



February 28, 2013

Dear Senator Ayala, Representative Serra, and distinguished members of the Aging Committee,

My name is Marcia DuFore. I am writing to you as Executive Director of the North Central Regional Mental Health Board (NCRMHB). Our Board is mandated by statute to study the mental health needs of people in our region and assist the Department of Mental Health and Addiction Services (DMHAS) with setting priorities for improved and expanded services to meet those needs.

We wish to provide input regarding **Raised Bill 6463, An Act Concerning Aging, that calls for a study of state services to the aging population.**

We wish to recommend that the Department of Mental Health and Addiction Services be included as a partner and source of information for this study. The NCRMHB, along with the four other Regional Mental Health Boards, recently completed a review for DMHAS of top priority issues for behavioral health issues in the next biennium budget. The 2012 Region IV Priorities and Recommendations Report is attached. A similar report was submitted from the four other Regional Mental Health Boards. Those reports are in the final stages of being compiled into a statewide report. Both identify behavioral health services for older adults as a top priority.

According to SAMHSA, **“Alcohol and medication misuse and mental health problems are significant issues for older adults. In fact, substance misuse among older adults is one of the fastest growing health problems in America.** Most people over 65 do not use illegal drugs, but almost 20 percent of older adults misuse alcohol, over-the-counter medicines, and prescription drugs, most often unintentionally.” Generational differences in attitudes about substance misuse and mental health problems make it difficult for older adults to seek help. In addition, health care providers often overlook these problems for the following reasons:

- Signs of treatable mental disorders and substance misuse can mimic signs commonly attributed to aging.
- Many older adults are reluctant to seek help. Unfortunately, many would rather avoid the shame and stigma associated with substance misuse and mental health diagnoses.
- Many people mistakenly believe that these problems are not preventable or worth treating in older adults.

- Many people mistakenly believe that symptoms of mental disorders, such as sadness, depression, and anxiety, are a natural part of the aging process or are a grief response to retirement or loss of a spouse instead of an illness requiring treatment.
- Personal stereotypes and bias may prevent health and social service providers from screening older adults.”¹

Our review with individuals with lived experience with behavioral health disorders, family members, and providers of behavioral health, aging, and nursing services came up with similar findings. As a result, we made the following recommendations to DMHAS:

- Spearhead Mental Health and Aging Coalition/Intersystem Collaboration to improve policy and practices in the system of care for older adults
- Conduct training and workforce development to increase the numbers, clinical skills, and cultural competencies of professionals who work with older adults
- Continue to explore and develop innovative programs for intensive care management, coordination with primary and specialty healthcare, and follow-up care for older adults coming out of the hospital
- Provide training and support to families who are caring for older adults with Severe Mental Illness (SMI)
- Promote expansion of Money Follows the Person, Elder Home Care, and Mental Health Waiver programs and affordable assisted living to meet growing demand
- Continue and expand outreach and engagement efforts for older adults with SMI and Substance Use Disorders²

Just of few of the critical issues found in our review were 1) the high level, complexity, and coordination of care required for people with long term mental illness currently served in the mental health system , 2) the need for screening and treatment for older adults with long-term mental illness and/or substance use disorders that have been untreated, 3) significant workforce issues limit availability of services, 4)

¹ SAMSHA—Get Connected! Linking Older Americans With Medication, Alcohol, and Mental Health Resources. DHHS Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2003

² Region IV Service Priorities and Recommendations, North Central Regional Mental Health Board and East of the River Action for Substance Abuse Elimination, 2012

system and policy issues that create obstacles to getting good, coordinated care, and 5) stigma/perception of mental health service prevents older adults from seeking needed care.

It is so important that members of the behavioral health community are involved in the conversation about what is needed in Connecticut to ensure that older adults receive appropriate care in our communities going forward.

We hope you will consider our request favorably.

Sincerely, Marcia DuFore

A handwritten signature in cursive script that reads "Marcia DuFore".

cc. Commissioner Patricia Rehmer, DMHAS
Doreen DelBianco, DMHAS
Jennifer Glick, DMHAS

