

# **PROJECT CONCEPT: PEER SUPPORT SERVICES FOR OLDER ADULTS IN PENNSYLVANIA**

## **1. BACKGROUND INFORMATION/READINESS FOR INITIATIVE**

### ***Background to Peer Services in PA***

In February, 2007, The PA Office of Mental Health and Substance Abuse Services (OMHSAS) received approval from the Centers for Medicare and Medicaid Services (CMS) to include Peer Support Services as a component of rehabilitative services under the state's Medicaid State Plan. This approval was the culmination of a three year systems transformation grant funded by CMS to pilot Peer Support Services in the state. Under this grant, the state launched a 10-day Peer Specialist Training Curriculum where 17 counties piloted peer support services within three regions of the state.

As of October 2007, 493 Peer specialists have successfully completed the required training curriculum and are certified to provide peer services under Medicaid. As a required service within PA's Behavioral Health Managed Care System, HealthChoices, a choice of two Peer Support Service providers must be available within easy access to individuals anywhere in the state who are in need of this service.

### ***National Context for Initiative***

Persons aged 65 years and older represent the fastest growing age group in the United States. Pennsylvania has the third highest percentage of older adults in the nation (US Census Bureau). Several studies indicate that 10%-30% of the elderly population has a mental health disorder (Hybels, Blazer, and Pieper, 2001; Cummings, Neff, and Husaini, 2003; Falcon and Tucker, 2000; Mazure et al., 2002). However, the elderly are less likely to seek treatment from mental health professionals due to stigma (Byrne, 2000; Bratter and Freeman, 1990). Older adults with behavioral health disorders who do not receive treatment are at increased risk of hospitalization, reduced physical functioning, and mortality (Unutzer and Bruce, 2002; Hybels, Blazer, and Pieper, 2001; Fiske, Gatz, Peterson, 2004; Yaffe, 2003; Gallo et al., 2005).

One method to engage older adults in treatment and avoid the stigma of participating in mental health programs has been the development of peer counseling programs. These peer based programs have been effective in engaging consumers in treatment for three reasons: 1) stigma is reduced because of the use of peers as counselors; 2) older adults believe that similarly aged paraprofessionals understand their challenges because they share a common generational experience, and 3) the intervention is usually offered in the community rather than within a healthcare or traditional mental health care setting.

Peer Support Services training prepares individuals who self identify as having used mental health services to provide support to others. Peer Support has received national attention as a critical intervention through both the Surgeon General's Report on Mental Health (1999) and the President's New Freedom Commission (2003). At least seven states have been approved to provide peer services under Medicaid and as many states are poised to offer the service as Medicaid reimbursable in the near future.

## **2. HOW THE PROJECT FITS INTO THE STATE'S LARGER TRANSFORMATION GOALS**

Several concurrent transformation efforts/priorities in PA resulted in the identification of the older adult Peer Support Services initiative. PA's Older Adult Committee of the State Planning Council has identified the development of Older Adult Peer Specialists within the state as a priority goal of that committee. Members of that committee were also involved in the development of this proposal.

In addition, PA recently issued a state Suicide Prevention Plan for Adults and Older Adults and sponsored the first statewide suicide prevention conference in September 2007. The Older Adult Suicide Prevention Plan, supported by national statistics, confirms that older adults, particularly white males, are at high risk of suicide. The alarming suicide statistics and the fact that older adults are historically underserved by the PA mental health system are two compelling reasons why Peer Support Services, provided by non-traditional service providers, are greatly needed for older adults. This initiative is also aligned with the cultural competency agenda of OMHSAS through the design of a service that would address the specific culture of older adults. Finally, the initiative will complement PA's New Freedom Initiative grant which is focused on forming a statewide support group for Peer Specialists.

## **3. OVERVIEW OF PROJECT AND ACTIVITIES**

The Older Adult Peer Support Initiative will include six goals as follows:

- 1) Develop an "Older Adult Peer Support Competent" 1 day curriculum;
- 2) Develop an "Older Adult Peer Support Enhanced" 3 day curriculum;
- 3) Recruit 20 Peer Specialists (50+) to work with older adults;
- 4) Pilot the 3 day Older Adult Peer Support Enhanced curriculum in Harrisburg, PA with 20 older adult peer specialists;
- 5) Pilot 4 regional 1 day Older Adult Peer Support Competent trainings- 20 peers in each class for a total of 80 trained peer specialists; and
- 6) Create specialized work opportunities for Peer Specialists who completed the enhanced older adult curriculum.

A brief overview of each of the goals is as follows:

## ***Curriculum Development***

### **Goals 1 and 2**

A workgroup consisting of consumers (peer specialists), peer specialist supervisors, the two approved Peer training vendors (Mental Health Association of Southeast PA and Recovery Innovations of PA), state staff from the Department of Aging and the Office of Mental Health and Substance Abuse Services, representatives from PA model projects in Philadelphia and Luzerne/Wyoming Counties and the curriculum consultant, Dr. Cynthia Zubritsky, will meet six (6) times between November 2007 through February 2008, to draft two levels of curriculum. The two levels will include: continuing education for Peer Specialists currently certified by the PA Peer Support Program who will earn an older adult competency certification and a specialty curriculum for older adults who will attain an older adult Peer Specialist enhanced certification. Peer Specialists who earn an enhanced certification must first earn an older adult competency certification to qualify for enhanced training.

**Older Adult Competent:** The first curriculum (Goal 1) will be a 4-7 hour training session and will cover at least several areas (to be defined by the workgroup) required for competency certification: (e.g. normal aging, co-occurring illness in older adults, and working with older adults.) This training will cover basic skill sets that all peer specialists should acquire in order to work with older adults.

**Older Adult Enhanced:** The second curriculum (Goal 2) will be a more intensive 3 day training designed for Peer Specialists age 50+ who have expressed interest in working with older adults. The 3 day curriculum may include: depression, anxiety, substance abuse, stages of change, Cognitive Behavioral Therapy, trauma and cultural and ethnic perspectives and their relationship to recovery. This curriculum will provide a specialization for Peer Specialists who are interested in working with older adults.

## ***Recruitment***

### **Goal 3**

The initiative will develop and implement strategies beginning in November 2007 for recruiting older adults (age 50+) to provide peers services to older adults. Age 50+ was selected in order to broaden the pool of prospective peers. Currently, 20% or approximately 99 of the Certified Peer Specialists are aged 50 or over. OMHSAS will work closely with counties and managed care organizations to obtain commitments to hiring Older Adult Peer Specialists within their local service systems. It is anticipated that Peer Specialists who receive this additional level of older adult training will increase their marketable skills and promote career opportunities for the trainees.

The recruitment strategies will include the following: 1) Contacting all of the currently certified peer specialists age 50+ to determine their interest in participating in the enhanced training; 2) Notifying all county mental health administrators and the behavioral health managed care organizations to identify interest in developing specialized older adult peer services in their area; 3) Sending letters through the Department of Aging to their local agencies; and 4) Presenting to the Older Adult Advisory committee of the Planning council. In order to implement Goal Three, model projects that currently exist in Philadelphia and Luzerne/Wyoming counties will be engaged to increase knowledge about recruitment methods, and lessons learned.

## ***Piloting of Training***

### **Goal 4 and Goal 5**

Upon completion of the development of the training curriculum, the two levels of training will be piloted. The one-day Older Adult Competency training will be provided in four locations of the state based upon geographic interest of the peers. The three-day Older Adult Enhanced Training will be piloted in Harrisburg, PA for 20 peers who have expressed interest in providing specialized peer services for older adults,

All of the 493 Certified Peer Specialists, counties and providers will be notified of the availability and location of all training sessions. Grant funds will be used to underwrite the hotel costs for trainee support and consultant trainer costs for 20 peers at each location. It is anticipated that there will be considerable interest in these courses since the PA peer standards require that all certified peers acquire 18 hours of continuing education a year. It is expected that the competency level course will provide 4-8 hours of continuing education and the enhanced course will offer 21 hours of continuing education.

Pre and post testing will be conducted at each of the trainings to evaluate the effectiveness of the training in increasing trainee knowledge and skills. Evaluations of the training will be completed by all participants and feedback from these pilot trainings sessions will be used to develop the final curriculum package. It is anticipated that both the Older Adult Competent and Older Adult Enhanced training will be offered annually on an ongoing basis following the completion of this initiative.

## ***Workforce Opportunities***

### **Goal 6**

OMHSAS will issue an announcement of the project to counties, managed care organizations and providers asking them to develop specialized Peer Support Services for older adults. Referrals of peers for training from these agencies/counties will be prioritized to better ensure matching of trained peers with jobs. Websites created by the PA peer training vendors will also be used to match Peers who completed the training with job positions.

#### **4. HOW THE PROJECT WILL IMPROVE THE MENTAL HEALTH AND AGING SYSTEMS/OUTCOMES**

The following outcomes are expected from the project:

##### ***Project Outcomes:***

- 1) Develop Older Adult Competent and Older Adult Enhanced Curriculums
- 2) Recruit at least 20 age 50+ Peer Specialists interested in providing peer services to older adults
- 3) Conduct four trainings for at least 80 Peer Specialists using the Older Adult Competent Curriculum and conduct one training for at least 20 Specialized Older Adult Peer Specialists in the Older Adult Enhanced Curriculum
- 4) Create specialized workforce opportunities and career ladders for the certified peer specialists who complete the enhanced Older adult Curriculum

##### ***System/Individual Outcomes:***

- 1) Increase access to/utilization of services for older adults
- 2) Decrease isolation for older adults with depression
- 3) Create a support network for older adults
- 4) Increase the availability of older adult peer specialists and services
- 5) Create innovative delivery of services in non-traditional settings and by non-traditional providers
- 6) Increase linkages between the mental health and aging systems
- 7) Increase the competencies of Peer specialists statewide
- 8) Accomplish one of the goals of the Older Adult Advisory Committee to create older adult peer specialists.
- 9) Provide mental health prevention services through the training and social marketing inherent in the training sessions.

Outcomes for the project will be gathered through a variety of means. Pre and post tests and evaluations of each of the training sessions will be compiled and analyzed. A final curriculum will be refined using the results of the pilot training. OMHSAS will collect information on the overall success of the initiative, and will review data (e.g. geographic location and contact information on the Peer Specialists who complete the trainings). Additionally, OMHSAS will track employment outcomes for the Peer Specialists who complete the Older Adult Training. Due to the time limited nature of this grant initiative, it is anticipated that employment of peers into Older Adult specialty areas will largely occur upon completion of the grant initiative.

#### **5. COLLABORATIVE PARTNERS AND INITIATIVE COORDINATOR**

The Pennsylvania Office of Mental Health will contract with Dr. Cynthia Zubritsky of the University of Pennsylvania, Department of Psychiatry, to develop and pilot the curriculum. Dr. Zubritsky has extensive experience in the mental health and aging field including curriculum development (see attachment 1 for biography). Mr. William Boyer, Section Chief for Program Development, will serve as the PA OMHSAS Coordinator for the initiative (see Attachment 1).

OMHSAS will collaborate with many partners in the Older Adult Peer Specialist Initiative. Both of PA's approved training vendors for the peer specialist training curriculum- Mental Health Association and Recovery Innovations- will participate in the curriculum development committee. The Department of Aging liaison, who also serves on the state's Older Adult Advisory Committee, has participated in the development of this concept paper and will be an ongoing partner. The Older Adult Committee of the Planning council has identified Peer Support Services for Older Adults as one of their goals and is in full support of this initiative. The Pennsylvania Mental Health Consumers Association will assist in identifying peers to be trained and to serve on the curriculum development committee. The PA Behavioral Health and Aging Coalition will serve as an advisor to the project. Letters of support from the above referenced partners are attached.

## 6. TIMELINE FOR OLDER ADULT PEER SUPPORT INITIATIVE

<b>TASK</b>	<b>BEGINNING DATE</b>	<b>DATE OF COMPLETION</b>
Convene Curriculum Workgroup	Monthly, beginning November 2007	Complete February 2008
Begin Recruiting Peers age 50+ for Older Adult Enhanced training	Beginning November 2007	Complete February 2008
➤ Send letter to all certified peers age 50+	December 2007	December 2007
➤ Send letter to all counties and behavioral health managed care organizations on initiative & ask for commitment to refer & hire peers	December 2007	December 2007
Present to the Older Adult Advisory Committee	January 2008	January 2008
➤ Send letter through the Department of Aging	December 2007	December 2007
Coordinate logistics for 4 regional and 1 Harrisburg training	February 2008	July 2008
Contact hotels and lock in dates and Locations	February 2008	Feb. 2008
Mail announcements of trainings to various stakeholders	March 2008	March, 2008
➤ Registration for training closes		May 15, 2008
➤ Coordinate trainee hotel arrangements/travel expenses	May 2008	June, 2008
Conduct Older Adult Competent Training at four sites	Month of June 2008	June 30, 2008
Conduct Older Adult Enhanced Training at 1 site	Early July 2008	July 15, 2008
Conduct Evaluation of outcomes	July 15, 2008	August, 15, 2008
➤ Evaluate the findings from the pre and post test	July 15, 2008	July 30, 2008
➤ Analyze the overall training evaluations	July 15, 2008	July 30, 2008
Post older adult peers vacancies on web site	February 2008	Ongoing
Prepare the final curriculum based upon the pre and post test and evaluations	July 30, 2008	August 15, 2008
Prepare the final Evaluation of the Initiative	June 2008	August 15, 2008

## **REFERENCES:**

- Bratter, B. & Freeman, E. (1990) The maturing peer counseling. *Generations*, 14(1), 49-52.
- Byrne, P. (2000) Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric Treatment* , 6, 65-72.
- Cummings, S.M., Neff, J.A., & Husani, B.A. (2003). Functional impairment as a predictor of depressive symptomatology: The role of race, religiosity, and social support. *Health & Social Work*, 28(1), 23-32
- Falcon, L.M., & Tucker, K.L. (2000). Prevalence and correlates of depressive symptomatology among older community-dwelling Mexican-Americans: The Hispanic EPESE. *The Journals of Gerontology: Series B Psychological Sciences and Social Sciences*, 53B(4), S198-S208.
- Fiske, A., Gatz, M., & Pederson, N. L. (2004). Depressive symptoms and aging: The effects of illness and non-health related events. *The Journals of Gerontology: Series B: Psychological and Social Sciences*, 56(B), P320-P326.
- Gallo, J.J., Bogner, H.R., Morales, K.H., Post, E.P., et al., (2005). Depression, cardiovascular disease, diabetes, and two-year mortality among older, primary care patients. *The American Journal of Geriatric Psychiatry*, 13(9), 748-755.
- Hybels, C.F., Blazer, D.G., & Pieper, C.F. (2001). Toward a threshold for subthreshold depression: An analysis of correlates of depression by severity of symptoms using data from an elderly community sample. *The Gerontologist*, 41(3), 357- 365.
- Mazure, C.M., Maciejewski, P.K., Jacobs, S.C., & Bruce, M.L. (2002). Stressful life events interacting with cognitive/personality styles to predict late-onset major depression. *The American Journal of Geriatric Psychiatry*, 10 (3), 297.
- President's New Freedom Commission on Mental Health, *Achieving the Promise: Transformation of Mental Health Care in America*, 2003.
- Unutzer, J., Patrick, D.L, Marmon, T., et al. (2002). Depressive symptoms and mortality in a prospective study of 2,558 older adults. *The American Journal of Geriatric Psychiatry*, 10(5), 521-531.
- U.S. Department of Health & Human Services. *Mental Health: A report of the Surgeon General*. Rockville, Md: U.S. Department of Health & Human Services, Substance Abuse & Mental Health Services Admin, Center for Mental Health Services, National Institute of Health, National Institute of Mental Health, 1999
- Yaffe, K., Edwards, E.R., Covinsky, K.E., Lui, L.Y., et al. (2003). Depressive symptoms and risk of mortality in frail, community-living elderly persons *American Journal of Geriatric Psychiatry*, 11(5), 561-567.

**STAFF BIOGRAPHIES**

**Dr. Cynthia Zubritsky**

Dr. Zubritsky is a faculty member at the University of Pennsylvania, Department of Psychiatry. Dr. Zubritsky has extensive experience in management and organizational issues in behavioral healthcare systems, including outcome measurement, quality assurance measurement, training, curriculum and workforce development, process evaluation and the design and implementation of integrated cultural competency initiatives for behavioral health and aging populations. She has been supported by NIMH, SAMSHA, the Delaware Division of Substance Abuse and Mental Health, the Van Ameringan Foundation and the Pew Foundation frequently to develop research studies for vulnerable populations, with an emphasis on older adults. She served as a primary investigator and steering committee chairperson for PRISM-E, the largest national study of older adults and mental health and has developed and implemented mental health and aging community collaborative partnerships in multiple communities. She has developed nationally distributed issue briefs and video publications on mental health and aging and is currently working on the SAMSHA toolkit for Older Adult and Depression EBP's. She is a frequent presenter at local and national conferences and seminars on issues related to mental health, substance abuse and aging.

**Mr. William Boyer**

Mr. Boyer works for Pennsylvania's Office of Mental Health and Substance Abuse Services (OMHSAS) in the Bureau of Policy and Program Development under Pennsylvania's Department of Public Welfare. Mr. Boyer is the supervisor for the Program Development Section which includes oversight for Psychiatric Rehabilitation Services, Fairweather Lodge, Drop In Centers, Medicaid Funded Peer Support Services, PA New Freedom Initiative Grant, Compeer, Older Adult Services and Suicide Prevention. Mr. Boyer also develops and manages a variety of state wide demonstration and technical assistance projects including: the Supported Education Project, the Employment Transformation Project and the Community Integration Project. Other primary responsibilities include staff supervision, and state-level coordination/facilitation of grant and or program development toward evidence-based and best practice approaches in Pennsylvania's Mental Health Services.

Budget**Older Adult Peer Support Services***Consultant costs for Curriculum Development and conducting training:*

Sub total \$50,000

*Curriculum Committee:*

Reimbursement for consumer expenses (travel, lunch, overnights for curriculum committee)

Nov-Feb (6) meetings food - \$1,200 (\$200/meeting)  
 travel - \$3,000 (5 consumers travel @ \$100/meeting)  
 hotel - \$1,560 (Overnight for 2 consumers traveling more than 60 miles. 2x \$130/night)

Subtotal \$5,760

*Training costs***3 day Enhanced training for 20 peers**

food - \$3,600 (\$60/trainee/day x 20 trainees x 3 days)  
 travel - \$4,000 (\$200/person x 20 trainees)  
 hotel - \$7,800 (\$130/night x 20 trainees x 3 days)  
 room rental  
 equipment - \$2,100 (\$700/day x 3 days)  
 Subtotal \$17,500

**Three (3) 1 day Competency training for 80 non-specialized peers (20/sessions)**

food - \$4,800 (\$60/day x 20 trainees x 4 sessions)  
 travel - \$8,000 (\$100/person x 20 trainees x 4 sessions)  
 hotel - \$5,200 (\$130/night x 10 trainees needing overnights x 4 sessions)  
 room rental  
 equipment - \$2,800 (\$700/day x 4 sessions)  
 Subtotal \$20,800

Training Logistics Coordinator: \$10,000

**Total Budget: \$104,060***In Kind Contributions:*

Initiative Coordinator time 20% of salary: \$10,918

Aging Liaison time 5% of salary: \$2,050

Evaluation: \$3,000

Mailing/distribution of recruitment material: \$5,000

Salaries of Peer Specialists while in training (through state and Medicaid funding): \$9,600

University of Pennsylvania Administrative fee and in-kind costs: \$50,000

**Total in-kind contribution: \$80,568**