

Issues/Advocacy Meeting

MEETING MINUTES

Tuesday May 24, 2016

SSAC/DSAC/ADRC Operations Council Members Present: Suzette Boydston, Anne Brett, Bob Daley, Suzanne Lazaro, Dani Marlow, Catherine Skiens, Bill Hall, Suzanne Brean, Pete Rickey, Mike Volpe, Tanya Thompson, Tim Malone, Jan Molnar-Fitzgerald, Jasper Smith.

Guests: Cathy Savage, Barbara Turrill, Kelly Locey, Don Taylor.

Staff: Lisa Bennett, Dave Toler, Mary Kay Fitzmorris, Sarah Ballini-Ross, Anna Balkema, Hannah Stark, Jen England.

Suzette Boydston called the meeting to order at 2:10 pm.

Introductions were made.

TOPIC: Mental Health for Seniors and People with Disabilities

Dave introduced our topic of discussion, Mental Health for Seniors and People with Disabilities. Today's discussion is based on the barriers to access behavioral services, and is meant to identify the issues as well as possible avenues for group advocacy in this area.

Tim started the conversation. Mental and behavioral health is a state/nationwide problem. The expertise with mental health experience is on a decline as the numbers of seniors and people with disabilities are on the rise. Basically the boomers are here and we aren't ready for them. What's happening is they are not getting diagnosed properly. Instead, older adults are getting treated for their physical problems which is actually being caused by an underlying case of possible depression, dementia, or Alzheimer's disease.

Some of the problems we are running into is a workforce population shortage; we don't have enough specialized providers to help treat those in need of these services. So even if they are diagnosed we have limited resources on treatment options, so many go untreated.

Another issue is that the billing codes for Medicare and Medicaid are limited for this kind of treatment and providers have to look to other sources like pilot projects, community health workers, ER's to cover the rising costs of this problem. Barbara brought up the point that how mental health professionals are licensed determines on what they can provide and how they can bill for their services. For example LPC's and marriage counselors are unable to bill. Anne

asked if there had been any research done on what communities around here are successful in accessing these needed services. Tim named Deschutes, Multnomah, Washington and Clackamas counties were doing a pretty good job. Suzette mentioned the hospice concept which involves MSW's, how is that different. Tim said that it involves a different billing system. Suzette also mentioned that the current Governor is very interested in older mental health issues and would be a good source to work with.

Tim is currently trying to coordinate pathways to mental health options locally in hopes that it could help make future changes to Medicare. He recently did some outreach to the Geary Street clinic and spoke with their director about these issues. The director brought up a good question of once we get the doctors trained and on board to diagnose the mental health issues, who do they call to get patients help, start treatments, etc., with the current limited resources available?

Tim recognizes that forming relationships for mental health patients is the key. An example of a misdiagnosed patient: Tim was called in to help with a case of someone who went through numerous tests for physical problems that they were having but all the tests came back negative. After spending some time with the patient at their home Tim was able to recognize that this person was very depressed. They showed signs of anxiousness, loneliness, and had no support in their home life which in returned caused the physical issues they were going through. A few changes and the patient is doing better. Anna also mentioned that when she works with her PEARLS consumers she notices, things like loss of independence, funds, friends, and loneliness are common factors of their depression.

Mike said that Oregon has a good senior and disabilities system but is wondering if location of services could be a barrier for those needing to access these health services. Tim said that the best practices in this case would be that the doctors go to the patient, but unfortunately that isn't the case. Bob mentioned the programs that are currently out there that are helping with early detection of these mental issues and helping those folks that are in crisis, like Home Health, MSW bereavement counselors, care coordinators, Senior Peer Counselor volunteers and the PEARLS program. Barbara brought up the Children's mental health program model where they bring in a team of family and church members, therapists for a wraparound service model. Also she sees that most of their patients are under the age of 70, this age group needs to be extended to older adults.

Tim brings up another point that mental health patients are living longer and are experiencing older adult health issues as well, like dementia and Alzheimer's. Dave talks about how mental health has not caught up to the times. And we need to evaluate mental health as high as physical health issues. Back to the workforce issue Tanya says that we need more specialized professionals to help with dementia and behavioral planning. Dave would like to see us

advocate for better training for dementia and Alzheimer's patients. It currently isn't classified as a mental health disorder. And most PCP's are not trained in this disease and are of little or no help to the patient. Barbara asked about DSM4 coding and Tim said they took dementia out of this coding and put it into a smaller group. Dave says more research needs to be done to see if dementia needs to be back in with mental health.

Suzanne B asked if anyone has had any experience and or contact with the medical school in Lebanon. Tanya says Linn Co Mental Health has done some presentations over there but finds that most of the students are being trained on this subject through their residencies. Tim has not made contact with this group yet.

Sarah wanted to know if there were any pilot projects targeted to help PCP's get trained in mental health like they have done for pain management specialists. Tim said that is what he's working towards.

Suzette's proposal is that we solve the issues here locally and then try and take them statewide once we know it works. Dave said DST (delivery systems transformation) must be sustainable as you only get funding for 1 year. It would be best if we had a legislative change or create a sustainable pilot project. Anna would like to see PEARLS in the plan with mental health as they have seen great results from her and Hannah's efforts in the decrease in depression in older adults. Mike would like to see that social determination be a part of it. Things to consider would be isolation, are you on your own, and could lead to behavioral or physical issues.

Anna and Hannah gave the group a brief rundown of the PEARLS program, which is implemented by Senior and Disability Services across all three counties: Linn, Benton, and Lincoln. PEARLS is a free home-based program that encourages seniors to lead active and rewarding lives. PEARLS is based on the understanding that when a person feels bad they do less which leads to a person experiencing symptoms of depression. PEARLS is designed to help older adults define and solve their problems by learning methods of problem solving treatment. Each participant will go through an initial assessment with a care manager to identify a list of unresolved issues. Eight home visits will be conducted over a period of five to six months. Participants will receive on-going support in resolving issues during program duration and will be discharged upon completion. PEARLS participants will experience encouragement to engage in physical and social activities and pleasant events. One barrier to this program is we currently do not except dementia patients. Suzanne L asked where the referrals are coming from. Anna said she gets her referrals from COG case managers, mental health services, social workers, etc. And Hanna hbeing in Lincoln City gets her referrals from medical and social workers, COG case managers and the local jail. Barbara asked if it was hard to leave a patient at the end of the program. And they both said yes but from day 1 they start

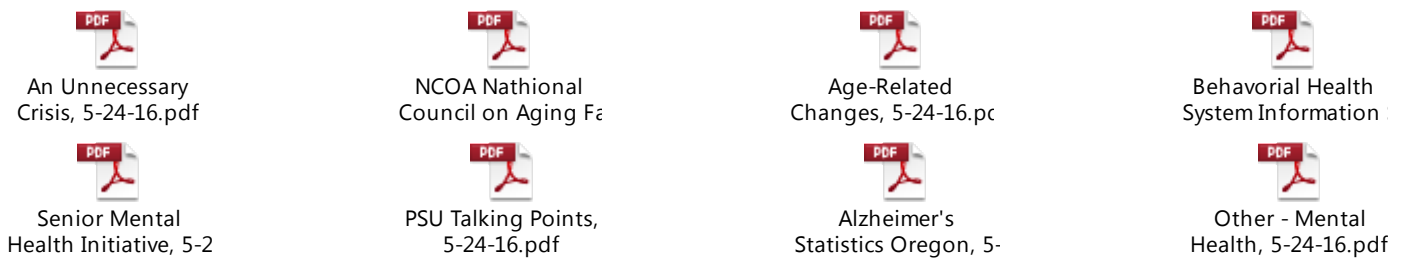
preparing the patient for the completion of the program. Anna also said she had one patient that asked to redo the program because they wanted to.

The discussion is coming to an end and Lisa has asked the group for ideas on where they want to go from here?

Ideas:

- Dave and Tim – Senator Roblan is interested to help push things to legislation. They will work together and see what’s possible.
- Lisa, Tim and Suzanne L – would like to see PEARLS and Senior Peer Counseling expanded.
- Annual Gerontology Conference – outreach and see how we can work with them.
- Suzanne B – would like to see outreach to the Lebanon medical school. Name of a contact that she works with is Karen in the Special Needs Unit.
- Mike – advocate for PEARLS. Dave is going to ask O4AD to help with this. See if we can get funding from counties or CCO.
- Suzanne L – Outreach to Senior Peer Counselors, volunteers.
- Bob – see if IHN would help with funding for something that is not a covered service.
- Bob – would like to learn the steps on how to create a legislative concept.
- Dave – would like to look into current rules on things not necessarily needing more funding.
- Barbara – propose grants to address the workforce issue.
- Barbara – Expand the ACT team (assertive community treatment) to include people specifically serving senior clients.

Handouts, provided by Tim Malone:



Adjournment:

- The Issues & Advocacy Meeting was adjourned at 3:55 pm.
- The Meeting Minutes were recorded by Jen England.