NOTES

New Hampshire State Commission on Aging Educational Session
Monday, June 21, 2021 10:00 a.m.-noon
Held via Video Teleconference

Present: Polly Campion, Chair; Carol Stamatakis, Vice Chair; Roberta Berner, Clerk; Sen. Ruth Ward; Janet Weeks, DOL, Wendi Aultman, DHHS; Susan Buxton, Long-Term Care Ombudsman; Lynn Lippitt, NH Housing Finance Authority; Appointed by the Governor: Kathy Baldridge, Susan Ruka, Suzanne Demers, Rev. Susan Nolan, Kristi St. Laurent, Daniel Marcek, Ken Gordon.

Rebecca Sky, Executive Director.

Absent: Rep. James MacKay; Rep. Charles McMahon; Richard Lavers, NHES; Elizabeth Bielecki, DOS; Sunny Mulligan Shea, DOJ; Patrick Herlihy, DOT; Harry Viens, Susan Denopoulos Abrami, John Kennedy, Susan Emerson.

Guest Presenters: Bernie Seifert, LICSW, Director of Adult Services, NAMI NH; Anne Marie Olsen-Hayward, LCSW, Director of Referral, Education, Assistance, & Prevention Program (REAP) for Older Adults in NH; Todd Bickford, Administrator at Glencliff Home; Jodi Marshall, MD, Medical Director for the St. Joseph Hospital Senior Behavioral Health Unit.

Guests: 41 members of the public (Martha McLeod, Arnold Newman, Sharlene Adams, Teddy Rosenbluth, Carissa Elphick, Elaine Paez, Heather Carroll, Alison Rataj, Nicole St. Hilaire, Fleurette Grenier, Nancy Fennell, Wendy Hawke, Anne Diefendorf, Carolyn Muller, Janice McDermott, John Wilson, Owen Houghton, Nancy Dorner, Marcia Garber, Tereze Stokes, Dawn Smith, Mary Roberge, Beverly Cotton, Laura Davie, Rep. Dianne Schuett, Dawn Smith, Amy Moore, Stephanie Cameron, Amy Clark, Cary Gladstone, Jennifer Throwe, M. Johnston, Melissa Seccareccio, Robin Willis, Shawn LaFrance, Michael Cohen, Dick Bouley, Peter Burke, Lisa Dean, Joan Marcoux, R. Jurta)

I. Welcome, Review of May Minutes

Polly Campion, Commission Chair, began the educational session at 10 a.m., provided an overview of the agenda, welcomed the Commission and guests and explained that no official Commission business would take place today. With the Governor's emergency order expired, the Commission needs to have a quorum meeting in person in order to conduct business. With no state meeting rooms adequate in size available, the Commission decided to gather via teleconference today and to hold an educational session rather than a regular meeting.

Chair Campion asked Clerk Roberta Berner to call the roll so the meeting notes from today's session would include a record of members present and absent. Members of the public also identified themselves.

Minutes from the May meeting were sent out to Commission members with the agenda for review prior to the June meeting. Although the Commission did not vote on approval of the minutes, Chair Campion asked members to identify changes in the minutes. No changes were noted, and the minutes will be voted on at the July meeting.

Chair Campion welcomed new Commission member Ken Gordon, who introduced himself with brief comments about his professional background in health and aging services.

II. Education Session: Older Adults and the Behavioral Health System of Care

A. The presenters introduced themselves and briefly described the organizations they represent:

- Bernie Seifert, NAMI NH and the Dartmouth Centers for Health and Aging
- Anne Marie Olsen-Hayward, REAP
- Todd Bickford, Glencliff Home

Polly Campion moderated the discussion, posing questions for the presenters to answer. **The first question was regarding how the pandemic has affected older adults' mental health and service provision in the state.**

Bernie Seifert responded that she's seen a tremendous growth in older adults' mental health needs, and fears that we are seeing only the "tip of the iceberg." NAMI's information and resource line has "blown up" with questions about where to go for support and services. Growing use of telehealth has been great for some consumers and has reduced the no-show rate. It's easier to engage family via telehealth than in-person, and caregivers don't have to leave their spouses alone. But for older adults, it hasn't always worked as well because a segment of the population lacks access and even a larger segment does not have the comfort-level with technology. Through her half-day work per week at the Dartmouth Centers, she said that she sees that those who are meeting on-line are doing other things on-line as well. Those who aren't represent a big chunk of the consumer population that the Dartmouth Centers had previously reached.

She said that the issue of emergency room boarding for those in crisis became more extreme during the pandemic because the whole system of care and ability to move patients to other settings slowed down.

She added that she had seen an increase in the need for dementia care during the pandemic along with an exacerbation of dementia. Isolation and lack of stimulation exacerbated individuals' dementia and were huge stressors for caregivers. Caregivers experienced more depression and anxiety also in part due to fewer care providers coming into the home and dealing with their own isolation.

Anne Marie Olsen-Hayward said that she has found telehealth counseling to be more superficial for participants. A big concern is workforce burn-out. She said that during the pandemic she has seen more exhaustion among mental health providers, who are leaving their jobs, resulting in waiting lists for services. With smaller families that often are spread out geographically, she also has seen a decline in family support. Transportation is a continuing concern, since initial appointments with psychiatrists need to be in person and in some areas of the state transportation can be difficult to arrange.

She said that the isolation piece of the pandemic has worn down everyone. She's noted anxiety as people begin to re-socialize and wonder, for example, if they will remember how to make small talk. Older adults specifically feel left behind and marginalized as other institutions (e.g., schools) offer extra support for their populations. She has observed cognitive decline in many who REAP serves and extreme stress among caregivers who are taking care of loved ones with dementia.

Polly Campion asked if it is a challenge to find Medicare providers to provide mental health services. Ms. Olsen-Hayward said that not all mental health professionals are covered by Medicare, and that in some regions of the state, Medicare providers are far more limited than in others.

Todd Bickford said that at Glencliff he's seen first hand the stresses of isolation and also of fear of COVID-19. Opportunities for discharge for residents dried up during the pandemic. Needs for service were up, but resources were not available. So many community services stopped during the pandemic – CFI visits to homes, peer support groups went online if they continued, and senior centers closed or limited offerings to occasional outside or online events.

His biggest concern has been staffing, both community care providers and his own workforce. Glencliff's workforce is aging and 20 percent of the nursing staff retired during the pandemic. The nursing home had to close a unit and reduce its capacity from 120 to 95 beds. He thought the fear of the pandemic and unemployment bonuses available during the pandemic had affected the availability of LNAs and said that in general, health care workers are underappreciated and underpaid.

Isolation during the pandemic was a big problem for Glencliff. Bickford said that residents essentially went from living in a nursing home to living in their rooms. Given that Glencliff works with older adults with mental illness, the restrictions created difficult problems. The home did allow residents to circulate within their own unit rather than using medications or physical restraints to enforce isolation. However, residents had friends in different units pass away and they couldn't see each other, even at end-of-life. Other regular social events that involved residents from different units like a weekly poker game also went away. They also needed to put restrictions on going outside. He said that because of the pandemic he was able to get wi-fi installed in the building.

Staff wearing masks and face shields had an impact on residents—for example, those suffering from paranoia. A smile which can often de-escalate a situation was suddenly an unavailable tool. Glencliff trained its staff to have more eye contact with residents. Those residents with dementia on top of other issues, physical and mental, lost coping strategies they had developed in order to manage.

Bickford also said he saw residents lose some of their mobility—"If there's nowhere to go, why bother?" This physical decline also impacted cognition and mental health.

The second question addressed how care transitions were impacted during the pandemic.

Anne Marie Olsen-Hayward responded that "silo-ing" of providers, people working from home, along with HIPAA rules, made it difficult to communicate among organizations and make referrals. She had a specific concern about "elder orphans," older adults with no one checking on them regularly. If such an individual has cognitive disorder, she or he may not think to call if a provider doesn't show up. Chronic changes for an older individual and caregiver mean that it would be best to work across the care spectrum, but that is difficult.

Bernie Seifert said that transitions of care (hospital to home, home to hospital, hospital to a care facility) are difficult, even without the pandemic, especially for someone who needs both medical and mental health care. Dementia is a tough disease. It involves both medical and mental health, yet no one owns it. Dementia is not a psychiatric disease, but still a brain disease and may have behavioral health components. Through her work at the Dartmouth Centers, she has seen how medication management is a major concern and often becomes the reason why people end up back in the hospital. Care transitions is hardest for the oldest of the old more than younger old.

She spoke about the difficulty of living in long-term care during the pandemic, when it was heartbreaking to see that caregivers couldn't visit or if they could visit, couldn't have physical contact with their loved one. Masks and confinement to one's room took a real toll on those with dementia. She noted that the oldest older adults were hit the hardest by the pandemic.

Todd Bickford said that basically transitions stopped in both directions – admitting and discharging. Because of staffing issues, Glencliff was not admitting new residents. Residents who might have transitioned out to apartments, family care, or small group settings had to remain in place.

Polly Campion asked about how the new state initiative to transition behavioral health clients from Glencliff to nursing homes had affected his work. The initiative was a result of a successful lawsuit against the state regarding holding individuals suffering from a mental health crisis for more than three days in an emergency room without a hearing.

Todd Bickford explained that the state is now offering incentives to nursing homes if they accept residents from Glencliff or the New Hampshire Hospital. The incentives include a $45,000 annual bonus and a $298 daily rate per resident—far higher than the regular rate of $150 to $200. Once the nursing home has accepted such a resident, the bed within the nursing home must remain a "behavioral health bed." In addition, the state is offering hospitals a $200,000 bonus if they become a Designated Receiving Facility. He said that the incentives are working and that Glencliff has made eight transfers since this program was implemented last month, in many cases bringing residents closer to their homes and families. A native Spanish speaker moved to a facility where a third of the staff speak Spanish. "It's a short-term solution, and I hope it can be sustained," he said. Workforce issues remain a challenge, but the long term care facilities are realizing they can handle these residents. Glencliff is being careful with their selection of who goes where. As residents with mental health diagnoses age, their main diagnosis may change to dementia or a physical condition. If their medical needs are now paramount (over their mental health needs), other nursing homes may be able to manage their care. Seventy-five to eighty percent of residents spend their entire lives at Glencliff.

Chair Campion asked what safeguards are in place to ensure the transition is successful and if the nursing homes are receiving specialty training to make sure they are prepared to care for individuals with behavioral health diagnoses. Is Glencliff playing a role in the training for transitions?

Todd Bickford replied that staff from each facility are taking a lot of time to ensure that the person's needs and personality are understood. He stressed that personal relationships are key and individualized care is essential. Triggers to challenging behavior are shared along with successful solutions to redirect that Glencliff staff have identified. Staff from both facilities conduct a medical record review, including a review with the psychiatrist of the resident's medications. The nursing and direct care staff communicate directly with their colleagues in the other facility. In non-pandemic times, staff would usually do a tour of the new facility with the resident and also have staff from the other facility come to tour Glencliff. These tours have had to be done via electronic platform recently. There is ongoing communication even after the resident moves. Glencliff has a 90-day "bed hold" for a transitioning resident in case she or he chooses to come back.

Because of the reduction in capacity as a result of staffing challenges, Glencliff is currently admitting new residents only from the New Hampshire Hospital. Glencliff has a waitlist of 47 individuals at this point.

Bernie Seifert said that she was impressed by the caring, careful way that transitions were being handled by Glencliff. In a caregiver group she manages, two caregivers' loved ones are ready to go to long-term care facilities but with mental health and dementia diagnoses, they are not finding any institution able to take them. The caregivers are working 24/7 to provide care and are frayed to the breaking point. She thought the state's incentive of offering substantial additional money to nursing homes to create behavioral health beds and units just might work.

Anne Marie Olsen-Hayward talked about the systemic silos that exist in providing medical care versus mental health care, exacerbated by the all-too-often additional need for dementia care. For example, she said that even understanding that delirium is not the same as dementia or an underlying mental health diagnosis can be a problem. Training is needed to develop greater knowledge and shift staff actions towards supporting residents so behaviors don't erupt and away from prescribing antipsychotics. She is concerned that long-term care facilities may not have the staff or infrastructure to handle residents with multiple serious diagnoses.

B. Dr. Jodi Marshall, St. Joseph Hospital Senior Behavioral Health Unit (24-bed inpatient psychiatric unit)

Dr. Marshall said that she had seen direct effects of the pandemic on her unit. She had seen more older adults admitted with depression, at least in part attributable to isolation, the closure of programs that served them, and the inability to see their providers. She also had observed a generalized decline in those with dementia, again, at least in part attributable to social isolation and the resulting lack of cognitive and social stimulation.

Discharge planning was directly affected, since the New Hampshire Hospital was not accepting new admissions. Patients on the unit needed to stay there for extended periods because of lack of options, which meant that the unit could not admit new patients. The need to quarantine patients for 14 days upon arrival also had an impact.

A major concern has been the staffing shortage, especially a shortage of LNAs and other direct care providers. Dr. Marshall said, "They can make more at a convenience store."

C. Question to all presenters: What's on your wish list?

Anne Marie Olsen-Hayward responded, "Having community-based services that are not necessarily labeled as 'mental health,' but that are proactive and preventive." She said that she would like to have people connected to services in a wellness-oriented way. The Referral, Education, Assistance and Prevention Program (REAP) has seen regular increases in people they are serving over the past few years, and a 50% increase in the last couple months, but has long had a flat budget. She added that she would like to see more opportunities for collaboration across disciplines and settings (e.g., in relation to guardianship, CFI applications), with education more widely available across the board.

Todd Bickford said that he would wish to see staffing issues addressed through: 1. cultural change in which LNAs are valued as the backbone of the care system, 2. more LNA training programs, and 3. financial incentives. He also would like to see culture change towards reduced behavior health related stigma. He indicated that most residents at Glencliff are there for medical reasons. More robust community support (increased assisted living, group homes, supported family care) is also on his wish list. Why there isn't more community alternatives ties back to lack of workforce.

Bernie Seifert said that she would like to see increased awareness, education and support for care partners as well as for the client with mental health issues and dementia. She would wish that those with a diagnosis of dementia could receive the same level of respect, support and care as those with a different medical diagnosis, such as diabetes or cancer. She added that we should celebrate those people who work in long-term care facilities and recognize those LNAs with greater respect and pay.

Dr. Jodi Marshall said her greatest wish is that staffing issues would be addressed, particularly LNA pay. She said that another big issue with the current system is that the paperwork to qualify a patient for Medicaid so that they may either transition home with Medicaid reimbursed supports or to a long term care facility can take months to go through. This results in unduly lengthy stays in her unit which costs more and takes up a bed that could be used by another in need.

D. Other questions and comments

- What is being done to attract workforce and raise wages? Todd Bickford responded that at the micro-level, Glencliff offered an LNA class prior to the pandemic which trained six to eight people at a time. When the pandemic hit, students were not allowed on the unit and class enrollment dried up. Glencliff began paying part-time workers to take the class. He

indicated that statewide there needs to be more classes, more public awareness of the opportunity and of potential career ladder, and more academic partnerships with facilitates. He also said that Glencliff is working within the state system to try to get a 15 percent raise for staff.

- How about retention? Rev. Susan Nolan suggested a "blessing of the staff," as an effort to demonstrate their value. Bernie Seifert noted that aides and others working in long-term care facilities are dealing with a lot of grief and loss, and that needs to be addressed.

- Polly Campion added that there is a need for workforce housing.

- Another challenged mentioned is that Medicare does not provide mental health services for people with only a diagnosis of dementia. It also does not provide coverage for case management which is often needed. The challenge with dementia is that anxiety and depression are concurrent issues that are often not assessed separately or treated due to the lack of understanding regarding the diagnosis and the divide between mental and medical health care. Medicare will cover mental health needs if diagnosed and provided by a qualifying discipline. i.e. licensed clinical social worker

III. **American Rescue Plan Follow-Up**

Chair Campion mentioned that the Alliance for Healthy Aging letter to NH Department of Health and Human Services Commissioner Shibinette was part of the meeting packet. Although the Commission will not be voting on its support for the letter at this meeting, she asked that Commission members please send an e-mail to her or Executive Director Rebecca Sky with comments. The Executive Committee / Operational Infrastructure Task Force will determine at its next meeting in early July whether or not to endorse it.

Cary Gladstone from Granite United Way announced that the American Rescue Plan includes a provision for older adults to claim Earned Income Tax Credit. In 2021, those aged 65 and over are eligible to claim up to $1,500 if their income qualifies. In order to be eligible, an individual must file a tax return. He said that 70,000 workers in New Hampshire could benefit from this new provision. His contact information is cary.gladstone@graniteuw.org. He is willing to talk with individuals or speak to community groups in your area about this change to the tax code.

IV. Adjournment

Chair Campion adjourned the educational session at noon. The next meeting of the Commission is scheduled for Monday, July 19, 2021 from 10 a.m. to noon.