

Meeting the Needs of Older Adults with Behavioral Health and Substance Use Disorders

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November 19, 2015
The Gerontological Society of America

Introduction and Background

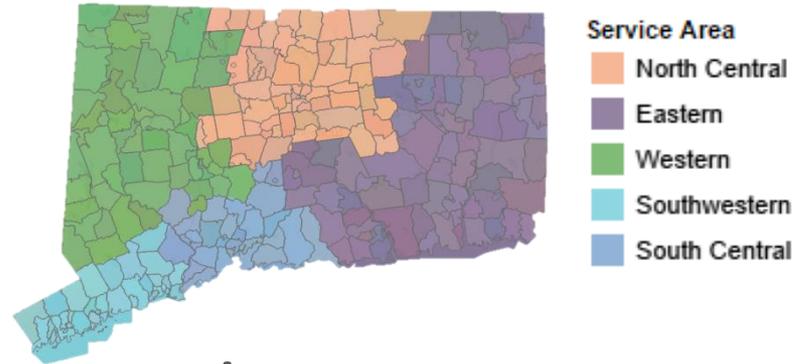
- A number of factors contribute to the crisis in unmet behavioral health care needs for older adults
- These unmet needs may result in:
 - Decreased quality of life
 - Increased utilization of health care services and costs
 - Higher mortality rates
 - Unnecessary institutionalization



Introduction and Background

- 2012: Established CT Older Adult Behavioral Health Workgroup: Partnership with the DMHAS and the State Department on Aging
- 2014: Engaged UConn for “Asset Mapping Project”
- Funding – Enhanced Aging and Disability Resource Center Options Counseling Grant

Project Goals



- Review and map community assets
- Review resource issues (e.g., gaps, barriers)
- Identify potential areas where coordination and collaboration could occur
- Make recommendations for future action steps

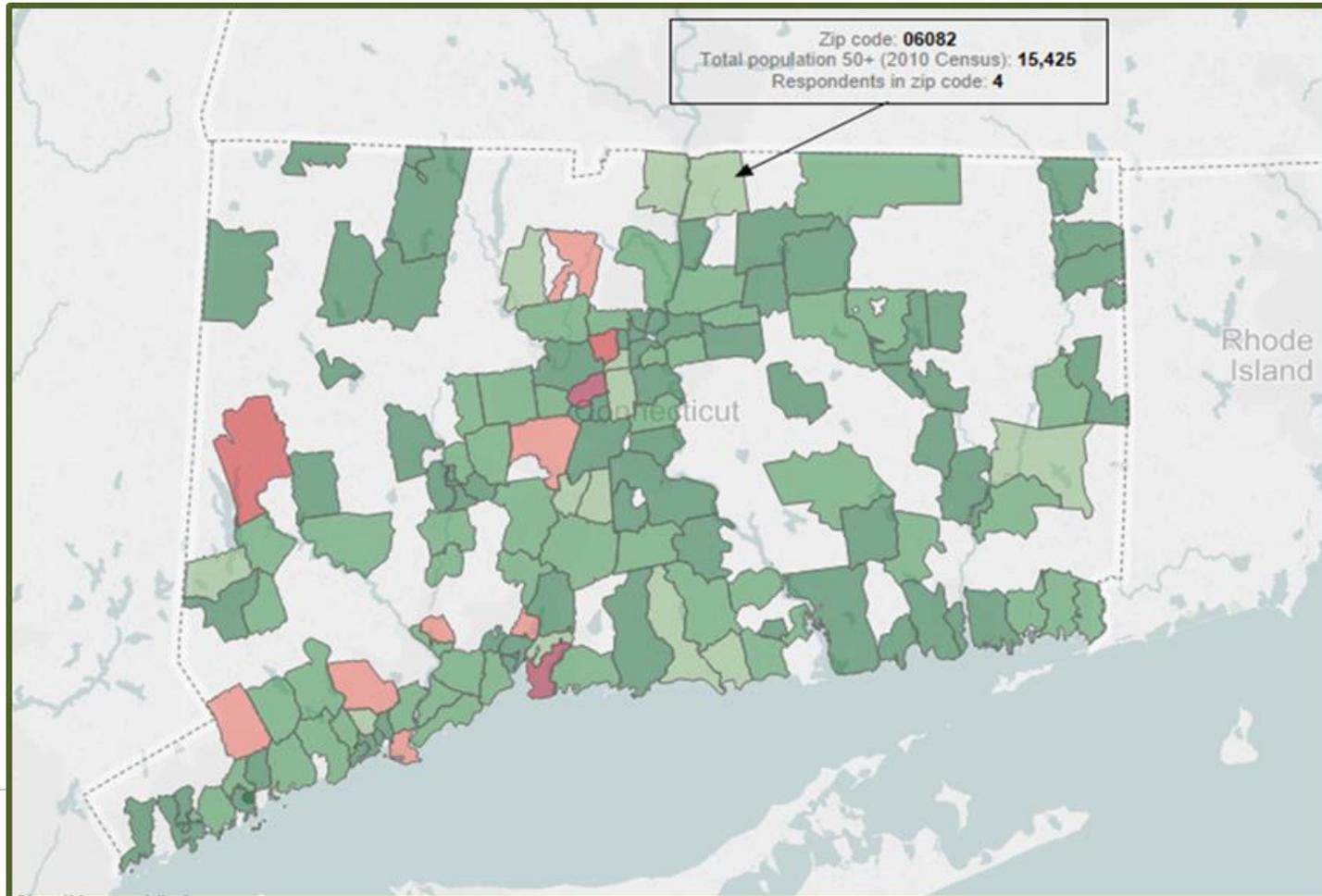


Methods

- 10 Focus groups (n=63)
- 10 Key informant interviews
- 5 Community Forums (n=27)
- Statewide electronic survey (n=858)

Sample Service Map

Ratio of population age 50+ to number of respondents



Community Assets

- “Traditional” behavioral health services
- Education
- Screening tools
- Ancillary services



Resource Issues

- Underservice – access barriers
 - Shortage of geriatric BH services
 - Lack of services in certain regions
 - Inadequate transportation
 - Affordability of BH costs
 - Lack of cultural competence



Resource Issues

- Uneven quality of care
 - Reliance on inadequately trained PCPs and other providers
 - Lack of knowledge about BH among health providers and aging services
 - Failure to use evidence-based practices
 - Inadequate recognition of substance abuse/misuse issues





Resource Issues

- Integrating behavioral health, physical health, and aging services
 - Inadequate knowledge of cross-systems and working networks
- Developing an adequate workforce
 - Shortage of individuals interested in gerontology and geriatrics
 - Inadequate professional education
 - Lack of BH training among individuals working with older adults



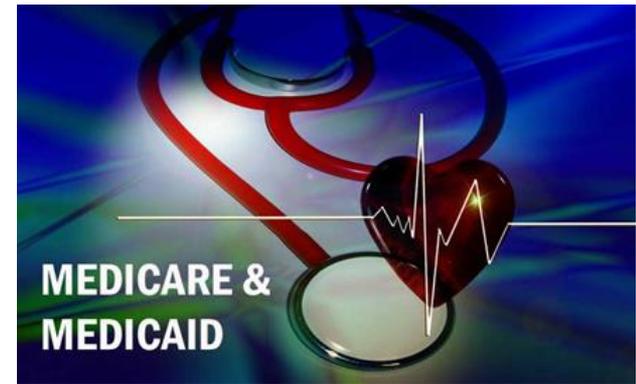
Resource Issues

- Remaining in or returning to the community
 - Limited access to HCBS BH services
 - Shortage of housing alternatives to NHs
- Other systems barriers
 - Silo mentality



Resource Issues

- Financial barriers
 - Medicare and Medicaid
 - Private insurance
 - Out-of-pocket payments
 - Limited governmental grants
 - Limited billing for BH services by PCPs and other licensed providers



Potential Areas of Coordination and Collaboration

- Federally recognized care models
- Regular provider meetings
- Consistent formal networking with professionals in various fields



Recommendations

- Education and awareness
 - Provide cross-training opportunities for current workforce
 - Educate people in trainings on unique needs of older adults and address common myths of aging
- Integration of behavioral health, physical health, and aging services
 - Encourage wider utilization of integrated models
 - Implement co-location of primary care and behavioral health services in community mental health centers



Recommendations

- Strengthen community assets
 - Link existing clearinghouses and web-based databases
 - Strengthen and expand more than 60 My Place CT partnerships to support CT's rebalancing efforts to improve housing and transportation
 - Promote and expand Warmlines



Recommendations

- Policy
 - Advocate advocate, advocate...

Why Advocate?

“Unless someone like you cares
a whole awful lot, Nothing is
going to get better. It's not.”
- Dr. Seuss, The Lorax



- Research

- Undertake a comprehensive review of all existing CT-state-specific data on older adults
- Develop partnerships and improve translation of research into practice



Contact and Funding Information

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Funding:

State of CT Department on Aging

Administration for Community Living

