AAA Staff Recommendation Report

Report to the AAA Access Committee

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The AAA Staff is forwarding the following recommendation to the AAA Access Committee:

History/Related Actions

Senior Focal Point case managers have been reporting a remarkable increase in the number of senior adults experiencing mental health challenges in the past several years. These cases are often times extremely time consuming, exceedingly complex, and especially frustrating due to the strain on limited community resources. As a result, long waiting lists for mental health services have become the norm and case managers are struggling to find ways to help these seniors remain living independently and safely in their homes. The AAA Board voted to use 2014 Leck & Mally Grant funds ($1,752.55) to fund 22 Senior Focal Point case managers to attend Journey Mental Health's Mental Health First Aid Training last year. Although successful and appreciated, case managers continue to request additional assistance in finding ways to help their clients.

AAA staff hosted a meeting on 2 March 2015 with Fran Genter (ACS Administrator), Mary Grabot (Adult Mental Health Community Services Manager), and Senior Focal Point Directors and case managers. The attached report (*Focal Point Case Management: Mental Health Challenges)* reflects comments submitted in 2014 Quarterly Client-Centered Case Management Reports and recent emails. Although the challenges were discussed at the meeting, no concrete strategies were determined. Following the meeting, an idea was formulated to pilot a Mental Health Consultant program.

The pilot program will involve setting aside funds to hire a professional Mental Health Consultant to work with Senior Focal Point Case Managers dealing with clients experiencing mental health challenges. The Consultant will be available to case managers by phone or in small groups to discuss mental health strategies, resources, and opportunities. (The Consultant will not work with individual clients.) This will fund up to 500 hours of service or approximately 40 hours per month.

Funding for the pilot program will come from 2015 Leck & Mally Grant and Special Project funds ($22,312.21). The independent Mental Health Consultant will be hired using a Dane County Request-for-Proposal process. A review panel will be comprised of AAA Board members and Senior Focal Point Staff with input from DCDHS staff. The pilot program will run 1 July 2015 through 30 June 2016.

Senior Focal Point Directors and case managers do not object to using the Leck, Mally, and Special Projects funds to support this pilot program.

Financial/Budget/Other Resource Implications (if any)

The following funds will support this pilot project: 2015 Leck Grant funds ($8,005.21), 2015 Mally Grant funds ($500), and Special Project funds ($13,807).

Recommendation

To approve using the 2015 Leck & Mally Grant and Special Project funds to pilot a program in hiring a Mental Health Consultant supporting Senior Focal Point Case Managers.

Attachments

Focal Point Case Management: Mental Health Challenges

Focal Point Case Management: Mental Health Challenges

(as reported in 2014 Quarterly Client-Centered Case Management Reports and recent emails)

Quarter 1 Reports (January-March 2014)

Mental health issues require extensive time with limited or unavailable resources. (McFarland Senior Outreach Services)

We continue to find mental health issues in the majority of our clients, many of who are unwilling to utilize MOST or other referrals for assistance. (South Madison Coalition of the Elderly)

Cases of unsupported mental health issues are multiplying—difficulty accessing services for them. Extensive time continues to be spent on trying to find services for clients with severe mental illnesses. (Stoughton Area Senior Center)

Quarter 2 Reports (April-June 2014)

Most frequent issues case managers assisted with included mental health issues. Many of our clients have complex issues such as physical and cognitive limitations, alcohol or other drug additions, or mental health issues that have been undiagnosed and untreated for much of their adult life. As seniors they are entering another support system with these significant issues still unresolved. These clients have higher needs than community case managers can effectively manage, but they do not yet meet eligibility requirements for Medicaid, Care WI, COP or similar medical management programs or they have to be on long wait lists to become eligible for programs. (East Madison/Monona Coalition of the Aging)

Our current issues with clients that have been time intensive are related to competency issues. In two situations this has been a multi-year process involving adult protective services, Elder Abuse, medical services including ER and our police department and EMS. In both situations there has been suicidal ideation expressed with primary diagnosis of dementia. One case involved threatening to use a vehicle as a weapon to hurt himself. He did not meet criteria of a primary mental health diagnosis for and ED or referral to M.O.S.T for anger management issues. His behaviors are in part related to a medical diagnosis. He has a financial guardian but not a guardian of person. His anger is directed towards his guardian and handling of his money. There are no found concerns as guardian is court appointed not a family member. The second client has had numerous paranoid delusions that has resulted in frequent police contacts regarding missing or dead children. Family has proven resistive to case manager suggestions and guidance until the court has gotten involved. She is in process of having a guardianship of person and finances and a protective placement. In the meantime, our police and EMS continue to have extensive contact with her along with support and case coordination by outreach case manager. One of clients (no longer case management) has a history of uncooperativeness, was involved with the police department after a med change that resulted in increased paranoid behavior. Numerous weapons were confiscated from his house including 10 guns, two that he had on his person, and 7 knifes including two machetes. (McFarland Senior Outreach Services)

Loneliness, isolation, and depression is a growing concern. (Northwest Dane Senior Services)

We continue to have many clients with mental health issues that are not willing or able to accept support. Currently MOST is at capacity and is not able to accept additional clients in a timely manner. (South Madison Coalition of the Elderly)

Client's who do not have family or support require more time and involvment. One client, with multiple medical and mental health issues, was haiving problems with her family. To continue her goal of remaining in her home, she was was needing almost daily phone calls and home visits. I spent one-one-time with her setting up grocery delivery service, assist with setting up alarms on her cell phone for medication reminders, made referral to Independent Livng for home care services, and coordinated several rides to medical appointments. (Waunakee Senior Center)

Over the last quarter we have seen a trend of calls related to seniors with mental health and or AODA concerns along with limited incomes. (West Madison Senior Coalition)

Quarter 3 Reports (July-September 2014)
Of our current case managed clients, 44 seniors we are working with have Mental Health or AODA issues: common diagnoses include anxiety, depression, paranoia, post-traumatic stress disorder, alcohol abuse, suicide attempts, bipolar disorder. While it is beyone our scope to help with their mental health and AODA issues, these issues often complicate our work with these clients. achieve, but because of the dementia it complicates the process of accomplishing any goal. Many of these issues appear together. For example, there are many of our clients who are wrestling with mental health, AODA and housing issues simulatenously. We are currently dealing with several seniors who have mental health issues or cognitive issues that get in the way of solving problems. These seniors often have difficulty working with their health care provider or other providers because there are problems with clear communication. Our case managers have spent a good deal of time going to appointments with clients to serve as their advocates. We have tried to refer some of these clients to either the COP program or to Care Wisconsin, but they make too much money or their issues are not significant enough to qualify for these programs or they are on long wait lists. I believe we are providing more support for some seniors than is realistic to expect of our agency, but some of these seniors have no other option. Is the right answer to deny these seniors services because they are "beyond our scope?" And what should our scope be? We have contacted the ADRC to set up a "wait list" for a few weeks in October and I may extend that for a little longer until our case managers have closed some clients. I am exploring what limits to service our agency should establish. I do not want to limit who we serve beyond what our contract defines, but we need to establish some limits to the services we are able to provide for seniors. I am concerned about case manager stress with a high number of very challenging cases, but I am equally concerned about seniors who have nowhere to go with increasingly greater needs. (East Madison/Monona Coalition of the Aging)

Rent, housing, mental illness, under-60 population increasing, upcoming Medicare Part D open enrollment are emerging trends this quarter. (Middleton Senior Center)

Frequent requests for information were for affordable housing, home chore, Section 8 lottery, and mental health services. Another issue affecting our seniors is the implementation of a waiting list at Journey's Mobile Outreach to Seniors Team (M.O.S.T.). This is resulting in high needs clients with severe and persistent mental illnesses being referred to our agency for case management services. The severity of mental heath issues of the new referrals we receive continues to increase. These referrals can be extremely time consuming due to complex nature of each case. (North/Eastside Senior Coalition)

Many clients I see also have a need for in-home mental health services. I have been made aware that Journey and the MOST program are short staffed and anyone on the wait list could be there for several months. I have one client who has been waiting since early spring. (Northwest Dane Senior Services)

Mental health support takes a lot of time. The waiting list for MOST is a few months long, so for seniors who are not classified as a danger to themselves or others, the wait for support can be long. Arranging for admission to the Stoughton Hospital Geri-Psych Unit can be time consuming and the wait list there can be lengthy as well. Here is an example of just one mental health client in the last quarter: We worked with a couple where one had long-standing mental health issues and the other had heart surgery. The mental health issues worsened at a time when the post-surgical spouse was in no position to cope with the increased demands of the other. The mentally ill spouse became more erratic, anxious, depressed and virtually unwilling to leave the house, while the other spouse needed to focus on recovery and rehab from heart surgery. Having MOST unavailable made the situation more challenging and ultimately resulted in a placement at Stoughton Hospital. It took time and the establishment of a trusting relationship for the case manager to encourage the senior to agree to a voluntary hospital admission to address the mental health issues. (Oregon Area Senior Center)

Housing and mental health issues continue to be a challenge to clients. We continue to work with clients to ensure their housing is secure but hoarding, general cleaning, and mental health issues jeaprodize client's safety. (South Madison Coalition of the Elderly)

We continue to struggle with finding services for clients with severe mental illnesses. (Stoughton Area Senior Center)

Continue to see increase in those with alcohol and mental health issues. This causes issues in their housing /apartment buildings with landlords and other residents. (Waunakee Senior Center)

Over the last quarter we have seen a trend of calls related to seniors with mental health and or AODA concerns along with limited incomes. (West Madison Senior Coalition)

Quarter 4 Reports (October-December 2014)

43 clients have Mental Health or AODA issues: common diagnoses include anxiety, depression, paranoia, post-traumatic stress disorder, alcohol abuse, suicide attempts, bipolar disorder. We cannot treat these issues, but they complicate our work with these clients. Insufficient resources for mental health issues continue to be a major issue. (East Madison/Monona Coalition of the Aging)

The implementation of a waiting list at Journey's Mobile Outreach to Seniors Team (M.O.S.T.) continues to be a concern. The coalitions provide case management services, but do not offer the resources or expertise as a mental health clinic. They are not equipped to treat and provide clinical services to clients with complex mental health issues. (North/Eastside Senior Coalition)

We are seeing more seniors with mental health or addiction issues, or seniors whose family members have mental health or addiction issues that the senior is trying to help/cope with. Mental health issues continue to take a lot of time. MOST is great, but the waiting list is VERY long. Trying to get services to seniors with mental health issues before a crisis situation arises is challenging. (Oregon Area Senior Center)

We continue to see mental health issues in our clients. Staff changes at MOST may have an impact on their ability to deliver services and result in additional contacts with our CMs. Mental health issues require extensive time and resources are limited or unavailable. (South Madison Coalition of the Elderly)

We continue to struggle with finding services for clients with severe mental illnesses. (Stoughton Area Senior Center)

Over the last quarter, there have been a number of referrals for help with seniors with mental health issues. (West Madison Senior Coalition)

Additional input from Focal Points for the 3/2/15 meeting:

Following through on the request to provide you with increasing challenges Focal Points are facing in providing case management services to senior adults with mental health issues. As I'm looking through our concerns, I note a number of them relate to the amount of time that is often involved in working with those seniors whose chronic mental health concerns consistently impact their ability to follow through with their day-to-day activities putting them at increased risk nutritionally, medically, socially and financially. No doubt we definitely put forth the effort to come along side and provide assistance. However, time appears to be a pretty common thread in some way in most situations. Anyway, here are a few concerns:

- One of our case managers posed some questions that I thought I would include as part of this discussion:
  - How do we deal with clients who are agitated, angry, or exhibiting aggressive but not personally threatening behaviors?
  - Is it our job to evaluate the safety of these clients when they are with other support services that we put in place, such as volunteers doing safety assessments or RSVP drivers?
- Frequently these clients are poor historians and, so often, a much greater effort goes into obtaining an accurate picture of concerns or needs.
- Unpredictability with follow through on the client's part often leads to reconstructing or revisiting of plans.
- A lot of steps and support are involved to try to put a plan in place to decrease social isolation as there may be behaviors exhibited at times that others may not be comfortable with. We try to utilize volunteers in this capacity; however, the pool of volunteers to draw from definitely diminishes.
- Transportation to medical appointments, meal site, etc. can also be challenging. Again, usually because of potential behavioral concerns that could be encountered by agency or volunteer providing transportation.
- Often these clients need a lot of support with ongoing, long-term needs like med reminders, medical appointment reminders, help with paying bills and budgeting, etc. Can be difficult to get them connected with volunteers who are not accustomed to people with behaviors associated with mental illness. The difficulty could also be that the client is not trusting, etc. to involve a third party from other organizations or a volunteer who would have the capacity or willingness to help.

(Colonial Club Senior Activity Center)

Training would be high on our list of needs.

- How to de-escalate a situation and when do you call the police?
- More offerings of Journey's Mental Health First Aide Training
- Family dynamics when one member is mentally ill and it effects the planning for an older adults case plan
- Dealing with day to day mental illness that is sustainable in the senior center yet disruptive to the general participants
- Working with the participant who is reluctant to accept services or denies they need services

(Middleton Senior Center)

Mental health concerns:

- Due to a lack of staffing and long or closed waitlists at local agencies that provide mental health treatment/case management services, Discharge Social Workers at Hospitals/Nursing homes are instead referring clients to community-based case management services who lack the staff and resources to successfully service those clients.
- We am concerned about the ever-increasing number of referrals to community-based case management from the dedicated mental-health treatment agencies that are for clients, who refuse treatment or therapy, are non-compliant with psychotropic medications, and who have violent behaviors. (i.e., "This person has psychotic outbursts, is non-med compliant, and home health agencies refuse to go to their home. Can your agency set them up with a volunteer or supportive home chore to help them clean?")
- When community-based case management agencies take on clients such as described above, the clients need frequent rescuing from "emergencies" that develop from refusing treatment and medications such as problems with the police or neighbors. Often both. This is extremely hard on the agencies who do not have the staff or resources for 24-hour crisis management and who do not work on weekends.
- A lack of understanding of the referral/intake process for Recovery Dane.
- We are seeing an increasing number of clients with long-term opiate-based painkiller addictions and the problems that come along with that. Again, our agencies do not have the staff or resources to successfully service higher-needs clients such as this.
- We are concerned about how Dane County plans to deal with budget cuts to Mental Health/Social Services for at least the next 4 years. We predict the problems we are having now are going to increase not decrease in the future.

In our work with seniors at NESCO, there has been a large increase in the number of cases of seniors who have complex mental health concerns in addition to their other senior issues. Some of these referrals are coming to us because the mental health agencies cannot handle the amount of cases that are being referred to them by home health agencies and hospitals that have an immediate need to refer.

As an example, several months ago, I got a referral from a son regarding his mother whose brother killed his father. The son could not handle his mother's symptoms since he had his own grief to deal with. But, she didn't have a psychiatrist, and he was wondering what he was going to do for her. This type of case had an urgency to it that we at NESCO are not equipped to deal with since we don't have direct access to a psychiatrist, admission access to a psych unit, or any crisis counseling resources.

In my outreach work at the Goodman Center, I have been dealing with people who are depressed and unable to navigate the system to secure housing and are sleeping in their cars. These cases take a great deal of time, effort, and energy as the people involved have issues in addition to depression, the need to be housed, and, frequently, a lack of financial resources. Some have no idea what their health insurance is, who to see for medical care, or how to fill out applications. Before even beginning to address these matters, it is important first to develop a solid sense of trust with them.

We also have many referrals of seniors with hoarding issues with whom one has to establish a relationship before they will allow work to be done in their homes. Their mental health issues compromise their abilities to maintain their homes. Sometimes, public health consequences result, or there are threats of eviction, or the possibility of the loss of their homes cascading them into more dire situations that are of even greater concern and more time consuming.

Many of our clients with mental health issues also have medication issues such as not receiving their psychotropic medications on the correct day or at the correct dosage. When this occurs, and they can't get a hold of their mental health workers, they want us to intervene.
(North/Eastside Senior Coalition)

Concerns and suggestions.

- With the MOST program being more restrictive to the number of clients they serve in the county and the number of seniors nearing retirement age or retired ballooning in numbers, it might be helpful to have a non-crises consultation professional to bounce ideas off of when working with a person who has just been referred to a focal point case manager who also has what appears to be mental health issues. Some area doctors will work with someone with a mental health diagnosis but day in and day out, non-crises, behavioral support and emotional support is often not available. Also finding a therapist or psychiatrist to work with such individuals appears difficult. Case managers are asked to provide in the moment assistance for such individuals who are not necessarily at "crises" point where they could call crises intervention services, rather to provide thoughtful professional help. It would be great if there was someone who either went to each focal point on a rotating schedule to provide some consultation or a person who could be contacted by phone to provide consultation to the case manager.
- Housing & An Accurate Picture: Another concern is the chronic nature of un-diagnosed mental illness that leads to poor rental history, which may lead to eviction, thus making it more difficult to find suitable housing for such individuals given the higher level of rental history background checks being conducted.
- With the increased Complex Case management programs occurring at area hospitals and clinics, such as UW and Meriter, it would be helpful to have a better understanding of how patients become clients of Complex Case Management programs and what the scope of such programs are. From my experience, I know that there are RN's and Social Workers who provide Complex Case management. A better understanding of these programs would assist us in connecting with these programs to help find solutions for seniors with chronic and persistent mental illness or mental health issues.
- Since Medicare will pay for some outpatient services from providers who accept assignment, it would be great if there was a "clearinghouse" of information of known clinic or providers within Dane County who accept Medicare assignment and who might have an opening for a new patient. Even if this clearinghouse did not have totally up to date information it could provide a path for the case manager to start calling around.
- Transportation: Another challenge with working with seniors who have mental health issues, be it persistent or occasional, is if a therapist or psychiatrist is found who accepts assignment from Medicare, is literally getting the person to the therapist or psychiatrist office. RSVP tries to find volunteers to drive seniors to such appointments which is wonderful, however sometimes the seniors do not want to venture out of their homes due to their mental illness. This is why having community therapists or community psychiatrists who will meet seniors in their home environment would be a great place to start to "reach out" to the senior, to establish some trust with the senior and to hopefully stabilize them and then work with the case manager to transition the senior to going to see the Therapist and or psychiatrist at their office.
- One thing I have heard more than once from hospital daycare planners who are referring mentally ill adults to the senior coalitions instead of MOST is because the clients are not eligible for MOST case management due to having private insurance or Medicare. Yet the private insurances do not cover case management, only out-patient mental health therapy. Those that do offer "complex case management" do not even offer home visits as a usual option.

- Medication: Many clients need help with med set ups and med monitoring and aren't eligible for case management and usually can't afford bubble packing and delivery. (The delivery charge from Mallatt's goes up with the #'s of meds to be bubble-packed. It can get well over $100/mo).
- The elderly mentally ill population usually seem to not see medical doctors regularly or at all, and then when they do need mental health help, unless they have a regular psychiatrist, they can't even get in to see a psychiatrist unless they've had one for years. The backlog for new referrals to psychiatry can be very unfortunate for those in distress- and then we are relying on the public avenue such as crisis.

(West Madison Senior Coalition)

We had a client who was part of MOST, but was discharged last spring. This client was upset that she was being discharged from MOST, but with a change of meds, she has done fairly well. She comes in and talks with us quite often and always has some dilemma in her life. We didn't find out the MOST counselor wasn't there until our Case Manager called in to see if this client could get back in the program. We have not heard from MOST to see who the new counselor is for the Mt. Horeb area.
(SW Dane Senior Outreach)

Issues we are having with MOST include their dropping of clients and the MA eligibility requirement. Also, there just isn't enough metal health support. An article in today's (2/23/15) *WSJ* newspaper reported the Madison Police Department is working to ensuring offenders with metal health are routed to the system to help reduce crime. Problem is there is no place to "route" people needing mental health support.
(Fitchburg Senior Center)