



Tompkins County Office for the Aging

214 W. Martin Luther King Jr./State St.
Ithaca, NY 14850
(607) 274-5482
<http://www.tompkinscountyny.gov/cofa>

Strategic Planning-2014 Mental Health

A Consensus Conference on the topic of Mental Health was convened at Tompkins County Mental Health Department on August 26, 2014.

Christine Decker, of the Ithaca College Gerontology Institute, facilitated the meeting.

Participants included:

Lisa Kendall, Crossroads Counseling and Consulting
Rev. Tim Dean, Chaplain, Cayuga Medical Center
Lisa Holmes, Director, Tompkins County Office for the Aging
Larry Roberts, Finger Lakes Independence Center
Ed Bergman, Tompkins County Department of Social Services
Kim Owen, Longview
Robert Levine, Longview
Ann Dolan, Family and Children's Service
Jane Segelken, McGraw House
Lee-Ellen Marvin, Suicide Prevention and Crisis Service
Susan Spicer, Tompkins County Mental Health Services
Susan Romanczuk, Tompkins County Mental Health Services
Kim Evanoski, Care Manager for All
David Stoyell, Tompkins County Office for the Aging
YooKyung Esther Kim, Tompkins County Office for the Aging Intern

The following is a summary of the discussion and findings of this Consensus Conference.

Introduction and Demographics

According to the 2012 county-wide Senior Needs Assessment survey, 10% of older adults in Tompkins County have not visited in person with anyone in the past week, 14% don't have a neighbor they feel they can call on if help is suddenly needed, 13 % report depression, 14% report anxiety. The same survey reports that 5.6% (898 older adults) may drink alcohol in excess and 20% provide care for another older adult.

Strengths and Highlights

Many of the services available in Tompkins County to people with low income, older adults or individuals with disabilities also are a great benefit to people with mental health needs. These include senior housing with service coordination/social work services, assisted living residential and dementia care options, including some assisted living at Longview at Longview for those who cannot afford to pay market rates. There are safety net services at DSS, including long term home aide service (EISEP and Medicaid), Foodnet Meals on Wheels and food pantries.

A variety of programs at senior centers, including Lifelong and GIAC, offer opportunities for socialization. Transportation options (including Gadabout, FISH, GIAC van) are available for people with mental health needs and many other older adults and others with disabilities to get where they need/want to go. Our faith communities help bring people together. Project CARE provides 100 or more friendly visitors from local colleges and the community to visit older adults for socialization and intellectual stimulation. The presence of the academic community creates a lively environment and opportunities for recreation and education and partnerships with community partners to address local needs. The Ithaca College Gerontology Institute offers educational programs that enhance the capabilities of local aging services and mental health providers to respond to needs.

Tompkins County has many therapists in private practice with expertise in aging and support of caregivers. The County Mental Health Clinic and Family and Children's Service also include geriatric mental outpatient services and outreach programs for those who have difficulty traveling to appointments.

We have a behavioral health unit at our local hospital (Cayuga Medical Center).

Programs are offered for people living with the stress of chronic illness (including Stanford University Chronic Self Management Programs: Health Living Program, Powerful Tools for Caregivers program, Diabetes Self-management Program). Supportive organizations like the Cancer Resource Center, Finger Lakes Independence Center are a resource for those coping with illness. Hospicare is a vital partner for those with palliative care needs. The Mental Health Association helps link individuals with mental health services, including many different types of support groups in Tompkins County.

Local organizations talk to one another and collaborate with one another on educational programs and other services (including annual Depression Conference) and provide strong advocacy for the needs of older adults and people with disabilities. The Crisisline and other services of Suicide Prevention and Crisis Services provide strong support to those who've been through suicide of a love one, trauma, and at other times when people are just feeling fragile.

Issues and Needs

Many individuals experience "caregiver burnout" including those caring for the elderly with dementia as well as parents caring for adult children with developmental disabilities

or severe and persistent mental illness as they age. There is a need for respite care earlier instead of waiting until caregiver burnout sets in.

There is a desperate shortage of qualified paid caregivers to deliver personal care and respite for family caregivers. The relatively low unemployment rate in Tompkins County reduces the pool of potential aides given low salaries. Limited training opportunities for aides make it harder for consumers to find qualified aides. We need to get aides to the table to discuss this issue and possible solutions.

A medical model day program could help prevent caregivers from being spread too thin. It is challenging to get capable organizations to take on a medical adult day program. The Program for All-Inclusive Care for the Elderly (PACE) or other managed LTC programs may be a workable model for such a program.

Another issue is the shortage of assisted living residential care options that are affordable to low and middle income people in Tompkins County at all levels of care. There are no enhanced level assisted living beds available in the county to those who cannot afford private pay rates or whose resources become depleted after paying privately for a time. Those relying on Supplemental Social Security and others who cannot afford the rates for a basic level of assisted living have to look out of county when there is not a bed available at Longview for them. Some people choose to stay at home in unsafe conditions rather than move out-of-county to find affordable assisting living.

There is a challenge of integrating people with severe and persistent mental illness into senior housing and assisted living with social and activity-based support for their independence and life skills. Some people with mental illness have had behaviors which burned bridges and make housing difficult to find when needed. Education is needed for people with mental illness and well as for landlords to learn how to assist these individuals.

Skilled nursing facilities are hard-pressed to provide adequate care for people with dementia and those with psychotic behaviors. Social workers on staff have limited time to address issues; national policy precludes hiring social workers to deliver therapy. Cayuga Medical Center's Behavioral Health Unit is perceived as not being able to perform thorough medical assessments and medication management for geriatric patients sent there from Long term care facilities. Care tends to bounce back and forth between the hospital and the nursing home.

Financial strains cause some older adults to lose houses, suffer bankruptcy, and mismanage their care. We also need to anticipate more elder abuse as some households become more financially strapped.

Greater integration of mental health and primary care is needed. More geriatricians are needed. The community needs specially trained first responders who can attend to different situations.

There is no detox center in Ithaca.

There is the ongoing challenge of getting older adults to use mental health services when needed.

There are obstacles faced by substance abuse clinics and other mental health providers to getting reimbursement for geriatric outreach services.

Recommendations and Priorities for Action

Section 1: Recommendations which were voted as priorities for action

(listed according to number of votes received, from highest to lowest)

- Integrate mental and medical health (i.e., mental health in a medical setting and medical in a mental health setting). [\(10 votes\)](#)
- Provide community training program for aides [\(7 votes\)](#) *Related recommendation:* Get aides and administrators to the table and from there have them participate in a discussion about care giving to construct a baseline of support and care. [\(1 vote\)](#) *Additional related recommendation:* Provide rewards/incentives to front line workers who invest in their own development. [\(1 vote\)](#)
- Open a medical model day program that can help prevent caregivers from being spread too thin. [\(5 votes\)](#) *Related recommendation:* Integrate medical model day program with mental health needs. [\(1 vote\)](#)
- Continue shifting focus from “person-centered care” to “person-directed care” and care partnerships, including offering leadership training to help that happen. [\(5 votes\)](#)
- Open additional congregate meal sites in other communities and use that setting to provide other wrap-around services [\(4 votes\)](#)
- Offer more outreach and training to connect to people who are deeply isolated. Include suicide awareness and prevention skills into the training of home health aides, housekeeping, etc. [\(4 votes\)](#)
- Open a treatment program in Tompkins County for those dually diagnosed with mental illness and chemical dependency. [\(3 votes\)](#). *Related recommendation:* Open a detox center that is able to respond to those with psychiatric behaviors and offers treatment possibilities [\(2 votes\)](#).
- Provide more affordable assisted living residential alternatives all levels of need (including for low income and middle income). [\(3 votes\)](#)

- Encourage more geriatricians to provide services in Tompkins County. (3 votes)
- Provide affordable respite care for aging parents who may not be able to provide consistent care to their adult children with developmental disabilities or with severe and persistent mental illness. (3 votes)
- Explore the funding and ability to put in place a home-based geriatric social work crew for the community for mental health issues. (2 votes) *Related recommendation:* Expand in-home counseling (1 vote) *Additional related recommendation:* Offer community-based or home-level counseling of people dually diagnosed with mental illness and chemical dependency to prevent homelessness. (1 vote)
- Review and/or question regulations that may pose obstacles to resolving many issues such as integrating mental health into physical health, reimbursement for provision of off-site mental health services and care coordination. (2 votes)
- Use new “DSRIP” funding to help address gaps, including regulatory obstacles (e.g., not allowing off-site billing) (2 votes)
- Remove the barriers to care and become more integrated and communal in how we deliver care. Convey to people that there is no wrong door to walk into in order to receive help (1 vote)
- Provide more assisted living residential options, at all levels of care, that are affordable to low and middle income individuals. (1 vote)
- Leverage funding from medical providers who benefit from transportation services to fund and expand these services. (1 vote)

Section 2: Other Recommendations

- Explore Senior Service corps grants for the Senior Companion Program. This would provide low income seniors a small stipend for volunteering. It could be used to provide respite to rural, isolated seniors/caregivers.
- Advocate for training so that primary care physicians, social workers, and nurses are well versed in geriatric and psychological issues. Encourage more geriatric psychologists and social workers to practice in Tompkins County.
- Improve capability at Cayuga Medical Center for extensive assessment and treatment of older adults who are hospitalized because of behaviors that pose a danger to themselves and others residing in LTC facilities or those living with them at home.

- Promote cultural competency across the older lifespan (integrated training model).