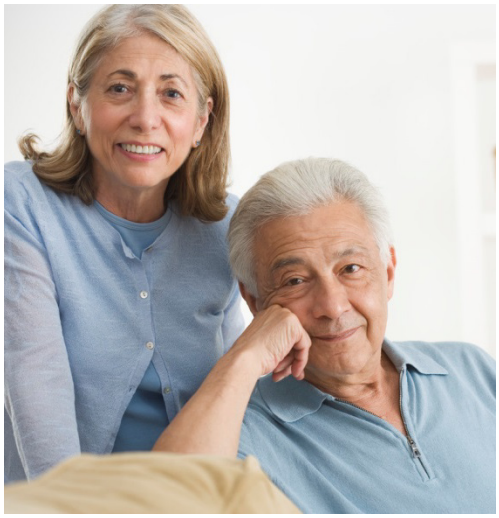

Jewish Family Service of St. Paul: Depression Assessment Project for Seniors (DAPS)

Mid-program assessment of progress

MARCH 2013

Prepared by:
Christin L. Lindberg, Greg Owen, Ph.D., Karen Ulstad

451 Lexington Parkway North | Saint Paul, Minnesota 55104
651-280-2700 | www.wilderresearch.org

Wilder Research
Information. Insight. Impact

Contents

Figures

Acknowledgments

The authors wish to thank Chris Rosenthal, Marjorie Sigel, Cathy Schmit, Tim Gothmann, and Steve Greenberg of Jewish Family Service of St. Paul for their support and responsiveness in providing program information and assistance in identifying key informants and program participants for this evaluation. We are also grateful to Nancy Lee, formerly of Jewish Family Service, for her contributions to the program management and information.

Wilder Research staff who contributed to this report include Jessica Meyerson, Ron Mortenson, and Marilyn Conrad.

Summary

Mid-term progress on achieving program goals is presented below in table form.

Goal summary

Goal	Data Source	Evidence	Mid-Evaluation Progress Toward Goal
1. Implement a new depression assessment model for screening, monitoring and referral of seniors within the caseload of community based partner organizations.	Case manager records	Coordination, outreach, case management and referrals provided for 433 seniors. Partners include West 7th Community Center, Carondelet Village, and Highland Block Nurse Program.	**Positive** Program implementation is underway. Model adjustments are being considered. Strong community partnerships exist. Data are limited.
2. Train case managers regarding best practices for screening, offering intervention, monitoring and making referral for mental health services.	Attendance records Case manager evaluations and feedback	Case managers attended trainings on a variety of topics and found them helpful overall.	**Strongly Positive** Continue to offer trainings that respond to case managers' needs.
3. Extend services to Russian-speaking seniors who are at-risk and underserved.	Case manager records Attendance records Open-ended interviews with a sample of Russian-speaking seniors	Coordination, outreach, case management and referrals provided for 211 Russian-speaking seniors. Twenty-nine Russian-speaking clients provided feedback on classes attended, with topics including depression, anxiety, and 2 creative arts classes.	**Positive** Half of seniors served are Russian-speaking. Russian-speaking clients gave the program high marks. Data are limited.
4. Educate case managers, seniors, families and caregivers regarding depression.	Attendance records Course evaluations	JFS partners referred clients to NAMI education seminars. In-service trainings provided for case managers on a variety of topics.	**Positive** Positive responses to education and training. Continued attention to recruitment may increase attendance.

Goal summary (continued)

Goal	Data Source	Evidence	Mid-Evaluation Progress Toward Goal
5. Use a variety of creative and/or evidence-based arts activities intentionally designed to address depression in seniors and to produce demonstrated therapeutic benefits.	Case manager records Pre-post event satisfaction survey Key informant interviews	Partnering with Kairos Dance and Rivers Edge Playback Theater brings creative arts activities to Russian-speaking seniors. Self-reports of satisfaction and early anecdotal evidence support efforts to continue expanding creative arts activities.	**Preliminary results show promise.** Further data collection and analysis necessary to determine outcomes. Continued focus on creative arts programming may contribute to positive outcomes. Data are limited.
6. Decrease depressive symptoms to improve overall health, enhance self-management of depression and improve sense of independence and wellness.	Case manager records Open-ended interviews with a sample of Russian-speaking seniors	Analysis of assessment scores shows early evidence of a reduction in symptoms of depression.	**Preliminary results show promise.** Further data collection and analysis necessary to determine outcomes. Russian-speaking clients reported positive outcomes from their engagement in activities. Data are limited.
7. Create an effective community-based intervention program that is accepted by the medical community and health insurance industry for reimbursement.	Key informant interviews with program staff and partners	Mid-point evaluation demonstrates continued work to develop a sustainable and replicable program. Health systems consultant has been hired.	**Too early to determine.** Program still under development.

Introduction

Jewish Family Service of St. Paul (JFS) received a Community Service/Service Development (CS/SD) grant from the state of MN in 2011 to develop the Depression Assessment Program for Seniors (DAPS). Based on an evidence-based program called Healthy IDEAS, DAPS seeks to identify seniors who have symptoms of depression and help reduce these symptoms through meaningful activity that can contribute to the goal of an improved sense of well-being. The program is somewhat unique in its efforts to:

- serve older adult Russian-speaking Jewish immigrants
- collaborate with creative arts organizations to strengthen client engagement
- provide in-home case management

Program model

Jewish Family Service plays a key role in the St. Paul community by serving the needs of seniors through the work of case managers. (These staff not only provide case management, but also provide access to other services including mental health treatment.) The DAPS model allows case managers to enhance services to seniors who may be exhibiting symptoms of depression. By conducting a simple initial screening using a two-question protocol related to mood, case managers are able to assess the need for further follow-up. Seniors who score positively for symptoms of depression in the initial screening and who consent to further assessment are asked to complete the Geriatric Depression Scale (GDS). Based on this score, case managers attempt to follow up with seniors at regular intervals— 90 days and 180 days--re-assessing them with the GDS. Additionally, case managers work to coordinate care for these seniors and engage them in activities that may improve their symptoms of depression, an evidence-based practice called "behavioral activation." Making referrals to primary care clinicians and mental health specialists, arranging for social activities, encouraging health and wellness activities, and connecting seniors to creative arts activities are among the strategies case managers use to assist seniors to improve their quality of life. The expectation is that these connections and resulting behavioral activation will decrease symptoms of depression.

Community partnerships support the work of JFS-DAPS and include relationships with Highland Block Nurse Program, West 7th Community Center, Carondelet Village, Ramsey County Human Services, and National Alliance on Mental Illness-Minnesota (NAMI-MN). Creative arts organizations involved at this time are Rivers Edge Playback Theater and Kairos Dance. The goal of the collaborative partnerships is to enhance community

support services for seniors and broaden the reach of DAPS. Case managers from the partner agencies implement DAPS protocols to serve seniors within their own agencies.

Evaluation

Jewish Family Service contracted with Wilder Research to provide evaluation services related to DAPS. In addition to a final report at the end of the grant period, Wilder is completing a mid-study assessment of progress to date. This assessment describes progress on achieving key program goals. These goals include:

1. Implement a new depression assessment model for screening, monitoring and referral of seniors within the caseload of community-based partner organizations.

2. Train case managers regarding best practices for screening, offering intervention, monitoring, and making referrals for mental health services.

3. Extend services to Russian-speaking seniors who are at-risk for depression and underserved.

4. Educate case managers, seniors, families and caregivers regarding depression.

5. Use a variety of creative and/or evidence-based arts activities designed to address depression in seniors and to produce demonstrated therapeutic benefits

6. Decrease depressive symptoms to improve overall health, enhance self-management of depression and improve sense of independence and wellness.

7. Create an effective community-based intervention program that is accepted by the medical community and health insurance industry for reimbursement.

Methodology

Wilder completed several evaluation tasks in order to provide a comprehensive view of mid-point progress in meeting program goals. The sources of information used for this report include:

- Analysis of client data through December 2012, including participant characteristics and behavioral activation
- Review of program data, including feedback from case managers and satisfaction information from attendees of activity and information sessions
- Telephone interviews with eight program stakeholders
- Telephone interviews with a demonstration sample of three Russian-speaking clients

Findings

Program clients

Client characteristics

In the first two years of the grant period, a total of 433 clients have received contact from 21 case managers at 4 agencies, including Jewish Family Service. During the first year, 204 clients were served and in the second year, 220 clients were served. There are nine clients for whom we do not have information on the year served. Based on information recorded in the DAPS data base, characteristics of clients served are described below:

- Average age at intake was 79.8 years old, with a range of 57-101 years.
- Forty-nine percent of clients report English as a primary language, and 49 percent report their primary language as Russian, and two clients speak another language—Spanish and Oromo.
- Forty-three percent of clients are college graduates, 41 percent have a high school diploma, 10 percent attended some college, and 5 percent did not complete high school.
- Fifty-eight percent of seniors reported living alone, 31 percent lived with a spouse, and 11 percent lived with others (including children).
- Thirty-nine percent of clients are widowed, 36 percent are married, 17 percent are separated or divorced, and 8 percent are single.

Client assessment and activation

When clients were first considered for inclusion in DAPS case management, they received a two question preliminary screening to determine if they exhibited depressive symptoms. Of the 402 clients for whom we have this information, 103 (26%) tested positive for depressive symptoms and 299 (74%) tested negative.

1. Initial client 2 question screening score (N=402)

2 question scoring category	Number	Percent
Positive	103	26%
Negative	299	74%

The GDS was completed with 113 clients, and 62 (55%) received a score of 6 or greater.

2. Initial client GDS scores (N=113)*

Initial GDS score range for those who tested positive	Number	Percent
0-5	51	45%
6-15	62	55%

**Number includes those who tested positive and those included by case managers based on observation of clients' mood.*

Case management records indicated that 32 clients received GDS follow-ups, specifically, at 90 and 180 days, with 15 clients receiving a 90 day follow-up and 17 receiving a 180 day follow-up. Further scrutiny of case manager records, however, reveals that 45 clients out of the 62 actually received some kind of referral or contact at 90 and 180 days, including GDS follow-up and/or referrals. Information recorded for these 45 clients indicates that they were referred to primary care or mental health practitioners and a variety of activities. Table 3 provides more detail on the types of referrals that clients received.

3. Types of behavioral activation documented at initial contact (N=45)*

Type of behavioral activation or activity	Number referred
Primary care practitioner	17
Mental health practitioner	15
Social activities	10
Health/wellness activities	5
Spiritual activities	2

** Clients who scored positive on the 2 question screen and ≥6 on the GDS.*

Tables 4 and 5 provide detail on the types of referrals clients received at 90 and 180 days.

4. Types of behavioral activation documented at 90 day follow-up (N=16)*

Type of behavioral activation or activity	Number referred
Social activities	7
Primary care practitioner	4
Mental health practitioner	3
Exercise	1
Spiritual activities	1

**Based on the number of clients with any recorded information on referrals.*

5. Types of behavioral activation documented at 180 day follow-up (N=16)*

Type of behavioral activation or activity	Number referred
Behavioral activation (unspecified)	6
Social activities	4
Primary care practitioner	3
Mental health practitioner	3
Arts activities	1
Exercise	1

**Based on the number of clients with any recorded information on referrals.*

It is important to note that discrepancies in the numbers of clients screened at prescribed points in time may exist due to record keeping omissions. Some clients who tested negative on the two question screen were nonetheless assessed with the GDS because case managers deemed some clients at risk of depression because of other observations of the clients' mood and affect. The follow-up information for the 45 clients may not accurately represent the actual work of case managers. Finally, some clients' reluctance to re-engage or continue discussions regarding depression and behavioral activation may have also reduced the number of follow-up GDS scores.

Analysis of the change on GDS scores reveals some movement in these scores over time. Sixty-two clients scored at 6 or greater on the GDS, and at 90 days 27 percent of those for whom we have data showed a decrease in GDS score to less than 6. At 180 days, 53 percent of those for whom we have data showed a decrease in GDS score to less than 6.

6. Change in client scores for those who had a score of ≥6 at intake

Score	Change at 90 days (N=15)	Change at 180 days (N=17)
Remained ≥6	73%	53%
Decrease <6	27%	47%

Classes attended by clients

Clients attended a variety of classes on topics associated with mental illness. All classes were offered in English; classes on depression and anxiety were offered in Russian. Seventy-three students attended the classes over the course of years one and two.

7. Classes offered for clients*

Year 1 Classes	Number of Classes	Language	Total Number who Attended
Depression	2	English	13
Depression	2	Russian	7
Anxiety	2	English	9
Anxiety	2	Russian	3
Year 2 Classes			
Hope	1	English	6
Blues	1	English	2
Depression	1	English	5
Depression **	1	Russian	22
Anxiety	1	English	4
Dance/Movement	1	Russian	15-18***

** From JFS summary materials*

*** Session with Rivers Edge Playback Theater*

**** Number varied on pre- to post-program assessments*

Satisfaction with classes

Overall, the clients who attended DAPS education classes reported a high degree of satisfaction with the presentations and said they would recommend the class to others. Ninety four percent of clients said the class increased their knowledge of the subject, while 81 percent said it increased their knowledge of resources available to them. Just over three-quarters of clients said the classes improved their understanding of the impact of the stigma of mental illness. Russian speaking attendees were somewhat less likely than English-speaking clients to say their knowledge of resources improved (76 percent vs. 84 percent). On the other hand, English-speaking clients were less likely than Russian-speaking clients to report an improved understanding of the impact of the stigma of mental illness (71 percent vs. 83 percent). Table 8 provides a summary of the responses.

8. Clients' opinions about classes

Comment	English classes (N=38)	Russian classes (N=29)	All classes (N=67)
Agree or strongly agree that they were satisfied with the presentation	92%	100%	96%
Agree or strongly agree that they would recommend classes to others	89%	100%	94%
Agree that the class increased their knowledge of the subject	89%	100%	94%
Agree that the class increased their knowledge about resources	84%	76%	81%
Agree that their understanding of how the stigma affects people increased	71%	83%	76%

**from JFS summary materials*

The experience of Russian-speaking clients

Interviews with Russian-speaking clients

One program goal specifies outreach to underserved Russian-speaking clients, and research staff completed interviews with three current JFS-DAPS Russian-speaking clients. Five clients total were contacted—one refused to participate, one was unavailable due to a recent hospitalization, and three completed the interview. Clients were asked about:

- Types of referrals made by the case managers
- Benefits of the activities they are involved in
- Their overall experience with the program and case managers

All three clients who were interviewed indicated that they talked to the case managers about their health and how they were feeling, which is a key aspect of DAPS. Their comments about this experience include the following:

> *[Case manager] is smart and capable. She is always a phone call away and helps me. She is willing to help me with everything.*
>
> *She talks to me, calls me, asks how I am doing. She is interested in me.*
>
> *I have severe depression and she comes to see me frequently. She calls often.*

Clients were also asked about the types of referrals and suggestions made by the case managers. In addition to being referred to see mental health practitioners, all three clients reported going, as well as finding the contact helpful. The two clients who were referred to a medical provider went and found the contact helpful.

9. Referrals for physical or mental health (N=3)

Statements about referrals	Number who said this
Talked about going to see a psychologist or psychiatrist	3
Went to the psychologist or psychiatrist	3
Visiting the psychologist or psychiatrist was helpful	3
Talked about going to see a doctor for physical concerns	2
Went to the doctor	2
Visiting the doctor was helpful	2

One client made a point of mentioning the positive impact of seeing the psychiatrist:

> *My panic attacks stopped after I started visiting the psychiatrist. I recommend the doctor to all of my friends suffering from the same ailments.*

The three Russian-speaking clients were also asked about other types of referrals. All three said they were referred to arts activities, attended and found them helpful. Two clients said they were referred to physical exercise activities, and also attended and found them helpful. Clients also said they were referred to education programs, health and wellness activities and social activities, although they reported less follow through for these types of activities. This information is presented in Table 10.

10. Referrals to activities

Activity	They talked about the activity with case manager	They attended the activity	The activity was helpful
Arts	3	3	3
Education	3	1	1
Physical Activity/Exercise	2	2	2
Health/Wellness	2	2	1
Social	1	0	0

Comments the clients made about the activities include the following:

> *[Case manager] recommended and connected me with transportation to go shopping, to the synagogue and to the cemetery.*
>
> *I like the health activities.*
>
> *I go on music days. I love classical music and I go specifically to Adult Day Health on the days that they have music activities.*

The Russian-speaking clients were asked about the impact of participation in these activities. Their comments indicate an overall positive experience, and include:

> *The education made me think about myself. It reminds me of the depression I was in and how far I had come. It reminds me to keep up what I am doing.*
>
> *I feel better. I feel stronger. They have made my back stronger. I go to the [health] activity frequently. It is a great service.*
>
> *Music classes give me the opportunity to relax and forget my troubles. The music helps me ease my mind.*

The Russian-speaking clients were also asked about the help they have received from program case managers and had only positive things to say. Their comments include:

> *She is family and a friend. [Case manager] is the most valuable person I have ever met in the United States. This is my favorite person. She is the closest to me after my husband.*
>
> *She is a great person. She is incredible. Not enough can be said about how great [case manager] is. I am filled with happiness when she calls.*
>
> *She brings so much happiness to everyone that she talks to. There have got to be only a few people as good as she is on this earth. I pray for her every day.*

Arts activities

Russian-speaking clients who attended the four week Kairos Dance program at Heartland Adult Day Care also completed a separate evaluation. Of the 18 who completed the post-assessment form, 11 reported feeling better. Fourteen said that the experience gave them more energy and that they liked moving to the music. Thirteen said they liked socializing with others, and 11 said they liked listening to the music. All who attended said they would come again, and 12 said they would bring a friend to the activity.

Anecdotal information from program staff at JFS about the session conducted with the Rivers Edge Playback Theater at Heartland Adult Day Care indicates that the session was successful in engaging Russian-speaking seniors. Improvisational theater provided an opportunity for seniors to evoke memories through stories and allowed them to express emotions about their experiences with the holidays in Russia. JFS staff believe that

pairing the Russian-speaking seniors with creative arts should be a key strategy for engagement and behavioral activation.

Case managers

Training sessions and feedback from all case managers

Twenty-one case managers from four agencies received training to improve their understanding of depression in seniors, including unique cultural issues facing Russian-speaking immigrants. Information about the topics and attendance are presented in Table 11 below.

11. Case manager training sessions in years 1 and 2*

Topic	Number who attended
DSM IV Mental health problems in the elderly	11
Depression Assessment for Seniors	18
Healthy IDEAS National Training	**
Motivational Interviewing	19
Healthy IDEAS implementation	15
Gray Matters: Understanding Anxiety (NAMI)	17

** From JFS summary materials*

*** Number of attendees not available*

Ten case managers who attended the trainings provided their feedback through the JFS Survey Monkey case manager feedback survey (designed and administered through JFS). Those who did answer the survey gave the trainings positive marks overall. Case managers identified the two Healthy IDEAS training as the most helpful. Also viewed as helpful by 86 percent or more of case managers were the Gray Matters training, the DAPS training and the DSM IV training. The motivational interviewing training was viewed as slightly less helpful overall, with only 60 percent of case managers indicating that it was helpful or very helpful.

12. Case manager feedback on trainings (N=10)*

Topic	Percentage saying it was helpful or very helpful
DSM IV Mental health problems in the elderly	86%
Depression Assessment for Seniors	88%
Healthy IDEAS National Training	100%
Motivational Interviewing	60%
Healthy IDEAS implementation	100%
Gray Matters: Understanding Anxiety	89%

** From JFS summary materials. Survey Monkey DAPS: Case Manager Feedback survey*

Case managers were also asked for their opinions of the overall impact of the trainings on their ability to talk about depression with clients, administer the GDS, and engage clients in behavioral activation. While 70 percent each said it helped them talk to clients and administer the GDS, only 40 percent thought it enhanced their skills some or a great deal in engaging clients in behavioral activation.

13. Case managers' opinions of DAPS training (N=10)*

Statement	Percentage saying this
DAPS trainings have resulted in some or great deal of enhancement of skill in talking about depression.	70%
DAPS trainings have resulted in some or great deal of enhancement of skill in administering the GDS.	70%
DAPS trainings have resulted in some or great deal of enhancement of skill in engaging client in behavioral activation.	40%

**From JFS summary materials. Survey Monkey DAPS: Case Manager Feedback survey*

English-speaking case managers' perspectives on DAPS

In March 2012, English-speaking case managers were interviewed in a focus group format by JFS staff, in order to better understand their personal experiences with DAPS and their perspective on the program's impact on clients. Attendance was voluntary and six case managers attended.

According to the focus group summary written by JFS staff, all six case managers who attended had used the two question screening tool, four had completed the full Geriatric Depression Screening tool, and two had assisted clients in applying behavioral activation techniques.

Case managers like the way in which DAPS increased general awareness of depression for them and for their clients, and provided guidance about opening the conversation about depression. Examples of their comments in response to the question about the parts of DAPS they found to have the greatest impact include:

> *Increasing awareness and attention to the issues of depression for our clients and the general public.*
>
> *Nice to have a screening to quantify the symptoms.*
>
> *Formal way of asking simple questions to ask about mood.*
>
> *The fact that we are screening people for depression who may not get this done anywhere else.*
>
> *Really nice to have information infused [in the contact with clients] because it makes it more accessible to clients.*

Case managers were also asked to identify what they thought were the most and least helpful parts of DAPS for their clients. On the positive side, case managers indicated that clients benefited most from the discussion about mood. Examples of their comments include:

> *Talking about mood leads to help.*
>
> *Having more visits from case managers to discuss mood issues and what can be done to improve them.*
>
> *Getting a score and an explanation about "Am I depressed?".*

In terms of improvements that they would like to see, case managers commented on limitations of the screening tools and extra work associated with DAPS paperwork. Suggestions they provided include discontinuing the two question initial screening, substituting the PHQ9 as a measure of depression, and expanding protocols to allow for case work in other languages or with other cultures. Examples of their comments include:

> *A different screening tool than GDS, such as PHQ9.*
>
> *Generating DAPS materials for cultures other than Russian.*
>
> *DAPS burnout…administrative costs…time and money spent are greater than the positive outcome.*

In terms of the least effective aspects of DAPS for clients, some case managers believe that discussing depression and exerting pressure to engage in behavioral activation may be difficult for depressed seniors. Examples of their comments include:

> *Disappointment, guilt felt by some clients when they are not able to achieve behavioral activation goals or start goals.*
>
> *[Not open to the idea] that we want them to DO something to help the depression.*

> *[Elders don't like] having to answer the GDS questions, and especially that they must be answered yes or no.*

Russian-speaking case managers' perspectives on DAPS

In May 2012, Russian-speaking case managers were interviewed in a focus group format by JFS staff, in order to better understand their personal experiences with DAPS and their perspective on the program's impact on clients. Attendance was voluntary and five case managers attended.

Case managers particularly like the way in which DAPS provided an opportunity to interact with their clients and build relationships. Examples of their comments in response to the question about the parts of DAPS they found to have the greatest impact include:

> *It enhanced my observations of clients.*
>
> *It increased my knowledge about my clients.*
>
> *It gives people a chance to share.*
>
> *It built trust.*

Case managers think that DAPS has helped their clients gain a better understanding of depression through the education provided and helped some to overcome their hesitancy to discuss what may be perceived as a sensitive subject. Examples of their comments include:

> *It gave clients a better understanding of depression.*
>
> *Talking reduced the sense of shame.*
>
> *It helped overcome the cultural barrier.*

Russian-speaking case managers had concerns about the cultural appropriateness of the GDS and the program model itself. Clients resist what they view as an intrusion of their privacy and resist the encouragement to take action. Examples of their comments include:

> *Clients don't understand the questions asked in the screening or about behavioral activation.*
>
> *Clients get hurt, insulted and maybe even angry when GDS questions are asked or if the case worker tries to talk about their mood.*
>
> *They don't believe that behavioral activation will help them. They say "nothing will help."*

Russian-speaking case managers provided a number of suggestions for improving DAPS for themselves and for their clients. They think adjusting follow-up protocols to allow for more time, and adapting the on-line case management forms would be helpful. They

also suggested reconsidering the use of GDS and replacing it with the PHQ9, as well as providing more culturally relevant activities. Examples of their comments include:

> *Any way to get around the two week time frame for checking in about follow through. The time seems too short.*
>
> *The forms on the computer need reformatting.*
>
> *Revisit the use of GDS. Maybe use PHQ9.*
>
> *Opportunities for Russian clients to come to programs where there is culturally-specific role playing about life in America. Role play triggers discussion.*

Key informants

Wilder Research interviewed eight professionals associated with the JFS-DAPS program, in order to provide a variety of perspectives on successes and challenges to date. Three respondents provided an insider view of the program activities, as internal administrators. Five respondents offered observations as community partners who have worked with the JFS-DAPS staff.

Respondents were consistent in their understanding of program goals and the focus on untreated depression in seniors, educating seniors and providers about depression, and engaging community partners to support this work. One respondent summarized it this way:

> *The main goals of DAPS are to assess seniors for depression and get them involved in new ways of dealing with the depression, educate the community about depression and provide resources, and remove the stigma of depression so that more elders get the services they need.*

Respondents readily identified numerous accomplishments and program strengths, including:

- building community partnerships and collaborative relationships
- educating and training case managers
- reaching a large number of seniors and screening them for depression
- meeting previously unmet needs
- strong leadership and skills of JFS staff

Examples of comments they made to support these assertions include the following:

> *Of our partners, they [JFS staff] are one of the most engaged, enthused partners that we have been working with.*
>
> *Training has been thorough and case managers have become adept at incorporating the screening.*
>
> *The ability to screen a lot of seniors has gone well, as well as the general education of the community.*
>
> *A lot of skilled professionals have been working together to deal with a topic we have noticed over the years. This is the most active we have been in educating and screening the community.*
>
> *Screening hasn't been done for that older population, so it has gone undetected, leading to poorer quality of life. It is an unmet need that is being addressed—putting services and interventions in place.*
>
> *The project leadership has good credibility among the partners.*
>
> *[Program leaders] took a leap of faith because of their willingness to modify how they deliver their information to engage with seniors in a rich and profound way.*

In spite of the program successes and accomplishments, key informants were realistic about challenges and the need for continued improvements. The main issues identified were related to grant administration, program oversight, and how case managers can work best in broaching a topic that, for many, carries stigma and unwanted attention.

Key informants said that the paperwork required in the implementation of Healthy IDEAS and protocols for follow-up and data tracking have added to the burden on case managers. Additionally, some case managers do not adhere to the record-keeping guidelines. Examples of the range of comments include:

> *Case managers are overwhelmed with paperwork. The requirement to do timely follow up with clients and record in the follow-up tracking tool is time consuming.*
>
> *This is a time consuming model and case loads are high. Some of the reporting has been difficult.*
>
> *Screening tool through Healthy IDEAS is rigid.*
>
> *Consistent documentation has been difficult to achieve. [Case managers] are not always consistent in tracking of small scale accomplishments and don't identify their work as behavioral activation.*

Key informants were also clear about the challenges case managers face in discussing depression with clients and finding ways to reach clients. Examples of their comments include:

> *Getting elders to admit that they actually have depression is a challenge. When people are unwilling to admit it or when they score negative on the screening tool, our hands are tied. We can't go any further than to offer resources. This limits the numbers we can get into the Healthy IDEAS program.*
>
> *It is difficult for some case managers to bring depression into the conversation and clients are prickly.*
>
> *It has been difficult to get case managers to feel confident with screening clients. Mental health issues in our culture are stigmatized, especially in the elderly population. Depression is viewed as a weakness by some clients and case managers, as well.*

Key informants were also asked about their impressions of progress to date on the seven program goals and were asked to rate their progress on each from 0 (work has not yet begun) to 7 (goal has been achieved). Overall, they view the progress on the goals related to 1) implementing the DAPS model, 2) training case managers, 3) extending services to Russian-speaking seniors, 4) educating a variety of people about depression, and 5) using creative arts activities to be the most advanced. Slightly less advanced are the goals related to 6) measureable outcomes for clients due to program interventions, and 7) the creation of a program that is more widely accepted by the medical and health insurance industries for reimbursement. Responses are summarized below in Table 12.

14. Progress on program goals (N=8)

	Work has not begun ←							→ Goal is achieved	
Goal	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**Don't Know**
1	-	-	-	-	-	2	2	3	1
2	-	-	-	-	-	2	1	3	2
3	-	-	-	-	-	1	3	3	1
4	-	-	-	-	-	2	1	2	3
5	-	-	-	1	-	1	1	4	1
6	-	-	-	1	2	2	1	-	2
7	1	1	-	-	2	1	1	-	2

Respondents had a number of suggestions for improving work on program goals. Two main themes that emerged were simply having more time to demonstrate the positive outcomes of the Healthy IDEAS intervention and continuing to work on building

community partnerships to extend the work of DAPS. Examples of the range of comments include the following:

> *We just need more experience for all of us, to continue doing this work.*
>
> *We have seen some improvement, but we need more time.*
>
> *I think it is in process, but it is going to take a lot of time working with those clinics and with health care to identify those who would do the reimbursement. I think it is too early yet.*
>
> *This is a work in progress. We need to continue to tweak the model, and actively explore and plan to extend the work.*
>
> *We really haven't put a lot of effort into the goal of creating a reimbursable model. We are still refining it.*

Additionally, key informants were clear about the importance of having case managers follow tracking protocols consistently. They also recognize the importance of continuing to work on reducing the stigma associated with mental illness, as well as encouraging activity. Representative comments include the following:

> *We need better follow-through by case managers and clearer notes so that we can have reliable data over time about improvements, and also a better sense if the intervention itself is what helps.*
>
> *How do we get all case managers to motivate and discuss mental health issues with clients?*
>
> *We need to figure out how to measure the impact of the intervention and we need a larger number of participants in order to make progress toward a fuller achievement of the goals.*
>
> *There is so much work that needs to be done and so much resistance to change. Motivating people to change and modify their lifestyles is hard work.*

Several key informants made special note of a significant early learning about reaching audiences that may benefit from education about depression and other mental health concerns. After struggling with low attendance numbers at NAMI sessions in year one, program staff made a program adjustment and brought more sessions to the clients in year two. Examples of comments about this change include the following:

> *Lining it [the programs] up at different locations than just where it has been held. There are a lot of senior buildings we can reach. Taking it to the people, rather than having it out in a public spot means higher attendance.*
>
> *There are a lot of people we aren't dealing with face-to-face, so we did more outreach to engage the community.*

Conclusion and issues to consider

Overall, DAPS seems to be on track to achieve most program goals by the end of the grant period. Data analysis has revealed early evidence of a positive change in depressive symptoms of clients who are receiving case management. Russian immigrants reported a positive experience with case managers and referrals. Program staff have been responsive in making adjustments to program protocols.

While DAPS appears to be making progress in achieving program goals, strengthening and improving compliance with data collection and recording among program partners is an important next step. A larger data set would facilitate analysis and could enhance the illustration of program progress.

In general, the program would benefit from additional work to:

- Ensure effective and culturally appropriate screening for Russian immigrants
- Develop engagement strategies that are non-threatening and which help reduce the fear of being identified as a person experiencing depression
- Ensure the use of effective management strategies (more challenging in a collaborative initiative) that will result in a larger portion of those identified as at-risk receiving follow-up assessments (90 and 180 days) and participating in behavioral activation

In addition, program staff may wish to consider:

- Improvements in data collection to yield more consistent client tracking and case notes
- Additional training for case managers in strategies to improve uptake on behavioral activation. This may be particularly important for case managers who are working with Russian-speaking clients.