# A Practicum Partnership Approach to Addressing Barriers to Mental Health among Racially Diverse Older Adults

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## Abstract

*Latino and African American older adults with mental health problems are at greater risk for under-diagnosis, misdiagnosis and under-treatment than other groups. Mental illness in this population is often aggravated by social isolation, poverty, low education and other health problems. Preparing social workers to become culturally competent in working with older adults is one way to address barriers to care for underrepresented populations. Education and training that incorporate knowledge and skills about values, attitudes and behaviors toward help-seeking among diverse populations are essential. The Hartford Practicum Partnership Aging Education (HPPAE) took an interdisciplinary (MD, RN, LCSW) team approach to providing integrated health care for residents in seven public senior housing communities using a community-university partnership model. Of the 735 older adults were screened for this study, 278 completed 6-month follow up interviews. Forty-five percent of these older adults were African American, 45% were Latino, and 10% Caucasian and other. Thirty-five percent were at risk for depression; 31% for memory loss and 31% reported a history of mental health symptoms. Practitioner trained using this integrated health outreach model reported feeling more prepared in certain practice areas and also identified areas of insufficient knowledge to enable them to work effectively with diverse older adults. This research concludes that community outreach is an effective approach to increase access to health screening, assessment and referral while preparing health care practitioners to provide culturally competent care for community-dwelling older adults.*

**Keywords:** cultural competence, HHPAE, mental health outreach, integrated care

## *1. Introduction*

As the older adult population in the United States (US) is becoming more diverse, it behooves social scientists to focus attention on understanding behaviors that impact the health and well-being of these groups and on the workforce development to meet the demand for culturally competent health care providers. The Affordable Care Act (ACA) of 2010 is promoting integrated care coordination to increase access for low-income individuals and families that have historically underutilized mental services (NASW, 2010). Latino and African American older adults, in particular, are disproportionately represented among these groups. Furthermore, it has been documented that they are at greater risk for under-diagnosis, misdiagnosis and under-treatment for mental health problems than other groups (Barrio, Palinkas, Yamada, Fuentes, Criado, Garcia, & Jeste, 2008; Williams, Gonzalez, Neighbors, Neese, Abelson, et al., 2007; Snowden, 2001). Likewise, these minority racial groups have been deemed to be hard to reach (Administration on Aging, 2013; Corrigan, Pickett, Kraus, Burks, & Schmidt, 2015; Watson, Bullock, Smith, Caswell, Cohen, Costa, Hughes, & Fischer, 1997) for participation in clinical research and health care interventions.

Some factors that contribute to the lack of accessibility and utilization include, but are not limited to, social isolation (Park, Jang, Lee, Ko, & Chiriboga, 2013), poverty(Barrios, et al., 2008; Grote, Zuckoff, Swartz, Bledsoe, & Geibel, 2007), lack of knowledge(Administration on Aging, 2013; Guzzardo & Sheehan, 2013), attitudes toward professional mental health treatment (Diala, et al., 2000; Conner, Koeske, & Brown, 2009) and beliefs about cause of illness (Jimenez, Bartles, Cardenas, Dhaliwal, & Alegria, 2012).

Disparities in mental health services to racial and ethnic minority group are well documented (Zurlo & Beach, 2013; Sorkin, D.H., Pham, & Ngo-Metzger, 2009; Hebert, Sisk, & Howell, 2008; Smedley, Stith, & Nelson, 2003; Padgett, Patrick, Burns, Schlesinger, 1994). Preparing practitioners to become culturally competent in service delivery with older adults is one way to address barriers and disparities in health care among low-income older adults in senior housing communities. For the last decade, evidence (Birkenmaier, Curly, & Rowan, 2012; Gelman, 2012; Scharlach, Simon, & Dal Santo, 2002) has suggested that university-community practicum partnership approaches are successful in preparing social workers for workforce demand to meet the needs of the burgeoning aging cohort of baby boomer. However, most of this research has not addressed issues of diversity and cultural competence.

### 1.1 Cultural Competence, Older Adults and Social Work Practice

Cultural competence is a core component of ethical practice (NASW, 2001). Specifically, the commitment to ensuring that all persons have optimal quality of life, including those who have been, historically excluded from health care access and economic parity. Minority individuals are often overrepresented among those who have experienced such exclusions. It has also been documented that they have a high prevalence of certain mental health disorders, low use of mental health services, culturally-bound beliefs about mental health issues and they report greater stigma associated with mental illness than non-minority persons (AoA, 2013). It behooves social scientists to prepare for the population projections of older adults with lifetime experiences of mental health problems (Heo, Murphy, Fontaine, Bruce, & Alexopoulos, 2008; Williams, Gonzalez, Neighbors, Neese, Abelson, et al., 2007). Convincing evidence from the U.S. Department of Health and Human Services [USDHHS] (2013), suggests that older adults who are disadvantaged due to poverty, race/ethnic minority status, sexual orientation, ability and otherwise, require innovation approaches to close the health care gaps that currently exist. For persons dependent upon low incomes, as is the case with many older adults, ages 60 and older, the prevalence rates of mental health problems tend to be higher than that of the general population (USDHHS, 1999). This facts, combined with consistent reports of unequal treatment and disparities in health care (Cook, McGuire, & Zaslavsky, 2012; Smedley, Stith & Nelson, 2003; Snowden, 2001; Padgett, Patrick, Burns, & Schlesinger, 1994)raise great concern for older minority adults living in senior housing communities. The well documented evidence of differences in help seeking across and within diverse groups (Delgado & Tennstedt, 1995; Diala, Muntaner, Walrath, Nickerson, et al., 2000; Guzzardo & Sheehan, 2013; Saloner & Le Cook, 2013) and the perpetual unmet needs for mental health services within these populations, suggest that an innovative approach to preparing practitioners with knowledge and skills for cultural competence is warranted.

To effectively close the gap in mental health service delivery across racial groups of older adults, education and training must go beyond the simple didactic approach of delivering cultural competence content in the traditional classroom/workshop formats. Furthermore, it is important to ground the development of such educational innovation in a theoretical framework as it helps us to think conceptually and guides practice. To this end, the Hartford Practicum Partnership Program in Aging Education (HPPAE) model was implemented to prepare culturally competent social workers for practice with older adults and to serve as a pilot project to demonstrate how an interdisciplinary team of mental health providers can deliver culturally competent outreach services to community-dwelling older adults and address barriers to care. This approach incorporates a rotation across a continuum of care. It also includes a competence-based curriculum that informs the education and training, which occurs in the classroom and the community, utilizing practicum supervisor in expanded roles. The documented outcomes of this model have been (1) increased knowledge, (2) increased competency and (3) practice skills of trainees in the various geriatric practicum settings (Lee, Damron-Rodriquez, Lawrence, & Volland, 2009).

## *2. Background*

According to the National Association of Social Workers (2001), “competence implies having the capacity to function effectively within the context of culturally integrated patterns of human behavior defined by the group” (p. 10). Furthermore, cultural competence is the integration and transformation of knowledge and awareness that enables a social worker to provide culturally congruent services/care. Also, it is the demonstration of the professionals’ capacity and ability to work effectively in cross-cultural situations.

Some scholars (Razack & Jeffery, 2002; Shiele, 2007; Yee, 2005) have criticized the broadening of the concept of cultural competence, arguing that the eclipse of race as a central tenant creates the risk of misidentifying oppression through the unintentional reinforcement of a color-blind approach. Therefore, race is often a proxy for many other components of culture that may be social determinants of health such as income and education. For over a decade, research has documented innovation in community-based, experientially, learning for health care practitioners, including the implementation of field rotation as a mechanism for maximizing students' exposure to a range of different client/patient issues and problems as they move across the continuum and levels of care (Birkenmaier, Curley, & Rowan, 2012; Gelman, 2012; Ivry & Hadden, 2003). When considering best practices for addressing demographic shifts that produce a demand for professionally trained care providers to meet the needs of a diverse older adult population, policy makers (Rosen & Zlotnik, 2001) have suggested starting with research that is competency-driven, combined classroom-practicum curricular actions that occurs with a community partnership. The present research, used the HPPAE program design to implement a field education mental health intervention that targeted minority older adults and developed an integrated care model within their communities. The intervention was the Healthy Aging: Mind and Body Program (HAP) and its primary goals were (1) to provide outreach services to racially diverse older adults for mental health screening, assessment and referrals to health care providers and (2) to develop competency-based curriculum to prepare a diverse workforce to provide such mental health services to a cultural diverse older adults.

### 2.1 Field Education and Practicum Partnership Approaches

Wayne, Bogo and Raskin (2010) argued that teaching methods, philosophical perspectives, and contextual issues drive the effectiveness of experiential learning. Social work education engages students in community based learning that requires them to demonstrate and document active involvement with clients/consumers of service that is skilled based and competency driven (Bullock, 2007). The practicum supervisor-student relationship is the context for the learning and specific processes, including techniques and tasks are to be systematically incorporated to develop pedagogical standards of practice. Noteworthy is the fact that current students and graduates commonly report that their most effective learning occurs inpracticum settings. Research such as the present study shows evidence of the importance of participatory research and the responsive and available to internships and practicum based learning to educate and prepare future generations of practitioners with older adults.

It has been argued (Applebaum & Leek, 2008) that thereisa gap between academic understanding of aging and the practical application of skills and knowledge used in meeting the needs of diverse older adults. In a study of agencies providing services to older adults, Scharlach and colleagues (2002) identified gaps in the training and education of service providers. Using the results from a survey distributed to agency directors, the researchers discovered three major barriers to appropriately staffing to meet the personnel demand and service needs of older adults. According to that survey, the availability of culturally competent practitioners entering the field was one of those barriers. Furthermore, these researchers and others have recommended the HPPAE model as an effective corrective strategy for addressing the lack of ethnically and culturally diverse social workers in the field. Studies (Lee, Damron-Rodriquez, Lawrence, & Volland, 2009; Greenfield & Shpiegel, 2012) have reported on the execution of other HPPAE interventions and provide dempirical evidence of burgeoning success of this training model to improved how care can be integrative and effective.

Gelman (2012) also argues for transformative learning in the social sciences, especially with older adults. In qualitative research with first-year graduate students, in geriatric assigned to field practicum settings, semi-structured interviews were conducted with the students. The data found that students reported decreased stereotyping, increased knowledge, and more positive attitude toward the older adults whom they worked with. The study suggests that this practicum education approach was a key strategy of innovative curricular actions to meet the needs of older adults. In addition, several demonstration programs have documented the effectiveness, and capacity for HPPAE programs to be transformative in terms of enhancing the experiential learning experience (Birkenmaier, Curley, & Rowan, 2012; Irvy & Hadden, 2003; Social Work Leadership Institute, 2009). The research found that such approaches increased knowledge among students of elderly populations. While this insight is important and makes significant contributes to the available literature, little remains known about how these innovations impact the racially/ethnically diverse groups. Yet, it has been projected that the vast majority of older adults with diverse backgrounds will interface with heath care providers at some point to maintain a healthy quality of life, given their prevalence of high mortality and morbidity rates over the life course (AoA, 2013).

This evidence supports the need to understand cultural competence through a practice-based model with theoretical underpinning.

### 2.2 Cultural Competence and Critical Race Theory

Cultural competence has long been thought of as an approach to social work practice that improves the quality of services and clinical outcome, while increasing client satisfaction (Simmons, Diaz, Jackson, & Takahashi, 2008).The commitment to advocacy for social and economic justice obligates practitioners to receive continuing education/training in this area. However, it has been noted that although practitioners may have a positive attitude toward diverse populations, they do not have the specific competencies needed to address diversity issues that arise in practice (Bullock, Brown & Johnson, 2007). It is simply not enough for social workers to have been well versed in the theory of addressing various barriers to mental health in diverse populations, they must have applied these theories to real life situations and must witness either the effectiveness (or lack thereof) for themselves. As a social work program situated in a college of humanities and social sciences, the interdisciplinary nature of the work that we do as research scholars cultivates such knowledge and develops partnerships with community-based agencies that enhance student learning through the offering sub-specializations focused on vulnerable populations such as minority older adults.

In considering how best to develop such an effective HPPAE program, Critical Race Theory was used as a model for guidance and evaluation of this approach. The possession and demonstration of positive/accepting attitudes and the avoidance of racial stereotypes and stereotypical thinking are almost universally prescribed for effective multicultural practice. Although these attitudinal predispositions will not necessarily result in effective service outcomes for people of color, current research (Abrams & Mojo, 2009), suggests that Critical Race Theory can be used to develop guiding principles that will ultimately prove to be effective in social work education and training to address the gaps in existing cultural competence models. The HPPAE program provided the curricular structure and resources for students in geriatric social work practicum sites and help to promote careers in aging. Furthermore, the development of specific skills and competencies were predicted to improve the services and care that older adults would receive while creating a mechanism for practitioners to receive continuing education and training across service delivery systems. The focus on increasing the number of ethnically and racially diverse students who are prepared for careers in geriatric social work, with an overarching goal to develop culturally appropriate strategies for delivering mental health services to low-income ethnically and racially diverse older adults, was in keeping with the critical race theory argument for the availability and accessibility of people with shared cultural and lived experiences. Research is warranted to explore the likelihood that these connections in practice setting will contribute to increased service utilization.

A widely studied approach for improving care and access to care for ethnic minorities has been community outreach (McGraw & Bullock, 2013; Verhagen, Ros, Steunenberg, & Wit, 2013; Fedder, et al., 2003; Bullock & McGraw, 2006). Though the topic has been widely studied, that is not to say that these studies are without flaw. What previous scholars have neglected to include has been the documentation of competency among practitioners who facilitate community based services with underrepresented populations. By and large, community health outreach programs tend to focus on creating greater access for underserved population to improve health outcomes by relying on representatives of the community to provide direct services (Verhagen et al., 2013; Ingram, Sabo, Rothers, Wennerstrom, de Zapien, 2008).To address this gap in the literature, the Healthy Aging: Mind and Body Program was developed using the HPPAE approach to implementation and examining the effectiveness of a practicum partnership program address barriers to care while enhancing the community's capacity to access services (Delgado, 2000; Bullock & McGraw, 2006; McGraw & Bullock, 2013).

### 2.3 Healthy Aging: Mind and Body Program (HAP)

The Healthy Aging Program (HAP) incorporated the HPPAE model and was the service component of the training in geriatric social work. The health care team consisted of social work graduate students and licensed mental health providers, nurses and physicians (MSW, APRN, MD) which offer integrated care to community-dwelling older adults. Essential components to this education model were university-community partnerships, competency-driven education, focused recruitment, expanded role for field instructors, integrated experiences across multiple programs, populations, interventions, and disciplines through rotations, participation of social work students. Social work students of underrepresented populations (Latinos and African Americans) themselves were selected for this innovative educational curricular action.

This target was critical because the data on HPPAE programs across the United States shows that less than 20% of graduates are African American and less than 15% are Latino or Hispanic (Lee, et al., 2009). Moreover, Critical Race Theory (Abrams, & Moio, 2009) explains that the lack of inclusion of "voices of color" (p. 251) marginalizes the reality of oppression and challenges claims of racial neutrality in culturally competent practice across racial groups. Until people of minority groups are given equal access to opportunities, cultural competence training will continue to fall short of its intended goals and purposes. Furthermore, in Hutchinson's (2000) critique of gay and lesbian legal theory and political discourse, it was argued that critical race theorists contend that any analysis of the association between race and any another factor would be remised to not include a multidimensional framework. To this end, the Healthy Aging Program (HAP) was developed as the intervention arm of the research and practice model that was used to educate and training practitioners to provide mental health outreach to diverse older adults in senior housing communities.

## *3. Methods and Procedures*

Over a 4-year period, each academic year, social work students completed year-long (14-week, 20-hours weekly) field placements in a large psychiatric hospital setting located in an urban community. A rotation model (Ivry & Hadden, 2002) gave students the opportunity to work with diverse older adults across a health continuum, with a range of various needs (mental health, planning and advocacy, wellness, health promotion and end of life care). Social work educators and clinicians (practicum supervisors, faculty liaisons, licensed clinical social workers and social work research scholars in aging) developed, delivered and learned from the competency-based curriculum (which was designed specifically for this HPPAE pilot project and included additional diversity and cultural competence knowledge and skills training). Students attended weekly group supervision, participated in an integrative seminar, monthly Grand Rounds and experiential learning modules for the assessment of practice behaviors. Much of the learning (which occurred in the practice setting) consisted of integrated experiences with licensed clinicians across multiple programs, populations, interventions, and disciplines. The curriculum addressed what social workers need to know and how to work effectively with diverse populations, including practice norm and behaviors of the clients. A total of 109 social workers were educated and trained using the HPPAE competency-based model. Of these participants, 24 were graduate social work students who provided outreach services to older adults. To collect demographic data, the race/ethnicity and gender of the practitioners were self-reports gathered via electronic survey. An integrated health team was developed for the purpose of delivering the community-based mental health outreach. This interdisciplinary approach created the opportunity for practitioners to work within a comprehensive care model. In addition to the case management and clinical services provided, medicine and nursing a dimension of care for clients to receive blood pressure screening, medication monitoring and evaluation, medical psychiatric evaluations as needed, and attention to concerns about chronic health problems, such as diabetes.

### *3.1 Data Source*

An electronic survey was sent to all social workers that participated in the HPPAE in-service trainings, which included social work student interns. A brief questionnaire was administered with community-dwelling older adults in seven senior housing settings to gather demographic and other quantitative data. In an attempt to gather qualitative data, face-to-face interviews were conducted with older adults in either English or Spanish (based on the older adults' language preference), which lasted approximately 90 minutes. The majority of the questions were closed-ended, but there were several open-ended questions. In addition, the interviewer encouraged respondents to elaborate on responses. All comments were recorded. Interviews were conducted in a location that was deemed convenient and preferred by the older adult. Though most were in-home interviews; others were conducted onsite, in the community center room or out in the garden area of the community. Additionally, students participated in focus groups at the end of each the academic year to capture their experiences. Transcription of the interviews were done independent of the individual conducting the interview and were anonym zed for qualitative data analysis. Institutional Review Board (IRB) approval was obtained from the hospital affiliated with the research and client care.

### **3.2 Data Analysis**

Descriptive statistics were used to analyze demographic data and provide reports on prevalence of self-reported levels of mental health problems among older adults. Cultural competence knowledge and skills were self-efficacy reports from practitioners.

Qualitative data (from the typed transcripts of the face-to-face interviews) was analyzed using Atlas. ti computer software, which was designed for managing qualitative material. A modified grounded theory approach was used to analyze the data (Strauss, & Corbin, 1990). The multistage iterative analysis process began early in data collection, during the data collection process, and concluded after data gathering completion. Data analysis team members independently conducted line-by-line analysis of the typed transcript, initially using in vivo codes based on the interview questions and then applying open coding. Analysis of the transcripts were coded and checked for inter-rater reliability (Strauss & Corbin, 1990).To facilitate and document the coding process, control for research bias, and increase reliability, the research team used standard techniques to develop a code book. Themes and subthemes were identified, subjected to constant comparison methods and interactively reconfigured throughout analysis (Strauss & Corbin, 1990).

## *4. Results*

### 4.1 HPPAE Students

HPPAE students were a subset of the social work practitioners that participated in outreach program. Demographics are noted in Table 1. Of the HPPAE students, 86% were women, 33% African American, and 67% were Latino. Because many of the older adults in the community the catchment area of the hospital were Latino and Spanish speaking, it was important to recruit and enroll Spanish-speaking providers in the outreach. Other languages were spoken by residents in these communities, but we were not able to match HPPAE students with the multitude of other languages spoken. HPPAE students received intensive 3-weeks training prior contacting clients to engage in outreach services, including phone. They performed important health services tasks and responsibilities such as brokering and advocating on behalf of the clients with appropriate primary care and specialty practitioners (e.g., psychiatry). Case management responsibilities included assisting with the scheduling of appointments; monitoring follow-through of appointments; making referral when assessments identified the need for better self-care behaviors(e.g., bathing, dressing, food and nutrition), health and medication management taking and dietary intake). These referrals, which resulted from psychosocial assessments conducted by HPPAE students, were essential to the success of this mental health outreach program.

### 4.2 Client Demographics

The seven communities that were targeted for HPPAE outreach services included mostly Latino (45%) and African American (45%) older adults. See Table 2. Most were women and mean age was 85 years of age. All participants lived in a senior housing community in the same city.

### 4.3 Assessment and Referral Outcomes

Those participating in the outreach program (social work providers, students, practitioners and field instructors) participated in on-site training about the HPPAE practicum requirements, clinical staff training in the areas of mental health assessment, diagnosis and referrals. Behavioral health providers (MSW, APRN, MD) made weekly home visits to communities in order to assess, refer and provide mental health services. These visits were also made to both public and private senior housing communities. Access to the communities were supported by residential building staff and managers. Older adults who were, reportedly, not connected to a primary care provider received additional. Ongoing case management services were provided, which included diagnostic, triage and psychosocial assessment. In addition to these services, residents established mutual aid groups, which were facilitated weekly during the pilot phase. Many (75%) reported that they viewed the mutual-aid groups as evidence of hope for sustainability of the supportive resources. The weekly group meetings were noted, by participants, as resulting in (1) empowerment and (2) minimizing feelings of isolation. Weekly group activities included communicational exercises where information was divulged regarding resources and strategies for accessing services, effective communication and feedback to housing management, as well as, a sense of cohesion among members which in turn, fostered group sustainability. Of particular interests for these older adults was the topic of end-of-life care. Many of them did not know about and understand what it means to engage in advance care planning and proactive health care decisions. This outcome is consistent with other reports from minority racial and ethnic older adults (Bullock & Hall, 2014) The assessments and referrals produced the data in Table 4. Most (60%) participants received services from the HPPAE team only. There were older adults who accepted the HPPAE team services (26%) while receiving services from community mental health providers. A small percentage of the participants (4%) did not complete the full protocol of outreach services (including the completion of the 3-month follow-up interview), but were connected to community mental health providers.

A slightly smaller percent (3%) refused the HPPAE community outreach team services. Evaluation data at baseline, as well as a three-month follow-up, were important data collection points. It was evident that the holistic model of care (provided through the HPPAE partnership and integrated health care team utilizing a rotation model to augment the necessary resources to ensure the success of all components of the community mental health approach) was effective. The services received by the population referred to in the literature as being part of underrepresented populations, included blood pressure screening, medication evaluation and management, diabetes counseling, evaluation of informal social support and friendly visits for positive companion engagement.

## *5. Conclusion*

The goals of this HPPAE program was to develop and implement an enriched field education program that targeted social work students of underrepresented groups; (2) to develop competency-based curriculum for training and education; and (3) to provide mental health services to a culturally diverse population of older adults, were achieved in this program .Residents presented a wide range of mental health and psychological needs that were addressed by a holistic model of care targeting lower-income older adult residents. Diverse social work interns received enriched practice preparation and experience to provide tailored mental health services to diverse older community-dwelling residents. Evidence from this research program evaluation suggests that mental health services are acceptable to residents in communities of diverse older adults when provided in the community and within a broader psychological context. The Healthy Aging field education model was helpful in overcoming barriers to depression screening among older adults in lower-income housing residents. The HPPAE program made it feasible to pilot test an on-site mental health services model to overcome significant barriers to treatment when provided within a broad psychosocial context. Other studies that have pilot tested experiential learning models have concluded that specific populations required the tailoring of specific intervention and evaluations (Fisher-Borne, Hall & Cassteven, 2014).

Current research is being conducted to replicate this model in rural areas with aless dense population of older adults. Studies of aging in rural places have suggested that policies, programs and professional practice in such setting present unique challenges (Hash, Jurkowski, & Krout, 2014) Further analysis of the existing HPPAE data is underway to determine what practice areas need to be expanded upon for older Latino and African American adults in southern U.S. regions to determine if geographic and regional differences exist across groups. A workforce of culturally competent practitioners is recommended. The HPPAE program discussed in this article was beneficial for a community healthcare setting interested in designing outreach services to meet the needs of older adults who were not likely to come into the agency for mental health services. There are six main components of an HPPAE program; (1) building partnerships between universities and local agencies serving older adults, (2) increasing student knowledge through competency-based education, (3) utilizing a field rotation method, (4) expanding the role of field instructors, (5) targeted recruitment of students and (6) leadership development (Social Work Leadership Institute, 2009). These created the structure and guidelines for this outreach community-based mental health service.

The HPPAE program makes convincing arguments for applying this approach to addressing barriers to mental health services among diverse older adults .The research on competency-driven, combined classroom-field agency learning that occurs with community partnerships in the HPPAE program makes a convincing argument for being the best approach for preparing students to become competent social workers. This method allows for social workers to be prepared for the many and unpredictable demographic shifts that produce a demand for professionally trained social workers who can meet the needs of a diverse elderly population. Key to promoting effective outcomes for clients-centered, ethical and culturally responsive service delivery in healthcare is an evidence-based approach that is an integration of best practices and clinical expertise (Zlotnik & Galambos, 2004).

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**Table 1: Social Worker Demographics (n = 109)**

| | |
|---|---|
| Student | 25% |
| Field Instructor | 13% |
| Faculty Member (Non-Field Instructor) | 10% |
| NASW Member | 78% |
| Completed Diversity Training | 57% |
| Male | 12% |
| Latino | 38% |
| Black | 49% |
| White (Faculty/Field Instructors) | 26% |

**Table 2: Client Demographics**

| | |
|---|---|
| Age range | 65 -100 |
| **Race** | |
| Black or African American | 45% |
| Hispanic or Latino | 45% |
| White or Caucasian | 10% |
| **Gender** | |
| Female | 54% |
| Male | 46% |

**Table 3: Assessment / Referral Outcomes**

| | |
|---|---|
| Number of contacts per client/resident: | range = 1-11 mean = 3 |
| Assessments Identified Individuals impacted by: | |
| Affective disorder | 20% |
| Anxiety disorder | 7% |
| Psychotic disorder | 3% |
| Substance abuse/dependence | 10% |
| Personality disorder | 5% |
| Screenings conducted in client's apartment | 92% |
| Screenings conducted in a private office in the building | 8% |

**Table 4: Mental Health Services Used By Diverse Clients/Residents**

| | |
|---|---|
| Team case management only | 60% |
| Community provider only | 4% |
| Team and community providers | 26% |
| No services needed | 3% |