



Supporting Older Adults in PROS

NYAPRS 5th Annual PROS Implementation Academy

Building the Recovery Platform for Tomorrow

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Raya Noreault, MA, LMHC, Team Leader
Beacon PROS
Mental Health America of Dutchess County
Poughkeepsie, NY

Robert Franco, MA, Program Director
Nicole Ness, LCSW, Assistant Director
Service Program for Older People
SPOP PROS
New York, NY

Workshop Objectives

- Look at recovery through the lens of the older adult.
- Review how PROS program staff must adjust their thinking and expectations to meet the needs of the older adult.
- Decrease concerns and fears about admitting older adults to PROS.
- Provide you with examples of age appropriate recovery goals for older adults.
- Increase the quality of life of older adults.
- Answer your questions about older adults and recovery.

Let's Get Acquainted!

Beacon PROS & SPOP PROS

Service Program for Older People: SPOP



- Adults age 55 and above.
 - Mission: enhance the quality of life of older adults and to foster their independent living.
- Geriatric Mental Health Clinic** offers:
 - psychotherapy
 - medication management
 - specialized substance abuse counseling
 - health education
 - appointments in the home and at satellite sites for those who are homebound or transportation-challenged.
- Bereavement Support Services,**
- Training & Education and Information & Referral services.**
- PROS - launched October 1, 2013 as the successor to a long-standing CDTP program.**
- Only Geriatric PROS in New York State.**

- Agency serves children and above:**
 - Mental wellness benefits the whole community and adheres to the following values:
 - Integrity, Dignity & Excellence

- MHA PROS can offer:**
 - Clinical Services
 - Care management
 - Recovery programs
 - Respite care, resources for the homeless
 - Community education
 - Family and parenting education
 - Teen Challenge
 - CASA. Etc...

- Beacon PROS converted from a Clubhouse, Social Rehabilitation Program and Drop In Center in 2010.**

Let's hear from you:

**What do you think are the challenges
and barriers for working with older
adults in PROS?**

Our “Big” Questions

- Can older adults benefit from psychiatric rehabilitation services?
- Will recovery-oriented services “work” for older adults?

And probably the biggest question on everyone’s mind...

Will working with older adults in PROS be financially viable?

Additional Questions We Considered

- What does recovery “look like” for older adults?
- Will the older participant understand the concept of recovery after years of traditional inpatient and outpatient treatment?
- How can we overcome institutionalization?
- Will participants make the change?
- Will participants attend and participate in PROS groups?
- Will they learn new skills?
- How will participants respond to the expectations of recovery?

Overcoming Assumptions

- Recovery implies improvement; most people believe getting older is a downward spiral both physically and cognitively.
 - The best we can hope for is to slow down the “downward spiral.”
- **Older people don’t like change.**
 - The participants LOVED the CDTP and Clubhouse - the conversion to PROS would be unfair to both participants and staff.
 - They are conditioned to old treatment methods and will not be able to comprehend modern evidence-based practices.
- Employment and education are unlikely life role goals for older adults.

Overcoming Our Anxieties

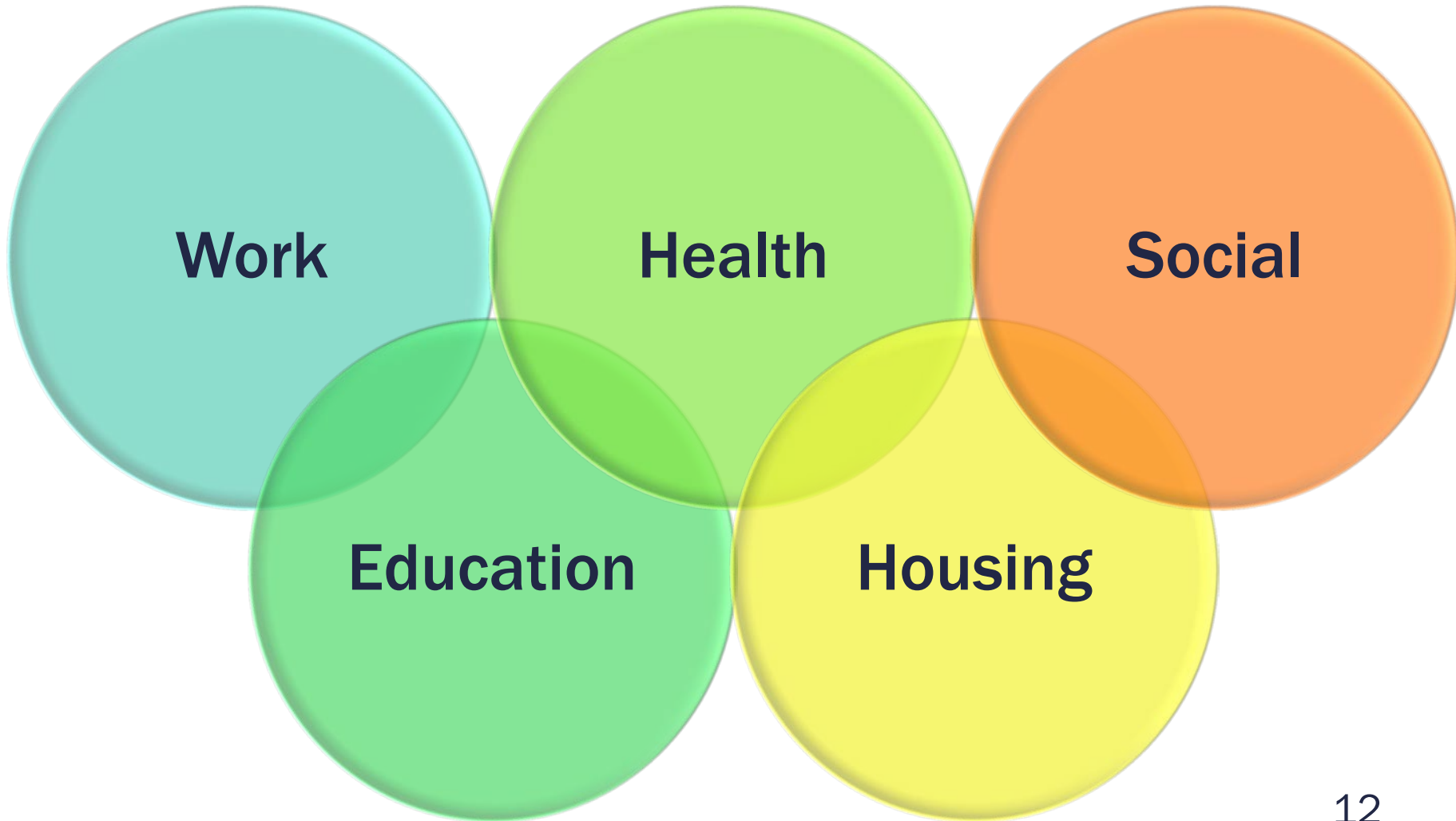
- Where will SPOP/Beacon get referrals from if attendance drops off?
- What will a 70% or more Medicaid/Medicare population mean when it comes to the Clinic Component Add-On?
- How are we going to help our participants establish life role goals?
- How are we going to provide interventions and groups that were designed for the “younger folks”?

Did we already mention our anxieties about reimbursement and fiscal viability?

What We've Learned...

(and how we challenged our assumptions & overcame our anxiety)

Life Roles for Older Adults



Life Roles for Older Adults



Social

- As we get older our natural social networks shrink.
- Complex issue for individuals who have been in the mental health system and not focused on recovery for 40 – 50 years.
- Goals:
 - Re-establish contact with family/ friends.
 - Access community resources such as Senior Centers.

Life Roles for Older Adults



Work

- “Work” definition needs to broaden.
- “**Productivity**” is better for older adults.
- It should include:
 - Volunteering
 - Mentoring
 - Informal employment.

Life Roles for Older Adults



Education

- Definition of education needs to broaden: must individualize it to the particular needs and desires of older people.
- Traditional education: GED, BA, Trade.
- Older Education:
 - Second language
 - Computer
 - Music or art classes
 - Continuing education.

Life Roles for Older Adults



Housing

- Housing remains an important domain for older people and includes:
 - All OMH supported housing options
 - Assisted Living
 - Senior Housing
 - Family
 - Independent housing.
- Advocating for supported services to maintain an individual in the community:
 - HHA
 - Visiting nurses

Life Roles for Older Adults



Health

- Not traditional focus for PROS programs
- More important as our bodies change.
- Critical issues for Recovery:
 - physical health
 - cognitive health

Other Issues that Impact Recovery with Older Adults

- Depression and anxiety in older adults can present differently.
- Medical stressors such as a UTI can mimic psychosis.
- Responses to medication [including side effects] are exaggerated in older people. A small change can lead to an extreme result.
- As people age and their medical health becomes more complex they are often on many medications. Complications are likely due to the interactions of multiple medical and psychiatric medications.
- Coordination with medical providers is vital.

Examples of Participants' Goals

Beacon & SPOP

Examples of Goals/ Objectives

- “I want my own apartment.”
 - AB will report to writer and/or in group sessions that she composed music at least twice per week as a way to successfully cope with distressing feelings (i.e. sadness, fear, anger) for a period of 3 months.
 - AB will report to writer and/or in group sessions at least once every week that she is reaching out to at least one supportive resource while in the community (i.e. family, friends, worker, community self-help, agency, hotline, etc.) when experiencing distress (i.e. anxiety, fear, sadness, hopelessness) and/or urges to use substances for a period of 3 months.
 - AB will discuss her options for housing and the pros and cons to each option. She will report this to her counselor and/or in group session at least once every other week for a period of 3 months.

More Goals and Objectives...

- “I want to develop meaningful relationships”
 - In the next 3 months, EF will become more educated about her options in pursuing new housing closer to her daughter and will report on progress to SPOP staff once every three weeks.
 - Once per month during the next 6 months, EF will visit one new location in her community in which she can socialize with new people and will report her progress to SPOP staff individually or in a group setting, once monthly.
 - Once monthly for the next 6 months EF will develop one new coping skill to aid in reducing feelings of depression as related to loneliness and report this to SPOP staff or in a group setting, once a month.

We're Happy to Share...

- Some “early returns” on our investment in recovery....
 - AB - working informally as a live-in personal assistant approx. 28 hours/week. Outcome - less crises, improved sense of self, better management of stress.
 - EF - moved into a renovated apartment in the same SRO but wants to pursue moving to Queens to be closer to family. HRA process to begin soon. Attends SPOP PROS mornings, goes to Goddard Riverside Senior Center in the afternoons and attends Hamilton Senior Center on weekends.

More Milestones...

- RS - HRA application was completed. Interviewed and accepted. Moved into apartment on 11/17/14.
- JK – SPOP's first graduate!! Successfully connected to his two sons. He saved enough money through his P/T job to visit his son in Peru for 3 weeks for the son's wedding. Shortly after returning, JK decided he met his goals and was referred to the Clinic. This allowed him to increase his work hours to 28hrs/week.
Oh, and by the way.... He is 81 years old!

What Participants liked:

- Smaller, more focused groups.
- Attending groups that spoke to their needs.
- Co-facilitating groups.
- Taking ownership of the program.

- Results:
 - Disinterested and minimally engaged became active participants within groups.
 - More verbal, energized, and engaged.
 - Attended more groups and received more services than anticipated.
 - Sense of empowerment over their lives.
 - Believe recovery is possible.

SPOP's First Year Milestones

- A surprising 20% [13] of our participants made significant progress towards their recovery with one graduating from PROS.
- Change occurred in the following spheres:
 - Work – 5 people
 - Housing – 7 people
 - Social – 5 people

Brief Overview of MHADC Milestones

- The Revolution... “The Walk Out.”

- 65% of participants have made significant progress towards Recovery:
 - Work: 5 people
 - Volunteering: 15 people
 - Housing: 15 people

- Co-Facilitation of Groups.

- Becoming a Family.
 - Integration of all ages
 - Inspiring each other
 - Taking care of each other

Tracking Outcomes

- Financial issues / outcomes...
 - Managing the Medicaid/Medicare participant and the Clinic Add-on for PROS.
 - Discharges and new referrals.

- The future of PROS includes Managed Care...
 - Tracking outcomes becomes more and more important and a significant challenge.
 - SPOP has just developed a new tracking tool we would like to share with you.

Questions, Thoughts & Ideas?

Interactive Discussion



Special Thanks:

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Let's Keep in Touch!

Bob Franco – rfranco@spop.org 212-787-7120 x140

Nicole Ness – nness@spop.org x105

Raya Noreault – rnoreault@mhadc.com 845-831-2124 x1213

Learn more about SPOP and Beacon at:

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