

OLDER AMERICANS BEHAVIORAL HEALTH

Issue Brief 10: Expanding Home- and Community-based Behavioral Health Services for Older Adults



Community Organizations Meeting the Behavioral Health Needs of Older Adults

Despite the availability and effectiveness of evidence-based practices for older adults with behavioral health needs,¹ many older adults lack access to these services. To speed implementation of best practices into community settings, SAMHSA has collaborated with AoA to provide funding and technical assistance to a small group of non-profit organizations serving adults ages 60 and over who are at-risk for, or are experiencing, behavioral health problems.

Through SAMHSA's "Grants to Expand Older Adult Behavioral Health Services", five diverse organizations were awarded 18-months of funding (2011-2013) to implement programs to prevent suicide and alcohol or prescription drug misuse or abuse. This program expanded the SAMHSA "Older Adults Mental Health Targeted Capacity Expansion" program, which funded thirty programs over the past decade (awards granted in 2002, 2005, and 2008). Combined, these programs have provided a valuable mechanism to increase the country's capacity to deliver effective behavioral health care to older adults.

The five organizations highlighted in this Issue Brief have implemented effective service models, formed valuable local and state partnerships, and used a variety of strategies to sustain service delivery. While each is described below, highlights include:

- **Implementing evidence-based practices**, including case identification and outreach; problem-solving therapy (PST); Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors); and Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- **Delivering care in diverse settings**, including older persons' homes, senior centers, social service or behavioral health organizations, and primary care clinics.
- **Developing partnerships** between behavioral health, social service, aging service, and primary care providers.
- **Developing strategies to engage and serve diverse populations**, such as Latino; African American; Farsi-speaking; home-bound; rural; and lesbian, gay, bisexual, and transgender (LGBT) older adults.

Introduction and Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Community Living's (ACL) Administration on Aging (AoA) recognize the value of strong partnerships for addressing behavioral health issues among older adults. This Issue Brief is part of a larger collaboration between SAMHSA and AoA to support the planning and coordination of aging and behavioral health services for older adults in states and communities. Through this collaboration, SAMHSA and AoA are providing archived Issue Briefs and Webinars in the areas of suicide, anxiety, depression, and alcohol and prescription drug use and misuse among older adults, and are partnering to get these resources into the hands of aging and behavioral health professionals, consumers, and families. This Issue Brief:

- **Highlights** innovative actions that five community organizations have taken to implement behavioral health programming for older adults.
- **Provides recommendations** to help care providers implement effective behavioral health services.

Community Organizations Meeting the Behavioral Health Needs of Older Adults (continued)

- **Receiving training** from national experts to implement and sustain evidence-based practices.
- **Monitoring process and outcome data** to inform continuous quality improvement, secure funding, and justify inclusion in county and state behavioral health planning efforts.
- **Seeking diverse funding to ensure program sustainability**, such as developing billing strategies; recruiting volunteers; receiving support from foundations, private donors, and grants; creating partnerships or contractual relationships with healthcare entities and aging service providers; and participating in federal healthcare reform opportunities.

Senior Reach <http://www.seniorreach.org>

SAMHSA funding: 2005-2008; 2011-2013

Organization: Jefferson Center for Mental Health; the Seniors' Resource Center; and Mental Health Partners



Type: Behavioral health centers; Aging service provider

Location: Arvada, Colorado

Target population: Older primary care patients, and isolated at-risk older adults

Partners: Primary care practices, law enforcement, adult protective services, area agency on aging (AAA), emergency medical services, senior centers, senior residences, and individual gatekeepers.

Senior Reach is a case-identification and outreach program that provides in-home services to older adults who may benefit from behavioral or physical support or linkage with community services. The program has provided “Gatekeeper” training to over 18,000 community volunteers over 7.5 years. Gatekeepers identify at-risk older adults and place a referral at the Senior Reach Call Center. Call Center staff contact the identified older adult to explain the program. When a home visit is possible, a care manager or behavioral health outreach clinician visits the older adult to determine service needs.

To increase their ability to meet the needs of the community, Senior Reach expanded their case identification by embedding behavioral health screening into five primary care clinics. Within these clinics, older patients complete a wellness questionnaire that includes brief screening questions for depression,

alcohol and prescription drug misuse/abuse, and tobacco use. Older adults with a positive screen are contacted by a collaborative care coordinator (in-person at the clinic or by telephone) to complete a more thorough assessment and determine the need for support. In home services include mental health counseling and wellness services; depression care management; suicide prevention services; and SBIRT for substance abuse/misuse.

Many behavioral health organizations have been challenged to successfully integrate behavioral health services and providers into primary care settings. To overcome challenges, Senior Reach approached integration with a positive and flexible attitude, and positioned itself as a “resource” to the primary care team. Initial discussions required careful attention to building support and engagement from executive leaders and front-

line care providers, identifying space and resource needs, and determining processes for sharing patient information. Collaboration was built upon trust and existing partnerships. The team found a direct correlation between the amount of time that behavioral health staff spent on-site at the primary care practice and ease of integration. They established collaborative and timely communication processes, ensured that new staff received training on behavioral health protocols, and provided on-going education on the goal of integration and the outcomes achieved. To maintain a supportive relationship, the Senior Reach team participates in clinic events (e.g., wellness walks, strategic planning days) and provides regular positive reinforcement through recognition, personal communication, and celebrations.

The Senior Reach program has been highly effective in both engaging older adults into service (92% accept services offered through the Call Center) and in reducing behavioral health symptoms. The program is an evidence-based practice in Colorado, has been replicated in other locations, and is under consideration as a best practice by NREPP.² Implementation resources and support are available.

Mid-Kansas Senior Outreach (MKSO)

http://www.counselingcenteratmha.com/senior_outreach.php

- SAMHSA funding:** 2008-2011; 2011-2013
- Organization:** Mental Health Association of South Central Kansas
- Type:** Social and behavioral health service provider
- Location:** Sedgwick County, Wichita, Kansas
- Target population:** Home-bound older adults
- Partners:** Senior Services, Inc. (senior center); the United Way of the Plains (host agency for Kansas 2-1-1, a statewide information and referral telephone service); law enforcement; the TRIAD council; ComCare (a community mental health center); Center for Health and Wellness; Central Plains AAA; Regional Prevention Center; and Kansas Department on Aging.



Mid-Kansas Senior Outreach (MKSO) is a case identification and outreach program for older adults that is closely modeled after the Senior Reach program developed in Colorado. MKSO uses the “Gatekeeper” case identification model, combined with in-home care coordination, and strong community partnerships to meet the behavioral health and social service needs

of older adults. Older adults who accept services receive in-home behavioral health services from MKSO providers and benefit from linkages to partnering organizations.

MKSO has worked closely with developers of the Senior Reach program to replicate the program, and adapt the gatekeeper and in-home care model to the needs of older adults in Wichita. Staff from the two

programs were in regular communication throughout the development of the program. MKSO benefited from technical expertise of program developers, as well as the ability to share resources (e.g., reporting templates) and analytic expertise (e.g., a common program evaluator).

MKSO has been highly successful in Wichita. Not only has the program had significant success in reducing behavioral health symptoms among older adults, it has developed partnerships with social service organizations (e.g., law enforcement, elder abuse) and the state of Kansas (e.g., the MKSO program director was recently appointed to the Aging Subcommittee of the Governor’s Mental Health Services Planning Council). From its inception, MKSO has maintained a focus on securing ongoing financing from diverse benefactors (e.g., grants, philanthropy, billing) to meet the diverse needs of its target population.

Older Adult Specialty In-Home Services (OASIS)

<http://www.oaklandfamilyservices.org>

- SAMHSA funding:** 2008-2011; 2011-2013
- Organization:** Oakland FAMILY Services
- Type:** Family service agency
- Location:** Pontiac, Michigan
- Target population:** Home-bound older adults
- Partners:** Senior centers, hospital systems, the AAA, and other older adult service providers



Older Adult Specialty In-Home Services (OASIS) is a home- and community-based behavioral health program that targets isolated, home-bound older adults. The goal of OASIS is to increase community awareness of the signs and symptoms of depression and the benefits of mental health treatment for older adults. OASIS counselors provide depression care using solution-focused brief therapy; alcohol and prescription misuse prevention, screening, and education; and suicide prevention education.

To improve sustainability, OASIS partnered with a large senior center that services three communities and provides

meals-on-wheels to twelve communities. OASIS asked to have a presence in their facility once a month for two hours. The counselor accepts walk-ins, but proposed that clients were scheduled through their Outreach Department. The two-hour block was always open, as any client that wanted to return was rescheduled at a different time. As counseling slots began to fill, the program increased the hours of counselor availability to once a week, eight hours a day. The counselor is available at the senior center, where seniors that are homebound have access to transportation to come to the facility. The benefits of this partnership are multiple: as depression

improves through counseling, older adults can take advantage of senior center activities, increase socialization, participate in congregate meals, and volunteer; the counselor has less travel time, which is not reimbursed by third party payers, and is able to see more clients.

Given the success of this partnership, OASIS has expanded into seven senior centers and one congregate living community. OASIS has also approached the centers on sharing the cost of the counselor – the centers do not yet need a full-time counselor and by sharing the position they would not be responsible for the usual employer costs (e.g., benefits, liability, FICA, Medicare, disability, health insurance, etc.). For clients that remain home-bound, OASIS provides in-home services. OASIS has also developed counseling groups based on common issues among clients for whom co-payments and deductible costs are prohibitive.

Wellness Integrated Network

<http://www.jfsla.org>

SAMHSA funding:	2008-2011; 2011-2013
Organization:	Jewish Family Services of Los Angeles
Type:	Social services organization
Location:	Los Angeles, California
Target population:	Latino, Russian, and Farsi-speaking older adults
Partners:	Los Angeles County Department of Aging, AAA, and Department of Mental Health; University of Southern California; and hospitals and community healthcare partners



The Wellness Integrated Network

(WIN) is a program designed to meet the behavioral health needs of older adults receiving care at Jewish Family Services (JFS). With support from technical assistance providers, JFS has transformed care delivery by embedding systematic behavioral health screening and evidence-based practices (EBPs) into the care provided by their behavioral health and aging service providers, and partnering with community providers to integrate behavioral health services into primary

care practices. Specific interventions include SBIRT for substance abuse/misuse, depression screening with the PHQ-9, PST, and outreach and engagement activities.

Use of these interventions aligned with an organizational movement toward implementing EBPs throughout mental health and social services. The organization received technical assistance to select EBPs that best met the needs of their older adult population, and partnered with a local university to provide ongoing PST

training to clinical providers. Transitioning staff to new models of service delivery is a challenging but rewarding experience, and has strengthened agency infrastructure to engage differently with community and health care partners. Over time, and by sharing success stories of clients who experienced very positive outcomes using PST, JFS has changed their culture and widely implemented PST with many older adult clients, in different ethnic communities. Sustainability has been achieved by expanded contracts with the LA County Department of Mental Health, as they engage in a parallel process of implementing EBPs. A significant achievement has been the inclusion of behavioral health screening and PST into a Centers for Medicare and Medicaid (CMS) Care Transitions contract awarded in July 2012, which has allowed JFS to expand behavioral health and care transition services to new multi-cultural populations.

Seniors Preparing for Rainbow Years

<http://www.spryhouston.org/>

SAMHSA funding:	2005-2008; 2011-2013
Organization:	The Montrose Center
Type:	Behavioral health center
Location:	Houston, Texas
Target population:	LGBT older adults
Partners:	Harris County AAA; social and service organizations in the LGBT senior community (e.g., Prime Timers, Lesbians Over Age Fifty (LOAF), Houston Gay Couples Meetup Group)



Seniors Preparing for Rainbow Years

(SPRY) is a behavioral health program targeting LGBT elders, especially those at-risk for mental health or substance misuse/abuse problems. SPRY uses a volunteer-led peer outreach program to reach a hidden, difficult to reach, and often resistant population. SPRY provides suicide prevention using the Question, Persuade, Refer approach; has implemented Healthy IDEAS; provides peer support groups, counseling and case management services; and has developed targeted education campaigns, including Adult Medication

sessions to prevent medication misuse.

For sustainability purposes, SPRY has built a network of volunteers to identify and recruit at-risk LGBT elders into clinical services. Access to this population has been enhanced by deploying volunteers who are part of the same peer community. Over several years, SPRY has established rapport and trust, and reached at-risk LGBT elders through established affinity groups, organized LGBT activities, informal social networks, bars, and churches.

Challenges in transitioning to volunteer

outreach providers include recruiting older adult volunteers for a time-intense and challenging position, managing and training volunteers, and relying on informal social networks to access the target population. The program has invested substantial resources in training volunteers, including conducting role-plays and creating videos around depression screening. Moreover, they have found that volunteers must overcome the reluctance of many LGBT elders to disclose information about behavioral health issues. Although many LGBT elders have been reticent to engage in screening or interventions, SPRY volunteers have made inroads into the community, including encouraging LGBT elders to participate in a congregate meals program offered at The Montrose Center. The meals program is supported by the AAA and provides a comfortable peer environment for LGBT elders. Within this setting, SPRY is pursuing brief behavioral health screening and educational programming focused on wellness.

The steps these community organizations have taken to implement behavioral health programming for older adults can inform the work of other healthcare and social service providers. The following principles can be applied by aging service, behavioral health, and primary care providers looking to improve the behavioral health of older adults.

Partnerships

- Develop collaborative relationships – including improved communication and coordination – across the different providers that serve older adults with behavioral health problems.
- Establish relationships with community stakeholders to identify additional community resources (clinical and financial), increase referrals, and identify strategies to overcome barriers or challenges.
- Develop an active older adult advisory board for your program. Consider incorporating older adults into your organization's advisory board, or as members of your service delivery team.

Training

- Use evidence-based prevention and intervention models to address behavioral health problems, such as problem-solving therapy for depression and SBIRT for substance misuse/abuse.
- Seek technical assistance from experts and program developers to ensure fidelity to an evidence-based prevention or intervention model, or to seek guidance on how to adapt a program to your setting while maintaining program fidelity.
- Increase provider awareness that behavioral health problems are not a normal part of aging and that

effective interventions can prevent and treat substance misuse (including tobacco, prescription drugs, and alcohol) and mental health problems in older adults.

Reaching older adults

- Understand and adapt to the cultural and language preferences of your older adult target population.
- Provide behavioral health outreach, prevention, and early intervention to older adults in their homes, in locations where they tend to congregate, and in primary care practices.
- Use non-threatening educational presentations and wellness activities as an engagement tool to screen for depression and substance abuse/misuse and to encourage more formal intervention.

Evaluation

- Evaluate your program and track process and outcome measures. Use this information to inform program improvements. Consider partnering with a local university or college for assistance with program evaluation.
- Plan, implement, and evaluate specific adaptations that allow your program to better serve your target population.

Sustainability

- Plan for program sustainability from the program's inception.
- Consider and pursue multiple funding streams.
- Use data to establish the effectiveness and importance of your work to potential local, state, and federal partners or funders.
- Develop linkages with community stakeholders to establish referral systems and mutually-beneficial partnerships.

WORKS CITED

¹ Administration on Aging: Behavioral Health webpage. See SAMHSA/AoA Issue Briefs Series (2012-2013): *Alcohol Misuse and Abuse Prevention, Prescription Medication Misuse and Abuse Among Older Adults, Preventing Suicide in Older Adults, and Depression and Anxiety: Screening and Intervention.* http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Behavioral/index.aspx

² SAMHSA. National Registry of Evidence-based Programs and Practices. <http://www.nrepp.samhsa.gov>

