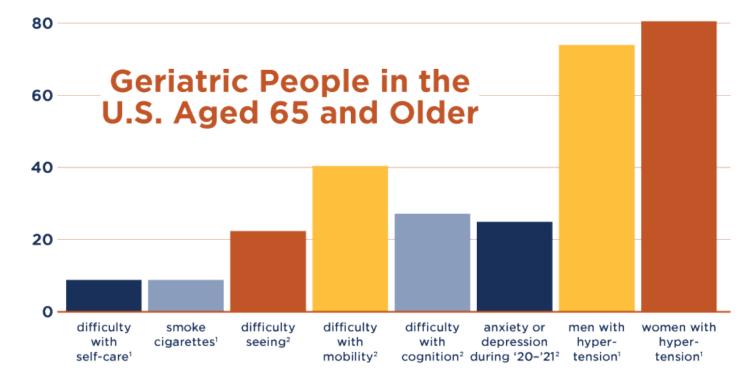




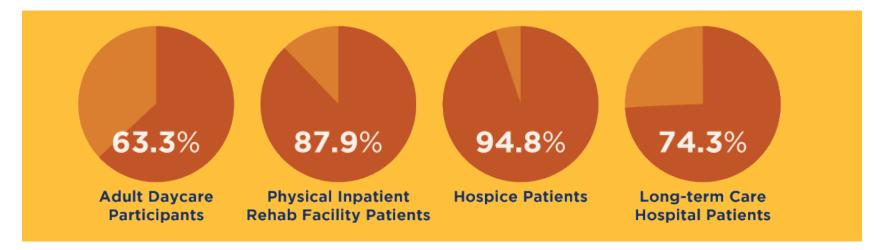
Seniors and older adults are often overlooked when it comes to mental health. However, this can be a very difficult time of life for many. They're entering retirement, adult children have moved out of the home, health issues arise, friends and family may have started passing away, and this combination is unique to older adults and can drive treatment needs.

First, let's take a look at some of the most common needs across the United States as a whole. The Centers for Disease Control (CDC) keeps ongoing statistics about different age groups regarding their health. The U.S. Department of Health and Human Services also tracks different well-being statistics regarding different age groups. When looking at the CDC's most recent results regarding geriatric people, as well as those by the Department of Health, with both specifically looking at those aged 65 and older, here are a few of the common denominators that arise:

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In addition, the CDC looks a little further into what percentage of patients or clients utilizing specific help sources such as hospice care, nursing homes, and inpatient facilities are made up of those aged 65+:



This is the average of many across America as a whole, but are their needs being met here in Kentucky?

A study delved into aging in rural Appalachia and came away with two major points of concern: lack of resources and substance use. Lack of resources involves everything from public transportation to access to adequate healthcare. Oftentimes, the lack of resources available can lead to issues such as loneliness and depression from geriatric community members being unable to easily go places on their own, whether it's because they can't drive or because the place they need to go is too far away.

Substance use in rural areas isn't new. The study found that it wasn't uncommon for elderly community members to occasionally sell their prescription medications just to buy groceries. Alcohol and opioids in particular are two prevalent substances in Appalachia, from a combination of its coal mining history to the sometimes lack of other things to do besides drinking. The environment around substance use and the close-knit nature of many family units in this region means that people often won't "turn in" loved ones who need help with substance use.

Finally, the combination of both substance use and lack of resources can also lead to **signs of sub**stance use being overlooked in elderly people. One of the most common examples of this is if an elderly person starts showing signs of confusion or disorientation, it's usually assumed to be caused simply by aging. This isn't always the case, however. Many times their medications, such as benzodiazepines, can be causing these side effects which can be reduced or halted entirely when the dosage is changed.

There are other needs that can be addressed, too. Here are **some other statistics** about the 65+ population in Kentucky:

of people aged 65+ live alone

of people aged 65+ have Alzheimer's

Another problematic statistic for our state is that only 37.5% of nursing home beds were rated 4-5 stars, compared to the national average of 47.3%. What can we do about this? How can we best assist our elderly population? These are questions we'll work to answer in this report.



Geriatric care is a branch of healthcare specifically designed to assist those who are getting older. While a primary care physician might have basic knowledge when it comes to these conditions, a geriatric doctor will have more focused training and experience helping patients living with these. The goal of geriatric care is to improve the quality of life for patients. This extends to proper treatment and management like we offer here at SUN.

As we get older, we often end up on more medications and have more physical ailments. This requires higher staff-to-patient ratios and a psychiatry team experienced in understanding all of the different medications older adults



may be using. It also requires a clinical team that can address the specific life changes and needs as we get past retirement age. Not only does our staff have the knowledge and expertise on how to address geriatric-specific behavioral concerns, but we know there's more to geriatric health than that. Our team is trained and equipped to help properly care for our geriatric patients, from getting their medications on time to helping calm those who are experiencing difficulties from conditions such as dementia and alzheimer's.

We've always believed in helping our whole community, not just those currently inside our doors. Our team will help geriatric patients to address behavioral health and look at other conditions that could be triggering or could be better managed.



What Geriatric Care and Stabilization Options Are Available in Erlanger, KY?

In Kentucky, people aged 65+ make up 16.8% of the population. This is equal to approximately 750,000 people. Of those 16.8%, **11.6% of them are below the poverty line**. How does this equate to the availability of care?

As we discussed in the previous section, one of the two main barriers to care is affordability. If you combine this with having only a few options available, this can further prevent people from seeking the care they need.

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Here in the Erlanger area, options are limited. There are only a couple of facilities that offer geriatric-specialized care within the city, and while there are options available just across the river in Cincinnati, insurance is much less likely to cover anything out of state. In addition, not every geriatric facility available is also equipped for stabilization. Having this option available when a loved one is in distress or is a danger to themselves and others can be pivotal in ensuring they are able to get through their treatment.

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Common Crises That Occur in Nursing Homes

What classifies as a crisis in a nursing home when it comes to behavioral health? Are there ways to avoid them?

While each nursing home will have its own limits of care it can provide, most staff are not trained psychiatrists and are not fully equipped to handle patients with various mental conditions such as dementia or alzheimer's. Even though nursing staff might encounter this often and be fairly equipped to handle and assist, there are times when it's simply not enough. When a patient becomes more than a nursing home feels properly equipped to handle, whether it's from breakdowns, violent behavior, self-harm, or other acute mental health challenges, a nursing home can choose to send a patient to a higher level of care to be stabilized before they are considered for readmission to the nursing home.

Additionally, there are times when a loved one or their medical team might think a patient could simply benefit from added support and care. Many studies have shown that geriatric patients who are given access to proper treatment for things like dementia have shown improved outcomes. This ranges from <u>reduced hospital admissions</u> to <u>reduced symptoms of anxiety, resistance to care, apathy, and distress</u>. These studies also mention the importance of involving family or loved ones in treatment so they can learn how to help their loved ones in the future.

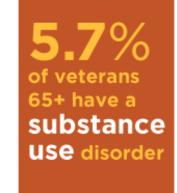
Geriatric Veterans and Behavioral Health

In 2019, there were over <u>18.2 million veterans</u> who were above the age of 65. How does veteran status impact quality of life as people age? Do there need to be different treatment options available to better suit them and their needs?

The knowledge surrounding mental health and trauma has grown rapidly over the past few decades. It's not uncommon for many elder veterans to not have received any proper trauma treatment post-deployment. While not every veteran is impacted by their time in service, being aware of the potential effects on their mental health overall, as well as keeping an open line of communication regarding mental health is important.

One of the most positive moves forward in regard to veteran health has been telehealth and

Rates of Substance for U.S. Veterans



5.4% of veterans 65+ have an alcohol use disorder

home visits. This can help diminish the barriers to care by bringing it to the patient instead. For veterans who are managing dementia, a case of giving telehealth access to rural residents showed positive results. Another study involving more generalized care showed that having access to a healthcare professional who could better see the living situation of the geriatric patient meant being able to identify not only unmet needs but also other things like fall risk locations in the home.



It's right in our name, SUN stands for "solving unmet needs", which is a pillar of both how we operate as well as the programs we offer. We firmly believe in helping our communities in any way that we are able, regardless of if they've walked through our doors before. Providing information regarding care and treatment options is one of the ways we do this, but it goes beyond that.

We offer programs of all varieties in order to best care for the unique patients that we see. Everything from a Littles program for 5-11 year olds to our Geriatrics program for older adults who need mental health crisis intervention. Our staff here always reflects these values of giving our patients the quality care they deserve. We make sure to care for our older adults by giving them advanced care with dignity and respect.

Geriatric-Specific Programming

The primary goal of our Geriatric programming is the improve the quality of life for our patients. Supporting this goal, our geriatrics unit is run by trained and licensed medical professionals who specialize in the psychiatric treatment of older folks. This means they have a far better understanding of patients and their bodies.

Another benefit of geriatric programming is the healing that comes from the community. Being surrounded by other people who are of a similar age can help patients feel less alone and maybe even be more inclined toward healing.

Our program here at SUN Kentucky is designed to primarily help geriatric patients in times of crisis. Our goal is to help stabilize them and get them to a place where they can not only feel more like themselves but be able to return to their former living situation and better manage symptoms, should they arise again.

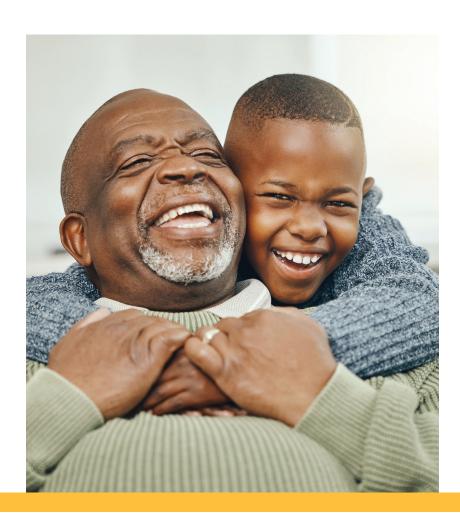


Safety, Care, and Open Communication

We believe that proper safety and care also include proper communication. As soon as patients start their journey here, they meet with a discharge counselor to help discuss and plan out their healing moving forward. This process can involve as many or as few family members as desired. Open communication and honesty are important parts of our process. We know how important family is and make sure they can be involved when wanted.

Our team here at SUN Kentucky is fully dedicated to the safety and care of all patients. We have around-the-clock nurses, ready to help when needed.

Our crisis unit offers intake and stabilization 24 hours a day, 7 days a week. This stabilization covers a variety of concerns such as mental health, substance use, homicidal ideation, erratic behavior, suicidal tendencies, the threat of self-injury, and more. We don't require appointments or heads up for this service, either. Patients can come in at any time and we will be ready to assist them.



SAMHSA Guidelines

Our facility and staff make sure we always meet the requirements set out by the Substance Abuse and Mental Health Services Administration (SAMHSA). These requirements for proper crisis care include:



Offering 24-hour crisis receiving and stabilization



Having a dedicated drop-off area for first responders



Having additional support for patients beyond intensive care



Having beds in the regional bed registry system connected to our crisis call center



Support efficient connection to needed resources

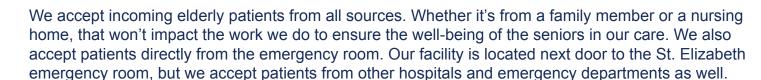


Coordinating connections to ongoing care for patients





Admissions and Referrals



We know the admissions process can already be stressful, so there are a few things we do to ensure it goes as smoothly as possible for all parties involved.



Electronic medical record transfers - lessens any stress involved when transferring facilities.



24-hour admissions - making sure patients can get help when they need it.



Both telehealth and in-person assessments - this way we can allow patients and loved ones to choose the option that's most convenient for them without slowing down the admissions process.



Multiple levels of care, all under one roof - having one spot to visit during all stages of recovery can make the process less stressful overall.



24-hour phone availability - ensuring that patients and loved ones can have access to answers and help no matter what hour it is.

We accept referrals from a wide range of sources. Here are just some of the common ones we receive for children and adolescents, along with a breakdown of the process between them.



Case Managers and Social Workers

Our business development representative (BD) will communicate directly with any case managers and social workers to see what space availability we have for their specific needs. Once our BD confirms where the patient will go, the case manager or social worker will then drive the patient directly to SUN Behavioral Health Kentucky and stay throughout the initial assessment.



Hospitals

Hospitals typically fax information to SUN Behavioral Health Kentucky on the referred patient. To send a fax, call us first at 859-429-5188 so we can be sure someone is available to handle your referral. SUN Behavioral Health Kentucky will send confirmation within the hour, assess the information, and send another fax back to let the hospital know where to take the patient. This is a fairly quick process.



Nursing homes

It's not uncommon for us to receive geriatric patients directly from a nursing home. This is most commonly occurring if there is a behavioral health concern, where treatment can help ensure that they still have a place in the nursing home.



EMTs, Firefighters, and Law Enforcement

If the referral is coming from one of these departments, it's usually due to an emergency situation. SUN Behavioral Health Kentucky has an ambulance bay and a 24/7 psychiatric emergency room, so they'll likely bring the patient straight here. The ambulance will notify SUN Behavioral Health Kentucky when they're on the way and one of our clinicians or intake specialists will be ready when you arrive.

Stabilization and Returning to Their Homes or Care Facilities

Our main goal at SUN is to get patients back where they want to be – in a better place than when they came through our doors. This also means ensuring that they continue to receive the care they need even when they leave. We do this by communicating with families, memory care, assisted-living facilities, nursing homes, and more to discuss long-term care. We work out treatment plans so that patients can continue to thrive.

We receive many patients who are coming away from an injury or hospital visit or who have behavioral health needs to be addressed before their nursing home or assisted living facility will accept them back. Our team here at SUN is trained and equipped to help ensure the safety and well-being of our geriatric patients, no matter what state they might be in when they start their journey here.

We encourage any referral partner or person seeking admission for themself or their loved one to call us at any time. We are available at 859-429-5188 and operate our phones 24/7. Don't hesitate to reach out if you have any questions or concerns, or if you are looking to get started on the admissions process.

Contact Information:

Address:

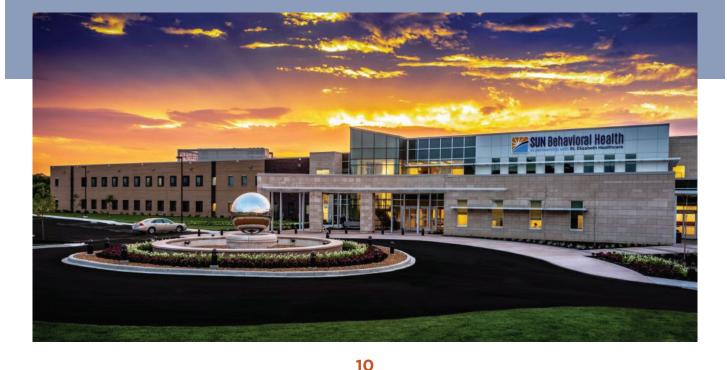
Sun Behavioral Health Kentucky 820 Dolwick Drive Erlanger, Kentucky 41018

Address:

Sun Lexington Outpatient Center 2335 Sterlington Rd # 100, Lexington, KY 40517

Email: info@sunkentucky.com • **24/7 admissions:** 859-429-5188

Schedule a telehealth consultation 24/7: https://sunkentucky.com/telehealth-consultation/







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