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FROM THE LOCAL, STATE, AND NATIONAL NEWS SCENE
SPRING 2019

LEADING THE WAY IN OLDER ADULT MENTAL HEALTH: RECOMMENDATIONS FOR NEW YORK STATE

By

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In 2005, New York State enacted the Geriatric Mental Health Act, the first act of its kind in the nation. With this legislation, New York demonstrated a significant commitment to older adults with mental health challenges, allocating \$2 million per year in funding for statewide geriatric mental health demonstration grants, creating the Interagency Geriatric Mental Health and Chemical Dependence Council (“the Council”), and developing an annual report that describes the state’s progress in addressing the needs of this population.

The service demonstration grants have enabled organizations throughout the state to develop integrated models of care for older adults with mental health needs. The current programs funded by these grants are implementing models that integrate behavioral health treatment as well as aging services, with an emphasis on reaching out to older adults not connected with any service systems and leveraging technology to better serve this population. Programs funded in prior years have proven to be able to sustain themselves in the community, making such demonstration grants a sound investment in the health and well-being of older New Yorkers.

While these accomplishments are considerable, and have established New York State as a national leader in geriatric mental health, there is more to be done to further enhance the state’s capacity to anticipate and address the needs of older New Yorkers. To that end, the Geriatric Mental Health Alliance of New York (GMHA) partnered in the last year with the Council to establish a Planning Subcommittee. This subcommittee was charged with developing recommendations to assist the Council in setting statewide program and policy priorities, and these were submitted to the Council in December, 2018.

The recommendations include:

1: OMH and OASAS should make older adults a priority population and should develop a substantive plan that comprehensively addresses the behavioral health needs of older adults.

Older adults are a rapidly growing subset of the population, and will increase in New York State by 75% between 2010 and 2040. The number of older adults with clinically significant mental health needs will grow by approximately 40% in the same period. This population increase demands that the state focus efforts on older adults in order to ensure that their needs are met in the public mental health system.

2: New York State should invest in sustainable, comprehensive community-based services for older adults with behavioral health needs, including services provided in the home in person or through the use of technology. Investments should be made in providing outreach to at-risk older adults to ensure engagement in appropriate services and supports.

The majority of older adults, including those with diagnosable mental or substance use disorders, live in the community; behavioral health services and supports should be readily available and accessible in the neighborhoods where people live and congregate. At the same time, those older adults who do live with disabilities significant enough to render them partially or totally homebound should be able to access qualified services in their homes, either by leveraging tele-mental health services or through face-to-face services, which should be fully supported by Medicaid, Medicare and commercial insurance providers.

3: New York State should provide programs/supports to ensure that older adults with behavioral health challenges can live in community settings (“age in place”) including (a) movement out of institutions (state hospitals, nursing homes, adult homes, and prisons and (b) providing supports to remain in the community. This would include support for family caregivers, in-home treatment and support services, and appropriate supportive housing.

While we are unlikely to ever completely obviate the need for institutional care, most older adults wish to live and receive care in the least restrictive settings possible; their caregivers, too, typically share this goal.

4: New York State should conduct a statewide study to collect relevant epidemiological data needed to inform the planning efforts for current and future cohorts of older adults with behavioral health needs in diverse settings, particularly housing.

While some epidemiologic data is available from sources such as the NYS OMH Patient Characteristics Survey and Medicaid claims data, among other sources, there is a lack of a comprehensive data set that encompasses all that we need to know about the multi-faceted needs of older adults in the state.

5: Services for older adults with serious, long-term psychiatric disabilities are particularly important, and should include ACT teams for older adults, rehabilitation programs responsive to the goals and needs of older adults, and supportive housing suitable for people with chronic health conditions and disabilities.

There are evidence-based and innovative programs for working age adults in New York State, such as Assertive Community Treatment teams and PROS programs. Despite some adaptation and implementation of these and other models in New York State, however, there is a lack of proliferation of these program models specifically designed to address the unique needs of older adults, whose goals are likely different than their working age counterparts.

6: New York State should invest in a culturally and clinically competent geriatric mental health workforce.

This workforce should include allied service professionals, such as home care providers, to ensure older adults with behavioral health needs can age in place in the least restrictive settings

possible. A network of peer support services for older adults should also be developed to harness the potential of older adults to become part of the behavioral health workforce both as employees and as volunteers.

7: New York State should ensure integration and cooperation between the mental health, substance abuse, health care and aging services systems of care to holistically address comorbidities in the older adult population.

For too long, older adults have received care from siloed service systems which may not have been able to address the complexities of their experience. As the population ages, it will be increasingly important to develop and implement innovative models of service provision that enable older adults with comorbid conditions to meet their healthcare, behavioral health, and psychosocial goals. These goals are more than just the effective management of clinically significant symptoms; they also include accessing benefits and entitlements, ensuring adequate housing and rehabilitative services, supporting the development and maintenance of significant relationships, and engagement in meaningful activities – with the definition of “meaningful” driven by older adults themselves.

8: New York State should ensure that Medicaid managed care initiatives facilitate smooth transition into Medicare-funded services for older adults with behavioral health needs.

This should include multi-directional, trauma-informed integration of care across service systems, such as health, mental health, substance abuse, aging services and long-term care services and supports. Currently, the available programs and services developed under Medicaid redesign to not adequately address older adults.

9: New York State should identify and remedy the bureaucratic challenges associated with accessing long-term care services and supports for older adults with behavioral health needs.

There are a number of challenges that prevent comprehensive care for older adults living with mental or substance use disorders, including, but not limited to, the lack of mental health benefits in Medicaid Long-Term Care programs, and the challenges of embedding home care into supported housing and other programs where older adults live.

10: New York State should launch a public education campaign to raise awareness of the aging of the population and the need to better understand and identify behavioral health needs of the growing population of older adults.

Too many people, including older adults, their families, and other caregivers are not able to distinguish between the typical aging process and clinically significant behavioral health disorders. All too often, signs and symptoms of mental illness are unrecognized and misinterpreted as a function of age, resulting in missed opportunities to engage older adults in beneficial services and supports that could reduce suffering and increase quality of life. A public education campaign tailored for older adults and their caregivers can help to increase mental health literacy and help seeking where indicated.

Each day in the United States, 10,000 people turn 65 years old; our nation is aging and requires that we do more to address this demographic shift. As we New Yorkers so often say about behavioral health innovation, “Where New York State goes, so goes the nation.” Through its efforts over the last fifteen years, New York State has demonstrated its leadership in geriatric mental health. The demographic changes the state is facing makes it imperative to focus even more strongly on identifying and addressing the behavioral health needs of older New Yorkers in an integrated and sustained way. We can’t wait – the time is now.

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