

The University of Pennsylvania, Center for Mental Health Policy and Services Research, in partnership with Center for Geriatric Psychiatry is a research site in a National Study designed evaluation of Mental Health/Substance Abuse (MH/SA) Services for Older Adults through Primary Care
(Short Title: Aging, MH/SA and Primary Care)

Program Summary: The program description evaluates alternative models of delivering and financing mental health and/or substance abuse services for older adults through primary health care. We hope to identify differences in outcomes between models referring to specialty mental health/substance abuse services outside the primary care setting and those providing such services within the primary care setting itself. Study participation will include a variety of primary health care providers including those in managed care environments, community health clinics, Federally Qualified Health Centers (FQHC), and group practice settings, where MH/SA service referral and integration are feasible approaches. CMHS has partnered with SAMHSA's CSAP and CSAT in sponsoring this program; also, HRSA and the VA are participating in this program. One Coordinating Center and seven Study Sites were funded by SAMHSA. Three of the latter are also HRSA Community Health Centers and will receive additional service enhancement funding from HRSA. Furthermore, the Department of Veterans Affairs (DVA) is hopeful that another six VA Study Sites, following the same protocol, will be supported following an internal VA competition making a total of 13 Study Sites.

	<u>State</u>	<u>Grantee/Program</u>	<u>Princ. Investigator</u>
<u>Coordinating Center:</u>	MA	Harvard Medical School	Sue Levkoff
<u>SAMHSA Study Sites:</u>	PA	Univ. Of PA	Ira Katz
	CA	Univ. Of CA - San Fran.	Carroll Estes
	SC	Med. Univ. Of SC	Alberto Santos
	NY	Chinatown Action for Prog.	Henry Chung
	NY	Unity Health/St. Mary's Hosp	John McIntyre
	NH	Dartmouth College	Stephen Bartels
	NY	Sunset Family Health Center	David Brizer
<u>VA Study Sites:</u>	FL	Miami	Edwin Olsen
	IL	Chicago, Westside	Donald Jurivich
	WI	Madison	Dean Krahn
	AR	Little Rock	Jo Ann Kirchner
	CA	San Diego, W. LA, Long Beach	James Lohr
	PA	Philadelphia	Ira Katz

The awards to the above Coordinating Center and 13 Study Sites will achieve a strong geographic distribution and also serve a variety of special populations of older adults, including: women, Hispanic-, Asian-, Native-, and African-Americans and rural residents.

Highlights of SAMHSA's Program: Cooperative Agreements to Document and Evaluate Mental Health/Substance Abuse (MH/SA) Services for Older Adults through Primary Care
This new four-year program is more fully described on the attached Program Description.

- Older adults are the fastest growing vulnerable population with mental health and/or substance abuse (MH/SA) disorders.
- 13 Study Sites will compare the delivery of MH/SA services through primary health care:
 - The Referral Model: Referral of the client to outside speciality MH/SA services, with
 - The Integrated Model: Treatment of the client in the primary care setting itself.
- The above comparison parallels the distinction in managed care between carve-out and carve-in approaches.
- While dealing with these very significant service issues, it will do so objectively, seeking to expand our knowledge, using the most rigorous available scientific methods, by measuring the relative effectiveness of these service models and financing models on: older adults' utilization of MH/SA services, client (functional and psychiatric) outcomes, and system outcomes.
- Older adult consumers and their families will have an important role in the program.
- It concerns both mental health problems and the most prevalent substance abuse problems in older adults, including alcoholism and alcohol abuse.
- Five Federal agencies** are working closely together on this program bridging mental health, substance abuse, primary health and aging; it is expected that successful applicants will develop partnerships across these domains at the State and local levels.
- It will identify the best screening/assessment and outcome instruments and methods which can be used in primary care settings with older adults.
- It highlights the prevention, early identification, early intervention, and treatment components of the models under study.
- Finally, it addresses training: It seeks to determine if the identification of staff training needs and training actually provided has an impact on system and provider proficiencies and on client outcomes.

* The original announcement (GFA SM98-009, 93 pages) may be accessed at: ken@mentalhealth.org

** The cooperating Federal agencies include the Center for Mental Health Services, Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, within the Substance Abuse and Mental Health Services Administration; Health Resources and Services Administration, and Department of Veterans Affairs. In addition, this program is coordinating its efforts with a dozen other Federal agencies.

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Program Summaries: Aging, MH/SA & Primary Care Program

Coordinating Center: Harvard Geriatric Education Center (GEC), Boston, MA
PI: Sue Levkoff, ScD

The Harvard Upper New England Geriatric Education Center (HGEC), the JSI Research and Training Institute, and the National Center for Addictions and Drug Abuse at Columbia University have jointly developed this Coordinating Center proposal to study approaches for older adults' mental health and substance abuse (MH/SA) services in primary care settings. The HGEC seeks to collaborate with SAMHSA in the evaluation of the effectiveness of different primary care-based treatment models for MH/SA services. These models include the integrated approach (integrated-training or integrated-staff) or the referral approach (integrated delivery systems of non-affiliated providers).

The Coordinating Center will work with the Steering Committee to design and implement a multi-site evaluation of the integrated versus the referral treatment of models. It will provide assistance to the 7 SAMHSA Study Sites, 6 VA Study Sites, and participating Federal agencies in the selection of mental health conditions and help in identifying appropriate screening, assessment, and outcome instruments. The Coordinating Center will take the lead role in designing the cost study so that the cost effects of different treatment models and interventions can be assessed. In order to collect standardized information on patient outcomes and costs, it will work with the Steering Committee to establish a common protocol for data collection. The implementation of the common protocol will involve the development of standardized procedures for uniform data collection and quality assurance across sites. It will also develop and maintain a data repository to synthesize the data collected.

To accomplish these programs objectives, the Coordinating Center has assembled a multi-disciplinary and multicultural team of investigators and consultants with expertise in the six major technical areas relevant to the program. These areas include geriatrics/gerontology, mental health, substance abuse, primary care, cost and health economics, and research methods in multi-site studies. The Coordinating Center staff has extensive experience in managing large multi-sites studies and in providing training and technical assistance to community-based health care organizations. Through these experiences, Coordinating Center staff have developed the capabilities to work successfully in academic-community partnerships in collaborative and participatory process.

Study Sites:

1. University of Pennsylvania, Philadelphia, PA PI: IRA Katz, M.D.

The application originated from a group at the University of Pennsylvania, Friends Hospital, and the Penn-Friends Behavioral Health System. They propose to address the care of older individuals with mental health and substance abuse disorders that are most common and most significant in the primary care setting, including major depression, persistent minor depression or dysthymia, alcohol abuse, late life psychotic disorders, and chronic use of benzodiazepines. The

4. Chinatown Action for Progress, New York, NY PI: Henry Chung, MD

The aim of the proposed research program is to enhance and evaluate the treatment outcomes of older Asian adults with mental health and substance abuse (MH/SA) disorders in primary care settings. Their specific purpose is to examine whether an integrated primary care and a mental health services program yield superior outcomes for older Chinese American patients (age 55 and above), as compared to usual care in which the primary care clinicians screen and refer patients with MH/SA problems to outside specialty services. To compare the integrated MH/SA services models with the "usual care" model, five sites are selected: the Chinatown Health Clinic and the Flushing Primary Care Center will serve as Integrated models; the NYU Downtown Hospital, the NYU Downtown Family Care Center, and the Brooklyn Primary Care Center will serve as the "usual care" models. They have also designed a service enhancement plan to increase community awareness and to ensure patient access and recruitment to culturally competent mental health services in both models. To evaluate the outcomes of different MH/SA services models, they proposed to assess both patient measures (e.g., clinical symptoms, functional levels, and quality of life, patient satisfaction) and system measures (e.g., success of referrals, provider retention of skills, and the costs/benefit of utilizing MH/SA services).

5. Unity Health System, Rochester, NY PI: John McIntyre, MD

The project will involve screening approximately 2,000 older adult patient of ten affiliated primary care practices in the Rochester, New York area which are served by on-site mental health professionals of the Department of Psychiatry and Behavioral Health of Unity Health System. All consenting, primary care patients who fall in the upper decile of a mental health distress measure, the General Health Questionnaire, will be randomly assigned to received either outpatient mental health services within the primary care setting itself or a referral to an outside MH/SA service provider. Independent assessments -will be conducted at baseline, three months, six months, and one year following assignment to services approach. The assessments will span clinical symptoms, health-related quality of life, global function, service utilization, and satisfaction with services. In addition, an assessment will be made to each participating patient's clinical diagnosis and use of general medical and specialty mental health services during the follow-up period.

6. Dartmouth College, Hanover, NH PI: Stephen Bartels, MD

This project will assess the effects of an integrated, collaborative model providing mental health and substance abuse (MH/SA) services for elderly persons (age 65 and older) within a primary care setting - a large Veterans Medical Center. It will test the hypotheses that the integrated MH/SA services model, as compared to a standard model of referral by a primary care provider to a specialty mental health clinic, will result in: a greater number of patients initiating and completing MH/SA treatment; better consumer acceptance of and satisfaction with MH/SA services, and improved consumer outcomes. This project will enhance and expand the model as

well as develop an Interventions Manual and process evaluation measures. During the intervention, 240 older consumers in a VA outpatient primary care clinic will be assigned to receive MH/SA services in either the Integrated Collaborative (IC) model or the Standard Referral (SR) model of care. Baseline data collection will consist of interview and self-report instruments with follow-up assessments conducted for each consumer at 3 and 12 months. Service use, and cost data will also be captured for each consumer.

7. Sunset Family Health Center, Brooklyn, NY PI: David Brizer, MD

The Sunset Park Family Health Center Network (SPFHNCN), a Federally-Qualified Health Center, in collaboration with Lutheran Medical Center Health System, an integrated health care delivery system, propose to develop a study to determine an effective behavioral health services delivery model for older adults living in southwest Brooklyn, New York. This study will create a system within two SPFHNCN, primary care facilities to screen for, assess and ultimately treat mental illness, alcohol dependence and substance abuse among adults ages 55 and older. The proposed study will compare an integrated service model in which behavioral health services are co-located within the primary care setting and the primary care provider is directly involved in the process with a more traditional approach of referral from the primary care setting to specialized services. Compounding the problem of not recognizing MH/SA problems is the fact that many providers lack sufficient knowledge of culturally competent approaches to these problems in ethnic populations. A further intention of the study is to coordinate screening and treatment efforts with community agencies senior housing programs in the community and with the Coordinating Center of the multi-site study. This study, by use of feedback from the outcomes and continuous quality improvement, will contribute to the development of more effective approaches to problem identification, to better adherence to referral/follow-up procedures, and systematic empirically-supported interventions. During the study, effective screens, interval assessments and outcome measures will be identified. In addition, primary care providers will be trained to perform screening and ongoing assessments, and will be provided with treatment guidelines for management of depression, alcohol dependence and related problems.