Healthy IDEAS: Identifying Depression & Empowering Activities for Seniors

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Brief Description

Healthy IDEAS (Identifying Depression & Empowering Activities for Seniors) is a service delivery model that extends the reach of current community-based aging services by integrating depression awareness and self-management interventions into existing case-management programs. As one of the Administration for Community Living's "Evidence-based Prevention Programs for Older Adults," Healthy IDEAS uses evidence-based practices to identify and address depression symptoms in those most at risk of being unrecognized and undertreated for depression. The program is also listed in CDC's 2009 issue brief, Addressing Depression in Older Adults: Selected Evidence-Based Programs.

Is it a good fit for my agency?

If your agency serves older adults and fits one of the following categories, Healthy IDEAS is an appropriate intervention for you – for example, if you are a

- Area Agency on Aging
- Local nonprofit social service agency
- Behavioral health provider agency
- Caregiver support program
- Senior service center
- Home health care agency
- Health department
- Supported housing agency

It's a feasible option for community-based organizations that have an established program of care management, case management, or other one-on-one social service programs that serve older adults. It typically requires the agency to allow staff 6 hours of additional time over 3 months with 20%-30% of their existing older-adult caseload. Agencies with only short-term relationships (less than 3-6 months) with their older adult clients are not able to implement the program. It's recommended that you complete the Agency Readiness to Implement self-assessment tool as a first step in your decision process. The tool is designed to help organizations identify what additional commitments, capabilities, resources and partners might be needed to progress with plans to implement this program. A free consultation is also available to assess organizational readiness to implement the program.

Cultural Adaptations & Exclusions

Culturally adapted and translated materials are available in **Spanish** and **Chinese**. The effectiveness study excluded



clients who could not communicate verbally or who were significantly cognitively impaired. The program's effectiveness for these populations is not known at this time.

How does it work?

Case managers are trained to implement the program. Case management clients are screened for symptoms of depression using a standardized depression scale. Participants and their caregivers, if appropriate, receive education about depression treatment and self-care, and participants receive active assistance in obtaining further treatment from primary care and mental health providers. They receive coaching and support as they engage in behavioral activation to manage their depression and pursue personal, meaningful activities. The program also seeks to improve the linkage between community aging service providers (for example, Area Agencies on Aging) and health care professionals through appropriate referrals, better communication, and effective partnerships. Guidance is available for training and implementing the program remotely.

Program Materials

The basic replication toolkit includes a <u>program manual</u> with sections for agency leaders and direct providers, client handouts, sample assessment and reporting forms, a training recording, and a training curriculum.

Learn More

The program's <u>website</u> provides detailed information about program implementation. The online <u>inquiry form</u> is the recommended first step in contacting the developer.





Financing and Implementing Healthy IDEAS Through Community Collaborations

Program Costs

The cost of the full Training and Technical Assistance Package is approximately \$4,000 plus travel expenses for a Healthy IDEAS Certified Regional Trainer to conduct the Healthy IDEAS hands-on, skills-based training for your staff and supervisors. There are two training models, and program costs vary, based on the training model chosen. Larger agencies training more than 22 staff and supervisors will need to plan for an additional fee of \$1,500 and travel expenses for a second trainer. Remote training became available during the COVID pandemic and will likely continue to be an option.

Potential Funding Sources

The program is currently being implemented by agencies in 10 states through several different funding sources including:

- Older Americans Act case management programs through Area Agencies on Aging
- Older Americans Act Family Caregiver Support Programs through state and local agencies
- Medicaid home- and community-based services case management programs
- State-funded case management
- United Way-funded nonprofit case management program
- Grant funding from private foundations



Program's Value

Potential funders typically ask how the program will add value to the community in terms of enhancing individual health and well-being and population health, facilitating treatment and recovery efforts, and/or reducing overall health costs. The following are important program outcomes to note in this context:

In a six-month study...

- Program participants significantly increased their depression self-management skills such as recognizing symptoms, knowing when symptoms have increased, and making appointments to get mental health support.
- The percentage of participants reporting that their emotional state did not substantially interfere with their social activities increased from 26% to 57%.
- The percentage of participants who reported having no or only mild physical pain increased from 16% to 45%.

Distinctive Features

- Unlike some evidence-based programs, Healthy Ideas does not require hiring of specialized staff. Existing case management staff are trained to implement the program.
- There are crossover benefits: In addition to improved mental health and overall quality of life, program participants also reported reduced physical pain symptoms.



