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School of Social Welfare
Office of Aging and Long-Term Care

Meeting the Mental Health Needs of KDOA In-Home Medicaid Customers: Peer Support Program
Statewide Implementation

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University of Kansas School of Social Welfare
Office of Aging and Long Term Care (OALTC)

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Executive Summary

The OALTC in partnership with Kansas Department on Aging (KDOA) and the Area Agencies on Aging (AAA) has developed, implemented, and evaluated the Peer Support Program (PSP). Our rigorous evaluation documented that this volunteer, strengths-based approach to improving the mental health of older adults is a cost effective mental health service for Medicaid customers, which decreased depression, improved quality of life, and reduced use of health care services. The PSP initiative holds great promise for elders as a cost-effective mental health service. Since FY09, over 125 people have been referred for PSP, more than 100 volunteers have been trained, and over 70 low income older adults receiving the Medicaid HCBS/FE waiver have been enrolled and/or matched in the PSP program. Hundreds of new connections have been made with community agencies and older adults, thus raising awareness of mental health needs of older adults. Additionally, an estimated 650 hours of volunteer service have benefitted older adults receiving the Medicaid HCBS/FE waiver. The value of that time donated by the private sector to Medicaid customers totals many thousands of dollars (Corporation for National and Community Service, June 2010).

PSP is a model that has recognized potential as a low cost, easily implementable method for involving the private sector, including faith based communities in assisting older adults on Medicaid. Based on our research, AAAs have already applied for and received private funding to augment publicly funded services provided to Medicaid consumers. Further, there is interest in adapting PSP so that older adult volunteers could assist new caregivers, people discharging from hospitals, and people struggling with chronic disease self-management to assess their strengths and resources in the community as well as identify and reach goals. After examining the goals achieved by PSP participants, it is clear that these strategies can be applied to address a wide variety of challenges older adults face.

FY11. In FY11, KDOA contracted with the OALTC to support implementation and sustainability of the PSP in 7 AAAs. Throughout the year, the OALTC provided training and technical assistance to the AAAs to implement the PSP practice model and identify barriers and successful strategies.

PSP Background

The FY10 pilot study results from three AAAs demonstrated that PSP yields important benefits at many levels. Findings indicated that Medicaid HCBS/FE waiver customers benefitted in the following ways:
- Statistically significant improvement in level of depression, overall quality of life, and health and functioning
- Statistically significant reduction in use of healthcare providers
- Statistically significant improvement in self-reported physical health status
- Improved mental health and self-care
- Improved understanding of their own mental health and positive changes in opinions about mental health

Further, case managers reported a positive impact on their job because the volunteers helped to address concerns in between case management visits. Case managers also reported their customers experienced improved mental and physical health and quality of life, and thereby reduced need for nursing facility and hospital stays, ER visits, and some HCBS/FE service hours.
The AAAs who received assistance are:

- Central Plains AAA (CPAAA)
- Southeast Kansas AAA (SEKAAA)
- Jayhawk AAA (JAAA)
- East Central Kansas AAA (ECK-AAA)
- Wyandotte/Leavenworth AAA (Wy/Lv-AAA)
- Southwest Kansas AAA (SWKSAAA)
- North Central Flint Hills AAA (NCFH-AAA)

**Objective 1: Assist 7 AAAs to individualize PSP implementation strategies appropriate for their community**

We conducted trainings for key AAA staff about how to implement the core components of the program. Key elements included use of the PSP program manual and volunteer training manual DVD, and ways AAAs could implement PSP with existing staff and resources.

**Objective 2: Provide technical assistance for PSP implementation and identify barriers to implementation and successful strategies**

Each AAA was assigned an OALTC staff person to act as a liaison. We consulted with AAA staff, provided onsite support, and communicated via calls and email. We also tracked implementation progress and addressed questions/concerns during monthly meetings with AAA staff.

**Objective 3: Help AAAs identify and access additional funding and other resources to support the PSP for KDOA in-home Medicaid customers and increase sustainability**

The OALTC assisted AAAs with identifying potential grant opportunities. We compiled a list of potential funding sources for each AAA and assisted them in the application process as requested. We also developed a grant tool kit and grant proposal template to help AAAs tailor PSP proposals to their individual needs and the requirements of different foundations.

**Summary and Recommendations**

Through collaborative efforts, each of the Kansas AAAs that implemented PSP have shown it is feasible to implement and sustain PSP in different ways while maintaining fidelity of the program. By providing technical assistance and tracking program implementation with each AAA, the OALTC is confident that each AAA has implemented PSP effectively and with sustainability in mind. Due to the varied experiences of all AAAs and our assessment of barriers and successful strategies across each region, we identified a number of recommendations for KDOA and AAAs regarding PSP implementation. The recommendations are organized based on four programmatic decisions that particularly influence PSP implementation.

**Description of PSP**

PSP is a 10-week mental health intervention that consists of pairing a volunteer (older adult who provides the peer support) with a participant (older adult who receives peer support) receiving Medicaid-HCBS/FE Waiver services. The pairs are supported by Kansas AAA staff. Volunteers are trained to apply strengths-based mental health principles to basic topics such as aging, relationship building, goal setting, and resource acquisition. Following the training, the AAA staff member matches a volunteer and participant. The pair meets weekly for a minimum of one-hour intervals for 10 weeks. During meetings, participants are encouraged and supported by the volunteers to establish and work toward goals (e.g. better self-care, engaging with family and friends) that participants feel would improve their mental health and well-being.
1. Identifying and supporting a program coordinator to implement PSP

We recommend that assigning a student or staff person as the coordinator with support from other AAA staff is an efficient way to coordinate the PSP. Coordinating the PSP was not the only job duty for AAA staff members and student interns required supervision. Therefore, making sure there is support within the AAA is important to help promote the program and directly assist with program activities such as volunteer recruitment. For example, other AAA staff can assist with volunteer recruitment via word-of-mouth and community presentations. Collaboration with other agencies can also be beneficial for AAAs.

2. Prioritizing case managers’ involvement with PSP in order to make referrals and reduce stigma associated with mental health

One of the ongoing challenges in implementing mental health interventions, such as PSP, is the significant amount of stigma associated with mental health for older adults. As such, older adults tend to avoid discussions about mental health concerns, making it difficult to identify older adults who would be interested in receiving services associated with mental health. To help case managers and other AAA staff members discuss PSP with older adults, we developed resources, including a tips sheet, for helping case managers talk with Medicaid HCBS/FE waiver customers about the Peer Support Program. As case managers have trusting relationships with their customers, they are in the best position to encourage PSP participation and to provide support to those taking part in PSP. The more case managers understand the benefits for their customers, the more likely they are to identify the need for a referral and effectively communicate the benefits of the program to HCBS/FE waiver customers, while avoiding the stigma associated with mental health. We recommend that high priority be given to ensuring case managers are familiar with how the PSP works and are involved in carrying out the PSP.

3. Recruiting and training effective volunteers using multiple strategies

Overall, partnerships with other agencies seemed to be especially fruitful for recruiting volunteers. In addition, advertising, word-of-mouth, and community presentations were effective recruitment strategies. To recruit PSP volunteers, we recommend that, when possible, AAAs look to forge partnerships with local volunteer centers, particularly those like RSVP. In addition, we recommend that AAAs utilize various AAA staff members to assist in carrying out multiple recruitment strategies. This will free up some of the PSP program coordinator’s time to focus on other activities and will utilize the knowledge and experience of diverse AAA staff. Finally, we recommend that AAAs continue to utilize the volunteer training DVD and materials to ensure consistency across AAAs and fidelity to PSP as developed and tested by the OALTC.

4. Developing plans to sustain and expand the PSP through additional grants, new partnerships, and existing resources

Though PSP is a low-cost program to implement, identifying ongoing funding is important in order for AAAs to sustain and expand PSP. Overall, we recommend that AAAs, over time, work to expand PSP to areas where resources are limited (e.g., rural areas). In these areas, AAAs could partner with faith-based organizations or other community organizations to recruit and train volunteers and support matches. We also recommend that this proven strengths-based initiative be considered for expansion and adaptation to improve the health of older adults and reduce Medicaid costs. Further, we recommend that AAAs continue to conduct outcomes evaluations for PSP and apply for grant funds or identify additional funding streams to support these initiatives. Continued evaluation of outcomes is vital for quality assurance and to secure funding is to be secured. Expansion of the Peer Support Program can help to provide access to mental health services for older adults living in the community, particularly for rural older adults.
Medicaid HCBS/FE Waiver Peer Support Program

Introduction

The Peer Support Program (PSP) is a volunteer strengths-based approach to improving the mental health of older adults that has been rigorously evaluated and found to be effective. Since FY09, over 125 people have been referred for PSP, more than 100 volunteers have been trained, and over 70 low income older adults receiving the Medicaid HCBS/FE waiver have been enrolled and/or matched in the PSP program. Hundreds of new connections have been made with community agencies and older adults, thus raising awareness of mental health needs of older adults. The PSP is a model that holds great promise as a low cost, easily implementable method for involving the private sector, including faith based communities in assisting older adults on Medicaid.

Background and Purpose

Mental health concerns can be debilitating for older adults contributing to higher rates of institutionalization and health care costs and deterioration of chronic health conditions (U.S. Department of Health and Human Services, 1999; Katon, Lin, Russo, & Unützer, 2003). Depressed older adults have higher health care expenses because they are more likely to visit the ER and have more frequent hospital and doctor visits (U.S. Department of Health and Human Services, 1999). Without intervention, older adults are at greater risk for complications from chronic health conditions, decreased quality of life, and even suicide. Challenging life transitions, combined with the limited financial resources experienced by Medicaid-HCBS/FE recipients, may result in even greater risk for these older adults. However, research studies show that with mental health treatment, these older adults are able to stay in their community dwellings longer, improve their mental health, and increase their quality of life (Karel & Hinrichsen, 2000). Medicaid cost savings associated with these outcomes could be expected to accrue as a result of implementation of effective mental health initiatives.

Older adults often do not access mental health services because of the stigma associated with mental health, the lack of services available (e.g. trained aging specialists), and lack of access to those services (e.g. transportation) (Administration on Aging, 2005; Gellis, et al., 2008; Halpern, 2001; Wahl, 2002). However, depression among older adults can be addressed through better community-based approaches to identify and treat depression (CDC, n.d.). The Peer Support Program (PSP) was designed to begin to address these issues by using peer volunteers and administering the program through Area Agencies on Aging (AAA). The goal of the Peer Support Program (PSP) is to decrease the negative symptoms of mental health (e.g. depression and anxiety) experienced by older adults receiving the Medicaid HCBS/FE waiver and improve their quality of life and general well-being allowing them to remain in the community.

The PSP was designed by the OALTc in collaboration with the Central Plains Area Agency on Aging (CPAAA) and the Kansas Department on Aging. Several stages of development were required to create a peer support program that could produce positive outcomes for participants, transition easily from a

Description of PSP
PSP is a 10-week mental health intervention that consists of pairing a volunteer (older adult who provides the peer support) with a participant (older adult who receives peer support) receiving Medicaid-HCBS/FE Waiver services. The pairs are supported by Kansas AAA staff. Volunteers are trained to apply strengths-based mental health principles to basic topics such as aging, relationship building, goal setting, and resource acquisition. Following the training, the AAA staff member matches a volunteer and participant. The pair meets weekly for a minimum of one-hour intervals for 10 weeks. During meetings, participants are encouraged and supported by the volunteers to establish and work toward goals (e.g. better self-care, engaging with family and friends) that participants feel would improve their mental health and well-being.

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research model to practice model, and become a sustainable program for AAAs. Please refer to past reports for more detail on PSP development.

The Peer Support Program shows great promise as an intervention that builds on individual strengths to raise awareness of and address the mental health needs of older adults receiving the Medicaid HCBS/FE waiver in a cost-effective manner. The pilot study results and experiences of the participants, volunteers, and AAA staff demonstrate that PSP can yield important benefits at many levels. **Quantitative and qualitative findings from the Peer Support Program indicate that the program has benefited Medicaid HCBS/FE waiver customers who participated in the following ways:**

- Statistically significant improvement in level of depression as measured by the Geriatric Depression Scale
- Statistically significant improvement in overall quality of life and health and functioning as measured by the Quality of Life Index
- Statistically significant reduction in use of healthcare providers
- Statistically significant improvement in self-reported physical health status
- Improved mental health and self-care
- Improved understanding of their own mental health and positive changes in opinions about mental health

Additionally, strengths-based goal setting was a key component enabling older adults to take proactive steps to address health and functioning thus affecting long-term health and well-being. **Case managers reported that the PSP positively impacted their jobs and helped them spend time with HCBS/FE waiver customers more efficiently because the volunteers were able to address some concerns in between case management visits.** Case managers also believed that the PSP contributed to improved mental and physical health and quality of life and thereby reduced the need for nursing facility and hospital stays, ER visits, and some HCBS/FE service hours. Together, these findings indicate that the PSP is an effective program to address mental health concerns and provides several benefits to Medicaid HCBS/FE waiver customers and case managers that in turn produce a cost-saving for Medicaid.

**FY11 Objectives and Tasks**

In FY 11, the KDOA contracted with the OALTC to support implementation and sustainability of the PSP in 7 AAAs. The AAAs who received assistance to implement the PSP are:

- Central Plains AAA (CPAAA)
- Southeast Kansas AAA (SEKAAA)
- Jayhawk AAA (JAAA)
- East Central Kansas AAA (ECK-AAA)
- Wyandotte/Leavenworth AAA (Wy/Lv-AAA)
- Southwest Kansas AAA (SWKSAAA)
- North Central Flint Hills AAA (NCFH-AAA)

Due to the success of the PSP pilot study in three AAAs (CPAAA, SEK-AAA, and JAAA), four more AAAs (ECK-AAA, W/L-AAA, SWK-AAA, and NCFH-AAA) requested to implement the PSP in their catchment areas. The AAAs did not receive funding to implement the PSP. Pilot study experiences
showed that each AAA needed to implement the program to fit their own organizational structure and available resources. Therefore, the OALTC provided training and technical assistance to the AAAs to implement the PSP practice model and identify barriers and successful strategies. Three major objectives were developed to provide this assistance and several tasks were completed with each of the seven AAAs\(^1\). The following segments detail objectives and the steps taken by OALTC staff.

**Objective 1: Assist 7 AAAs to individualize PSP implementation strategies appropriate for their community**

**Develop PSP Staff Support.** Research indicates that preliminary steps to successful implementation of a program include: developing “internal champions” to promote the program; involving staff in planning; and providing program manuals (Bass and Judge, 2010). During FY11, a main goal was to take these necessary steps to help AAAs successfully implement the PSP. Executive Directors and supervisory staff from the pilot study sites expressed satisfaction with the program as they heard of tangible benefits for HCBS/FE waiver customers from case managers and pilot study findings confirmed this feedback. “Internal champions” of the PSP were created at each pilot site. This generated interest among other AAAs leading to support for the program at the executive level. The positive response to the program generated more interest from other AAAs. At a monthly Kansas Area Agency on Aging Association (K4A) meeting, the Executive Directors of four other AAAs agreed that the PSP would be a helpful program for their customers and requested assistance with implementation of the program. Leadership from Executive Directors and training of key supervisory staff created internal advocates needed to begin successful implementation of the PSP.

**Tailor and Provide Key Staff Training and Program Manual.** Next, OALTC staff met with key AAA staff responsible for implementing the PSP at each AAA that did not participate in the pilot study. OALTC staff provided training at each AAA regarding core components of the program. On-site training included presenting how core program components (e.g. volunteer recruitment and training, matching, etc.) work and ways AAAs could implement them with existing staff and resources. Training was designed to provide suggestions for implementing the program but also to identify parts of the program that could be adjusted to meet needs of each AAA. For example, providing support for volunteer and participant matches was necessary to ensure the program was being delivered appropriately and that volunteers had access to assistance from AAA staff. How the support was provided could vary depending on AAA resources. By participating in the training, AAA staff were involved in planning for implementation of the PSP in their area Additionally, OALTC provided presentations to case managers in each AAA to share results from the pilot study, provide an orientation to the program, discuss their role in providing participant referrals, and answer any questions.

Similar to other depression care programs (e.g. IMPACT, Healthy IDEAS), the OALTC developed a program manual to assist with implementation. During training, AAA staff were encouraged to identify ways the PSP could be implemented in their agency. OALTC staff took notes during the discussions and incorporated them in a PSP program manual tailored for each AAA. The program manual allowed AAAs to document PSP program protocols specific to their agency. Additionally, it was a guide to maintain fidelity of key program components. Each AAA was also given a volunteer training manual and DVD. AAA staff were able to take the material and review it at their own convenience. Once an AAA had volunteers ready to train, OALTC staff offered another on-site visit to assist with volunteer training and provide mentorship to the volunteer trainer. The program manual, volunteer training manual,\(^1\)

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\(^1\) During FY11, the OALTC also evaluated short-term outcomes through follow-up data collection of original pilot participants to document whether healthcare utilization and other PSP benefits continued to accrue and contribute to cost savings. These findings were detailed in an update to the FY10 final project report.
and volunteer training DVD were key to successful implementation and increased the likelihood of program sustainability.

**Training Evaluation.** An evaluation of the key staff implementation training was conducted. Participants in the training included practicum students and supervisory and program staff such as case manager supervisors, volunteer coordinators, and executive directors. In all, eleven AAA staff attended the key staff training in the four AAAs that began implementing PSP this year. Of the eleven in attendance, nine returned a training evaluation. A 5-point Likert scale was used to determine how strongly they agreed or disagreed (5=strongly agree, 1=strongly disagree) with statements related to the relevance of the materials, confidence in their knowledge about the program, and ability to implement the program.

All AAA staff agreed to strongly agreed that materials distributed were pertinent and useful for program implementation. Attendees were confident in their knowledge about each component of the program (e.g. participant referrals, volunteer recruitment, matching). Average scores for each component ranged between 4.2 and 4.6 indicating that overall they agreed to strongly agreed that they felt confident in their knowledge about the program. Eight out of nine attendees agreed to strongly agreed that they would be able to implement the PSP within their AAA. One attendee felt there could have been more discussion on matching volunteer and participants, while 3 attendees provided additional comments that the PSP was a good program.

**Additional Work with Pilot Study Sites.** During the previous fiscal year, for the three pilot sites, implementation strategies were identified through in-depth meetings with key staff in each area and presentations were given to case managers. However, further assistance was needed to address barriers and successful strategies to implementation of the PSP as a practice model without the research components needed for the pilot study. Each pilot site received a PSP program manual to document their program protocols. They also received the volunteer training manual and DVD and assistance from the OALTC during their first volunteer training. Working closely with AAA staff to plan for implementation, generate internal program support, and tailor a user-friendly program manual increased the likelihood for successful implementation and sustainability of the PSP.

**Objective 2: Provide technical assistance for PSP implementation and identify barriers to implementation and successful strategies**

A next step toward successful implementation was to provide on-going technical assistance similar to nationally recognized depression care programs such as IMPACT, PEARLS, and Healthy IDEAS. Access to technical support during implementation of the PSP was important to help AAAs address clinical and programmatic questions as well as troubleshoot barriers and identify successful strategies. Additionally, each attempt to implement a program provides more opportunity to learn about the program and how it can be implemented with fidelity and positive outcomes for participants (Fixen et al., 2005). By providing technical support to each of the AAAs, the OALTC was able to address individual questions but also share successful strategies among AAAs. In turn, this provided an additional opportunity for AAAs to learn more about the PSP from one another.

**Provide and Conduct Technical Assistance and Monthly Updates.** Technical assistance was provided in various ways. Each AAA was assigned an OALTC staff person to act as a liaison for questions and to request technical support. The AAAs could call and/or email when support (e.g. assistance with volunteer training and volunteer recruitment) was needed. The OALTC liaison also did active outreach to each AAA including scheduling monthly meetings with AAA staff to track implementation progress and address questions or concerns. During monthly calls several topics were covered. OALTC staff asked specific questions regarding implementation experiences and progress; barriers and successful strategies; and, plans for sustainability. These regularly scheduled updates were
important so barriers were addressed and other strategies were identified in a timely manner. This further supported implementation of the program and was another way for OALTC to provide technical assistance.

Technical assistance consisted of fielding programmatic and clinical questions from AAAs. For example, some common questions about programmatic issues included: how to identify good volunteer recruitment sites; how to determine which program evaluation methods would be most useful for AAAs; and, how to effectively identify referrals for participants. Additionally, some clinical questions arose regarding how to help volunteers talk about the goal-setting process with participants.

In several cases, the OALTC assisted with the identification of a successful implementation strategy in one AAA that was helpful to other AAAs. OALTC staff were able to share these examples among AAAs thereby fostering an opportunity for them to learn from others’ experiences. For example, one AAA was interested in identifying ways case managers could talk to HCBS/FE waiver customers about the PSP so customers were clear about the purpose of the program and open to accepting support for improving their mental health. OALTC staff developed a “tip sheet” that described ways to start the conversation about mental health, normalize the client’s experience, and describe the PSP. This information was then shared with all AAAs. Refer to previous quarterly reports for a summary of technical assistance provided to each AAA by OALTC staff.

Objective 3: Help AAAs identify and access additional funding and other resources to support the PSP for KDOA in-home Medicaid customers and increase sustainability

The key to successful implementation and long-term sustainability is identification and acquisition of a maintainable funding source. Importantly, however, funding alone is not enough to ensure successful program implementation (Bass and Judge, 2010). We worked to address the multiple elements involved in fostering sustainability. Therefore, in addition to garnering internal support, training AAA staff, and providing technical assistance, the OALTC assisted AAAs with identifying additional resources to support the PSP.

Identifying ways to fund programs like PSP is a challenge but in some cases they can be developed to fit into existing reimbursement structures that provide a built-in funding stream. As the PSP research model transitioned into a practice model during the pilot study, the program design changed to allow volunteers to contact case managers directly with concerns related to the participant. Case managers could then bill Medicaid for their contact with the volunteer as it was related to the coordination of the participant’s care. This provided one small arm of funding support for the program. In addition, some AAAs identified other program development funds to assist with program expenses such as staff and volunteer mileage reimbursement.

Grant Resources. In order to add another facet of funding support to the PSP, the OALTC assisted AAAs with identifying potential grant opportunities. We compiled a list of potential funding sources for each AAA. We tailored lists for each AAA based on what type of support they provided (e.g. operational costs, evaluation) and what areas of interest they supported (e.g. aging, human services). Grant lists were sent to each AAA and OALTC staff followed up to identify ways we could assist them in the application process. In an effort to further assist the AAAs with grant applications, the OALTC also developed a grant tool kit and grant proposal template. These tools were developed so that AAAs could use the standardized information to tailor grants for PSP to their individual needs and the requirements of the different foundations. We received positive feedback from the AAAs regarding the grant tool kit, with some AAAs utilizing the information for current proposals and other AAAs planning to use the information in the near future. The OALTC actively assisted AAAs and faith based organizations in writing grants and securing funding to continue PSP. Technical assistance and steps taken to assist AAAs
with writing grant applications when requested can be found in the implementation sections for each AAA in the Appendix.

FY11 PSP Implementation Overview

Overall, implementation of the PSP by each of the seven AAAs has been successful. Each area has been able to identify how the program can be included in their agency as a service to address mental health and well-being among older adults receiving the Medicaid HCBS/FE waiver. However, AAAs faced common challenges during this time period. According to Dr. Hasche (personal communication, May 18, 2011), expert in program implementation research and the nationally recognized Healthy IDEAS program for community-based depression care, it is not uncommon for implementation of programs like PSP to take close to 6 months to be fully operational. This can depend on influential factors such as the availability of organizational resources and community collaboration needed for support. These factors affected the timeline for implementation of several AAAs.

Three of the four AAAs, that were not part of the pilot study, decided that they would not begin full implementation of the PSP until January 2011 in order to have enough staff resources for the Medicare Part D enrollment period. However, OALTC staff began working with them immediately on critical pre-implementation steps so those AAAs were able to begin implementation in January. Additionally, collaboration with community partners is very important for volunteer recruitment and several AAAs spent time developing community partnerships with organizations such as RSVP and other local mental health and aging service providers. Once potential sources of volunteers were identified via partnerships and outreach to local agencies, AAAs were able to complete the implementation of PSP and make it more fully operational. The dedication, demonstrated by each AAA, to prioritize resources in order to implement the PSP is a testament to the value placed on the program and their commitment to addressing the mental health needs of older adults receiving the Medicaid HCBS/FE waiver.

Since FY09, over 125 people have been referred for PSP, more than 100 volunteers have been trained, and over 70 low income older adults receiving the Medicaid HCBS/FE waiver have been enrolled and/or matched in the PSP program. Hundreds of new connections have been made with community agencies and older adults, thus raising awareness of mental health needs of older adults. Additionally, an estimated 647 hours of volunteer service have benefitted older adults receiving the Medicaid HCBS/FE waiver and the value of that time donated by the private sector to Medicaid customers totals many thousands of dollars (Corporation for National and Community Service, June 2010). Many of the volunteers have continued to work with PSP participants after their initial match. The PSP is particularly timely in that it offers a very cost effective strategy to reduce Medicaid costs. PSP also increases involvement of the volunteer sector and the faith based community in providing health services to low income older adults. Although research documenting the effects of PSP on older volunteers was not part of this initiative, other research indicates that older volunteers also accrue health benefits from their work (Armstrong & Korba, 1995; Campbell & Leaver, 2003; Garcia et al., 1997; Goldman, 2006; Mowbray et al., 1998; Noble & Douglas, 2004; Salzer & Shear, 2002; Schwartz & Sendor, 1999). Even without a formal evaluation of outcomes for them, PSP volunteers came forward and pointed out positive outcomes they experienced as a result of their participation such as improving their understanding of depression, giving them a sense of purpose, and taking better care of themselves.

The benefits of PSP have been far reaching and, if implemented according to the original model, should continue to produce positive results for future participants. In addition, AAAs are now equipped with materials that can be easily passed on to future staff in order to promote program sustainability. The following section provides an overview of how each AAA implemented the PSP and their plans for sustainability. Sustainability is discussed not only in terms identifying resources but also integration of
the PSP into each unique AAA system of services. Detailed information on how each AAA implemented the PSP can be found in Appendix A. This includes barriers that were faced and strategies used to overcome barriers. It is important to note that each AAA provided feedback on these sections of the report. This information is valuable for people who are developing a Peer Support Program. This report also includes an updated program manual based on experiences gained during implementation of the program in the four new AAAs. See Appendix B.
Central Plains AAA

Overview. The CPAAA was a key partner in the development and evaluation of the PSP, including both the feasibility and pilot studies. The success of the pilot study generated enthusiasm among CPAAA staff members thereby increasing the momentum to continue to offer PSP as a service option for HCBS-FE customers. As a pilot site, they quickly transitioned the program from a research model to a practice model and began implementation using pre-existing forms, procedures, and relationships. Implementation included: assignment of responsibilities to existing CPAAA and Sedgwick County Department of Aging (SDoA) program management staff; partnering with university graduate level social work programs for internship opportunities; continuing referrals for participants and recruitment for volunteers; and, incorporating the PSP into an existing client management data base that documents matches and identify outcomes. The CPAAA has identified how each PSP program component can be operated and sustained with available staff and resources.

Sustainability. The CPAAA will sustain the Peer Support Program as an integral agency service. There are several ways in which CPAAA has integrated the PSP into their service system. Some include the following:

- The PSP Coordinator is a full-time staff person and is responsible for training each annual MSW intern about CPAAA’s Peer Support Program. This will promote program continuity.

- Information about the PSP is included on the CPAAA website, quarterly Retired Senior Volunteer Program (RSVP) newsletters, Active Aging newsletter, and CPAAA annual reports. PSP announcements are presented at Aging Network meetings, community health fairs and outreach opportunities.

- The CPAAA Information and Assistance staff talk about PSP as a resource when they share information with older adults and during any community presentations.

- CPAAA staff added a section to the PSP screening and intake form so case managers can document what outcomes they would like to see for their clients. This incorporates the case managers’ perspective and desired outcomes for the client, thereby fostering support and integration of the program.

- The CPAAA added PSP to their Access Client Management data system used by other AAA programs. This makes it easier for PSP staff to document and track outcomes.

Additionally, the OALTC staff assisted with the identification of possible foundations to submit grant applications and provided help writing grant applications to support volunteers and interns through mileage reimbursement. Future plans include application to other local and regional foundations for assistance in further expanding the program to Butler and Harvey counties and other ethnic minority groups. CPAAA is committed to sustaining the PSP as an in-house community-based service while continuing to collaborate with community mental health and wellness service providers to build community awareness and partnerships. CPAAA is dedicated to the success of the PSP and views this as a vital service meeting the needs of older adults in the community.
Southeast Kansas AAA

Overview. The SEKAAA was an active participant in the Peer Support Program pilot study. The success of the pilot study encouraged SEKAAA staff members to continue to support PSP as a service option in this region. SEKAAA’s decision to collaborate with existing volunteer programs helps avoid potential barriers in program sustainability. The SEKAAA partnered with the Four County Mental Health Retired Senior Volunteer Program (RSVP Four County) to sustain PSP in two of their nine service counties. SEKAAA identified a staff person to coordinate the HCBS-FE customer referral, screening, and intake. RSVP Four County has a Program Coordinator to recruit and train volunteers, and support matches.

Sustainability. Southeast Kansas Area Agency on Aging intends to sustain their Peer Support Program through partnerships with community volunteer programs. They developed a PSP model that can be integrated into their service system and that of their community partner. Some of the ways they have uniquely integrated the program include the following:

- SEKAAA and RSVP Four County developed a partnership in order to carry out activities related to recruitment and training of volunteers and supporting matches. This helps ensure sustainability and community buy-in of the PSP.

- SEKAAA PSP Coordinator and case managers incorporate discussions about individual matches during supervision meetings in order to measure progress and identify outcomes related to the PSP.

- The SEKAAA Advisory Council and Executive Board members are updated regarding the PSP and are supportive of continuing to develop this program throughout the catchment area.

- The RSVP Four County Coordinator includes information about PSP in outreach with community presentations, personal contacts, website postings, and Facebook.

The SEKAAA PSP Coordinator stated this program will be sustainable because once people in the community recognize the benefits for HCBS/FE waiver customers, it will create a snowball effect that will bring more volunteers and support to the program. She thinks the PSP will continue to grow in the future. Additionally, the SEKAAA Advisory Council and Executive Board members see the value of the program and approve of the established partnership between SEKAAA and the RSVP Four County in Montgomery and Wilson Counties. One member was enthused by the supervisor’s presentation and stated “I think I would benefit just as much as the participant.”

The RSVP Four County Coordinator stated that PSP training increases volunteers’ knowledge of mental health and resources thereby reducing the stigma related to mental health. The RSVP Four County Coordinator sees this as an opportunity for volunteers to support people to remain independent while managing various situations in life such as deteriorating health and loss of loved ones.

RSVP Four County has applied for an Independence Area Community Chest grant to cover costs for the volunteers and for continuation of their RSVP funding. This commitment to supporting mental wellness for older adults compliments the partnership between SEKAAA and Four County Mental Health. Additionally, SEKAAA and RSVP Four County staff continue to move forward with other local and federal grant applications.
Jayhawk AAA

Overview. The Jayhawk AAA (JAAA) utilized a steady, incremental approach to implementation of the PSP. The practice model was a natural transition for JAAA because of their participation in the pilot study. Their participation in the pilot study also meant that they had multiple resources already available to assist them with the PSP. For example, they were able to invest less time in creating materials and recruiting volunteers in the beginning and rather, focus on identifying participants and making matches. The JAAA plans on sustaining the PSP. They see PSP as extremely beneficial to the health and well-being of their customers and anticipate continued success with the program in the future.

Sustainability. JAAA has implemented a sustainable PSP model for their catchment areas. They have integrated the program into their service system and promoted program sustainability in several ways including the following:

- The JAAA selected an existing full-time staff member to act as PSP Program Coordinator; the program is now a regular part of her daily work responsibilities. She is supported by agency interns.

- Case managers are very familiar with the PSP Coordinator and trust her knowledge and ability to implement the program. As a result, the coordinator’s relationship with case managers helped to produce referrals and support integration of the program within the AAA.

- Case managers introduce the volunteer and participant during an already scheduled case management visit. According to the PSP Program Coordinator, participants are more engaged with PSP volunteers since they know PSP is supported by the case managers with whom they have trusting relationships.

- The PSP Coordinator is aware that some volunteers are over 55 years old and work during the day. Therefore, she has considered conducting evening or Saturday trainings in the future if this would ensure volunteer participation in the PSP.

The JAAA plans to continue the program in the future using the current model. The PSP Coordinator believes that it will be successful because PSP helps to lessen the stigma associated with mental health services. JAAA will also continue to use the manuals, training materials, and other templates created by the OALTC. The JAAA is interested in pursuing a funding possibility through a local community foundation. For now, they are able to use resources currently available to support the PSP. They are hopeful that they will have more interns to assist with the PSP during the next school year.
East Central Kansas AAA

Overview. East Central Kansas AAA (ECK-AAA) has taken a thorough approach to implementing the Peer Support Program (PSP) for their catchment areas. ECK-AAA developed a step-by-step process for obtaining many participant referrals from case managers and utilized multiple resources for volunteer recruitment. Further, they worked with the OALTC to conduct their first volunteer training, prepared to make volunteer-to-participant matches, and developed a plan for providing support to the matches throughout the program. Overall, by distributing knowledge of PSP and responsibilities among various staff members, ECK-AAA staff members have implemented a PSP model that is sustainable in the long-term. ECK-AAA staff view the PSP as a viable, valuable service option for addressing unmet mental health needs among their customers, and they plan to sustain the PSP in the long-term future.

Sustainability. The ECK-AAA has taken several steps to develop and incorporate the PSP into their service system and make the program sustainable. Some of the ways they have uniquely integrated the program include the following:

- The ECK-AAA has taken a unique approach to sharing responsibility of implementing and maintaining the PSP among various staff members. By doing this, knowledge and familiarity of the PSP is widespread among staff thus promoting integration and continued sustainability of the program.

- The ECK-AAA developed a successful step-by-step process for obtaining participant referrals for PSP from case managers’ current case loads. Also, case managers mention the PSP during initial visits for any new assessments for HCBS/FE waiver customers.

- The Executive Director includes PSP in any community presentation she does, which has included County Council, Advisory Board, County Commissioner, and the hospital auxiliary meetings. Also, at these meetings, she hands out PSP brochures to attendees.

- The ECK-AAA plans to use follow-up questionnaires with case managers to get their impressions about how PSP influenced their customers who took part in the program. This may help further develop the program and generate even more referrals.

ECK-AAA staff involved in PSP state that it is sustainable in their area. Financially, ECK-AAA is currently using available program development funds to pay for some costs, and they will apply for grant funding to assist with PSP costs in the future. They anticipate utilizing the grant tool kit to help in grant writing. Overall, they see PSP as a valuable service option that provides an avenue for helping customers with unmet mental health needs. From their perspective, case managers already had knowledge of mental health issues regarding their customers; however, they did not have a resource available to meet the need, which made PSP a welcome resource for their customers. In addition, now that they have the structure in place, they anticipate that the program will expand over time and that word-of-mouth will eventually help them immensely in recruiting volunteers and participants for the program. From ECK-AAA’s viewpoint, the volunteer training provides older adult volunteers a helpful, basic course on mental health among older adults, which in time has the potential to increase awareness of mental health needs and resources among older adults in East Central Kansas.
**Wyandotte/Leavenworth AAA**

**Overview.** The Wy/Lv-AAA enthusiastically began implementing the PSP in an effort to address unmet mental health needs among their HCBS/FE waiver customers. The Community Options Program Coordinator believes that the PSP is a great option for some of their older adult HCBS/FE waiver customers who are not comfortable accepting services from the local mental health center. The PSP Program Coordinator began taking referrals and recruiting volunteers following the key staff training in September. They made revisions in the intake forms and then utilized their community connections to recruit volunteers.

**Sustainability.** The Wy/Lv-AAA has taken many steps to integrate the PSP and identify additional funding to expand the reach of the program. Some of the ways they have integrated the program to promote sustainability include the following:

- The Wy/Lv built on a pre-existing collaboration with the Wyandotte County Unified Government (UG) to recruit PSP volunteers producing positive results. The UG was so satisfied with the PSP volunteer experience that they recognized the PSP at a volunteer ceremony in June.

- The PSP Program Coordinator is a MSW intern supervised by the Community Options Program Coordinator. The MSW intern found that being the PSP Program Coordinator allowed him to take responsibility and ownership of a program while learning about program management. The Community Options Program Coordinator reported that interns have the amount of flexibility required and, as future social workers; they also have the appropriate skill set. He feels this model of coordination works well and will continue in the future.

- The Community Options Program Coordinator plans to include the PSP in their overall agency satisfaction survey so he can get participant feedback.

Staff members at the Wy/Lv-AAA believe that they have a sustainable PSP model and plan to continue the program because there are not enough programs in their area that reach customers living in the community with mild to moderate mental health concerns. The financial sustainability and opportunity to expand the PSP was addressed as part of a grant proposal to the Health Care Foundation of Greater Kansas City. This grant application was developed in partnership with the Shepherds Center; a faith based private service organization serving older adults. If funded, there will also be money for supplies, staff travel, marketing, and volunteer mileage reimbursement. With these resources, approximately 50 participants and volunteers would be served by the PSP next year. Further, this partnership with private faith based organizations shows great promise for replication in other locations.

If the proposal is not funded, the Wyandotte/Leavenworth AAA plans to sustain the PSP through continued use of a MSW intern supervised by the Community Options Program Coordinator. The intern was able to successfully implement and operate the PSP, and the incoming intern should be able to do the same. Additionally, they will use the manuals, training materials, and other templates created by the OALTC and revised for the Wy/Lv-AAA in future years. It is also likely that a partnership with the Shepherd’s Center will be formed to assist with volunteer recruitment, even if additional funding is not secured because both agencies are very committed to continuing the PSP. Several AAA staff members have stated that they believe the PSP is a great program model and they are looking forward to continuing it at their agency.
Southwest Kansas AAA

Overview. Southwest Kansas AAA (SWKAAA) is dedicated to implementing the Peer Support Program (PSP) in the Great Bend area and is planning to expand to Dodge City and Garden City over time. SWKAAA utilized one AAA staff member as the program coordinator, and he has primary responsibility for implementation of PSP. To date, SWKAAA case managers have referred multiple potential participants for PSP. The Program Coordinator conducted two volunteer trainings, made volunteer-to-participant matches, and developed plans for providing support to participants and volunteers.

Sustainability. SWKAAA has implemented a sustainable PSP model. They have integrated the program into their service system and promoted program sustainability in several ways including the following:

- The SWKAAA identified a way of supporting the PSP that is easily incorporated into existing staff positions and resources. The Family Caregiver Coordinator serves as the PSP Program Coordinator. Case managers make participant referrals and provide information to assist with making the volunteer-to-participant matches. Further, the Programs Manager/Case Manager Supervisor shares PSP information from the Program Coordinator to the case managers as needed. The Executive Director is responsible for grant-writing related to PSP.

- Case managers in the Great Bend area assist the Program Coordinator in making the matches, due to their knowledge of their customer’s personalities and situations. In addition, case managers attend the first meeting between the participants and volunteers during an already scheduled case management visit.

- The SWKAAA encouraged case managers to attend the first volunteer training to become more familiar with the PSP in order to provide referrals and support the Medicaid HCBS/FE waiver customers that chose to participate in the program.

Overall, SWKAAA staff members are confident that PSP is sustainable in the long-term because they have developed the needed infrastructure to continue to build the program. SWKAAA staff members involved in PSP are dedicated to ensuring success of PSP for customers in their catchment areas. Importantly, SWKAAA received a grant from the Golden Belt Community Foundation for PSP, with matching funds from private donations and available program development funds. OALTC staff assisted the executive director with the successful application. They are utilizing the funds to reimburse the Program Coordinator and volunteers for travel expenses and to assist in volunteer recruitment efforts (e.g., paying for newspaper advertisements). They plan to re-apply for these funds next year, and they will expand their area for service delivery, which should help them secure additional funds. Overall, SWKAAA sees PSP as a valuable resource for addressing mental health issues among their customers. Adding PSP as a service option has positively impacted SWKAAA; in that case managers now have a resource for helping customers cope with mental health concerns. From SWKAAA’s perspective, AAA case managers seem to have a better understanding of mental health issues among older adults and of resources available for mental health because adding PSP has made discussing and addressing mental health concerns a priority.
North Central Flint Hills AAA

Overview. The NCFH-AAA devoted a great deal of time and effort in planning PSP implementation, which was beneficial to them in designing a sustainable model. NCFH-AAA staff members were systematic in identifying staff members to coordinate specific aspects of the PSP and strategies to recruit participants and volunteers. Similarly, they identified ways to train volunteers, provide ongoing support for matches, and track program outputs and outcomes. The PSP Program Coordinator frequently expressed her desire to sustain the program because she believed it could truly change the lives of the participants, particularly those in more rural areas without access to many services.

Sustainability. The NCFH-AAA has taken many steps to ensure the sustainability of the PSP. Some of the ways they have developed and integrated the PSP include the following:

- The NCFH-AAA identified an intern as the PSP Program Coordinator responsible for obtaining participant referrals, participant intake, matching, and preparing grant applications. The Assistance and Wellness Coordinator recruits volunteers and conducts training. The use of two staff members allows each person to focus on the aspect of the program with which they are the most familiar. Due to her high quality work, the AAA decided to hire the intern so she will be able to continue to coordinate the PSP into FY12.

- The case managers use personal knowledge of their HCBS/FE waiver customers and the UAI to identify people that may be experiencing symptoms of depression or anxiety. They specifically look at the K6 and emotional well-being sections to identify customers with a score of 8 or higher. The Program Coordinator sends e-mails and speaks at case management meetings to generate referrals from case managers.

- Upon completion of the ten-week PSP intervention, a satisfaction survey and post-intervention health care utilization assessment are conducted by the PSP Program Coordinator.

The decision to hire the PSP Program Coordinator after her internship ends in May will make a significant impact on the sustainability of the program because she can continue to build upon her successes. Additionally, she can continue to develop partnerships with RSVP programs and other community agencies. Although she will have other job responsibilities, the PSP will remain an ongoing priority.

The NCFH-AAA is also seeking additional funding to support the PSP in future years. Ideally, they would like to obtain enough money to support a portion of a staff member’s time, but at a minimum they would like to support staff travel expenses. With OALTC assistance, the PSP Program Coordinator has already submitted proposals to two charitable foundations and has prepared four more that are due later in the year.
PSP Implementation Summary and Recommendations for Sustainability

The OALTC in partnership with KDOA and the AAAs developed, implemented and evaluated a cost effective mental health service for Medicaid customers that decreased depression, improved quality of life, and reduced use of health care providers. This initiative holds great promise for elders in Kansas and beyond. Through collaborative efforts, each of the Kansas AAAs that implemented PSP have shown that it is feasible to implement and sustain the PSP in different ways while maintaining fidelity of the program. This report details how program implementation was individualized in each of the seven AAAs (i.e., CPAAA, SEK-AAA, Jayhawk AAA, ECK-AAA, W/L-AAA, SWKAAA, NCFH-AAA) that requested PSP implementation in their catchment areas. Throughout the year, the OALTC provided training and technical assistance to help the AAAs with implementation of the PSP practice model, and identified barriers and successful strategies to support AAAs in sustaining PSP long-term. The PSP model allows AAAs to individualize the program to meet staff and customers’ needs. With OALTC assistance, each AAA has tailored the PSP core program components based on various factors, including administrator and staff support, available resources, geographic region, and coordinator preferences.

Though PSP can be individualized for each AAA, the core components (i.e., identifying a coordinator, getting participant referrals, recruiting volunteers, conducting screening and intake of participants and volunteers, training volunteers, matching participants and volunteers, supporting the matches, documenting outcomes) are similar across AAAs. The amount of time volunteers and participants are encouraged to meet (1 hour per week for 10 weeks) is also the same across AAAs. Further, because all PSP volunteers are trained using the Medicaid PSP Volunteer Training DVD, all volunteers work with participants towards identifying strengths, goals, and/or tasks for them to focus on in their meetings. Therefore, AAAs maintain fidelity with the PSP by maintaining core program components, encouraging volunteer-participant matches to meet in-person for at least eight weeks, and helping participants to identify strengths, goals, and/or tasks.

By providing technical assistance and tracking program implementation with each AAA, the OALTC is confident that each AAA has implemented PSP effectively and with sustainability in mind. Based on the varied experiences of all AAAs and our assessment of barriers and successful strategies across each region, we identified a number of recommendations for KDOA and AAAs regarding PSP implementation. We organized these recommendations based on four programmatic decisions that particularly influence PSP implementation. These components include: 1) identifying and supporting a program coordinator to implement PSP; 2) prioritizing case managers’ involvement with PSP in order to make referrals and reduce stigma associated with mental health; 3) recruiting and training effective volunteers using multiple strategies; and 4) developing plans to expand the PSP through additional grants, new partnerships, and existing resources.

1) Identifying and supporting a program coordinator to implement PSP

The decision about how to coordinate PSP within the AAA is critical when staff availability and resources are limited. Since staff and resources vary among AAAs, who coordinates the PSP varies as well. For the seven AAAs that implemented PSP, staff availability, education, and background were taken into account when making the decision.

Three AAAs utilized student interns to coordinate PSP. These AAAs had access to student interns because they were located in communities near universities, and had AAA staff members with the needed education and training to supervise these students. Utilizing students as program coordinators worked well for the three AAAs, because supervisors met regularly with students and were able to provide support and suggestions. Similarly, coordination of an agency-based program met the educational
requirements of the student intern. All interns were excited to have the opportunity to contribute to the development and implementation of the PSP in their area. One AAA hired the student intern as a staff member; therefore, she will continue to coordinate PSP in her new role. Because AAA student interns are often hired into full-time positions in AAAs, use of interns means the PSP is able to develop champions for the program who may go on to implement it in additional AAAs or other settings. The other two AAAs are getting a new practicum student over the summer and/or in the fall. Though some lag time may exist between students, the AAAs are utilizing current staff members to bridge the gap.

Four AAAs utilized existing staff members to coordinate PSP. In these situations, one staff member has primary responsibility for PSP, including obtaining participant referrals from case managers, recruiting volunteers, completing intake, screening volunteers, matching volunteers and participants, and providing support to the matches. Some AAAs also include an additional staff member or members to assist in coordinating PSP, taking responsibility for volunteer recruitment, helping to publicize PSP across their catchment areas, or providing support to the program coordinator. In most AAAs, having staff members, in addition to the program coordinator, with PSP knowledge and responsibilities helps in ensuring PSP is successful and sustainable. However, because there is not a steady funding source directly for PSP, being the sole coordinator without additional help and support is challenging.

Three AAAs partnered (or have plans to partner) with outside agencies to coordinate PSP. In these situations, the outside agency (e.g., RSVP) is responsible for recruiting, training, and supporting volunteers, and the AAA works primarily to get participant referrals, set up matches, and evaluate participant experiences. These partnerships can be very beneficial for distributing the responsibilities across various agencies and staff members, particularly in AAAs with large catchment areas and/or rural areas. This also helps to generate enthusiasm for the program throughout the community and can increase the likelihood of identifying a good pool of volunteers. It can be challenging to maintain open and regular communication across agencies; however, if both parties are dedicated, these partnerships are an excellent sustainability strategy for PSP.

We recommend that assigning a student or staff person as the coordinator with support from other AAA staff is an efficient way to coordinate the PSP. Coordinating the PSP was not the only job duty for AAA staff members and student interns required supervision. Therefore, making sure there is support within the AAA is important to help promote the program and directly assist with program activities such as volunteer recruitment. Collaboration with other agencies can also be beneficial for AAAs.

2) Prioritizing case managers' involvement with PSP in order to make referrals and reduce stigma associated with mental health

During the year, we spent some time addressing the challenges in discussing PSP with potential participants in order to make referrals and overcome stigma associated with mental health. Though the older adults themselves might recognize that having a peer volunteer would be beneficial for their mental health and well-being, older adults may be hesitant about having a new individual come into their homes and lives. Further, there is still a significant amount of stigma associated with mental health and older adults may not want to acknowledge mental health as a concern, therefore, being less likely to agree to any services associated with mental health.

To help case managers and other AAA staff members discuss PSP with older adults, we developed resources, including a tips sheet, for helping case managers talk with Medicaid HCBS/FE waiver customers about the Peer Support Program. Our tips included suggestions for: starting the conversation, normalizing their experience, and describing peer support. We sent the suggestions to each AAA. One AAA used the information in the tips sheet to develop a packet of information that case
managers use when describing PSP to their HCBS/FE waiver customers in order to determine who is interested in being a PSP participant.

We noted five AAAs have extensive case manager involvement in PSP, which helps to get more participant referrals thereby further integrating the program into the AAA service system and increasing sustainability. At all AAAs, case managers provided referrals for participants and are available to take phone calls from volunteers regarding the participants’ care. However, in five AAAs, case managers are involved even more. For example, in one AAA, case managers called every client who met the inclusion criteria for PSP, specifically to discuss PSP participation. The personal contact with the trusted case manager about PSP helped generate support and excitement for the program. In addition, this AAA utilized a case manager with social work training as the PSP program coordinator. In a second AAA, case managers attended the volunteer training, which helped them further understand PSP and how they can be involved in helping their client who take part in the program. Then, in a third AAA, case managers took part in a meeting where they brainstormed how to get additional participant referrals and where to recruit volunteers in communities with less PSP participation.

Case managers have trusting relationships with their HCBS/FE waiver customers, and thus are in the best position to encourage PSP participation and to provide support to those taking part in PSP. In addition, as part of the FY10 report, we interviewed case managers about PSP and learned that PSP positively impacts their job because it improved the ability for them to provide services in that volunteers helped to identify participant concerns and need for resources in-between case manager visits. The more case managers understand the benefits for HCBS/FE waiver customers, the more likely they are to identify the need for a referral and effectively communicate the benefits of the program while avoiding the stigma associated with mental health. Therefore, we recommend that high priority be given to making sure case managers are familiar with how the PSP works, understand how it directly benefits them and their customers, and are actively involved in carrying out the PSP.

3) Recruiting and training effective volunteers using multiple strategies

For each of the AAAs, recruiting volunteers had a unique set of challenges, and each AAA varied in how they were able to identify volunteers for the PSP. Each AAA requested technical assistance for volunteer recruitment. Over the course of the year, we provided various suggestions to the AAAs regarding volunteer recruitment based on local resources, geographic region, and staff availability. Utilizing multiple volunteer recruitment approaches and strategies with various staff members taking responsibility was seemingly the best method for attracting PSP volunteers.

Several AAAs cover many counties, many of which are very rural. Therefore, implementing the PSP area wide during the initial phases of implementation was too much of an undertaking, considering AAAs’ limited experience in the program and availability of staff time and resources. Additionally, we learned from a few AAAs that case managers preferred having volunteers waiting to be matched so that HCBS/FE waiver customers were not waiting for services. Then, once volunteers were enrolled and trained, referrals from case managers became more frequent. Therefore, we suggest the AAAs focus on beginning volunteer recruitment in cities or towns where there is either a significant amount of interest in the program from case managers or assistance with recruitment through partnerships like RSVP.

Two AAAs had strong connections with RSVP and thus began implementation of the program in their area served by the local RSVP. This plan was successful as RSVP can be a very strong partner for volunteer recruitment. RSVP could not only draw on its’ existing pool of volunteers but also easily attracted civic minded older adults interested in “high impact” volunteer opportunities. Other volunteer partnerships included the county government in one AAA and a local volunteer center in another AAA.
Partnerships with local volunteer centers, when possible, will help recruit volunteers in the future without an exorbitant amount of time spent on this program activity by AAA staff. Other effective strategies included: website and newsletter advertising, church bulletins, word-of-mouth by AAA staff, and presentations to AAA board of directors and other social service providers.

All seven AAAs utilize the volunteer training DVD and materials. They reported that it was extremely helpful and made training volunteers much easier with limited staff time and resources. The DVD and other materials are user-friendly making training of volunteers easy for AAA staff. Thus, the transfer of responsibility for volunteer training will be easier and contribute to sustainability if there is staff turnover or partnerships forged with other agencies to assist with volunteer recruitment and training. Utilizing the DVD and other materials will also help maintain fidelity of the program.

In addition to partnerships with volunteer agencies, advertising, word-of-mouth, and community presentations were effective recruitment strategies. Therefore, to recruit PSP volunteers, we recommend that, when possible, AAAs forge partnerships with local volunteer centers, particularly those like RSVP as well as faith-based organizations. In addition, we recommend that AAAs utilize various AAA staff members to assist in carrying out multiple recruitment strategies (e.g., placing local newspaper advertisements, word-of-mouth among groups and organizations in which AAA staff participate, making community presentations). This will free up some PSP program coordinator time to focus on organization of other program activities and will utilize the knowledge and experience of various AAA staff to identify volunteers across multiple settings.

It was very clear that volunteers also derived substantial benefit from PSP. Even though a formal evaluation of benefits for groups other than Medicaid recipients was not part of our contract, volunteers as well as community members told us they learned a great deal about mental health and the stigma that still surrounds it. Many indicated their own mental health improved as a result of learning strengths based strategies for supporting mental health. When presentations are made and material is distributed to recruit volunteers, the larger community also becomes more aware informed about ways to support the mental health of older adults. Therefore, we recommend that benefits to volunteers also be highlighted to bolster recruitment. Finally, we recommend that AAAs continue to utilize the volunteer training DVD and materials. This will help ensure consistency of PSP across AAAs and fidelity to PSP as developed and tested by the OALTC.

4) Developing plans to sustain and expand the PSP through additional grants, new partnerships, and existing resources

As AAAs do not receive specified funding for PSP, it has been a priority throughout the year to help AAAs develop feasible, effective plans for PSP implementation and sustainability. We worked with the AAAs to develop plans for how to implement PSP in targeted areas and expand as resources become available, how to partner with other programs (e.g., RSVP, community service agency) to aid in PSP implementation, how to conduct evaluations of PSP to document outcomes, and how to write grants to fund and expand PSP over time.

Four AAAs implemented the program in select areas due to staff and community resources in these counties/communities and have plans to branch out over time. Based on the AAA’s implementation experiences, it has been effective to first implement the program in areas where it is most feasible (e.g., more urban areas where the AAA is located, areas with high interest in PSP) and eventually expand the PSP to more rural areas where need is high and resources are limited. This allows time for AAA staff to gain experience in the program and document observed benefits to HCBS/FE waiver customers. As expertise is developed and benefits of the program are documented, AAAs can then begin to expand the program in more rural areas and also develop local partnerships to assist with implementation.
Three AAAs have developed strong connections with outside agencies including RSVP, faith based organizations and a community service agency for older adults. In these situations, it has been helpful to meet and develop a program manual or agreement form to ensure all parties understand who is responsible for each component. It is also important to maintain regular communication among responsible parties, as this provides a mechanism to troubleshoot any potential barriers and an avenue for accountability.

All seven AAAs are collecting program output data such as number of participants referred, volunteers recruited, matches made, and volunteer and participant satisfaction with the PSP. Three AAAs use pre- and post-outcomes evaluation with participants to document outcomes. Conducting evaluations is important for sustainability, as this provides AAAs with information to help in communicating effectiveness of the program to potential participants and volunteers and in any materials (e.g., advertisements, newsletter articles) about PSP. Collecting outcome data is also important for continued quality assurance. In addition, all AAAs understand how collection of these data could aid in future grant writing and acquisition of funding.

Finally, with assistance from OALTC staff and the grant tool kit, five AAAs have written or have plans to write grants to community foundations or other funding sources to assist with current implementation efforts and potentially expand the program in the future. Components that AAAs have prioritized in funding applications include: reimbursement for AAA staff and volunteers for travel, funds for supplies and copying of PSP materials for advertisements and other volunteer recruitment efforts. Though PSP is a low-cost program to implement, identifying funding for PSP is important in order for AAAs to continuously improve and expand PSP. Eleven grant requests for funding have been or soon will be submitted to foundations across the state.

Overall, we recommend that AAAs, work to expand PSP to areas where resources are limited (e.g., rural areas). In these areas, AAAs could partner with churches or other community organizations to recruit and train volunteers and support matches. In addition, we recommend that AAAs continue to conduct outcomes evaluations for PSP and apply for grant funds or identify additional funding streams to support these initiatives. This could help to provide access to mental health services for older adults living in the community, particularly for rural older adults. Further, there is interest in adapting PSP so that older adult volunteers could assist new caregivers, people discharging from hospitals, and people struggling with chronic disease self-management to assess their strengths as well as resources in the community, identify and reach goals. We recommend that this proven strengths based initiative be considered for expansion and adaptation to improve the health of older adults and reduce Medicaid costs.

Conclusion

For the Peer Support Program, AAAs identified the critical need for mental health services for HCBS/FE waiver customers and then requested assistance of the OALTC in developing an intervention to address mental health stigma and the lack of access to formal mental health services. The OALTC piloted PSP and found PSP to be effective in lowering depression, improving health and functioning, reducing use of healthcare providers, and improving understanding of mental health in general among older adults. Following successful implementation of PSP across three pilot sites, four additional AAAs implemented PSP in their areas; all seven AAAs now have long-term plans to sustain PSP. Considering the difficult financial climate that has coincided with PSP development and implementation, the success of PSP is a testament to the value and viability of the program for helping to address mental health needs among older adults. During budget cuts, PSP is a way to support frail older adults within the community. The PSP can be easily adapted for other populations, such as new caregivers.
and those with chronic diseases. For rural communities and other areas with few formal resources, the PSP is a program that could be utilized to meet needs without expending great time and money into recruiting professional resources. **PSP is a feasible program to implement according to the original model as developed by the OALTC. It is anticipated that PSP will grow and continue to impact Medicaid HCBS/FE waiver customers in Kansas.**

**References**


