Making Sense of S.I.L.V.E.R. Research: “Enhancing Behavioral Health Competencies for Senior Center Staff Through Workforce Development and Training” with Dr. Bronwyn Keefe, PhD.

*This call is being recorded.*

Jane Burke-Miller:

And as people are entering. That's great. Um, my name is Jane Burke Miller, and I'm a senior mental health training and implementation associate at the Center for Psychiatric Rehabilitation at Boston University. And I'll be moderating today's Making Sense of Silver Research Webinar. Uh, silver stands for supporting individuals to live as Vibrant Elders in Recovery and is the name of the rehabilitation research and training center that is hosting this webinar. And it's funded by the National Institute on Disability Independent Living and Rehabilitation Research. The webinar content does not represent the views or policies of the funding agency, and you should not assume endorsement by the federal government. The territory on which Boston University stands is that of the Wampanoag and Massachusetts people, and we honor and respect the history and current efforts of native indigenous communities. This webinar is being recorded so that you can access it later and others can as well. Also closed captioning has been turned on, and you can access this by clicking the button at the bottom of your screen. In case this is your first webinar with us, I'm going to introduce our speaker. They will share their research with you, and then we'll have a question-and-answer session at the end. If you have a question during the presentation, you can post it in the q and or in the chat box, and I will pose them in the order we've received them. At the end, if you have a technical question, please send a chat to me directly using the chat feature. Also, we would really appreciate your feedback about this webinar, so we'll be posting a brief survey at the end of the session. So today I would like to welcome Dr. Bronwyn Keefe, who's going to present her work enhancing behavioral health competencies for senior center staff through workforce development and training. This webinar describes an online certificate program in Behavioral Health and Aging, offered by the Center for Aging and Disability Education and Research at Boston University School of Social Work. In collaboration with the National Council on Aging, Dr. Keefe is Boston University School of Social Works, assistant Dean of Workforce and Professional Development, a research associate professor and director of the Boston University School of Social Works Center for Aging and Disability Education and Research. She's dedicated to expanding access to high quality educational programming for people who work in the aging and disability networks. Through the Center for Aging and Disability Education and Research, Dr. Keefe is committed to strengthening the workforce that provides home and community-based support and services to older adults and people with disabilities. Through developing innovative competency-based practice informed online training, Dr. Keefe has been funded on many behavioral health projects, focusing on building the capacity of providers and communities in understanding the importance of mental health, substance use, and developing age friendly initiatives to improve the lives of older adults. Dr. Keefe, welcome. We are excited to hear from you.

Bronwyn Keefe:

Wonderful. Thank you so much for that. Lovely welcome, Jane. And it's a pleasure to be here. Um, I'm going to do what always feels like the most challenging part and share my slides now. Give me just one second here. Okay. Okay. So, can everybody see my slides? Or Jane, maybe I can get a thumbs up. Yep, it looks great. Looks good. Okay. And, um, wonderful. Okay, well, thank you so much for that introduction. Um, it doesn't leave me having to say much more about myself. I think Jane covered it very fully. Um, I, I, I don't think in this particular forum I'm able to see necessarily who's on the call, but I hope that maybe towards the end of this, um, session I'll be able to learn a little bit more about the people that have joined this call and from what organizations or what your affiliation is to this work. Um, so today, as, uh, Jean said, I'm going to be talking about a program that we did in collaboration with the National Council on Aging. Um, and it was on enhancing behavioral health competencies for senior center staff. So, as, um, as Jean already mentioned, um, I am the director of the Center for Aging and Disability Education and Research, which we call Cater because it's one of those long names. So, we'll just refer to it as cater going forward. Um, and we're located here at BU School of Social Work. Um, I do have a QR code for people, um, on this slide and another slide that's coming up, if you want to take a picture of it, we'll bring you to our website. Um, but we have been a, a, a center for over 20 years, and our focus has been focused on, um, dedicating our, strengthening the workforce that provides health and long-term supports and services to older adults and people with disabilities. And this really came about over 20 years ago because we were aware that there are, are many, many people who are working with older adults, but most of those people have not had any formal training in working with older adults across a range of, um, issues. So not just behavioral health, but basic core issues around aging and disability issues around case management with older adults. So, the center was formed to really try to meet that gap, um, again, realizing that many people are not maybe getting training in their educational programs. And I think what's important to note is that the workforce who work with older adults, they tend to come there through various um, ways. So, they may not, um, they may have a background, uh, an undergrad in psychology, and then they find themselves working with older adults. Some people may have a high school diploma and find themselves either doing direct care workforce or moving into case management, um, role. So, there's a, there's a wide range of people, um, that we're really trying to strengthen the, the competencies and confidence for this workforce. So, we do this through, um, developing and creating innovative competency based online, um, training programs. These are all practice informed. We work, uh, with our, with subject matter experts in people with lived experiences to help us to create the curriculum. We have about 30 online courses and eight certificate programs. Um, and we work closely with our, our learners and with our, uh, partners and being sure that there's a standardized approach to workforce development while we support all our learners through this program. That's just a little bit about, about the center. I'm going to now spend some time talking a little bit about the background in terms of why this is an important area. So as, um, as the older adult population grows, so does the number of older adults living with mental health and substance use concerns. And research has showed that most older adults with mental health and substance use disorders do not receive the necessary services in treatment. And older adults, particularly those that are 75 and older, have the highest suicide rate. And this is always a statistic that surprise a lot of people. But, um, but this is, this is the, the reality and this has been consistent for, for really for decades. So, um, this has not changed. Um, and we know that expansion of interventions to support older adults and mental wellness and overall health is an important preventative measure. And we believe the training the workforce is a, is a key component, um, of that also. So, just a little bit more around, um, behavioral health in older adults. So approximately one in five adults, over 50 years older experience a mental health condition, a substance use disorder, or both in the previous year. And older adults with untreated behavioral health concerns are more likely to have poor health outcomes, which all will also lead to higher costs and hospitalization rates. And emergency room usages are as much as 47 to 200% higher for older adults with mental health concerns than those without. So, what we really focus on at the center and believe strongly and is and is that one of the greatest barriers to the provision of behavioral health services is the lack of a trained workforce. This leads to unrecognized, undiagnosed, and untreated mental health co uh, issues. And this report is old 2012, yet it's still the seminal report that people refer to it in this area. And really, this quote sums up, um, the work that we do so well, and I think what many on this call might be, uh, also focused and dedicated to, it says the breadth and magnitude of inadequate workforce training and personnel shortages have grown to such proportions that says this committee, that no single approach can adequately address this issue. So, just as an example, um, there, there have been a lot of studies that show that, um, physicians often overlook, overlooked, um, symptoms of depression so that we can see that there's statistics that show that 70% of older adults who completed suicide saw their primary care within one month of the suicide within 40% saw within one week and 20% on that very day. So those are staggering statistics and really show that there is a need, uh, to, to, to train the workforce, to be able to support and identify, um, where there are risk factors. So why senior centers? Um, this is a, a wonderful partnership that we, uh, had through some grant funding, and it continues, um, today, as a matter of fact, I have A-A-A-N-C-O-A, uh, summit happening in two hours where I'll be talking about the same thing. So, this is my day talking about this project, which is great. Um, so the National Council on Aging says that, uh, has stated that there are more than 11,000 senior centers across the United States. So those are a lot of senior centers that, um, are seeing older adults, and they really are the ideal location, um, for behavioral health education programs and many, many other programs. Um, they're the go-to place for many older adults in communities, and there's been a lot of effort at the federal level, um, to modernize senior centers, which means really to try to help break down some of the stigmas and, uh, barriers that people feel about joining. And going to a senior center, A lot of people may feel that they, they don't want to go there because that's where sort of quote unquote old people goes to, or all they do is play bingo. And really that's not the case. So NCOA has been working hard on this idea of modernizing senior centers and making them more accessible and open to a wide range of people. But without training senior center staff, older adults, mental health and substance use concerns, um, may go unnoticed and untreated. And, um, and it's important to provide a comfortable nonclinical setting for older adults to be able to seek guidance on, on a, a range of issues. So, comma competency-based trainings are pragmatic and effective way to enhance the skillset of staff at these community-based organizations. And, um, and really, you know, again, training being a, a key component of that. So, here's another slide with the QR code. This is the partnership of with NCOA and Cater. And again, it is built on this, um, grant that we received, uh, from the, uh, RRF Foundation for Aging between, um, 2019 and 2021. I think I must, I'm not exactly sure of the dates, but it was for a three-year grant. Um, and the result of the, and, and I'll be talking about this, um uh, grant in the findings, um, just in a moment. But the result of this partnership was, um, this grant was that we now have formed this partnership where we are offering to senior center members and communities, um, this training at a discounted cost. Um, unfortunately, there is a cost to the training because as a center, we need to be able to continue to sustain the work that we do. Um, although the cost is incredibly, uh, discounted, um, but for this, uh, research, we're able to do it at no cost because of the grant funding. So again, there's a QR code there and the URL to the, um, the website, if you'd like to look at this. So now I'm going to get, um, into this the actual program that we, uh, did with, uh, NCOA through this RF funding. So, we have a certificate that's called the Behavioral Health and Aging Certificate. It's, um, a five-course certificate that we developed, um, and it includes five courses. We have a mental health course in aging, which provides fundamental knowledge on the skills and symptoms of common mental health concerns. We have a course on suicide prevention, which I've just sort of already set the stage for as to why that's so important, which really prepares those to work with older adults to recognize risk factors and to, um, and to intervene. We have a course on mental wellness and resilience among older adults and, um, immigrants and refugees, which really talks about some of the strengths and resiliency and some of the stressors that this, these communities might face. Um, uh, the other course on that we have is a substance use course among older adults, which talks about alcohol and drugs and ways to engage older adults in discussions around substance use. And then the last course is in Alzheimer's disease and other dementias, which is a course that we'll talk about the best ways to communicate with people with living dementia. How to, um, best way to describe the signs and symptoms of dementia in Alzheimer's. So, this is a completely online, self-paced, um, program. So, you work through at your own pace. You're about 19 hours of training if you, um, do need CEEs are provided for social workers and licensed mental health professionals. And in Massachusetts, CEEs are provided for nursing and, um, physicians. Um, so this course we, we have, uh, uh, implemented across the country with many, many different community-based agencies. This grant really allowed us to, um, investigate how this would work with senior centers. So, um, we collaborated with NCOA to train senior center staff in Florida, Illinois, Wisconsin. Using these, um, using the certificate program, NCOA was, was pivotal and critical in, in engaging the state leadership at the senior center associations to recruit staff from both rural, urban, uh, and suburban areas. We wanted to have a diverse group. Um, it was open to all senior center staff, which I think is also important to, um, note here, because it was not, it was not just for those that you might think would be either social workers or clinicians or outreach workers. These were for the front desk staff. These were for the directors. These were for, um, people that drive, you know, uh, the Meals on Wheels. So, it was open to a wide range of people. Um, and again, as I mentioned, it was funded by RF Foundation for Aging. So some of the results from this, and there we go. Now we can fact check me. It was we 2018 to 2020 is when this, um, program was, um, was, uh, funded through the RRF. So, 228 senior center staff from, um, the three different states participated. 38% were from Illinois, 38 from Florida, and 24 from Wisconsin. Um, the demographics show, um, that the majority of the, the people that take this training are female, 91%. This is pretty aligned with, with most of the research that we find for our training programs. And 70% were not non-Hispanic white. Average age was around 47. And this is also something, and this ties back to what I was mentioning earlier that we see, is that we have about a third of the people that take our training that have a bachelor's degree, about a third that have a master's degree, and then the other third are people that have usually a high school diploma and maybe some, um, some college. So, uh, a pretty wide range of people, which again, speaks to the importance of how these programs are developed because we need to be sure that we're meeting the learners in their different places and where they are. So, I'm going to spend some time now going through some of the results for this program. So, um, I just wanted to sort of start with the, the qualitative feedback. Um, so people that went through this program, 94% of the people that went through said that they agree or strongly agree that they now have a greater understanding of how and where to make referrals for behavioral health services, such as mental health and recovery support. 90% agreed or strongly agree that the training program was presented effectively. And 94% believe that they'll be more effective in serving older adults with behavioral health concerns. So this is really important that we're seeing already what the impact, um, a workforce development training program and, and, and behavioral health can have, and really key components of that in terms of being able to make referrals to mental health and recovery, poor support and feeling more confident, which is a really important part of being able to, you know, have the agency and the self-efficacy to do your work and do it well. So, we also, um, measured competency. So, as I mentioned, all our training is, um, is competency-based training. So, we, um, have certain set of competencies for each course, and we will ask people to rate their selves, rate themselves on a skill level of not at all skilled or expert skill for each of these competencies related to the, the course in the, the curriculum content that they're learning. And what we found were that all competencies significantly improved after taking these courses, each one. Um, and that, um, people reported that they, many people reported that they had little or no experience in behavioral health at the pre-assessment, and that many people had moved to more of a, a moderate or to advance skills. And this chart really highlights this. So, this, this chart shows, um, for each of the five courses that I mentioned before, where they rated themselves both pre and post, and these are the, um, competencies that had the greatest gains that it was showing here. So, there were, there are about five to eight competencies per course, but this chart, excuse me, reflects the ones where there are the largest gains. And I think they're very important to sort of take a moment to discuss. So, at the mental health and aging course, you can see that people were predominantly rating themselves at a beginning skill at the, uh, before taking the training. And then at the end, were up to a moderate skill. And what you can see is that what they found, um, what was most important to them, or the greatest gains were, were utilizing individual and group interventions that are appropriate for addressing mental health concerns. So that was a big change in, um, in skill for those learners for suicide prevention. Um, these, this had, uh, also a really large increase, as you can see on this chart. And that one of the, this competency relates to being able to develop, um, and describe collaborative emergency plans that can impact adult safety when they're at risk of suicide. We found that a lot of the senior centers, not surprisingly, um, do not have suicide prevention protocols in there, um, through their agency. So, this was really an opportunity to understand that there was that gap. And then for the senior center to be able to think about going forward, what would they, what would be a protocol or a collaborative approach to thinking about suicidality among older adults. The mental wellness among immigrant and refugees also had large increases in terms of the competency around identifying the strength and resources in immigrant communities that can build resilience. Um, there, we'll talk more about this later as we move on, but this is an area where you can see there was, um, a really large increase, but the largest one is the one around substance use and, and, um, uh, among older adults. So, you can see there was this huge increase from really no experience at all to moderate skill. And, um, what we found is that there is a, there's a sort of assumption that many older adults either do not use substances or if they do, they have been using for a while. So, sort of why intervene. Um, and so there was a lot of change in this course for substance use and, and in particularly understanding some of the different models and, um, ways that one can address and screen and, um, think about, uh, supporting people that use substances, the Alzheimer's and disease, uh, Alzheimer's disease and other dementias also, um, was around really a, a lot of gains around diagnostic testing and tools that can help determine the presence of Alzheimer's. So, you can see from here, um, just how significant in, uh, training can be in terms of empowering and, uh, and in educating a workforce in these key areas. So, I'm just going to share some quotes, uh, from each course to sort of help bring contextualize some of this a little bit more. So, the mental health and aging course. This person said this course was extremely useful in identifying mental health issues for referrals, and that they thought they could recognize conditions, but then, but now, but, but did not have the confidence to do so, and now they do. So again, that idea of self-efficacy and confidence being so important and feeling that we can do our work well. Um, the quote here for the Mental Wellness among Immigrant and Refugees Course said that I enjoyed the course and believe it helped me to understand more fully the process of immigration and the difficulties people face when they're coming to a new country. And that I believe that the things I learned will help me to better able to be better able to help anyone who's struggling and be more aware of what they're facing. So, we were really, always happy to read the quotes and, and see some of these positive findings. And then from the other two courses, or these two courses of suicide, uh, prevention in older adults, that it was able to enhance their knowledge and competency around suicide prevention. And then, excuse me again, sorry, I'm fighting a little bit of a cold. Um, the substance use course, again, this, this person says, I was especially struck by the statistics for substance use and the risk for suicide, and that they become more aware of the, um, of not taking for granted, uh, what, what that other assumed sources such as that older adult's family or doctor will intervene, um, when somebody is at risk. And really that they were just shocked to see some of those statistics. So, then, um, after we went through this, uh, the online, um, five course training programs, we then wanted to be able to have some key informant interviews to really understand this a little bit more. And again, we really wanted to look at people in various roles at the agencies, directors, um, and, uh, people that were working at the agency to really see what some were of the, the main changes or, um, the impact that they saw from the training. So, we had 15, uh, people representing senior centers across the three states. We held these key informant interviewers, um, interviews to, to gather information on the facilitators and barriers to completing the online certificate program because we did realize that, um, through this work that the senior center workforce, it, it was a challenge for them to, to find the time to get through the five-course program. And what we really came to learn was how many roles and how much senior center staff can be holding at one moment. So, some senior centers have one or two people working at senior centers, so they can be the director, the front dress Perkin person, the person running groups. They can run multiple, multiple roles. Um, some senior centers are more well-resourced and have a larger, um, group of people working there. But it really became clear that time was going to be a challenge. So, we wanted to understand a little bit more about that in terms of, um, the time, the time challenges, and what were some of those barriers. Um, we also wanted to understand the importance of the program and how they thought that this impacted their work. So, we went through and, um, recorded and transcribed these interviews, and then were able to, um, identify themes that came up from, um, these interviews. So, four themes emerge and, um, the first theme that we, we saw were changes in thoughts, skills, and behavior. And that many people mentioned that they felt more aware and knowledgeable about the various mental health issues, um, that were impacting older adults. There's this, um, there's this particular, uh, situation that somebody shared during this in, uh, these interviews where they had somebody who was a receptionist who sat at the front desk and, um, and she, they, they described that she was very reactionary to many situations, and that there were high number of what they call their critical incident reports, where this person would document, um, you know, that somebody might have been, um, you know, creating challenges or somebody was not maybe, you know, adhering to what they thought they should be doing at the senior center. And it was, it was a challenging situation for the director to manage this. This receptionist went through this program, and they said that they've really seen this sort of dramatic sense of calm since she took this and much less reactionary. And those incidents reports went down as she became more understanding of what might be happening when somebody who is coming into the senior center that might have some behavioral health concerns. So that's a, that was just to really highlight sort of the, the different changes in thoughts and behaviors. Um, some of the other, um, memorable aspects. This was the other theme, memorable aspects of the program, so that they really enjoyed, um, being able to go through the course, discuss the case discussions or the, the scenarios with their participants. And, um, and then again, this, this, um, this course on mental wellness really kind of highlighted again, saying that this person said I, I'm, you know, defining the needs of diverse po diverse populations were more, was very powerful. Saying that she really wasn't aware of, um, of, of all that was going on as being sort of a more suburban kid as she describes herself, and that really trying to understand better how to be culturally sensitive. Um, she found that that was very powerful. And then, um, two of the other themes that came up were, um, individual impact. So, um, again, this idea of having more confidence and being able to be aware of the resources and how to support people and where they might refer people to. The other, um, impact was the organizational impact. So, you know, learners really described that they, they wanted to be able to apply what they've learned that they wanted to increase their programming. So that was another part that we really wanted to look at is what were the changes that were made within the organization so we can really talk a lot about, you know, the individual level and what is happening at the level of the learner in terms of their, um, confidence and competency and educational gains. We also wanted to know what's happening at the organizational level. And so, through this we were able to see that, um, there are plans now to include additional programming around these areas for organizations. We realized that that had a longer lead time because it obviously deals with budget and other implications to create new programs. But, um, but they were working around, um, enhancing community partnerships and identifying new policies and programs, um, that would really help support older adults who have behavioral health concerns. So really, you know, the importance of sort of understanding will this be sustained and how will the organization now, um, alter some of what they are offering and some of the, um, programs that are available to them. So, in terms of the summary of the findings, um, what we were able to find here is that senior center staff who are appropriately trained, are well positioned to support older adults during times of crisis, that we also realized that training staff and community-based agencies can be a powerful intervention and can increase knowledge and skills and behavioral health, which leads to better outcomes for older adults. Um, we had high completion rates and significant changes, um, and their competencies and a desire for more training. So, it really speaks to the, the adoption and the success of this program. And it also speaks to the fact that we are now have this, um, partnership with MCA to continue to provide this training. Um, and people really talked about numerous opportunities for professional growth at both the individual and the organizational level. So, in conclusion, um, as the population ages, the number of older adults with mental health and substance use concerns are also increasing. And we know that senior centers are a primary location where older adults connect with community and connect to resources. So having a well-trained senior center staff can support older adults and help with referrals to mental health and substance use. We also found that providing training and behavioral health and aging to staff can be a powerful intervention leading to increases in knowledge, and that also can help around discussions around, um, ease at discussions around, uh, mental health and mental wellness. Um, also just in terms of, uh, here in this, uh, national organizations such as the, um, national Institutes of Medicine, samosa, NCOA and the National Coalition on Mental Health and Aging have been calling attention to the need for training in this area, uh, be behavioral health and aging for, for, for a while, and that they need to have critical strategies to address the current and future work, uh, shortfalls. So, we know though that all of this requires, um, additional state and federal funding to support these training initiatives and to improve the care for older adults. So, I think that's always where there is a challenge to figure out how we can continue to sustain this. Um, as I mentioned, the training program, the five course training program was provided at no cost through the grant. Um, we do provide it at a small cost of $200 per person for the five course 20 hour, um, certificate program. Um, although we are aware that even that cost can be a barrier, um, and COA has, uh, has, um, agreed to have some scholarships for people who are at councils on aging who are looking to take this training program. And at my center, we're always looking for ways to think of innovative collaborations to find additional funding to continue this work. So, I think, um, I've come to the end and this is, um, my contact information is here, and I'm happy to have these slides be shared out with the people that are here on the call. And feel free to reach out to me if you have any questions or anything that you'd like to, um, learn a little bit more about. And I think I'll stop sharing and, um, and maybe we can see if there's some questions from the group.

Jane Burke-Miller:

Yes, thank you, Bronwyn. That was so interesting. Um, and it's, uh, it is a, it sounds like such a good, um, you know, just 20 hours, a lot of awareness covers five competencies. Um, and it's a shame, you know, it'd be nice to see it more widely utilized or available. Um, but I was struck with a couple things. One is, um, the, the finding about the substance use, um, was striking. And I wonder, you know, if there's a particular stigma, I mean, this isn't the, the topic of your research, but in either asking or identifying substance use, especially among older people in, in the aging workforce, I don't know if there's anyone, um, on who, uh, works with older people or who has experience with that. If people want to say where they work, um, in the chat, that would be fine if they wanted to introduce themselves. Um, so that was striking. And, um, you know, it's just great when you see kind of just how awareness can make a difference in, in helping people working in, in aging agencies just feel better prepared to do things. But I would imagine a, um, another challenge is, um, finding places to refer people. Um,

Bronwyn Keefe:

Yeah, yeah, yeah. Yeah. I mean, um, it, there is a huge challenge in terms of finding providers that will, will treat and, uh, and work with older adults. Um, because we know the reimbursement is not there. You must have a license and able to be reimbursed for, uh, through Medicare. Mm-hmm <affirmative>. So, there's a shortage of, of providers, which is why, you know, I, I know, um, uh, certified older adult professionals, um, or peers, copes providers, um, that can, um, support older adults. They have. Uh, but you know, if you, if you are referred to somebody, there's often going to be a long waiting list, often might be hard to get in. And those that are at the senior centers or part of an area agency on agency, if they don't have a license, they're not able to reimburse for it. So, there's a, it's a huge barrier. Um, the biggest barrier becomes though, from the fact that there is a lack of people who want to get into the field of working with older adults, right? Mm-hmm <affirmative>. So, I sit at a school of social work, and I can tell you that there are very few people at the social work school that are interested in working with older adults. I know all 20 of them. And then we, you know, have about 700 people or 500 people across our online and our on-campus program. So, there's a very small percentage. Um, I've did some, I did some work with the, um, Boston University School of Medicine. They have a geriatric clerkship mm-hmm <affirmative>. Which is one of the few in the country to train physicians on working with older adults. So, it's hard to believe that not every medical program has that mm-hmm <affirmative>. Um, we are one of the few. And, um, and when I started to work with them, what I realized is that they didn't have any training at all in the clerkship around mental health. Yeah. So, um, so that was an opportunity to be able to infuse that into their learning. I think. I think that there's, um, I think that the substance use issue is interesting to me. I think that there's, part of the, is the, you know, the, the stigma. I think part of it is the, an ageism, I think we can't like step away from ageism, right? Mm-hmm. So, like, if you are an older adult using substances, a lot of people might say, you know, well, they've been doing it forever, and so what, what are we going to do now? They're old kind of thing. You know, we can't, we're not going to intervene at this point. So, I think, you know, I think when we look at the root of a lot of why people are not going into the field of aging and why, you know, people are not searching for deeper causes, it's ageism. And then when you overlay that with the feelings around mental health and substance use, it's, it's a complicated picture.

Jane Burke-Miller:

Yeah. Um, Kenneth said that he, they are in Minnesota and there's one program that specializes in substance use disorder treatment for older adults. They must provide services for younger people, um, to afford, oops, lost the, uh, two afford working with older, sorry, I'm trying to scroll here. Yeah, older adults. So, so again, there just isn't the capacity, the funding, um, for that. And then Julie said, um, they're the director of, there are older Americans pro act programs. Um, so assertive community treatment, I'm assuming that ACT and state unit on aging, working diligently to make mental health a focus within our statewide senior centers, um, comprehensive behavioral health centers that cover every county in West Virginia. That sounds great. Mm-hmm. Working with them on reciprocal, um, referrals, also making behavioral health objectives and strategies, a key focus in the state plan on aging being currently developed. Um, yeah. The state plans on aging are, are a potential, um, place to highlight some of these issues and focus. And, and I was going to say, when we were talking before, um, you, you know, your, that intervention was at aging agencies and there's an issue with making referrals from aging agencies, but then there's also kind of, what about the other way mental health and community mental health centers being able to network with, or, or, you know, um, identify people at aging agencies to kind of do a full kind of thing. Yeah,

Bronwyn Keefe:

It's, it's very important. We are, um, so we just entered a partnership with, um, the state of Indiana, the association that runs, um, all the, um, community behavioral health centers that are there, the CCBHCs mm-hmm <affirmative>. And they have made a commitment to train the staff at the CCBHCs in older adults, uh, mental health. So, they're using the five-course certificate program there, because you're right, it's the, it's, it's the, we got to look at it in both directions, right? Not just the people that are working with older adults, but those that are going to see older adults in, you know, community mental health centers or hospital systems or, or what, what have you. So, um, so that's one of our first sort of large-scale state endeavors where we're working with, um, community behavioral health centers. And then Julie, um, I'd love to learn more about your work. Um, in West Virginia, we have, um, we have a couple of large state contracts where we work with the state units on aging. We have one with, uh, state of Massachusetts. The state of New York, uh, California and Georgia are, are our large ones right now. And, um, and the training that we offer is not just, we have a, we have a certificate program in behavioral health, but we also have, um, a case management certificate and a no wrong door, um, aging and disability resource, uh, certificate. And in, in the state of New York, um, to be a case manager working at one of the alas, you will not be hired or be able to have that job unless you take our case management certificate, which is also a five-course certificate. Um, and so that's part, and the state pays for it. Um, but that's part of their, um, their effort to standardize and build the competencies of a very large state's workforce. We've been in partnership with them for nine years, um, in Massachusetts they offer, uh, the case management certificate and the behavioral health and aging certificate. And then our work in California was more around, um, a DRCs and no wrong doors. Um, so, oh, and I think Julie said, I might be answering your question. Is there a mechanism for me to review more of the details of the training offered? I would, yes, absolutely. Julie, I would love to connect with you and, um, and you can also, on my website, um, I'll put it in the chat, just let me call it up again. But if you go to, um, if you go to where we have, I'm going to, I'm going to take you to the top line, but then there's also where we have some of our reports where you can see some of the state partnerships that we have, um, had, and some of the findings. I'm going to put that in there also. So, for instance, you'll be able to look at, um, through that some of the work we've done in Massachusetts, New York, and otherwise, um, that, but yes, that Great. Thank you, Julie.

Jane Burke-Miller:

Yeah. There's clearly a, not only a need, but a, a desire for these trainings and for this, you know, kind of cross, um, pollination or cross awareness of, um, you know, just competencies.

Amanda Lowe:

You only sent those links to Jane and I, do you mind if I send.

Jane Burke-Miller:

Them? No, I thought it said panelists.

Bronwyn Keefe:

Oh, yeah, yeah, yeah. Do you can, do you want me to resend them to the. No problem. Okay. Thank, thank you, Amanda. Appreciate that.

Jane Burke-Miller:

Oh, I guess we are the panelists. <laugh>.

Bronwyn Keefe:

Yeah, yeah, yeah, yeah. Oh yeah. Kevin Mahoney. Yep. Uh, he's great. He's great. Yep. Um, we had a collaboration with Kevin Mahoney a while back, um, when ACL was really starting, starting to form all the no wrong door initiatives mm-hmm <affirmative>. And, um, building off the, his, uh, consumer directed programs. So yeah. That's great. Uh, you know, the challenge is, and the challenge, you know, honestly, and the way where we are today is just sort of the, the competition for, you know, funding. And when you think about state departments on aging right now and what they're facing in terms of cuts and services, you know, it's hard to think about, we need to get, you know, services to older adults. So, training must often go on the back burner. And, you know, so states have different approaches, right? So, Massachusetts and, and, and New York and California, the state budget sort have, have built it in and, and instead of passing that cost down to the agencies, California, we just ended, um, but to end ours. And they've said that, well, that funding line has gone and now they are going to pass it down to the agencies. So, it becomes a real challenge because it, the, now the agencies, um, whether you're AAA or a senior center will need to try to find some money to continue to build the workforce, um, competencies. That's why I'm always looking for partners and grant funding so that we don't have to charge anything. And that's also why, you know, for $200, um, for the certificate program, we try to, you know, as soon as we had to start charging, I don't think I've ever gone up since. Um, so it's something that we try to keep as affordable as possible for the, the learning. It's hard. It's hard cause I'd like to not charge at all.

Jane Burke-Miller:

Mm-hmm <affirmative>. And you had mentioned at some point, uh, the copes, is it the certification for older peer?

Bronwyn Keefe:

Yeah. Um.

Jane Burke-Miller:

And has that, um, cause that's in Massachusetts, is it sort of Yes. Not every state has it, right?

Bronwyn Keefe:

I don't, I, I, I think every state does, but I know that Massachusetts is, um, has a, a fabulous leadership team doing that. Um, Rob Walker from the Department of Mental Health has been, um, leading that charge. And I think that they have been able to get some funding in the state budget to, to provide, um, you know, support and resources towards that. And I think it's, I think it's a very untapped, wonderful resource because I think that younger populations might be a little more accustomed to peer supports. So, this is, I think, an exciting way to think about older adults and peer supports. I also think that, you know, older adults have grown up in a time where they didn't talk about mental health, right? I mean, they, that was not something that people talked about. They, they hid away and didn't share that. And that's, we're, we're learning so much I think from the recovery movement and from younger people now particularly, I mean, I have two young daughters who they, mental health is, is something that you just, you talk about all the time. There's not I love it. There's no stigma at all. So, we, you know, the older, I think as, as the younger generation, old ages, we'll be in a better place. But we are dealing with some people that are part of the silent generation, the baby boom generation where you just, you know, you dug down and kind of, you know, didn't share these things. Mm-hmm <affirmative>. So, um, and so I think the peer, the peer model is I think going to be a very powerful one. Um, and yeah, I think Massachusetts is a leader in that area, but I do think, I think, uh, Pennsylvania might also have a lot of that going on too. Yeah.

Jane Burke-Miller:

That's right.

Bronwyn Keefe:

Um, yes, Julie, I could certainly come and do a presentation with the leadership in West Virginia. I'd love to. Thank you. I'll put my email in, um, the chat again and I think I did it to everybody. Yeah. <laugh>.

Jane Burke-Miller:

<laugh>. Great. Oh, this has been an interesting discussion. Um, does anyone have anything else, um, that they wanted to share or questions? Well, Bronwyn, thank you so much. Um, I really want to thank you for sharing your work with us today. Um, so if there aren't any more questions, um, would again like to thank you and a video of the presentation or recording. We'll be posted online at the Center for Psychiatric Rehabilitation, um, in case you want to access it later or, you know, share it with somebody else. Um, in the meantime, when you exit the webinar, you'll see a brief survey and if you could take a minute just to give us your feedback, that would be helpful. And, um, we'll be, uh, scheduling another making sense of silver research in a few months. So, keep an eye out for that in your email. Um, Lemme just double check that. Yeah, I think that's it. So, thank you so well, thank

Bronwyn Keefe:

You. Thank you so much. Yeah, thank you so much for including me in this and I'm so glad to be a part of this, um, this work that you all are doing at the Center for Psych Rehab. And, um, I'm here for any of you on the call if you'd like to reach out and have a chat about any of this. And, um, just so appreciate all this work and we all need to stand together and keep moving forward. Thank you very much.

Jane Burke-Miller:

Thanks everyone. All right. Take care.