MIDD Briefing Paper

BP 128 Aging with Pride: Mental Health Prevention Program for Behavioral Health Needs of LGBTQ Midlife and Older Adults

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept ☒ (Attach New Concept Form)
Type of category: New Concept

SUMMARY: This new concept seeks resources to develop and implement a mental health and substance use disorder (SUD) prevention and early intervention program to address the mental health and SUD needs of King County's LGBTQ (lesbian, gay, bi-sexual, transgender, questioning) older adults, including prevention education and resources for older adult providers. This will include adapting, testing and piloting a screening tool and brief intervention for use with older adults and tailored for use with older LGBTQ adults. The screening tool and intervention will assist in identifying behavioral health needs, including mental health needs and substance use disorder treatment needs.

Collaborators:

Name	**Department**
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Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Linda Wells	Subject Matter Expert	Community Services
Karen Frediksen-Goldsen, Ph.D.	Subject Matter Expert	University of Washington School of Social Work

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

This new concept seeks resources to develop and implement a mental health and substance use disorder (SUD) prevention and early intervention program to address the mental health and SUD needs of King County's LGBTQ (lesbian, gay, bi-sexual, transgender, questioning) older adults, including prevention education and resources for older adult providers. This will include adapting, testing and piloting a screening tool and brief intervention for use with older adults and tailored for use with older LGBTQ adults. The screening tool and intervention will assist in identifying behavioral health needs, including mental health needs and substance use disorder treatment needs.

Research conducted by Aging with Pride at the University of Washington's School of Social Work has identified LGBTQ midlife and older adults as a rapidly growing population in King County that is facing significant mental health disparities. LGBTQ older adults are at increased risk for mental health problems, including depression, anxiety, and suicidality. LGBTQ older adults also face elevated levels of victimization and discrimination, fewer supports, are more likely to live alone, and experience social isolation, which are all factors that heighten risk for mental health problems. This research identifies several high risk groups, including LGBTQ veterans, those living in poverty, transgender older adults, LGBTQ older adults of color, those living with HIV, those of limited ability status, and the oldest old, as well as caregivers. Yet, culturally tailored prevention programs are not available to address their unique needs and most mental health and human service providers are not adequately prepared to identify those at elevated risk in order to ensure their mental health needs are effectively addressed.[1]

The three components of the new concept for LGBTQ older adults include:

1. Develop, implement and evaluate an evidence-based mental health and substance use prevention program for behavioral health professionals and senior providers to equip them with the tools and skills necessary to effectively identity and serve LGBTQ older adults, families and caregivers at heightened risk of mental health and substance use problems.
    - *Deliverable: 100 practitioners will be trained within the first year of the program.*
2. Develop, pilot test and evaluate a tailored risk screening tool for early detection of mental health and substance use problems designed for this at-risk and underserved population.
    - *Deliverable: 100 LGBTQ older adults will complete the risk assessment tool for early detection of mental health and substance use problems; the tool will be evaluated and modified as needed.*
3. Develop, pilot test and evaluate a tailored and evidence-based LGBTQ older adult brief intervention program for those at greater risk of mental health and substance use problems.
    - *Deliverable: 100 LGBTQ older adults will participate in a brief intervention program to prevent and reduce mental health and substance use problems among LGBTQ midlife and older adults.*

The new screening tool and prevention intervention will incorporate a person-centered, equity and intersectional approach to ensure that providers are equipped to effectively serve culturally diverse LGBTQ adults, including differences by age, gender, gender expression and identity, race, ethnicity, culture, socio-economic status, geographic location, and ability. The prevention intervention program will utilize a cross-generational equity and person-centered approach to provide culturally tailored mental health & substance use disorder education supporting prevention, including interactive information and resources, developed for community consumption specific to LGBTQ older adults.

Three evidence-based prevention programs for LGBTQ will be available (Community Gatekeeper Training: Lesbian, Gay, Bisexual, Transgender (LGBT) Older Adults & Suicide Prevention[2], Caring for LGBT Older Adults- Fenway Health, learning module (general health)[3], and Administration on Aging Diversity Toolkit (general health, non LGBT)[4].

[1] Karen Fredricksen-Golden, PhD, University of Washington, School of Social Work, 2016
[2] http://www.sprc.org/bpr/section-III/community-gatekeeper-training-lesbian-gay-bisexual-transgender-lgbt-older-adults-sui
[3] http://www.lgbthealtheducation.org/training/learning-modules/
[4] http://www.aoa.acl.gov/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_full.pdf

Currently MIDD strategy 1g (older Prevention and Early Intervention mental health and substance abuse services for older adults) provides screening and treatment for depression and SUD for older adults who are seen in select Public Health primary care clinics.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):
   - ☐ **Crisis Diversion**
   - ☒ **Prevention and Early Intervention**
   - ☐ **Recovery and Re-entry**
   - ☒ **System Improvements**

   Please describe the basis for the determination(s).

Screening for SUD and mental illness risk and providing an intervention prior to onset of problems and issues is early intervention; providing education and resources are prevention strategies.
There are currently no countywide prevention or early intervention programs addressing the mental health and substance use disorder needs of LGBTQ older adults. This would expand and improve the present behavioral health care system.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

There are currently no county-wide prevention programs addressing the mental health and SUD needs of LGBTQ older adults. Key issues to consider in terms of preventing mental health and SUD problems are early access to prevention programs, access to care, identity disclosure, and social support. It is critical to understand possible barriers to care for LGBTQ older adults when assessing an individual's needs, as well as likelihood to engage in the service offered. Barriers to accessing care may be due to geographically isolated or resource-limited settings, lack of transportation, financial difficulties or lack of culturally appropriate resources or healthcare services. Due to fear of negative responses to sexual orientation and/or gender identity disclosure, many LGBTQ older adults choose to conceal their identities or to not obtain care. In settings that are open and affirming of LGBTQ older adults, identity disclosure has benefits and LGBTQ older adults can receive more thorough and appropriate care.

Many service gaps for LGBTQ older adults will continue within the behavioral health system if this proposal is not implemented. This innovative evidence based program will provide a prevention and early intervention for LGBTQ older adults, increase the knowledge and skills of providers and support community wide SUD prevention and mental health promotion among LGBTQ older adults.

Table 1: Organizations that provide LGBTQ specific services (not within King County and/or Washington State)

Table 1 provides a list of the organizations that provide LGBTQ services that King County can use as a model as the King County model is developed (note, nothing currently exists in Washington State). To date few programs are prepared to provide support or address the unique aging and health and human services challenges of LGBTQ older adults, especially in King County. Mayor Ed Murray's recent Task Force Report stated that the City of Seattle must evaluate its policies and practices so they are inclusive of LGBTQ seniors. The Seattle/King County Area Plan on Aging (2014) identifies LGBTQ older adults as historically undercounted and underserved. Furthermore, Seattle does not have any specialized services for LGBTQ seniors. Yet, in other cities such as New York, Boston, San Francisco, Chicago, Los Angeles and Houston, financial support is provided for LGBTQ senior programs.

SAGE (NYC):
http://www.sageusa.org/nyc/
LGBT Aging Project- Fenway Health (Boston):
http://fenwayhealth.org/the-fenway-institute/lgbt-aging-project/
Openhouse (San Francisco):
http://openhouse-sf.org/
Aging As We Are (Chicago):
http://chicagolgbtservices.org/placecategory/elders/
Montrose Center (Houston):
http://www.montrosecenter.org/hub/services/spry/
LA LGBT Center – Senior Services (Los Angeles):
http://www.lalgbtcenter.org/senior_services

Many LGBTQ older adults find that they are not able to obtain culturally relevant and appropriate services in King County, particularly in some areas outside of the City of Seattle. This is not only due to limited resources in their own suburban/rural communities, but also due to additional barriers in traveling to and accessing care, e.g., financial considerations or lack of transportation. Furthermore, findings from the Aging with Pride Report (2015) highlight that one in six older adults fear obtaining services outside the LGBTQ community (and this is true for almost one in three transgender older adults). About 14 percent of LGBTQ older adults have not disclosed their sexual orientation and/or gender identity to their primary physician, which can result in inadequate and inappropriate healthcare that can have significant consequences on health outcomes. Just as concealing sexual orientation and/or gender identity can pose significant risks to quality care, disclosing such identities can also result in negative consequences. Some LGBTQ older adults even report having been denied services or were provided inferior services due to their actual or perceived sexual orientation and/or gender identity. These rates are particularly high for transgender older adults in King County (Fredriksen-Goldsen et al., 2015).

In May 2015, the University of Washington held a town hall meeting with LGBTQ older adults. Findings included: feelings of isolation, not knowing where to go for help, lack of resources, etc. Table 2 includes quotes from the meeting.[5]

[5] University of Washington, School of Social Work, May 2015, Town Hall Meeting

Table 2: Quotes from LGBTQ Town Hall meeting

Voices from LGBTQ King County Residents
Town Hall – May, 2015

"Isolation, finding friend support, caregiving and health are the biggest issues older gay persons face. Who will be there for us, who will help care for us without judgment?"

"I live in a small community with a lot of gossip going around and feeling socially isolated. I don't want to be back in the closet yet. We don't have any gay friendly, gay-oriented senior services."

"Economics are real. When you can't afford help – you don't get it."

"What I worry about is people like my (transgender) partner who at some point down the road might find themselves in a small facility with staff that are well meaning but are not experienced or well trained. There's not a lot of training out there for that kind of thing right now, so I think that is something we have to consider."

"I am agitated by the lack of resources…We are the forgotten people"

"I don't see any real gay and lesbian aging center in Seattle and can't understand why that is not in existence. You go to other cities and see that. What we need is a way to connect."

Findings from the Aging and Health Report (2011) show that LGBTQ older adults may be at elevated risk of poor mental health due to their experiences of stigma and victimization. Many LGBTQ older adults came of age during an era when same-sex behavior and gender variance were severely stigmatized and in some cases, criminalized. Being victimized because of one's actual or perceived sexual orientation or gender identity is different in some ways from other crimes since it is an assault on who one is. Sexual and gender minorities often internalize society's negative attitudes, beliefs and stereotypes about LGBTQ people. Internalized stigma has been consistently associated with increased mental distress and even low levels of such distress can significantly increase the risk of premature morbidity and mortality. Concealment of their sexual identity, likely influenced by both internalized stigma and victimization, can also prevent LGBTQ individuals from opportunities to strengthen social relationships and interaction with other LGBTQ adults (Fredriksen-Goldsen, et al., 2011).

2. **Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

An evidence-based mental health promotion and SUD prevention program for behavioral health professionals in King County to equip them with the tools and skills necessary to effectively identify and serve LGBTQ older adults, families and caregivers at heightened risk of mental health and SUD problems will be developed, implemented and evaluated. This prevention program will incorporate a person-centered, equity and intersectional approach (one that recognizes multiple oppressions people may experience, e.g. homophobia/sexism/racism combined) to ensure that providers are equipped to effectively serve culturally diverse LGBTQ adults, including differences by age, gender, gender identity, race, ethnicity, culture, socio-economic status, geographic location, and ability.

An innovative evidence-based LGBTQ mental health promotion and SUD prevention program utilizing a

cross-generational equity and person-centered approach to provide culturally tailored mental health education, including interactive information and resources developed for community consumption will be developed and pilot tested. In addition, the program will develop, pilot test and evaluate a tailored risk screening and intervention tool for early detection of mental health and SUD problems designed for this at-risk and underserved population. The screening and intervention tool and new protocol will be integrated in the current older adult system to meet unaddressed and unique needs of a special population directly addresses the needs of older LGBTQ residents of King County.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

Social and emotional support from others has been found to be protective for both mental and physical health. It can enhance quality of life and provide a buffer against adverse life events. Social networks, whether formal (such as a church or social club) or informal (meeting with friends) may also provide a sense of belonging, security, and community. A sense of belonging can help ward off loneliness and assist with coping with stress. Social networks can provide access to information, advice, guidance and other types of assistance should you need them. Bolstering social support networks and reducing social isolation is a necessary component of developing a mental health prevention program for LGBTQ adults who are at increased risk of social isolation.[6]

Through research conducted by the University of Washington, School of Social Work, in LGBTQ older adult mental health and the collaboration with community partners nationwide, innovative evidence-based mental health and substance abuse prevention program for LGBTQ older adults in King County are available.[7] The following evidence based programs have been created: Community Gatekeeper Training: Lesbian, Gay, Bisexual, Transgender (LBGT) Older Adults & Suicide Prevention[8], Caring for LGBT Older Adults[9], and Administration on Aging Diversity Toolkit[10].

Community Gatekeeper Training: Lesbian, Gay, Bisexual, Transgender (LBGT) Older Adults & Suicide Prevention is a 120-minute program, designed by Crisis Support Services of Alameda County, to train gatekeepers to recognize when a lesbian, gay, bisexual, or transgender (LGBT) older adult may be at risk for suicide and respond appropriately. At the end of this training, participants will have: 1. Increased knowledge to recognize suicide warning signs; 2. Increased knowledge of suicide risk & protective

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[6] Fredriksen-Goldsen, K.I., Kim, H.-J., Barkan, S.E., Muraco, A., & Hoy-Ellis, C.P. (2013). Health disparities among lesbian, gay male and bisexual older adults: Results from a population-based study. *American Journal of Public Health.* doi: 10.2105/AJPH.2012.301110

[7] Community Gatekeeper Training: Lesbian, Gay, Bisexual, Transgender (LGBT) Older Adults & Suicide Prevention
http://www.sprc.org/bpr/section-III/community-gatekeeper-training-lesbian-gay-bisexual-transgender-lgbt-older-adults-sui
Caring for LGBT Older Adults- Fenway Health, learning module (general health)
http://www.lgbthealtheducation.org/training/learning-modules/
Administration on Aging Diversity Toolkit (general health, non LGBT)
http://www.aoa.acl.gov/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_full.pdf

[8] http://www.sprc.org/bpr/section-III/community-gatekeeper-training-lesbian-gay-bisexual-transgender-lgbt-older-adults-sui

[9] http://www.lgbthealtheducation.org/training/learning-modules/

[10] http://www.aoa.acl.gov/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_full.pdf

factors; 3. Increased knowledge of suicide intervention resources; 4. Increased awareness of the gatekeeper role; 5. Increased comfort and willingness to ask directly about suicide; and 6. Increased willingness to respond appropriately to a suicidal individual.[11]

Caring for LGBT Older Adults training; this module aims to bring recognition to the presence of LGBT elders (age 65+), a group which is often overlooked. The module illustrates the unique medical, psychological, and social service needs of LGBT older adults, and gives recommendations for how clinicians can adequately address the needs of this group.[12]

Administration on Aging Diversity Toolkit; the Toolkit is used to help agencies and their partners start a conversation on how to provide better services for diverse communities, including LBGTQ older adults.[13]

The development of the screening and intervention for LGBTQ older adults is expected to work because it will build off of the current SBIRT (Screening, brief intervention, referral to treatment) model and incorporate evidence based prevention practices that are currently being researched at the University of Washington.

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Emerging Practice**

Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

The development of mental health and substance use disorder (SUD) prevention and early intervention program to address the mental health and SUD needs of King County's LGBTQ older adults is an emerging practice. The program itself is to develop, implement and evaluate an evidence-based mental health and substance use prevention program for mental health professionals and senior providers to equip them with the tools and skills necessary to effectively screen and identity and serve LGBTQ older adults, families and caregivers at heightened risk of mental health and substance use problems.

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

Outcomes that the County can expect to see include:

- Improved quality of life
- Reduction in Depression
- Reduction in SUD use
- Prevention of suicide among participants

Data will draw from existing resources and locally developed tools specific to the intervention to track outcomes overtime.

In addition the following will occur in regards to deliverables:

[11] http://www.sprc.org/bpr/section-III/community-gatekeeper-training-lesbian-gay-bisexual-transgender-lgbt-older-adults-sui

[12] http://www.lgbthealtheducation.org/training/learning-modules/

[13] http://www.aoa.acl.gov/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_full.pdf

- Develop, implement and evaluate an evidence-based mental health and substance use prevention program for mental health professionals and senior providers to equip them with the tools and skills necessary to effectively identity and serve LGBTQ older adults, families and caregivers at heightened risk of mental health and substance use problems.
    - *Deliverable: 100 practitioners will be trained within the first year of the program.*
- Develop, pilot test and evaluate a tailored risk screening tool for early detection of mental health and substance use problems designed for this at-risk and underserved population.
    - *Deliverable: 100 LGBTQ older adults will complete the risk assessment tool for early detection of mental health and substance use problems; the tool will be evaluated and modified as needed.*
- Develop, pilot test and evaluate a tailored and evidence-based LGBTQ older adult brief intervention program for those at greater risk of mental health and substance use problems.
    - *Deliverable: 100 LGBTQ older adults will participate in a brief intervention program to prevent and reduce mental health and substance use problems among LGBTQ midlife and older adults.*

Innovative features of the proposed prevention program

- Addresses the needs of a growing and at-risk population
- Mirrors the demographics of the aging population in general, since more are likely to be single without children
- Design and implement the first evidence based prevention mental health program for this population in the country
- Develop a demonstration project here that can provide a an example to be used nationally
- Incorporates an intergenerational component, which, in addition to addressing prevention needs of midlife and older adults, also educates young people about mental health issues and services
- Development of a tool to identify those at-risk in these communities
- Provides a one-stop prevention resource for LGBTQ older adults
- Test outreach and implementation strategies that can be applied across geographic locations that can be used in rural as well urban environments
- Potential for large-scale application after program is designed, tested and modified.
- Excellent use of County resources because it addresses growing behavioral health problems before use of high cost services, including hospital emergency room care.

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program: (Select all that apply):

- ☐ **All children/youth 18 or under**
- ☐ **Children 0-5**
- ☐ **Children 6-12**
- ☐ **Teens 13-18**
- ☐ **Transition age youth 18-25**
- ☐ **Adults**
- ☒ **Older Adults**
- ☐ **Families**
- ☐ **Anyone**
- ☐ **Racial-Ethnic minority (any)**
- ☐ **Black/African-American**
- ☐ **Hispanic/Latino**
- ☐ **Asian/Pacific Islander**
- ☐ **First Nations/American Indian/Native American**
- ☐ **Immigrant/Refugee**
- ☐ **Veteran/US Military**
- ☐ **Homeless**
- ☒ **GLBT**

☐ **Offenders/Ex-offenders/Justice-involved** ☐ **Women**
☐ **Other – Please Specify:**

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

LGBTQ older adults are a largely invisible population. Not only are LGBTQ undercounted and underserved, they are understudied. When developing a MH and SUD prevention program for LGBTQ older adults, it is essential to consider the unique characteristics of the aging population throughout King County. The Area Plan on Aging (2014) highlights growing racial/ethnic diversity and a growing immigrant/refugee older population. King County's overall demographic composition is changing rapidly—not only by age, but also by race and ethnicity. Much of the general population increase consists of persons of color. Asian Americans accounted for nearly half the increase, while Hispanic/Latino residents account for more than one-third. There were also small increases in the African American, Pacific Islander and Native American populations, as well as persons who reported more than one race. Persons of color now make up more than one-third of King County's population. And, King County residents of color comprise 19 percent of the population age 60 and older. Based on the Aging with Pride findings (2015), Seattle/King County LGBTQ older adults are diverse in many important ways including sexual orientation, gender identity, gender, age, race and ethnicity, nationality, culture, religion, ability, and socio-economic status. It is critical to ensure that multiple identities are considered when developing an innovative MH and SUD prevention program, as they intersect with aging and health needs, risks and resilience, and barriers to services among LGBTQ older adults.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**:

County-wide
This approach includes an outreach and in-home component throughout the county; anywhere that services to older adults occurs.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Collaboration with the Area Agency on Aging, Community Services Division of the Department of Community and Human Services, University of Washington School of Social Work and Senior Services centers throughout the county are essential to the development, initiation and successful completion of this project.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

According to the Area Plan on Aging (2014) older adults are at greatest risk of suicide in King County. In

2009, the suicide rate in King County topped rates from each of the previous nine years, and older adults appear disproportionately impacted, accounting for 25 percet of completed suicides. Data from BRFSS reveals that lesbian/gay/bisexual adults (aged 18 and older) in King County report greater rates of serious psychological distress in the past 30 days than their heterosexual peers (5% vs 3% respectively).

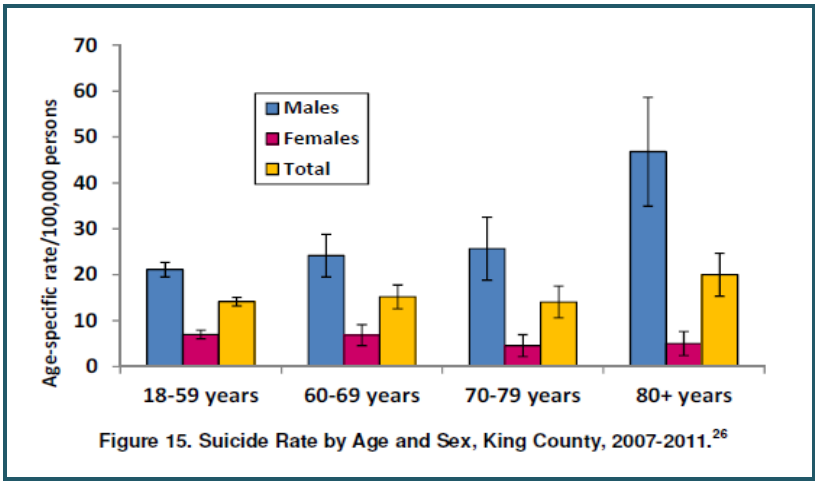

Figure 15. Suicide Rate by Age and Sex, King County, 2007-2011.[26]

Area Plan on Aging 2014-2015 Update, p. 25

The Aging with Pride Report similarly found that LGBTQ older adults in King County have high rates of depression, anxiety, suicidal ideation, stress and loneliness:

- *More than one third of LGBTQ older adults experience depressive symptoms at clinical levels in King County. Heightened risks of depression are observed among LGBTQ older adult participants with lower levels of income and education. LGBTQ older adults also have significant rates of diagnosed anxiety (19.4%).*
- *Although 17% of older adults in the general population report lifetime suicidal ideation, 40.2% of LGBTQ older adult participants in Seattle/King County report having seriously contemplated taking their own life at some point. Suicidal ideation is notably high among LGBTQ older adult participants with racial and ethnic minority backgrounds and lower education.*
- *The effects of stress, the sense that one does not have control over important things in one's life, can negatively impact mental health and overall quality of life. 54.1% of the LGBTQ older adults feel they are unable to control the important things in their life and 37.3% often feel difficulties are piling up so high that they cannot overcome them. Those with lower levels of income and education experience higher levels of stress.*
- *Among LGBTQ older adults, 52.3 % feel that they lack companionship, 53.8% feel isolated form others, and 54.8% feel left out. Overall, LGBTQ older adults experience high levels of loneliness.*
- *Although based on a relatively small sample size, preliminary findings suggest that transgender participants have even higher rates of depressive symptoms, anxiety, suicidal ideation, and loneliness.*
- *Population based data also demonstrates higher levels of excessive drinking and substance use in some subgroups of LGBTQ older adults.*

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

Social isolation among this growing population is imperative to address, given that over 45 percent of LGBTQ older adults in King County live alone. Social isolation increases risk of poor mental and physical health, which can lead to premature mortality. Many lack companionship, feel isolated from others, or feel left out, and overall, LGBTQ older adults have fewer supports and cross-generational ties. They are also less likely to be partnered/married or have children, relying heavily on peer support. One in three have difficulty identifying someone to provide assistance if needed (Fredriksen-Goldsen, et al. 2015).

Social isolation is a barrier to implementation. The social isolation creates a challenge to finding, engaging and assisting LGBTQ older adults. Outreach practices need to be modified to better accommodate this population. This barrier can be overcome by both an aggressive approach to outreach and training of all personnel involved in individual contact. Motivational Interviewing training and skills may increase success.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

The implementation of this concept may open the need for additional resources that the system is currently incapable of providing. For instance, the screening process may lead to the recognition of additional culturally specific mental health treatment and intervention services, or substance use disorder treatment and intervention services for older adults than the system can currently provide.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

The negative consequences of not providing the services include those in need not being able to access services that meet their needs. However, the most negative consequences are suicides. As mentioned above, the suicide rate among older adults has increased, is the highest of all age populations and that LGBTQ individuals have higher psychological distress profiles than their heterosexual peers, placing them at greater risk of suicide.

Depression is of great concern to the individual and society., According to the US Preventive Services Task Force "The economic burden of depression is substantial for individuals as well as society. Costs to an individual may include emotional suffering, reduced quality of personal relationships, possible adverse effects from treatment, cost of mental health and medical visits and medications, time away from work and lost wages, and cost of transportation. Costs to society may include loss of life, reduced productivity (because of both diminished capacity while at work and absenteeism from work), and increased costs of mental health and medical care."[14]

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of**

[14] www.uspreventiveservicestaskforce.org

cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

There are currently no alternate approaches that have surfaced other than continuing current services. Current tools are not LGBT normed. The following is a listing of the more common health risk assessment tools:

PHQ-9: depression screening for adults (non LGBT)
http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf

Columbia-Suicide Severity Rating Scale (C-SSRS) (non LGBT)
http://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Severity_Rating_Scale.pdf

Suicide Behaviors Questionnaire- Revised (SBQ-R) (non LGBT)
http://www.integration.samhsa.gov/images/res/SBQ.pdf

Generalized Anxiety Disorder 7-item Scale (GAD-7) (non LGBT)
http://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf

Geriatric Depression Scale (non LGBT)
http://web.stanford.edu/~yesavage/GDS.english.short.html

The initial cost for the development of the screening tool and brief intervention in providing services to 100 or more LGBTQ older adults is higher for the first year, however, once developed the program can become integrated in the existing services menu. Additional costs are related to developing and validating both the tool and any new intervention. There are program examples and resource available. The following potential resources for program development may provide both assistance and help in reducing time and cost for the integration of the screening tool and brief intervention into King County programming:

- Mental Health promotion/prevention program for providers serving LGBTQ older adults:

  Community Gatekeeper Training: Lesbian, Gay, Bisexual, Transgender (LGBT) Older Adults & Suicide Prevention
  http://www.sprc.org/bpr/section-III/community-gatekeeper-training-lesbian-gay-bisexual-transgender-lgbt-older-adults-sui

  Caring for LGBT Older Adults- Fenway Health, learning module (general health)
  http://www.lgbthealtheducation.org/training/learning-modules/

  Administration on Aging Diversity Toolkit (general health, non LGBT)
  http://www.aoa.acl.gov/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_full.pdf

E. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

The concept is a multi-prong approach: a primary prevention effort that will divert people from the behavioral health system entirely; an early intervention/ secondary prevention effort that will intervene during a crisis, and also help people engage in services sooner and avoid more costly and intrusive interventions; and after care/ recovery support care.

It is aligned with physical and behavioral health integration, as LGBTQ with behavioral health conditions will be identified and served in a culturally appropriate way and there will be no wrong door for individuals to seek care. It is also consistent with the County's ESJ initiative, as the LBTQ population suffers from institutionalized homophobia and other intersectional oppressions, and have higher rates of behavioral health disorders and their consequences than the population as a whole.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

This program addresses recovery, resiliency and proving trauma-informed care directly. Sexual and gender minorities often internalize society's negative attitudes, beliefs and stereotypes about LGBTQ people. Internalized stigma has been consistently associated with increased mental distress and even low levels of such distress can significantly increase the risk of premature morbidity and mortality. Concealment of their sexual identity, likely influenced by both internalized stigma and victimization, can also prevent LGBTQ individuals from opportunities to strengthen social relationships and interaction with other LGBTQ adults (Fredriksen-Goldsen, et al., 2011).

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

Based on the Aging with Pride findings (2015), Seattle/King County LGBTQ older adults are diverse in many important ways, including sexual orientation, gender identity, gender, age, race and ethnicity, nationality, culture, religion, ability, and socio-economic status. It is critical to ensure that multiple identities are considered when developing an innovative mental health prevention program, as they intersect with aging and health needs, risks and resilience, and barriers to services among LGBTQ older adults. As previously mentioned, they suffer disparate outcomes on a number of equity indicators.

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

The following resources will be needed for implementation and on-going adoption/program utilization:

Resource	Estimated Cost
RFP and contract for development, evaluation, training (year 1)	$100,000
Contract Management/Monitoring (.25 FTE)	$25,000
Training, contracted staff support, professional services as identified by	$195,000 -- $275,000 per

the screening tool and evaluation (year 2 and ongoing)	year

2. **Estimated ANNUAL COST. $100,001-500,000 Provide unit or other specific costs if known.**

- Pilot/Small-Scale Implementation: $ 125,000 per year, serving 300 people per year (with 100 participating in the evaluation of the screening tool and brief intervention).
- Partial Implementation: $ 195,000 per year, serving 500 people per year
- Full Implementation: $ 275,000 per year, serving 1,500 people per year

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

The Area Agency on Aging currently has some support from the City of Seattle and King County. Based on future demographic trends/forecasts, the funding level may not be sufficient to provide services to the growing older adult population. Lack of program funding may leave special populations at-risk because of lack of culturally relevant services. It is also possible that the City of Seattle could be persuaded to add city dollars to the implementation phase of this initiative in the future, thereby creating a blended funding source for older GLBTQ residents residing within city limits.

4. **TIME to implementation: 6 months to a year from award**
    a. **What are the factors in the time to implementation assessment?**

The main factors are the development and testing of the risk-screening tool and intervention for prevention, staff training to deliver the risk-screening tool and intervention, volunteer recruitment, and the screening tool and intervention analyses and evaluation .

    b. **What are the steps needed for implementation?**

- Development of an implementation plan and schedule
- Recruitment of an advisory group to assist in the planning, development and implementation
- Review of the plans and protocols by an Institutional Review Board
- Initial adaptation or creation of the risk-screening tool
- Development of the intervention protocols
- Outreach to recruit staff to learn and deliver the risk-screening tool and intervention as developed
- Outreach to recruit LGBTQ Older Adults to participate in the risk-screening tool and intervention evaluation
- Finalization of the evaluation and version 1.0 of the risk-screening tool and intervention
- Finalization of the training manual
- Implementation of the LGBTQ Risk-Screening Tool with local Older Adult service providers including staff training and development of outreach plans

    c. **Does this need an RFP?**

An RFP would not be needed as there are a limited number of institutions and organizations with the research background, knowledge and expertise with LGBTQ Older Adults to develop/adapt a specialized risk-screening tool and intervention protocols and provide for ongoing training and program evaluation.

This could be awarded through a letter of interest process, or perhaps, a Request for Qualifications (RFQ).

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

The US Preventive Services Task Force (USPSTF) makes recommendations about the effectiveness of specific preventive care services for patients without related signs or symptoms. It bases its recommendations on the evidence of both the benefits and harms of the service and an assessment of the balance. The USPSTF does not consider the costs of providing a service in this assessment.

The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. (B recommendation)

The B rating means that he USPSTF recommends the service. There is high certainty that the net benefit is moderate, or there is moderate certainty that the net benefit is moderate to substantial

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#128

Working Title of Concept: Aging with Pride: Developing a Mental Health Prevention Program to Address the Unmet Mental Health Needs of King County's LGBTQ Midlife and Older Adults

Name of Person Submitting Concept: Karen Fredriksen-Goldsen, PhD
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Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
Concepts must be submitted via email to MIDDconcept@kingcounty.gov by ***October 31, 2015****.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Develop and pilot test an innovative evidence-based LGBTQ mental health prevention program utilizing a cross-generational equity and person-centered approach to provide culturally tailored mental health education supporting prevention, including interactive information and resources, developed for community consumption. In addition, the program will utilize cutting edge research to develop, pilot test and evaluate a tailored and evidence based risk screening tool for early detection of mental health problems designed for this at-risk and underserved population. This program will incorporate a person-centered, equity and intersectional approach to ensure that providers are equipped to effectively serve culturally diverse LGBTQ adults, including

differences by age, gender, gender expression and identity, race, ethnicity, culture, socio-economic status, geographic location, and ability. This will be the first evidence based mental health prevention program in the nation designed to address the mental health needs of LGBTQ midlife and older adults.

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

Research conducted by Aging with Pride at the University of Washington's School of Social Work has identified LGBTQ midlife and older adults as a rapidly growing population in King County facing significant mental health disparities. LGBTQ older adults are at increased risk for mental health problems, including depression, anxiety, and suicidality. They also face elevated levels of victimization and discrimination, fewer supports, are more likely to live alone and experience social isolation, which are all factors that heighten risk for mental health problems. This research identifies several high risk groups, including LGBTQ veterans, those living in poverty, transgender older adults, LGBTQ older adults of color, those living with HIV, those of limited ability status, and the oldest old, as well as caregivers. Yet, culturally tailored prevention programs are not available to address their unique needs and most mental health and human service providers are not adequately prepared to identify those at elevated risk in order to ensure their mental health needs are effectively addressed.

3. How would your concept address the need?
Please be specific.

This innovative evidence based program will increase the knowledge and skills of practitioners as well as the larger community to support the prevention of mental health problems among LGBTQ midlife and older adults, an at-risk and underserved community. By developing, testing and evaluating these mental health prevention resources, this program will develop the first evidence-based mental health prevention program in the country for LGBTQ midlife and older adults.

Develop, implement and evaluate an evidence-based mental health prevention program for mental health professionals to equip them with the tools and skills necessary to effectively identity and serve LGBTQ midlife and older adults, families and caregivers at heightened risk of mental health problems. This training program will incorporate a person-centered, equity and intersectional approach to ensure that providers are equipped to effectively serve culturally diverse LGBTQ adults, including differences by age, gender, gender identity, race, ethnicity, culture, socio-economic status, geographic location, and ability.

Develop and pilot test an innovative evidence-based LGBTQ mental health prevention program utilizing a cross-generational equity and person-centered approach to provide culturally tailored mental health education, including interactive information and resources developed for community consumption. In addition, the program will develop, pilot test and evaluate a tailored risk screening tool for early detection of mental health problems designed for this at-risk and

underserved population.

4. Who would benefit? Please describe potential program participants.

LGBTQ midlife and older adults, their families and caregivers as well as the community at large. Will also reduce taxpayer cost by reducing reliance on other systems of care such as emergency room use.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

100 LGBTQ midlife and older adults and families and caregivers will participate in an interaction educational program and receive appropriate resources to reduce mental health problems among LGBTQ midlife and older adults. Upon successful completion of the program they will be able to successfully identify early warning signs of mental health problems and be able to access appropriate community based resources.
100 LGBTQ midlife and older adults will complete and evaluate the risk assessment tool for early detection of mental health problems. Based on the findings, the tool will be modified for full implementation.
100 practitioners will be trained as part of the program. Practitioners will demonstate effective communication skills for working with LGBTQ midlife and older adults and be able to appropriately employ the risk assessment tool and provide referral and resources, as needed.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

☐ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

LGBTQ midlife and older adults are a health disparate population in King County with elevated rates of mental health problems. Our existing research identifies several high risk groups in this population, including LGBTQ veterans, those living in poverty, transgender older adults, LGBTQ older adults of color, those living with HIV, those of limited ability status. Yet, culturally tailored prevention programs are not available to address their unique needs and most health and human service and aging providers do not have the skills to effectively identify those at elevated risk in order to promote prevention and ensure their mental health needs are effectively addressed.

8. What types of organizations and/or partnerships are necessary for this concept to be successful?

Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

In developing this program, we will actively partner with LGBTQ consumers in the design and evaluation of the program. In addition, we will collaborate with community mental health centers, health care services and community-based organizations.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation:	**$ 125,000 per year, serving 300 people per year**
Partial Implementation:	**$ 195,000 per year, serving 500 people per year**
Full Implementation:	**$ 275,000 per year, serving 1.500 people per year**