OLDER OHIOANS NETWORK EVIDENCE-BASED & PROMISING PRACTICES TOOLKIT

Sponsored by -

Ohio Association of County Behavioral Health Authorities

In Partnership with -

Ohio Department of Mental Health
Transformation State Incentive Grant (TSIG)
Substance Abuse and Mental Health Services Administration

Ohio Department of Aging

In Cooperation with -

Ohio Area Agencies on Aging

Ohio County Alcohol, Drug Addiction and Mental Health/Community Mental Health/Alcohol, Drug Addiction Services Boards

September 1, 2008

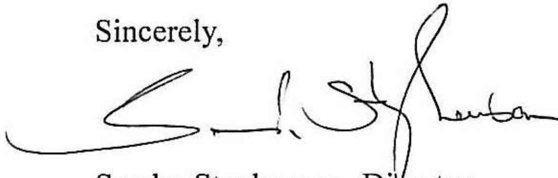
Welcome Colleagues,

On behalf of the Ohio Department of Mental Health's Transformation State Incentive Grant (TSIG), the Ohio Department of Aging, and the Ohio Association of County Behavioral Health Authorities (OACBHA), it is our pleasure to offer those engaged in serving the needs of Ohio's older adults a detailed toolkit on a number of evidence-based and promising practices in use with older adults and those disabled by a physical and/or mental illness or substance abuse disorder.

Agencies using the practices described herein were provided grants through OACBHA with funding from the federal Substance Abuse and Mental Health Services Administration TSIG allocation to Ohio and the Department of Aging. These practices have proven to be effective and instrumental in promoting better physical and behavioral health among older and/or disabled adults. We present them to you in this format with the hope that dissemination of this information will lead to increased use for the benefit of Ohio citizens, their families, and their caregivers- you!

Please use and share this information to the greatest extent possible. Additional toolkits are available by calling OACBHA or by downloading the contents from the website (www.oacbha.org/programs). Thank you for the commitment you have to raising the quality of life for many Ohioans. We are glad to serve as your partners in this important work.

Sincerely,



Sandra Stephenson, Director
Ohio Department of Mental Health

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Adults with serious mental illness treated in public systems die about ***25 years earlier*** *than Americans overall, a gap that's widened since the early '90s when major mental disorders cut life spans by 10 to 15 years.*

~ "Morbidity and Mentality in People with Serious Mental Illness," National Association of State Mental Health Program Directors, 2006

One out of ten elderly adults on Medicare reports drinking more alcohol than is recommended, according to a new study from Brandeis University. Health care and other providers often miss signs of unhealthy drinking.

~ Brandeis University, 2008

Older Ohioans Behavioral Health Network
MISSION

To be Ohio's statewide coordinating hub on older adults' mental health and substance abuse issues and informational needs.

Older Ohioans Behavioral Health Network

The older adult population in Ohio is growing by leaps and bounds, mirroring the nation. With the first of the baby boomers beginning to turn 60 in 2006, Ohio is gaining 12,000 new senior citizens each month. The mission of the Ohio Department of Aging addresses this population by "improving the quality of life for older Ohioans, helping senior citizens live active, healthy and independent lives." In an era of dwindling resources and increasing regulations and mandates, no one human service system acting along can address the myriad issues involved in meeting the behavioral health (alcohol, drug and mental health) needs of older adults.

Quality of life is much more than physical health, mental health, emotional or spiritual well-being; it is a combination. By acting in partnership, Ohio's human service systems can improve the quality of life for older Ohioans through prevention and treatment of mental illness, medication misuse and substance abuse.

The Ohio Association of County Behavioral Health Authorities, with funding from the Ohio Departments of Mental Health, Aging and Alcohol and Drug Addiction Services, organized an Older Ohioans Behavioral Health Policy Institute in 2005. The purpose of the Institute was to draw attention to the issues and to harness the expertise and commitment of the attendees. The attendees helped to shape priorities and set direction for the Older Ohioans Behavioral Health Network.

The Older Ohioans Behavioral Health Network's role is to provide leadership for this multi-disciplinary effort to positively impact the behavioral health of older Ohioans. Policy Institute participants created an initial roadmap for the Network by reaching consensus on 10 priorities for Ohio. A Statewide Steering Committee provides guidance to the Network.

One early initiative of the Older Ohioans Behavioral Health Network, has been a series of mini-grants to build collaborative relationships among local partners that serve older adults and their families. The practices highlighted in this toolkit are all part of the mini-grants undertaken by the Area Agencies on Aging and/or by the county ADAMH boards in conjunction with local community partners.

OLDER OHIOAN STATISTICS

- 1,963,489 Ohioans were 60 or older in 2000.
- Ohioans age 60 and older make up 17.4 percent of the state's total population.
- The number of Ohioans age 75 to 84 increased by 22.6 percent from 1990 to 2000.
- The number of Ohioans age 85 and older increased by 28.1 percent from 1990 to 2000.
- 41 percent of Ohioans over age 60 lived alone in 2000.
- In December 2001, 68,509 Ohioans (4.5 percent) age 65 or older lived in a nursing home.
- 39 percent of 65 and older men and 48 percent of women reported having at least one disability in 2000.
- 63 percent of men and 47 percent of women over age 60 are still working.
- 6.9 percent of Ohioans age 65 to 74 are below the poverty level.
- 8.5 percent of Ohioans age 75 and older are in poverty.
- 86,009 grandparents are responsible for the care of a child younger than 18.

Source: Ohio Department of Aging State Plan 2004 - 2007

PRACTICE	Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)
DEVELOPER	National Council on Aging
EVIDENCE-BASED	Recognized as an Evidence-Based Practice for older adults by the Administration on Aging
OHIO GRANTEE	Area Office on Aging, District 2
CONTACT	Ann Finnicum
PHONE	1-800-258-7277
TSIG GRANT AMOUNTS	$4,000
OHIO GRANTEE	Area Office on Aging of Northwestern Ohio, District 4
CONTACT	Justin Moor, Vice-President Communications and Operations
PHONE	1-800-472-7277
TSIG GRANT AMOUNTS	$6,000
OHIO GRANTEE	Area Agency on Aging, District 7
CONTACT	Nina R. Keller, MSW, LSW Assistant Director/Director of Planning
PHONE	1-800-582-7277
TSIG GRANT AMOUNTS	$6,000
OHIO GRANTEE	Buckeye Hills Area Agency on Aging, District 8
CONTACT	Mindy Cayton, Planner
PHONE	1-800-331-2644
TSIG GRANT AMOUNTS	$6,000

NATIONAL CONTACT	Esther H. Steinberg Care for Elders
PHONE	713-685-6579
EMAIL	esteinberg@shelteringarms.org
NATIONAL CONTACT	Nancy L. Wilson Baylor College of Medicine
PHONE	713-798-3850
EMAIL	nwilson@bcm.edu

Healthy Ideas Replication Report

available on page 57 or at

http://www.careforelders.org/healthyideas

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) Evidence-based Disease Self-Management for Depression

NOTE: This is not a training manual for replication and implementation of Healthy IDEAS. It is an overview of the evidence-based model with inclusion of resources for replication and the experiences of four organizations that received mini-grants for Healthy IDEAS training.

SYNOPSIS

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is an evidence-based intervention that ensures older adults get the help they need to manage symptoms of depression and live full lives. The program incorporates four components into the ongoing service delivery of care management or social service programs serving older individuals in the home environment. The four evidence-based components of Healthy IDEAS are "packaged" together to overcome client, provider, and system barriers to effective depression care to older adults. The components are screening and assessment of depressive symptoms, education about depression and self-care for clients and family caregivers, referral and linkage to health and mental health professionals, and behavioral activation that encourages increased participation in meaningful, positive activities.

Consistent with the collaborative care approach, which has been shown effective in improving depression outcomes (Ell, 2006), Healthy IDEAS is embedded into the ongoing assessment and care plan routine of community case management programs. It emphasizes the active role of elders with depressive symptoms in learning about how to partner with providers and make changes to feel better. Healthy IDEAS uses an approach to delivering depression care where the entire intervention is delivered not by mental health professionals employed solely to perform the intervention, but by case managers in existing social service agencies who may or may not have prior mental health background.

BACKGROUND/HISTORY

Healthy IDEAS was initially developed by Baylor College of Medicine's Huffington Center on Aging as part of the Model Programs Project sponsored by the National Council on Aging (NCOA) and funded by the John A. Hartford Foundation. An extensive demonstration was subsequently funded by the U.S. Administration on Aging to further enhance and evaluate the program. Baylor College of Medicine and the Michael E. DeBakey Veterans Affairs Medical Center Houston Center for Quality Care and Utilization Studies conducted the evaluation of Healthy IDEAS for the Administration on Aging.

Care for Elders provided management and staff support for the development and local implementation of Healthy IDEAS during its demonstration phase. Care for Elders is a Houston-based partnership of more than 80 organizations committed to increasing access to services, improving quality of care and enhancing the quality of life for older adults. Care for Elders and Baylor College of Medicine now manage the dissemination of Healthy IDEAS to potential adopters.

To pursue replication and training opportunities for Healthy IDEAS, contact Esther Steinberg at 713-685-6579 or esteinberg@shelteringarms.org or Nancy Wilson at nwilson@bcm.edu or visit http://www.careforelders.org/healthyideas.

HOW DOES Healthy IDEAS WORK?

Healthy IDEAS targets older adults, including older caregivers, living in the community and utilizes community-based case-managers or caregiver specialists to:

- Screen clients for depressive symptoms
- Assess the severity of their symptoms using a standardized depression scale
- Educate clients about depression treatment and self-care
- Link clients to healthcare and mental health professionals
- Help clients engage in behavioral activation
- Coach and support clients as they pursue personal, meaningful goals.

PROGRAM GOALS

- Identify and address depressive symptoms in older clients of community agencies.
- Reach the intended population of frail, high-risk and diverse older adults, often overlooked and under-treated (older adults with lower socioeconomic status, who belong to an ethnic minority and lack knowledge about depression care are less likely to access treatment).
- Train agency staff to provide and deliver an evidence-based intervention for depression to older adults in their caseloads.
- Improve linkage between community aging service providers and health care professionals through appropriate referrals, better communication and effective partnerships.
- Prevent recurrence of depression through regular ongoing depression screening embedded into routine case management services.

PROGRAM RATIONALE

- About 20 percent of U.S. adults aged 65 and older experience depressive symptoms. The signs of depression include sadness, inactivity, cognitive deficits and an inability to be attentive. Depression robs older adults of quality of life and can be life-threatening. In addition to major depression (dysthymia, a chronic depressive syndrome that persists for at least 2 years), minor depression occurs in between 17 and 25 percent of older primary care patients (National Council on the Aging, 2004).
- The incidence of depression can soar in specific subpopulations of at-risk elders. One investigation of home health care recipients found that 73 percent met the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for major depression (Bruce et al., 2002). Because many losses and changes in older adults' lives appear as both risk factors for and consequences of depression, providers and older adults may not readily recognize depression as a clinically distinct problem, as they would other medical problems (Charney et al., 2003). Depression often remains undiagnosed and untreated, leading to a loss of physical, social, and mental functioning and increasing levels of disability (U.S. Department of Health and Human Services, 1999).
- Early recognition of depression facilitates treatment and prevents life threatening outcomes (Fiske, Kasl-Godley, & Gatz, 1998).
- Healthy IDEAS uses practical interventions that are usable in an individual rather than family or group format and adaptable to culturally diverse populations with different education levels.
- Healthy IDEAS focuses on effective interventions that incorporate relevant leadership and intervention roles for community organizations and opportunities for strengthening linkages among the aging services, health care and mental health providers.

TARGET POPULATION

- Ethnically and socioeconomically diverse populations of older adults and caregivers, living in the community, who are at high risk for depressive symptoms. Common psychosocial risk factors for older adults with depression include death of a spouse or loved one, co-morbid conditions, disability, loss of functioning, caregiving and social isolation.

PROGRAM COMPONENTS and ACTIVITIES

- Screening for symptoms of depression and assessment of severity of depressive symptoms
- Educating older adults and caregivers about depression, effective treatment and self-care, including medication
- Empowering older adults to manage their depression through a behavioral activation intervention that encourages increased involvement in meaningful activities

ACTIVITIES

Screening and Enrollment: Care managers or other frontline outreach workers screen both new and ongoing clients for depressive symptoms. A two-question depression screening is administered at the initial assessment interview with a new client or during a follow-up interview with an existing client. Care managers also ask older adult caregivers who reside with the agency client to respond to the two-question screening. If some concern exists about the client's cognitive status, the caregiver or the most readily available key informant is asked to answer the screening questions about the client. In the absence of a readily available key informant, the care manager can respond to the questions if s/he knows the client well.

Assessment of Symptom Severity: If the client (or proxy respondent) responds positively to one or both of the screening questions, then the care manager asks the client or caregiver to complete the 15 item Geriatric Depression Scale (GDS) (see page 29) to assess the severity of the depressive symptoms.

Education about Depression and Treatment: In order to expand awareness of the symptoms of depression, and increase the understanding of ways to prevent and treat depression, all older adults receive some printed information about depression self-care strategies and local treatment resources. Interested clients or family members also may view videos about late-life depression. At this initial stage, care managers provide family members residing in the home with the information and encourage them (with the elder's consent) to participate in the individual's self-management program.

Referral and Linkage to Treatment for Depressive Symptoms: Healthy IDEAS includes steps to improve linkages and communication among social, health, and mental health services. Agencies implementing the program identify local aging and mental health service providers and develop an inventory of mental health services to link older adults to mental health providers.

Length/Timeframe of program

The presence and severity of depressive symptoms will determine the scope and duration of the intervention. Normally, it could run over a period of 3 to 6 months. At a minimum, the program includes three in-person visits and 3-5 telephone contacts.

HEALTH OUTCOMES and EVIDENCE SUPPORTING HEALTH OUTCOMES

Evaluation findings from the Administration on Aging-funded Healthy IDEAS demonstration achieved these outcomes:

- Healthy IDEAS participants experienced a reduction in depression severity and pain. Their knowledge increased about how to get help for depression and how to reduce depression symptoms through increasing activities.
- Participation in the behavioral activation component of the intervention positively predicted reduction in depression severity scores at 6 months.
- The Healthy IDEAS program demonstrates that training case managers to deliver an evidence-based practice in real-world conditions reaches the target population and significantly reduces depression symptoms, thereby preventing the excess disability associated with depression and chronic disease.
- The program demonstrates that an academic and community agency partnership successfully worked together on an intervention that reached a large number of clients. (Quijano et al, *Journal of Applied Gerontology*.)

PROGRAM COSTS

- The Care for Elders organization provides extensive training and support for replication of Healthy IDEAS. Interested parties can contact them for more information on pricing and consultative assistance. To pursue replication and training opportunities for Healthy IDEAS, contact Esther Steinberg at 713-685-6579 or esteinberg@shelteringarms.org or Nancy Wilson at nwilson@bcm.edu or visit http://www.careforelders.org/healthyideas.
- The Healthy IDEAS toolkit is free on a CD-ROM, which can be requested from NCOA (www.ncoa.org/Publications, Item #RES20).
- No annual licensing fee.
- Costs for care manager training by a local psychologist or mental health professional (costs will vary depending on location and relationship with the mental health professional) or contact Care for Elders.

RESOURCE REQUIREMENTS

- No specific facility or equipment required since intervention takes place in client's home
- Agencies need initial administrative support and dedicated staff time to accomplish the following key tasks:
    - Create a program leadership team with a designated program champion(s), trainer (s), and coach.
    - Install core program components into current service delivery including revisions to policies, forms and documentation
    - Mobilize support from agency supervisors and consultants
    - Establish effective partnerships and communication with community providers who can evaluate and treat depression
    - Provide/create a referral list of suitable geriatric mental health resources in the area
    - Assess the competence of individual care managers to conduct the intervention
    - Establish plans for initial and ongoing training of staff
    - Establish system for collecting and monitoring outcome data and program fidelity

TRAINING REQUIREMENTS

- Agencies implementing the Healthy IDEAS program will need partnerships with organizations, institutions or individual professionals to assist with staff training on depression, the skills required to deliver the Healthy IDEAS intervention, and follow-up coaching and the associated skills required, and follow-up coaching or "Booster" training is required to maintain skills.
- Training is best done in a three-stage process:
    1. Initial education about depression, depressive symptoms and treatment options by professionals with specialized knowledge of older adults whenever possible.
    2. Interactive training, typically in group format, that includes observation and opportunity to practice the skills associated with delivering the Healthy IDEAS program under the supervision of a trained mental health or behavioral health specialist using the Healthy IDEAS training curriculum and DVD and local client scenarios. This takes place over two six hour training sessions for both case managers and their supervisors.
    3. Ongoing coaching/supervision, as most staff learn the intervention through experience and further on the job " coaching " from someone well versed in the intervention skills and model components. Updates and booster training sessions are advised for all of the providers during the project's implementation in order to prevent "drift" in staff skills.

CHOOSING TRAINERS

- Ideally you will be in partnership with individuals or organizations who can donate their training expertise. As part of establishing strong relationships with primary care and mental health providers, you may want to involve a knowledgeable physician or psychiatrist who cares for older adults, knows about diagnosis and treatment of depression and likes to work with community agencies.
- Trainers can also serve as "coaches" to care managers and supervisors as they implement the program and begin to work with clients. This coaching process enables supervisors and workers to continue to acquire the skills needed for this evidence-based program. Ideally, the trainers/coaches will train clinically-qualified agency supervisors or program directors to serve as coaches and trainers for ongoing sustainable programs.

PROGRAM EVALUATION

Program evaluation is important to track both client progress as well as program fidelity. Minimum performance and outcome data need to be collected and reviewed to examine levels of depressive symptoms, client acceptance and participation in each program component (screening, education etc.), contacts involved in intervention completion. Other key areas for client outcome measurement are: quality of life, level of physical and social activity, self-reported pain, knowledge of depression self-management, use of medical and mental health services and client satisfaction. Agencies are encouraged to use data in a continuous quality improvement framework and to consider how to obtain feedback from staff (surveys, focus groups) about how to support their effectiveness and success in delivering the intervention.

RESOURCES and REFFERENCES WITH FURTHER INFORMATION ABOUT THE PROGRAM

Quijano, L. M., Stanley, M. A., Petersen, N. J., Casado, B. L., Steinberg, E. H., Cully, J. A., & Wilson, N. L. (2007). Healthy I.D.E.A.S: A depression intervention delivered by community-based case managers serving older adults. *Journal of Applied Gerontology*, 26 (2):139-156.

Casado, B.L., Quijano, L. M., Stanley, M. A., Cully, J. A., Steinberg, E. H., & Wilson, N. L. (In Press). Healthy IDEAS: Implementation of a depression program through community-based case management. *The Gerontologist.*

Frank, J. C., Coviak, C. P., Healy, T. C., Belza, B., & Casado, B. L. (2008). Addressing fidelity in evidence-based health promotion programs for older adults. *Journal of Applied Gerontology*, 27(1), 4-33.

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Bruce, M. L., McAvay, G. J., Raue, P. J., Brown, E. L., Meyers, B. S., Keohane, D. J., Jagoda, D. R., and Weber, C. (2002). Major depression in elderly home health care patients. American Journal of Psychiatry 159:1367-1374.

Charney, D. S., Reynolds, C. F., Lewis, L., Lebowitz, B. D. et al. (2003). Depression and bipolar support alliance consensus statement on the unmet needs in diagnosis and treatment of mood disorders in late life. Archives of General Psychiatry 60:664.

Fiske, A., Kasl-Godley, J.E., and Gatz, M. (1998). Mood disorders in late life. In B. Edelstein (Ed.), Clinical Geropsychology 7:193-229. New York: Elsevier.

National Council on the Aging. (2004). Healthy IDEAS for a better life. http://www.ncoa.org/content.cfm?section1D=11.

U.S. Department of Health and Human Services. (1999). Mental Health: A report of the Surgeon General-executive summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Ohio Area Agency on Aging Districts

Healthy IDEAS Implementation

Districts 2, 4, 7, 8

Healthy IDEAS

Area Office on Aging, District 2
(Dayton area - Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble and Shelby counties)
Older Ohioans Network Mini-Grant Implementation Summary

TARGET POPULATION/NEED

Older adults.

HISTORY

During 2006, the Area Agency on Aging, PSA 2 (AAA) had the opportunity to coordinate with our five local behavioral health organizations through two grants from the Ohio Association of County Behavioral Health Authorities. On August 2, 2006, AAA hosted a regional meeting of behavioral health and aging professionals to explore how collaboration between systems can better meet older adults' behavioral health needs. Issues were identified in the areas of education/training, funding, coordination, stigma, and programs/services.

On November 28, 2006, 84 members of the aging and behavioral health network attended the training, Beyond the Blues – Assessing Depression in the Elderly, presented by Donna Coles, MA, LPCC. As a result of the positive response to the November training, we are proposing to sponsor a two-day training on the IDEAS Program, to further enhance the skills of aging and behavioral health professionals in our nine-county area.

THE "IDEAS" PROGRAM

The "IDEAS" Program was proposed as one way to address identified needs, gaps, and barriers to behavioral health services. The acronym IDEAS stands for Identifying Depression, Empowering Activities for Seniors. It is designed to detect and reduce the severity of depressive symptoms of community-dwelling older adults with chronic health conditions and functional limitations. This program incorporates four evidence-based components: screening and assessment, education for older clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation.

In order to reach those at greatest risk for recurrent depression and excess disability due to depression, care managers also implement IDEAS in the home environment. The presence and severity of depressive symptoms determines the scope and duration of the program for each client. After the initial assessment and education visit, the intervention typically involves two or three face-to-face visits and five or more telephone contacts related to depression self-care over a period of three to four months. Assessment in changes of the client's mood is determined with repeat administration of the Geriatric Depression Scale. IDEAS has been implemented effectively among diverse cultural groups and can be incorporated into existing care management activities and procedures.

TRAINING ACTIVITY

Esther Steinberg, Care for Elderly Project Coordinator in Houston, Texas and developer of the Healthy IDEAS Program, presented a two-day training in June, 2007, to representatives from the Aging Network, Behavioral Health Network, Advisory Council and Board Members, County Health Departments, and other interested health and social service professionals.

BUDGET

$3,975

The funds were used for consultant fees, training space, refreshments, staff time, and office supplies.

Healthy IDEAS

Area Office on Aging of Northwestern Ohio, District 4
(Toledo area - Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood counties)
Older Ohioans Network Mini-Grant Implementation Summary

TARGET POPULATION/NEED
Older adults.

TRAINING
Training with Area Office on Aging of Northwestern Ohio staff was completed in early February 2008. Staff began implementing Healthy IDEAS protocol following the trainings with the first screen completed in mid-February 2008.

ACTIVITY
Three Area Office on Aging of Northwestern Ohio staff attended Healthy IDEAS Leader Training. Two Healthy IDEAS trainings were conducted for all the Office's assessors and case managers. Assessors began asking the Geriatric Depression Scale (see page 29) questions of new PASSPORT Medicaid-Waiver Program, Options for Independence Program, and Caregiver Support Program consumers.

OUTCOMES
Since implementation of Healthy IDEAS, 22 Passport Care Managers have participated. A total of 394 consumers were screened with 107 appropriate for completion of full Geriatric Depression Scale (GDS). Of those, 101 completed full GDS with a total of 45 scoring 6 or higher (as indicated in protocol). Two are currently participating in Behavioral Activation; 19 agreed to referral to other local mental health services.

BUDGET
$6000
AAA of Northwestern Ohio expended the contract amount for this grant for training and materials. Since Healthy IDEAS will be integrated into the existing case management processes, it is anticipated that no additional costs should be incurred.

The following is a report made by a case manager whose client is currently participating in a behavioral activation plan:

> *"Just had to share with you an update on my Healthy Ideas client…..She just reported to me that she has taken it upon herself to get new glasses so she can read/work crossword puzzles like she loves to do. She has also been to visit her neighbor two times since our first visit (this was one of her goals). She also went to the doctor and allowed him to give her a prescription for Wellbutrin. You have to understand that this consumer has ALWAYS been lying in bed when I visited her. Never exhibited any energy or initiative to make things better. Now she has made all the above strides and has a whole new perky quality to her voice when I talk to her."*

Healthy IDEAS

Area Agency on Aging, District 7
(Rio Grande area - Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto and Vinton counties)
Older Ohioans Network Mini-Grant Implementation Summary

TARGET POPULATION/NEED

Area Agency on Aging (AAA7) targeted older adults age 60 and older who were able to understand and communicate verbally and have cognitive skills to participate. AAA7 currently administers the third largest PASSPORT Medicaid Waiver program in Ohio with an enrollment of over 3,100 consumers. Estimated impact was 50% of the case-managed caseload.

TRAINING

In January, 2008, AAA7 Long-Term Care Division supervisors and team leaders traveled to Marietta, Ohio to attend the Healthy IDEAS training provided by AAA8. Since the opportunity was designated as a "train the trainer" session, the AAA7 staff were then able to return to District 7 and provide Healthy IDEAS training to case management staff. In March, 2008, Healthy IDEAS training was provided to 80 AAA7 case managers in order to begin implementation during March 2008.

ACTIVITY

Between March and June 2008, the AAA7 case management staff utilized the Healthy IDEAS protocol to screen 1,550 individuals enrolled in the AAA7 case management programs. These individuals had been enrolled in these programs prior to implementation of Healthy IDEAS. During the four months, the case management staff also screened 61 new enrollees in the case managed programs. Of the total individuals screened, 1038 answered no to both the questions on the two question screen for depression questions and 71 answered yes to both questions; 152 answered yes to one or the other. There were 78 individuals scoring greater than six on the Geriatric Depression Scale with 41 of those individuals working with their case manager to set up a Behavior Activation Plan.

AAA7 has also sponsored a day-long training for staff and others entitled, "The Assessment and Management of Risk of Harm to Self and Others." The overview of the training was as follows: Clinicians frequently must address situations where risk of self harm or violence is present. There are a number of ethical, legal, and clinical guidelines that must be considered in assessment of risk and the development of a risk reduction plan. This workshop will familiarized participants with these requirements and guidelines including methods to assess and address risk when present.

AAA7 has also had the opportunity to conference with developers of Healthy IDEAS and join a national network of agencies that have implemented the program. AAA7 will continue to gather data and send it to the Care for Elders in Houston, Texas that developed the program with Baylor College of Medicine as a part of the on-going sustainability of the program.

OUTCOMES

Case managers are following up with individuals on a monthly basis or more frequently based on their behavior activation plan. Healthy IDEAS required reassessment happens at six month intervals and is ongoing for those individuals enrolled in a behavior activation plan in March 2008.

BUDGET

$6000

AAA7 expended the contract amount for this grant for training and materials. Since Healthy IDEAS will be integrated into the existing case management processes, it is anticipated that no additional costs should be incurred.

Healthy IDEAS

Buckeye Hills Area Agency on Aging, District 8
(Marietta area - Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry and Washington counties)
Older Ohioans Network Mini-Grant Implementation Summary

BACKGROUND

On March 29, 2007 an overview of the Healthy IDEAS Program was presented at the Third Southeast Ohio Provider Network Development Project a.k.a. Behavioral Health Mini Grants Round Three. In total, thirty-one organizations representing a variety of professions were in attendance. Registration for the Healthy IDEAS training (April 18-19, 2007) was offered at the conclusion of the program.

TRAINING ACTIVITY

The two-day training for Healthy IDEAS was conducted by Esther Steinberg (see page 4) and Janis Edwards, LCSW, who is the Director of Case Management Services for Sheltering Arms Senior Services in Houston. Edwards' real life experience in having integrated Healthy IDEAS into existing practice was invaluable. Thirty-seven individuals from eleven different agencies participated in the Healthy IDEAS training.

Case Managers were furnished with a Healthy IDEAS Instruction Manual and Resource Guide and three Healthy IDEAS Consumer Packets. Training DVDs were distributed to network providers who completed the Healthy IDEAS training so that they could train their staff. Seven agencies/facilities have individuals who have been trained and are ready to train their staff and implement Healthy IDEAS with their non-PASSPORT consumers. We plan to hold additional network-training sessions. Each agency/facility that participates will receive a copy of the training DVD, Healthy IDEAS forms, flow charts and other documents.

PROCEDURES

The next step was to develop in-house procedures for integration and implementation of Healthy IDEAS into existing case management. Early on it was identified that any procedure that was developed for in-house use by AAA8 must be able to be adapted for use by the provider network so that the program can remain consistent across the AAA8 service area. This enables communication between different organizations and agencies that are implementing Healthy IDEAS in case management for consumers who are not enrolled in the PASSPORT program as well as those who are. The goal of AAA8 is for this program to NOT be limited to just PASSPORT enrollees, since there are many more clients who are not on PASSPORT.

As a local nursing facility had expressed interest in integrating the program into their practice for both in-house and as part of their discharge plan, a meeting was held to develop a discharge procedure that would eliminate the possibility of those individuals who no longer needed medical case management to fall through the cracks. The top priority of utilizing Healthy IDEAS as part of the discharge plan is to potentially decrease the number of readmissions to the nursing facility with a diminished condition secondary to depression. The network team developed a process and flow chart (see page 14) based on agreement for follow-up non-medical case management by Job and Family Services of Washington County for residents of that county.

OUTCOMES

A data collection process is in place so that all consumer data collected will be consistent and can be merged in order to analyze the progress and impact made. The entire network will use the same forms, making information exchange much easier. This information will be merged network-wide periodically. Clients will be identified by numbers to remain HIPPA compliant.

BUDGET

$6000 - The funds were used for consultant fees, training space, refreshments, staff time, and office supplies.

Healthy IDEAS for a Better Life™

Implementation Timeline

NEW CONSUMERS

CM 2nd Home Visit (Within 3 mo. of enrollment)	2-question depression screen Geriatric Depression Scale Suicide Risk Screen Behavior Activation Therapy Initiated
Ongoing	Telephone contacts or in person. Telephone contact 1 week after choosing activity or problem-solving goal. Maintain contact every 2 weeks or as needed to support your clients efforts. Review depressive symptoms and condition. Review progress made on all goals. Review accomplishments. Support client for progress
GDS Reassessment	In-person contact; Usually 90 days (3 months) post assessment. Again at 180 days (6 months) post assessment.

EXISTING CONSUMERS

Assessment performed at home visit as determined by case manager.	*AT THE DISCRETION OF THE CASE MANAGER:* 2-question depression screen Geriatric Depression Scale Suicide Risk Screen Behavior Activation Therapy Initiated
Ongoing	Telephone contacts or in person. Telephone contact 1 week after choosing activity or problem-solving goal. Maintain contact every 2 weeks or as needed to support your clients efforts. Review depressive symptoms and condition. Review progress made on all goals. Review accomplishments. Support client for progress
GDS Reassessment	In-person contact; Usually 90 days (3 months) post assessment. Again at 180 days (6 months) post assessment.

PRACTICE	I-Team (Interdisciplinary Team) "The Iris Project"*
EVIDENCE-BASED	Strongly encouraged by SAMHSA as an effective practice
OHIO IMPLEMENTATION	Lake County Alcohol, Drug Addiction and Mental Health Board
TSIG GRANT AMOUNT	$10,000
OHIO CONTACT	Kim Fraser, Executive Director Lake County Alcohol, Drug Addiction and Mental Health Board
PHONE	440-352-3117
EMAIL	kfraser@lakeadamhs.org
NATIONAL WEBSITE	http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4018/sec4.asp

The Iris Project *takes its name from "Iris" in Greek mythology who, in the form of a rainbow, linked the gods to humanity. The goal of The Iris Project is to be the link that will connect Lake County's older adults, their caregivers, and families with community resources to bring about hope and a vision for a better tomorrow.*

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

INTEGRATED SERVICE DELIVERY

Older adults with serious mental illnesses interact with multiple providers in a wide range of settings. Current fragmented service systems leave coordination of care up to the individual, who is ill-equipped to handle this task. New models of service delivery for older adults emphasize integration between and among the various systems that provide care, including the mental health system, the aging services network, and the primary health care system.

Recent research supports the benefits of incorporating behavioral health care into medical settings (Katon et al., 1995; Katzelnick et al., 2000). This can be accomplished by using mental health teams, having a mental health specialist be a consultant to the primary care provider, or integrating mental health professionals into the primary care setting (U.S. Department of Health and Human Services, 1999). The integration of mental health providers into the aging services network may also be effective. Researchers found that affiliation of a Community Mental Health Center with an Area Agency on Aging led to a broader range of services for older adults (U.S. Administration on Aging, 2001). Problems encountered included their separate funding streams and the different geographic areas they serve.

PRINCIPLES OF LONG-TERM CARE

Increasingly, long-term care for older adults with serious mental illnesses is conceived of as a range of services needed to maintain an individual in the least restrictive setting possible (U.S. Department of Health and Human Services, 1999). The emphasis is on "aging in place" at home or in the community. Older adults with serious mental illnesses are recognized as people first.

The U.S. Administration on Aging (2001) notes that any system of care for older adults with serious mental illnesses must be based on the principles of community mental health practice, which include the following:

- Services should be accessible and culturally sensitive to those who seek treatment.
- Services should be accountable to the entire community, including the at-risk and underserved.
- Services should be comprehensive, flexible, and coordinated.
- Continuity of care should be assured.
- Treatment providers should utilize a multidisciplinary team approach to care.

In a study of community-based mental health services for older adults, researchers found that successful programs shared the following features (Knight & Kaskie, 1995, p. 237):

- All emphasize accurate diagnosis of older adults.
- All are interdisciplinary and treatment focused.
- All use active case-finding methods and community education approaches to bring clients in.
- All collaborate actively with other agencies that serve older adults.
- All deliver mental health services to older adults at home.

I-Team

Lake County Alcohol, Drug Addiction and Mental Health (ADAMH) Board
Older Ohioans Network Mini-Grant Implementation Summary

(I-Team Manual, see page 58)

SYNOPSIS

The Senior Services Task Force of Lake County recommended the creation of an Interdisciplinary Team (I-TEAM) based upon a "cluster-based" model to serve older adults who have a mental illness that ranges from mild to severe. This project also serves the caregivers of these older adults. The basic design of this project comes from the results of a six-year Primary Care Research Study from SAMHSA on what treatment models work best for serving older adults.

The I-TEAM project is organized into three components.

- The first component is to identify and organize a coordinated network of services and providers that will serve to increase mutual awareness of those older adults most in need of behavioral health services and then to jointly, as an I-TEAM, plan and deliver appropriate mental health interventions.
- The second component of the I-TEAM project is to engage and deliver the needed services directly with older adults, their caregivers and the local service providers. The I-TEAM component uses an in-home service delivery model of care management in meeting the needs of older adults who may not be able to engage in the traditional array of services in Lake County. Services are "taken to the people that need them" instead of expecting people to come to the agency for services.
- Thirdly, the I-TEAM Collaborative offers a community liaison service for outreach and education designed for relation building at the community system level. This outreach service is delivered to the agencies in the general community to help make these agencies aware of behavioral health services for older adults and how to access these services. Included in this outreach and education is an increased collaboration with primary care physicians in order to "build a bridge" between primary health care and behavioral health.

TARGET POPULATION/NEED

The County Board targeted persons age 60 and older who live in Lake County and have behavioral health needs. Within this age group, seniors identified as potentially Severely Mentally Disabled and those who may have a co-occurring substance abuse disorder were included. Also involved was the caregiver/family member(s) of the older adults. It was understood that these seniors would have multiple challenges and the existence of additional risk factors for de-stabilization and/or loss of independence in the community. These factors may have included: poverty, social isolation, lives alone, lacks supports or significant others, physical health problems, a permanent disability, history of substance abuse, at-risk of neglect and abuse, impending crisis, a neurological or developmental disorder, prior psychiatric hospitalization/intervention, the experience of significant loss, and at-risk of losing independence and requiring out-of-home placement.

> *An 80-year-old gentleman, who had received behavioral healthcare services for many years, asked if he could come to a meeting of The Iris Project. He requested assistance on some of the many issues he was dealing with, including housing and financial concerns. His discussion with the team resulted in his choosing a comprehensive, coordinated psychiatric and case management provider. His involvement with the project and the mental health provider has allowed him to receive more coordinated assistance than he has received in the past. Already, some of his major issues have been resolved.*

I-TEAM PARTNERS

The following organizations collaborated and worked toward building a stronger response network with other providers of services to the older adult community.

- Case management services of the Lake County Council on Aging (also a provider of Meals on Wheels, Gatekeeper, Home Adapting Program for Safety Issues, and more)
- Adult Protective Services, Lake County Job and Family Services office
- Emergency mental health services and Senior Care Team (Pathways)
- Home health services (Around the Clock, Faith in Action)
- Program coordination, dual diagnosis and other mental health services (NEIGHBORING)
- Law enforcement and medical emergency personnel
- Lake County Probate Court Guardianship Program and other Common Pleas and Municipal Courts, including Lake County Mental Health Court
- Lake Hospital System (Emergency Department, Geriatric, Psychiatric In-patient Unit, Home Health Care Services, etc.)
- Geriatric assessments (Lake Hospital, primary care physcians)
- Community behavioral healthcare (Pathways, NEIGHBORING, Catholic Charities Services, Lake Geauga Center, Extended Housing, etc.)
- Senior Centers
- Assisted Living Facilities (Breckenridge, St. Anthony's Adult Day Care, etc.)
- 211 of United Way of Lake County
- Churches and faith community
- Others, as needed

PROGRAM GOALS

The I-Team approach was utilized to help Lake County achieve the following priorities as established by the Older Ohioans Policy Institute.

1. Improved cross-system planning and collaboration
2. Promote greater collaboration between primary care and behavioral health
3. Promote wellness and reduce stigma
4. Funding to follow clients and client's needs drive funding
5. Establish diversified/multiple points of access to behavioral health services for older adults based on model programs

The I-Team incorporated as many evidence-based practice services for seniors as needed to attain successful outcomes.

TRAINING

The I-TEAM distinguished three groups of participants: administrative team (meets quarterly), core group (meets monthly to review cases), and partner agencies (to be called upon on an as-need basis). An Operations Manual was completed reflecting the decisions made by the administrative team regarding policies, protocols, forms, etc. The coordinator oriented and trained over eight agencies and almost 100 professionals on the purpose of the program and how to make a referral.

ACTIVITY

After a coordinator was hired, coordinator met with Cuyahoga and Medina Counties which have similar projects. Program and partner information was gathered from neighboring counties to learn "best practices" and "lessons learned." A clinical ad hoc subcommittee was selected from three agencies: Lake County Council on Aging, Neighboring, and Pathways with request from total I-Team to develop appropriate policies and protocols. This subcommittee met four times. This subcommittee developed protocols and presented recommendations to total I-Team for approval: criteria and forms for referral, procedure for case presentations, confidentiality issues and release form, and a list of suggestions for I-Team to consider.

The I-TEAM developed a marketing plan which included the choosing of a name, a logo, and a brochure to be used for outreach to professionals in the community. The name chosen was The Iris Project (see page 17). The I-Team met monthly to address issues and specific cases for referral. The Coordinator was invited by Older Ohioans Network to participate as a panel member at the yearly NAMI conference in Columbus. The I-TEAM was also invited to participate in the Lake County Suicide Prevention Coalition. The Coalition revised its presentation to include information regarding depression and risk of suicide among older adults. The I-TEAM is in the process of coordinating a plan for outreach to primary care physicians in the community. Neighboring staff submitted a grant to the Lake ADAMH Board to continue funding the program for the next fiscal year.

OUTCOMES

Three core group meetings have taken place and six cases have been reviewed (as of July 1, 2008). Additional cases have been triaged without having to come before the I-TEAM. Consumers have presented a number of behavioral health issues.

BUDGET

Year-to-date Total Expenditures	$15,853.12	
	$11,329.83	Salary/Benefits
	$ 1,862.87	Furniture/Equip.
	$ 2,660.42	Misc.

ACKNOWLEDGEMENTS

The Iris Project of Lake County wishes to express appreciation to the following organizations for sharing their expertise, information and assistance in the development of the Lake County I-TEAM.

Alcohol Drug Abuse Mental Health Services of Lake County (ADAMHS Board)

Catholic Charities Community Services of Lake County

Susan Goodwyn, Cuyahoga County, PROJECT ASSIST

Lake County Council on Aging

Lake County Department of Job and Family Services/Adult Protective Services

Lake Hospital System-Department of Behavioral Medicine

NEIGHBORING

Ohio Attorney General's Office and the Ohio Department of Aging Ohio Elder Abuse Interdisciplinary Team (I-Team) Manual, 2004 (see page 58)

Pathways, Inc.

Kathy Shook, Medina County, Inter-Systems Collaborative Assessment Team (ICAT)

The Iris Project
Lake County Interdisciplinary Team

I-TEAM Member Agreement Form (06/08)

The goal of the Lake County Interdisciplinary Team (I-Team) is to be available for consultation to those agencies that provide services to older adults. These adults may have behavioral health issues in addition to multiple medical or health-related issues. The following are expectations of I-Team members.

As a member of the I-Team, I agree to the following:

1. Commit the time to fully participate in this project.

2. Attend the required orientation and training developed for members.

3. Attend monthly or bi-monthly I-Team meetings for a period of one year, except where an unavoidable conflict occurs. Whenever possible, I will give advance notice to the I-Team Coordinator when my absence is anticipated.

4. Meetings will start and end on time. As a member, I will be prompt.

5. Learn as much as possible about the issues relating to older adults in Lake County.

6. Provide my professional opinion and advice on how to proceed with the cases presented and attempt to find the answers to questions in my field of expertise.

7. Engage in telephone consultation on an emergency basis.

8. Advise and assist in the development and implementation of procedures designed to integrate the efforts of the I-Team and other local agencies.

9. Refrain from soliciting for my paid services as an individual any clients whose cases are discussed by the I-Team.

10. To the extent possible, assist the I-Team in doing outreach and education to the community.

11. Advocate for better alternatives for older persons in need of services.

12. Respect and maintain the confidentiality of all clients referred to the I-Team. I will not share any identifying information concerning a consumer referred to the I-Team in verbal or written form, through fax or e-mail unless the consumer has signed a release form.

13. I will be respectful of all team members and be open and direct in my communication.

14. The team will regularly evaluate itself and make suggestions for improvement.

______________________________ ______________________________
Signature of I-Team Member Agency

____
Today’s date

The Iris Project
Lake County Interdisciplinary Team (I-Team)

Confidentiality Statement for I-Team Members (06-08)

I understand and agree that in the performance of my duties as a member of the Lake County Interdisciplinary Team (I-Team), I must hold in the strictest confidence any observations I may make or hear regarding clients, client information, client families, agencies, staff or volunteers. I understand that this means that I may not use any information (including but not limited to verbal, written, electronic or any other form) of a personal or private nature or that which may be governed by Federal and State law, rules and regulations, in casual conversation or in other ways that might identify, cause harm or detract from the reputation of another person.

I understand that it is my responsibility to protect the confidentiality of information received not only during my tenure as a committee member of the Lake County I-Team but also on a continuing basis upon the end of my tenure on this interdisciplinary team.

Signature ____ Date _______________

Print Name ______________________________________

Agency ____

A 62-year-old woman had multiple medical and mental health issues. She had been on disability for quite a while. Because of her medical condition, she was unable to go out for her appointments and social activities. She lived in an apartment with no access for individuals who needed to use a wheelchair. Although her medical and behavioral health could be monitored in her own home, she very much wanted to be in charge of her own care and be independent. She was referred to The Iris Project by her clinical social worker. The team made many suggestions. By the next month, many of the issues were resolved. Among the positive outcomes, a ramp had been built at her apartment building which opened up a whole new world for her. She now could be transported easily to appointments and social activities.

The Iris Project
Lake County Interdisciplinary Team (I-TEAM)

Suggested Criteria for Referral to the I-TEAM (06/08)

The following are situations which may suggest referral to the I-TEAM for discussion and consultation. Because of the variety of backgrounds and disciplines, the I-TEAM may be able to offer additional suggestions and solutions to the already thorough case management provided by individual agencies.

It is understood that the senior must be 60+, a resident of Lake County and does not meet the acceptance criteria for Adult Protective Services (APS) according to the Ohio Revised Code, although APS can bring referrals to the I-TEAM for consultation. In addition, the senior may have a diagnosed or undiagnosed behavioral health issue in addition to health-related issues.

Consultation also may be provided to families and formal or informal caregivers of older adults.

The following are examples of potential cases which could be referred to the I-TEAM.

Health-related as a primary concern:

- A senior who appears to have multiple medical and behavioral health issues, including drug, alcohol abuse issues
- A senior with chronic medical or behavioral health issues who has not been receiving health care over an extended period of time
- A senior who is deteriorating physically or mentally and is chronically at-risk due to the inability to handle activities of daily living
- A grandparent with significant medical and behavioral health issues who is raising grandchildren

Use of multiple community agencies with no resolution:

- A senior who has been involved with multiple agencies who still has unresolved, serious issues after multiple interventions
- A senior who may be involved with community authorities, e.g., law enforcement, Department of Health, housing authorities
- A senior who has unmet needs for heat, water, housing or other environmental problems
- A senior who is in need of multiple services but may not meet eligibility requirements for social service programs and is therefore “falling through the cracks”

Family or caregiver issues:

- A senior whose family is hindering provision of services
- A senior in need of a caregiver whose caregiver is ill, has recently died or whose caregiver is uncooperative or unresponsive
- A senior who has complicated grief reactions
- A senior who has denied social service providers access to his/her home after requests for interventions from family members, neighbors, etc.
- A senior who is the victim of abuse, including domestic violence, and is unwilling or unable to leave the abuser or whose abuser is unwilling to receive counseling or other interventions

In addition, workers are encouraged to present cases to the I-TEAM under the following circumstances:

- A caseworker is presented with ethical dilemmas regarding interventions which may conflict with client’s self-determination.
- A case worker or I-Team member believes a presentation of a specific case may present a valuable teaching example benefitting the total I-Team.

The Iris Project
Lake County Interdisciplinary Team (I-TEAM)

Questionnaire to Evaluate Outcome of Cases Presented to I-TEAM

Please answer as many questions as you are able. You may not have knowledge of all the questions.
(This information will be presented in aggregate to funding agencies.)
Name of Agency: ______________________________________
Name of staff member who presented the case: ________________
Date of presentation: ____________ Date case closed:__________
Name of client (first name only or pseudonym): ________________
Client number (if known): _____
Age: ____ Sex: ☐ M ☐ F
Race: ☐ African American ☐ Asian ☐ Hispanic ☐ White ☐ Other
Were family caregivers or other caregivers involved in the process?
☐ Yes ☐ No

Prior to referral to the I-TEAM, did the consumer have a formal mental health diagnosis? ☐ Yes ☐ No

Substance abuse diagnosis? ☐ Yes ☐ No

Number and type of interventions utilized before referral to I-TEAM: ____________________________

Number of agencies involved before referral to I-TEAM: __________

Did the older adult or caregivers receive a Service Plan? ☐ Yes ☐ No

After referral to I-TEAM, where did further intervention(s) take place?

☐ Person's home ☐ Hospital/Medical Center
☐ Physician's office ☐ Mental Health Center
☐ Senior Center ☐ Other (specify) ________________________________

In your opinion was the consultation with the I-TEAM members helpful in bringing about progress for this particular consumer? ☐ Yes ☐ No

Please explain (over):

How would you rate your experience of your case presentation and discussion with the members of the I-TEAM?
☐Excellent ☐Fair
☐Very Good ☐Good ☐Poor
What are your suggestions for improving this experience? ____
____

How satisfied are you with the suggestions/services to the consumers you have referred to us or with whom you and the I-TEAM have been mutually involved?
☐ Very satisfied ☐ Somewhat dissatisfied
☐ Mostly Satisfied ☐ Quite dissatisfied
Comments: ____
____

How would you rate the I-TEAM's efforts to follow-up on suggestions/recommendations?
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
Comments: ____
____

Would you consider utilizing the I-TEAM again by referring new consumers?
☐Y es ☐ Probably ☐ No
Comments: ____
____

Please add any additional comments or suggestions.________________ ___________________________________
____

Thank you for your response. We rely on your feedback to improve our program. Please send your completed questionnaire in the enclosed envelope. Thank you.

Kathy Dingethal, Coordinator, 8522 East Avenue, Mentor OH 44060

The Iris Project
Lake County Interdisciplinary Team (I-TEAM)

Case Presentation Form (Client # _____) (06 /08)

This form is to be completed by the staff person who will be making the presentation to the Lake County I-TEAM. If a release has been signed, copies of this form will be distributed to the I-TEAM members before the I-TEAM meeting. Expected time of the presentation is about five (5) minutes to be followed by discussion with the I-TEAM.

Presenter's Name: ___________________________ Agency: ____

Phone number: ____________ e:mail: ____

Fax: _________________________ Today's date: ____________________________

Consumer's first name or pseudonym: ______________________________ Age: ____

Current living arrangement and support system, if any:
____ Lives alone ___ Lives with family/caregiver ____ Alternative placement

Race: ___ African American ___ Asian ___ Hispanic
___ White ___ Other

Primary Language: _______________ Sexual Orientation: ________________

Financial Information: ____ single income ____ dual income

___ Medicare ___ Medicaid ____Passport ___ Disability

Educational Level: ________________ Intellectual Disability: _______________

Physician(s) ____

____

What specific questions/concerns do you have for the I-TEAM? How do you think the I-TEAM can be of help?

____

____

____

Please check what you know about the following areas:
Section I: Medically Complex

____ Frequent ER/Hospitalization
____ Compliance Issues-not taking meds, following doctor's orders
____ Multiple Diagnoses/Physicians
____ Lack of Knowledge/Understanding
____ Major medical issues: ____________________________________

Section II: Difficulties with ADLs and /or IADLs

____ Bathing
____ Grooming
____ Eating
____ Shopping
____ Transportation
____ Finance Problems
____ Fixing meals
____ Weight Loss
____ Decreased appetite
____ Malnourishment
____ Toileting
____ Transferring
____ Dressing
____ Driving
____ Housework
____ Laundry
____ Digestive Problems
____ Difficulty chewing, swallowing
____ Dehydration
____ Taking medications

Case Presentation Form (Client # _____) *(continued - page 2)*

Section III: Mental/Emotional Function

____ Formal Mental Health Diagnosis? Y N
If so, please list: (Include substance abuse issues.)
____

____ Previous psych hospitalizations? Y N
If so, when? ___________ Diagnosis? _____________

____ Testing done? (MMSE, Depression Scale) Y N
If so, list results: _______________________________

____ Major life changes, loss
____ Limited education
____ Poor judgment
____ Depressed
____ Withdrawn
____ Aggressive
____ Anxious
____ Failure to pay bills
____ Hoarding
____ Excess cash
____ Credit card misuse
____ Cannot access help
____ Disoriented to time, place, person
____ Can't follow directions
____ Inappropriate or no response
____ Memory Loss
____ Confused
____ Unreasonable fear
____ Limited capacity to handle finances
____ Squandering
____ Gives money away
____ Intellectual disability

Section IV: Social Factors

____ Isolation, lack of support
____ History of family violence
____ Caregiver works
___ Move to a new environment
___ Complicated family dynamics
___ Caregiver neglects responsibility
____ Caregiver physically or mentally unable to provide care
____ Caregiver dependent on consumer's income
____ Caregiver has alcohol/drug problems or is involved with law enforcement

Section V: Environmental/Housing Issues

____ Homeless
____ Animal infested
____ Exposed wires
____ Lack of running water
____ Toilet not working
____ Cannot do stairs
____ Pets uncared for, odor, feces, urine
____ Heat inappropriate
____ Appliances not working or safe
____ Evidence of previous fires
____ Clutter
____ Weapons not protected
____ Not appropriate level of care; cannot function in this environment

Section VI: Has there ever been an APS report made? Y N When? _________

____ Suspected abuse
____ Suspected exploitation
____ Suspected neglect
____ Suspected self-neglect

What was the outcome, if known? ______________________________

Section VII: Other issues (Please explain)_________________________________
____

Signature of presenter____

The Iris Project
Lake County Interdisciplinary Team (I-TEAM)

Authorization for Mutual Disclosure (Rev. 07/08)

Client #: ________

Client Name: ____
Last First MI Suffix
Date of Birth: _______________ SS# (last 4 digits) _________

I authorize information to be exchanged among the following organizations/entities:
Circle YES and INITIAL

Yes ___ Lake County Interdisciplinary TEAM (also known as The Iris Project)
may consist of representatives from:

Alcohol and Drug Abuse Mental Health Services Board (ADAMHS)
Catholic Charities Community Services of Lake County
Department of Job and Family Services-Adult Protective Services
Lake County Council on Aging
Lake Hospital System-Department of Behavioral Medicine
Neighboring
Pathways

Yes ___ (additional agency/person) _______________________________
Yes ___ (additional agency) _____________________________________
Yes ___ (additional agency) _____________________________________

The reason for this disclosure is:
___ Coordination of Services ___ Care Planning and Consultation
___ Family Support/Involvement ___ Other:______________

The specific information to be disclosed to the Lake County Interdisciplinary Team is:
Circle YES and INITIAL

Yes _____ Identifying information: first name only, age, sex
Yes _____ Social history, treatment/service history, psychological evaluations, psychosocial assessments, personal information, regarding me or the person I represent
Yes _____ General medical records, (except HIV, AIDS and drug and alcohol treatment records) disability, type of services being received and name of agency providing services to me or the person I represent
Yes _____ Mental health diagnosis, status and treatment history
Yes _____ HIV and AIDS related diagnosis and treatment
Yes ____ Alcohol and drug diagnosis and treatment
Yes _____ Treatment Plans
Yes _____ Financial information necessary to establish eligibility for public assistance, including but not limited to, pay stubs, W2s, Social Security information and other information
Yes ____ Other ________________________

I understand that the above checked items may include information regarding physical and/or behavioral health treatment (mental health and/or substance abuse) that I may have received.

Amount of information to be disclosed:
___ Information covering all prior contact or ___ Specific dates: _______________

Authorization for Mutual Disclosure *(continued - page 2)*

This release will expire: ___ in one (1) year ___ other:____ days/months after the date signed. (Ordinarily authorizations expire in 180 days unless an earlier or later event, date or condition is specified.)

OR The specific date or event/condition upon which this consent will expire is ______________________________.

The information released is for professional purposes only. Only the minimum amount of information needed to achieve the purpose may be disclosed. It may not be provided in whole or part to any other agency, organization or person, other than that which is stated above. I have read and agree that all information was properly completed prior to my signing this form, understand that this form is not required as a condition for treatment, and have the right to access the information to be disclosed. I have the right to shorten or lengthen the authorization period at any time. This authorization is subject to revocation at any time except to the extent that the I-TEAM already acted in reliance on it. The revocation must be in writing. I understand that the I-TEAM cannot guarantee that the Recipient will not disclose my health information to a third party and the Recipient may not be subject to federal laws governing privacy of health information. However, if the disclosure consists of treatment information about alcohol or drug abuse treatment, the Recipient is prohibited from re-disclosure under federal law.

Prohibition Against Re-Disclosure: To the person/agency receiving alcohol or drug abuse client information.
"This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of the information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client." (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

______________________________ ______________ ______________________________ ______________
(Client Signature) Date Guardian/Personal Representative Date

______________________________ ______________
Witness Date

Revoked Authorization:

Client/Guardian has revoked this authorization as of (date) ______________________. Was this authorization revoked verbally? ____ No _____ Yes Who received this revocation? ______________________________

Signature: ______________________________ Witness: ______________________________

A son asked to come to the meeting of the I-TEAM (The Iris Project) and present the situation involving his mentally ill father who was about to be evicted from his apartment due to lack of payment. The members of the team were able to explain more about the mental illness his father was suffering and offer suggestions for strategies this son might take to prevent his father from becoming homeless. One of the issues he and the team discussed was how to proceed with probating his father, if necessary. Since the competence of the father became more of an issue as the weeks went on, the son did apply to probate court for guardianship. This allowed his father to remain in his familiar surroundings and be safe and secure.

PRACTICE	MLDT (MacNeill-Lichtenberg Decision Tree)
DEVELOPER	Peter Lichtenberg, Ph.D., Director Wayne State University Institute of Gerontology
EVIDENCE-BASED	No.
OHIO GRANTEE	Area Office on Aging, District 10B (Akron area - Portage, Stark, Summit, and Wayne Counties)
TSIG GRANT AMOUNTS	$8,000
OHIO CONTACT	Susan B. Sigmon, Vice-President Community Services Area Office on Aging, District 10B
PHONE	330-896-9172
EMAIL	ssigmon@services4aging.org

MLDT (MacNeill-Lichtenberg Decision Tree)
Area Office on Aging, District 10B (Akron area)
Older Ohioans Network Mini-Grant Implementation Summary

SYNOPSIS
The MacNeill-Lichtenberg Decision Tree (MLDT) was designed to increase detection of depression and memory impairment of frail older adults and assess the patient's environmental demands. MLDT is a method for triaging older adult patients in health care settings with regards to their need for cognitive and affective assessment. In the Akron, Ohio area, the tool was utilized by non-professionals who interact regularly with older adults as meal providers (Meals on Wheels), home health agency workers, and nursing facility staff to assist with early detection of depression and memory impairment.

TARGET POPULATION/NEED
The focus was on older adults who were receiving home health services in the community as well as those living in nursing facilities. Specifically, training was targeted for home and nursing home aides. The Akron region is home to more than 150,000 older adults, and there are nearly 14,000 nursing home beds in the area. Researchers estimate than an unmet need for mental health services may be experienced by up to 63 percent of adults aged 65 years and older with a mental disorder, based on prevalence estimates from the Epidemiologic Catchment Area study (Rabins, 1996).

BACKGROUND/HISTORY
The increasing growth of the older adult population, particularly those aged 85 and older, makes the recognition and triaging of cognitive dysfunction an important issue. Research has consistently shown that cognitive dysfunction is linked to proper treatment adherence, difficulty with self care, and vulnerability to elder mistreatment. Similarly, untreated depression is linked to poor treatment adherence, the loss of key social supports, and a higher risk for passive and active suicide. The Aging and Behavioral Health Alliance of East Central Ohio proposed a community wide project to increase the detection of depression and memory impairment of frail older adults who currently receive in-home services. This program was to familiarize and train instructors/trainers from community agencies on how to use a validated triaging and screening method. The MLDT was chosen as an ideal tool for administration by non-mental health professionals.

The MLDT includes -
1. Both cognitive and affective screening,
2. Environmental demand and a decision tree for further referral,
3. DVD footage of actual practitioner-patient administration, and
4. Validity in home settings, rehabilitation units, geriatric evaluation units, and with nursing home patients.

The MLDT has consistently been an efficient and useful tool for screening, case triaging, and for focusing referral questions.

Assessment and diagnosis of late-life mental disorders are especially challenging by virtue of several distinctive characteristics of older adults.
1. Clinical presentation may look different in older than other adults.
2. Detection is complicated by high comorbidity with other medical disorders.
3. Stereotypes about aging lead many to believe that "senility" and prolonged depression and hopelessness are normal, especially after the death of a loved one.
4. Normal decline in short-term memory and cognitive deficits caused by many illnesses make diagnosis of mental disorders more difficult.

PROGRAM GOALS

- Early detection of depression.
- Early detection of memory impairment.

The goal was to introduce the concept of early screening of depression and/or dementia in older adults into the community and to subsequently train twenty (20) organizations in the use of an evidence-based screening tool. After some consideration, the MacNeill-Lichtenberg Decision Tree (MLDT) was chosen due to its ease of use as a triaging instrument. The goal of the grant was to, ideally, have these organizations commit to making the MLDT a part of their staff orientation and encourage its use in the community.

TRAINING

The Area Agency on Aging, as a standing member of the Aging and Behavioral Health Alliance of East Central Ohio (ABHA-ECO), in collaboration with Summa Health System's Department of Psychiatry and other community partners, used some grant monies to host a presentation by Dr. Peter Lichtenberg on November 9, 2007. There were approximately 60 professionals attending that initial presentation. Additionally, Dr. Paula Hartman-Stein, a local geriatric psychologist, and Susan B. Sigmon co-presented the concept to approximately 70 professionals at the AAA's Aging at Every Altitude conference on February 21-22, 2008. The goal of these presentations was to introduce the concept of early detection of depression and dementia. The Older Ohioans Network was highlighted at both of these regional events.

The next step of the process was to educate targeted providers and to encourage their use of the MLDT tool. To that end, the AAA contacted over seventy (70) contracted providers (ie., meal providers, home health agencies and adult day service providers) about this innovative approach. Each provider was encouraged to attend a three-hour training on the use of the MLDT screening tool. The MLDT training was provided by Dr. Paula Hartman-Stein, who was specifically trained to provide this educational opportunity to the providers. There were 30 participants representing 16 providers at the March 6, 2008 training. Due to overwhelming demand, a second training session was held March 31, 2008. Additionally, Dr. Hartman-Stein scheduled a teleconference call in April, 2008 to address any questions the trained participants had regarding the use of the MLDT tool. There was a broad variety of participants in the first training class that included occupational therapists, activity directors, a home health aide and registered nurses. They represented meal providers, home health agencies and nursing facilities that serve Stark, Summit, Portage and Wayne counties. It should be noted that the attendees were instructed that the MLDT should be used as a screening tool, and was not meant for use in diagnosing or recommending a specific treatment plan.

FOLLOW-UP ACTIVITY

A three month follow-up phone survey was conducted with the 27 participating organizations.

OUTCOMES

The results of that phone survey revealed:

1. 7 had begun using the MLDT (26%)
2. 7 are planning to use the MLDT (26%)
3. 10 had decided not to use the MLDT (37%)
4. 3 were undecided

These results show that over half the agencies are using or plan to use the MLDT. Of the 14 organizations that use or plan on using the MLDT, only one has trained volunteers to use it. Overall, the participating agencies did not view identification and triaging of depression/decline in the functioning of their geriatric clientele to be part of the role of paraprofessional staff or volunteers.

CHALLENGES

The issue of "what do we do once an older adult has been identified with depression/dementia?" was identified as the MLDT was introduced to our community partners. It is clear there is an emergent need to develop clinical pathways within the AAA, community providers and doctor's offices when our (newly educated) providers do indeed identify an older adult with depression and/or dementia. Members of the ABHA-ECO, including the AAA, will work to develop this next crucial step.

PROJECT ASSESSMENT

The introduction of the MLDT screening tool was successfully completed within our community. Further work and continued discussion with key community stakeholders is needed to embed this concept. This project has further enhanced the relationships of those identified partners involved with ABHA-ECO (Aging and Behavioral Health Alliance- East Central Ohio). This group, under the capable direction of Dr. Paula Hartman-Stein, continues to be relevant and progressive in raising the community's awareness of the issues. The longer-term intention to improve recognition and detection of cognitive changes and to streamline and standardize the referral process among the community agencies has been impacted.

BUDGET

Year-to-date Total Expenditures	$8,000.00	
	$5,000	Consultants
	$ 300	Supplies and printing
	$2,700	Misc.

APPENDIX: MacNeill-Lichtenberg Decision Tree
(For Use With Persons Aged 60 and Over)

A. COGNITIVE INDICATORS

BENTON TEMPORAL ORIENTATION TEST

	Verbatim Response	Correct Answer	Error Score	Scoring Criteria
What Year is it?	________	________	________	(10 pts off per year; Max=60; Full credit w/in 15 days)
What Month is it?	________	________	________	(5 pts off per month; Max=30; Full credit if w/in 15 days)
What is the date?	________	________	________	(1 pt off per day; Max=15)
Day of the week?	________	________	________	(1 pt off per day; Max=3)
What time is it now?	________	________	________	(1 pt off per 1/2 hour; Max=5)
		Total Score	________	

ANIMAL NAMING: Tell me as many different animals as you can, as fast as you can. You have one minute. Ready, go. (Time for 60 seconds. Score = total number of different animals)

1. ____________	5. ____________	9. ____________	13. ____________
2. ____________	6. ____________	10. ____________	14. ____________
3. ____________	7. ____________	11. ____________	15. ____________
4. ____________	8. ____________	12. ____________	16. ________ Total ____

IF ORIENTATION ERRORS ARE GREATER THAN 3, OR ANIMAL NAMING IS LESS THAN 10, COMPLETE PSYCHOSOCIAL INDICATORS (PART B):

B. PSYCHOSOCIAL INDICATORS

1. Does the patient live alone? YES/NO
2. Does the patient complete ADLs/IADLs unsupervised? YES/NO
3. Is the family aware of cognitive deficits? YES/NO

IF ANY ONE OF THESE ITEMS IS ANSWERED IN THE INDICATED FASHION → REFER TO NEUROPSYCHOLOGY FOR COGNITIVE EVALUATION

C. EMOTIONAL FACTORS (GDS-3)

1. Do you feel that your life is empty? YES/NO
2. Do you often feel downhearted and blue? YES/NO
3. Do you feel pretty worthless the way you are now? YES/NO

IF THE PATIENT ANSWERS YES TO JUST ONE GDS-3 ITEM → REFER TO NEUROPSYCHOLOGY FOR EVALUATION OF DEPRESSION.

Arch Phys Med Rehabil Vol 81, May 2000

Name: ______________________________ Date: ____________

Geriatric Depression Scale (Short Form)

Choose the best answer for how you felt over the past week.

1.	Are you basically satisfied with your life?	yes	no
2.	Have you dropped many of your activities and interests?	yes	no
3.	Do you feel that your life is empty?	yes	no
4.	Do you often get bored?	yes	no
5.	Are you in good spirits most of the time?	yes	no
6.	Are you afraid that something bad is going to happen to you?	yes	no
7.	Do you feel happy most of the time?	yes	no
8.	Do you often feel helpless?	yes	no
9.	Do you prefer to stay at home, rather than going out and doing new things?	yes	no
10.	Do you feel you have more problems with memory than most?	yes	no
11.	Do you think it is wonderful to be alive now?	yes	no
12.	Do you feel pretty worthless the way you are now?	yes	no
13.	Do you feel full of energy?	yes	no
14.	Do you feel that your situation is hopeless?	yes	no
15.	Do you think that most people are better off than you are?	yes	no

Sleeping patterns: ____

Eating patterns: ____

Suicidal Ideation: ____

General Enjoyment: ____

PRACTICE	Physicians Web-Based Training
DEVELOPER	University of Pittsburgh Medical Center
WEBSITE	http://cme.hs.pitt.edu
EVIDENCE-BASED	Not applicable
OHIO GRANTEE	Columbiana County Mental Health and Recovery Services Board
TSIG GRANT AMOUNTS	$10,000
OHIO CONTACT	Kathie Chaffee, Associate Director Columbiana County Mental Health and Recovery Services Board
PHONE	339-424-0195
EMAIL	kchaffee@ccmhrsb.org

Physicians Web-Based Training

Columbiana County Mental Health and Recovery Services Board

USING THE PHYSICIANS WEB-BASED MODULE

If you would like to go through the module or market it to physicians in your community, the necessary information is below.

Visit the University of Pittsburgh Medical Center's Continuing Education Internet-based studies system at http://cme.hs.pitt.edu and register as a new user. Once enrolled, select the folder "Mental Health and Substance Abuse Problems of Older Adults." Within that folder are four separate modules:

- Delirium: Acute Confusional State
- Dementia
- Substance Abuse in Late-life
- Treatment of Depression in Late-life

UPMC is tracking the enrollment and usage numbers for these courses.

SYNOPSIS

Physicians in the Columbiana County area reported an interest in increasing their skills in working with older adults with behavioral health needs and expressed a strong preference for web-based training that is easily accessible and convenient. Columbiana County Mental Health and Recovery Services (MHRS) Board worked with the University of Pittsburgh Medical Center's Continuing Education Internet-based studies system to develop, edit and release four web-based training modules. Topics for the training modules included Dementia, Delirium (acute state of confusion), Substance Abuse Later in Life, and Depression in Late Life.

TARGET POPULATION

The target population is the estimated 60 primary care physicians with practices in Columbiana County. The MHRS Board has interacted with physicians during its five-year, ongoing commitment to ensuring older adults receive timely, expert care for behavioral health conditions. Physicians report they are interested in increasing their skills in this area, but efforts to attract them to "live trainings" have failed. On two occasions during the past six years, the Board has offered "live" physician-specific training, and physicians have not taken advantage of it. Physicians tell us that they prefer web-based training that is easily accessible, at convenient times for them, with continuing medical education hours attached.

HISTORY

In 2003, the Board surveyed primary care physicians practicing in the county regarding their experience with older adults. Survey results indicated that 60% of their older patients experience symptoms of depression. The Board has attempted to provide "live" training to physicians twice, with poor response. The Board surveyed physicians regarding their needs and preferences regarding training on behavioral health problems in older adults, and the results indicated that training is desired, although physicians prefer web-based training.

The project attempts to address the disparity issue of older adults not receiving mental health and substance abuse screening, assessment and treatment by improving the ability of primary care physicians to provide expert screening, assessment, and treatment. Older adults are less likely to seek help directly from behavioral health specialists and more open to accepting treatment from their primary care physicians. Regarding technology, this project supports the development of free high quality web-based training targeted to primary care physicians on screening, assessment, treatment, and referral of older adults who have mental health or substance abuse problems. Web-based training is more accessible and convenient for physicians. Although this training is geared toward physicians, it will be available to all interested persons, including physicians, who practice outside of Columbiana County, free of charge.

PAST ACTIVITY

The Board has partnered with other entities to increase the knowledge and skills of all relevant groups on the issues of behavioral health in older adults. The Columbiana County Suicide Prevention Coalition, which includes the Columbiana County Health Department, Help Hotline Crisis Center, Family Recovery Center, The Counseling Center, the Salem Area Visiting Nurses Association, and the Columbiana County Educational Services Center, has prioritized older adults as a population of concern. This coalition conducted four trainings for local clergy, spanning 2003 to 2005, on suicide prevention among older adults. The Board partnered with the Area Agency on Aging 11, Inc., East Liverpool City Hospital, Salem Visiting Nurses, and Kent State University to conduct a Senior Behavioral Health Symposium in November, 2005. Eighty people, including social workers, counselors, case managers, home health professionals, nurses, and clergy from mental health, substance abuse, and elder care settings, attended this event, which focused on both substance abuse and mental health problems in older adults.

As a result of the evaluations of this symposium, the Board, Kent State University, Salem Community Hospital, East Liverpool City Hospital, and Copeland Oaks Retirement Community co-planned and co-sponsored training targeted to health professionals who work with senior adults living in long term care settings, including nursing homes and assisted living settings. The program focused on depression, substance abuse, and dementia in seniors living in long term care facilities, including nursing homes and assisted living. Twenty-seven long-term care professionals attended.

ACTIVITY

Dr. Jules Rosen, who created the web-based training, is Professor of Psychiatry at the University of Pittsburgh Medical Center (UPMC) and Director of the UPMC Geriatric Fellowship Program. He has authored more than 75 peer-reviewed articles in geriatric psychiatry and is a nationally recognized expert in this area. The web-based training addresses the following: screening of older adults for substance abuse and mental illnesses, chiefly mood and anxiety disorders, in primary care settings; treatment of these disorders in primary care settings; and facilitating referrals to behavioral health professionals for patients who require more specialized treatment than can be provided in the primary care setting.

The training provides guidance on handling the referral in a way that older adults will be most open to considering it. Physicians must take a pre-test, complete a training evaluation, and pass a post-test to earn A.M.A.-approved continuing medical education credits. Dr. Rosen developed the content in conjunction with the Board and the Area Agency on Aging 11, Inc.

GOALS

The University of Pittsburgh Medical Center for Continuing Education in the Health Sciences produced the training and hosted it within its Internet-based Studies in Education and Research (ICER) web-based system. This entity is providing continuing medical education credits and continuing education credits for other health professionals at no cost to the "learners." The Center is constructing administrative reports and evaluation data to include evaluation summaries of how the training was perceived and the number of physicians from Columbiana County who "pass" the course. The MHRS Board, together with key staff of Salem Community Hospital, East Liverpool Community Hospital, the Columbiana County Community Action Health Clinic, and the Area Agency on Aging 11, Inc., has conducted an multi-faceted, aggressive awareness and promotion campaign to familiarize physicians with the training and to encourage them to take advantage of it. Steps were taken to make this training as accessible and easy to obtain as possible. This group is also promoting this training to others who would benefit, including non-physician health professionals, consumers, and families.

GOALS, *continued*

- 20 primary care physicians will take the course by June 30, 2008, and earn continuing medical education credit.
- 20 primary care physicians will positively evaluate the program.
- 20 other "learners," including other health care professionals, consumers, and family members, will take the course.

OUTCOMES

To date, 22 physicians, 4 nurses, 4 physician assistants and 11 other medical personnel have received the web-based training. Evaluations have been very positive, with over 90% of participants stating that they expect to change the way they conduct their professional responsibilities and that they enhanced their knowledge of the subject area. The Board will continue to market the program to physicians.

COSTS

The bulk of the costs associated with this proposal are "upfront costs," e.g., the development of the training, production and web-hosting, and the awareness and promotion campaign. The University of Pittsburgh will maintain the training on its ICER system for an indefinite period of time; therefore, the costs to maintain this program beyond June 30, 2008, are expected to be minimal, and the Board commits to assuming those costs.

This training will be available, at no charge, to an unlimited number of physicians and other interested learners from anywhere, not just Columbiana County, for one year. Following the first year, there may be a nominal charge added for the continuing education credits.

BUDGET

Year-to-date Total Expenditures	$10,000.00
$2,500	University of Pittsburgh Center for Continuing Education in Health Sciences- producing and hosting the training on its ICER system
$2,500	UPMC continuing medical education and CEUs
$2,000	Consultant, awareness campaign and coordination
$ 750	Other, includes print materials

PRACTICE	Vial of Life Project
DEVELOPER	American Senior Safety Agency
WEBSITE	www.vialoflife.com
EVIDENCE-BASED	Not applicable
OHIO GRANTEE	Area Agency on Aging, Inc. District 5 (Ashland, Crawford, Huron, Knox, Marion, Morrow, Richland, Seneca and Wyandot counties)
TSIG GRANT AMOUNTS	$8,750
OHIO CONTACT	Diane Ramey, Assistant Director Area Agency on Aging, Inc. District 5 (Mansfield Area)
PHONE	419-524-4144
EMAIL	dramey@agingnorthcentralohio.org

Vial of Life Project

(The following information is directed to the consumer/patient.)

In an emergency the Vial of Life will speak for you when you can't!

The Vial of Life Project was designed to allow emergency medical personnel, caregivers, doctors, home healthcare workers, and others who interact with medically fragile individuals a quick and simple way to obtain the information necessary to care for a person in crisis. It can also be used as a simple summary of conditions and medication-for doctor visits, especially for those patients who may be unclear about the specifics of their care needs.

The Vial of Life is designed to speak for you when you can't speak for yourself. The vial contains important medical information that can assist emergency personnel in administering the proper medical treatment. During normal office visits to any of your doctors, the Vial of Life will tell them what medications you are taking, and the ailments that you have.

How to use the Vial of Life properly

Follow the four simple steps to using the Vial of Life. You can also save and store this information at VialofLife.com for easy future access to change information like medications, doctors, etc.

This Toolkit includes a copy of the Vial of Life form and two sheets of Vial of Life labels that should be trimmed with scissors and placed on a plastic baggie for consumers.

Form, labels, and directions can be found at:

http://www.vialoflife.com/index.html

1. Fill out the Vial of Life form

- Complete the Vial of Life form (page 38).
- Answer all or any pertinent questions.
- Make blank copies of this form to keep information current or go to www.vialoflife.com to maintain and store updated information.

NOTE: This Toolkit includes a reproducible copy of the Vial of Life form.

2. Place the decal on front of a plastic baggie

- Place the form you filled out in the plastic baggie.
- You may also want to place the following items in the baggie:
  - ✔ Copy of EKG
  - ✔ Living will or equivalent
  - ✔ Recent photo of self
  - ✔ DNR (Do Not Resuscitate) document, if applicable

NOTE: This Toolkit includes two sheets of Vial of Life labels that should be trimmed with scissors and placed on a plastic baggie for consumers.

3. Place the baggie on your refrigerator door

- Securely tape plastic baggie to front of refrigerator door.
- Place the decal on the side of your refrigerator or on the front door where anyone responding to an emergency could easy see it.

4. Place the second decal on your front door

- Place the decal on the front door so it can easly be seen by any one responding to an emergency.

What goes in the plastic baggie on the front of your refrigerator door?

- ✔ A completed Vial of Life form.
  (Answer the questions you want; don't answer questions you don't want.)
- ✔ Providing a picture of yourself would be helpful.
- ✔ A photostat of your last EKG will greatly assist the emergency personnel.
  (Your doctor should gladly provide you with a copy)
- ✔ Place your Living Will or equivalent in your baggie, if you have one.
- ✔ Place any Do Not Resuscitate (DNR) documentation in the baggie, if you so choose.
- ✔ Place any other documentation you feel important in the baggie.

You can store and print out the form at the Vial of Life Project website.
Storing the form allows you to come back later, change the information and reprint an updated copy. Storing your information is not necessary...it's an added convenience for you. Any information stored on this site will be maintained for you as stated in our Privacy Policy. Simply....all information is confidential, and we (Vial of Life) will never disclose or share your information.

Vial of Life Project

A Public Charity

Sponsored by **American Senior Safety Agency 888-473-2800**

1. Fill out the Vial of Life form

- Fill out the vial form located on reverse side. Answer all or any pertinent questions.
- Make blank copies of this form to keep information current or go to www.vialoflife.com to maintain and store updated information.

2. Place decal on front of a plastic baggie

- Place filled out vial form in the plastic baggie.

You may also consider placing the following items in the baggie.

- Copy of EKG
- Living Will or equivalent
- DNR (Do Not Resuscitate)
- Recent picture of self

3. Place the baggie on your refrigerator door

- Securely tape plastic baggie to front of refrigerator door.
- Place plastic baggie at eye level so that anyone responding to a medical emergency can find complete medical information.

4. Place the second decal on your front door

- Place second decal on the front door or window for easy visiblity by anyone responding to a medical emergency..

For convenience maintain this information at www.VialofLife.com

Vial of Life Information Form

PERSONAL INFORMATION		
Name:	Date of Birth:	Male____ Female____
Address:	Phone:	
Emergency Contact:	Phone:	Relationship:
Emergency Contact:	Phone:	Relationship:
Primary Physician:	Phone:	
Pharmacy:	Phone:	
Preferred Hospital:	Medical Insurance / Policy #:	
Names and ages of others living in household:		

MEDICAL HISTORY									
	Alzheimer's		High Blood Pressure		Angina		Heart Attack		Renal Failure
	Dementia		Congestive Heart Failure		Diabetes		Pacemaker		Seizures
	Emphysema		Internal Defibrillator		Asthma				
	Cancer, type:				Stroke, related deficits:				
Other Medical problems/conditions/recent surgeries (list):									
Allergies to medications (list): ______none									

MEDICATIONS TAKEN		
Location(s) where your medications are kept:		
Medication Name	Reason for Taking	Dosage/Times per Day

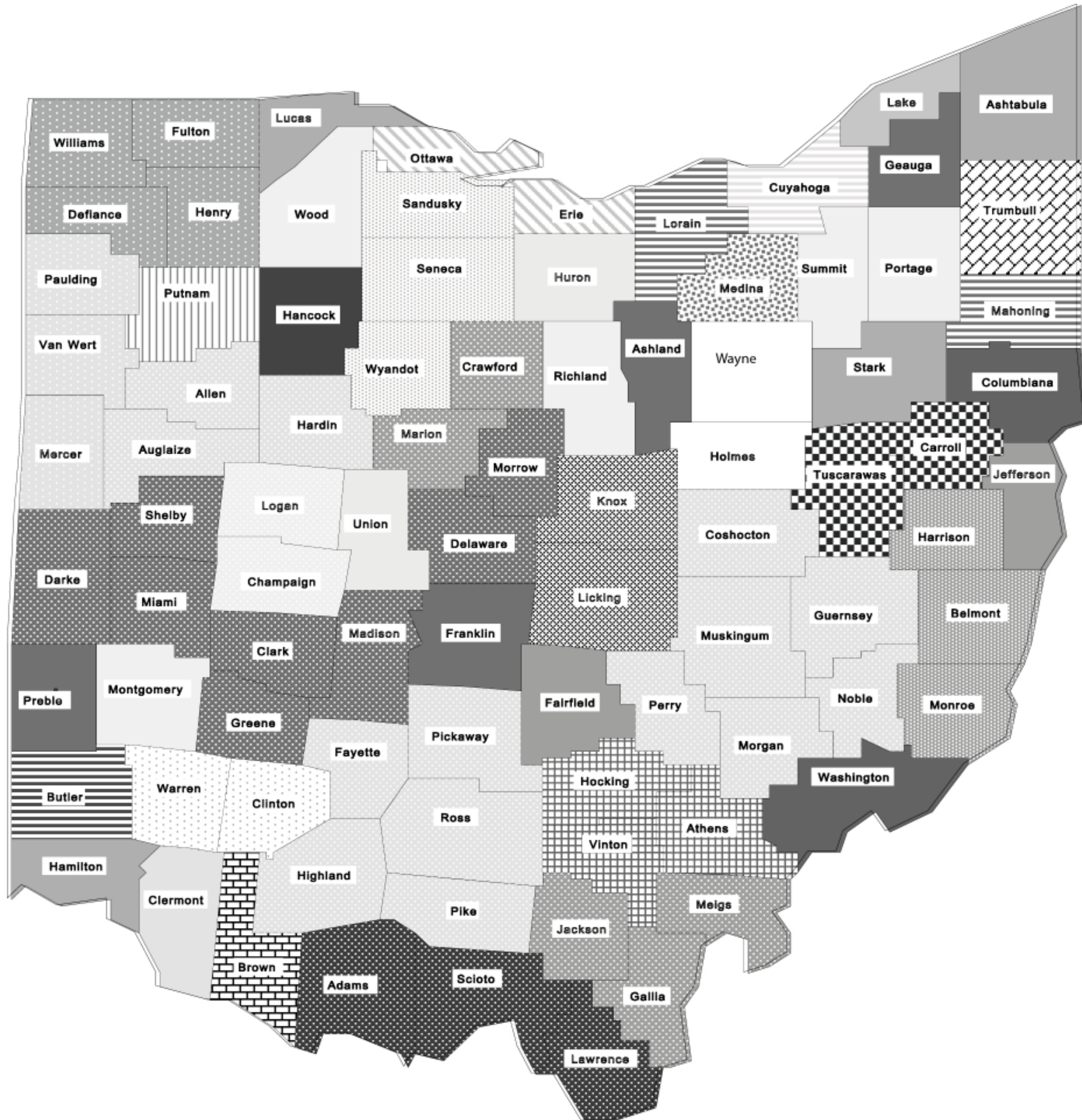
OTHER EMERGENCY INFORMATION / INSTRUCTIONS

DATE COMPLETED: _____ / _____ / _____

RESOURCES

Ohio's County Behavioral Health Boards

Alcohol, Drug Addiction and Mental Health Services Boards (ADAMH)
Alcohol, Drug Addiction Services Boards (ADAS)
Community Mental Health Boards (CMH)



SEE NEXT PAGE FOR COUNTY BOARD LISTING AND PHONE NUMBERS

County ADAMH/ADAS/CMH Boards Contact List

Board	Phone
ADAMHS Board of Adams, Lawrence, Scioto Counties	(740) 353-5327
MHRS* Board of Allen, Auglaize, Hardin Counties	(419) 222-0860
MH & Recovery Board of Ashland County	(419) 281-4988
Ashtabula County MH & Recovery Board	(440) 992-2761
Athens-Hocking-Vinton 317 Board	(740) 592-1996
Belmont-Harrison-Monroe MH & Recovery Board	(740) 695-1607
Brown County Community Board of ADAMHS	(937) 378-3027
Butler County CMH / Butler County ADAS Board	CMH (513) 860-9241 ADAS (513) 867-1114
MH & Recovery Board of Clark, Greene & Madison Counties	(937) 322-7631
Clermont County MH & Recovery Board	(513) 732-5414
Columbiana County MH & Recovery Board	(330) 424-8033
Crawford-Marion Board of ADAMHS	(740) 382-0455
Cuyahoga CMH Board / Cuyahoga County ADAS Board	CMH (216) 861-5067 ADAS (216) 348-4834
Delaware - Morrow MHRS Board	(740) 368-1744
MH & Recovery Board of Erie & Ottawa	(419) 627-0769
Fairfield County ADAMH Board	(740) 654-7621
Four County ADAMH Board (Defiance, Fulton, Henry, Williams)	(419) 267-3353
The ADAMH Board of Franklin County	(614) 224-0991
Gallia-Jackson-Meigs Board of ADAMHS	(740) 446-6814
Geauga Board of MHRS	(440) 285-9617
Hamilton County MH and Recovery Services Board	(513) 946-8610
Hancock County ADAMHS Board	(419) 424-2037
Huron County ADAMHS Board	(419) 663-8649
Jefferson County Prevention and Recovery Board	(740) 282-6353
Lake County ADAMHS Board	(440) 350-2668
Licking & Knox Counties MHRS Board	(740) 522-3502
Logan-Champaign Counties MHDAS Board	(937) 465-3914
Lorain County MH Board / Lorain County ADAS Board	CMH (440) 233-2030 ADAS (440) 282-9928
MHRS Board of Lucas County	(419) 244-4707
Mahoning County CMH / Mahoning County ADAS Board	CMH (330) 746-4323 ADAS (330) 743-9514
Medina County ADAMH Board	(330) 723-9643
Mercer, Van Wert & Paulding ADAMH Board	(419) 238-3307
ADAMHS Board for Montgomery County	(937) 461-2204
Muskingum Area ADAMH Board (Coshocton, Guernsey, Morgan, Muskingum, Noble, Perry)	(740) 454-6580
Paint Valley ADAMH Board (Fayette, Highland, Pickaway, Pike, Ross)	(740) 773-2770
Portage County MH & Recovery Board	(330) 673-1330
Preble County MH & Recovery Board	(937) 456-1048
MH & ADA Recovery Board of Putnam County	(419) 523-6188
MHRS Board of Richland County	(419) 774-5816
MHRS Board of Seneca-Sandusky-Wyandot	(419) 448-8743
MHRS Board of Stark County	(330) 455-4242
County of Summit ADM Board	(330) 252-3024
Tri-County Board of Recovery & MH Services (Darke, Miami & Shelby Counties)	(937) 335-8816
Trumbull LifeLines ADAMHS Board for Trumbull County	(330) 675-2772
ADAMHS Board of Tuscarawas & Carroll Counties	(330) 364-3307
Mental Health & Recovery Board of Union County	(937) 644-9543
MHRS Board of Warren & Clinton Counties	(513) 695-2997
Washington County MH and Addiction Recovery Board	(740) 374-6927
MH & Recovery Board of Wayne & Holmes Counties	(330) 264-7879
Wood County ADAMHS Board	(419) 352-3349

* *MHRS = Mental Health and Recovery Services Board*

BABY BOOMERS

Elderwisdomcircle.com www.elderwisdomcircle.com

This San Francisco-based nonprofit provides a free forum to promote and share elder know-how and accumulate wisdom. Senior volunteers from all over North America offer personalized answers to questions on a variety of topics.

BENEFITS (see Health and Prescription Assistance for more)

Medicare www.medicare.gov

Official Medicare website.

Social Security Administration www.ssa.gov

Official Social Security website.

National Committee to Preserve Social Security and Medicare www.ncpssm.org

CAREGIVING

Today's Caregiver www.caregiver.com

Solutions to caregiving situations throughout the caregiving years (a journey of six stages).

Family Caregiver Alliance National Center on Caregiving www.caregiver.org

Information, education, services, research and advocacy for caregivers.

The Gerontological Society of America www.geron.org

The Gerontological Society is a nonprofit professional organization. GSA provides researchers, educators, practitioners and policy makers with opportunities to understand, advance, integrate and use basic and applied research on aging to improve the quality of life as one ages.

Grandparents Resource Center www.grc4usa.org

Organization that works with grandparents and family members to facilitate harmony and foster intergenerational relationships to provide a broader security for children in the family.

CAREGIVING, *continued*

National Caregivers Library www.caregiverslibrary.org/

The National Caregivers Library is an extensive online library for caregivers.

National Association of Area Agencies on Aging www.n4a.org

The National Association of Area Agencies on Aging (N4A) is the umbrella organization for the 655 area agencies on aging (AAAs) and more than 230 Title VI Native American aging programs in the U.S.

Caring Connections www.caringinfo.org

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHP-CO), is a national initiative to improve care at the end of life.

FEDERAL GOVERNMENT

National Do Not Call Registry www.donotcall.gov

A national Do-Not-Call registry that allows consumers to control who they do business with over the telephone.

Centers for Medicare and Medicaid Services www.cms.hhs.gov

Centers for Medicare and Medicaid Services - provides information about Medicare, Medicaid and other Federal programs.

Medicare www.medicare.gov

Official Medicare website.

National Institutes of Health www.nih.gov

Provides information about a variety of health resources.

Social Security Administration www.ssa.gov

Official Social Security website.

Veteran's Administration www.va.gov

Veterans Administration website.

The White House www.whitehouse.gov

White House website.

FEDERAL GOVERNMENT, *continued*

Hospital Compare- government tool www.hospitalcompare.hhs.gov

This tool from the Centers for Medicare and Medicaid Services provides information on how well local hospitals care for patients with certain medical conditions.

Disability Info.gov www.disabilityinfo.gov

A one-stop source of government information for people with disabilities, employers, service providers, families and advocates.

GRANDPARENTING

American Association for Retired Persons www.aarp.org/grandparents

AARP Grandparenting Information Center offers resources for grandparents of all types -- those living close by or long distance, grandparents raising grandchildren, step grandparents, or those with visitation issues.

The Foundation for Grandparenting www.grandparenting.org

Dedicated to raising grandparent consciousness to better the lives of grandchildren, parents and grandchildren through education, programs and communication.

HEALTH (see Prescription Assistance for more)

Older Ohioans Behavioral Health Network www.oacbha.org

The Ohio Association of County Behavioral Health Authorities-hosted program- Older Ohioans Behavioral Health Network provides leadership for a collaborative effort to positively impact the behavioral health of older Ohioans.

Ohio Network of Care www.ohionetworkofcare.org

Network of Care is a highly interactive, single information place where consumers, community-based organizations and municipal government workers all can go to easily access a wide variety of important information.

Ohio's Best Rx 1-866-923-7879 www.ohiobestrx.org

Provides prescription coverage to any Ohio resident. Consumers under 60 are subject to income criteria. There is no application or enrollment fee.

HEALTH, *continued*

Health Finder.gov www.healthfinder.gov

Information about doctors, dentists, public clinics, hospitals, long-term care, nursing homes, health insurance, prescriptions, health fraud, Medicare, Medicaid and medical privacy from U.S. Department of Health and Human Services.

National Council on Aging www.ncoa.org

National network of organizations and individuals dedicated to health and independence of older persons.

National Council on Aging Center for Healthy Aging www.healthyagingprograms.org

For information on evidence-based health programming.

National Institute on Aging www.nia.nih.gov

The National Institutes of Health (NIH) National Institute on Aging, a part of the U.S. Department of Health and Human Services, is the primary Federal agency for conducting and supporting medical research.

Ohio Senior Olympics www.ohioseniorolympics.org

Ohio Senior Olympics is responsible for sanctioning Senior Olympic competitions in Ohio and hosts the yearly state Senior Olympics competition.

Directory of Gerontology Programs in Ohio - Ohio Association of Gerontology and Education

http://www.oage.org/docs/OAGE_DirectoryGTYPrograms.pdf

Healthy Town Health Promotion Services www.vnahealthytown.org

Healthy Town, a unique health promotion program, has demonstrated success in improving the health of seniors and families with children in Ohio.

Ohio Dental Association Smiles for Seniors www.oda.org/gendeninfo/Smiles.cfm

This Ohio Dental Association helps educate caregivers and older adults on the importance of continuing daily oral hygiene, even for an adult who may be semi-dependent or has dentures.

HOUSING

Ohio Housing Locator.org www.ohiohousinglocator.org

Provides assistance to locate housing in a specific area and resources to help with the search.

American Association of Homes and Services for the Aging www.aahsa.org

AAHSA is committed to advancing the vision of healthy, affordable, ethical aging services for America.

Senior Housing www.seniorsww.com

Provides links to senior housing all over the country.

LEGAL ISSUES

Elder Law Answers www.elderlawanswers.com

Resources that support older consumers, their families, and their attorneys by providing the best information on the internet about crucial legal issues facing older consumers.

American Bar Association Commission on Law and Aging www.abanet.org/elderly

The ABA strives to provide the knowledge and tools needed to expand careers through ABA-sponsored workshops, meetings, seminars, CLE sessions and a variety of respected and up-to-date publications.

Pro Seniors www.proseniors.org

Non-Profit organization that provides free legal advice and information to solve legal and nursing home, adult care facility, and home health care problems.

LONG TERM CARE

Long Term Care Consumer Guide www.ltcohio.org/consumer/index.asp

The Ohio Long-Term Care Consumer Guide provides information about nursing homes and assisted living facilities to help consumers, family members and professionals search for the appropriate facility to meet an individual’s needs online or call (614) 466-5500 for information.

Long Term Care Ohio www.longtermcareohio.com

Simplifies a complex system that is Ohio’s Long Term Care and Senior Living system.

NATIONAL AGING ORGANIZATIONS

American Association of Homes and Services for the Aging www.aahsa.org

American Association of Homes and Services for the Aging is committed to advancing the vision of healthy, affordable, ethical aging services for America.

American Association for Retired Persons www.aarp.org

AARP is a nonprofit, nonpartisan membership organization for people over 50.

Hospice Foundation of America www.hospicefoundation.org

Hospice Foundation of America is a not-for-profit organization providing leadership in the development and application of hospice and it philosophy of care.

Caring Connections www.caringinfo.org

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national initiative to improve care at the end of life.

Hot Braille.com www.hotbraille.com

List of resources for eye health and information related to eye diseases.

National Association of Area Agencies on Aging www.n4a.org

The National Association of Area Agencies on Aging (N4A) is the umbrella organization for the 655 area agencies on aging (AAAs) and more than 230 Title VI Native American aging programs in the U.S.

National Association for Homecare and Hospice www.nahc.org

NAHC is committed to representing the interests of the homecare and hospice community.

OWL-The Voice of Midlife and Older Women www.owl-national.org

National grassroots membership organization that focuses solely on issues unique to women as they age.

PRESCRIPTION DRUG ASSISTANCE/INFORMATION

Ohio Department of Insurance Consumer Services

www.ohioinsurance.gov/ConsumServ/ConServIndex.asp 1-800-686-1578

Free analysis of income and savings to determine prescription assistance.

Ohio's Best Rx 1-866-923-7879 www.ohiobestrx.org

Provides prescription coverage to any Ohio resident. Consumers under 60 are subject to income criteria. There is no application or enrollment fee.

Golden Buckeye Card www.goldenbuckeye.com

This site tells how to save on prescriptions using the Golden Buckeye Card as well as other links to events, employment, news and announcements.

Rx for Ohio- A Partnership for Prescription Assistance www.rxforohio.org

Provides access to 1,400 medications in more than 300 government, industry and privately sponsored programs.

Educate Before You Medicate www.talkaboutrx.org

A patient safety coalition that works to advance the safe, appropriate use of medicines through enhanced communication.

Rx Assist- Patient Assistance Program Center www.rxassist.org

Limited prescription assistance information including programs for military personnel, medicaid programs, state programs, city/county programs and drug discount cards.

Together Rx Access www.togetherrxaccess.com/Tx/jsp/home.jsp

Cardholders may save 25%–40%* on brand-name prescription products.

STATE OF OHIO

Ohio Department of Aging www.aging.ohio.gov

The Department coordinates services through twelve Area Agencies on Aging (AAAs), each serving a localized planning and service area (PSA) with a unique population base and geography. AAA services include home-delivered meals, housing, transportation and health care.

Ohio Association of County Behavioral Health Authorities www.oacbha.org
614-224-1111

OACBHA is the statewide organization that represents the interests of all of Ohio's county Alcohol, Drug Addiction and Mental Health Boards at the state level. OACBHA is committed to assuring that residents of every Ohio community live healthier lives through access to quality mental health, alcohol and other drug prevention, treatment and support services.

Ohio Association of Area Agencies on Aging www.ohioaging.org

OAAAA is a statewide network of agencies that provide services for the elderly, as well as advocate on behalf of older Ohioans. The OAAAA addresses issues which have an impact on the aging network, provides services to members, and serves as a collective voice for Ohio's Area Agencies on Aging.

Ohio's Best Rx 1-866-923-7879 www.ohiobestrx.org

Provides prescription coverage to any Ohio resident. Consumers under 60 are subject to income criteria. There is no application or enrollment fee.

Ohio Department of Insurance Consumer Services

1-800-686-1578 www.ohioinsurance.gov/ConsumServ/ConServIndex.asp

Free analysis of income and savings to determine prescription assistance.

Ohio Attorney General's Office www.ag.state.oh.us

Consumer protection that allows consumers to access their rights and responsibilities and make sure that con artists and shady businesses do not take advantage of older adults.

Ohio Department of Job and Family Services www.jfs.ohio.gov

ODJFS services for individuals and families.

Healthy Ohio www.healthyohioans.org

This initiative of the Ohio Department of Health encourages personal fitness and wellness in setting where Ohioans already gather: their work places, schools, social groups and communities.

STATE OF OHIO, *continued*

Ohio Committee for Severe Weather Awareness www.weathersafety.ohio.gov

The OCSWA informs residents of the weather hazards that most affect Ohio and encourages them to plan and prepare for severe weather before it happens.

State of Ohio website www.state.oh.us

Official State of Ohio website includes aging related resources and information.

WELLNESS/EXERCISE

President's Council on Physical Fitness and Sports www.fitness.gov

President's Council on Physical Fitness and Sports (PCPFS) serves as a catalyst to promote, encourage and motivate Americans of all ages to become physically active and participate in sports.

Ohio Senior Olympics www.ohioseniorolympics.org

Ohio Senior Olympics is responsible for sanctioning Senior Olympic competitions in Ohio and hosts the yearly state Senior Olympics competition.

Healthy IDEAS

(Identifying Depression, Empowering Activities for Seniors)

An evidence-based program

Replication Report

Ohio Elder Abuse
I-TEAM Manual
(Interdisciplinary Team)