

Kansas Governor's Mental Health Services Planning Council

Aging Subcommittee Report 2013

Report presented to:
DCF Secretary Phyllis Gilmore
KDOA Secretary Shawn Sullivan

July 10, 2013

Introduction

The Aging Subcommittee is comprised of a diverse membership throughout the state. Each member is invested in improving mental health services to older adults in the state of Kansas. The subcommittee was started in 2004 when a small group of providers and consumers recognized that older adults with mental health issues were being underserved. Consequences observed were high rates of suicide among older men, premature nursing facility admissions, and higher utilization of medical services. The aging subcommittee was formed to represent older adults on these issues and communicate recommendations to the Governor. The aging subcommittee has representation from consumers, mental health providers, Kansas Department of Aging and Disability Services, aging providers, legislative advocates, faith-based organizations, and educational institutions. Please review our membership information listed below.

<p><i>Committee Chair</i> Don Strong Director of Education and Aging Services, Mental Health Association of South Central Kansas <i>Committee Co-Chair</i> Cheri Mathis, LSCSW Aging Specialist The Guidance Center</p>

Members

<p>Mary Carman, Ph.D. Vice President of Operations Older Adult Services Prairie View, Inc.</p>	<p>Nancy Craddock Cowley County Consumer Advocate Board Member of Kansas Consumer Advisory Council for Adult Mental Health, Inc. Certified Peer Support Specialist</p>	<p>Eric Harkness, M.S. R.Ph. President National Alliance on Mental Illness of Kansas Consumer Council</p>
<p>Annette Graham, MSW, LSCSW Executive Director Central Plains Area Agency on Aging</p>	<p>Nancy Luber, LSCSW Aging Specialist Johnson County Mental Health, Chair of Kansas Mental Health & Aging Coalition</p>	<p>Steven Denny, LSCSW, LCAC Clinical Director Four County Mental Health Center</p>
<p>Michelle Niedens, LSCSW Director of Education Programs and Public Policy Alzheimer's Association Heart of America Chapter</p>	<p>Gary J. Parker Executive Director Kansas Consumer Advisory Council for Adult Mental Health, Inc. Certified Peer Specialist Member of Governor's Mental Health Services Planning Council</p>	<p>Sheli Sweeney Advocacy and Member Services Association of Community Mental Health Centers of Kansas</p>
<p>Ms. Sam Schrepel Kansas Consumer Advisory Council Board Member of Kansas Consumer Advisory Council for Adult Mental Health, Inc. Certified Peer Support Specialist</p>	<p>Sue Schuster, LMSW KDADS LCE Commission, Long Term Care Social Work Consultant</p>	<p>Jim Snyder Speaker Protemp of the Kansas Silver Haired Legislature</p>
<p>Christopher A. Merriweather Information Specialist Jayhawk Area Agency on Aging</p>	<p>Kathy Keck Staff Liaison Adult Inpatient Systems Manager KDADS</p>	<p>Carrie Wendel-Hummell Project Manager, Office of Aging and Long Term Care</p>

Purpose

The Issue

Clinical depression affects 3 million older adults and is associated with 50-70% higher healthcare costs (Katon, Russo and Unutzer, 2003). Older adults with depression and other mental concerns see their physicians more frequently, make more visits to the emergency room, and use more prescription medication. The Center for Disease Control (2006), reports persons with current depression and a lifetime diagnosis of depression or anxiety were significantly more likely than persons without these conditions to have cardiovascular disease, diabetes, asthma, obesity, to be a current smoker, to be physically inactive, or to drink heavily.

Furthermore, physical illness often intensify psychiatric symptoms which may include social withdrawal, decreased self-care, low motivation, appetite changes, intense worry, hopelessness, feelings of worthlessness, and thoughts/plans of suicide in severe cases. Seniors also deal with financial struggles and family conflict and are vulnerable to physical and financial exploitation. Often prescription medications or alcohol are used to cope with both physical and emotional pain.

With the evident needs of the aging population growing, it presents an urgent need for action. The aging subcommittee is involved in a variety of efforts at the local, state as well as the national level to increase awareness and begin addressing these needs. Activities and outputs from the aging subcommittee are directed towards ***Service Development, Advocacy, and Education*** to address these needs.

Significant Accomplishments from last year

Geriatric Mental Health programs: Several successful geriatric mental health programs remain in place throughout the State.

Dementia Partnership/CMS medication reduction project: KDADS initiated a workgroup to reduce use of antipsychotic medications in nursing facilities. Several subcommittee members participated in the initial meeting and remain involved in the work group.

CARE Oversight committee-will be changed: Two subcommittee members are involved in the CARE oversight committee, which will integrate mental health concerns/needs of older adults as part of the group's overall focus.

MH & Aging Newsletter: The Aging Subcommittee started a yearly newsletter providing updated information on active geriatric mental health programs in Kansas. The newsletter continues to circulate today and is presented to the Secretary of the Kansas Department on Aging and Social and Rehabilitation Services each year.

University of Kansas Social Work Class: A new class is being taught at KU emphasizing coalition development and community outreach. Subcommittee members were involved in the development of this class.

SAMHSA policy academy: Nancy Luber, Kathy Keck and Craig Kaberline participated in a SAMHSA policy academy focusing on geriatric behavioral health. Don Strong presented at this conference.

American Society on Aging 2013 Conference: Two subcommittee members presented workshop on hoarding and work that is being done in the Wichita area on this issue.

2012 Goals & Accomplishments

1. *Promote Evidenced Based Practices for older adults with mental illness*

- a. Advocate and provide consultation for the Geriatric Mental Health Act (Bryce Miller Bill) with goal of passage by 2013. Funds request is 1.8 million dollars.
- b. Revise and distribute mental health and aging newsletter to keep stakeholders informed on the mental health needs of older adults as well as existing programs and recommendations.

Accomplishments:

- Geriatric Mental Health Act will not be introduced this year to allow time to assess the impact of Kancare on the older adult and behavioral healthcare delivery system.
- Mental Health and aging newsletter is being revised and will be distributed.

2. *Increase accessibility to Comprehensive, recovery-oriented, individualized, community services for the diverse mental health needs of older adults in their own homes and communities*

- a. Consumers will have consistent input and provide recommendations to the subcommittee on ways to enhance mental health services to older adults within the existing system.
- b. Integrate Trauma Informed Care model into resources for aging consumers.
- c. Support the Rural and Frontier Subcommittee in their efforts to solidify rural definitions in Kansas and ensure that the mental health needs of rural seniors are not overlooked.

Accomplishments:

- Consumers continue to be involved in the subcommittee and represent aging issues to the Consumer Advisory Council.
- Aging Subcommittee will participate in TIC workshops as recommended
- No change in adoption of rural definitions.

3. *Increase service providers to meet the mental health needs of the rapidly growing aging population*

- a. Collect co-morbidity data and develop a report identifying the number of people who have co-occurring mental health problems and dementia. Outreach CMHC Directors, AAA Directors, and relevant leadership and encourage development of collaborative partnerships to meet the mental health needs of older adults.
- b. Key stakeholders will remain informed on the mental health needs of nursing facility residents and the need for enhanced services that are limited by current restrictions.
- c. Research potential impact of merger between KDOA and SRS (now KDADS) and communicate geriatric mental health concerns to new leadership.
- d. Support restoration of funding cuts to Community Mental Health Centers that reimburse for hospitalization screenings of uninsured clients, which impacts the safety needs of older adults without health insurance. Support gerontology and aging social work programs being qualified for loan repayment programs.

Accomplishments:

- No progress on collecting co-morbidity data due to scope of project and limited resources
- Mental Health representation is now present on CARE oversight council, which will provide crucial input into the mental health needs of older adults in nursing facilities.
- Aging and mental health needs appear to be recognized and well understood under since merger of SRS/KDOA into KDADS
- Funding cuts were restored for screening of uninsured clients last fiscal year. This was important for older adults in crisis situations.

4. *Provide Education and Outreach statewide to consumers, stakeholders and the community at large regarding the mental health needs and services for older adults*

- a. Subcommittee members will provide direct education and support throughout the state to enhance awareness of mental health and aging issues and reduce stigma towards services.
- b. Complete training modules for Compassion Kansas Grant and contribute to KMHAC 501c3 development partnering in educational opportunities as appropriate.- Establish partnership with ADRC site(s) and assure that geriatric mental health assessment is included as part of options counseling.
- c. Provide education on older adult suicide and prevention throughout the state in collaboration with the GMHSPC Suicide subcommittee.
- d. Support implementation of aging peer support models that address mental health issues and provide services to help older adults remain in the community.
- e. Integrate geriatric mental health issues into integrated care/health home models to maximize education and healthy living outcomes.
- f. Continue neuropsychiatric training initiatives.

Accomplishments:

- Ongoing education efforts continue throughout the State.
- Training modules for project were discontinued, but all other requirements of Compassion Kansas Grant were met.
- ADRC programs are still in development, but connections exist through subcommittee membership.
- Joint membership continues with suicide subcommittee members. Suicide information will be connected to aging and mental health guide, which is being revised.
- KU school of social welfare continues to work on development of a peer support program. The program has been adapted to focus on reducing depressive symptoms and avoidable hospital readmissions among older adults. It is currently being piloted with a local hospital.
- Health home model recommendations are still unclear at the State level. Further assessment will be needed as expectations around this concept are finalized. .
- Neuropsychiatric trainings completed by Alzheimer's Association, Heart of America Chapter. Grant that funded this successful project is now complete.

5. ***Enhance mental health screening assessment and referral tools to service providers including aging and healthcare providers***
 - a. Include information in nursing facility newsletter (Sunflower Connection) promoting use of National Depression Screening Day toolkit.
 - b. Collaborate with practicum students in colleges and mental health centers to help with depression screening activities.
 - c. Promote use of the Neuropsychiatric toolkit and dementia screening clinics.
 - d. Recommend screening tools for ADRC site(s)
 - e. Recommend geriatric screening tools for integrated care settings and Federally Qualified Health Centers

Accomplishments:

- National Depression Screening day was promoted around the State by the subcommittee. Several screening sites were active throughout the state
- Neuropsychiatric toolkits were distributed in multiple locations by the Alzheimer's Association, Heart of America Chapter
- ADRC sites are still in development
- Partnerships with Federally Qualified Health Centers are still in development throughout the state.

2013-2014 Goals & Recommendations

1. ***Promote Evidenced Based Practices for older adults with mental illness***
 - a. Identify strategies to implement evidence based practices and recommend funding sources, including outreach services to underserved populations such as rural, frontier areas, minority groups, and homebound, frail and elderly.
 - b. Revise and distribute mental health and aging newsletter to keep stakeholders informed on the mental health needs of older adults as well as existing programs and
2. ***Increase accessibility to Comprehensive, recovery-oriented, individualized, community services for the diverse mental health needs of older adults in their own homes and communities.***
 - a. Consumers will have consistent input and provide recommendations to the subcommittee on ways to enhance mental health services to older adults within the existing system Integrate Trauma Informed Care model into resources for aging consumers.
 - b. Support the Rural and Frontier Subcommittee in their efforts to solidify rural definitions in Kansas and ensure that the mental health needs of rural seniors are not overlooked.
 - c. Support implementation of aging peer support models that address mental health issues and provide services to help older adults remain in the community
3. ***Increase service providers to meet the mental health needs of the rapidly growing aging population***
 - a. Collect co-morbidity data and develop a report identifying the number of people who have co-occurring mental health problems and dementia. Outreach CMHC Directors, AAA Directors, and relevant leadership and encourage development of collaborative partnerships to meet the mental health needs of older adults.
 - b. Support new CMS regulations emphasizing reduction in anti-psychotic medications through participation in Dementia Care Partnership meetings.

- c. Advocate and educate to remove the stigma of mental health treatment in nursing facilities.
 - d. Key stakeholders will remain informed on the mental health needs of nursing facility residents and the need for enhanced services that are limited by current restrictions.
 - e. Support development of educational programs for regional prevention centers to provide appropriate treatment for mental health issues co-occurring with dementia
 - f. Support gerontology and aging social work programs being qualified for loan repayment programs.
 - g. Support development of standardized training in aging social work programs as to - Functional Capacity screening techniques.
- 4. *Provide Education and Outreach statewide to consumers, stakeholders and the community at large regarding the mental health needs and services for older adults***
- a. Subcommittee members will provide direct education and support throughout the state to enhance awareness of mental health and aging issues and reduce stigma towards services.
 - b. Revitalize Geriatric MH legislation by educating legislators on the need and cost of failing to address geriatric issues.
 - c. Establish partnership with ADRC site(s) and assure that geriatric mental health assessment is included as part of options counseling.
 - d. Provide education on older adult suicide and prevention throughout the state in collaboration with the GMHSPC Suicide subcommittee.
 - e. Integrate geriatric mental health issues into integrated care/health home models to maximize education and healthy living outcomes.
 - f. Provide education for nursing facilities on aging mental health issues and appropriate treatment protocols.
- 5. *Enhance mental health screening assessment and referral tools to service providers including aging and healthcare providers***
- a. Include information in nursing facility newsletter (Sunflower Connection) promoting use of National Depression Screening Day toolkit
 - b. Collaborate with practicum students in colleges and mental health centers to help with depression screening activities.
 - c. Promote use of the Neuropsychiatric toolkit and dementia screening clinics.
 - d. Recommend mental health screening tools for ADRC site(s)

Conclusion

The aging subcommittee should be considered as a resource for legislators, state officials, government employees, healthcare providers, and older adults in general. It is the intention of the subcommittee members to help in any way possible. It is imperative that the mental health needs of older adults not be overlooked as we experience changes in both our state and federal healthcare system. During this transition, the aging subcommittee encourages all vested parties to call upon aging subcommittee membership for recommendations, resources, and general questions. We would like to thank Secretary Gilmore and Secretary Sullivan for their time, consideration, and willingness to serve in challenging times.

