



**The Geriatric Mental Health Alliance of New York**

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# **The Role of States and Localities in Addressing the Complex Needs Of Older Adults with Mental Illness in Long-term Care**

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# Geriatric Mental Health Alliance of New York

- Established in January 2004
- Over 3000 members - Diverse constituency
- Policy and Advocacy
  - Advocate for improvements in public policy
  - Policy analysis and recommendations
  - Briefing material and consensus papers
- GMH Training and Technical Assistance Center
  - Lectures
  - Webinars
  - Annual conference
  - Co-sponsor conferences
  - Speakers' bureau
  - Training
  - Technical assistance
  - Website
  - E-newsletter

# Long-Term Care Reform: A State And National Agenda

- Federal and state governments are seeking to restructure long-term care in order to:
  - Improve quality of life for people with disabilities and their families
  - Contain Medicaid costs
- Help people with disabilities to live where they prefer (usually in the community rather than an institution)
- Also reduce costs via reducing number of people eligible for Medicaid

# Why Long-Term Care Reform Matters

- Aging Society
  - Population 65+ will double from 35 million to 70 million by 2030
  - Population 85+ (about half of whom have disabilities and need some assistance) will more than double from 4 million to 9 million
- Aging population will increase health care costs
- Shifting family dynamics as the “sandwich” generation ages
- Shifting dependency ratio

# Long-term Care Reform Measures

- Home renovations for accessibility and safety
- Single point of “entry”
- In home supports and care
- Capitated care management
- Nursing home diversion waivers, etc.

# Long-term Care Reform Initiatives

## Neglect Behavioral Health

- **Mental and behavioral problems** are major contributors to placement in institutions, i.e. nursing homes and adult homes.
- **Family caregiver burn-out** (due to depression, anxiety, and physical illness) and **lack of family support** are major contributors to placement in institutions.
- **Shortage of residential alternatives and of community and home-based services** for people with co-occurring physical and mental disorders is a major contributor to placement in institutions.

# Costs for People with Mental Illness in LTC

- Co-occurrence of mental illness results in increased health care costs
- Little seems to be known about how mental illness affects **long-term care** costs.
- One study shows that older adults with schizophrenia have high total Medicaid and Medicare costs.

# Mental and Behavioral Issues: Major Contributors to Placement

- 500,000 people with serious mental illness in nursing homes in the U.S. (Grabowski et al 2009)
- “Depression is a risk factor for early institutionalization of dementia sufferers.” (Dorenlot, et al 2005)
- Caregiver stress and burden: a predictor of institutionalization (Gaugler 2000; Buhr 2006; Chan 2003; de Vugt 2005; Balestra 2000)
- Reduction of depression and/or anxiety in family caregivers delays placement in nursing homes about 18 months. (Mittelman, et al 2004)



# Prevalence Of Mental Illness In Nursing Homes Is Increasing

- From 1999 to 2005, number of people admitted to nursing homes with mental illnesses, grew to exceed admissions of people with dementia by 50%. (Fullerton et al 2009)
- People with serious mental illness 22-64 have increased from 6% to 9% of nursing home residents between 2002 and 2008. (Assoc. Press review of CMS data 2009)
- Increase of people with mental disorders in nursing homes 1999-2004 from 27% to 34%. (Kaiser 2007)
- Nursing home personnel report that they are serving more people with serious mental illness. (Friedman and Williams 2006)

# Why Prevalence Is Increasing In Nursing Homes

- Fewer beds in state psychiatric centers
  - 89% of older adults w/ SPMI in institutions are in nursing homes (Bartels 2003)
- Growth of alternatives such as assisted living except for those who are most behaviorally challenging
- Use of nursing homes for physical rehabilitation is resulting in silting up of people with SMI and perhaps substance abuse due to lack of appropriate housing in the community (Friedman and Williams 2006)
- Development of neuro-behavioral units

# Why Is Behavioral Health Key To Long-term Care Reform?

- People with SPMI shift into the long-term care system
- Mental illness is often the decisive factor in admission to a nursing home. (Grabowski et al 2009)
- Remaining in the community usually depends on family caregivers (Spillman and Pezzin 2000; Evercare 2006)

# Why Is Behavioral Health Key To Long-term Care Reform? (cont.)

- Caregivers report that the people they are least able to serve in the home are those with mental disorders and behavioral problems
- Caregivers also report difficulty getting access to needed alternative services, such as housing for people with co-occurring mental and physical disabilities. (Friedman and Williams 2006)
- To reduce rates of institutionalization we must address the behavioral health needs of:
  - People at risk of placement or already in institutions
  - Family care givers at risk of “burn-out”

# Behavioral Health Goals For Long-term Care

- **Housing alternatives**
- **Support for family caregivers**
- **Greater availability of behavioral health services**, esp. in home and community settings for people needing LTC
- **Improved quality of services** for people with co-occurring mental and physical disabilities requiring LTC

# **Behavioral Health Goals For Long-term Care** (continue)

- **Integration of behavioral health, physical health, and aging services**
- **Workforce Improvements**
  - Better basic training re. behavioral health for LTC staff in the community and in institutions
  - Cadres of behavioral health specialists in LTC services
- **Restructuring financing mechanisms** to promote integrated home and community-based LTC
- **Governmental and private sector readiness**

# Role of States

- **Designate leadership** at state mental health, health, and aging authorities
- **Develop Intersystem Collaboration** in planning and implementing long-term care reform
- **Apply for ACA waivers and demos re. long-term care reform** and ensure inclusion of behavioral health
- **Develop a Center for Excellence** to promote state-of-the-art behavioral health practice in long-term care
- **Public-private partnerships**

# Role of Local Systems

- **Designate leadership** at local health, mental health, and aging departments
- **Develop cross-system “coalitions” or “alliances”**
  - Local planning
  - Collaborative program development
  - Cross-system training
  - Advocacy for policy change
- **Establish cross-systems networks** to handle tough cases, especially with Adult Protective Services
- **Develop initiative to optimize funding**



# Role of Direct Service Providers

- **Get trained**
  - Direct service best practices
  - Program models
  - Funding opportunities (especially Medicare)
  - Business models for partnerships
- **Provide outreach and public education**
- **Use screening, assessment, and treatment model**
- **Provide home and community-based services**
- **Develop working relationships across systems—especially informally**

# Geriatric Mental Health Alliance Publications on LTC

- **REPORTS**

- *Mental Health Is Key to Long-term Care*
- *Briefing Book-Geriatric Mental Health Policy for the 21<sup>st</sup> Century*
- *Geriatric Mental Health: The Need for Change-Focus Group Findings*
- *Housing in the Mental Health System for Aging People with Serious Psychiatric Disabilities*

- **ARTICLES**

- “Mental Health is Key to Long-term Care Reform” *Mental Health News* Spring 2005
- “Geriatric Mental Health, Long-term Care Reform Must Be Linked” *The Journal News* March 20, 2005
- “How About Recovery for People With Psychiatric Disabilities in Long-term Care?” *Mental Health News* Summer 2009
- “Cognitive Camouflage, How Alzheimer’s Can Mask Mental Illness” *Aging Well* Spring 2009. Written by M. Friedman, G. Kennedy, K. Williams.

**These publications are available at [www.mhaofnyc.org/gmhany](http://www.mhaofnyc.org/gmhany)**

# For more information

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