

# *Keeping Linkages Alive*

## **Sonoma County's Commitment to Seniors**

JAN WATSON

### EXECUTIVE SUMMARY

The Linkages Program began in 1999 and was primarily funded by Older Californians Act State General Fund Community Based Services Program monies. After the former governor eliminated this funding in August 2009, the program in Contra Costa County was abolished.

Wishing to keep the program alive, the Sonoma County Human Services Department appealed to its Board of Supervisors for three months of bridge funding, and received it. The Adult and Aging division formed an older adult collaborative with the five largest non-profit organizations serving seniors in the county. A grant proposal was written to implement an evidence-based depression self-management program with Mental Health Services Act Prevention and Early Intervention (Proposition 63) funding. This program, called *Healthy IDEAS*, would be imple-

mented within existing case management programs at community-based organizations and within Linkages through the Adult and Aging division of the Human Services Department. Older Americans Act Title IIIB and federal Targeted Case Management monies would also be used to fund the Linkages Program. Not all clients served by Linkages would receive *Healthy IDEAS* services, but those served by the community-based organizations would.

The outcome has been that the older adult collaborative in Sonoma County has continued to provide a vital service to the community; therefore, I am recommending to the Contra Costa County Employment and Human Services Department that it consider reviving the Linkages Program in a similar fashion.

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### Introduction

According to the California Department of Aging website, Linkages is a care management program set up to serve adults ages 18 and over with functional limitations who are at risk of placement into an institutional setting. Social workers assist clients in accessing services in their communities that will enable them to remain safely at home, and purchase services that can prevent or delay institutionalization. After a thorough in-home assessment, the social worker develops a care plan that includes the client's family, friends and other means of support in the community. Care plans are usually three to six months in length. Social workers visit the client at least every other month and keep in regular contact by phone. Services provided may include transportation to medical appointments, home-delivered meals, home chores, personal care and caregiver respite support.

The Linkages Program has few eligibility requirements, thereby making it accessible to more individuals than other case management programs. To qualify, an individual must be an adult with functional impairments, need assistance with at least two activities of daily living, live in an area served by the program, and be willing to participate. There is no means test for this program.

Funded by the Older Californians Act (OCA) State General Fund's Community Based Services Programs (CBSP), Linkages became a statewide program in 1999. Run by the local Area Agencies on Aging (AAA), both Contra Costa and Sonoma Counties began serving individuals in the Linkages Program that year. Contra Costa County conducted Linkages using solely CBSP funding for the first two years, and then began claiming federal Targeted Case Manage-

ment (TCM) funds run through the county health department. Sonoma County also utilized federal TCM funds run through their county health department, in addition to federal Older Americans Act Title III B (Supportive Services) funding for the purchase of short-term private pay in-home care services.

In August 2009, then-governor Arnold Schwarzenegger cut nine months of Older Californians Act CBSP funding for Fiscal Year 2009–2010, eliminating the Linkages Program and its funding for future years; however, the statute for the program remains in place. Advocates for seniors and persons with disabilities look forward to the day that this critical funding is restored. In the meantime, Sonoma County has been able to keep a scaled-down version of Linkages going through the formation of an older adult collaborative and through the utilization of other funding sources. Incorporated into this revised program is an evidenced-based community depression program called *Healthy IDEAS* (Identifying Depression, Empowering Activities for Seniors). I recommend this creative use of funding sources and the incorporation of *Healthy IDEAS* for review and consideration by the AAA (located in the Employment and Human Services Department) in Contra Costa County.

### Background

Sonoma County is located in Northern California about 30 miles north of San Francisco. Bordered by the Pacific Ocean to the west, the county is a mix of suburban and rural communities, including nine incorporated municipalities. The largest community is Santa Rosa with 167,815 inhabitants. At roughly 1,575 square miles, Sonoma County is the largest of the

nine Bay Area counties. According to the California Department of Finance website, Sonoma County's population increased 5.5% from 2000 to 2010, increasing its size to 483,878 individuals. Conversely, California's total population grew by 10% during the last decade and some counties saw growth as high as 41.7% (e.g. Riverside).

According to 2010 U.S. Census data, persons 60 years of age and over make up 20% of Sonoma County's population. Eighteen percent of those individuals identify themselves as belonging to a minority group. Of the individuals who are 60 years of age and older, about 7% are considered to be low income. In 2010, approximately 6% of Sonoma County's population was 75 years of age and older.

Although U.S. Highway 101 runs north to south through the county, it reaches only seven of the nine incorporated cities. Other transportation routes are typically two-lane rural, sometimes winding, roads that can make a trip to an appointment seem daunting, especially if one does not drive. Public transportation services are available, but can be time-consuming and hard to access, especially for seniors and persons with mobility issues. In Sonoma County, approximately 12% of those 60 years of age and older are considered geographically isolated and 21% live alone. Geographic and general isolation can be a factor in the development of depression in individuals.

### **Funding of Sonoma County's New Linkages Program**

Subsequent to the elimination of CBSP funding for nine months of Fiscal Year 2009–2010, the Human Services Department appealed to the Sonoma County Board of Supervisors with a plan to continue the Linkages Program, albeit on a smaller scale. The Board voted to provide three months of county general fund money to bridge the gap until other revenue could be secured. The AAA continued to provide federal Title IIIB funding, and the county continued to claim federal Targeted Case Management funds for specific services. From September to December 2009, the Linkages caseload was reduced from 95 to approximately 40 clients. The number of social

workers was reduced from 1.8 full time equivalents to one individual working 32 hours per week.

By January 2010, the Adult and Aging division had formed an older adult collaborative with the five largest non-profit organizations for seniors in the county. A grant proposal was written to jointly implement the evidence-based depression program called *Healthy IDEAS* (Identifying Depression, Empowering Activities for Seniors) with revenue from Mental Health Services Act (MHSA) Prevention and Early Intervention (Proposition 63) funding. These services would be offered through the existing case management programs in each agency. Only the county uses the title "Linkages". The Human Services Department and one other agency would serve the entire county, while the other agencies would handle referrals that were specific to the geographic area in which the client lived. Eligibility for services would be limited to those adults 60 years of age or older, and care plans would be three to six months in duration. Linkages can no longer serve individuals between the ages of 18 and 59 due to funding restrictions for Title IIIB and the MHSA money. The other eligibility criteria remained the same. In January 2010, the grant was approved and the Proposition 63 funding began. *Healthy IDEAS* services began in April 2010.

To maintain the Linkages Program in the Human Services Department, additional funding was needed. The AAA approved the conversion of Title IIIB funds from the purchase of short-term private pay in-home services to the provision of case management services. The department is also still utilizing federal TCM funds for specific services provided to individuals in the Linkages Program who are either receiving or who are eligible for Medi-Cal. This funding pays for a case manager's direct support to ensure that clients receive appropriate care and to encourage clients to follow written plans for health care. In order to receive this funding, the department's Linkages social worker, supervisor and support staff must conduct a time survey each year to determine the monthly "encounter" rate for reimbursement. This unit-of-time claiming methodology

allows for certain face-to-face meetings with clients, case note documentation, setting up and driving to and from appointments, conferencing clients, peer reviews and the supervisory review of referrals to the program. Not all services are reimbursable, and the social worker is required to use certain language in case notes to document that TCM services are being provided.

### **Depression in Seniors**

According to the website of the National Alliance on Mental Illness (NAMI), depression affects more than 6.5 million of the 39.6 million Americans aged 65 years and over (approximately 16 percent). Depression in older adults may be linked to illness, impaired function, a loss of independence, death of loved ones, financial problems, and major life changes such as moving out of the family home. The lack of a support system and feelings of social isolation can be contributing factors. The cumulative effect of negative life experiences can also contribute to depression in seniors. For some, their depression has genetic roots; thus, a person with a family history of depression can be more susceptible to becoming depressed in response to life events. Use or abuse of alcohol or other drugs can exacerbate depression. There is typically a combination of factors that cause a person to become depressed.

Unfortunately, depression in seniors can be hard to recognize, and, thus it often goes untreated. Many people are unaware of the symptoms of depression or of the symptoms of depression in seniors, which can differ from those of younger individuals. According to the NAMI website, depression symptoms in older adults can manifest in memory problems, confusion and social withdrawal, loss of appetite and weight loss. Irritability, complaints of pain and inability to sleep can also occur. Some depressed seniors may exhibit constant complaining and demanding behavior. Less common symptoms are delusions and hallucinations. In addition, depression can often express itself through physical symptoms such as being very tired and sluggish, having frequent headaches and stomachaches, and chronic pain.

Due to the stigma still attached to mental illness in America, many older adults blame themselves and think that being depressed is a sign of weakness. Cultural beliefs and denial can also prevent persons from seeking help. Many physicians do not recognize depression in their elderly patients. Some people assume that depression is a normal part of aging and that nothing can be done. Other barriers to treatment include a lack of resources or a perceived lack of resources, as well as the lack of affordability of medications and therapy.

Untreated depression can result in suicide. According to the National Institute of Mental Health (NIMH) website, older Americans are at a disproportionate risk for suicide. Although people over age 65 accounted for 12% of the U.S. population in 2004, they made up 16% of the suicides that year. In 2004, the general population had a suicide rate of about 11 per 100,000; the rate was 14.3 per 100,000 for those aged 65 and over. Non-Hispanic white men aged 85 and older had a rate of 49.8 suicides per 100,000 in that year. Although white men are most at risk for suicide, women in general are twice as likely to become seriously depressed. Studies show that many seniors that die from suicide—up to 75%—saw a physician within the month prior to their death.

In Sonoma County, the In-Home Supportive Services (IHSS) social workers perform a two-question depression screening on clients age 60 and older who consent to participate. From January through March of this year, 468 IHSS applicants and recipients (95%) consented to the screening. Twenty-two percent, or 103 individuals, scored as being depressed. This percentage falls within the usual 15 to 25% that score as depressed in any given month. Each client that scores as depressed is offered mental health resources by the IHSS social worker. In addition, the client is referred to the department's IHSS mental health liaison who calls the client, performs an in-depth assessment, and refers the person for services. Often, the liaison makes a referral to the department's Linkages program. Most of the Linkages referrals originate in the IHSS caseload, although referrals are also accepted from the community.

## Healthy IDEAS

Prevention and early intervention is crucial to reduce the suffering borne by seniors with depression. The *Healthy IDEAS* program was developed by the Baylor College of Medicine's Huffington Center on Aging in Houston, Texas. According to a report that originated from Care for Elders, a Houston-based partnership of over 80 agencies focused on elder care issues, *Healthy IDEAS* is "designed to detect depression and reduce the severity of depressive symptoms among community-dwelling older adults." Developed as a self-management program for depression, this model includes screening and assessments for depression, education of older adults and their caregivers about depression and ways to treat and manage it, referrals to healthcare and mental health professionals, and behavioral activation (also referred to as BA). *Healthy IDEAS* is designed to operate within an existing case management program.

Depression often impairs one's ability to be active, and this can lead to negative emotions and deepening depression. Behavioral activation is a way to engage older adults in activities that may help to reduce their depression. It is founded upon the idea that participating in chosen activities can improve one's mood, based upon feelings of accomplishment and/or pleasure. The social worker assists the senior in developing a list of activities that the individual can perform and that will provide a sense of satisfaction. A realistic activity goal, or goals, are then set. A goal could be as simple as calling a friend or watering the garden. It could be more complex, such as paying bills or cleaning a closet. Completion of such tasks can promote feelings of accomplishment and well-being. The ultimate purpose is to mitigate the symptoms of depression and to assist the senior in understanding the link between behavior and mood. Support is given to the older adult to help them to achieve and, when needed, to modify their goals.

*Healthy IDEAS* was chosen by Sonoma County because the other two depression management programs for seniors are clinically-based. *Healthy IDEAS* fits into a community-based social service

model and does not require a psychiatrist to be involved.

## Linkages and Healthy IDEAS in Sonoma County

In April 2010, Baylor University staff conducted a two-day training for the six agencies involved in the implementation of *Healthy IDEAS* in Sonoma County. The Human Services Department sent one social worker each from MSSP, APS and Linkages to the training. The MHSA grant money paid for the training.

Because of the termination of CBSP funding in late 2009, the Linkages program in Sonoma County Human Services Department went from serving 112 individuals in Fiscal Year (FY) 2008–2009 to serving 99 in FY 2009–2010. This slight reduction in service is to be commended considering the funding reduction that took place that fiscal year.

The county's Linkages program has served 68 individuals thus far in FY 2010–2011 (not all received *Healthy IDEAS* services), and 111 individuals have been served by the CBOs (all received *Healthy IDEAS* services). Due to the formation of the older adult collaborative and the creative usage of available funding, Sonoma County has been able to retain a vital service to the community. By incorporating *Healthy IDEAS* into the program, they have added an additional component to assisting older adults in living safely and hopefully, more happily, in their homes.

## Recommendation to Contra Costa County

I recommend to the Employment and Human Services Department's Area Agency on Aging in Contra Costa County that it consider adopting this model of collaboration and utilization of existing funding to serve the seniors in our communities through the Linkages program. If the department determines it is not feasible to conduct the program in-house due to high labor and benefit costs, perhaps there are private non-profit organizations that would be willing to incorporate it and the *Healthy IDEAS* program into their existing case management activities. It should be noted, however, that private non-profit

organizations are not eligible for federal Targeted Case Management funds unless they receive 100% of their funding through public money—no private grants or fundraising is allowed.

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