

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

Session 6: Innovative Models & Programs

2019 Learning Collaborative Series

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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



Contact Information

Program Email - ece@hsdm.harvard.edu

Program Manager - Jini_Etolue@hsdm.harvard.edu

Program Director - Christine_Riedy@hsdm.harvard.edu

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. Check it out at www.healthcenterinfo.org.



Session Leader



Lawrence Schonfeld, PhD

Professor Emeritus in the Department of Mental Health Law and Policy,
Louis de la Parte Florida Mental Health Institute (FMHI), University of
South Florida

SBIRT: Lessons Learned from the Florida BRITE Project

Presentation for the Harvard University
National Center on the Equitable Care for Elders (NCECE)

Larry Schonfeld, Ph.D., Professor Emeritus
Department of Mental Health Law & Policy
Louis de la Parte Florida Mental Health Institute

schonfel@usf.edu



Today's Discussions

- Florida's experience with SBIRT as a “paradigm shift” for addressing the needs of older substance users
- Examples of “elder friendly” prescreening and screening instruments for determining severity/level of risk
- Brief Intervention for those at Moderate Risk
- Referral to Treatment (for Severe Risk)
- Challenges for SBIRT? Incarcerated, involuntary populations

Older Adults: Under-represented in Treatment But there are Increasing Trends

- SAMHSA (2018) Treatment Episode Data Set shows:
 - from 2006 to 2016, admissions decreased across all age-groups from 1,957,460 in 2006 to 1,696,648 in 2016
 - in contrast: admissions for older people increased, especially among the 60+ age group
 - 60 to 64 years went from 19,256 to 40,614
 - 65 to 69 years went from 7,237 to 12,651
- National Epidemiologic Survey on Alcohol and Related Conditions (Grant et al., 2017) – High Risk drinking:
 - Largest increases of high risk drinking and 12-month alcohol use were among adults ages 65+
 - increasing from 45% prevalence in 2001/02 survey to 55% in the 2012/13 survey

Our Experiences in Florida

- During the late 1970's, most published research focused on early onset/long-term older alcohol abusers
- In Florida at FMHI, we developed, implemented, researched, and disseminated cognitive-behavioral/relapse prevention programs:
 - Gerontology Alcohol Project (GAP) (Dupree, Broskowski, & Schonfeld, 1984) designed for late-onset (after age 50) alcohol abusers
 - Substance Abuse Program for Elderly (Schonfeld & Dupree, 1991) for substance abusers 55 and older
 - Replication: the GET SMART program at West Los Angeles VA (Schonfeld et al 2001) for older veterans
 - Replication: the Centerstone Older Adult Program, Nashville (Outlaw et al 2012)
- Trying to identify and “recruit” them into treatment was a real challenge

A Paradigm Shift - SBIRT

- Florida is the “oldest” state in terms of median age
- Yet, very few older Floridians were served by the state’s substance abuse and mental health service programs
- In 2003, the director of the Florida Dept. of Children and Families’ Substance Abuse Program Office approached Dr. Schonfeld about doing something different for this population
- We began developing proposals for an SBIRT-type program
- DCF provided pilot funding in 2004 to establish what we later called the Florida BRITE Project (BRief Intervention and Treatment for Elders).

The Pilot: Florida BRITE Project 2004-07 (BRief Intervention and Treatment for Elders)

- Screening instruments:
 - Short Michigan Alcoholism Screening Test – Geriatric Version (SMAST-G)
 - 10-item instrument. A score of 2 or higher indicative of risky use of alcohol (Blow, Gillespie, Barry, Mudd, & Hill, 1998).
 - Medication Use Screen – developed by Schonfeld et al.
 - 17 items focusing on prescription risks, adverse consequences, healthcare providers' concerns, reliance on memory prompts, improper use, cost issues
 - 8 items about use of over-the-counter medications, herbal remedies
 - Geriatric Depression Scale Short Form (Sheikh & Yesavage, 1986)
 - a 15 item, well validated brief screen for depression

S-MAST-G

1. When talking with others, do you ever underestimate how much you actually drink?
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?
3. Does having a few drinks help decrease your shakiness or tremors?
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?
5. Do you usually take a drink to relax or calm your nerves?
6. Do you drink to take your mind off your problems?
7. Have you ever increased your drinking after experiencing a loss in your life?
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?
9. Have you ever made rules to manage your drinking?
10. When you feel lonely, does having a drink help?

A score of 2 or more “YES” responses is considered indicative of risky use of alcohol for older adults (Blow, Gillespie, Barry, Mudd, & Hill, 1998).

Brief Intervention – Structured Approach

- Used a “Health Promotion Workbook” modified for the project and based on the SAMHSA/CSAT TIP #34
 - A structured approach that guides the conversation
 - Maintains consistency among different health educators
 - Adapted for use in the Florida BRITE Project to address alcohol, illicit drugs, and medication misuse

<http://brite.fmhi.usf.edu/Files/BRITEWorkbook-English.pdf>

- Translated into Spanish language

SBIRT in Florida – The Florida BRITE Project

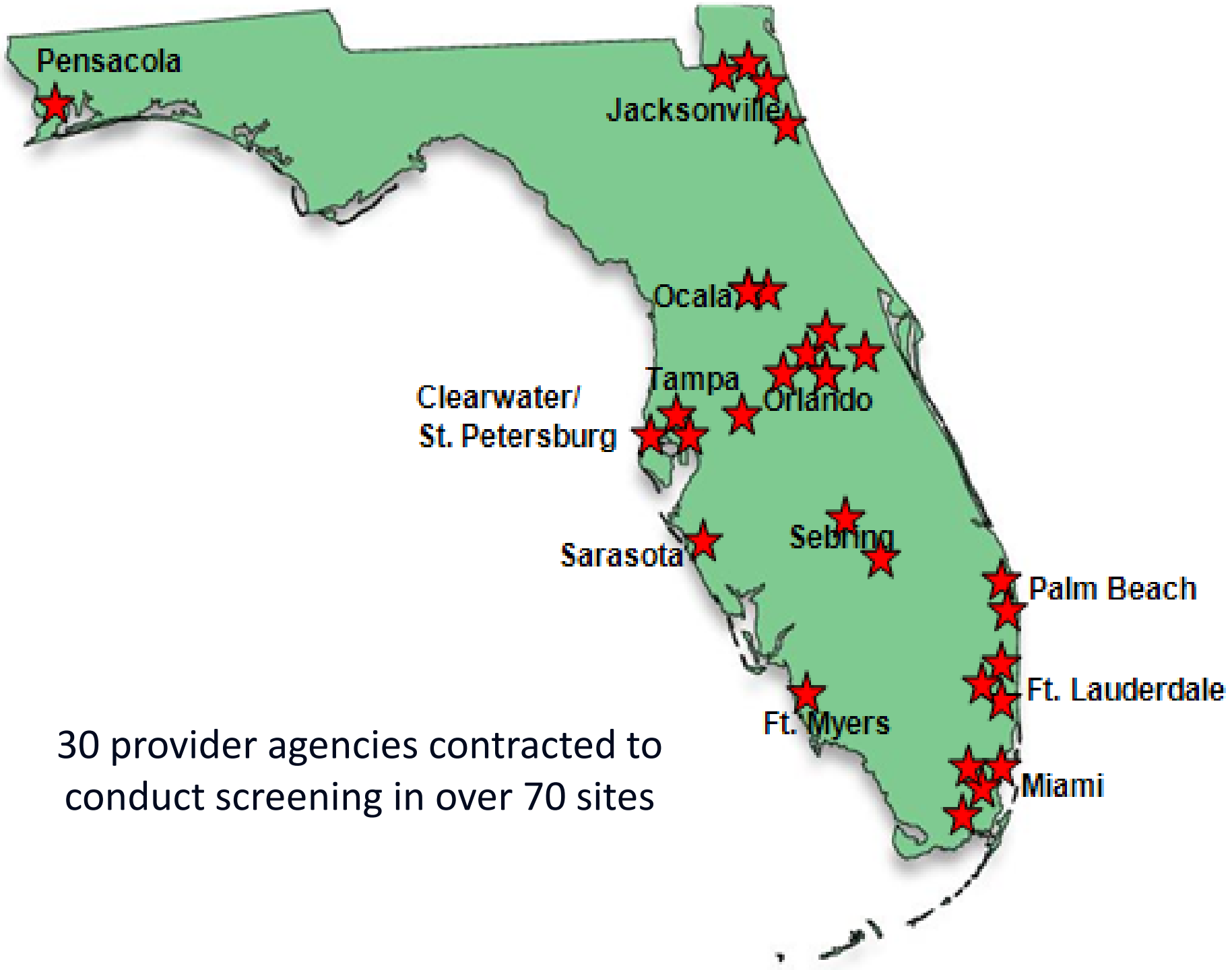
(Schonfeld et al., 2010, Am. J. of Public Health)

- Began as a Florida DCF funded pilot project 2004-2007 to address substance abuse in overlooked, underserved elderly
- 3,497 people ages 60+ were screened and/or served in Broward, Pinellas, Sarasota, and Orange Counties
- 67% older adults were identified via BRITE outreach, with screenings at health fairs, senior centers, or in-home
 - 10% - referred for potential alcohol problems
 - 26% referred for prescription misuse – most challenging issue
 - 8% referred for potential OTC misuse
 - 1% referred for illicit drug use
- Significant improvement at Discharge and Follow-ups

Florida BRITE Project: The SBIRT Grant

(Schonfeld et al 2015, Am. J. of Public Health)

- Success of the pilot project enabled us to obtain a \$14 million SBIRT SAMHSA state grant (Oct. 2006-Sept. 2011)
- Dr. Robert Hazlett trained all BRITE health educators
- BRITE expanded to 70+ sites in 18 counties
- 85,001 screenings conducted by providers of medical care, aging services, behavioral health
- Using SAMHSA's approach, positive screens were typically followed by 1 session of Brief Intervention
 - People could receive up to 5 BI or 12 BT sessions
- Referred out for detox, residential care, etc. as necessary
- A small, random sample were followed up to examine how well they were doing after brief intervention.



30 provider agencies contracted to
conduct screening in over 70 sites

Screening

Incorporated into the normal routine in medical and other community settings, screening provides identification of individuals with problems related to alcohol and/or substance use. Screening can be through interview and self-report. Three of the most widely used screening instruments are AUDIT, ASSIST, and DAST.

Brief Intervention

Following a screening result indicating moderate risk, brief intervention is provided. This involves motivational discussion focused on raising individuals' awareness of their substance use and its consequences, and motivating them toward behavioral change. Successful brief intervention encompasses support of the client's empowerment to make behavioral change.


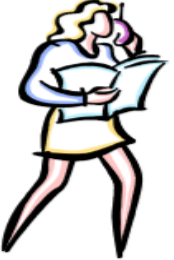
Brief Treatment

Following a screening result of moderate to high risk, brief treatment is provided. Much like brief intervention, this involves motivational discussion and client empowerment. Brief Treatment, however, is more comprehensive and includes assessment, education, problem solving, coping mechanisms, and building a supportive social environment.

Referral To Treatment

Following a screening result of severe or dependence, a referral to treatment is provided. This is a proactive process that facilitates access to care for those individuals requiring more extensive treatment than SBIRT provides. This is an imperative component of the SBIRT initiative as it ensures access to the appropriate level of care for all who are screened.

Pre-Screening Questions (side 1 of a laminated card)

| ASK | IF YOU RECEIVE THESE ANSWERS | THEN |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <p>Weekly Average Multiply the answers to the following two questions:</p> <p>A. How often? On average, how many days a week do you drink alcohol? <input type="text"/></p> <p>B. How much? On a typical day when you drink how many drinks do you have? <input type="text"/> X</p> | <p>From Men and Women Age 55 and Older</p>  | <p>From Women</p>  |
| <p>= <input type="text"/></p> | <p>→ more than 7 or</p> | <p>Your patient may be at Risk for developing alcohol-related problems.</p> |
| <p>Daily Maximum</p> <p>How much? What is the maximum number of drinks you had on any given day in the past month? <input type="text"/></p> | <p>→ more than 3</p> | <p>Complete ASSIST and SGDS</p> |

Pre-Screening Questions (side 2 of laminated card)



Florida BRITE Project



Florida BRITE Project

ASK

**IF YOU RECEIVE
A YES ANSWER**

**THEN
Complete ASSIST AND/OR SGDS**

In the last year have you tried to cut down on the drugs (including tobacco) or medication that you use?

Yes

No

In the last year have you used prescription or other drugs more than you meant to?

Yes

No

During the past month, have you often been bothered by feeling down, depressed, or hopeless?

Yes

No

During the past month, have you ever been bothered by little interest or pleasure doing things?

Yes

No

The ASSIST

http://www.who.int/substance_abuse/activities/assist/en/

- If prescreen positive, BRITE staff administered the ASSIST (Alcohol, Smoking and Substance Involvement Screening Test; World Health Organization, 2002)
- Used primarily to assess:
 - frequency of substance use
 - category/type of substances used
 - risk level of alcohol, illicit drugs, and tobacco in the past three months
- Illicit substances (drug use) are weighted differently for men and women
- Use “response card” to help people being interviewed to focus on the questions being asked
- ASSIST presents challenges when categorizing medication misuse

The ASSIST V3.0 – a series of 8 questions

1. In your life, which of the following substances have you ever used? (*NON-MEDICAL USE ONLY*) (*yes/no response*)
2. In the past three months, how often have you used the substances you mentioned (*FIRST DRUG, SECOND DRUG, etc.*)?
3. During the past three months, how often have you had a strong desire or urge to use (*FIRST DRUG, SECOND DRUG, etc.*)?
4. During the past three months, how often has your use of (*FIRST DRUG, SECOND DRUG, ETC*) led to health, social, legal or financial problems?
5. During the past three months, how often have you failed to do what was normally expected of you because of your use of (*FIRST DRUG, SECOND DRUG, ETC*)?
6. Has a friend or relative or anyone else ever expressed concern about your use of (*FIRST DRUG, SECOND DRUG, ETC.*)?
7. Have you ever tried and failed to control, cut down or stop using (*FIRST DRUG, SECOND DRUG, ETC.*)?
8. Have you ever used any drug by injection? (*NON-MEDICAL USE ONLY*)

ASSIST: Risk Levels

(from the ASSIST Manual 2010)

1. Low Risk – low risk of problems related to their substance use. While they may use substances occasionally, they are not currently experiencing any problems related to their use and are at lower risk of developing problems related to their substance use in the future with their current pattern of use.
2. Moderate risk - moderate risk of health and other problems and may be experiencing some of these problems now. Continuing use in this way indicates a likelihood of future health and other problems, including the possibility of dependence. Risk is increased for those with a past history of substance use related problems and dependence.
3. High risk – suggests that the client is at high risk of dependence or is dependent on that substance and is probably experiencing health, social, financial, legal and relationship problems as a result of their substance use. Moreover, clients who have injected drugs in the last 3 months more than an average of 4 times per month also are likely to be at high risk.

SBIRT: Determining Risk Level using the ASSIST

| Level | ASSIST Alcohol Score | ASSIST Score for Other Substances | SBIRT Recommendation |
|--------------------|----------------------|-----------------------------------|-----------------------|
| No or Minimal Risk | 0 - 10 | 0-3 | Feedback only |
| Moderate Risk | 11 - 26 | 4-26 | Brief Intervention |
| Moderate/High | 20-26 | 20-26 | Brief Treatment * |
| Severe | 27+ | 27+ | Referral to Treatment |

* Brief Treatment was an option offered in the early SBIRT publications

Brief Intervention

- Provide feedback to all people who were screened
- For moderate risk at least one Brief Intervention
- A brief intervention, might take about 15 minutes
 - Ask permission to talk about his/her substance use
 - Use Motivational Interviewing techniques
 - Be aware of the person's "readiness to change"
 - Use educational materials as appropriate
 - Use of a "readiness ruler"



The Standard "Drink" How Much is Too Much?

1 standard drink* is equivalent to:



**The most important thing is the amount of pure alcohol in a drink. These drinks, in normal measures, each contain roughly the same amount of pure alcohol. Think of each one as a standard drink.*

How much is too much?

For men, no more than

 **4** drinks on any single day
AND
14 drinks per week

For women, no more than

 **3** drinks on any single day
AND
7 drinks per week

To stay low risk, keep within **BOTH** the single-day **AND** weekly limits.*

Drinking the weekly limit of drinks in one day, or the daily limit every day, is **not okay!*

Something to think about:

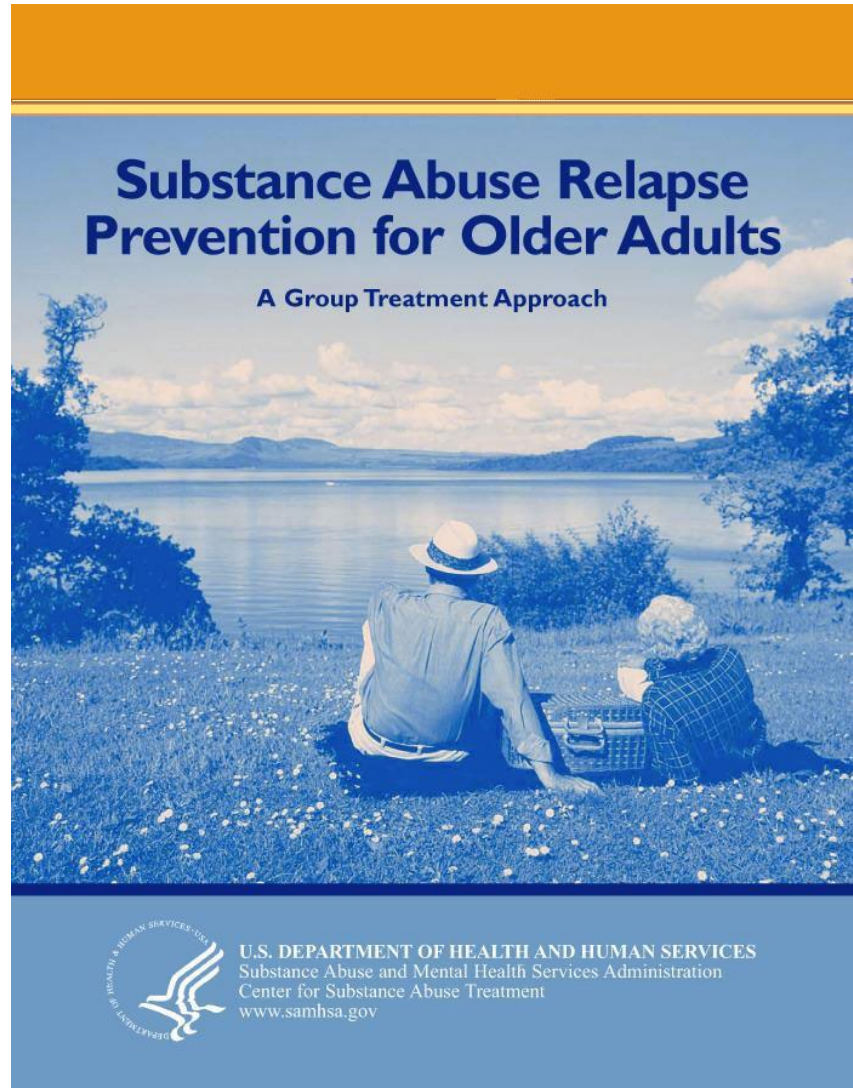
If people don't understand how much a "drink" is, they will likely underestimate their drinking accidentally and in some cases on purpose. A really big cup is *not* 1 drink.

Regardless of amount, if someone is thinking about how much, then their drinking is probably a problem. **Ask! It makes a difference.**

Brief Treatment

**A 16-session curriculum
manual for conducting brief
treatment**

Dupree & Schonfeld
(CSAT, 2005)



A Three Stage CBT/Self-Management Treatment Approach

(Dupree & Schonfeld, CSAT 2005)

1. Conduct an interview (S.A. Profile) to identify each person's antecedents (situations, thoughts/feelings, cues, urges) and consequences (positive and negative) for substance use. Create an individualized "substance use behavior chain"



2. Teach each person how to identify the components of his or her chain in order to recognize high risk situations for use.
3. Teach specific skills to address these high risk situations to prevent relapse.

Stage 3: CBT and Self-Management Skills

High Risk Situation

Social Pressure

Loneliness

Depression

Anxiety

Anger/Frustration

Cues

Urges

Slips

Skills Taught

Drink Refusal

Rebuild Social Network

Cognitive Restructuring

Thought-stopping

Relaxation, Problem solving

Thought-stopping

Assertiveness Training

How to dispose, avoid, rearrange

Thought-stopping, Learn to Delay

Relapse Training

Referral to Treatment

Referral to Treatment

- Only 3% to 4% of patients screened in primary care settings typically need to be referred
- Establish a clear method of follow-up with patients identified as having a possible dependency on a substance or in need of specialized treatment.
- Assist patient with:
 - Accessing specialized treatment
 - Selecting treatment facilities
 - Navigating barriers such as treatment cost or lack of transportation
- The manner in which a referral is provided can have tremendous impact on whether the client will actually receive services with the referred provider.

Source: SAMHSA/HRSA Center for Integrated Health Solutions

SBIRT Billing Codes

October 14, 2011 CMS began covering annual alcohol screening, and for those that screen positive, up to 4, brief, face-to-face behavioral counseling interventions annually for Medicare beneficiaries, including pregnant women.

| Payer | Code | Description | Fee Schedule |
|----------------------|-----------|--------------------------------------------------------------------------------------------------------------|--------------|
| Commercial Insurance | CPT 99408 | Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes | \$33.41 |
| | CPT 99409 | Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes | \$65.51 |
| Medicare | G0396 | Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes | \$29.42 |
| | G0397 | Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes | \$57.69 |
| Medicaid | H0049 | Alcohol and/or drug screening | \$24.00 |
| | H0050 | Alcohol and/or drug service, brief intervention, per 15 minutes | \$48.00 |

Centers for Medicare & Medicaid (CMS) SBIRT Billing Codes – October 2011

- Two new G codes, G0442 (Annual Alcohol Misuse Screening, 15 minutes), and G0443 (Brief face-to-face behavioral counseling for Alcohol Misuse, 15 minutes)
- Provider specialty types that may submit claims under these codes:
 - 01-General Practice
 - 08-Family Practice
 - 11-Internal Medicine
 - 16-Obstetrics/Gynecology
 - 37-Pediatric Medicine
 - 38-Geriatric Medicine
 - 42-Certified Nurse Midwife
 - 50-Nurse Practitioner
 - 89-Certified Clinical Nurse Specialist
 - 97-Physician Assistant

Lessons Learned from BRITE

- Many older adults do not meet criteria or characteristics used to identify SUDs in younger people
- Age-related physical, metabolic changes increase risk for problems in the 60+ age group.
- SBIRT can be conducted by trained professionals anywhere, not just in primary care settings
- Aging services appeared to find a higher concentration of people exhibiting risky use of alcohol, drugs.
- Older adults' misuse of medications is very different from younger adults' abuse of medications
- Reliance on age-specific screening instruments and age-appropriate interventions makes SBIRT an effective approach for older adults

Resources

- BRITE website: <http://BRITE.FMHI.USF.EDU>
- SAMHSA Relapse Prevention for Older Adults manual: <http://adaiclearinghouse.org/downloads/Substance-Abuse-Relapse-Prevention-for-Older-Adults-5.pdf>
- SAMHSA CBHSQ (2017) Report https://www.samhsa.gov/data/sites/default/files/report_2792/ShortReport-2792.html
- Videos: Boston University School of Public Health BNI/ARI Institute: <http://www.bu.edu/bniart/sbirt-in-health-care/sbirt-educational-materials/sbirt-videos/>
- Journal articles describing BRITE and its evaluation:
 - Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, Brief Intervention, and Referral to Treatment for Older Adults With Substance Misuse. *American Journal of Public Health, 105*(1), 205-211. doi:10.2105/AJPH.2013.301859
 - Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE Project. *American Journal of Public Health, 100*(1), 108-114.