A Spotlight on Older Adults and Behavioral Health

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May 18, 2017
A Spotlight on Older Adults and Behavioral Health

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May 18, 2017
NCOA Center for Healthy Aging
Outline

• Data on Substance Use among Older Adults

• Suicide Prevention and Other Mental Health Resources

• 21st Century Cures Act
New Report:
A Day in the Life of Older Adults: Substance Use Facts

- SAMHSA Data Sources
  - NSDUH, 2007-2014
  - Treatment Episode Data Set, 2012
  - Drug Abuse Warning Network, 2011

- Facts about substance use among adults aged 65 or older

- Information on substance use on an average day

- Receipt of substance use treatment
Data Sources

Treatment Episode Data (TEDS)
- National census data system of annual admissions to substance abuse treatment facilities
- Treatment programs receiving any public funds are required to provide the data on both publicly and privately funded clients
- All admissions and discharges aged 12 or older

National Survey on Drug Use and Health (NSDUH)
- Primary source of statistical information on illegal drug use, alcohol use, substance use disorders, and mental health issues
- Civilian, non-institutionalized population, aged 12 or older
- Population includes the following groups:
  - People in households (including civilians in households on military bases)
  - People in non-institutional group quarters (e.g., dormitories, boarding houses, homeless shelters)
  - People in the National Guard or military reserves (if not on active military duty)
- Sample includes all 50 states and DC
Number of adults aged 65 or older who used alcohol, marijuana, or cocaine on an average day: annual averages, 2007 to 2014

Source: National Surveys on Drug Use and Health, 2007 to 2014
Number of admissions aged 65 or older admitted substance abuse treatment on an average day, by primary substance of abuse

Source: Treatment Episode Data Set (TEDS), 2012
Number of admissions aged 65 or older admitted to substance abuse treatment on an average day, by principal source of referral

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self or other individuals</td>
<td>17</td>
</tr>
<tr>
<td>Criminal justice system</td>
<td>10</td>
</tr>
<tr>
<td>Other health care providers</td>
<td>5</td>
</tr>
<tr>
<td>Community organizations</td>
<td>4</td>
</tr>
<tr>
<td>Alcohol or drug abuse providers or other referrals</td>
<td>3</td>
</tr>
</tbody>
</table>
Conclusion

• Across all data sets, alcohol emerges as a source of concern.
• TEDS data show that most substance use admissions for people 65 or older were primarily for alcohol.
• People aged 65 years of older are more sensitive to the effects of alcohol.
• Alcohol can interact dangerously with medications taken by older adults and may also exacerbate common medical conditions, including stroke, high blood pressure, diabetes, osteoporosis, memory loss, and mood disorders.
Opioid misuse in past year among adults aged 50 or older, by age group: Percentages, 2002-2014

Opioid misuse refers to heroin use or nonmedical use of prescription pain relievers.

Source: National Surveys on Drug Use and Health, 2002-2014
Past year opioid misuse among adults aged 50 or older, by selected characteristics: Percentage, 2011-2014

1 Significantly different from “65 or older” at p <0.05
2 Significantly different from “Non-Hispanic White” at p <0.05

NOTE: Opioid misuse refers to heroin use or nonmedical use of prescription pain relievers.
Source: National Surveys on Drug Use and Health, 2011-2014
Past year opioid misuse among adults aged 50 or older, by selected other characteristics: Percentage, 2011-2014

1.6
1.6
1.5
1.5
2.9
2.9
3.5
3.5

1 Significantly different from “Not poor” at p <0.05
2 Significantly different from “Good/excellent health” at p <0.05
3 Significantly different from “No MDE” at p <0.05
4 Significantly different from “No AUD” at p <0.05

NOTE: Opioid misuse refers to heroin use or nonmedical use of prescription pain relievers.
Conclusion

• In 2014, about 2.1 million or 2% of adults 50 years + misused opioids in past year.
  • 2.8% among adults 50 to 64 years
  • 0.8% among adults 65 or older

• Increasing trend in opioid misuse among adults aged 50 + appears to be largely driven by adults 50 to 64 years.
  • Baby boomer generation (1946-1964) are more likely to use psychoactive drugs compared to earlier cohorts.

• Opioid misuse was more prevalent among adults aged 50 + who were:
  • 50-64 years than 65 or older
  • Hispanic than non-Hispanic White
  • living in poverty than those not in poverty
  • fair or poor health than good or excellent health
  • with past year major depressive episode (MDE) than those without MDE
  • with past year alcohol use disorder (AUD) than those without AUD
Suicide Prevention Toolkits

Promoting Mental Health and Preventing Suicide: A Toolkit for Senior Living Communities

Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

2015
There is Hope and Help

Protective Factors

- Appropriate assessment and care for physical and behavioral health issues
- Social connectedness
- Sense of purpose or meaning
- Resilience around change
Framework for the Toolkits

• Whole Population- Promote the emotional health of all older adults

• At Risk-Recognize and respond to individuals at risk

• Crisis Response-Respond to a suicide attempt or death

Source: Langford, L. 2008. A Framework for Mental Health Promotion and Suicide Prevention in Senior Living Communities
Audience for the Toolkit

- Senior Center staff and volunteers
- Community service providers for older adults (e.g., meals on wheels, transportation, home care)
- Behavioral health professionals
Activities that increase the emotional well-being of all their participants
Identifying and getting help for individuals at risk of suicide

- Train staff and volunteers
- Refer to mental health providers
- Conduct screening
- Provide counseling
Providing Support after a Suicide

- Postvention protocols
- Community support meetings
- Mental health counseling
Resources in Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers

**Tools and Fact Sheets**

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**Tool 2: Assessment Checklist**

Promoting Emotional Health and Preventing Suicide among Older Adults

**Questions**

For each question, circle the answer that best matches the current situation.

- **Getting Started**
  - Do your staff members and volunteers know what factors may increase the risk of suicide among older adults?  
    - Yes
    - No

- Do you have a list of the behavioral health contacts in your community?  
  - Yes
  - No

**Promote Emotional Health**

- Have you conducted an activity that is designed to be positive and community-oriented?  
  - Yes
  - No

**Respond to Suicide Risk**

- Have you been contacted or referred to a senior center?  
  - Yes
  - No

**Fact Sheet 2: Know the Warning Signs of Suicide**

Have you ever heard someone make these statements? Have you thought them yourself?

- "I'd be better off without me."
- "Don't worry. I won't be here to bother you much longer."
- "I can't deal with it any more. Life is too hard."
- "I no longer want to live."
- "Life seems like the only way out."

Do either of the following descriptions sound like your neighbor, a friend, or yourself?

- The person has been drinking more than usual. He or she doesn't think life has any purpose and has lost interest in activities.
- The person has stopped coming to exercise class. He or she paces around, unable to sleep. He or she reports feeling hopeless and that living in life will never improve.

Know the warning signs of suicide.

The following are warning signs that suggest a person could be at immediate risk of suicide:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about finding a gun or having no reason to live

Other behaviors that may also indicate a serious risk—especially if the behavior is new, has increased, and/or seems related to a stressful event, loss, or change:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting with a sense of urgency, behaving suddenly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Exhibiting extreme mood swings

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**Information Form for Behavioral Health Resources**

Name of Organization/Program: ____________________________________ Phone Number: ____________________________

| Contact Person: ______________________| Phone Number: ____________________________ |

| E-Mail: ____________________________ | 
| 1. Do you currently provide services for older adults (ages 65+)? Yes ___ No ___ |
| Mental health issues: Yes ___ No ___ |
| Substance use problems: Yes ___ No ___ |
| 2. Are you able to take new clients that we would refer to you? Yes ___ No ___ |
| 3. Do you accept health insurance? Yes ___ No ___ |
| 4. If yes, which insurance: Medicare ___ Medicaid ___ Private insurance ___ Other ___ |
| 5. Do you offer counseling and/or treatment programs that are designed to be positive and community-oriented? Yes ___ No ___ |
| 6. What support programs do you provide? ____________________________________________________________________ |
| 7. What services could you provide at our senior center, for example: Screening ___ Counseling ___ Support groups ___ Speakers/trainings/classes for: Staff ___ Participants ___ Other (please describe): ____________________________________________________________________ |
Primary Care and Behavioral Health Integration for Older Adults

- SAMHSA – HRSA Center for Integrated Health Solutions

- CIHS is a national training and technical assistance center that promotes the development of integrated primary and behavioral health services.
Older Adult Behavioral Health Profiles

- Helps states and communities identify focus areas for behavioral health plans, select population-level goals, and coordinate and target services to address priority issues.

- Compare state trends with those in the region and the nation.

- State and community administrators, planners, and providers can use the profile information and their own data, knowledge, and experience to establish and implement policies.
SAMHSA Materials

- Get Connected Toolkit
- Treatment of Depression in Older Adults
- Promoting Emotional Health and Preventing Suicide – senior housing
- Promoting Emotional Health and Preventing Suicide – senior centers
- Growing Older: Providing Integrated Care for an Aging Population – SAMHSA-HRSA
- Good Mental Health is Ageless – brochure
- Aging Medicines and Alcohol – brochure
- Older Adult Behavioral Health Profiles – ACL

Available at www.store.samhsa.gov
21st Century Cures Act and Older Adults

Section 9012: Older Adults and Evidence-Based Practices

• Requires the Secretary to disseminate information and provide technical assistance on evidence-based practices for mental health and substance use disorders in older adults.

Section 9009: Adult Suicide Prevention

• Authorizes the Assistant Secretary to award grants to eligible entities to implement suicide prevention and intervention programs for individuals who are 25 years of age and older. Congress appropriated $9M in FY17 for the program.

Section 1003: Account for the States Response to the Opioid Abuse Crisis

• Authorizes grants to states for carrying out activities that supplement activities pertaining to opioids including improving PDMPs, implementing prevention activities, training for health care practitioners, supporting access to health care services, and other public health related activities.
Questions?
A Spotlight on Older Adults and Behavioral Health

NCOA Webinar
May 18, 2017

Kimberly Williams, NCMHA Chair & President, MHA-NYC
National Coalition on Mental Health and Aging

- Established in 1991
- Over 80 diverse national organizations and state and local coalition members
- **Goal**: Work collaboratively towards improving the availability and quality of mental health preventive and treatment services to older Americans and their families.

**Key Functions:**

- Go-to-resource on mental health and aging issues
- Networking
- Education
- Policy analysis and recommendations
- Public speaking
- Technical assistance
State Mental Health and Aging Coalitions Across the Country
Geriatric Mental Health Alliance of New York

- Established in January 2004

- Over 3000 Members - Diverse constituency

- Policy and Advocacy
  - Advocate for improvements in public policy
  - Policy analysis and recommendations
  - Briefing material and consensus papers

- GMH Training and Technical Assistance
  - Lectures
  - Webinars
  - Co-sponsor conferences
  - Speakers’ bureau
  - Training
  - Technical assistance
Initial Short-Term Goals

- Get geriatric mental health on the radar screen of NYS’s executive and legislative branches
- Lay the groundwork for long-term change
- Stimulate interest in local governments
- Build interest among providers, trade associations, advocates, etc.
Strategies

- Consciousness raising with
  - government,
  - providers,
  - trade associations, and
  - advocates

- Focus on local and state, emphasizing state; Little federal

- Target executive and legislative branches
State Advocacy: Executive Branch

- Meetings with leadership
  - Office of Mental Health (OMH)
  - Office for the Aging (OFA)
  - Governor’s Office

⇒ Geriatric mental health made a priority
State Advocacy: Legislative Branch

- Leadership Only
- Bicameral/Bipartisan
- Initially Sought Hearings and Study
- Legislators wanted to move faster
- Proposed Geriatric Mental Health Act
- Legislators Moved It
Passing the Geriatric Mental Health Act

- Support of committee chairs + other leaders
- Same bill in both houses
- Support from 110 organizations
- Bicameral/bipartisan press conference
- Lobbying legislative leaders and Gov.
- Gov. proposes compromise; we accept
- Passage of Act in both houses
- Gov. signs
- Gov. puts $2 million in budget
Geriatric Mental Health Act of New York

- Interagency Geriatric Mental Health Planning Council

- Services demonstrations grants ($2 million)
  - Integrating physical health and mental health
  - Community gatekeeper program
Why It Passed

- We worked hard
- Clear need
- Right issue at the right time
- Politically wise to say ‘yes’ to geriatric mh
- We avoided a high profile campaign
  - Didn’t need it
  - Might have disrupted the tenuous, bi-partisan agreement
- Willingness to compromise
Interagency Council

- Expanded to include chemical dependency and veterans
- Chaired by four Commissioners: Mental Health, Aging, Substance Abuse and Veterans Affairs
- Other members include:
  - Adjutant General of the Division of Military and Naval Affairs
  - Rep from Office of People with Development Disabilities
  - Rep from Commission on the Quality of Care,
  - Rep from Department of Health
  - Rep from Department of Education
  - Rep from Office of Temporary and Disability Assistance
  - Rep from Office of Children and Family Services (which oversees adult protective services)
  - Eight individuals appointed by the Speaker, the Majority Leader, and the Governor.
- Meets quarterly
- Reports annually to the Governor and Legislature on plans and recommendations
**Service Demonstration Program Grants**

<table>
<thead>
<tr>
<th>Round 1</th>
<th>2007-2012</th>
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<tbody>
<tr>
<td>• Two program types funded:</td>
<td></td>
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<tr>
<td>• Community gatekeeper</td>
<td></td>
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<tr>
<td>• Integrated care</td>
<td></td>
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<tr>
<td>• 9 projects funded over 5 years</td>
<td></td>
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<tr>
<td>• Variations in program location</td>
<td></td>
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<tr>
<td>• Learning collaborative</td>
<td></td>
</tr>
<tr>
<td>• TA on sustainability</td>
<td></td>
</tr>
<tr>
<td>• All programs sustained beyond grant period</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Round 2</th>
<th>2011-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Integrate physical and behavioral health care projects in either:</td>
<td></td>
</tr>
<tr>
<td>• behavioral health care settings (model 1) or</td>
<td></td>
</tr>
<tr>
<td>• physical health care settings (model 2)</td>
<td></td>
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<tr>
<td>• 21 programs funded in two phases</td>
<td></td>
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<tr>
<td>• Many projects still operating beyond the grant period</td>
<td></td>
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<tr>
<td>• National Council for Community Behavioral Healthcare providing TA</td>
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<tr>
<th>Round 3</th>
<th>2014-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Integrate physical and behavioral health care projects in either</td>
<td></td>
</tr>
<tr>
<td>• behavioral health care settings (model 1) or</td>
<td></td>
</tr>
<tr>
<td>• physical health care settings (model 2)</td>
<td></td>
</tr>
<tr>
<td>• 10 programs funded over 3 years</td>
<td></td>
</tr>
<tr>
<td>• National Council for Community Behavioral Healthcare providing TA</td>
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</table>

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<tr>
<th>Round 4</th>
<th>2016-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Triple partnership between mental health, health and aging services</td>
<td></td>
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<tr>
<td>• Technology</td>
<td></td>
</tr>
<tr>
<td>• Mobile outreach</td>
<td></td>
</tr>
<tr>
<td>• 8 programs funded over 5 year demonstrations</td>
<td></td>
</tr>
<tr>
<td>• National Council for Community Behavioral Healthcare providing TA</td>
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</tbody>
</table>
New York City’s Commitment to Mental Health and Aging

- $2 million 10+ year NYC Council Geriatric Mental Health Initiative

- First Lady of NYC ThriveNYC Initiative includes embedding mental health clinicians in 25 senior centers to provide on-site treatment, screening, education, referrals, and engagement activities
Key Points

- Collaboration is paramount
- Persistence is key
- Geriatric behavioral health plans need to reflect the unique needs and challenges in your state or community
Local Systems Starting Points

- Develop working relationships across systems—especially informally

- Develop cross-system “coalitions” or “alliances”
  - Local planning
  - Collaborative program development
  - Advocacy for policy change

- Establish cross-systems networks to handle tough cases

- Develop initiative to optimize funding
Want to Know More?

Kimberly Williams
Chair, NCMHA
kwilliams@mhaofnyc.org
212-614-5751

National Coalition on Mental Health and Aging:
www.ncmha.org
Questions & Answers

Type your question into the chat box on the lower left-hand side of your screen.

For reference, the recording of this webinar will be available shortly on www.ncoa.org/cha.