

Older Adults in Milwaukee County

with Mental Health
and Co-Occurring Disorders



Study Advisory Panel Binder

March 2004

Planning Council for Health and Human Services, Inc.
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Vignettes from S.E.T. Ministries

Lurlene, age 60

Lurlene had congestive heart failure. She denied being sick. Her legs were so swollen that they began to weep. I called the Crisis team. The person on the phone said this was a medical emergency; she must go to the E.R. If she refused to go, I was to call the police.

Lurlene decide to go to the E.R. on her own and I went with her. She spent thirteen days in the hospital. The total bill was over \$25,000. On the day of discharge, Lurlene did not know why she was in the hospital.

On Lurlene's discharge papers, it was noted that Lurlene had not experienced any psychotic episodes.

About a year later, Lurlene's congestive hear condition put her through another bout at the hospital. I wasn't working with her at the time, so I don't know the details. She died at the hospital when a blood clot moved to her lungs. She refused to take medication and procedures offered because of her denial of physical sickness as well as her mental illness.

What frustrates me is that person who is ill refused services, and we as professionals have to see a person die. Lurlene was in a hospital, with this life-threatening danger and the professionals did not go through the channels to get help for her. Why?

Bettye, age 71

Bettye isolated herself in her room. She complained of a toothache for over three years. When asked if she would like to go to a dentist, her reply was that she was going to Detroit and when she got there she would go to the dentist.

When she would come to the office, she was very unstable on her feet. She was a small lady. She became more and more frail. She refused to see a doctor because she was going to Detroit.

Bettye was found dead in bed.

Prior to being with us, Bettye was court ordered out of her apartment. Her belongings had been put in storage. The storage place refused to let her see her things because she did not have a picture ID. We could not get a picture ID because Bettye claimed her social security card was with her things in storage. We could not get Bettye a social security card because Bettye could not remember her mother's maiden name or where she was born.

Robert, age 67

The day I did his assessment, he had on snowmobile pants and a winter hat besides his indoor clothing during the hour-long assessment. He had his things packed in boxes in the center of his living room and bedroom as if he were going to move. There was one chair to sit on in the apartment. From his ability to articulate his thoughts, I assumed he had gone to college. When I checked my assumption, he had worked on his doctorate.

When I was closing the assessment, he stated: "By now you must know that I am mentally ill. Thanks for spending time with me."

As long as he refuses help and is not a danger to himself or others we cannot serve him.

As I left, I wondered if there would be a change in his behavior if one could spend time with him to help him come back to reality. My other thought was that we need to do a systemic change by changing the law that allows a very sick person to make choices that are irrational. There needs to be more than just: "the person is a threat to himself or others."

Agnes, age 77

Agnes has a street drug and alcoholic history. She wants to be independent. It appears that Agnes is still using street drugs: rent not being paid, income doesn't last the month, furnishings sold or "lost".

She is being threatened with eviction because her rent has not been paid. Her sisters gave her money for rent. However, the rent has not been paid. Because her housing is on the line, Agnes is willing to consider a payee to manage her money.

The building manager was not aware that a payee could be assigned and that Agnes would not be able to get rid of the payee easily. If a payee is assigned to Agnes, the building manager is willing to rent to Agnes.

When residents have been assigned to a payee, the list of payees is very limited. The credible payees cannot take on more payeeships. There is one payee in particular that takes advantage of her clients.

Annie, 71

Annie was managing well as I walked into her apartment to do an assessment. However, when she brought out her medicine bottles, I asked if she was able to pay for all these medications. She said it was killing her because all her money was going for meds. Her daughter, her main caregiver was there. I referred the daughter to S.E.T. Ministry Family Care. Annie was enrolled in Family Care and now only pays a co-pay for her meds; her daughter is being paid to take care of her mother a certain number of hours per week.

Enrique, age 65

Enrique receives a little too much to qualify for T-19 benefits. He has to do a spend-down so that he qualifies for T-19 benefits for six months. His teeth needed to be pulled because of infection. He also needed to have more orthodontic work done before dentures could be fitted. By the time the teeth were pulled and appointments for more orthodontic work scheduled, Enrique's T-19 benefits had run out. He then had to do another spend-down. When he went back to the orthodontist, the initial out-of-the pocket estimate to do the orthodontic work had doubled. The new estimates were more than his social security benefit for a month. The out-of-pocket costs have to be paid up front.

Ellen

Ellen has anxiety and is mentally challenged. Another barrier is her inability to read. She remains in an abusive relationship.

S.E.T. Ministry's RN gently and patiently worked with her to convince her to see a doctor for her severe swelling in her lower legs and ankles. S.E.T.'s RN worked slowly to get Ellen to be compliant with the doctor's orders. The RN advocates for Ellen so that Ellen gets the needed medical attention. It is possible for S.E.T.'s RN to build trust with Ellen because the RN is on site. She can build a relationship with Ellen in daily situations that are not as threatening as the medicals needs may be.

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Study of Older Adults in Milwaukee County with Mental Health and Co-Occurring Disorders

The capacity for sound mental health among older adults notwithstanding, a substantial proportion of the population 55 and older -- almost 20 percent of this age group -- experience specific mental disorders that are not part of "normal" aging...Disability due to mental illness in individuals over 65 years old will become a major public health problem in the near future because of demographic changes. In particular, dementia, depression, and schizophrenia, among other conditions, will present special problems in this age group.

Source: *Mental Health: A Report of the Surgeon General*
(U.S. Department of Health & Human Services, 1999)

Study Goal:

To provide the community with a status report on older adults with mental health and co-occurring disorders, and to create a blueprint for serving this population that rests on evidence-based practices.

Study Objectives:

1. To construct a demographic profile of the older adult population in Milwaukee County and a diagnostic profile of the county's older adults with mental illness.
2. To identify and describe the programs and settings, including nursing homes, that serves older adults with MHD/COD and to identify gaps in service.
3. To determine how older adults with MHD/COD are identified and gain access to the service system.
4. To identify the barriers that prevent older adults from accessing mental health services.
5. To describe and analyze the payment options available to older adults who need mental health services.
6. To identify best and evidence-based practices in delivering services to this population, including successful service models in other communities.
7. To carry forward issues identified in *Mental Health & Alcohol and Other Drug Abuse Issues Facing Older Adults in Milwaukee County* that relate to the objectives of this study.

Role of Study Advisory Panel:

The Study Advisory Panel will assist in identifying issues and questions that relate to the study objectives, and in devising the methodology to provide answers and solutions.

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Helen Bader Foundation
Faye McBeath Foundation
Extendicare Foundation

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Older Adult Mental Health Study**

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Tasks Related to Study Objectives

1. Introduction
2. To construct a demographic profile of the older adult population in Milwaukee County and a diagnostic profile of the county's older adults with mental illness.

Methodology: Census data; projections; review of Medicare/Medicaid data; Bureau of Health Information.

3. To identify and describe the programs and settings, including nursing homes, that serve older adults with MHD/COD and to identify gaps in service.

Methodology: 211 and Elderlink data; review any directories available (Mental Health Association); state nursing home data.

4. To determine how older adults with MHD/COD are identified and gain access to the service system.

Methodology: Specify possible "pathways" into the service system (e.g. primary care physicians, Family Care, Interfaith, visiting nurse, CCO/CCE, COP). Key informant interviews with representatives of these programs to ask what they do when they encounter older adults with mental health needs.

5. To identify the barriers that prevent older adults from accessing mental health services and to propose strategies for eliminating these barriers.

Methodology: Agency survey; key informant interviews; look at other studies/reports; focus groups with older adults, their families and caregivers.

6. To describe and analyze the payment options available to older adults who need mental health services.

Methodology: Examine Medicare/Medicaid mental health reimbursement regulations; take a look at supplemental health insurance policies; any other state/local funding.

7. To identify best and evidence-based practices in delivering services to this population, including successful service models in other communities.

Methodology: Internet searching has already produced a wealth of "ideas from elsewhere."

8. To carry forward issues identified in *Mental Health & Alcohol and Other Drug Abuse Issues Facing Older Adults in Milwaukee County* that relate to the objectives of this study.

Study of Older Adults with Mental Health and Co-Occurring Disorders

Fact Sheet

Prevalence of Mental Health Disorders

- Epidemiologic surveys indicate that 19.8 percent of the older adult population has a diagnosable mental disorder during a one year period. Almost four percent of older adults have a serious mental illness, and just under one percent have serious and persistent mental illness; these figures do not include individuals with severe cognitive impairments such as Alzheimer's disease (*Mental Health: A Report of the Surgeon General, 1999*).
- An estimated six percent of people ages 65 and older in a given year, or approximately two million individuals in this age group, have a diagnosable depressive illness. Depression affects approximately 25 percent of those with chronic illness and is particularly common in patients with ischemic heart disease, stroke, cancer, chronic lung disease, arthritis, Alzheimer's disease, and Parkinson's disease. Depression also affects upwards of 50 percent of nursing home residents.
- Prevalence of schizophrenia among those 65 years or older is reportedly around .6 percent as compared to 1.3 percent in the population ages 18 to 54 years. While the use of nursing homes and state hospitals for patients with all mental disorders has declined over the past two decades, this decline is very slight for older patients with schizophrenia.
- Five to eight percent of people over the age of 65 have some form of dementia and the number doubles every five years over age 65. (*The Neurology Channel*. <http://www.neurologychannel.com/dementia/>)
- Alzheimer's disease is the most common cause of dementia in older people. Nearly 10 percent of all people over age 65 and up to half of those over age 85 are thought to have Alzheimer's disease or another form of dementia. Dementia is projected to more than triple in the United States over the next 50 years, from about 2.3 million to 8.7 million cases. (*Langa KM et al. National estimates of the quantity and cost of informal caregiving for the elderly with dementia. Journal of General Internal Medicine. 2001 Nov;16(11):770-8*).

Source for much of the above: AAGP (American Association of Geriatric Psychiatrists) Online: "Geriatrics and Mental Health: The Facts" and "Late Life Depression: A Fact Sheet"
http://www.aagponline.org/prof/facts_mh.asp

Study of Older Adults with Mental Health and Co-Occurring Disorders

Fact Sheet Co-Occurring Disorders

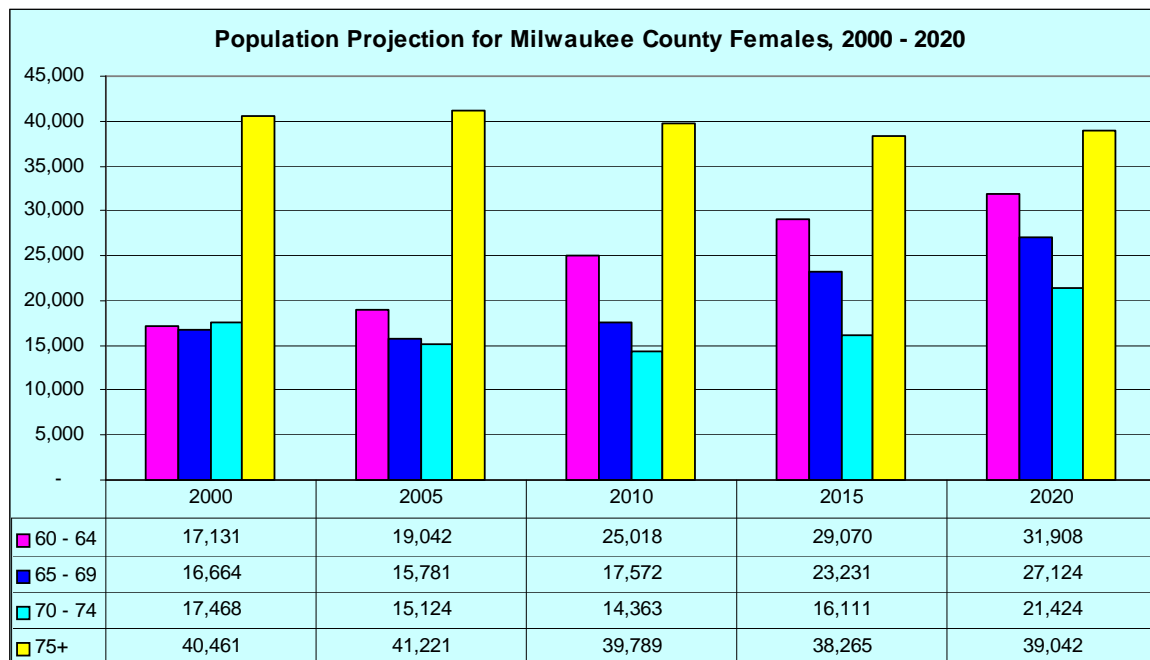
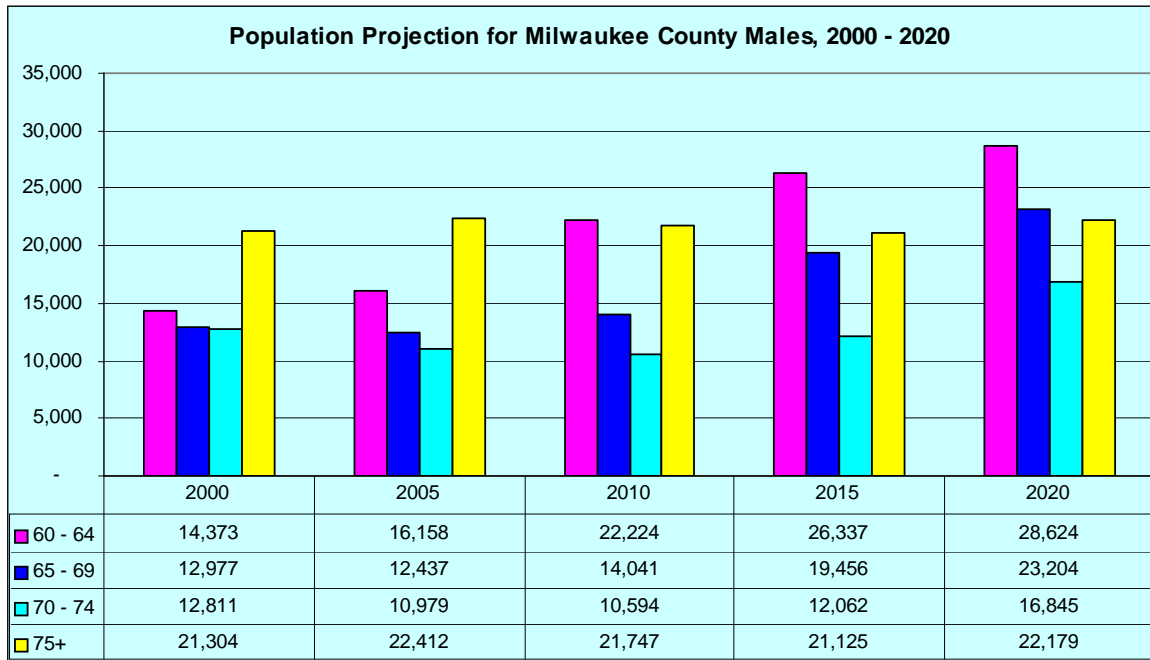
- Co-occurring disorders manifest differently in older adults than in younger adults. For example, primary mood disorders (e.g., depressive disorders) are estimated to occur in from 12 to 30 percent of older adults who also abuse alcohol. While research does not support the idea that mood disorders are precursors of alcohol disorders in older adults, some evidence suggests that depressive illness and other mental disorders - if undiagnosed and untreated - may precipitate or help maintain late onset drinking.
- Research has disclosed that the most frequent configuration of co-morbid disorders among older adults in residential or hospital settings is depression joined with alcoholism and personality disorder. In fact, older adults who have a lifetime substance abuse problem are nearly three times as likely to also be diagnosed with a mental disorder.
- Older adults are at special risk for prescription drug misuse and alcohol-related problems, as well as for depression and suicide.
- The co-occurrence of substance abuse (whether alcohol or sedative-hypnotics) and dementia can be clinically significant, since substances can have a profound impact on a person's cognitive status, and could actually be the primary cause of the memory loss/dementia, with a cascading decline in functioning with ongoing utilization of the substances.
- Few studies have been conducted to assess the efficacy of various treatment models for older adults with co-occurring disorders. What is known, however, is that, successful programs for older adults often involve collaboration between a behavioral health care provider and an aging services provider. One such example is in Adair County, Kentucky. The program - a joint venture of the county government, the community mental health center, and the area agency on aging - provides a broad range of treatment and services that can benefit older adults with co-occurring disorders, such as outreach, assistance with daily activities, nursing services, individual and group counseling, personal care, advocacy, and meals. Referral arrangements exist with the local hospitals, self-help groups, nursing homes, rehabilitation programs, and physicians.

Sources: *Report To Congress On The Prevention And Treatment Of Co-Occurring Substance Abuse Disorders And Mental Disorders, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2002; AAGP (American Association for Geriatric Psychiatry), Comments to SAMHSA on Co-occurring Disorders Report, April 2002.*

Study of Milwaukee County Older Adults with Mental Health and Co-Occurring Disorders

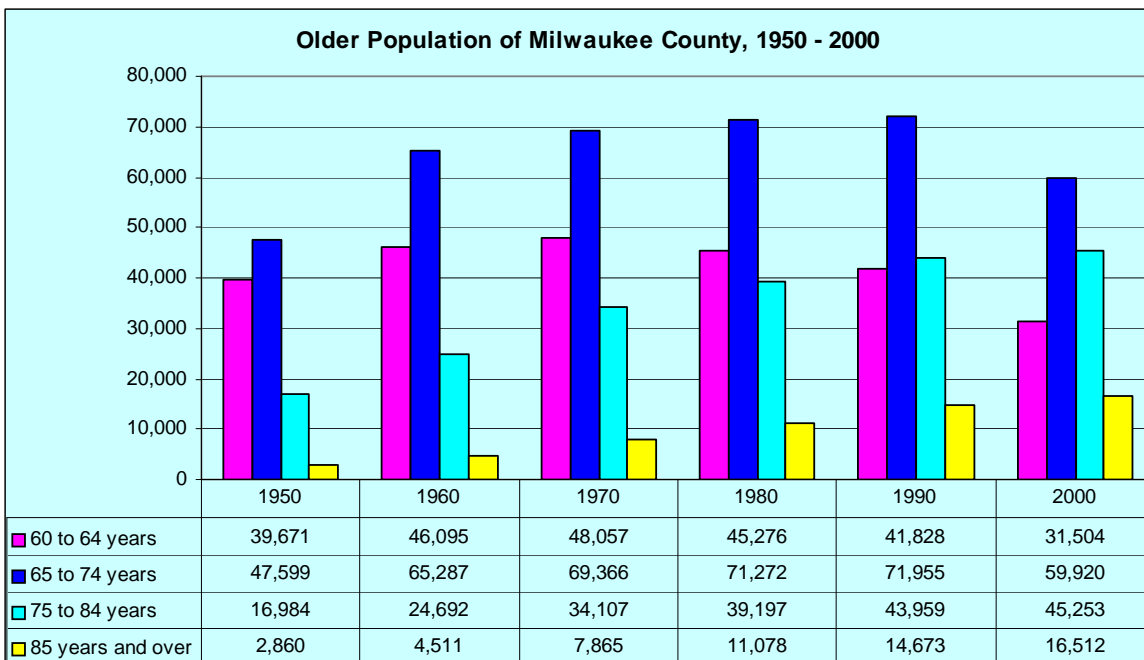
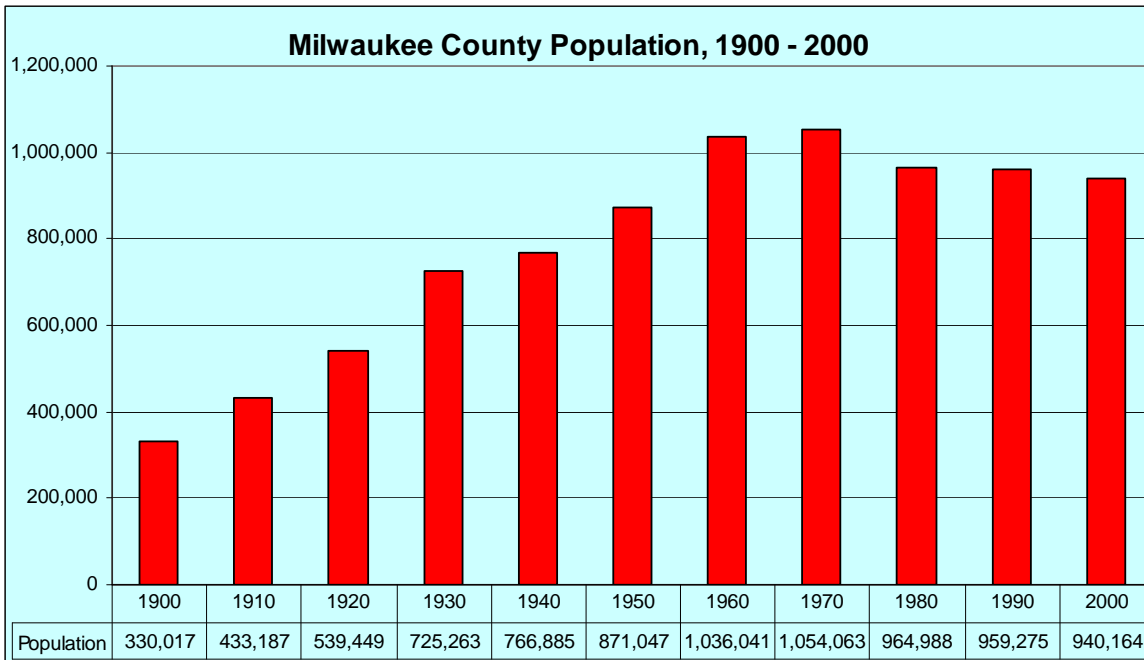
Fact Sheet Demographics

The following data was obtained from the Wisconsin Department of Administration.

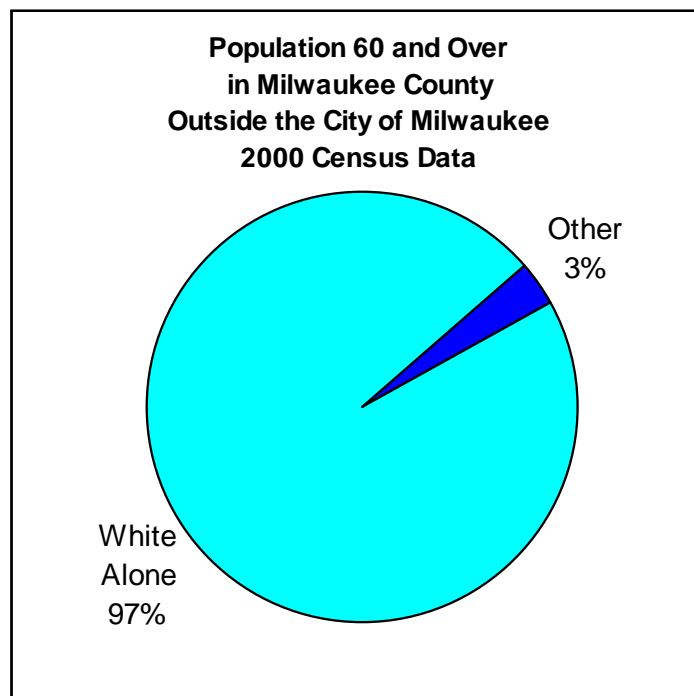
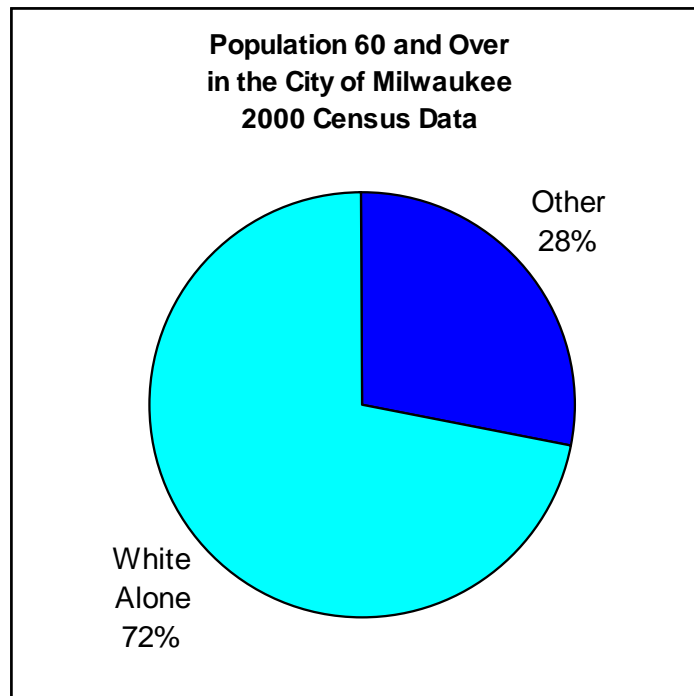


	2005	2010	2015	2020
County Births	75,010	76,987	77,068	74,364
County Deaths	42,752	43,037	43,503	44,255
Natural Increase	32,258	33,950	33,565	30,109
Net Migration	-15,944	-17,065	-12,959	-9,785
Total Change	16,314	16,885	20,606	20,324

The following data was obtained from various U.S. Census Bureau tables.



The following data is taken from the Table P12 series, Sex by Age by Race and Hispanic. The Data Set is Census 2000 Summary File 1 (SF 1) 100-Percent Data. The Geographies are County of Milwaukee and City of Milwaukee.



For Milwaukee County

Number of Disabilities for the Civilian Non-Institutionalized Population 65 Years and Over with Disabilities*

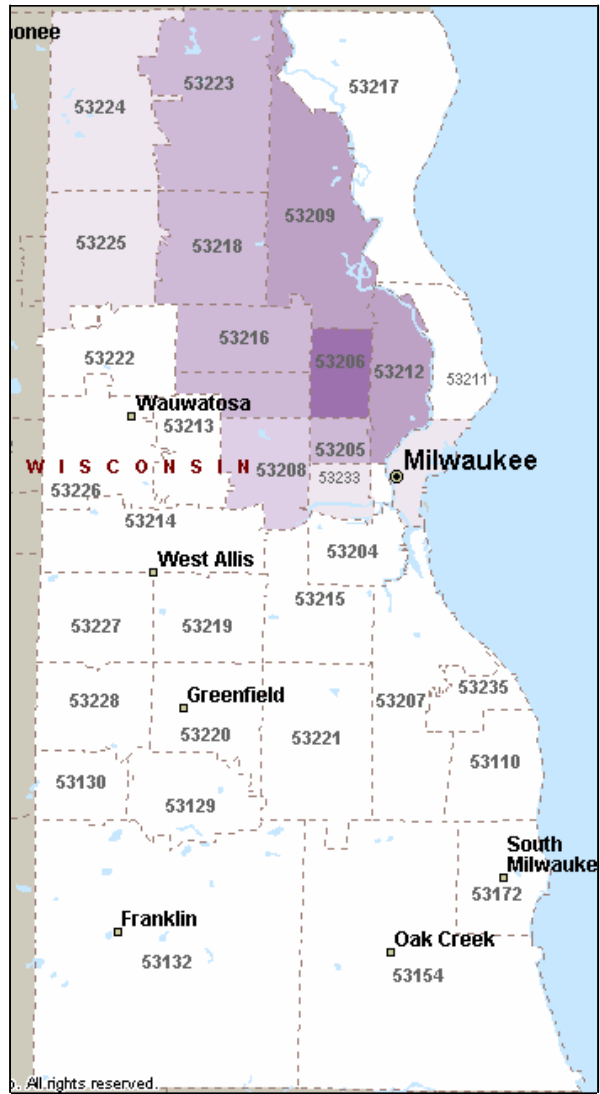
	White, not Hispanic	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and other Pacific Islander	Other	2 or more races	Hispanic
Total disabilities tallied for people 65 years and over:	69,646	13,572	426	879	28	1,084	844	2,493
Sensory disability	11,588	1,659	68	139	14	159	124	427
Physical disability	24,142	4,643	125	234	0	362	272	780
Mental disability	7,604	1,856	53	181	14	156	84	380
Self-care disability	7,262	1,918	57	119	0	140	88	300
Go-outside-home disability	19,050	3,496	123	206	0	267	276	606

Percent of Persons Reporting Those Disabilities

	White, not Hispanic	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and other Pacific Islander	Other	2 or more races	Hispanic
Number of People 65 years and over	103,987	12,825	352	1,067	56	906	914	2,426
Sensory disability	11.14%	12.94%	19.32%	13.03 %	25.00%	17.55 %	13.57 %	17.60%
Physical disability	23.22%	36.20%	35.51%	21.93 %	0.00%	39.96 %	29.76 %	32.15%
Mental disability	7.31%	14.47%	15.06%	16.96 %	25.00%	17.22 %	9.19%	15.66%
Self-care disability	6.98%	14.96%	16.19%	11.15 %	0.00%	15.45 %	9.63%	12.37%
Go-outside-home disability	18.32%	27.26%	34.94%	19.31 %	0.00%	29.47 %	30.20 %	24.98%

*Data from US 2000 Census, PCT67 series

**Number of Persons Who Are Ages 60 and Over
 “Black or African American Alone”
 2000 US Census Data***



- 4,001 to 4,500 "Black or African American Alone"
- 3,001 to 4,000 "Black or African American Alone"
- 2,001 to 3,000 "Black or African American Alone"
- 1,001 to 2,000 "Black or African American Alone"
- 601 to 1,000 "Black or African American Alone"
- 301 to 600 "Black or African American Alone"
- 0 to 300 "Black or African American Alone"

* Data from 2000 US Census Table P145B is tabulated by ZCTA (ZIP Code Tabulation Area).

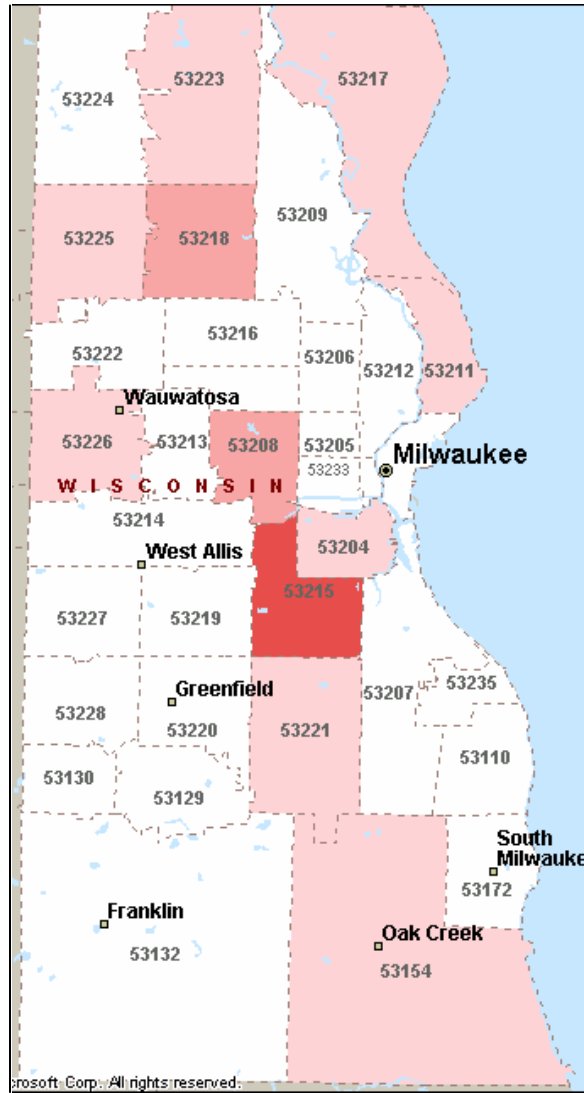
**Number of Persons Who Are Ages 60 and Over
 “Hispanic or Latino”
 2000 US Census Data***



- 1,001 to 1,200 “Hispanic or Latino”
- 501 to 1,000 “Hispanic or Latino”
- 401 to 500 “Hispanic or Latino”
- 301 to 400 “Hispanic or Latino”
- 201 to 300 “Hispanic or Latino”
- 101 to 200 “Hispanic or Latino”
- 0 to 100 “Hispanic or Latino”

* Data from 2000 US Census Table P145H is tabulated by ZCTA (ZIP Code Tabulation Area).

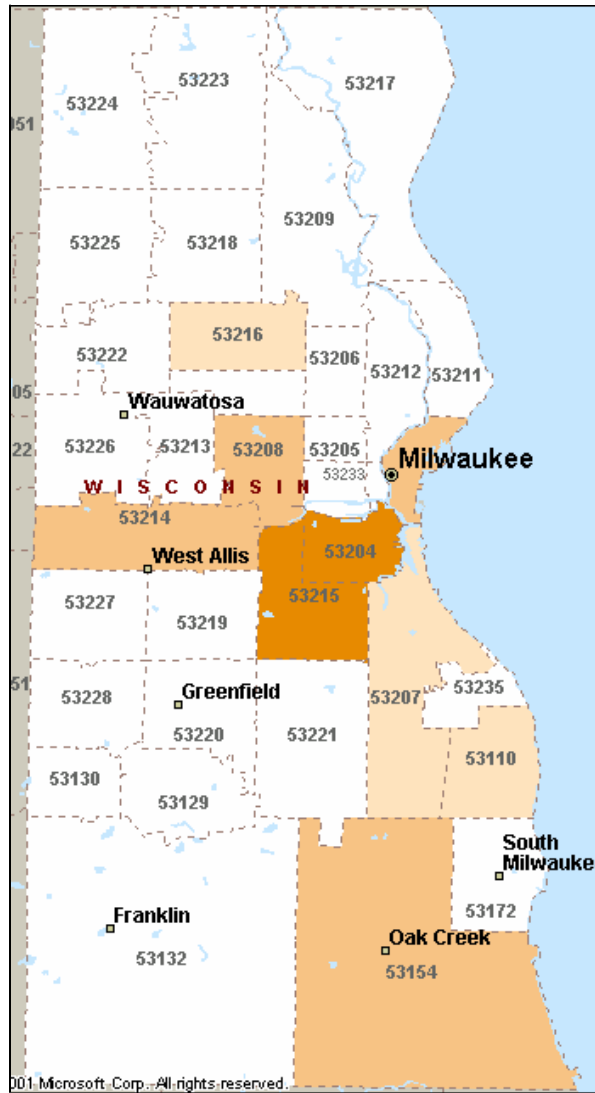
**Number of Persons Who Are Ages 60 and Over
"Asian Alone"**
2000 US Census Data*



- 201 to 260 "Asian Alone"
- 151 to 200 "Asian Alone"
- 101 to 150 "Asian Alone"
- 51 to 100 "Asian Alone"
- 0 to 50 "Asian Alone"

* Data from 2000 US Census Table P145D is tabulated by ZCTA (ZIP Code Tabulation Area).

**Number of Persons Who Are Ages 60 and Over
 “American Indian and Alaska Native alone”
 2000 US Census Data***



- 101 to 120 “American Indian and Alaska Native Alone”
- 51 to 100 “American Indian and Alaska Native Alone”
- 31 to 50 “American Indian and Alaska Native Alone”
- 21 to 30 “American Indian and Alaska Native Alone”
- 0 to 20 “American Indian and Alaska Native Alone”

* Data from 2000 US Census Table P145D is tabulated by ZCTA (ZIP Code Tabulation Area).

2-1-1 @ IMPACT
Older Adult Report, January through June 2003

Caller Demographics:

Female Callers	
Ages	Number
60-64	501
65-69	350
70-74	244
75-79	190
80-84	122
85-89	48
90-94	10
Over 95	2

Total:	1,467
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Male Callers	
Ages	Number
60-64	159
65-69	80
70-74	63
75-79	43
80-84	24
85-89	15
90-94	2
Over 95	0

Total:	386
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2-1-1 @ IMPACT
Callers' Stated Needs or Concerns - January-June 2003:

Substance Abuse Services

Rank	Issue	Total Needs or Concerns
1	Substance Abuse Assessment	25
2	Outpatient Substance Abuse Tx - seeking	10
3	Inpatient Substance Abuse Tx –seeking	9
4	Detoxification –seeking	5
5	Substance Abuse Support Group	3
6	Residential Treatment – seeking	2
7	Substance Abuse Crisis Intervention	2
8	Smoking Cessation	1
9	Substance Abuse Education / Prevention	1
	Total:	58

Mental Health Care and Counseling

Rank	Issue	Total Needs or Concerns
1	Helpline Counseling- Seeking	21
2	Life Problems- Other	9
3	Outpatient Mental Health Tx – seeking	7
4	Depression Counseling	6
5	Crisis Intervention	5
6	Mental Health Evaluation	5
7	Bereavement Counseling	3
8	Involuntary Psychiatric Intervention	3
9	Inpatient Mental Health Treatment - seeking	2
10	Psychiatric Case Management	2
11	Psychiatric Residential Tx - seeking	2
13	Adolescent Counseling	1
14	Anger Management	1
15	Family Counseling	1
16	Family Violence Counseling	1
17	Gambling Counseling	1
18	Marriage Counseling	1
	Total	71

2-1-1 @ IMPACT

Other Need Areas

Rank	Issue	Total Needs or Concerns
1	Food Related Needs	807
2	Financial/Housing Needs	244
3	Other or Unknown	226
4	Housing Resources	199
5	Health Care	142
6	Income Sec - Medical Assistance	139
7	Legal Services	138
8	Individual and Family Life	102
9	Income Sec - Nutritional Maintenance	79
10	Organizational / Community Services	79
11	Consumer Services	37
13	Income Sec - Employ. / Job Readiness	34
14	Environmental Quality	25
15	Crime and Justice Assistance	18
16	Education	3
17	Disaster / Military Service	1

2-1-1 @ IMPACT
ZIP Codes for Older Adult Calls, January-June, 2003

Milwaukee County

Zip Code	Calls	Pct	Rank
53110	26	1.5%	22
53129	16	0.9%	33
53130	5	0.3%	34
53132	25	1.4%	23
53154	38	2.2%	18
53172	17	1.0%	32
53202	33	1.9%	20
53204	68	3.9%	11
53205	35	2.0%	19
53206	106	6.1%	3
53207	56	3.2%	13
53208	87	5.0%	7
53209	168	9.6%	1
53210	77	4.4%	9
53211	21	1.2%	26
53212	118	6.8%	2
53213	19	1.1%	28
53214	69	3.9%	10
53215	89	5.1%	6
53216	103	5.9%	4
53217	22	1.3%	24
53218	91	5.2%	5
53219	62	3.5%	12
53220	42	2.4%	17
53221	83	4.7%	8
53222	21	1.2%	27
53223	56	3.2%	14
53224	22	1.3%	25
53225	32	1.8%	21
53226	18	1.0%	30
53227	43	2.5%	15
53228	19	1.1%	29
53233	43	2.5%	16
53235	18	1.0%	31
Total:	1,748		
Other/Unknown:	106		
Grand Total:	1,854		

**Milwaukee County Department on Aging
Older Adult Reports, January-June 2003**

Issues/Needs Discussed During Call	Total Issues/Needs	Rank
Basic Needs and Financial Related	7,284	1
Long Term Care Related Living Arrangements	4,138	2
Disability and Long Term Care Related Services	3,494	3
Transportation	2,432	4
Nutrition	2,094	5
Health	1,719	6
Payment	1,273	7
Legal	1,088	8
Home Maintenance	786	9
Adult Protective Services	595	10
Behavioral Health	225	11
Employment and Training	223	12
Life Enhancement	221	13

Community Resources from 211

Community Resources

This information was provided by 2-1-1 @ IMPACT.

Information includes Name, Address, Phone, and Eligibility

These programs provide more direct AODA/MH Services

Aurora Family Service – ElderServices Health Care
3200 W Highland Blvd
Milwaukee WI 53208
(414) 344-3344
All.

Aurora Family Service - Money Management Program
3200 W Highland Blvd
Milwaukee WI 53208
(414) 344-3344
Older adults.

Aurora Family Service - Representative Payee Program
3200 W Highland Blvd
Milwaukee WI 53208
(414) 344-3344
Older adults.

Catholic Charities - Hope and Healing Ministries - Counseling
2021 N 60th St
Milwaukee WI 53208
(262) 637-8888
All.

Catholic Charities - Older Adult Ministries - Ministry on Aging
2021 N 60th St
Milwaukee WI 53208
(262) 637-8888
Older adults.

Columbia Hospital - Outpatient Geriatric Psychiatry
2025 E Newport Ave
Milwaukee WI 53211
(414) 961-4646
Ages 65 years and over.

Covenant Behavioral Health
10335 W Oklahoma Ave
Milwaukee WI 53227
(414) 327-1800
All.

Elder Link Resource Center
235 W Galena St Suite 160
Milwaukee WI 53212
(414) 289-6874
Ages 60 years and over.

First Choice Outreach Services, Inc
2040 W Wisconsin Ave
Milwaukee WI 53233
(414) 535-1763
Developmentally disabled, elderly and mentally ill adults.

Lutheran Social Services
647 W Virginia St Suite 300
Milwaukee WI 53204
(414) 281-4400
All.

Milwaukee County Behavioral Health Division - Geriatric Psych
9455 Watertown Plank Rd
Milwaukee WI 53213
(414) 257-7222
Milwaukee County resident.

Milwaukee County Department on Aging
235 W Galena St Suite 180
Milwaukee WI 53212
(414) 289-5950
Ages 60 years and over.

Milwaukee County Department on Aging - Mental Health/AODA Service
235 W Galena St Suite 180
Milwaukee WI 53212
(414) 289-5950
Ages 60 years and over.

Milwaukee Women's Center - Older Abused Woman's Program
611 N Broadway
Milwaukee WI 53202
(414) 272-6199
Women affected by abuse; ages 50 years and over.

Community Resources from 211

Renew Counseling Services - Seniors in Treatment Support
1225 W Mitchell St Suite 213
Milwaukee WI 53204
(414) 383-4455
Older adults currently receiving AODA treatment.

Rogers Memorial Hospital - Inpatient Mental Health Treatment for Older Adults
11101 W Lincoln Ave
West Allis WI 53227
(800) 767-4411
Ages 65 years and over.

Senior Adult Support Services, LLC
2860 S 33rd St
Milwaukee WI 53215
(414) 643-8610
Ages 55 years and over.

Shorehaven Counseling Associates - Seniors in Treatment Support
7711 N Port Washington Rd
Milwaukee WI 53217
(414) 540-2170
Older adults currently receiving AODA treatment.

St Luke's Medical Center - Behavioral Health Programs
2900 W Oklahoma Ave
Milwaukee WI 53215
(414) 649-6513
Ages 18 years and over.

St Luke's Medical Center - South Shore - Behavioral Health Program
5900 S Lake Dr
Cudahy WI 53110
(877) 666-7223
Ages 8 years and over.

YWCA of Greater Milwaukee - Programs for Older Adults
835 N 23rd St
Milwaukee WI 53233
(414) 933-0231
Older adults.

YWCA of Greater Milwaukee - Vel Phillips Center
3940 N 21st St
Milwaukee WI 53206
(414) 447-5247
All.

These programs provide targeted services to older adults.

American Association of Retired Persons - Milwaukee Chapter
@ Clinton E Rose Senior Center
3045 N Martin Luther King Dr
Milwaukee WI 53212
(608) 251-2277
Older adults.

Arlington Court - Senior Meal Program
1633 N Arlington Pl
Milwaukee WI 53202
(414) 286-0736
Milwaukee County resident; ages 60 year and over and his/her spouse regardless of age.

Ascension Lutheran Church - Senior Meal Program
1236 S Layton Blvd
Milwaukee WI 53215
(414) 645-2935
Milwaukee County resident; age 60 years and over and his/her spouse regardless of age.

Asian-American Community Center - Senior Center
120 N 73rd St
Milwaukee WI 53213
(414) 258-2410
Ages 60 years and over; Asian.

Asian-American Community Center - Senior Meal Program
120 N 73rd St
Milwaukee WI 53213
(414) 258-2410
Milwaukee County resident; ages 60 and over and his/her spouse regardless of age

Aurora Family Service – ElderServices Health Care
3200 W Highland Blvd
Milwaukee WI 53208
(414) 344-3344
All.

Aurora Family Service - Homeowner Options Program for the Elderly
3200 W Highland Blvd
Milwaukee WI 53208
(414) 342-4560
Milwaukee County homeowner; ages 60 years and over.

Community Resources from 211

Aurora Family Service - Money Management Program
3200 W Highland Blvd
Milwaukee WI 53208
(414) 344-3344
Older adults.

Aurora Family Service - Representative Payee Program
3200 W Highland Blvd
Milwaukee WI 53208
(414) 344-3344
Older adults.

Bay View Baptist Church - Senior Meal Program
3800 S Howell Ave
Milwaukee WI 53207
(414) 937-3953
Milwaukee County resident; ages 60 years and over and his/her spouse regardless of age.

Bay View Community Center
1320 E Oklahoma Ave
Milwaukee WI 53207
(414) 482-1000
All.

Bay View Community Center - Get Off Your Rocker
1320 E Oklahoma Ave
Milwaukee WI 53207
(414) 482-1000
Ages 55 years and over.

Bay View Community Center - Senior Center
1320 E Oklahoma Ave
Milwaukee WI 53207
(414) 482-1000
Ages 50 years and over.

Bay View Community Center - Share the Wisdom
1320 E Oklahoma Ave
Milwaukee WI 53207
(414) 482-1000
Ages 50 years and over.

Beltone Hearing Aid Center
7516 W Burleigh St
Milwaukee WI 53210
(414) 442-6000
Senior citizens.

Bethany Calvary United Methodist Church - Senior Meal Program
7265 W Center St
Milwaukee WI 53210
(414) 258-2868
Milwaukee County resident; ages 60 years and over and his/her spouse regardless of age.

Bethesda Community Senior Citizen's Center, Inc
2845 W Fond du Lac Ave
Milwaukee WI 53210
(414) 445-3109
Ages 60 years and over.

Bethesda Senior Center - Senior Meal Program
2845 W Fond du Lac Ave
Milwaukee WI 53206
(414) 445-2055
Milwaukee County resident; ages 60 and over and his/her spouse regardless of age.

Beulah Brinton Senior Center
2555 S Bay St
Milwaukee WI 53207
(414) 481-2494
Ages 55 years and over.

Beulah Brinton Senior Center - Ask A Lawyer
2555 S Bay St
Milwaukee WI 53207
(414) 481-2494
Older adults.

Beulah Brinton Senior Center - Blood Pressure Screening
2555 S Bay St
Milwaukee WI 53207
(414) 481-2494
Older adults.

Beulah Brinton Senior Center - Senior Meal Program
2555 S Bay St
Milwaukee WI 53207
(414) 481-2494
Milwaukee County resident; ages 60 and over and his/her spouse regardless of age.

CSFP Site - The Green Tree
3744 W Green Tree Rd
Milwaukee WI 53209
(414) 352-7120
Ages 60 years and over; see "Program/Service Details".

Community Resources from 211

Catholic Charities
2021 N 60th St
Milwaukee WI 53208
(262) 637-8888
All.

Catholic Charities - Hope and Healing
Ministries - Counseling
2021 N 60th St
Milwaukee WI 53208
(262) 637-8888
All.

Catholic Charities - Older Adult Ministries -
Ministry on Aging
2021 N 60th St
Milwaukee WI 53208
(262) 637-8888
Older adults.

Clinton & Bernice Rose Senior Center
3045 N Martin Luther King Dr
Milwaukee WI 53212
(414) 263-2255
Ages 50 years and over or spouse
regardless of age.

Clinton & Bernice Rose Senior Center-
Senior Meal Program
3045 N Martin Luther King Dr
Milwaukee WI 53212
(414) 263-2255
Milwaukee County resident; ages 60 years
and over and his/her spouse regardless of
age.

College Court - Senior Meal Program
3334 W Highland Blvd
Milwaukee WI 53208
(414) 286-8872
Milwaukee County resident; ages 60 years
and over and his/her spouse regardless of
age.

Columbia Hospital - Outpatient Geriatric
Psychiatry
2025 E Newport Ave
Milwaukee WI 53211
(414) 961-4646
Ages 65 years and over.

Community Care for the Elderly - PACE
(53202)
1825 N Prospect Ave
Milwaukee WI 53202
(414) 536-2100
Ages 55 years and over; have long-term
health care needs; Milwaukee County
resident; eligible for T18-Medicare/T19-
Medicaid.

Community Care for the Elderly - PACE
(53215)
1555 S Layton Blvd
Milwaukee WI 53215
(414) 385-6600

Ages 55 years and over; have long-term
health care needs; Milwaukee County
resident; eligible for T18-Medicare/T19-
Medicaid.

Community Care for the Elderly - PACE
(53216)
5228 W Fond du Lac Ave
Milwaukee WI 53216
(414) 536-2100

Ages 55 years and over; have long-term
health care needs; Milwaukee County
resident; eligible for T18-Medicare/T19-
Medicaid.

Community Care for the Elderly -
Partnership Program (53202)
1825 N Prospect Ave
Milwaukee WI 53202
(414) 536-2100

Ages 55 years and over; have long-term
health care needs; eligible for T18-Medicare
or T19-Medicaid.

Community Care for the Elderly -
Partnership Program (53209)
2400 Villard Ave
Milwaukee WI 53209
(414) 536-2100

Ages 55 years and over; have long-term
health care needs; eligible for T18-Medicare
or T19-Medicaid.

Community Care for the Elderly -
Partnership Program (53212)
1901 N 6th St
Milwaukee WI 53212
(414) 263-0909

Ages 55 years and over; have long-term
health care needs; eligible for T18-Medicare
or T19-Medicaid.

Community Care for the Elderly -
Partnership Program (53215)
1555 S Layton Blvd
Milwaukee WI 53215
(414) 385-6600

Ages 55 years and over; have long-term
health care needs; eligible for T18-Medicare
or T19-Medicaid.

Community Resources from 211

Community Care for the Elderly - Partnership Program (53216)
5228 W Fond du Lac Ave
Milwaukee WI 53216
(414) 536-2100
Ages 55 years and over; have long-term health care needs; eligible for T18-Medicare or T19-Medicaid.

Counseling Center of Milwaukee - Open Space
2038 N Bartlett Ave
Milwaukee WI 53202
(414) 271-2565
Lesbians.

Covenant Behavioral Health
10335 W Oklahoma Ave
Milwaukee WI 53227
(414) 327-1800
All.

Curative Care Network - 101st St
1647 S 101st St
Milwaukee WI 53214
(414) 257-4057
All.

Curative Care Network - 92nd St
1000 N 92nd St
Milwaukee WI 53226
(414) 259-1414
All.

Curative Care Network - Central City
2607 W Fond du Lac Ave
Milwaukee WI 53206
(414) 263-6732
All.

Curative Care Network - Cudahy
5071 S Lake Dr
Cudahy WI 53110
(414) 744-7630
All.

Curative Care Network - Forest Home Avenue
6700 W Forest Home Ave
Milwaukee WI 53220
(414) 342-7000
All.

Curative Care Network - Isaac Coggs Community Health Center
2770 N 5th St
Milwaukee WI 53212
(414) 286-8835
All.

Curative Care Network - Johnston Community Health Center
1230 W Grant St
Milwaukee WI 53215
(414) 286-8823
All.

Curative Care Network - Los Ninos de Guadalupe
1645 S 36th St
Milwaukee WI 53215
(414) 384-6619
All.

Curative Care Network - Watertown Plank Road
8700 Watertown Plank Rd
Milwaukee WI 53226
(414) 443-0169
All.

East Side Service for Seniors
2717 E Hampshire
Milwaukee WI 53211
(414) 961-0661
Ages 60 years and over.

Elder Link Resource Center
235 W Galena St Suite 160
Milwaukee WI 53212
(414) 289-6874
Ages 60 years and over.

Elder Link Snow Shoveling
235 W Galena St Suite 160
Milwaukee WI 53212
(414) 289-6874
Ages 60 years and over.

Event - Free Help with Homestead Credit @ West Allis Senior Center
7001 W National Ave
West Allis WI 53214
(414) 302-8700
Ages 55 years and over and spouse regardless of age.

Family Dental Center
3500 W Lisbon Ave
Milwaukee WI 53208
(414) 342-0378
Uninsured or underinsured persons seeking dental care.

Family House, Inc
3269 N 11th St
Milwaukee WI 53206
(414) 374-5212
Older adults.

Community Resources from 211

Family Life Center - Computer Classes for Seniors
5880 S Howell Ave
Milwaukee WI 53207
(414) 483-2685
Older adults.

Fernwood Court - Senior Meal Program
6700 W Appleton Ave
Milwaukee WI 53216
(414) 449-0678
Milwaukee County resident; ages 60 years and over and his/her spouse regardless of age.

Fifty-Five Plus Senior Center
2414 W Mitchell St
Milwaukee WI 53204
(414) 647-6040
Ages 55 years and over and the spouse regardless of age.

Fifty-Five Plus Senior Center - Ask a Lawyer
2414 W Mitchell St
Milwaukee WI 53204
(414) 647-6040
Ages 55 years and over; City of Milwaukee resident; non-residents may participate but pay a higher fee for services.

Fifty-Five Plus Senior Center - Ask a Social Worker
2414 W Mitchell St
Milwaukee WI 53204
(414) 647-6040
Ages 55 years and over; City of Milwaukee resident; non-residents may participate but pay a higher fee for services.

Fifty-Five Plus Senior Center - Blood Pressure Screening
2414 W Mitchell St
Milwaukee WI 53204
(414) 647-6040
Ages 55 years and over; City of Milwaukee resident; non-residents may participate but pay a higher fee for services.

Fifty-Five Plus Senior Center - Computer Classes
2414 W Mitchell St
Milwaukee WI 53204
(414) 647-6041
Ages 55 years and over; City of Milwaukee resident; non-residents may participate but pay a higher fee for services.

Fifty-Five Plus Senior Center - Insurance & Financial Consult
2414 W Mitchell St
Milwaukee WI 53204
(414) 647-6040
Ages 55 years and over; City of Milwaukee resident; non-residents may participate but pay a higher fee for services.

Fifty-Five Plus Senior Center - Senior Meal Program
2414 W Mitchell St
Milwaukee WI 53204
(414) 647-6040
Milwaukee County resident; ages 55 years and over and his/her spouse regardless of age.

First Choice Outreach Services, Inc
2040 W Wisconsin Ave
Milwaukee WI 53233
(414) 535-1763
Developmentally disabled, elderly and mentally ill adults.

Fox Point/Bayside Senior Center @ Dunwood Center
217 W Dunwood Rd
Fox Point WI 53217
(414) 351-6060
Ages 60 years and over.

Friedman - Mandel Management
Milwaukee WI 53216
(414) 449-1020
Must meet income eligibility guidelines; low-income, mobility impaired, senior citizen.

Glendale Senior Center
2600 W Mill Rd
Glendale WI 53209
(414) 540-2100
Ages 55 years and over.

Golden Age Senior Center at Franklin Field House
1964 S 86th St
West Allis WI 53227
(414) 546-5724
Ages 60 years and over; resident of West Allis or West Milwaukee.

Goodwill Industries - North Senior Center
10602 Underwood Pkwy
Wauwatosa WI 53226
(414) 475-7047
Ages 55 years and over; developmentally disabled.

Community Resources from 211

Goodwill Industries - North Senior Center - Senior Meal Program
10602 Underwood Pwky
Wauwatosa WI 53226
(414) 475-7047
Milwaukee County resident; ages 55 and over; developmentally disabled.

Goodwill Industries - Senior Services - Home Delivered Meals
6055 N 91st St
Milwaukee WI 53225
(414) 358-6527
Homebound; ages 60 years and over.

Goodwill Industries - Senior Services - Shopping & Errand Service
6055 N 91st St
Milwaukee WI 53225
(414) 358-6527
Ages 60 years and over.

Goodwill Industries - South Senior Center
207 Lake Dr
South Milwaukee WI 53172
(414) 764-2960
Ages 55 years and over; developmentally disabled.

Goodwill Industries - South Senior Center - Senior Meal Program
207 S Lake Dr
South Milwaukee WI 53172
(414) 764-2960
Milwaukee County resident; ages 55 and over; developmentally disabled.

Greendale Rec Dept - Senior Center
6705 Northway
Greendale WI 53129
(414) 423-2790
Ages 55 years and over.

Greendale Rec Dept - Senior Center - Blood Pressure Screening
6705 Northway
Greendale WI 53129
(414) 423-2790
Ages 55 years and over.

Greenfield Park and Recreation Department - Senior Center
7325 W Forest Home Ave
Greenfield WI 53220
(414) 543-5500
Ages 55 years and over.

Grobschmidt Senior Center
2424 15th Ave
South Milwaukee WI 53172
(414) 768-8045
Ages 55 years and over.

Grobschmidt Senior Center - Power of Attorney for Health Care
2424 15th Ave
South Milwaukee WI 53172
(414) 768-8045
Ages 55 years and over.

Grobschmidt Senior Center - Senior Meal Program
2424 15th Ave
South Milwaukee WI 53172
(414) 768-5722
Ages 60 years and over and his/her spouse regardless of age.

Grobschmidt Senior Center - Yard Work
2424 15th Ave
South Milwaukee WI 53172
(414) 768-8045
Ages 55 years and over and his/her spouse of any age.

Hales Corners Senior Center
5635 S New Berlin Rd
Hales Corners WI 53130
(414) 529-6161
Ages 55 years and over; resident of Hales Corners.

Hart Park Senior Center
7300 Chestnut
Wauwatosa WI 53213
(414) 471-8495
Ages 50 years and over; resident of Wauwatosa.

Hart Park Senior Center - Senior Meal Program
7300 Chestnut St
Milwaukee WI 53213
(414) 257-3534
Milwaukee County resident; ages 60 and over and his/her spouse regardless of age

Health Department - Milwaukee - Flu Hotline
841 N Broadway Suite 105
Milwaukee WI 53202
(414) 286-3616
All.

Community Resources from 211

Heartlove Place - Senior Meals Program
3229 N Martin Luther King Dr
Milwaukee WI 53212
(414) 372-1550
Ages 55 years and over.

Hmong American Friendship Association -
Elderly Program
3824 W Vliet St
Milwaukee WI 53208
(414) 344-6575
Southeast Asian Americans; ages 55 years
and over.

Holton Terrace - Senior Meal Program
2825 N Holton St
Milwaukee WI 53212
(414) 286-8869
Milwaukee County resident; ages 60 years
and over and his/her spouse regardless of
age.

Holy Rosary Church - Senior Meal Program
2003 N Oakland Ave
Milwaukee WI 53202
(414) 278-9127
Milwaukee County resident; ages 60 years
and over and his/her spouse regardless of
age.

Housing Authority - City of Milwaukee
809 N Broadway St
Milwaukee WI 53202
(414) 286-5678
Income requirements.

Housing Authority - Low Income Housing
809 N Broadway St
Milwaukee WI 53202
(414) 286-5678
Low-income persons who are elderly (62
years and over), near elderly (50-61 years),
disabled or single.

IndependenceFirst - Adaptive Sports and
Recreation Program
600 W Virginia St
Milwaukee WI 53204
(414) 291-7520
Persons with disabilities.

Indian Council of the Elderly, Inc
3126 W Kilbourn Ave
Milwaukee WI 53208
(414) 933-1404
Native Americans; older adults.

Inland Management Corporation
10850 W Park Pl Suite 1000
Milwaukee WI 53209
(414) 351-3510
Must meet income eligibility guidelines; low-
income; mobility impaired; senior citizen.

Interfaith - Bluemound (53213)
6905 W Bluemound Rd
Milwaukee WI 53213
(414) 774-9150
Ages 60 years and over.

Interfaith - Central City Community (53208)
4420 W Vliet St
Milwaukee WI 53208
(414) 342-6664
Ages 60 years and over.

Interfaith - Crossroads (53218)
5140 N 55th St
Milwaukee WI 53218
(414) 536-7200
Ages 60 years and over.

Interfaith - Cudahy / St Francis
3767 E Underwood Ave
Cudahy WI 53110
(414) 483-4474
Ages 60 years and over.

Interfaith - Eastside Senior Services (53211)
2717 E Hampshire Ave
Milwaukee WI 53211
(414) 961-0661
Ages 60 years and over.

Interfaith - Garfield / Peace (53212)
3045 N Dr Martin Luther King Dr
Milwaukee WI 53212
(414) 263-2162
Ages 60 years and over.

Interfaith - Granville (53223)
7717 W Good Hope Rd
Milwaukee WI 53223
(414) 353-0731
Ages 60 years and over.

Interfaith - Interchange (53202)
835 N Milwaukee St
Milwaukee WI 53202
(414) 273-1822
Ages 60 years and over.

Interfaith - Living Options Program
600 W Virginia St Suite 300
Milwaukee WI 53204
(414) 220-8600
Ages 60 years and over.

Community Resources from 211

Interfaith - Mayfair (53213)
1529 Wauwatosa Ave
Wauwatosa WI 53213
(414) 453-5750
Ages 60 years and over.

Interfaith - Near South Side (53215)
1545 S Layton Blvd Room 512
Milwaukee WI 53215
(414) 384-8448
Ages 60 years and over.

Interfaith - Northwest (53222)
3970 N 92nd St
Milwaukee WI 53222
(414) 466-8858
Ages 60 years and over.

Interfaith - Older Worker Employment
Services
600 W Virginia St Suite 300
Milwaukee WI 53204
(414) 291-7500
Ages 50 years and over; displaced
homemaker of any age.

Interfaith - Retired Senior Volunteer
Program
600 W Virginia St Suite 300
Milwaukee WI 53204
(414) 291-7500
Older adults.

Interfaith - Sherman Park (53210)
5101 W Center St
Milwaukee WI 53210
(414) 444-3733
Ages 60 years and over.

Interfaith - Shoreline (53217)
1200 E Hampton Ave
Milwaukee WI 53217
(414) 962-9950
Ages 60 years and over.

Interfaith - South Milwaukee / Oak Creek
1327 Marshall Ave
South Milwaukee WI 53172
(414) 762-1998
Ages 60 years and over.

Interfaith - Southeast (53207)
4419 S Howell Ave
Milwaukee WI 53207
(414) 744-3266
Ages 60 years and over.

Interfaith - Southwest (53129)
5980 W Loomis Rd
Greendale WI 53129
(414) 421-3678
Ages 60 years and over.

Interfaith - Telephone Reassurance Program
600 W Virginia Suite 300
Milwaukee WI 53204
(414) 291-7513
Ages 60 years and over; must live alone or
w/disabled spouse or relative.

Interfaith - Volunteer Shoveling Hotline
600 W Virginia St Suite 300
Milwaukee WI 53204
(414) 220-8650
Ages 60 years and over.

Interfaith - West Central (53214)
1236 S 115th St
West Allis WI 53214
(414) 774-1747
Ages 60 years and over; West Milwaukee
and West Allis residents.

Jewish Community Senior Center
1410 N Prospect Ave
Milwaukee WI 53202
(414) 273-1410
Ages 60 years and over.

Jewish Community Senior Center - Senior
Meal Program
1410 N Prospect Ave
Milwaukee WI 53202
(414) 277-8874
Milwaukee County resident; ages 60 years
and over and his/her spouse regardless of
age.

Kelly Senior Center
6100 S Lake Dr
Cudahy WI 53110
(414) 481-9611
Ages 50 years and over or spouse
regardless of age.

Kelly Senior Center - Senior Meal Program
6100 S Lake Dr
Cudahy WI 53110
(414) 483-3532
Milwaukee County resident; ages 60 years
and over and his/her spouse regardless of
age.

Community Resources from 211

Kindcare, Inc - Go-Getters Integrated
Community Recreation
1016 Milwaukee Ave
Milwaukee WI 53172
(414) 571-5566
Adults with disabilities; ages 60 years and over.

Lao Family Community, Inc
2331 W Vieau Pl
Milwaukee WI 53204
(414) 385-3380
Refugees; low-income; limited English speaking ability.

Lapham Park - Senior Meal Program
1901 N 6th St
Milwaukee WI 53212
(414) 286-8859
Milwaukee County resident; ages 60 years and over and his/her spouse regardless of age.

Legal Aid Society of Milwaukee - HELP
229 E Wisconsin Ave Suite 200
Milwaukee WI 53202
(414) 765-0600
Milwaukee County residents; ages 50 years and over.

Lutheran Social Services
647 W Virginia St Suite 300
Milwaukee WI 53204
(414) 281-4400
All.

Lutheran Social Services - COPE
1545 S Layton Blvd
Milwaukee WI 53215
(414) 645-8525
Ages 55 years and over.

Lutheran Social Services - Corporate
Guardianship
647 W Virginia St Suite 300
Milwaukee WI 53204
(414) 281-4400
Persons who are disabled and/or elderly.

Lutheran Social Services - Ozaukee County
Respite Program
647 W Virginia St Suite 300
Milwaukee WI 53204
(414) 325-3092
Family caregivers.

Lutheran Social Services - Project COPE
1545 S 27th St
Milwaukee WI 53215
(414) 645-8525
Older adults.

Lydell Community Senior Center
5205 Lydell Ave
Whitefish Bay WI 53217
(414) 963-3992
Ages 55 years and over.

McGovern Park Senior Center
4500 W Custer Ave
Milwaukee WI 53218
(414) 527-0990
Ages 50 years and over.

McGovern Park Senior Center - Blood
Pressure Testing
4500 W Custer Ave
Milwaukee WI 53218
(414) 527-0990
Older adults.

McGovern Park Senior Center - Senior Meal
Program
4500 W Custer Ave
Milwaukee WI 53218
(414) 527-0990
Milwaukee County resident; ages 60 years and over and his/her spouse regardless of age.

Metropolitan Associates
1123 N Astor St
Milwaukee WI 53202
(414) 276-1515
Senior citizens, mobility impaired, low-income families.

Milwaukee Catholic Home - Telephone
Reassurance Program
2462 N Prospect Ave
Milwaukee WI 53211
(414) 224-9700
Older adults and/or physically challenged persons still living in their homes.

Milwaukee Center for Independence - Office
of Family Resources
1339 N Milwaukee St
Milwaukee WI 53202
(414) 272-1344
Adults; ages 0-3 years.

Community Resources from 211

Milwaukee Christian Center
2137 W Greenfield Ave
Milwaukee WI 53204
(414) 645-5350
All.

Milwaukee Christian Center - Senior Center
2137 W Greenfield Ave
Milwaukee WI 53204
(414) 645-5350
Ages 60 years and over or spouse
regardless of age.

Milwaukee Christian Center - Senior Meal
Program
2137 W Greenfield Ave
Milwaukee WI 53204
(414) 645-5350
Milwaukee County resident; ages 60 years
and over and his/her spouse regardless of
age.

Milwaukee County Behavioral Health
Division - Geriatric Psych
9455 Watertown Plank Rd
Milwaukee WI 53213
(414) 257-7222
Milwaukee County resident.

Milwaukee County Department on Aging
235 W Galena St Suite 180
Milwaukee WI 53212
(414) 289-5950
Ages 60 years and over.

Milwaukee County Department on Aging -
Advocacy Committee
235 W Galena St Suite 180
Milwaukee WI 53212
(414) 289-6546
Milwaukee County resident; ages 60 years
and over.

Milwaukee County Department on Aging -
Family Care
235 W Galena St Suite 140
Milwaukee WI 53212
(414) 289-6874
Ages 60 years and over.

Milwaukee County Department on Aging -
HOPE
235 W Galena St Suite 180
Milwaukee WI 53212
(414) 289-5950
Ages 60 years and over.

Milwaukee County Department on Aging -
Home Delivered Meals
235 W Galena St Suite 160
Milwaukee WI 53212
(414) 289-6874
See "Program Service/Details".

Milwaukee County Department on Aging -
Mental Health/AODA Service
235 W Galena St Suite 180
Milwaukee WI 53212
(414) 289-5950
Ages 60 years and over.

Milwaukee County Department on Aging -
Transportation Program
235 W Galena St Suite 160
Milwaukee WI 53212
(414) 289-6874
Ages 60 years and over.

Milwaukee County Dept of Human Services-
Outstation North (53205)
Courthouse Annex
907 N 10th St 3rd Floor
Milwaukee WI 53233
(414) 267-3500
Milwaukee County residents; income
eligibility requirements.

Milwaukee County Dept of Human Services-
Outstation North (53212)
111 W Pleasant St
Milwaukee WI 53212
(414) 289-6500
Milwaukee County residents; income
eligibility requirements.

Milwaukee County Office of the DA - Court
Watch Program
821 W State St Suite 405
Milwaukee WI 53233
(414) 278-4677
Ages 60 years and over.

Milwaukee County Register of Deeds
Milwaukee Courthouse
901 N 9th St
Milwaukee WI 53233
(414) 278-5146
Milwaukee County residents and records.

Milwaukee Department of Public Works -
Snow Removal
841 N Broadway St Room 514
Milwaukee WI 53202
(414) 286-3345
See "Program/Service Details" for eligibility
requirements.

Community Resources from 211

Milwaukee LGBT Community Center -
SAGE Milwaukee
315 W Court St Suite 101
Milwaukee WI 53212
(414) 271-2656
Older adults.

Milwaukee Urban League
2800 W Wright St
Milwaukee WI 53210
(414) 374-5850
All.

Milwaukee Urban League - Seniors in
Community Service
2802 W Wright St
Milwaukee WI 53210
(414) 263-0366
Ages 55 years and over.

Milwaukee Women's Center - Older Abused
Woman's Program
611 N Broadway
Milwaukee WI 53202
(414) 272-6199
Women affected by abuse; ages 50 years
and over.

Mt Hope Senior Center
@ Mt Hope Lutheran Church
8633 W Becher St
West Allis WI 53227
(414) 541-9500
Ages 55 years and over.

Native American Senior Center
@ Indian Council of the Elderly
2601 W Mineral St
Milwaukee WI 53204
(414) 383-5699
Native Americans, ages 45 years and over;
non Native Americans, ages 60 years and
over.

Neighborhood House of Milwaukee
2819 W Richardson Pl
Milwaukee WI 53208
(414) 933-6161
Ages 6 weeks and over.

Northcott Neighborhood House
2460 N 6th St
Milwaukee WI 53212
(414) 372-3770
All.

Northwest Senior Center
7717 W Good Hope Rd
Milwaukee WI 53223
(414) 353-0731
Ages 60 years and over.

Northwest Senior Center - Senior Meal
Program
7717 W Good Hope Rd
Milwaukee WI 53223
(414) 353-0731
Milwaukee County residents; ages 60 years
and over and his/her spouse regardless of
age.

Oak Creek Park and Recreation Center -
Senior Center
8640 S Howell Ave
Oak Creek WI 53154
(414) 768-5850
Ages 55 years and over.

Old St Mary's - Senior Meal Program
835 N Milwaukee St
Milwaukee WI 53202
(414) 347-1771
Milwaukee County residents; ages 60 years
and over and his/her spouse regardless of
age.

PEP Adult Center - Senior Center
@ United Methodist Church
1529 Wauwatosa Ave
Wauwatosa WI 53213
(414) 453-0700
Ages 55 years and over; resident of
Wauwatosa.

Pillars Senior Center
@ Mt Carmel Lutheran Church
8424 W Center St
Milwaukee WI 53222
(414) 771-1270
Ages 55 years and over.

Project Focal Point Senior Center
811 W Burleigh St
Milwaukee WI 53206
(414) 372-1070
Ages 60 years and over.

Project Focal Point Senior Center - Senior
Meal Program
811 W Burleigh St
Milwaukee WI 53206
(414) 372-1070
Milwaukee County resident; ages 60 years
and over and his/her spouse regardless of
age.

Community Resources from 211

Reilly-Joseph Company
1661 N Water St Suite 509
Milwaukee WI 53202
(414) 271-4116
Must meet income eligibility requirements;
low-income, mobility impaired, senior citizen.

Renew Counseling Services - Seniors in
Treatment Support
1225 W Mitchell St Suite 213
Milwaukee WI 53204
(414) 383-4455
Older adults currently receiving AODA
treatment.

Rogers Mem Hosp - Inpatient Mental Health
Tx for Older Adults
11101 W Lincoln Ave
West Allis WI 53227
(800) 767-4411
Ages 65 years and over.

SDC (Social Development Commission)
4041 N Richards St
Milwaukee WI 53212
(414) 906-2700
All.

SDC Crime Prevention
4041 N Richards St
Milwaukee WI 53212
(414) 906-2815
City of Milwaukee resident; ages 60 years
and over.

SDC Family Friends
3025 W Mitchell St
Milwaukee WI 53215
(414) 385-0841
Ages 50 years and over.

SDC Senior AIDES Program
4041 N Richards St
Milwaukee WI 53212
(414) 906-2700
Ages 55 years and over.

SDC Senior Companion Program
4041 N Richards St
Milwaukee WI 53212
(414) 906-2700
Homebound frail elderly.

Salvation Army - Centennial Corps
8853 S Howell Ave
Oak Creek WI 53154
(414) 762-3993
All.

Salvation Army - Centennial Corps - Young
at Hearts
8853 S Howell Ave
Oak Creek WI 53154
(414) 762-3993
Ages 55 years and over.

Senior Adult Support Services, LLC
2860 S 33rd St
Milwaukee WI 53215
(414) 643-8610
Ages 55 years and over.

Senior Referrals - Quality Care & Housing
for Senior Adults
Edgewood Plaza
4811 S 76th St
Greenfield WI 53220
(414) 325-3400
Older adults.

Shorehaven Counseling Associates -
Seniors in Treatment Support
7711 N Port Washington Rd
Milwaukee WI 53217
(414) 540-2170
Older adults currently receiving AODA
treatment.

Silver Spring Neighborhood Center - Senior
Center
5460 N 64th St
Milwaukee WI 53218
(414) 463-7950
Ages 55 years and over.

South Shore Park Senior Center
2900 S Shore Dr
Milwaukee WI 53207
(414) 747-0514
Ages 55 years and over.

St Aloysius Parish Center - Senior Meal
Program
1441 S 92nd St
Milwaukee WI 53214
(414) 257-9044
Milwaukee County residents; ages 60 years
and over and his/her spouse regardless of
age.

St Ann Center for Intergenerational Care
2801 E Morgan Ave
Milwaukee WI 53207
(414) 977-5000
Ages 6 weeks-17 years; adults.

Community Resources from 211

St Luke's Medical Center - Behavioral Health Programs
2900 W Oklahoma Ave
Milwaukee WI 53215
(414) 649-6513
Ages 18 years and over.

St Luke's Medical Center - South Shore - Behavioral Health Prog
5900 S Lake Dr
Cudahy WI 53110
(877) 666-7223
Ages 8 years and over.

United Community Center - Care Management Services
1028 S 9th St
Milwaukee WI 53204
(414) 384-2301
Hispanics and near south side Milwaukee residents; older adults.

United Community Center - Senior Center
1028 S 9th St
Milwaukee WI 53204
(414) 384-3100
Hispanics and near south side Milwaukee residents; ages 60 years and over.

United Community Center - Senior Center - Senior Meal Program
1028 N 9th St
Milwaukee WI 53204
(414) 389-5105
Hispanics and near south side Milwaukee residents; ages 60 years and over and his/her spouse regardless of age.

Village at Manor Park - Safe At Home Program
3023 S 84th St
Milwaukee WI 53227
(414) 607-4151
Older adults.

Village at Manor Park - Senior Center
8536 W Oklahoma Ave
West Allis WI 53227
(414) 607-4186
Ages 55 years and over.

Visiting Angels - Senior Home Care
7231 W Greenfield Ave Suite 206
West Allis WI 53214
(414) 476-0025
Persons with disabilities; ages 18 years and over; elderly.

Washington Park Senior Center
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
Ages 50 years and over or spouse regardless of age.

Washington Park Senior Center - Ask A Lawyer
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
Ages 50 years and over.

Washington Park Senior Center - Ask the Officer
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
Ages 50 years and over.

Washington Park Senior Center - Blood Pressure Screening
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
Ages 50 years and over.

Washington Park Senior Center - Blood Sugar and Pulse Testing
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
Ages 50 years and over.

Washington Park Senior Center - Diabetes Support Group
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
Persons affected by diabetes.

Washington Park Senior Center - Hands On Computer Classes
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
Ages 50 years and over.

Washington Park Senior Center - Investment Club
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
Ages 50 years and over.

Community Resources from 211

Washington Park Senior Center - Mature Worker Resource Center
4420 W Vliet St
Milwaukee WI 53208
(414) 934-0253
Ages 55 years and over.

Washington Park Senior Center - Senior Meal Program
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
Milwaukee County resident; ages 60 years and over and his/her spouse regardless of age.

Washington Park Senior Center - WHIPS
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
Women who live alone; ages 50 years and over.

Washington Park Senior Center - Weight Loss Support Group
4420 W Vliet St
Milwaukee WI 53208
(414) 933-2332
All.

West Allis Senior Center
7001 W National Ave
West Allis WI 53214
(414) 302-8700
Ages 55 years and over and spouse regardless of age.

West Allis Senior Center - AA for the Older Adult
7001 W National Ave
West Allis WI 53214
(414) 302-8700
Ages 55 years and over.

West Allis Senior Center - Appointment with the Podiatrist
7001 W National Ave
West Allis WI 53214
(414) 302-8700
Ages 65 years and over; T18-Medicare recipient.

West Allis Senior Center - Ask Interfaith
7001 W National Ave
West Allis WI 53214
(414) 302-8700
All.

West Allis Senior Center - Legal Information Service
7001 W National Ave
West Allis WI 53214
(414) 302-8700
All.

West Allis Senior Center - Living Alone
7001 W National Ave
West Allis WI 53214
(414) 302-8700
Ages 55 years and over.

West Allis Senior Center - Senior Meal Program
7001 W National Ave
West Allis WI 53214
(414) 302-8703
Milwaukee County residents; ages 60 years and over and his/her spouse regardless of age.

West Allis Senior Center - SeniorLaw
7001 W National Ave
West Allis WI 53214
(414) 302-8700
Ages 55 years and over.

West Allis Senior Center - Talk to Someone About Vision Loss
7001 W National Ave
West Allis WI 53214
(414) 302-8700
All.

West Allis Senior Center - Uncle Sam Owes You Compensation
7001 W National Ave
West Allis WI 53214
(414) 302-8700
Ages 55 years and over.

West Allis Senior Center - You Are Not Alone
7001 W National Ave
West Allis WI 53214
(414) 302-8700
Ages 55 years and over; persons having problems managing alcohol/drug intake.

West Milwaukee Senior Center
2450 S 68th St
West Allis WI 53219
(414) 604-3500
Ages 60 years and over; West Allis and West Milwaukee residents.

Community Resources from 211

West Milwaukee Senior Center - Senior Meal Program
1345 S 47th St
West Milwaukee WI 53214
(414) 671-8099
Milwaukee County residents; ages 60 years and over and his/her spouse regardless of age.

YWCA of Greater Milwaukee - Vel Phillips Center
3940 N 21st St
Milwaukee WI 53206
(414) 447-5247
All.

Wilson Park Senior Center
2601 W Howard Ave
Milwaukee WI 53221
(414) 282-5566
Ages 50 years and over and spouse regardless of age.

Wilson Park Senior Center- Senior Meal Program
2601 W Howard Ave
Milwaukee WI 53221
(414) 282-3284
Milwaukee County residents; ages 60 years and over and his/her spouse regardless of age.

Wisconsin Department of Revenue - Tax Assistance
819 N 6th St Room 408
Milwaukee WI 53203
(414) 227-3883
Ages 60 years and over or the disabled of any age.

Wisconsin Donated Dental Services
PO Box 658
Milwaukee WI 53201
(414) 276-0370
Persons with a permanent disability, chronic illness or advanced age with a financial need.

YWCA of Greater Milwaukee - Extension Center
3967 N Teutonia Ave
Milwaukee WI 53206
(414) 444-5962
Ages 0-17 years.

YWCA of Greater Milwaukee - Programs for Older Adults
835 N 23rd St
Milwaukee WI 53233
(414) 933-0231
Older adults.

Study of Older Adults with Mental Health and Co-Occurring Disorders

Fact Sheet Access

- It is estimated that only half of older adults who acknowledge mental health problems receive treatment from any health care provider, and only a fraction of those receive specialty mental health services (three percent). This rate of utilization is lower than for any other adult age group.
- Over half of older persons who receive mental health care receive it from their primary care physicians.
- Older Americans account for only seven percent of all inpatient mental health services, six percent of community based mental health services, and nine percent of private psychiatric care, despite comprising 13 percent of the population. Reasons cited for this underutilization include: stigma, denial of problems, access barriers, funding issues, lack of collaboration and coordination between mental health and aging networks, and shortages of appropriate health professions.

Source: AAGP (American Association of Geriatric Psychiatrists) Online:
"Geriatrics and Mental Health: The Facts – Access to Mental Health Services"
http://www.aagponline.org/prof/facts_mh.asp

How do older adults with MH/AODA problems come to the attention of the MH/AODA treatment system?

Community Based Residential Facilities

- A CBRF (community based residential facility) is a place where five or more unrelated people live together in a community setting. Individuals may have some mental health disorders or health problems. Individuals in a CBRF receive less assistance than if they were in a nursing home.
- Individuals come into contact with a CBRF primarily through word of mouth, hospitals, and senior resources. Other areas of contact include: doctors, case managers, family or friends, social workers, the Department on Aging, Interfaith, Family Care Program and nursing homes.
- CBRFs do screen for MH/AODA problems. However, they do not admit all types of disorders due to the fact that they are not able to provide proper care for certain issues. When a problem is suspected, the nurse at the facility is notified and assesses the situation. A family member is contacted, as well as the primary care physician. The CBRF, physician, or social worker may also recommend a facility that could better meet the needs of the patient. The CBRF stays in contact with the family to see if the resident will be returning and when. The family is also updated on the progress of the patient as well.

Family Care

- The Family Care program is a state administered program that serves 4,724 Older Adults over the age of 60 in Milwaukee County. Family Care is administered through two components:
 - Aging and Disability Resource Centers (ADRCs). This program serves as a single entry point for information, advice, and access to a wide range of community resources. Its services are further restricted by income. All patients who qualify for Medicaid are automatically eligible, and patients who have a state determined income to cost of care ratio can also use the service.
 - Care Management Organizations (CMOs) – manage and deliver the Family Care benefit. The funding and services are combined from a variety of existing programs into one flexible, long-term care benefit, tailored to the individual's needs, circumstances, and preferences.
- Family Care develops an individualized treatment plan. At these centers an initial interview is conducted. The Family Care program uses an interdisciplinary team to analyze the physical, emotional, and mental health needs of each patient. Family Care works with the individuals to refer them to other services and secures some services directly.
- One advantage to this system is that the team approach may catch some warning signs of mental illness that might go undetected by an individual case worker.

Nursing Homes

- The nursing home is an institution in which elderly or those who can no longer care for themselves reside and receive proper treatment and care. Activities of Daily Living (ADLs) are assisted with as well as meals, transportation, activities, and medicine. The nursing home comes into contact with older adults through family members, hospitals, physicians, and CBRFs.
- Nursing homes do screen for MH and AODA problems. They sometimes will not admit persons with certain disorders due to the fact that the nursing home is not properly equipped to handle all stages or characteristics of a disorder, and they may not offer specialized services.
- When a problem is suspected, the nurse at the facility would be notified and would assess the situation. A family member is contacted, as well as the primary care physician. Depending on the facility, some treatment may be offered right on grounds. However, the nursing home, doctor, or social worker may be able to recommend a facility that is better able to meet the needs of the patient. The patient may have to be sent elsewhere to receive proper treatment. The nursing home stays in contact with the family to see if the resident will be returning and when. They are updated on the progress of the patient as well.

Visiting Nurse Association

- The Visiting Nurse Association (VNA) provides health care solutions that enable people to remain independent within their communities, through the delivery and coordination of services for Older Adults. The VNA tends to deal with individuals who have recently received medical care, and they may not conduct a thorough screen for mental illness or AODA issues.
- In addition to providing the necessary in home care that many Older Adults require, the VNA runs hospices, and provides a variety of transitional services for patients recovering from hospital stays. The VNA is primarily contacted through referrals of patients who are already in the health care system for physical or behavioral problems. The VNA bills private insurers, Medicare, or Medicaid. A sliding scale is available for individuals without coverage.

Primary Care Physicians

- Generally, the first person elders turn to for help with problems that require mental health treatment is their primary care physician. Yet, many of these physicians have limited training in the care and management of geriatric patients.
- Primary care providers carry much of the burden for diagnosis of mental disorders in older adults, and, unfortunately, the rates at which they recognize and properly identify disorders often are low. With respect to depression, for example, a significant number of depressed older adults are neither diagnosed nor treated in primary care.¹

¹ Unutzer et al. Depressive symptoms and the cost of health services in HMO patients aged 65 years and older. A 4-year prospective study. JAMA. 1997 May 28;277(20):1618-23; NIH Consensus Development Panel on Depression in Late Life, 1992.

- In one study of primary care physicians, only 55 percent of internists felt confident in diagnosing depression, and even fewer (35 percent of the total) felt confident in prescribing antidepressants to older persons.²
- Several studies have found that many older adults who commit suicide have visited a primary care physician very close to the time of the suicide – 20 percent on the same day, 40 percent within one week – of the suicide,³ suggesting missed opportunities to intervene and provide help.

² Callahan CM et al. Depression of elderly outpatients: primary care physicians' attitudes and practice patterns. *J Gen Intern Med.* 1992 Jan-Feb;7(1):26-31.

³ Conwell Y. 1994. Suicide in elderly patients. In *Diagnosis and Treatment of Depression in Late Life: Results of the NIR Consensus Development Conference*. L.S. Schneider, C.F.I. Reynolds, B.D. Lebowitz & A.J. Friedhoff, eds.: 397-418. American Psychiatric Press, Inc. Washington, DC.

Study of Older Adults with Mental Health and Co-Occurring Disorders

Fact Sheet Nursing Homes

- In 1987, OBRA (P.L. 100-203) required preadmission screening and annual resident review (no longer required annually) to ensure that mentally ill persons were not inappropriately admitted to nursing homes and to increase mental health services to residents who were appropriately placed.
- In 1999, the Supreme Court ruled in *Olmstead v. LC* that people with disabilities—including mental disabilities—have the right to receive publicly financed services in the most integrated setting possible.
- The First Circuit Court of Appeals ruled in 2003 that states must provide “specialized services” to nursing home residents with mental retardation or other developmental disabilities who need such services. (This includes mental illness.)
- Wisconsin counties must approve each admission of a person who has a developmental disability or a mental illness to a Medicaid-certified nursing home, an institution for mental diseases (IMD) or an ICF-MR by completing a Preadmission Screening and Resident Review (PASARR). The PASARR is intended to validate a serious mental illness meeting the diagnostic requirements in DSM III-R. Note: Dementia, as described in DSM III-R, is not considered a major mental disorder.⁴
- In Wisconsin nursing homes, as of 2002, 36% of residents were diagnosed with a mental disorder (including 12% with Alzheimer’s disease).⁵
- As of January 1, 2003, there were 51 nursing home facilities in Milwaukee County with a total of 7,136 beds. Milwaukee nursing homes had 18 designated Alzheimer’s units with a total of 651 beds.⁶
- In 1996, only Alaska had a greater percentage of nursing home residents in restraints than Wisconsin. Almost one-third of Wisconsin nursing home residents were in restraints, nearly twice the national average. By the end of 2002, only four percent of nursing home residents were being physically restrained.⁷

⁴ Department of Health and Family Services State of Wisconsin, Division of Supportive Living, DSL-378 Revised 7/97.

⁵ *Wisconsin Nursing Homes and Residents*, Bureau of Health Information, Division of Health Care Financing, Wisconsin Department of Health and Family Services, 2002.

⁶ *Ibid.*

⁷ *Ibid.*

Study of Older Adults with Mental Health and Co-Occurring Disorders

Fact Sheet Barriers

- **Perceptions and Attitudes:** Historically, negative perceptions of mentally ill persons and the courses of treatment they experienced contribute to the current stigma attached to the diagnosis and treatment of mental illness. When older adults exhibit symptoms of depression, anxiety or substance abuse, family members and service providers often view the behaviors as a normal part of aging or a medical issue. Stigma and the fear associated with mental illness and/or substance abuse is a key barrier to older adults seeking treatment and care providers from assisting elders in receiving appropriate services.
- **Limited Information and Training:** Providers of services for older adults generally do not have the training necessary to identify the symptoms of mental health and substance abuse problems nor knowledge of treatment resources. The general public also lacks adequate and accurate information about these issues and the resources that could assist older adult family members and friends.
- **Medical Issues:** Depression and other emotional distress is often overlooked and left untreated when they accompany some diseases and illnesses experienced by older adults or when they are a side effect of some of the medications taken by older adults. Symptoms associated with emotional distress often present as medical issues. While medical testing may be ordered, mental health screening usually is not pursued and an opportunity for appropriate service is lost.
- **Access:** The limitations of Medicare, Medicaid and private insurance coverage for mental health services and medication, often make appropriate services financially prohibitive. Lack of transportation and physical access to service locations often deter older adults with limited mobility. Additionally, persons with mental health needs who are physically and/or socially isolated are not likely to be identified and assisted in receiving treatment.
- **Service Approaches and Availability:** Opportunities to identify and service the mental health and/or substance abuse issues of older adults are usually lost when service providers do not take a holistic multi-disciplinary approach to assessing and addressing the needs of older adults. When mental health and/or substance abuse issues are identified, geriatric appropriate services are difficult to find or not available.

Sources:

At Home: Strategies for Serving Older People with Mental Disabilities in the Community. Judge David Bazelon Center for Mental Health Law, Maryland Disability Law Center and the University of Maryland School of Law, Washington, D.C., 1995.

Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems. U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Rockville, MD, 2002.

Study of Older Adults with Mental Health and Co-Occurring Disorders

Fact Sheet Payment Options

MEDICARE and MEDICAID

MEDICARE

While Medicare is the primary health insurance for adults age 65 and over, its coverage is not comprehensive and requires substantial “cost sharing” for many covered services including mental health services.

Medicare mental health benefits: U.S. Dept. of Health and Human Services (1999)

- Inpatient psychiatric care in a general hospital or psychiatric unit of a general hospital, in a psychiatric hospital up to 190 days (lifetime) and in nursing home facilities that meet Medicare requirements
- Outpatient psychotherapy with a 50% co-payment (The service provider is required to have a psychiatrist on staff.)
- “Partial hospitalization”, a structured program of intensive services for persons in acute psychiatric distress who would otherwise be hospitalized without these services (Benefit is unlimited but requires a 20% co-payment)

Medicare mental health benefit gaps include: (NAMI, 2000)

- Lack of prescription drug coverage
- 50% co-payment for outpatient psychotherapy
- Limited coverage of community-based services such as wrap-around or case management services
- A limit of 190 “lifetime days of care” for inpatient treatment in specialty psychiatric hospitals

MEDICAID

Medicaid is a major resource for providing persons who are poor and have disabilities to access to services in the public and private sector. While Medicaid is more likely than Medicare to provide reimbursement for community-based services, there are considerable differences from state to state as to whether, and at what rate, services will be reimbursed.

Medicaid has mandatory and optional service categories.

Mandatory Medicaid services relevant to mental health of older persons include: (HCFA, 2000b)

- Nursing facility services including skilled nursing homes, rehabilitation services and health-related services designed to meet the physical, mental and psychosocial well-being of each resident as well as treatment required by persons with mental illness or cognitive disabilities
- Home health services (ordered by a physician and reviewed every 60 days) for persons entitled to nursing facility services

Optional Medicaid services relevant to the mental health of older persons include:

- Rehabilitation services ordered by a physician, provided in any setting and generally include mental health services such as individual and group therapies and psychosocial services
- Targeted case management to assist the individual in accessing needed medical, social, educational or other services
- Institutions for mental diseases (IMDs)
- Personal care services for persons who are not residents of a hospital, nursing facility or IMD
- Home and community based services (HCBS); usually Federal waiver programs that allow states to cover Medicaid services for specific groups, including those with mental illness, that the state has not otherwise elected to make available under the state's Medicaid plan

Factors that restrict Medicaid coverage of community-based treatment programs include: (Taube et al, 1990)

- Uneven optional benefits when states decide to offer minimal or no optional benefits
- Reimbursement policies that set rates lower than those paid by commercial and other third-party insurers, making professional providers reluctant to serve Medicaid beneficiaries

Study of Older Adults with Mental Health and Co-Occurring Disorders

Fact Sheet Model Programs

While there are a limited number of geriatric appropriate services for mental health and co-occurring disorders available in most communities, an array of innovative outreach and service models are being successfully implemented across the country.

The National Council on Aging, Inc. (NCOA) partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) to identify and summarize some fifteen programs with "promising practices" to address mental health and co-occurring disorder needs of older adults. The resulting publication, "Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol and Mental Health Problems" (SAMHSA, 2002) presents a continuum of model programs from prevention based efforts through community-wide coalition building. For purposes of this study, samples of outreach, intervention, and treatment programs identified in this publication will be reviewed. Models reviewed here were selected based on the needs and demographics of the Milwaukee community.

Each of the program models shares key best practices including the following:

- Persistent outreach based on building relationships and trust,
- Outreach and services in natural settings, settings not associated with mental health or substance abuse services, convenient service locations and transportation as necessary,
- Comprehensive psychosocial screening/assessment,
- Multidisciplinary and interdisciplinary programming and staffing,
- Ongoing, geriatric appropriate staff training,
- Culturally competent programming,
- Consumer centered and directed services,
- Capacity for long-term, flexible service delivery,
- Ongoing program monitoring, assessment and evaluation, and
- Public-private collaboration usually involving the area's Department on Aging.

Outreach Programs

GATEKEEPER, Spokane, Washington

Gatekeeper is a "community-wide system of proactive case-finding of older adults" over age 60, living in the community, experiencing serious and persistent mental health and/or substance abuse problems and poor physical health, usually living alone with no support system and reluctant or unable to seek help.

- "Gatekeepers" are trained nontraditional referral sources such as postal workers, police, meter readers, bank tellers, apartment managers, and others who come in contact with older adults.
- "Gate keepers" refer high-risk older adults to Elder Services (area Department on Aging), the single point of entry to this program.
- Upon referral, an Elder Services multidisciplinary team conducts an in-home comprehensive assessment, develops a service plan and provides ongoing clinical case management.
- Essential to the program is an integrated and coordinated mental health, aging and social service system with a multidisciplinary response system, crisis response and coordinated in-home services. In Spokane, there are formal agreements with 16 community agencies to provide the coordinated system of care.
- Funding comes from the area agency on aging, Washington State Senior Citizens Services Act funds and the regional mental health authority.

PATCH (Psychogeriatric Assessment and Treatment/Teaching in City Housing), Baltimore, Maryland

PATCH combines elements of the gatekeeper model and a mobile treatment model to bring treatment services to elders living in high-rise public housing throughout Baltimore.

- Public housing staffed are trained as "case finders" referring high-risk individuals to a nurse from the Geriatric Psychiatry Outpatient Clinic at Johns Hopkins Hospital who visits housing sites.
- The nurse conducts the initial evaluation including a mental health, medical and family history. Blood pressure, medications, and ADLs are checked and screening tools for alcohol addiction and depression are used.
- The nurse and "team" physician do an in-home assessment and develop a treatment plan that includes "connecting" individuals to community services and a continuing therapeutic relationship with the nurse.
- Cultural competence and staff sensitivity to the cultural values and health care practices of the African American community is essential to the program's success.
- Collaborators include Johns Hopkins, the City Mental Health Department, the State Department of Metal Hygiene, and the Housing Authority of Baltimore.
- Primary funding comes from the State Department of Mental Hygiene and grants.

Outreach Programs

LITTLE HAVANA HEALTH PROGRAM, Miami/Dade County, Florida

Little Havana is one of the largest multipurpose and comprehensive nonprofit agencies in the Nation serving disadvantaged elders, many of whom are Cuban Americans who live alone in substandard housing. The centers provide prevention and intervention services to elders at risk of physical and mental deterioration due to socioeconomic and language limitations and isolation. The agency also serves young families.

- The centers' services are delivered through activity and nutrition centers, senior centers, four adult day health care centers, a primary care clinic, a mobile medical unit and two intergenerational child care centers.
- All program participants are required to undergo a comprehensive health and social assessment with trained case workers. An integrated service plan is developed with participant input and the agency's primary care physician, volunteer psychiatrist, and other retired professional volunteers. A clinical social worker provides the case management services.
- Participants are often encouraged to volunteer at the centers to establish or enhance their own social support system. Some therapeutic activities are provided by trained peer counselors.
- Essential elements that promote program success include cultural competency and sensitivity including the experience of being a refugee or immigrant, transportation for all who need it, a comprehensive assessment for all participants and an integrated array of services.
- The program has formal contractual linkages with the local area agency on aging and Miami Behavioral Health and formally collaborates with community employment programs, serves as a training site for senior employment services and hires many who complete training.
- The agency is funded primarily through government grants; 70% Federal, 13% State and 6% local. The remaining funding comes from United Way, participant contributions, private donations and fundraising.

Intervention and Treatment Programs

Kit Clark Senior Services, Boston, Massachusetts

Kit Clark Senior Services is a multipurpose elder services agency and a leader in the field of geriatric substance abuse, gambling addictions, and mental health services. Kit Clark offers a senior center, stigma free environment with opportunities to socialize, have a meal, and participate in activities such as an exercise or computer class as well as comprehensive mental health and addictions services. Its mission is to enable older adults to maintain themselves with dignity in the community.

- Mental health and addiction services include assessment, treatment planning, individual/group therapy, case management, outreach and home visits, information, referral, and education for seniors, their families, and community providers.
- Other services include transportation, nutrition programs, home delivered meals, home repair, housing and homeless programs, health education and other classes, adult day services, primary health care and social opportunities.
- Referrals come from other Kit Clark programs as well as case managers, senior housing managers, visiting nurses, discharge planners, and primary care physicians.
- After a comprehensive health and social needs assessment and history and screening for mental health and addictions, an interdisciplinary team of clinical social workers, a psychiatrist, nurse and the senior develop a treatment plan to coordinate health care, nutrition, transportation, and day services. Services are also provided in-home.
- The program pays special attention to cultural competency and language needs, the time and patience needed to build a trusting relationship and long-term treatment.
- Services are paid through Medicare, Medicaid, Massachusetts Department of Public Health Bureau of Substance Abuse, and foundation and grant money.

Over 60 Health Center, Berkeley, California

Over 60 Health Center, a federally qualified health center (FQHC) founded 25 years ago by the Gray Panthers, now combines geriatric primary care, mental health and substance abuse services using a consumer directed approach including a majority of consumers on the board of directors.

- Primary care physicians conduct an informal screen during regular patient visits and make referrals to mental health/substance abuse clinical staff and both participate in treatment planning and ensure mental health/substance abuse services on or off site.
- Special attention is given to family and/or care giver involvement, collaboration with community-based services for elders and cultural competency in hiring, training and capacity to reach, service and satisfy a diverse community, with a majority of whom are African American.
- Because of its FQHC status, it is charged with providing a range of services in a medically underserved area and benefits from increased Medicare and Medicaid reimbursement.

A New Demonstration Study Project of NIMH

PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial), Philadelphia, Pittsburgh and New York City

PROSPECT is an intervention project that includes staffing doctors' offices with depression care managers who help depressed elderly patients reduce suicidal thoughts.

- "Depression care managers" were assigned to 10 randomly selected primary care practices in Philadelphia, Pittsburgh, and New York City. As part of the study, each practice was paired with a similar practice, which served as a control group by providing its "usual care".
- Researchers set out to demonstrate that by educating physicians and improving treatment up to guideline standards, a social worker, nurse, or masters-level psychologist can significantly improve clinical outcomes.
- Care managers applied structured treatment guidelines. First, patients were offered the serotonin selective reuptake inhibitor or another antidepressant if clinically warranted. If they refused medication, the doctor could recommend Interpersonal Psychotherapy from the care manager who was supervised by a psychiatrist investigator. Occasionally, patients received a combination of medications and psychotherapy. The care manager actively followed up with the patients, monitoring their symptoms, drug side effects, and adherence to treatment.
- After eight months, about 70 percent of intervention patients initially plagued by suicidal thought were free of them, compared to about 44 percent of the "usual care" patients.
- The study claimed two significant outcomes. Structured interventions can improve the quality of depression care in primary care and quality treatment of depression in primary care can be a prevention strategy to reduce the risk for suicide in late life.
- The study was funded by National Institute of Health's National Institute of Mental Health.

Source: *Journal of the American Medical Association*, March 3, 2004.

Study of Older Adults with Mental Health and Co-Occurring Disorders

Additional Exemplary Model Programs

Washington State's Alzheimer's Demonstration Program

Olympia, Washington

A federal demonstration program funded by the Administration on Aging and the Health Resources and Services Administration and managed by the Washington State Aging and Adult Services Administration with numerous community agencies.

Program Objective

To develop culturally responsive supports services for persons with Alzheimer's disease, and their caregivers, from Chinese, Hispanic, Korean, and Native American populations.

Outreach Model

The project developed partnerships between local ethnic agencies, Area Agencies on aging, and mental health centers. The community-based projects, which are supported by service and advocacy organizations at the state level, provide information, training, outreach, and services to underserved individuals with dementia. The unique approaches include:

- A dementia Support Center for the Chinese community.
- An Asian Social day Care Program.
- Client-advocacy and adult day services for the Spanish-speaking population.
- A Native American outreach coordinator and caregiver support group.

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Mental Health and Alcohol and Other Drug Abuse Issues Facing Older Adults in Milwaukee County

A Report of the Steering Committee of the Milwaukee County Older Adults MH/AODA Providers Association for The Milwaukee County Commission on Aging December 15, 2003

Summary of Issues

In the spring of 2001, the Milwaukee County Older Adult Mental/AODA Providers Association was asked by the Milwaukee County Commission on Aging to create a report identifying the MH/AODA needs of older adults in Milwaukee County. Following is a summary of the major issues that emerged from that report:

- Community and professional education is considered by the association to be one of the most important issues to be addressed.
 - ⇒ While many professionals come to the field of aging from social work, psychology, nursing and rehabilitation they often receive limited training in the areas of aging and geriatric mental health. All levels of the provider community, especially primary care providers, need additional training in recognizing and treating MH/AODA problem of older adults. All too often symptoms go unrecognized, the individual goes untreated creating larger and more costly problems over time. The association would like to see MH/AODA issues included in annual CEU credit training for practicing physicians and an increased attention to this topic in training physicians and nurses. The development and use of short screening devices would greatly help in identifying MH/AODA problems in older adult consumers.
 - ⇒ Those closest to the MH/AODA problem, family members, are those with the least training and awareness of the signs and symptoms of mental health or AODA problems. Providing educational information on older adult MH/ODA issues should be a permanent part of the programs at local senior centers for both older adults and family members.
 - ⇒ Community education regarding mental health and stigma will be extremely important now and in the future to marshal community resources to meet the needs of older adults.
 - ⇒ While Marquette University offers a certificate in gerontology, there is no college or university in the Milwaukee area that provides either a bachelors or masters degree in the area of geriatrics or geriatric mental health at this time. The need for qualified trained personnel in the area of aging will only grow as time passes for not only Milwaukee County but for Southeastern Wisconsin as well.
- A recent study (Emerson Lombardo et al, 1996) found that up to 88 percent of all nursing home residents suffer from mental health issues. However, a survey of nursing homes has shown that only 19% of those suffering mental health symptoms have received the care that they need (Smyer et al, 1994).
- Our community lacks diversity among services providers. There is an increasing need for culturally competent providers who are fluent in the languages spoken by elders. Training in the areas of cultural competency, aging, gender, sexual

orientation, and the impact of MH/AODA needs of older adults needs to be developed and implemented.

- Older adults and older adult minority members representing the various cultural communities need to be included in the planning, funding and the development of services in meeting the needs of the older adult community. Being part of the process educates the community regarding the needs of these constituencies.
- Prevention and early intervention will play a major role in reducing the long-term impact of mental illness and chemical abuse for older adults and its costs to the community.
- While national statistics state that 20% of older adults need MH/AODA services, there is no way to determine if those needs are being met in Milwaukee County. There are over 40 agencies in Milwaukee County that provide some form of mental health services or supports to older adults, yet there is no uniform data collection to determine who is receiving services and the types of services they receive. While Milwaukee County can identify persons it serves, many persons receive services funded through grants and other funding mechanisms that may be counted by the provider but not included in the count of those receiving services in Milwaukee County. Developing a community wide tracking system will allow for a reduction of the duplication of services, identify areas of service need and allow for the recognition of emerging trends within the provider and consumer population.
- There is need to develop Best Practices models for treating older adults with MH/AODA issues. More research needs to be done to determine what programs exist in other communities that have been recognized for their effectiveness in treating older adults with MH/AODA issues. For instance, Research indicates that the Adult Day Centers are cost effective means to provide assessment, treatment, socialization, education, support, and respite to older adults with a mental illness and their family members.
- The arrival of the Baby Boom generation will put additional demands on the system due to an expected higher number of adults with AODA issues particularly within the realm of drug abuse. This population's need for treatment and their response to treatment will be different than that of the existing older adult population.
- Gambling Addiction in older adults appears to be an emerging issue that will require new approaches and services. The implementation of a best practice model for this addiction will become a major need within this population in the next few years.
- Funding for services is far too fragmented to adequately meet the needs of those needing services. How Milwaukee County funds services is frequently determined by age or diagnosis not by overall need. The Memorandum of Agreement between the Behavioral Health Division and Department on Aging to assure access to county funded MH/AODA services for older is a step in the right direction. MH/AODA Medicare funding places real barriers to receiving MH/AODA services with 50% co-pays for clinic treatment and 100% responsibility for medications. Uninsured Adults between the Ages of 60-64 is a group that is consistently underserved due to a lack of funding.
- Serious efforts need to be made to improve case coordination throughout the community through the creation of a central intake and referral center. The Family Care Resource Center could take on that role given sufficient funding to cover the

costs of case coordination services. In many cases older adults are served by several specialists who treat specific health problems which frequently lead to a duplication of services, and medication problems that exacerbate rather than ameliorate the medical issues older adults have. This lack of service coordination frequently appears where multiple family members and agencies are providing assistance or services to an individual. The need for ongoing case management for older adults, especially those with co-occurring disorders, will only grow as the aging population increases.

- The development of a community wide Social Services Commission would be beneficial in the development of a comprehensive Social Service Policy for Milwaukee County. Because Milwaukee County lacks a County-wide Social Service Plan, funding continues to be fragmented as each constituency fights to retain funding at the expense of the overall community. The benefit of an Overall County-wide Social Service Plan would define what services would be paid for by the state, what services would be paid for by the county and what services would be funded through community funding agencies such as United Way and the local foundations.
- There is a need to better pinpoint the diagnostic profile of this population: depression, Alzheimer's disease, anxiety disorder, and schizophrenia. The latter presents in two divergent older adult population groups. The early onset group has had a diagnosis of schizophrenia since early adulthood and is now becoming older. This group of elderly schizophrenics is growing secondary to improved treatments allowing for a more normal life and therefore longer life span (Jeste et al., 1999). The late onset group is older adults who have developed schizophrenia later in life. Also, it is important to understand how many in this population have AODA-related conditions.
- While every county has a unit on Aging, such as the Milwaukee County Department on Aging, there is no administrative body responsible for the overall coordination of mental health services for older adults.
- Older adults need to access services through any door in the service delivery system. Presently, there does not exist any central mechanism for service referral, case coordination and service provision in Milwaukee County at this time except the Family Resource Center and the Crisis Intervention Center at the Mental Health Complex. It would be beneficial to see if there is a way to shorten the admission / screening process by developing a model of criterion of severity that would lead to immediate admission to Family Care services.
- The goal of this report is to provide a picture of what the population trends are for planning purposes and projecting both needs and utilization of services both now and in the future. There are clear questions related to demographics and migration that go beyond the scope of this report. Yet these questions could have a major impact upon needs, funding, and services in the future. While the overall number of older adults is decreasing in Milwaukee County the number of adults over the age of 75 has grown 5.3% in the last 10 years and the 85+ group has grown by 12.5% in the same ten years. Is there a general level of migration of persons between the ages of 45-60 from Milwaukee County? Is there a migration to the suburbs? Are minorities undercounted? Are older medically compromised adults returning to their communities of origin?

- If the growth of older adult populations in Milwaukee County is taking place in suburban communities, many of these communities do not have the resources for serving older adults with a mental illness.
- There exist no methods to determine the efficiency or efficacy of non county funded providers of MH/AODA services to older adults in Milwaukee County. There are no uniform outcomes measurements to measure the quality and cost of service delivery to older adults.
- Police and Fire departments often are called to serve an older adult in the community on multiple occasions when effective mobile crisis intervention teams could provide services at a greatly reduced cost with increased effectiveness. Increased linkages between emergency workers and community intervention teams are needed.
- In many cases persons are admitted to emergency rooms for services due to an injury. All too often busy emergency workers treat the immediate medical problem without a clear understanding of the conditions under which the injury occurred. The need to train emergency workers, providers and family members in recognizing drug and alcohol abuse and to develop prevention and early intervention techniques is one the most important issues facing the community today.
- As the number of older adults with MH/AODA problems increases the need for corresponding inpatient beds in local hospitals will need to increase.
- Given an environment of limited funding the need for volunteers will only increase as time passes and the number of older adults increase. The need for training volunteers to recognize MH/AODA issues in those served will become part of the volunteer training process. The need to establish qualified trainers and training programs will be an important component of community services.
- There is no directory of MH/AODA services for older adults in Milwaukee County. The establishment of a web site identifying older adult service providers and links to those agencies would greatly improve access to services for older adults, family members, and providers. The establishment of such a web site should be a major goal for the Commission on Aging.

The following is a compilation of recurring themes that emerged from consumer, family and minority group input for this report:

- **Access to Services** – There is an underlying perception that services are difficult to access based upon:
 - A lack of knowledge regarding available services
 - Language and literacy barriers
 - Costs of co-pays and/or being under or uninsured
- **Cultural Considerations**
 - The need for cultural competence within health care
 - Language and cultural proficient providers
 - Creation of a consortium of minority providers
 - Inclusion in the decision making process
- **Physician Issues**
 - A need to take more time with consumers
 - Being sensitive to consumer issues

- **Quality of Life Issues**
 - Transportation to and from service providers
 - Independent living supports
 - Affordable housing
 - Costs of medications to maintain physical and mental health
- **Stigma of Mental Illness and Alcohol and Drug Abuse problems**
 - Community, family, and primary care provider perceptions
 - Perceptions of gay, lesbian, bi-sexual and transgender persons