A Cross-Systems Approach to Addressing the Mental Health Needs of Older Americans

Certified Older Adult Peer Specialists (COAPS)

Cynthia Zubritsky, PhD
University of Pennsylvania

Wednesday, May 6, 2015
Introductions

• Welcome NASMHPD State Mental Health Commissioners, Medical Directors, State Mental Health Planners, members of the Financing & Medicaid and Older Persons Divisions, and other interested stakeholders. We appreciate your interest in this topic.

• Thank you to all of the Pennsylvania COAPS and COAPS facilitators who have worked so hard to make this initiative so successful.
The purpose of this Webinar is to describe a public sector cross-systems intervention model to address the behavioral health needs of older adults.
# Agenda

## A Cross-Systems Approach to Addressing the Mental Health Needs of Older Americans: Certified Older Adult Peer Specialist

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This webinar focuses on the work of the Pennsylvania Department of Aging, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS), the University of Pennsylvania’s Center for Mental Health Policy and Services Research and the intersection between two NASMHPD assessment papers that were funded by SAMHSA:

- *The Impact of Older Adult Mental Health Workforce Shortage on the Public Mental Health System*
- *Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention*
Older Adults and Mental Health: the World View

World Health Organization

Fact sheet N°381
September 2013
The world’s population is aging rapidly. Between 2000 and 2050, the proportion of the world's older adults is estimated to double from about 11% to 22%. In absolute terms, this is an expected increase from 605 million to 2 billion people over the age of 60. Older people face special physical and mental health challenges which need to be recognized in designing programs and treatment interventions.
Mental Health Disorders in Older Adults

- Over 20% of adults aged 60 and over experience a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years-DALYs) among over 60s is attributed to neurological and mental disorders.¹

The most common neuropsychiatric disorders in this age group are dementia and depression. Anxiety disorders affect 3.8% of older adults, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among those adults aged 60 or above.¹ Substance abuse problems among older adults are often overlooked or misdiagnosed.

1. Institute for health metrics and evaluation (2010). Global burden of disease study.
Mental health problems are under-identified by both health-care professionals and older people themselves, and the stigma surrounding mental illness makes people reluctant to seek help.
There are significant social and economic issues in terms of the direct costs of medical, social and informal care associated with untreated mental health disorders. Moreover, physical, emotional and economic pressures can also cause great stress to families. Support is needed from the health, social, financial and legal systems for both individuals with mental health disorders and their caregivers.

Older adults with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. Depression also increases the perception of poor health, the utilization of medical services and health care costs.
Strategies for addressing the behavioral health needs of older adults include:

• training for health professionals in recognizing and treating older adult disorders;
• preventing and managing age-associated chronic diseases including mental, neurological and substance use disorders;
• designing sustainable policies on long-term and palliative care; and
• developing age-friendly services and settings.
Cross-System Service Models
Certified Peer Specialists: Collaboration between the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS), Certified Peer Specialists, and the Pennsylvania Office of Medicaid

William Boyer
Project Director, PA OMHSAS
Development of Peer Support Services in Pennsylvania

- In 2004, the PA Office of Mental Health and Substance Abuse Services (OMHSAS) received a three year Mental Health Systems Transformation Grant from the Centers for Medicare and Medicaid Services (CMS) to implement Medicaid-funded Peer Support Services (PSS).

- In 2007, CMS approved Pennsylvania’s Medicaid State Plan Amendment in which PSS was included as a component of rehabilitative services.

- Since then, OMHSAS has cultivated additional PSS specialty areas and, as of March 2015, trained and certified more than 3,700 Certified Peer Specialists (CPSs).
Where we are today…

- 3,700+ trained CPSs (largest # of any state)
- 1,400+ trained Supervisors
- 110+ approved and enrolled PSS providers
- 26 are freestanding-consumer run
- Choice of at least two PSS providers in all 67 counties
PSS practice standards are outlined in Bulletin OMHSAS-09-07, Peer Support Services-Revised.

The Bulletin references medical necessity criteria for initiation, continuation, and discharge from PSS.

PSS priority population is currently defined as adults diagnosed with a serious mental illness as outlined in Bulletin OMH-94-04.

Peer Support Services are primarily a 1-1 service provided by CPS in the community, but may also be offered in groups.

PSS providers must be licensed by OMHSAS and operate according to an OMHSAS-approved PSS Service Description.
Pennsylvania Required CPS Training

- Certified Peer Specialists: Ten days, 75 hour
- Supervisors: Two-day training
- OMHSAS approved vendors for CPS certification
  - *Institute for Recovery and Community Integration / MHASP*
  - *Recovery Innovations / Recovery Opportunity Center*
  - *18 hours continuing education annually - from a variety of sources*
Results from Statewide Survey found that CPS work with many populations…

- Adults (ages 26-54): 97.1%
- Older adults (over age 55): 71.2%
- Substance users: 58.2%
- Transition-age youth (ages 18-25): 50%
- Intellectual/developmental disabilities: 46.5%
- Veterans: 28.2%
- Forensic: 25.9%
...and in Many Different Settings

If yes, what type of program or setting do you work in?

- Case management: 12.3%
- State Hospitals: 4.8%
- Inpatient Settings: 2.7%
- Psychiatric Rehabilitation Centers: 13.0%
- Intensive Outpatient Programs: 8.2%
- CRO - Consumer Run Organizations: 9.6%
- Advocacy Organizations: 8.2%
- Residential Settings: 20.5%
- ACT, PACT or FACT teams: 2.7%
- Drop-in Centers: 10.3%
- Other: 7.5%
Societal Outcomes: CPS Trainees are Working More or Looking for Work

Before Training
- Working full- or part-time: 63%
- Unemployed and not looking for work: 16%

After Training
- Working full- or part-time: 83%
- Unemployed and not looking for work: 3%

Slide 20
Key Accomplishments

- CPS State Civil Service Classification
- CPS Memorandum of Understanding with Office Vocational Rehabilitation
- PA Peer Support Coalition
  - Facilitates professional networking and continuing education
  - Ensures voice
  - Provides information – Job posting service
- Specialized continuing education trainings and career advancement opportunities
  - Older Adults, Forensic, Veterans, MH/ID, Supported Employment
  - Under Development - Transition Age, Crisis Services, MH Deaf
SHARE THE CARE:
Collaboration between the Pennsylvania Office of Mental Health and Substance Abuse Services and the Pennsylvania Department of Aging

Cynthia Zubritsky, PhD
University of Pennsylvania
Center for Mental Health Policy and Services Research
The goal of the Share the Care project was to increase collaboration at the local level between the Area Agencies on Aging (Department of Aging) and the county Mental Health Agencies (OMHSAS), to develop integrated services to improve consumer services and outcomes of older adults with behavioral health disorders.
2006 - A memorandum of understanding was signed by the Department of Aging and OMHSAS that required the following of County Aging Programs and County Behavioral Health Programs.

- Dedicated state staff for initiatives related to behavioral health and aging
- Joint development and distribution of materials
- Joint funding of state-level projects
- Joint development and issuance of policy statements
- Data sharing
- Joint sponsorship of the OMHSAS/PDA Older Adult Advisory Committee
State supported local level (county) pooling of funding to ensure that older adults received the necessary treatment, services, and supports.

State support of local, county staff who had responsibility for the joint efforts in Aging and Behavioral Health.

The development of local MOU’s between AAA’s and MH/MR agencies.
Share the Care – COAPS Timeline

2006
- Commonwealth of PA Departments of Aging and Office of Mental Health and Substance Abuse enter into a Memorandum of Understanding to jointly address treatment needs of older adults

2007-2009
- Training in all counties to assist PA County Aging and Mental Health programs to develop MOUs to address their County’s older adults’ behavioral health needs
Share the Care – COAPS Timeline

2009
- Statewide Electronic Case Consultation begun

2010
- Certified Older Adult Peer Specialists Stakeholder (COAPS) planning & curriculum development
- COAPS training begins

2012
- Train-the-Trainer Facilitator Training developed and implemented
Ten pilot counties (4 year one; 6 year two)

The OMHSAS Older Adult Advisory Council selected pilot Counties by reviewing their Memorandums of Understanding (MOU’s) submitted by each county’s Area Agency on Aging (AAA) and Office of Behavioral Health/Mental Health/Drug and Alcohol administrators. The jointly signed MOU’s outlined the process of how the two offices would work together to provide behavioral health and aging services to older adults in their counties.
Training Components

• Each County prepared a PowerPoint presentation with specific county aging and/or behavioral health information including local resources, programs, and services.

• Counties sent approximately 4 individuals to the training – 2 from PDA and 2 from OMHSAS.

• Each county prepared a discussion of two difficult and unresolved cases (one from the AAA, and one from the office of mental health/drug and alcohol/behavioral health) which included relevant client information:
  • Introduction and History
  • Medical History
  • Referral History
  • Service Utilization
  • Outcomes
Training Agenda

Morning:
- Comprehensive overview of the aging system / comprehensive overview of the behavioral health system.
- County representatives from each of the AAA offices and mental health offices provided a description of the specific services and resources in their respective county.
- A resource table in the back of the room included county-specific materials.

Afternoon:
- Small facilitator-led workgroups (by County)
- Review of each case history
- Discussion of potential cross-system interventions that could be developed
- Short Term (4 week) Action Plan
- Long Term (3 month) Action Plan
Share the Care

Training Goals:

• Increase knowledge of the Aging and MH programs and systems
• Increase familiarity with staff and staffing profiles in both systems
• Gain an understanding of the need for cross-system collaboration
• Gain familiarity with the critical components of a Memorandum of Understanding (MOU)
• Review/Develop a local MOU
• Gain an understanding of the case review process
• Develop a local plan for future collaboration
Share the Care System Outcomes

As a result of the Share the Care Activities:

- 100% of PA Counties developed and implemented a joint Aging/MH case review process
- 42% reported they had implemented other, additional changes and/or supported additional local activities related to older adult behavioral health issues
- 51% reported that Aging-MH collaboration had improved since the training
• Monthly integrated Case Review Process grew out of the Share the Care effort.
• Monthly teleconferences were held for a statewide case review process.
• Coordinated and managed by an aging/behavioral training agency.
• Any individual could submit a case for an integrated case review process, using a form designed by an integrated team.
• One hour calls were held to discuss the case and develop a recommended treatment strategy.
• Approximately 10-25 individuals attended each teleconference.
Demonstration Projects: Integrated Service Delivery

Purpose: to implement health systems coordination for mental health and aging services for older adults

2 PROGRAMS: GATEWAY
THE BEHAVIORAL HEALTH ALLIANCE

- Housed in a County Aging Services Program
- Behavioral health training for aging staff
- Provided behavioral health screening and referral at first call to the program
- Services included case management, in-home counseling, medication consultation and linkage to mental health and/or substance abuse services
Cross-System Services Provided

- Services included: case management, in-home counseling, medication consultation, and linkage to mental health and/or substance abuse services and primary care services
- Psychiatric consultation available, including occasional home visits
- Linkage services were free; mental health and/or substance abuse services were paid by insurance and/or out of pocket
Sample Client Demographics

Approximately 900 older adults were referred, screened, and assessed for services/ongoing case management

- 60% African American
- 81% Female
- 63% 65-79 years of age
- 69% Depression
- 40% Anxiety
- 8% Substance use
- 8% Cognitive impairment
Certified Older Adult Peer Specialists (COAPS)
Certified Older Adult Peer Specialists (COAPS)

- The Certified Older Adult Specialist (COAPS) program grew out of the Share the Care Initiative where we saw the need for specialized peer services for older adults with behavioral health issues.
- Initial activities were funded through the National Research Institute Transformation Transfer Initiative (TTI) grant program.
- TTI funding was used to develop a 3-day training curriculum and pilot test the training in PA.
- Trainings were then held throughout all PA regions (32 counties) and in New Jersey; there are now over 200 COAPS in PA; 25 in NJ.
- The average age of COAPS is 51 years old; the range is 23 yrs. – 70 yrs.
- Funding is provided through a variety of resources, including funding from the PA Department of Aging, the PA Office of Mental Health and Substance Abuse, and the PA Department of Vocational Rehabilitation.
Certified Older Adult Peer Specialists

COAPS have the skills to work in a wide range of settings a few of which include: peer support services, state hospitals, psychiatric rehabilitation centers, case management, Assertive Community Treatment (ACT) teams, drop-in centers, residential settings such as nursing homes and Senior-living apartments, and senior centers.

COAPS provide hope, empowerment, choices and opportunities to older adults that promote mental health recovery in a supportive environment through shared experiences.
Components of the COAPS Initiative

- COAPS Training and Certification
- COAPS Facilitator Training and Certification
- COAPS Internships
- COAPS Employment
- COAPS Continuing Education
COAPS Path to employment

10 day CPS training
3 day COAPS training
3 day Wellness Coach training
COAPS Internship in Aging/Mental Health Services
Employment in Aging/Mental Health Services
Continued education through COAPS learning community
COAPS Training

• COAPS Training is a 3 day training held in different venues across PA.
• Each training comprises approximately 20 participants (CPS).
• All COAPS trainings are co-facilitated. Each training must have at least one peer facilitator.
• COAPS Facilitators attend a two day, centralized training.
• COAPS Facilitators must participate in at least one COAPS training with a certified Facilitator before they are eligible to become an independent Facilitator.
• On-going facilitator education is provided by University of Pennsylvania.
COAPS Internships

• COAPS are eligible for paid, 16 week internships that are provided in a variety of local communities through collaboration with the local agency and the University of Pennsylvania.
  • FQHCs
  • Senior Housing (Section 8) (Apartments)
  • Senior Area Agency on Aging Senior Centers
Employment: Experience Works

- The Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) in partnership with the University of Pennsylvania, Experience Works, The Pennsylvania Office of Vocational Rehabilitation, the Pennsylvania Department of Aging, the Behavioral Health Alliance of Rural Pennsylvania (BHARP) and the Alternative Community Resource Program (ACRP) is committed to increasing employment opportunities for COAPS age 55 and older.
Experience Works, a Senior Community Services Employment Program (SCSEP), provides opportunities for employment. On-the-job training experience is currently available to low-income older workers whose goal is to gain permanent employment. Participants earn minimum wage while gaining valuable job skills. An individual is eligible to be an Experience Works SCSEP participant if he or she meets the following criteria:

- **Age** - A participant must be 55 years of age or older.
- **Residence** - A participant must be a resident of the state where he or she is enrolled in the Experience Works SCSEP.
- **Income Requirements** - A participant's annual family income must not be more than 125% of the established federal poverty income guidelines.
- **Work Status** - A participant's eligibility to work in the United States must be verified by Experience Works.
- **Unemployed** - Participants must be unemployed at the time of enrollment. If they become employed, either full time or part time while enrolled, they must exit the program. The no-employment rule does not apply to casual, nonrecurring labor for which a participant may be compensated such as shoveling a neighbor's sidewalk or occasional babysitting.
Certified Older Adult Specialist Training

Kevin Trenney, Peer Recovery Educator,
COAPS Facilitator
Peer Support & Advocacy Network
Pittsburgh, PA
Older Adult Peer Specialist

Pennsylvania Office of Mental Health and Substance Abuse Services
COAPS Requirements

- In order to train as a Certified Older Adult Peer Specialist (COAPS), an applicant must:
  - Be trained as a Certified Peer Specialist (CPS)
  - Have lived experienced of a behavioral health disorder
  - Be in recovery
  - Be an older adult (55+) or demonstrate a history and dedication to working with older adults
COAPS Application Process

- COAPS training candidates must complete a COAPS application

- Application components include:
  - *Basic contact information*
  - *Brief questionnaire*
    - Ex: If you are selected for the COAPS training, how will you use the training in your role as a peer specialist working with older adults?

- Applications are reviewed by an application committee comprising of COAPS Program Directors and COAPS
COAPS Training Day 1: Aging

- Day 1 training focuses on normal aging and issues that are important to consider when working with all to older adults.

- Modules
  - Older adult demographics
  - Normal Aging
  - Special considerations in working with older adults
    - Cognitive impairment
    - Care giving
    - Sexuality
    - Elder abuse
  - Culture & Aging
Day 2 focuses on clinical issues related to behavioral health issues in older adulthood

Modules

- Depression
- Anxiety disorders
- Addiction disorders
- Trauma
- Suicide
Day 3 focuses on 1) methods that are effective in working with older adults and 2) local resources and community partners.

Representatives from the local community service system (Aging, Behavioral Health and others) attend the training, provide a link to their services, and present resources that are available to consumers.

 Modules

- Stages of change/motivational interviewing
- Planning & special legal issues
- Pennsylvania Service Systems
- Group exercise
COAPS Internship Initiative

Markisha Rhodes, CPS, COAPS
Threshold Rehabilitative Services
COAPS in Action

- Pennsylvania Senior Housing
- Encore AAA
Senior Housing Internship Development

• Initial meeting to establish outline of program
  • Discussed goals, training for peer(s), materials for group, statistics needed, size of group, attendance, documentation needed and the process, billing, start date, confidentiality of group, and supervision—U Penn and Threshold

• Shadowing
  • Decided peers would shadow existing programs for six weeks visiting all 6 Reading Housing sites
Establishing location of program: Worked with Reading Housing Authority to determine in which housing apartment building to start. Language barriers played a large role in determining the location.

Older Adult Training: Grant was to train one Peer; MH association assisted in financing a second person for the training. This was arranged to assist with support and coverage assuring all Threshold programs scheduled would be covered.

Peer Support Group Training: Grant provided by OMHSAS just happen to be offered at the same time so both peers applied and were accepted.

Flyers: CPS developed a flyer with picture to advertise.

Door to Door contact: CPS accompanied the Staff at the Reading Housing Authority to visit potential individuals that need services.
Training Process

U Penn and Threshold Meetings

• Face to Face
  • *Brainstorm materials, development of group, and coordination with Reading Housing, U Penn and Threshold*

• Weekly Conference Calls
  • *Specific topics, details about group, discussion about group issues & problems*
Training Process

• Threshold weekly supervision
  • Group dynamics, documentation, statistics, discuss process

• Establishing group schedule correlating with Reading Housing calendar
  • Scheduling using the Reading housing calendar, issues with day of the month, other programs
Training Process

- Establishing meeting place for group
  - Noise, traffic flow, confidentiality

- Discussing and implementing topics
  - Establish group rules, topics, presentation
  - What we found was successful
Older Adult Peer Group

- Group Success
  - Materials

- Individual Success Story
  - Maria
Whole Health Education
Peer Support for Adults

Threshold's Certified Peer Specialists will offer Group & Individual Services, and provide information about:
- Whole Health
- Personal Medicine
- Decision Support
- Power Statements
- Stress Reduction
- Aging Process
- and Much More....

Groups will meet weekly:
Tuesdays from 10-11:30 AM
in the Rhodes Community Room.

For more information, please contact the RHA Department of Resident Services at 610-376-8413 or attend a session.
Internship Development Meeting
COAPS Intern, Berks Encore, Berks AAA, Threshold & U Penn
Confirm timeline, activities & outcomes measures

COAPS Berks Encore Internship Orientation
2 weeks
Observe Berks Encore programming & engage Berks Encore members

COAPS Training
3 Days
May 5th, 6th & 7th
Hershey, PA

COAPS Berks Encore Internship Focus Groups
U Penn conducts focus groups with Wellness Group participants

COAPS Berks Encore Internship Debriefing Meeting
COAPS Intern, Berks Encore, Berks AAA, Threshold & U Penn
Review outcome measure data, focus group feedback & sustainability planning
Contact Information

Cynthia Zubritsky and/or Bridget Keogh
University of Pennsylvania
cdz@upenn.edu bridgetk@upenn.edu

William Boyer
PA Office of Mental Health and Substance Abuse Services
wboyer@pa.gov

Kevin Trenney
Peer Support & Advocacy Network
ktrenney@peer-support.org

Markisha Rhodes
Threshold Rehabilitative Services
mrhodes@trsinc.org

Technical Assistance:
A State Mental Health Authority (SMHA) Director/Commissioner, or authorized staff, can request modest SAMHSA support for on-site technical assistance (to enhance community-based mental health care) through the online SAMHSA TA Tracker system at:
http://tatracker.treatment.org/login.aspx
Thank you for your time and interest in older adults and behavioral health today.

Questions and Answers

When this webinar ends, please take a moment to fill out the brief voluntary feedback form.