

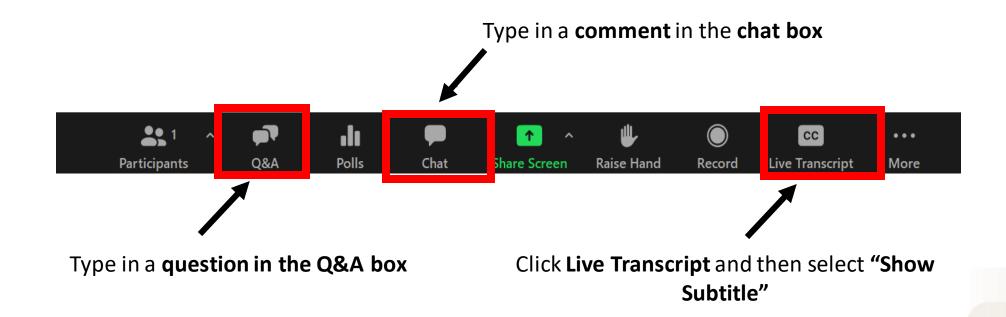
Integrated Approaches for Addressing Older Adult Aging and Behavioral Health Needs

July 13, 2023 2:00 – 3:00pm E.T.

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning





Disclaimer

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Substance Abuse and Mental Health Services Administration

www.samhsa.gov

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Poll #1: What best describes your role?

- Clinician
- Administrator
- Payer
- Policy Maker
- Other (specify in chat box)



Poll #2: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



Today's Speakers



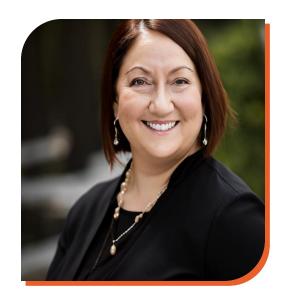
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Learning Objectives

After this webinar, participants will be able to:

- Identify losses experienced by older adults and risk factors for mental health and substance use challenges to address within integrated care.
- **Explore** different screening tools for older adults with substance use or mental health support needs within integrated care.
- Discover interventions and engagement opportunities for older adults in integrated care.

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In the Chat...

Please add your ideas in the chat box

What are current changes and challenges that older adults are managing?



Aging Trends in the US

- 111% growth in the 65 an older population since 1950,
 - Over 50 Million seniors or 16.5% of the total population
 - California largest total population of seniors
 - Florida 21%, Maine 20%
 - Utah 10.8%, Alaska 11.1%
- Biggest increase occurred in the 2010's when baby boomers began turning 65
- 2030 all baby boomers will be over 65 years old
- 2038 the number of Americans 85 and older is expected to double from 6 million to 14.6 million
- 1 in 5 older adults have one or more mental health or substance use condition.

Sources:

Population Over 65 by State

Growing Older: Providing Integrated Care for an Aging Population

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Elevated Risk for Mental Health Concerns

Loss

- Decline in function physical, mental
- Health chronic, co-morbid diagnosis, failing or frail health requiring increases support in home or even long- term care placement
- Spouse/partner, family, friends
- Financial

Retirement

Socioeconomic status changes

Elder Abuse

- 1 in 6 experience elder abuse
- Physical, verbal, psychological, financial, sexual
- Abandonment and neglect

Source: Mental Health of Older Adults - Who 12.12.17





Elevated Risk for Substance Use

- 1 million adults over 65 live with a substance use disorder.
- Increased vulnerability to misuse (social, physical, bereavement, abuse)
- Older adults metabolize medications and alcohol more slowly
- Drugs can worsen chronic health conditions
- Substance use may increase the risk of injury and accidents with a consequence of much longer recovery post incident
- Older adults with chronic health concerns are often prescribed medicines and are at risk for drug to drug or drug to alcohol interaction

Source: Substance Use in Older Adults DrugFacts.





Scope of Substances for Adults 65 and Older

Pain Meds / Opioid Use

- 4-9% of those 65 and older used opioids as pain management
- The number of opioid prescriptions for older adults increased by 9 times in a 15-year period from 1995-2010

Marijuana Use

- Increased from .4% in 2006-2007 to 2.9% in 2015-2016
- Medical Marijuana has been recommended to approximately 25% of marijuana users 65 and older to relieve chronic conditions and side effects of cancer treatment

Source: Substance Use in Older Adults DrugFacts.





Scope of Substance for Adults 65 and Older Continued..

Nicotine

- 8 out of every 100 adults 65 and older smoked cigarettes, CDC reports in 2017
- Increases risk of heart disease and cancer

Alcohol

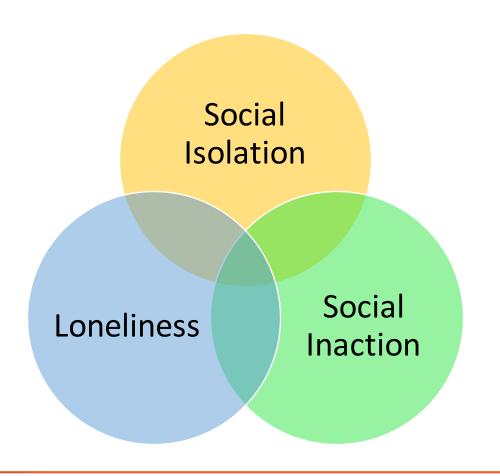
- Most used substance in adults 65 and older
- 65% report high risk drinking
- More than 10% currently binge drink
 - More than 5 drinks for men, 4 for women on the same occasion
- 107% increase in alcohol use disorder from 2001 to 2013

Source: <u>Substance Use in Older Adults DrugFacts.</u>

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Social Isolation, Loneliness & Social Inaction







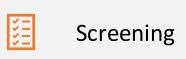
The Link to Suicide







Therapeutic Supports and Interventions





Group-based programs



Therapeutic interventions



Medications and Medication-Assisted Treatment



Behavioral Activation



Telehealth support

Screening

A systematic way of identifying potential for problems using a standardized, reliable and valid tool



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Common Screening Tools

AUDIT-C Plus 2 – alcohol, and other substances brief screen

Drug Abuse Screen Test (DAST-10) - brief self report substance use screening tool

Short Michigan Alcoholism Screening Test--Geriatric Version (SMASTG) - Screening tool for alcohol use

Mini-Mental State Examination (MMSE) – screening for cognitive impairment

Geriatric Depressions Scale (GDS) - self report instrument identify depression

Patient Health Questionnaire 9 Item Scale (PHQ-9) — depression screening tool

Generalized Anxiety Disorder 7 Item Scale (GAD-7) – Seven- item instrument to measure or assess the severity of generalized anxiety

Geriatric Anxiety Inventory (GAI) – screening for typical common anxiety symptoms

Columbia Suicide Severity Rating Scale (CSSRS) – screening tool for suicidality

De Jong Gierveld Loneliness Scale – 11 item questionnaire on loneliness

Brief Trauma Questionnaire (BTQ) – screening for trauma

Health screenings – various eye, hearing, blood pressure, bone density, cancer, etc. screens

Daily Living Activities-20 (DLA-20) – screening tool on activities of daily living



Protection and Prevention

Supportive relationship with family

Connected to at least one trusted person

Consistent schedules/routines

Physical activity

Participation/Engage ment with a variety of individuals/roles/ age-groups

Healthy diet, exercise, and sleep routine.

Sense of selfsufficiency and selfcontrol

Realistic optimism, future orientation

Motivation to achieve

Source: MHFA at Work. 2021. Home Alone: The Impact of Social Isolation on Youth and Paths to Resilience

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Socially Connected People Live Longer

Self-Compassion and Safe Touch

triggering the release of oxytocin.

decreases our cortisol levels

physical touch releases oxytocin, and calms cardiovascular stress



Physical touch reduces cortisol

Oxytocin increase = trust, calm, warmth

 $Source: \underline{Self\ Compassion\ by\ Dr.\ Kristin\ Neff}$

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Improving Social Connectedness and more!

- Volunteering, Befriending, Friendly Visiting, Home Visiting
- Cohousing
- Bumping Spaces
- Community and Social groups
- Having a spiritual or religious affiliation
- Institutional connections
- Pets



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Technology

Animatronic pets

Artificial
Intelligence (Alexa,
Google Home)

Tablets, VR Headsets

Warm-lines

Hotlines

Assistive devices

Electronic Gadgets

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Connecting individuals to resources



Goal Setting and support



Helping self advocate



Recovery Coaching



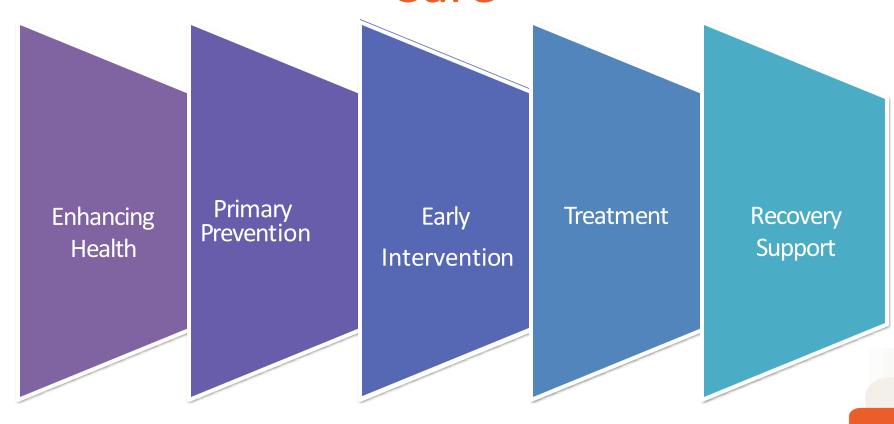
Facilitating support groups



Telephone Support

Peer Services

Substance Use Disorder Treatment Continuum of Care

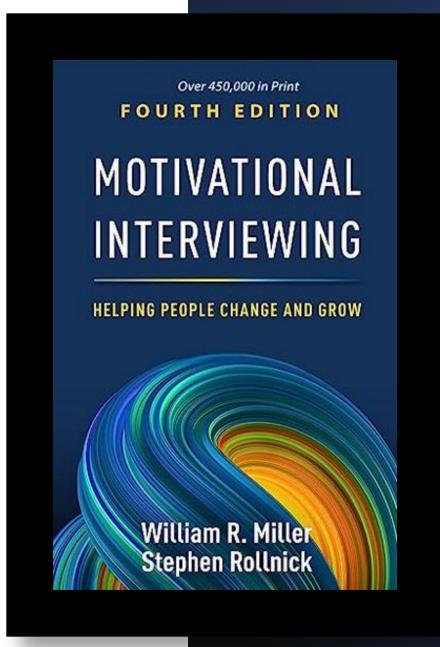


Source: Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health

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Motivational interviewing (MI) is a particular way of talking with people about **change and growth** to strengthen their own motivation and commitment



The Spirit of Motivational Interviewing





Our Actions Need to Match Their Readiness

Precontemplation: Not seriously thinking about it

• Increase awareness & interest

Contemplation: Seriously thinking about it

Risk vs reward, personal values & reasons

Preparation: Starting or getting ready

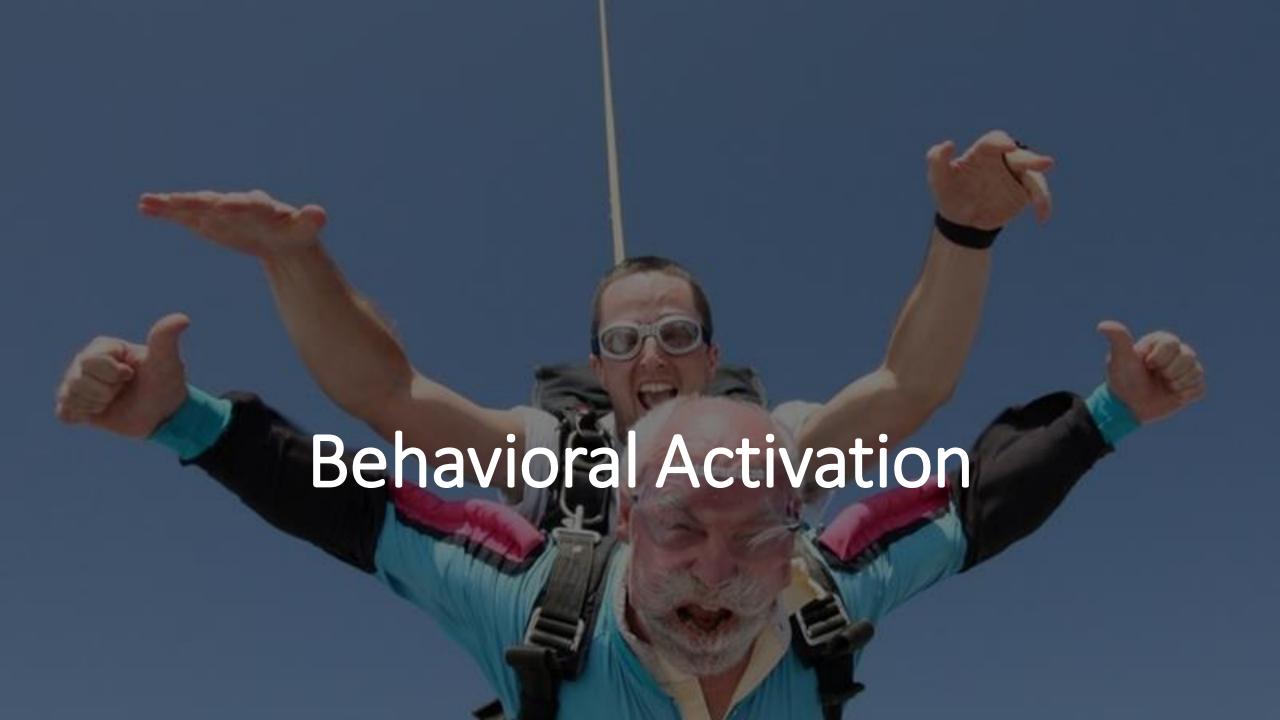
Increase commitment, create a plan

Action: Already doing it (less than 6 months)

• Reward progress, flexible problem solving, refine plan

Maintenance: (Doing it for more than 6 months)

Consolidate the change into lifestyle (harder now to <u>not</u> do it)



Engaging the Lower Brain











Source: Hanging in There with the UGHs in Life | Susan Lebel Young: Author & Mindfulness Teacher

Considerations for Supporting the Bereaved

- Grief counseling
- The family
- Grief is a normal
- Allow sufficient time
- The role of death rites or rituals
- Medications
- Use resources



Source: <u>Ian Anderson Continuing Education Program in End-of-Life Care</u>



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Caring Contacts

• Letter, phone call, New message email, or text message "Dear Nondemand It has been some time since you and were here at the center, and we nonpunitive hope things are going well for you. If you wish to drop us a note, we would Doesn't be glad to hear from you." expect or require A () 🗇 🖾 action

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Resiliency

Resilience is the process of adapting well, in the face of adversity, trauma, tragedy, threats or significant sources of stress, like loneliness.



Source: The Road to Resilience.



Building Resiliency Skills

Emotional regulation:

The ability to control our emotions, attention, and thus our behavior

Impulse control:

The ability to manage expression of our feelings.

Accurate identification: of the cause of adversity

Self-efficacy:

The sense that we can solve problems and succeed

Reaching out:

The continued drive to take on more challenges and opportunities

Realistic optimism:

Being positive about the future and realistic

Source: The Road to Resilience.

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Team-Based Care

Fundamental definition:

- At least two healthcare staff who work collaboratively with clients and their caregivers to the extent preferred by client to accomplish shared goals and achieve coordinated, high-quality care
- Inter-disciplinary (e.g., behavioral health professional, primary care provider, social worker, nutritionist, peer support specialist)
- Clear roles, mutual trust, effective communication, measurable processes and outcomes

Sources

<u>Core Principles and Values of Effective Team-based Health Care</u>
<u>Affordable Care Act Definitions in sections 2703 and 3502</u>





Strong and Clear Communication

- Person-centered Language
- Team Meetings



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Daily Huddles

A huddle is a brief meeting (10-15 minutes) that typically takes place at the start of each workday; the huddle is an opportunity for teams to communicate and prioritize needs for the day.



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Warm Hand-offs

Care Coordination

Activities performed by health care professionals with a goal of achieving the person-centered treatment to target outcomes with the person.



Source: Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies, Volume 7—Care Coordination





Continuum of care



- Across health states: e.g., palliative care to hospice, or personal residence to assisted living
- Between providers: e.g., PCP to a psychiatrist, or acute care provider to a palliative care specialist
- Within settings: e.g., primary care to specialty care team, or intensive care unit (ICU) to ward/department
- Between settings: e.g., inpatient hospital to outpatient care, or ambulatory clinic to senior center

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Source: National Transitions of Care Coalition (NTOCC)



Integrated services are more than what happens in one organization.



Connect with other services in the community – remember whole health and wellness

Building Strong Partnerships & Workflows



Identify service gaps and needs

council for Mental Wellbeing It is a sequence of processes through which a piece of work passes from initiation to completion.

In healthcare we sometimes call them Care Pathways!

Care Pathways are made up of administrative workflows (e.g., billing, documenting, meetings, data capture/review, community engagement) and clinical workflows (e.g., screening/assessment, care coordination, etc.).

What is a workflow?

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Steps to Creating Workflows

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- 1. Define what you are here to do as a partnership!
- 2. Define partnership roles and staff position roles
- 3. Map out how a client becomes engaged and receives your services.
- 4. Establish protocols

5. Test the workflows and keep what works!

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Want to Learn More?

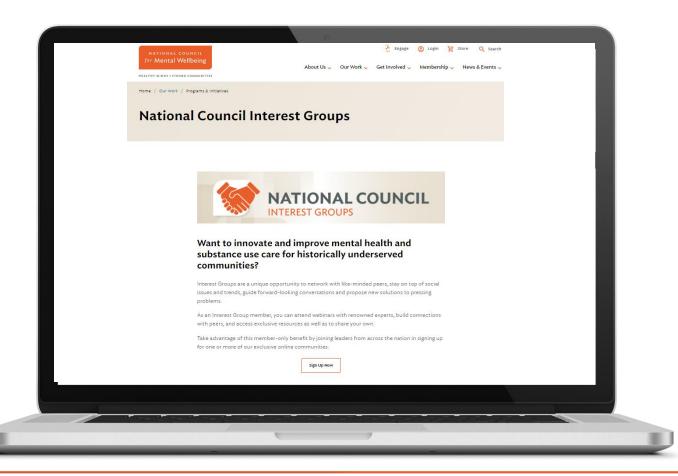
Join us for our follow up office hour on July 18th from 1-2 p.m. ET to continue the conversation and have your questions answered!



Register here!

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Join the Older Adult Interest Group or Other National Council Interest Groups



Click here to sign up now!

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Explore All of Our Interest Groups



Intellectual and Developmental Disabilities



LGBTQ+



Older Adults



Children, Young Adults and Families



Rural Health



Crisis Response



Substance Use

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Thank you for joining us!



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Tools & Resources

- Center of Excellence for Integrated Health Solutions
- Geriatric Technical Assistance Center Older Adults & Behavioral Health
- National Council on Aging
- Behavioral Health & the Older Adult Population
 - Clinical Practice
 - Operations & Administration
 - Health & Wellness
 - Addictions
 - Archived Webinars
- National Council Interest Groups
- Mental Health First Aid
- Substance Use Challenges in Older Adults



Upcoming CoE Events

CoE-IHS Office Hour: Integrated Care for Aging Populations

Register for the office hour on Tuesday, July 18th from 1-2pm ET

CoE-IHS Office Hour: BIPOC Populations & Communities of Color – Addressing Integrated Care Needs

Register for the Office Hour on Wednesday, July 19th from 3-4pm ET

Interested in an individual consultation with the CoE experts on integrated care?

Contact us through this form here!

Looking for free trainings and credits?

Check out integrated health trainings from Relias here

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Thank You

Questions?

Email integration@thenationalcouncil.org

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