

Substance Use Disorders (SUD) and Addictions among Older Adults in Health Centers

Learning Collaborative (LC) Session #5:
Case Management



National Center for Equitable Care for Elders (NCECE) www.ece.hsdm.harvard.edu

Who We Are- Established in 2017, the National Center for Equitable Care for Elders (NCECE) is a training and technical assistance Center that provides innovative and culturally competent models of care, inter-professional training and educational resources to health care professionals providing care to older adults

Our Mission is to build strong, innovative and competent health care models by partnering with CHCs, PCAs and FQHCs to provide quality, and inclusive care for older adults



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Health Center Resources Clearinghouse

- This comprehensive website provides easy access to a broad framework of resources, tools, and information developed by the National Cooperative Agreement (NCA) organizations, and additional partners soon! Check it out at www.healthcenterinfo.org.



Session Leader



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Topic: SUD Case Management

Learning Collaborative (LC) Session 5



LC Session 5 Objectives:

- Discuss models of case management and/or care for SUD intervention.
- Describe advantages of using a case management model for reducing older adults substance use.

Case management

“a range of services provided to assist and support individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational and other services essential to meeting basic human services; linkages and training for patient served in the use of basic community resources; and monitoring of overall service delivery”

Case management

- Assessment of the older adults needs
- Development of a care plan (based on the unique need of the older adult
- Implementation & monitoring of the plan
- Ongoing evaluation of the plan's effectiveness with modification as needed

Models of Case Management				
<i>Primary Case Management Activities</i>	Broker/Generalist	Strengths Perspective	Assertive Community Treatment	Clinical/Rehabilitation
<i>Conducts outreach and case finding</i>	Not usually	Depends on agency mission & structure	Depends on agency mission & structure	Depends on agency mission & structure
<i>Provides assessment and ongoing reassessment</i>	Specific to immediate resource acquisition needs	Strengths-based, applicable to any of client life areas	Broad-based, part of a comprehensive (biopsychosocial) assessment	Broad-based, part of a comprehensive (biopsychosocial) assessment
<i>Assists in goal planning</i>	Generally brief, related to acquiring resources, possibly informal	Client-driven, teaches specific process on how to set goals and objectives, goals may include any of client life areas	Comprehensive, goals may include any of client life areas	Comprehensive, goals may include any of client life areas
<i>Makes referral to needed resources</i>	Case manager may initiate contact or have client make contact on own	As negotiated with client, may contact resource, accompany client, or client may contact on own	As needed, many resources integrated into broad package of case management services	As negotiated with client, may contact resource, accompany client, or client may contact on own
<i>Monitors referrals</i>	Follow-up checks made	Close involvement in ongoing relationship between client and resource	Close involvement in ongoing relationship between client and resource	Close involvement in ongoing relationship between client and resource
<i>Provides therapeutic services beyond resource acquisition, e.g., therapy, skills-teaching</i>	Referral to other sources for these services if requested	Usually limited to responding to client questions about treatment issues, education about how to identify strengths and about self-help resources	Provides many services within unified package of treatment/case management services	Provision of therapeutic activities central to the model
<i>Helps develop informal support systems</i>	No	Development of informal resources — neighbors, church, family— a key principle of the model	Through implementation of drop-in centers and shelters	Emphasis on family and self-help support through therapeutic activities



- Program evaluations of case management models provide support that it is an important tool in working with older adults.

Primary Care Research in Substance Abuse and Mental Health for Elders study (PRISM-E)

Oslin DW, Grantham S, Coakley E, et al. PRISM-E: comparison of integrated care and enhanced specialty referral in managing at-risk alcohol use. *Psychiatr Serv.* 2006;57(7):954–958.

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Geriatrics Addiction Program (GAP)

<https://www.nyconnects.ny.gov/services/geriatric-addictions-program-at-lifespan-sofa45363>



Advantages

- Comprehensive approach which can speak to complex multi-morbidities in older adults
- Ability to connect older (possibly isolated) adults to community resources
- SUD interventions are rooted in an overarching approach emphasizing total health which can lessen addiction stigma and possible avoidance of treatment or relapse

CCBHC SUD Case Management (Iowa): adults with serious mental illness

- a team-based process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's needs including, but not limited to, physical and behavioral health, social services, housing, employment and education to promote quality, cost-effective outcomes. Case management teams have documented experience/training in the field of substance use disorder treatment.

CCBHC SUD Case Management (IA) – Activities

- Face-to-Face contact (every 90 days)
- Monthly contact (in person, phone or video)
- Annual standardized assessment
- Annual person-centered plan – update as needed
- Quarterly updates from service providers
- Monitor/coordinate services and appointments
- Referrals as necessary



<https://dhs.iowa.gov/sites/default/files/MHDS-CCBHC-Care-Coordination-Chart.pdf?011420191649>

Recovery 55 (CA)

- **Alcohol and Drug Programs** include: case management, counseling, community education, a support group, and [Finding Wellness](#).



<http://stmaryscenter.org/recovery55/>

Senior Support Program of the Tri-Valley (CA)

- **Alcohol and Drug Programs** include: case management, counseling, community education, a support group, and [Finding Wellness](#).

<https://www.ssptv.org/>



Implementing Care for Alcohol & Other Drug Use in Medical Settings: An Extension of SBIRT

Augmenting the primary care team:

- Consider hiring a dedicated care manager or care coordinator
- Care coordinators provide services like case management, medication management, monitoring of patient health status, and counseling and support for patient self-management of their alcohol and/or other drug use.
- Peer navigators can also help connect patients to needed resources. provides one-on-one counseling and emotional support.”

https://www.thenationalcouncil.org/wp-content/uploads/2018/03/021518_NCBH_ASPTReport-FINAL.pdf

Discussion –



What are you currently doing to provide SUD case management services within your older adult health center patients?

What are your major concerns/obstacles regarding SUD case management among your older adult health center patients?

How did you/do you identify partners for connecting resources?

Additional Information:

Center for Substance Abuse Treatment. *Comprehensive Case Management for Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) Series, No. 27. HHS Publication No. (SMA) 15-4215. Rockville, MD: Center for Substance Abuse Treatment, 2000. (Revised in 2015)

Implementing Care for Alcohol & Other Drug Use in Medical Settings: An Extension of SBIRT at: www.thenationalcouncil.org/wp-content/uploads/2018/03/021518_NCBH_ASPTReport-FINAL.pdf



Session 6: Wrap Up – Innovative Models/Programs

