Addressing Behavioral Health Issues with Evidence-Based Programs

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SBIRT

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Background

- 40-55% of adults 65+ drink alcohol regularly; up to 15% may be problem drinkers.
- Alcohol and prescription drug misuse affects as many as 17% of older Americans.
- Up to 19% of older adults are affected by the combination of alcohol and medication misuse.

Sources: 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions III; SAMHSA; NIAAA
Background

• About 25% of older adults use psychoactive medications that have a potential to be misused and abused.

• Older adults are more likely to take prescribed psychoactive medications for longer periods of time than younger adults.

• 11% of women > 60 years old misuse prescription medication.

Sources: 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions III (NESARC III); SAMHSA; NIAAA, Simoni-Wastila, Yang, 2006
Drinking Guidelines

• Adults over age 65 who are healthy and do not take medications should not have more than:
  – 1 drink on a given day
  – 7 drinks in a week
• Drinking more than these amounts puts people at risk of serious alcohol problems.
• With certain health problems or if taking certain medications, drink less or not at all.

(Source: NIAAA, SAMHSA)
Standard Drinks

12 fl oz of regular beer = 8–9 fl oz of malt liquor (shown in a 12 oz glass) = 5 fl oz of table wine = 1.5 fl oz shot of 80-proof distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

about 5% alcohol

about 7% alcohol

about 12% alcohol

40% alcohol

The percent of “pure” alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.
SBIRT

• **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.

• **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

• **Referral to treatment** provides those identified as needing more extensive treatment with access to specialty care.

(www.samhsa.gov/sbirt)
SBIRT

- **Primary Goal**: Reducing and preventing related health consequences, disease, accidents and injuries associated with risky use.
  - **NOT** to identify alcohol- or other drug-dependent individuals.
- **Screens for all types of substance use**, not just dependencies.
- **Provides information and assistance** tailored to the individual and his or her needs.
- **Intervening early** with individuals at moderate risk is effective in reducing substance use, in preventing health and other related consequences, and in saving healthcare costs.
Screening Tools

CAGE Questions

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?
Screening Instruments and Assessment Tools

• Alcohol Consumption and Consequences
  – Quantity, Frequency, Binge Drinking
  – AUDIT-C; AUDIT

• Health Screening Survey
  – includes other health behaviors
    • nutrition, exercise, smoking, depressed feelings

• ASSIST (drug use/psychoactive medication use/misuse)
Brief Interventions

• Identifying future goals
• Summary of health habits
  – Individualized feedback on health, drinking, consequences
• Standard drinks
• Types of Older Drinkers
• Consequences of At-Risk drinking
• Reasons to quit or cut down
• Drinking agreement and plan
  – controlled drinking vs. abstinence goal
• Risky situations/Alternatives
Evidence for SBIRT

**FL BRITE Project (BRief Intervention and Treatment for Elders)**

- **Results.** Health educators screening solely within medical sites recorded fewer positive screens than those from mental health, substance abuse, or aging services that screened in a variety of community-based and health care sites. Six-month follow-ups revealed a significant decrease in substance use.

- **Conclusions.** SBIRT can be extended to nonmedical services that serve older adults.

Source: Schonfeld et al, AJPH 2013)
## Reimbursement

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<td>H0050</td>
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Get Connected!

Linking Older Adults with Medication, Alcohol, and Mental Health Resources
Resources

- SAMHSA SBIRT Resource page
  - www.samhsa.gov/sbirt/resources
- Florida BRITE Project
  - brite.fmhi.usf.edu/BRITE.htm
- Screening Instruments
  - www.store.samhsa.gov/shin/content/SMA02-3621/SMA02-3621.pdf
- Behavioral Health Treatment Locator
  - https://findtreatment.samhsa.gov/
- CMS SBIRT Fact Sheet
  - www.integration.samhsa.gov/sbirt/SBIRT_Factsheet_ICN904084.pdf
“It could be a pearl to you.”

The Program to Encourage Active, Rewarding Lives (PEARLS)

Lesley Steinman, MSW, MPH
Center for Healthy Aging
CDSME and Falls Prevention National Resource Centers Meeting: May 24, 2016
Late-life depression

- 1 in 5 older adults are depressed
  - 2/3 of HCBS clients in WA AAAs
- Impacts quality of life, function, mgmnt of chronic conditions, health care service utilization and costs, mortality
- Often under-recognized and un-/under-treated
  - 1:2 undertreated in primary care settings
  - More than half of patients/providers feel it is normal of aging
- Effective treatments exist
  - Depression Care Management (Community Guide)
What is PEARLS?

Depression Care Management

• Active screening for depression
• Measurement-based outcomes
• Trained depression care manager
  • Brief, evidence-based interventions
  • Education / self-management support
• Psychiatrist role re-defined

6 – 8 hour long sessions over a 4 – 5 month period
What is PEARLS?

Jennifer and Jack

- Stroke support group
- Respite care
- Rebuilding Together
- Minivan
- Swimming
- “PEARLS helped me to sort out all of my stuff.”
- “I liked how Paul came to our house to help me figure out how to do the things I used to do, just do them differently.”
What makes PEARLS unique?

• Participant-driven, practical, “here and now”
• Outside traditional mental health settings
• Home- and community-based
• Multiple chronic conditions/self-management
• Developed with and utilizes existing service-provision programs
• Team-based approach
• Aims to improve quality of life as well as reducing depressive symptoms
PEARLS RCT’s

2000 – 2003: 138 frail, homebound elders with minor depression
• 4-5 chronic conditions
• 42% racial/ethnic minority, all low-income

2008 – 2010: 80 all-age adults with epilepsy and comorbid depression
• 70% with major depression
• 23% racial/ethnic minority

Significant improvement in depressive symptoms and other outcomes
PEARLS RCT #1 (older adults) Study Results 6-months (N=138)

Depression improvements continued at 12-mths (6-mths after the program ended).

PEARLS RCT #2 (epilepsy) Study Results
18-months (N=80)

Dissemination & Implementation (D&I) Research

- CDC R-18 PEARLS Dissemination Study
  - Focus groups, Self-report fidelity instrument, Interpreters pilot, Hard-to-reach study, Implementation coaching
- Fidelity/Client Outcomes
- PEARLS Champs Study
- RAINBOW: Improving Both Mood and Weight
- PEARLS economic evaluation
- PEARLS and EnhanceWellness / ACL CDSME grant in Florida
Over 50 sites in 18 states
Served 2,500 clients
Training and Technical assistance (TA)

Training

- In-person (on- and off-site)
- Online
- Master training (in development)
- PEARLS Toolkit

TA

- Readiness, recruitment, adaptations, fidelity, implementation, staffing, sustainability
- Free monthly TA conference calls
- Network and feedback loop
Funding

- Medicaid (HCBS, client training, WA Medicaid waiver*)
- Local tax levies
- Grants (research and foundations)
- OAA Title III D
- In-house discretionary funding
- ACL CDSME grants*
- Opportunities with healthcare reform (QI, BH/PCP integration, duals)
Sustainability

- Diverse, multiple funding sources
- Program champions (participants, providers, policymakers)
- Integrate PEARLS into service package
- Partnerships
- Culturally appropriate
- Plan for RE-AIM
  - reach, effectiveness, adoption, implementation, maintenance
Multiple EBPs

- Continuum of care, support and services
- EnhanceWellness (WA and FL)
- CDSMP (OR, WA, MD)
- Healthy IDEAS (MA)
- Evidence-based Leadership Council (www.eblcprograms.org)
Thank you!

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www.pearlsprogram.org
Addressing Behavioral Health Issues with Healthy IDEAS

Ellen Schneider, MBA
UNC-Chapel Hill
NCOA National Falls Prevention Resource Center
NC Mental Health, Substance Abuse and Aging Coalition
Agenda

- Brief overview of Healthy IDEAS
- Healthy IDEAS Implementation and Training
- Financing Healthy IDEAS
Acknowledgements

- This presentation is in part an adaptation of training materials developed by the Healthy IDEAS national team and Mary Lynn Piven, UNC-CH.
Depression in late life

- Depression **IS** highly prevalent (3%-20%).
- Depression is **NOT** part of normal aging, but risk is increased
- Depression **IS** a risk factor for suicide.
- Older adult access to care **IS** severely limited in many areas of the country.
HEALTHY IDEAS

Identifying Depression
Empowering Activities for Seniors
Healthy IDEAS:
Program Basics & Steps
Program goals

- **Detect and reduce the severity of depressive symptoms** in older adults through existing community-based case management services.
- **Reach** underserved populations.
- **Train** agency staff to deliver an evidence-based intervention for depression to older adults.
- **Improve linkage** between community aging service providers and health /mental health professionals.
Healthy IDEAS program delivery

- **EMBEDDED** in ongoing assessment & routine of existing case management programs
- Usually NOT mental health professionals (case managers/social workers)
- **2-day TRAINING/Certified Trainer**
  - Screening
  - Education
  - Link to primary or mental health care
  - Behavioral activation
  - Re-screening
- Mental health experts essential to back-up leadership as first line & support case managers (**COACH(ING)**)
Core program components

- **Step 1: Screening**
- **Step 2: Education**
- **Step 3: Referral & Linkage**
- **Step 4: Behavioral Activation**
  - Empowering older adults to manage their depressive symptoms by engaging in meaningful, positive activities.
- **Step 5: Re-assessment with ongoing case-management**
Healthy IDEAS Steps & Client Contact

● **Step 5**: Reassess Client’s Progress
  - Readminister PHQ-9
  - Review accomplishments/progress
  - Follow-up with tracking data

Prevention--
  - What if I feel low again?
  - How do I self-manage?
  - What has made me feel better in the past?
Benefits to clients

- Reduction in severity of depressive symptoms
- Reduction of self-reported pain
- Increased knowledge of how to get help for depression
- Increased level of activity
- Increased knowledge of how to manage depressive symptoms
Training and Implementation
Agencies need…

- Dedicated agency leadership
- Coach: Access to someone with mental health expertise
- Effective linkage & communication systems with primary care & mental health providers
- Staff who can incorporate program components into their existing case management routine
- System for collecting & monitoring depression & ensuring program fidelity
Training

- Depression “101” training (delivered by Coach)
- Two-day curriculum training at convenient site
  - Interactive format includes role-play, demonstrations, videos & discussion
  - 12 hours training time
  - 1.1 continuing education credits
- Subsequent “Booster” trainings delivered by Coach after starting program
Keys to successful implementation

- Involved Coach
- Agency leadership & staff readiness for change
  - Internal advocate/cheerleader
- Collaboration with community mental health experts to assist with:
  - Training of care managers and agency leaders/supervisors
  - Linkages to evaluation and treatment resources
- Training and follow-up coaching and gradual uptake
80+ Sites across 24 States

**STATES**
- California
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Illinois
- Indiana
- Iowa
- Kentucky
- Maine
- Maryland
- Mass.
- Michigan
- Minnesota
- Missouri
- New Jersey
- North Carolina
- Ohio
- Oklahoma
- Texas
- Vermont
- Virginia

**ORGANIZATIONS**
- Area Agency on Aging programs
- Medicaid HCBS providers
- Local non-profit social service agencies
- Behavioral health provider agencies
- Caregiver support programs
- Senior service centers
Financing Healthy IDEAS
Financing Healthy IDEAS

- AoA/ACL Older American's Act case-management programs through Area Agencies on Aging (AAA) and Family Caregiver Support Program agencies
- SAMHSA State Mental Health & Special Grants
- Medicaid Home and Community Based Services
- State supported Case Management Programs
- Medicare Community Based Mental Health Programs
- HRSA grants for Nursing Education and Rural Outreach
- State mental health and aging service funds
- Foundations, United Way, university research grants
For more information…

● Healthy IDEAS National website: http://careforelders.org/healthyideas

● HI-NC website: http://healthyideasnc.web.unc.edu/

● National Council on Aging, Center for Healthy Aging: http://www.ncoa.org/improve-health/center-for-healthy-aging/

● AOA Evidence-based Disease and Disability Prevention Program: http://www.aoa.gov/AoA_programs/HPW/Evidence_Based/
Ellen’s father—turning 100 on June 15th!