The University of Kansas  
School of Social Welfare  
Office of Aging and Long Term Care

Identification of Mental Health Needs:  
A Workshop for Case managers who serve Medicaid HCBS/FE Consumers

Final Report

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Executive Summary

It was helpful to talk about making [the K6 mental health questions] not so awkward…. [I needed ideas about] making a referral for them, ...getting them away from the stigma of mental health. I want to be as helpful as I can as a case manager, so it’s good to know about ways to approach that.

As many as 70,000 older adults in Kansas experience mental health conditions such as depression or anxiety disorder. Because of the interrelationship between mental and physical health, older adults who use Medicaid Home and Community Based Waiver Services (HCBS/FE) are more likely to experience negative effects from their co-existing physical health conditions. However, few of these older adults receive mental health services. In FY11, the Office of Aging and Long Term Care designed and presented professional education activities on mental health and aging to case managers who work with older adults using Medicaid HCBS/FE waiver services. The purpose was twofold: 1) to enhance targeted case manager’s (TCM) professional skills and strategies for addressing mental health needs, and 2) to document how TCMs used these strategies learned in the workshop, and their perceptions of the impact this had on the lives of older adults who use Medicaid HCBS/FE waiver services. Learning objectives focused on professional skills for discussing mental health issues with their clients, using the K6 mental health screening, recognizing unmet mental health needs, and identifying potential formal and informal resources to address the older adults’ mental health needs. Professional goal setting designed to facilitate the integration of workshop content into targeted case management practice was a central focus. These activities were sponsored by the Kansas Department on Aging.

Professional education activities used adult education techniques to facilitate the use of new information and strategies in targeted case management practice. The primary activity was a workshop, Enhanced Training for Case Managers Who Serve Medicaid HCBS/FE Clients: Identification of Mental Health Needs, which was delivered 12 times in 11 locations across Kansas. A well-received Mental Health Handbook for Targeted Case Managers was sent to workshop participants in advance, and two newsletters that reinforced workshop material followed. In addition, the OALTC offered technical assistance to targeted case managers (TCMs) and their supervisors. Finally, an online module of educational tools provided TCM supervisors and CME directors with options for either training new TCMs or refreshing knowledge and skills of current employees. The OALTC evaluated the workshop and accompanying materials through on-site evaluation forms and follow-up phone calls to supervisors and TCMs.

The follow-up activities provided a unique opportunity to document ways that TCMs incorporated information and strategies gained into case management practice with older adults who use HCBS/FE waiver services. The OALTC followed up with a sample of 24 workshop participants and found that workshop content was indeed being used in the field. The workshops were rated “good” to “excellent” by participants and their supervisors, and the quote at the top of the page is an example of the type of feedback provided by targeted case managers following the workshop. Overall, TCMs described how the workshop led to improvements in their case management practices, and they believed that this resulted in benefits, some potentially cost-saving, for older adults who use HCBS/FE waiver services.

During each workshop, facilitators led TCMs through a goal-setting activity that was designed to facilitate the integration of workshop content into targeted case management practice. The majority of goals were related to five content areas: K6 mental health screening questions on the Uniform Assessment Tool’s (UAI), improving rapport with older adults using HCBS/FE waiver services, discussing mental health with clients, improving follow-up to mental health referrals, and recommending informal...
activities to support mental health. For example, using the laminated, large print K6 scale during assessments and suggesting activities from the PEARLS activity guide were frequently cited goals.

Telephone interviews documented whether or not TCMs followed through with their goals and their impressions of the impact this behavior change had on their case management practices. Especially for those with less experience, TCMs stated that the workshop strengthened their job performance by improving their understanding or administration of the K6 screening questions which in turn will improve the quality of assessment data from this portion of the UAI. In addition, improvements in processes for administration of the K6 often led to a productive discussion about older adults’ mental health concerns. Some TCMs used strengths-based questions from workshop handouts to improve rapport. TCMs reported the improvements related to the K6 and mental health discussions assisted with the identification of mental health distress and successful referrals. Several TCMs set goals related to referrals. These included visiting the local community mental health center (CMHC), attending a mental health coalition meeting, making a referral to the peer support program, or exploring other options such as a crisis center support group for women who had experienced abuse. One TCM expanded the basic concept behind visiting a CMHC to non-mental health areas of targeted case management. This participant made a visit to a local nursing facility and reported success in moving three older adults from the nursing facility into assisted living because of new relationships forged with local nursing facilities during this visit. Thus, as a result of this case manager’s workshop attendance at least three older adults returned to a community living environment, which reduces Medicaid costs.

Throughout the workshops, TCMs described some system and societal level challenges to meeting the mental health needs of older adults who use HCBS/FE waiver services. They highlighted the need for better systems for monitoring medication interactions, and suggested accommodations to facilitate older adults’ access to mental health services. Specifically, TCMs repeatedly stressed the importance of in-home mental health services for this population of older adults. They also suggested that shorter intake processes for mental health services would not be as fatiguing for these older adults who also have physical health conditions. At the societal level, mental health stigma remains a barrier. TCMs described ways that older adults and their family members have negative impressions and inaccurate beliefs about mental health services. A few TCMs said the workshops make them feel more comfortable with these issues themselves. Newsletters for TCMs and an article for a consumer audience that can be included in an agency newsletter helped address these issues.

In summary, the OALTC offered these mental health and aging workshops to targeted case managers in Kansas to assist TCMs as they work with older adults to meet their mental and physical health needs. The adult learning techniques and interactive approach used in the workshops resulted in successful integration of strategies into practice. As a result, TCMs and their supervisors believe that older Kansans who use HCBS/FE waiver services are benefitting from increased participation in mental health services and activities that support positive mental health. In turn, this will enable older adults to remain living in their homes in the community.
I: Introduction

This is the Final Report for the contract agreement, *Enhanced Training for Case Managers (TCMs) Who Serve Medicaid HCBS/FE Clients: Identification of Mental Health Needs*, between the Office of Aging and Long Term Care (OALTC) located in the Kansas University School of Social Welfare (KUSSW) and the Kansas Department on Aging (KDOA). The purpose of this contract was to provide TCMs of older adults using Medicaid Home and Community Based/ Frail Elderly (HCBS/FE) waiver services with training on how to discuss mental health issues with their clients, use the K6 mental health screening, recognize unmet mental health needs, and identify potential formal and informal resources to address the older adults’ mental health needs. The need for this training was recognized by many in Kansas, including state officials, researchers, TCMs, and mental health practitioners. As many as 70,000 older Kansans experience some type of mental health problem, and if left untreated, those receiving services from the HCBS/FE waiver are more likely to experience severe negative outcomes from coexisting physical health conditions, including premature nursing facility placement. Furthermore, few older Kansans receiving HCBS/FE waiver services receive mental health services due to stigma as well as significant access and availability issues. This contract was based on the premise that TCMs of older adults receiving HCBS/FE waiver services would gain from acquisition of strategies for discussing mental health with their Medicaid clients and increased skills for using the K6 screening scale on the Uniform Assessment Instrument (UAI) as well as in making successful referrals for mental health. This, in turn, would help address the mental health needs of HCBS/FE waiver clients.

In this report are descriptions of workshop content and additional learning components that supplemented the workshops (Section II), workshop feedback from participant evaluation forms (Section III), changes in TCM practice following the workshops (Section IV), and next steps and recommendations (Section V). This report also contains appendices with the workshop curriculum guide, newsletters, and research methodology. A *Mental Health Handbook for Targeted Case Managers* (which was sent in advance to enrolled workshop participants) and an online training module are available separately. Project deliverables are found throughout this report; please see Table 1 for specific sections and page numbers.

Table 1: List of Deliverables

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Found in Section…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of the training sessions</td>
<td>Section II</td>
</tr>
<tr>
<td>Summary of training participant evaluations and adjustments to training sessions per their feedback</td>
<td>Sections III and IV</td>
</tr>
<tr>
<td>Overview of the goals and that case managers set for behavior change</td>
<td>Section III</td>
</tr>
<tr>
<td>…and summary of strategies of actually implemented, in progress, and met</td>
<td>Section IV</td>
</tr>
<tr>
<td>…barriers encountered</td>
<td>Section IV</td>
</tr>
<tr>
<td>…and technical assistance provided</td>
<td>Section II</td>
</tr>
<tr>
<td>Recommendations for next steps to further enhance quality of life for older adults with mental health needs who use HCBS/FE services</td>
<td>Section V</td>
</tr>
<tr>
<td>Training handouts with copies of the training presentation</td>
<td>Appendix B</td>
</tr>
<tr>
<td>Newsletters for training participants</td>
<td>Appendix C</td>
</tr>
<tr>
<td><strong>List of HCBS/FE Targeted Case Managers who attended trainings</strong></td>
<td>Delivered separately</td>
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<tr>
<td>-----------------------------------------------------------------------</td>
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<tr>
<td><strong>Quarterly progress reports that summarize current work</strong></td>
<td>Delivered separately</td>
</tr>
<tr>
<td><strong>Online module with a short tutorial using the K6 and holding</strong></td>
<td>Delivered separately</td>
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<tr>
<td><strong>conversations about mental health with HCBS/FE customers.</strong></td>
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II. Workshop Overview and Additional Learning Activities

Workshop Scheduling and Attendance

The OALTC facilitated twelve workshops across the state of Kansas, titled Identification of Mental Health Needs: a Workshop for Case Managers who Serve Medicaid HCBS/FE Consumers (see Table 2). We invited TCMs who worked in both traditional Case Management Entity (CME) settings and independent CMEs. We worked with all CMEs to meet their preferences for scheduling and location of workshops to the extent possible. Once times and locations were finalized, all CMEs received workshop information. In total, 105 TCMs and supervisors attended, with an average of 8-9 participants per workshop. Out of approximately 152 TCMs and supervisors (accounting for vacancies), 73% percent attended a workshop. Approximately 76% actually registered but some (3%) could not attend due to illness, personal and professional emergencies, and schedule changes due to inclement weather. At least one or two supervisors from each CME attended a workshop and several workshops were attended fully or in part by a higher level manager or the CME director.

Directors of independent CMEs were interested in the workshops and requested information that they could share with their nine staff members (total) who worked with older adults receiving Medicaid HCBS/FE waiver services at the time. Three TCMs from three independent CMEs registered for a workshop; one attended.

Table 2: Workshop Schedule and Locations

<table>
<thead>
<tr>
<th>Training Order</th>
<th>City</th>
<th>Month</th>
<th>Meeting Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kansas City</td>
<td>November</td>
<td>Wyandotte-Leavenworth AAA</td>
</tr>
<tr>
<td>2</td>
<td>Chanute</td>
<td>November</td>
<td>Neosho County Admin Offices</td>
</tr>
<tr>
<td>3</td>
<td>Olathe</td>
<td>November</td>
<td>Johnson County Human Services Building</td>
</tr>
<tr>
<td>4</td>
<td>Topeka</td>
<td>December</td>
<td>Jayhawk AAA</td>
</tr>
<tr>
<td>5</td>
<td>Manhattan</td>
<td>January</td>
<td>North Central Kansas AAA</td>
</tr>
<tr>
<td>6</td>
<td>Ottawa</td>
<td>February</td>
<td>East Central Kansas AAA</td>
</tr>
<tr>
<td>7</td>
<td>Hays</td>
<td>February</td>
<td>Kansas Highway Patrol Office</td>
</tr>
<tr>
<td>8</td>
<td>Dodge City</td>
<td>February</td>
<td>Southwest Kansas AAA</td>
</tr>
<tr>
<td>9 &amp; 10</td>
<td>Wichita</td>
<td>February</td>
<td>The Red Cross Building (Douglas Ave.)</td>
</tr>
<tr>
<td>11</td>
<td>Hiawatha</td>
<td>March</td>
<td>Northeast Kansas AAA</td>
</tr>
<tr>
<td>12</td>
<td>Hutchinson</td>
<td>March</td>
<td>Hutchinson Public Library</td>
</tr>
</tbody>
</table>

Workshop Approach and Content

Adult education techniques emphasize interactive formats and building upon the expertise of workshop attendees. Thus, the workshop was designed to be interactive and respectful of TCMs’ and supervisors’ expertise, balancing discussions and presentation of information. We encouraged experienced TCMs to share their experiences and we addressed many of their learning goals within the workshop content and follow-up activities. In subsequent workshops, we shared TCMs’ field-tested strategies, thus continually sharpening workshop content.

Each workshop section was designed to meet needs as outlined in the contract, such as discussing mental health issues with their clients, using the K6 mental health screening to recognize unmet mental
health needs, and identifying formal and informal resources to address their clients’ mental health needs (see Table 3 and learning objectives in the curriculum guide, Appendix A). Local speakers helped individualize workshops to specific locations; additional directives concerning content were met via the advance materials. Handouts reinforced workshop content and ensured that TCMs left the workshop with usable strategies in hand (e.g., PEARLS program’s 201 informal activities that support positive mental health). The appendices include a curriculum guide that contains a full description of workshop content with learning objectives, and handouts.

Table 3: Workshop Agenda

<table>
<thead>
<tr>
<th>Part ONE: Introduction</th>
<th>15 min.</th>
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</thead>
<tbody>
<tr>
<td>Introduction to the purpose of the workshop, timeline of topics and facilitators; attendees introduced themselves and shared their learning goals; facilitators shared their learning goals for the workshop.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Part TWO: Mental Health Overview</th>
<th>30-40 min.</th>
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</thead>
<tbody>
<tr>
<td>Overview of mental health, overview of the Mental Health Handbook for Targeted Case Managers sent in advance; quiz on advance materials, and a video with discussion.</td>
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</table>

<table>
<thead>
<tr>
<th>Part THREE: Local Resources</th>
<th>30 min.</th>
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<tbody>
<tr>
<td>Presentation by local speaker(s), typically from a local CMHC or geriatric psych unit; or when no speaker was available, a presentation by facilitators on local mental health services.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part FOUR: Identifying Mental Health Needs via the K6</th>
<th>30-40 min.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation and discussion on the K6 as a screening tool for mental health conditions, increasing the accuracy of assessment results and understanding the broader use of these data.</td>
<td></td>
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</table>

| BREAK | 10 min. |

<table>
<thead>
<tr>
<th>Part FIVE: Mental Health Conversations with Older Adults</th>
<th>45 min.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productive mental health discussions using a strengths-based approach and conversation-starters; examples of formal referral options and informal activities; case studies.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Part SIX: Reflection and Goal-setting</th>
<th>30-40 min.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of TCM and facilitator learning goals; brainstorm on ways that workshop content could be used in targeted case management practice; set goals for incorporating workshop content into case management practice with older adults who use HCBS/FE waiver services.</td>
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</table>

<table>
<thead>
<tr>
<th>Part SEVEN: Wrap up</th>
<th>15 min.</th>
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</thead>
<tbody>
<tr>
<td>Workshop evaluations; CEU materials.</td>
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</table>

**Advance Materials on Mental Health and Aging.** TCMs received an electronic copy of supplemental materials several weeks ahead of the training, and a hard copy during the workshop. These materials introduced TCMs to the theme of the workshop (assisting older adults receiving HCBS/FE waiver services with their mental health needs) and presented or emphasized content that could not be fully covered within the timeframe of the workshop itself. The materials also provided background for workshop discussions and served as a resource for targeted case management practice. Sections included:

- Mental Health and Older Adults (overview of key topics),
- Mental Health and Ethnic and Racial Diversity,
- Mental Health and Spirituality,
- Formal and Informal Interventions and Referrals
- Links to additional resources, and
- Glossary.

**Local speakers.** Guest speakers, typically from CMHCs and geriatric psych units, presented information on their agency and how to access services. They also shared facts and other useful
information regarding older adults and mental health, often responding directly to participants’ questions and learning goals. Facilitators encouraged guest speakers and TCMs to use this opportunity to dialogue and build relationships. The quality of guest speakers did vary somewhat, and this is reflected in the evaluations (see Section IV). Guest speakers were not available for two workshops due to inclement weather and scheduling conflicts. On these occasions the OALTC facilitated a discussion on local mental health services and provided handouts with contact information and services offered by area mental health services.

**Workshop Adaptations**

We incorporated feedback from TCM evaluations, the December 2010 KDOA workgroup meeting, and feedback from senior project staff to enhance and improve workshop quality and content. Overall, the adaptations described below corresponded to improved scores on the evaluation forms.

**K6.** The initial focus of the K6 workshop content was on the questions and scoring. TCMs indicated that strategies to introduce and frame the K6 section would be more useful. This would increase the comfort level of the older adults answering the questions, the confidence of the TCM administering the K6 screening, and ultimately result in a more accurate assessment. Thus, we added this content and placed less emphasis on questions and scoring. We also came to realize that once TCMs understood how the UAI and K6 data were used by others including policy makers in the state, they became highly motivated to increase their skills in its administration. We made a point of emphasizing how K6 data were used in subsequent workshops, incorporating detail from the project’s KDOA workgroup meeting.

A TCM suggested that having a larger version of the K6 questions and response scale would be useful for working with clients. Thus, we provided them with English and Spanish versions that were enlarged and laminated, so that older adults with visual-impairments could point to their answer. We also included this tool for CMEs as a supplement to the first newsletter and as part of the online module.

**Video.** The mental health overview section of the workshop contained a video which received mixed ratings in the initial TCM evaluations. We found a new short but informative video that had featured older adults who were similar to older Kansans who use Medicaid HCBS/FE waiver services. The new video also presented suggestions for informal mental health supports, such as doing four deliberate and meaningful activities a day to help keep the “blues” away. TCMs responded to the new video very well and facilitators found that it spurred discussion on the use of pets and other informal mental health supports in each workshop.

**Additional Learning Activities**

The OALTC’s comprehensive training approach included activities that extend learning and reflection on the application of information gained beyond the workshop. These activities included technical assistance, newsletters, and an online learning module.

**Technical assistance.** Technical assistance included requests made within a workshop, through follow-up calls to TCMs and supervisors, and through post-workshop contacts with project staff members. Requests made outside the workshop and follow up contacts initiated by the OALTC related to the balance between customer safety and empowerment, and requests for more information on mental health topics.

**Newsletter.** Two newsletters were sent via email to TCMs, supervisors, and CME directors after the trainings were completed. The newsletters contained follow-up articles further addressing the most prominent issues raised by attendees during workshops (e.g., informal and formal mental health supports, medication management, the link between physical and mental health, caregiver support). The newsletters also included a compendium of tips and strategies learned from attendees (e.g., encouraging an older adult to follow-up on a mental health referral and effective approaches to asking
K6 questions), and information on mental health resources (e.g., Mental Health First Aid trainings and free resources available from credible agencies and organizations on the internet). These newsletters can be found in Appendix C.

**Online module.** The OALTC developed a package of professional education materials that are available as an online module. The purpose of these materials is to provide continued support to TCMs and their supervisors. We consulted with a few TCM supervisors regarding the type of online training that would be most useful. They told us that training on this topic should maintain an interactive, discussion-based approach; some supervisors preferred a training they could implement with staff as opposed to a self-study approach. These supervisors also indicated that having access to PDF files of the advance material and other training handouts would be useful. In response, we developed materials that may be used jointly by supervisors and TCMs or as self-study materials. Materials cover key mental health and aging content, and include power point presentations, a facilitator guide for supervisors, and other materials.
III: Workshop Feedback

At the end of each mental health and aging workshop, participants completed an evaluation form. TCMs were asked to rate the workshop approach and activities; they were able to include comments. This section includes a summary of TCM ratings along with a few related comments from the evaluation forms and follow-up interviews. A full list of comments is available upon request. (See Appendix D for detailed methodology.)

Workshop Approach

Participants rated five items that represented the general approach used in the workshop, including measures of trainer quality, physical environments, and overall usefulness of material shared. These results are reported in Table 4, and detailed below.

<table>
<thead>
<tr>
<th>Workshop Approach</th>
<th>M*</th>
<th>SD*</th>
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</thead>
<tbody>
<tr>
<td>Trainers had adequate expertise</td>
<td>4.55</td>
<td>.53</td>
</tr>
<tr>
<td>Trainers presented effectively</td>
<td>4.53</td>
<td>.53</td>
</tr>
<tr>
<td>Trainers valued TCM input</td>
<td>4.82</td>
<td>.39</td>
</tr>
<tr>
<td>Physical environment was comfortable</td>
<td>4.32</td>
<td>.70</td>
</tr>
<tr>
<td>Information gained will improve lives of older adults</td>
<td>4.40</td>
<td>.68</td>
</tr>
<tr>
<td>Information gained will help TCM in job</td>
<td>4.36</td>
<td>.70</td>
</tr>
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</table>

- **Trainers’ expertise, communication and presentation.** The majority of workshop participants rated the facilitators as having adequate expertise on the topics presented, with an average, or mean (M), rating of 4.55. Most agreed or strongly agreed that facilitators communicated and presented the material effectively (M = 4.53). The following comments by a TCM and then a supervisor explain further:

  Knowledgeable presenters who have “Been there, done that.”

  *I thought the workshop was very well done, the case managers mentioned that they felt like it was a really respectful training, it honored the experience that they had.... We have had other training from a variety of different sources in the past where case managers felt kind of talked down to....*

- **Trainers valued TCM input.** Participants consistently indicated that facilitators at the mental health and aging workshops were interested in the experience and information provided by workshop attendees. Across the twelve sessions, all either agreed or strongly agreed that the facilitators valued the knowledge, ideas, and input from TCM’s who attended the workshops (M = 4.82). Workshop participants also enjoyed the opportunity to brainstorm with and learn from the other case managers. This interaction was also brought up during several of the follow-up phone interviews as well.

  Great brainstorming- very refreshing to hear co-workers thoughts & ideas.

  I liked the fact we got to interact instead of just listening.

- **Information gained will improve lives of older adults and help TCM’s in their job.** One of the purposes of the workshop was to increase the effectiveness of targeted case management and ultimately, the quality of life of older adults who use HCBS/FE waiver services. Section IV documents specific ways that TCMs are using workshop information. The average ratings for these two workshop goals were agree to strongly agree (M = 4.40 and 4.36, respectively). Overall, participant ratings
indicated that most believe the information obtained will be useful as they perform their job responsibilities, and will enhance the lives of the older adults on their caseloads:

\[\text{This is one of the best workshops I've been to yet. Very informative, relevant and useful info that I can take and use in getting accurate information from customers.}\]

**Workshop Activities**

Workshop participants were asked to rate specific activities and topics, and identify specific activities that were the most helpful. Overall, average ratings for all workshop activities fell into the above average to excellent range. Activities related to mental health discussions, supplemental resource guide, and the K6 screening questions received the highest ratings (see Table 5).

**Resource guide.** The average rating for the Mental Health Handbook for Targeted Case Managers that workshop participants received in advance was $M = 4.37$. On workshop evaluation forms they anticipated that these materials would be useful to them in the future, and this was confirmed during follow-up phone interviews as these quotes from a supervisor and newly employed TCM demonstrated:

\[\text{That whole information packet is something I've added to my resource shelf... I'm going to be sharing with new staff and interns, because it was really well put together. It wasn't too much information that you get overwhelmed and don't want to read it, it's to the point ... and it flowed really well.}\]

\[\text{I have my little book and I have it tagged... being able to have it and refer to it is comforting to me to know that I can reference that as I need to.}\]

**Video.** The mean rating for the video shown as part of the mental health and aging overview was 4.05. Based on participant feedback from the first few workshops, we changed the video after the third session. Following this change, the average rating for the video increased from 3.69 to 4.13.

**K6 mental health screening questions.** The average rating for the section of the workshop that addressed the K6 mental health screening questions on the UAI was 4.26. After the second workshop, presenters used a different approach (see Workshop Adaptations, Section II). Following this change, mean ratings increased from 3.79 to 4.36. Evaluation form comments indicated that participants felt that the K6 portion of the workshop was beneficial as they were interested in learning different and more effective ways to approach the administration of these questions:

\[\text{Clarification of the K6 tool helped me to show more clearly the mental health picture of the client.}\]

\[\text{Gained insight into why we do the K-6 portion of the UAI. Also how this might “tie-in” to MH in our communities.}\]

\[\text{I really liked the laminated K-6 sheet. I will bring this with me on assessments and really take more time on this area.}\]
The follow-up phone interviews also demonstrated that TCMs made improvements in administering the K6 after the workshop (see details in Section IV).

**Community speaker/Local resources.** The mean rating for the community guest speaker portion of the training was 4.06. For the most part, participants found the community speakers were “very good” and TCMs appreciated learning about the resources available in their community. However, there were two workshops in which the community speaker was not viewed positively. The following two evaluation form comments showed these perspectives:

- Community speakers were a great asset to this training. Very helpful in reminding of the services available in our area.
- The speaker from [county name] wasn’t helpful. [Guest speaker] needs to be educated on the elderly.

It is interesting to note that TCM goals in a workshop with one of the less highly rated guest speakers included outreach to educate mental health providers on aging issues.

**Mental health discussions with older adults.** The average participant rating for discussing mental health with older adults was 4.41, with several participants noting that this was the most useful portion of the workshop. In addition to strategies for discussing mental health issues with their clients, several TCMs indicated that this portion of the workshop helped them learn more about mental health issues in general, and how to get clients to accept mental health referrals:

- Information did not just focus on clients with mental health diagnosis but reminds me to look at mental health for all clients in their particular circumstances.

**Reflection and goal setting.** The mean rating for this section of the workshop was 4.13. Many participants noted that this segment of the workshop helped them develop a plan for incorporating the information they learned into their work. They stated that they would use the workshop content in future practice through these practical and “real” goals and strategies (see also Section IV).

**General Impressions**

Overall, feedback from both workshop evaluations and the follow-up calls was positive, with both TCMs and supervisors praising the workshop. The following are typical comments from workshop evaluation forms:

- I am new to AAA and to TCM. This workshop was very helpful to motivate me to seek out relationships with other resources.
- Lots of great ideas. Good hearing ideas from others. Nice putting more emphasis on mental health & the importance which typically gets left out of a lot of trainings.

TCMs and their supervisors also had overwhelmingly positive things to say about the workshop during the follow-up phone interviews:

- I went away feeling like it was really helpful to me and that I would be able to serve my people in a better way. I had a really positive feeling after the workshop was over, I leaned a whole bunch of stuff, which was wonderful.
- I think it was one of the better trainings that I’ve sat in on when it comes to mental health. I just really felt that it brought a lot of practical information to be used for our case managers and I do appreciate your staff coming to our region to do it rather than us having to travel somewhere.
IV. Application of Workshop Content

This workshop was designed to enhance case management practice for older adults using HCBS/FE waiver services who have mental health needs. Specific areas targeted included the K6 mental health screening questions on the UAI, mental health referrals, and conversations about mental health. We reported general feedback about the workshops along with feedback from workshop evaluation forms (see Section III). Here, we focus on changes in TCM practice in the month following the workshops. We also describe TCMs’ perceptions of ways that workshop attendance made their jobs easier and improved the quality of life of older adults who use HCBS/FE waiver services.

A unique aspect of this project was a follow-up study designed to gage the influence of this workshop on actual targeted case management practice. This section of the report highlights behavior change in targeted case management practice that followed from the training. Results are based on data from follow-up telephone interviews with supervisors and TCMs who participated in the workshop.

In these interviews supervisors and TCMs reported how the workshop was useful, if at all, after they returned to the field and had the opportunity to apply new ideas and techniques. Eleven supervisors participated in a follow-up interview 1-3 weeks after their respective workshop. Twenty-four TCMs (some with a dual role as supervisor) participated in these interviews which were conducted 4-8 weeks after their respective workshops. The experience of the TCMs ranged from 2 months to 16 years in their position. Quotes from interviews stem from TCMs with a wide range of professional experience in both rural and urban areas of the state. As context, we note these characteristics as we introduce the quotes; see methodology for more information (Appendix D). Sampling techniques ensured that all CMEs with an employee who attended a workshop were represented.

Implementing Case Manager Professional Goals

The workshop closed with a goal setting activity, which provided an opportunity for TCMs to plan ways they could use information from the workshop with older adults using HCBS/FE waiver services. This activity set aside time for case managers to reflect on and begin strategizing ways to apply information and ideas from the workshop.

Goals that TCMs set for themselves during this portion of the workshop were diverse, and several identified more than one goal. Interestingly, many of the case manager supervisors took advantage of this activity by setting agency-wide goals. Goals clustered around five broad areas: using the K6 mental health screening questions, improving rapport with customers, better discussing mental health, improving mental health referrals, and recommending informal activities (see Table 6).

Among the TCMs who were randomly selected to participate in follow-up interviews, most had completed or made substantial progress towards their goals. An additional two case managers were in the early stages of their goal(s). Another two case managers had not worked on their goal(s) yet, but both reported that the follow-up call was a good reminder to do so. Thus, over 79% of TCMs receiving follow-up calls had made at least some progress towards their goals, and another 8% intended to do so. Furthermore, the majority of
TCMs reported that as a result of the training, they made changes in the way they do case management beyond the goals that they set for themselves.

For the most part, targeted case managers did not report barriers to reaching their goals. Challenges that were mentioned but not limited to the goal-setting activity, pointed to larger, ongoing problems associated with mental health service delivery to older adults who use Medicaid HCBS/FE waiver services (see Section V).

**Using the K6 Mental Health Screening Questions**

One aim of this workshop was to improve TCM competency and confidence in using the K6 screening questions on the UAI. One-third of the TCMs selected for follow-up interviews had identified improving the administration of the K6 mental health questions as their professional goal. In addition, nearly every TCM interviewed reported that the workshop helped them improve their use of these questions, even if this was not a specific goal. Interview comments indicated the workshop contributed to better understanding of the importance and increased attentiveness to the K6, improved processes for administering this portion of the UAI, and better case management follow-up due to improved responses from older adults who use HCBS/FE waiver services.

Some TCMs reported once they became more aware of the importance of the K6, they felt as though they were being more attentive when administering these questions. A few supervisors also stressed that workshop information on the K6 portion of the UAI helped case managers understand the larger importance of these data. These quotes from a TCM, and next a supervisor illustrated these perspectives:

**Before, not that I didn’t take an interest in it, but unless there were real red flags sent up, I really didn’t spend a lot of time in that area unless I felt real concern.... Now I probe a little more. What I got out of the training was probing, going a little deeper is a good thing, and that’s what I’m doing.**

**Table 6: TCM Professional Goals**

**General mental health**
- Work mental health into current job responsibilities (be more attentive of MH)
- Join the local mental health coalition

**Assessments and K6**
- Approach assessments more carefully, paying attention to subtle cues
- Administer K6 more carefully, spending more time on it
- Be aware of the larger importance of the K6
- Better frame and introduce the K6 questions using specific strategies from workshop
- Use the comments area in the K6 assessment to better document concerns
- Use the laminated, large print K6

**Building rapport/mental health conversations**
- Use life reflections questions to build rapport
- Use strengths-based questions
- Improve relationships with clients with mental health diagnoses/symptoms

**Mental health referrals**
- Research local mental health resources
- Create local resource guide
- Make referrals to Peer Support and [regional mental health program]
- Help older adults follow through with referrals, when appropriate
- Contact local nursing facilities and hospitals so they are aware of TCM services
- Meet with a new provider at the local CMHC
- Refer a client with a history of abuse to a support group

**Informal activities that support mental health**
- Use PEARLS activity guide
- Organize informal activities at the CME
- Identify and use more informal supports
- Be more consistent in working towards older adults’ independence
- Focus on small steps and on the positive aspects of older adults lives
I honestly think that when you... explained to the team how that information that they put in the UA1 connects to not only their particular job and the welfare of the clients they serve, but also the larger [picture], I think that was very helpful. ....validated what they’re doing as targeted case managers has value and is important. And the UA1 does impact things more than just a piece of paper that they have to do. I think it allowed them to see some of that meaningfulness of their job.

Strategies suggested by facilitators and fellow TCMs helped with the process of administering the K6 questions. Many TCMs interviewed talked about strategies for framing an introduction to the K6 section of the UA1 and using the laminated K6 scale. TCMs generally reported that because they were more comfortable asking the K6 screening questions, the older adults were more at ease in answering these questions. This in turn can improve referrals and recommendations for informal supports. These quotes from TCMs who work in both urban and rural areas of the state explain the benefits of introducing the K6 questions with a few sentences designed to put the older adult at ease:

The way to approach the mental health conversation and get into [the K6 questions] has really helped me... Everybody feels more comfortable with me because I seem more at ease with it.

I think that there are times in the past that I might have maybe glossed over those questions because it was awkward or difficult.... I can kind of diffuse the situation by explaining why I am asking the questions, explaining the purpose, and there is no right or wrong answer.

I think the main purpose of [the K6 screen] is to get an accurate assessment, so if I can help the person feel at ease in answering the questions, that that helps me in my job and it helps with the Department of Aging, because they get a better picture of the person.

Many TCMs found that the laminated K6 scale they received during the workshop was useful, as well:

[The laminated K6] was amazing... I feel like that’s easier for our customers to understand [when it is] right in front of them. Even if they can’t necessarily read what it says, they can point to where they’re at, and that’s been very helpful.

I utilize [the laminated K6] every time I go out and do an assessment. It’s actually encouraging more conversation, and I also get to find out exactly why it is that they feel that way. ...they can hold it while I’m asking the questions and they can kind of just [say], “Well, I think it’s between this one and this one, more so this one.” It’s been very beneficial.

Two case managers did report that the workshop did not improve their understanding or administration of the K6 screen. These were both experienced social workers who stated that they already felt very comfortable using this screen, and already used many of the strategies shared during workshop. These case managers, from two different areas, explained: “I didn't need any help in that area. I didn't apply any new techniques after the training. The training helped me to see what I was doing was very effective and good methods.” Another experienced TCM described how the information, while not new, was helpful:

I’ve been a case manager for a number of years, and there are skills that you don’t use all the time. It’s good to have a refresher.... It has improved my practice. It kind of moved some things that I have not utilized so much into the forefront.
Many TCMs felt that they were now administering the K6 more carefully and they saw benefits to doing so. They felt that increased attentiveness and improved processes for administering the K6 screening questions led to improved referrals and other supports for older adults with mental health concerns. Because they were more attentive to these questions, TCMs were hopeful that they were getting a better picture of their customers’ needs as shown in the following examples from experienced TCMs who work in urban areas. The first described administration of the UAI with an older adult who has a history of depression, the second discussed how she improved her understanding of older adults’ past experiences using strategies from the workshop, and the third related her experiences administering the K6 more carefully:

I did kind of pay more attention to [the K6] and spent more time with her on those questions, to kind of pinpoint it and make sure there was no suicidal ideation or helplessness. ...worked with her a little more on some things that she could do.

The training actually helped me to open up [the K6 questions] into a communication. So if they felt hopeless, I was able to ask why. And then I was able to actually find out more information. Like I found out [someone’s] sister and brother had passed away during this time period. ...another one whose daughter was murdered in 1983. Had it not been for the questions, I would not have known that was an issue for him.

If they score higher, I try to talk to them about what is causing them to feel that way and kind of go into it a little further. ...I try to talk to them more about the referral part. Like I saw a guy yesterday who’s on [pain medication] and battles depression and anxiety and he scored pretty high.... I was trying really hard to encourage him to maybe seek counseling or something and he just adamantly refuses. I’ve really been trying to encourage people harder or be more of an advocate for [counseling].

In sum, the majority of case managers reported that the workshop strengthened their job performance by improving their understanding or administration of the K6 screen. This put both TCMs and older adults at ease with these questions, and resulted in better information for the state and for referrals and other follow-up activities.

Strengthening Rapport with Older Adults on the HCBS/FE Waiver

Several TCMs made goals related to working toward improving their rapport with older adults who use HCBS/FE waiver services. They felt that in turn, good rapport improves the identification of mental health concerns and successful referrals. Some case managers set a general goal of improving relationships with HCBS/FE consumers.

Other TCMs described how they successfully used life reflection and strengths-based questions from workshop handouts. These quotes from TCMs with more and less experience in urban and rural areas, respectively, illustrate how they used these questions:

One of the things I’ve run into, especially with my mentally ill patients, is that they’re wary of anyone who doesn’t show an interest in anything other than just business. And so when I stop and go through that life reflections sheet. ...that seems to draw them out more. And they’re more willing to let me know what really is going on in the home....

I’ll say, “We always talk about what’s going wrong, we always talk about what’s bothering you and what’s making you feel bad, and those are valid and we need to go over those things, but maybe we can just once... talk about what’s going good for you. What are you looking forward to?” And they’re kind of like, “you’re right, we do always talk about the bad stuff.” And so it helps them reflect on something positive for a minute...
I think in just building that rapport and building that good, positive working relationship with someone is just going to further enhance my job. Just in general, in being able to do what I need to do.

In another situation, an urban-based TCM worked towards improving relations with her customers, as a reminder that her work is more than just an assessment. As a result of this goal, she reported that she identified a few older adults who use HCBS/FE waiver services who are having problems, and she is now working more closely with these individuals. Without this goal, the TCM feels she would not have identified these issues.

**Recognizing and Discussing Mental Health Concerns with Older Adults**

The K6 is a very important part of mental health screening, but other cues that indicate mental health concerns are part of a complete screening process. TCMs generally understood the role of these additional signs and symptoms, and also pointed to the difficulties of having the conversations that bring these mental health indicators out into the open. During interviews, TCMs talked about ways that the workshop helped with these discussions and identification of additional cues regarding older adults' mental health condition.

In practice, there is often not a clear demarcation between completing a K6 assessment that ends in a high score, discussing it, and referring an older adult who uses HCBS/FE waiver services to a mental health provider. Thus, as pointed out above, TCMs reported that improvements in administering the K6 led to better conversations about mental health with older adults as a means to identify mental health concerns and make successful referrals. Information on ethnic/racial diversity and characteristics of common mental health diagnoses from the *advance material* was especially useful, as this experienced TCM from an urban setting noted:

*During my assessment interviews, on some of them I have handled it a little bit differently. It’s kind of helped open the door by… thinking about the different things I need to keep in mind socially, with cultures…. It has opened a few more conversations and it’s been in my perspective, it’s made it a little bit easier to discuss.*

Workshop facilitators and guest speakers reminded TCMs to pay attention to a person’s behavior or environment for signs and symptoms of mental health conditions. One experienced TCM from a rural area gave a good example of a situation where she acted on environmental cues following the workshop:

*Before I took this workshop, there [were] things I would have overlooked if I had encountered them and said, “Well, it’s a bad day,” or this or that. And after the workshop…. One lady opened the door to me and went back to her… sofa, covered herself up, turned her back to me, and slept during my interview with her. And her husband answered the questions…. before, I might have thought to myself, “Well, she’s tired.” But you know, that’s way abnormal…. I’m more willing to look at something… like a problem. …I don’t have to diagnose it, but I can report it.*

TCMs used conversations about mental health as a strategy for overcoming stigma, which is a barrier to successful referrals. Here is the perception of an urban TCM:

*I think just trying to break down that stigma. That maybe having feelings of depression are like a fault or something like that. It’s not. It’s just sometimes... a chemical imbalance and just explaining that there can be a real medical piece…. It’s not that they’re old or that they’re elderly or that they’re sick. It’s that there’s something else going on with them and kind of normalize [the mental health concern].*
Improving Mental Health Referrals

Whether as the focus of a professional goal set during the workshop, or as the result of general skills gained, many TCMs interviewed shared strategies they had taken to improve mental health referrals and increase informal supports for older adults who use HCBS/FE waiver services. Although most TCMs were already aware of local mental health services, many found that the guest speakers from these agencies shared new information about precise services available. Many TCMs also appreciated the chance to directly meet the mental health service providers. A TCM and a supervisor from urban areas told us:

*Because I can say, “I met this lady, I think you’ll feel comfortable with her,” ...is a little more reassuring than just, “Well there’s this place down by the hospital that you can go.” ...so I think just meeting [guest speakers] really solidifies and diversifies my case management reference base.*

*It was helpful to have [CMHC speaker] come and visit with us and talk about just how to access the services at their agency.... Also for her to be candid with us about some of the access issues that system has.... [TCMs] can be strategic and try to advocate on their client’s behalf as best they can to help them get the care that they need....*

In areas where the Peer Support Program was available, some TCMs described making referrals to this program. While the Peer Support Program was not a major focus of the training, a few CMEs had recent meetings about this program, and facilitators mentioned the program as a potential referral if someone else did not bring it up. In a follow-up interview, one experienced TCM who worked in an urban setting shared that her professional goal was to make a new referral to the peer support program:

*So it’s nice to have that [peer support information] with me and being able to hand it to them.... I did find one person for the peer support program and she's really enjoying it.... She really benefits just from that extra support.*

Several TCMs interviewed set a goal to learn more about mental health services in their area. The majority of these rural and urban TCMs made personal contact with local mental health agencies and forged new relationships with these and less conventional providers of mental health services:

*So I actually went in and gave them my card and told them what we do and if they think of any referrals that were needed for in-home services and vice-versa.... I always knew that they were there... but I never actually went in and made contact.*

*My goal was to research... the mental health options available in my specific area.... I’ve been able to give [my clients] more options, more of a choice of where they want to receive those services....*

*They have a coalition meeting at [local CMHC]. I’ve starting going to those... just to work better with each other.... I actually had to work with the mental health center yesterday with a client, and it went rather well.... Because I had a better understanding of what their role is and kind of what they can do as opposed to what I do.*

At the agency level, a few supervisors set goals to “start reaching out in a broader sense” to mental health centers and other agencies in their catchment areas. One supervisor and her team were in the early stages of a plan to better network and cooperate with several providers, and another was using this strategy to help improve culturally competent practice. These quotes describe these efforts in mostly rural and urban areas, respectively:
‘Cause right now… we don’t know any contact people [at mental health centers and other agencies], they don’t know us, we don’t use them, we don’t tap into them for any sort of assistance at all. And so we had talked about possibly trying to develop more relationships… “Here’s who we are, here’s what we do.” And find out exactly who is there that maybe does aging issues that we could tap into for future trainings [or] support groups…. We have plans to make information packets about our office and take those out to the facilities like nursing homes, hospitals, mental health, that kind of thing.

I think also what I would like to do is [locate] professionals in the community who are working with diverse populations and actually have them come in and talk to us. Not just reading about best practices or tips, but actually their own personal experience in working with Southeast Asian populations, and making some actual recommendations to us.

In addition to reviewing formal mental health treatment options, workshop facilitators encouraged TCMs to share and discuss ideas for less obvious sources of mental health services (e.g., local crisis center support groups). Some TCMs forged new relationships with other community resources, as demonstrated in the above examples. In another instance, a TCM who works in an area with a rural/urban mix started networking with area nursing facilities to identify older adults who could discharge into the community with HCBS/FE waiver services:

After going through the training I kind of thought to myself, look, maybe it would be good to visit [nursing facilities] to see what they’re going through, what they’re doing, and just let the people who run these places know, “Look, I’m available if you have clients who need to leave here, who need help getting out of here…. I’ve started visiting hospitals too, by the way, which has also been encouraging.

As a result of this goal, the TCM helped move three older adults, thus far, out of nursing homes and into assisted living facilities. The TCM shared one of these success stories:

I received a call from that nursing facility who had received my name from somebody else. I went to see that client, they’d been in a nursing facility for 2 ½ years and wanted out. We’ve worked together and last, as a matter of fact, a week ago from today, they left the nursing facility. Now they’re in assisted living … I’ve already been there twice in the last week. And they’re absolutely, other than not having their furniture, they’re absolutely ecstatic about being out…. There’s certainly a different mindset, a different change once [the older adults using HCBS/FE waiver services] get to assisted living and they know they have their own room and they can do whatever they want to, pretty much. So that’s rewarding.

Informal Activities to Support Mental Health

TCMs were interested in the use of informal activities to maintain and improve the mental health status of older adults using HCBS/FE waiver services. TCMs explained that they would use strategies for holding mental health conversations to encourage follow up to referrals, but until they chose to do so, these informal alternatives would be helpful. These sentiments were shared by TCMs working in both rural and urban settings. As the second quote describes, in one location a few TCMs have already approached the CME director about setting up a time for older adults to meet with their peers for an hour out of the week to work on crafts or puzzles:

It seems like [the workshop] was more ‘think outside of the box’ for informal supports and ways we can address the mental health needs without going through the formal community mental health center type channels…. Because we do have a lot more
minorities now than we ever have before, and a lot of them are very reluctant to go in and get actual formal help.

We were talking with our director about the possibly doing something here at our office .... I think it would build rapport... between different entities in our area, and... do something positive.... If it’s simple things... little art projects or something nice. Cards or something like that to get people doing happy things.... One idea was getting together for... game night or a chili cook-off.

Many case managers used the PEARLS handout to encourage pleasant activities among older adults who use HCBS/FE waiver services. Some case managers distributed this handout to family caregivers. An experienced TCM from a rural area explained about using this handout:

I really liked [PEARLS list of informal activities] because you can print that off and then hand it to someone.... “If you get bored, look at this. Maybe there’s something on here that will give you an idea of something to do.” Especially in the winter... I get concerned because I have a couple of people who just sit in their apartments. And they won’t go out and maybe they don’t get along with all of their neighbors, so they just sit there until a family member comes. And that isolation is not good.

**Perceived Impact on Lives of Older Adults on the HCBS/FE Waiver**

During the follow-up interviews, TCMs reported how they believed the workshop helped them improve the lives of older adults who use HCBS/FE waiver services TCMs expressed the general sentiment that by improving their case management practice, their clients also benefitted. As such, the previously presented contributions to case management practice benefitted the older adults in due course. Experienced TCMs from urban areas explained how improved relationships, more productive conversations about mental health, and a referral to the peer support program led to positive outcomes for older adults through proactive case management:

Before, I wouldn’t know anything was going on until they ended up in the hospital or their family member called me saying they don’t know what’s wrong with them, that they’re going downhill. ...now I actually get clients calling me when things aren’t going very well for them. And before I wasn’t getting that kind of communication.

Because they’re more willing to let me in on what’s going on with them, we can work together on the problem solving and finding ways to improve their quality of life.... If I’m able to get a better response out of my customers, I’m able to perform better in my duties, to provide them with whatever services they need, informal or otherwise.

One woman that [I referred to the peer support program].... You know, she’s pretty lonely, and that just kind of gives her someone to talk to and reach out. And so I think that improves her life.

Supervisors also observed that TCM participation in the workshop has helped older adults. Here is one example from a supervisor who works in an urban area:

In our area, I’m going to say it’s the goals that were set [that most improve older adults lives] because we’ve already received 2 direct referrals [for the peer support program]. And direct referrals are what help our clients the most. So, they are going to receive some mental health services based on the goals that we’ve set. I definitely think it’s going to improve [older adults’] lives and hopefully improve their mental health situation.
The above quotes are only a sample of stories from TCMs illustrating how they perceived small changes in their approach to targeted case management led to improved quality of life for older adults who use HCBS/FE waiver services. As in the case shared above in which a TCM succeeded in moving three older adults out of nursing homes and into assisting living, some of these improvements will also result in cost savings to the Medicaid program.

In summary, follow-up telephone interviews with supervisors and TCMs documented the success of the workshop from the perspectives of those who attended. Participants felt the workshop strengthened their job performance in multiple ways, including improvements to their understanding or administration of the K6 screening questions. In turn, this led to productive discussions about older adults’ mental health status. Other examples of workshop content translated into practice included the use of strengths-based questions to improve rapport, strategies to identify mental health symptoms, and tips for making successful referrals. Other improvements resulted from workshop suggestions to visit local CMHCs, attend mental health coalition meetings, make referrals to the peer support program, and explore mental health service options such as a crisis center support group for women who had experienced abuse.
V. Recommendations and Conclusion

Throughout the workshops, TCMs brought up challenges to meeting the mental health needs of older adults who use HCBS/FE waiver services. When a challenge was mentioned, someone usually followed up with an idea that could resolve the problem. Some challenges were practice-oriented, and these day-to-day case management issues were incorporated into the Online Module along with suggestions for TCMs who encounter these problems. The module materials include a handout with case management strategies for working with people with challenging behaviors, handling the presence of family members or caregivers during assessments, transitioning out of rapport building conversations, and managing medication issues. Here we focus on recommendations for future professional education initiatives and for service delivery to enhance the quality of life of Medicaid HCBS/FE clients.

Recommendations for Future Trainings

Successful training activities. As indicated above, this mental health and aging workshop received overwhelmingly positive feedback. The workshop was designed according to the principals of adult learning theory. This theory stresses that effective trainings for adults should be motivated by the need to solve problems, and use approaches that show respect for participants, builds on their expertise, and actively involves them in the learning process (Bryan et al., 2009; Knowles et al., 1998). Educational research has established that adults retain and apply learning material better when they are actively engaged during the training (Dunst & Trivette, 2009; Lawler, 2003). The OALTc integrated these principles throughout the workshop curriculum, and the specific professional education activities and techniques described below which were developed as part of our work could also be replicated in future training.

The advanced materials not only disseminated up-to-date information and research on mental health and aging, but provided TCMs with resource materials they could use as they work with older adults with mental health needs. This gave them a hands-on tool that helps them solve some of the problems encountered in targeted case management practice. It also allowed us to share factual information on several topics, while keeping the workshop to a reasonable length of time. During the follow-up phone interviews, many TCMs commented on the quality of information shared in these materials and its ongoing usefulness. In future trainings in which there is a lot of information to be covered in a limited time frame, we recommend incorporating a similar self-study component with take home materials.

We designed the workshop curriculum in a manner that recognized and valued TCMs’ expertise, actively involved them in the learning process, and responded to the particular learning needs of each audience. Strategies for doing this included: pre-workshop consulting with supervisors to gather information on local professional needs and circumstances, asking TCMs to share their learning objectives for the workshop, and creating an atmosphere that encouraged interaction and discussion of challenges and solutions. The trainer’s role was that of moderator for these discussions. They ensured that participants stayed on task and corrected inappropriate suggestions, as is required in any interactive educational setting. Practice-tested tips and strategies recommended by TCMs were later disseminated to all workshop participants. We also solicited case study examples from TCMs (taking care to remove identifying details); when needed, we provided our own from practice-based experience. These strategies were successful, as facilitators valuing the expertise of the participants was the single
highest rated item from workshop evaluation forms. This is supported by the following quote from a TCM supervisor:

*The interaction, I think, makes the information become more easily accessed and kept in your mind. Instead of just sitting there in a normal type training where somebody just tells you stuff or just says here’s my PowerPoint and you just sit there. Those kinds of trainings don’t seem to do as well for people as the ones who actually involve them in the process. And so we really did like that.*

In addition to the above techniques, preparing discussion questions and problem-solving vignettes, and designating sufficient time for discussion and idea sharing were effective. At the same time, distributing an agenda with specific timeframes helped workshop facilitators and participants stay on task and complete all training objectives.

We recommend an additional activity to encourage the translation of content into practice and further involve participants in the learning process: goal setting. This innovative activity was flexible enough to allow TCMs the professional autonomy of working towards any goal they found to be most appropriate to their own practice. As presented in Table 6, TCMs generated a diverse range of goals and many were successfully implemented. This workshop did not simply impart knowledge that could or should be implemented in practice. Rather, the goal setting activity specifically set aside time for TCMS to plan how they would use new information. The effectiveness of training can be enhanced if facilitators consider how they expect participants to use training content, and develop a plan to promote its actual use.

**Recommendations for additional training.** TCMs and supervisors provided information on topics for additional professional education that would help them work more effectively with older adults who use Medicaid HCBS/FE waiver services. The workshop evaluation form suggested ten possible topics (see Table 7) and provided space for participants to list their own suggestions. The top three requests were for professional education on: community resources for mental health, elder abuse and mental health, and mental health treatments. Spirituality and mental health followed closely behind. Topics that were written in by workshop participants varied, but it is interesting to note that three participants added the issue: hoarding and the older adult. The problem of hoarding was also brought up by TCMs during discussions at many of the workshop sessions.

**Table 7. Topics for Additional Professional Education (N=105)**

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<th>Requests</th>
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<tr>
<td>Elder Abuse and mental health</td>
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<td>Mental health treatments</td>
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<td>Spirituality and mental health</td>
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<td>Race/Ethnicity and mental health</td>
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In addition to professional education requests from the workshop evaluations, the OALTC identified potential training needs that emerged from other workshop activities. These included: interaction between cognitive and mental health problems, ethics of balancing customer self-determination and autonomy with safety, and handling problematic family situations. As detailed below, a need was also identified for professional education on aging as it relates to mental health for community mental health professionals.

**Recommendations for Referrals and Service Delivery**

TCMs identified some challenges and possible solutions to the effective delivery of HCBS/FE waiver and related services (e.g., mental health, acute care). Here, we describe TCMs’ observations on mental health stigma, ethnic and cultural diversity, organizational structure and availability of services, and medication concerns.

**Mental health stigma.** In every workshop, TCMs expressed frustration that many older adults do not follow-up on mental health referrals, and this was widely reiterated during follow-up interviews. This barrier is pervasive and complex; multiple issues contribute to the problem. Stigma associated with mental health was often mentioned as a significant contributing factor. When older adults, family members, and primary caregivers have a negative attitude about mental health services, older adults are reluctant to follow up with these referrals. During the workshops, we discussed practical strategies for overcoming this barrier and we included some of these strategies in the first newsletter and the online training module. However, mental health stigma is a societal level issue that needs to be addressed on many fronts.

To address mental health stigma at broader level than individual services, we recommend education for older adults about mental health conditions and treatments. Some TCMs brainstormed the strategy of an informative article in their agency newsletter as a way to educate a broader population about mental health and aging. To follow up, the OALTC produced a sample article as a template, which was mailed out to all workshop participants with the first newsletter. In addition, an experienced case manager suggested that public education seminars or luncheons about this topic would be helpful. Ideally, such a seminar would not just target older adults with mental health concerns. It should include the larger community in order to increase understanding for those who need help, as well as those who could serve as social supports for older adults with mental health needs. Offering these mental health education opportunities as part of non-mental health related activities might be needed to deliver the message to broader audiences.

**Ethnic and cultural diversity.** In some communities, TCMs noted difficulties finding culturally and linguistically appropriate mental health services. The following quotes from experienced TCMs who work in an urban and a rural area explain further:
A pretty large chunk of my caseload is of our Russian speaking population…. Very few of our Russian people will go to see [psychiatrist that speaks Russian] because they always have this concern that because she is in the Russian community that she will talk about them to other Russians in the community…. We need someone that speaks Russian, but is not a part of the Russian community.

I’ve got [a client] that scored high on [the K6] and I really don’t know where to go with it. Particularly because it’s a Hispanic person and there are just not many resources out here…. There aren’t very many Hispanic case managers or therapists…. That’s one of my big issues, we’re finding more and more of the mental health issues in the Hispanic [community].

In both the workshop discussions and follow-up interviews, we learned that there is a need for standardized translations of the K6 screening questions. The OALTC provided an official translation of the K6 instrument in Spanish to TCMs. However, TCMs need translations in additional languages: Russian, Vietnamese, and Cambodian. A TCM who works in an urban setting provides an example:

We’re still dealing with the language barriers…. Because sometimes our (Vietnamese) translator that I use, she’s also an older lady and so sometimes she doesn’t know the terminology very well. …for her to try to explain it to someone else just makes it difficult.

The issue seems to be the specific vocabulary and fine distinctions between some of the K6 questions. Another example comes from Johnson County where their translator informed them that K6 questions B (nervous) and C (restless or fidgety) translate the same in Russian. The OALTC contacted Dr. Kessler at Harvard Medical School who originally developed the K6 screen. He said that the K6 does not have an official translation in the three languages requested by the TCMs. The Department of Health Care Policy at Harvard Medical School can provide technical assistance in developing new translations if KDOA is interested in pursuing this. The OALTC has information with details on the Harvard Medical School translation procedures which we can provide if KDOA is interested in them.

**Organizational structure and availability of services.** Other issues related to lack of referral follow-up include the structure and availability of mental health services. Generally, TCMs described Community Mental Health Centers (CMHC) as a valuable resource; most of the guest speakers reinforced this view. However, we did hear a few concerns. TCMs were particularly impressed with CMHCs that had designated aging specialists, special programs for older adults, clinicians with an understanding and experience with mental health and aging issues. Many TCMs reported positive experiences referring older adults to these CMHCs. In some areas, professional CMHC staff members do not have special training or expertise in aging, and TCMs are more reluctant to make referrals to these particular centers. As an example, one guest speaker indicated that older adults with SPMI are not a pressing concern for their agency because people with SPMIs do not reach old age. Later in the workshop, TCMs described challenges working with older adults on their case loads who have schizophrenia, manic-depressive disorder, and other mental health diagnoses. They also reported difficulties making successful mental health referrals in this area. This example highlights the need for professional education on aging issues for CMHCs that do not have this aging expertise. This would ensure that all older adults who use HCBS/FE waiver services have equal access to quality mental health services across the state.

A concern related to the structure of mental health services was assisting consumers with dual diagnosis of both dementia and mental illness. Up to 50% of older adults with Alzheimer’s experience depression and up to 30% experience anxiety disorders, but often these symptoms are mistaken as characteristics of the dementia (Friedman et al. 2009). In a follow-up interview, a supervisor spoke
about these older adults who use HCBS/FE waiver services and have a dual diagnosis, and how they fall through treatment gaps:

We get into the situation where the mental health facility says, “Oh, they’ve got cognitive issues, we’re not going to work with them.” And then we go to the doctor, and the doctor says, “Oh, they’ve got a mental illness, you need to go to the [local CMHC].” Well then the client is in a situation where no one’s willing to help because of the dual diagnosis… and that’s tricky because, you know, maybe on Monday it is the cognitive issue that’s primary, and then on Wednesday, it’s the mental illness that has flared up.

A coordinated and consistent set of procedures for service provision and referrals for older adults with dual diagnoses is needed. This would help ensure that this particularly vulnerable population has access to comprehensive care. Unfortunately, evidence-based mental health treatments for older adults with cognitive impairments have not yet been established. However, most geriatric mental health professionals believe that there are effective interventions for depression and anxiety in this population (Friedman et al., 2009). Professional education for both mental health professionals and primary care physicians would help them understand that Alzheimer’s and other forms of dementia cannot be cured, but mental health conditions in older adults with these diagnoses can be treated effectively (Lucchino, 2010). Furthermore, effective management of mental health issues can slow the progress of Alzheimer’s (Friedman et al., 2009). Thus, effective management of mental health conditions in people with dementias can result in cost savings by delaying the need for higher levels of care. The Geriatric Mental Health Foundation offers guidance for providing mental health support to those with cognitive impairments: http://www.gmhfonline.org/gmhf/consumer/alzheimers.html.

Another structural issue related to access to services involves required CMHC intake procedures. In several workshops and at least one follow-up interview, TCMs described the mental health center as a good resource, but referrals were difficult because of the length of intake procedures. Especially for older adults who use Medicaid HCBS/FE waiver services because of functional limitations due to health conditions, this intake process can be a barrier to accessing services. A TCM who works in an urban area describe the situation this way:

I know there are a client or two of mine that will be too frail to sit in the [CMHC] waiting room with somebody that has way more anxiety or [is] younger....

Workshop guest speakers provided some solutions for easing the CMHC referral and intake process, and we shared this information with all workshop participants through newsletters and handouts. At the system level, a review of intake requirements with these issues in mind would also be helpful. Perhaps some procedures could be adjusted for clients with disabilities or multiple health conditions.

A related barrier is the difficulty that many older adults who use HCBS/FE waiver services have leaving their homes. TCMs stressed that in-home therapy services would address transportation issues or situations in which the older adults do not feel well enough to leave home for extended periods of time. In addition, in-home therapy was seen as a possible solution to the problem of stigma, as some older adults are worried about being recognized at a CMHC. In some areas, in-home services had been available, but were eliminated due to funding cuts. The value of in-home mental health services for older adults who use HCBS/FE waiver services came up in several workshops and follow up interviews. Here, two TCMs who work in rural areas describe the issue:

They do provide transportation-- but you call, you have to be there an hour and a half early, your appointment is 50 minutes, and then you have to wait an hour to get home, so it pretty much takes a significant part of the day and it’s hard to get up stairs.
Previously ... we had a mental health provider that was going into people’s homes. ... And when we lost that, I never have much success getting people to go to our local mental health center.

A few case managers described private LSCSWs who provide in-home therapy to Medicaid costumers, and how useful this resource has been. More often, TCMs spoke of needing similar options in their area, as this TCM from an urban area states:

One case manager knew of a counselor who was willing to actually travel to the older person’s house to do counseling instead of having the older person go to a facility or agency to get the counseling. ...If we knew more about other traveling counseling... specifically for elders, that would be good information to have.

Efforts to increase the availability of private therapists who provide in-home therapy to older adults using HCBS/FE waiver services would help meet these needs.

**Medication concerns.** During several workshops, TCMs had concerns that older adults may be taking too many or inappropriate dosages of medications, or were experiencing adverse medication interactions. In fact, twenty-five percent of adults aged 80 years and over experience hospitalization due to adverse drug reactions, and experts recommend that physicians prescribe medication for older adults with more caution and attentiveness because they metabolize the drugs more slowly (Williams, 2002). When older adults do not receive the appropriate dosage of medication, the side effects can be more severe and mimic other physical and mental health symptoms. This often leads to additional, inappropriate, prescriptions. Multiple targeted case managers across the state are concerned that many older adults are on multiple medications without appropriate oversight or management by medical professionals. Complicating the situation are older adults who see multiple physicians and fill the medications prescribed by each on the way home at different pharmacies. This eliminates the ability of a pharmacist to monitor possible medication duplication or interactions. This quote is from a TCM who has a nursing degree vividly describes this issue:

When I do those assessments and these people have 20 and 25 meds.... They need to just start with a clean slate and start over. ...Look at all the money we’re spending on that. You want to do a cost evaluation, right there it is. ...Pretty obvious a person needs thyroid meds or anti-rhythmic meds. But when you get two or three anti-depressants, two or three H-2 blockers, it’s just crazy. Then [the older adults] get overwhelmed and they go to the hospital and spend thousands of dollars.... It’s just a vicious cycle.

Workshop facilitators and guest speakers from geriatric mental health centers encouraged TCMs to talk to HCBS/FE consumers about discussing their entire medication list and how they are feeling with their primary care physician. We recommend that KDOA consider ways to promote more regular, systematic reviews of older adults’ medication regimens. The proportion of total healthcare costs for older adults that are spent on prescription drugs doubled from 8% in 1992 to 16% in 2006. The average per capita public expense for older adults’ prescription drugs increased even more, from $52 to $534 over the same time period (FIFA, 2010). As the above statistics and observations from TCMs indicate, addressing medication concerns has substantial money saving potential for Medicaid programs.

**Conclusion**

Overall, TCMs and their supervisors reported that the Mental Health and Aging Workshops plus related activities were very useful. More importantly, over 85% of TCMs and supervisors who attended a workshop and participated in a follow up interview made changes in their targeted case management
practices. In particular, TCMs felt the workshop improved administration of the K6 mental health screening questions, rapport with customers, recognition and discussion of mental health concerns, referrals to mental health services, and use of informal activities to support mental health. Many TCMs gained new information and strategies in these areas, while others told us that it was a good refresher and reminder to address mental health throughout case management practice activities. Given the interactive nature of the workshop, many of the strategies reported here emerged from the case managers themselves; they learned field-tested techniques from each other as they shared what works from their own practice. TCMs also felt that these improvements in targeted case management practice did or will have a positive impact on the lives of the older adults using HCBS/FE waiver services in Kansas. TCM suggestions for organizational and structural aspects of service delivery will potentially help improve services for older adults with mental health issues who receive Medicaid.

**Appendices (delivered separately)**

A. Workshop curriculum  
B. Workshop handouts  
C. Newsletters  
D. Research methods
VII. References


