

# SAMHSA Older Adult Work 2018

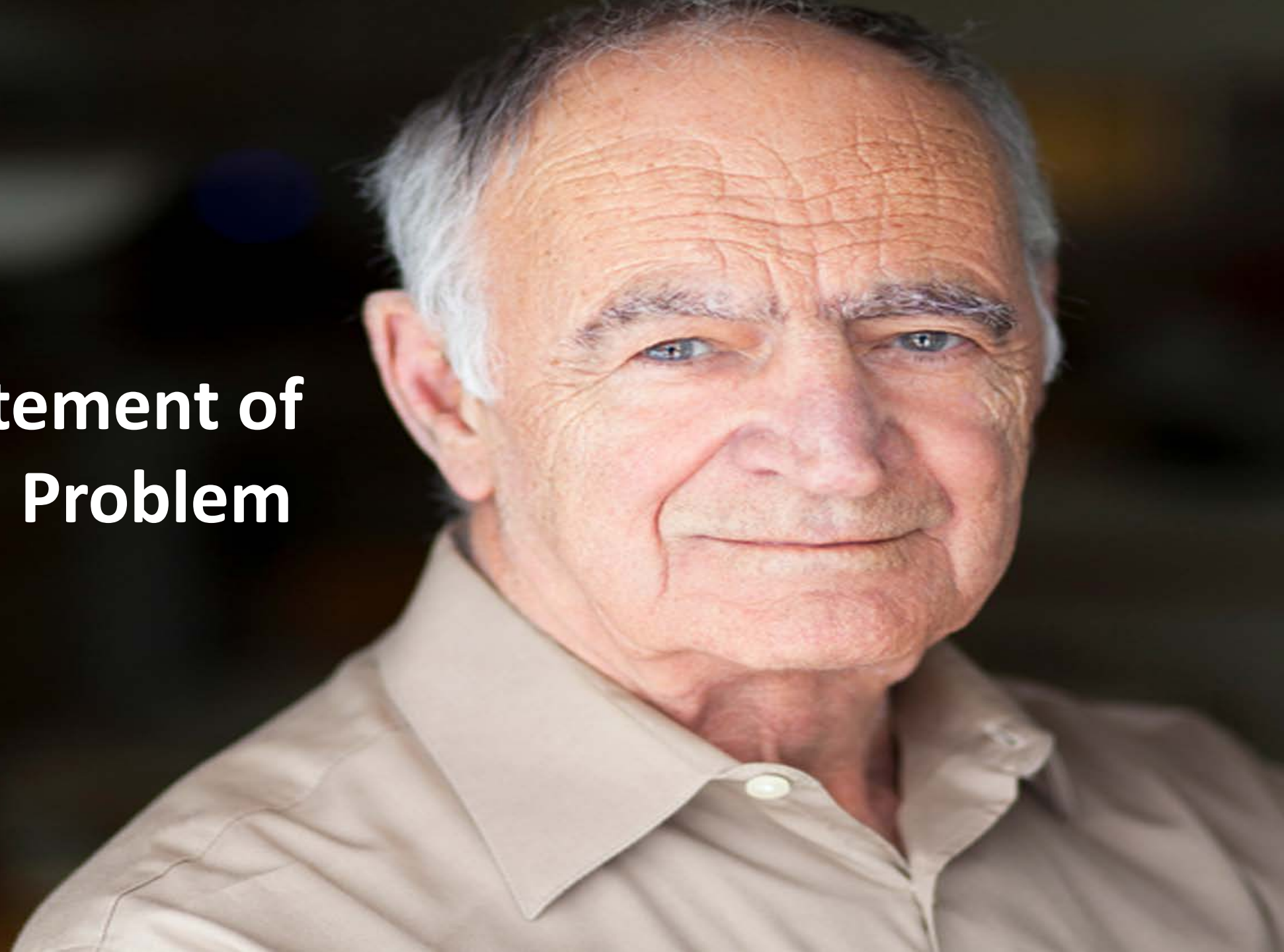
## **SAMHSA Discussion on Older Adults with Substance Use and Serious Mental Illness**

Olmstead Federal Partners Meeting  
July 26, 2018



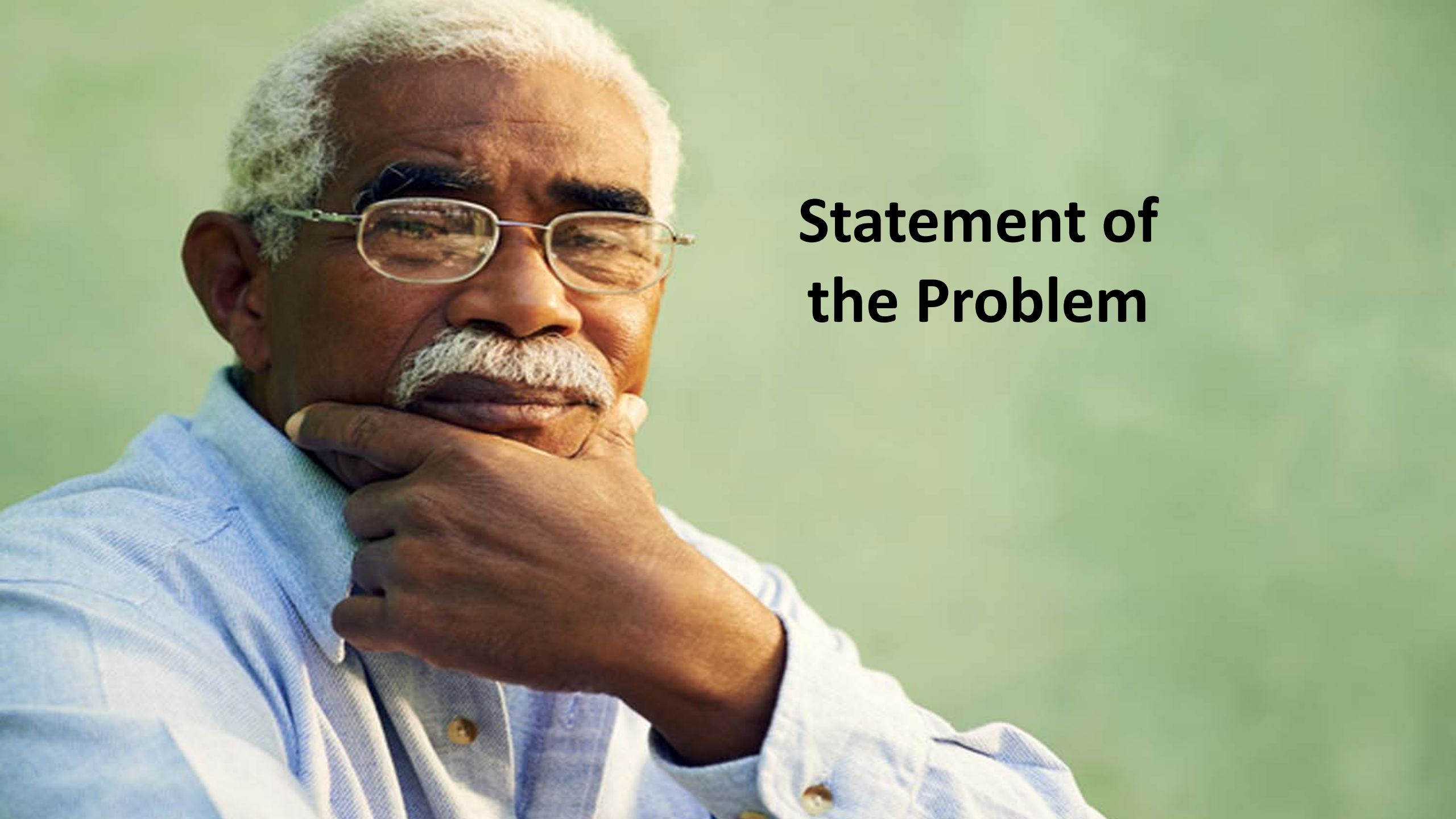
**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Statement of the Problem





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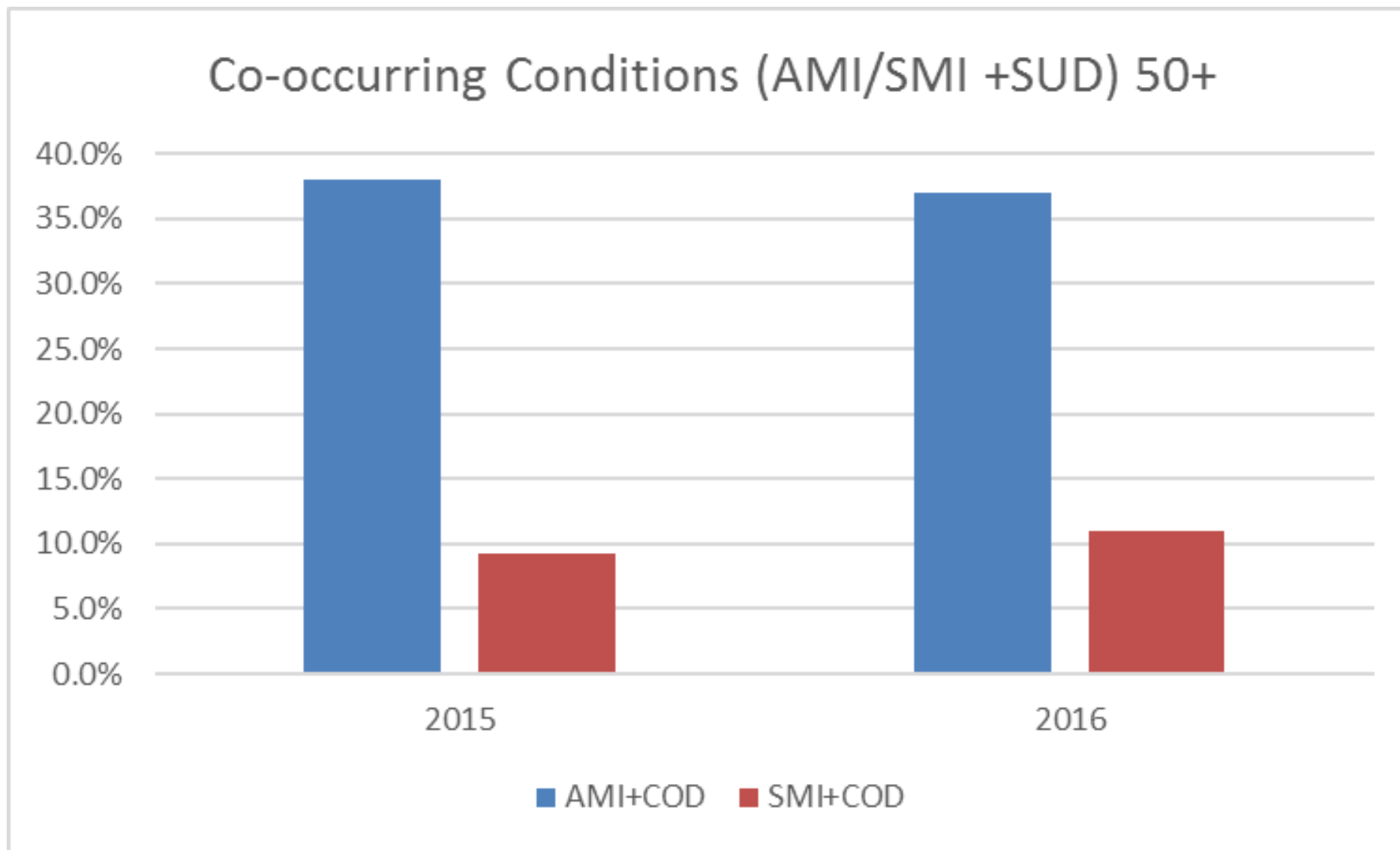
# Mental Health and Substance Use Disorders in America: 2016

- 14.5% (16.1 MILLION) People aged 50 or older had mental illness  
Among those with a mental illness about 3% had a serious mental illness
- The combined 2007 to 2014 National Survey on Drug Use and Health (NSDUH) data indicate that nearly 469,000 older adults used an illicit drug in the past month. NSDUH includes nine illicit drug categories: marijuana, cocaine (including crack), heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives.

# Mental Health Access to Treatment

- In 2016, about 2 million adults 50 plus thought they needed mental health treatment, about 1.4 million received treatment and 600,000 did not receive treatment
- In 2016, 20% of those receiving treatment used Medicaid, Other Public Source, or Free Care

# Older Adults, SMI, and Co-occurring



# Major Challenges of Our Time for Older Adults

- Opioid Crisis

- In 2016, over 44,000 Americans died from opioid overdoses, of which more than 7,000 were aged 55 and older.
- The National Survey on Drug Use and Health (NSDUH) data indicates opioid misuse is increasing among older adults. Opioid misuse among older adults increased from 1.1 percent in 2002 to 2.0 percent in 2014.
- Over the past several decades, physicians have increasingly prescribed older patients prescription opioids to address chronic pain from arthritis, cancer, neurological diseases and other illnesses that become more common later in life.
- In 2015, as many as 30% of Medicare Part D enrollees received an opioid prescription – suggesting that opioid prescribing is increasing in this population.
- According to NSDUH data, 2.7 million Americans age 50 and older misused prescription pain medications in 2015



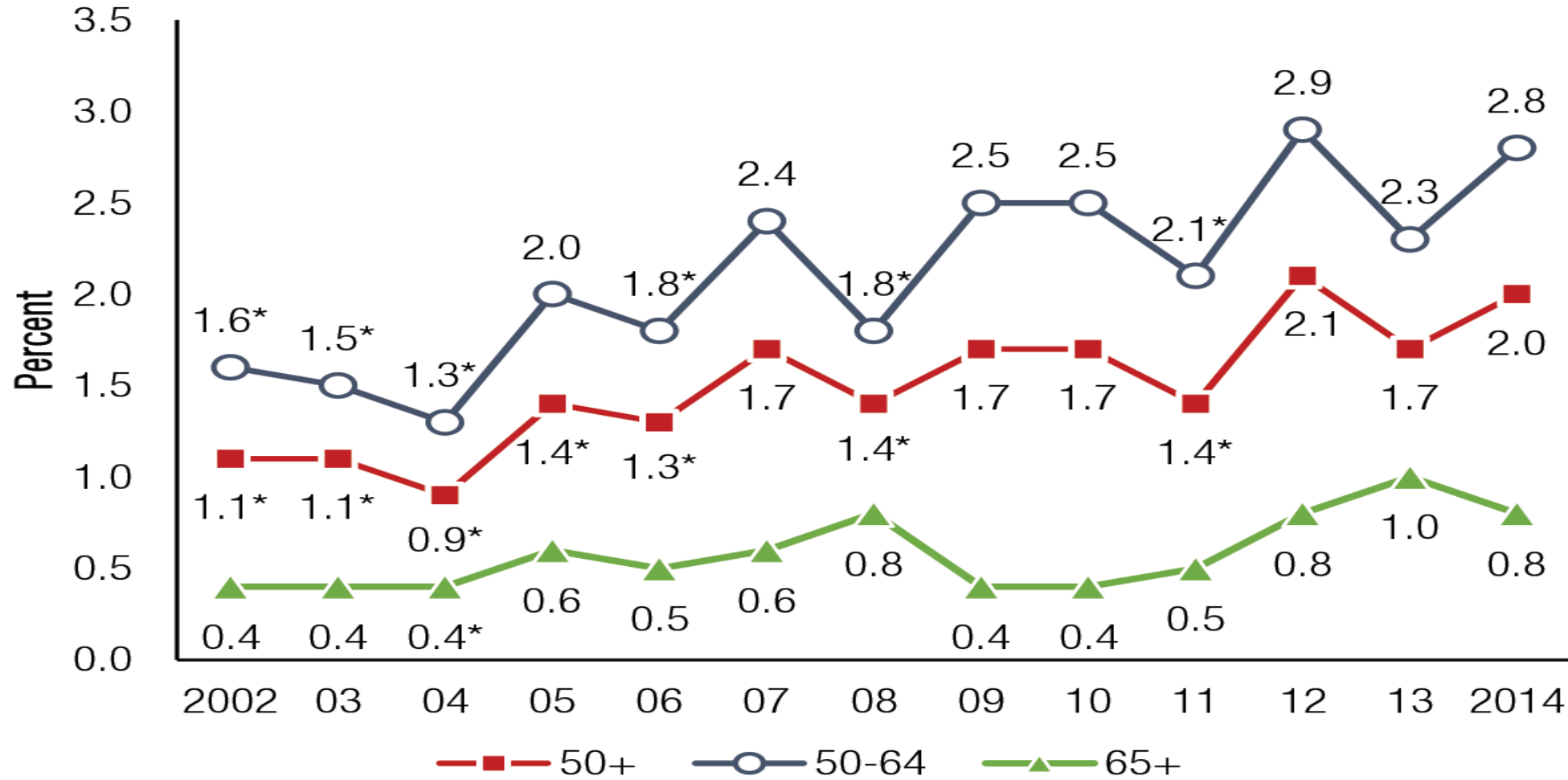
# Opioid Epidemic and Older Adults

- Opioid overdoses kill more than 42,000 people each year (CDC)
- 14.4 million Medicare beneficiaries (of 43.6 million enrolled in Medicare Part D) received opioids in 2016 (OIG)
- 2.7 million Americans age 50 and older misused Rx pain meds in 2015 (SAMHSA)

# Opioid Epidemic and Older Adults Cont.

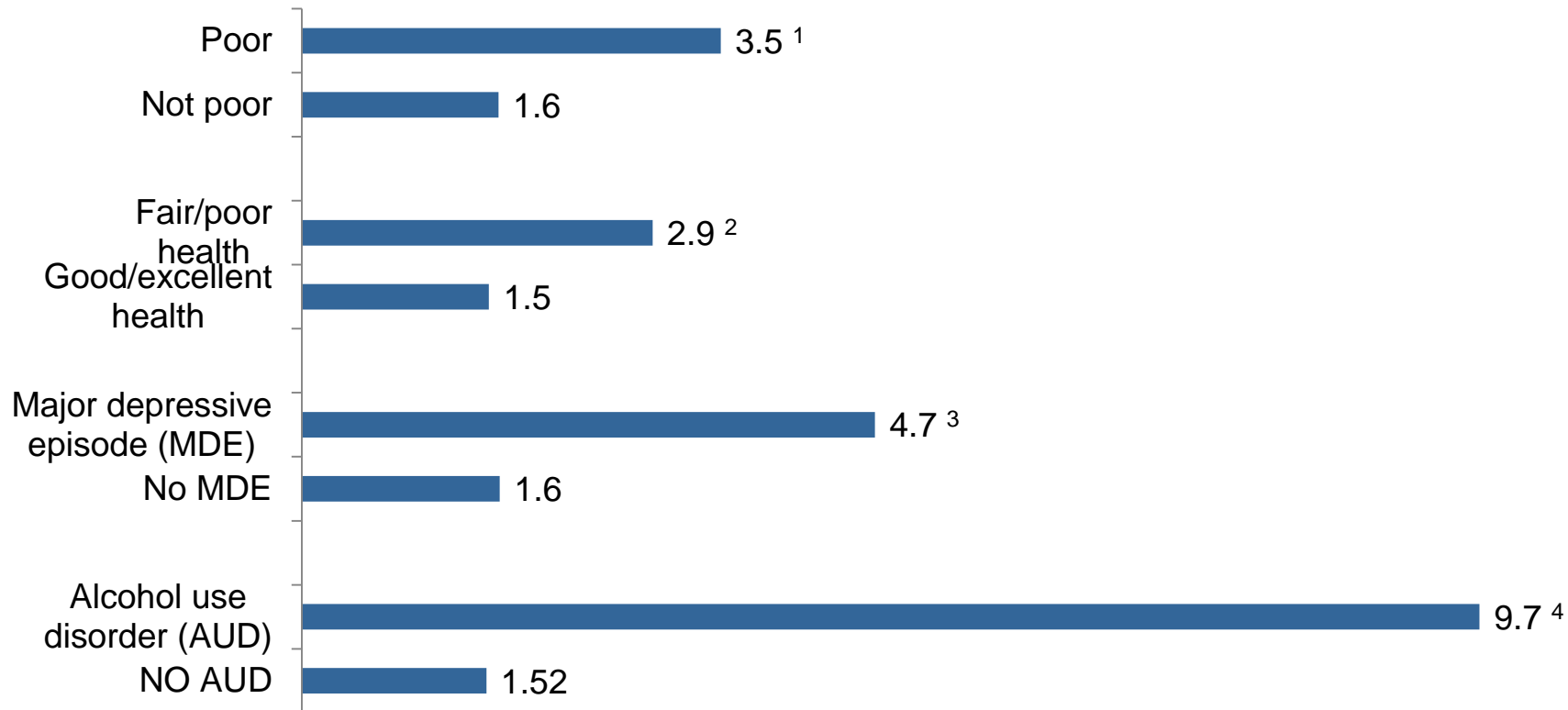
- 43% of the 4,846 rural opioid deaths in 2016 occurred among adults ages 45 and older (3.2% of these deaths were adults ages 65 and older).
- Among adults ages 65–74, the opioid-related death rate in rural areas is 3.2 per 100,000 people compared to 14.6 per 100,000 for adults ages 45–64 and 9.9 per 100,000 for all rural residents.

# Opioid misuse<sup>1</sup> in past year among adults aged 50 or older, by age group: Percentages, 2002-2014



<sup>1</sup> Opioid misuse refers to heroin use or nonmedical use of prescription pain relievers.  
SOURCE: SAMHSA/CBHSQ, National Survey on Drug Use and Health, 2002-2014

# Past year opioid misuse among adults aged 50 or older, by selected other characteristics: Percentage, 2011-2014



<sup>1</sup> Significantly different from "Not poor" at  $p < 0.05$

<sup>2</sup> Significantly different from "Good/excellent health" at  $p < 0.05$

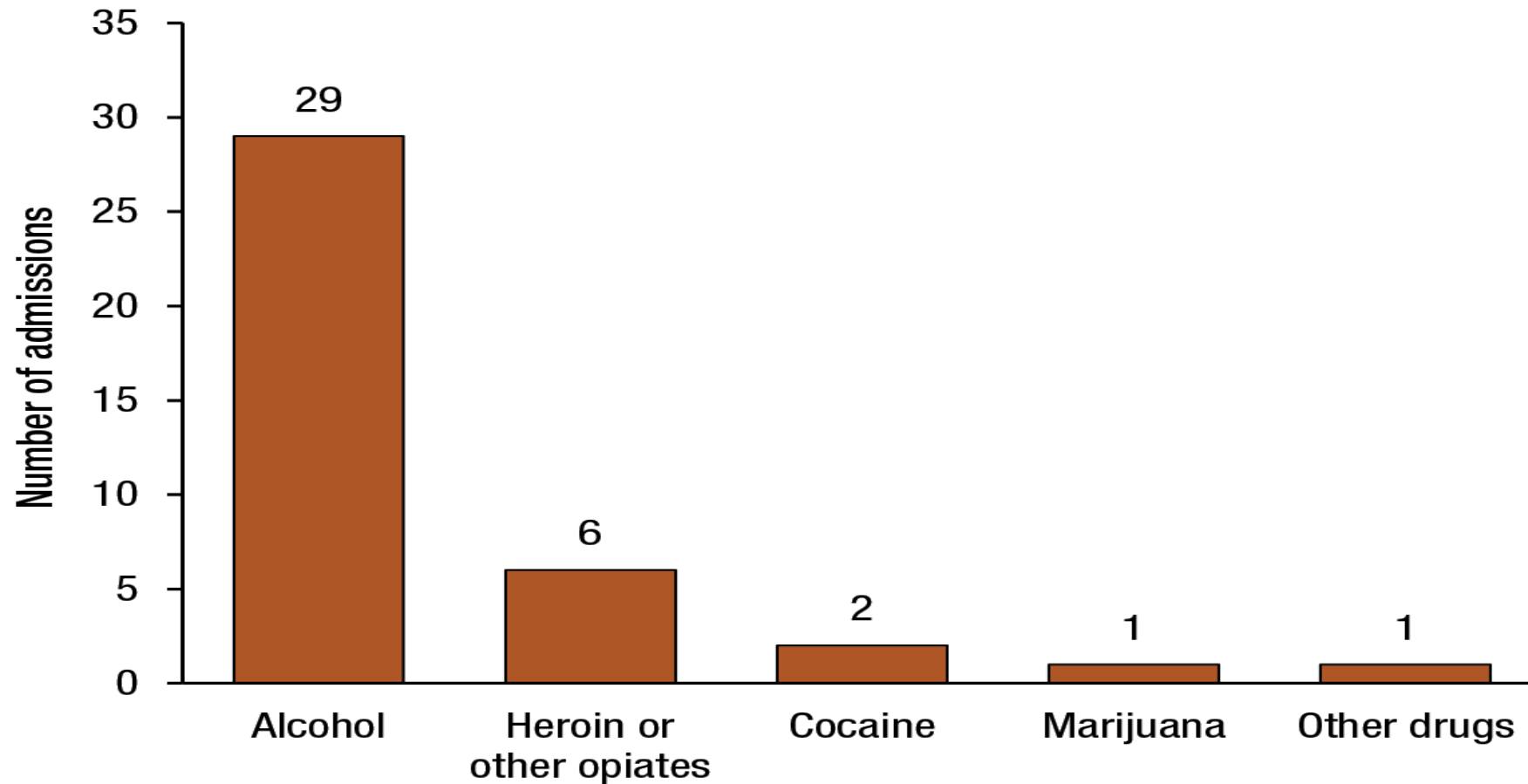
<sup>3</sup> Significantly different from "No MDE" at  $p < 0.05$

<sup>4</sup> Significantly different from "No AUD" at  $p < 0.05$

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

SOURCE: SAMHSA/CBHSQ, National Survey on Drug Use and Health, 2011-2014

# Older Adults: Opioids and Substance Use



Number of admissions aged 65 or older admitted substance abuse treatment on an average day, by primary substance of abuse

# Treatment

- According to the 2012 Treatment Episode Data Set (TEDS), there were 14,230 admissions aged 65 or older to substance abuse treatment programs.
- TEDS indicates that on an average day in 2012, there were 29 admissions to treatment by adults aged 65 or older for alcohol use and 6 admissions to treatment for use of heroin or other opiates.
- Drug Abuse Warning Network data indicate that on an average day in 2011, there were 2,056 drug-related ED visits for older adults. Of these, 290 involved illegal drug use, nonmedical use of pharmaceuticals, or use of alcohol combined with other drugs.

# Importance of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)

- To keep federal government focused on SMI needs
- To provide feedback about ongoing issues; participate in SAMHSA activities related to special topics in mental illness
- To help in urgent issues: working with SAMHSA leadership and staff on approaches to problems, media contacts/communications with the public, implementation/dissemination

## Revised TIP: *Treating Addiction in Older Adults*

- TIPs are guidelines to ensure provision of the best evidence-based treatments for substance use disorders
- Each TIP conveys current, relevant information in an accessible, user-friendly, toolkit format
- Each TIP has 5-10 core documents, roughly 10-20 pages in length, that can be used individually or in conjunction with one another
- Consensus process used for creating or revising TIPs:
  - Nonfederal panel of clinical, research, administrative, and client advocacy experts participate in consensus-based development of each TIP's content
  - Review and refine the draft outline and supporting annotated bibliography until a consensus is reached regarding best practices and practically applicable information
- TIP will be available in late 2019 on SAMHSA's Store



# SAMHSA's Role with the Aging Network

Developing stronger ties with ACL and others in order to:

1. Provide Training and Technical Assistance (TTA) to Improve Service Delivery
2. Support Family Caregivers
3. Improve the Workforce
4. Identify Evidence-Based Practices
5. Provide information to the public

# SAMHSA's Work Regarding Older Adults

1. Older Adult Evidence-based Mental Health Practices Panel – June 2017
2. Older Adults with SMI and the Behavioral Health Workforce – May 2018
3. Older Adult Mental Health Awareness Day – May 2018
4. ADRC and Older Adults with Serious Mental Illnesses Expert Panel – August 2018
5. Older Adult Peer Services Expert Panel – September 2018

# Recommendations from OA EBP Expert Panel

- 1) having one or two federal agencies provide strong federal leadership in the area of recognition and dissemination of older adult evidence-based mental health practices
- 2) create strong public-private partnerships around evidence-based practice implementation;
- 3) provide TA to the behavioral health network around financing opportunities with guidance related to the new Medicare Collaborative Care Codes;
- 4) focus on training/cross-training and novel work force solutions (such as peers and ways to provide expert consultations) since it is unlikely there will ever be enough funding to have a work force of experts focused on geriatric behavioral health; and
- 5) re-establish an Older Adult Behavioral Health Technical Assistance and Training Resource Center. A full list of recommendations is included in the meeting report.

# Older Adults with SMI Panelists

## **Frederic Blow, PhD**

Professor of Psychiatry

University of Michigan

## **Paul Emrich, PhD**

Under Secretary

Chickasaw Nation

## **Clayton Chau, MD, PhD**

Regional Executive Medical Dir.

Providence St Joseph Health

Irvine, California

## **Michael Hoge, PhD**

Professor of Psychiatry

Yale School of Medicine

## **Susan Lehmann, MD**

Associate Professor

Johns Hopkins University

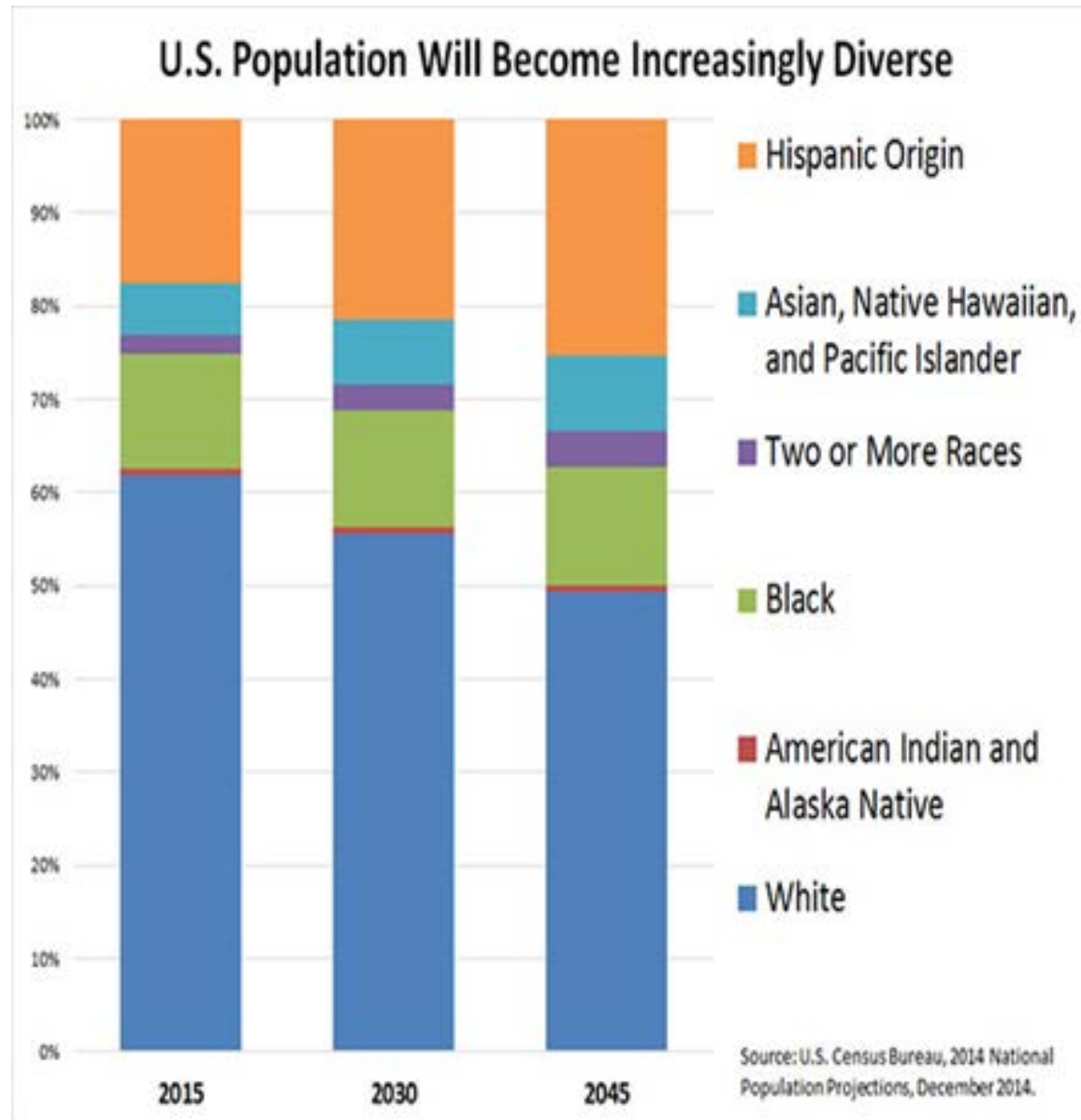
## **Maria Llorente, MD**

Deputy Chief of Staff

DC VA Medical Center

Plus many others

# Increasingly Diverse and Aging Population



# Recommendations from OA with SMI Expert Panel

- Michael A. Hoge, Ph.D., Professor Psychiatry, Yale School of Medicine and Special Advisor to the Annapolis Coalition
- Goal 1: Expand workforce roles for patients and families.
- Goal 2: Expand workforce roles for community groups.
- Goal 3: Expand the roles for health and social service professionals.
- Goal 4: Recruitment and retention.
- Goal 5: Training relevance, effectiveness and accessibility.
- Goal 6: Leadership and supervisor development.
- Goal 7: Infrastructure.
- Goal 8: Evaluation and research.
- Goal 9: Financing.

# Recommendations from OA with SMI Expert Panel

- Train everyone in Mental Health First Aid.
- Engage professional organizations in the long-term ethical responsibility of creating a workforce that meets the broad needs of the population, not just white adults in suburban areas.
- Develop geriatric curricula and competencies for a variety of professional stakeholders.
- Improve access to the current workforce.
- Increase opportunities for specialization.
- Raise the standards for training.
- Promote workforce options.

# Recommendations from OA with SMI Expert Panel

- Increase the education of the broad spectrum of providers.
- Increase the group of experts in the field.
- Include geriatric content in accreditation standards.
- Get the state licensing bodies to require a set number of hours of training to renew a license.
- Resurrect information from the IOM report and the Annapolis Coalition Report.
- Create a focused, intermediate, and long-term plan with specific desired outcomes and link the plan to an implementation structure housed within SAMHSA, or SAMHSA and its partners, and tie it to a budget.



# SAMHSA Resources Available

SAMHSA funds programs to assist states/communities with provision of mental health care:

- Block grants to states – MHBG increased by \$305.9 million to \$722 million for FY 18
- Suicide Prevention Programs
- Get Connected Tool Kit – linking older adults with mental health and substance use treatment resources
- Promoting Mental Health in Older Adults – Issue paper
- SAMHSA & ACL – State Older Adult Behavioral Health Profiles
- Issues Briefs
  - The Opioid Public Health Emergency and Older Adults
  - Opioid Use in the Older Adult Population
  - A Day in the Life of an Older Adult

# 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
- [Older Adult Behavioral Health Profiles](#) – SAMHSA-ACL

# Thank you.

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