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POLICY MANUAL

State Board of Behavioral Health and Developmental Services
Department of Behavioral Health and Developmental Services

POLICY 1008 (SYS) 86-3 Services for Older Adults with Mental Health or Substance Use Disorders, Intellectual Disability, or Co-Occurring Disorders

Authority Board Minutes Dated: February 26, 1986
Effective Date: March 26, 1986
Approved by Board Chairman: s/James C. Windsor

References § 37.2-500, § 37.2-505, § 37.2-601, § 37.2-606, and §37.2-702 of the Code of Virginia (1950), as amended
STATE BOARD POLICY 1015 (SYS) 86-22 Services for Individuals with Co-Occurring Disorders
STATE BOARD POLICY 1035 (SYS) 05-2 Single Point of Entry and Case Management Services
STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement

Supersedes STATE BOARD POLICY 1020 (SYS) 87-7 Provision of Psychogeriatric Services to Patients/Clients with Alzheimer's Disease and Related Disorders

Background Increasingly, individuals are living longer. In 2000, the population of the U.S. included 35 million people age 65 and older. This figure increased to 41.4 million people in 2011, an 18 percent increase. The Administration on Aging in the U.S. Department of Health and Human Services projects the number of people age 85 and older will increase from 5.7 million in 2011 to 14.1 million in 2040. In Virginia, the population of older adults will grow from approximately 11 percent in 1990 to almost 25 percent of the total population by 2025, when there will be more than 2 million individuals in this age group (Virginia Department for Aging and Rehabilitative Services, *Demographic Trends*). A March 2003 article in *Drug and Alcohol Dependence* estimated the number of older adults in need of substance abuse treatment will more than double from 1.7 million in 2000 and 2001 to 4.4 million in 2020. Baby boomers who came of age in the 1960s and 1970s when drug

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experimentation was

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pervasive are far more likely to use illicit drugs than previous generations. A 2011 study by the Substance Abuse and Mental Health Services Administration found the rate of illicit drug use increased from 2.7 percent in 2002 to 6.3 percent in 2011. Aside from alcohol, opiates, cocaine, and marijuana were the most commonly abused drugs.

The first report of the U.S. Surgeon General on mental health stated that almost 20 percent of older adults experience mental disorders that are not a part of normal aging. Although there are effective treatments available for most mental health disorders, many older adults are never screened for or diagnosed with them so they do not receive treatment. The number of older adults with major psychiatric disorders is expected to increase dramatically over the coming three decades to 15 million individuals compared with about 7 million in 2000, which will have a major impact on the needs of older adults for mental health services and will result in a significant increase in health service utilization and costs. Mental health and substance use disorders affect the health, well-being, and quality of life of many older adults, reducing their independence and community involvement and increasing stress on their caregivers and their mortality and risk of suicide (*Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, 1999). Clearly, this looming baby boomer age wave will place unprecedented demands on the public mental health, developmental, and substance abuse services system, which may not have the capacity to address them.

While the public mental health, developmental, and substance abuse services system has always served older adults with mental health or substance use disorders, intellectual disability, or co-occurring disorders, their numbers may be under-represented, compared with their presence in the general population, among individuals receiving services from community services boards and behavioral health authorities, hereafter referred to as CSBs, or state hospitals and training centers, hereafter referred to as state facilities. Physical health problems, multiple or uncoordinated prescriptions and resulting inadvertent prescription drug abuse, more prevalent substance use disorders, greater social isolation, increased exploitation or abuse, and greatly increased risk of suicide complicate the delivery of services to these older adults.

Workforce issues, such as lack of sufficient numbers of trained clinical staff, also may result in limited services to this population. Finally, there have been significant changes in the way services are provided to this population, particularly in state hospitals, where the focus has shifted from nursing and custodial care to behavioral interventions, medical and psychiatric advances, and enhanced psychiatric rehabilitation that enable individuals to remain in or return to their current living arrangements in nursing homes or assisted living facilities or with their families. For older adults with mental health, developmental, or substance abuse service needs, these circumstances have sometimes resulted in inaccessible and fragmented

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care, poorer treatment outcomes, higher treatment costs, and greater utilization of other public and private services systems.

Sections 37.2-500 and 37.2-601 of the Code of Virginia establish CSBs as the single points of entry into publicly funded mental health, developmental, and substance abuse services. CSBs provide preadmission screening and discharge planning in accordance with § 37.2-505 and § 37.2-606 for individuals seeking entrance to or being released from state facilities. Section 37.2-702 authorizes the establishment and operation of specialized state hospitals and programs to serve older adults with mental illnesses. Currently, the Department operates a geriatric unit at Catawba Hospital, Piedmont Geriatric Hospital, a geriatric unit at Southwestern Virginia Mental Health Institute, and the Hancock Geriatric Treatment Center at Eastern State Hospital.

STATE BOARD POLICY 1015 articulates policy for state facilities and CSBs about providing services to individuals with co-occurring mental health or substance use disorders or intellectual disability. STATE BOARD POLICY 1035 recognizes and supports the role of CSBs, as the single points of entry into publicly funded mental health, developmental, and substance abuse services, including state facilities, and provides policy guidance on the implementation of this role. STATE BOARD POLICY 1036 articulates a vision statement to guide the development and operations of the public mental health, developmental, and substance abuse services system that promotes recovery, self-determination, empowerment, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. In order to realize this vision, the public services system must respond more effectively to the specialized needs of older adults with mental health or substance use disorders or intellectual disability.

Purpose

To articulate policy for providing services to older adults, who are 65 years old or older, with mental health or substance use disorders, intellectual disability, or co-occurring disorders.

Policy

It is the policy of the Board, recognizing the prevalence of mental health or substance use disorders or intellectual disability among older adults, the growing numbers of these older adults, and the specialized needs of this population, to encourage and support the development of high quality, person-centered accessible, responsive, and effective services for these older adults. While these circumstances present some unique challenges, CSBs continue to be responsible for planning, coordinating, and providing these services for this population. CSBs need to develop and implement ways of reaching out to and engaging these older adults and to adapt or tailor their services by accommodating or responding to the unique needs and circumstances of these individuals. Older adults should receive services to the greatest extent possible in settings with other adults who have mental health or substance use disorders, intellectual disability, or co-occurring disorders. However,

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if specialized programs for older adults will meet their particular needs and address their unique issues most effectively and productively, CSBs should develop these specialized programs whenever possible.

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It also is the policy of the Board that the Department, state facilities, and CSBs shall integrate the following principles, where applicable, for serving older adults with mental health or substance use disorders, intellectual disability, or co-occurring disorders into services that they fund or provide and shall incorporate these principles in their policies, procedures, and daily operations.

1. State facilities and CSBs shall conduct thorough evaluations and assessments of older adults referred for or seeking services, including individuals being screened for admission to state or local hospitals or training centers pursuant to § 37.2-800 et seq. of the Code of Virginia. Evaluations and assessments shall consider the particular circumstances and factors associated with older adults that may affect their needs for services and complicate the provision of services to them and shall be conducted, whenever possible, by staff with competencies in the evaluation and assessment of older adults.
2. The possibility of a co-occurring mental health or substance use disorders or intellectual disability shall be considered for every older adult seeking services. Evaluations and assessments and the provision of state facility and CSB services shall reflect STATE BOARD POLICY 1015 Services for Individuals with Co-Occurring Disorders.
3. Older adults shall receive care at a level appropriate to their particular needs and in a timely manner to the greatest extent possible. Services shall reflect the vision in STATE BOARD POLICY 1036 and support the recovery, empowerment, resilience, and self-determination of older adults. Whenever possible, aging in-place in the community is preferable to long-term or permanent care in a state facility, nursing home, or other institutional setting.
4. Specialized state hospitals and units, established pursuant to § 37.2-702 of the Code of Virginia, shall address the particular clinical and behavioral issues of older adults that resulted in their admission, so they can return to their local communities as soon as is clinically possible. These hospitals and units also shall provide to the greatest extent possible clinical consultation and supports to nursing homes, assisted living facilities, and CSBs to enable older adults with mental illnesses and serious behavioral problems to remain in their current living arrangements in lieu of admission to these hospitals or units.
5. State facilities shall admit and serve older adults with mental health or substance use disorders, intellectual disability, or co-occurring disorders to the greatest extent possible whenever preadmission screening and evaluation indicate that they meet the admission criteria for the particular state facility and require inpatient treatment for acute stabilization of a mental illness or severe behavioral

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challenges that cannot be provided in any less restrictive setting. Admission shall be to the most clinically appropriate state hospital or training center, based on the particular nature, mix, and severity of an older adult's disorders.

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6. CSBs shall prepare discharge plans for older adults who are determined to be clinically ready for discharge from state facilities, pursuant to § 37.2-505 or § 37.2-606 and § 37.2-837 of the Code of Virginia and in consultation with appropriate state facility staff, and shall implement those discharge plans expeditiously to the greatest extent possible. Appropriate referral to community-based treatment services shall be one major component in discharge planning by CSB and state facility staff.
7. Whenever possible, acute medical care needs of older adults shall be met in the community. While not responsible for providing primary medical care, CSBs are responsible for appropriate referrals to primary medical care, particularly in acute or emergency situations, and for considering medical care needs in services planning and care coordination for these older adults. In serving older adults, it is particularly important to link with, coordinate, and integrate primary medical care.
8. CSBs shall establish, to the greatest extent possible, the ability to serve older adults with mental health or substance use disorders, intellectual disability, or co-occurring disorders. CSBs should provide reasonable accommodation to address access problems and other factors that complicate the provision of services to this population. However, a CSB may restrict admission or access to services when the restriction is reasonably related to the services provided by the program.
9. State facilities and CSBs shall ensure to the greatest extent possible that every clinician or direct care staff develops competencies for the assessment and treatment of older adults with mental health or substance use disorders, intellectual disability, or co-occurring disorders within the context of the design of the program in which he or she works, his or her specific job description and license, and the older adults with whom the clinician or direct care staff already works. These competencies should include sensitivity to differences among persons based on culture, ethnicity, age, physical abilities, and health and to cognition issues, reflecting the particular circumstances and conditions that affect older adults seeking state facility or CSB services.
10. State hospitals and CSBs shall provide services to the greatest extent possible to older adults with Alzheimer's Disease or related conditions and mental health or substance use disorders, intellectual disability, or co-occurring disorders when they exhibit behaviors or other diagnoses that meet the state hospital's or CSB's admission criteria, including significant behavior problems, as determined by qualified state hospital or CSB staff. Older adults with Alzheimer's Disease or

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related conditions who do not meet these criteria should be served in appropriate facilities, such as nursing homes or specialized assisted living facilities, or in services funded through Medicaid waivers.

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Further, it is the policy of the Board that the Department shall support the development and implementation of services for older adults with mental health or substance use disorders, intellectual disability, or co-occurring disorders through its regular planning and budgeting processes that identify issues, needs, and projections of resources. The Department shall provide training, technical assistance, and information to the greatest extent possible to state facilities and CSBs about service delivery for these older adults.

It also is the policy of the Board that the Department shall explore development of a system of care model for addressing the unique, specialized circumstances and needs of older adults with mental health or substance use disorders, intellectual disability, or co-occurring disorders so that they can receive appropriate, responsive, person-centered, integrated, and coordinated services in settings with other adults receiving services whenever possible.

Further, it is the policy of the Board that the Department, in conjunction with state facilities and CSBs, shall develop or continue linkages with institutions of higher education to support the inclusion of evidence-based and best practices in curriculum development, research activities, and the development and delivery services and supports to older adults with mental health or substance use disorders, intellectual disability, or co-occurring disorders.

It also is the policy of the Board that CSBs shall develop or continue linkages with area agencies on aging, local health and social services departments, and other public and private human services agencies to the greatest extent possible in order to coordinate and enhance services for older adults with mental health or substance use disorders, intellectual disability, or co-occurring disorders.

Finally, it is the policy of the Board that the Department shall ensure ongoing collaboration and linkages with other human service agencies, including the Department of Health, Department of Social Services, Department of Medical Assistance Services, Department for Aging and Rehabilitative Services, and other organizations and entities to promote the development, enhancement, coordination, integration, and expansion of services for older adults with mental health or substance use disorders, intellectual disability, or co-occurring disorders at the state, regional, and local levels.
