The Philadelphia Model:
Addressing Serious Mental Illness in Long-term Care

City of Philadelphia

October 2023

Purpose of Today

ADDRESSING THE NATIONAL MENTAL HEALTH CRISIS AMONG OLDER ADULTS:

a. Sub-population: Individuals with Serious Mental Illness (SMI) requiring long-term skilled nursing care

b. Program: Evidence-based clinical model for the care of individuals with SMI in a structured environment within skilled nursing facilities that directly meets the needs nationally of the aging population with SMI.

CONNECTION TO EXISTING PROGRAMS:

Dementia programs where secure settings were created for individuals with Dementia

CONNECTION TO STATE/FEDERAL PRIORITIES:

1. **HEALTH EQUITY:** Model creates improved access to existing entitlement programs for individuals of disproportionate minority and low socioeconomic status (SES), who would have otherwise been excluded from the programs due to their SMI
2. **CREATING ACCESS:** Creates capacity in hospitals, psychiatric units, and community residential behavioral health facilities for individuals who require that level of care
3. **REDUCING COST:** Reduces the medical and behavioral health spend on the system related to individuals long stays in hospitals, Extended Acute Cares (EACs), and acute psychiatric units due to a lack of long-term care with structured behavioral health services for SMI

ASK:

1. Respond if you are interested in being the second location

AGENDA

1. Define the Problem
2. Path to Program Development
3. Program Description
4. Referral Process
5. Next Steps

Serious Mental Illness (SMI)

Mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. Common disorders per SAMHSA for SMI are: Bi-polar Disorder, Major Depressive Disorder, and **Schizophrenia**.

Dementia is not a serious mental illness. Individuals with SMI can also have dementia as a secondary condition.

Historical Context

Deinstitutionalization of individuals with SMI began in 1955 with the use of new-to-market psychotropic drugs with the goals of reducing the population size of residential settings and reforming psychiatric care.

Deinstitutionalization scaled across the US by 1994 where individuals requiring secure and therapeutic settings were moved to community-based long-term residential settings licensed and funded through Medicaid programs.

Now, 30 years later, individuals with SMI have aged in place, are frail and have worsening medical conditions that are outside of the level of care available in community mental health residential programs.

Case Examples

74-year-old AA female

Diagnoses:

- Schizoaffective Disorder, Bipolar with Catatonia
- IDDM, HTN, Urinary Incontinence, Asthma, Edema

Current Environment: Extended Acute Psychiatric Unit 20+ yrs

ADLs: Total Care

BARRIERS FOR DISCHARGE:

- Unpredictable behavior
- Safety concerns (climbs out of bed, and crawls on floor)

60-year-old Asian male

Diagnoses:

- Neurocognitive disorder, Schizophrenia, Bipolar
- CVA left-sided paralysis, HTN, chronic low vision

Current Environment: 2nd floor of an LTSR for 10 years without an elevator or handicap accessible shower

ADLs: Unable to walk down the stairs, difficulty showering, high risk of falling

BARRIERS FOR DISCHARGE:

- Physical aggression towards staff and property
- Intrusive (yelling/screaming)

Defining the Problem in the U.S.

AGING POPULATION

The number of adults 65+ has increased by **33%** in the last decade and is projected to **double** by 2060.

3-9% of adults 65+ live in an institutional setting – most commonly a nursing facility

SERIOUS MENTAL ILLNESS POPULATION

1 in 20 adults has SMI

In 2020, there were an estimated 14.2 million adults aged 18 or older in the United States with SMI.

Prevalence of individuals with SMI living in older adult residential care has risen by 75% between the early 2000s and 2021

Facilities with high SMI rates among residents have lower Nursing Home Compare star ratings compared to all other nursing homes.[6, 7,8]

Defining the Problem in Pennsylvania and Philadelphia

PENNSYLVANIA

Pennsylvania has the **5th** largest population of individuals 60 years and older in the U.S.

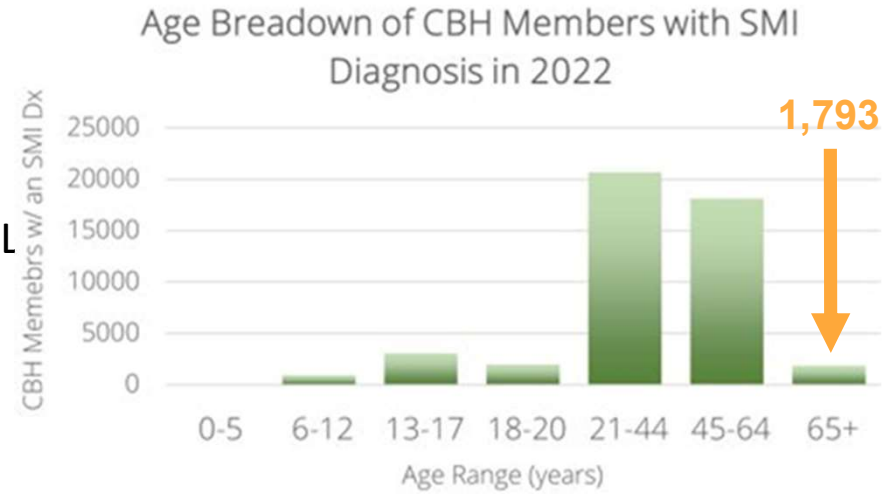
By 2030, 1 in 3 adults in Pennsylvania are expected to be aged 60 or older.

PHILADELPHIA

1 in 4 adults in Philadelphia are aged 55+ and **HALF** of this population's income < 200% FPL

40% of homeless individuals have SMI

On any given day, there are more than 500 individuals with SMI are confined to a Philadelphia jail.



PROGRAM DESCRIPTION

City of Philadelphia

Path to Program Development

Q1 2022

PROJECT INITIATION

Establish City Steering Committee

Q2-Q3 2022

EXPLORATION PHASE

Identify and initiate stakeholder workgroups

Obtain buy-in: PA DHS, DOH, and DOA secretaries

Initiate City-State steering committee and workgroups

Complete regulatory gap analysis

Finalize staffing, clinical and financial models

Finalize program requirements

Review regulatory questions with CMS

Q4 2022 – Q1 2023

PREPARATION PHASE

Select behavioral health provider

Select long-term care facility

Submit SSD

Develop long-term sustainability plan

Execute behavioral health provider contract

Q2 2023 – Q4 2024

IMPLEMENTATION & SUSTAINMENT PHASE LOC #1

Develop Implementation plan

Develop Outcomes Plan

Identify workgroups

Complete implementation plan (hiring, onboarding, P&P development, patient screening, etc.)

LAUNCH BW at MPAC

Admit first patient

Achieve 85% occupancy on unit

Evaluate Program

Draft Playbook

Q4 2023 – Q4 2025

IMPLEMENTATION & SUSTAINMENT PHASE LOC #2

Develop Implementation plan

Develop Outcomes Plan

Identify workgroups

Complete implementation plan (hiring, onboarding, P&P development, patient screening, etc.)

LAUNCH 2nd Location

Admit first patient

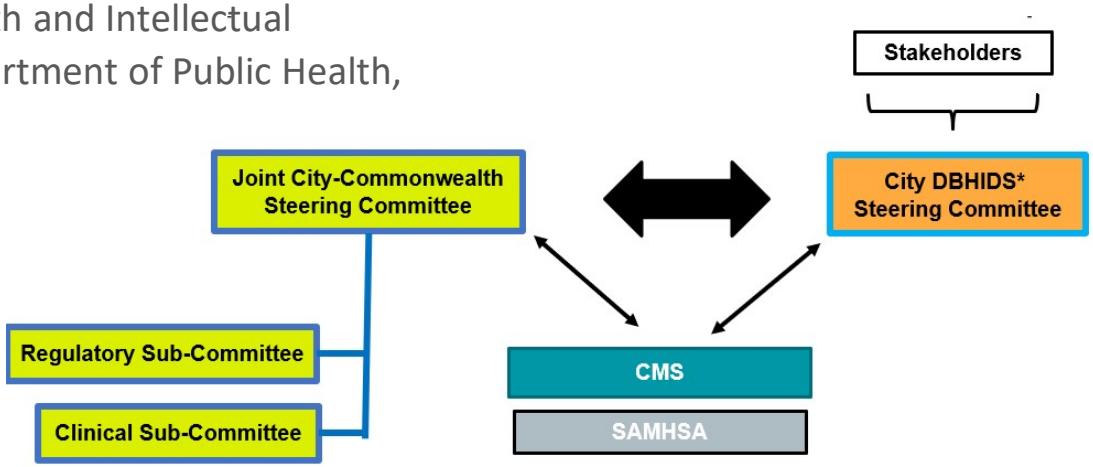
Achieve 85% occupancy on unit

Evaluate Program

Finalize Playbook

Partnering for Program Development

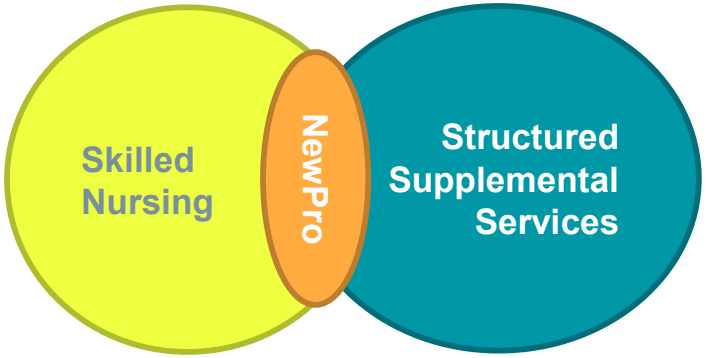
- **City of Philadelphia:** Department of Behavioral Health and Intellectual disAbility Services, Office of Homeless Services, Department of Public Health, Mayor's Commission on Aging
- **Community Behavioral Health**
- **Area Agency on Aging**
- **Acute Care Hospitals & Skilled Nursing Providers**
- **Behavioral Health Providers** (Long Term Structured & Community Rehabilitation Residences, Justice Partners)
- **Advocacy groups** (Leading age, Pennsylvania Health Care Association, Ombudsman Offices, and SeniorLAW Center)
- **Quality and Compliance experts**
- **Pennsylvania:** Department of Health, Department of Aging**,** Department of Human Services, Governor's Office
- **Centers for Medicare & Medicaid Services**
- **Substance Abuse and Mental Health Services Administration**



Philadelphia Framework for Addressing SMI in LTC

Guiding principles

- Least restrictive, most inclusive, non-judgmental
- Access state and federal resources available
- Create sustainable programs to support providers willing to provide care to this special populations
- Patient and staff safety



Framework

- Partners will meet PA DOH LTC regulations, PA Code (Human Services and Health and Life Safety), DEA regulations
  - Skilled nursing + structured supplemental behavioral health services
- Behavioral health in skilled nursing facilities will include access to Medicare, Medicaid and other entitlement programs for relevant eligible services
- Community Behavioral Health reimbursement model will be developed to fund defined behavioral health level services in skilled nursing
- Fully align with Community Health Choices resources

Initial Long-term Care Population

Inclusion Criteria

- Level 2 PASRR Assessment determination
- Insurance: CBH-eligible
- Diagnosed with SMI
- All past histories of substance use disorder (SUD) including using any type of substance
- Philadelphians with a forensic history including individuals on probation or parole as well as individuals coming from Norristown State Hospital, Department of Corrections, or Philadelphia Department of Prisons

**Veterans will be included in the unit*

Included on a case-by-case basis

- Megan's Law (Considering Tier I only but need to review)
- Under 60
- Prescribed MOUD
- Co-occurring Conditions (e.g. dementia, intellectual disabilities, traumatic brain injuries)

Sub-populations excluded:

- High or medium risk to harm self, property, or others
- Active SUD of any illegal substance
- Active suicidality or actively homicidal
- Open/Pending Charges
- Individuals with a forensic history that are on parole outside Philadelphia County
- Ventilator-dependent

High Level Program Staffing Model

Staffing	Base LTC Required	Structured Supplemental Services for a 28-bed unit with 85% occupancy rate	
Certified Nursing Assistants	2.00 HPPD		
LPN	0.87 HPPD		
Behavioral Health Technicians*		2.67 HPPD*	
RN		1.00 HPPD	
Social Worker		0.33 HPPD	
Life Enrichment		0.48 HPPD	
Program Director		0.24 HPPD	
Clinical Liaison		0.24 HPPD	
Program Psychiatrist		0.50 HPPD	
Program Support Specialist		1.00 HPPD	
Total HPPD	**2.87 HPPD**	**5.30 HPPD**	**8.17 HPPD**

* Assumption: at any given time, one individual will receive 1:1 services from additional mental health workers

Funded by LTCF traditional revenue stream

Funded by OMHSAS Structured Supplemental Services

First location opening November 2023 with 24 beds and expanding to 48 beds by March 2024

About the Behavioral Wellness Center at Monumental Post Acute Care (MPAC)

The Behavioral Wellness Center will provide supplemental behavioral health services at **Monumental Post Acute Care (MPAC)** nursing home. The Behavioral Wellness Center program at MPAC is a dedicated unit for eligible residents, needing long-term, around-the-clock specialized nursing home care and mental health services.

The Philadelphia Department of Intellectual Disability Services (DBHIDS) developed this model to address long-term care needs for older adults experiencing complex behavioral and physical health challenges whose needs have been systematically and unintentionally neglected for decades.

Called The Philadelphia Model, this initiative uses a holistic care model that equally addresses behavioral and physical health issues to significantly and positively impact the quality of life for vulnerable older adults with serious mental illness who need long-term care services to achieve well-being.

The Behavioral Wellness Center at Monumental Post Acute Care (MPAC)

With 24/7 behavioral health services provided by **The Behavioral Wellness Center (Be Well)** at the **Monumental Post Acute Care (MPAC)** nursing facility, The Philadelphia Model has attracted the attention of state and federal regulators and has secured support through the Pennsylvania Department of Health, Pennsylvania Department of Human Services, Pennsylvania Department of Aging, the Pennsylvania Governor's Office, the Centers for Medicaid and Medicare Services (CMS), and Substance Abuse and Mental Health Services Administration (SAMHSA).

Monumental Post Acute Care (MPAC)

4001 Ford Road
Philadelphia, PA 19131

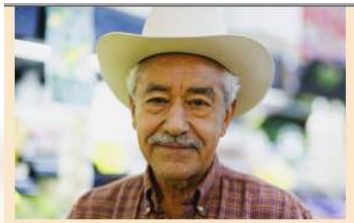
Call 215.877.5400
www.mpachealth.com

Click here or scan for admissions

INTRODUCING THE BEHAVIORAL WELLNESS CENTER AT MPAC

INSPIRING HOPE...TRANSFORMING LIVES

Philadelphia's FIRST
holistic care facility for adults with serious mental illness and skilled nursing care needs.



ELIGIBILITY

The National Institute of Mental Health defines serious mental illness as a "mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities."

Individuals living with serious mental illness face numerous challenges when engaging with the health care system, which are exacerbated by the increase in frailty and worsening health conditions often associated with aging.

As this framework addresses the duality of behavioral health services and long-term care needs, **eligible individuals include older adults with serious mental illness who need skilled nursing care, as determined by medical professionals** (i.e., psychiatrist, gerontologist, general practitioner).

Preadmission Screening and Resident Review (PASRR) is a federal requirement that ensures individuals are placed in an appropriate health-care setting for their needs.

All residents referred to this program will be assessed by the Area Agency on Aging for nursing home eligibility and approved by the Office of Long Term Living (OLTL) and/or The Office of Mental Health and Substance Abuse Services (OMHSAS).

SERVICES

The services will be trauma-informed, culturally relevant, embrace and engage diversity, and address the whole person's needs. In addition to the standard level of staffing within a nursing facility, behavioral health staffing will include:

- Behavioral Health Technicians
- Registered Nurses
- Social Workers
- Life Enrichment Specialist
- Program Director
- Clinical Liaison
- Program Psychiatrist
- Program Support Specialist

This team supports residents through behavioral coaching and group programs, addressing the complex behavioral health needs of this population. The combination of skilled nursing care and supplemental behavioral health services will enhance the quality of life and stability of older adults living with serious mental illness, one of the most vulnerable populations in the city.

WELL-BEING

The Behavioral Wellness Center at Monumental Post Acute Care nursing home (MPAC) addresses numerous challenges individuals with serious mental illness incur when engaging with the health care system, which are exacerbated by the increase in frailty and worsening health conditions often associated with aging. These issues include:

- The stigma associated with serious mental illness.
- Homeless shelters, acute care hospitals, and psychiatric units' inability to provide inclusive care and services.
- A lack of funding for structured supplemental behavioral health services in long-term care facilities.
- A lack of staff core competencies and knowledge related to serious mental illness.
- A lack of regulatory support to sustain the necessary behavioral health care and services required for this population.

The program achieves well-being by addressing the duality of behavioral health services and long-term care needs.

Referral Processing

Referrals will be processed in order of priority

P1 – Individual is diagnosed with schizophrenia* and

A. Currently resides in LTSR/CRR/EAC/RTFA/IP Psych/ACH/BHJD and is not managing well OR

B. Was declined by the OHS PEACE Program

P2- Individual is diagnosed with schizophrenia* and was placed by PEACE and is not managing well

P3 - Individual is diagnosed with schizophrenia* and currently resides in LTSR/CRR/EAC/RTFA/IP Psych/ACH/BHJD and is managing for now

P4 - Individual is diagnosed with schizophrenia* and currently resides in a nursing home or other setting and is not functioning well

P5 – Individual is diagnosed with a serious mental illness but **<u>is not</u>** diagnosed with schizophrenia (accepted on a case-by-case basis)

*Schizoaffective Disorder is also appropriate

Timeline for Second Location

Q4 2023

PREPARATION PHASE

Select behavioral health provider

Select long-term care facility

Providers sign letters of commitment

Submit SSD to OMHSAS

Q1 – Q3 2024

IMPLEMENTATION PHASE

Define workgroups

Finalize implementation plan

Update Reinvestment Plan

Execute implementation plan – hiring, onboarding, P&P, environmental changes, etc.

LAUNCH 2nd Location

Admit first patient

Q4 2024 – Q2 2025

SUSTAINMENT PHASE

Achieve 85% occupancy on unit

Evaluate Program

Finalize Playbook

NEXT STEPS

City of Philadelphia

NEXT STEPS

1. Talk to leadership at your organization if you think they may be interested
2. Email Melissa.Rosenberg@phila.gov OR Katie.Finlay@phila.gov if you organization is interested in launching the second program location at your facility
3. Complete Readiness Assessment by November 15th


QUESTIONS
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Philadelphia