Geriatric Mental Health Planning Partnership

An Informal Network Focusing on Geriatric Mental Health Care

Presented to the

Behavioral Health Care Subcommittee
Joint Commission on Health Care
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Background

- The group began in 2007 in response to the need to address challenging behaviors of older adults residing in long term care facilities
- Participants included mental health and long-term care professionals in the private, public and academic sectors
- The purpose was to provide an informal forum to discuss issues of mutual concern

Partners

- Virginia Health Care Association
- Virginia Hospital and Healthcare Association
- Virginia Association of Nonprofit Homes for the Aging
- Various Community Services Boards
- Office of Community Integration
- State agencies: DMAS, DSS, VDH, VDA, VDOC, DBHDS, Piedmont Geriatric Hospital, Eastern State Hospital
- Center for Excellence in Aging and Geriatric Health, W&M, EVMS, Department of Gerontology (VCU), Riverside, Sentara
- Autumn Corporation, Birmingham Green, Chase City Nursing & Rehabilitation Center, Commonwealth Care of Roanoke, Richfield Retirement Community.
- LTC and behavioral health consultants

Impetus

- Piedmont Geriatric Hospital had patients ready for discharge
- Chase City Nursing & Rehabilitation Center had challenges in addressing their residents' behaviors
- The two facilities worked together to resolve these issues
- The Partnership sought out other success stories and found many

Getting Started

- Using the experience of the Piedmont Geriatric Hospital/Chase City Nursing & Rehabilitation Center example, the partnership came together as an informal discussion group
- The group identified and discussed the distrust and misunderstandings among the entities providing mental health care to the geriatric population
- Discussions and presentations led to an understanding of regulatory and structural barriers to delivering quality care

Barriers to Care

- State geriatric facilities need to move stable individuals into nursing and assisted living facilities
- Nursing and assisted living facilities need assistance with individuals manifesting unmanageable behaviors
  - NFs and ALFs are required by regulations to discharge those who present a danger to themselves or others
- Nursing homes cannot chemically restrain residents under federal law and, in fact, federal regulations require them to reduce psychotropic medications

Barriers to Care

- Assisted Living Facilities also have limited means of addressing challenging behaviors of individuals and may not use chemical restraints
- Hospitals believe nursing and assisted living facilities are "dumping" patients in the emergency rooms
- The TDO process does not solve problems – Why?
- CSBs constantly confront the challenge of an insufficient number of psych beds to which to send NF and ALF residents

Barriers to Care

- A Dementia diagnosis may discourage CSBs from assisting with nursing and assisted living facility residents
- Nursing facilities are unable to hold a bed for a Medicaid resident while the individual is receiving treatment in a hospital – Medicaid does not pay for bed holds
- ALF regulations require that the facility establish procedures to ensure that any resident detained by an ECO or TDO is accepted back in the facility if the individual is not involuntarily committed
- Lack of resources throughout the system of geriatric care

The Summit

- One-day summit convened (2008) to share geriatric and mental health activities and programs from six geographic regions across the Commonwealth
- Common barriers discovered
- Best practices presented
- Developed a “Continuum of Care Model” for geriatric mental health needs

Continuum of Care Model

- A Continuum of Care Model encompasses a range of programs and services to provide the most efficient treatment at the right time for an individual’s specific needs
- Different Regions would modify the Continuum Model to meet the needs identified in their respective communities

Examples of Services in the Continuum

- Intensive case management
- Home-based treatment services
- Family support services
- Day treatment programs
- Partial hospitalization (day hospital)
- Office or outpatient clinic

Examples of Services in the Continuum

continued

- Emergency/crisis services
- Respite care services
- Therapeutic assisted living or community residence
- Hospital Treatment
- Long-term treatment facility

The Future

- Strengthening the partnership to create solutions and inform decision makers
- Establishing statewide and regional collaborative endeavors to address common issues
- Promoting the need for a statewide Continuum of Care for individuals in need of Geriatric Mental Health care
- Offering the resources and expertise of the Partnership to assist in the development of the Care Continuum

For More Information

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