System of Care Services for Older Adults

Analysis of the Older Adult System of Care Demonstration Project

Fiscal Years 2000 - 2003

In Response to

Welfare and Institutions Code Section 5689.8 - 5689.9

CALIFORNIA DEPARTMENT OF
Mental Health

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EXECUTIVE SUMMARY

This document is an analysis prepared by the California Department of Mental Health for stakeholders of the Older Adult System of Care Demonstration Project (e.g., the Long Term Care Coordination Council, California Mental Health Directors Association, California Mental Health Planning Council, Older Adult Demonstration Project participants, and other interested individuals and entities), as required by Welfare and Institutions Code Section 5689-5689.9. The intent of the Older Adult System of Care Demonstration Project legislation was to encourage the development and testing of coordinated, consumer-focused, comprehensive systems of care consistent with recommendations contained in the California Mental Health Master Plan's Older Adult Chapter (1991). This report provides information regarding the implementation of the project, and evaluation results regarding the extent to which county systems of care (1) implemented system of care components as intended, (2) served the older adult target population, and (3) achieved positive older adult consumer outcomes. It also provides recommendations for future older adult system of care planning.

Major findings are as follows:

1. The four county older adult system of care demonstration projects (Humboldt, San Francisco, Stanislaus and Tuolumne Counties) were successful in establishing mental health and aging advisory coalitions, and in achieving coordination between relevant agencies and other entities in their communities.

2. County projects successfully implemented practical aspects of their older adult system of care designs in order to increase access and support delivery of comprehensive services, (e.g., mobile units, staff in primary care settings, peer counseling development, combined assessment of mental health and medical issues, outreach, and primary care education).

3. Counties demonstrated increases in the number of older adult persons served, which were attributable to the demonstration projects' access-enhancing strategies. Counties exceeded the target number of older adult consumers specified in their grant proposals.

4. Older adult demonstration projects served the target population of consumers, consistent with the objectives of the supporting legislation. Consumer diagnoses and functional difficulties highlight the substantial need in California communities for older adult system of care services.

5. The majority of consumers reported positive quality of life after participating in these pilot projects. The majority of older adult consumers also reported improvement with respect to seven areas of personal

functioning as a direct result of system of care services. In particular, 84.4% were able to deal more effectively with daily problems, 82.6% were better able to control their lives, 79.9% were better able to deal with crisis, and 79.8% were better able to get along with family members.

6. Overall, an overwhelming percentage of older adult consumers (over 96% across three service perception domains: service access, appropriateness and general satisfaction) reported positive perceptions of the services they received from the older adult systems of care. The results for these older adults are somewhat higher (7% to 8% higher) than the results obtained from a recent assessment of the public sector, general adult mental health services population in California. These comparative findings demonstrate how the county older adult demonstration projects have provided enhancements to their general mental health services systems that are recognized and appreciated by their participants.

The current demonstration projects were successful in improving access, reducing service barriers, and serving multiple needs through multi-agency, comprehensive, integrated care. Findings suggest that future designs for older adult systems of care might focus on ways of enhancing consumer engagement and retention, in addition to increasing outreach and integrated service delivery.

Additionally, in the process of providing outreach and assessment services to the target population of clients, age 60 and over, the Demonstration Projects discovered a number of transition age adults (ages 55-59) who required evaluations and services similar to their older counterparts. Furthermore, regardless of age, some individuals presented with concomitant mental, physical and cognitive disorders, or symptoms that could be the result of one or more of such types of disorders, thereby making initial differential diagnosis a complex process. Due to the presentational complexities in the aging population, integrated systems of care services might best begin at the point of assessment, even *before* individuals are diagnosed (or perhaps appropriately, not diagnosed) with a mental disorder. Project findings point to the need for a broadening of the older adult system of care target population criteria to include younger individuals and those for whom the mental disorder diagnostic picture is complex/initially unclear. Overall, demonstration project results underscore the importance of supporting the development of comprehensive service delivery systems that emphasize multi-agency responsibility, expert assessment, and evidence-based practices, in order to best serve the complex needs of older adults in California communities.

ISSUE STATEMENT

This document is an analysis prepared by the California Department of Mental Health for stakeholders of the Older Adult System of Care Demonstration Project (e.g., the Long Term Care Coordination Council, California Mental Health Directors Association, California Mental Health Planning Council, Older Adult Demonstration Project participants, and other interested individuals and entities), as required by Welfare and Institutions Code Section 5689-5689.9. This report provides information regarding the implementation of the project, and evaluation results regarding the extent to which county systems of care (1) implemented system of care components as intended, (2) served the older adult target population, and (3) achieved positive older adult consumer outcomes. It also provides recommendations for future older adult system of care planning.

BACKGROUND

Relative to their representation in the general population, and in comparison to the percentage of younger adults and children who receive public mental health services, older adults have been substantially underserved in the California public mental health system.[1] Special issues impact service delivery to older adults, which typically have reduced their access to services delivered via traditional models (e.g., outpatient mental health clinic visits), and complicate their clinical presentation, treatment course and recovery. These issues include cultural and linguistic isolation, homelessness, economic hardship, sensory, physical and cognitive difficulties, loss of family and social support networks, nutritional status, and vulnerability to over-medication. Barriers to appropriate mental health care include stigma, lack of availability and visibility of mental health services, practical constraints (e.g., lack of transportation), and lack of comprehensive and integrated assessments (e.g., of mental illness and physical problems) that identify mental health versus other potentially confounding conditions.

The purpose of the Older Adult Demonstration Project and its corresponding legislation was to “support pilot projects that address the specific needs of older adults with mental illness by testing existing and new models for coordinated, comprehensive service delivery”. Substance Abuse and Mental Health Services Administration’s (SAMHSA) Community Mental Health Services Block Grant resources were used (approximately $5 million over a three-year period) to fund

[1] A comparison between FY 2000-2001 mental health services utilization data and 2000 census data shows that older adults (> age 65) make up over 10% of the general population, but only about 3% of the mental health services population. In contrast, adults and children make up a greater percentage of the mental health service population as compared to their representation in the general population. For example, adults (ages 18-65) make up 62% of the general population and 67% of the service population, while children (< 18 years) make up 27% of the population and nearly 30% of the service population. Although older adults are often served through primary care using MediCare dollars, this fact does not fully account for the discrepancy between public sector mental health service utilization for older adults versus other age groups.

the Older Adult Demonstration Project beginning in FY 2000-2001. Funds appropriated for the Older Adult System of Care Demonstration Project were used for the development and testing of four coordinated, consumer-focused, comprehensive older adult systems of care, the designs of which were consistent with recommendations contained in the California Mental Health Master Plan's Older Adult Chapter (1991).

Recommendations contained in the California Mental Health Master Plan's Older Adult Chapter (1991) include the following:

(1) A full array of services should be available – from prevention to the least restrictive service plan that is appropriate to the need.
(2) Coordination and continuity of services are essential, and family involvement, peer support, and community-based adult day health care should be emphasized in lieu of more restrictive alternatives when appropriate.
(3) Service delivery must be culturally, racially, and linguistically respectful and competent.
(4) An older adult system of care must include a comprehensive medical and psychiatric model: Complete psychiatric assessments for older persons must include a physical and psychosocial evaluation. A multi-disciplinary team approach, and service coordination with medical and social service providers is key.
(5) Transportation, mobile, and home-based services must be included, as older adults often experience reduced mobility.

Through a competitive process conducted by the California Department of Mental Health beginning in the latter part of 2000, four local mental health departments, representing different geographic areas of California were selected for participation in the Older Adult Demonstration Project: (1) Humboldt County, (2) San Francisco County, (3) Stanislaus County, and (4) Tuolumne County. These counties were selected due to their representation of both rural and urban areas of the state, and based on the fact that their proposals demonstrated the greatest potential for developing collaborative programs consistent with the above recommendations and legislative intent.

OBJECTIVE

The objective of this analysis is to provide Older Adult System of Care Demonstration Project stakeholders (e.g., the Long Term Care Coordination Council, California Mental Health Directors Association, California Mental Health Planning Council, Older Adult Demonstration Project participants, and other interested individuals and entities) with information regarding the development, testing, and results of model older adult systems of care, in accordance with Welfare and Institutions Code Section 5689-5689.9.

DEMONSTRATION PROJECT DESIGNS AND EVALUATION METHODS

The four pilot project counties utilized different Older Adult System of Care designs that were tailored to their community/local needs. System design attributes reflected the unique population and service area characteristics within the counties, e.g., older adult demographic make-up, county size, rural versus urban lifestyle, etc. Pilot programs developed and/or enhanced their older adult systems of care by identifying specific areas of focus relevant to service access and delivery. For example, San Francisco County targeted potential consumers whose homeless status or other characteristics increased their likelihood of "falling through the cracks" within a traditional service delivery model; Tuolumne County emphasized education of primary care providers regarding mental health issues, and stationed a mental health professional at a primary-care practice in order to improve service access, referral and coordination for older adults; Humboldt County utilized mobile outreach teams to increase access to services for its primarily rural communities; and Stanislaus County initiated a process of formal service coordination, case-management, resource linkage and assertive follow-up to improve mental health service access and engagement.

Due to the differences in community characteristics and associated, unique, older adult system of care designs, a multi-dimensional approach to evaluation was used. (Please see Diagrams A and B, below, for the multi-dimensional project evaluation components and an example of how consumers were tracked through systems of care.) This approach combined program/system oversight principles with conventional evaluation methods so that (1) systems could be evaluated with reference to their specific objectives and service goals, and (2) uniform data across the four counties could be aggregated to demonstrate efficacy of the Older Adult Demonstration Project in general.

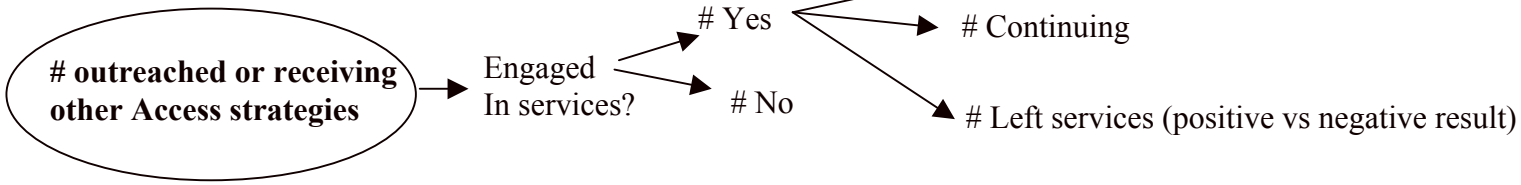
The multi-dimensional approach yielded data that successfully addressed specific legislative prescriptions regarding evaluation of (1) the implementation of system of care components as intended, (2) delivery of system of care services to the intended target population, (3) outcomes with respect to project allocations, and (4) directions for future planning. Sources of information used for this report were (1) local-level data, evaluation reports, and recommendations submitted by pilot counties to the California Department of Mental Health (DMH), (2) information from project oversight activities conducted by DMH, and (3) consumer-level data collected on common data elements collaboratively developed by DMH, county project participants, and the California Mental Health Planning Council.

OLDER ADULT SYSTEM OF CARE DEMONSTRATION PROJECT EVALUATION COMPONENTS

Process 1 / Outcome 1 — Coalition/ Coordination	**Was a coalition established / was coordination achieved between relevant agencies and other entities?**
Process 2 / Outcome 2 — Access Strategies	**Were the practical aspects of the design to increase access successfully implemented?** e.g., mobile units, staff in primary care settings, peer counseling, combined assessment of mental health and medical issues, outreach, primary care education, etc.
Outcome 3 — Increased Access	**Was access to services by the target population increased? Was the target number of persons engaged in treatment/services, or, alternatively, was there an increase in the number of older adult persons served that can be attributed to the OASOC access strategies?**
Process 3 / Outcome 4 — Services Delivered	**Were services delivered to older adult consumers once engaged - as initially specified by the project(s)? e.g., comprehensive treatment planning, appropriate multi-disciplinary services? How were services delivered, e.g., co-location, coordination & referral?**

Outcomes 4-6 — Project Results

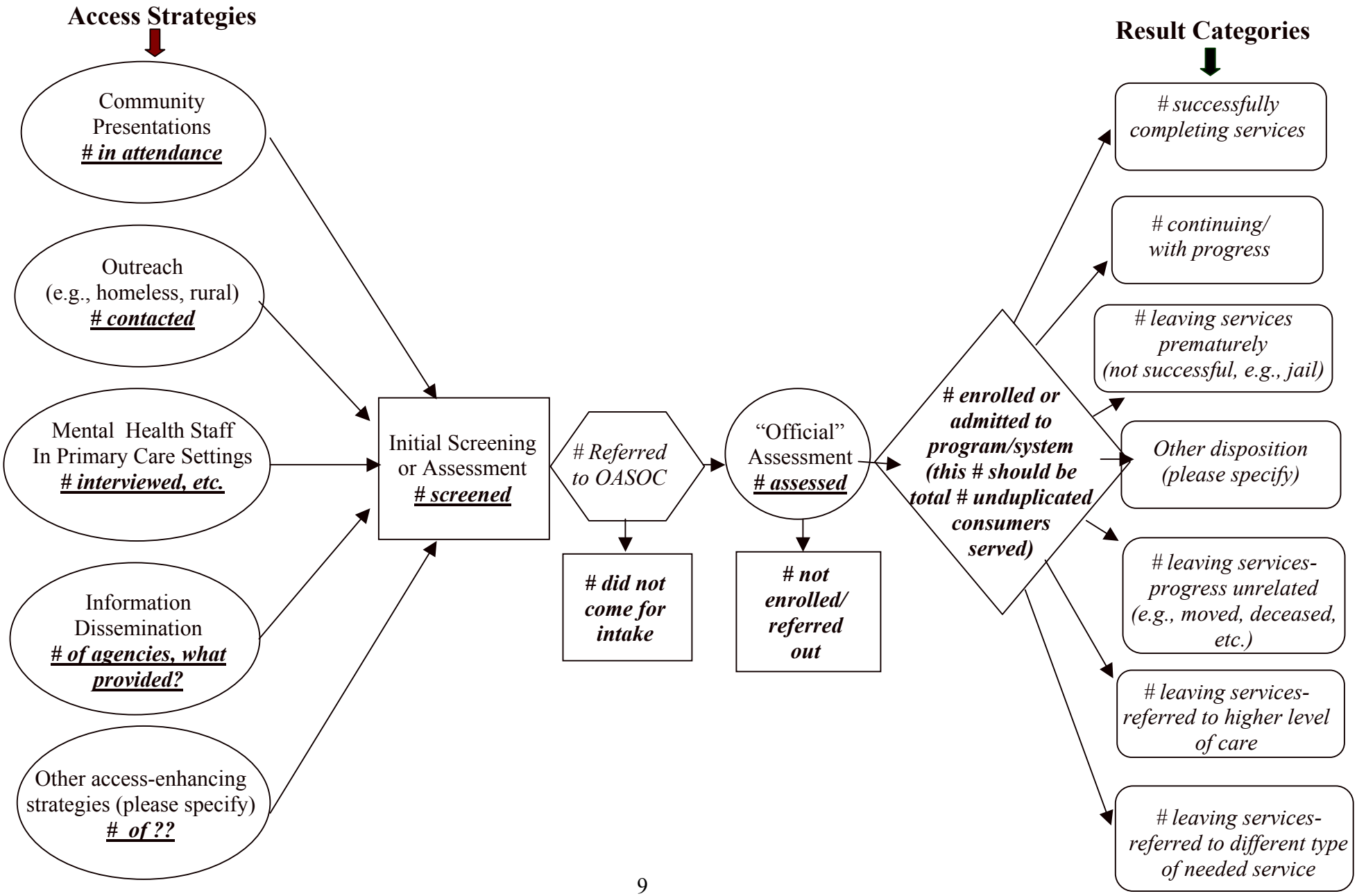
1. **System-Level Consumer Flow :**



2. **Aggregated Individual Consumer Results from Mental Health Statistics Improvement Program (MHSIP) survey and Quality of Life Assessment.**

3. **Expenditures / Allocation Information.**

Example of System-Level Consumer Flow Through Older Adult Demonstration Project



FINDINGS

Implementation of System of Care Components as Intended

Although there are differences in community characteristics among the Older Adult Demonstration Project Counties, and therefore among their respective system of care designs, a diagram is provided (See Diagram C, below) that attempts to summarize graphically the system of care components across the four county projects. The diagram illustrates counties' successes in the implementation of system of care components as intended, e.g., successful coalition establishment and agency coordination, successful implementation of access-increasing strategies and integrated/multi-disciplinary services as initially specified. (Results from consumer tracking efforts and positive service outcomes are presented in separate sections of this report).

All system of care projects were successful in achieving their implementation objectives and service delivery goals. Listed below are evaluation questions (previously outlined in Diagram A) pertinent to the system of care implementation components; questions are followed by descriptions of counties' achievements in those areas.

Was a coalition established / was coordination achieved between relevant agencies and other entities?

All projects successfully built mental health and aging advisory coalitions and achieved coordination between organizations in their communities.

- *Humboldt County* developed a senior services collaborative made up of consumers, multiple community agencies, mental health advocates, providers and caregivers with an investment in recovery and wellness.
- *San Francisco County* developed a coalition that included agency and committee representatives from its public health community behavioral health services department, senior services centers, aging and adult services department, committee on living with dignity, faith-based community services, Family Service Agency, Institute On Aging, residential care facilities and an inner-city hotel.
- *Stanislaus County* developed a mental health advisory coalition with members from its county's adult protective services; district attorney's, public guardian's, elder abuse prosecutor's and ombudsman's offices; police, sheriff's, mental health and fire departments; a religious organization, utility and ambulance companies, the local Area Agency On Aging and the Health Insurance Counseling and Advocacy Program (HICAP).
- *Tuolumne County* formed a coalition from mental health and drug/alcohol advisory board members, the county behavioral health director, contract provider clinicians, older adult community members and other public services consumers, and representatives from national

consumer organizations, the ombudsman's office and various community agencies.

Were the practical aspects of the design to increase access successfully implemented? Were services delivered to older adult consumers once engaged - as initially specified by the project(s)?

All projects were successful in providing a full array of multi-disciplinary, culturally appropriate, consumer-tailored services based on the California Mental Health Master Plan's Older Adult Chapter recommendations, including therapeutic recovery and habilitative services, case management, linkage to community resources, medical services, social services, housing, crisis intervention, suicide prevention, medication services, family and caregiver support, ongoing medical and depression screening, senior peer counseling, transportation, and home-based services. Each county focused on specific processes to successfully deliver these comprehensive services.

- *Humboldt County* focused on increasing community awareness of mental health and other older adult issues through local informational presentations, co-located mental health services with adult protective services and in-home supportive services; highlighted transportation services to serve its large, rural, often-isolated older adult population, and emphasized inter-agency, inter-disciplinary mobile services to older adults in their homes, as well as at adult day clinics, skilled nursing facilities, and other places of residence.
- *San Francisco County* focused on providing multi-disciplinary, comprehensive and integrated physical and mental health assessment of older adults; highlighted mobile outreach, assessment and service delivery, particularly to homeless populations; and targeted numerous allied services agencies, both for referral and service delivery in conjunction with mental health interventions.
- *Stanislaus County* focused on providing mental health screening and subsequent comprehensive assessment of mental health, medical and other psycho-social needs; targeted appropriate post-assessment service linkage to both mental health and other relevant treatments; emphasized multi-disciplinary service coordination and case-management services; and highlighted mobile assessments and treatments to reach older adults in their homes and other service locations.
- *Tuolumne County* emphasized stigma reduction through professional education to private medical practices, Native American clinics, osteopathic offices, and holistic centers; reached rural and geographically isolated older adults in numerous settings with mobile assessment and treatment teams; and co-located a mental health service professional with a medical practice in order to serve older adults

using an integrated care model that blends mental health and primary care services.

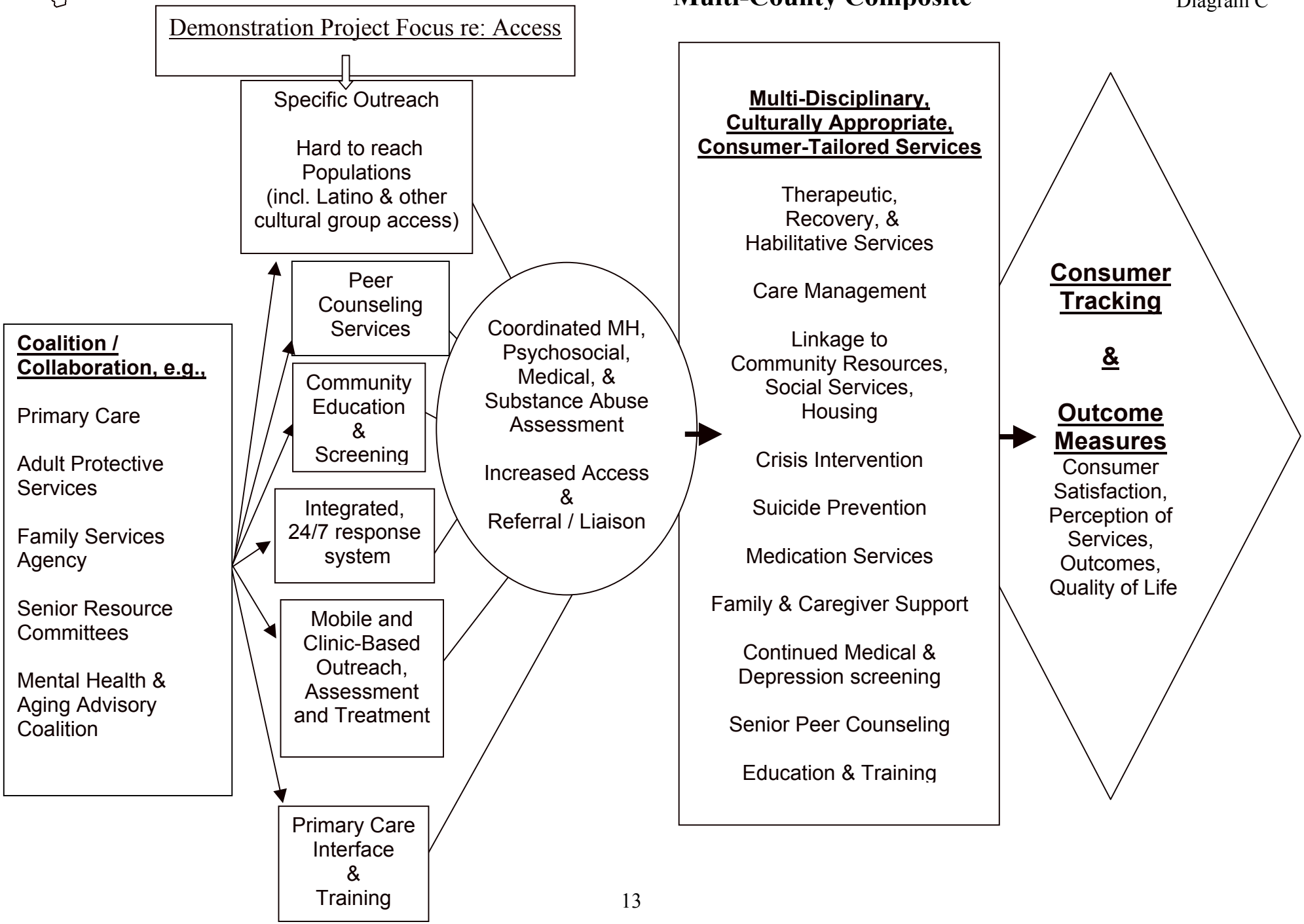
(Please also see results of access-enhancing strategies in the section of this report entitled “Increased Service Access”.)

California Department of Mental Health

OLDER ADULT SYSTEM OF CARE DEMONSTRATION PROJECT DIAGRAM

Multi-County Composite

Diagram C



Delivery of System of Care Services to the Intended Target Population

Figures 1 through 3 show the relative percentages of older adult demonstration project participants with respect to gender, age, and race/ethnicity groupings. Figures 4 through 7 highlight the conditions and difficulties of the older adult population that warrant treatment through improved access and system of care services. The information presented in this section demonstrates that the older adult programs are serving the target population of consumers, consistent with the objectives of the supporting legislation.

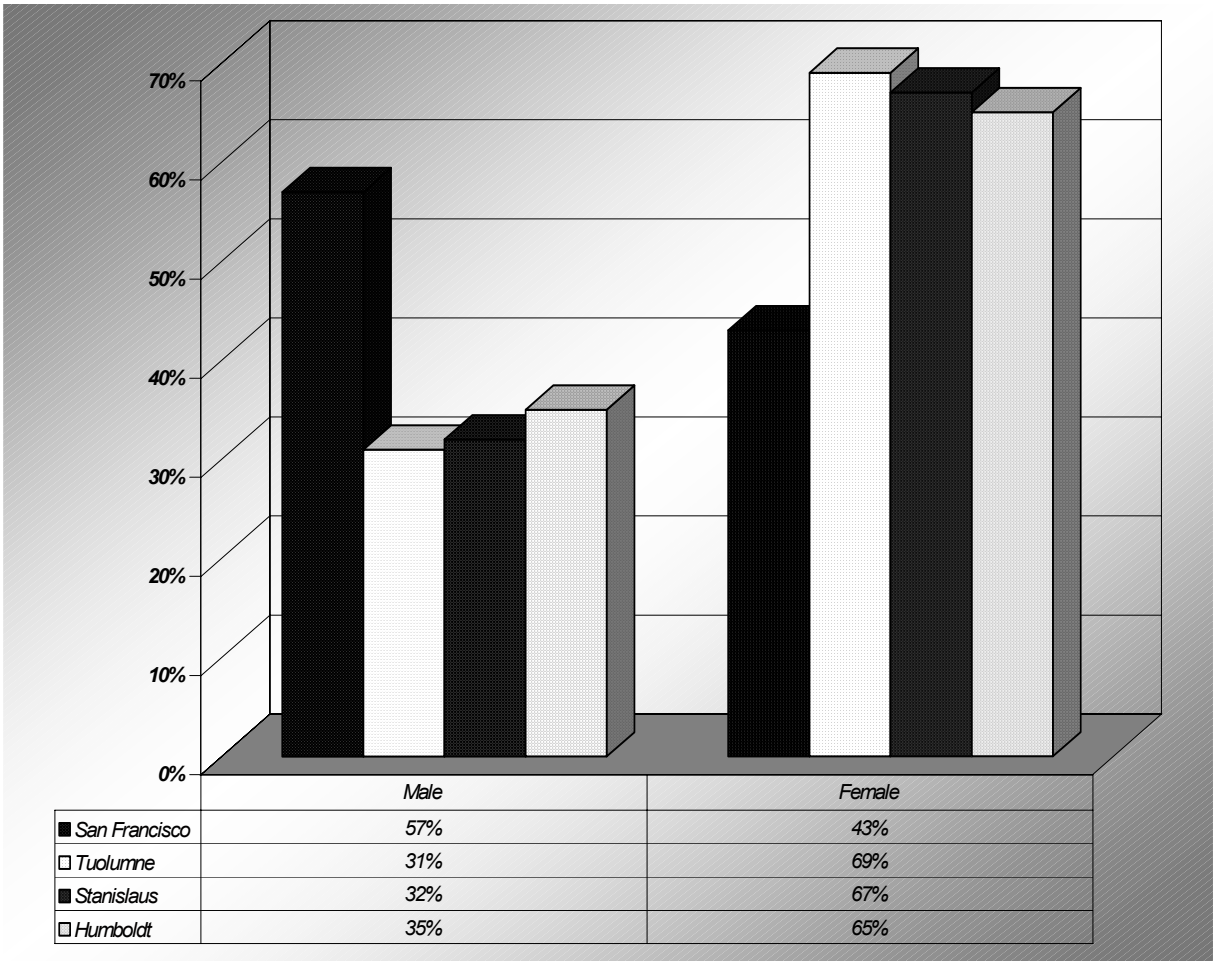
Some differences are apparent between county demonstration project populations with regard to demographic characteristics, diagnoses and functional impairments. However, these differences do not reflect counties' attempts to target specific age, gender, race/ethnicity, or diagnostic groups; nor do the demographic/diagnostic make-ups of (or levels of impairment depicted in) the older adult populations necessarily reflect the distribution of these characteristics in the counties' general older adult populations. Rather, counties appropriately responded to their communities' older adult needs. Thus, the populations described in this report represent those who were in need of services during the projects' time frame.

Demographic Characteristics

Gender

Figure 1, below, demonstrates that the majority of older adult system of care participants in Tuolumne, Stanislaus and Humboldt Counties were female (65 to 69 percent). Alternatively, in San Francisco County, more males were outreached/served. This difference is likely to be associated with San Francisco's targeted efforts to engage its homeless population, which continues to be predominately male.

Figure 1. Participant Characteristics: Gender

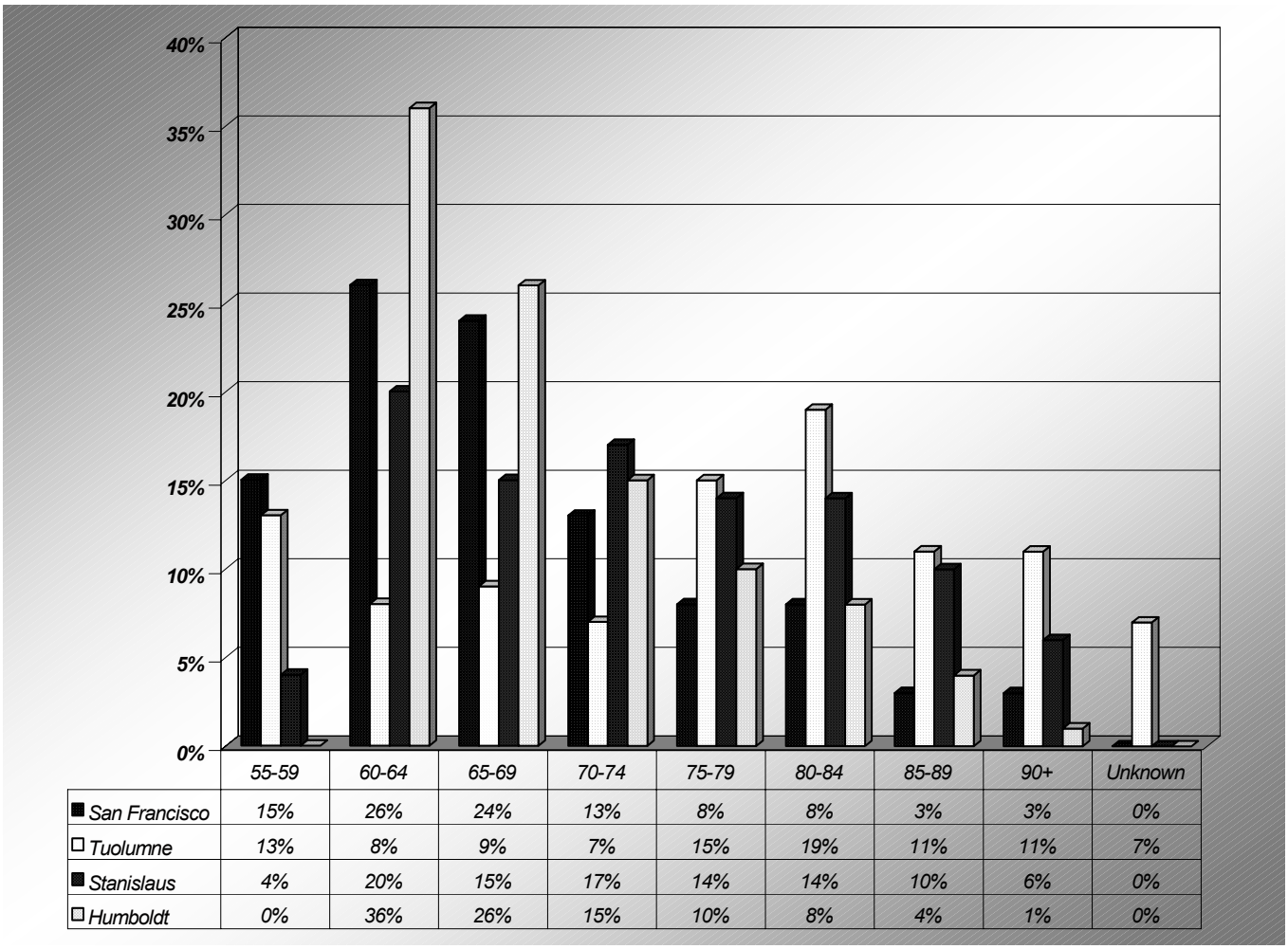


	Male	Female
San Francisco	57%	43%
Tuolumne	31%	69%
Stanislaus	32%	67%
Humboldt	35%	65%

Age

Figure 2 shows age group distributions across the four county projects. As previously mentioned, the differences in the age distributions between counties do not reflect an attempt to target particular age groups, but rather, represent counties' response to community needs. Although the Older Adult Demonstration Project legislation targeted older adults as age 60 and older, it is interesting that the demonstration project participants in need of system of care services also included individuals who were slightly younger (ages 55 –59, as reflected in the figure below). This issue is considered further in the "Summary and Directions for Future Planning" section of this report.

Figure 2. Participant Characteristics: Age

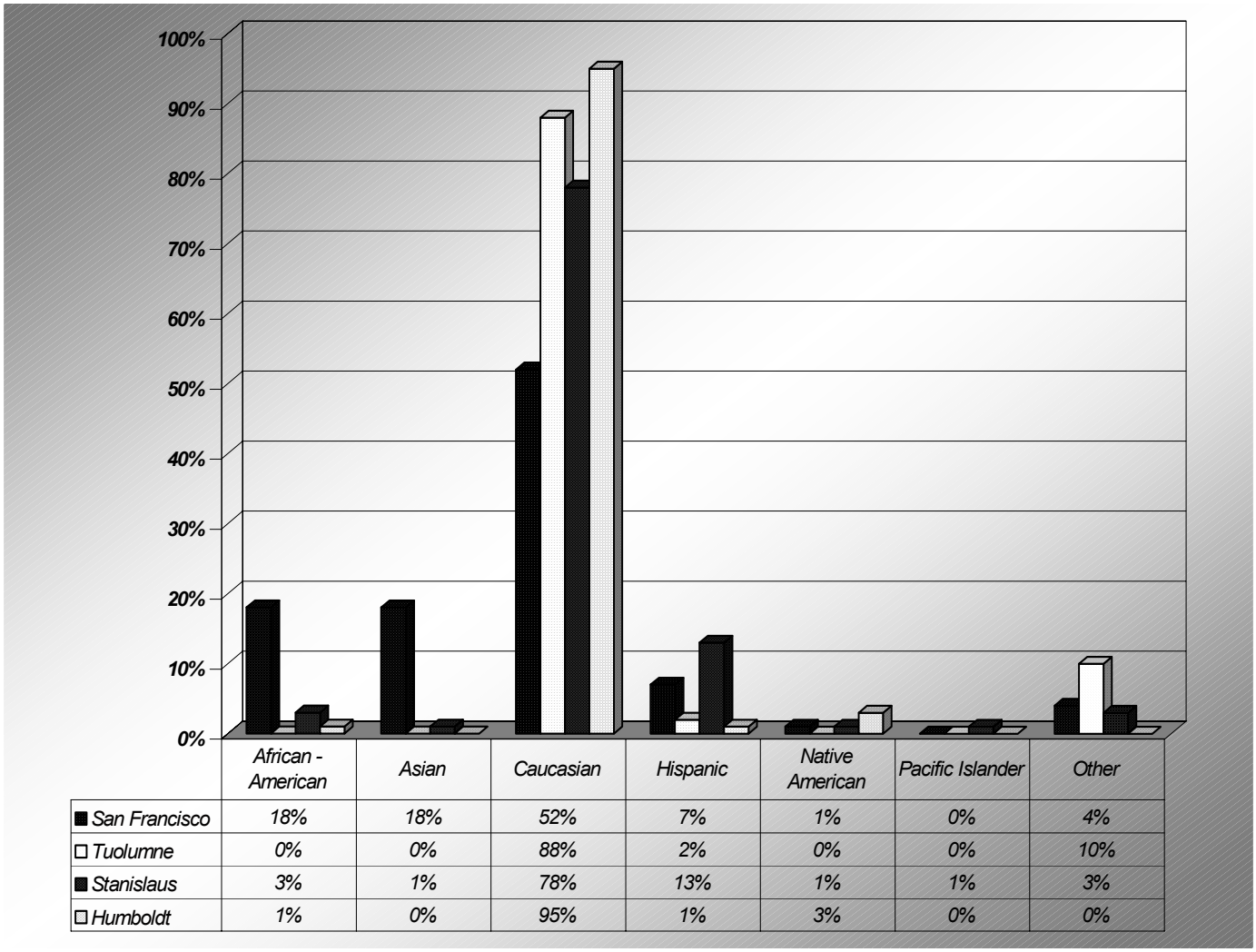


	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+	Unknown
San Francisco	15%	26%	24%	13%	8%	8%	3%	3%	0%
Tuolumne	13%	8%	9%	7%	15%	19%	11%	11%	7%
Stanislaus	4%	20%	15%	17%	14%	14%	10%	6%	0%
Humboldt	0%	36%	26%	15%	10%	8%	4%	1%	0%

Race / Ethnicity

Figure 3, below, shows that the Older Adult System of Care Demonstration Project populations in Tuolumne, Stanislaus and Humboldt County were predominately Caucasian (78% to 95%). Thirteen percent of Stanislaus demonstration project population was Hispanic, while three percent or less of the project participants in Tuolumne, Stanislaus and Humboldt Counties identified themselves as each of the following: African-American, Asian, Native-American or Pacific Islander[2]. San Francisco County's demonstration project population was somewhat more diverse, and reflective of the urban and metropolitan nature of the city of San Francisco.

Figure 3. Participant Characteristics: Race/Ethnicity



	African - American	Asian	Caucasian	Hispanic	Native American	Pacific Islander	Other
San Francisco	18%	18%	52%	7%	1%	0%	4%
Tuolumne	0%	0%	88%	2%	0%	0%	10%
Stanislaus	3%	1%	78%	13%	1%	1%	3%
Humboldt	1%	0%	95%	1%	3%	0%	0%

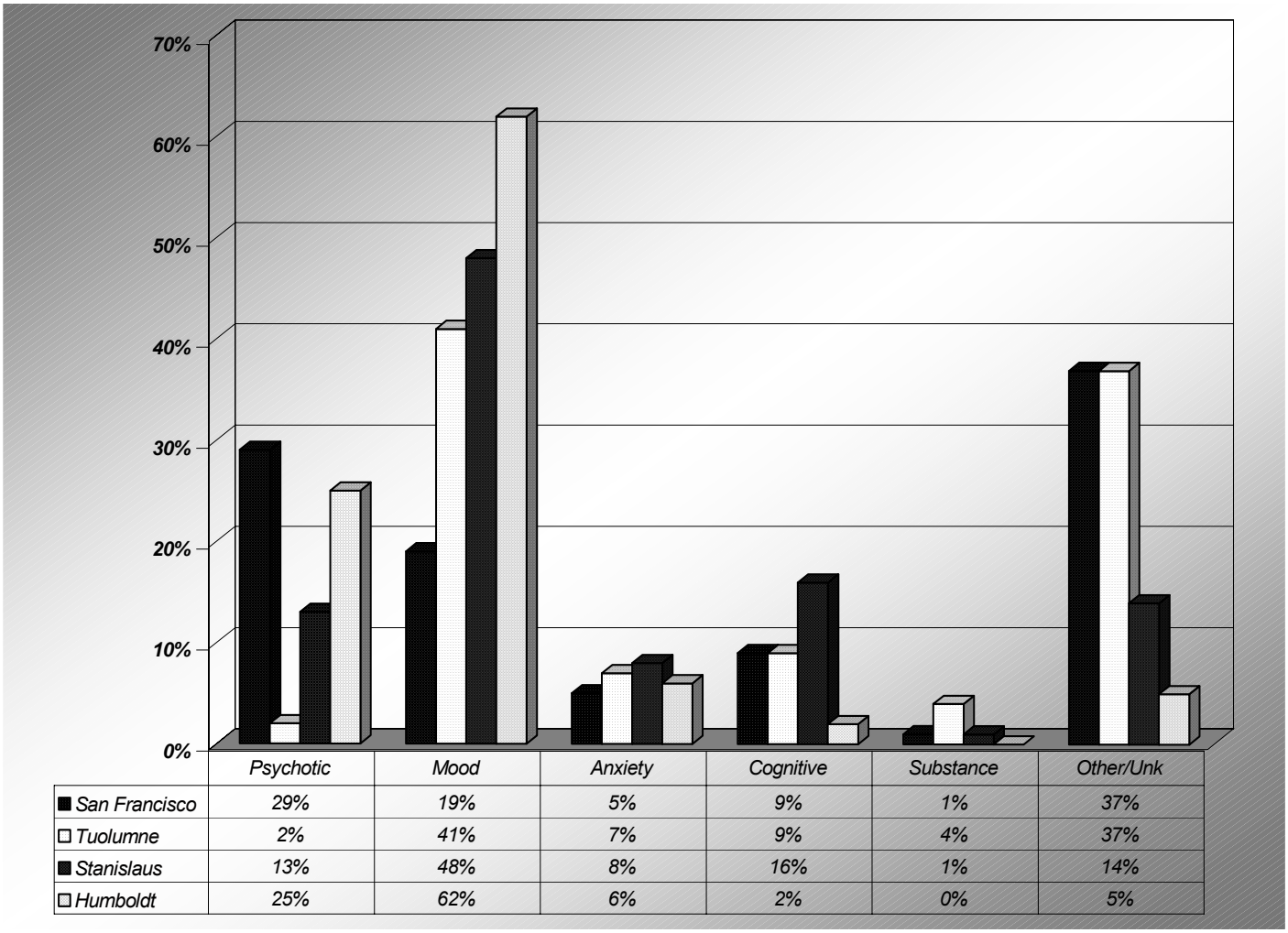
[2] Ten percent of Tuolumne County's Older Adult System of Care Demonstration Project population was from "Other" racial/ethnic backgrounds. "Other" was not specified.

Diagnoses and Functional Impairments

Diagnostic Category

Figure 4, below, shows the diagnostic category distributions for the participants in the four Older Adult System of Care Demonstration Project counties. Where diagnoses were given for participants[3], psychotic and mood disorders were most prominent, (with cognitive, anxiety and substance abuse diagnoses being less prevalent). Psychotic disorders and major mood disorders are considered to be some of the most debilitating mental illnesses; their prevalence in the demonstration project populations highlight the mental health service needs of older Californians.

Figure 4. Diagnostic Category



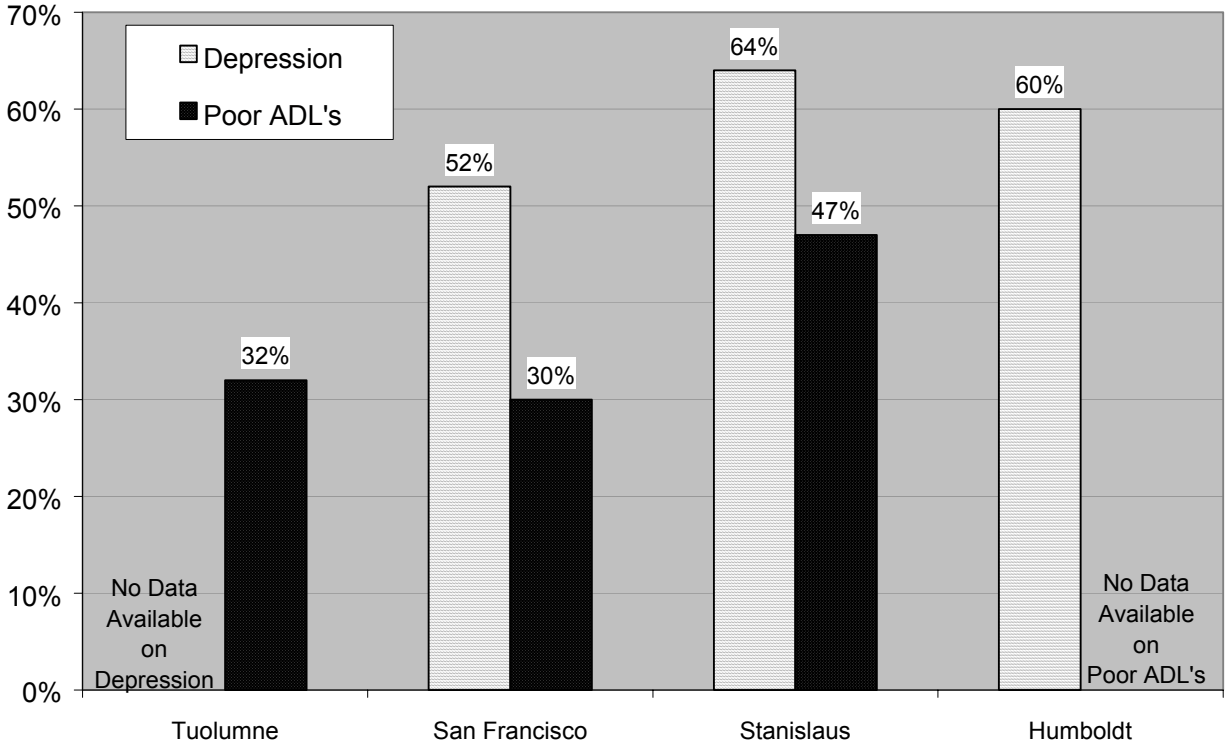
	Psychotic	Mood	Anxiety	Cognitive	Substance	Other/Unk
San Francisco	29%	19%	5%	9%	1%	37%
Tuolumne	2%	41%	7%	9%	4%	37%
Stanislaus	13%	48%	8%	16%	1%	14%
Humboldt	25%	62%	6%	2%	0%	5%

[3] The "Other/Unknown" category reflects unspecified, deferred, and unknown diagnoses. Programs reported following a process of minimizing stigmatization through deferring or reporting diagnoses as "unknown" when criteria were not fully met or when further information was necessary to make a complete assessment. Also, this category reflects participants who were referred out because they did not meet criteria for a mental disorder, or who left the system prior to a full assessment being completed.

Depression

Figure 5, below, demonstrates that over half (52 to 64 percent depending on the county project) of the participants who were evaluated in a similar manner[4] for initial depression had symptoms of depression that were clinically significant, that is, at a level high enough to warrant professional mental health intervention.

Figure 5: Percent of Older Adults in Each County with Depression and/or Difficulty Performing Activities of Daily Living



Activites of Daily Living (ADL's) measured include: Bathing, Dressing, Toileting, Transfers, Continence, Feeding

Activities of Daily Living

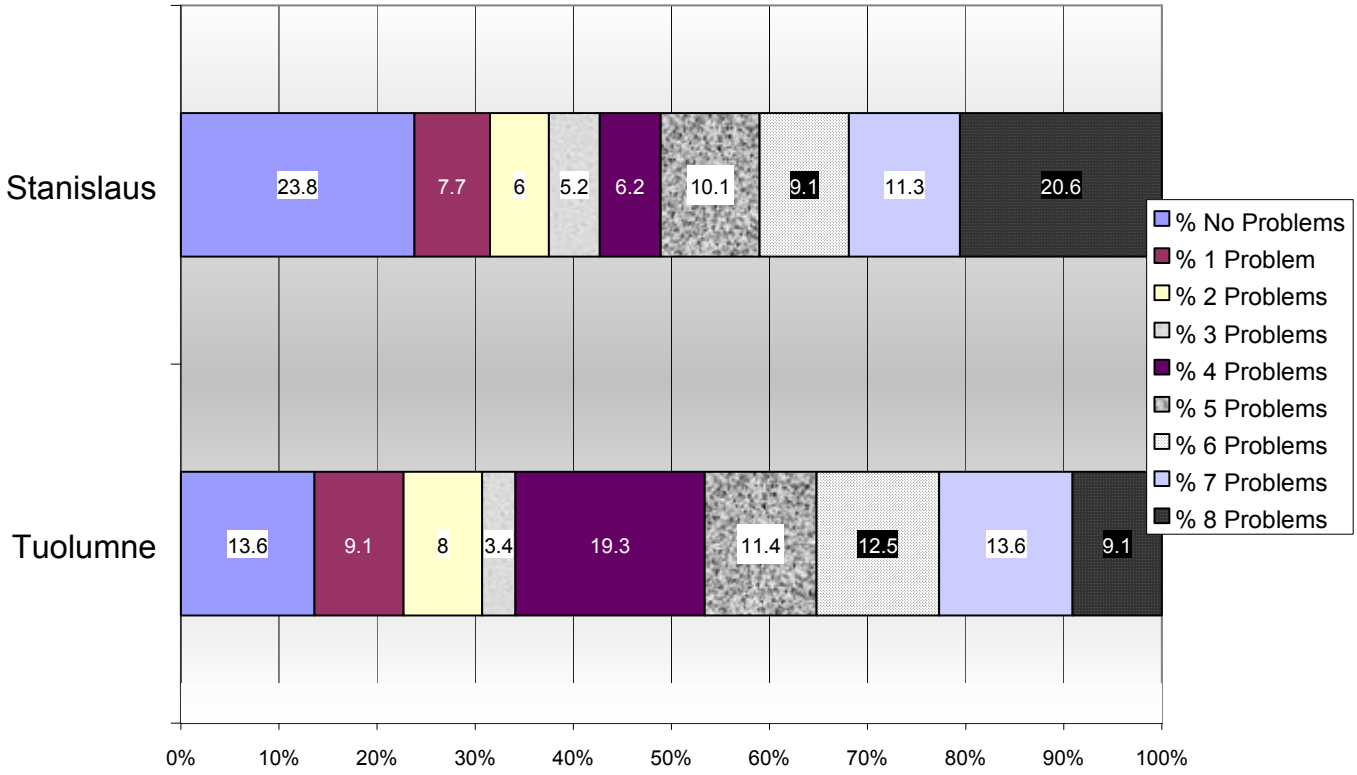
Figure 5 also shows that at least 30% (30 to 47 percent depending on the county project) of participants evaluated in a similar manner, had difficulty with one or more activities of daily living, including bathing, dressing, toileting, transfers (e.g., moving from standing to sitting; moving from sitting to lying down, etc.) continence and feeding themselves.

[4] All counties assessed older adult consumer symptoms and functioning for the Older Adult Demonstration Project. However, counties had some flexibility in how they assessed various symptoms and indicators of functioning. Where counties used similar measures, their data are presented together in graphic format.

Stanislaus and Tuolumne Counties were particularly interested in assessing instrumental activities of daily living, and utilized a standardized measure for this assessment[5]. Results of this assessment (found in Figure 6) further demonstrate the range and complexity of difficulties experienced by the older adult population. Over 75% and 84% of older adults in the Stanislaus and Tuolumne county projects, respectively, had some difficulty with one or more of the following instrumental activities of daily living: using the telephone, shopping, preparing food, housekeeping, doing laundry, using transportation, taking medicine, and managing money. Most striking is the fact that in the Stanislaus County demonstration population, over 20% had difficulties with all eight of these instrumental daily activities.

Figure 6.

DIFFICULTIES WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING:
Telephone, Shopping, Food Preparation, Housekeeping, Laundry, Transportation, Taking Medicine, Managing Money

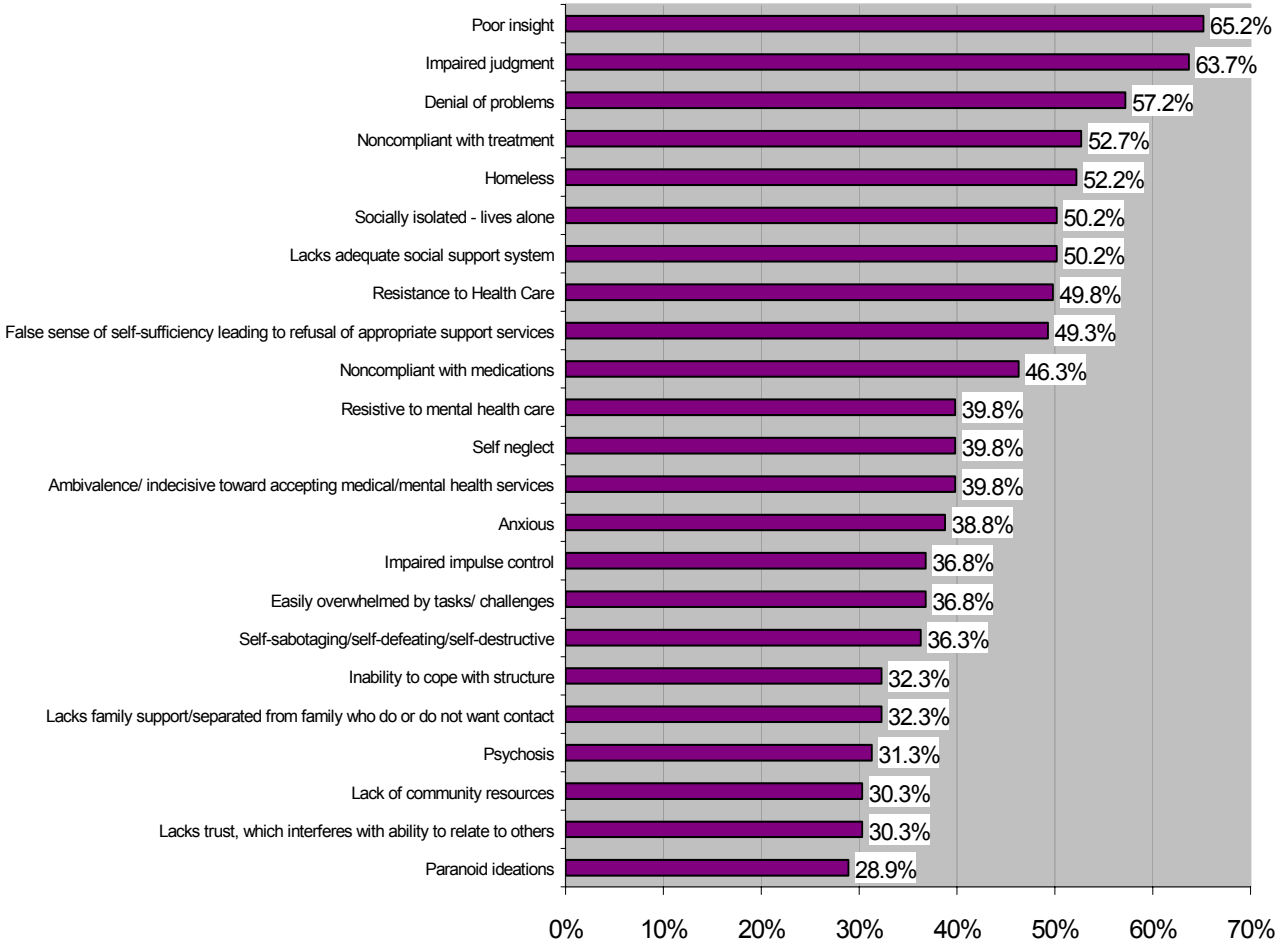


[5] All counties assessed older adult consumer symptoms and functioning for the Older Adult Demonstration Project. However, counties had some flexibility in how they assessed various symptoms and indicators of functioning. Where counties used similar measures, their data are presented together in graphic format.

Barriers to Services

San Francisco County provided a comprehensive assessment of participant barriers to services. Figure 7 demonstrates the most salient barriers to services for the older adult population. Over 60% of the demonstration project population showed poor insight and impaired judgment, while over half exhibited denial of problems, had difficulty complying with treatment, were homeless, socially isolated and/or lacked social supports.

Figure 7. San Francisco County: Barriers and Obstacles to Services



Outcomes with Respect to Project Allocations

The previous section demonstrated that the county projects were successful in serving the older adult target population, and that there is a substantial need for integrated, comprehensive older adult system of care services, due to the severity of older adults' presenting conditions. The current section focuses on increased service access and positive outcomes that were achieved for older Californians through the Older Adult Demonstration Project and its supporting funds.

Increased Service Access

Table 1, below, shows the number of participants in each of the four county demonstration projects. In each case, the number of consumers exceeds the county's stipulated project goal.

Table 1. **Service Access Increased for Older Adult Consumers**

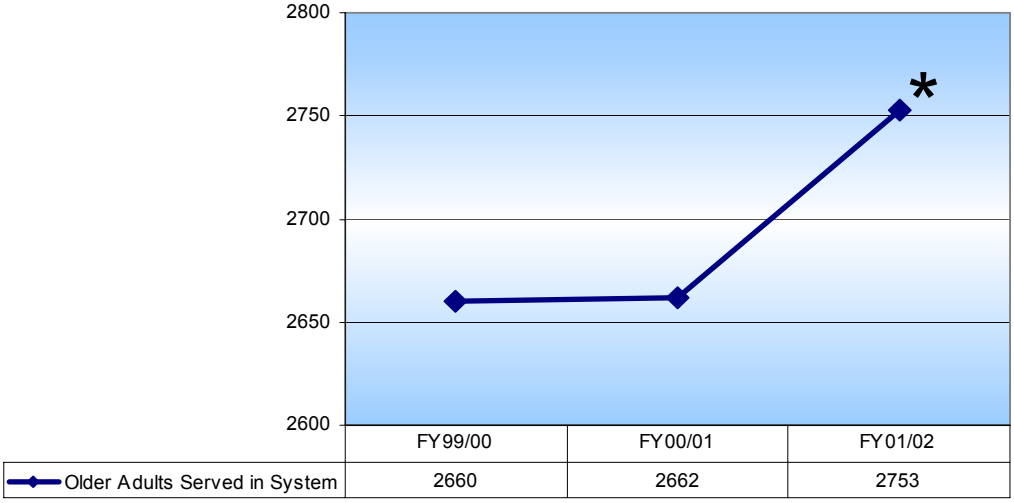
	GOAL	ATTAINED
Humboldt:	113 total	280 total
Stanislaus:	250/year =583 total*	615 total
Tuolumne:	115 total	133 total
San Francisco:	180 total	201 total

*The Stanislaus County demonstration project was operational for approximately 28 months. Based on an original goal of 250 participants per year, Stanislaus County was expected to reach approximately 583 individuals.

Some counties were able to compare the number of older adult consumers served prior to, and as a result of, the Older Adult Demonstration Project implementation. For example (as demonstrated in Figure 8), after virtually no increase in the number of consumers served between FY 1999-2000 and FY 2000-2001, San Francisco was able to increase older adult access through demonstration project efforts. Eighty-two of the 91 (or 90% of the increase in) consumers served through OASOC between FY 2000-2001 and FY 2001-2002 is attributable to demonstration project supported outreach strategies.

Figure 8.

Increase in Older Adults Served in Mental Health System - San Francisco

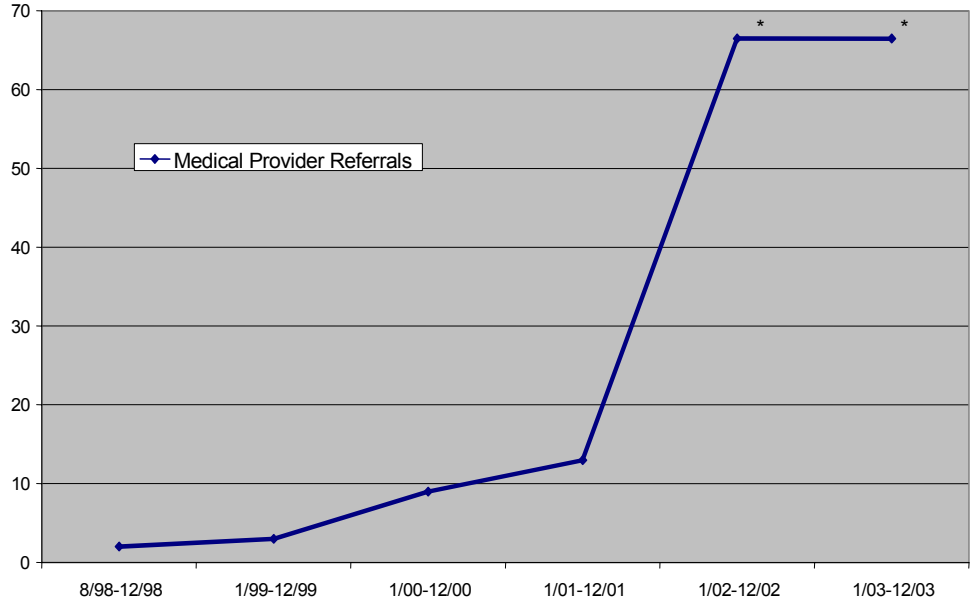


* 90% of increase from previous year attributable to demonstration project outreach strategies.

Figure 9, below, shows Tuolumne County's success in increasing older adult service access through the use of medical provider education and referral. The number of consumers referred during the first grant year (Fiscal Year 2001/02) is more than five times the number referred during the previous year.

Figure 9.

Increase in Medical Provider Referrals - Tuolumne



*The data points shown for calendar years 2002 and 2003 represent the average number of consumers referred across two years of the Older Adult Demonstration Project grant period.

These data demonstrate the positive impact that access-increasing strategies (innovative outreach and service integration) and dedicated funding have had on bringing needed services to the older adults in California communities.

Project Allocations and Results from Consumer Tracking Through Older Adult Systems of Care

The four demonstration project counties received annual allocations beginning in FY 2000-2001. Tuolumne County received $341,000, Humboldt received $1,137,000, San Francisco received $1,935,047, and Stanislaus received $1,653,500, for a total allocation of $5,066,547 over the three-year grant period. Each county used funding differently to implement their service delivery models. It should also be noted that the amounts allocated (above) do not necessarily reflect all funding or in-kind services used for the individual county demonstration projects.

Later sections of this report demonstrate the substantial, positive effect project expenditures had on consumer outcomes. The four diagrams (D, E, F, and G) track consumers through each county's older adult system of care project, and

highlight how each of the counties used their grant funds to increase service assess, provide comprehensive assessments and appropriate referrals, and serve consumers in an integrated, comprehensive manner.

The four diagrams show that system of care outreach and access-increasing strategies identified a substantial number of older adults with service needs. It is noteworthy that in many cases (particularly Humboldt, San Francisco and Stanislaus counties) comprehensive medical and behavioral health assessment revealed that the older adults initially identified for mental health assessment – were not in need of mental health services, but were instead appropriately referred to other services/professionals. This finding is particularly important toward informing funding/allocation practices, as well as for informing stakeholders about the presenting problems/picture of older adults. System of care services for older adults must necessarily encompass the participation of allied service fields, (e.g., general medicine, neurology, substance abuse, social services) in conjunction with mental health services delivery. However, the current projects' efforts to track outreach/assess enhancing strategies, assessments and service engagement/referral show the need for services integration *prior* to the identification of mental illness in older adults. The complexity of presenting conditions in older adults appears to necessitate comprehensive, and often lengthy assessments to determine appropriate service application. As a result, it may become necessary for stakeholders to broaden their conceptualization of the older adult target population to include those who present with what appear to be mental health issues, but after proper assessment, may actually not meet criteria for mental disorders. These findings suggest that services to older adults need integration (in terms of conceptualization and funding) as early in the service delivery process as outreach and assessment.

The four diagrams further show that the majority of older adults who were engaged in mental health system of care services are continuing with progress or have completed service goals. A minority of consumers left treatment prematurely for varying reasons. Some of these reasons are clear and understandable, (e.g., moved out of area, passed away, referred to higher level of care, etc.), while others are not as clear (e.g., declined further services, administratively discharged). These latter reasons for leaving treatment warrant further inquiry, and may point to the need for future system of care endeavors and funded pilot projects to target consumer engagement and retention.

Diagram D

HUMBOLDT COUNTY

Total Allocation = $1,137,000

Access Strategies

Community Presentations

600+ in attendance

Information Dissemination

- 850 Older Adult System of Care brochures distributed
- Outreach to 60 agencies/ provider groups

Other access-enhancing strategies
Cable TV, Newspaper Articles, Site Visits

Other Access-Enhancing Strategies:

- Presentation on Older Adult Program shown monthly on local cable television
- Video of Older Adult issues produced and used for outreach purposes
- Articles in local "Senior News" publication
- Psychiatrist and RN saw consumers at Adult Day Health program
- Case Managers provided transportation to psychiatric appointments
- Mobile outreach home visits

Referrals

Total Number Referred to OASOC = **280**

Examples of Referral Sources**:**

- Area Agency on Aging (3)
- Psychiatric Unit (10)
- Senior Housing (9)
- Public Health Nurse (23)
- Families (22)
- Adult Protective Services (37)
- Primary Care Physicians (21)
- Adult Day Health Care (9)

Assessment/Referral Services*

Assessment by a Mental Health Clinician

Total Number Assessed = **280**

163 Referred/Screened Out

Referrals:

- Community Referrals (31)
- Dementia (18)

Screened Out:

- Refused OASOC services (71)
- No mental illness (23)

117 to OASOC

117 New Mental Health Clients Enrolled*

Result Categories

63 older adult consumers continuing with progress (54%)

20 older adults successfully completed services (17%)

34 older adult consumers left the program (29%)

- Left the program prematurely (2)
- Moved or passed away or other (8)
- Moved to a higher level of care (2)
- Referred to Veterans (4)
- Declined further services (18)

Diagram E

SAN FRANCISCO COUNTY

Total Allocation = $1,935,047

Access Strategies

Outreach

Face-to Face Visits:

- 44 Separate Agencies
- 4 Hospitals
- 11 Community Groups
- 181 Private Practitioner Offices
- 15 Merchants
- 4 Apt & Hotel Managers

973 Potential Consumers Reached

Information Dissemination

- Brochures (Spanish, Chinese, & English) distributed to 200 agencies
- Cantonese-speaking social worker interviewed on local Chinese radio station; 2 broadcasts reaching approximately 5,000 listeners

Senior Peer Counseling

Referrals

Total Number Referred to OASOC = **201**

Assessment/Referral Services*

Total Number Screened /Assessed = **201**

111 Referred Out

Referrals*:

- Primary Care (105)
- Specialty Care (39)
- Adult Protective Services (101)
- Substance Abuse Services (16)
- Case Management (71)
- Housing Assistance (53)
- Peer Counseling (41)

*Note: These numbers may overlap as consumers may have received multiple referrals.

8 Screened Out

82 to OASOC

Result Categories

40 older adult consumers continuing with progress (49%)

3 older adult consumers successfully completed services (4%)

39 older adult consumers left the program (47%)

- Mutual Agreement/Treatment Goals Partially Reached (1)
- Mutual Agreement/Treatment Goals Not Reached (3)
- Client Withdrew: AWOL, AMA, No Improvement (7)
- Client Died (1)
- Client moved out of Service Area (3)
- Discharge/Administrative Reasons (19)
- Other (5)

Diagram F

STANISLAUS COUNTY

Total Allocation = $1,653,500

Access Strategies

Presentations

- Community (14)
- Acute Care Settings (85)
- Partner Agencies (14)

Information Dissemination

- Brochures in English and Spanish at county offices
- Posters in English and Spanish at county offices
- Newspaper articles in English and Spanish regarding services offered

Screenings

Held depression screenings in community

- English screenings (2730)
- Hispanic screenings (1009)

Other Access-Enhancing Strategies

- Site Visits
- Direct phone number for referrals
- Staff stationed at Adult Services and Adult Protective Services
- Senior peer counseling

615 given comprehensive assessments

170 Screened Out

445 to OASOC

Result Categories

103 Continuing with progress

197 Mutual agreement goals reached

145 Discharged

- Clients withdrew/Did not reach goals (51)
- Moved (4)
- Passed away (13)
- Administrative/Unilateral Discharge (77)

Diagram G

TUOLUMNE COUNTY

Total Allocation = $341,000

Access Strategies

Outreach

- 31 practitioners reached within 11 Medical Provider Sites
  - County hospital
  - Community hospital
  - Indian clinic
  - Osteopathic offices
  - Private practices
  - Geographically isolated clinics
  - Holistic health centers
  - Home-visit doctors

Other Access-Enhancing Strategies

- Senior peer counseling volunteers utilized
- On-site mental health clinician at primary care clinic 12 hours per week.
- Brochures listing emotional risk factors of older adults distributed to medical providers
- Care provided where most convenient for participants (e.g., home, a participating medical clinic, long-term care facilities, and board & care facilities)

Referrals
Total Number of Consumers Referred to OASOC = 133

2 Consumers screened out

Total Number Assessed = 131

131 to OASOC

Result Categories

15 completed program (11%)

107 continuing with progress (82%)

9 older adult consumers left program (7%)

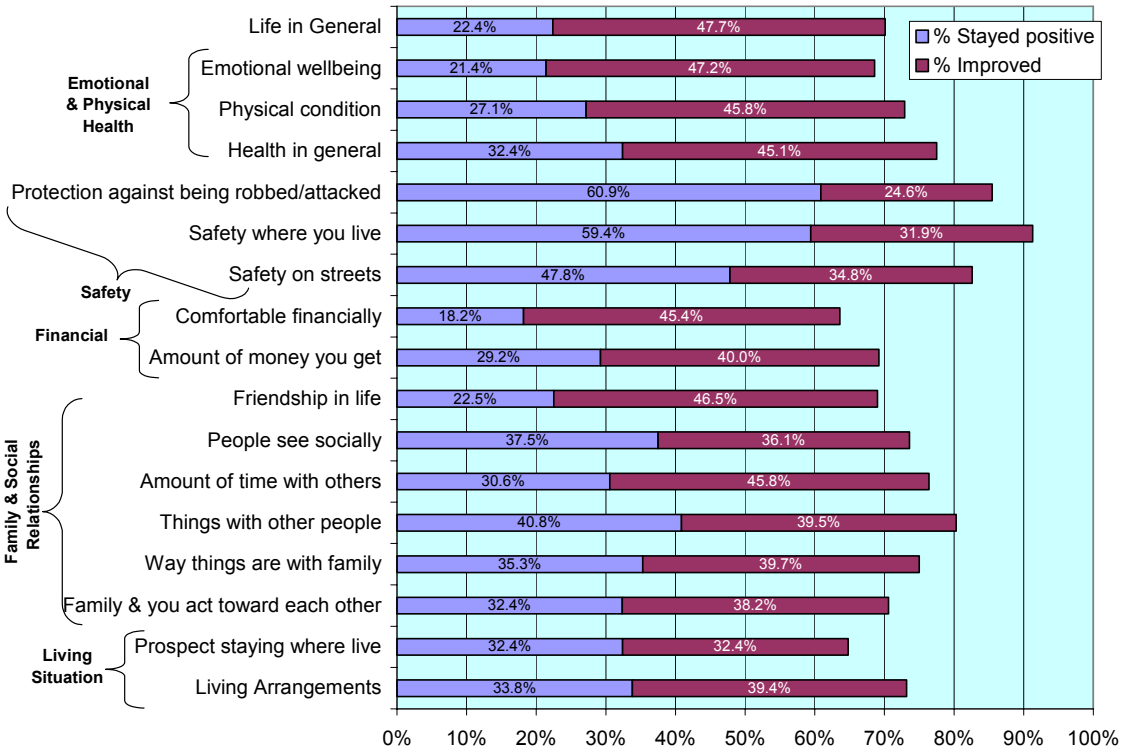
- Moved or passed away (6)
- Left the program prematurely (3)

Outcomes: Consumer Quality of Life and Functioning

Improvement in Quality of Life[6]

Figure 10, below, shows the percentage of Older Adult Demonstration Project participants who reported positive/improved levels of satisfaction across quality of life domains (i.e., living situation, family and social relationships, financial situation, safety, emotional and physical well-being, and general quality of life) as function of project/service participation[7]. The left-hand portion of each bar

Figure 10. **Older Adult Demonstration Project Positively Impacts Quality of Life Outcomes**



on the graph indicates the percentage of participants who rated that quality of life attribute as positive both prior to services and as a result of services. This portion of each bar is an indication of the sustainability of positive quality of life. The right-hand portion of each line shows the percentage of participants who rated that quality of life attribute as more positive (improved) as a result of

[6] Older adult consumers were surveyed with the California Quality of Life measure. This measure assesses a number of domains of quality of life, including living situation, family and social relationships, financial situation, safety, and emotional and physical health. Consumers were asked to rate their satisfaction with these domains of quality of life on a seven-point scale - with a score of seven being most positive. For this evaluation, a score above four is considered a positive evaluation of quality of life.

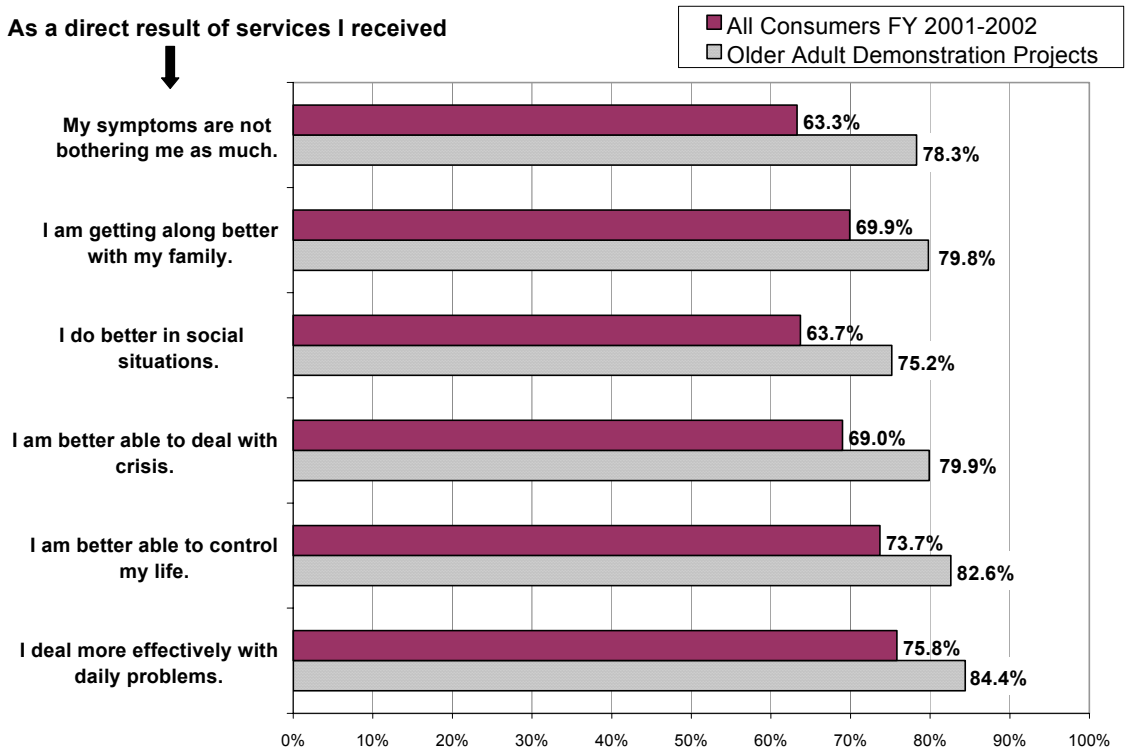
[7] All participants entering the older adult system of care services were eligible to participate in the evaluation, but it was not a requirement for receiving services. Data from 79 consumers who agreed to participate in the evaluation and who responded to quality of life questions at enrollment and approximately six months post enrollment were used in the analyses for this section of the report.

Older Adult Demonstration Project services. When the left and right portions of the bars are added together, they demonstrate that after receiving older adult system of care services, the majority of consumers rated all aspects of quality of life positively.

Improvement in Functioning

Participant functioning as a result of Older Adult Demonstration Project services is of particular interest to the project stakeholders. Figure 11, below, illustrates the percentages of Older Adult Demonstration Project consumers who reported improvement with respect to seven areas of personal functioning[8]. These percentages are presented in the context of consumer results obtained from the larger, statewide, adult public mental health services population (Fiscal Year 2001-2002).

Figure 11. **Older Adult Participants' Improvement In Symptoms and Functioning** *(In Context)*



[8] Participant functioning as a result of services was assessed with the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey at six-month intervals and service completion. All participants in the demonstration projects were eligible to participate in the evaluation of services, but it was not a requirement. Therefore, the data presented in this section are only reflective of those consumers who were willing to participate in the evaluation process. Results shown reflect consumers' most recent report regarding their functioning (N=127).

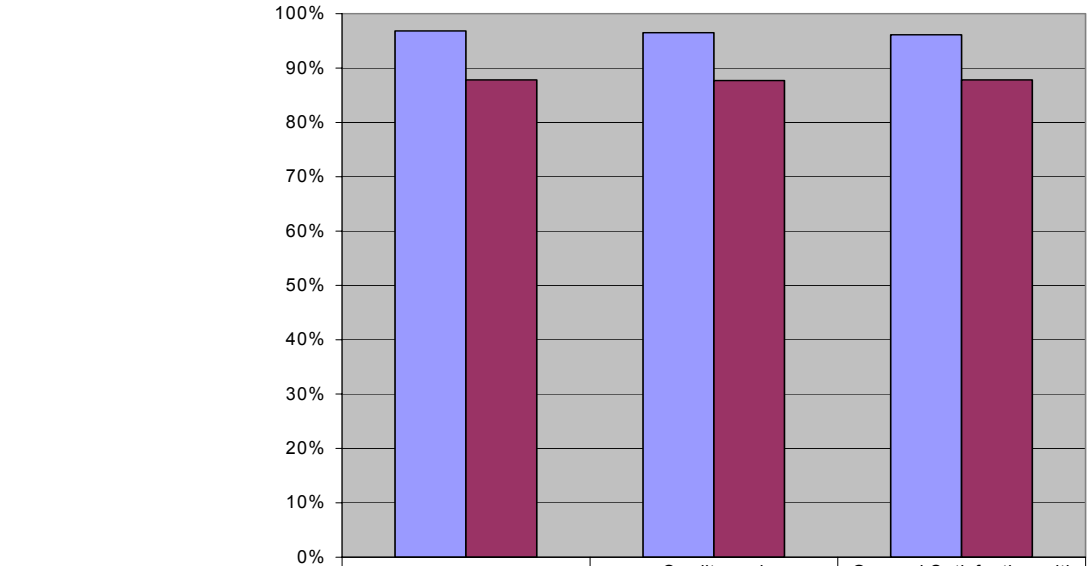
Overall, the majority of participants (75% to over 84% depending upon the area of functioning) reported improvement as a direct result of service involvement. These percentages are between 8% and 15% higher (depending upon the area of functioning) than the results obtained from a recent assessment of the public sector, general adult mental health services population in California. Older adult services dramatically affected participants' ability to deal more effectively with daily problems (84.4%), control their lives (82.6%), deal with crisis (79.9%), and get along with family members (79.8%). These global improvements in functioning show the remarkable, positive impact that services are having on older adult consumers' perceptions of themselves and how they are able to function in daily life. Additionally, over 78% and 75% of participants reported decreased impact of symptoms improved ability in social situations. These results reflect the fact that older adult demonstration project participants are reporting relative improvements in symptoms and functioning that exceed the already positive impact of services reported by mental health consumers, generally.

Consumers' Positive Perception Services

Consumers' perceptions of services inform quality improvement processes. Older Adult Demonstration Project consumer perceptions in three areas pertinent to system of care services are shown in Figure 12: (1) Access to Services, (2) Appropriateness of Services, and (3) General Satisfaction with Services[9]. Similar to the results shown above with respect to improvement in consumer symptoms and functioning, the Older Adult Demonstration Project consumer perception of services results are shown (below) within the context of results obtained from the larger, statewide, adult public mental health services population (Fiscal Year 2001-2002).

[9] The Mental Health Statistics Improvement Program (MHSIP) Consumer Survey was used to assess participant perceptions of services. MHSIP Consumer Survey items are rated on a five-point scale; "5" indicates the greatest satisfaction. Response options are as follows: 1 = 'Very Dissatisfied', 2 = 'Dissatisfied', 3 = 'Neutral', 4 = 'Satisfied', and 5 = 'Very Satisfied'. Generally, an average score of 3.5 or higher is deemed a positive perception of services. All consumers entering older adult services were eligible to participate in the evaluation of services, but it was not a requirement. Therefore, the data presented in this section are only reflective of those consumers who were willing to participate in the evaluation process (N=127).

Figure 12. **Older Adult Demonstration Project**
Consumers' Positive Perceptions of Services *(in Context)*



	Access	Quality and Appropriateness	General Satisfaction with Services
Older Adult Demostration Projects	96.8%	96.5%	96.1%
All Consumers FY 2001-2002	87.8%	87.7%	87.8%

Overall, an overwhelming percentage (over 96% across all three service perception domains) of older adult consumers reported positive perceptions of the services they received from the older adult systems of care. The results for older adults are somewhat higher (7% to 8% higher depending upon the domain evaluated) than the results obtained from a recent assessment of the larger adult mental health services population. These comparative findings demonstrate how the county older adult demonstration projects have provided enhancements to their general mental health services systems that are recognized and appreciated by their participants.

SUMMARY AND DIRECTIONS FOR FUTURE PLANNING

The Older Adult System of Care Demonstration Project legislation and the four selected system of care county projects addressed the public need for comprehensive, integrated, culturally competent services for older adults. The counties' older adult demonstration projects were successful in establishing coalitions and in achieving coordination between relevant agencies and other entities on behalf of older adults in their communities. They successfully implemented the practical aspects of their older adult system of care designs to increase older adult access to services, including mobile units, staff in primary care settings, peer counseling development, combined assessment of mental

health and medical issues, outreach, and primary care education. Additionally, staff trained specifically in assessing and treating older adults were used. Where needed, in-service training to staff not previously experienced in working with older adults, was provided.

The projects also increased the number of older adult persons they assessed/served through system of care services; projects exceeded the target number of older adult consumers specified in their grant proposals. Older adult system of care services resulted in improved quality of life and functional outcomes, as well as very positive perception of service quality and high services satisfaction, as reported by older adult consumers. This Older Adult Demonstration Project was successful in demonstrating accountability due to its focus on evaluation, project monitoring and outcomes. Likewise, further studies of older adult systems of care models should maintain a focus on accountability through a priori stipulation of evaluation methods and identification of measurable outcome indicators/data elements.

Current project funds were appropriately used to identify successful outreach and service strategies. Project findings can also serve to educate stakeholders and direct future plans with respect to older adult system of care services. The current demonstration projects focused on improving access, reducing service barriers, and serving multiple needs through multi-agency, comprehensive, integrated care. Several findings from the current projects highlight potential opportunities for enhancing system of care services for older adults. For example, tracking consumers through the current older adult system of care projects revealed that some consumers left treatment prematurely for reasons that were not clearly stipulated.[10] Although the number of consumers in this group was small, the finding suggests that future designs for older adult systems of care might focus on ways of enhancing consumer engagement and retention, in addition to increasing outreach and mobile/integrated service delivery.

Two findings suggest that a reconsideration of the older adult system of care target population may be in order. First, the comprehensive medical and mental health assessments provided by the current project revealed that many older adults who present with what appear to be mental health issues, may in fact be in need of other types of services, instead. Second, the demonstration projects identified individuals as young as age 55[11] who presented with older adult system of care needs typical of consumers 60 years of age and above (the traditional target population). This finding is consistent with the California Association of Mental Health Directors, Older Adult System of Care Framework (2001) statement on transition age adults and suggests an even broader older

[10] This finding is described in the previous section of this report entitled, “Project Allocations and Results from Consumer Tracking Through Older Adult Systems of Care”.
[11] This finding is described in the previous section of this report entitled, “Delivery of System of Care Services to the Intended Target Population: Demographic Characteristics”.

adult need than is reflected in the Older Adult System of Care Demonstration Project supporting legislation, or in the California Mental Health Master Plan's Older Adult Chapter. Due to diagnostic and assessment complexities in older adults (e.g., the differentiation between mental, physical and cognitive disorders), as well as the frailty of some younger individuals, the target population mental disorder and age criteria may benefit from modification. The target population criteria might be broadened to include younger individuals and those for whom the mental disorder diagnostic picture is complex and/or initially unclear.

Particularly with respect to the mental disorder criterion, system of care services with multi-disciplinary assessment opportunities may in fact be the most appropriate means by which accurate diagnoses for older adults are made. These would include the development and use of multi-dimensional assessment tools specifically designed for older adults and utilized by skilled staff to determine the most suitable services for this special population. Integrated systems of care services would begin at the point of assessment, even *before* older adults are diagnosed (or appropriately, not diagnosed) with a mental disorder. Additionally, accelerated development and increased use of evidence-based practices are indicated for the older adult population. Current project findings underscore the importance of supporting the development of comprehensive service delivery systems and emphasizing multi-agency responsibility in order to best serve the complex needs of older adults in California communities.