



# DISCLOSURE(S)

I have no commercial relationships to disclose.



# Program Partners

- Boston University School of Social Work Center for Aging and Disability Education and Research (CADER)
  - Bronwyn Keefe MSW, MPH, PhD, Research Assistant Professor & Director CADER
  - Rita Marsh, MSW, Manager of Workforce and Curriculum Development
  - Jordan Jamil Ahmed, MSW/MPH Candidate, Research Assistant
- National Council on Aging (NCOA)
  - Jennifer Tripken, Ed.D., CHES, Associate Director, Center for Healthy Aging
  - Maureen O'Leary, NISC Program Manager
- Supported by The Retirement Research Foundation (RRF)

# Shared Mission

- The Center for Aging & Disability Education & Research (CADER) at Boston University's School of Social Work is **dedicated to strengthening the workforce that provides health and long-term supports and services to older adults and people with disabilities.**
- NCOA has been the leading nonprofit service organization dedicated to **improving the lives of older Americans, particularly those who are struggling.**
- The National Institute of Senior Centers (NISC), is **committed to strengthening** the nation's almost 10,000 senior centers **through best practices, professional development,** advocacy, research, and national standards.
- NCOA's Center for Healthy Aging (CHA) supports the expansion and sustainability of evidence-based health promotion and disease prevention programs with the **goal is to help older adults live longer and healthier lives.**

# Workforce Training Need

- One of the greatest barriers to the provision of behavioral health services is the lack of a trained workforce
- This leads to unrecognized, undiagnosed, and untreated mental health issues that are costly and even lethal
  - One study showed that nearly 70% of older adults who have completed suicide visited their primary care physician within the month of their death
- An IOM 2012 Report<sup>2</sup> suggests that the “breadth and magnitude of inadequate workforce training and personnel shortages have grown to such proportions, says the committee, that no single approach can adequately address the issue”

<sup>2</sup> Eden, J., Maslow, K., Le, M., & Blazer, D. (Eds.). (2012). The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? National Academies Press

# Background – Why Senior Centers?

- Senior Centers are community focal points for aging well. They seek to engage older adults with opportunities for lifelong learning, health and wellness, volunteer & community engagement and provide social and support services to elders, families, and caregivers.
- Like the greater population, older adults can also experience depression, problems with alcohol and medications, suicide, and Alzheimer's Disease or dementia.
- During COVID senior center professionals have focused on delivering essential needs, fostering social connection and referrals. Older adults are experiencing more isolation.
- There is limited training and information available on best practices in training Senior Center staff in behavioral health issues.

# Program Description

Learners completed five competency-based online courses in these important areas:

1. Mental Health and Aging – 4 hours
2. Substance Use among Older Adults - 4 hours
3. Suicide Prevention Among Older Adults - 4 hours
4. Alzheimer's Disease and Other Dementias - 4 hours
5. Mental Wellness and Resilience among Older Immigrants and Refugees- 3 hours

# Program Participants by State

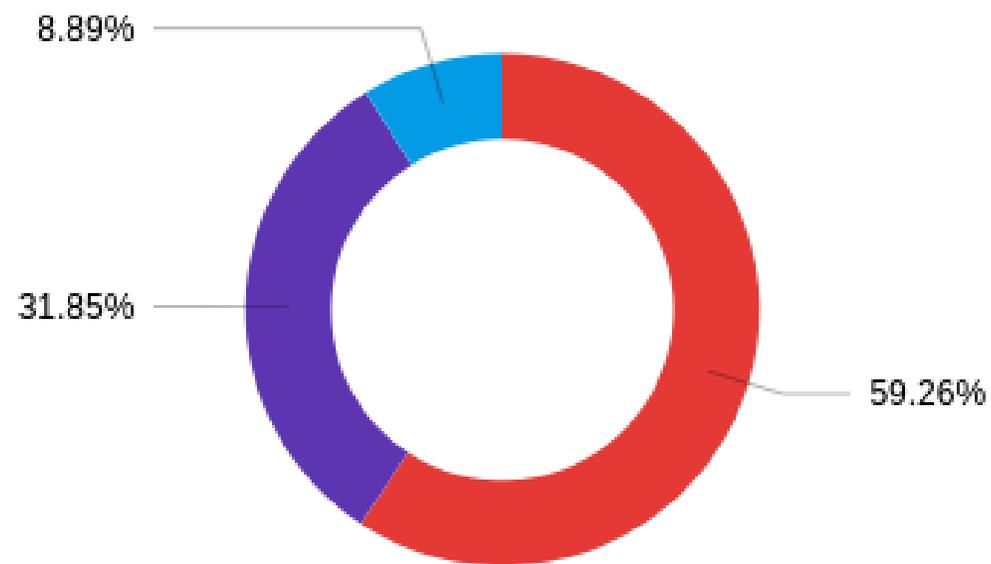
- **Year 1 – Florida and Illinois –**
  - 200 senior center professionals from Florida Association of Senior Centers & Association of Illinois Senior Centers
- **Year 2 – Wisconsin –**
  - 50 senior center professionals from Wisconsin - The Greater Wisconsin Area Agency on Aging (GWAAR) in partnership with the Wisconsin Association of Senior Center (WASC) Directors

# Participant Data Year One – Florida and Illinois

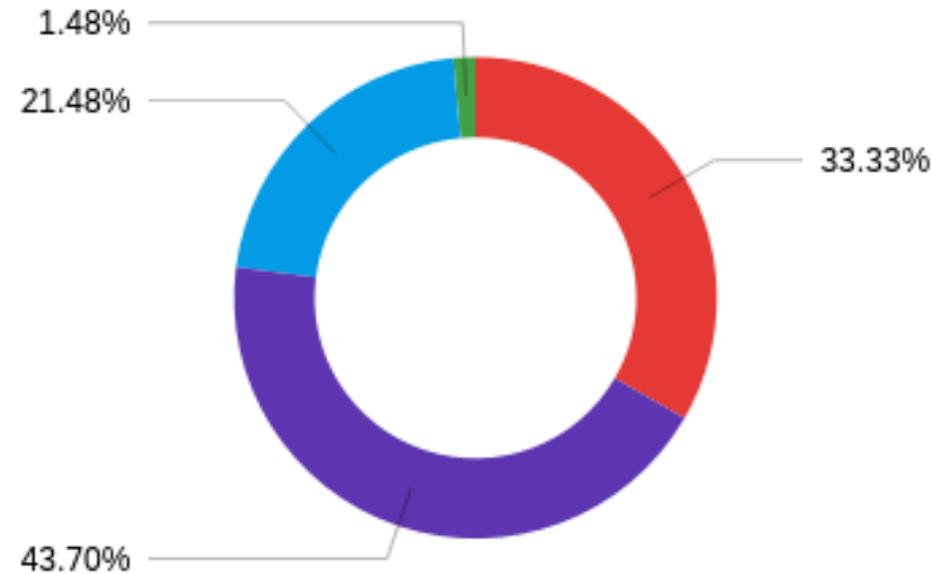
Florida & Illinois Cohort: 200 learners enrolled, 167 learners completed (84%)

- October 2018 to February 2020
- “To what extent do you believe that the training taught you what to do differently when caring for people with behavioral health concerns?”
  - 99% of learners answered “Great extent,” “A lot,” or “Somewhat”
- Preliminary analysis show that 100% of competencies are statistically significant from pre to post competency score with some of the greatest increases in areas around identifying those at risk for substance use and suicide

# FL/IL “How useful was the online training to your job?”



# FL/IL “How confident are you in making referrals to mental health providers?”



Extremely confident Very confident Somewhat confident Not so confident

# Mental Health and Aging Issues (FL/IL)

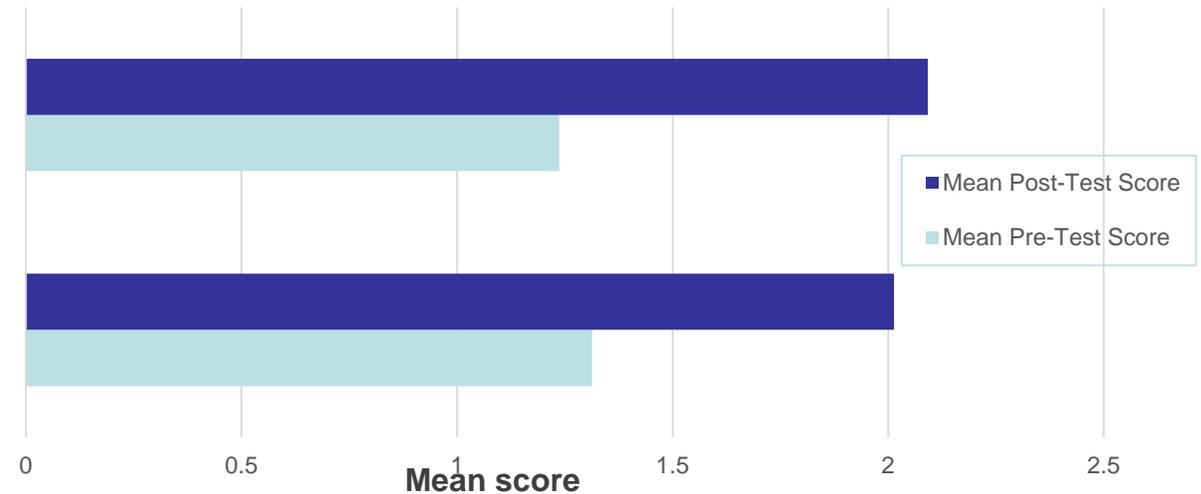
Course Competencies

## Greatest Competency Increases by Course

Explain how utilizing individual and group interventions are appropriate for addressing the mental health of older adults (e.g., cognitive behavioral therapy, problem-solving therapy, psycho-educational groups, and supportive therapy).

Demonstrate an understanding of the core elements of a mental health assessment including standardized assessment tools.

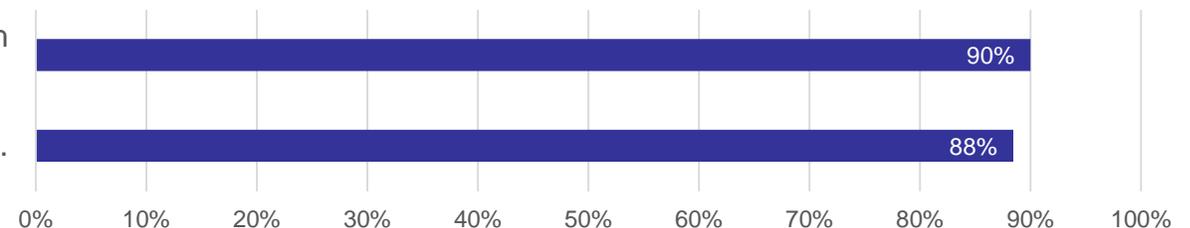
\*p<0.000



0: Not skilled at all; 1: Beginning skill; 2: Moderate skill; 3: Advanced Skill; 4: Expert skill

This training will help me in my work with older adults and/or people with disabilities.

This training expanded my knowledge and understanding of the topic area.



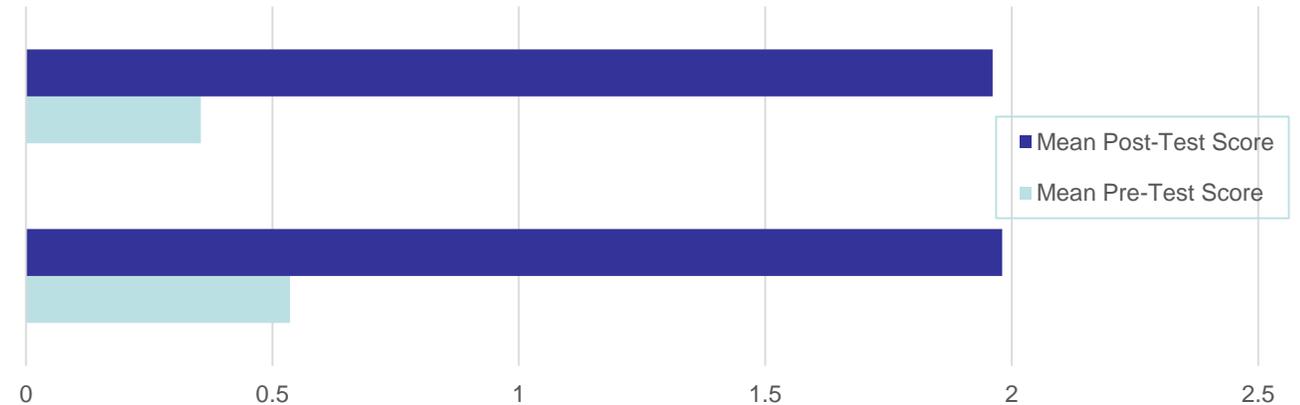
# Substance Use Among Older Adults (FL/IL)

## Greatest Competency Increases by Course

Course Competencies

Utilize evidence based models for addressing substance use including SBIRT.

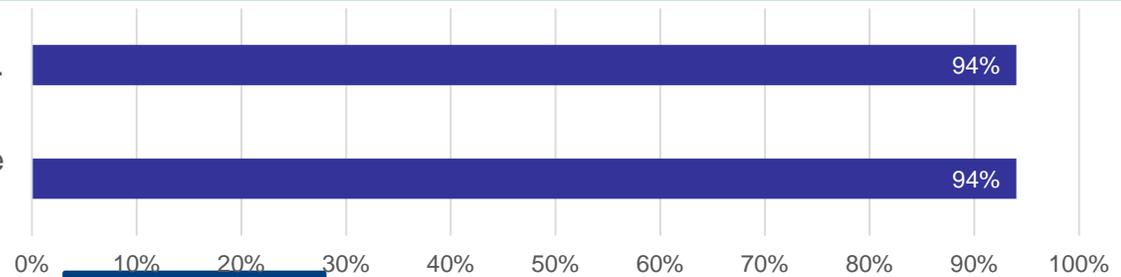
Identify standardized screening and assessment tools that are appropriate for use with older adults, such as the MAST-G and AUDIT.



Mean score  
0: Not skilled at all; 1: Beginning skill; 2: Moderate skill; 3: Advanced Skill; 4: Expert skill

The information in this course was effectively presented.

This training expanded my knowledge and understanding of the topic area.



# Suicide Prevention among Older Adults (FL/IL)

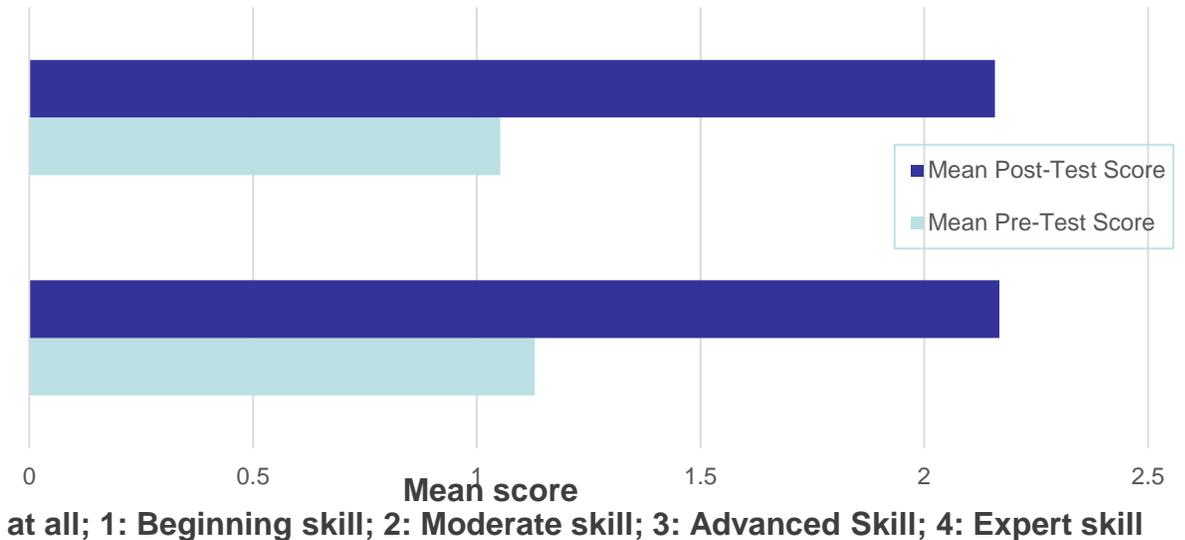
## Greatest Competency Increases by Course

Course Competencies

Describe collaborative emergency plans that can impact the older adult's safety when they are at risk of suicide.

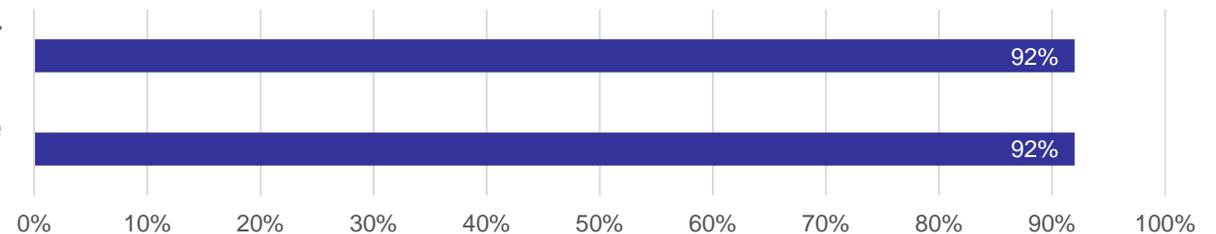
Describe the skills that are needed to assess and intervene with a suicidal older adult.

\*p<0.000



This training will help me in my work with older adults and/or people with disabilities.

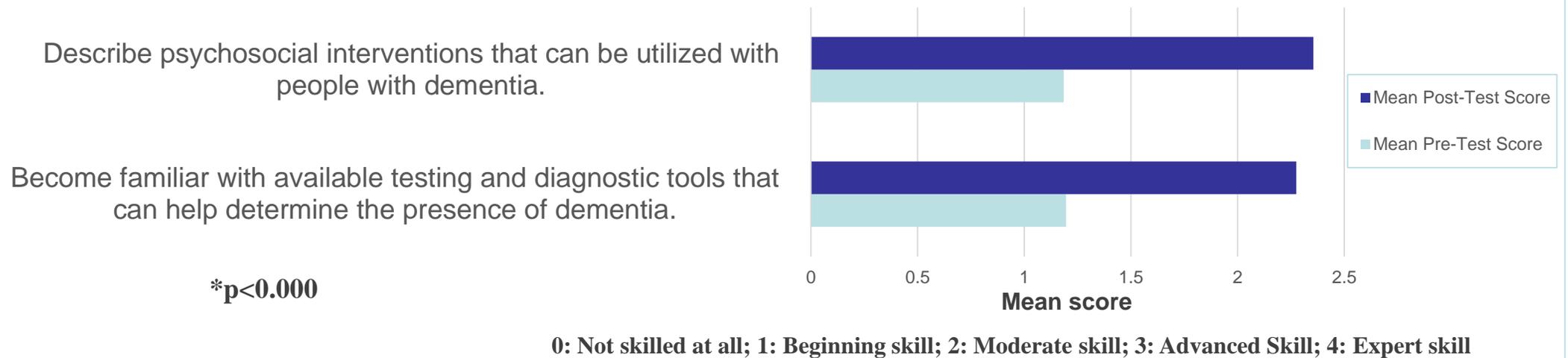
This training expanded my knowledge and understanding of the topic area.



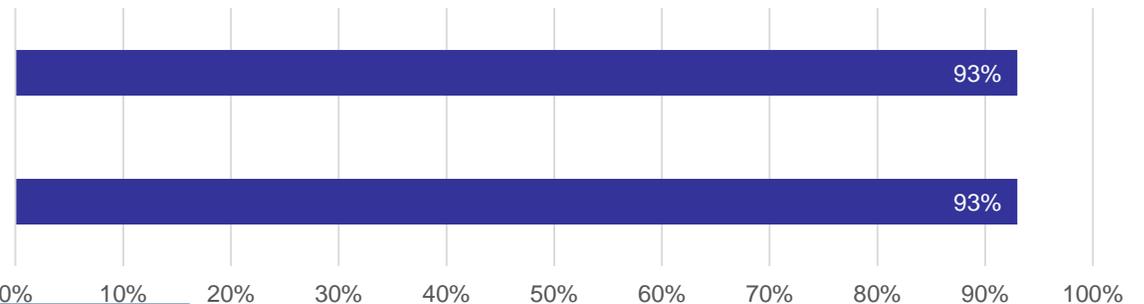
# Alzheimer's Disease and Other Dementias of Aging (FL/IL)

Course Competencies

## Greatest Competency Increases by Course



The course was appropriate to my education/experience level.

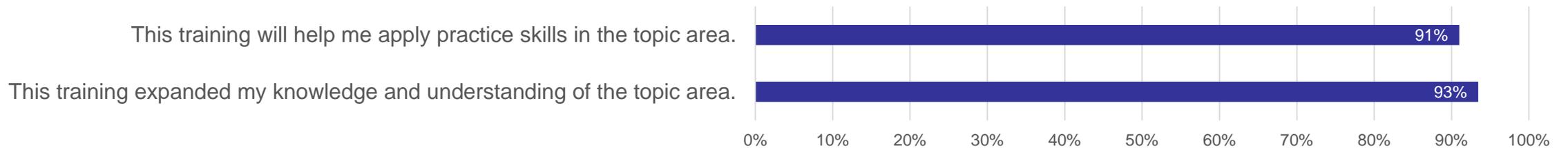
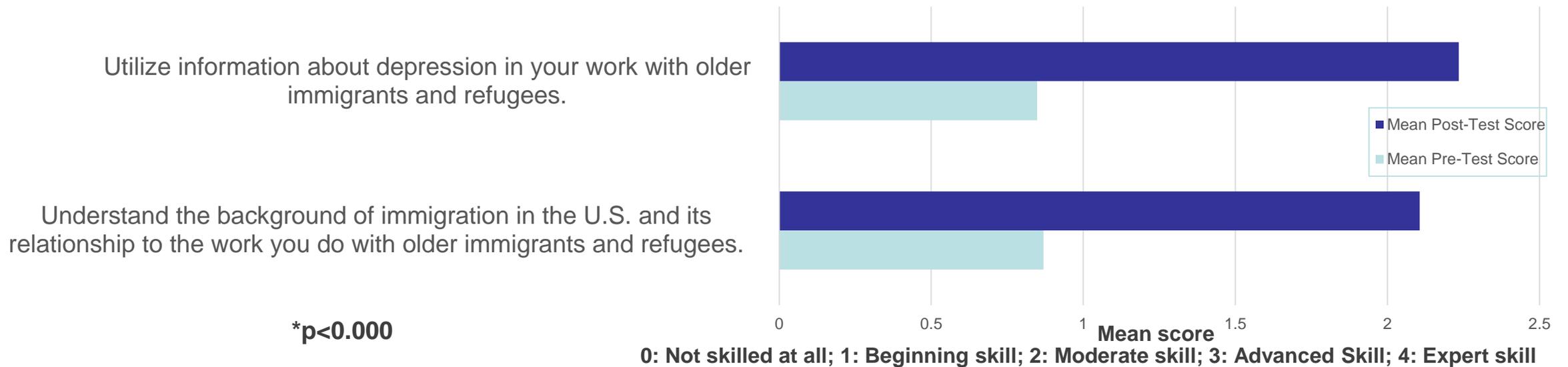


I would recommend this course to my colleagues.

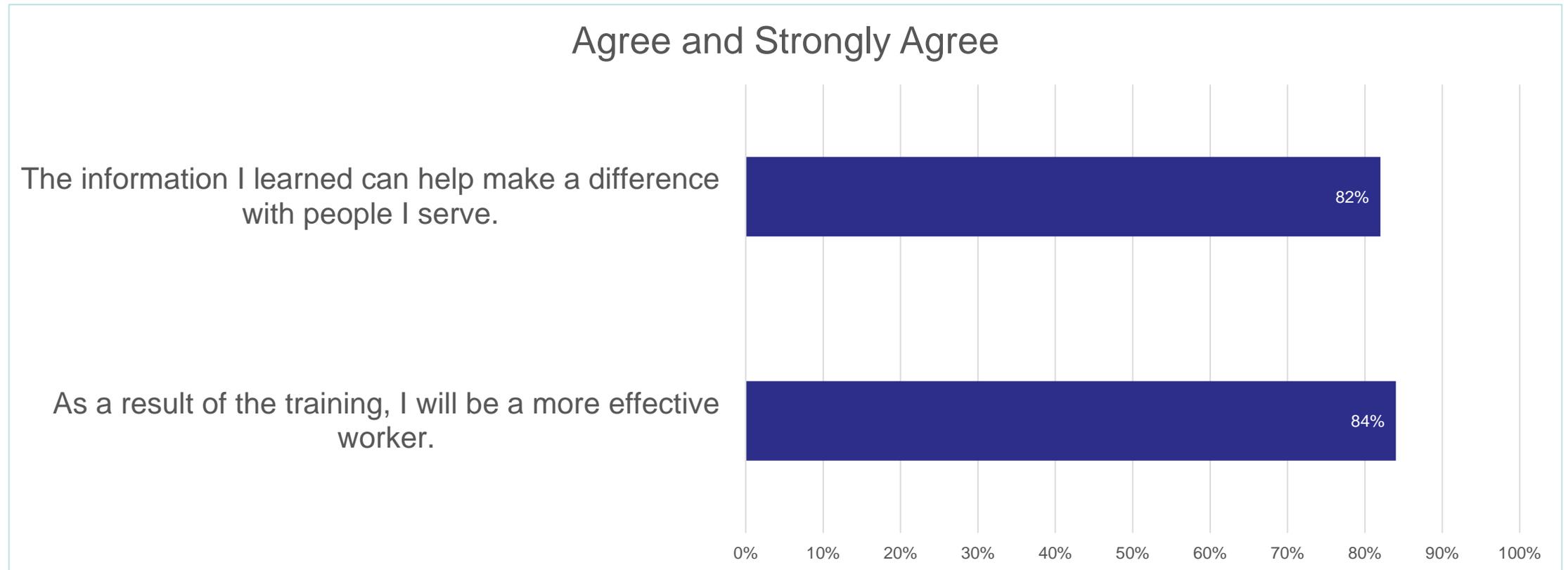
# Mental Wellness and Resilience Among Older Immigrants and Refugees (FL/IL)

Course Competencies

## Greatest Competency Increases by Course



# At three month check in after program completion (FL/IL)



# Participant Data Year Two – Wisconsin

Wisconsin Cohort: 50 learners enrolled, 50 learners completed (100%)

- December 2019 to September 2020
- “To what extent do you believe that the training taught you what do differently when caring for people with behavioral health concerns?”
  - 94% of learners answered “Great extent,” “A lot,” or “Somewhat”

# Preliminary Qualitative Feedback (WI)

- Mental Health in Aging:
  - “This course was extremely helpful in assisting and assessing older adults with the challenges they face with mental health.”
- Suicide Prevention among Older Adults:
  - “I found it very helpful to know the key signs, symptoms and strategies with the elder population. I am very thankful that I do not have to do this alone.”

# Preliminary Qualitative Feedback (WI)

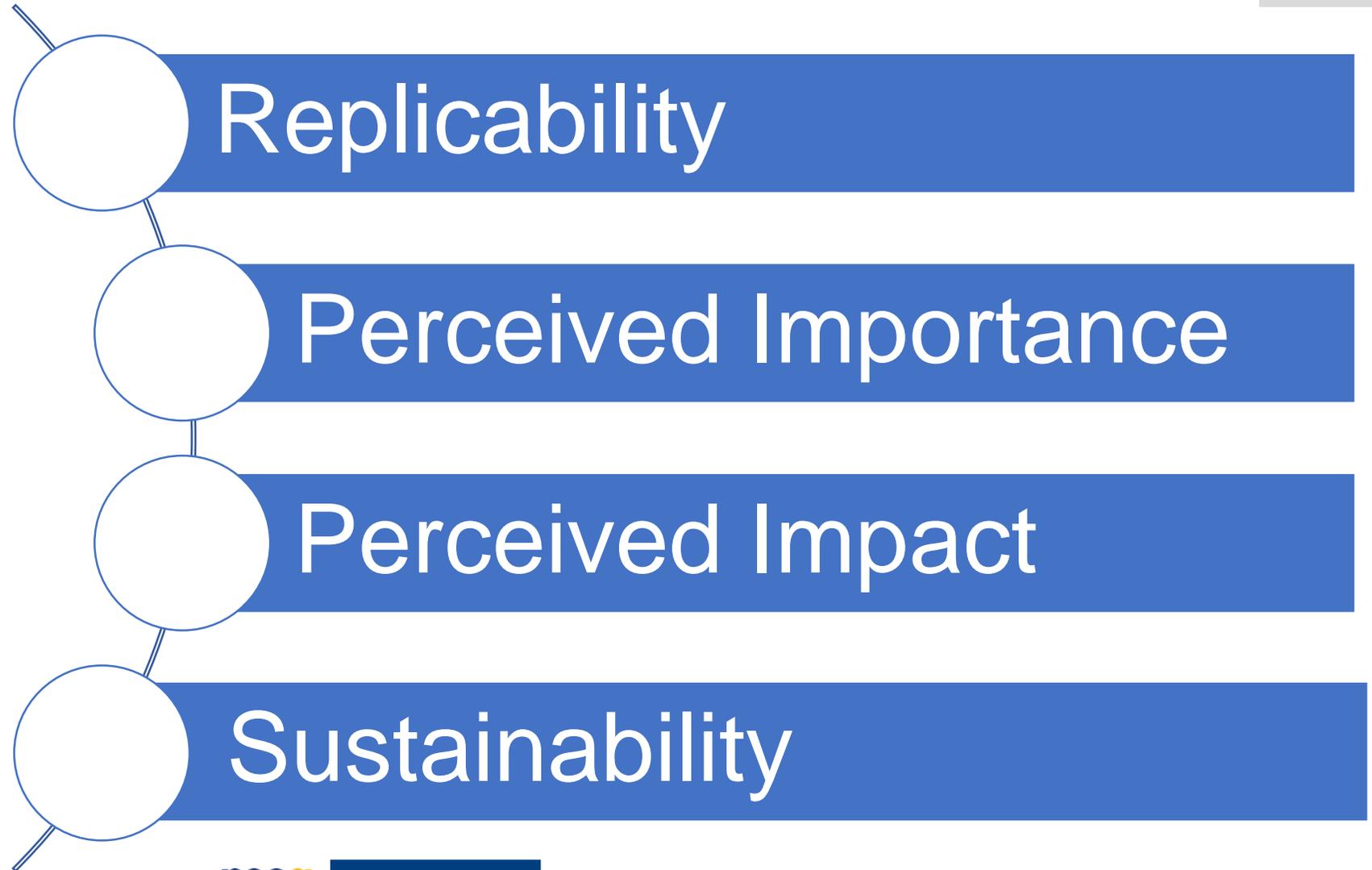
- Mental Wellness and Resilience among Older Immigrants and Refugees:
  - “I work in a predominantly white area. We do not have a lot of education offered about other cultures, immigrants, refugees or asylum seekers. This course would definitely help our staff have a better understanding of the challenges and mental wellness of this population.”
- Substance Use among Older Adults:
  - “Although I have yet to encounter an older adult with substance use issues at our center, I feel much more equipped to handle things should that situation arise.”

# Preliminary Qualitative Feedback (WI)

- Alzheimer's Disease and Other Dementias of Aging:
  - “Our Senior Center focuses a lot on assisting families and caregivers that care for people with Dementia. There are 9 employees at our Center and 3 of us are on the Dementia Friendly Coalition. I really enjoyed this course. It helped me better understand what dementia is and how to explain it to others.”

# KEY INFORMANT INTERVIEWS

- Each interview took between 45-60 minutes and data was transcribed verbatim
- Content analysis was conducted
- Key themes identified from these a priori codes



# REPLICABILITY

Ease of program  
Challenges of program  
Advice to others

*“There was a bit of intimidation at first – the 19 hours of modules was a bit scary. But allowing staff flexibility and encouraging them through using their work time made it easier.”*

*“The topics were highly relevant and gave us the knowledge to identify the signs and symptoms of mental illness and how to refer”.*

*“Go through the modules at the same time as staff to be able to collaborate and talk about the topic together to create a more collaborative environment”.*

# PERCEIVED IMPORTANCE AND IMPACT

## Changes in Thoughts, Skills, and Behaviors

*“I feel that before this program, I have missed many cues during my conversations with my clients. Having taken the modules, it has expanded my personal knowledge to identify the cues and ask additional information which then turned into a referral which then turned into the help that the person might need.”*

*“I had a receptionist that was reactionary to almost every situation and we’ve seen a dramatic sense of calm and understanding that I hadn’t seen before she took this course. That’s what I would tell a director...if you have someone who seems uncomfortable or reactionary, that’s the person who should take this program.”*

# SUSTAINABILITY

Leadership Support  
Funding  
New Programs

*“Our leadership is very supportive and gets a great return on investment. I earned the trust of my leader because of this.”*

*“You get so much for the money. Even if we had to eliminate someone going out of state for a conference, that might give me 10 people to train. That would save me a lot.”*

*We are identifying new programs and new policies. We used the knowledge and we have now identified better ways to deal with concerns. We now need to develop the right process, the right referral steps to make sure we don't make it a lot of work but ensure that the clients get the help they need”.*

## OTHER COMMENTS AND FUTURE WORK

*“Mental health issues are everywhere, and organizations are dealing with it every day. It is worth their while for all staff to understand the root of the problems and how to respond to them with the most compassion and helpful to the people they serve.”*

- It was mentioned in all interviews that the implementation of new programs, policies, and protocols were in progress.
- Several challenges were noted, including that the funding budget is made in the prior year, so adding new programs or protocols that were not included in the original budget were unlikely to be supported during this fiscal year.
- A recommendation to better capture the adoption of new programs and policies regarding behavioral health in aging issues would be to conduct a follow-up survey in the new fiscal year (6-12 months post training).



# GSA 2020 ANNUAL SCIENTIFIC MEETING O N L I N E

---

Turning 75: Why Age Matters



# THANK YOU

Optional closing message can go here. If not used, the “thank you” should be centered to the middle of the yellow background.

[Geron.org/2020](https://geron.org/2020)

#GSA2020