HI EVERYONE. I LIKE TO WELCOME YOU TO THIS WEBINAR ON REACHING AND ENGAGING OLDER ADULTS IN BEHAVORIAL HEALTH. THIS WEBINAR IS BROUGHT TO YOU BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION OR SAMHSA AND THE U.S. ADMINISTRATION ON AGING OR AOA TO THE OLDER AMERICANS BEHAVORIAL HEALTH TECHNICAL ASSISTANCE CENTER. MY NAME IS MICHELE AND I'M WITH THE OFFICE OF NUTRITION AND HEALTH PROMOTION PROGRAMS AT THE ADMINISTRATION ON AGING (AOA) WHICH IS NOW PART OF THE ADMINISTRATION FOR COMMUNITY LIVING. WE HAVE A VERY FULL AGENDA TODAY SO I'M JUST GOING TO PROVIDE A FEW INTRODUCTORY COMMENTS. I LIKE TO START BY GIVING YOU A BACKGROUND ABOUT THE BEHAVORIAL CENTER WHICH I WILL CALL THE TA CENTER. THIS CENTER SUPPORTS THE PARTNERSHIP BETWEEN SAMHSA AND AOA AND IT PROVIDES ASSISTANCE TO STATES AND ORGANIZATIONS AS THEY IMPLEMENT BEHAVORIAL HEALTH PROGRAMS AND SERVICES FOR OLDER ADULTS. THESE BEHAVORIAL HEALTH PROGRAMS AND SERVICES CAN INCLUDE THOSE FOCUSED ON SUICIDE PREVENTION, ALCOHOL AND PRESCRIPTION DRUG MISUSE AND ABUSE, ANXIETY AND DEPRESSION. THE TA CENTER IS PROVIDING SUPPORT THROUGH MANY DIFFERENT MECHANISMS. THERE'S A SERIES OF TEN WEBINARS. THERE'S 14 ISSUE BRIEFS AND 5 POLICY REGIONAL MEETING PLANNED. I LIKE TO REFER YOU TO THE AOA WEBSITE ON THE BEHAVORIAL HEALTH WEB PAGE WHERE YOU CAN THESE MATERIALS AS THEY ARE DEVELOPED.

FOR TODAY'S WEBINAR, WHICH I'M VERY EXCITED ABOUT, WE HAVE RECRUITED SPEAKERS FROM UNDER THE COUNTRY THAT HAVE BUILT SUCCESSFUL PARTNERSHIPS ACROSS AGING, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. WE HAVE ASKED THEM TO TELL US ABOUT THEIR PROMISING APPROACHES TO REACH AND ENGAGE OLDER ADULTS IN PREVENTION AND EARLY INTERVENTION FOR DEPRESSION, ALCOHOL AND MEDICATION MISUSE. I SHOULD JUST POINT OUT BY REACHING WHAT THE TERM REACH, WE'RE TALKING ABOUT MAKING CONTACT WITH INDIVIDUAL OLDER ADULTS THROUGH GROUPS, ONE ON ONE CONTACT THROUGH THE MEDIA, WORD OF MOUTH THROUGH FAMILYAND FRIENDS AND OTHER STRATEGIES. BY THE TERM ENGAGING, WE MEAN GETTING SENIORS TO ACTUALLY PARTICIPATE IN HEALTH RELATED ACTIVITIES LIKE SCREENINGS CLASSES ON PREVENTION. WE'RE ALSO TALKING ABOUT SPEAKING AND WORKING WITH HEALTH SERVICE PROVIDERS AND HEALTH NEEDS AND CARE. WE'VE ASKED OUR PRESENTERS TO SHARE WITH YOU THEIR SUCCESSFUL STRATEGIES TO REACH AND ENGAGE OLDER MEN AND WOMEN PARTICULARLY THOSE WITH DIFFERENT RACIAL AND ETHIC MINORITY REPRESENTATION OLDER IMMIGRANTS AND LESBIAN AND GAY BISEXUAL TRANSGENDER ELDERS. WE HAVE RECRUITED PRESENTERS TELL US HOW THEY ENLIST CONSUMERS AS PARTNERS AND PROGRAM OUTREACH IN EDUCATION. WE'LL HEAR FROM AN EXPERIENCED VOLUNTEER. NOW I LIKE TO INTRODUCE OUR SPEAKERS FOR THE WEBINAR TODAY. FIRST WE'LL HEAR FROM DR. KRISTEN BARRY WHO IS A RESEARCH ASSOCIATE PROFESSOR AT THE UNIVERSITY OF MICHIGAN. DR. BARRY IS ALSO MEMBER OF THE SCIENCE TEAM WORKING WITH

THE TA CENTER. DR. BARRY WILL TALK ABOUT WHAT RESEARCH TELL US ABOUT REACHING AND ENGAGING OLDER ADULTS. NEXT WE'LL HEAR FROM KIMBERLIE FLOWERS WHO IS AN OUTREACH CLINICAL SOCIAL WORKER WITH ELDER SERVICES OF MERRIMACK VALLEY WHICH IS BASED IN LAWRENCE MASSACHUSETTS. KIMBERLIE WILL DISCUSS AGING AND SUCCESS AND REACHING OLDER ADULTS AND PREVENTION. THEN WE'LL HEAR FROM TWO STAFFS FROM JEFFERSON COUNTY, COLORADO. TERESA LEGAULT IS PROJECT DIRECTOR FOR SENIOR REACH AND LIZ SMITH IS DIRECTOR OF SENIOR SERVICES STRESS AND LIZ WILL DISCUSS GROUPS OF OLDER ADULTS. THEN WE'LL HEAR FROM PAT PULLINS WHO IS MANAGER OF SPECIALIZED SERVICES FOR SENIORS AT THE COUNCIL ON ALCOHOL AND DRUGS HOUSTON IN HOUSTON, TEXAS. PAT WILL DISCUSS APPROACHES SHE AND HER TEAM USE. PARTICULARLY THE STRATEGIES USED TO ENGAGE OLDER AFRICAN-AMERICANS. WE WILL THEN HEAR FROM ANDREA GARR FROM UN NUEVO AMANECER/A NEW DAWN FROM UNITED COMMUNITY CENTER IN MILWAUKEE, WI. THEN, OUR LAST PRESENTERS ARE MOUNIR DAHDAH AN ADVOCATE FOR THE SENIORS PREPARING FOR RAINBOW YEARS (SPRY) AND CHRIS KERR FROM MONTROSE COUNSELING CENTER, HOUSTON, TEXAS. THEY WILL DISCUSS THEIR SPECIAL FOCUS ON REACHING AND ENGAGING OLDER LESBIAN AND GAY BISEXUAL AND THE TRANSGENDER COMMUNITY.

I WANT TO THANK IN ADVANCE ALL OF OUR SPEAKERS FOR THEIR PARTICIPATION IN THE WEBINAR TODAY. FINALLY JUST SOME HOUSEKEEPING COMMENTS, WE HOPE TO HAVE 10 MINUTES AT THE END OF THE WEBINAR FOR

QUESTIONS BECAUSE OF THE LARGE SIZE OF THIS GROUP, WE NEED TO TYPE YOUR QUESTIONS INTO THE CHAT BOX WHICH YOU'LL SEE AT THE TOP OF YOUR SCREEN. THIS WEBINAR WILL BE RECORDED. THE RECORDING AND SLIDES WILL BE PROVIDED TO ALL WHO REGISTERED. IF WE NEED TO QUICKLY MOVE PASS SOME OF THE SLIDES FOR THE SAKE OF TIME, YOU'LL ABLE TO SEE THE DETAIL IN THE POWERPOINT YOU'LL RECEIVE LATER. ON TO OUR FIRST SPEAKER: DR. BARRY.

HI, THIS IS KRIS BARRY. THANK YOU FOR HAVING ME HERE TO SPEAK JUST A FEW MINUTES ABOUT SOME OF THE RESEARCH THAT'S BEEN DONE IN TERMS OF REACHING AND ENGAGING OLDER ADULTS. I THINK THIS WILL GIVE YOU A LITTLE BIT OF A BACKDROP FOR WHAT EVERYBODY IS GOING TO BE TELLING YOU ABOUT FROM THEIR PROGRAM. IN TERMS OF REACHING AND ENGAGING OLDER ADULTS, FIRST THING YOU HAVE TO DO IS REACH PEOPLE.

REACHING THOSE WHO NEED PREVENTION AND INTERVENTION SERVICES PARTICULARLY FOR DEPRESSION AND ALCOHOL AND MEDICATION MISUSE IS REALLY A FIRST KEY STEP TO GETTING THEM SERVICES THEY NEED. WE DO THIS THROUGH PARTNERSHIPS BETWEEN AGING SERVICES, PRIMARY CARE AND BEHAVORIAL HEALTH PROGRAMS. SOME OF THE STRATEGIES THAT GET USED THAT YOU WILL HEAR ABOUT TODAY ARE UNIVERSAL PREVENTION EDUCATION STRATEGIES, SELECTIVE SCREENING, TRAINING COMMUNITY MEMBERS TO BE GATEKEEPERS TO IDENTIFY AND REFER OLDER ADULTS, WORKING WITH PRIMARY CARE SETTINGS TO HAVE THE ELDERS PHYSICIANS AND PHYSICIAN ASSISTANTS WORK TOWARD GETTING THEM THE HELP THEY NEED.

IN TERMS OF ENGAGEMENT, TO ENGAGE PEOPLE IN SERVICES IS ACTUALLY THE NEXT STEP AND IT IS PROBABLY ONE OF THE HARDER STEPS IN KEEPING PEOPLE IN IS ALSO PART OF THAT. THERE ARE A VARIETY OF TREATMENT TECHNIQUES THAT HAVE PROVEN TO BE SUCCESSFUL IN WORKING WITH OLDER ADULTS. ENGAGEMENT IN ANY OF THESE ACTIVITIES REALLY DOES REQUIRE OVERCOMING BARRIERS TO CARE IN TERMS OF OLDER ADULT, CLINICIANS AND EVEN THE PROVIDER ORGANIZATIONS. BARRIERS MIGHT INCLUDE PSYCHOLOGICAL BARRIERS. MANY OF YOU HAVE SEEN THESE BARRIERS WORKED WITH BARRIERS OF STIGMA, SELF-RELIANCE, AGEISM, KNOWLEDGE AND MYTHS ABOUT DEPRESSION AND ABOUT ALCOHOL AND PSYCHOACTIVE MEDICATION MISUSE. THEN TANGIBLE BARRIERS TO ENGAGEMENT INCLUDE LACK OF TRAINING IN PREVENTION AND INTERVENTIONS WITH INSURANCE AND CO-PAYMENTS ISSUES, ACCESSIBILITY, TRANSPORTATION, ARE THESE SERVICES AVAILABLE IN YOUR COMMUNITY FOR THE OLDER ADULTS YOU WORK WITH. IN TERMS OF THE OLDER ADULTS ILLNESS, THERE'S ISSUES LIKE COGNITIVE IMPAIRMENT AND SOME OF THE SEVERITY OF THE SYMPTOMS THEY HAVE. ALL OF THESE THINGS HAVE BEEN FOUND TO BE BARRIERS.

BUT THERE IS SOME RESEARCH IN HOW TO ENGAGE PEOPLE. I THINK IT'S BEEN A FEW TRIALS LOOKING AT THIS. THERE'S A COUPLE OF INTERVENTIONS THAT WE WANT TO TALK PARTICULARLY ABOUT. ONE IS CALLED AN OPEN DOOR INTERVENTION FOR DEPRESSION. THIS IS THE RANDOMIZED CONTROL TRIAL, PSYCHOSOCIAL PROGRAM TO WORK ON IMPROVING ENGAGEMENT MENTAL HEALTH SERVICES FOR OLDER ADULTS PARTICULARLY THOSE WHO ARE HOME-

BOUND OR RECEIVE MEAL SERVICES. THAT IS SOMETHING THAT'S BEEN GOING ON FOR AWHILE NOW AND IT'S HAD SOME REALLY GOOD SUCCESSES SO FAR.

THERE'S A TREATMENT INITIATION FOR PARTICIPATION PROGRAM CALLED TIP. THAT REMINDING US ALL, THAT IT'S GOOD TO WORK WITH PRIMARY CARE SETTINGS AND TO USE THEM AS PART OF OUR PARTNERSHIPS.

IN TERMS OF ENGAGEMENT FOR ALCOHOL AND PSYCHOACTIVE MEDICATION MISUSE, BRIEF PREVENTION AND INTERVENTION FOR ALCOHOL AND PSYCHOACTIVE MEDS, HAVE A LOT OF EFFECTIVENESS. THERE ARE COMPUTERIZED PAPER AND PENCIL SCREENING. THERE'S EVIDENCE-BASED SELECTIVE PREVENTION STRATEGY, THERE'S NON-JUDGMENTAL MOTIVATIONAL INTERVENTION. THERE HAVE BEEN A NUMBER OF STUDIES DONE IN THIS AREA THAT HAVE PROVEN THAT IT IS POSSIBLE TO DO THIS AND THAT THEY WORK. THAT OLDER ADULTS ACCEPT THESE PROGRAMS AND THAT THEY'VE BEEN VERY SUCCESSFUL. SOME OF THE LESSONS THAT WE'VE LEARNED FROM ALL OF THE RESEARCH IN THE EVALUATION PROGRAMS AND THESE ARE THINGS YOU'RE GOING TO HEAR FROM THE PEOPLE WHO WILL BE TALKING TODAY. NON-JUDGMENTAL MOTIVATIONAL APPROACHES IS REALLY IMPORTANT. ENGAGING OLDER ADULTS IN DECISION-MAKING AND EMPOWERING THEM TO HAVE SOME RESPONSIBILITY FOR THEIR BEHAVIOR FOR HOW THEY ARE FEELING. IT REALLY HELPS TO DO THAT AND OLDER ADULTS APPRECIATE THAT. WE DON'T USE STIGMATIZING TERMS. I THINK THAT MAKES A BIG DIFFERENCE IN HOW WE DEAL WITH PEOPLE. WE WORK WITH OLDER ADULTS IN THE SETTINGS THEY PREFER TO BE IN. IT MAY BE THAT WE'RE ADDRESSING PRIMARY OR MENTAL HEALTH

CONCERNS IN THEIR DOCTOR'S OFFICE AND PRIMARY CARE SETTING. WE MIGHT BE DOING SOME OF THIS WORK IN SENIOR SERVICE SECTION, AND WE MAYBE DOING THIS IN SENIOR CENTERS, WE MAYBE DOING SOME OF THE WORK IN THE HOME. WE REALLY BELIEVE IN AN ACTIVE WARM HANDOFF FROM EITHER A PRIMARY CARE CLINICIAN TO A PERSON ADDRESSING DEPRESSION OR ALCOHOL AND VICE VERSA. TO MAKE SURE THAT WE HAVE CONTINUITY OF CARE, THAT THERE'S NO WRONG DOOR TO ENTER CARE.

WE'VE ALSO FOUND THAT ESTABLISHING PARTNERSHIPS BETWEEN PROVIDERS IS REALLY IMPORTANT. TRYING TO ENGAGE PROFESSIONAL WHO HAVE ENTRUSTED RELATIONSHIP WITH OLDER ADULTS IS USEFUL. WE TEND TO TAKE AN EDUCATIONAL PREVENTION INTERVENTION KIND OF FOCUS TO ENGAGE IN OLDER ADULTS OFTEN IN DEPRESSION CARE AND IN ANXIETY CARE AND IN CARE FOR SUBSTANCE USE. WE TRY TO ADDRESS PHYSICAL BARRIERS, HELPING TO ARRANGE TRANSPORTATION WHERE NEEDED. WE TRY TO TAILOR THE CULTURE TOWARDS BEHAVORIAL HEALTH AND WORK WITH THE COMMUNITY AND THE COMMUNITY LEADERS AND THE COMMUNITY CLINICIANS TO MAKE SURE THAT WE'RE PROVIDING THE BEST CARE THAT WE CAN FOR OUR OLDER ADULTS. THE GOOD NEWS AND THERE IS VERY GOOD NEWS IN THIS, THERE'S RELIABLE AND VALID SCREENING METHODS THAT CAN BE USED FOR ALL OF THE ISSUES THAT WE'RE FACING. THERE ARE BRIEF TARGETED INTERVENTIONS THAT WORK, TREATMENTS WORK. THERE'S GOOD TRAINING AVAILABLE AND THE TECHNIQUES TO DO THE INTERVENTIONS AND TO DO SCREENING. THERE ARE NEW METHODS THAT ARE BEING EMPLOYED TO TRY TO REDUCE BARRIERS TO

CARE AND HELP PEOPLE BECOME ENGAGED SO THAT WE CAN IMPROVE THEIR OUTCOMES. YOU ARE GOING TO BE HEARING MORE ABOUT THAT TODAY. NOW I LIKE TO TURN THIS OVER TO KIMBERLIE FLOWERS FROM ELDER SERVICES OF MERRIMACK VALLEY, CHOICES FOR A LIFELONG JOURNEY. SHE'S GOING TO TALK TO YOU ABOUT SOME OF THE SUCCESSES THAT THEY'VE HAD IN ENGAGING AND REACHING OLDER ADULTS IN PREVENTION PROGRAMS. KIM?

THANK YOU. COUPLE OF THE ATTENDEES IS HAVING TROUBLE HEARING THE SPEAKERS. IF YOU CAN SPEAK UP DURING YOUR PRESENTATION, WE WILL WOULD IT APPRECIATE IT. THANK YOU.

OKAY, THANK YOU, THIS IS KIMBERLIE FLOWERS AND ELDER SERVICES AT MERRIMACK VALLEY AND IT'S AND PLEASURE TO BE ON THIS WEBINAR TO TALK TO YOU ABOUT SOME OF THE SUCCESSES WE'VE HAD WITH MANY OLDER ADULTS IN OUR COMMUNITIES. ELDER SERVICES IS A FEDERALLY FUNDED -- A FEDERALLY DESIGNATED AAA AREA AGENCY AND WE COVER 23 CITIES NO TOWN HERE IN EASTERN MASSACHUSETTS. WE SEE ABOUT 5,000 HOW ELDERS A MONTH THROUGH VARIOUS PROGRAMS. WE ARE ONE OF THE LARGEST AGENCIES IN MASSACHUSETTS AND OUR MISSION IS TO ENSURE THAT WE HAVE PROGRAMS THAT ARE AVAILABLE TO ELDERS TO MEET DIVERSE NEEDS AND YOU'LL SEE THAT IN THE PROGRAMS. WE ALSO FACILITATE INDEPENDENCE AND AUTONOMY THROUGH INFORMATION AND RESOURCES. WE LIKE TO PROVIDE A RANGE OF PROGRAMS THAT PEOPLE ARE COMFORTABLE WITH TO RESOLVE THEIR ISSUES SO YOU'LL SEE SOME OF THAT. SOME OF THE PROGRAMS THAT WE CONDUCT IN OUR COMMUNITIES ARE LISTED ON THIS SLIDE. I WON'T GO THROUGH ALL OF THEM

INDIVIDUALLY BUT SEVERAL ARE BASED ON THE SANFORD UNIVERSITY MODEL THAT ENGAGES ELDERS IN SMALL GROUPS OF 10 TO 18 MEMBERS. IT PROVIDES PSYCHOEDUCATION ABOUT DISEASE MANAGEMENT, EXERCISE, NUTRITION, LIFESTYLE CHOICES AND IT REALLY WORKS WITH GROUP MUTUAL SUPPORT AND PROBLEM SOLVING. THEY ARE HELD IN SETTINGS THAT ARE EASILY ACCESSIBLE TO ATTENDEES, HOUSING SENIOR CENTERS AND CHURCH HALLS AND PROVIDED AT TIMES THAT MEET THEIR SCHEDULES. THE GROUP SUPPORT SESSION IS ESPECIALLY HELPFUL BECAUSE IT REMOVES SOME OF THE ISOLATION AND STIGMA THAT PEOPLE MAY FEEL. WE PLAN TO IMPLEMENT CHRONIC DISEASE SELF-MANAGEMENT FOR PAIN BEGINNING NEXT MONTH. ONE GOOD THING IS THAT PARTICIPANTS REPORT, THEY ARE EXPERIENCING BENEFITS FROM THESE PROGRAMS AND IN FACT, SOME OF THEM FEEL SO GOOD ABOUT IT, THEY GONE ON TO BECOME FACILITATORS THEMSELVES. THIS HAS BEEN GREAT. THE COMMUNITY TRANSITION PROGRAM IS PART OF THE AFFORDABLE CARE ACT, THAT KEEPS PEOPLE FROM READMITTING TO HOSPITALS WITHIN 30 DAYS OF THE DISCHARGE FOR THE SAME CONDITION. IT'S NOT RESTRICTED TO ELDERS. ALL PATIENTS READMITTED ARE REFERRED TO WORK WITH FIVE AREA HOSPITALS. WE'VE WORKED WITH OVER 3000 DISCHARGES TO DATE. AGAIN, THIS INVOLVES THAT HANDOFF AND COORDINATION THAT DR. BARRY TALKED ABOUT TO MAKE SURE THAT WHEN A PERSON GOES BACK INTO THE COMMUNITY; THEY'RE NOT LEFT TO FEND ON THEIR OWN. THERE'S A HANDOFF THAT COORDINATE THOSE THINGS. WE HAVE HEALTHY IDEAS, WE SEE PEOPLE IN THEIR HOME, SCREEN THEM USES THE PHQ9 FOR DEPRESSION AND THOSE WHO SCREEN ON THE

MODERATE TO SEVERE LEVEL. WE HAVE PEOPLE WORK IN THEIR HOMES TO HELP ELDERS IDENTIFY ISSUES TO WORK ON THEIR GOALS AND WE WORK WITH THEM AT HOME ON A WEEKLY BASIS. AGAIN, IT HELPS THE INDIVIDUAL DEVELOP THE SKILLS TO REGAIN CONTROL OF THEIR LIFE AND HELPING THEM TO BE INDEPENDENT THROUGH THEIR OWN CHOICES.

THE NEXT ONE, THESE ARE SOME OF THE PROGRAM THAT HAS BEEN CTURALLY ADAPTED. THERE'S A SPANISH VERSION OF THE CHRONIC DISEASE SELF-MANAGEMENT. THERE'S FOUR VERSIONS OF HEALTHY EATING THAT ARE TAILORED TO THOSE SPECIFIC CULTURES. HEALTHY IDEAS WE HAVE IN SPANISH AND CAMBODIAIAN AND WE HAVE CASE MANAGER WHO ARE TRAINED TO WORK WITH THOSE COMMUNITIES WITH BOTH THE SCREENING AS WELL AS BEHAVORIAL ACTIVATION. THAT'S BEEN A BIG POT OF HOW WELL THIS IS RECEIVED IS ACTUALLY PROVIDING THE WORK, THE DIRECT CARE WORKERS WHO CAN UNDERSTAND NOT JUST THE LANGUAGE BUT THE CULTURE AS WELL. THAT'S WORKED WELL FOR US. IN COMMUNITY CARE TRANSITIONS PROGRAM, WE HAVE BOTH SPANISH AND CAMBODIAN DIRECT CARE WORKERS WHICH INCLUDES CASE MANAGES AND NURSES AND MENTAL HEALTH PROFESSIONALS. YOU CAN SEE THAT WORKING WITH PEOPLE IN THEIR HOMES BUT ALSO PROVIDING THE RESOURCES THAT THEY CAN TRUST BECAUSE THEY KNOW THAT THESE FOLKS UNDERSTAND WHAT IT IS THAT THEIR COMMUNITY LOOKS AT. WHETHER IT'S A HEALTH CONDITION OR MENTAL HEALTH CONDITION AND HOW TO WORK WITH THAT TO REDUCE THE STIGMA, HAS REALLY BEEN VERY EFFECTIVE FOR US.

ANOTHER THING THAT WE FIND IS THAT WE COULDN'T DO THIS ON OUR OWN. IT REALLY IS ABOUT DEVELOPING COMMUNITY PARTNERSHIPS. NOT JUST IN A MULTICULTURAL COMMUNITY BUT THAT'S A BIG PART OF IT. WE PARTNER WITH MASSACHUSETTS MENTAL HEALTH ASSOCIATION COMMUNITY CULTURAL AGENCIES, SUCH AS THE ASIAN CENTER, THE CAMBODIAIAN CENTER. WE WORK WITH THEM TO MAKE SURE THAT WE HAVE THEIR BUY-IN AND ELDERS FEEL THEY CAN WORK WITH US AND WE KNOW WHAT'S GOING ON IN THEIR CULTURES. HAVING MULTICULTURAL COALITION ON AGING, WE WORK WITH SEVERAL LATINO HEALTH INSURANCE PROGRAMS FOR BOTH REFERRALS AND INTEGRATION OF CARE. WE GET OUR REFERRALS FROM HEALTHCARE ORGANIZATIONS, PRIMARY CARE DOCTORS AND LOCAL COMMUNITY HEALTH CENTERS. WE HAVE A REALLY GOOD HANDOFF THERE. OUR PRIMARY FOCUS IS ON HISPANIC, VIETNAMESE, CHINESE, AND OLDER ADULTS. THESE PARTNERSHIPS REALLY PROVIDE US WITH CREDIBILITY AND THE RESPECT TO BE ABLE TO GO IN AND WORK WITH FOLKS FROM THOSE AREAS.

FINALLY, OUR COMPULSIVE PROGRAM HAS BEEN ONE THAT REALLY SPEAKS TO ALMOST ALL OF THE CHARACTERISTICS THAT DR. BARRY MENTIONED. WE PARTNER WITH BOSTON UNIVERSITY SCHOOL OF SOCIAL WORK. WE USE THEIR MODEL OF INTERVENTION TO FOCUS ON ENGAGING THE ELDER TO DETERMINE AREAS THAT THEY FEEL THEY ARE READY TO WORK ON INSTEAD OF FORCING OR DEMANDING THEM TO CHANGE. WE HAVE ELDERS AT RISK THAT ARE IDENTIFIED BY USUALLY SOMEONE IN THE COMMUNITY, EMERGENCY PERSONNEL, HOUSING, SOMEONE BUT WE USE MOTIVATIONAL INTERVIEWING

AND STRONG ALLIANCE BUILDING TO ENCOURAGE THEM TO WORK WITH US SO IT REALLY IS A WHOLE PROCESS. WE WORK WITH THE HOUSING AND THE PUBLIC HEALTH OFFICIALS WHETHER IT'S A SAFETY RISK AND COORDINATE BETWEEN WHAT NEEDS TO BE DONE FROM THIS VIEW POINT TO KEEP THE ELDER SAFE BUT ALSO WHERE IS THE ELDER WILLING TO MAKE SOME CHANGES. THERE'S A REAL STRONG PARTNERSHIP THAT WE NEED TO HAVE THAT WE HAVE TASK FORCES IN PLACE AS WELL AS JUST DIRECTLY COMMUNICATING WITH EACH THE CITIES AND TOWNS TO WORK ON THIS. THAT'S REALLY BEEN KEY. AGAIN, PARTNERSHIPS, THE RESPECT FOR THE PERSON'S AUTONOMY HAS MADE HOARDING PROGRAM VERY SUCCESSFUL. KEEPING PEOPLE HOUSED HAS BEEN WONDERFUL.

THE TAKE AWAY FROM HERE ARE THAT PROVIDING SKILLS AND RESOURCES TO ENCOURAGE BETTER CHOICES RETURNING THAT CONTROL BACK TO THE INDIVIDUAL INSTEAD OF THEM GIVING IT TO THE DOCTOR OR SOME OTHER PROFESSIONAL WHICH IN A LOT OF CASES THEY PROBABLY HAVE ALREADY DONE, TO HELP THEM TO KNOW THAT WE HAVE GOOD SELF-KNOWLEDGE AND HELP THEM TO REALLY REMEMBER THAT THEY HAVE THE ABILITY TO MAKE GOOD CHOICES IF THEY HAVE THE RIGHT TOOLS AND INFORMATION. THIS IS REALLY HELPED US TO HELP THEM BRING ABOUT SOME LASTING CHANGE AND IMPROVED QUALITY OF LIFE FOR THEM. PROVIDING HELP IN SETTINGS THEY FEEL MOST COMFORTABLE IN AND REDUCING THE STIGMA IS WHAT WE LOOK AT IN THE SUCCESS IN THESE PROGRAMS.

I'M GOING TO TURN THIS OVER TO THE FOLKS FROM SENIOR REACH IN JEFFERSON COUNTY. THERE YOU GO. THANK YOU.

HELLO, THIS IS TERESA LEGAULT. I'M GOING TO FOCUS ON ENGAGING OLDER ADULTS WHO ARE NOT COMING TO US FOR SERVICES. BASICALLY WHAT KRIS BARRY REFERRED TO, HOW DO WE REACH? WE WILL NOT BE ABLE TO PROVIDE SERVICES UNLESS WE CAN REACH THE POPULATION. SENIOR REACH IS PROVIDING SERVICES IN A DIVERSE FIVE COUNTY AREA OUTSIDE DENVER, COLORADO. IT'S A COLLABORATION OF TWO MENTAL HEALTH CENTERS AND A LARGE CENTER. JEFFERSON CENTER IS A LEAD AGENCY. SINCE WE'RE TARGETING SENIORS, MANY OF THE SENIORS WE SERVE ARE ISOLATED. THE SERVICES WE PROVIDING INCLUDE MENTAL HEALTH COUNSELING AND WELLNESS SERVICES. WE'RE DOING THINGS LIKE LIFE REVIEW AND SOME ART ENRICHMENT HEALTH TYPE OF CLASSES AND ONE ON ONE SESSION. WE DO CASE MANAGEMENT AND INHOME RESOURCES. WE HAVE A NEW PROGRAM WHERE WE EXPANDED SERVICES AND TRYING TO IDENTIFY SENIORS THROUGH SCREENING IN SIX PRIMARY CARE OFFICES. WE TAKE A TWO PRONG APPROACH TO IDENTIFYING THIS POPULATION. WE TRY TO BE REALLY CREATIVE; ENGAGING THEM AND HAVING FUN WITH IT. IT'S REALLY SOMETHING EVERY LEVEL OF THE PROGRAM IS INVOLVED IN.

FROM THE LEADERSHIP TO ALL OF US WITH OUR FEET ON THE GROUND. WE'RE USING A BROAD CROSS SECTOR OF COORDINATION OF PROFESSIONALS AND COMMUNITY MEMBERS. OUR PROGRAM IS A GATEKEEPER MODEL. IN ORDER TO ACHIEVE WHAT WE'RE DOING, WE NEED BOTH TRADITIONAL AND NON-TRADITIONAL COMMUNITY PARTNERS. OUR TRADITIONAL COMMUNITY PARTNERS ARE REALLY IMPORTANT TO BUILDING INFRASTRUCTURE SO THAT WE

CAN ALL BE PART OF THE SAME COMMUNITY WORKING IN THE SAME DIRECTION AND FILLING THOSE GAPS WITHOUT REPEATING SERVICES AND TO SUPPORT EACH OTHER WHEN NEEDED. THOSE FOLKS, THE TRADITIONAL COMMUNITY PARTNERS, SOMEONE WHO KNOWS WHAT TO DO WHEN THEY SEE A SENIOR THAT'S HAVING TROUBLE. NONTRADITIONAL COMMUNITY PARTNERS IS ONE OF THE MORE REWARDING PARTS OF OUR WORK. WE NEED TO BE CREATIVE IN IDENTIFYING THESE FOLKS. THIS IS SOMEONE IN THE COMMUNITY THAT SEES SOMEBODY EVERYDAY, SEE SENIORS BUT THEY DON'T KNOW WHAT TO DO IF THEY SEE SOMEONE WHO IS HAVING TROUBLE GETTING UP THEIR STAIRS OR LEAVING THEIR PURSE AT THE COUNTER AT THE GROCERY STORE. AS PART OFTHIS, WE NEED TO PROVIDE EASY ACCESS TO SERVICE AND THAT'S THE SECOND PART OF OUR APPROACH. THAT APPROACH IS LIZ WILL TALK A LITTLE MORE ON OUR SENIOR FRIENDLY CALL CENTER. IT BRINGS TOGETHER THE POWER OF COMMUNITY BY WORKING WITH VARIOUS GATE KEEPERS. THE FIVE COUNTY THAT'S WE COVER INCLUDE LITTLE CITIES, LITTLE SPOTS OF PEOPLE LIVING IN THE MOUNTAINS, CASINO TOWNS AND LARGE METRO AREAS. TO RIGHT SIZE THAT, YOU NEED TO REALLY GET INTO THE COMMUNITY AND SPEAK THEIR LANGUAGE ESSENTIALLY, BE THEIR NEIGHBOR. FOR EXAMPLE, IN OUR MOUNTAIN RURAL COMMUNITIES, IT WAS REALLY HARD TO GET INTO BEING A TRUSTED MEMBER IF WE'RE JUST GOING UP EVERY COUPLE WEEKS AND THEY ARE SEEN JUST NOW AND THEN. OUR STAFF AND INCLUDES THERAPIST AND CARE MANAGERS, VARIOUS STAFF PEOPLE GO TO THE FOOD BANK, HAND OUT CHEESE, HELP CARRY BOXES TO THE CARS AND REALLY GET TO KNOW THE PEOPLE IN THE

COMMUNITY. STAFF STILL TODAY DROP BY SENIOR SITES AND SHARE A MEAL WITH SENIORS AND TALK TO THEM AND PARTICIPATE ON AREA INITIATIVES IN THE COMMUNITY. FOR INSTANCE, OUR MOUNTAIN COMMUNITY HAVE A SUICIDE PREVENTION INITIATIVE AND THAT'S GOING FORWARD AND WE SIT ON THAT TASK FORCE. BY WORKING TOGETHER, WE'RE BECOMING A NEIGHBOR THAT'S TRUSTED. KEYS TO REALLY WORKING WITH THE POPULATION AND IDENTIFYING THE SENIOR THAT'S NOT COMING TO YOUR PROGRAM IS THE REALLY SPREAD THE WORD. WE HAVE AN EXPECTATION AND EVERYONE IN OUR PROGRAM IS REALLY IN LOVE WITH THE OUTREACH.

IN ORDER TO SPREAD THE WORD, YOU DO HAVE EVERY OPPORTUNITY, BUT YOU ALSO NEED TO WORK WITH THE STAFF. WE'RE GOING OUT AND TRAINING 2000 TO 3000 PEOPLE A YEAR. FROM THAT, WE'RE REACHING SENIORS THAT ARE NOT RECEIVING SERVICES AND TALKING TO GETTING ABOUT 400 REFERRALS. WE CALL BACK TO SENIORS AND WE END UP GETTING 92% OF THEM TO ENGAGE. LIZ WILL TALK MORE ABOUT SOME OF OUR ENGAGEMENT PRACTICES. BY GOING WHERE THE SENIORS ARE, OUR WELLNESS CLASSES ARE CONDUCTED MOST OF THE TIME IN SENIOR RESIDENCES. HAVING SHARING SPACE AND WORKING TOGETHER IN DOING -- LIKE A SENIOR CENTER PROVIDE SPACE. THOSE ARE A FEW IDEAS. LIZ IS GOING TO SHARE SOME MORE WITH YOU ON OUR SENIOR FRIENDLY APPROACH OF ENGAGEMENT.

HI, THIS IS LIZ SMITH. THERE ARE A NUMBER OF KEYS THAT WE FOUND IN TERMS OF OUR ENGAGEMENT RATE AND WE'RE VERY PROUD OF OUR ENGAGEMENT RATE. SINCE THE PROGRAM, WE TAKE OUR TIME. WE SHOW A LOT

OF CARE AND CONCERN. WE DON'T RUSH THE OLDER ADULT ON THE PHONE. WE SPEAK SLOWLY AND WE REALLY WANT TO KNOW -- WE WANT TO TAKE OUR TIME TO KNOW WHAT IS IMPORTANT TO THEM AND REALLY WHAT THEY NEED. WE USE A LOT OF PRINCIPLES AND MOTIVATIONAL INTERVIEWING. WE TRY VERY HARD TO NOT GET AHEAD OF OUR CLIENTS IN TERMS OF THE KIND OF CHANGE THEY ARE READY TO MAKE. WE DON'T COME IN WITH OUR OWN PERCEPTION ON WHAT THEY NEED TO DO TO CHANGE OR TO MAKE IMPROVEMENTS. WE OPERATE FROM VERY MUCH OF A STRENGTH-BASED MODEL. REALLY WE USE A COACHING STYLE. WE DON'T TELL PEOPLE WHAT TO DO. WE REALLY TALK TO THEM ABOUT WHAT IS IMPORTANT TO THEM AND WE'RE VERY MINDFUL OF THE LANGUAGE THAT WE USE AS KRIS MENTIONED EARLIER. WE STAY AWAY FROM TERMINOLOGY LIKE CALLING PEOPLE ADDICTS OR ALCOHOLICS. WE TALK WITH THEM ABOUT THEIR SUBSTANCE ABUSE AND PRESCRIPTION DRUG MISUSE. WE'VE ALSO FOUND THAT EMBEDDING THE SUBSTANCE USE AND DEPRESSION QUESTION AND HEALTH QUESTIONNAIRE AND PRIMARY CARE PRACTICES IN WHICH WE'RE WORKING HAS REALLY HELPED. PEOPLE SEE THIS AS IT RELATES TO THEIR OVERALL HEALTH VERSUS PEOPLE ASKING QUESTIONS THAT ARE POINTED AROUND THEIR SUBSTANCE USE. LASTLY ON THIS SLIDE, I REALLY CAN'T EMPHASIZE ENOUGH HOW IMPORTANT IT IS FOR THE WARM HANDOFF BETWEEN THE DOCTOR AND OUR PROGRAM. IT IS SO IMPORTANT TO BUILD TRUST WITH A SENIOR AND SENIORS AS WE ALL KNOW, CERTAINLY LISTEN TO THEIR DOCTORS AND FOR THE DOCTOR TO BE ABLE TO INTRODUCE OUR PROGRAM AND TALK WITH THE SENIOR ABOUT OUR PROGRAM IS REALLY HUGE.

IN TERMS OF LESSONS LEARNED, WE REALLY FOUND THAT IT IMPORTANT TO TRAIN OUR OWN STAFF TO BE SENSITIVE TO THE NEEDS OF OLDER ADULT AND CAREGIVERS AND SHARE THESE EXPERIENCES WITH OUR COMMUNITY PARTNER AND HOW TO WORK WITH SENIORS. IN TERMS OF BUILDING A TEAM CULTURE AND VALUE FOR DATA COLLECTION AND OUTCOME, WE DID THIS EARLY ON FROM THE BEGINNING. WE INSTILLED THE VALUE OF EFFECTIVENESS AND THAT HAS RESULTED IN PRIDE IN THE PROGRAM AND INCREASED JOB SATISFACTION.

THE WELLNESS PIECE IS CRITICAL. WE KNOW IT'S SO IMPORTANT TO PROVIDE WELLNESS SERVICES FOR OLDER ADULTS. WE TREAT OUR CLIENTS AS A WHOLE PERSON AS OPPOSED TO MIND, BODY AND SPIRIT. WE OFFER A NUMBER OF CLASSES ON CHRONIC PAIN, LIFE REVIEW, AND RELAXATION TECHNIQUES. WE FOUND THAT HEALTH LITERACY IS SO IMPORTANT, WE WANT TO MAKE SURE THE SENIORS WE'RE WORKING WITH ARE FEELING EMPOWERED AND THEY CAN BE THE BEST ADVOCATE FOR THEIR HEALTH. -- IN TERMS OF BEING CLEAR ON THE SERVICES.

WE FEEL IT'S IMPORTANT UNDERSTANDING WHAT OUR OWN LIMITATIONS ARE AND ALSO FOR THE PARTNERS IN THE COMMUNITY. WE ARE CERTAINLY WATCH FOR SCOPE CREEP AS WELL. LASTLY ON THE SLIDE, WE'RE VERY ACTIVE IN THE COMMUNITY THAT WE SERVE.

TERESA MENTIONED THAT WE'RE ON THE ADVISORY BOARD FOR OUR COMMUNITY PARTNERS. WE REALLY TRY TO CHAMPION THEIR WORK AS WELL AND WE'RE VERY VISIBLE IN THE COMMUNITY. WE REALLY WANT TO BE -- BECOME PART OF THE FABRIC OF THE COMMUNITY IN WHICH WE WORK. THE

TOPIC OF THIS WEBINAR HAS BEEN REALLY CRITICAL TO OUR PROGRAM. THE OUTREACH AND ENGAGEMENT THAT WE HAVE HAS BEEN VERY IMPORTANT TO THE KEYS TO OUR SUCCESS. FOR SENIOR REACH, I'M GOING TO TURN IT OVER TO THE NEXT SPEAKER NOW. I WANT TO INTRODUCE PATRICIA PULLINS.

THANK YOU. MY NAME IS PAT PULLINS AND I'M MANAGER OF THE COUNSEL ON ALCOHOL AND DRUGS ELDERLY PROGRAM. I SPECIALIZE IN SERVICES FOR SENIORS. I'M HERE TODAY TO SHARE SOME OF THE THINGS I LEARNED ABOUT HOW TO CONNECT AND ENGAGE WITH OLDER ADULTS AND DISCUSS ALCOHOL AND PSYCHOACTIVE MEDICATION MISUSE IN LATER LIFE. MY MAIN FOCUS TODAY IS WORKING WITH OLDER AFRICAN-AMERICANS AS WELL AS OLDER PERSONS LIVING IN PUBLIC AND PRIVATE INDEPENDENT LIVING FACILITIES.

THE COUNCIL ON ALCOHOL AND DRUGS OF HOUSTON HAS BEEN IN BUSINESS SINCE 1946 AND PROVIDES PREVENTION INTERVENTION AND OUTPATIENT BEHAVORIAL HEALTH SERVICES TO ALL AGE GROUPS. THE WELLDELY PROGRAM -- OUR FOCUS IS ON OLDER PERSONS A PERSONS AGED 60 PLUS. I'VE BEEN IN THE SUBSTANCE ABUSE FIELD FOR MORE THAN 20 YEARS. PRIOR TO JOINING THE COUNCIL IN 1998, I WORKED AT A COMMUNITY MENTAL HEALTH CENTER WHERE I FIRST NOTICED THE HIGH INCIDENTS OF SUBSTANCE ABUSE AMONG ELDERLY PATIENTS. HAVING LEARNED SO MUCH ABOUT SUBSTANCE USE AND AGING IN SUBSEQUENT YEARS, I NOW VIEW SUBSTANCE USE AS AN AGING ISSUE IN THE SAME CATEGORY AS SOCIAL ISOLATION AND LONELINESS OR COMPLEX MEDICAL ISSUES.

IN TERMS OF PARTNERSHIP, MOST OF OUR WORK IS DONE IN THE COMMUNITY. SINCE OLDER ADULTS ARE OFTEN RELUCTANT TO COME TO UNFAMILIAR LOCATION. SENIOR SIZE AND PROVIDERS WHO RUN THEM ARE NATURAL PARTNERS FOR US. AGING SERVICE PROVIDES ARE ALSO KEY PARTNERS. GIVING US ACCESS TO THEIR SERVICE POPULATION AS WELL AS REASSURING THEIR CLIENTS ABOUT OUR MOTIVE. CHANCES ARE MUCH GREATER THAT AN OLDER ADULT WILL FOLLOW UP ON A REFERRAL FOR AN ORGANIZATION THEY KNOW AND TRUST THAN FROM A PERSON THEY MET THAT DAY. THE WELLDERLY PROGRAM SERVED MORE THAN 700 PEOPLE LAST YEAR INCLUDING OLDER ADULTS, FAMILY AND SERVICE PROVIDERS. APPROXIMATELY 47% WERE AFRICAN-AMERICANS. WE USE THE SCREENING BRIEF INTERVENTION AND REFERRAL TO TREATMENT MODEL ADAPTED FOR OLDER ADULTS WHO MAYBE EXPERIENCING MEDICATION MISUSE, ALCOHOL OVERUSE AND/OR DEPRESSION. WE CHOSE AND WE CHOOSE TO IMPLEMENT THE PROGRAM IN PUBLIC, IN PRIVATE INDEPENDENT LIVING COMMUNITY. BECAUSE THEY'RE UNDERSERVED POPULATION AT HIGH RISK FOR ALCOHOL AND MEDICATION PROBLEMS. THEY'VE EXPERIENCED, HOUSING CHANGE, THEY MOST OFTEN LIVE ALONE, GENERALLY LACK FAMILY SUPPORT AND AUSTIN HAVE MULTIPLE MEDICAL PROBLEMS LEADING TO MULTIPLE PRESCRIPTION MEDICATION.

SOME OF THE KEYS TO REACHING OLDER ADULTS. WHILE THESE STRATEGIES ARE KEY TO REACHING OLDER AFRICAN-AMERICANS, THEY ARE ALSO USEFUL IN REACHING OTHER OLDER AMERICANS AS WELL. DISSEMINATING INFORMATION THROUGH CHURCH GROUPS IS IMPORTANT BECAUSE MANY

AFRICAN-AMERICANS FAMILIES LOOK FIRST TO THEIR MINISTERS IN TIMES OF NEED. CIVIC GROUPS LOCATED TRADITIONALLY AFRICAN-AMERICAN NEIGHBORHOODS PROVIDE ACCESS AND HAVE BEEN EXTREMELY HELPFUL. IN ONE NEIGHBORHOOD ALONE IN HOUSTON, THERE ARE 23 DIFFERENT CIVIC CLUBS. INDIVIDUAL CLUB PRESIDENTS ARE FREQUENTLY LOOKING FOR SPEAKERS FOR THEIR MONTHLY MEETINGS. PARTICIPATION IN HEALTH FAIR IS NOT NECESSARILY GEARED TOWARD OLDER PEOPLE BUT TOWARD FAMILY IS ALWAYS A GOOD IDEA SINCE IT'S USUALLY A FAMILY MEMBER WHO SOUND THE ALARM WHEN GRANDMA IS SUSPECTED OF DRINKING TOO MUCH. NETWORKING WITH HOUSING AUTHORITY HAS BEEN PARTICULARLY USEFUL. THEY HOLD MONTHLY MEETINGS AND GENERALLY KNOW WHICH TENANTS MAYBE EXPERIENCING SUBSTANCE ABUSE PROBLEMS BUT DON'T KNOW NECESSARILY HOW TO HANDLE THE ISSUE. PUBLIC ACCESS TELEVISION AND RELIGIOUS STATIONS FREQUENTLY RUN INTERVIEWS AND PROGRAMS MULTIPLE TIMES DURING THE DAY AND NIGHT. WHEN SOME TIMES PEOPLE HAVE TROUBLE SLEEPING AT NIGHT. I'VE HEARD PEOPLE CALL AND SAY, I SAW YOU ON TELEVISION THE OTHER NIGHT WHEN I COULDN'T SLEEP. I WAS WONDERING WHETHER OR NOT I MIGHT BE DEPRESSED OR HAVE A DRINKING PROBLEM. WHAT CAN I DO TO GET HELP?

IN MY OPINION, THE NUMBER ONE HURDLE TO ENGAGING OLDER AFRICAN-AMERICANS IS MISTRUST. THERE'S A TERRIBLE STIGMA ASSOCIATED WITH SUBSTANCE ABUSE AND MISUSE AMONG OLDER PEOPLE THAT IS MAGNIFIED AMONG AFRICAN-AMERICANS. IT'S LIKELY ASSOCIATED WITH THE FACT THAT THEY MAY KNOW SOMEONE IN PRISON DUE TO A SUBSTANCE RELATED CRIME. IN

SOME CASES, IT MIGHT BE HELPFUL TO ACKNOWLEDGE THE ELEPHANT IN THE LIVING ROOM AND DISCUSS CONTEMPORARY AND HISTORICAL REASONS BEHIND MANY OLDER AFRICAN-AMERICANS TRUST OR MISTRUST OF AUTHORITIES JUST TO CLEAR THE AIR. IT'S ALSO ESSENTIAL TO BE AWARE OF AND MAKE ALLOWANCES AND ADJUSTMENTS FOR EDUCATIONAL LEVELS AND HEALTH LITERACY. ADDITIONALLY, I THINK IT'S IMPORTANT TO RECOGNIZE AND HONOR BLACK AMERICANS WHO COME FROM DIFFERENT CULTURES AND TRADITION. FOR EXAMPLE, OLDER PEOPLE WHO IMMIGRATED TO THE UNITED STATES FROM THE CARIBBEAN ARE FROM AFRICA HAVE HAD DIFFERENT LIFE EXPERIENCES THAN THOSE WHO GREW UP IN SEGREGATED COMMUNITIES IN THE 1940s, THE '50s AND THE '60s.

FINALLY LESSONS LEARNED. AFRICAN-AMERICANS AND THEIR SYMPTOM PRESENTATION CAN DIFFER FROM WHAT MOST CLINICIANS ARE TRAINED TO EXPECT AND MAY LEAD TO DIAGNOSTIC AND TREATMENT PLANNING PROBLEMS. THE IMPACT OF TORTURE ON IDIOMS OF DESTRESS DESERVES FOR ATTENTION FROM ALL OF US. IN TERMS OF LESSONS LEARNED FROM MY OWN EXPERIENCE, THE MOST IMPORTANT POINT I WANT TO LEAVE YOU WITH IS THAT A FLAT ASSET DOES NOT MEAN DISINTEREST. WHATEVER ASPECT OF HEALTH AND WELLNESS YOU ARE PROMOTING. THAT KIND OF BLANK FACIAL EXPRESSION MORE THAN LIKELY INDICATES WORRINESS. IN AN EXPRESSION OF WORRINESS INDICATES A NECESSITY FOR THE SERVICE PROVIDER TO TRY TO CONNECT WITH THE PERSON ON A MORE HUMAN LEVEL. OLDER AFRICAN-AMERICANS AS WELL AS OLDER PERSONS LIVING ALONE AND INDEPENDENT LIVING COMMUNITY WANT AND

NEED TO CONNECT ON A FEELING OR EMOTIONAL LEVEL. I NOW LIKE TO INTRODUCE ANDREA GARR.

GOOD AFTERNOON. MY NAME IS ANDREA GARR. I WAS ONE OF THE CARE MANAGERS FOR THE PROGRAM CALLED UN NUEVO AMANECER WHICH TRANSLATES IN ENGLISH TO A NEW DAWN.

THIS PROGRAM WAS CONDUCTED AT UNITED COMMUNITY CENTER WHICH IS LOCATED IN URBAN MILWAUKEE, WISCONSIN. UNITED COMMUNITY CENTER IS A COMMUNITY-BASED ORGANIZATION AND HAS BEEN SERVING MILWAUKEE FOR MORE THAN 42 YEARS. UCC PROVIDES A COMPREHENSIVE RANGE OF PROGRAMS AND SERVICES IN THE AREAS OF HUMAN SERVICES, ELDER SERVICES, HEALTH PROGRAMS, K THROUGH 8 EDUCATION, RECREATION, COMMUNITY DEVELOPMENT AND CULTURAL ARTS AND EVENTS.

THE MISSION OF UCC IS PRINTED HERE ON SLIDE 36 FOR YOU TO REFER TO LATER.

KEY PARTNERS FOR OUR PROGRAM INCLUDE, THE MILWAUKEE COUNTY DEPARTMENT ON AGING, THE UNIVERSITY OF WISCONSIN MILWAUKEE, THE 16th STREET COMMUNITY HEALTH CENTER AND THE PLANNING COUNCIL FOR HEALTH AND HUMAN SERVICES.

THE GOAL OF UN NUEVA AMANECER WAS TO REACH AND ENGAGE LATINO ELDERS SUFFERING FROM SYMPTOMS OF LATE LIFE DEPRESSION. WE KNOW THAT LATINOS ARE LESS LIKELY TO UTILIZE MENTAL HEALTH SERVICES. THIS IS DUE TO A NUMBER OF FACTORS. FIRST, THERE'S A CULTURAL STIGMA WITH REGARD TO MENTAL HEALTH COUNSELING AS WELL AS SIGMA AROUND DEPRESSION.

SECONDLY, THERE'S A SEVERE SHORTAGE OF BILINGUAL THERAPIST AVAILABLE TO TREAT SPANISH SPEAKING CLIENTS. THE PROGRAM WAS SUCCESSFUL IN REACHING AND ENGAGING LATINO ELDERS WITH CRITICAL AND EFFECTIVE TREATMENT SIGNIFICANTLY REDUCING DEPRESSION AS MEASURED BY THE PHQ9. OUR PARTNERSHIP REACH AND SPECIAL FOCUS WAS LATINO ELDERS WITH LIMITED OR NO FLUENCY IN ENGLISH. MANY OF THE SENIOR PARTICIPANTS HAD LIMITED FLUENCY IN ENGLISH AS WELL AS IN SPANISH. MANY WERE FROM HOUSEHOLD THAT MEET THE CRITERIA FOR LOW INCOME OFTEN SENIORS ARE FIRST AND SECOND GENERATION IMMIGRANTS WITH A CULTURAL IDENTITY AND CULTURAL TRADITIONS VERY STRONGLY CONNECTED TO THE COUNTRY OF THEIR NATIONAL ORIGIN.

WE BELIEVE THAT THE KEYS TO OUR SUCCESS IN REACHING AND ENGAGING THE LATINO ELDER POPULATION IN MILWAUKEE WAS THE FACT THAT WE FIRST REACHED OUT TO SENIORS THAT WERE ALREADY PARTICIPATING IN ONE OF THE OTHER ELDER PROGRAMS AT UCC. WE ALSO PRESENTED THE OPPORTUNITY TO FAMILIES OF THE CHILDREN ENROLLED THE OUR COMMUNITY SCHOOL. AS WELL AS THE FAMILIES OF UCC EMPLOYEES AND STAFF MEMBERS. THIS IS IN KEEPING WITH THE OLD ADDAGE, CHARITY BEGINS AT HOME. AS CARE COORDINATION IS AN IMPORTANT FUNCTION PERFORMED BY THE DEPRESSION CARE MANAGER IN THE IMPACT TREATMENT MODEL, WE ESTABLISHED A COLLABORATIVE RAPPORT WITH PRIMARY CARE PROVIDERS BY INITIATING AN OPEN LINE OF COMMUNICATION WITH PRIMARY CARE PROVIDERS AS WELL AS BEHAVORIAL HEALTH PROVIDES ALREADY ATTENDING THE PARTICIPANT. WITH

PARTICIPANT CONSENT, WE COMMUNICATED THE NATURE OF THE PROGRAM, THE TREATMENT MODEL AND BASELINE AS WELL AS FOLLOW UP DEPRESSION SCORES. AS A RESULT OF OUR EARLY SUCCESS, WE WERE ABLE TO SECURE THE BUY-IN OF THESE PROVIDERS AND LATER RECEIVED A NUMBER OF REFERRALS DIRECTLY FROM PROVIDES THAT WERE TREATING MONOLINGUAL SPANISH SPEAKING PATIENTS.

ONE OF OUR MOST EFFECTIVE OUTREACH APPROACHES WAS TO GO OUT TO THE INDIVIDUAL HOUSING COMMUNITIES WHERE WE KNEW LARGE NUMBERS OF LATINO ELDERS LIVED. WE COORDINATED AND INVITED SENIOR PARTICIPANTS TO ATTEND A FUN ACTIVITY IN THE COMMUNITY ROOM OF THEIR APARTMENT BUILDING THAT INCLUDED A PRESENTATION ON WELLNESS. ALL OF OUR COMMUNITY OUTREACH EMPHASIZED EMOTIONAL WELLNESS AND DESCRIBED WELLNESS WITHIN A LATINO CULTURAL FRAMEWORK. BY PUTTING THE FOCUS ON WELLNESS AND DESCRIBING THE SYMPTOMS THAT INDICATE EMOTIONAL WELLNESS, WE WERE ABLE TO CIRCUMVENT STIGMA. IN ADDITION, WE CREATED A METAPHOR THAT EQUATED TREATMENT TO WELLNESS EDUCATION. INDIVIDUAL SESSIONS WERE OFTEN REFERRED TO AS CLASSES OR CLASS SESSIONS. THE SENSATION OF TREATMENT DUE TO GOAL ACHIEVEMENT WAS EQUATED WITH GRADUATING FROM THE PROGRAM. THIS EMPHASIS ON THE HEALTH EDUCATION COMPONENT FURTHER REMOVED THE STIGMA OFTEN ASSOCIATED WITH MENTAL HEALTH SERVICES WITH AMONG LATINO. TO OUR SURPRISE, WE FOUND AS MORE AND MORE SATISFIED PARTICIPANTS SPONSORING POSITIVE OUTCOMES THEIR PERSONAL TESTIMONIES TO THEIR FRIENDS AND

FAMILY MEMBERS CREATED A POSITIVE MOTIVATION. SENIORS WHO COULD RELATE AND IDENTIFY WITH THE PERSONAL TESTIMONIES OF PRIOR PARTICIPANTS WERE NOW EAGER TO PARTICIPATE IN THE PROGRAM THEMSELVES. OTHER EFFECTIVE KEYS TO REACHING AND ENGAGING LATINO ELDERS IN MILWAUKEE INCLUDED OUTREACH AT COMMUNITY CHURCHES, USE OF SPANISH LANGUAGE MEDIA INCLUDING RADIO AND PUBLIC TELEVISION, COMMUNITY FESTIVALS, AS WELL AS HEALTH RESOURCE FAIRS.

I BELIEVE THAT THE MOST SIGNIFICANT STRENGTH OF OUR PROGRAM WAS OUR ABILITY TO RECOGNIZE AND RESPOND TO CULTURAL BARRIERS AS THEY WERE ENCOUNTERED AND MAKE RECOMMENDATIONS FOR CULTURAL ADAPTATION TO TREATMENT MODEL ALREADY SHOWN TO BE EFFECTIVE IN TREATING LATE LIFE DEPRESSION. FIRST, SERVICES WERE DELIVERED IN A COMMUNITY SETTING AS OPPOSED TO A PRIMARY CARE SETTING. EXTENSIVE USE OF HOME VISITS FOR ASSESSMENTS AS WELL AS TREATMENT SESSIONS WAS MADE. INITIALLY THIS WAS DUE TO LOGISTICAL. WE LATER LEARNED THAT BY BRINGING THE TREATMENT TO THE CONSUMER RATHER THAN REQUIRING THE CONSUMER TO COME TO THE TREATMENT, THIS WAS CONSISTENT WITH CULTURAL VALUES AND TENDENCIES. IN ADDITION, CONDUCTING SESSIONS AT THE PARTICIPANT'S HOME NOT ONLY RESULTED IN FACILITATING THE DEVELOPMENT OF A THERAPEUTIC RELATIONSHIP BY FOSTERING AN ATMOSPHERE OF RAPPORT AND TRUST. IT ALSO PROVIDED A VALUABLE PICTURE OF THE HOME ENVIRONMENT AND HELPED TO DEEPEN OUR UNDERSTANDING OF

THE CLIENT'S CONDITION AND THE FACTORS THAT MAYBE CONTRIBUTING TO THEIR DEPRESSION.

A NUMBER OF CULTURAL MODELS WERE MADE AS WELL AS METHODS FOR COMMUNICATING AND REINFORCING THE HEALTH AND WELLNESS MESSAGES. THESE ADAPTATIONS INCLUDED, FIRST, TREATMENT WAS PROVIDED IN THE PREFERRED LANGUAGE OF THE PARTICIPANT BY BILINGUAL CULTURALLY COMPETENT DEPRESSION CARE MANAGERS. SECONDLY, EXPANDING THE AMOUNT OF TIME ALLOTTED FOR INDIVIDUAL SESSIONS FROM ONE HOUR TO 1.5 HOURS TO ALLOW FOR THE CIRCULAR COMMUNICATION STYLE COMMONLY FOUND IN LATINO CULTURES. THIRD, EXTENDING THE NUMBER OF SESSIONS FOR TREATMENT. IMPACT AS IT WAS APPLIED TO THE GENERAL POPULATION, USUALLY INCLUDES 8 TO 12 SESSIONS. WE FOUND THAT OUR PARTICIPANTS OFTEN REQUIRED 12 TO 20 SESSIONS DUE TO LIMITED LITERACY NOT ONLY WITH RESPECT TO THE ABILITY TO READ AND WRITE BUT ALSO WITH REGARD TO MANY OF THE CONCEPTS THAT WE WERE TRYING TO TEACH. WE FOUND THAT ESPECIALLY DURING THE FIRST SEVERAL SESSIONS, THE MATERIAL HAD TO BE PRESENTED OVER AND OVER AGAIN AND REVIEWED FREQUENTLY THROUGHOUT THE PROCESS. FOURTH, PROVISION FOR MORE INTENSIVE CASE MANAGEMENT FUNCTIONS TO BE PROVIDED BY THE DEPRESSION CARE MANAGER. FIVE, WE FOUND THAT DESCRIBING THE PROCESS AND GOALS OF TREATMENT IN TERMS OF AN EDUCATIONAL OPPORTUNITY PROVED TO BE EXTREMELY POSITIVE. MANY OF OUR PARTICIPANTS HAD NOT HAD THE OPPORTUNITY FOR MUCH MORE FORMAL EDUCATION IN THE COUNTRIES OF THEIR ORIGIN. THE OPPORTUNITY TO

COMPLETE AN EDUCATIONAL COURSE AND THE OPPORTUNITY TO GRADUATE WAS SEEN AS AN ACHIEVEMENT AND A FORM OF POSITIVE REINFORCEMENT IN AND OF ITSELF. FINALLY, WE DEVELOPED PICTORIAL TOOLS AND VISUAL AIDS FOR USE TO REDUCE THE DEPENDENCE ON WRITTEN MATERIAL AND REPLACE THEM WITH GRAPHICS MATERIALS. VISUAL AIDS WERE DEVELOPED TO HELP COMMUNICATE THE CONCEPT BEHIND VARIOUS RESPONSE OPTIONS IN THE PHQ9. IN ADDITION, WE COLLECTED A NUMBER OF IMAGES TO USE AS REMINDERS FOR THEIR HOMEWORK ACTIVITIES THAT WERE PART OF THEIR BEHAVORIAL ACTIVATION OR THEIR PROBLEM SOLVING TREATMENT. WHEN WE DID OUTREACH AT THE HOUSING COMMUNES WHERE THE SENIORS LIVED, OUR FUN ACTIVITY WAS OFTEN KHILOOPS WHICH WAS A MEXICAN VERSION OF BINGO.

IN CLOSING, IF YOU'RE INTERESTED IN READING MORE ABOUT THE CULTURAL ADAPTATIONS TO IMPACT THAT WERE MADE DURING THE UNA PROGRAM. I LIKE TO ENCOURAGE YOU READ THE ARTICLE ENTITLE, IMPROVING ACCESS AND REDUCING BARRIERS FOR LATINO ELDERS. WHICH IS BEING PUBLISHED BY THE JOURNAL OF PSYCHOLOGICAL ASSOCIATION CALLED PROFESSIONAL PSYCHOLOGY, RESEARCH AND PRACTICE. NOW I WOULD LIKE TO TURN IT OVER TO CHRIS KERR AND MOUNIR DAHDAH, SENIORS PREPARING FOR RAINBOW YEARS.

THIS IS CHRIS KERR, CLINICAL DIRECTOR IN HOUSTON, TEXAS. I WANT TO EXPLAIN A LITTLE BIT, THE MONTROSS COUNSELING CENTER IS A NONPROFIT BEHAVORIAL HEALTH CLINIC. WE'VE BEEN PROVIDING MENTAL HEALTH SERVICES OF THE GAY AND BISEXUAL COMMUNITY SINCE 1978. WE HAVE A LONG

HISTORY OF ESTABLISHING TRUST WITH THE LGBT COMMUNITY. WE DO HAVE GENERAL COUNSELING PROGRAM. WE HAVE OUR OWN STATE LICENSE OUTPATIENT CHEMICAL DEPENDENCY TREATMENT PROGRAM THAT'S TARGETED TO THE LGBT POPULATION. WE HAVE AMENDMENT VIOLENCE PROGRAM FOR SEXUAL ASSAULT, DOMESTIC VIOLENCE COUNSELING AND WE HAVE OUR OWN DOMESTIC VIOLENCE SHELTER. WE HAVE A YOUTH PROGRAM AND FINALLY WE HAVE OUR SPRY PROGRAM, OUR PROGRAM, AIMED AT LGBT SENIORS. IN THE BEGINNING, WE DIDN'T HAVE A LARGE POPULATION OF LGBT SENIORS COMING TO OUR SERVICES OR OTHER SERVICES THAT WE CAN SCREEN AND WORK WITH TO DETERMINE IF THEY ARE DEPRESSED OR IF THEY ARE HAVING OTHER ISSUES OR WANT TREATMENT. WE HAVE TO ATTRACT THEM TO OUR SERVICES OR WE HAVE TO GO OUT INTO THE COMMUNITY. WE STARTED OUR SENIOR WORK IN 2005 WITH A GRANT FROM SAMHSA TO PROVIDE MENTAL HEALTH SERVICES. YOU WOULD THINK IN THIS DAY AND AGE OF BUDGET CUTS IF YOU PUT A SIGN OUT SAYING, COUNSELING CASE MANAGEMENT AT NO COST TO THE PARTICIPANTS, FOR SENIORS PEOPLE WOULD BEAT DOWN THE DOORS. NO ONE CAME AND THE OUTREACH HAS BEEN AN ESSENTIAL PART OF OUR PROGRAMMING TO SENIORS. IN OUR FIRST GRANT, WE HAD EIGHT PART TIME-OUT REACH WORKERS WHO WENT OUT IN INTO THE COMMUNITIES. WE WERE USING THE INDIGENOUS -- OUR KEY PARTNERS IN THIS GRANT HAS BEEN OF COURSE AAA AND THAT'S BEEN VERY IMPORTANT FOR OUR AREA AGENCIES AND AGING ON OUR SUSTAINABILITY WHEN THE GRANT ENDED. WE'VE BEEN ABLE TO SUSTAIN OUR MENTAL HEALTH SERVICES WITH HELP FROM AAA. WE'VE WORKED WITH OUR LOWLY FQHC WHICH

SERVES THE SAME POPULATION AND BUT MOST IMPORTANT IN THIS OUTREACH IN REACHING THIS KIND OF HIDDEN UNDERSERVED AND OFTEN RELUCTANT POPULATION, HAS BEEN THE COMMUNITY SOCIAL AND SERVICE ORGANIZATIONS IN THE LGBT SENIOR COMMUNITY.

WE'VE HAD A LOT OF LUCK WORKING WITH A GROUP CALLED LOAF, LESBIANS OVER AGE FIFTY. IN OUR OUTREACH, THE ESSENTIAL PART OF OUR OUTREACH PROGRAM, WE HAVE USED THE INDIGENOUS LEADER MODEL TO FIND PEERS AND FROM THE COMMUNITY TO TRAIN THEM IN THE ISSUES THAT WE WANT TO DO SCREENING FOR DEPRESSION AND SCREENING AND OTHER HEALTH ISSUES AND SUBSTANCE ABUSE EVEN PRESCRIPTION DRUG ABUSE OR ALCOHOL ABUSE OR DEPENDENCE. SEND THEM BACK INTO THE COMMUNITY. AS PEERS, THAT GIVES THEM AND SOME WAYS AN ESTABLISHED TRUST OR AT LEAST A STEP UP ON ESTABLISHING TRUST AND THEY KNOW WHERE IN THE COMMUNITY TO GO TO FIND THE POPULATION WE WERE TRYING TO REACH OUT TO. WHAT WE HAVE FOUND IN WORKING WITH THESE SENIORS HAS BEEN WHAT WE CALL THE TWOFOLD RESISTANCE. YOU HEARD PEOPLE TALK ABOUT THAT GENERAL RESISTANT TO MENTAL HEALTH SERVICES BECAUSE OF THE STIGMA. WE'VE ALSO FOUND.YOU THINK ABOUT IT WITH THIS POPULATION, IF THEY HAD EXPERIENCE WITH MENTAL HEALTH SERVICES WHEN THEY WERE YOUNGER OR ANYONE IN THEIR FAMILY, A PARENT OR SOMEBODY HAD SERVICES, THEY PROBABLY DIDN'T GET VERY GOOD HELP FOR THINGS LIKE DEPRESSION. THEY MIGHT HAVE GOTTEN SHOCK THERAPY OR HOSPITALIZED AND PSYCHOANALYSIS FOR WEEKS. WE'VE HAD TO DEAL WITH WHAT WE CALLED THE LGBT

RELUCTANCE. THIS IS A GROUP WHEN THEY CAME OF AGE AND STARTED TO COME AND REALIZED THEY ARE GAY OR LESBIAN, THAT WAS ILLEGAL. THEY WOULD BE RAIDED AND ARRESTED AND OUTED TO THEIR JOBS AND FAMILY. IF THEY WEREN'T WEARING PROPER CLOTHING OR DANCING WITH MEMBER OF THE SAME SEX. THOSE WERE ALL ILLEGAL AND YOU COULD LOSE YOUR JOB FOR THAT OR BE ARRESTED. EVEN TODAY, MANY STATES DON'T HAVE PROTECTION FOR LGBT PEOPLE SO YOU CAN STILL LOSE YOUR JOB AND JUST BECAUSE OF THE ORIENTATION. WE FOUND THAT RELUCTANCE WAS ANOTHER ONE. IF THEY COME TO THIS PROGRAM, I WILL BE OUTED TO THE FEDERAL GOVERNMENT OR OUTED TO THE GENERAL COMMUNITY. CURRENTLY IN OUR GRANT, WE ARE NOW SCREENING FOR DEPRESSION AND SUICIDE PREVENTION AND DRUG ABUSE PREVENTION. WE DO USE PQR. WHICH IS KIND OF A NEIGHBORHOOD WATCHER KIND OF LIKE CPR. WE ARE TRAINING VOLUNTEER OUTREACH WORKERS THIS TIME TO GO OUT INTO THE COMMUNITY. THEY DO SCREENING WITH THE PHQ2 AND THEN IF PEOPLE WANT SERVICES FROM THAT, WE PROVIDE HEALTHY IDEAS. I'M GOING TO INTRODUCE MOUNIR DAHDAH WHO IS ONE OF OUR CURRENT ADVOCATES FOR PEER OUTREACH WORKERS.

THANK YOU CHRIS. BEING A PEER OF THE COMMUNITY AND A MEMBER OF THE COMMUNITY, I THOUGHT IT WOULD BE EASIER FOR ME TO REACH OUT TO THAT SEGMENT BECAUSE I AM ONE OF THEM AFTER ALL. WHAT I EXPECTED AND WHAT I ENCOUNTER WERE TWO VERY DIFFERENT THINGS. I ENCOUNTERED INCREDIBLE AMOUNT OF RESISTANCE AS CHRIS MENTIONED, BECAUSE OF PAST EXPERIENCE. I ALSO ENCOUNTERED VERY FREQUENT SYMPTOMS OF DEPRESSION.

THE TWO QUESTIONS INEVITABLY WAS ALWAYS ONE YES. SO FAR I HAVE NOT HAD ONE NO, IF YOU WILL. TWO NOES, I'M SORRY. IT'S EITHER ONE YES, OR TWO YESES. YET, THEY WON'T MOVE TO ACTION. THEY PREFER TO STAY BEHIND CLOSED DOORS, ALONE RATHER THAN REACH OUT. WHICH ADDS TIME, IT'S TAKING A LOT LONGER TO REACH OUT TO THE COMMUNITY. FRANKLY, IT SURPRISES ME. ARMED WITH THAT, THOUGH, I'M THE ONE WHO HAS TO ADJUST THE EXPECTATIONS BECAUSE WE CAN'T CHANGE THEM. WITH PERSISTENCE, I HOPE THE NEXT GENERATION WILL HAVE IT EASIER AND THEN THE NEXT GENERATION WILL USE THE RESOURCES THAT ARE AVAILABLE TO THEM. WITH THAT, I'LL BOUNCE IT BACK TO CHRIS.

WHAT WE HAVE FOUND AS PART OF THIS OUTREACH, LGBT ELDERS DON'T REALLY GO TO THE TYPICAL PLACES WHERE YOU MIGHT FIND OTHER ELDERS. THEY ARE OFTEN NOT GOING OUT TO THE CONGREGATE MEAL SITES. WHAT MOUNIR'S IN DOING THE SCREEN, HAS BEEN GOING THROUGH INDIVIDUAL CONTACTS GOING TO PRIVATE PARTIES AND TO DINNERS AND PEOPLE ENGAGING THEM IN SOCIAL CONVERSATION, DESCRIBING THAT HE'S BEEN WORKING AND VOLUNTEERING WITH THE SPRY PROGRAM AND WE'RE INTERESTED IN DEPRESSION AND DRUG ABUSE, ALCOHOL ABUSE. IT'S TURNING THE CONVERSATION INTO A HEALTHY INTERVIEW AND MAYBE INTO A SCREENING INTERVIEW. AS HE SAID, WITH OUR PHQ2, IF YOU ANSWERED YES TO ONE OR TWO, THAT FOLLOWS A FOLLOW-UP. THE DEPRESSION GOES UP HIGH WHEN PEOPLE ANSWER YES TO THE QUESTIONS AND FOLLOW-UP QUESTION ABOUT WHAT YOU WANT TO DO WITH THE ALCOHOL OR DRUG ABUSE. IT'S TAKING A LOT

OF PERSISTENCE BEING, THERE AND DEVELOPING THAT TRUST. WHAT WE FIND FOR LGBT ELDERS IS A LOT OF TRUST. WE FOUND PEOPLE ARE MUCH MORE WILLING TO COME TO THINGS LIKE SUPPORT GROUPS RATHER THAN SOMETHING CALLED COUNSELING. WE'VE OFFERED INDIVIDUAL COUNSELING WITH LICENSED PROFESSIONAL COUNSELORS. IN THE BEGINNING OUR SUPPORT GROUPS, THEY SAY DON'T CALL THEM PEER COUNSELING GROUPS BECAUSE THEY WON'T COME. PEOPLE WERE COMING TO THOSE THINGS. WE'VE ALSO WORKED ON OFFERING JUST SOCIAL EVENTS. NOW WE'RE WORKING ON BECOMING A CONGREGATE MEAL SITE FOR THE LGBT ELDERS AND USING THAT AS PORTAL TO OTHER SERVICE. LGBT ELDERS ARE LOOKING TO FIND OTHER PEOPLE LIKE THEMSELVES BEFORE THEY FEEL SAFE. WE CALL THAT A DEDICATED PROGRAM AND MAJORITY OF THE PEOPLE YOU WALK IN THE DOOR OUGHT TO LOOK LIKE YOU OR PART OF YOUR PEERS THAT YOU FEEL FAMILIAR WITH. WE'RE STILL LEARNING WITH THAT. ONE OF LEARNING CURVES IS DOING THIS WITH VOLUNTEERS WITH SUSTAINABILITY. OUR FEE FOR SERVICE WORLD, WE CAN PAY FOR COUNSELING IN CASE MANAGEMENT.WORKING WITH VOLUNTEERS, TAKEN A WHOLE ANOTHER LEVEL OF LEARNING. WE'RE ASKING A AWFUL LOT OF VOLUNTEERS TO ENGAGE IN THOSE CONVERSATIONS AND IT FORCES THEM TO COME OUT AND INVADE THEIR OWN SOCIAL LIFE IF THEY'RE OUT IN THE COMMUNITY THAT WAY. I WILL TURN IT BACK OVER TO ALEX.

JUST GO THROUGH YOUR LAST SLIDE QUICKLY. KATHY IF YOU LIKE TO GO BACK. WE HAVE A COUPLE MORE SLIDES BASED ON WHAT CHRIS WAS SAYING AND THEY'LL BE IN THE COPIES YOU WILL GET. I'M ALEX MCNEIL WITH THE

NATIONAL COUNCIL ON THE AGING AND OLDER AMERICAN BEHAVORIAL HEALTH CENTER. ON BEHALF OF CENTER AND SAMHSA AND AOA, I WANT TO THANK OUR PRESENTERS. FEW TAKE AWAYS I SEE ARE PARTNERSHIPS ARE NOT ONLY IMPORTANT IN REACHING AND ENGAGING OLDER PEOPLE, THEY CERTAINLY HAVE BEEN ESTABLISHED AND THEY ARE CERTAINLY WORKING WELL IN THE NUMBER OF COMMUNITIES WE'VE HEARD FROM TODAY. WE'VE HEARD THAT WE NEED TO REACH ELDERS WHERE THEYARE THROUGH THE MANY PARTNERS, DEVELOP SPECIFICALLY FOR THIS PURPOSE OR OTHER PURPOSES. WE SAW ONE GOOD APPROACH IN EXTENDING THE REACH OF SERVICES BY USING UNIVERSAL SCREENING. WE'VE LEARNED OVER THE YEARS THAT PRE-SCREENING OR FULL SCREENING OFFERS AN EDUCATIONAL BENEFIT AS WELL AS IDENTIFICATION OF THOSE WHO MIGHT BENEFIT WHO NEED BEHAVORIAL HEALTH SERVICES. WE'VE LEARNED THAT STAFF NO MATTER HOW WELL THEY ARE TRAINED, OFTEN CANNOT JUDGE THE NEED FOR BEHAVORIAL HEALTH INTERVENTION. WHO CAN BENEFIT FROM THOSE SERVICES WITHOUT USING A SCREENING TOOL. WE LEARNED THAT ENGAGING ELDERS WITH RELEVANT INFORMATION IS VERY IMPORTANT AND OF COURSE, BEING RESPECTFUL OF CULTURAL LITERACY AND VISION CHALLENGES. WE ALSO HEARD THAT WE SHOULD -- PROGRAMS CAN CONSIDER TAILORING THEIR EVIDENCE-BASED PROGRAMS TO BEST ADDRESS THE TARGET POPULATION THAT THEY ARE PURSUING. OF COURSE, CONSULTING WITH THEIR COMMUNITY LEADER AS WELL AS PROGRAM DISSEMINATETORS. WE NEED TO LEARN WHAT CAN BE MODIFIED WITHOUT LOSING FIDELITY. WE ALSO JUST

HEARD ABOUT PEER AMBASSADORS AND EDUCATORS. NOW I'M GOING TO TURN TO SEVERAL OF THE QUESTIONS THAT WE'VE RECEIVED FROM PARTICIPANTS.

SEVERAL QUESTIONS HAVE COME IN THE CHAT BOX. YOU PROBABLY NOTICED AS EACH OF THE SLIDES WITH THE PRESENTERS NAME WAS ON THE SCREEN. THEIR E-MAIL ADDRESS WAS THERE AS WELL. WE HOPE IF YOU HAVE SOME ADDITIONAL QUESTIONS, YOU'LL TAKE THE OPPORTUNITY TO ADDRESS SOME OF THE SPEAKERS AFTER YOU GET THE SLIDES, WHICH WILL BE END OF THE WEEK OR SO.

NOW I'M GOING TO GO TO ONE OF THE FIRST QUESTIONS, WHICH I'M GOING TO DIRECT TO PAT PULLINS IN HOUSTON. HOW DO FAMILY MEMBERS SUFFER FROM ALCOHOLISM AND WHO HAS BEEN DEEMED TO HAVE CAPACITY TO CONSENT BY THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES TO ACCEPT THE SYSTEM AS THEY ARE DYING FROM SELF-NEGLECT? FIRST RESPONDERS FIND THEM LYING IN THEIR OWN FECES IN URINE AND HOUSE AND THEY ARE RETURNED BACK TO THE ENVIRONMENT DUE TO CAPACITY ISSUES.

PAT, I THINK YOU HAVE SOME THOUGHTS ON THIS ISSUE. YES, I DO. I'VE EXPERIENCED THAT IN MY WORK OVER THE YEARS AND IT'S REALLY A HARD CALL. YOU KNOW, THE BEST THING I'VE LEARNED TO DO IS TO ENCOURAGE FAMILY MEMBERS. WE TALK ABOUT A WARM HANDOFF, A LOT OF TIMES WE HAVE TO REALLY GET WITH THOSE HOSPITAL DISCHARGE PLANNERS OR THE DISCHARGE PLANNERS WHEREVER THE LOVED ONE IS, BEFORE THEY START MAKING THOSE PLANS TO SEND THEM HOME AND JUST MAKE OUR CASE THAT THAT PERSON IS NOT CAPABLE OF TAKING CARE OF THEMSELVES.THEY NEED TO

GO TO A PHYSICAL REHAB CENTER OR SOMEWHERE BUT JUST REALLY MAKE THAT CASE. THE OTHER THING I FOUND TO BE HELPFUL IS THAT OFTEN AS A FAMILY MEMBER, WE FEEL SO ALONE AND UP AGAINST SUCH FORCES IN TRYING TO DEAL WITH THIS. I ALWAYS ENCOURAGE THE FAMILY MEMBERS TO GO TO SOME OTHER SUPPORT GROUP SO THEY CAN HEAR ABOUT HOW OTHER PEOPLE HAVE HANDLED THIS ISSUE. YOU NEED THE REPETITION OF STAYING ON TARGET OF PURSUING THESE THINGS. LEFT ALONE, YOU FEEL LIKE IT'S TOO OVERWHELMING.

THANK YOU VERY MUCH PAT. DO ANY OF THE OTHER SPEAKERS WISH TO ADD WHAT PAT SAID? SHE GAVE US A GREAT ANSWER TO A VERY DIFFICULT QUESTION. HEARING NONE. WE HAVE A QUESTION FOR KIM FLOWERS. KIM? PLEASE TELL US ABOUT THE SKILLS OF THE STAFF WHO ARE CONDUCTING THE HEALTHY IDEAS PROGRAM? COULD YOU TELL US ABOUT THE SKILLS OF THAT STAFF?

YES, THE STAFF WHO ARE DOING THAT, WE'VE ALL BEEN THROUGH A TWO DAY TRAINING TO GET INHEALTHY IDEAS. WE GO THROUGH THE EVIDENCE-BASED TRAINING. WE USE CASE MANAGERRINGS AND NURSES WHO WOULD NORMALLY WORK WITH THOSE PARTICULAR ELDERS. WHEN THEY GO OUT, THEY TRY TO DO THE PHQ9 SCREENING. IF A PERSON SCREENS BETWEEN A 4 AND HIGHER, THEN WE'LL INTRODUCE THE HEALTHY IDEAS PROGRAM TO THEM AND SEE IF THEY'LL PARTICIPATE WITH IT AND SO WE TALKED TO THEM ABOUT WHAT BEHAVORIAL ACTIVATION, EDUCATION ABOUT WHAT DEPRESSION IS, WHAT YOU CAN CHANGE. REALLY TRY TO LET THEM KNOW WHAT THEY DON'T KNOW

ABOUT DEPRESSION AND THAT HELP IS AVAILABLE AND SOME OF IT THEY CAN DO ON THEIR OWN. IT REALLY IS THROUGH THE HEALTHY IDEAS TRAINING. WE DON'T LET ANYBODY GO OUT UNTIL THEY'VE BEEN THROUGH THE PROGRAM.

KIM, AM I CORRECT IN UNDERSTANDING THAT MOST PEOPLE IMPLEMENTING THE HEALTHY IDEAS PROGRAM ARE CASE MANAGERS? MANY OF WHOM HAVE MASTERS LEVEL TRAINING BUT SOME POSSIBLY DO NOT. HOW DO YOU HANDLE AT YOUR AGENCY?

MOST OF OUR CASE MANAGERS DO NOT HAVE MASTERS LEVEL TRAINING. MANY OF THEM HAVE LSW, WHICH IS A SOCIAL WORKERS LICENSED. FOR SOME IT'S BECAUSE THEY HAVE TRAINING ALREADY IN SOCIAL WORK AND FOR SOME THEY'VE BEEN ABLE TO RECEIVE THE REQUIRED AMOUNT OF SUPERVISION HOURS. MOST ARE NOT MSWs.

OKAY. WE DID HAVE A QUESTION FOR THE FIRST SPEAKER. I THINK THIS IS KRIS BARRY. WHEN YOU WERE TALKING ABOUT SCREENING, COULD YOU PLEASE TELL US THE TYPE OF INDIVIDUAL THAT YOU SEE SCREENING FOR DEPRESSION FOR ANXIETY AND FOR ALCOHOL USE? WHAT'S THE VARIETY OF THE TYPES OF TRAINING NEEDED BY PEOPLE TO OFFER THAT KIND OF SCREENING?

WELL, THE NICE THING ABOUT SCREENING IS THAT THERE ARE A NUMBER OF SCREENING QUESTIONNAIRES THAT ARE VERY WELL VALIDATED. OLDER ADULTS WE HAVE FOUND IN ACTUALLY A LOT OF STUDIES, ARE ABLE TO COMPLETE QUESTIONNAIRES THEMSELVES. SOMETIMES IF THEY SPEAK A DIFFERENT LANGUAGE, WE TRANSLATE THINGS INTO THE LANGUAGE AND HAVE THEM TRANSLATED INTO LANGUAGE THEY SPEAK AND MANY OF THESE KIND OF

INSTRUMENTS ARE ALREADY IN THAT LANGUAGE. I WOULD SAY THAT IF YOU'RE LOOKING AT SCREENING FOR ALCOHOL, THERE ARE COUPLE OF QUESTIONNAIRES THAT ARE VERY GOOD FOR THAT. THERE'S INSTRUMENT CALLED THE SHORT MICHIGAN ALCOHOLISM SCREENING TEST. THERE IS A GERIATRIC VERSION THAT FRED BLOW WHO IS A SCIENTIFIC TEAM MEMBER DEVELOPED. THAT'S A VERY GOOD INSTRUMENT FOR OLDER ADULTS. IN TERMS OF DEPRESSION, THE PHQ2 WHICH I THINK A COUPLE THINGS PEOPLE MENTIONED OR PHQ9, THESE ARE INSTRUMENTS THAT ARE VERY GOOD, VERY WELL TARGETED TO OLDER ADULTS. THERE'S PLENTY OF THINGS THAT ARE AVAILABLE, WHICH IS GREAT THAT SO THAT PEOPLE CAN USE FOR SCREENING. TRAINING FOR SCREENING IS JUST A QUESTION KNOWING WHAT THE QUESTIONS ARE BEING ABLE TO GIVE THEM TO SOMEBODY. GENERALLY PEOPLE ARE ABLE TO FILL OUT THE QUESTIONS AND SET UP THE QUESTIONNAIRES THEMSELVES AND ARE PRETTY ACCURATE IN DOING THAT. IT'S BEST TO ASK THESE KINDS OF QUESTIONS ALONG WITH OTHER HEALTH RELATED QUESTIONS THAT WE ASK AS PART OF JUST REGULAR SCREENING THAT WE DO WITH OLDER ADULTS. YOU MAYBE ASKING QUESTIONS ABOUT THEIR EXERCISE, ABOUT THEIR NUTRITION, ABOUT SMOKING, ABOUT MEDICATION USE, ABOUT MEDICAL CONDITION. HAVING ALL OF THESE AS PART OF YOUR NORMAL SCREENING THAT YOU DO AND ANY AGENCYTHAT YOU WORK IN IF YOU ADD IN A FEW OF THESE QUESTIONS, THAT CAN BE VERY USEFUL.

THANK YOU VERY MUCH KRIS. WE HAVE COUPLE QUESTIONS FOR KIM. KIM, ARE THE PROGRAMS THAT YOU MENTIONED SOMETHING THAT CAN BE DONE IN SUBSIDIZED HOUSING FACILITY WITHOUT CLINICIANS? IN ADDITION, PERSON

IS ASKING WHETHER YOU WILL BE WILLING TO SHARE PROGRAMS WITH THEM? AS I MENTIONED EARLIER, WHOEVER IS ASKING THAT QUESTION, WOULD YOU PLEASE SEND AN E-MAIL TO KIMBERLIE FLOWERS WITH YOUR REQUEST AND HER E-MAIL WAS ON HER SLIDE THAT YOU WILL SEE WHEN YOU GET THEM. KIM, DO YOU WANT TO GIVE US AN ANSWER NOW?

I'M TRYING TO REMEMBER THE WHOLE QUESTION. IN TERMS OF SHARING IT A LOT OF WHAT WE'RE DOING WITH THE STANFORD PROGRAMS, THOSE ARE ACTUALLY HAVE SOME LICENSING FEES THAT GO WITH THEM. IN THAT CASE, I'M NOT SURE WHAT THEY MEAN BY SHARING. WE CERTAINLY WILL BE HAPPY TO TALK ABOUT THEIR EXPERIENCES WITH IT. THAT WOULDN'T BE A PROBLEM BUT PROBABLY YOU'RE RIGHT, THE BEST THING TO THE IS SEND ME AN E-MAIL AND I CAN GET BACK TO THEM AND WE CAN SPEAK ABOUT IT DIRECTLY. MOST OF THE PROGRAMS ACTUALLY AREN'T CLINICALLY BASED IN TERMS OF YOU NEED TO HAVE A CLINICIAN. YOU DO NEED TO HAVE TRAINING AND FACILITATORS NEED TO BE TRAINED. IT'S LIKELY THAT YOU'LL WANT TO HAVE A WELL TRAINED FACILITATOR ONE WHO'S DONE SOME OF THE GROUPS IN OTHER SETTINGS BEFORE YOU JUST PUT TWO BRAND NEW PEOPLE ON IT. BUT FOR THE MOST PART, THESE ARE PEOPLE WHO DON'T HAVE A REAL CLINICAL BACKGROUND BUT THEY'RE BEEN THROUGH THE TRAINING. THESE ARE ALL EVIDENCE-BASED TRAINING. THERE'S A VERY STRICT PROTOCOL TO GO THROUGH FOR THE TRAINING. AS LONG AS YOU GOT THE TRAINING BEHIND IT, THEN YOU'RE QUALIFIED TO RUN THE GROUPS. THEY REALLY SUPPORT GROUPS, SELF-HELP MUTUAL SUPPORT TYPE GROUPS. IN TERMS OF DOING THEM IN SUBSIDIZED

HOWING, WE DO A LOT OF THEM. WE LIKE TO GO EXACTLY WHERE PEOPLE ARE AND BE ABLE TO ACCESS IT AS EASILY AS POSSIBLE. THAT CERTAINLY IS SOMETHING THAT WE HAVE A LOT OF EXPERIENCE WITH THAT WE CAN TALK TO THEM ABOUT.

THANK YOU KIM. I LIKE TO ALSO ADD THAT THE ADMINISTRATION ON AGING WEBSITE, AOA.GOV, IF YOU GO TO THEIR BEHAVORIAL HEALTH PAGE, THEY DESCRIBED A NUMBER OF PROGRAMS THAT WERE MENTIONED HERE TODAY. THAT WEBSITE TAKES YOU IMMEDIATELY TO THE PROGRAM WEBSITE. WE HAVE SOME OTHER WEBINARS THAT ARE ARCHIVED ON THE AOA WEBSITE AS WELL AS THE NATIONAL COUNCIL ON AGING WEBSITE THAT GO INTO DETAIL ABOUT HEALTHY IDEAS, SOME OF OUR IMPACT. THE PROGRAMS YOU HEARD OF TODAY WAS REALLY LOOKING AT REACHING AND ENGAGING. WE'VE NOT GONE INTO DETAILS ABOUT THE PROGRAM BUT WE ARE VERY GLAD TO GET ANYONE INFORMATION ON THE PROGRAM. ANOTHER QUESTION FOR KIM ABOUT YOUR HOARDING PROGRAM. HOW CAN I GET MORE INFORMATION ON HOARDING PROGRAM AND ON UNIVERSAL SCREENING TOOLS THAT CAN BE USED IN INDEPENDENT LIVING SETTINGS? KIM, DO YOU HAVE INFORMATION ON YOUR WEBSITE ABOUT THE HOARDING PROGRAM?

WE MAY HAVE A SMALL AMOUNT OF INFORMATION BUT IN TERMS OF UNIVERSAL SCREENING FOR COME PULSATIVE HOARDING, DON'T HAVE A TOOL FOR THAT. EVERYTHING THAT WE DO WITH COMPULSIVE HOARDERS IS REALLY ONE ON ONE AND IT'S AN IN-HOME ASSESSMENT. IT INVOLVES GOING IN AND IDENTIFYING WHAT SOME OF THE RISK AREAS ARE. IT CAN BE A FAIRLY

DIFFICULT ENGAGEMENT WITH THE PERSON BECAUSE SOMEBODY WHO'S BEEN A COMPULSIVE HOARDER, THEY ARE NOT TRUSTING PEOPLE AND THEY ARE AFRAID THEY WILL BE PUT INTO A NURSING HOME. THERE'S A LOT OF FEAR THAT'S GO ALONG WITH IT. THE PROGRAM ITSELF, I DO HAVE SOME DOCUMENTS ON THE TRAINING. WE USUALLY RUN A TRAINING. WE'VE DONE A LOT OF TRAINING HERE IN THIS AREA FOR COMPULSIVE HOARDING. WE START WITH ENGAGING AND THERAPEUTIC ALLIANCE AND THEN WE WORK ON REDUCTION APPROACH SO WE DON'T OVERWHELM A PERSON WITH TRYING TO GET THEM TO DO SOMETHING THEY'RE NOT COMFORTABLE WITH IN THE FIRST PLACE. FROM THERE, GO INTO THE MODEL OF COGNITIVE BEHAVORIAL TO HELP THEM TO IDENTIFY THE RELATIONSHIP THEY HAVE WITH THEIR BELONGINGS, WHY THEY ARE KEEPING THINGS, WORK THROUGH THE ANXIETY OF GETTING RID OF THINGS. IT'S A FAIRLY INVOLVED PROCESS BUT IT'S BEEN SO SUCCESSFUL HERE, WE'VE BEEN ABLE TO -- WE SEEN ABOUT 500 PEOPLE IN THE TIME THAT THIS HAS GOING ON AND KEEPING ALL BUT PROBABLY TWO HOUSED IN THOSE TWO DECIDED THEY DIDN'T WANT TO CONTINUE WITH THE PROGRAM. I CERTAINLY WILL BE WILLING TO TALK TO ANYBODY ABOUT THAT TOO.

THANK YOU VERY MUCH KIM. CHRIS KERR, WE HAVE SOMEONE ASKING ABOUT WHERE WILL THEY GO IN YOUR COMMUNITY TO FIND PEER SUPPORT FOR A OLDER ADULT WHO IS TRANSGENDER? ANY PARTICULAR WEBSITES OR AGENCIES YOU WOULD SUGGEST?

IT'S HARD TO SAY NOT KNOWING THE COMMUNITY TO SUGGEST SPECIFIC WEBSITES OR AGENCIES. WHAT I WOULD SUGGEST IS, YOU REALLY NEED TO

ONLINE ON THE WEB OR OTHER RESOURCES, LOOK UP AND DEFINE ANY KIND OF LGBT SERVICE ORGANIZATION AND CALL THEM AND THEY'LL USUALLY BE IN TOUCH WITH THE OTHER COMMUNITY RESOURCES. TRANSGENDER PEOPLE HAVE A HARD TIME. IT'S VERY TOUGH ESPECIALLY IF THEY'VE BEEN TRANSITIONING LATER IN LIFE. THERE ARE RESOURCES ONLINE AND HERE IN HOUSTON, WE DO HAVE A TRANSGENDER CENTER. WE HAVE ABOUT THREE OR FOUR SUPPORT GROUPS OUT THERE. WE SERVE THEM IN OUR COUNSELING. WE ALLOW THEM TO IDENTIFY TO THEIR CHOSEN OR TRUE GENDER AND HELP THEM GO INTO THOSE GROUPS HERE. I'M TRYING TO COME UP WITH NAMES OF NATIONAL ORGANIZATIONS.

MICHELE, WOULD YOU LIKE TO MENTION YOUR RESOURCE CENTER IF YOU'RE THERE? IF NOT I WILL.

I'M SORRY. ARE YOU TALKING ABOUT WHICH RESOURCE CENTER? THE SAGE RESOURCE CENTER? YOU KNOW, IF YOU CAN PROVIDE THAT INFORMATION.

SURE. PLEASE JUST GOOGLE SAGE. SERVICES AND ADVOCACY FOR GLBT ELDERS IS A NATIONAL RESOURCE CENTER FOR GLBT ELDERS. WE WORK WITH MENTAL HEALTH ISSUES AS WELL AS ALL KINDS OF OTHER ISSUES. YOU CAN GIVETHEM A CALL OR CERTAINLY LOOK AT THEIR MATERIALS. THEY ARE BASED IN NEW YORK.

IF YOU GO TO THE HRS, HUMAN RIGHTS CAMPAIGN WEBSITE, HRC.ORG, THEY HAVE TRANSGENDER RESOURCES, GLAAD.ORG ALSO HAS TRANSGENDER RESOURCES. THE LGBTCENTERS.ORG CAN TALK ABOUT GLBT COMMUNITY CENTERS AROUND THE COUNTRY. OFTEN TIMES, IF YOU'RE IN A PLACE OR RURAL

AREA OR PLACE THAT'S NOT FRIENDLY TO THE GLBT PEOPLE, YOU CAN ASK AROUND OR SOMEBODY WHO'S A GAY PERSON ON STAFF, IF YOU ASK, THEY CAN CONNECT YOU. IT'S KIND OF AN INFORMAL SOCIAL NETWORK.

THIS IS PAT. I WANT TO MENTION A FILMTHAT I SAW AT MONTROSE. IT HAD TO DO WITH TRANSGENDER PEOPLE. IT WAS REAL ACCESSIBLE. IF THAT PERSON CAN ORDER THAT FILM. UNDERSTAND THAT IT COST SOME MONEY. THERE'S A COST ASSOCIATED BUT IT WAS A VERY ACCESSIBLE FILM AND DONE VERY WELL. KRIS, CAN YOU SPEAK TO THAT?

THE FILM IS CALLED GENSILENT, IF YOU LOOK UP AT STUMADDUX.COM, YOU CAN RENT IT TO THEM OR PAY A FEE. WE SHOW THAT AND IT'S ABOUT GLBT ELDERS. THAT IS ONE THAT IS A TRANSGENDER PERSON WHICH IS RARE TO HAVE DOCUMENTARY ABOUT ELDERS. IT SHOWS A MODEL WE TRYING TO IMITATE MEAL SITE THAT'S ARE SPECIFIC FOR GLBT PEOPLE AS A WAY TO ATTRACT PEOPLE INTO OTHER SERVICES.

WE'VE GOTTEN MOST OF THE QUESTIONS. MAYBE FOR ONE MINUTE, TERESA, COULD YOU TELL US OR LIZ, DO YOU HAVE ANY EFFECTIVE NEIGHBORHOOD WATCH TYPE PROGRAMS FINDING SENIORS FALLING THROUGH THE CRACKS? BRIEFLY GIVE GATEKEEPER MODEL AND GIVE SOMEONE REFERENCE TO FIND INFORMATION ON GATEKEEPER?

THIS TERESA, WE WILL GO INTO THE COMMUNITY AND TALK TO THEIR NEIGHBORHOOD GROUPS. THAT COULD BE WHEN THAT'S OVER THE DIFFERENT RULES AND REGULATIONS IN THE GROUP OR EVEN KNITTING CLUBS. WE'LL GO INTO THE LIBRARIES. IT'S ACTUALLY IN EACH OF YOUR COMMUNITY IN ORDER

TO ACCESS PEOPLE; YOU NEED TO GO TO WHERE THE PEOPLE ARE. AS FAR AS A WAY TO RESEARCH THAT, I THINK I WOULD START WITH JUST GETTING OUT TO THE FAIRS THAT ARE THERE OR ANY AREA WHERE SENIORS OR THE COMMUNITY MEMBERS THAT YOU'RE TRYING TO REACH ARE AT. FIRE DEPARTMENTS LOOK FOR ANY KIND OF MEAL SITES OR GATHERING SPOTS THAT CAN BE CHURCHES. WE'VE WORKED WITH ELDERS AND CHURCHES TO BE THE EYES AND HEARS AT THE COMMUNITY. IF YOU OPEN YOUR MIND TO REACHING PEOPLE. WE DO HAVE A PROGRAM IN KANSAS THAT USES THE TRIAD, WHICH IS A COMBINATION OF LAW ENFORCEMENT AND SENIOR SERVICE AGENCIES. THESE THREE GROUPS GET TOGETHER MONTHLY IN OUR AREA AND HAVE TRAINING AROUND SAFETY AND IDENTIFYING MAYBE RISKS LIKE FLU RISKS AND VARIETY OF DIFFERENT THINGS. ANYWHERE THAT PEOPLE ARE GATHERING IS A GOOD APPROACH TO GATE KEEPER MODEL.

THANK YOU VERY MUCH TERESA AND PERHAPS THAT PARTICIPANT MIGHT WANT TO SEND TERESA AN E-MAIL. THANK YOU ALL VERY MUCH FOR PARTICIPATING. WE HAD MORE THAN 900 PEOPLE REGISTER AND WE'VE HAD WELL OVER 600 PARTICIPATE TODAY. THE NEXT SCHEDULED WEBINAR WILL BE AVAILABLE FOR AGING SERVICE PROFESSIONALS AND BEHAVORIAL HEALTH PROFESSIONALS ACROSS THE COUNTRY ON OCTOBER 17th. WE WILL BE DISCUSSING FINANCING AND SUSTAINING OLDER ADULT BEHAVORIAL HEALTH SERVICES. AGAIN, IT WILL BE SCHEDULED FROM 2:30 TO 4:00 EASTERN TIME IN NOVEMBER, THERE WILL BE AWEBINAR ON FAMILY CAREGIVERS AND IN JANUARY WE'RE GONG TO REPEAT AN EARLIER WEBINAR ON SUICIDE

PREVENTION. PLEASE REMEMBER THAT THIS WEBINAR AND PREVIOUS ONES AS WELL AS ISSUE BRIEF THAT THE CENTER IS DEVELOPING ARE AVAILABLE ON THE AOA WEBSITE, THE NATIONAL COUNCIL ON AGING AND COA.ORG AS WELL AS THE NATIONAL ASSOCIATION OF FAITH UNITED FOR AGING AND DISABILITY. AND THE NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS. THEY ARE PARTNERS TO THIS EFFORT AND SUPPORTED AND ARE MAKING MATERIALS AVAILABLE. IN THE FUTURE, SAMHSA WILL HAVE THE MATERIALS ON THEIR WEBSITE AT WELL. THANK YOU ALL FOR PARTICIPATING AND THANK YOU AGAIN PRESENTERS. GOOD-BYE.