

Date: 01/06/15

County: San Francisco County

Work Plan #: 15

Work Plan Name: Addressing the Needs of Socially Isolated Older Adults

Purpose of Proposed Innovation Project (check all that apply)

- Increase access to underserved groups**
- Increase the quality of services, including better outcomes
- Promote interagency collaboration**
- Increase access to services**

Briefly explain the reason for selecting the above purpose

ADAPTED INN Program – REVISED submission as this project was approved through our local process

Social isolation has been identified as one of the key concerns for older adults living in San Francisco. Older adults, particularly those who do not have many community connections are one of the most *underserved* populations in the city of San Francisco. Though City Departments and CBO contractors currently provide high quality services to San Francisco’s older adults, a smaller number of older adult subpopulations, particularly those that are isolated, have not had their mental health needs fully addressed. Further complicating outreach efforts to these sub-populations is the isolation itself, making it difficult to target services given the limited availability of reliable data on this population. However, it is known that certain factors put older adults at greater risk for isolation, including, but not limited to, the following: low-income, cultural and linguistic barriers, LGBT, lack of awareness of services, lack of appreciate interventions, stigma, lack of housing options, residence in SROs, and physical and/or cognitive impairments.

According to numerous studies, one of which published by the National Institutes on Health, found there to be a potentially strong correlation between perceived isolation and mental health problems, especially depression. Loneliness is a key predictor of depression among older adults, in particular. Similarly, perceived social support is more important for mental health outcomes than indicators of social connectedness, such as received support and network size. To the extent that mental health

problems put individuals at risk for physical health problems, perceived isolation may also affect physical health through its impact on mental health.

One of the key tenets by which the Mental Health Services Act is grounded is wellness and recovery. We fully expect that those living with mental illness can have full lives filled with meaningful roles and strong relationships. One of the ways in which our programs and services embody the wellness and recovery philosophy is through the use of peers in service and support delivery. Peer-to-peer support uses other people with lived experience as a mental health services consumer or family member to engage, educate, and support others in the same circumstance. Research as shown this approach to be highly effective and empowering.

Therefore, the goal of this program is to decrease social isolation among older adults living Tenderloin neighborhood in San Francisco, and increase their access to services and supports through the use of peers. The Tenderloin is a highly depressed neighborhood with high rates of drug abuse, violence and prostitution.

In looking at similar models for service delivery, we found similar programs such as PATH and Philadelphia and Senior Reach in Colorado. These programs engage members from the community to help identify those that might be needed services for mental health issues in the community. In the Case of Senior Reach, workers are sent to engage socially isolated older adults in their homes. However, none of these programs adequately address our question as to how this program design would work in an area primarily made up of Single Room Occupancy Hotel rooms as the majority of the senior housing. In our community settings, the senior residents can be geographically be twenty feet from numerous people, yet still be completely isolated. By evaluating the program in this setting, the city could then decide is a similar program would work in other densely packed areas of the city serving others with mental health challenges.

Based on the national research mentioned above, approaching this challenge through a wellness and recovery lens to target such a high-need and marginalized population has not been previously. Here in San Francisco, we want to employ this innovative approach in a way that is consistent with the recovery lens through which develop all of our interventions. Specifically, the goal is to develop effective peer support strategies and practices for low-income socially isolated older adults that will *improve their engagement* in mental health services, encourage social inclusion, and decrease stigma and discrimination. A secondary goal is to develop a training curriculum and system of support for the “peer supporters” that will be employed by the program. We want to ensure that the peers who will “on the front lines” are well equipped to address the recovery needs of their clients, as well as attend to their own self-care needs so that they may continue of their wellness journey.

Project Description

The primary purpose of the funding endeavor is to increase the perceived sense of connectedness amongst socially isolated older adults residing in the Tenderloin neighborhood of San Francisco. The program hopes to achieve this by engaging and connecting socially isolated adults with social networks and behavioral health services through the use of the peer-to-peer model. Peer support services are defined as services provided by consumers, family members, and other individuals who are on their own recovery journey and have received training in how to be helpful to others who participate in mental health services. Peer support services are customized to the needs of individuals with and at-risk for mental illness and include opportunities to advocate for themselves, meet their goals for recovery, make connections inside and outside of the mental health system, get a job, find better housing, and learn skills to live well and have a meaningful role in the community.

Specifically, the new program will endeavor to do the following:

- To produce programming – culturally-informed training curriculum, supervision/support plan, and engagement strategies and tools – that will improve our system of support for socially isolated older adults
- To build effective partnerships between individuals and organizations that provide peer support services and programs for socially isolated older adults
- To develop a more coordinated system of care for socially isolated older adults. The funded program should promote seamless collaboration between programs that are currently serving this population.

From the client/partner perspective, we expect that the funded program(s) will increase social connectedness, strengthen support for recovery and wellness, increase access to mental health services, and increase use of mental health services and support.

MHSA also seeks to make advances to our overall system of system of care. There is an expectation that this work will strengthen the network of peer support services, increase linkages between mental health, older adult systems of care, and the community, and increase cadre of peer supporters focused on the needs of socially isolated older adults. Moreover, as previously mentioned, we will test the effectiveness of developing a network of peer supporters that are highly training and supported in their role as helpers. We want to test how that support and professional development will maintain or increase their own feelings of recovery and wellness as it pertains to their mental health.

Lastly, from the beginning, the program will institute a plan for evaluating the effectiveness of the intervention. Evaluation outcomes should include an assessment of the impact of the outreach and engagement strategies used and the effectiveness of the peer curricula and training. The results from these evaluations must be well documented and reported.

C. Target Population

Socially isolated older adults living in San Francisco who are living with mental health challenges or are at risk for developing such issues, with particular emphasis on low-income older adults living in the Tenderloin neighborhood of San Francisco, a low-income area that is prone to violence. There is a growing body of research that has found that individuals living in poverty, and particularly those exposed to violence, have significant adverse mental health outcomes such as depression and risk for suicide, post-traumatic stress disorder (PTSD), aggressive and/or violent behavior disorders. We will attempt to learn whether our peer-based approach will help to mitigate some of these effects for socially isolated older adults.

D. Program Goals Include:

As mentioned above, this program will use peer supporters as its foundation. We will look at the best approaches for how peer supporters can build trusting relationships with socially isolated older adults, advocate for and model recovery and wellness, and create linkages to community resources, treatment services, and social activities.

One of the key goals of this effort is to build and/or strengthen a network of peer support services focused on engaging social isolated older adults. Integration and partnership amongst established community organizations will be a strong tenet of the program.

Potential traditional and non-traditional community partners will include:

- Community-based organizations who serve older adults;
- Educational and cultural institutions;
- Faith-based and spiritual organizations;
- Provider and professional organizations;
- Civic organizations;
- Business; and
- Individual content experts

E. Contracted Activities may include:

Contracted activities may include, but are not limited to the following:

- Identify selection criteria for peer supporters, and the best qualities that one should embody in order to effectively serve in this capacity.
- Identify traditional and non-traditional venues where socially isolated older adults may be reached.
- Develop outreach and engagement strategies to address the needs of the target population.
- Conduct behavioral health assessments of the individuals identified.
- Develop a curriculum and training plan that emphasizes a strengths-based perspective.
- Create a supervision plan for the peer supporters.
- Provide ongoing training and professional development support for the peer supporters.

Contribution to Learning

Learning Question #1: Will using a peer-to-peer system effectively engage, empower, and instill protective factors for adverse mental health outcomes for socially isolated older adults living in the highly depressed neighborhood of the Tenderloin in San Francisco?

Applying the peer-to-peer support recovery-based model to address the needs of this population is a new and innovative approach—one that has not been attempted with our population. We can anticipate that through this effort, socially isolated older adults will increase social connectedness, strengthen support for recovery and wellness, increase their access to mental health services, and increase their use of mental health services. We also predict that our overall system of care will be improved in the following ways: 1) strengthen the network of peer support services; 2) increase linkages between mental health, older adult systems of care, and the community; and 3) increase cadre of peer supporters focused on the needs of socially isolated older adults.

The program will rely on the Peer Outreach Specialists to approach each program participant with sensitivity to voluntarily complete a brief survey at three intervals: at the beginning of the program, at the end of their fourth meeting, at the end of six months, and at the end of one year in the program. The survey will contain items that help measure the participant's experience of social connectedness and whether they become more socially engaged during their participation in the program. Open ended items on the survey will ask participants to identify barriers to being socially engaged and what, in their view, will help to reduce their isolation. We believe that if the participants experience our services as truly individualized based on their input, they will be more willing to connect with us, essential to meeting the

program goal. We hope that engaging the participants in this way will help us convey that we respect their knowledge of themselves and their life experience.

The survey will include questions about the number of times the participant attended specific social activities in the past 30 days, the number of times the participant met with a mental health provider in the past 30 days, what the participant views as barriers to being socially connected (e.g., transportation, social anxiety, other mental health issues, physical illness), and what will motivate the participant to be more socially engaged (e.g., transportation, encouragement by others, improved mental health). Our outreach workers will track contact hours/visits with the participant, location of meetings and observations about the participant's environment, well-being and personal goals.

We hope that the data collection will help us track the participants' progress in the program, assess program effectiveness, incorporate the participants' ideas in the service delivery, and understand how much involvement (e.g., number of visits, length of stay in the program) it may take to engage isolated seniors.

Learning Question #2: What kinds of support are most needed by peer supporters in their learning as mental health professionals, as well as in their recovery journey from mental health challenges?

We will learn from the peer supporters whether the work provides protective factors for them, the frequency and type of supervision and support they need, caseload capacity, as well as what is realistic regarding scope of work expectations.

The wellness and recovery of consumers including the Peers is at the heart of this program. The training and supervision philosophy in this program is strength-based and wellness and recovery oriented. We recognize the skills and personal strengths of the Peers and at the same time pay close attention to their need for specific support (i.e., training, supervision, peer support) to continue their own recovery journey and develop professionally. The success of this program will be measured based on how well the program supports the recovery and wellness of the Peers.

The program will administer a survey to track the experience of the Peers at the beginning of their employment, after six months of employment, and after one year of employment. The survey will capture the Peers' level of self-confidence, the extent they trust their supervisor and other peers in the team, extent they trust the agency, the degree of physical safety they feel in the environment (e.g., street outreach, traveling into SROs), the degree of safety/security regarding their own recovery traveling in situations that could be triggering, and the degree

that they feel integrated and accepted into the larger organization. The program will also collect information about the types of support the Peers find most useful in their work with isolated older adults (e.g., frequency and type of supervision, training, team meetings). In addition, the program will hold a focus group at the end of the year to collect additional information from the Peers about their experience.

General Standards

This program and proposal successfully incorporates all of the following general standards:

Community Collaboration- This program will include partnerships with a number of community organizations that serve older adults in the Tenderloin neighborhood of San Francisco. Please refer to the Program Goals section above for more information.

Cultural Competence- The target population of socially isolated older adults living in the Tenderloin neighborhood is a very ethnically diverse segment of San Francisco. While most of the residents are very low income, the neighborhood attracts all cultures- African American, Caucasian, monolingual Chinese immigrants, etc. In order to address the diverse experiences, cultures and needs of the target community, the grantee will partner with community organization that specialize in addressing the needs of each respective population. The support services will be tailored to meet culturally specific beliefs and needs.

Client-driven: The program will be completely based upon the needs and wishes of the clients. The service delivery will also be provided by peers who in many cases are clients themselves, and therefore, have a unique understanding of what the primary clients may be experiencing. For some information of this topic, please see the detailed Project Description above.

Family-driven – Every effort will be made to engage the family and friends of the clients. The peer supporters will assist the client in reconnecting with friends and family if they are estranged, and will also assist in educating and modeling for existing family on how to best support their loved one.

Integrated Service Experiences for Clients and their Families: the client, and when appropriate, the client's family, are included in a comprehensive, coordinated, and culturally appropriate manner to the a full range of services provided by the program in order to best support their situation.

Wellness-, Recovery-, and Resilience-focused- This entire program was built on the foundation of wellness and recovery. Please see the sections above for detailed information as to how the program incorporates these principles.

Timeline

Phase I- Start Up and planning (6/2015-12/2015)

Program staff and consumers will spend the first six months of this project selecting community partners that employ peers that can engage and serve the older adult population. The program will also fine-tune their scope of work, hire needed staff, and establish the need infrastructure to run the program. Peers will be hired and engaged in the planning process.

Phase II- Implementation (1/2016-12/2016)

In this phase of the project, the program will be fully operational identifying socially isolated adults, assessing their social and behavioral health needs, and establishing a mutually-agreed upon relationship/plan of care.

Phase III – Reflection, evaluation, and dissemination (1/2017-6/2017)

In this phase, the qualitative evaluation gathered in implementation will be analyzed to determine the overall affect that using a peer-to peer support model had on the engagement and overall wellbeing of the program participants. We will also assess the success of the community partnerships and the added value of their collaborations.

Project Measurement

These will be developed by agency that is awarded the grant to lead this project.

Leveraging Resources (if applicable)

YEAR ONE BUDGET

The budget includes salaries for the equivalent of 2.68 FTEs. The program will employ a multi-disciplinary team including the following:

- Director 0.3 FTE @ \$26,000
- Manager 1.00 FTE @ \$45,000
- Data Manager 0.05 @ \$1,000
- Peer Specialists 1.33 @ \$39,000

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	130,000			
2. Operating Expenditures	70,000			
3. Non-recurring expenditures	30,000			
4. Training Consultant contracts	5,000			
5. Work plan management	5,000			
6. Evaluation	10,000			
7. Total proposed work plan- Year 1 expenditures	\$250,000			
B. Revenues				
1. Existing revenues				
2. Additional revenues a. b.				
3. Total New Revenue				
4. Total Revenues				
C. Total funding requirements				<u>\$250,000</u>

YEAR TWO BUDGET

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
D. Expenditures				
8. Personnel Expenditures	134,000			

9. Operating Expenditures	73,000			
10. Non-recurring expenditures	10,000			
11. Training Consultant contracts	10,000			
12. Work plan management	8,000			
13. Evaluation	15,000			
14. Total proposed work plan- Year 1 expenditures	\$250,000			
E. Revenues				
3. Existing revenues				
4. Additional revenues a. b.				
3. Total New Revenue				
4. Total Revenues				
F. Total funding requirements				<u>\$250,000</u>