

Recovery Supports for Older Adults with Behavioral Health Conditions

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Mental Health Association of Maryland

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5/14/2021



OLDER ADULTS
VIBRANT MINDS
VIBRANT AGING: PEERS PROGRAM

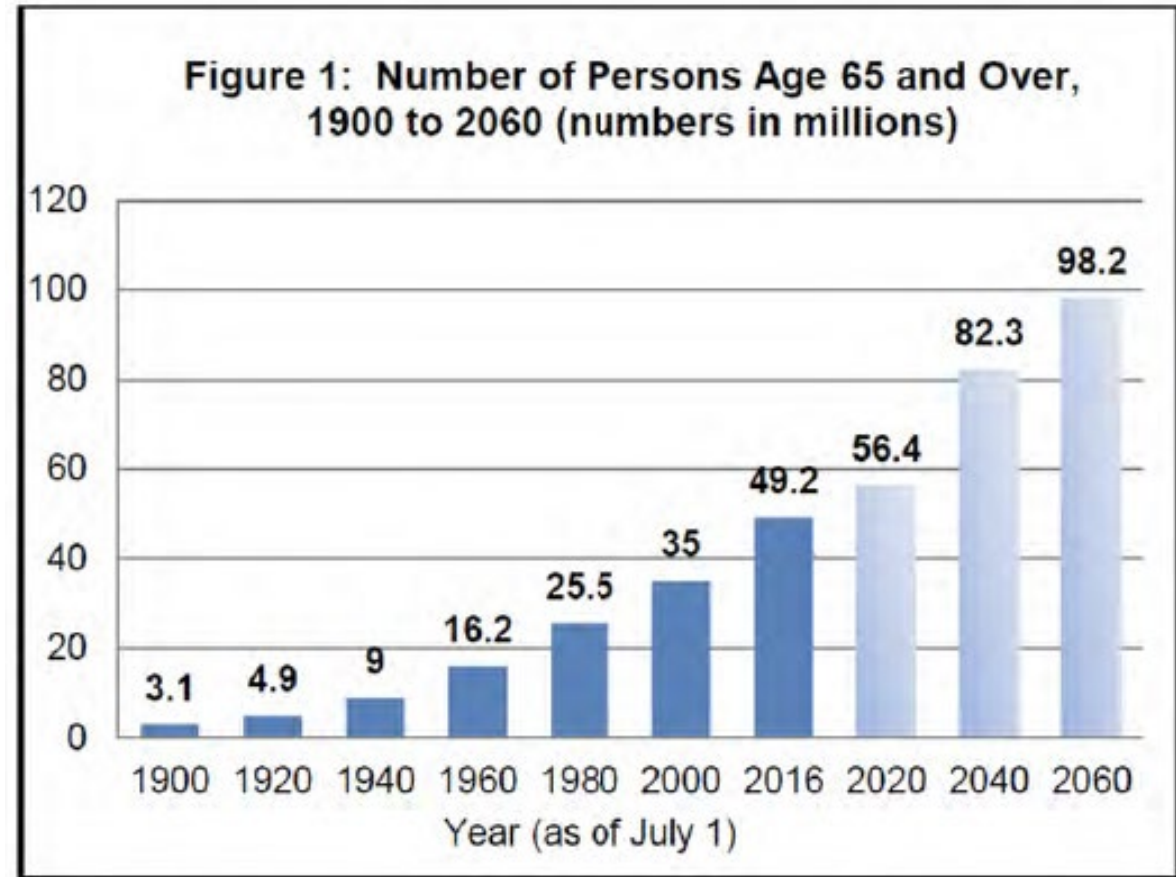
a program by:





The Numbers

10,000
Americans
turn 65
every day!



Note: Increments in years are uneven. Lighter bars indicate projections.
Source: U.S. Census Bureau, Population Estimates and Projections.



"At least 5.6 million to 8 million--nearly one in five--older adults in America have one or more mental health and substance use conditions, which present unique challenges for their care.

With the number of adults age 65 and older projected to soar from 40.3 million in 2010 to 72.1 million by 2030, the aging of America holds profound consequences for the nation."



[The Mental Health & Substance Use Workforce for Older Adults; In Whose Hands?](#)

Maryland

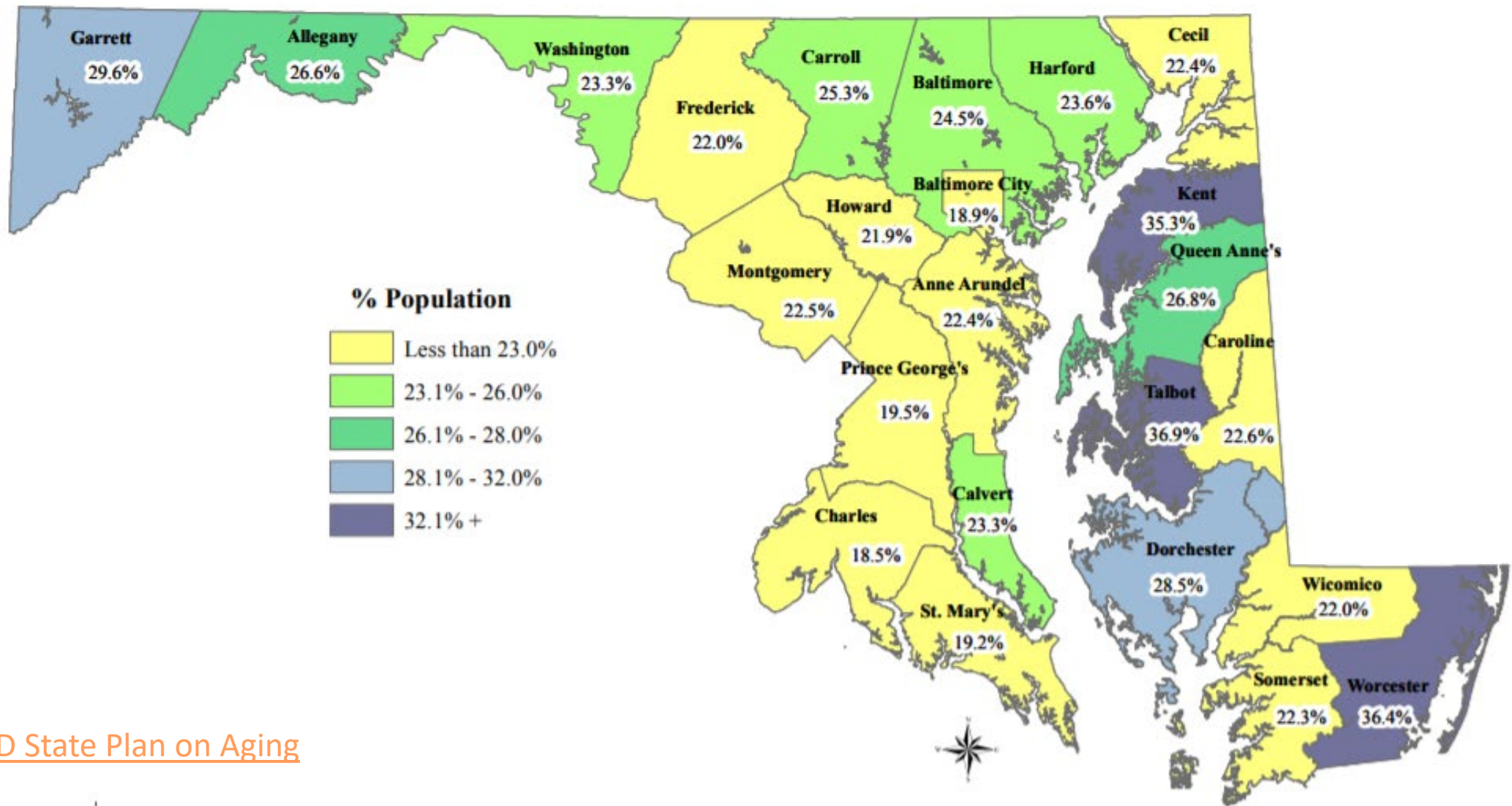


"Maryland's booming aging population will place an unprecedented demand on health, social services, the workforce, and housing accommodations."

- MD State Plan on Aging

- The percentage of Marylanders over the age of 60 will rise from 18% in 2015 to 25% in 2030.
- Individuals between the ages of 80-84 are the fastest growing segment of the population. This cohort will grow by 136% from 2015 to 2040.

2020 Projected Percent Population 60 and Older for Maryland's Jurisdictions

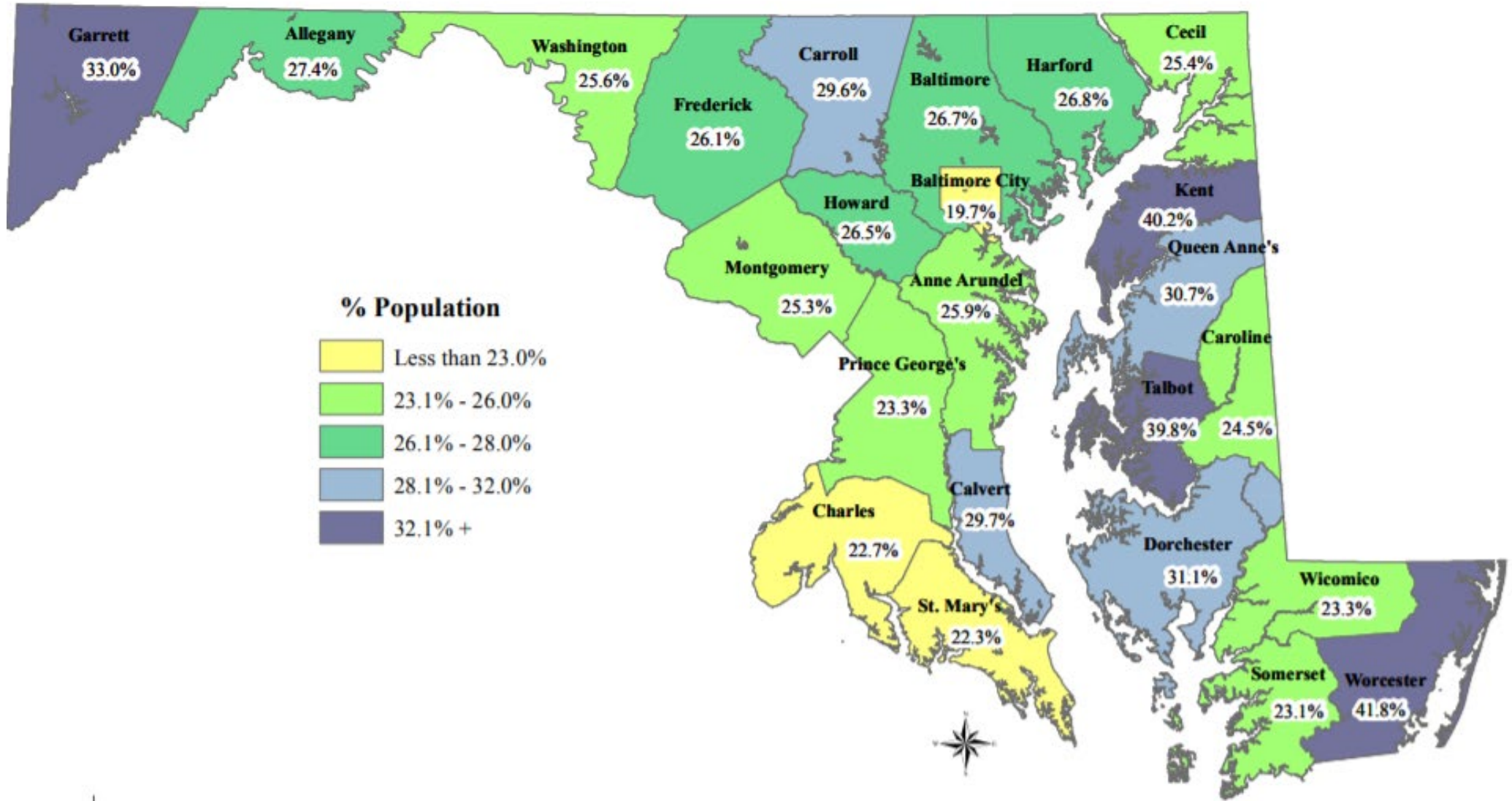


[MD State Plan on Aging](#)



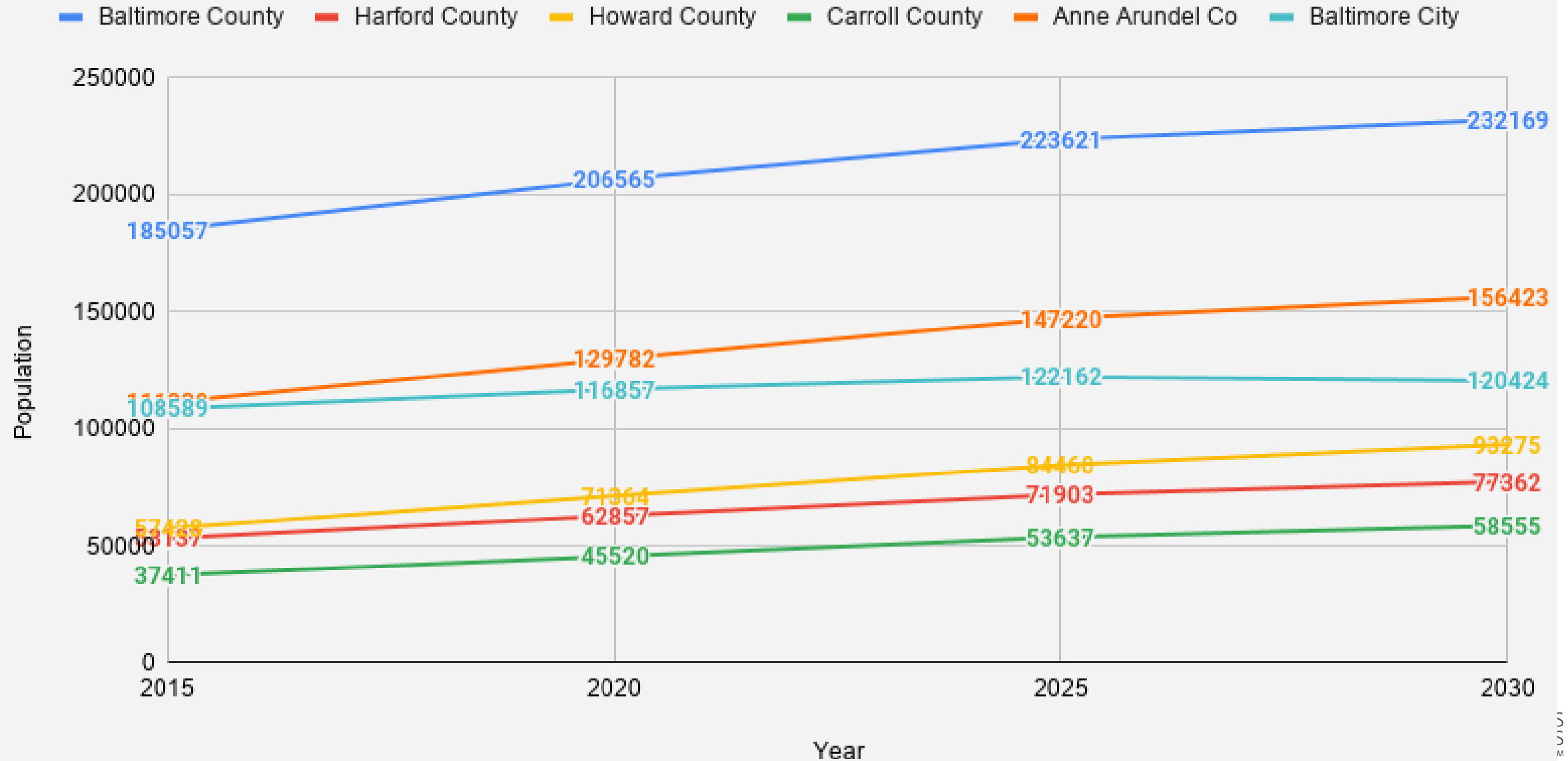
Source: Projections from the Maryland Department of Planning.
 Map prepared for the Maryland Department of Aging by the Maryland Department of Planning

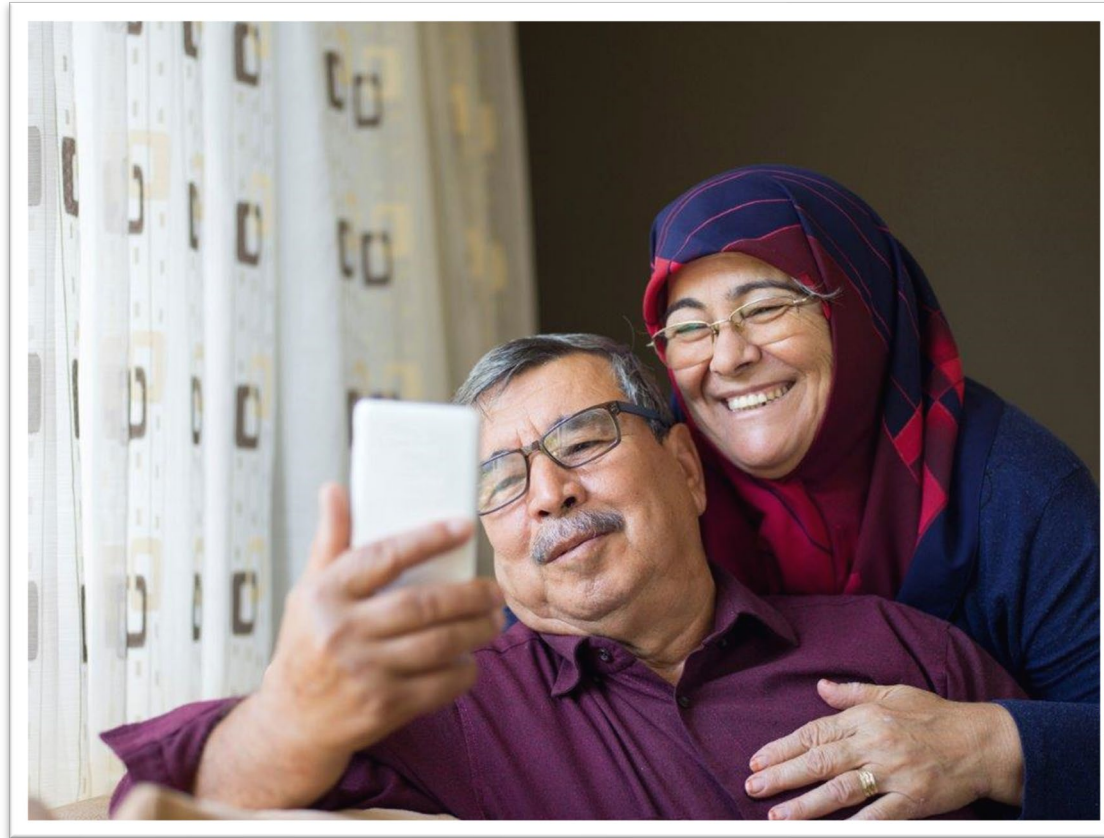
2030 Projected Percent Population 60 and Older for Maryland's Jurisdictions



Central MD's 60+ Population Projections

By Jurisdiction, 2015-2030





A Diverse Population

Older Adults in the United States

“

"Culture and the historical experiences of diverse elders directly impact their experience, expression, understanding of, and beliefs about mental health."

”

— Grantmakers in Aging

- By 2050, roughly 42% of people aged 65 and older will identify as people of color.
- By 2030, the number of people aged 65 and older who identify as lesbian, gay, bisexual, and transgender (LGBTQ) is estimated to double.
 - Surveys suggest that nearly one third to one half of LGBTQ older adults experience depression
 - LGBTQ older adults report widespread fear of being open about their sexual identity with health care providers and in long term care settings, leading to avoidance of routine care.

Resources

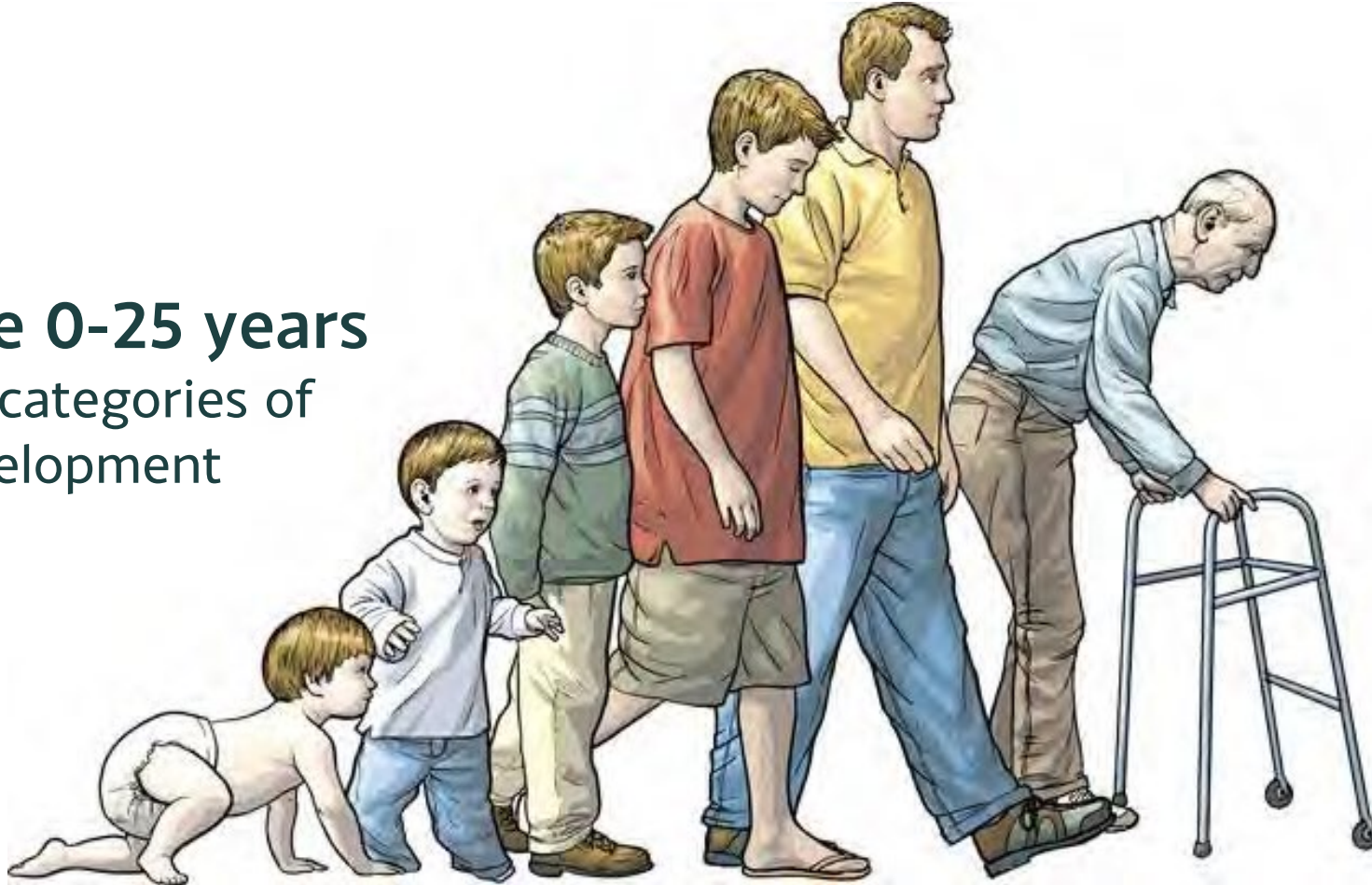
- [Administration for Community Living](#), diversity and cultural competency resources
- American Psychological Association [multicultural resource guide](#)
- [SAGE](#) (LGBTQ+ Older Adults)
- [LGBTQ+ Behavioral Health Equity Center of Excellence](#)
 - 5/26 at 4pm: [Emerging from the Margins: Identifying the Behavioral Health Needs of LGBTQ+ Midlife and Older Adults](#)

Age 25-65

40 years of
adulthood

Age 0-25 years

4-5 categories of
development



Age 65 -100+

40+ years of older
adulthood





Elijah Cummings
1951 - 2019
(68)

Ruth Cummings
1927 – 2018
(91)

“Through her example, my mother taught me to lead with integrity and that service to others is the highest calling.” -Congressman Cummings



Personal Story- Rita Michaelson

Sharing about her experience, getting older, and her strengths today.

What is peer support?

Peer support is the “process of giving and receiving encouragement and assistance to achieve long-term recovery.”

Peer supporters “offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people.”

- Mental Health America

Does Peer Support Make A Difference?

Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions.



Increased self-esteem and confidence



Increased sense of control and ability to bring about changes in their lives



Raised empowerment scores



Increased sense that treatment is responsive and inclusive of needs

BRSS TACS-

Bringing Recovery Supports to Scale (SAMHSA)

Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) advances effective recovery supports and services for people with mental or substance use disorders and their families.



**Increased
sense of
hope and
inspiration**



**Increased
empathy and
acceptance
(camaraderie)**



**Increased
engagement
in self-care
and
wellness**



**Increased
social
support and
social
functioning**



**Decreased
psychotic
symptoms**



**Reduced hospital
admission rates and
longer community
tenure**



**Decreased
substance
use and
depression**

Learn more

- Mental Health America's [Center for Peer Support](#)
- [Maryland Certified Peer Recovery Specialist](#) program
- List of Wellness Centers across the state: [On Our Own of Maryland](#)
- MHAMD is training Maryland peer specialists in aging. Learn more on our [webpage](#) or contact Casey at csaylor@mhamd.org



Aging and the Brain



Normal Changes in the Brain

- Committing new information to memory might require reinforcement
- Recall of data / names / numbers can take longer
- Multi-tasking can slow processes
- Brain shrinks raising risk for brain injury
- Metabolism slows raising risk for toxicity

The following are NOT Normal Changes in the Brain



- Depression, anxiety or any mental illness
- Suicidal ideation
- Dementia or delirium



Behavioral Health

Variance of Onset

Late onset: Individuals who first experienced behavioral health conditions during later life, age 50+.

Long lived experience: Individuals who first experienced behavioral health conditions during childhood or early adulthood.

Late identification: Individuals who may have experienced behavioral health conditions earlier in life but did not recognize them until later life.

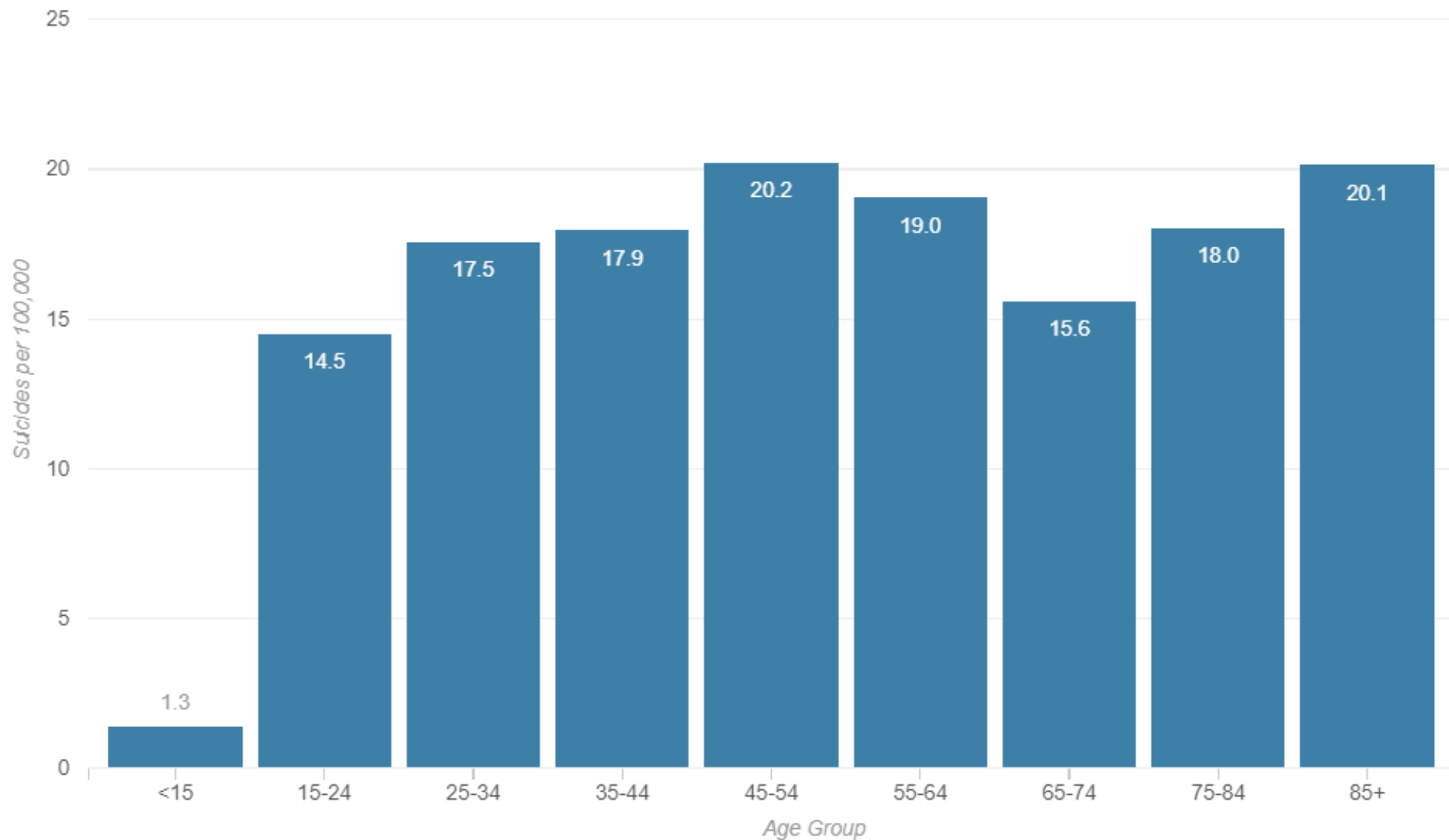
Late Life Behavioral Health (SUD)

- 1 in 4 older adults use prescription medications that have abuse potential.
- Alcohol remains the dominant problematic drug.
- Illicit drug use is on the rise among older adults.
- Few providers specialize in dealing with geriatric SUD.
- Older adults are increasingly willing to seek SUD services.

Late Life Behavioral Health (BH)

- Individuals with long- standing mental illness are living longer and many live-in settings that do not have appropriate behavioral health services or education.
- There is a shortage of geriatric mental health professionals for specialty consultation and treatment across health settings.
- Less than 3% of older adults see a mental health professional
- Suicide attempts by older adults are much more likely to result in death than among younger individuals.

People 85 years and older face one of the highest suicide rates of any age group.



Source: [Centers For Disease Control and Prevention, 2017 data](#)

Credit: [Nick Underwood/NPR](#)

Impact of COVID-19: Learn More

COVID-19 Pandemic: Mental Health Effects on Older Adults and their Health Care Providers

The program will be held virtually over three dates. Each session will focus on a different topic concerning the pandemic's impact on mental health. Register [here](#) for free.

- June 10, 2021
Session I: *Lessons Learned: Risk and Protective Factors*
- June 17, 2021
Session II: *Mental Health Support for Healthcare Professionals*
- June 24, 2021
Session III: *Our Journey Through The Pandemic*



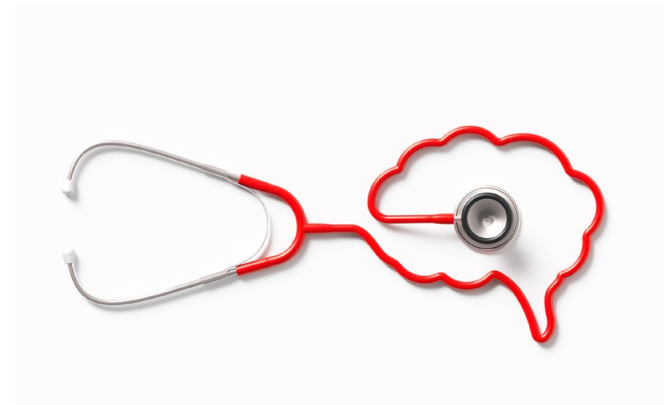
Impact of COVID-19: Learn More

COVID Connect Webinar Series

Developed by the Maryland Department of Health's Behavioral Health Administration, in partnership with NAMI Maryland, 211 Maryland, and other stakeholders, these presentations include speakers who cover topics on mental health, wellness, and recovery. New content every Thursday.

Also offers virtual support groups for COVID survivors and other resources.

Learn more at <https://covidconnect.health.maryland.gov/>



Resources

Mental Health Association of Maryland publications and downloadable fact sheets:

- [Accessing Mental Health Care in Maryland](#)
- [Keeping Your Brain Healthy as You Age](#)
- [Suicide in Later Life](#)
- [Loneliness and Social Connection](#)
- Depression in Later Life
- Caregiver Stress



Loneliness & Social Connection

You might feel lonely or disconnected if you:

- Often feel like you don't belong
- Have few close family ties and friendships
- Have difficulty meeting new people
- Are feeling loss or grief
- Feel that your life lacks purpose or meaning
- Have a mental health condition such as depression or anxiety
- Are experiencing poor physical health or having trouble getting around
- Fear being left out by others for being "different"
- Are unable to participate in activities
- Are going through a life change or transition such as retirement, moving to a new home, or a change in family or friend group
- Live alone
- Face challenges with language or culture

Anyone can feel lonely, even without an obvious cause.



Loneliness can feel like it will never end. It can also make you feel different, or "weird." But this couldn't be farther from the truth. In fact, when you feel lonely you have more in common with people than you think. Several years ago, experts discovered that a large number of Americans feel lonely much of the time and that number continues to increase each year.

Being alone is not the same as experiencing loneliness.

Living alone or enjoying "alone time" does not mean that a person is lonely. Loneliness happens when you don't enjoy being alone or feel alone regardless of who is around. Loneliness is a feeling that comes when you don't have the level or quality of relationships that you desire. It doesn't matter how many people are around you, if you are feeling disconnected, you are likely to feel lonely.

There are more ways than ever to connect with people around the world, yet reported rates of loneliness are higher than ever. In 2017, the U.S. Surgeon General identified loneliness as an epidemic with health consequences equal to smoking 15 cigarettes per day. The negative physical impact of loneliness includes a higher risk for heart disease and inflammation, lower immunity to disease, depression, anxiety and even dementia.

On the other hand, feeling and being connected contributes to positive mental health and protects against illness, despair, and suicide. There are many things people can try that will help them to feel more connected to other people and their communities.

FACT:

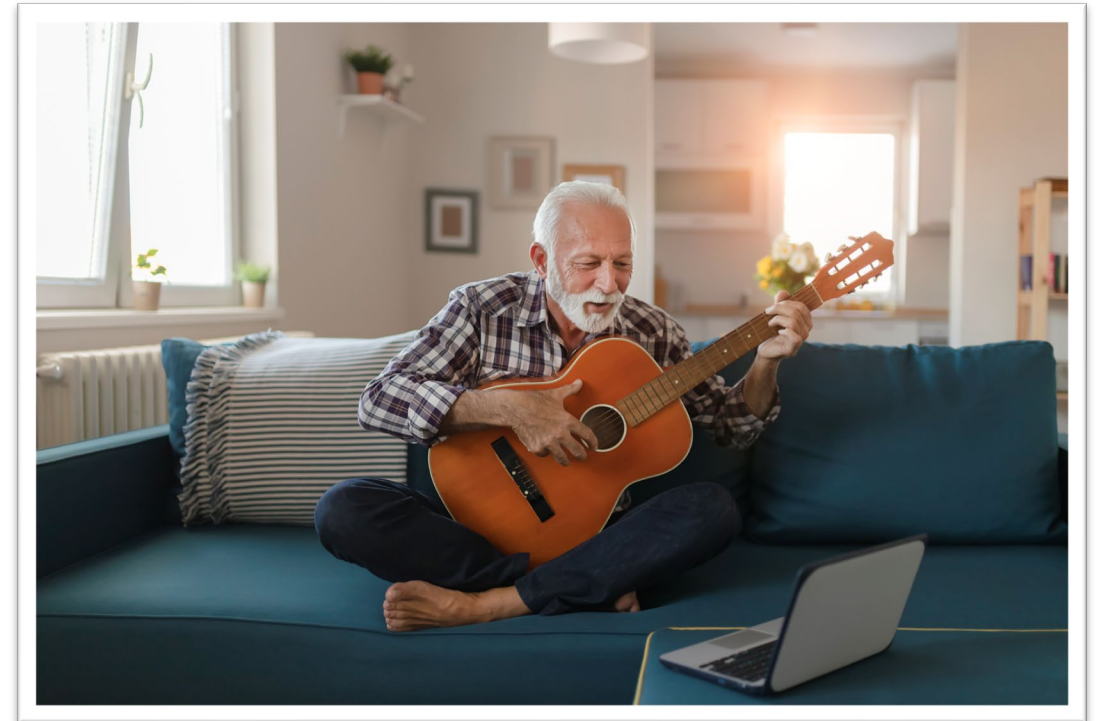
In 2019, results of a Cigna study showed that loneliness is a growing mental health crisis. **3 in 5 Americans (61%) identify as lonely**, compared to more than half (54%) in 2018.



Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

- SAMHSA



SAMHSA Dimensions of Recovery

- Health – overcoming or managing one’s disease(s) or symptoms

- Home – having a stable and safe place to live

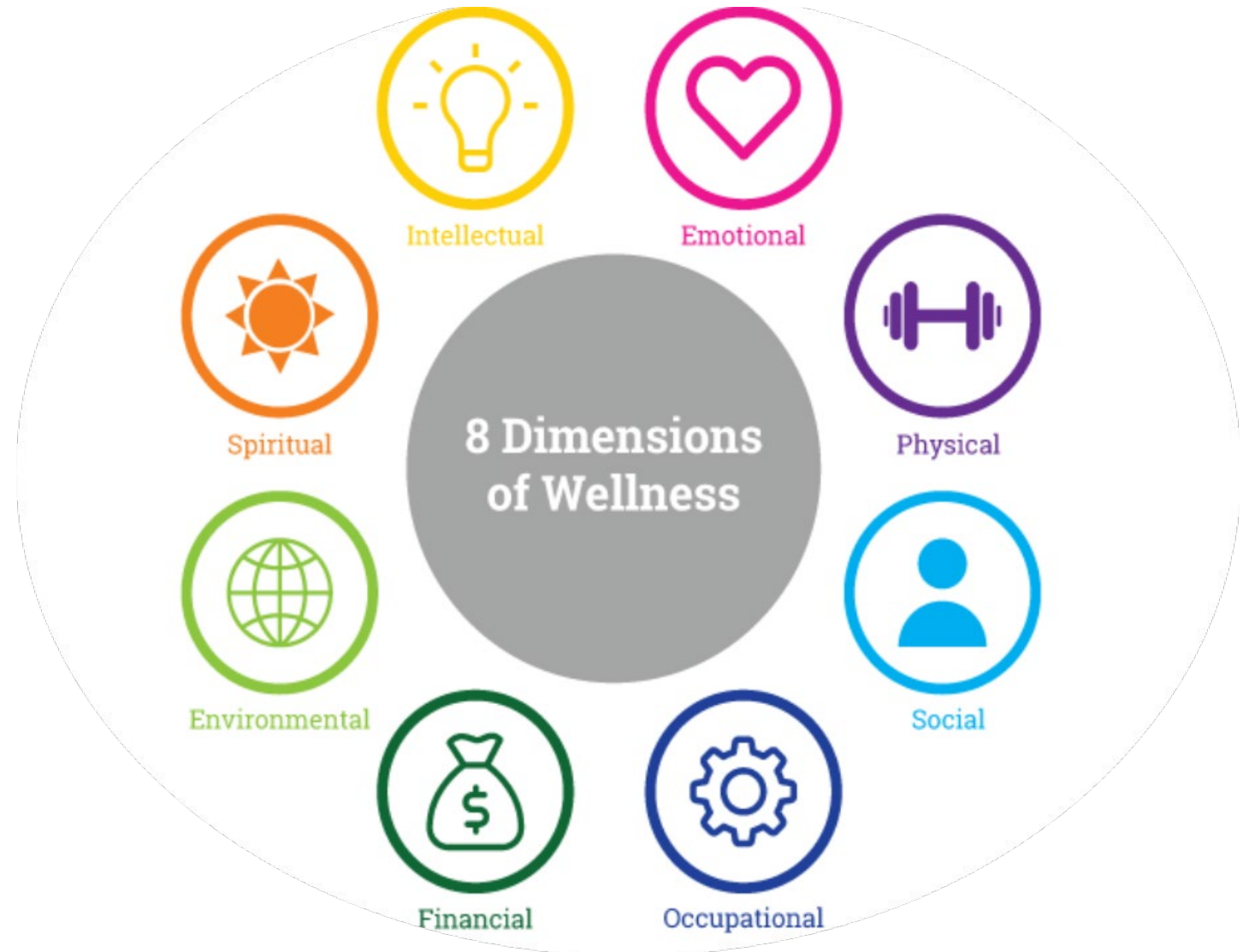
- Purpose – conducting meaningful daily activities

- Community – having relationships and social networks that provide support, friendship, love and hope

- Hope: the belief that challenges and conditions can be overcome. *This is the foundation of recovery.*

Dimensions of Wellness

Impacted by normal aging and aging-related changes.



8

Dimensions of Wellness

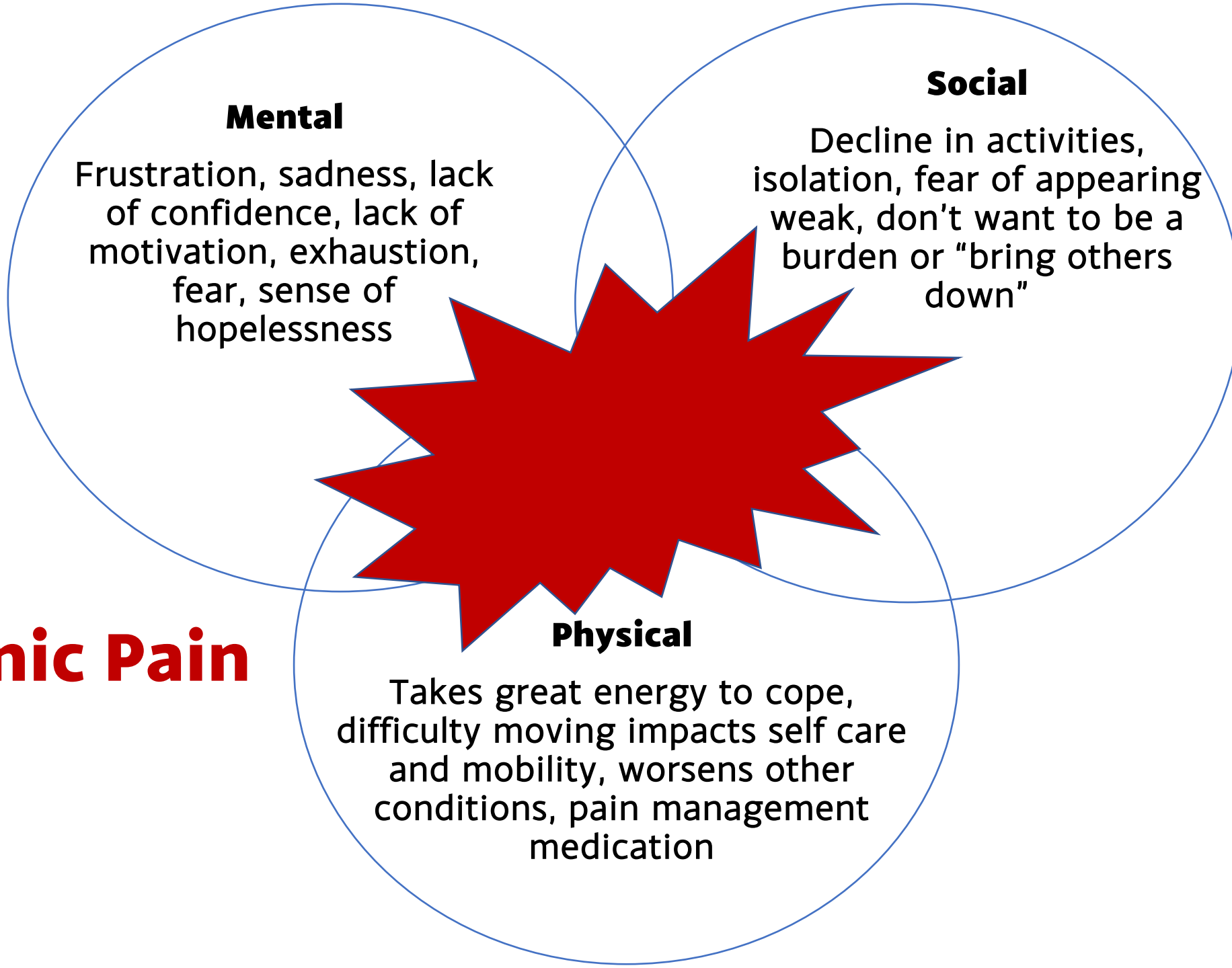
- Emotional
- Physical
- Social
- Occupational
- Financial
- Environmental
- Spiritual
- Intellectual



A common experience in later life is pain. Can you think of how pain might specifically impact any of these dimensions?

Give us your thoughts in the chat box.

Chronic Pain



Practical "in the moment" Suggestions

- Approaches should be non-judgmental and non-confrontational
- Prioritize respect, dignity and hope (omit elder-speak, ensure privacy)
- Listen and let the older adult lead – enable autonomy, accessibility needs
- Avoid jargon and potentially offensive language
- Provide education, use aging and brain health facts

Practical "in the moment" Suggestions

- Invite older adult to identify goals, assess health habits and contribute to solutions
- Reinforce personal strengths and empower for self-direction
- Promote health and functional gains to result from addressing a problem
- Combat ageism





Challenges and Opportunities

Adapted from:

SAMHSA's Treatment Improvement Protocol (TIP) 26: Treating Substance Use Disorder in Older Adults (p. 19-23 and p. 41)

MHAMD's Issues, Needs, and Opportunities Matrix 2019

Systemic Challenges- Behavioral Health System

Challenge:

The number of individuals with "lived experience" will grow exponentially in coming decades.

This uncharted territory will require attention to advance planning, neurodiversity, housing options and appropriate community-based services to avoid institutionalization

Opportunities:

- Develop older adult programs within wellness and recovery centers
- Advocate for a bh system that addresses neurodiversity (dementia, brain injury, autism)
- Peer support ([Training in Aging](#))*
- Education and training to bh organizations to optimize health and functional support of aging consumers
- Educate older adults about self-care programs and advance planning

Resource: Self-care programs

- [Wellness Recovery Action Plan](#) (WRAP)
- [Aging Mastery Program](#) (check with your local Dept of Aging)
- Evidence-based programs from [Maryland Living Well Center of Excellence](#)
 - Chronic Disease Self-Management Programs
 - PEARLS (Program to Encourage Active and Rewarding LiveS)
 - Building Better Caregivers
 - Exercise/ Fall prevention programs

Resource: Advance planning

- Psychiatric Advance Directive (resources available at [MHAMD](#))
- [Maryland Orders for Life Sustaining Treatment](#)
- [Five Wishes](#)
- [Somatic Health Advance Directive](#)
- [National Resource Center for Supported Decision Making](#)

Systemic Challenges- Behavioral Health System

Challenge:

Behavioral Health treatment programs aren't typically accessible to older adults or individuals with significant health/ function needs.

Example: Psychiatric programs are prohibited (by regulations) to provide hands-on care

Opportunities:

- Hold programs accountable for being ADA accessible
- Pilot of specialized care settings equipped to meet acute somatic and behavioral health care needs – a hybrid of Nursing home and psychiatric care center

Resource

Older Adult Behavioral Health PASRR Specialists

- Services designed for individuals with behavioral health needs may lack expertise and skills to support individuals as they age. Likewise, services designed for older adults may lack knowledge and expertise in behavioral health. This project was designed to bridge the gap between those systems of care.
- This project is a partnership of the Maryland Behavioral Health Administration (BHA) and Maryland's Money Follows the Person (MFP) Project.

Systemic Challenges- Behavioral Health System

Challenge:

The typical rehab model measures gains. Older adults' goals may be completely different than a younger person's goals in areas such as:

- Work
- Social engagement/ relationships
- Education
- Living arrangements
- Health management

Opportunities:

- Educate others
- Get to know the individual and what they value and want at this stage of life.
- Advocate for the individual goal-setting (Person-Centered Planning)
- "Maintenance" can be success

Training for Behavioral Health Professionals

- [SAMHSA and NCOA Issue Brief Series \(12\)](#)
- [Treating Substance Use Disorder in Older Adults:](#)
Treatment Improvement Protocol (TIP) 26
- SAMHSA resources for [Serving Older Adults](#)
- [Older Adult Behavioral Health Initiative](#)
- Training materials from BHA's Office of [Older Adult Behavioral Health and PASRR](#)



Fuqua Center for
Late-Life Depression



Resource for all!

"Mental Health in Later Life: A Guidebook for Older Marylanders and the People Who Care for Them"

MHAMD publication

Download or order free copies
at www.mdaging.org

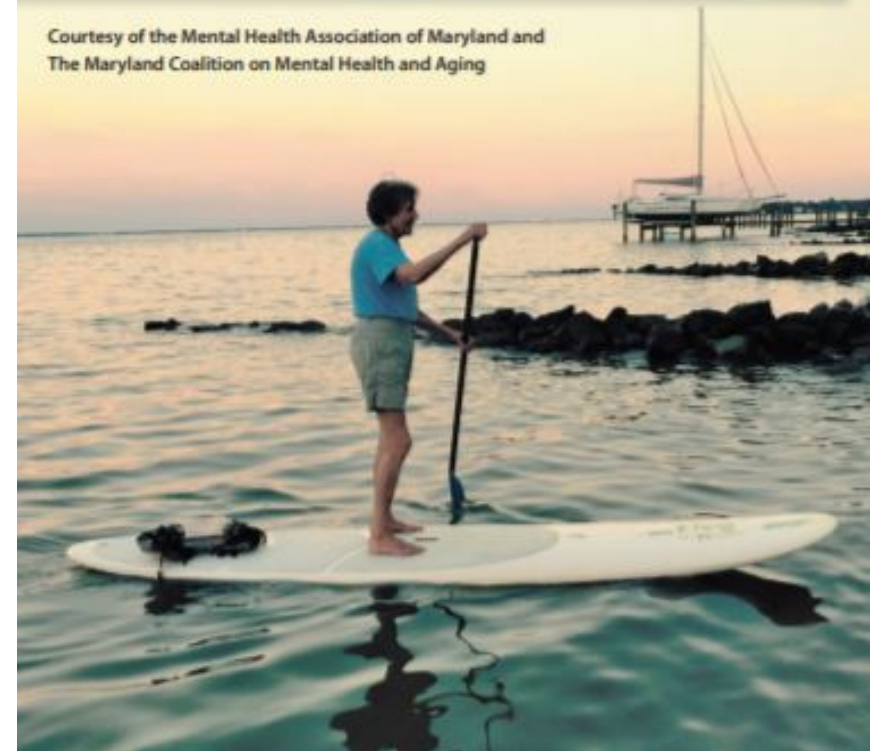


OLDER ADULTS
VIBRANT MINDS

Mental Health in Later Life

A Guidebook for Older Marylanders and the People Who Care for Them

Courtesy of the Mental Health Association of Maryland and
The Maryland Coalition on Mental Health and Aging



Systemic Challenges- Behavioral Health System

Challenge:

Typical recovery supports are not senior-informed.

Example: Many seniors feel alienated at recovery support meetings.

Opportunity:

- Consider beginning recovery supports specifically for older adults.
- Survey older participants for their needs and preferences (l.e. time of day, virtual v. in person, etc.)

Resource:

- [Seniors in Sobriety](#) (AA model)
- Better with Age AA Group (virtual): 410-663-1922 or 2020betterwithage@gmail.com
- [On Our Own of Maryland](#), Statewide behavioral health advocacy and education + wellness and recovery center finder

Challenge: Issues of access

Challenge:

- Lack of specialty service settings and providers
- Limited mobility and/or transportation
 - Physical and functional limitations
 - Unable to travel to appointments
 - Lack of access to public transportation
- Lack of technology or computer skills

Opportunities:

- [Geriatric Workforce Enhancement Program](#)
- Continuation/ expansion of telehealth services
- Tutoring on how to use technology

Resource:

- Contact 2-1-1 or [Maryland Access Point](#) for transportation needs
- "Accessing Mental Health Care" [MHAMD Fact Sheet](#)
(Includes directory of Behavioral Health Authorities)
- [Older Adult Technology Services](#)
- [Remote recovery supports](#) are available during and beyond the pandemic.
(list from BHA)
- Senior Call Programs are active throughout the state, easing loneliness and facilitating resource connection. [Learn more about call programs in Baltimore County and beyond.](#)



Maryland Access Point (MAP)



Local Maryland Access Point Locations:

Allegany 301-783-1752	Anne Arundel 410-222-4257	Baltimore City 410-396-2273
Baltimore 410-887-2594	Calvert 410-535-4606	Caroline, Kent, Talbot 410-778-6000
Carroll 410-386-3800	Cecil 410-996-5295	Charles 1-855-843-9725
Dorchester, Somerset, Wicomico 410-742-0505, ext. 109	Frederick 301-600-1234	Garrett 301-334-9431
Harford 410-638-3025 ext. 2521	Howard 410-313-5980	Montgomery 240-777-3000
Prince George's 301-265-8450	Queen Anne's 410-758-0848	St. Mary's 301-475-4200 ext. 1057
Washington 301-790-0275	Worcester 410-632-9915	

DIAL 2-1-1, PRESS 1

**NEED TO TALK? WE'RE HERE FOR YOU,
ALL CALLS ARE CONFIDENTIAL**

Systemic Challenges- Aging System

Challenge:

Too often, individuals with behavioral health disorders are inappropriately placed in facilities that cannot provide necessary services

Example: Long-term care facilities or nursing homes.

Opportunities:

- Provide targeted geriatric behavioral health education and training to the long-term care workforce.
- Make Older Adult Behavioral Health PASRR Specialists and Assertive Community Treatment (ACT- request from your local behavioral health authority) teams available to assist NH and AL
- Peer support in NH and AL

Training for Aging Professionals

- [SAMHSA and NCOA Issue Brief Series \(12\)](#)
- [Treating Substance Use Disorder in Older Adults: Treatment Improvement Protocol \(TIP\) 26](#)
- SAMHSA resources for [Serving Older Adults](#)
- [Older Adult Behavioral Health Initiative](#)
- Training materials from BHA's Office of [Older Adult Behavioral Health and PASRR](#)
- [Mental Health First Aid](#) (Maryland)
- [Engage With](#) training for long-term care workforce



Fuqua Center for
Late-Life Depression



Resource for all!

"Mental Health in Later Life: A Guidebook for Older Marylanders and the People Who Care for Them"

MHAMD publication

Download or order free copies
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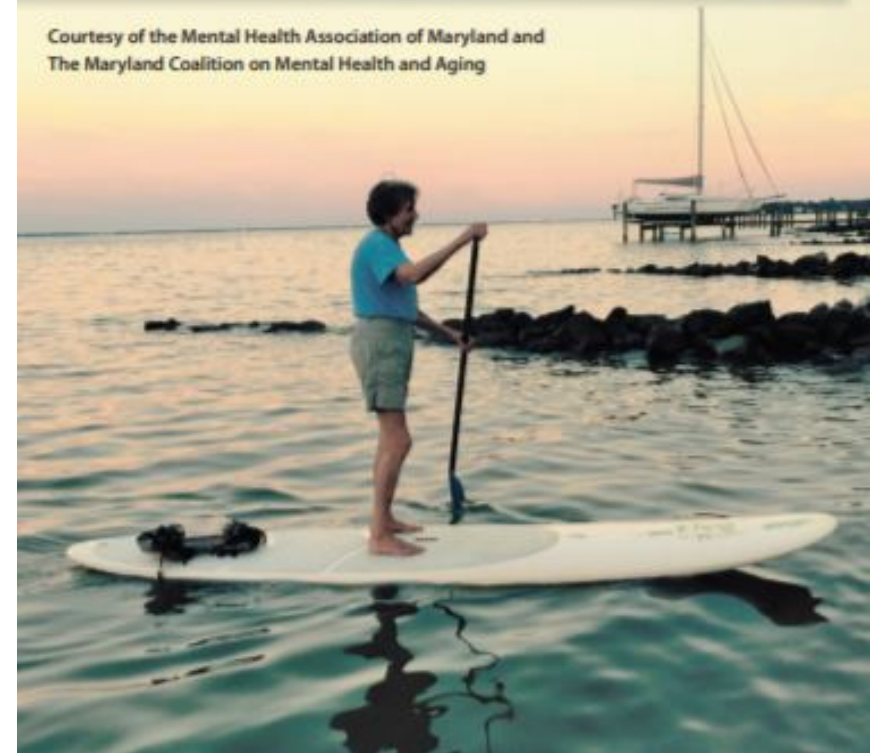


OLDER ADULTS
VIBRANT MINDS

Mental Health in Later Life

A Guidebook for Older Marylanders and the People Who Care for Them

Courtesy of the Mental Health Association of Maryland and
The Maryland Coalition on Mental Health and Aging



Systemic Challenges- Aging System

Challenge:

As people age, decisions are more often made based on health and function, not personal goals.

Opportunities:

- Utilize [NCAPPS](#) Informed Decision-Making model.
- Help facilitate self-determination whenever possible.
- Connect Caregivers with support
- Person Centered Planning

Resources

- Regional [Centers for Independent Living](#)
- Local [Area Agencies on Aging](#)
- [Family Caregiver Support Program](#)
- [Maryland Commission on Caregiving](#)

Systemic Challenges- Aging System

Challenge:

Typical senior programming is not recovery-focused or recovery-informed.

Opportunity:

- Partner with local behavioral health providers or peer organizations to:
 - A. Adapt existing recovery programming for seniors,
 - B. Bring recovery programming to a senior facility,
 - C. Get feedback on how the services you provide can better consider seniors with lived experience.

“

Ageism is the stereotyping, prejudice, and discrimination against people on the basis of their age.

”

— World Health Organization

Stigma

Challenges

Ageism can create a self-fulfilling culture of social isolation, physical and cognitive decline, lack of physical activity and economic burden.

Stigma of mental health and substance use disorders is particularly acute among older adults

Opportunities:

- Promote positive aging education and messaging
- Provide non-judgmental, fact-based education about aging and behavioral health

Resources

- [Primary Care Provider Education Project](#) (MHAMD)
- [Reframing Aging](#)
- [Distorted Perceptions](#)
- [Anti-Stigma Project](#)
- [This Chair Rocks](#)

Challenge: Confusion of symptoms

Behavioral health disorders share many of the same signs and symptoms as:

- chronic conditions and illness
- medication side effects
- stressful life circumstances

Proper screening is very important!



EXHIBIT 3.2. Drug and Alcohol Screening Tools

Alcohol:

- Alcohol Use Disorders Identification Test (AUDIT)
- Alcohol Use Disorders Identification Test-C (AUDIT-C)
- Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G)
- Senior Alcohol Misuse Indicator (SAMI)

Cannabis:

- Cannabis Use Disorder Identification Test-Revised (CUDIT-R)

Multiple substances:

- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- Brief Addiction Monitor
- CAGE Adapted to Include Drugs (CAGE-AID)
- National Institute on Drug Abuse (NIDA) Quick Screen V1.0



"Substance Misuse Screening Measures Appropriate for Use With Older Adults",
"Screening for Co-Occurring Disorders and Conditions",
"Conducting Brief Assessments and Interventions" etc.

[Treating Substance Use Disorder in Older Adults](#): Treatment Improvement Protocol (TIP) 26
Chapter 3

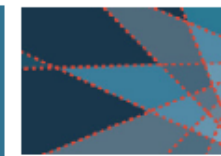


EXHIBIT 3.3. Screening Tools for Co-Occurring Mental and Cognitive Disorders

Co-occurring conditions in general	<ul style="list-style-type: none"> • Comorbidity Alcohol Risk Evaluation Tool (CARET)
Depression	<ul style="list-style-type: none"> • Geriatric Depression Scale (GDS)–Short Form • Patient Health Questionnaire-9 (PHQ-9)
Anxiety	<ul style="list-style-type: none"> • Geriatric Anxiety Scale (GAS) • Penn State Worry Questionnaire (PSWQ)
PTSD, trauma symptoms, and elder abuse	<ul style="list-style-type: none"> • PTSD Checklist for DSM-5 • Primary Care PTSD Screen for DSM-5 • Elder Abuse Suspicion Index[®] (EASI[®])
Cognitive impairment	<ul style="list-style-type: none"> • Mini-Cog[®]

"Substance Misuse Screening Measures Appropriate for Use With Older Adults",
 "Screening for Co-Occurring Disorders and Conditions",
 "Conducting Brief Assessments and Interventions" etc.

[Treating Substance Use Disorder in Older Adults](#): Treatment Improvement Protocol (TIP) 26, Chapter 3

Resources

- Geriatric Assessment tools
 - Available at: AERS, [PASSR](#), [Regional Behavioral Health Specialists](#), primary care physicians and referral to geriatric specialists.
 - [Health In Aging: Find a Geriatrician](#)
- Just as there are geriatric assessment tools, there are geriatric specialized treatment options for mental health care.
 - Reach out to your local [Geriatric Behavioral Health Specialist](#) for help finding resources in your area.

Resources

- University of Maryland [Peter Lamy Center for Drug Therapy and Aging](#) (Info about drug reactions and consultation.)
- The National Association of State Mental Health Provider Directors, [trauma informed resource page](#)

Challenge: Financial and reimbursement concerns

State Health Insurance Assistance Program (SHIP)

Counselors can discuss:

- Medicare Part A: Hospital Insurance
- Medicare Part B: Medical Insurance
- Medicare Part C: Advantage Plans
- Medicare Part D: Prescription Drug Plans
- Financial Assistance for Low-Income Beneficiaries
- Billing Issues, Appeals, Denials, and Grievances
- Medicare Fraud and Abuse
- Volunteer Opportunities
- Community Presentation Requests

Counselors throughout Maryland

Get Answers to Questions about:

- Coverage Changes
- Preventive Services
- Out of Pocket Expenses
- Eligibility Criteria
- Coverage Gaps
- Who Pays First
- Financial Help w/Copays
- Medicare Fraud
- Your Rights



LOCAL HELP FOR PEOPLE
WITH MEDICARE



Larry Hogan | Governor
Boyd K. Rutherford | Lt. Governor
Rona E. Kramer | Secretary

Challenge: Individual Support Resources

Challenge:

- Limitations of primary care providers
- Need for care coordination
- Loss of longstanding support (people and systems)
- Long-distance caregiving
- Need for resource education

Opportunities:

- Robust behavioral health services and supports for individuals in waiver programs, Community First Choice and personal care services
- Support for caregivers
- Suicide prevention strategies

Resources

- MHAMD's [PCP Education initiative](#)
- Area Agencies on Aging
- [Family Caregiver Support Program](#)
- [Maryland Commission on Caregiving](#)
- Peer Support
- Empowerment Practices
- Recovery Supports/ Recovery-minded programming

Bridging the Gap

- [Older Adult Behavioral Health PASSR Specialists](#)
- [Maryland Coalition on Mental Health & Aging](#)
- Peer Support- Reach out to [Vibrant Aging: Peers Program](#)
- [E4 Center of Excellence](#) for Behavioral Health Disparities in Aging



Questions, Answers, Thoughts and Insights

Thank you!

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410-598-4002



OLDER ADULTS
VIBRANT MINDS
VIBRANT AGING: PEERS PROGRAM

a program by:

mhamd 
MENTAL HEALTH ASSOCIATION OF MARYLAND