ELDERCARE CLINICIAN PROGRAM:
Findings and Recommendations from
2007 AAA/CMHC SITE REVIEWS

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OVERVIEW

- History of Eldercare Clinician Program (ECP): Mental Health and Aging Initiative
- Structure of Program: 5 Area Agencies on Aging (AAA's) contract with 8 Designated Mental Health Agencies (DA's) to provide outreach mental health services to people age 60 and older. DAIL and DMH jointly administer
- Requires collaboration between AAA's and DA's at local system level
- Demographics and Epidemiology: Growing population, prevalence of mental disorders and most common diagnoses

PURPOSE OF SITE VISITS

- Purpose of Meetings:
  - Ascertain what is working and what is not working from local perspective
  - Understand target population needs and demands
  - Understand role of ECP in system of mental health services for older Vermonters: program needs, challenges, strengths and weaknesses and variation among sites
  - Identify areas for program improvements and opportunities for program development, increased accountability and quality improvement
  - Identify priorities for action and additional research
- Methodology:
  - 6 meetings held in 5 AAA service areas around Vermont
  - Questions sent in advance of visit
  - Sites asked to convene principal stakeholders
  - Meetings included ECP clinicians, AAA caseworkers and casework supervisors (some AAA Directors) and DA Mental Health or Outpatient Unit Directors
  - Roundtable discussion/fact-finding and informal evaluation of program satisfaction

FINDINGS

- The commitment to the ECP program and the perceived value to clients is very high throughout Vermont

- The program is variable around state in terms of:
  - Location of clinician (some are located in DA, others are Co-located in AAA)
  - Credentials of clinicians
  - Waiting List
  - Strength of collaboration between DA and AAA
  - Access to psychiatric consultation

- The ECP is but one resource for screening, assessing and treating elders with mental health needs, but is the only one that focuses on outreach. Other mental health resources include primary care providers, private mental health providers and DA adult outpatient clinics

- DA Adult Outpatient Services serve many older individuals who are not served by the Eldercare Clinician Program. In 2007, only 33% of individuals age 60+ served by DA's were provided services through the ECP.

- Medicare payment policies create barriers for Medicare-only individuals to receive outreach services from this program. If there is great need for an individual to be seen, the DA must either subsidize the cost of the visit or have the ECP clinician see the client in the DA office. Medicare will only pay LICSW's and Ph.D. psychologists for outreach

- Payor payment policies are well-known and often inhibit the flow of referrals for individuals for whom there is no insurance payment source.

- Waiting list and unmet need data are not documented.

- As a result of ECP being level funded at $250,000 (GF) per year since 2001, there is no elasticity in the program to accommodate growth.

- Vermont's intended policy shift to community-based long-term care has had the unintended consequence of increasing the number of elders and caretakers needing outreach mental health services without a payment mechanism for this service need. Vermont's Choices for Care Program does not include mental health services as a covered benefit.

RECOMMENDATIONS

- Re-affirm the mission for the Eldercare Clinician Program that communicates its unique role in the mental health system and its emphasis on outreach

- Develop a five-year plan for the ECP with the endorsement by DMH and DAIL Leadership and involvement of AAA and DA Managers and Eldercare Clinicians. The plan should include target goals, state-desired program outcomes and clear benchmarks for success

- DAIL and VDH Commissioners support for:
    - The adoption of program standards for universal screening, treatment, planning or referral of dementia, depression and substance abuse for all 60+ clients, regardless of program in which services are received
    - The development and promotion of clear and consistent definitions for ECP data fields entered into MSR
    - The expectation that eldercare clinicians use evidence-based practices in their work and track outcomes in standardized way.
    - Systems change interventions (implementation toolkits, automated reminders, P4P, decision support technologies
    - The establishment of reasonable yet meaningful data collection methods for recording unmet need and waiting lists.

- Expand the role of ECP clinicians in agencies and communities so they are seen as "content and resource experts" for older people with mental illness in the CRT Program, local nursing homes, etc.

- For quality improvement, DMH should explicitly add ECP program standards review to QM reviews of designated mental health agencies, with a focus on process as well as outcomes

- At the local level, AAA's and DA's should meet regularly to strengthen collaboration, identify resources/gaps and discuss opportunities for program improvements

POLICY ISSUES NEEDING ADDITIONAL RESEARCH

- Lack of mental health benefit in State's Choices for Care Program (State Policy)

- Medicare's lack of parity with respect to payment for licensed clinicians without LICSW's or Ph.D. Have any states been able to address this? (Federal Policy)

- VDH/DAIL/DMH interface with elder health activities re:
    - Falls prevention
    - Safe medication use practices (polypharm)

PRIORITIES AND NEXT STEPS

- Develop 5-year plan as stated above. Include outcome measures.

- Eldercare Clinician 2008 Retreat:
    - Set a collective goal for CY 2008 during the January 2008 retreat
    - Ascertain barriers/solutions to/for implementing screening

- Resolve lack of clarity regarding insurance payment for mental health services to people with diagnosis of dementia

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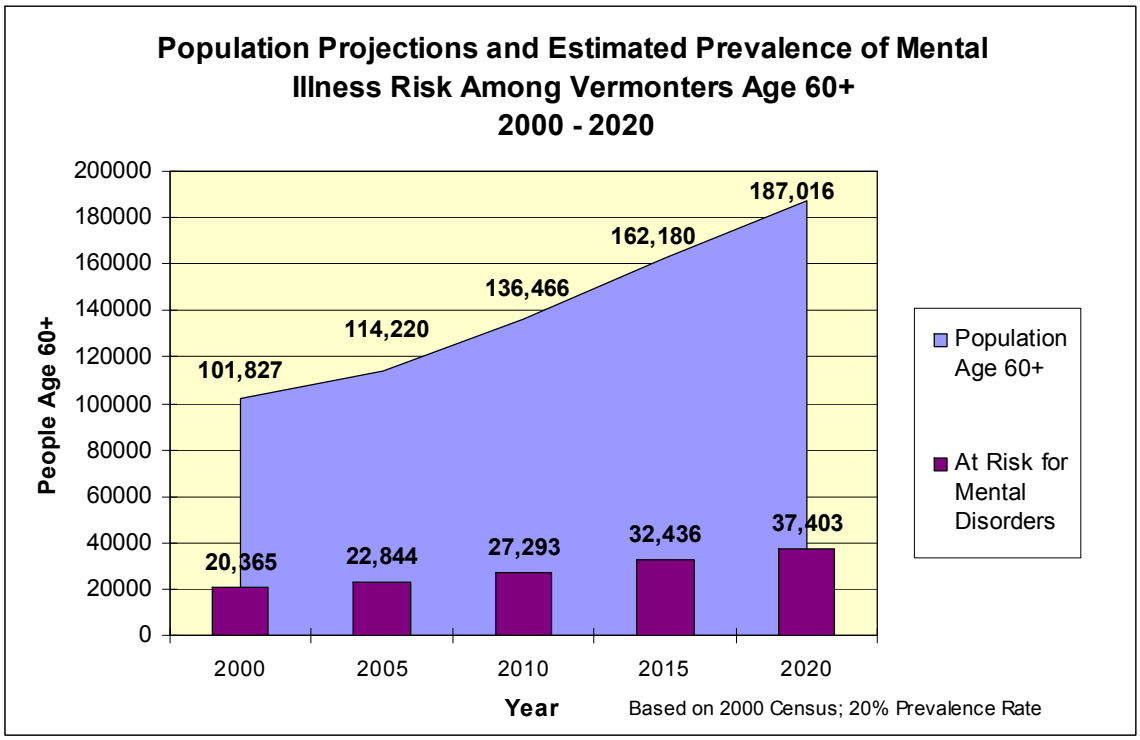
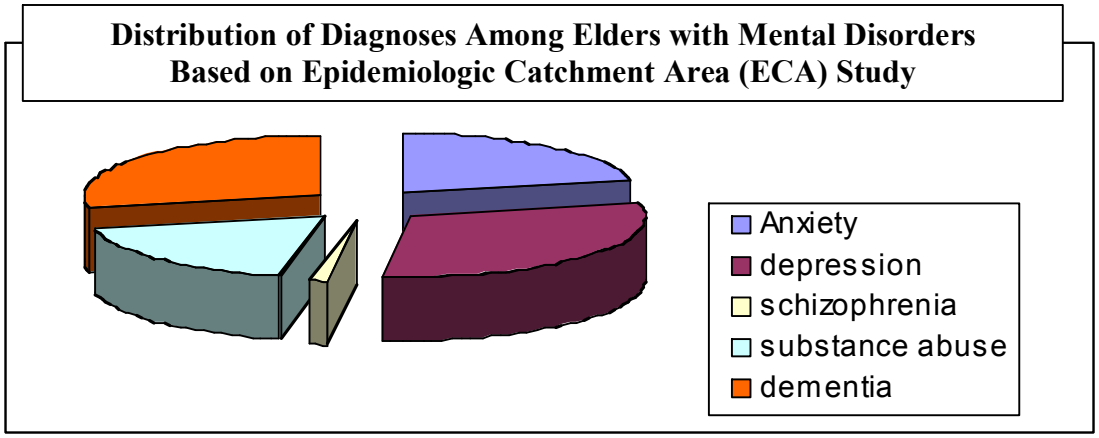
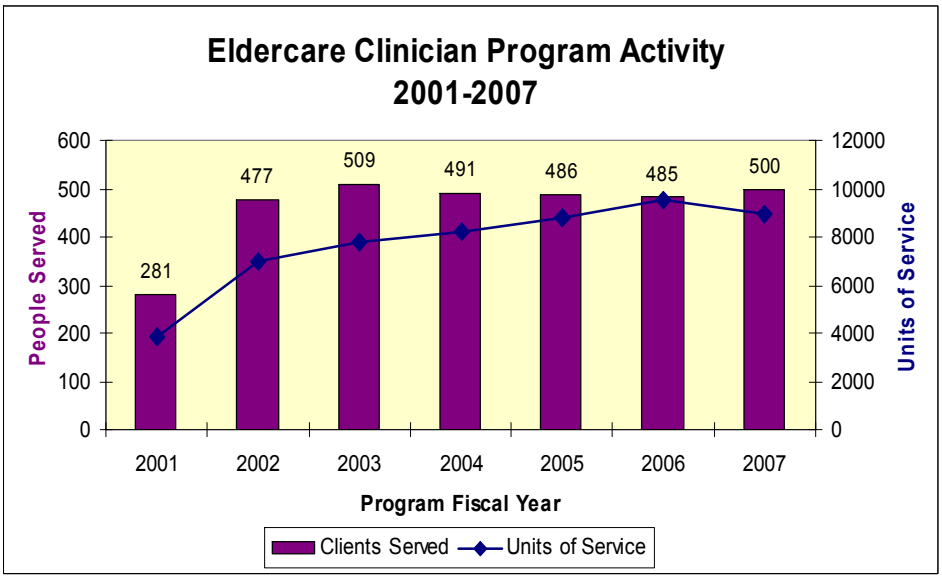
Supporting Data
December 19, 2007

DEMOGRAPHICS

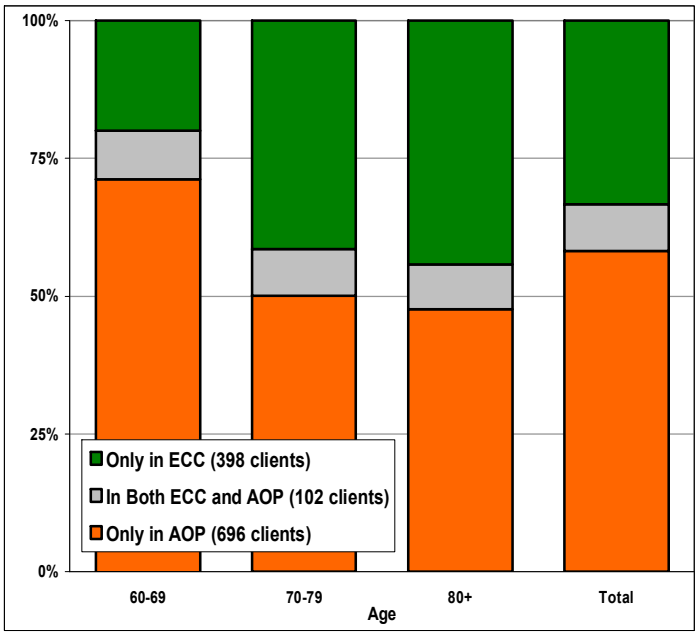




PROGRAM ACTIVITY



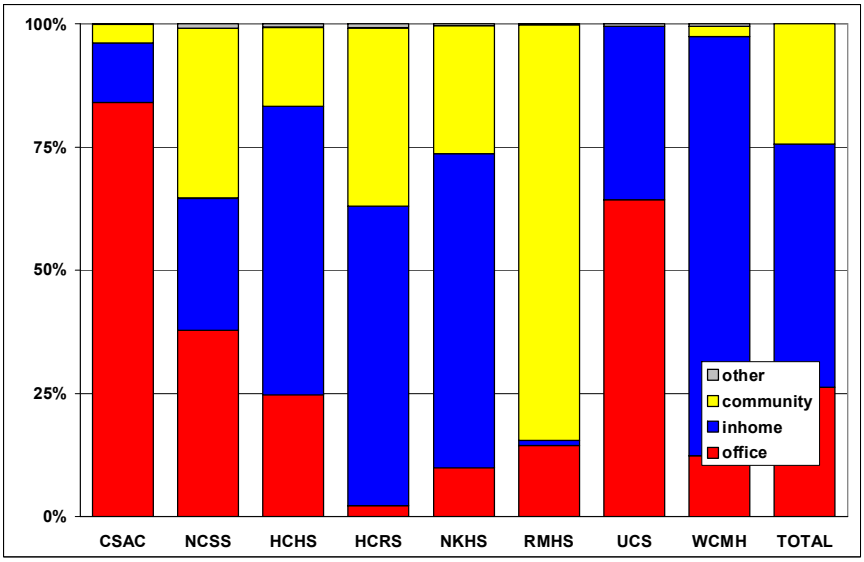
Adults Age 60+ Served by Vermont Community Mental Health Agencies' Adult Outpatient Programs FY 2007



	Age Group							
	60-69		70-79		80+		Total	
Program Assignment	#	%	#	%	#	%	#	%
Only in ECC	99	20%	152	41%	147	44%	398	33%
In Both ECC and AOP	44	9%	31	8%	27	8%	102	9%
Only in AOP	354	71%	184	50%	158	48%	696	58%
Total Clients	497		367		332		1196	

Analysis is based on extracts from the Monthly Service Reports (MSR) submitted to the DMH by the community mental health centers (CMHCs). The extract from the MSR database included all records with cost of Elder Care or Primary Program Assignment of Adult Outpatient, units greater than 0, and service date between July 1, 2006 and June 30, 2007. The analysis includes all adults age 60 and older.

Vermont Community Mental Health Center
Elder Care Programs - FY2007



Clinic	Office #	Office %	In-home #	In-home %	Community #	Community %	Other #	Other %
CSAC	615	84%	89	12%	27	4%	1	0%
NCSS	380	38%	268	27%	345	34%	9	1%
HCHS	543	25%	1283	59%	349	16%	15	1%
HCRS	21	2%	585	61%	348	36%	8	1%
NKHS	89	10%	568	64%	231	26%	3	0%
RMHS	147	14%	11	1%	858	84%	0	0%
UCS	358	65%	196	35%	0	0%	1	0%
WCMH	209	12%	1430	85%	35	2%	8	0%
TOTAL	2362	26%	4430	49%	2193	24%	45	0%

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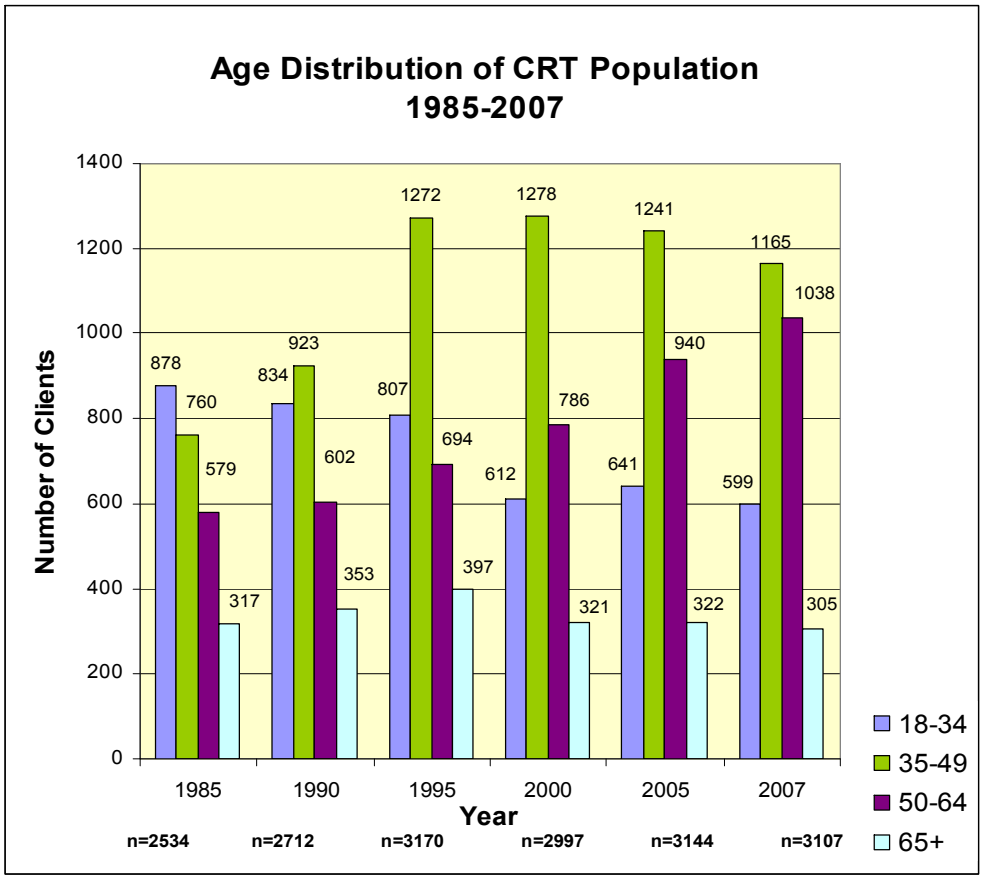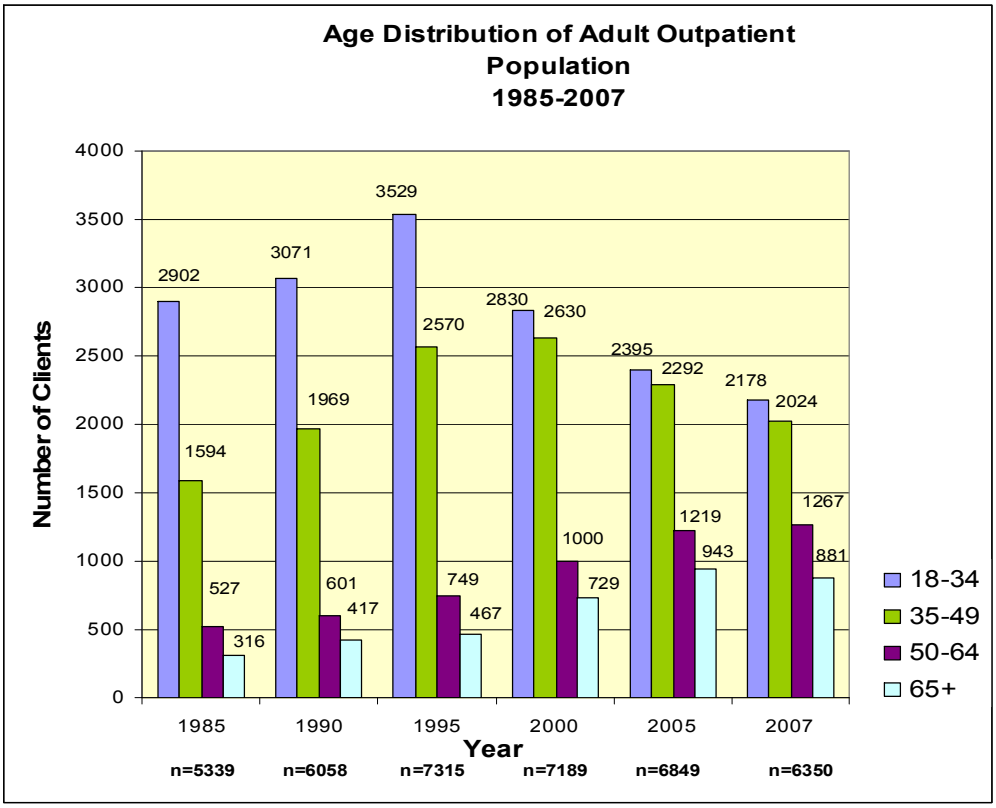
DEMOGRAPHICS OF OTHER VERMONT COMMUNITY MENTAL HEATLH AGENCY PROGRAMS