National Coalition on Mental Health and Aging and National Council on Aging

Present

Older Adult Peer Support in a Time of COVID-19

October 14, 2020







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Mission:

To provide opportunities for professional, consumer and government organizations to work together towards improving the availability and quality of mental health preventive and treatment strategies to older Americans and their families through education, research and increased public awareness.



Visit: www.ncmha.org





History, Membership and Activities:

- Formed in 1991 by a group of organizations from the aging and mental health fields
- Comprised of 100 national and state associations, state coalitions, and governmental agencies, e.g., SAMHSA and ACL.
- Co-sponsor events to highlight challenges of mental health and aging
- Identify new approaches to addressing problems.



NCOA: Who We Are

We believe every person deserves to age well

OUR VISION

A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

OUR MISSION

Improve the lives of millions of older adults, especially those who are struggling







NCOA's Center for Healthy Aging

- Goal: Increase the quality and years of healthy life for older adults and adults with disabilities
- Two national resource centers funded by the Administration for Community Living
 - Chronic Disease Self-Management Education (CDSME)
 - Falls Prevention
- Other key areas: Behavioral health, physical activity, immunizations, oral health







Webinar Series on "Addressing Disparities in Behavioral Health Care for Older Adults"

- Following the May 20th National Older Adult Mental Health Awareness Day (OAMHD) events, NCMHA developed a plan to collaborate with interested government agencies, private sector groups, and experts to maintain the momentum and recommendations generated from OAMHD.
- A series of webinars during 2020/2021 that target specific topics with a
 practical focus and accompanying tools/resources to address the needs
 of older adults with mental health conditions, as well as state/local
 efforts/best practices.
- A special feature of the webinars will be that the sessions will coincide with monthly, weekly and daily national mental health or aging observances.



Key Objectives of the Webinar Series

- Identify specific approaches that address disparities in behavioral health care for older adults
- Ensure that older adults with mental health and addiction-related conditions are integrated within all MH awareness raising, policy, programmatic and research efforts going forward.
- Raise awareness among primary care, mental health, other health service providers and the aging network about the impact of suicide, opioid use, and interrelated problems, and impact provider practice patterns for older adults.
- Identify **specific tools such as geriatric assessment, questions** suicide ideation, firearm presence, opioid use and other screening tools and detailed guidance.



Webinar Series Roll Out – 2020-2021

- Nov. 18 Trauma and PTSD
- December 16 Pathways to Homelessness among Older Adults with Mental Illness
- January 13, 2021 *Implementing Local Coalitions*
- February 17 New Approaches to Addressing Substance Use and Misuse in Older Adults
- March 17 Approaches and Treatments for Sleep Disorders in Dementia
- April 21 Wrap-Up Webinar on Potential Funding Sources for Services and Programs for Older Adults with Mental Health Conditions Recommended in the Webinar Series





Today's Webinar

"Older Adult Peer Support in a Time of COVID-19"

Presenter:

- Cynthia D. Zubritsky, Ph.D., Director of Policy Research and Evaluation, Perelman School of Medicine and Penn Center for Mental Health, University of Pennsylvania
 - Robert Walker, External Consumer Engagement Liaison, Massachusetts Department of Mental Health, Office of Recovery and Empowerment





Older Adult Peer Support

Virtual approaches to behavioral health services

Cynthia Zubritsky, PhD. Center for Mental Health, University of Pennsylvania cdz@upenn.edu



Telehealth

- W Telehealth utilizes two-way, real-time electronic or digital communications between the provider and patient to provide healthcare services when the patient and provider are at two separate locations.¹
- W Telehealth can be conducted through a variety of different platforms, including²
 - Video chat and phone calls on a mobile device (such as a tablet or cell phone).²
 - Instant messaging over a secure application.²
 - Online patient portals for viewing test results, scheduling appointments, and communicating with a provider.²
- W Telehealth makes healthcare services more convenient and readily available, particularly for those in rural or underserved communities with limited healthcare options and those with limited time, mobility, or transportation.²



Telehealth Utilization

- W Before the COVID-19 pandemic, trends showed some increased interest in use of telehealth services by both HCP and patients 3.4.5.
 - The percentage of hospitals using telehealth increased from 35% in 2010 to 76% in 2017.³
- W Recent policy changes during the COVID-19 pandemic have reduced barriers to telehealth access and have promoted the use of telehealth as a way to deliver safe, acute, chronic, primary and specialty care.
- W Telehealth claim lines increased 4,347% nationally, from 0.17% of medical claim lines in March 2019 to 7.52% in March 2020. (A claim line is an individual service or procedure listed on an insurance claim.)

 https://www.usnews.com/news/healthiest-communities/articles/2020-06-02/covid-19-and-the transformation-of-telehealth
- W Almost every state Medicaid program has some form of coverage for telehealth services, and Medicare and private health insurance are expanding telehealth coverage.³



Telehealth Advantages

- W Maintaining continuity of care to the extent possible can avoid additional negative consequences from delayed preventive, chronic, or routine care.
- w Remote access to healthcare services may increase participation for those who are medically or socially vulnerable or who do not have ready access to providers, such as older adults with transportation needs, persons living in remote areas or areas with a behavioral health workforce shortage.
 - In rural regions, there is a severe shortage of Mental Health Professionals, with 47% of all non-metropolitan counties having no psychologist and 67% having no psychiatrist. Limited access to behavioral health care often correlates with drug abuse, suicide, and other public health crises.
- W Remote access can also help preserve the patient-provider relationship at times when an in-person visit is not practical or feasible.



COVID-19 Pandemic

W During the COVID-19 pandemic, telehealth has become a public health mitigating tool to lower the risk of spreading disease.⁸

w Virtual healthcare appointments:

- Limit staff and patient exposure to ill persons;⁸
- Allow staff to preserve personal protective equipment (PPE) such as gowns, masks, and face shields.⁸
- Minimize surges of patients that may overwhelm medical facilities.
- Minimize the transmission risk of the virus.⁸



Behavioral Telehealth

- W Psychiatry was one of the pioneers in utilizing telehealth services.5
 - In the 1950s, psychiatrists at the University of Nebraska provided consultant services using closed-circuit television.
- W Telehealth is both a feasible and acceptable option to providing services to individuals with serious mental illness (SMI).
 - In one study of individuals with SMI who used telemedicine,
 - 89% of participants participated in at least 70% of telehealth visits.⁶
 - 98% rated their understanding of their medical condition as "much better" or "better" after utilizing telehealth.⁶
 - Participation in telehealth visits was associated with improvements in depression management in the pilot group.⁶
 - VA depression intervention: 241 depressed elderly veterans, some of whom received treatment via telemedicine, while others received inperson care. At the end of one year, there was no meaningful difference in symptom relief or satisfaction between the two groups.

https://chironhealth.com/blog/treating-depression-telemedicine-offers-results-person-visits/



Older Adults and Telehealth

W The National Poll on Healthy Aging polled older adults aged 50-80 on their thoughts about telehealth (2019).7

- Older adults used telehealth on a limited basis.
- Over half (55%) did not know if their providers offered telehealth, and 31% indicated that their provider did not offer telehealth.
- Only 4% of respondents reported having a past-year telehealth visit.

w Older adults did express interest in using telehealth services.

- 48% expressed interest in an appointment with a primary care provider.
- 40% expressed interest in an appointment with a specialist.
- 35% expressed interest in an appointment with a mental health professional.

w Over half of older adults have the technology available for telehealth.9

- 68% of older adults aged 65 and older have access to a computer, smart phone, or tablet with Internet access.9
- Some telehealth services provided by audio-only telephone are available for older adults who do not have an internet connected device.⁹



Older Adult Peer Specialist Resource

- W The Certified Older Adult Peer Specialist Program (COAPS) is a national certification and training program designed to train persons with lived behavioral health experience, to provide behavioral health recovery support to older adults.
- W COAPS program certification is through the University of PA's Department of Psychiatry (COAPS Institute@Penn) and the Pennsylvania Certification Board.
- W Over 400 COAPS have been trained in five states and 99% of COAPS are employed in either a behavioral health program or an aging program. Examples of work sites include:
 - Community mental health programs/ substance use disorder programs
 - LTSS
 - Senior Centers
 - Senior Apartment Housing
- w COAPS training is now available remotely.
- w COAPS website: www.olderadultpeerspecialists.org



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CLIMBING THE DIGITAL DIVIDE: OLDER ADULTS AND PEER SUPPORT

ROB WALKER, MA DEPARTMENT OF MENTAL HEALTH

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MASSACHUSETTS EXPERIENCE

- 1500 Trained Certified Peer Specialists
- 150 Certified Older Adult Peer Specialists
- Aging population growth, will make up 23% of the population by
 2035
- Robust aging network.

COVID EXPERIENCE

- Older adults left at home without visitors or anything but essential in-home care.
- Many didn't have the digital technology to connect with providers.
- Some providers didn't believe older adults were capable of using digital technologies.
- Loneliness lead to increases in physical and behavioral health

DIGITAL INTERVENTIONS

- Except for State Hospitals, almost all the Aging Network staff, and Behavioral Health staff are working from home.
- Our Elder Mental Health Outreach Teams were working from home.
- Our Aging Services Access Points, similar to AAA, were mostly working from home.
- Our community staff of peer supporters were and still are, conducting support over Zoom

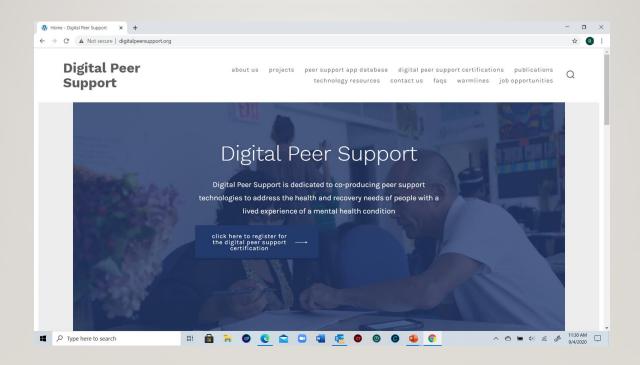
MA RESPONSE

Training on Digital Crisis Intervention for Older Adults, by Dr. Karen Fortuna, Assistant Professor of Psychiatry at Dartmouth College

- Technologies for older adults
- Older adult technology preferences
- Normal aging and technology
- The role of family and caregivers in technology
- Recognizing signs of abuse and neglect
- Addressing loneliness and social isolation



DIGITAL PEER SUPPORT



DIGITAL PEER SUPPORT

- Started out in March as a partnership between myself and Dr.
 Karen Fortuna to help peer specialists who were either in danger
 of losing their jobs or not having enough skills, knowledge, or
 practice to do their jobs remotely.
- Thought we would do 1 or 2 webinars to give back.
- So far, about 3000 people trained in 45 states, and internationally in UK, Australia, South America and Canada.

TRAINING

- Digital Peer Support Certification
- Digital Peer Support Train the Trainer
- Digital Technologies and Older Adults
- Digital Technologies and Older Adults Train the Trainer

CERTIFIED OLDER ADULT PEER SPECIALISTS AND MEDICAID

- MA covers COAPS in the Home and Community Based Services
 Frail Elder Waiver
- For individuals who meet the Nursing Home level of care, but prefer to stay in the community
- COAPS services are contracted through the ASAP Case Manager

OTHER COAPS FUNDING AND OPPORTUNITIES

- SAMHSA/NASMHPD Transformation Transfer Initiative to provide COAPS support and a financial incentive for older adults discharged from acute psychiatric inpatient
- Incentivize those with Hoarding difficulties to talk with COAPS on the phone
- DMH also funds directly two positions at ASAPS for COAPS to work with older adults receiving BH services in the home

RESOURCES

- www.digitalpeersupport.org
- https://secureservercdn.net/198.71.233.51/g97.672.myftpupload.com/wpcontent/uploads/2020/03/FINAL1Digital-Peer-Support-Mental-Health-Interventions-for-People-With-a-Lived-Experience-of-a-Serious-Mental-Illness-Systematic-Review.pdf
- https://www.researchgate.net/publication/342723642 Strategies to Increase Peer Support Specialis ts' Capacity to Use Digital Technology in the Era of COVID-19 Pre-Post Study

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Office of Recovery and Empowerment

Any questions?

Type any questions into the Q&A box at the bottom of your screen.





