



Reaching & Engaging Older Adults in Behavioral Health Webinar

September 19, 2012



OLDER AMERICANS
Behavioral Health
Technical Assistance Center

**Funded by SAMHSA
in collaboration with AoA**



Webinar Overview



- Promising approaches to reach and engage older adults in prevention and early intervention for depression, alcohol and medication misuse.
- Successful strategies to engage different racial and ethnic minority elders; older immigrants; lesbian, gay, bisexual and transgender (LGBT) elders; and older men and women.
- Enlisting consumers as partners in program outreach and peer education.

Please send questions via WebEx Chat Box

Introduction and Presenters



Introduction

Michele L Boutaugh BSN MPH

Office of Nutrition and Health Promotion Programs

Administration on Aging

Administration for Community Living

Presenters

Kristen Barry, PhD

University of Michigan

Ann Arbor, MI

Kimberlie Flowers, MSW, LCSW

Elder Services of Merrimack Valley

Lawrence, MA

Introduction and Presenters (Cont.)



Teresa Legault, MPA and Liz Smith, LCSW

Senior Reach, Jefferson Center for Mental Health, Jefferson County, CO

Patricia Pullins, LMSW, LCDC

The Wellderly Program, The Council on Alcohol and Drugs Houston, TX

Andrea Garr, BA

Un Nuevo Amanecer/ A New Dawn,
United Community Center, Milwaukee, WI

Mounir Dahdah and Chris Kerr, MEd, LPC

Seniors Preparing for Rainbow Years (SPRY),
Montrose Counseling Center, Houston, TX

Reaching and Engaging Older Adults



What Does Research Tell Us about Reaching & Engaging Older Adults in Behavioral Health Prevention and Care?

Kristen Barry, PhD

University of Michigan

Science Team, Older Americans Behavioral Health

Technical Assistance Center

Reaching and Engaging Older Adults (Cont.)

REACH

- ➔ Reaching older adults who may need prevention and intervention services for depression and alcohol/psychoactive medication misuse is the first key step in providing those services.
- ➔ This can be accomplished through partnerships between aging services, primary care, and behavioral health programs.
- ➔ Strategies to reach older adults include:
 - Universal prevention education,
 - Universal and selective screening for depression, alcohol use, and psychoactive medication use/misuse ,
 - Training community members to be gatekeepers to identify and refer at-risk seniors.

Reaching and Engaging Older Adults (Cont.)

ENGAGEMENT

Engagement in prevention and intervention services for depression and alcohol/psychoactive medication misuse is a key step in improving outcomes for older adults

- ➔ There are a variety of prevention, intervention, and treatment techniques that have proven to be successful in working with older adults.
- ➔ “Engagement” in any of these activities require overcoming barriers to care in the:
 - Older adult
 - Clinicians
 - Provider organizations.

Barriers to Engagement

- ➔ Psychological – stigma, self-reliance, ageism, knowledge and myths about depression, and about alcohol and psychoactive medication misuse
- ➔ Tangible – lack of training in prevention/intervention, insurance, co-payments, accessibility, transportation, availability of services
- ➔ Illness – cognitive impairment, medical burden, depression severity and symptoms, severity of alcohol/medication misuse
 - Sirey, Bruce, Kales (2010)
 - Barry & Blow (2005)

Research on Engagement Strategies: Depression

→ Open Door Intervention: Depression

- Randomized controlled trial of a brief, individualized psychosocial program to improve engagement in mental health services among community dwelling older adults who are homebound and receiving meal services

[Sirey, J. Amer J of Psychiatry, 2005; International J of Geriatric Psychiatry, 2008; Sirey J: Barriers to Mental Health Care. Geriatric Mental Health Alliance. March 1, 2011]

→ The Treatment Initiation and Participation (TIP) program: Depression

- Designed to improve antidepressant adherence and depression outcomes in primary care

[Sirey, J. American J of Geriatric Psychiatry, 2010]

Research on Engagement Strategies: Alcohol/Psychoactive Medication Misuse



→ Brief Prevention Interventions: Alcohol/Psychoactive Medication

- Computerized or paper-and-pencil screening
[Barry & Fleming, 1991]
- Evidence-based selective prevention strategies
- Nonjudgmental motivational interventions
[Fleming, et al, 1999; Blow & Barry, 2005]

Lessons Learned from Research and Evaluation Programs: What Works?

- Nonjudgmental motivational approach
- Engaging older adult in decision-making; empowerment
- Not using stigmatizing terms (e.g. alcoholic, addict)
- Working with older adults in the setting they prefer (e.g. addressing mental health concerns in primary care; senior services, home, etc.)
- Active 'warm hand-off' from primary clinician to person addressing the depression or alcohol issue

Lessons Learned from Research and Evaluation Programs: What Works? (Cont.)

Continued...

- Establishing partnerships between providers
- Engaging professionals who have a trusted relationship with the older adult to help
- Taking an educational prevention/intervention approach to engage the older adult
- Addressing physical barriers (e.g. helping to arrange transportation, where needed)
- Tailoring approaches to varying cultural views of behavioral health

The Good News!



- There are reliable and valid screening methods for alcohol, psychoactive medication misuse, and depression.
- Brief targeted preventive interventions work.
- Treatments work.
- There is good training available in these techniques.
- New methods are being employed to reduce barriers to care and foster engagement to improve outcomes.

Practice Success in Reaching and Engaging Older Adults in Prevention



Elder Services of the Merrimack Valley, Inc.



Choices for a life-long journey

Kimberlie Flowers, MSW, LICSW

Outreach Clinical Social Worker

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Lawrence, MA

Elder Services of the Merrimack Valley (ESMV) Overview

Area Agency on Aging (AAA) and Aging & Disability Resource Center (ADRC)

Information and Referral

Assessments of Functional Impairments

Interdisciplinary Care Coordination Teams

Authorize, purchase, monitor home & community based services

Nursing Home Pre-Admission Screening & counseling on community options


Designated agency to conduct Elder Abuse/Neglect Investigations & Intervention

Independent Care Coordination:

- Personal Care, Homemaking & Chores
- Home Health Services-Skilled RN, OT, PT, ST
- Supportive Home Care Aide
- Adult Day Health Care
- Alzheimer's Day Programs
- Habilitation Therapy
- Supportive Housing
- Mental Health
- Meals on Wheels
- Transportation
- Personal Emergency Response
- Medication Dispensing System
- Adaptive Housing/Assistive Technology
- Short-term Residential Respite in Nursing
- Facility, Assisted Living
- In Home Respite

ESMV is a Healthy Living Center of Excellence

Programs in Prevention

- 
- ➔ Numerous Evidence-Based Programs allow Older Adults to choose better options for managing their health:
 - My Life, My Health: Chronic Disease Self -Management
 - Diabetes Self-Management
 - Better Choices, Better Health: An online program
 - A Matter of Balance
 - Healthy Eating for Successful Living
 - Community Care Transitions Program
 - EnhanceWellness
 - Healthy IDEAS: Identifying Depression, Empowering Activities for Seniors

Culturally-adapted Prevention Programs



- “Tomando Control de su Salud”: My Life, My Health: Chronic Disease Self Management
- Healthy Eating: Spanish, Russian, Cantonese, Vietnamese
- Healthy IDEAS: Identifying Depression, Empowering Activities for Seniors: Spanish and Cambodian
- Community Care Transitions Program (CCTP): Spanish and Cambodian

Effective Multicultural Community Partnerships

- ESMV partners with
 - Massachusetts Mental Health Association
 - Community Cultural Agencies
 - Harvard Multicultural Coalition on Aging
 - Latino Health Insurance Program
- Referrals from Health Care Organizations, PCP's and local Community Health Centers.
- Primary focus on Hispanic, Vietnamese, Chinese, Guatemalan, Cambodian and Portuguese older adults.

ESMV Hoarding Program

Engaging Reluctant At-risk Elders

Priority: Harm Reduction

- Identify areas of health or safety concern
- Assess elder's insight regarding hazards
- Encourage changes to increase safety
- Assist with changes
- Develop trusting relationship

Tools: Cognitive Behavioral Therapy

- Integrate into Harm Reduction sessions
- Process how it feels, what comes up
- Change the relationship to the belongings

Jefferson Center for Mental Health



Teresa Legault, MPA, Project Director

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Liz Smith, LCSW, Director of Senior Services

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Jefferson County, CO

Senior Reach Overview



Jefferson Center for Mental Health is the lead agency partnered with the Seniors' Resource Center and Mental Health Partners to provide:

- Mental health counseling and wellness services
- Case Management
- Expanded services in 6 primary care locations

Partnership in Aging and Behavioral Health

Key Community Partners (Gatekeepers)



- **Traditional Community Partners** – Adult Protection, primary care practices, AAA, community agencies serving older adults
- **Non-traditional Community Partners** – Senior Centers, senior residences, community members, peers

Reaching and Engaging Older Adults

Collaborative Community Approach



Collaborative Community Approach to Reach:

- At-risk & frail adults age 60+ not seeking help on their own behalf; reached through community partner referrals to a senior-friendly call center
- Consistently screen seniors for depression, prescription drug misuse/abuse, and tobacco use while at their primary care office

Keys to Identifying Older At-risk and Frail Adults Not Seeking Services

- “Spread the word”
- Community partner training – 2,500 average trained yearly to help identify older adults (400 referrals last year)
- Go where the seniors are
- Community-based wellness classes
- Partner with other providers
- Have a presence at PCP office

Keys to Engaging Older Adults Not Seeking Service on Their Own

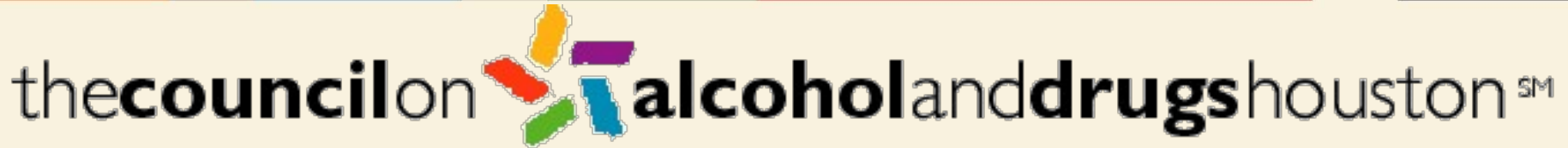
- Use a senior-friendly approach from referral to treatment – in-home services 90+% engagement
- Establish relationship
- Utilize Motivational Interviewing techniques
- Focus on overall wellness – 1700 screened at PCP – 45% engagement for brief intervention or on-going services

Lessons Learned



- Train staff on the unique treatment concerns for older adults
- Establish team culture & value for data collection and outcomes
- Focus on wellness and health literacy
- Be clear on services you can offer
- Be active in the communities you serve

The Council on Alcohol and Drugs Houston



The Wellderly Program

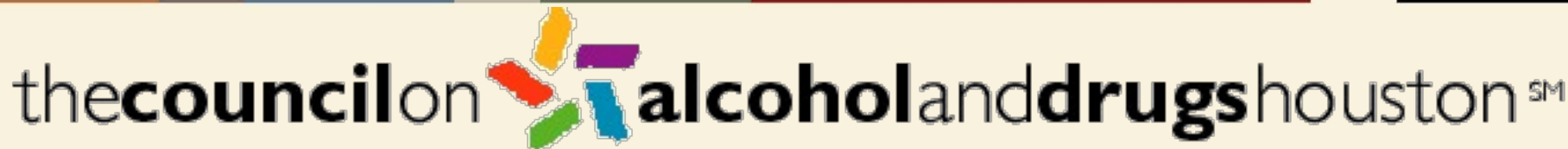
Patricia Pullins, LMSW, LCDC

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The Council on Alcohol and Drugs Houston (Cont.)



The Council on Alcohol and Drugs Houston is a local nonprofit organization providing services to all persons affected by problems related to alcohol and other drugs.

Organization Services:

- Prevention
- Intervention
- Outpatient treatment

Partnership in Aging and Behavioral Health



Key Partners include:

- AAA
- Senior Centers
- Mental Health Service Providers
- Alcohol & Drug Treatment Providers
- University
- Others

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Special Focus:

- At-risk seniors in independent living communities
- African Americans

Keys to Reaching Older Adults

- Partner with groups already reaching the population such as group meal programs, social clubs, civic organizations, older adult housing projects and religious groups
- Participate in health fairs
- Network with senior service professionals
- Media appearances
- Advertise in senior resource publications

Keys to Engaging Older Adults

- Examine cultural elements in the older adult - service provider relationship.
- Consider cultural factors related to the norms of psychosocial environment and levels of functioning.
- Ask questions about individual life experience and strengths. Utilize information learned to facilitate conversation.

Lessons Learned



- Be sensitive to the experience of many African Americans in dealing with cultural and ethnic bias.
- Older African Americans, particularly men, may be more sensitive about perceptions of: being talked down to, discriminated against, singled out, given orders to, or, being corrected.



Centro de la Comunidad Unida United Community Center

Un Nuevo Amanecer (A New Dawn)

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United Community Center Overview



United Community Center is a community-based organization.

Organization Services (include, but not limited to):

- Human Services
- Elder Services
- Health Programs
- K-8 Education
- Arts and Cultural Events

United Community Center Overview



- To provide programs to Hispanics and near south side residents, of all ages, in the areas of education, cultural arts, recreation, community development, and health and human services.
- The UCC assists individuals to achieve their potential by focusing on cultural heritage as a means of strengthening personal development and by promoting high academic standards in all of its educational programs.

Partnership in Aging and Behavioral Health



Key Partners include:

- AAA
- Universities and Colleges
- Primary Care & Mental Health Service Providers
- Others

Reaching and Engaging Older Adults



Partnership Reach and Special Focus:

- Latino Elders
- Seniors and families with limited fluency in English
- Seniors with limited literacy levels
- Low Income seniors
- First or second generation immigrant families

Keys to Reaching Latino Elder Populations....

- On-site Senior Center and Latino Geriatric Center, including Adult Day Services, Memory Clinic and Case Management.
- A “Families” approach to services and outreach (multi-generational range of services offered by United Community Center).
- Extend the scope of services provided to families currently being served to address new physical &/or behavioral health needs that have been identified.

Keys to Reaching Latino Elder Populations....(Cont.)

- Conduct health assessments that address both physical and behavioral/emotional health concerns and make referrals across UCC programs and departments.
- Partner with clinics, hospitals and universities.
- Targeted outreach at senior housing communities.
- Outreach to churches in the community.
- Use radio and Spanish-language programs on public television to promote services.
- Exhibit at community festivals and resource fairs.

Program Strengths



- **Services delivered using culturally-competent contexts and methods:**
 - ❖ Community Center vs. Primary Care
 - ❖ Use of “home visits” vs. clinic appointments
 - ❖ Use of culturally competent methods to deliver health information and improve health literacy

Lessons Learned



- Implemented a number of adaptations to the **IMPACT** treatment model to address the unique needs of the population we served, while maintaining fidelity to the treatment model.
- Modified methods and materials to:
 - Minimize cultural biases
 - Reduce dependence on written materials and replace with graphic visual aids

Montrose Counseling Center



C. Mounir Dahdah, Advocate

Chris Kerr, MEd, LPC, Clinical Director

Reach through

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Montrose Counseling Center Overview



MCC is a non-profit outpatient behavioral health clinic with SPRY targeting LGBT seniors

Organization Services:

- Outreach
- Counseling
- Adult Substance Abuse Treatment
- Clinical Case Management
- Congregate Meals

Partnership in Aging and Behavioral Health



Key Partners include:

- AAA
- Federally Qualified Health Center (FQHC)
- Community Social and Service Organizations in the LGBT Senior Community
- Congregate Meal Site

Reaching and Engaging Older Adults



Partnership Reach and Special Focus:

→ LGBT 60+ people

- All ethnicities
- Men, women, transpeople

→ Using Indigenous Leader Model

- Two-fold resistance

Keys to Reaching and Engaging Older Consumers

- As partners in program outreach:
 - Recruit and train peers
 - Find where people are – established affinity groups, churches, activities, circles of friends
 - Establish presence and rapport and trust
 - Find gatekeepers
- As partners in peer education:
 - Happens organically through outreach contacts
 - Scheduled programs

Engaging LGBT Seniors as Advocates

- Peer outreach workers, advocates, gatekeepers
- Learning to convert social contacts into helping conversation, screening and referral
- Role modeling
- Peers sharing experiences
- Being involved in the community at the ground level
- Trust and confidentiality
- Seeing “people like me” at service location

Lessons Learned

- Training Volunteer Peer Advocates – confidentiality, crisis intervention, content for screening, active listening, role playing to turn social contacts into helping conversation
- Continued engagement - intense supervision, outreach to recruit Advocates, reassurance, strategizing on where to go, permission to observe and grow into the role, go in pairs
- Benefits to Advocates – strengthens own LGBT identity, come out, meaningful work, address same issues in self, assess own life and circle of friends
- Benefits to program - broadest reach in the community, teach us about what works and doesn't, they know the community best

Webinar Wrap-Up



- Partnerships among aging and behavioral health services are important for reach and engagement
- Reach elders where they are, through many partners using universal screening.
- Engage elders with relevant information, respectful of culture, literacy and vision challenges.
- Consider cultural tailoring of programs; consult with community and program disseminators.
- Peer ambassadors and educators can strengthen reach and engagement.

Questions and Answers



Please send questions via WebEx Chat

Older Americans Behavioral Health Webinar and Issue Briefs Series

Older Americans Behavioral Health Webinar
and Issue Briefs Series are available on AoA,
NCOA, NASUAD and NASMHPD websites



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