

Albuquerque Center for Hope and Recovery

Senior Peer Case Management

Process Evaluation Final Report 2023

Albuquerque Center for Hope and Recovery is a drop-in center for people looking for help. **ACHR caters to those in recovery, Latino/a populations, and individuals with behavioral health needs.** Among their programs is the Senior Peer Case Management (SPCM) program.

The SPCM program is open to individuals 55 and older, with a special focus on individuals 65 and older with those with recovery and behavioral health needs. **Program services are free of cost.**

Individuals interested in becoming members can access the Senior Peer Case Management program at either of the two ACHR locations – Albuquerque or Tijeras. Senior Peer Support Specialists can meet members in the community or at their homes.

ACHR Senior Peer Case Management highlights:



ACHR is the longest standing peer run organization in Albuquerque. They are uniquely qualified to offer peer support services due to their extensive 22-year history in the field with local New Mexicans.



Unlike clinical services, **Senior Peer Support Specialists disclose their histories and experiences to make authentic connections,** recommendations, and empathize with members.



Historically, ACHR has never diluted or strayed from peer-to-peer services. However, unlike their regular peer-to-peer services, and for the first time in the organization's history, ACHR's SPCM program has clinical supervision.



The most successful recruitment strategies for the program include word of mouth and drop-ins.



Programming starts with informal conversations, building trust with members as priority number one.



Senior Peer Support Specialists provide high-touch programming services, working alongside members to achieve goals.



Members can always reach out to ACHR for support, no matter how long it has been since last contact.



Engaging Members

Outreach & Awareness

Recruitment strategies include leveraging current partnerships and creating new partnerships to encourage referrals. Internal referrals, from other ACHR programs, are another referral source. The **most successful strategies are word of mouth** from current members and the **peer drops-in** sign-in sheet.

ACHR conducts outreach at:

- Senior centers
- Medical & behavioral health providers
- Religious organizations
- Community centers
- Assisted living centers

Intake Process

The intake process **starts with an informal conversation to build trust**, explain the program, identify the member's needs, and learn about the member's goals. If the member is interested in continuing engagement, then the more formal intake process starts. This includes:

- Completing the Arizona Self Sufficiency Matrix to guide priority areas.
- Completing the Recovery Capital Assessment, modified for ages 65 and older.
- Creating an individual service plan or action plan that categorizes the members needs as low, medium, and high.
- Sometimes a home visit may be conducted.

Programming & Services

Senior Peer Support Specialists work alongside members towards goals, while building engagement and trust. To help facilitate trust building, **Senior Peer Support Specialists look for 'quick wins' with members.** Case management with members is high-touch (there is a lot of one-on-one support); however, participation is optional and flexible.

Life-long Membership

Membership is life-long. Members are not closed out of programming – instead, they are always welcome back whenever they need help, or even just to talk.

There is an **open-door policy** at ACHR for anyone who has ever participated in any of their programs. Staff have rotating call lists to continue to **reach out to members** – new and old – **to check in on them and see how they are doing.** Additionally, all members are sent monthly newsletters about upcoming events, and new resources.

Program Strategies Lead to Success!

Staff have received positive feedback from members. This feedback aligns with expectations for the program's immediate, positive impact on members' lives.

Program Strategies

- Show support
- Person-centered care
- Assisted Navigation
- Five Stages of Change to Direct Services
- Goal Setting



Members

- Acknowledge they need help and support
- Accept the help and support



Short-term goals for members

Increased hope.

To want assistance to make change in their lives.

Experience a decrease in stress and anxiety (ACHR supports members with balancing their wellness).

To have somebody to call when they need something – they have someone to turn to.

To have tools to reach their goals.

Long-term goals for members

Maintain stabilization.

Increased knowledge and know-how to help themselves.

To stay in their homes long (members can age in place longer).

Improved quality of life.



"With the help from this program I now have a doctor, the CPSW helps me fill out paperwork. They also helped me get my personal documentation" *

"I live alone and the CPSW helps me with my medical appointments, assist me with important phone calls." *

"This program has been extremely helpful. She is always willing to see me when I walk in.

They have helped me find housing, help with my phone and anything I may need on the computer." *

* All quotes provided were obtained by program staff and are shared with explicit permission for the purpose of this report.

Lessons Learned

ACHR is **well positioned for a senior peer case management program to meet the needs of community members due to their history of experience**. Regardless, there are many lessons learned from the first two years of implementing the SPCM program. These learnings do not just apply to ACHR, but should be considered for all Albuquerque SPCM programs.



Lessons Learned Starting A Senior Peer Case Management Program

Relationship building is an important aspect of successful programming.

Seniors, and especially Latino/a seniors and seniors in recovery or with behavioral health issues, are hesitant to trust others at first. Which is why staff turnover increases difficulty in outreach, education, and member recruitment. Because trust is so important, **consistent staffing is necessary for uninterrupted services and relationship management.**

Older adults are fairly independent and doing alright! Staff report that they are 'stronger than they thought'. However, despite their independence, staff

reported observing common times of assistance where older populations were consistently looking for help – once individuals first retire and learn about the new systems and resources available to them and before they transition into an assisted living housing facility or senior housing facility.

Staff reported observing that older individuals are not interested in the same peer services offered in their regular ACHR peer support program. For example, older individuals are less interested in focusing on recovery, in group, and other traditional peer support services. Instead, they want tangible financial support, food, transportation assistance, and somebody to talk to.



Members have a never-ending list of items to work on. And as one staff quotes the old adage, 'You can't eat an elephant in one bite.' It's important to always be there, when members are ready to re-engage and work on the next items.

Recommendations

Although ACHR has only been implementing the Senior Peer Case Management for a short time, there have been consistent themes or insights throughout the program. First, although it is time consuming, it is necessary to establish trust with seniors from the beginning. Second, seniors have different interests and needs compared to their younger peers. And third, participants have been difficult to find.

Insights

Trust is necessary for programming.

Seniors have different perspectives about mental and behavioral health. They prefer to keep that aspect of their lives private for many different reasons. Therefore, assessing individuals can be difficult. For example, older members may wait to share their more severe mental and behavioral health concerns for after they have gained trust with the Senior Peer Support Specialists.

Seniors have different interests & needs.

Additionally, different age groups of seniors may have different needs. One [research article](#) describes aging populations as “young-old”, “old”, and “old-old” to characterize the different stages of aging.

Senior members may be hard to find.

Due to seniors' private nature and independence, they may be difficult to find. They may be reserved, confiding in a friend or family member about their hardships and needs. Because they are likely [less tech-savvy](#) and more [homebound](#), especially since the COVID-19 pandemic, they are less likely to be exposed to traditional methods of program advertising and outreach.

Recommendations for BernCo to consider in senior peer programs:

- Prioritize trust building over intake. This could look like delaying intake or conducting home visits first.
- Provide or pay for training on effective strategies working with seniors. This may include paying for staff working with seniors to attend a [Certified Older Adult Peer Specialist training](#).
- Survey seniors in Albuquerque on what they need.
- Incorporate room for flexibility in program design and delivery to meet the needs of more members.
- Include an extended timeline for outreach and awareness of the program to directly target seniors and build community knowledge and buy-in for the program.
- Support and facilitate connections between programs and established agencies and organizations serving seniors.
- Look to research studies who have successfully recruited seniors for outreach and recruitment ideas, like "[Lessons Learned: Recruiting Aging Adults for Research](#)."

About this Evaluation

Purpose and Goals:

The purpose of this evaluation is to conduct a process evaluation with Albuquerque Center for Hope (ACHR) and Recovery for Bernalillo County (BERNCO). This evaluation will be used in BERNCO meetings for the Behavioral Health Initiative (BHI), including subcommittee meetings. Findings will be used for decision making.

The goal of this report is to share ACHR's: outreach and education strategies, the intake process, and programming and services. The secondary goal is to provide lessons learned and recommendations for program improvement.

Apex Blend:

The Apex Blend includes leveraging systems thinking, utilization-focused, and participatory approaches to equitable evaluation. Apex aims to match the learning need with the method while considering the burden of data collection methods on providers and clients. Finally, Apex aims to deliver stakeholder-friendly final deliverables to be used for program improvement and decision making.

Systems-thinking

The Apex team leveraged approaches from the DSRP (distinctions, systems, relationships, and perspectives) method of thinking about systems. *Perspectives* were learned in meetings with about members' experiences. And staff were asked what makes their program *distinct* or special – in other words, what is the counterfactual.

Utilization-focused

The findings from this evaluation will be used to support programming and funding decisions for key stakeholders, including Bernalillo County (BERNCO) staff, BHI committee members, ACHR program staff, and the surrounding communities.

Equitable evaluation

Apex *centered the experience of members*, those most impacted by this report. This was achieved through minimizing the burden of engagement with residents for this evaluation. Vulnerable populations are often asked to provide data to support programs and receive nothing in return. Conscious of members' time and experiences, Apex instead engaged ACHR in discussion about members' experience.

Methods:

A process evaluation was used to evaluate ACHR's first two years of program implementation. This approach is best suited for new or recently implemented programs. Results from process evaluation are often used to inform decisions about program improvements. Therefore, the process evaluation aligned with the goals for this evaluation.

To achieve this, Apex collaborated with ACHR staff to understand their process, lessons learned, pain points, and successes. Apex met with ACHR staff regularly to collect qualitative information. Throughout the process, ACHR staff were invited to review and approve deliverables before they were shared with BERNCO.

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