Geriatric Substance Abuse Recovery Program in Post-Acute Care

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A Toolkit for Implementation and Evaluation

In partnership with:

THE NEW JEWISH HOME
AGE LIKE A NEW YORKER

LeadingAge
LTSS CENTER
@UMass Boston
Research bridging policy and practice

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Introduction

Older adults are experiencing increasing levels of physical, psychological, and social harm from alcohol and other substance abuse. That impact is more severe for older adults than for younger age groups.

Yet, problematic, hazardous, or high-risk use of alcohol and other substances, referred to in this document as "substance misuse" or "substance abuse," often goes unidentified and untreated in older populations. Adults aged 65 and older are less likely to use potentially beneficial substance use treatments, or to perceive the need for that treatment, compared to their younger counterparts *(Choi, DiNitto, and Marti, 2014)*. This is partly due to the fact that significant barriers, including stigma, geographic isolation, insufficient funds, and lack of transportation, may keep older adults from seeking treatment *(Center for Substance Abuse Treatment, 2012)*.

Promising approaches to screening and interventions for substance use issues have been developed. However, traditional settings, like primary care, often cannot reach older adults who need these interventions. In addition, new screening and intervention approaches are needed to support older people so they can avoid substance abuse issues by making healthier decisions regarding alcohol and other substance use.

All of these challenges prompted The New Jewish Home, a nonprofit health care system for older adults in the New York metropolitan area, to develop the Geriatric Substance Abuse Recovery Program (GSARP) in 2014.

Background on GSARP at The New Jewish Home

GSARP was designed to identify and support older adults with alcohol and drug abuse issues who are admitted to The New Jewish Home's skilled nursing facility (SNF) for post-acute rehabilitation following a fall, hip fracture, surgery, or other medical event.

The New Jewish Home recognized that post-acute rehabilitation units located in SNFs can serve as important intervention points for alcohol and substance abuse screening and recovery for the aging population. This is true for 2 reasons:

1. Older adults remain in inpatient rehabilitation settings for a significant period of time as they work to regain physical strength. Substance abuse health professionals working in post-acute settings have a unique opportunity to build trusting relationships with older patients who have substance abuse issues. These relationships increase the likelihood that patients will participate in needed recovery-related interventions during their post-acute stay and after their return to the community.

2. Substance use issues can interfere with successful rehabilitation. Unaddressed substance misuse, when compounded with insufficient rehabilitation, could lead to re-hospitalizations for such conditions as fall-related injuries.

The New Jewish Home based the design of GSARP on components of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach to management of substance misuse (Schonfeld et al., 2010). Guided by this approach,

a program director/substance abuse counselor with a master's degree in mental health counseling coordinated and delivered GSARP's service components under the supervision of the SNF's director of social work.

This toolkit uses the experience of The New Jewish Home to provide a general framework that other post-acute care providers can use to design, implement, and evaluate a Geriatric Substance Abuse Recovery Program.

The Geriatric Substance Abuse Recovery Program

The Geriatric Substance Abuse Recovery Program (GSARP) is a recovery program, not a treatment program. The term "treatment" refers to the process that individuals undergo to detoxify or cleanse their bodies from toxins related to alcohol or drug use and to receive behavioral or medical treatment. A recovery program like GSARP, on the other hand, takes place after detoxification, and is designed to help individuals transition to sober living. As a recovery program, GSARP required that patients needing detoxification undergo that detoxification in the hospital before being admitted to the SNF.

GSARP has five components:

Screening

The program director/substance abuse counselor identifies possible substance abuse issues by screening all patients admitted to the SNF for post-acute rehabilitation. The 4 question CAGE-AID questionnaire *(Brown and Rounds, 1994)* is administered to all new patients one business day after admission to post-acute care.

Admission and Patient Evaluation

The program director/substance abuse counselor evaluates SNF patients for alcohol and other substance abuse issues if those patients screen positive on the CAGE-AID and are willing to participate in GSARP. Patients admitted to GSARP undergo a second evaluation to assess their specific addiction and recovery support needs. This assessment is conducted using the Michigan Alcoholism Screening Test-Geriatric Version *(Blow et al., 1992)* and the Drug Abuse Screening Test *(Skinner, 1982)*.

Individualized Care Plan

The program director/substance abuse counselor works with each GSARP participant to develop a comprehensive, individualized care plan. This care plan is designed to meet the GSARP participant's recovery needs during the post-acute stay, which usually lasts 3-to-5 weeks. Whenever possible, the process of developing the care plan involves members of the patient's family.

The program director/substance abuse counselor meets with each GSARP participant 3-to-5 days per week during the post-acute stay. Each session lasts approximately 45 minutes. Sessions feature motivational interviewing, relaxation techniques, and positive reinforcement to address the participant's substance abuse issues and to help the participant develop positive coping skills. Sessions can be delivered individually or in a group setting and can include family members.

The GSARP care plan is based on the participant's individual situation, needs, and willingness to participate. The plan can include any of the following:

- Psychological consultations.
- Substance abuse counseling.
- Group work and individual therapy.
- Family therapy.
- Community-based self-help groups like Alcoholics Anonymous. Group meetings typically take place onsite at the rehabilitation setting.
- Involvement of family members and/or caregivers in the recovery process, as needed, to support the GSARP participant.

Referral to Community-Based Programs and Services

Before being discharged from the rehabilitation program, each GSARP participant is linked by the program director/substance abuse counselor with a community-based substance abuse recovery program that fits the participant's needs. The program director/counselor often makes referrals to community-based programs that already have a relationship with the post-acute setting. Referrals are tailored to each participant's optimal recovery outcomes. Sometimes referrals can include discharge to an in-patient recovery program.

Post-Discharge Phone Call and Home Visit

After the GSARP participant is discharged from post-acute care, the program director/substance abuse counselor follows up with a phone call and a home visit to ascertain how the participant is managing. The program director/substance abuse counselor can provide ongoing support and encouragement, verify that the participant is using appropriate community-based supports, and identify additional supports the participant may need.

Making The Case For GSARP

There are several compelling factors that support the need for programs like GSARP in post-acute rehabilitation settings.

Prevalence of Abuse

About 17% of adults aged 50 and older in the United States engage in at-risk alcohol and/or substance use *(Center for Substance Abuse Treatment, 2012)*, defined as a consumption level that could lead to alcohol or substance misuse. With large numbers of baby boomers turning 65, at-risk use of alcohol and other substances is projected to increase. Among the most misused substances are:

Alcohol: About 19% of older adults in the U.S. misuse alcohol *(Han et al., 2019)*.

Prescription drugs: About 11% of older adults misuse prescription drugs *(Simoni-Wastila and Yang, 2006)*. As chronic health conditions increase with age, older adults are prescribed and consume prescription drugs—particularly sedatives and opioids—that can lead to prescription drug misuse.

Illicit drugs: About 5% of adults aged 50 and older used illicit drugs in the last year, according to the Center for Substance Abuse Treatment (*2012*). The most commonly used illicit drug among older adults is marijuana, followed by cocaine, heroin, and hallucinogens. Illicit drug use is higher among members of the baby-boom generation, compared to previous generations *(Kuerbis, 2019; Wu and Blazer, 2011)*.

Impact of Substance Misuse

Age-related changes in how the body processes alcohol and drugs put older adults at greater risk for substance misuse-related problems *(Cummings et al., 2013)*. These problems include:

Increased levels of intoxication: Decreases in lean body mass and total body water can result in higher blood alcohol concentrations and increased impairment when older adults consume alcohol, compared to younger age groups *(Oslin, 2000)*. The resulting intoxication can cause accidents, falls, and related injuries like hip fractures among older adults *(Bucholz et al., 1995; Saitz, 2003)*.

Increased risk of developing health issues: Alcohol consumption can trigger or exacerbate additional serious health problems among older adults *(Center for Substance Abuse Treatment, 2012)*. These health problems include:

- Hypertension, cardiac arrhythmia, myocardial infarction, cardiomyopathy, or hemorrhagic stroke *(Saitz, 2005)*.
- An impaired immune system, which makes it more difficult to combat infection, cancer, cirrhosis, and other liver diseases *(Reinhard and Fulop, 1993)*.
- Malnutrition, decreased bone density, gastrointestinal bleeding, depression, and anxiety *(Atkinson, 1999)*.

Increased risk of drug interactions: Older adults typically take more prescription drugs than younger adults. When mixed with alcohol and illicit drugs, these prescribed drugs can cause serious health problems *(Colliver et al., 2006)*.

Given the higher likelihood of drug interactions among older adults who have issues with alcohol and/or drugs, it is not surprising that this population is at greater risk for hospital admissions and readmissions than older adults without substance use issues *(Adams et al.,1993; Goldfield et al., 2008)*.

Unique Role of Post-Acute Settings

Post-acute rehabilitation units of SNFs are an important intervention point for older adults with substance use issues for 2 reasons:

Post-acute settings provide access to the target population. Post-acute units serve mostly frail older adults, many of whom have substance use issues and experience significant health problems stemming from alcohol or drug misuse that began early in life *(Center for Substance Abuse Treatment, 2012)*.

Substance use can affect rehabilitation outcomes. Substance use problems can interfere with successful rehabilitation. Unaddressed substance misuse, compounded by insufficient rehabilitation, could lead to a re-hospitalization due to a fall or other injury. Post-acute settings are in a unique position to stop the revolving door of readmission to acute-care settings for certain patients.

Benefits of GSARP

Improved Outcomes

A 2016 study by The New Jewish Home's Research Institute on Aging found that GSARP helped participants avoid a drug or alcohol abuse relapse after they left the rehabilitation setting. Researchers also found that GSARP participants had lower 30-day re-hospitalization rates than post-acute patients with substance use issues who did not participate in the program *(Cimarolli et al., 2018)*.

A 2019 follow-up study conducted by the LeadingAge LTSS Center @UMass Boston and The New Jewish Home found that GSARP also improved rehabilitation outcomes for program participants *(Cimarolli et al., 2020)*. In a major finding, researchers determined that the vast majority of GSARP participants (90%) were discharged to their homes after rehab, an outcome that indicates a highly successful rehabilitation experience. Only 71% of individuals who did not participate in the GSARP program had a similar positive outcome.

Increased Revenue

SNFs may have to turn away post-acute patients with alcohol and substance abuse issues if their post-acute settings are not prepared to help patients who need both post-acute care and substance abuse counseling. This lack of SNF capacity could result in a loss of revenue if those beds are left vacant.

Conversely, a SNF's ability to admit post-acute patients with alcohol and substance abuse issues can increase revenue for the SNF through increased occupancy. The New Jewish Home found that acute-care hospitals were more interested in referring post-acute patients with substance abuse issues to its SNF because GSARP was available.

Enhanced Visibility

Implementing GSARP can send a powerful message to the general public that a SNF is addressing an unmet need in the older adult community. The New Jewish Home's GSARP program was featured in numerous news articles and peer-reviewed journals. This kind of public relations is extremely valuable to any organization in the field of aging services.

Implementation Tips For Providers

GSARP is a relatively easy program to implement. However, you will need to take these 9 pre-implementation steps to ensure the program runs smoothly.

1. Establish partnerships with local hospitals.

Local hospitals are likely to be interested in referring their patients to your GSARP, especially if the program can help reduce 30-day re-hospitalization rates. But you must first let these hospitals know you are offering the program and educate them about the program's protocols and outcomes.

Get to know the discharge coordinators at hospitals that refer post-acute patients to your SNF. Let them know GSARP is available to patients who need post-acute care and substance abuse counseling.

2. Reach out to community-based substance abuse recovery programs.

Community-based substance abuse recovery organizations can help GSARP participants continue their recovery after discharge from post-acute care. Establish relationships with these programs. These relationships will allow you to refer GSARP participants to community-based programs before those participants are discharged from the post-acute setting.

You may already be working with, or know of, local substance abuse recovery programs. If not, your hospital partners, and discharge planners in particular, can help you identify community-based programs. In addition, the Substance Abuse and Mental Health Services Administration offers a treatment locator that allows you to search for state-licensed providers specializing in treating substance use disorders, addiction, and mental illness.

3. Advertise the availability of your program.

Create awareness of your GSARP initiative by reaching out to other organizations serving older adults in the community, including adult day health centers and hospitals. Newsletters and social media are useful advertising tools.

4. Hire a program director/substance abuse counselor.

The program director should be a certified substance abuse counselor, and should have experience working with older adults, preferably in a nursing home setting. This position can be full time or part time, depending on the size of the SNF.

Search for a person who is outgoing and has strong relationship-building and presentation skills. The program director/substance abuse counselor must be able to present the benefits of GSARP in a convincing manner, and should be proficient in the languages spoken by the older adults you serve.

5. Convene an advisory group.

Your GSARP advisory group should meet at least quarterly to discuss your program's design, implementation, and evaluation process. The advisory group should be led by the SNF's administrator, and should include:

- The SNF's director of social work.
- The program director/substance abuse counselor.
- Researchers who will evaluate the program.

- Board members from the organization sponsoring GSARP.
- Community leaders.
- Institutional funders and/or foundation program officers.
- Other experts in the field.

6. Decide where your program will take place.

You can designate a separate unit in your post-acute area for GSARP. Or, you may want to house GSARP participants in rooms throughout the SNF and use a common area to conduct program activities.

7. Educate all SNF staff.

Be sure to give all SNF staff members information about the availability and nature of GSARP, including the fact that GSARP is available free of charge and that patients will not undergo detoxification at the SNF.

Educating SNF staff members about GSARP will ensure their buy-in and will give them the tools they need to become advocates for the program. Well-informed staff members can tell families about GSARP and outline its benefits for post-acute patients who have substance abuse issues. Training should also include strategies to help staff understand and support positive coping behaviors among participants.

8. Train frontline care partners.

GSARP relies on frontline care partners to administer short, validated screening tools designed to detect whether newly admitted post-acute patients have alcohol and substance abuse issues.

9. Create organizational policies and procedures for GSARP.

These policies and procedures should outline patient flow and intervention protocols, including the process for administering standardized assessments of patients whose alcohol and/or substance abuse issues have been identified.

Tips For Evaluating GSARP

Once you've implemented GSARP, it's important to evaluate the program through 2 mechanisms: a process evaluation and an outcome evaluation.

Process Evaluation

The process evaluation should describe the patient population that was referred to the GSARP and should answer the following questions:

1. How many patients were referred to the program?
2. How many patients participated?
3. What are the social, demographic, and health-related characteristics of program participants?
4. What are the social, demographic, and health-related characteristics of "refusers"—that is, patients who chose not to participate in the program?
5. Do program participants and refusers differ in their social, demographic, and health-related characteristics?
6. What suggestions for program improvement did participants offer?

Outcome Evaluation

The outcome evaluation should be designed to determine GSARP's impact on participant outcomes and satisfaction, and should answer the following questions:

1. Did GSARP participants adhere to their discharge plans related to substance abuse recovery services?
2. Did program participation reduce problematic substance use and prevent relapse?
3. Did the program improve physical and psychological functioning?
4. Did program participants have lower re-hospitalization rates than refusers?
5. How satisfied were program participants with GSARP and post-acute care?
6. What suggestions for program improvement did participants offer after they completed the program?

Data to be Assessed

You can analyze existing sets of data, and create new data sets, to help you evaluate the success of GSARP in your organization. Focus on collecting data in these 5 areas:

1. Social, demographic, and health-related characteristics: You can obtain a variety of data from a participant's electronic medical record, including age, gender, race/ethnicity, and length of stay in the post-acute setting. In addition, you can collect information directly from the GSARP participant. Ask if the participant uses prescription medication for nonmedical reasons. Track whether the participant returned home or to acute care after discharge from the post-acute setting.

2. Adherence to discharge plan and relapse/use reduction: One week after discharge, call the program participant to inquire if the individual is following the recovery discharge plan, has reduced substance use, or has relapsed.

Thirty days after discharge, follow up to ask if the GSARP participant:

- Had difficulty following the recovery plan after being discharged from the rehabilitation setting.
- Attended individual, group, or family therapy, or 12-step support groups, after discharge.
- Used alcohol or prescription medications for nonmedical reasons, and/or used drugs not required for medical reasons, such as cannabis, inhalants, methamphetamines, hallucinogens, narcotics, or tranquilizers.

3. Physical and psychological functioning: As part of the 30-day post-discharge follow-up interview, ask participants to indicate whether aspects of their physical and psychological functioning have changed as a result of their GSARP participation. Participants can rate their progress in the following 5 areas by assigning numbers to indicate that they are doing worse (1), the same (2), or better (3):

1. Physical functioning.
2. Psychological functioning.
3. Nutrition.
4. Getting along with others, including family.
5. Coping with life's ups and downs.

4. Satisfaction with GSARP and post-acute rehabilitation: Using a scale of 1 to 4 (with 4 being excellent and 1 being poor), ask post-discharge patients to rate their overall satisfaction with:

1. The recovery program.
2. The organization from which they received rehabilitation services.

5. Suggestions for program improvement: Ask each participant 3 open-ended questions to obtain information that could be used to improve GSARP:

1. Do you have any suggestions for improving the substance abuse recovery program?
2. What was the most beneficial part of the substance abuse recovery program?
3. What was the least beneficial part?

Conclusion

Many older adults experience alcohol and substance use issues that may affect their well-being. This toolkit represents an effort to help providers of post-acute rehabilitation address the growing public health issue of substance abuse among older adults and to help older adults achieve an optimal quality of life.

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