

Adult Services Division – Eldercare Clinician Program

Program Overview

DAIL collaborates with the Department of Mental Health (DMH) to oversee the Eldercare Clinician Program (ECCP), providing mental health services to vulnerable and homebound Vermonters age 60 or older who would otherwise not be able to receive treatment via an office-based setting. The program was created in 2000, funded by a combination of Medicaid, Medicare, commercial insurance, and a state general fund appropriation. At the local level, designated mental health agencies (DA) hire eldercare clinicians to provide services, working closely with local Area Agencies on Aging (AAA) to identify older Vermonters in need of services.

Staff and Partners

The Eldercare Clinician Program is coordinated on a statewide level by one staff in the DAIL State Unit on Aging and one staff in DMH. In each region of the state AAAs contract with DAs to provide services.

Designated Agencies Providing Elder Care:

Counseling Services of Addison County
 Northwestern Counseling and Support Services
 Howard Center
 Healthcare & Rehabilitation Services of Vermont
 Northeast Kingdom Human Services
 Rutland Mental Health Services
 United Counseling Services
 Washington County Mental Health

Area Agencies on Aging:

Age Well
 Central Vermont Council on Aging
 Northeast Kingdom Council on Aging
 Senior Solutions
 Southwestern Vermont Council on Aging

Recent Developments and Accomplishments

The mental health needs of older Vermonters are growing as the population ages and the demand for counseling services and other age appropriate treatments increases. According to census projections, by 2030 over 1 in 3 Vermonters will be age 60 or older, and the number over 80 is expected to double. With growing awareness of mental health needs, increasing numbers of co-occurring disorders and substance misuse, people living longer with chronic disease, and earlier detection of dementia and Alzheimer's, we anticipate that the demand for mental health services for elders and their families will continue to grow over the next decade. In fact, by 2030 the number of older adults with mental illness is expected to increase by over 25%.

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With this awareness, DAIL, DMH and our community partners are working hard to strengthen the Eldercare Clinician Program by ensuring efficient, quality services across the state address the needs of the most vulnerable through the expertise of the eldercare clinicians. Together, we have developed the following measures of program performance:

- the number and percent of clients who reported treatment made a difference
- the number and percent of clients who reported quality of life improved

Future Directions

The Eldercare Clinician Program meets a critical need in our Vermont communities, serving some of the most vulnerable homebound elders with needed services and supports that they would not otherwise receive. We recognize the interconnectedness between mental health, physical health, and a person's ability to remain independent in their own home. Because of limited funding, community resources have not kept pace with increasing demand. We can expect these challenges to grow in the coming years.

Medicare is the primary insurance for the vast majority of older Vermonters. However, licensed Vermont mental health clinicians cannot bill Medicare for outpatient mental health counseling; only psychiatrists, psychologists, clinical social workers and psychiatric nurses can bill Medicare. DAIL is actively advocating that Vermont pursue a Medicare waiver to allow licensed mental health clinicians to bill Medicare. This would provide more sustainable funding for mental health services provided by Eldercare Clinicians, and improve access to mental health services by older Vermonters.

Results

In state fiscal year 2016, 393 elders were served (75% female, 25% male). Of those served, 36% were in the 60's, 35% in their 70's, and 28% were 80+. The vast majority were served in their homes (74%), although some were served in other community settings (10%) or in an office (15%). The most common diagnosis was Depression (45%), followed by Adjustment Disorder (24%) and Alzheimer's/Dementia (17%). Many people had co-occurring conditions. A total of 5,081 service hours were spent providing planning and coordination, clinical assessments, individual and family therapy and medication management.