

PEARLS: Program to Encourage Active, Rewarding Lives

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Brief Description

PEARLS (Program to Encourage Active, Rewarding Lives) is a treatment program designed to address depression symptoms and improve overall quality of life among older adults. The program consists of counseling sessions that focus on improving problem-solving skills, increasing physical activity, and promoting participation in rewarding social activities. These in-person sessions typically take place at home but can be conducted in other appropriate community-based settings. Follow-up maintenance sessions are conducted over the phone. PEARLS is included in ACL's [Aging and Disability Evidence-Based Programs and Practices](#) as well as in CDC's 2009 issue brief, [Addressing Depression in Older Adults: Selected Evidence-Based Programs](#). It was also selected as a featured tool by the [Suicide Prevention Resource Center](#).

Is it a good fit for my agency?

PEARLS is suitable for any community-based organization providing home-based specialty mental health services to older adults (ages 60 or older). Staff requirements include service providers willing to be trained as PEARLS coaches to deliver counseling sessions. A graduate degree or previous counseling experience is not needed to qualify as a coach. Trained coaches work under the clinical supervision of a mental health professional (psychiatrist, psychiatric nurse practitioner, licensed clinical social worker, licensed geriatrician, or other primary care provider) who monitors participants' progress, manages medications if needed, and determines if more intensive treatment is needed. The PEARLS team is also expected to include a staff member familiar with existing mental health resources in the community for referring participants who need alternative or more intensive treatment. Program implementation typically takes four to five months. The program has been successfully implemented by Area Agencies on Aging (AAA), community mental health centers, senior centers, and other providers of home and community-based services to older adults.

Examples of Successful Implementation

1. [Catholic Community Services](#), the official human service outreach arm of the Catholic Church in western Washington state, uses the PEARLS model in its [African American Elders Program](#). The program is located at the [Randolph Carter Family and Learning Center](#) in Seattle. Coaches visit homebound African American older adults to deliver in-home counseling services.

2. [Maryland Living Well Center of Excellence](#), a community-based social service organization partnering with local AAAs, healthcare providers, and other community resource providers, offers PEARLS services tailored specifically to [older veterans and their spouses](#). The program has been especially successful in addressing depression in this population. The Center reported that 60% of the 50 people served in 2018-19 achieved total remission, and 33% reduced their depressive symptoms.

3. [Merced County AAA](#) in California offers [PEARLS services](#) to the multicultural older adult population in its catchment area. The program provides language assistance and interpreter services—including American Sign Language interpreters—to all clients who request such assistance.

Cultural Adaptations

PEARLS recognizes and accommodates the culturally specific nature of aging and elder care. The training encourages cultural adaptations and has been implemented in a wide range of settings including in tribal, Asian American, Jewish, LGBTQIA+, African American, and Latinx communities.

How Does It Work?

Frontline staff who will deliver services undergo a 2-day training in Seattle. During the COVID-19 pandemic, the training was adapted to take place virtually over a period of a few weeks. Trained PEARLS coaches meet one-on-one with participants for one-hour sessions, initially once a week. As the participant builds problem-solving skills, the frequency is gradually reduced to monthly meetings. The coach works with participants using a team-based approach that empowers them to actively collaborate in setting the pace and the agenda. Emphasis is placed on building problem-solving and coping skills, and on planning and carrying out activities that increase physical exercise and social engagement. The program includes six to eight in-person sessions followed up by telephone check-ins over the course of four to five months.

Where to Find Program Information

The PEARLS implementation toolkit is available for download [on the University of Washington website](#). It includes a summary of the program's background and history, detailed instructions and guidance for starting the program, and all the forms needed to create an organizational infrastructure to manage the program and collect evaluation data. Further detailed information about PEARLS is available on the program's [website](#). A two-hour [online course](#) provides an overview of the model.

Financing and Implementing PEARLS Through Community Collaborations

Program Costs

The PEARLS coach training costs \$500 per person plus the cost of travel to Seattle if attending in person. The total cost of implementation will vary by staff salaries and unit rate for counseling sessions. Counseling costs per person should factor in eight hours plus one hour for initial screening and several brief maintenance calls over the telephone (the final number will depend on need). In addition, cost estimates need to factor in the cost of travel to the participant's home, 1-4 hours of clinical supervision per coach, and a similar amount of programmatic supervision if a program manager has been assigned to the program (recommended). Paperwork takes an additional 15-30 minutes per participant per session and community outreach and program recruitment may take 1-4 hours per week. Having well-established community partnerships can help reduce recruitment costs; recruiting existing service recipients into the program further reduces the need for extensive recruitment activities. A two-hour online informational course is available and costs \$95 per person. (The informational course is not a training requirement.)

Potential Funding Sources

The program has been implemented by 133 organizations across 26 states. Potential funding sources include:

- ❖ Government or foundation grants
- ❖ Older Americans Act Title III-D
- ❖ State or local tax levies (e.g., CA's Mental Health Services Act)
- ❖ Direct billing or fee-for-service payments
- ❖ Medicaid waivers

It is also worth investigating whether any local agencies in the area offer free PEARLS coach training. One such example is the [Council on Aging for Southeastern Vermont](#).

Value of the Program

Potential funders typically ask how the program will add value to the community and help advance individual health and well-being and population health, facilitating treatment and recovery efforts, and/or reducing overall health costs. The following are important program outcomes to note in this context.

In a 12-month randomized control [study](#) of 138 older adults...

- ❖ Clinical depression scores decreased to half their intake levels or lower for 43% of PEARLS participants compared to 15% of the control group.
- ❖ Complete remission from depression was achieved by 36% of PEARLS participants compared to 12% of the control group.
- ❖ Compared to the control group, PEARLS participants were significantly more likely to increase their scores on functional and emotional wellbeing scales.



Expected Impact on Overall Healthcare Costs

- ❖ **Research¹ has shown that ED visits, hospitalizations, overall healthcare costs, and productivity loss among adults with a depression diagnosis increase significantly with the severity of symptoms.**
- ❖ **PEARLS has been shown to decrease depression symptoms and facilitate remission and would thus be expected to reduce healthcare resource use and overall costs for its participants.**

¹Chow, W., Doane, M.J., Sheehan, J., Alphas, L., Le, H. (2019). Economic burden among patients with major depressive disorder: An analysis of healthcare resource use, work productivity, and direct and indirect costs by depression severity. *American Journal of Managed Care*, 25(2), [Supplement](#).