

# **Wisconsin Public Psychiatry Network Teleconference (WPPNT)**

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# WPPNT Reminders

## How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
  - Press # again to join. (There is no participant ID)

## Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- [Download or view the presentation materials](#). The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
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- A link to the video recording of the presentation is posted within four business days of the presentation.
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# EXPLORING THE WISCONSIN LONG TERM CARE LANDSCAPE: AN UPDATE ON RESOURCE NEEDS, ACCESS, & BARRIERS FOR AGING INDIVIDUALS WITH MENTAL ILLNESS

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# *DISCLAIMER*

- All material and discussion included in this presentation are not reflective of any views held by UW Health, Edgewood College, or the U.S. Army.
- No material in today's presentation will be covering off-label use of medications.

# *OBJECTIVES*

- Exploring Long Term Care Definitions & Comparisons
- WI Access & Barriers to Long Term Care
- Overview of County, State, & Federal Resources
- Update on Wisconsin Aging Population Demographics
- Population Specific Challenges, Barriers, & Resources for Aging Individuals with Mental Illness
- STAR Model

# *INTRODUCTION*

- My calling to work with mental health of older individuals stemmed from my background in inpatient psychiatry and hospice care
- Over my decade of experience, I have worked across all settings of healthcare and across much of the state (Milwaukee, Green Bay, Wausau, Madison)
- Lack of resources and barriers to care for aging individuals with mental illness has become my passion to improve access



# *WHAT REALLY IS LONG TERM CARE?*

Skilled Nursing  
Facility

Assisted-living  
Facility

Community-  
based Residential  
Facility

Adult Family  
Home

# *LTC LEGAL REQUIREMENTS*

- Ratio
- Per state law, SNFs must perform background checks for caregivers
  - All allegations of abuse, neglect, or misappropriation must be reported to WI Dept. of Health Services
  - Rehabilitation reviews are allowed



# COMPARISON OF LTC OPTIONS



## Nursing Home (Skilled Nursing Facility)

facility licensed to provide skilled nursing care

Services Included: 3 meals/day and snacks, 24 hr skilled nursing care, rehab services

Services to meet the psychosocial, emotional and/or physical needs of the resident

Inspected annually by the Divisions of Quality Assurance (DQA), complaints investigated, advocacy and rights protections via the LTC Ombudsman Program for residents 60 and older



## Community Based Residential Facility (CBRF)

5 or more adults reside, which care, treatment, and/or services above room & board are provided

3 meals/day and snacks, social activities, assistance or supervision with ADL's

Not more than 3 hours/week of skilled nursing care

Inspected every 24 months by DQA, complaints investigated, advocacy and rights protections via the LTC Ombudsman Program for residents 60 and older

# *COMPARISON OF LTC OPTIONS*

## Adult Family Home

- Either 1-2 or 3-4 adults reside and receive care, treatment, and/or services
- Assistance or supervision with ADLs, no more than 7 hours/week of nursing care
- In AFH's with 1-2 residents: certified by managed care organizations or IRIS ICA, complaints investigated, advocacy and rights protections via the LTC Ombudsman Program for residents 60 and older
- In AFH's with 3-4 residents: Inspected every 24 months by DQA, complaints investigated, advocacy and rights protections via the LTC Ombudsman Program for residents 60 and older

## Residential Care Apartment Complex (RCAC) – Assisted Living

- An apartment that includes a kitchen, living area, bedroom, and private bathroom
- Limitations on tenants with guardianships or activated powers of attorney
- Meals, housekeeping, laundry, arranging medical appointments, and transportation required
- May provide up to 28 hours/week of personal care and/or nursing services
- Registered or certified by DHS, not required to have annual inspections or investigations unless certified
- advocacy and rights protections via the LTC Ombudsman Program for residents 60 and older

# *COMPARISON OF LTC OPTIONS*

## Supported Independent Living Apartments

- Residents are often Family Care members or IRIS participants, care coordination thorough Managed Care Organizations or IRIS consultant agencies
- advocacy and rights protections via the LTC Ombudsman Program for residents 60 and older or IRIS

## Home & Community-Based Services (Family Care, Family Care Partnership)

- Members receive services where they live – comprehensive for persons age 18 and older who meet state Medicaid eligibility requirements, enrollment via ADRC, advocacy through Ombudsman Program

# *WISCONSIN LONG TERM CARE COSTS*

- Senior care costs are estimated to be higher in Wisconsin than national average:
  - Assisted-living Facility:
    - \$4,500-4,600/mo in WI vs \$3,628/mo US average
  - Semi-private room in Skilled Nursing Facility:
    - \$9,022/mo in WI vs \$6,844/mo US average
  - Private Room in Skilled Nursing Facility:
    - \$9,733/mo in WI vs \$7,698/mo US average
  - Adult Daycare Average is \$1,413/mo





A wooden desk with a calculator, glasses, and a document featuring bar and line charts.

# *WISCONSIN LONG TERM CARE COSTS*

- In 2021, Genworth (a long term care financial company) reports average cost of assisted-living facility is \$4,600/month
  - 4.5% increased from 2020
- Often expected to have 2-3 years of private down payment to get accepted for care

# *GENERATION- SPECIFIC CHALLENGES*

Boomers (born 1946-1964): Living longer & needing LTC earlier

1946–1964

2019

In AARP Report in 2019, Insured Retirement Institute:

- 75% of the Baby Boomer generation did not factor healthcare costs into retirement
- 85% did not factor LTC costs into retirement

# *LTC & CAREGIVER SHORTAGE CRISIS - BARRIERS*



**Since November of 2016, Wisconsin has lost 56 skilled nursing facilities**

10 SNFs have closed in 2022 alone



**LTC settings struggle with high turnover of staff and leadership:**

In Jan-Nov 2022, Wisconsin SNFs have had over 400 staff changes in leadership positions of administrator and director of nursing positions – leads to compromised quality of care

# *LTC & CAREGIVER SHORTAGE CRISIS – BARRIERS& SOLUTIONS*

The need for LTC services is estimated to rise faster than the workforce will grow

Total nursing & in-home health worker employed per 1,000 residents 65 and older is 167

Wisconsin CBRFs & ALFs can create restrictive policies – creating barriers to housing & care

- Can essentially deny any person for any reason: Mental health stigma

Caregiver shortage – WI DHS is offering to assist with opening childcare programs in LTC facilities

In 2023, DHS has increased reimbursement rates from 77% to 91% to support LTC facilities with staff wages and benefits



# *WISCONSIN RESOURCES- COUNTY*

- Every county will vary in what programs are available
- Complex Case Management
- Lower Cost Prescriptions
- The more rural, the more sparse the resource availability
- NAMI
- ADRC



# *WISCONSIN RESOURCES - STATE*

Badgercare

Sliding-scale mental health services

IRIS program – Include Respect I Self-Direct – program for adults with disabilities and elderly people in WI

Music & Memory Program – DHS offers services for certification for facilities

Behavioral Risk Factor Surveillance System:

- Tracks state & county data on hospitalizations, ED visits, and mortality due to unintentional falls

# *WISCONSIN RESOURCES -STATE*

WI Institute for Healthy Aging: Evidence-based health promotional programs

Dementia Care Stakeholder Summit put on by WI Dept of Health Services – WI Dementia Care System Redesign Plan (2014)

- Community awareness & current services on facility-based LTC
- Dementia related crisis response, & stabilization
- Dementia care guiding principles & training

# *WISCONSIN RESOURCES -STATE*

Dementia Care Specialist Program

State LTC Ombudsman Program

- Advocacy services for people 60 years and older who are members of WI Family Care & Partnerships Program, Program for All-Inclusive Care for Elderly (PACE), and in Wisconsin's IRIS program & Medicaid Waiver Program

Volunteer Ombudsman Program: supplement advocacy for residents in SNF settings

State Bill for 2022-2024 providing WI \$500 million for LTC



# *NATIONAL PROGRAMS FOR LONG TERM CARE*

## National Core Indicators Project

- help state systems assess whether supports are person-centered gathering performance and outcome measures

## Elderly Benefits Specialist Program

- Increased national goal to keep older people community dwelling with Alzheimer's Family Caregiver Support Program & National Family Caregiving Strategy under RAISE Act of 2017

*UPDATE ON  
WISCONSIN  
AGING  
DEMOGRAPHICS*

## County Population Projections Through 2040

- Population Ages 65 and Older: 2010 – 13.7%/2040 – 23.7%

## U.S. Census, American Community Survey, 2017-2021 Estimates

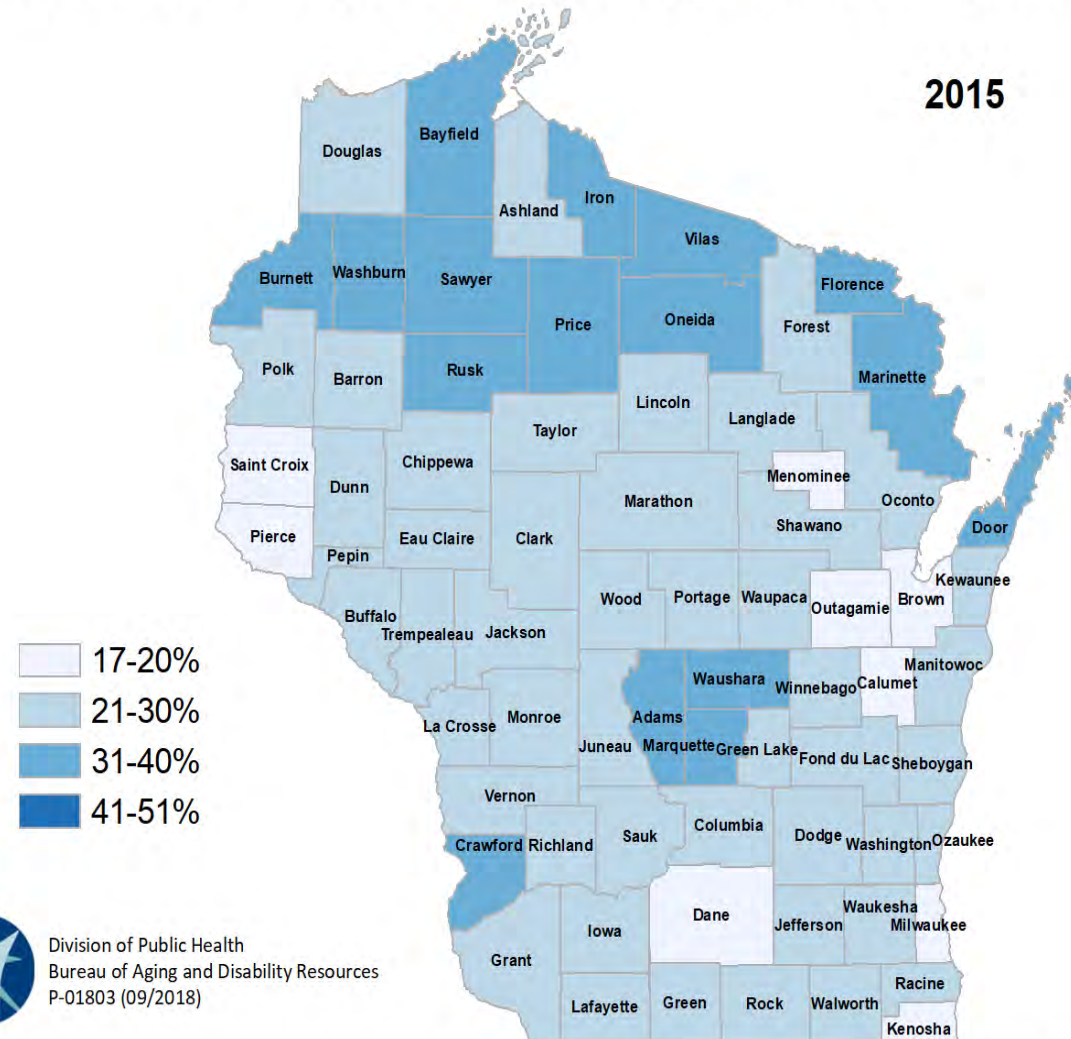
- Individuals 60 years and up = 23.9% of WI pop.
- Persons 65 years and older in poverty = 74,789/7.7%
- Disabled Person 65 years and up = 285,662/28.6%
  - Hearing difficulty = 125,235/13.5%
  - Cognitive difficulty = 60,457/6.5%
  - Vision difficulty = 42,678/4.6%
  - Ambulation difficulty = 168,317/18.2%
  - Self-care difficulty = 59,833/6.5%
  - Independent living difficulty = 108,062/11.7%

# *UPDATE ON WISCONSIN AGING DEMOGRAPHICS*

- Estimate of individuals living with dementia in Wisconsin from 2020-2040
  - 2020: 114,126
  - 2025: 135,477
  - 2030: 162,295
  - 2035: 190,657
  - 2040: 213,238



## Percent of the Projected Population Ages 60 and Older, 2015-2040



Division of Public Health  
Bureau of Aging and Disability Resources  
P-01803 (09/2018)

Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013





# *AGING INDIVIDUALS WITH MENTAL ILLNESS*

- 80-94% of residents in LTC facilities have major psychiatric illness, dementia being the most prevalent
  - Over 19% of new admissions have mental illness other than dementia
  - Treatment of individuals with mental illness has been a large part of SNF care since the deinstitutionalization movement in 70's
  - Despite federal legislation and SNF reforms, psychiatric needs of residents remain unmet
- Compared to other diseases in the developed world, patients with dementia have the worst quality care.



# *AGING INDIVIDUALS WITH MENTAL ILLNESS*

- By 2050 in developed countries, it is estimated that 37% (2 billion people) of the population will be over age 60 and 81.1 million people will be diagnosed with dementia
- Behavioral and psychological symptoms of dementia (BPSD) are present in 2/3 of patients with dementia diagnosis, about 65% of institutionalized patients, over 75% in SNF settings, and 70-90% of patients with moderate to severe dementia

# *AGING INDIVIDUALS WITH MENTAL ILLNESS*



In recent study, in over 1,079 nursing homes, more than 71.9% cited difficulties in managing behavioral health with implications of sending patients back to hospital



It is estimated that over 58% of elderly public housing residents have unmet mental health needs



Collaborative care

# *AGING INDIVIDUALS WITH MENTAL ILLNESS*

- While little is known about how mental illness alone affects care costs, we do know mental illnesses have a horrible impact on costs of physical healthcare.
  - Older adults with depression and chronic physical conditions have about 50% higher health care costs than non-depressed older adults .
- Integrated service delivery models that bring together behavioral health and primary care services have shown to result in significant cost savings
- These integrated care programs have been shown to be cost-effective for a variety of mental health conditions, in diverse settings, in different patient populations, using different payment mechanisms





# *LONELINESS/SOCIAL ISOLATION CONNECTION TO DEPRESSION*

- Prolonged social isolation and especially loneliness are considered large psychosocial stressors that increase the prevalence of mental illness and neuropsychological dysfunction
- Depression in older individuals more often can have a presentation with “cognitive symptoms”
- Depression can become a degenerative disorder of the brain
  - Untreated or under-treated chronic depression often worsens in severity and increases frequency of episodes





## *POPULATION SPECIFIC BARRIERS*

Geriatric psychiatry providers are in low supply:

- Geriatric psychiatrists are retiring faster than fellows are graduating
- Not many psychiatric nurse practitioners are interested in subspecializing in geriatrics

Navigating the healthcare system with high complexity of care

- Multiple providers, polypharmacy, insurance variations addressing medical, behavioral, and social concerns

Increased risk factors associated with increased risk with social determinants of health

Mental health stigma from facilities leading to housing instability and placement challenges with higher level of care

Most behavioral healthcare is provided by under trained/under supported primary care clinicians

*POPULATION  
SPECIFIC  
RESOURCES*

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CCS Program through county services

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IRIS Program

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Be aware of private case management resources in  
your area

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NAMI

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ADRC



# *WHAT CAN WE DO?*

- STAR Model
- Know community resources
- Continue to education yourself
- Share your knowledge!



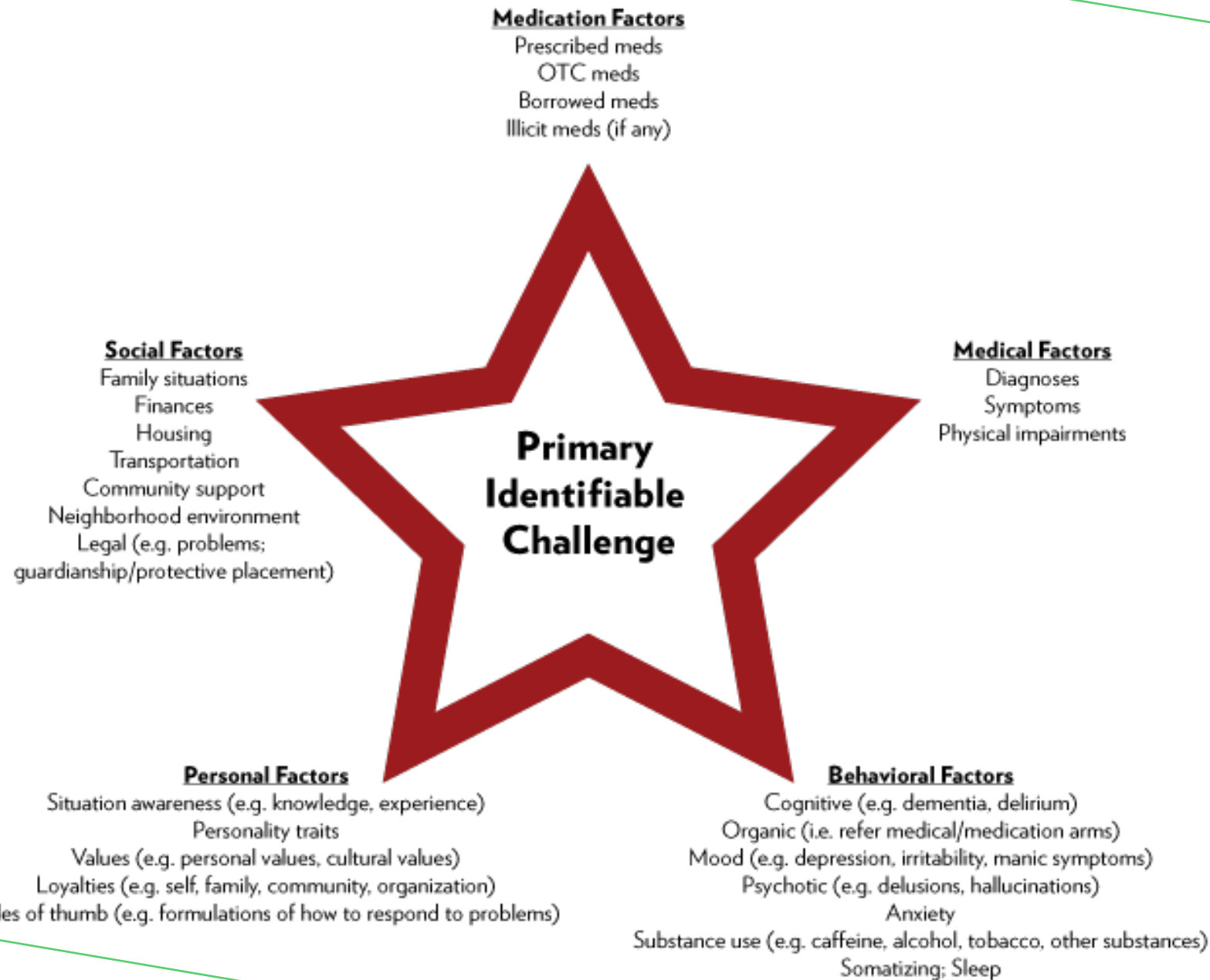
# *STAR MODEL*

The five domains surround the center which symbolizes the primary identifiable challenge

- Example: social isolation & loneliness
- Each domain represents a different ecological level where problems are occurring

Star model is a holistic approach to help providers to problem solve and discover how multiple challenges may be interconnected (e.g. gait instability due to Parkinson's, falls, loss of usual mean for coping, depression, social isolation, and alcohol abuse)

The start method's result represents each patient's unique ecosystem





# *WHAT CAN MEDICAL PROVIDERS/CAREGIVERS/FAMILY DO?*

- Providers/Caregivers:
  - For older individuals you care for:
    - Multi-disciplinary collaboration is key
    - Use of the STAR model assists to not miss key details to create a patient-centered treatment plan
    - Interventions should target all points of the star, especially those that pose significant risk
    - Become well versed in local resources & work to collaborate





## *WHAT CAN MEDICAL PROVIDERS/CAREGIVERS/FAMILY DO?*

- Family:
  - Check in frequently on your loved ones as they age, especially if they live alone
  - Ask about how they are managing their medications, appointments, cleaning, meal preparation
  - Have conversations with older family members to make a plan for when the time comes that they may need extra help
  - Encourage/help older family members to have their advanced directives filled out
  - Encourage social engagement

**THANK YOU**

*THANK YOU!*

- Questions? Thoughts?

