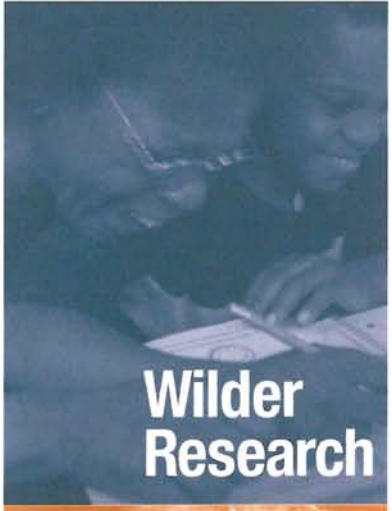

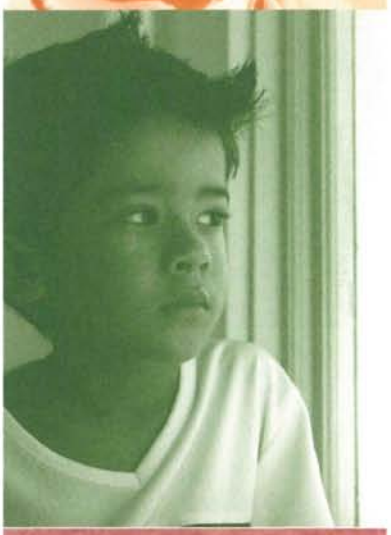

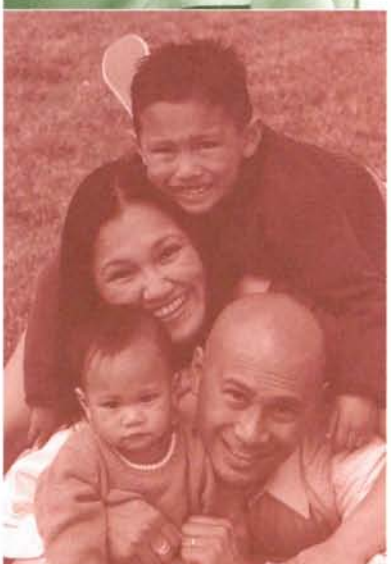

Evaluation of a Community Services/ Service Development (CS/SD) Grant

A report for Presbyterian Homes and Services

JUNE 2010

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A report for Presbyterian Homes and Services

June 2010

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The following Wilder Research staff members assisted in the completion of this project:

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Louann Graham
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Introduction

In 2008, Presbyterian Homes and Services (PHS) contracted with Wilder Research to evaluate their work funded by a Community Services/Service Development (CS/SD) grant from the Minnesota Department of Human Services. Funding was issued to provide outreach for older adults with psychiatric, substance abuse, and co-occurring disorders. In order to identify specific service needs, a survey was conducted with residents in four senior high-rises, including Montreal, Ravoux, Central Towers, and Hamline. The survey instrument was developed by Wilder Research and administered by Outreach Counseling and Consulting Services, Inc. (OCCS) with assistance from Saint Paul Public Housing, Wilder Foundation senior housing, and Presbyterian Homes and Services staff in the fall of 2008. Respondents were asked about their sense of community and satisfaction with their current residence. Respondents age 65 and older were also asked a series of questions about their experience with symptoms of mental illness, chemical dependency, and traumatic head injury. A total of 161 residents completed the survey. The complete instrument is included in the Appendix of this report.

On-site, targeted outreach and assistance to older adults desiring help with mental health or chemical dependency issues was originally planned as a follow-up intervention for residents who self-reported untreated or under-treated mental illness and/or chemical dependency on the survey. OCCS worked to build relationships with staff at the four participating sites to generate referrals for residents needing these services, but they were unsuccessful in generating referrals. Through these efforts, it was determined that barriers to connecting older adults to treatment services needed to be addressed, and also better understood.

In response, PHS and OCCS developed a training program for non-mental health professionals who provide care to older adults through public housing or other health and human services programs, or as informal family caregivers. The purpose of the training was to educate these providers about mental health and chemical dependency issues to create a more integrated response to older adults with untreated mental health and chemical dependency problems. Between October 2009 and May 2010, OCCS conducted five training sessions on issues ranging from memory loss to depression. To evaluate participant satisfaction, OCCS developed and administered a short questionnaire to training participants. Thirty-seven participants provided feedback; a copy of the questionnaire is included in the Appendix.

In addition to the training, PHS and OCCS sought further information about the referral process from health and human services professionals who routinely encounter older adults with untreated mental health and chemical dependency problems. Wilder Research developed key informant interview protocol and completed 12 telephone interviews with

Ramsey County, Saint Paul Public Housing, Wilder Foundation, and Senior Recovery program staff. Questions addressed needs, gaps, and best practices in the field for treating, triaging, or otherwise handling older adults with mental illness and/or chemical dependency problems. See Appendix for the complete interview protocol.

The following sections of this report summarize the results of each evaluation activity.

Hi-rise resident survey results

A total of 161 residents living in Montreal, Ravoux, Central Towers, and Hamline completed the survey, yielding a 21 percent response rate. Survey results showed that a strong sense of community exists at these sites. The majority of respondents (78%) believe that neighbors they do not know would be willing to help in the event of an emergency. Additionally, about half (53%) of the respondents said they have participated in or volunteered at an on-site event in the last six months. Survey results also indicated that mental health and chemical dependency problems among residents age 65 and older are present. Below is a summary of these data.

- A total of 13 residents age 65 and older reported that they have been diagnosed with a mental illness or chemical dependency problem by a professional in the last two years; 10 people said have been prescribed medications for a mental health concern in the last two years.
- Memory loss (7), schizophrenia (5), and bi-polar disorder (5) were the most commonly cited diagnosed illnesses among respondents. Eight respondents indicated dual or multiple diagnoses.
- When asked whether or not they could use help dealing with mental or chemical health issues, eight people indicated that they could use help with existing mental health problems; one person said they could use help with existing alcohol/drug problems.
- Almost one-third (30%) of respondents said they had experienced at least one symptom associated with possible mental illness in the last two years. Most commonly cited symptoms were: problems with memory (19), feeling on top of the word for no reason (19), excessive worry (13), panic or anxiety (13), and depression (10).
- A total of 14 residents age 65 and older reported that they had experienced a traumatic head injury at some point in their lives; 10 said they received emergency medical treatment for the injury; 5 said the injury produced severe, lasting effects.

Additionally, data suggest that other residents may be negatively impacted by those experiencing mental health and chemical dependency problems.

- Just over one-quarter of respondents (27%) said that some residents in their building cause a lot of problems for them or other residents.
- One in five respondents (22%) said they would like to move out. The majority indicated that it was because of other residents; just a small number cited problems with management or the building.

Training satisfaction questionnaire results

Thirty-seven people completed an OCCS training satisfaction questionnaire. Participants who attended the first training (on memory loss) were asked to indicate their interest regarding other mental health and chemical dependency issues. Their feedback was used to select successive training topics, which included: bereavement and grief; anxiety, depression, and suicide; ethics and boundaries; and chemical health issues. All participants were asked to share their thoughts about the training they attended. The results of their feedback are summarized below.

Training content

Overall, the majority of participants who completed a questionnaire said that the presentation they attended was good and that the information they received was useful. Some participants also mentioned that they appreciated the relevance and/or timeliness of the topics that were covered.

Presentation of information

Several participants commented on how knowledgeable the presenters were and how much they enjoyed the presenters; particularly those who attended the Anxiety, Depression, and Suicide training. Many participants mentioned that the information presented was clear and easy to understand; a few specifically mentioned that the training they attended was well organized and that the (90-minute) length of the presentation was appropriate. In contrast, a couple of participants said that the information presented was a lot to digest and that they could have used more time. Some participants really liked the handouts they received; particularly those who attended the Anxiety, Depression, and Suicide Training.

Training facilities

Very few participants commented on the training facilities, but those who did expressed negative feedback. All were attendees of the Memory Loss training. Complaints included: inability to hear the presenters; problems with the room, including crowding, poor-set-up, and bad odor; and lack of parking.

Suggestions for future trainings

Many participants shared their suggestions for future trainings. Topics of interest include:

- Financial implications of undetected dementia
- Developmentally delayed adults and aging
- Caregiver concerns and experiences
- Monitoring older adults who participate in programs and activities

The table below indicates the number of participants who provided specific feedback about the training they attended. Data includes all trainings.

Positive feedback	Number of respondents who mentioned this
Good presentation overall	20
Information was useful	15
Presenters were knowledgeable	7
Information was clear and easy to understand	6
Topic was interesting	6
Good handouts	3
Presentation was well organized	3
Length of presentation was good	2
Suggestions for improvement/complaints	
Too much information for time allotted/not enough time	2
Problems hearing/problems with sound quality	2
Problems with room (including crowding, poor set-up and bad odor)	2
Parking problems	2
Presentation style could be improved	1

Below is a list of verbatim comments received from those who completed satisfaction questionnaires. Those who provided feedback were overwhelmingly positive.

Memory Loss

> Wonderful information presented with humor, compassion, and interest.
>
> Thank you for starting this series. Very informative and well organized.

I thought this presentation was very well organized and easy to understand. [Answers to] questions were well explained and handouts were useful.

It was good to know the difference between delirium and dementia. More than 95 percent of my clients have some form of mental illness – understanding the different mental illnesses is very helpful.

It was helpful when [the presenter] gave suggestions [on] how to present to a doctor. Often Adult Protection is looking for a way to explain a situation to a doctor or the County. We need to educate people on bias vs. the need for forced intervention. The right to make poor choices can be hard for people to accept.

I liked the ecological assessment that was included.

Very useful as an aid in recognizing the disorder in the elderly. The scale may be helpful to spark action on the client's behalf.

Interesting topic—one [that is] relevant to all of us. Educating people in the community about resources available to them for aging relatives, clients, etc., would be useful.

Since we have an understanding of dementia and delirium – up to 60 percent of individuals over age 75 in nursing homes are affected – how can we maximize the quality of life of these individuals?

I had a hard time understanding the speakers. Can there be a good sound producing device?

Bereavement and Grief

Just wonderful. Excellent review – listing of many things we needed and appreciate being reminded of. Thank you.

Anxiety, Depression and Suicide

Outstanding. Well-organized, useful information. Good space. Useful handouts. Good information from Amy. Thank you.

Wonderful. Great practical approach. Thorough info.

Enjoyed the presentation – helpful reminders on how to work with this population and also on what a clients' perspective might be. As work gets busier and busier, it is often easy to look past some of these things.

This presentation was very informative. I wish we had more time. Excellent series. T hanks for the resources to pursue this topic.

Thank you, Todd. Another wonderful presentation – great handouts.

Very informative. Dr. Sigler is a great presenter!

Dr. Sigler was engaging and very interesting.

Dr. Sigler was engaging and very interesting. I enjoyed the 90-minute format – it is easy to stay engaged for this period of time. Topics offered were timely and needed. Excellent job overall.

Mr. Sigler, I really appreciated your point of few and professional anecdotes during your presentation. The way you presented the information was very honest and refreshing and gave me a lot of confidence in addressing potential mental health concerns with the clients at my organization. I look forward to the next presentation on ethics!

[I] enjoyed the presenter. A lot of information to digest. May have worked better [if] topics were spread out over time. Emphasis on medical very important aspect that we sometimes ignore.

Gold standard good. More on this helpful as well as building hope.

Great presentation to instill a better sense of integrating the DSM into real life. Slow down, don't jump to conclusions; start broad, i.e., read the listing and then narrow down.

Boundaries and Ethics

Great presenter – clear and distinct. Good topic – relevant to my job and helpful to review.

Made extremely cogent a difficult topic, which doesn't necessarily have a clear end. Touched on the in-home and transference/counter transference issues.

I think this is such an important topic for professionals engaging in work with older adults, or any population, especially for those workers who are new in their career or unlicensed. Your presentation was a great refresher for me, being a new graduate and new in my career. I look forward to implementing some of your conversation tips in meetings with clients regarding boundaries and our professional relationship.

Key informant interview results

Wilder Research completed telephone interviews with 12 professional staff who serve older adults with undiagnosed and/or untreated mental health and chemical dependency problems in Ramsey County. Interviewees included both management-level and front-line staff who work in crisis services, adult services, housing, and treatment programs. The primary purpose of the interviews was to identify current practices in the field for treating, triaging, or otherwise handling clients age 50 or older experiencing mental illness and/or chemical dependency problems. We also sought to identify: 1) possible ways to reduce psychiatric hospitalizations and use of other emergency services, 2) barriers and motivating factors for referring clients with mental health and chemical dependency problems to counseling services, 3) training interests among professionals who serve older adults that may have untreated mental health and/or chemical dependency problems, and 4) best methods for sharing information about services or resources available.

Through these conversations, we were able to gain a better understanding of why some older adults with mental health and chemical dependency problems fail to receive treatment. Based upon these interviews, Wilder Research was also able to identify some possible solutions to the barriers that prevent older adults from receiving referral services. Below is a summary of our findings.

Barriers to receiving treatment

Unwillingness to seek help

For older adults with mental health and/or chemical dependency problems, one of the primary barriers to receiving treatment is their unwillingness to seek help. Many people are ashamed of their problems and try to hide them or isolate themselves. Older adults who grew up in a time period when alcoholism and drug use were not commonly talked about, and when mental illness had a much larger stigma attached to it, do not want to be labeled with terms they associate with "bad" people. For those who live in hi-rises, privacy is also an issue of concern. They are unlikely to attend a group meeting because they do not want other tenants in their building to know that they have a problem.

Sometimes individuals are also plagued by a "don't care" attitude. They believe that because they are elderly they have earned the right do whatever they want, or they think that treatment is not worth pursuing at this point. Sometimes lack of cooperation from family members is also an issue. In addition, the majority of older adults living in public housing are not committed or under legal guardianship, so they have the right to refuse

treatment, unless they are a danger to others or have violated their lease agreement. One of these two circumstances is usually what triggers a referral.

Structural barriers

For those residents who are interested in receiving treatment, there are often a number of external barriers that prevent them from receiving the care they need. One issue is lack of transportation. Another challenge is that the referral process is very time consuming and can take up to three months between the time of assessment and receipt of services. Often, when a problem is identified or when a person finally seeks treatment, they are in crisis and cannot wait three months to be served. As a result, they usually end up in the emergency room, in detox, or in jail.

A lack of knowledgeable staff is also an issue. Usually the people who have the most contact with the adult in need are public housing staff and family members. Most are not trained to recognize the symptoms of mental illness or chemical dependency. Sometimes physicians and psychiatrists also lack the training necessary to recognize symptoms and/or treat chemical dependency in older adults. One interviewee provided an example in which a patient with alcoholism stopped drinking before they went to the doctor and the physician misdiagnosed withdrawal symptoms as hypertension. Another interviewee explained that the psychiatrist who had prescribed a medication for mental illness for one of their current clients failed to recognize that they should not prescribe that medication to someone with an alcohol addiction because of the side-effects caused when the drugs interact. This respondent also mentioned that psychiatrists often over-prescribe medications, which can be a problem for someone with an addictive personality or previous drug addiction.

Budget cuts were also cited as a barrier to receiving needed services. Residents with case managers were more likely to have their problems diagnosed, but many older adults living in public housing do not have a case manager. In addition, residents with case managers were less likely to see them frequently because of increasingly heavy caseloads. One housing coordinator indicated an interest in having case management or mental health staff on-site, but said their agency could not afford to hire.

Finally, the lack of age-appropriate treatment services was identified as a significant barrier. Currently, the majority of chemical dependency treatment programs are geared toward middle-age adults and young adults. Existing programs are not designed to meet the needs of older adults; most seniors prefer to be in a setting with their peers and in a program that moves at slow pace. According to one respondent, there are only about five programs in the State of Minnesota that provide senior-specific treatment.

Lack of insurance or ability to pay was not viewed as a significant barrier, since most older adults qualify for Medicare or some form of public insurance.

Criteria for referring organizations

Interviewees said that positive past experience with a provider is the main factor that influences their referral decisions. With new or unknown providers, the following questions are frequently considered when deciding whether or not to refer clients:

- What type of insurance or payment is the provider willing to accept?
- Where is the provider located? Do they offer transportation? Are they willing to make home visits?
- Is the provider responsive in a timely manner? Interviewees indicated that they do not have time to leave repeated messages and wait for callbacks.
- Is the provider ethical?
- Is the provider knowledgeable about treating dual diagnosis disorders? Do they have an addictionologist on staff?

Success with other clients was not always considered to be an important factor, since treatment may work for one individual but not another. Most professionals said they use providers that have been recommended through word-of-mouth. Senior Recovery program and Senior Linkage Line (which acts as a clearinghouse for all types of older adult services) were frequently mentioned.

Training interests and preferences for receiving information

The number of professionals working in mental health services and housing in the Twin Cities is relatively small and they are well-networked. Because of this dynamic, we learned that word-of-mouth is key in receiving information. When asked about preferences for receiving information, email was cited most frequently. The ability to easily forward information to others was highly valued. Several of the respondents interviewed also mentioned that their agency/department has monthly meetings, and that they are always looking for guest speakers or presenters. Topics of interest included:

- Cross-training on overlapping issues related to mental health, chemical dependency, and housing
- Information on new agencies and services that assist older adults

- Information on nursing homes that offer chemical dependency treatment
- Information about neurological diseases that can cause mental health problems
- Facilitating better communication with psychiatrists, doctors, and nurses
- How to provide culturally sensitive services and treatment
- Preventing and treating bed bugs

According to respondents, the number one barrier to receiving additional training is lack of time. Another barrier that sometimes prevents individuals from receiving training is cost. Any information that is free, and delivered succinctly, is likely to be most effective.

Best practices for serving older adults with mental illness/ chemical dependency problems

The professionals we interviewed stressed that there is no single best practice model for serving older adults with mental health and chemical dependency problems, because individual situations are unique. They also emphasized the importance of readiness to receive treatment, since individuals cannot be forced to accept treatment. Based upon their feedback, below are some key strategies for identifying symptoms and eliminating barriers to receiving treatment. These include:

- **Educate caregivers.** Often times, the people who are most likely to witness mental health or chemical dependency problems are family members or housing coordinators. Helping them understand what symptoms to watch for may lead to earlier detection and help prevent hospitalization.
- **Build relationships with residents.** Trust is paramount in getting residents to open up about the problems they are having and in getting them to accept treatment. Knowing individuals well can also make it easier to identify when their behavior is out of character, which may signal a problem with medications, depression, drug relapse, or other health problems.
- **Emphasize individual control.** Residents want to be assured that they have control over their treatment decisions and that it is something that is not being *done to them*, but rather they are an active participant in deciding their own treatment plan. This, however, may not be an option when a resident poses a risk to their own safety or the safety of others.

- **Conduct at-home visits.** Older adults may be reluctant to attend treatment because they feel as though they do not fit in or they do not want others to know they have a problem. Treatment at home helps seniors to maintain privacy and allows them receive treatment that is both age-specific and individually-paced.

- **Provide in-house services.** For many residents, transportation is a huge barrier to getting the services they need. They may not be able to afford transportation, or they cannot drive because of medical problems or a DWI, or they simply do not have the motivation to leave the building. The provision of an on-site clinic or staff would help to eliminate these barriers.

Issues to consider

The results gathered from the three evaluation activities discussed in this report provide a framework for moving forward in addressing the needs of older adults with psychiatric, substance abuse, and co-occurring disorders. Survey data show that problems among the older adults living in Montreal, Ravoux, Central Towers, and Hamline do exist, and the data from key informant interviews suggest that residents' self-reports may under represent the problem.

According to professionals in the field, one of the key steps to providing a more integrated response to older adults with untreated mental health and chemical dependency problems is education. The training satisfaction questionnaire and key informant interview data provide a number of possible topics for future trainings. Data indicate that the brief 90-minute presentation format used by OCCS was a good fit for their target audience that they may want to consider collecting email addresses at future trainings, so additional information on relevant topics can be provided.

Key informant feedback indicates that senior-specific treatment is desired, but is in short supply. PHS and OCCS may want to consider offering services that are targeted specifically to the needs of seniors, including senior-only groups. When partnering with organizations in the future to elicit referrals, data show that it will be important for PHS and OCCS to: 1) build strong relationships with housing coordinators and case managers, 2) offer services that are highly responsive and easily accessible, and 3) emphasize client control and use language that minimizes shame and guilt.

Appendix

Resident survey

Training satisfaction survey

Key informant interview protocol

Resident survey

HI-RISE RESIDENT SURVEY

Please give us your name and apartment number, so we can be sure to enter you in the drawing for a chance to win 1 of 3 $25.00 cash drawings as our way of saying thanks for completing this survey. Remember, all your answers will be kept private.

Your name: _____ Your apartment number: _____

First, we have a few questions about life at (NAME OF FACILITY).

1. In the past six months, have you participated in or volunteered at any event at (NAME OF FACILITY)?

   ☐ 1 Yes

   ☐ 2 No

2. If you had an emergency at (NAME OF FACILITY), would residents you don't know be willing to help you?

   ☐ 1 Yes

   ☐ 2 No

3. Do some residents who live at (NAME OF FACILITY) cause a lot of problems for you or other residents?

   ☐ 1 Yes

   ☐ 2 No

4a. Is there anything that makes you want to move out of (NAME OF FACILITY)?

   ☐ 1 Yes →

   4b. What makes you want to move out? (**Check all that apply**.)

   ☐ 1 Problems with management

   ☐ 2 Problems with other residents

   ☐ 3 Other (Please describe: _____)

   ☐ 2 No

The next questions are about you.

5. What is your gender?
   - ☐ 1 Male
   - ☐ 2 Female

6. What is your age? _____ years

7. What is your primary racial or ethnic background? Mark all that apply.
   - ☐ 1 White
   - ☐ 2 Black or African American
   - ☐ 3 Asian or Pacific Islander
   - ☐ 4 American Indian or Alaskan Native
   - ☐ 5 Latino/Chicano
   - ☐ 6 Another race (Please describe: _____)

8. What language do you usually speak?
   - ☐ 1 English
   - ☐ 2 Hmong
   - ☐ 3 Somali
   - ☐ 4 Spanish
   - ☐ 5 Another language (Please describe: _____)

9. What is the highest grade in school that you have completed? **(Please check one.)**
   - ☐ 1 8th grade or less
   - ☐ 2 Some high school, no diploma or GED
   - ☐ 3 High school diploma or GED
   - ☐ 4 Some college, no degree
   - ☐ 5 Associate's degree (2-year)
   - ☐ 6 Bachelor's degree
   - ☐ 7 Graduate or professional degree

Next, we have a few questions for you about your current life circumstances. Remember, your answers will be kept private.

10. Do you have anyone who you can count on to provide emotional support, such as talking over problems or helping you to make difficult decisions? Mark all that apply.
    - ☐ 1 Family members
    - ☐ 2 Friends who live in this building
    - ☐ 3 Friends who do not live in this building
    - ☐ 4 Case managers, social workers, or other professionals who you work with
    - ☐ 5 Other people, specify: _____

11. Overall, has your **mental or emotional** health gotten better, gotten worse, or stayed about the same since you moved to (NAME OF FACILITY)?
    - ☐ 1 Gotten better
    - ☐ 2 Stayed about the same
    - ☐ 3 Gotten worse

12. At present, do you feel that you could use some help or support for any **alcohol or other drug problems**?
    - ☐ 1 Yes
    - ☐ 2 No

13. At present, do you feel that you could use some help or support for any **emotional or mental health problems**?
    - ☐ 1 Yes
    - ☐ 2 No

14. In the past **two years**, have you experienced any of the following?

	YES	NO
a. Felt depressed for least a 2-week period?	☐ 1	☐ 2
b. Lost interest in the activities you usually enjoy, for at least a 2-week period?	☐ 1	☐ 2
c. Had thoughts about hurting or harming yourself or thoughts about death?	☐ 1	☐ 2
d. Had feelings of worthlessness or guilt for several days in a row?	☐ 1	☐ 2
e. Had at least several days when you felt unusually happy or "*on top of the world*" for no reason?	☐ 1	☐ 2
f. Had a period when you were able to go for days with little or no sleep?	☐ 1	☐ 2
g. Had thoughts that seem to be racing in your head or coming faster than you could say them?	☐ 1	☐ 2
h. Worried about things or events for no good reason?	☐ 1	☐ 2
i. Experienced THREE or more of the following symptoms at the same time; 1) shortness of breath, 2) faintness, 3) increased heart rate, 4) shaking/trembling, 5) nausea, 6) chest pain, or 7) fear of "going crazy".	☐ 1	☐ 2
j. Been anxious about things or the possibility of things in the future, even though others around you say there is no problem or danger?	☐ 1	☐ 2
k. Used alcohol, prescription drugs, or illegal drugs to relieve sadness, loneliness, or boredom?	☐ 1	☐ 2
m. Been told by people that they are concerned or worried about your use of alcohol, prescription drugs, or illegal drugs?	☐ 1	☐ 2
n. Tried to cut down on your use of alcohol, prescription drugs, or illegal drugs and been unsuccessful?	☐ 1	☐ 2
o. Had the shakes, blackouts, hangovers, tolerance changes, or other withdrawal symptoms when you cut down or stopped using alcohol, prescription drugs, or illegal drugs?	☐ 1	☐ 2
p. Had a period of several days where you heard or saw things other people could not see or hear?	☐ 1	☐ 2
q. Found yourself frequently disagreeing with people?	☐ 1	☐ 2
r. Had repeated thoughts or behaviors that bother you?	☐ 1	☐ 2

	YES	NO
s. Engaged in activities (e.g., washing your hands frequently, counting steps, preferring certain numbers or colors) which help feelings of anxiety or worry go away once you do the activity?	☐ 1	☐ 2
t. Had increasing problems with your memory?	☐ 1	☐ 2
u. Had people tell you that you are having increasing problems with your memory?	☐ 1	☐ 2
v. Been prescribed any medications for a mental health concern?	☐ 1	☐ 2
x. Witnessed, experienced, or been confronted with an event that involved actual or threatened death or serious injury, either to yourself or to those around you?	☐ 1	☐ 2

15a. Have you ever been hit in the head so hard that you saw stars or were knocked unconscious – for example, from a blow, a fall, or a motor vehicle accident?

☐ 1 Yes →

15b. Did you go the ER or spend time in the hospital as a result?

☐ 1 Yes

☐ 2 No

15c. After your head injury, did you start having problems with headaches, concentration or memory, understanding, excessive worry, sleeping, or getting along with people?

☐ 1 Yes

☐ 2 No

15d. How old were you when you were injured? (**IF MORE THAN ON SUCH INJURY, GIVE AGE OF FIRST INJURY)**

_____years old

☐ 2 No

16. In the past **two years**, have you been told by a professional that you have any of the following mental health illnesses or problems?

	Yes	No
A. Schizophrenia?	☐ 1	☐ 2
B. Paranoid or delusional disorder other than schizophrenia?	☐ 1	☐ 2
C. Manic episodes or manic depression, also called bipolar disorder?	☐ 1	☐ 2
D. Major depression?	☐ 1	☐ 2
E. Anti-social personality, obsessive compulsive personality, or any other severe emotional disorder?	☐ 1	☐ 2
F. Post-traumatic stress disorder or PTSD?	☐ 1	☐ 2
G. Alcohol abuse disorder?	☐ 1	☐ 2
H. Drug abuse disorder?	☐ 1	☐ 2
I. Alzheimer's disease, dementia, or other memory problems?	☐ 1	☐ 2

Thank you for completing this survey!

Training satisfaction survey

OCCS TRAINING SATISFACTION SURVEY

1. Please take a few minutes to share your thoughts with us about this presentation. Your comments and suggestions will be considered when planning future presentations on the topic of working with older adults.

2. Our goal in offering this series of presentations is to present topics that are helpful to you in your work with older adults. We have received some suggestions for future topics and request that you circle the letter of any topic that is of interest to you. Also, please feel free to offer ideas for future presentations that are no listed below.

   A. Depression and suicide in older adults

   B. Effects of long-term use of psychotropic medication in older adults

   C. Addressing grief and loss issues in an aging population

   D. Use and abuse of alcohol, medication, and other drugs in older adults

   E. Boundaries and ethical issues in working with older adults

Your suggestions:

Key informant interview protocol

KEY INFORMANT INTERVIEW PROTOCOL

Hello, my name is _____. I am calling form Wilder Research on behalf of Presbyterian Homes. They have been working on an initiative to provide mental health and chemical dependency services to older adults who are living in public housing in Saint Paul. This work is being completed as a part of a Community Service/Service Development, or CS/SD, grant from the Minnesota Department of Human Services.

You have been identified as an expert in your field by (name of referring person), and we would like to interview to get your input on how organizations doing work like this might increase their success in getting services providers of all types to make these upstream referrals. This interview will take about 20 to 30 minutes, depending on how much you have to say. We could do it now, or I can set up an appointment at a different time that is more convenient for you. Are you willing to participate?

INTRO:

Presbyterian Homes has subcontracted with Outreach Counseling and Consulting Services (OCCS) through their Senior Community Counseling program, which has counselors on staff who can provide counseling or referrals to older adults with mental health and/or chemical dependency issues.

A primary goal of this project is to increase the likelihood that different types of service providers, including housing providers, emergency respondents, crisis line staff, hospital staff, adult protection, and direct caregivers, will refer individuals who need mental health and/or chemical dependency services to qualified providers like Senior Community Counseling. They are hoping to increase the rate of "upstream" intervention with older adults who are experiencing untreated or mistreated mental illness or chemical dependency, and at the same time to decrease the rate of emergency room visits and other crisis-based approaches to dealing with these underlying, long-term issues. Unfortunately, after much effort, the staff who worked on this project did not get very many direct referrals from service providers. It appears that there are many barriers and challenges that must be overcome if an approach like this might be effective in the future. The purpose of this interview is to gather more information from you about what some of the barriers or challenges might be.

Do you have any questions before we get started?

QUESTIONS

1. In general, what is the agreed-upon best practice in your field for treating, triaging, or otherwise handling clients who are age 50 or older who have mental illness and/or chemical dependency issues?

2. When you or someone in your field encounters an older adult client who is exhibiting signs of mental illness and/or drug or alcohol abuse, what is typically done with these clients/patients? (PROBE: How are they treated or managed?)
   - IF NEEDED: Why is the actual practice different from the agreed-upon "best practice"?

3. In what ways do you think it would be most effective to get older adults with mental illness and/or chemical dependency issues who are receiving services from your organization the treatment they need for these issues? (PROBE: Would that treatment be provided by your organization or some other organization?)

4. What do you think are the main things that could be done to reduce emergency hospitalizations and other crisis-based responses to older adults who are having mental health and/or chemical dependency problems?
   - Who should lead this effort?
   - Who else should be involved?

5. What do you think are the primary reasons why (service providers in your field) might decide to refer a client who is experiencing mental health problems and/or chemical dependency to a counseling service like Senior Community Counseling?
   - What type of formal arrangements or agreements would need to be in place to facilitate these referrals?
   - What type of prior relationship or knowledge would you want to have of the referring organization and/or individual counselors before you would be comfortable to make referrals?
   - What type of response would the mental health or chemical dependency counselor need to make to your request to help you feel comfortable with the referral?

6. What do you think are the primary reasons why a (service provider in your field) might not refer a client to a mental health or chemical dependency counselor? (PROBE: What are the primary barriers for someone in your field who might want to make this type of referral?)
   - What about concerns related to confidentiality?
   - What about concerns related to payment of services, funding streams, or the ability of the client to pay?
   - What about providers not being aware of services or resources available for "upstream" referrals?
   - What about providers not being comfortable with the quality of the treatment or care that would be provided to their client?

7. How do you and others in your field find out about services or resources that are available to you, your clients who are experiencing issues with mental health and/or chemical dependency, and their caregivers? (PROBES: Do you attend workshops? Rely on professional networks? Publications?)
   - How would you normally find out about these types of opportunities? What are the barriers to finding out about these opportunities?
   - Once you find out about an opportunity to learn about other resources to serve your clients with mental health and/or chemical dependency issues, what prevents you from participating in these opportunities?

8. What kind of opportunities would you be interested in for yourself or others in your field related to learning about other resources or services that are available to help older adults with mental health and/or chemical dependency issues?
   - What is your preferred format for getting this information? (PROBE: Workshops? Emails? Webinars? Publications? Word of mouth? The Internet? Other sources?)
   - What specific topics are you interested in learning more about related to older adults and mental health or older adults and chemical dependency?