SAMHSA Older Adult Mental Health Targeted Capacity Expansion Program

Implementation of Older Adult Evidence-Based Practices

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Overview

• Primer on Evidence-based Practices

• Description of TCE Projects

• Findings from Technical Assistance Activities
  – Primary recommendations for improvement from site visits
  – Adherence to principles of implementation
  – Issues identified and addressed in bimonthly TA calls
“We Know Treatment Works”
Evidence-based Practices

• Integrated service delivery in primary care
• Mental health outreach services
• Mental health consultation and treatment teams in long-term care
• Family/caregiver support interventions
• Psychological and pharmacological treatments

Bartels et al., 2002, 2003, 2005
Integrated Mental Health Services in Primary Care

The Vast Majority of Mental Health Services Provided to Older Persons are in Primary Care
Three RCT Studies of Integrated mental health in primary care

- PRISMe (SAMHSA-VA)
- PROSPECT (NIMH)
- IMPACT (Hartford Foundation)
The IMPACT Treatment Model

- Collaborative care model includes:
  - Care manager: Depression Clinical Specialist
    - Patient education
    - Symptom and Side effect tracking
    - Brief, structured psychotherapy: PST-PC
  - Consultation / weekly supervision meetings with
    - Primary care physician
    - Team psychiatrist
  - Stepped protocol in primary care using antidepressant medications and / or 6-8 sessions of psychotherapy (PST-PC)
Substantial Improvement in Depression
(≥50% Drop on SCL-20 Depression Score from Baseline)

Response (*50% drop on SCL-20 depression score from baseline)

Impact Model
Implementation
Resources

http://impact-uw.org/
Effectiveness of Community-Based Mental Health Outreach Services for Older Adults

Results from a Systematic Review
Case Identification and Referral Models

• “Gatekeeper” Model
  – Trains community members to identify and refer community-dwelling older adults who may need mental health services
  – Effective at identifying isolated elderly, who received no formal mental health services
    Florio & Raschko, 1998
  – However...no empirical data on depression outcomes for referral model
PEARLS Intervention

Conducted in the home of participants, in 8 sessions over a 19 week period:

• Manualized Problem-solving therapy (PST)
• Social and physical activation
• Pleasant events scheduling
• Clinical supervision by a psychiatrist
• If necessary, recommendations for medication management via phone contact with physician and/or participant
• Follow-up phone calls (1/month, for 6 months)
PEARLS
12 MONTH RESULTS

50% HSCL reduction

- PEARLS: 43%
- Usual Care: 15%

Remission

- PEARLS: 36%
- Usual Care: 12%
RCTs of Geriatric Mental Health Community Outreach Models

% Recovered from Depression*

* Greater than 50% reduction in symptoms or meeting syndromal criteria

- Waterreus
- Clechanowski
- Banerjee
- Llewellyn-Jones

**Intervention** | **Control**
Depression is known to have a profound impact on the health and quality of life of seniors, as well as on their ability to live independently. Depressed older adults are less likely to follow their health care provider's treatment guidelines or engage in healthy practices to self-manage chronic health conditions to maintain health and function.

Depression in older adults, such as minor depression and dysthymia (chronic depression), affects between 15 to 20% of older adults.
SAMHSA Initiatives

• SAMHSA’s Older Americans Substance Abuse and Mental Health Technical Assistance Center

• SAMHSA’s Implementation Resource Kits for Depression in Older Adults
A Guide for Implementing Evidence-Based Practices to Prevent Substance Abuse and Mental Health Problems among Older Adults


Available at: http://www.samhsa.gov/OlderAdultsTAC/
Coming Attraction (Stay Tuned!)
<table>
<thead>
<tr>
<th>Depression and Older Adults: Key Issues for all stakeholders</th>
<th>Selecting EBPs for Treatment of Depression in Older Adults for all stakeholders</th>
<th>EBP Implementation Guides for each of four specific stakeholder audiences</th>
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<tbody>
<tr>
<td>Key Issues gives you an overview of important information about depression in older adults, including:</td>
<td>Selecting EBPs provides information about a range of EBPs for treating depression in older adults and information about how to select EBPs. Topics include:</td>
<td>The EBP Implementation Guides provide information for the 4 major groups of stakeholders about their roles in implementation.</td>
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<tr>
<td>■ Demographic trends</td>
<td>■ What are the EBPs?</td>
<td>■ Older Adult, Family, and Caregiver Guide on Depression</td>
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<tr>
<td>■ Definitions and risk factors for depression</td>
<td>■ Factors to consider in decision-making</td>
<td>■ Depression in older adults</td>
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<tr>
<td>■ Prevalence of depression</td>
<td>■ Target population</td>
<td>■ How to recognize depression</td>
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<td>■ Impact and cost of depression</td>
<td>■ Outcomes</td>
<td>■ How to access treatment</td>
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<tr>
<td>■ Why implementation of EBPs is important</td>
<td>■ Fit with organization</td>
<td>■ How to make informed choices</td>
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<td>■ Training and implementation resources</td>
<td>■ How to work with practitioners</td>
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<td>■ EBP categories</td>
<td>■ Resources for older adults and their families</td>
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<td></td>
<td>■ Psychotherapy interventions</td>
<td>■ Practitioners Guide for Working with Older Adults with Depression</td>
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<td>■ Antidepressant medications</td>
<td>■ Why you should care about EBPs</td>
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<td>■ Outreach services</td>
<td>■ Skills for working with older adults</td>
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<td>■ Collaborative and integrated mental and physical health care</td>
<td>■ Screening, assessing and diagnosing depression</td>
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<td>■ Case Briefs: EBP implementation strategies</td>
<td>■ Selecting a treatment</td>
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<td>■ Delivering evidence-based care</td>
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<td>■ Evaluating care</td>
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<td>■ Implementing EBPs</td>
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<tr>
<td>Evaluating Your Program for practitioners, administrators, and members of the EBP quality assurance team</td>
<td>Resources and Evidence for all stakeholders</td>
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Table 1: Factors to Consider in Selecting an EBP: Does the intervention fit with the needs and capacities of your organization?

<table>
<thead>
<tr>
<th>Multidisciplinary Geriatric Mental Health Outreach Programs ¹</th>
<th>Type of Depression Included in Studies</th>
<th>Outcomes Affected ²</th>
<th>Service Delivery Settings: Community, Home, Primary care</th>
<th>Timeframe</th>
<th>Practitioner Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATCH: All types of depression</td>
<td>Depression symptoms; Psychiatric symptoms, Length of time living independently</td>
<td>H: Senior public housing</td>
<td>Determined by treatment needs</td>
<td>Multiple practitioners involved, including: psychiatrist; nurse; case manager</td>
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<tr>
<td>PEARLS: Minor depression Dysthymia</td>
<td>Depression symptoms, Functional and emotional well-being, Access to care</td>
<td>H: Home</td>
<td>Determined by treatment needs</td>
<td>Multiple practitioners involved, including: psychiatrist; primary care practitioner; social worker</td>
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<tr>
<td>IMPACT: Major depression Dysthymia</td>
<td>Depression symptoms, Functional impairment, Quality of life, Access to care</td>
<td>P: Primary Care</td>
<td>Determined by treatment needs</td>
<td>Multiple practitioners involved, including: primary care practitioner, psychiatrist, depression care manager (e.g., nurse, social worker, psychologist)</td>
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<tr>
<td>PROSPECT: Major Depression Minor Depression</td>
<td>Depression symptoms, Thoughts of suicide</td>
<td>P: Primary Care</td>
<td>Determined by treatment needs</td>
<td>Multiple practitioners involved, including: primary care practitioner, psychiatrist, depression care manager (e.g., nurse, social worker, psychologist)</td>
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¹ This KIT describes two models of Multidisciplinary Geriatric Mental Health Outreach. These include: PATCH (Psychogeriatric Assessment and Treatment in City Housing) and PEARLS (Program to Encourage Active and Rewarding Lives for Seniors).

² This KIT describes two models of collaborative and integrated mental and physical health care. These include: IMPACT (Improving Mood, Promoting Access to Collaborative Treatment) and PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial).

³ The outcomes listed here have been identified in at least one randomized controlled trial. All studies show that these EBPs reduce the symptoms of depression in older adults.
SAMHSA Older Adult Mental Health Targeted Capacity Expansion Program
TCE Grantees

• Goal of TCE Projects:
  – Improve service infrastructure
  – Expand capacity to serve older adults using evidence-based practices

• Project areas:
  – Integrated mental health and physical health care
  – Case identification and outreach services
  – Systems linkages and interdisciplinary care
Integrated mental health and physical health care

- **Chicago, IL: Broadening BRIGHTEN**
  - Interdisciplinary virtual team that operates via e-mail and telephone conferencing to discuss and address needs of older adults with depression and anxiety
  - Team includes: Occupational therapists, physical therapists, dieticians, nurses, psychologists, psychiatrists, social workers, and chaplains

- **Indianapolis, IN: Senior IMPACT**
  - Expands IMPACT model to include: (a) Outreach to community service agencies and others who serve older adults, (b) Nurse care coordination efforts outside the clinic, and (c) availability of in-home assessment and intervention

- **Milwaukee, WI: Un Nuevo Amanecer (A New Dawn)**
  - IMPACT model provided in a Latino community center, with linkages to primary care providers
  - Outreach and educational activities to Latino community providers/referral sources and to Latino older adults
Case Identification and Outreach Services

• **Sarasota, FL: Pathways to Health: 60 and Beyond**
  – Assertive Community Treatment (ACT) Team, with age-appropriate modifications (e.g., senior life specialist instead of vocational specialist)

• **Wichita, KS: Mid-Kansas Senior Outreach**
  – “Gatekeeper” case identification and in home care coordinator
  – Community partnerships and wrap-around services

• **Framingham, MA: Elder Community Care**
  – “Gatekeeper” model of case-finding and response
  – Mobile treatment team provides in-home assessment and care (PATCH model)
  – Telephone support network (TeleHelp/TeleCheck model)

• **Pontiac, MI: Older Adult Specialty In-Home Services (OASIS)**
  – Gatekeeper case identification and referral to mobile treatment team
  – In-home assessment, individualized treatment plan, and brief treatment with Healthy IDEAS and Brief Solution Focused Therapy models
Systems Linkages and Interdisciplinary Care

- **Los Angeles, CA: Wellness Integrated Network**
  - Screening to identify older adults with MH/SA needs and development of algorithm to link older adults to appropriate mental health or aging services
  - Services delivered in home and community-based settings

- **Jacksonville, FL: Saving Our Seniors (SOS) Outreach**
  - Outreach to low-income and minority older adults with serious mental illness (predominantly African-American)
  - Services primarily include skills training and health and wellness promotion

- **Oklahoma City, OK: Older Oklahomans Learning to Direct Recovery**
  - Elder wraparound focused at state, community, and older adult levels
  - State/Community level: Build coalition of stakeholders who deliver services; identify community gaps.
  - Individual level: Identify older adults with MH needs, develop capacity, implement EBPs
Technical Assistance Activities

**Annual site visits**
- On-site Consultation
- Written report of strengths, areas for improvement, and TA resources

**Bimonthly TA calls**
- Individual TA to program staff from each site

**Monthly conference calls**
- Updates from SAMHSA and TA providers
- Topic-focused TA from TA team and guest presenters

**Annual conference**
- Peer networking
- Topic-focused seminars
- Consultation with SAMHSA and TA team
Primary Site Visit Recommendations
(Data from first 4 Site Visits)

• **Advisory board**
• **Capacity**
  – Recruitment; Match between older adults in catchment and EBP target population
• **Coalition (Join or Build)**
• Develop peer specialists / peer support
• **Evaluation:**
  – Monitor outcomes throughout treatment;
  – Use assessment tools for older adults;
  – Target screening and assessment to program objectives;
  – Evaluate consumer satisfaction;
  – Modifications for illiterate older adults;
  – Monitor adaptations
• **Integration of mental health, physical health, and aging services**
• **Involve older adults / caregivers in program planning and implementation**
• Multi-disciplinary team meetings
• **Network and build partnerships/relationships**
• Person-centered care model
• **Sustainability / Funding**
• **Training:**
  – Cross training between aging and MH services,
  – Cultural competency,
  – Evidence-based practice models,
  – Older adult mental health issues,
  – Objective driven treatment planning,
  – Wellness and recovery models
1.) Needs assessment, partner relationships, implementation planning
2.) Program installation components in place & ready for operation
3.) Cultural adaptation & consumer involvement
4.) System in place for developing staff competencies
5.) Outreach and Engagement
6.) Consultation and Coaching/Evaluation
7.) Program Evaluation
8.) Facilitative Administrative Supports & Systems Intervention
9.) Program Evaluation
10.) System for on-going training & evaluation of staff competencies
11.) Facilitative Administrative Supports & Systems Intervention
12.) Long term survival
13.) Replication
14.) Expansion (Rated out of 4)

Stages: Exploration and Adoption; Initial Implementation; Program Installation; Full Implementation; Sustainability

Note: Higher scores indicate a greater degree of attention to area of program implementation
Topics Addressed in Bimonthly TA Calls
(Data from first round of 10 calls)

• Data Collection
  – Relationship / rapport with older adult
  – Paperwork burden on older adults
  – Partner with older adult / caregiver in data collection
  – Alternate methods of collecting data/obtaining client signatures
  – Paperwork burden on clinical staff
  – Health literacy
  – Sustainability
  – NOMS-specific information

• Integrated Mental Health and Physical Health Care
  – Referrals
  – Provider buy-in
  – Recruitment strategies among Latino older adults

(Continued on next slide)
Topics Addressed in **Bimonthly TA Calls**
(Data from first round of 10 calls)

- **Capacity Limitations**
  - Develop decision algorithm for determining appropriate levels of care
- **Older Adult/Peer Involvement**
  - Consumer advisors
  - Involving consumers in program sustainability
- **Chronic Pain**
- **Discharge Planning Considerations**
- **Brief Assessment Measures to Consider**
  - Depression
  - Substance abuse
  - Quality of life
Summary

• Bridging the Gap: From Development to Implementation of Evidence Based Practices
• Implementation Resources
• Critical Role of Technical Assistance
• Sustainability and the Importance of Measuring Implementation and Outcomes