

Healthy IDEAS

(Identifying **D**epression, **E**mpowering **A**ctivities for **S**eniors)



Ohio Pre-Training Implementation Webinar

April 12, 2011

Healthy
IDEAS



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Hello Ohio



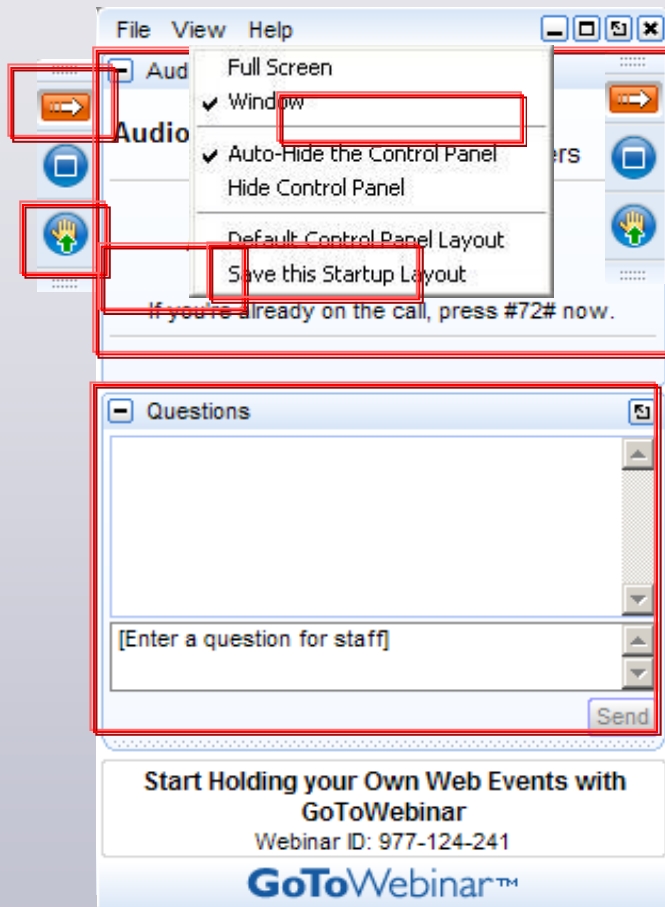
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How to Participate Today



- Open and close your Panel
- View, Select, and Test your audio
- Submit text questions
- Raise your hand
- Q&A addressed throughout and at the end of today's session
- Today's session is being recorded and will be accessible to you via a link

Healthy IDEAS Implementation Webinar

- Welcome and Introductions
 - Suzanne Dulaney and OACBHA Team
 - Esther Steinberg
 - Ohio Colleagues
 - Name, agency, city
 - How do you currently address depression in your case management clients?
 - Your interest in using Healthy IDEAS
 - Burning Questions

Today's Agenda and Goals

- Review the Implementation Process
- Understand the Key Agency Tasks
- Review Readiness Survey and Report
- Answer Questions and Address Implementation Challenges
- Review Your Current Service Delivery System

Follow-up questions and concerns

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Depression is Common, Disabling & Deadly

- Depression is a recurring, chronic illness
- Second only to heart disease in magnitude of burden
- Older adults are often under-recognized & under-treated
- Highest rate of successful suicides

Addressing Depression

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)



An evidence-based community depression program designed to detect and reduce the severity of depressive symptoms in older adults through existing community based case management services.

For more information: www.careforelders.org/healthyideas

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Program Design

- Embedded in **case management** programs.
- Conducted **in the client's home** on a **one-to-one** basis by **case managers** over a 3-6 month period.
- Utilizes existing staff with established relationships with targeted participants.
- A **manual** outlines the steps and includes written worksheets, client handouts, and forms to support and document the process and client outcomes.
- **Partner** with health/mental health care providers to facilitate referral and uses community **partnership** approach for training, evaluation & fidelity.

Program Goals

- **Detect and reduce the severity of depressive symptoms**
- Reach underserved populations:
 - low-income, physically frail, ethnic and racial minorities.
- Train agency staff to deliver an evidence-based depression intervention
- Improve the communication between community aging service providers and health and mental health/behavioral health professionals
- Prevent recurrence of depressive episodes

Client Impact

- Reduction in depression severity
- Reduction of self-reported pain
- Increased knowledge of how to get help for depression.
- Increased level of activity
- knowledge of how to manage depressive symptoms.



Community Impact



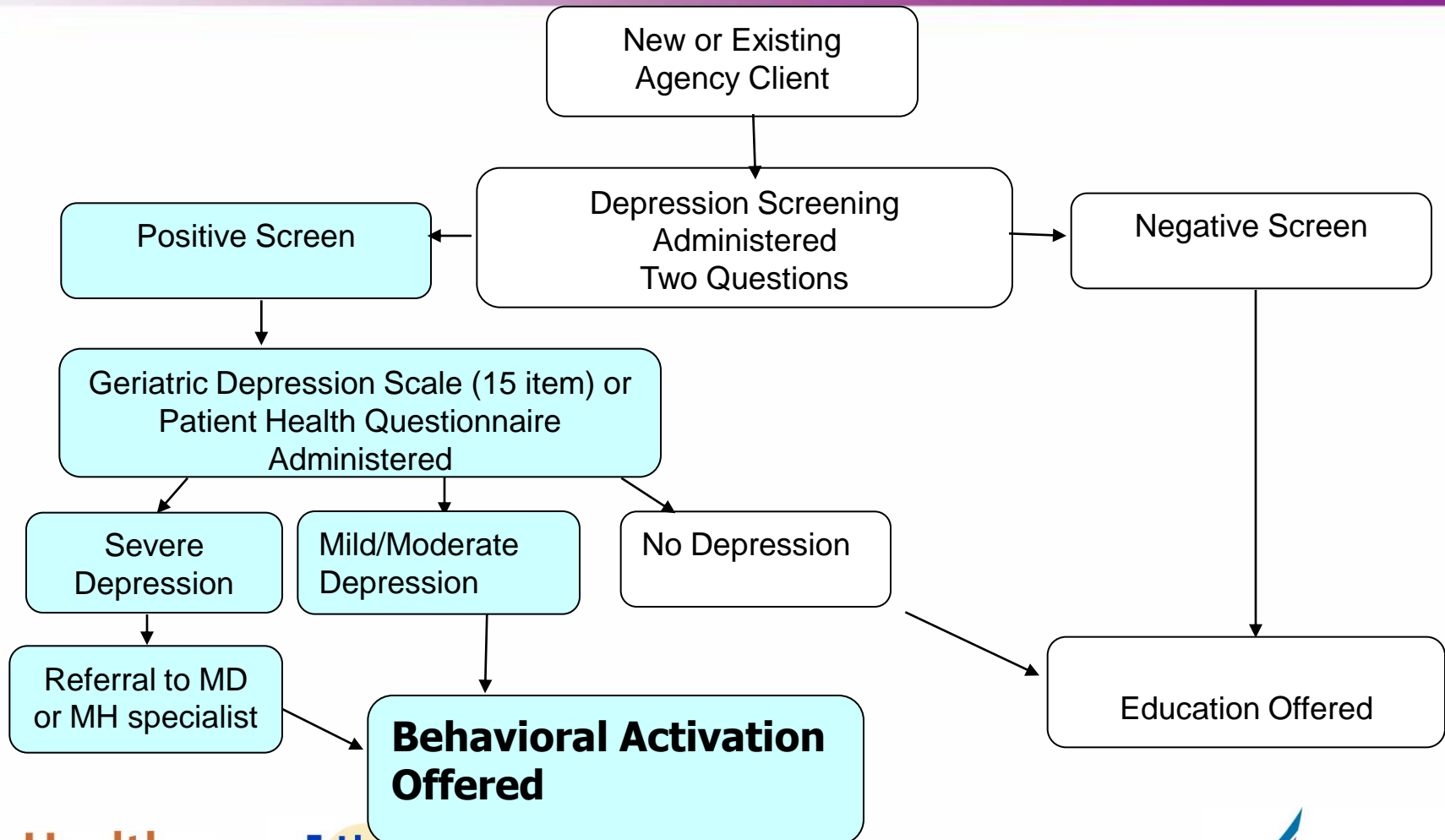
- Reached under-served populations
 - low-income, physically frail, ethnic and racial minorities
- Improved linkage between community aging service providers and health /mental health professionals
- Fostered community academic partnerships
- Helped prevent recurrence of depression

Core Program Components

- **Screening**
- **Education**
- **Referral & linkage**
- **Behavioral Activation (BA)**
 - Empowering older adults to manage their depressive symptoms by engaging in meaningful, positive activities.



Client Intervention Flowchart



What's Ahead from Here

- Technical assistance: webinar and phone conferences (like today)
- Healthy IDEAS Implementation Model
 - Time for planning
 - Resources to support the effort from within the organization and from other partners
 - Program start up activities to be completed prior to delivering the intervention to clients
 - Typically it takes 2- 3 months to address the key tasks of “program installation”

Healthy IDEAS Replication

- Tools for assessing organizational readiness and report with beginning guidance
- Technical assistance and tools for each core component
 - Technical assistance model: structured phone conferences and e-mail support
- Agency Guidance: Implementation Materials and Healthy IDEAS Toolkit
- Use Agreement and Fee for these resources

Healthy IDEAS Agency Toolkit

- Healthy IDEAS Intervention Manual
- Healthy IDEAS Tools and Resources
- Healthy IDEAS CD Rom
 - All the Healthy IDEAS forms and customizable materials
 - Information About Healthy IDEAS
- Healthy IDEAS Skills Training Video - DVD



Implementation Process

1. **Healthy IDEAS Readiness Assessment**
2. **Leadership Team & Partnership Development**
3. **Staff Selection**
4. **Program Installation**
5. **Pre-Service and In-Service Training**
6. **Consultation and Coaching**
7. **Program Evaluation**

1. Healthy IDEAS Readiness Assessment

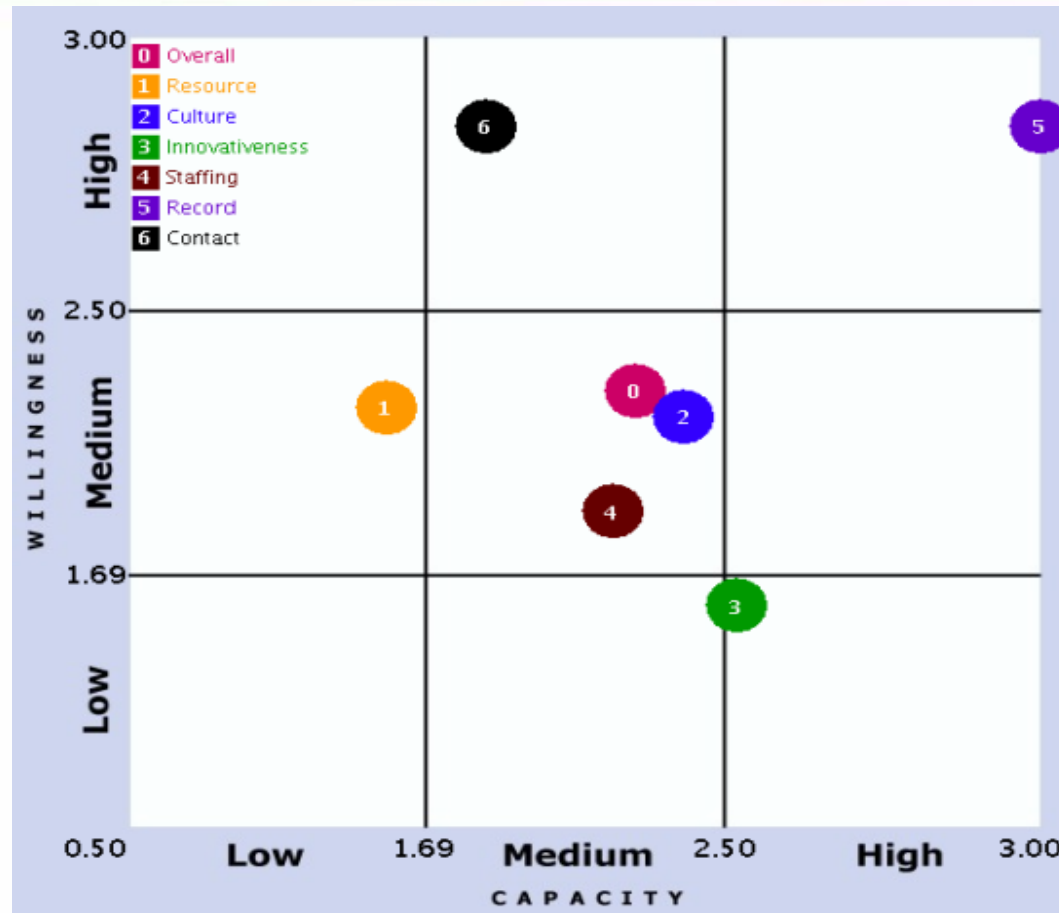
- Gather and review information about Healthy IDEAS.
- Online survey from NCOA and Healthy IDEAS to assess agency capacity and willingness to implement Healthy IDEAS.
- Measures key program elements.

Readiness Survey Elements

- Staffing: Caseload size, staff background, etc.
- Partnerships: relationships with health, mental health
- Case Management Practice: scope, and type of contact
- Record Keeping and Reporting Systems
- Organizational Culture and Support
- Program Leadership
- Innovativeness
- Evidence-based Experience: other programs

Readiness Assessment Report Grid

Graphic representation of a potential adopter organization's readiness status in terms of each critical element of an innovative program



2. Leadership Team & Partnership Development

Healthy IDEAS is an important process of organizational change requiring leadership and time.

- Leaders identify and unite the strengths and expertise in aging and mental health services within and outside their agency
- Establish partnerships for program collaboration and referral
- Use partnership expertise for pre-training, training, and coaching of staff

Leadership Team

- Identified Facilitator/Leader
- Program Champions
- Representatives from Partner Agencies
- Trainer and Coach
- Clinical Consultant(s)
- Director of Case Management or Case Management Supervisor
- Other Agency Staff as needed , eg. IT

3. Staff Selection

- Trainer (s) and Coaches
 - Consider costs
- Clinical Consultant
 - Clarify role/expectations
- Case Managers / Frontline Providers
 - Which program
 - Which staff

4. Program Installation

- Plan for embedding Healthy IDEAS into current case management delivery system
- Establish policies and procedures for implementation
- Customize tools and forms
- Arrange for staff training & follow up coaching
- Collect and monitor program fidelity and client outcome data

5. Pre-Service & In-Service Training

- Pretraining
 - Initial education about depression in older adults
- Intervention Training
 - How to deliver the Healthy IDEAS program to older adults
- Ongoing coaching / supervision
 - Booster Training and monitoring staff skills

6. Consultation and Coaching

- **Goals**
 1. **Support case managers in developing confidence /skills to deliver program**
 2. **Assure adherence and competence to conduct program**
- Ideally - Train clinically qualified agency supervisors or program director
- Observe, review records, confer, advise
- Supervisor evaluates case managers

7. Program Evaluation

- Develop an evaluation plan
 - Insure agency needs are met
 - Monitor program fidelity
- Use “menu” to select basic process & outcome measures to be collected
- Embed data collection in routine forms, and systems
- Promote Continuous Quality Improvement

Questions? Comments



4. Program Installation

- Plan for embedding Healthy IDEAS into current case management delivery system
- Establish policies and procedures for implementation
- Customize tools and forms
- Arrange for staff training and follow up coaching
- Collect and monitor program fidelity and client outcome data and program fidelity

What might you expect?

- 15-30% of clients are positive for depressive symptoms (GDS or PHQ-9)
- 15-35% are taking an antidepressant already
- Clients embrace self-care tasks to varying degrees
- Not all clients will complete the program

Agency Key Tasks

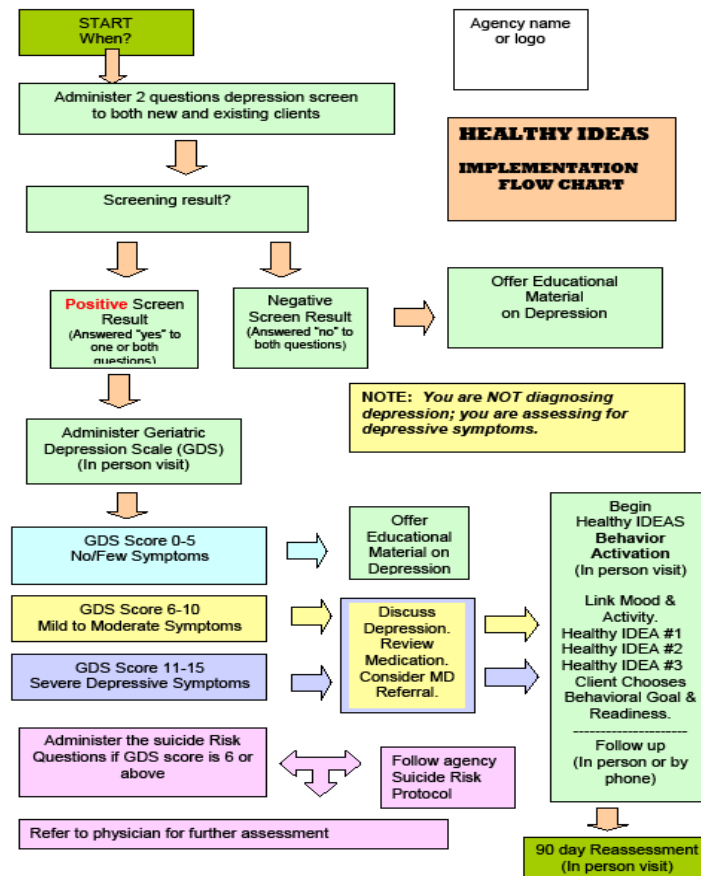
- **Review Readiness Assessment Report**
- Gather additional information about Healthy IDEAS, if needed.
- **Create a leadership team** with an identified facilitator, designated program champion(s), trainer, and coach
- Mobilize support from agency supervisors and consultants
- Install core program components into current service delivery including revisions to policies, forms and documentation

Agency Flow Document

- **Produce an Agency Flow Document** with the specified protocol timeline
- Begin by considering when to start Healthy IDEAS: Initial assessment or reassessment.
- Determine which agency clients will be receiving Healthy IDEAS

Sample Agency Flow Chart

Be sure to include time line and any details that will help staff



Embed the Healthy IDEAS components into your case management delivery system

- **Step 1:** Screen and Assess Clients for Depressive Symptoms @ first visit
- **Step 2:** Educate Clients About Depression and Treatment
- **Step 3:** Refer and Link Clients to Treatment
- **Step 4:** Empower Clients Through behavioral Activation @ a second visit
- **Step 5:** Assess Client Progress @ 3 months (90 days) after initial assessment

Key decisions for Step 1

- Which Standardized Assessment Tool for Depression will you use?
 - Geriatric Depression Scale (GDS)
 - Patient Health Questionnaire (PHQ-9)
- Suicide Protocol
 - See T- 5 in Tools and Resources Manual for sample protocol

Key Decision for Step 2

- Which printed Educational Materials you will use for client education about depression and depression treatment ? T-7 through T-9
 - Consider language
 - Consider reading level
 - Consider print size
 - Consider cost
- Use Healthy IDEAS Tools and Resources T-10 to T-15 for staff educational information

Key Decisions for Step 3

- Establish procedures for reviewing client's medication
- Customize tools to meet local agency protocols and local needs
 - Agency form authorizing release of Medical Information (T-20)
 - Letter to Primary Care Provider (T-21)
- Develop an inventory of local mental health resources to facilitate referrals (T-22)

Key Decisions for step 4

- Customize tools
- Documentation plan
- Set training dates

Key Decisions for step 5

- Establish an evaluation plan
- Choose Agency Outcome Measures

Training Agency Staff

- Who will be the local Healthy IDEAS trainer to train supervisors and front line staff?
- Who will provide supervisors and front line staff follow up training and coaching?
- Who will ensure that the case managers can do Healthy IDEAS? The designated supervisor, an internal trainer, an outside consultant or trainer?
- Who will monitor program fidelity within the agency?

Training Approach: Active

- I hear and I forget
- I see and I remember
- I do and I understand
 - Chinese proverb

- This is the foundation that allows people to “learn by doing”..

Keys to Successful Implementation

- Collaboration with community mental health experts
 - Training of care managers and supervisors
 - Linkages to evaluation and treatment resources
- Organizational & Staff Readiness for Change
 - Internal advocate/cheerleader
 - Agency commitment to address depression
- Training and Follow-up Coaching and Supervision to support staff

Questions and Answers

- What do you need from us to help implement Healthy IDEAS in your agency?
- Comments
- Concerns
- Poll -- Likeness to implement Healthy IDEAS

Next Steps

1. Complete the Healthy IDEAS Readiness Report
 - Link: [Click here to take the Healthy IDEAS Readiness Assessment](#)
 - Readiness Assessment on the Healthy IDEAS website www.careforelders.org/healthyideas
2. Attend the Ohio OACBHA Healthy IDEAS Trainings
 - April 28st & 29th in Columbus, Ohio
3. Sign a Healthy IDEAS Use Agreement

Questions?

We welcome your feedback
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