AGING WELL WITH BEHAVIORAL HEALTH NEEDS IN DELAWARE

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WHAT WE WERE ASKED TO DO AND WHAT WE DID

What we were asked to do

- Identify opportunities and develop recommendations to improve population health outcomes for aging adults with behavioral health needs in Delaware
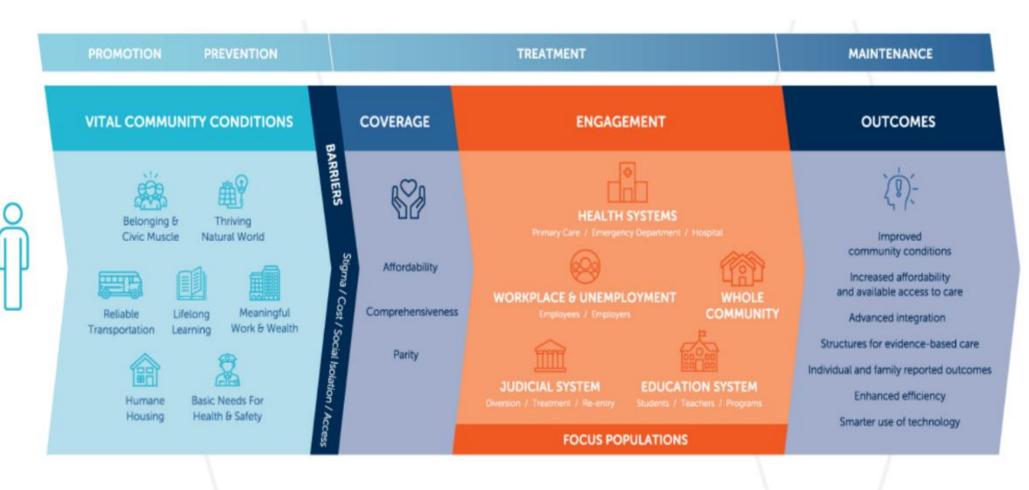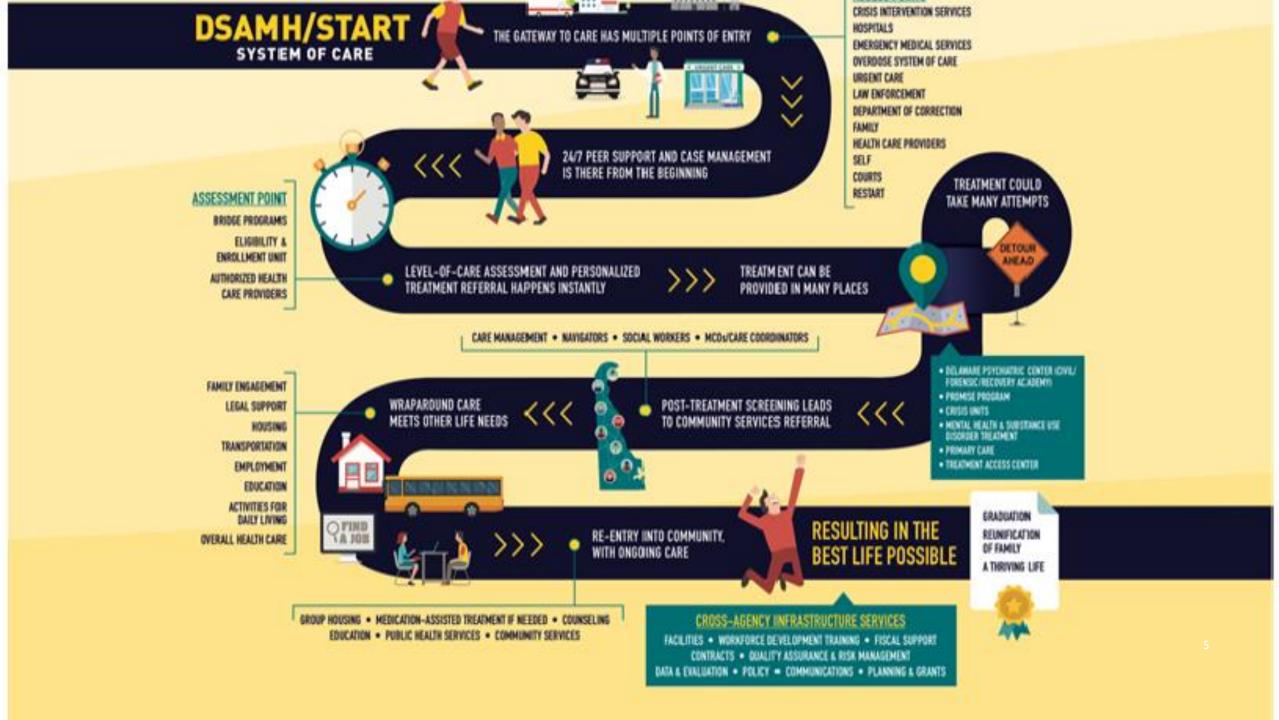
What we did

- Engaged in key stakeholder interviews from a wide range of perspectives
- Attend Town Forums for those who are aging well
- Review the data for aging adults with behavioral health needs in Delaware
- Reviewed key national data trends and frameworks
- Identified key insights and opportunities
- Developed a population health model and recommendations

KEY INSIGHTS

1. There is a growing prevalence of behavioral health challenges for an aging population. This is especially true in Sussex County, where over 20% of the population is comprised of older adults.

2. Older adults with existing mental health, addiction challenges, and equity gaps suffer disproportionately as they age, from co-occurring physical health and social challenges.

3. Older adults age 50 and up experience predictable periods of transition, financialinsecurity, loneliness, and loss which have preventable behavioral health impacts.

4. Delaware does not have dedicated systems for geriatric mental health and addictions care and faces severe pipeline challenges.

5. There are community-based assets and supports in place in Delaware, but they are not being fully utilized, nor are they at sufficient scale to meet the needs of the aging population.

FRAMEWORKS USED IN DEVELOPING RECOMMENDATIONS

DSAMH/START
SYSTEM OF CARE

THE GATEWAY TO CARE HAS MULTIPLE POINTS OF ENTRY

- CRISIS INTERVENTION SERVICES
- HOSPITALS
- EMERGENCY MEDICAL SERVICES
- OVERDOSE SYSTEM OF CARE
- URGENT CARE
- LAW ENFORCEMENT
- DEPARTMENT OF CORRECTION
- FAMILY
- HEALTH CARE PROVIDERS
- SELF
- COURTS
- RESTART

24/7 PEER SUPPORT AND CASE MANAGEMENT IS THERE FROM THE BEGINNING

ASSESSMENT POINT
BRIDGE PROGRAMS
ELIGIBILITY & ENROLLMENT UNIT
AUTHORIZED HEALTH CARE PROVIDERS

LEVEL-OF-CARE ASSESSMENT AND PERSONALIZED TREATMENT REFERRAL HAPPENS INSTANTLY

TREATMENT CAN BE PROVIDED IN MANY PLACES

TREATMENT COULD TAKE MANY ATTEMPTS

DETOUR AHEAD

CARE MANAGEMENT • NAVIGATORS • SOCIAL WORKERS • MCOs/CARE COORDINATORS

- DELAWARE PSYCHIATRIC CENTER (CIVIL/FORENSIC/RECOVERY ACADEMY)
- PROMISE PROGRAM
- CRISIS UNITS
- MENTAL HEALTH & SUBSTANCE USE DISORDER TREATMENT
- PRIMARY CARE
- TREATMENT ACCESS CENTER

FAMILY ENGAGEMENT
LEGAL SUPPORT
HOUSING
TRANSPORTATION
EMPLOYMENT
EDUCATION
ACTIVITIES FOR DAILY LIVING
OVERALL HEALTH CARE

WRAPAROUND CARE MEETS OTHER LIFE NEEDS

POST-TREATMENT SCREENING LEADS TO COMMUNITY SERVICES REFERRAL

FIND A JOB

RE-ENTRY INTO COMMUNITY, WITH ONGOING CARE

RESULTING IN THE BEST LIFE POSSIBLE

GRADUATION
REUNIFICATION OF FAMILY
A THRIVING LIFE

GROUP HOUSING • MEDICATION-ASSISTED TREATMENT IF NEEDED • COUNSELING
EDUCATION • PUBLIC HEALTH SERVICES • COMMUNITY SERVICES

CROSS-AGENCY INFRASTRUCTURE SERVICES
FACILITIES • WORKFORCE DEVELOPMENT TRAINING • FISCAL SUPPORT
CONTRACTS • QUALITY ASSURANCE & RISK MANAGEMENT
DATA & EVALUATION • POLICY • COMMUNICATIONS • PLANNING & GRANTS
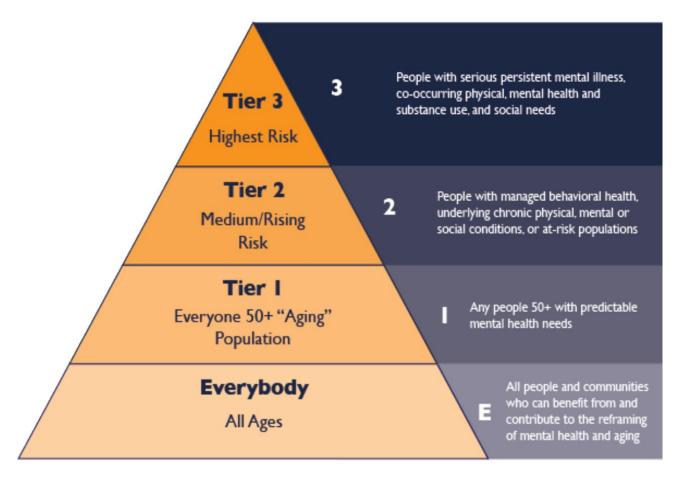
RECOMMENDATIONS

1

Build the capacity to identify and improve mental health and addiction outcomes by applying a proactive population health approach and an equity lens.

2

Expand health care and community capacity for geriatric behavioral health supports to meet and coordinate the needs of the highest risk and medium/rising risk populations.

3

Identify and build supports for life transition points that are moments of increased risk.

4

Create the conditions to support well-being for all people aged 50+.

BUILD THE CAPACITY TO IDENTIFY AND IMPROVE MENTAL HEALTH AND ADDICTION OUTCOMES BY APPLYING A PROACTIVE POPULATION HEALTH APPROACH AND AN EQUITY LENS.

1.1. Develop a specific strategy for each population segment above that has been identified as highest risk or medium/rising risk, including those most likely to experience health equity gaps.

1.2. Create a plan for measurement and evaluation both overall and for each population segment.

1.3. Develop cost-benefit analyses for investment in programs that comprehensively support mental, physical, social, and spiritual well-being for high risk and medium/rising risk populations.

1.4. Integrate data and functionality for care management of older adult population segments into statewide data platforms, like the Delaware Treatment and Referral Network (DTRN).

FRAMEWORKS USED IN DEVELOPING RECOMMENDATIONS: POPULATION HEALTH TRIANGLE

TIER 3 – HIGHEST RISK - *ESTIMATED 5% OF DELAWARE OLDER ADULT POPULATION WITH MENTAL HEALTH AND ADDICTIONS, ABOUT 3,480 PEOPLE*

- People with serious persistent mental illness or addictions, often with co-occurring physical, mental health, and social needs who are in critical transitions, are failing usual treatment, or need treatment now. Individuals and families in Tier 3 are often in crisis. Some need behavioral or mental health support for the first time, but many are returning with the same or new issues. For the older population, interventions too often occur after the individual experiences a catastrophic event.

- **Examples of this population include:**

  - people with unmanaged serious mental illness, addictions, or dementia; people who are in critical transitions or need treatment now after overdose; people with HIV/AIDS and active mental health/addictions issues;

  - people who are homeless and are not connected to caregiver support; people immediately post-incarceration; people

  - physically and mentally declining at home, with insufficient caregiving support, experiencing a crisis; and veterans with active post-traumatic stress disorder.

TIER 2 - MEDIUM/RISING RISK - *(ESTIMATED 20% OF DELAWARE POPULATION OF OLDER ADULTS, WITH MENTAL HEALTH CHALLENGES ABOUT 69,600 PEOPLE)*

- Older people with behavioral health issues that are currently managed, those who have co-occurring physical health conditions or social risk, veterans and other older adults undergoing significant life transitions, and those at risk for health inequities.

- At risk populations in this category include
  - those who experience systemic inequities:
  - racial/ethnic minorities
  - immigrants who are not fluent in English
  - the LGBTQ+ population
  - those who have low socioeconomic status
  - those who are marginally or fully homeless

- people stably post-incarceration

- veterans during major life transitions, caregivers

- those who are un/underemployed

- those living alone,

- those who feel unsafe at home, people with intellectual or developmental disabilities

- those approaching the end of life, and others who feel they are struggling

- those experiencing challenges coping with disasters, such as the COVID-19 pandemic

DAVID

David, a 68-year-old veteran with stable post-traumatic stress disorder who just retired six months ago.

David has been finding himself at loose ends and struggling to get out of bed each morning. He has been drinking more, and sometimes using heroin, something he has not done heavily since he got back from Vietnam. He has been having difficulty with his memory recently and his primary care doctor is worried he has early-onset dementia. David has access to financial resources due to an inheritance from his mother. He lives alone with no family nearby. He drives but has had multiple accidents; none have caused harm to others and he has been able to buy new cars. Even though David has occasional connection with the VA system, he has not taken advantage of their care management systems and his primary care office does not offer any integrated care or care management for people with mental health or addictions. He does not attend any groups, but has a friend who goes regularly who has been nudging him to go.

REMAINING TWO TIERS – DESTIGMATIZING AGING AND BEHAVIORAL HEALTH

- Everyone 50+

- Everyone who is aging in Delaware

2. EXPAND HEALTH CARE AND COMMUNITY CAPACITY FOR GERIATRIC BEHAVIORAL HEALTH SUPPORTS TO MEET AND COORDINATE THE NEEDS OF THE HIGHEST RISK AND MEDIUM/RISING RISK POPULATIONS

2.1. Expand DSAMH mandate to include management of co-occurring highly prevalent medical and behavioral health conditions, such as dementia.

2.2. Increase geriatric care management for high and medium/rising risk populations of older adults with mental health and addictions across the continuum from the care system to the community.

2.3. Expand capacity, training and competency building for geriatric mental health and addictions across the continuum of care and support.

2.4. Improve community-based infrastructure for geriatric mental health and addictions.

3. IDENTIFY AND BUILD SUPPORTS FOR LIFE TRANSITION POINTS THAT ARE MOMENTS OF INCREASED RISK.

3.1. Direct funds to support transition service for those 50-65 years of age, not currently covered by DSAAPD's mandate or within DSAMH's investments.

3.2. Design transition services for those at high and medium/rising risk of poor mental health and addictions outcomes during life transitions (e.g., retirement, residential placement).

3.3. Use person-centered care management to create wrap-around services for those living at home.

3.4. Develop programming and care management services for veterans in the broader community.

3.5. Involve businesses in developing supportive employment practices for older and caregiving employees who may be at risk for mental health and addictions issues during a work transition.

3.6. Partner with the University of Delaware, Delaware State University, Delaware Technical Community College, vocational schools, online schools, and other institutions of higher learning to promote lifelong learning so that aging adults can have the opportunity to retrain in new careers.

3.7. Develop and use a shared information system and registry for older adults in transition.

3.8. Engage law enforcement and first responders in collaborative protocol development and training, so that crisis responses minimize immediate and longer-term behavioral health risks.

4. CREATE THE CONDITIONS TO SUPPORT WELL-BEING FOR ALL PEOPLE AGED 50+ AS THEY AGE

4.1. Expand DSAAPD mandate to include older adults 50+.

4.2. Adopt the Healing the Nation's Framework for Excellence in Mental Health10 as a statewide standard.

4.3. Assure vital conditions for older adults in the community.

4.4. Expand coverage for mental health in the community.

4.5. Engage community-based organizations, schools, and other agencies to support older adults 50+ to build generativity, connection, meaning and lifelong learning.

4.6. Increase mental and behavioral health first aid training and WRAP training that includes specific attention to promoting well-being for older people with behavioral health challenges.

4.7. Perform periodic holistic well-being assessments including overall well-being, mental health, addictions, and social needs screening across the continuum and connect people to services.

4.8. Reframe aging and reduce mental health stigma.

4.9. Adopt and adapt evidence-informed approaches used in younger populations to older adults.

4.10. Capitalize on COVID-19 response and recovery resources.

PATH FORWARD – IMMEDIATE OPPORTUNITIES IN 2021

1. Begin strategic implementation conversations between DSAMH and DSAAPD about these recommendations and develop a shared workplan together in the context of the overall State Plan on Aging. Include consideration of expansion of DSAAPD and DSAMH mandate within that.

2. Prioritize and partner with populations experiencing substantial equity gaps to co-design and co-develop solutions that would work for them.

3. Convene a taskforce to proactively support older adults in critical life transitions across the continuum of care and community.

4. Expand geriatric psychiatry training capacity using existing assets and initiatives.

5. Assure that DSAMH's new care coordination platform and DTRN, designed to enhance communication and proactive care management for at-risk populations, is designed to meet the needs of older adults with behavioral health needs.

6. Build on existing multi-sector partnership efforts with businesses, food banks, institutions of higher learning, law enforcement, etc. to create the conditions for people to age well in Delaware.

7. Identify opportunities in the context of COVID-19 to substantially improve health and well-being for older adults, in partnership with community-based agencies.