

Mental Health Programming for Seniors and People with Disabilities

Overview

One of NASUAD's members is working closely with their mental health program staff to serve individuals who are eligible for both mental health and aging/disability programming. It has been challenging for this state agency to serve individuals with self-injurious and/or violent actions towards others in the home and community based services (HCBS) system. NASUAD sent a survey to its members and a list of long-term care contacts in the states asking how/where they are serving individuals with these complications and what services have been most effective. Four states gave comments about the programs that serve this population in their state, including: Minnesota, Missouri, Oregon, and Tennessee.

Response Summary

All responding states said that their aging/disability department/agency is serving individuals in their HCBS settings who displayed significant self-injurious behaviors or violence towards others. Tennessee and Missouri have programs to serve such individuals in their homes. Missouri also has adult day care and residential care facilities that serve this population. Oregon has "Specialized Living" programs in licensed setting that serve this population, but do not serve many individuals with higher needs. Similarly, Minnesota serves these individuals in foster care settings with special rates.

A few states described specialized services that their aging/disability departments provide for this population. Tennessee explained that specifically for guardianship clients who are severely and persistently mentally ill, such services include health care proxy, medication management, and financial management. Oregon provides mental health treatment, and Missouri explained that participant's care plans are developed based on their unmet needs. Minnesota offers wrap-around services to their HCBS state plan, including targeted case management, specialized mental health services, and behavioral supports.

Serving individuals with personality disorders in HCBS settings is one challenge that these programs face. Tennessee works in coordination with mobile crisis units so that when an individual is in crisis it is easier to hospitalize them. Minnesota's state legislature is currently updating their practice of using restraints and seclusion due to a lawsuit.

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