care home and the hospital emergency department
- Assist in the emergency placement of RCH residents and coordinate with DPH, DSS, and the State Long Term Care Ombudsman program in securing alternative housing.

MENTAL HEALTH WAIVER (MHW)

- Allows clients with Severe Mental Illness (SMI) who are in or at risk of a nursing home admission to live independently in the community
- Cost neutrality must be met; no more than what's being paid in nursing home for all Medicaid billing.
- The MHW is a DSS/Medicaid program that is operated by DMHAS
- Advanced Behavioral Health is the fiscal intermediary and is responsible for:
 - Credentialing providers
 - Ensuring fidelity
 - Quality Assurance
 - Training and certifying Recovery Assistants

MENTAL HEALTH WAIVER

The MHW's recovery orientation encompasses:

- Intensive psychiatric rehabilitation provided in the participant's home, and in other community settings;
- Attention to both psychiatric and medical needs;
- Emphasis on wellness and recovery;
- Person-Centered Planning leading to development of an individualized Recovery Plan; and
- Use of peer supports provided by people trained and certified in rehabilitative care, who know from first-hand lived experience about recovery from mental illness.

ELIGIBILITY

What does “serious mental illness” mean?

- Schizophrenia
- Bipolar Disorder
- Major Depression
- Delusional/Paranoid Disorder
- Psychotic Disorders, NOS (Brief Reactive Psychosis, Schizoaffective Disorder, and Psychotic Disorders NOS)
- OR-
- Another mental illness that may lead to a chronic disability, requires assistance or supervision, and have limitations in at least one area of functioning due to the mental illness

Are these 5 criteria met?

- 1) 22 years of age or older;
- 2) Has Medicaid (“Husky C”);
- 3) Meets criteria **for nursing home level of care**
- 4) Voluntarily chooses to participate in the waiver
- 5) Has a diagnosis of **serious mental illness**

What does “nursing home level of care” mean?

The individual must have at least **3** Critical Needs...bathing, dressing, feeding, meal prep, medication, toileting, or transfer

OR 2 critical needs AND 4 or more Cognitive Deficits...orientation, concentration, abstract reasoning, comprehension, planning, judgment, or attention

MHW Services

Rehabilitative Services
Community Support Program
Peer Support
Supported Employment

Support Services
Recovery Assistant
Transitional Case Management
Brief Episode Stabilization
Assisted Living
Chore Service

Ancillary Services
Specialized Medical Equipment
Non-medical Transportation
Personal Emergency Response
System
Home Accessibility Adaptations
Home Delivered Meals
Adult Day Program

SENIOR OUTREACH & ENGAGEMENT PROGRAM

Mission: To outreach and engage at risk older adults with behavioral health and substance use treatment needs

Programming in all 5 DMHAS regions

Provides outreach through visits to residences, nursing homes, senior centers and other community locations

Assist providers in navigating mental health and substance use treatment system

Assist with linkages to all levels of treatment services to help older adults “age in place” and avoid unnecessary institutionalization

Added a full time position to each region as of March 1, 2023, now totaling 10 Sr. Outreach & Engagement Case Managers state-wide

DMHAS WEBSITE – A WEALTH OF INFO!

WWW.CT.GOV/DMHAS

<https://portal.ct.gov/DMHAS/Programs-and-Services/DMHAS-Directories/Admissions-Offices> Inpt Psychiatric Admissions

<https://portal.ct.gov/DMHAS/Programs-and-Services/DMHAS-Directories/Local-Mental-Health-Authorities> LMHAs

<https://www.ctaddictionservices.com/> Sober Living Homes bed list

<https://portal.ct.gov/DMHAS/Divisions/Divisions/Recovery-Community-Affairs> Recovery

<https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/Crisis-Services> Crisis Services

<https://portal.ct.gov/-/media/DMHAS/PGS/BettorChoiceProgramspdf.pdf>
Problem Gambling

CRISIS INTERVENTION SERVICES

Mobile Crisis Teams (MCT)



Get Connected. Get Help.™

988 National Suicide Hotline

QUESTIONS:

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