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Innovations Fund Fosters New Programs

By Dianne Molvig

The [Innovations Fund](#) aims to advance creative programs that bring housing and services together to allow people to age safely and affordably in the places they call home. Through the generosity of LeadingAge members and a matching grant from the [NewCourtland Foundation](#), seven organizations have been awarded grants of up to \$25,000 each for 2014.

(This is the second round of Innovations Fund grants. See “[LeadingAge Innovations Fund Helps Put Good Ideas into Action](#)” from our [March/April 2013 issue](#) for details on the first round.)

“One thing we became more acutely aware of this year as we read through the applications is that generally you can’t be an incubator for an innovation with just \$25,000,” says Gail Kass, president/CEO of NewCourtland. “But what you can do is bring someone else’s terrific innovation to your community and put your particular spin on it. We encourage people to keep that in mind when applying for grants next year.”

Here’s a look at this year’s grant recipients.

Expanding Support to Enable Aging in Place



Fair Share Social Worker Paquita Lopez discusses wellness plans with Northgate II resident Lillian Vega.

For years, [Fair Share Northgate II](#) in Camden, NJ, has been striving to blend affordable housing, accessible primary health care and social services for its 300-plus elderly or disabled residents in 402 inner-city affordable housing units. The Innovations Fund grant will enhance those efforts.

Northgate II will hire a part-time community health worker who will coordinate health care, social services and wellness. This person will accompany residents to medical appointments, check to see if they're taking their medications and otherwise support residents in taking care of themselves.

"We'll hire someone from Camden who knows the community," says Marilyn Mock, director of social services. "It will be a peer supportive relationship." Expected results include improved health of residents, with reduced unnecessary hospitalizations and re-hospitalizations.

In addition, Northgate II will hire a licensed clinical therapist from [Catholic Charities of the Diocese of Camden](#) to provide in-home counseling for residents. "There's a stigma, particularly in minority populations, around seeking help from a therapist," Mock says. "This will allow residents to avoid that stigma and have privacy. They'll also feel more comfortable speaking to a therapist in their home environment."

In addition, the therapist will facilitate a grief and loss support group for residents who have been exposed to trauma due to the poverty, crime and violence prevalent in Camden.

"The mental health piece is key," Mock says, "but it was a piece that was missing here. The grant will allow us to close the gap and to make those natural connections between mental health and physical health."

Early Detection, Better Results



Husband and wife residents of CJE SeniorLife's Swartzberg House display art during a talent show.

At [CJE SeniorLife](#) in Chicago, all 462 elderly residents are low-income, and 84% of them live alone. Those factors can combine to spur mental health issues, says Dennis Beauchamp, manager of community counseling.

Sometimes a housing staff member will refer a resident for counseling services. "But often by that time the resident is in a crisis," Beauchamp says. "We're looking for earlier detection of problems."

Toward that end, CJE SeniorLife will use its Innovations Fund grant to train housing managers and service coordinators to identify early signs of self-neglect, depression, anxiety or substance abuse among residents. Housing staff also will learn how to talk to residents about such problems and steer them to appropriate services.

“The housing managers and service coordinators are already involved with the residents and have a relationship with them,” Beauchamp says. “So they can more easily have that conversation with the residents.”

In the half-day training, housing staff will learn how mental illness manifests in older adults, and they’ll learn how to use screening tools and how to approach residents. “We won’t be creating new tools,” Beauchamp says. “We’re looking for ones that will be the easiest for staff to administer.”

As follow-up to the training, a hotline will provide ongoing support. Housing staff will be able to seek advice by telephone from licensed clinical social workers in the CJE SeniorLife Counseling Department.

Another project outcome will be development of a training manual that could be made available to other housing communities. “But,” says Beauchamp, “we’ll evaluate how this goes within our system first.”

Fighting Substance Abuse

Of the 620,000 homeless Americans, almost half are over age 50, according to the [National Alliance to End Homelessness](#). What’s more, because of negative effects on health, “homelessness accelerates the aging process by about 15 to 20 years,” points out Mark Hinderlie, president/CEO of [Hearth](#), a Boston not-for-profit that provides housing to formerly homeless elders and outreach to homeless elders living in shelters.



Hearth residents play Bingo at Hearth’s Anna Bissonnette House in Boston.

Substance abuse is a factor that causes and exacerbates homelessness. Hearth will use its Innovations Fund grant to train its housing and shelter outreach staff to detect early signs of

substance abuse “so we can make an early intervention, rather than a later one,” Hinderlie says.

Staff will learn to implement the evidence-based [Screening, Brief Intervention and Referral Treatment](#) (SBIRT) program. Lee Ellenberg, clinical director of Boston Medical Center, will lead the training.

SBIRT has been widely used in clinical settings, but never in an affordable housing setting or with elders. Successful implementation of SBIRT at Hearth could lead to replication in other affordable senior housing communities across the country.

“We think we’ll reduce the number of overdoses and detox situations, which are expensive,” Hinderlie says. “And in general we think people’s health will improve because we’ll be identifying problems earlier.”

In fact, Hinderlie expects the program will have positive results for more than just those with substance abuse problems. He notes that individuals acting out because of substance abuse issues affect the lives of other residents, as well. Says Hinderlie, “We think having this resource will impact the whole community.”

Intervention for Depression

[Christopher Community](#) in Syracuse, NY, aims to identify and help residents with symptoms of geriatric depression. “We want to make it easy for them to engage in some sort of treatment or educational process,” says Judith Huober, director of [Syracuse Jewish Family Service](#) (SJFS), which is collaborating with Christopher Community to offer the new program supported by an Innovations Fund grant.



Christopher Community residents use the Neighborhood Network, a HUD-funded project to make computer and Internet access available to residents of the building.

SJFS will do three screenings a year at each of three Christopher Community housing sites, with a total resident population of about 400. Residents screening positive for geriatric depression will have the opportunity to participate in PEARLS (Program for Encouraging Active Rewarding Lives), an evidence-based program developed at the University of Washington.

Residents also can participate in BeWell (Behavioral and Emotional Wellness Empowers Later Life) learning groups four times a year. BeWell was developed in affiliation with the Institute at Menorah Park for Applied Research on Aging, SJFS's sister agency. Monthly educational sessions on various mental health topics will augment the learning groups.

“We anticipate reaching just about everybody, one way or another,” Huober says, “whether that’s through screening, information sessions, learning groups or intervention.”

PEARLS-trained clinical interns will conduct those sessions. They’ll also co-facilitate the learning groups with licensed mental health professionals.

Christopher Community service coordinators are another important component, notes Kelly Besaw, Christopher Community’s grant administrator and housing developer. They’ll be instrumental in handling sign-ups, reminding residents of sessions and otherwise encouraging residents to participate.

In the past, Besaw notes, service coordinators have struggled with knowing what to do for residents suffering from depression. “We’re excited that our service coordinators now will have a source for help,” she says.

Mental Health Services via Technology

[Front Porch](#) in Burbank, CA, already was using broadband technology to bring health-related services to residents in two Koreatown senior affordable housing communities managed by [CARING Housing Ministries](#), the affordable housing subsidiary of Front Porch. The Innovations Fund grant will enable another project that’s “a natural building block on the work we’re doing,” says Nancy Spring, president of CARING Housing Ministries.

Front Porch will add mental health services to its videoconferencing offerings. Plus, it will reach out to another affordable senior housing community, also managed by CARING Housing Ministries, that has a mostly African American population.

“We see this project as a great opportunity to expand and to leverage what we’ve already learned,” says Davis Park, director of the Front Porch Center for Innovation and Wellbeing. “We recognized that mental health needs were critical, and we felt they weren’t being met.”

The new project will provide video-conferenced educational sessions on mental health issues to groups of residents, plus one-on-one therapy sessions with a clinical therapist. The group sessions will raise awareness and spark interest in the one-on-one therapy, Spring explains. Residents will receive training in how to use iPads for the one-on-one.

“The great thing about the iPads,” Park says, “is that residents will be able to take them to their rooms. They can have the conversation in the privacy of their own home.”

On-site service coordinators also will be a key element in the program’s success. “They’ll build awareness of the program,” Spring says, “and be instrumental in making this work with our residents.”

Comparing Self-Care Coaching



Nurse Practitioner Andrea Shields of National Church Residences works with a permanent supportive housing resident.

Coaching can motivate senior affordable housing residents to take better care of themselves. But what type of coaching works best? [National Church Residences](#) in Columbus, OH, will use its Innovations Fund grant to seek answers.

“We hope to expand the level of knowledge within the industry about low-cost methods of resident assessment,” says Jeff Wolf, senior vice president of philanthropy and communications.

The first step will be a survey of 200 residents using the [Patient Activation Measure](#) (PAM) survey, which assesses a person’s level of engagement in self-care. Developed at the University of Oregon, this survey tool breaks down respondents into four activation levels.

Those in levels 1 and 2 “tend to view their health outcome as fate,” says John Glacken, medical home program director. “They figure, ‘My mom had diabetes, so I’ll probably have diabetes.’”

Those in levels 3 and 4—the ones more engaged in self-care—will participate in “some limited group experiences,” Glacken says, so they can learn more about their health care.

About half of the 200 surveyed residents are expected to fall into levels 1 and 2, based on the organization’s past experience in using PAM in other affordable housing buildings. Those residents will be split into two groups.

With one group, trained student volunteers from area colleges will use the PAM Coaching System of one-on-one coaching. “We want to make this program replicable,” says Stacey Kyser, director of volunteer services. “One way to do that is to incorporate volunteers.”

For the other group, National Church Residences staff trained in the [Chronic Disease Self-Management Program](#), developed at Stanford University, will work with residents in a group format.

“We think everyone in both groups will benefit,” Glacken says. “It’s a matter of finding out which method is more effective.”

Launching Healthy IDEAS

[Volunteers of America](#) (VOA), Alexandria, VA, aims to evaluate a pilot program that, if successful, could be made available to thousands more seniors living in more than 300 VOA affordable housing properties in 38 states.



Volunteers of America’s Healthy IDEAS pilot will allow depression screenings and implement an intervention protocol in 25 senior affordable housing communities in Texas and Florida.

With grant funds, VOA will pilot the [Healthy IDEAS](#) (Identifying Depression Empowering Activities for Seniors) program, an evidence-based depression screening and intervention protocol developed by the Baylor College of Medicine Huntington Institute on Aging. VOA will conduct the pilot in 25 of its senior affordable housing communities in Texas and Florida.

“Part of our successful aging approach includes cognitive and physical well-being,” says Shirley Maisel, director of housing and health care services integration at VOA. “We learned about the Healthy IDEAS program, and now with the Innovations Fund grant, we’ll be able to begin our pilot.”

Healthy IDEAS begins with screening for symptoms of depression. Based on results, some residents will get referrals to a community mental health agency. Others will work with their on-site service coordinators “who will use very scripted behavioral activation activities,” Maisel says. “The service coordinators will do goal-setting with our residents, and we’ll provide education about depression for residents, as well.”

About 90% of VOA’s senior affordable housing communities have service coordinators, Maisel says. [Care for Elders](#), a Houston-based organization, will train the service coordinators in the Healthy IDEAS model. Service coordinators also will have access to behavioral health specialists via telephone for ongoing support.

“Our service coordinators are excited about this program,” Maisel says, “because they want to be able to do more for our residents.”

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