

DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES



Mental Health, Substance Use, and Aging: What the Numbers Tell Us, Services and Medicare

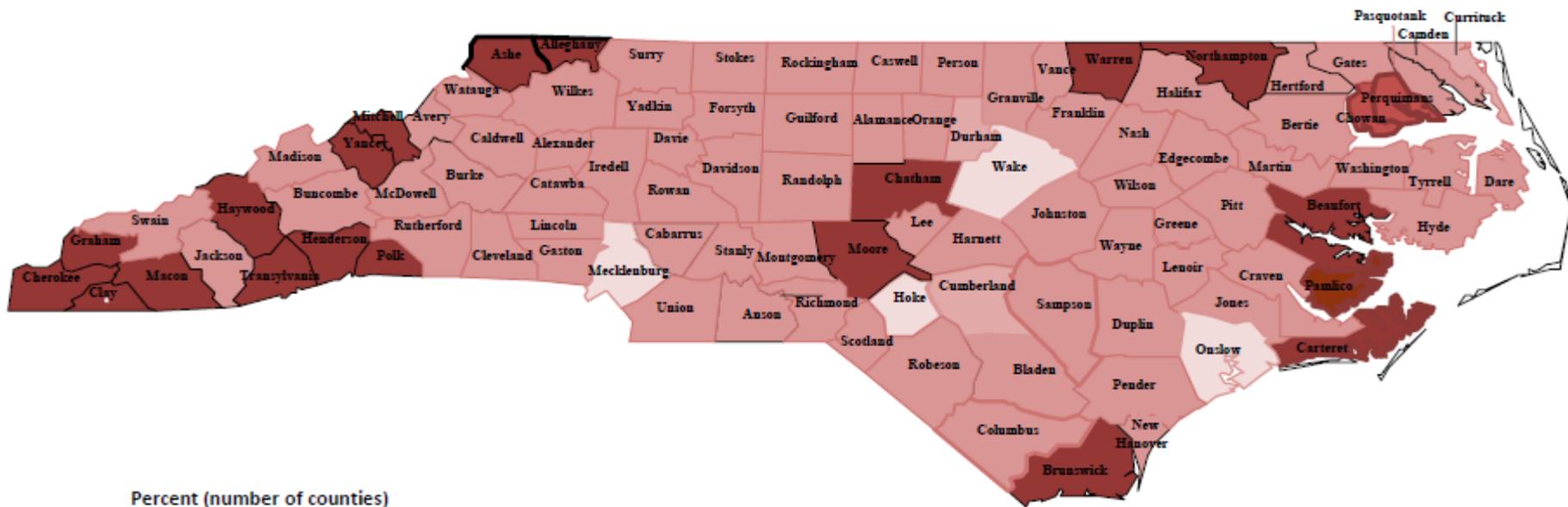
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NC Population Projections	Year 2010	Year 2020	Year 2030	% Population Growth 2010 to 2030
Total NC Population	9,574,477	10,558,749	11,558,205	17%
Age				
55 - 64	1,149,681	1,351,791	1,376,042	17%
65 - 74	703,965	1,056,131	1,252,828	44%
75 - 84	361,108	528,492	758,911	52%
85 - 94	137,982	171,689	236,982	42%
95 - 100+	11,069	18,404	24,237	54%
Total Age 55+ Population	2,393,805	3,126,507	3,681,000	35%



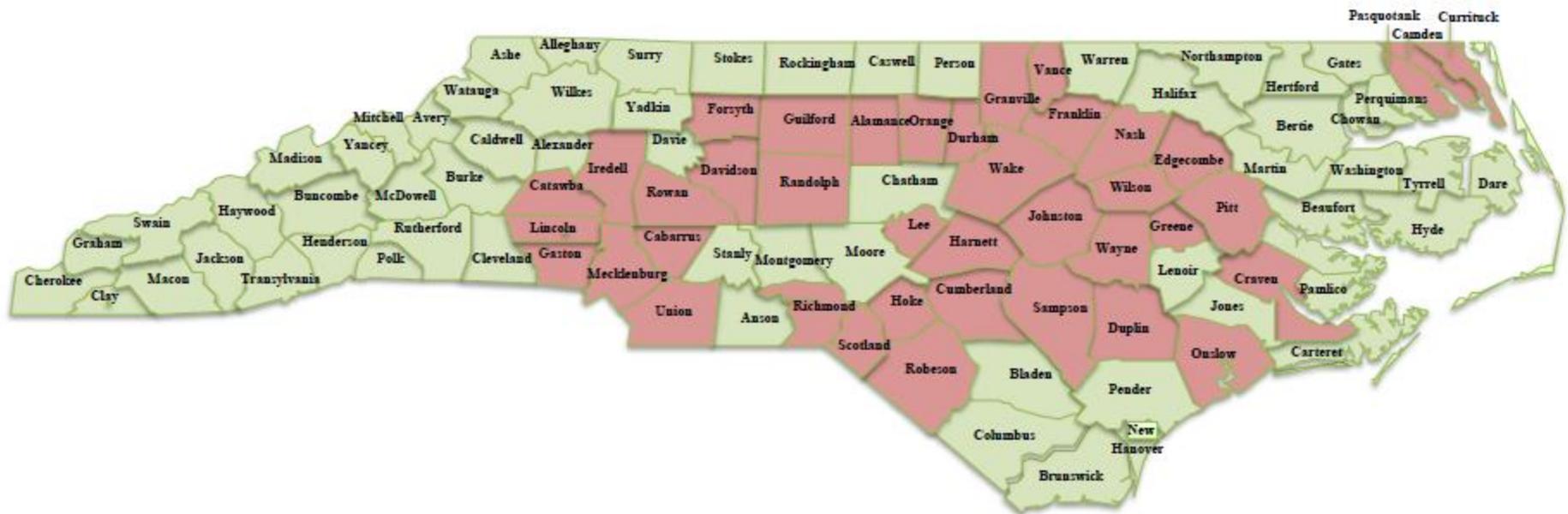
Percent (number of counties)

- 10% or less (4)
- 11% to 20% (74)
- 21% to 30% (22)

North Carolina – 14%

Range: 8%-28%

Counties with more people 60+ than 0-17, 2013



Counties with more 60+ than 0-17 (60)



Counties with more 0-17 than 60+ (40)

Counties with more people 60+ than 0-17, 2025



-  Counties with more 60+ than 0-17 (90)
-  Counties with more 0-17 than 60+ (10)



Depression and Older Adults

Statistics:

Living in Community - 1%-5%*

Hospitalized - 12%

Receiving Home Care - 14%

Nursing Home - 29% - 54%



2014 Veteran Aging Statistics

Total Veteran = 21,999,108

Age 60+ = 12,034,845 - 55%

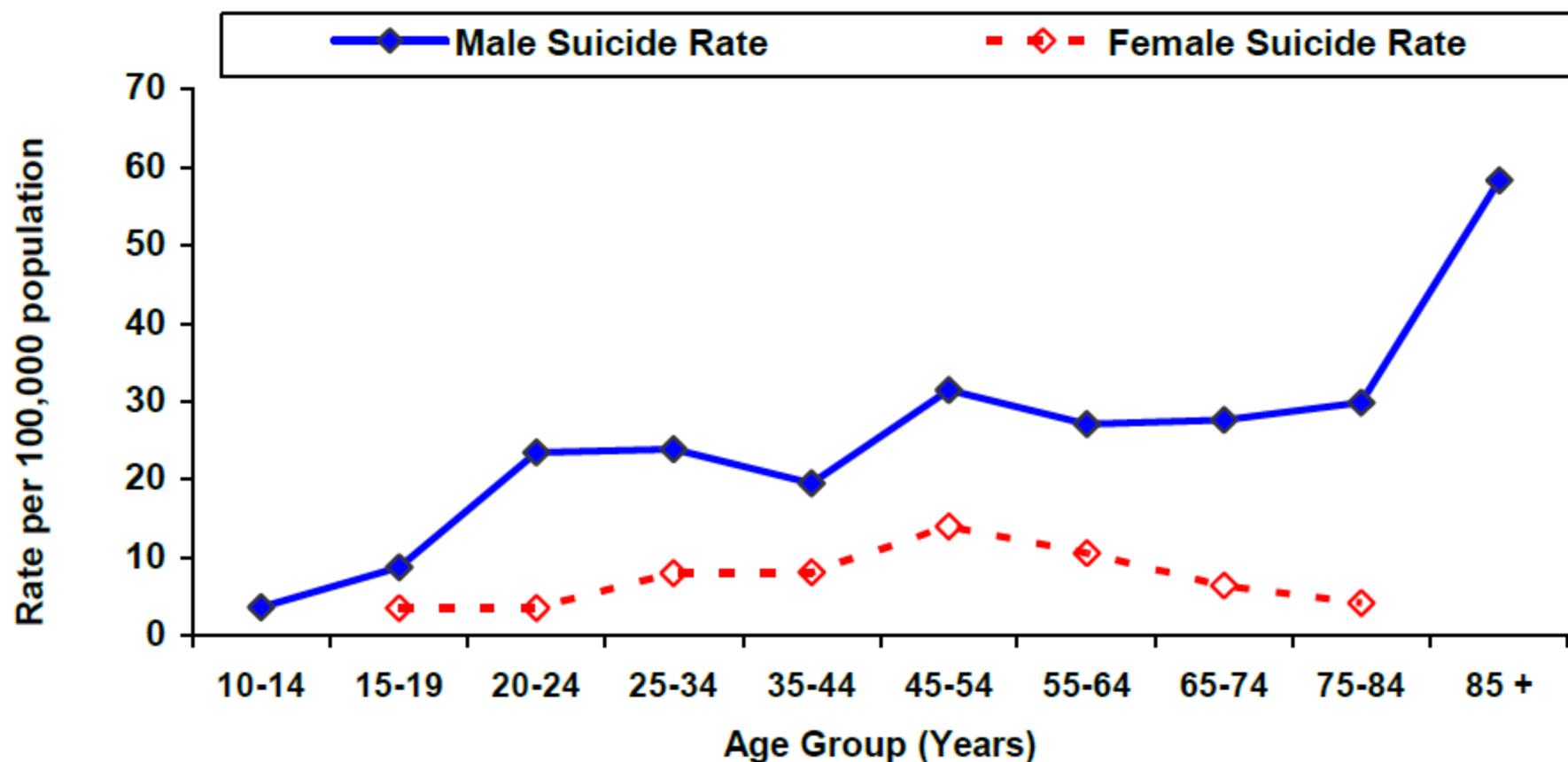
Total NC Veterans = 775,020

Age 60+ = 388,394 - 50%

Males Age 60 + = 372,126 - 54%

Females Age 60+ = 16,268 - 2%

Figure 15. Age-Specific Suicide Rate Stratified by Age Group and Sex for Ages 10 or Older in North Carolina, 2012



Note: The number of suicides for females ages 10-14 and females ages 85+ was too small to support a rate calculation.



Suicide and Older Adults

- The elderly (ages 65 and older) made up 13.75% of the population; accounted for 16.37% of all suicides
- The rate of suicides for the elderly for 2012 was 15.4 per 100,000.
- There was about one elderly suicide every 80 minutes.
- There were about 18.2 suicides each day resulting in 6,648 suicides in among those 65 and older



Suicide and Older Adults

- Elderly white men were at the highest risk with a rate of approximately 32.24 suicides per 100,000 each year.
- 83.6% of elderly suicides were male; the rate of male suicides in late life was about 5.25 times greater than female suicides.
- Firearms were the most common means (72.1%) used for completing suicide among the elderly.



Substance Use and Older Adults

“The ‘baby boomer’ cohort - people born from 1946 to 1964 - is the first in U.S. history with a majority having used illicit drugs sometime in their lives.”

Joseph C. Gfroerer, Director of the Division of Population Surveys at SAMHSA’s Office of Applied Studies (OAS).



Substance Use and Older Adults

- Estimated 4.8 million adults aged 50 + used illicit drugs 2012 - 5.2% of all adults in age group.
- Marijuana most commonly, nonmedical use of prescription drugs second.
- Prevalence of illicit drug use higher adults aged 50 to 59 than those aged 60 and older.
- Alcohol - most common primary substance of abuse among older adult admitted for treatment.



Substance Use and Older Adults

First-time substance abuse treatment admissions aged 55+ :

- Admissions self-identified heroin 7.2% in 1992 to 16% in 2008
- Admissions self-identified cocaine from 2.8% to 11.4% *

*Reardon, Christina. (January/February 2012 Issue). The Changing Face of Older Adult Substance Abuse. Retrieved from <http://www.socialworktoday.com/archive/012312p8.shtml>.



Mental Health Service Array

- Medication Management
- Outpatient Treatment
- Peer Support Services
- Psychosocial Rehabilitation
- Community Support Teams - MH and/or SA
- Assertive Community Treatment Team



Substance Abuse Service Array

- SA Intensive Outpatient Services (SAIOP)
- SA Comprehensive Outpatient Treatment Program (SACOT)
- SA Non-Medical Community Residential Treatment
- SA Medically Monitored Community Residential Treatment
- Detoxification Services
- Outpatient Opioid Treatment



Crisis Services

- Mobile Crisis Management
- Walk-in Crisis and Psychiatric Aftercare Programs
- Facility-Based Crisis Programs
- Crisis Intervention Teams



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NC Geriatric Adult Mental Health Specialty Teams (GAST)

Purpose: To increase the ability of people working in community agencies/organizations in providing services and support to older adults with mental health and substance use issues.

- Adult Care Home (ACH) Meals-on-Wheels Programs
- Family Care Home (FCH) Adult Day Care
- Nursing Home Veteran Affairs
- Senior Centers NC Community Resource Connections
- Home Care Agencies Departments of Social Services
- Home Health Agencies Faith-Based organizations
- Law Enforcement and Judicial system



GAST

- Typical symptoms and behaviors associated with mental illness and/or substance use disorders among older adults:
- Mood Disorders (depression, bipolar disorder)
- Anxiety disorders (PTSD, OCD, panic disorder)
- Schizophrenia and other Psychotic Disorders (paranoid, delusional, and psychotic disorders)
- Substance use disorders and Issues (alcohol use, prescription medication misuse, illicit drugs use)
- Cognitive Disorders (delirium, dementia to include Alzheimer's disease).
- Personality Disorders
- Typical medications used & associated side effects.



GAST

- Effective communication - verbal and non-verbal.
- Crisis prevention and de-escalation techniques
- Accessing crisis services through the LME/MCO.
- Suicide indicators, response, and prevention.
- Communicating mental health and/or substance use observations and interaction with psychiatrist, physician, and nurses.
- Techniques to assess behaviors that may be the result of medical conditions or environmental factors.
- Understanding LME/MCO system and how to make referrals for mental health and/or substance use treatment and services.



Screening, Brief Interventions, and Referral to Treatment (SBIRT) and Older Adults

Comprehensive, integrated, public health approach to the delivery of early intervention and treatment services in primary care centers, hospital emergency rooms, trauma centers, and other community settings.

- Six primary care clinics located within two networks of primary care practices affiliated with Community Care of North Carolina (CCNC) and two sites of a Federally-Qualified Health Center (Robeson Health Care
- Three provider agencies - Partnership for a Drug-Free North Carolina, Daymark, and Robeson Health Care



SBIRT

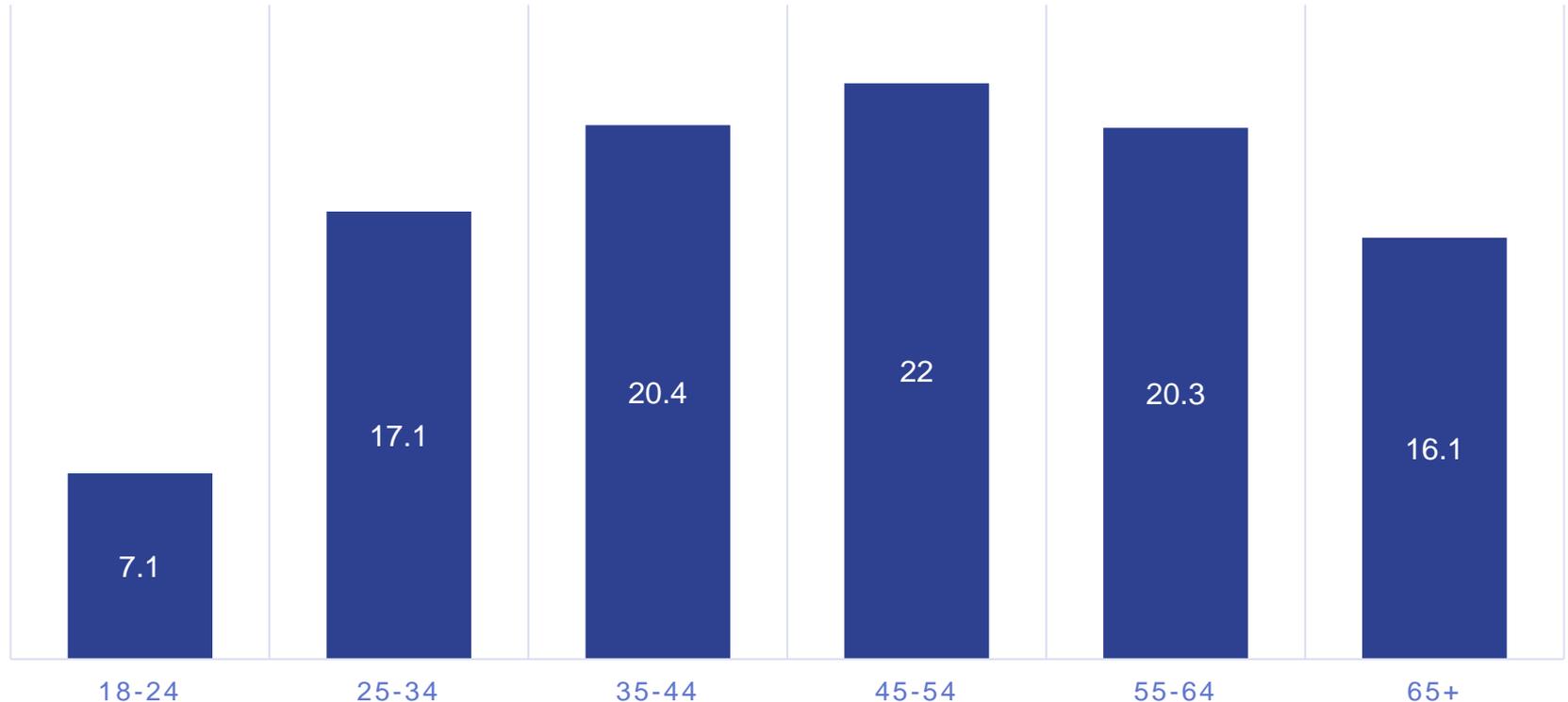
Persons asked to respond to two questions embedded in the annual visit health survey

- The number of times the individual has had four (if female) or five (if male) or more alcoholic drinks in one day in the past year
- The number of times the individual has used illegal substances in the past year.
- Administer Alcohol Use Disorder Test (AUDIT) and the 10-item Drug Abuse Screening Test (DAST10) person response of “one or more.”



SBIRT Participants by Age

■ SBIRT Participants By Age





Mental Health and Medicare

Medicare Part B cover mental health services and visits with these types of health professionals:

- Psychiatrist or other doctor
- Clinical psychologist
- Clinical social worker
- Clinical nurse specialist
- Nurse practitioner
- Physician assistant

Medicare and Your Mental Health Benefits Booklet

<https://www.medicare.gov/pubs/pdf/10184.pdf>



Medicare

Health professionals (except psychiatrists/ doctors) must accept **assignment** if they participate in Medicare.

Assignment: an agreement by your doctor, provider, or other supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.



Services Covered

Outpatient (clinic, doctor's office, therapist office, hospital outpatient department)

- Depression screening
- Individual and group psychotherapy
- Psychiatric evaluation
- Medication management
- Diagnostic tests

Part B also covers outpatient mental health services for treatment of inappropriate alcohol and drug use (Addiction Medicine)



Services Covered

Partial Hospitalization in some cases - structured program of outpatient psychiatric services provided to patients as an alternative to inpatient psychiatric care.

- provided during the day - doesn't require overnight stay
- provided through hospital outpatient department or community mental health center
- may cover occupational therapy that's part of mental health treatment and/or individual patient training and education about condition



Medicare Part A

Mental health services you get in a hospital requiring inpatient admission.

- general hospital or psychiatric hospital only caring for people with mental health conditions.
- If in a psychiatric hospital (instead of a general hospital), only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime
- no limit to the number of benefit periods when receive mental health care in general hospital



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References

Slide 2: Office of State Budget and Management. Facts and Figures.
Retrieved from

http://www.osbm.state.nc.us/ncosbm/facts_and_figures/socioeconomic_data/population_estimates/county_estimates.shtm.

Slide 3 - 6: Reddy, Swarna. (December 2014). Aging Profile North Carolina. [PDF]. Retrieved from <http://www.ncdhhs.gov/aging/demo.htm>.

Slide 9 - 10: Division of Public Health. Injury and Violence Prevention Branch. Violent Death Reporting System Annual report 2012. [PDF]. Retrieved from www.injuryfreenc.ncdhhs.gov/DataSurveillance/VDRS/2012/2012_NC.



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