Put Me in COACH, I'm Ready to Play: **Creating Stability During Unstable** Times



2023 Home and Community-Based Services Conference

Presenters:

Erin Leavitt-Smith, MA, LPC, Director Long Term Services and Supports, Division of Statewide Services, Connecticut Department of Mental Health and Addiction Services

Katie Daly, LCSW, Mental Health Waiver Program Manager, Connecticut Department of Mental Health and Addiction Services

Cindy Dubuque-Gallo, LMSW, MAT, Legislative Liaison, Connecticut Office of Health Strategy, PhD Candidate, University of Connecticut School of Social Work

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Overview: National COVID-19 & Influenza Vaccine Initiatives

Pandemic Interventions: Connecticut's Mental Health Waiver Program

"COVID-19 Assistance for Community Health" (COACH) Program



National Vaccine Initiatives

(ACL) awarded grants to USAging and NCOA in

(ADVC)

Dec. 2022 totaling \$125 million to rapidly increase the number of older adults and people with disabilities who have received the updated COVID-19 vaccine and annual flu vaccine.

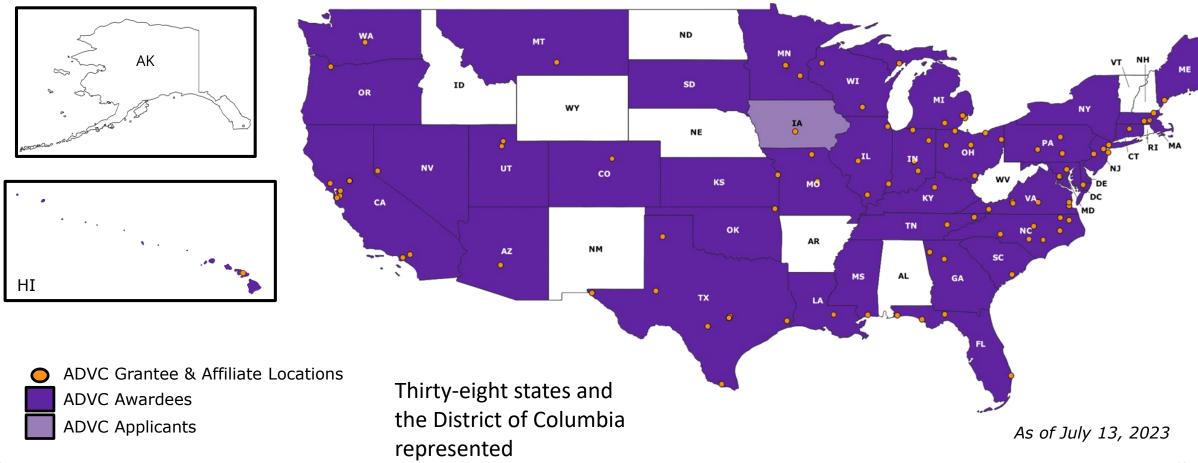
- Single State Planning and Service Areas/Territories

- Area Agencies on Aging
- No Wrong Door Systems/Aging and Disability Resource Centers and other aging and disability community-based organizations
- Centers for Independent Living
- Title VI Native American Programs
- ACL-funded Systems Serving Individuals with Disabilities

- Senior centers and other community-based organizations.



USAging ADVC Applicants and Awardees





Creative Events to Encourage Vaccinations



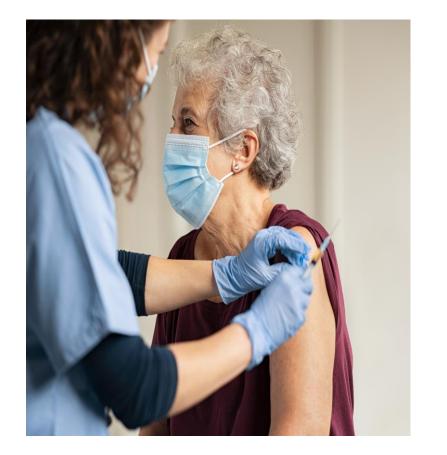
USAging ADVC Successes

- Strong and consistent attendance at weekly ADVC Grantee Office Hours
- 1:1 monthly grantee check-in held with assigned grantee managers
- Weekly updates and resources shared via email to all grantees
- Creation of a ; materials are added regularly for grantees
- Diverse network of 22 National Partners representing aging, disabled and diverse populations
- Currently, 25% of vaccinations are for initial (first-ever) COVID-19 vaccinations.



USAging ADVC Challenges

- COVID "exhaustion" or fatigue along with the end of the Public Health Emergency presents challenges.
- Messaging regarding best time to get a COVID-19 vaccine or booster is confusing





NCOA Vaccine Uptake Dashboard

Grantee Vaccine Initiative

Awards & Funding	#
Total Awards	179
Total Funding Committed	\$43.4
Vaccination & Supportive Services	#
Total first doses of COVID-19 vaccinations administered	2,181
Total second (or later) COVID-19 vaccinations administered	10,316
Total Flu Vaccinations Administered	1,639
Total Supportive Services (transportation & scheduling)	6,139
Total Vaccination Metric	20,275

Senior Center Vaccine Initiative

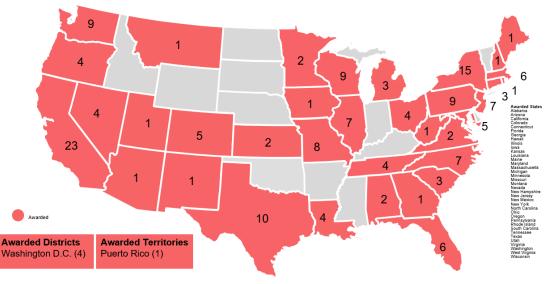


39 20,275 313,472

States/Districts /Territories Awarded Total Vaccination Metric

Vaccine Goal (based on grant agreements)

Vaccine Uptake # of Awards by State/District



(Slides updated as of July 31, 2023 at 3:35 PM EST)

NCOA's Successes

- Funding small, local organizations who are already embedded in their communities is key to reaching populations that are historically missed.
- This funding opportunity has allowed organizations to bring on more staff and put processes in place that will benefit their organizations for many years to come.
- Offering different tiers of funding enabled us to work with organizations working at the local and regional levels.
- Our team was very diligent in ensuring that small organizations get funded. We followed up over several weeks to ensure SAM.gov registrations, audits, etc. happened.
- Our grantees are eager to learn from each other and build a sustaining network with each other.
- Grantees are seeing many individuals come for vaccinations for the first time.



After more than 18 weeks of encouraging my 60-year-old brother to get vaccinated, he finally agreed to, but only if I held his hand.



NCOA's Lessons Learned

- This initiative requires **flexibility** all around. The end of the public health emergency coupled with COVID fatigue mean that the topic is not as much on everyone's radar.
- Our grantees are the experts. They know their communities the best and are often able to support other grantees when they have questions or barriers. They know how to market to their communities, too
- Equitable award making is difficult, no matter what processes are in place. Reaching small, local organizations in underserved or rural areas required a great deal of support in the grant application process.
- The inability of organizations to use funds to pay for vaccines has proven a barrier—though not an insurmountable one—for some. We are working with them to form new partnerships in their communities.



THE HOTTEST BODIES ON THE BEACH THIS SUMMER ARE VACCINATED!



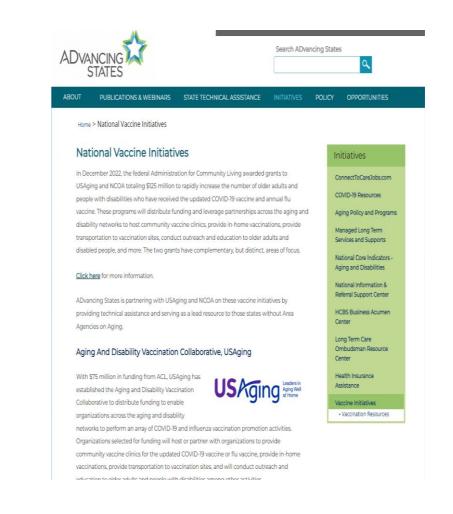
ADvancing States Resources

features:

ADvancing States' National Vaccine Initiatives

Information and links to USAging's and NCOA's national vaccine initiatives

- Examples of Partner Organizations for Vaccine Programs
- Outreach and Engagement Resources for Vaccine Programs
- Federal Alerts and Guidance from CMS, CDC, HHS
- USAging's ADVC Resources and Outreach Materials.
- ADvancing States' report on State COVID-19 & Influenza Vaccination Initiatives – Promising Practices





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Presenters

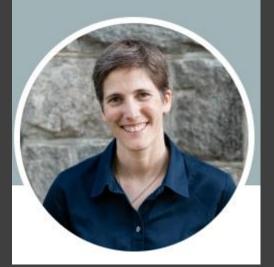


Erin Leavitt-Smith, Director of Long-Term Services and Supports, CT Department of Mental Health and Addiction Services



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Cindy Dubuque-Gallo, Legislative Liaison, CT Office of Health Strategy

PhD Candidate, University of Connecticut School of Social Work **Principal Investigator:** Wendy Ulaszek Associate Research Faculty University of Connecticut School of Social Work

Co-Author: Harini Buch Data Manager, University School of Social Work-DMHAS Research Division



Why study the impact of interventions during the pandemic?

We wanted to see whether Mental Health Waiver (MHW) services could support the individuals we serve during the unstable time of the pandemic years, and beyond, by delivering factual information about COVID safety and making decisions regarding whether to get vaccinated.

Moreover, we wanted to continue to monitor health and safety of participants during a time when there were fewer face to face contacts.

We offered interventions, including the COACH (COVID 19 Assistance for Community Health) service that was established in CT, which included an actual Coach, to provide pandemic-related information and resources for reducing isolation to older adults with mental illness.



Think, Pair, Share

What professional challenges did you face during the pandemic?



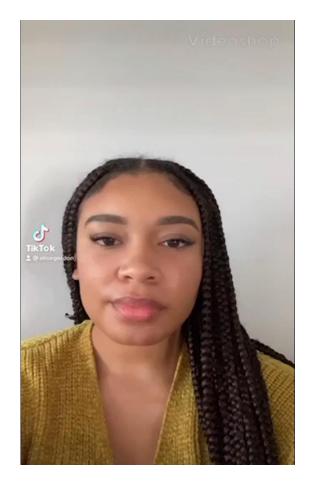
Initial and annual clinical assessments were done virtually or by phone in order to reduce the possibility of exposure, or when conducting in-person was not safe.

If a participant tested positive in-home services were reduced to phone support to ensure safety, monitor symptoms, and provide access to basic needs services. Groceries or other necessities were delivered to doorsteps, etc.

Waiver providers offered more assistive technology options for accessing telehealth.

COVID 19 Pandemic Response

Community Support Program (CSP) workers provided participants with assistance scheduling vaccination appointments and transportation to vaccine clinics as needed.







COACH(es) were available online, by phone, and inperson.

During the early days of quarantine, these introductory videos were one way they connected with the community and spread health information and resources.

COVID 19 ASSISTANCE FOR COMMUNITY HEALTH

Vaccination Survey

With the help of The University of Connecticut (UCONN)'s Research Department, an electronic survey (powered by Qualtrics) was developed to track vaccination status of all waiver recipients.

Waiver clinicians conducted surveys during in-person and during telephonic meetings and entered the data using a simple survey link. Individuals who wanted more information in order to decide whether the vaccine was right for them were referred to a COACH (COVID-19 Assistance for Community Health) for additional phone support.

https://uconn.co1.qualtrics.com/jfe/form/SV_eaqLgAHQWZJOJPo



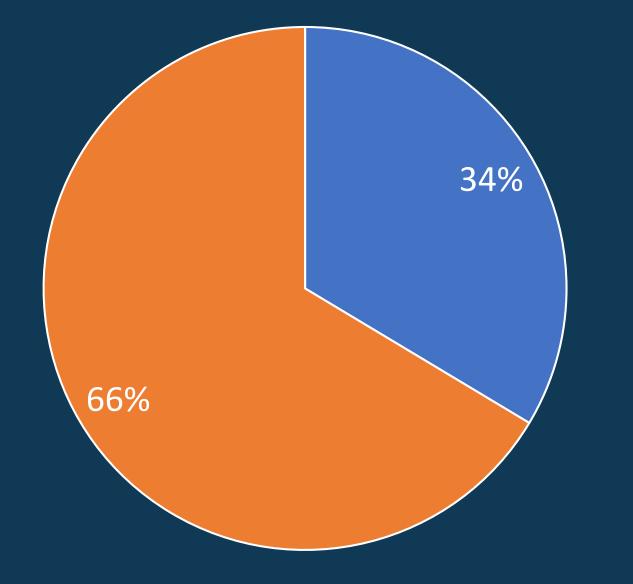
COVID-19 Vaccine Survey Results

Sample (n=381) Survey Results (Quantitative) Survey Results (Qualitative)



Participant Gender

MaleFemale

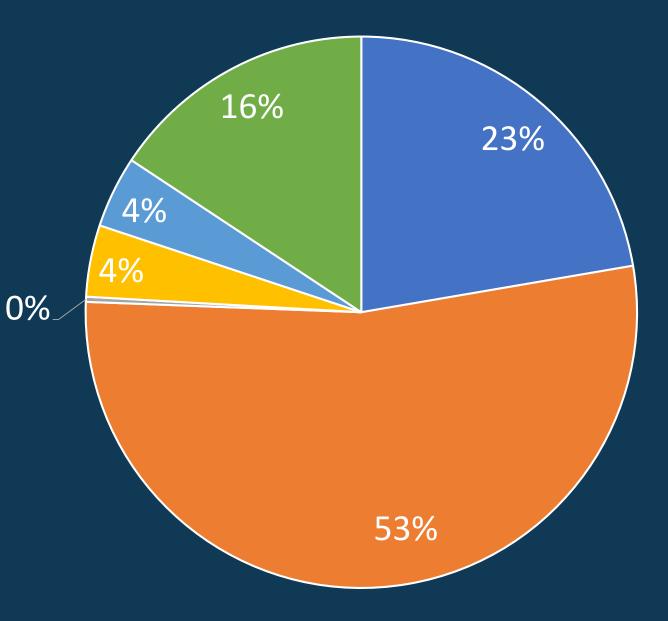


Participant Race

African American
White
Asian
Multiracial

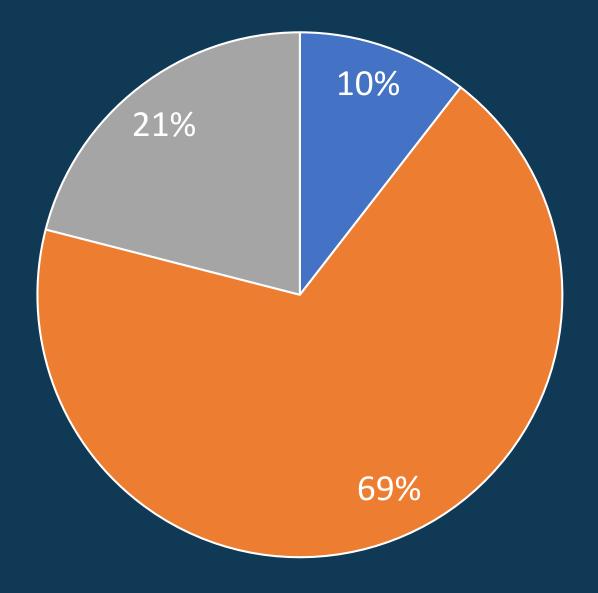
□ Other

Missing/Refused



Participant Ethnicity

Hispanic/Latine
Non-Hispanic
Missing/Refused



Participant Summary

Participants with matching demographic data, predominantly:

■Female (66.4%)

■ White (63.2%)

■Non-Hispanic (86.7%)

Audience Poll

What percentage of Mental Health Waiver participants do you think reported receiving any dose of the vaccine?

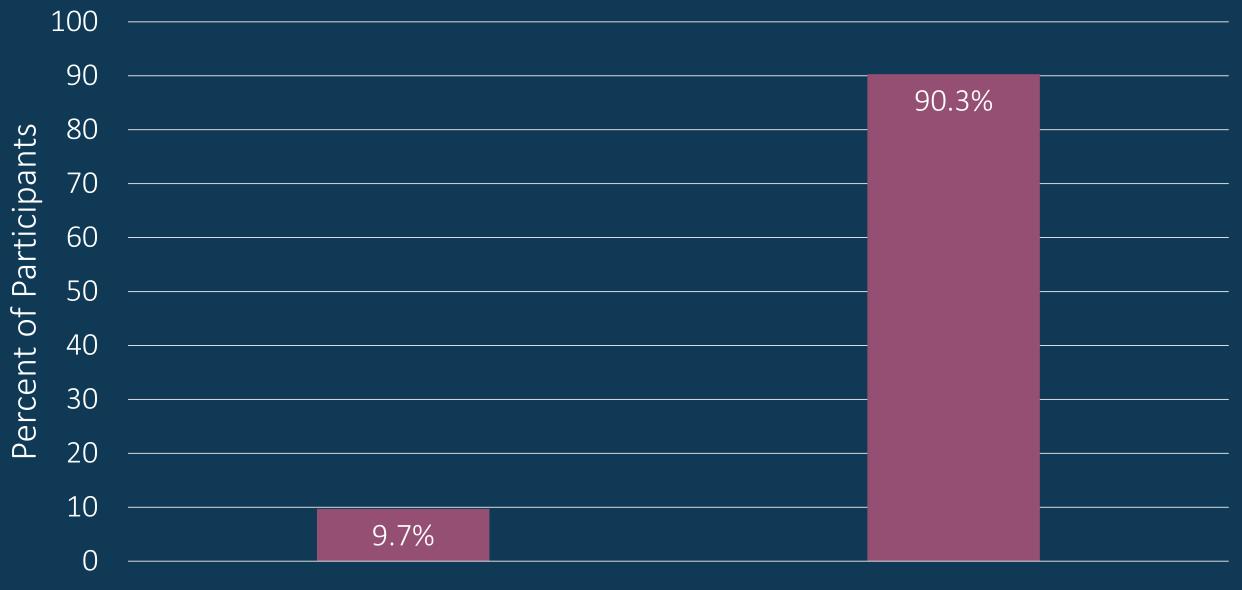
SHOW OF HANDS What percentage of Mental Health Waiver participants do you think reported receiving any dose of the vaccine?

A.64%

B.78%

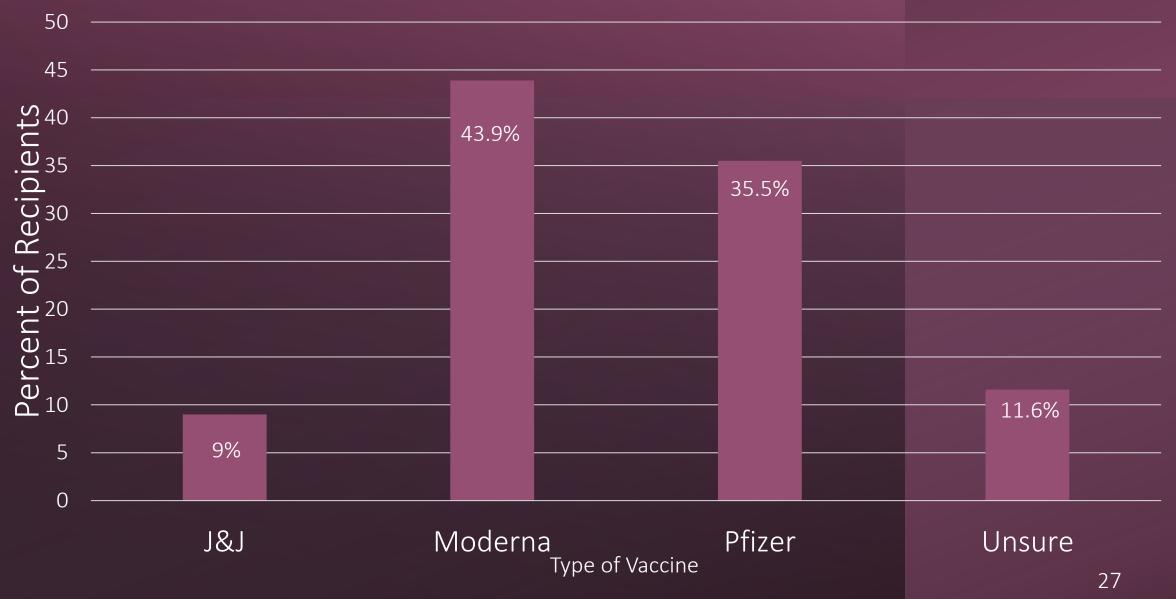
C.90%

Received COVID-19 Vaccine (n=381)



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Which Vaccine Did You Receive? (n=344)



Audience Poll

What percentage of Mental Health Waiver participants do you think reported being fully vaccinated?

SHOW OF HANDS What percentage of Mental Health Waiver participants do you think reported being fully vaccinated?

A.52%

B.88%

C.92%

If Applicable, Received Second Dose (n=311)			
	n	%	
Yes	303	97.4	
No	7	2.3	
Unsure	1	0.3	
Total	311	100	

Finding: 87.7% are considered fully vaccinated* (334/381)

*those who have received all doses within the primary series of vaccinations (303 2nd dose plus 31 J&J = 334)

COVID-19 Vaccination Rates Summary

- 90.3% (n=344) of respondents received at least one dose of the vaccine
- Most received Moderna (43.9%), followed by Pfizer (35.5%) then Johnson & Johnson (9%)
- 9.7% (n=37) did not receive a COVID-19 vaccine
- 97.4% of eligible respondents received the second dose
- 87.7% are considered fully vaccinated* (334/381)

Think, Pair, Share

What do you think were the biggest motivators for getting vaccinated and why?

THINK, PAIR, SHARE:

What do you think were the biggest motivators for getting vaccinated and why?

A.Friends and family getting the vaccine B.Other C.Already had COVID-19, don't want it again D.Concerned about the risk of getting COVID-19 E. Family and friends wanted me to get vaccinated

What do you think were the biggest motivators for getting vaccinated?* (n=287)

	n	%
Concerned about the risk of getting COVID-19	262	76.2
Family and friends wanted me to get vaccinated	70	20.3
Friends and family getting the vaccine	65	17.1
Other	53	15.4
Already had COVID-19, don't want it again *Participants could select more than one answer choice	18	5.2

"Other" reasons that led to your decision to get the COVID-19 vaccine*

- Doctor recommended and health risks (n=20, 51%)
- Protect themselves and others (n=9, 23%)
- Fearful or worried about getting COVID-19 (n=4, 10%)
- Job requirement (n=2, 5%)
- Received an incentive (n=2, 5%)
- "Becoming a stronger virus" (n=1, 2.5%)
- Considering traveling out of the country (n=1, 2.5%)

"Better safe than sorry."

"Never occurred to me to not get it."

*There were 39 qualitative responses.

Think, Pair, Share

What do you think were the biggest deterrents and why?

THINK, PAIR, SHARE:

What do you think were the biggest deterrents and why?

A. Wants to wait and see

B. Doesn't trust institutions making or distributing the vaccineC. Already had COVID and does not feel they need itD. Doesn't trust the vaccineE. Concerned about the side effectsF. Haven't had a chance to get itG.Other

What are some factors that led to your decision to NOT get the COVID-19 vaccine? Participants could select more than one answer choice	n	%
Doesn't trust the vaccine	13	33.3
Concerned about the side effects	7	17.9
Doesn't trust institutions making or distributing the vaccine	4	10.3
Doesn't see COVID-19 as a threat	3	7.7
Wants to wait and see	3	7.7
Haven't had a chance to get it	3	7.7
Already had COVID and does not feel they need it	1	2.6
Other (outlined below)	17	43.6
Did not provide a reason per clinician	5/17	29.4
Medically advised not to receive vaccine/medical concern	5/17	29.4
Skeptical of the vaccine/wants more information	4/17	23.5
Decided doesn't want it (personal or family decision)	2/17	11.7
Planning to schedule	1/17	5.8

Responding to Data

Increased Assistive Technology options for Telehealth

Waiver recipients can receive a refurbished laptop through Assistive Technology service if clinical need is demonstrated

Waiver recipients can receive CLARIS Medical Tablet with medical monitoring





Added Mental Health Counseling service

Waiver recipients can now receive in-home therapy from a licensed professional as part of their waiver services, if traditional outpatient settings or telehealth are not preferable/available.

Vaccine Survey Extended

A second round of the vaccine survey was conducted through the end of 2022 to track number of waiver recipients receiving recommended boosters, and offer ongoing COACH support if requested.





Amendment to Waiver

Waiver Application was formally amended in 2023 to add verbiage allowing the face-to-face service requirement to be paused temporarily as needed in the event of another pandemic, epidemic, natural disaster, or in cases of contagious illness, apartment infestation, etc. 39

Future Uses

Survey Template



Microsoft Word Document

https://uconn.co1.qualtrics.com/jfe/form/ SV_eaqLgAHQWZJOJPo

Model Across States

- Survey can be incorporated into initial and annual reassessments to provide real-time data of participant vaccination status (Influenza, COVID 19, Pneumonia, Shingles, etc)
- Can track participation in preventative health initiatives (annual physical, mammogram, colonoscopy, eye exam, foot exam for diabetics, etc)

Contact with Questions



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Thank you!



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