Addressing the Complexity of Needs of Older Adults: Best Practices for Accessing Community Resources

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Why should we focus on the mental health of older adults?

- 1 in 4 persons aged 55 and over experience behavioral health disorders that are not part of the normal aging process.
- Older adults are significantly less likely to receive any mental health treatment when compared to younger adults.
- Older adults often do not know they may benefit from prevention and treatment because they are neither screened nor refereed for diagnosis and care.
- Many older adults do not seek behavioral health treatment because of stigma.
- Older adults die by suicide at a higher rate than the national average, these rates increase after age 64, primarily among white men.
Why should we focus on Substance Use Disorders in older adults?

- Problems with drinking and psychoactive medications misuse are the most common types of substance misuse problems seen in older adults.
- An estimated 25% of older adults use prescription psychoactive medications that have abuse potential.
- Medication misuse can cause serious adverse drug events including falls, confusion, and delirium that is associated with a high rate of emergency hospitalization and mortality.
- The National Survey on Drug Use and Health (2002-2003) found that, for individuals age 55+, 12.2% were heavy drinkers, 3.2% were binge drinkers, and 1.8% used illicit drugs.

SAMHSA, Key Facts: High risk opioid and alcohol use among adults 55 and older.
Why should we focus on Substance Use Disorders in older adults? (con’t)

- Older adults are prescriber more medications than any other age group
  - 80% of older adults are prescribed medications
  - 63% of those adults are prescribed 5 or more medications
  - Nearly 33% are prescribed a medication with abuse potential
  - Benzodiazepines and opioids are the most frequent OD combination

- An estimated 1 in 5 older adults may be adversely affected by a combination of alcohol and medication misuse

- ED visits by older adults due to medication misuse increased 121% from 2004 to 2008

- Opioid-involved suicides doubled among this age group since 1999

SAMHSA, Key Facts: High risk opioid and alcohol use among adults 55 and older adults
Jones et al. (2010)
Comorbid MH and SUD

- Depression affects more than 6.5 million Americans ages 65 and up. Depression in older adults is closely associated with substance abuse and disability. If left untreated, depression in this population increases the risks of cognitive decline and suicide.

https://www.samhsa.gov/specific-populations/age-gender-based
Why Should We Include Primary Care?

- The older adult population is increasing in numbers, in 1997 1 in 8 Americans were age 65 or over. Between 2010-2030 it is estimated to reach 1 in 5.

- Approximately 85 percent of older adults have at least one chronic health condition, and 60 percent have at least two chronic conditions, according to the Centers for Disease Control and Prevention.

- Physicians typically underestimate how much individuals want to know and overestimate how long they spend giving information to individuals.

- Doctors' advice generally receives greatest credence, so the doctor should introduce the information which can then be enhanced by others.

- Primary Care Doctors are aware of changes that indicate need for outreach:
  - Missed appointments, Medication Changes, Transitions of care, Life stressors: Loss, anniversaries, medical issues.

https://www.nia.nih.gov/health/supporting-older-individuals-chronic-conditions
ACEs Study

- The Adverse Childhood Experiences Study (ACE Study), is a research study conducted by the American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention.

- 17,000 Participants from 1995-1997
ACEs What are ACEs?

- ACEs stands for Adverse Childhood Experiences
- ACEs are stressful or traumatic events including:
  - Physical abuse
  - Sexual abuse
  - Emotional abuse
  - Physical neglect
  - Emotional neglect
  - Intimate partner violence
  - Mother treated violently
  - Substance misuse within the household
  - Household mental illness
  - Parental separation or divorce
  - Incarcerated household member

https://www.cdc.gov/violenceprevention/acestudy/
The Findings...

- **ACEs are common.** For example, 28% of study participants reported physical abuse and 21% reported sexual abuse. Many also reported experiencing a divorce or parental separation, or having a parent with a mental and/or substance use disorder. 2/3 of individuals reported at least one.

- **ACEs cluster.** Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more. Because ACEs cluster, many subsequent studies now look at the cumulative effects of ACEs rather than the individual effects of each.

- **ACEs have a dose-response relationship with many health problems.** As researchers followed participants over time, they discovered that a person’s cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems throughout their lifespan, including substance use disorders. Furthermore, many problems related to ACEs tend to be comorbid or co-occurring.

- **Higher risk of mental and substance use disorders as an older adult (50+ years).** ACEs such as childhood abuse (physical, sexual, psychological) and parental substance abuse are associated with a higher risk of developing a substance use disorder. Learn more from a [2017 study on adverse childhood experiences and mental and substance use disorders as an adult (link is external)].

- **Prescription drug use.** For every additional ACE score, the rate of number of prescription drugs used increased by 62%, according to a [2017 study of adverse childhood experiences and adolescent prescription drug use].

https://www.cdc.gov/violenceprevention/acestudy/
Why are ACEs Important?

- Many chronic diseases of adults are determined decades earlier, in early childhood. Not by disease, but by life experiences.

- ACEs are strongly related to the development and prevalence of a wide range of health problems, developmental issues, legal issues, financial and social issues, learning issues, learning problems, executive functioning problems etc. throughout the lifespan.

- ACEs are prevalent, assume the individuals you work with have at least one ACE (Trauma).

- If possible screen for ACEs, the impact of ACEs can be mitigated

https://www.cdc.gov/violenceprevention/acestudy/
**Life Expectancy**

On average, people with six or more ACEs died nearly 20 years earlier than those with no ACEs.

<table>
<thead>
<tr>
<th>ACEs:</th>
<th>Years</th>
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<tbody>
<tr>
<td>NONE</td>
<td>80</td>
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<tr>
<td>6+</td>
<td>60</td>
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[Link to CDC ACE Study](https://www.cdc.gov/violenceprevention/acestudy/)
Trauma Informed Care Means: No Wrong Door

- If they have asked for help, regardless of service type, we should welcome them in that door.
- We need to shift from thinking what’s wrong with you? To thinking what happened to you?
  - Ask: “What matters to you?”
- We need to consider our own ACEs and our own self-care.
  - The individuals we serve can trigger reactions in us and we need to be aware of those triggers and focus on self-care.
How do you reach older adults?

- Start where they are!
  - Go where they are to educate and engage both the older adults and the providers about available services
    - Libraries
    - Senior Centers
    - Expos/Fairs
    - Hospitals
    - 55+ Apartment Complexes
    - Care Managers
    - Faith Communities
Just because you found them, doesn’t mean they want you (yet):

- Our culture traditionally stigmatizes both MH and aging and therefore older adults are less likely than younger adults to self-identify mental health problems or seek MH services.
  - If the client is unable to go walk into MH or SUD program go to them
- Many family members and providers have the misperception that mental disorders are a “normal” part of aging.
  - Provide information to older adults, their family members and providers about aging well
  - Reinforce that depression and anxiety are not “normal” parts of the aging process and there is hope for feeling better.
Complicating Factors

- Cognitive impairment
- Many older adults have hearing or vision problems, which can add to their confusion.
- They may have many providers
- Some individuals won't ask questions even if they want more information.
- Assumptions about aging can result in missed opportunities
  - Older adults may unwittingly assume the stereotypes of old age.
  - Those with treatable symptoms may dismiss their problems as an inevitable part of aging and not get care.
Engaging Older Adults

- The Motivational Dance
  - Readiness is a spectrum
  - Motivation changes
  - Meet them where they are today
Engaging Older Adults

- Try to address the individual directly, even if his or her cognitive capacity is diminished.
- Gain the person's attention. Sit in front of and at the same level as him or her and maintain eye contact.
- Speak distinctly and at a natural rate of speed. Resist the temptation to speak loudly.
- Help orient the individual. Explain (or re-explain) who you are and what you will be doing.
- Follow up matters

https://www.nia.nih.gov/health/communicating-confused-individual
Involving Family Members/Caregivers

- Family and informal caregivers play a significant role in the lives of their loved ones.
  - They can provide history and information
  - They may help follow through on decisions made
- Respect autonomy
  - Check with the individual before involving anyone else in the conversation/decision making process
  - Speak to the individual, avoid joining with the caregiver so that the individual feels like it’s “two against one”
  - In the absence of legal documentation, the individual has the right to self-determination
- Be mindful of the health status of the caregiver

https://www.nia.nih.gov/health/how-can-i-include-families-and-caregivers-older-individuals
Considerations in Communication

- Use Proper Form of Address
- Make Older Patients Comfortable
- Take a Few Moments to Establish Rapport
- Try Not to Rush
- Avoid Interrupting
- Use Active Listening Skills
- Write Down Take-Away Points
- Demonstrate Empathy
- Avoid Jargon
- Reduce Barriers to Communication
- Be Careful About Language
- Ensure Understanding
Completing an Assessment

- Be willing to depart from the usual interview structure.
- Try to use open-ended questions that encourage a more comprehensive response. If the individual has trouble with responding, be prepared with yes-or-no or simple-choice questions.
- Although you see many individuals every day, you may be the only person your individual is socially engaged with that day. Your attention is important. Giving the individual a chance to express concerns to an interested person can be therapeutic and can build trust.

https://www.nia.nih.gov/health/obtaining-older-individuals-medical-history
Completing an Assessment

- The initial referral may be unclear, you might start by asking the individual to talk about his or her major concern, "Tell me, what is bothering you the most?"

- Give the individual time to answer your questions. Allowing uninterrupted time to express concerns enables your individual to be more open and complete.

- Ask, "Is there anything else?" You may have to repeat this several times to get all of the individual's concerns on the table. The most important issue may not be the first one raised.

- Obtaining a family history not only informs likely conditions but also provides information on the health of relatives who may be helpful in planning.

- Learning about prior life events will assist in helping how to frame sensitive topics, i.e. understanding reactions to family members end of life experiences may inform whether assisted living or home health would be more appropriate.

https://www.nia.nih.gov/health/obtaining-older-individuals-medical-history
Don’t Just Provide a List of Resources, Do Connect Them With Resources

- Providing a list of resources or a referral is better than nothing, but there is a significant chance that the individual does not follow through at any age.

- Making a connection to a resource and following up to find out if they engaged in the service will significantly increase the chance that the individual makes a successful connection.

  - EX: Person who completes assessment invites the service provider to the home during a visit to make an introduction and assist with engagement.
Learn Current Care Pathways for Older Adults with Behavioral Health Needs (or build new ones)

Connect with your local OFA and other agencies and groups that work with older adults to learn the care pathways for each need area.

Examples

- Jewish Family Service provides a variety of wonderful services that many adults did not know about. The collaborative conversations between partners allowed for clarification on how to access these services and many others.

- Medication Adherence was identified as a need for many older adults. RSS provides medication adherence counseling at one of their residences. A care pathway was created that connected the same service to individuals enrolled in WOGI in their homes through the grant funding.

If there does not seem to be an effective care pathway, create it.
Depression Care Pathway

WOGI PHQ-9 Process Map

Admission PHQ-9 Administered

At Risk?

Score ≤ 5

Score > 5

Rescreen annually or change. No Action

Rescreen annually and change. No Referral required. Reassess

Rescreened: level 1/2/3 done. No referral required

Rescreen at least every 60 days. No referral required

Can this be out of reach?

Rescreen each visit for 30 days

Immediate linkage: MHL, Risk Assent, MindWell Checks - screen each visit

Linkage to MHL Services, screened 2x/month

At Risk?

Score ≤ 20

Score > 20

Dependent linkage: MHL, MHWHTS. Provides & screen each visit

Score ≤ 20

Score > 20

Rescreen 2x per month for 30 days

NO

Yes

NO

YES

NO
What is WOGI?

- WOGI stands for Welcome Orange Geriatric Initiative
- WOGI is an OMH grant funded innovation project with the goal of providing better care to individuals over the age of 55
- WOGI is a collaboration of Aging, Chemical Dependency, Mental Health and Community Based services
Who are the WOGI Partners?
What do the partners do?

- Orange County Provides in home Mental Health Treatment
- Catholic Charities Provides Substance Use Treatment
- Mental Health Association of Orange County Provides the Gatekeeper/COMPEER
- Rehabilitation Support Services Provides Medication Adherence Counseling
- Jewish Family Service accepts referrals from WOGI and provides friendly visiting and transportation
- Office for the Aging Provides referrals to WOGI and accepts referrals from WOGI for the services they provide
- Most importantly, we all actively collaborate to ensure the best care to meet the individual needs of the older adults in Orange County
What is WELCOME Orange?

- **WELCOME Orange** is a collaboration of agencies and organizations whose doors are always open to welcome members of the community.

  - **Vision**
    - WELCOME Orange will encourage leadership and collaboration of multidisciplinary partners to enhance healthy living in Orange County.

  - **Mission**
    - WELCOME Orange is committed to providing a hopeful, welcoming, person-centered approach to meet individuals needs by collaborating and connecting people to resources for healthy living that lead to achieving their desired goals.
What does WELCOME Orange have to do with WOGI?

▶ As the Welcome Orange Geriatric Initiative we accept the “Hope Challenge” of the WELCOME Orange Initiative.

▶ In order for our system to inspire adults and families with serious challenges and multiple issues, we need to be in the hope business.

▶ Every person, including those with the greatest challenges, is inspired when they meet us with hope for achieving a happy, hopeful, productive, and meaningful life.
Communication is Key

- Partner agencies need to be able to communicate effectively in order to best serve clients with complex needs
- HIPAA and 42 C.F.R. Part 2
- Create a single authorization form that allows for all partner agencies to communicate and allows for a specific PCP and the Care Manager to be added to encourage collaborative care
How do we Identify the needs of older adults?

► Ask!

► Older adults are rarely screened for mental health or substance use disorder needs
WOGI Screening Form

- Is a 3 Page Fillable form
- Allows for the collection of the minimal data set required by our funder (OMH)
- Allows for the collection of data important to the WOGI Team
- And most importantly allows us to identify each individual’s areas need
What do we screen for and how?

- Demographics
- Depression Screen: PHQ-9
- Anxiety Screen: GAD-7
- Alcohol and Tobacco use Screen: AUDIT-C
- Substance Use Screen: DAST-10
- Aging Services Screen: 19 Areas
- Suicide Risk Screen: CSSR-S
- Level of Functioning: DLA-20
Depression Screening
PHQ-9

- The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression
- The PHQ-9 incorporates DSM depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool
- The PHQ-9 inquires about the frequency of depressed mood and anhedonia over the past two weeks
Anxiety Screening
GAD-7

- Generalized Anxiety Disorder 7 (GAD-7) is a self-reported questionnaire for screening and severity measuring of generalized anxiety disorder (GAD)

- GAD-7 has seven items, which measure severity of various signs of GAD according to reported response categories with assigned points
Alcohol and Tobacco Use Assessment Audit-C

- The Alcohol Use Disorders Identification Test (AUDIT-C) is a 3 question alcohol screen that can help identify individuals who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence).
- Generally, the higher an individual’s score, the more likely his or her drinking is impacting safety.
Alcohol and Tobacco Use Assessment

Tobacco Assessment

- This is a single item screen to identify individuals who are currently smoking cigarettes or using other tobacco products.
- Individuals can choose yes, no or choose not to answer.
- Any positive response to this question are referred to the NYS Smokers’ Quitline.
The Drug Abuse Screen Test (DAST-10) was designed to provide a brief, self-report instrument for population screening, clinical case finding and treatment evaluation research.

The DAST-10 yields a quantitative index of the degree of consequences related to drug abuse.

The DAST-10 is a 10-item self-report instrument that has been condensed from the 28-item DAST. It was copyrighted in 1982 by Harvey Skinner, PhD and the Centre for Addiction and Mental Health, Toronto, Canada.
The Initial Aging Services Needs Screen assesses an individual’s needs in 20 areas. For each area, an individual will indicate needing services, receiving services or declining services. For each area identified as a need, a referral will be made to the Office for the Aging, aging services provider, or other provider as appropriate.
Suicide Screen
Columbia Suicide Severity Rating Scale (C-SSRS)

- The Columbia-Suicide Severity Rating Scale (C-SSRS) supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs.

- Users of the C-SSRS tool ask adults:
  - Whether and when they have thought about suicide (ideation)
  - What actions they have taken – and when – to prepare for suicide
  - Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition
Suicide Screen
C-SSRS Screener Version

- The Columbia Lighthouse Project provides free training on the C-SSRS

- [C-SSRS Training Module](#)
The DLA-20 is an evidenced based tool which assesses and individual's functioning, provides a standardized way of identifying strengths and needs and tracks progress over time

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Training is required in order to maintain fidelity to the tool
thank you!