



# Mental Health, I/DD and Aging

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# Why are MH Diagnoses important to consider with Dementia?

- **Impact Of Untreated Behavioral Health Problems**

**Co-occurrence with chronic health conditions**

**Decreased quality of life**

**Higher rates of disability**

**Higher mortality**

**Higher health care cost**



# Chronic Conditions

- Chronic conditions costs 7x as much as patients with one chronic condition
- Nine Chronic Conditions With Highest Cost
  - 1. Arthritis
  - 2. Cancer
  - 3. Chronic pain
  - 4. Dementia
  - 5. Depression
  - 6. Diabetes
  - 7. Schizophrenia
  - 8. Post traumatic conditions
  - 9. Vision/hearing loss



# Depression and Older Adults

## Statistics:

Living in Community - 1%-5%\*

Hospitalized - 12%

Receiving Home Care - 14%

Nursing Home - 29% - 54%

Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in Older Adults. *Annual Review of Clinical Psychology*, 5, 363–389. doi:10.1146/annurev.clinpsy.032408.153621



# Suicide and Older Adults

- The elderly (ages 65 and older) made up 13.75% of the population; accounted for 16.37% of all suicides
- The rate of suicides for the elderly for 2012 was 15.4 per 100,000.
- There was about one elderly suicide every 80 minutes.
- There were about 18.2 suicides each day resulting in 6,648 suicides in among those 65 and older

\*American Association of Suicidology. (Suicide and Elderly, 2012). Elderly Suicide Fact Sheet

Based on 2012 Data. [PDF]. Retrieved from <http://www.suicidology.org/resources/facts-statistics>



# NC MH/DD/SA System

- No wrong door
- MCO is insurance company for Medicaid and state funded services
- All providers must contract with MCO
- MCO can create new service definition
- MCO and CCNC provide care coordination for those on Medicaid.



# The process

- Anyone calls intake number
- Info taken and given – can even transfer you immediately to agency of choice
- If appropriate, care coordinator involved
- Can do assessment for services at home using standardized tools.



# Next

- MCO contracts with provider for state or Medicaid funds.
- Person enters system, chooses provider
- Person Centered Plan created by clinical home
- Services authorized or not
- Services provided as authorized.



# Multiple NC MH services for adults

- Crisis services (mandated by the feds)
- Hospital/Facility Based Crisis
- Mobile Crisis
- Open Access
  - Outpatient psychiatric med management
  - Outpatient therapy group, individual, family
- Community Support Team
- ACTT (Assertive Community Treatment Team)
- PSR – Clubhouse and Psychosocial Rehab Day program
- Transitional Care Team
- Residential (long term)
- Employment (IPS)
- Peer Support



# Services for people with I/DD

- Residential (continuum)
  - AFL
  - Apartment
  - Group Home
  - Small ICF
- Employment/Volunteering
- Day and Community Supports (Day Health vs Day Support programs)
- Community based in your home or community
- Assistive technology
- Respite
- Community Guide



# Desire to age in place

- Licensure expects additional unfunded supports
- Often only option is nursing home (note ratios)
- Use of technology (Simply Home)
- 80% of people with I/DD live at home, many with aging parents



# Contact information

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