

OLDER AMERICANS BEHAVIORAL HEALTH

Issue Brief 1: Aging and Behavioral Health Partnerships in the Changing Health Care Environment



Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Aging (AoA) recognize the value of strong partnerships for addressing behavioral health issues among older adults.

This Issue Brief is part of a larger collaboration between SAMHSA and AoA to support the planning and coordination of aging and behavioral health services for older adults in states and communities. Through this collaboration, SAMHSA is providing technical expertise and tools, particularly in the areas of suicide, anxiety, depression, alcohol and prescription drug use and misuse among older adults, and partnering with AoA to get these resources into the hands of aging and behavioral health professionals.

State Aging and Behavioral Health Partnerships

States are advancing older adult behavioral health services through partnerships between State Aging, Mental Health, and Single State Authorities. These partnerships have increased access to health interventions for suicide prevention, depression, at-risk alcohol and medication misuse, and chronic disease management such as the evidence-based practices and programs identified in this Brief. Access has improved for adults with mental health and substance use disorders and for those who are at-risk for developing these disorders. Successful partnerships can link aging and behavioral health providers in the community.

Behavioral health agencies and aging service providers that partner can offer health interventions as well as link older adults to specialists who address high-risk medication and alcohol use, depression, anxiety, and suicide prevention. Primary care providers can benefit by participating in these partnerships and referring older adults to appropriate evidence-based prevention, screening, and brief intervention practices.

- Many aging service providers offer care management, chronic disease self-management, and other evidence-based health promotion and prevention programs. Aging service providers also link older adults with benefits information and long-term

services and supports. Health systems that choose to partner with aging service providers and behavioral health providers can better reach dual eligible and home-bound populations and link to community-delivered evidence-based services, to ultimately improve care coordination and reduce cost.

Key components of effective aging and behavioral health partnerships that result in positive health impacts for older adults and improved service delivery systems include:

- **Leadership** of at least one state government champion who has a goal of increasing or improving access to health services, building systems of delivery, mobilizing partners, taking advantage of opportunities, and proactively developing strategies to capitalize on new opportunities.
- **Advocacy** resulting in financing, policy, or program change that increases or improves access to health services.
- **Directed funding** that increases or improves access to health services.
- **Development of statewide delivery systems** that link aging and behavioral health services and that leverage both systems to increase reach and effectiveness of overall health services.

Aging Services Network, Behavioral Health and Physical Health Providers: Partnership and Opportunities

Partnerships between the aging services network and behavioral health networks are well positioned to offer community-based behavioral interventions to older adults including screening, prevention, early interventions, and referrals to specialists and to better coordinate care. Approximately 29,000 aging service providers reach more than 10 million older adults each year. Aging service providers, such as social service agencies, care management organizations, and senior centers, offer programs to help older people maintain maximum independence and promote a continuum of care for older adults. Behavioral health networks include community mental health centers, community mental health boards, substance abuse prevention and treatment networks, and behavioral health care practices. These agencies are linked with thousands of additional behavioral health service provider organizations.

The changing health care landscape is expanding focus on community-based services and care. Aging service and behavioral health providers have a unique opportunity to work with hospital networks, managed care organizations, and other providers and leverage their expertise in community-based care and meeting the needs of older adults. This expertise will be important as health systems transform to better serve populations such as dual eligibles (people who have both Medicare and Medicaid coverage) and home-bound individuals and create new models to finance population-based health care, such as accountable care organizations (ACOs).

Health care is also transforming to better support models of care that coordinate or integrate services across care delivery settings, such as primary care, behavioral health, and aging services. Integrating mental health and substance abuse services with primary care services—and linking them with aging health and social services—may yield the best health outcomes and be the most acceptable and effective approach to serving older adults. For example, screening and delivering brief interventions for depression or at-risk alcohol or medication use can be embedded in the aging services provided at senior centers and social service agencies with training and support from behavioral and physical health care providers.

Financing Services

Many public and private sources support behavioral health services for older adults. The National Council on Aging (NCOA), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), developed *Lessons Learned on Sustainability of Older Adult Community Behavioral Health Services*. The report features a financial resource guide that reviews funding sources and financing strategies that organizations have used to sustain behavioral health programs after grant funding ended. It is available at <http://www.ncoa.org>.

KEY ACTIONS

Lessons Learned from the Field

Key Actions for Aging Services Network and Behavioral Health Services

- Know your service quality and value. Define and measure outcomes, compare them with your competitors' outcomes, continually improve quality, and communicate outcomes to potential partners.
- Build relationships. Cultivate relationships with hospitals, health systems, physician practices, and other providers.
- Ask organizations that are integrating behavioral and physical health care, such as established or developing ACOs, to consider adding behavioral health services for older adults, and seek out partnerships.
- Become familiar with Medicare and Medicaid financing.
- Prepare to partner with health systems by gaining an understanding of the local market, including the needs of health systems in new financing and delivery opportunities. For example, learn about your local hospital's length-of-stay, readmission rate, and discharge patterns as well as care transition models to assess how your organization's services might support new care transition opportunities and reduce readmissions rates.
- Integrate technology into care delivery to improve care and increase value.
- Assess your organization's readiness to implement evidence-based services. For example, if your organization provides or funds case management services, consider enhancing the service by embedding depression care management into the case management service.

Key Action for Physical Health Services

- Connect entities forming ACOs or developing health care demonstration programs with community aging service providers, and consider opportunities for contracting to extend your reach to targeted older adult populations and access to chronic disease self-management, disease and disability prevention, case management, and linkage with public and private resources.

Changing Health Care Landscape

Aging service and behavioral health providers can leverage their considerable reach and experience with delivering services to older adults in a wide array of community-based settings and position themselves as strong partners for collaboration in new health care settings. In leveraging new health care financing opportunities, the aging services and behavioral health providers can reengineer themselves to survive in a fiscally challenging environment. Aging and behavioral health service providers can also forge a more sustainable path forward by moving away from models that rely on ever-diminishing state and federal grant funding.

NEW HEALTH CARE OPPORTUNITIES

Many opportunities have emerged in the changing health care environment. For organizations interested in older adult behavioral health issues, new health care initiatives facilitate community-based services. The following health care initiatives can address older adult behavioral health as part of services being offered:

- **Accountable Care Organizations**
An ACO is an association of health care providers that agrees to be accountable for the quality, cost, and overall care of a group of patients. Many ACOs are being developed through partnerships between provider organizations and private insurers, Medicare, or Medicaid programs; some of these partnerships integrate behavioral health services with primary health care services for older adults.
- **Aging and Disability Resource Centers**
An ADRC is designed to streamline access to long-term care. ADRCs and other single-point-of-entry systems are serving as the cornerstone for long-term care reform in many states and improving access to behavioral health care in some states.
- **Person-Centered Medical Homes**
A person-centered medical home—also referred to as the primary care medical home, advanced primary care, and the health care home—is a promising model for transforming the organization and delivery of primary care and behavioral health care.

CENTERS FOR MEDICARE & MEDICAID SERVICES INNOVATION CENTER

The CMS Innovation Center is charged with testing innovative payment and service delivery models. Early work under the management of the Innovation Center includes:

- **Comprehensive Primary Care Initiative**
CPCI is a multi-payer initiative that fosters collaboration between public and private health care payers to strengthen primary care. Primary care providers receive incentives to work with other providers, including behavioral health specialists, to deliver person-centered care.

- **Federally Qualified Health Center Advanced Primary Care Practice Demonstration**

This FQHC demonstration program will test the effectiveness of doctors and other health professionals who work in teams to treat low-income patients at community health centers. Participating FQHCs must develop care coordination systems, care transition programs, and evidence-based practices and health education. Because these services are not included in their grant funding, many FQHCs are trying to partner with local resources and organizations (such as aging services and behavioral health providers) to meet this requirement.

- **Health Care Innovation Challenge**

The CMS Innovation Center is investing substantially in providers that implement the most compelling new ideas to deliver better health care, improve care, and lower costs to people enrolled in Medicare, Medicaid, and the Children's Health Insurance Program, particularly to those with the highest health care needs. The program allows providers to test innovative new payment models that create a strong incentive for health providers to take greater responsibility for improving care for patients with chronic conditions that require long-term care.¹

- **Medicaid Health Home State Plan Option**

This new state option allows a Medicaid patient with chronic conditions to designate a provider as a health home that coordinates treatment for that patient. States that implement this option will receive federal resources. Health homes for people with severe mental illness make it possible for community health centers and other appropriate behavioral health agencies to manage the integration of services over the full range of needs.¹

- **Multi-Payer Advanced Primary Care Practice Demonstration**

This project will evaluate the effectiveness of doctors and other health professionals who are working in a more integrated fashion across the care system and who receive a common payment method from Medicare, Medicaid, and private health plans. The care model emphasizes prevention, health information technology, care coordination, and shared decision-making among patients and their providers, including behavioral health providers.

Health care delivery and financing will continue to develop as new opportunities arise and current opportunities evolve. All providers should stay informed on available and upcoming policy changes from the CMS Innovations Center, state initiatives, and others during the health system transformation.

Evidence-based Programs and Practices

Aging service and behavioral health providers can adopt and embed scalable, practical behavioral health interventions for older adults into existing services. Successful partnerships have disseminated evidence-based programs to aging services and behavioral health providers that treat individuals with or at risk for mental health and substance use disorders. The following are examples of evidence-based behavioral health practices for older adults that aging service and behavioral health providers can consider adopting.*

Suicide Prevention

Innovative strategies to prevent suicide should improve resilience and positive aging, engage family and community gatekeepers in identifying at-risk older adults and referring them to appropriate support, use telephone-based check-in and support, restrict access to means of suicide, and educate physicians on elderly suicide.² A recent SAMHSA toolkit for senior living communities provides resources to promote mental health, prevent suicide, and encourage active participation among older adult residents.³

Prevention and Early Intervention of At-risk Alcohol and/or Medication Use

Screening, brief interventions, and referral to treatment (SBIRT) is a comprehensive model for addressing alcohol and psychoactive prescription misuse in a variety of health-related settings.⁴ *Screening* quickly assesses the severity of substance use and identifies the appropriate level of intervention. *Brief interventions* focus on increasing insight into and awareness of substance use and motivation for behavioral change. Brief interventions often use a workbook to structure the intervention. *Referral to treatment* provides access to specialty substance abuse assessment and care, if needed.

Depression

Programs that manage problems with depression have been successfully disseminated among aging service providers. These programs include Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)⁵ and the Program for Encouraging Active Rewarding Lives for Seniors (PEARLS).⁶

Additional depression interventions include:

- Collaborative depression care management interventions (i.e., IMPACT: Improving Mood, Promoting Access to Collaborative Treatment)⁷
- Problem-solving therapy (PST)⁸
- Interpersonal therapy (IPT)^{9,10}

Learn more about Healthy IDEAS at <http://www.careforelders.org/healthyideas>, PEARLS at <http://www.pearlsprogram.org>, and IMPACT at <http://impact-uw.org>.

For more information on evidence-based practices for treatment and services to improve outcomes for older adults with depression please review the SAMHSA Treatment of Depression in Older Adults Evidence-Based Practices (EBP) KIT.⁴

Chronic Disease Management

State and local aging services and behavioral health organizations have partnered to bring effective chronic disease management to adults with mental health and substance use disorders and those at-risk for developing these disorders with the Chronic Disease Self-Management Program.¹¹

* Learn more at SAMHSA's National Registry of Evidence-based Practices and Programs (NREPP) website: <http://www.nrepp.samhsa.gov/>. NREPP is an online registry of more than 220 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.

Resources



- The *Affordable Care Act: Opportunities for the Aging Network* is a resource available from the Administration on Aging. Visit <http://www.aoa.gov>.
- More information on the CMS Innovations Center is available at <http://innovations.cms.gov/>.
- For information on accountable care organizations, visit <http://medicare.gov/acos.html>.
- To assess your organization's readiness to implement Healthy IDEAS with a free readiness assessment survey, visit <http://www.careforelders.org/healthyideas>.

Older Americans Behavioral Health Issue Brief Series

Look for more Issue Briefs in this series on the following websites:

- Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov>
- Administration on Aging: <http://www.aoa.gov>
- National Council on Aging: <http://www.ncoa.org>
- National Association of State Mental Health Program Directors: <http://www.nasmhpd.org>
- National Association of States United for Aging and Disabilities: <http://www.nasuad.org>
- JBS International, Inc.: <http://www.jbsinternational.com>

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