6-month Outcomes among Depressed Minority Older Adults of Community Engagement Versus Technical Assistance to Implement Depression Collaborative Care

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Panelists

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- **Esmeralda Pulido**, MPH- Center for Health Services & Society, UCLA/RAND, L.A. Care Health Plan
- **Marina Berkman**, MS, MFT- West Hollywood Comprehensive Service Center, JFSLA
- **Bowen Chung**, MD, MSHS- Harbor UCLA Medical Center
- **Kenneth Wells**, MD, MPH- Center for Health Services & Society, UCLA/RAND
Community Engagement Activity
Agenda

1) Introductions/Community Engagement (2:30-2:40pm)
2) CPIC Overview (2:40-2:55pm)
3) CPPR/Community Engagement (2:55-3:00pm)
4) CPIC Outcomes (3:00-3:05pm)
5) CPIC Older Adult Sub-analysis (3:05-3:10pm)
6) CPIC Interventions/Toolkits for Case Management, CBT, Resiliency (non-licensed providers) (3:10-3:30pm)
7) CPIC Community Benefits, Policy Impacts, Center of Excellent Awards (3:30-3:35pm)
8) Questions (3:35-3:55pm)
How can we translate the benefits of high quality depression care into better lives for under-resourced, communities of color today, including older adult populations?

“Little is known about the independent contribution of community linkages to improving health and behavioral health outcomes.”—SAMSHA 2012
Challenges of engaging minority communities in services and research

- Tragic historical legacy of research abuses of minority populations
- Distrust of government programs and health services
- Community-based participatory research approaches are recommended to build trust in research and services
Introduction

• Older adult depression is associated with increased morbidity & mortality
• Effective treatments & collaborative primary care models for older adult depression exist, but older depressed adults remain undertreated in primary care settings
• A more comprehensive strategy may be needed to improve mental health outcomes among older adults with depression
• Community Partners in Care (CPIC) demonstrated that depression collaborative care implementation using community engagement & planning (CEP) across social & community programs improved depression outcomes in safety-net communities, compared to technical assistance to individual programs (resources for services [RS])
Working together in an *equal* partnership to learn how to improve depression care and build community strength
Structure of CPPR

• Partnered Council frames and guides initiative
• Community Partnership Forum for broad input
• Partnered Work Groups
  • Develop action plans for community approval
  • Implement and evaluate approved plans
  • Disseminate programs and findings
• Stages: Vision, Valley and Victory—equally important
• Jones and Wells, 2007; Wells and Jones 2009; www.communitytrials.org; Jones et al., 2009
Community Partners in Care (CPIC)

Community Capacity → Partnered Planning (Vision) → Academic Capacity

Partnered Trial (Valley)

Resources for Services (Agency support) → Community Engagement & Planning (Network support)

Outcomes

Partnered Dissemination (Victory)
Design of CPIC

• 2 Communities: South Los Angeles & Hollywood-Metro > 2 million residents
• 95 programs in 50 agencies (MH, PCP, substance abuse, social services, homeless, faith-based, senior centers, community centers, hair salons, exercise clubs)
• Programs randomized to technical assistance (RS) or community building (CEP) to implement evidence-based quality improvement toolkits for depression
• 4436 clients screened for depression
• 1322 eligible with depression enrolled & asked to complete baseline, 6 month, 12 month and 3 year follow-up surveys
95 Programs in Los Angeles

Church
Mental health agency
Primary care clinic
Substance abuse clinic
Community health services agency

Community engagement and planning

Resources for services
Summary of 6-month Outcomes for Clients Overall

• Both CEP and RS improved client mental health quality of life – both supported evidence-based treatment

• CEP more effective than RS in
  – improving mental health quality of life and physical activity
  – reducing homelessness risk
  – reducing behavioral health hospitalizations

• CEP shifted outpatient depression services away from specialty medication visits toward primary care, faith-based and park services for depression

• BUT: No difference in depressive symptoms, use of antidepressants or healthcare counseling for depression
  --So difference is not more “formal” treatment
CEP Improved 6-month Client Mental Health (N=1,018)

- Poor Mental Health Related Quality of Life
  - MCS12 < 40
  - RS: 51, CEP: 44

- Mental Wellness
  - Yes to 1 item in last 4 weeks
  - Felt peaceful and calm
  - Been a happy person
  - Having energy
  - RS: 34, CEP: 46

*p<.05
And reduced poor mental health QOL in SMI (bipolar or history hospitalization for psychosis, N=419)
CEP Increased 6-month Physical Activity and Reduced Homelessness Risk Factors (N=1,018)

- Yes to all health limits
  - Moderate activity
  - Stairs
  - Physical activity

Risk Factors:
- food insecurity
- eviction
- severe financial crisis

Graph showing:
- Physically Active: RS 40, CEP 50
- Homeless or ≥2 risk factors for homelessness: RS 40, CEP 30

*p<.05
CEP Reduced ADM Hospitalizations over 6 Months (N=1,018)

- RS
- CEP

Any hospitalizations for alcohol, drugs, mental health

- RS: 11
- CEP: 6

≥4 hospital nights

- RS: 6
- CEP: 2

*p<.05*
12-month Outcomes

• Modest improvements in mental health QOL for CEP vs. RS
• Continued reduction in ADM hospitalizations for CEP vs. RS
• Findings sensitive to analysis methods
Among older adults, CEP was more effective than RS at **reducing** poor MHRQL and **increasing** mental wellness.

CEP to implement collaborative depression care across diverse programs was more effective than RS for individual programs in improving mental health-related outcomes among older adults.

CEP may offer an expanded community health-home model to address mental health disparities among older depressed safety-net clients.
CPIC Depression Quality Improvement Toolkits

• Team management (IMPACT)
• Clinical assessment, medication management and alternative health practices (PIC)
• Cognitive behavioral therapy (CBT) for depression (We Care)
• Case management/health workers (MHIT/PIC, New Orleans REACH-NOLA)
• Patient education resources (PIC)
• CEP: Resiliency class based on CBT developed with community leadership
Resources/Links

www.communitypartnersincare.org

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**Resources Dashboard**

The resources dashboard presents the CPIC toolkit in a tailored format, mapping specific resources to the providers whom may be interested in accessing them.

<table>
<thead>
<tr>
<th></th>
<th>Depression Screening Resources</th>
<th>Care Management Resources</th>
<th>Psychotherapy Resources</th>
<th>Clinician Resources</th>
<th>Client &amp; Community Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Social Worker</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
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<tr>
<td>Registered Nurse</td>
<td>Available</td>
<td>Available</td>
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<td>Available</td>
<td>Available</td>
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<tr>
<td>Primary Care Provider</td>
<td>Available</td>
<td>Available</td>
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<tr>
<td>Health Educator</td>
<td>Available</td>
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<tr>
<td>Outreach Worker</td>
<td>Available</td>
<td>Available</td>
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<tr>
<td>Faith Leader/Clergy</td>
<td>Available</td>
<td>Available</td>
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<tr>
<td>Community Advocate</td>
<td>Available</td>
<td>Available</td>
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</tbody>
</table>
New Intervention - Resiliency Class

*This manual is available in English and Spanish and has been adapted so far for Older Adults, Pregnant Women, and Veterans*
Resiliency Class Format

• 7 Weekly Sessions
  – 1.5 - 2 hours in length each session
  – 10-15 participants per class recommended

• The RC is aimed at individuals with low to moderate symptoms of depression who aren't usually able to get treatment. We hope that something like this could help prevent more severe depressive symptoms from developing.

• Instructors can be non-licensed professionals such as:
  – Health Educators
  – Case Managers
  – Clergy
  – Outreach Workers (promotoras)
  – Peer advocates etc....
Session 6 – “My Personal Resiliency Plan: Goal Setting”

Purpose

• Talk about the importance of setting reachable goals.
• Identify some of your personal short term and long term goals for your future.

Session tailored for Older Adults

Session 6 - “Keeping Engaged in Life and Finding Joy in Your Past Accomplishments”

Purpose

• Talk about the importance of celebrating accomplishments.
• Identify some of your prior accomplishments.
Case Management for Depression Training
Provider Roles

• **Case Worker**: Provides social services or service linkages and coordination; tracks clients over time; is part of an agency providing one or more types of services

• **Outreach Worker**: Provides community education and support; may track clients over time; may link to services; may be part of an agency that provides services

• **Care Manager**: Works with providers to improve disease management/prevention; tracks clients over time; may use a disease registry; coordinates care; may collaborate with case workers and outreach workers
Scope of work for Case Management & Outreach

- **Screening:** Use a tool to identify people with depression and stress

- **Education:** Provide and explain materials about depression and stress, mental health services and programs
  - To individuals and communities
  - To promote services
  - To prevent onset of problems
Scope of Work (cont’d)

- Help make and follow-up on referrals
- Provide support for behavioral activation and problem solving skills
- Advocacy: Promote and encourage positive health behaviors; coordinate care
- Follow-up: Check on progress and provide assistance working with care managers
- Organize/participate in community activities
- Identify community needs and resources
- Promote mental wellness and reduce stigma
- Promote cultural appropriateness of services
Trust Building

• Critical first step
• Reinforce with each interaction
• Develop a relationship
• Understand your client and the situation
• Understand your community
• Be honest with what you offer and can do; acknowledge limitations
• Be reliable and show up
• Acknowledge client’s strengths
Screening for Depression

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: ___________________________  DATE: ___________________________

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

(add columns: + + + )

(Total: ___________________________)

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)
Scoring the PHQ-9

**PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION**
for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

**Interpretation of Total Score**

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
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</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Minimal depression</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild depression</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate depression</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe depression</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe depression</td>
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</tbody>
</table>
# Tracking Outcomes

## Vital Signs Worksheet

<table>
<thead>
<tr>
<th>PHQ-9 Score</th>
<th>Baseline</th>
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<tbody>
<tr>
<td>Depression Severity Graph</td>
<td>Plot score from above</td>
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<td>1-4 = Minimal Depression</td>
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<td>5-9 = Mild Depression</td>
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<td>10-14 = Moderate Depression</td>
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<td>15-19 = Moderate Severe Depression</td>
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<tr>
<td>20-27 = Severe Depression</td>
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**Wellness:** Is the client participating in their wellness plan (working through problems using map, enjoyable activities)

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<tr>
<th>Practicing plan regularly</th>
<th>Baseline</th>
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<tr>
<td>Practicing sometimes</td>
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<tr>
<td>Not practicing at all</td>
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**Therapy:** Is the client attending psychotherapy as recommended?

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<tr>
<th>Therapy not recommended</th>
<th>Baseline</th>
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<tr>
<td>Yes, attending every session</td>
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<tr>
<td>Yes, attending some sessions</td>
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<td>○</td>
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</tr>
<tr>
<td>Not attending any sessions</td>
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</table>

**Medication:** Is the client taking medications as recommended?

<table>
<thead>
<tr>
<th>Medication not recommended</th>
<th>Baseline</th>
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</table>
Patient Education

Are you feeling...

Tired,
Sad,
Angry,
Irritable,
Hopeless?

¿Se siente usted....

Cansado,
Triste,
Enojado,
Irritable, Sin Esperanza?

BEATING DEPRESSION
THE JOURNEY TO HOPE

"This is an easy to read, up-to-date book full of useful information from those of our country's most respected researchers/clinicians in the area of depression. It carries a powerful message of hope for those who suffer with depression and for their families and friends."
—General Carter

DISCOVER THE LATEST TREATMENT OPTIONS
LEARN SIMPLE, PRACTICAL COPING SKILLS
GET BACK THE LIFE YOU WANT TO LEAD

Mags Jackson-Triche, M.D., M.S.H.S., Kenneth B. Wells, M.D., M.P.H.
Katherine Minisium, M.P.H.

N.A.A. N.A.A. SERVICES RESEARCH CENTER
Problem Solving Process

UNIVERSE OF PROBLEMS

Problem Definition

Goal

Brainstorming

Pros and Cons

Choosing a Solution

Action Plan

Outcome Evaluation
Seven Steps of PST - PC

1. Clarify and Define the Problem
2. Set Realistic/Achievable Goal
3. Generate Multiple Solutions
4. Evaluate and Compare Solutions
5. Select a Feasible Solution
6. Implement the Solution
7. Evaluate the Outcome
Clarifying and Defining the Problem

• Explore and Clarify:
  • Who, What, Where, When, Why?
  • “What have you already tried?”

• Break down Complex Problems into Objective & Possible

• Must be objective: observable and measurable:
  • “Low self-esteem” is *not* objective.
  • Ask self: “Can I picture this?”
  • Think “Function”
  • “I stay home alone” *is* objective.

• Must be possible:
  • Patient must have some degree of control
  • Life problems are potentially controllable
  • Symptoms are not directly controllable
Establishing a Realistic Goal

• Follows directly from the Problem definition
  • “What do you want to change about...How would things be different?”

• Goal must be objective (i.e., measurable).
  • Either it happened or it didn’t happen.
  • Improved self-esteem is *not* objective.
  • Going out with friends *is* objective.

• Must be stated in Behavioral Terms.
  • “Weight loss” *is* objective, but it is *not* behavioral.
  • Changing eating habits is both objective
  • *and* behavioral.

• Goal must be Achievable.
  • i.e., by next visit
Generating Solutions
“Brainstorming”

• Solutions come from the patient

• Withhold Judgment

• It’s all about *Attitude*
  - Throw caution to the wind!
  - Number over Quality
  - Combine and Modify Ideas
  - “What Else?”
  - *then be quiet*

• Write them down
Weighing the Pros and Cons

Pros – look for unique quality:
What is unique about this solution?
What makes this solution so good?

“It solves my problem” is not unique. Look for “it is quick”, “social”, “solves two problems in one”

Cons:
Time, Effort, Cost, Independence, Emotional Impact
Compared to other solutions?
Rating & Comparing Cons

How much does this solution “cost” in terms of:

<table>
<thead>
<tr>
<th>Cons (−)</th>
<th>A Little</th>
<th>Medium</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effort</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
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<tr>
<td>Money</td>
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<tr>
<td>Emotional Impact</td>
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<tr>
<td>Involving Others</td>
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</tbody>
</table>
Choosing the Solution

• Systematic Evaluation of Pros and Cons
• Solution Satisfies the Goal
• Negative Impact is Limited
• Review the Rationale for Choice
• Especially if it does not seem to reflect preceding decision analysis
• Empowers the client
The Action Plan

- Specific Tasks Identified:

- Where, When, How, Who...

- Anticipate Obstacles

- Realistic

- Role Play to Improve Confidence
Evaluating the Outcome

• Review all Tasks

• Acknowledge Success

• Explore Undesirable Outcome:
  – Problem definition
  – Goal definition
  – Unforeseen Obstacles
## Road Blocks to Effective Problem Solving

<table>
<thead>
<tr>
<th>ROAD BLOCK</th>
<th>OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoiding problems</td>
<td>Create a list and prioritize</td>
</tr>
<tr>
<td>Getting discouraged and giving up.</td>
<td>Be persistent</td>
</tr>
<tr>
<td>Getting frustrated and unable to concentrate</td>
<td>Be patient, break it down into small steps</td>
</tr>
<tr>
<td>Getting anxious and jumping at the first idea</td>
<td>Attend to details, weigh the consequences of</td>
</tr>
<tr>
<td>that comes to mind</td>
<td>each option and compare them against each other.</td>
</tr>
</tbody>
</table>
Self Care for the Provider
Community Benefits of CPIC

- Over 150 training events in 18 months
- Community leaders trained as experts (24 in CBT alone)
- CME, CEUs, certificates of appreciation for all providers
- $-matching requirements for community grants
- Research opportunities
- Data for community programs and policy makers
- Website, toolkits and resources
- Hope: We can improve outcomes, save lives, and inform policy debates locally and across California
CPIC Policy Impact

• LAC Agencies (DMH lead) piloting Health Neighborhood Initiative to coordinate behavioral health care and address social determinants of health (e.g., trauma) in 10 pilot neighborhoods

• California Center of Excellence for Behavioral Health at UCLA supports evaluation of HNI

• PCORI Community and Patient Partnered Research Network (LAC and New Orleans)

• National Community Centers of Participatory Research Excellence in Health
California Center of Excellence for Behavioral Health (UCLA)

• **Theme:** Addressing MH disparities through translational and applied science
• Health Neighborhood Study
• Information Technology and Communication
• Disparities Leadership
• Population Behavioral Health Infrastructure
• Translational Science Research Development and RRAPID Awards
2014 ACTS Team Science Award
2015 Campus-Community Partnerships for Health Annual Award
2015 UCLA Community Program of the Year, Landmark Award recipient
2015 APHA Community-based Public Sector Award of Honor

Funders of CPIC: National Institute of Mental Health; National Library of Medicine; Robert Wood Johnson Foundation; California Community Foundation; UCLA Clinical and Translational Science Institute
Questions?