



Jewish Family Service of St. Paul: Life Enrichment Action Program (LEAP)

Informing the future of JFS-LEAP

J A N U A R Y 2 0 1 6

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Summary

Jewish Family Service of St. Paul (JFS) provides a range of services to the greater St. Paul area, including case management and health care coordination to help older adults remain in the community. Their program, LEAP for Seniors (Life Enrichment Action Program), addresses depression in older adults within the community. With the aim of continued improvement and growth of LEAP and in preparation for the launch of a new intervention model used in the program (PEARLS: Program to Encourage Active, Rewarding Lives), JFS contracted with Wilder Research to determine:

- What can be done to improve relations and increase the frequency of referrals from current referral partners?
- What have been the experiences of organizations who have already been implementing the PEARLS program?

Wilder Research conducted key informant interviews with two of JFS' current referral partners in St. Paul and with 11 representatives of organizations in five states who have experience using PEARLS, a national evidence-based treatment program for depression. These interviews were conducted using open-ended questions and themes were identified once all interviews were complete.

Key findings from referral partner interviews include:

- Establishing relationships with clients and performing standardized assessments are key for referral partners in identifying what clients would benefit from JFS-LEAP, especially considering the stigma surrounding depression.
- Both referral organizations find JFS' referral process very easy, however they are not in the habit of making referrals to JFS as there are already other organizations (e.g., home health, adult day health) they refer clients to for a variety of needs.
- Connecting a client to a doctor or therapist is still the main priority for referral partners.
- Referring staff would like to know the outcomes of the JFS-LEAP program, so they can be assured the referral they make will be effective.
- Referral partners have large numbers of clients that are non-English speakers, who are unable to be served by JFS-LEAP as the program focuses on English-speaking clients.

Key findings from interviews with organizations using PEARLS include:

- The characteristics of organizations using PEARLS are often similar in that they rely heavily on government funding, get most of their clients through referrals from organizations serving older adults, and use outreach as a key strategy for engaging clients and referral partners.
- Most organizations found it important that PEARLS is client-centered, meaning that clients: (a) can see progress over time with the repeated screenings using the PHQ-9; (b) are empowered to take the lead on making changes to see improvement; (c) are encouraged to think in new ways through the problem solving technique that is taught and used in the program; and (d) clients are not placed under undue burden, i.e., PEARLS is conducted in home, is inexpensive, and treatment is delivered one-on-one.
- Common challenges faced by programs included difficulty in recruiting and engaging clients, the strain of diligently implementing a highly structured program, and the stigma of depression.

Considerations for JFS going forward:

- Regularly reconnect with referral partners to apprise them of client progress.
- Provide ongoing reminders to referral partners to ensure they do not forget about the potential value of referring clients to the program.
- Clearly and consistently relay information about how the JFS-LEAP program fits into a client's overall care plan, including the services they provide and the needs that are met.
- Enhance JFS-LEAP Life Enrichment Specialist's ability to identify and suggest referrals for client challenges beyond depression.
- Consider how JFS-LEAP could serve and be marketed to specific populations of older adults, e.g., people of color, non-English speakers, and older adult caregivers.
- Continue to empower clients to be in control of their progress with the program.
- Work to increase knowledge and awareness of depression in older adults to reduce stigma with community and client education.
- Develop an extensive plan for referral partner engagement and client outreach.

Introduction

Jewish Family Service of St. Paul (JFS) received a Community Services/Services Development (CS/SD; later renamed to Live Well at Home) grant from the state of Minnesota in 2011 to develop and launch the Life Enrichment Action Program (LEAP), formerly known as Depression Assessment Program for Seniors (DAPS), to address isolation and depression for older adults living in the community. LEAP does this by identifying seniors who have symptoms of depression and helping reduce these symptoms through an evidence-based intervention that encourages meaningful activity, which can contribute to the goal of an improved sense of well-being. LEAP is unique in that it provides an evidence-based program addressing depression in older adults within their own homes without requiring a licensed clinician to provide the intervention.

Since 2011, JFS has continually refined its LEAP model to ensure they are delivering the most effective programming possible and that it can be made available to all eligible people. The evolution of their program has included consistently providing information about LEAP to older adults in the community, establishing relationships with potential referring organizations, and reconsidering which type of evidence-based program best suits their client's needs. Beginning in 2011, JFS used an evidence-based program called Healthy IDEAS as the LEAP intervention; in 2015, JFS began transitioning to the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) to better serve older adults in the community.

LEAP model

LEAP plays a key role in the St. Paul community by serving the needs of seniors through the work of Life Enrichment Specialists (LES). These staff not only engage clients in program activities, but also facilitate client connections to other community resources. The LEAP model allows LES to enhance services to seniors who may be exhibiting symptoms of depression. By conducting a simple initial screening using a nine-question, industry-standard protocol related to mood, the LES is able to assess the need for further follow-up. Seniors who score positively for symptoms of depression in the initial screening are invited to engage in the LEAP program (i.e., the PEARLS intervention). The LES then meets with the seniors six to eight times face-to-face and make contact via phone when necessary. Additionally, the LES works to empower and encourage seniors to engage in activities that may improve their symptoms of depression, an evidence-based practice called “behavioral activation.” PEARLS also includes teaching clients to use a simple problem solving technique to address, in small, manageable steps, the problems that may be burdening and complicating one's outlook on life. This problem solving

technique also encourages clients to consider different solutions they may not have previously. The LES uses a variety of strategies to assist seniors to improve their quality of life, including: making referrals to primary care clinicians and mental health specialists, arranging for social activities, encouraging health and wellness activities, solving problems, and connecting them to creative arts activities. The expectation is that these connections, activities, and resulting behavioral activations will decrease symptoms of depression and enhance a sense of well-being. In recent months, JFS-LEAP has also begun to acknowledge the multiple issues that many clients present by recommending referrals to these clients so the issues other than depression may be addressed outside of JFS-LEAP.

Community partnerships support the work of JFS-LEAP and include relationships with Highland Block Nurse Program, West 7th Community Center and other Keystone Community Services locations, Ramsey County Human Services, and National Alliance on Mental Illness-Minnesota (NAMI-MN). Other partnerships with creative arts organizations, including River's Edge Playback Theater and Kairos Alive! Dance are also intended to enhance client engagement and provide alternative strategies for behavioral activation. The goal of the collaborative partnerships is to enhance the range of community support services available for seniors, broaden the reach of LEAP, and capitalize on the benefits to well-being gained through engagement in the creative arts.

Evaluation

Jewish Family Service contracted with Wilder Research to provide evaluation services related to JFS-LEAP's recent evidence-based intervention changes and enhanced efforts to improve relations with referring organizations. This report provides the feedback from referring organizations and a discussion of lessons learned from organizations that have implemented PEARLS. JFS will use these findings to:

1. Enhance LEAP's ability to develop and sustain referral relationships with organizations in the community.
2. Effectively implement PEARLS.
3. Continue to improve LEAP to best reach and serve older adults in the community.

Methodology

Wilder completed several evaluation tasks in order to provide a comprehensive set of recommendations. The sources of information used for this report include:

Key informant interviews with management staff at two organizations that have established referral relationships with JFS. JFS provided Wilder Research a list of three referral organizations that would be willing to discuss their experiences in referring clients to JFS. Wilder Research was able to conduct interviews with representatives of two of the three organizations. These interviews focused on identifying the organization's process for identifying depression, steps in making a referral to JFS, and what, if anything has hindered or prevented them from referring to JFS.

Key informant interviews with representatives of organizations that have experience implementing and using PEARLS. Referencing a national list of PEARLS providers from the University of Washington PEARLS program website, Wilder Research contacted all providers, eventually conducting interviews with 11 program representatives who are using PEARLS or have used it recently. Organizations represented in the interviews were located in California, New York, Massachusetts, Texas, and Washington. These organizations included Area Agencies on Aging, county behavioral health agencies, nonprofit health and human service organizations, and a behavioral health clinic. All but one of the organizations is still currently using PEARLS. These interviews focused on identifying both positive and negative aspects of the implementation and use of the PEARLS program model.

Findings

Experiences of JFS referral partner organizations

Both referral partner organizations interviewed provide care coordination services to older adults in St. Paul, however, only one of the organizations has the ability to directly provide services to address depression in older adults. The other organization refers clients for all depression-related services.

Recognizing depression and client engagement

Upon first engaging with older adult clients, both organizations administer a standardized assessment with both direct and indirect questions about depression. Staff also talk with clients to determine if depression is an issue. These conversations might include questions about the client's mood and whether or not they have been feeling sad or lonely, questions about previous mental health diagnoses, whether they are seeing a doctor or therapist, and what medications the client may be taking. Staff also ask less direct questions about the person's general well-being. Staff then use both the assessment information and information they have learned during their conversation to determine if the client has symptoms of depression or may be at risk for demonstrating such symptoms in the future.

While some clients, especially those already getting mental health services, may be more forthcoming about their mental health needs, others are far less willing to discuss the possibility that they have depression because of the stigma many still associate with it. Both organizations reported that the best way to engage clients in discussions about depression is to establish a good rapport with them. Some clients are unwilling to openly discuss depression upon first meeting staff. To engage these clients, staff will provide them depression education materials and then attempt to engage them at a later time when they have become more familiar with staff. Staff use their professional knowledge and experience to determine how persistent they can be in attempting to engage clients without putting undue stress on them.

Making a referral to JFS

Upon determining clients are in need of services to mitigate depression, staff get consent to refer them to JFS, and the referral is made. Both organizations reported using the referral guidance materials supplied by JFS. These materials include scripts to use when discussing depression and LEAP with clients, and educational handouts about depression. Staff felt making the referral was very easy and the materials provided by JFS were helpful.

Referral partners are less likely to refer to JFS if the client has more complex needs.

Staff are less likely to refer clients to JFS-LEAP if they feel the organization would be unable to provide the level of service needed to address severe depression or other existing comorbidities. For clients with severe or untreated depression, staff are more likely to refer them to a clinical care provider first, such as a doctor or therapist. One of the referral partners also indicated they are less likely to refer clients to JFS if they have a greater variety of needs. These staff feel JFS-LEAP is only able to address very specific needs, whereas adult day health programs or home health aides can address multiple needs simultaneously.

Referral partners are more likely to refer to JFS if clients are managing their health reasonably well. Because both organizations felt the LEAP program is complementary to clinical interventions, they were more likely to refer to JFS when clients were already connected with medical services.

What is preventing more referrals to JFS?

Both respondents identified several deterrents preventing them from referring more clients to JFS-LEAP.

- **Referring to JFS is not part of the referring organizations' regular work flow.** Both organizations indicated their staff have many different organizations they can refer to and must make many referrals on a daily basis. For this reason, staff are more likely to refer to organizations they are more familiar with and are in the habit of using.
- **The value of LEAP has not been clearly relayed to staff.** Both organizations felt they do not know how well LEAP works for clients. They do not have a negative perception of LEAP, but they do not feel they have adequate outcome information to confidently make regular referrals. It is unclear to staff if referring to JFS-LEAP will be the most efficient use of staff time. One program was concerned that JFS-LEAP staff would be able to identify a number of issues for their clients, but would only be able to address a few themselves, placing the burden back on the referring organization's staff.
- **JFS lacks capacity to serve non-English speakers.** Both organizations reported serving larger populations of non-English speakers, especially Somali and Hmong clients.

Additionally, one organization mentioned the following concerns that prevented referrals to JFS-LEAP: uncertainty around the affordability and intensity of LEAP; increasing the overall number of providers clients and staff must work with to get all client needs met.

Challenges referral partners face addressing depression in their clients

While several things currently prevent partners from referring to JFS-LEAP more regularly, they also identified more pervasive challenges to addressing depression in their clients, which could be addressed by JFS-LEAP efforts.

The biggest challenge, according to respondents, is the stigma of depression, which hinders open discussions about mental health needs. Representatives of both organizations also had concerns that their clients might not be able to access the clinical and non-clinical services they may need because the services might be unaffordable or because qualified providers might not be available. Finally, these organizations felt challenged to find more creative and holistic ways to address depression in older adults, including strategies that could integrate both clinical and non-clinical approaches.

Experiences of organizations implementing PEARLS

Characteristics of PEARLS programs

The eleven program representatives Wilder contacted regarding the use of PEARLS had varying lengths of experience in using the PEARLS model ranging from a minimum of one year to a maximum of eight years. The average length of experience with PEARLS was 4.5 years. All but one of the programs were continuing to use the model at the time of the interviews

The number of PEARLS clients seen by each organization on an annual basis ranged from a minimum of two to a maximum of 140, with an average client load of 44 per year.

Funding for the program came primarily from state and local sources. All organizations in California received funding through the 2014 Mental Health Services Act (Proposition 63). Three organizations also indicated they received funding from foundations or non-profit organizations such as United Way. Seven organizations indicated they at least had some level of concern about the long-term viability of their current funding sources.

Client recruitment and engagement

A number of themes were identified in the strategies organizations used to connect with older adults who might benefit from PEARLS. The following represent the primary methods by which clients are referred for participation in PEARLS.

The main source of referrals for all organizations was local organizations that provide services to older adults. To a much lesser extent organizations also received referrals from friends, family, and self-referral by the older adults themselves.

- Seven of the 11 organizations get most of their clients from external referrals. Home health agencies and Area Agencies on Aging were the most frequently mentioned referral sources (six respondents). Adult protective services were the main referral source for two organizations. Two organizations indicated that mental health providers or hospitals also refer to them but less frequently, while one organization receives most of its referrals from clinical health care providers.
- Two organizations identify most of their clients via referrals from their in-house case managers. These are agencies that provide a wide range of services for older adults, so potential clients are easily referred to PEARLS program staff within the same organization.

All respondents identified active outreach to individuals and organizations in the community as a vital strategy for recruiting clients for PEARLS. The types of outreach most commonly discussed included giving formal presentations at senior housing or senior centers, presenting to potential referral organizations such as mental health clinics or hospitals, distributing fliers, and sharing information informally at community events. All organizations felt that this type of outreach is not only important for getting people into the program, but it also helped increase awareness of depression and reduce the stigma that might be associated with it.

What works well?

The greatest consensus regarding the components of PEARLS that work well included the use of the PHQ-9 (5 of 11), focusing on client ownership of their progress (5 of 11), the ease of accessibility for older adults (five of 11), and the problem solving nature of the program (4 of 11).

- Respondents think the PHQ-9 makes it very easy for staff to monitor the client's progress. Using the PHQ-9 is also a good way to engage clients in their own progress because the client can see the score change over time.
- Empowering the client to be in control of their progress is helpful because clients are more engaged and behavior, therefore, is more sustainable. This empowerment also decreased the possibility that staff working with a client would take on a 'case manager' role—meaning they would do more than they should for the client rather than empowering the client to take responsibility for their own progress.
- Organizations also reported that the problem solving nature of PEARLS works well for their clients. This problem solving method encourages clients to work through challenges and consider different solutions they might not have previously considered.

- The PEARLS program is accessible for many older adults even if they are home bound, have limited transportation or financial resources, or have few community connections. This is because PEARLS is designed to be delivered in-home, one-on-one, and at little or no cost to the client, and connects clients with other social activities in the community as integral components of the program.

Challenges of using PEARLS

While organizations were generally happy with the PEARL model, respondents identified three main types of challenges they encountered while using the program:

Low recruitment and referral rates. Seven organizations struggle with low client recruitment and referral rates. Respondents attribute this to the difficulty of engaging health care providers to refer to PEARLS (three respondents), getting inappropriate referrals for clients whose needs are too complex to be addressed by PEARLS (two respondents), difficulty reaching clients in rural areas (two respondents), and engaging people of color (two respondents).

- In general, organizations try to address this issue by being persistent and creative in providing outreach to organizations and individuals in the community. Outreach efforts have included the use of radio advertising, the adaptation of promotional materials for different cultural groups, and the use of older adult peers or former clients to promote the program.

Implementing the program with high fidelity. Five organizations indicated that they have experienced a variety of challenges in implementing PEARLS with fidelity because of its highly structured protocol. Four organizations indicated PEARLS is too structured and rigid, not allowing for the use of other models in conjunction with it. However, one organization felt PEARLS was not intensive enough so they add PEARLS sessions to the usual eight prescribed in the original program.

- Program staff took no particular actions to ensure the fidelity of the program other than to follow the program as prescribed. However, two programs have made modifications in the way they deliver PEARLS. One program delivers it in a group format, not in a person's home, while another program has extended the program by adding more sessions.

Stigma of depression. All respondents indicated that the stigma of depression can make it challenging to engage clients. Successful engagement requires that clients first acknowledge they are experiencing depression, but the stigma surrounding depression can make this difficult.

- Overall, organizations indicated that education to increase knowledge and awareness of depression helps to reduce stigma. Respondents from seven organizations indicated that they focus on building relationships to mitigate this challenge. Also two organizations that work with unique cultural groups felt a good understanding of a client's culture can help shape this approach.

Future outlook for the use of PEARLS

Nine organizations will continue using PEARLS in the future. Two of these nine plan to increase the number of older adults receiving PEARLS programming. The remaining seven organizations will continue using PEARLS as they have in the past. One organization indicated it would continue using PEARLS even if outside funding ends, as the organization would absorb the cost. However, two were more pessimistic about their continued use, suggesting it would be very dependent on funding and improved identification of eligible clients.

Two programs have or will discontinue the use of PEARLS in the future. One program is hoping to move towards a more clinical model that will better fit current staffing, while the other is planning to use a program that is more flexible and can be used along with other treatment models.

Unique characteristics of some agency programs

Several programs have unique strategies in how they deliver PEARLS to their clients:

- Targeting caregivers of older adults, often spouses, as a population that could greatly benefit from PEARLS
- Focusing on the peer-to-peer connection, engaging older adults to perform outreach and one-on-one PEARLS service delivery
- Delivering the program in a group setting and not in a person's home. This allows one program to reach more people in rural areas

Conclusion and future considerations

While the JFS-LEAP program has changed in the past five years to better meet the needs of the population they serve, overall positive experiences have been reported by interview respondents about both JFS-LEAP and PEARLS, demonstrating the potential for future growth of the JFS-LEAP program.

Both JFS-LEAP referral partners and organizations using PEARLS have experienced challenges related to the stigma of depression, which they address or think should be addressed through relationship building and education.

Improving effectiveness of referral partner relationships

While expressing generally positive feelings about JFS, referral partners are not referring to JFS simply because they are not in the habit of making referrals to JFS. There is also some uncertainty regarding the needs JFS-LEAP can address, which clients are eligible, insufficient knowledge of client outcomes, and the fact JFS-LEAP is unable to serve some groups of non-English speaking clients.

To capitalize on the connections JFS-LEAP has with referral partners, and to engage more potential clients, JFS should consider the following actions:

- **Regularly share LEAP client outcomes with referral partners.** This will give staff confidence in the program and improve buy-in.
- **Provide ongoing LEAP reminders to referral partners.** To keep staff thinking about JFS-LEAP as a potential referral options, JFS should maintain regular contact with staff, which could be incorporated into regular feedback regarding client progress.
- **Clearly and consistently relay information regarding how JFS-LEAP fits into the overall care of clients.** This will enhance the referral process by clarifying who can be referred based upon their health care needs, financial resources, and personal circumstances. Clients often need multiple referrals to a variety of organizations, so ensuring that referral staff understand and appreciate the best use of a JFS-LEAP referral is important. This could include clarification regarding who is eligible for JFS-LEAP, what services can be provided to the client, what needs can be met, what expectations exist, and what time commitment is required.
- **Enhance Life Enrichment Specialist's (LES) ability to identify other client challenges beyond depression, and suggest referrals that can address these**

challenges. This will mitigate referral partners' concerns that JFS-LEAP is unable to address a variety of client needs. At the same time the LES must be sure not to take on a 'case manager' role.

- **Expand LEAP staff capacity to serve a wider range of non-English speaking seniors.** Having this capacity would increase the population of potential referrals.
- **Work to increase knowledge and awareness of depression in older adults.** This will help referral partners make educated referral decisions and will also reduce the stigma of depression which hinders client engagement.

Considerations for implementing PEARLS

Organizations with experience using PEARLS were generally satisfied with the model, although some organizations felt the need to modify the program to best meet the needs of their clients. Organizations felt that an important part of implementing PEARLS was a commitment to ongoing outreach, not only to get buy-in from potential referring organizations, but also to promote their services to residents of the community.

- **Have a plan for extensive referral partner engagement and client outreach.** All current PEARLS users experience difficulty recruiting clients. Having an established plan to mitigate this issue will likely improve public knowledge of PEARLS in the community of service providers and increase the likelihood of referrals.
- **Evaluate how PEARLS might be used with different types of clients to better target outreach efforts.** It is clear non-English speakers and people of color can benefit from PEARLS services. Program staff should consider how to use PEARLS in a culturally sensitive way to meet the needs of a more diverse population of older adults. It would also be useful to consider specific populations that share personal circumstances or demographics, such as older adults who are also caregivers, and reflect on how they could best be targeted.
- **Consistently ensure clients have ownership of their progress during PEARLS treatment.** Interview respondents indicated client ownership of their progress with PEARLS is very important. JFS-LEAP is already based on a client-centered, client-empowerment approach, in which JFS-LEAP staff work collaboratively with clients, understanding each client brings unique characteristics and experiences. JFS-LEAP should continue to make this a priority as they begin implementing PEARLS.

- **Supplement outreach efforts with materials that address the stigma of depression among targeted communities and misinformation about treatment options among potential referral partners.** Because the stigma of depression is a fundamental barrier to older adults accessing mental health services, the provision of additional educational resources would help to address this issue. It may be particularly helpful to have peers or former PEARLS participants help deliver this component of the work.