NAPA COUNTY’S COMPREHENSIVE SERVICES FOR OLDER ADULTS (CSOA)

Tonya Spencer*

EXECUTIVE SUMMARY

Over the past decade we have witnessed an increase in the life expectancy of people over the age of 65. Rapid growth of this population has many implications for individuals, families, and government agencies. Integrated services are needed for this increasing population so seniors will not have to access many different agencies to get their needs met. Providing fragmented services has been and is currently the way service delivery systems have been implemented in Social Services, Health Services, and community-based organizations. Creation of a One-Stop comprehensive service delivery system for seniors is needed. Because of the medical needs of seniors, a medical component is necessary because many older persons have chronic illnesses, which are the reasons for their impairments. Many seniors are involved in using alcohol and drugs, and are faced with other social issues. There is growing concern from advocate groups and community leaders that the poorest, oldest and sickest segments of our communities are not being served effectively.

Napa County’s Health and Human Services Agency has created the Comprehensive Services for Older Adults (CSOA) program. The goal of CSOA is to maintain frail elderly persons and dependent adults at their maximum potential level of independence. NAPA CSOA has co-located staff from Social Services, Mental Health, Alcohol/Drug and Public Health staff to work together with the clients, family members, other professionals, and agencies to provide high quality integrated care to Napa County seniors and disabled adults.

CSOA has created an initial screening tool that identifies the service needs of persons needing assistance from the following disciplines: Alcohol/Drug Counseling, Adult Protective Services, In-Home Supportive Services, Geropsychiatric Case Management (Mental Health), Public Health Nursing, Long-term Care Medical, Multipurpose Senior Services Program (MSSP), and Veteran Services.

CSOA goals are in line with Senate Bill 2199, which provides for the establishment of a comprehensive Adult Protective Services program statewide to maintain the safety of elders and dependent adults in their homes and in the community. Another goal of CSOA is to support and assist seniors in the least restrictive environment possible. Comprehensive services help to achieve this goal.

RECOMMENDATIONS FOR CONTRA COSTA COUNTY

Contra Costa is currently providing fragmented services to seniors by having Adult Protective Services, In-Home Support Services, Medi-Cal, Mental Health, Drug and Alcohol Services function as separate entities. Often times these different disciplines do not communicate with each other, causing the senior or disabled adults to repeat the intake information, which creates confusion and duplication of services. The following are some recommendations for Contra Costa County:

*Tonya Spencer is a Social Work Supervisor in the Advocacy Services Program in Contra Costa County’s Employment and Human Services Department.
1. Adopt a centralized screening tool similar to Napa's CSOA (see Exhibit B), to identify seniors needing help from more than one service.

2. Co-locate staff from different disciplines in one office or co-locate staff in multiple offices.

3. Create a centralized assessment tool and database to streamline the assessment process when possible to avoid duplication of services.

4. Conduct clearances to identify cases in common.

5. Create a consent form to enable sharing of confidential information.

6. Conduct comprehensive team meetings (CTM), similar to the multi-disciplinary team (MDT) meeting, but on a smaller scale (e.g. invite only those persons involved with the case).

7. Provide training on the MDT or CMT process.

**Conclusion**

Providing Comprehensive Services can be costly during the development stages. The costs are incurred by adding additional staff for intake, hiring consultants to provide cultural change, and team building training. However, it is likely that cost saving will be realized when staff are working as a team to better serve the clients. Contra Costa County Aging & Adult Services Bureau operates an Information and Assistance unit, where resource information is provided to clients, staff, and the community. The I & A unit has a resource database with information on various senior services referrals. The I & A unit also serves as the intake unit for APS, MSSP, Linkage and IHSS referrals. Each of these disciplines has different intake forms, which could be combined to create a centralized screening form. This new screening or intake form could be shared with the different disciplines, to improve collaboration.
I selected Napa County’s Comprehensive Service for Older Adults (CSOA) program because it is one of the few counties that offers a comprehensive service program for seniors and disabled adults. According to Terry Longoria, Director of Napa County’s Health and Human Services Agency (NCHHSA), Napa County has a population of about 125,000 people and 21% are seniors. The HHSA has about 345 county employees, and about 26 of those employees are assigned to the CSOA.

We are experiencing an unprecedented growth in the number of older adults in our society. In 1993, 5,500 persons celebrated their 65th birthday each day of the year in the United States. Factoring in the 1.7 million deaths of persons over 65, the result is a net gain of 1,410 person per day reaching 65. Demographic indicators suggest that although there was a slowing in the aging of our society in the 1990s, a resurgence will occur between the years 2010 and 2030 when the baby boomers reach age 65. At that time, there will be an estimated 70 million older persons in the U.S., more than twice the number of older persons in 1990.1

**Purpose**

The purpose of this case study is to report how and why the Napa CSOA was created. By identifying program strengths and limitations as well as lessons learned, recommendations may be developed to enhance the Contra Costa County Aging and Adults Services Bureau’s Service Delivery System. The case study is based on interviews with staff members, supervisors, managers and the Director of the Health and Human Services Agency (HHSA) in Napa County. An initial orientation was provided by Lynn Perez. Lynn, the HHSA Management Analyst, arranged for additional orientation from Lorraine Rhoads, who oversees Public Health Nursing, IHSS and Chronic/Communicable Disease at CSOA. She involved Chuck Castellar, who also supervises multiple programs (Adult Protective Services, Geropsychiatric case management, Lanterman-Petris-Short (LPS), Conservatorship, Representative Payee and Veteran Service), at the CSOA. Both Lorraine and Chuck served as my mentors. While Chuck provided the historical perspective of CSOA based on his many years of experience with the agency, Lorraine’s more recent experience reflected many new perspectives. Throughout the orientation process, the following questions were used to collect information:

- What is the history and background of CSOA?
- What impact do adults and community members have on CSOA’s policies?
- How does collaboration work, (i.e. physical setting, case management system, etc)?
- What intake or assessment tool is used?
- How does supervision of the program work, (i.e. does Mental Health report to Social Services vice versa etc)?
- What are the training needs, in setting up this type of program?
- What are the future goals of the Program, and is there continued support from the major stakeholders (i.e. Board of Supervisor, County Administrator Office, community, etc.)?

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Many of these questions are addressed throughout my case study. Some are addressed in a figure which describes the comprehensive service model (Exhibit A). The approach used to address these questions included interviews with staff at multiple levels of the organization, attendance at various staff meetings, observation and sitting through client intake interviews. The staff at CSOA and others were open in sharing their views about their experiences at CSOA.

**BACKGROUND OF HHSA**

In 1980, the Napa County Board of Supervisors made a decision to integrate the delivery of Human Services. The initial integration phase brought Mental Health and Alcohol and Drug Services together with Social Services to form the Human Services Delivery Systems (HSDS). In 1991, the Napa County Board of Supervisors approached the HSDS to discuss the possibility of merging the Public Health Department (PHD) into its existing structure. A few years later, the Public Health Department merged with HSDS to create what is now called the Health and Human Services Agency (HHSA).

The integration of these two departments was achieved gradually, and with some resistance and controversy, but most employees now agree that the merger is a benefit to the community and the agencies’ clientele.

CSOA is a component of the HHSA, which evolved over 20 years into an integrative service delivery system in Napa county. The HHSA leaders had taken an active role in implementing a more integrated service delivery system because of the fragmented services that had been provided to disabled and older adult in the past. The HHSA wanted to take a holistic pragmatic approach to the long-term care needs of its oldest citizens. Based on a three-year study of the Napa community, it was determined that NAPA county residents wished to remain at home and avoid premature admission into the nursing home. The recommendation called for the formation of a comprehensive geriatric health service delivery model.

The fragmented service system would be united, bringing together Public Health Nursing, Adult Protective Services, Representative Payee, Lanterman-Petris-Short (LPS), Conservatorship, In-Home Supportive Services, Alcohol and Drug Counseling, Mental Health Case Management, and Veteran Services. All these programs are at one site, the Carither’s Building, and use a single centralized screening process, thereby creating a more comprehensive delivery of services.

In 1992, the Board of Supervisor unanimously supported the proposal for a comprehensive geriatric service system. It was at that time that communication among the Board of Supervisors, the director of Human Services, the chair of the Commission on Aging, and the chair of the Sub-committee on Long-Term Care began. The comprehensive geriatric system was later called Comprehensive Services for Older Adults (CSOA) in 1994. The CSOA unit provides services designed to maintain frail elderly persons and dependent adults at their highest potential level of independence.²

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IMPACT OF COMMUNITY & POLICIES ON THE CSOA

Many policies at the local, state, and national level have contributed to the creation of Napa’s County CSOA program. Two local community groups were established: the Napa County Alliance on Aging and The Napa County Commission on Aging. These two groups were comprised of service providers, consumers, and county-employed service providers. The Napa County Commission on Aging was the liaison group appointed by the Board of Supervisors and consequently has created more potential for policy changes. The enactment of Senate Bill 2199, introduced by Senator Bill Lockyer, and Assembly Bill 1780, introduced by Murray in 1998, brought about changes in the Adult Protective Services programs. SB 2199 provides for the establishment of Comprehensive APS programs statewide to maintain the safety of the elderly and dependent adults in the home and in the community.

HOW DOES THE COLLABORATION WORK?

The major goal of CSOA is to provide a comprehensive service delivery system to those who are the most chronically disabled. CSOA has created a centralized screening form (see Exhibit B), which is used by IHSS, APS, Gero-Psychiatric (Mental Health), and Alcohol/Drug counselor, to screen applicants they enter the doors at CSOA for services. This screening form is shared with every discipline to create a common entry point for clients applying for services. The purpose of the screening form is to identify clients with multiple service needs, and to provide appropriate referrals. The clients are asked to sign a consent form to release confidential information (voluntarily), which allows the different disciplines to share information and work together to provide multiple services to the clients.

FUTURE PLANS OF CSOA

CSOA staff held a special meeting to identify some areas of growth as listed below:

Expand central intake and implement a centralized database system.

The goal is to expand the central intake of CSOA, to have the APS unit serve as the central intake unit for CSOA, and then slowly add the remaining CSOA programs, Public Health, Medi-Cal, and Veteran Services. The CSOA has been approved to implement a centralized database system called “ECHO” which would include case-specific information. ECHO is a billing and client tracking software. The ECHO system will help staff to meet Federal and state regulations regarding the provision of, and reimbursement of, various health services provided by agency staff and contractors. The first phase of ECHO will be limited to Mental Health and Drug/Alcohol programming. Future plans include incorporating the other CSOA programs into ECHO, except those programs that are under state-mandated systems.

Increase collaboration among all CSOA programs in order to maximize service delivery.

CSOA currently conducts comprehensive team meetings (CTM) twice per month. Staff from different disciplines meet with their clients, representatives from the community, family members, and any

person involved with the case. The meetings are confidential and the members involved work as a team to resolve the clients needs. Chuck Castellar facilitates the comprehensive team meetings. The group is responsible in presenting the client’s issues, drawing on resources of the group, and creating an action plan. This CTM process shows the strengths of a comprehensive program like the CSOA.

**Lessons Learned**

Creation of CSOA has not been without difficulties. As noted by Randy Snowden, the Behavioral Healthcare Manager Adult Services who oversees the CSOA program, over the past 1½ years some of Napa’s HHSA attention has been devoted to compliance issues. Some of the Mental Health staff members were not documenting their client progress notes in compliance with Federal and state regulation, which meant the fiscal department was not able to bill or be reimbursed for services rendered. Napa County HHSA has created a compliance program which will ensure that clinical and fiscal documentation will meet all quality assurance and fiscal auditing standards.

The current compliance policy now operates under the assumption that if it is not documented it did not happen and cannot be billed. The Mental Health and Drug/Alcohol Departments will be able to use ECHO to complete their progress notes and assure they are getting credit for the services they provide. All staff must participate in compliance training on a yearly basis, which helps them to focus on their responsibility following the rules and regulations that govern their particular program. Many of the programs are Federal and state funded, so that program rules and regulations must be maintained unless waivers are obtained to blend funds. Funding issues can sometimes be barriers to providing comprehensive services.

**Recommendations for Contra Costa County**

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5. Create a consent form to enable sharing of confidential information.
6. Conduct multi-disciplinary team (MDT) or comprehensive team meetings (CTM), but on a smaller scale (e.g. invite only those persons involved with the case.)
7. Provide training on the MDT or CTM process.
CONCLUSION

Providing Comprehensive Services can be costly during the development stages. Costs are incurred by adding additional staff for intake, hiring consultants to provide cultural change, and team building training. However, it is likely that cost saving will be realized when staff are working as a team to better serve the clients. Contra Costa County Aging & Adult Services Bureau operates an Information and Assistance unit where information is provided to clients, staff, and the community. The I & A unit has a resource database with information on various senior services referrals. The I & A unit also serves as the intake unit for APS, MSSP, Linkage and IHSS referrals. Each of these disciplines has different intake forms, which could be combined to create a centralized screening form. This new screening or intake form will improve collaboration between the different disciplines because collaboration is a process to reach goals that cannot be achieved by acting separately.

ACKNOWLEDGEMENTS

Terry Longoria, Director, Health and Human Services Agency, Napa Co.
Lynn Perez, HHSA Analyst, Napa Co
Bill Weidinger, IHSS Division Manager, Contra Costa County Employment and Human Services Department
Randy Snowden, Behavioral Healthcare Manager Adult Services, Napa Co-HHSA
Charles L. Castellar, M.S., CSOA Manager, Napa Co-HHSA
Lorraine M. Rhoads, R.N., B.S.N., P.H.N., Health Services Nursing Supervisor, Napa Co-HHSA

Ed Byars, Veterans Service Representative, Napa Co-HHSA
Marilyn Campbell, Adult Protective Services Worker, Napa Co-HHSA
Ernest Smith, Eligibility Worker III, Napa Co-HHSA
### The Benefits of Providing Comprehensive Services to Elders and Disabled Adults

<table>
<thead>
<tr>
<th>Features</th>
<th>Napa County</th>
<th>Contra Costa County</th>
<th>Benefits of Napa’s CSOA</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does the collaboration work, i.e.</td>
<td>Current COSA Model: Collocation of staff from Alcohol/Drug Counseling, APS,</td>
<td>Fragmented Services</td>
<td>1. Information sharing</td>
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<tr>
<td>physical setting, case management</td>
<td>IHSS, Gero-Psychiatric (Mental Health) Case Management, MSSP, Public</td>
<td>2. Coordinating services</td>
<td>2. Coordinating services</td>
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<td>systems, etc?</td>
<td>Health Nursing, Long Term Care Medical, and Veteran Services, in one</td>
<td>3. Changing current agency policies and</td>
<td>3. Changing current agency policies and</td>
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<td>location at the Carither’s building.</td>
<td>operations to improve coordination.</td>
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<td>4. Avoid duplication of services.</td>
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<tr>
<td>Screening and Assessment tools</td>
<td>Centralized screening form (Exhibit B) shared by all disciplines. Currently</td>
<td>Each program has a different intake process.</td>
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<tr>
<td></td>
<td>each discipline has a different intake process, however ECHO system</td>
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<td>has been implemented in Mental Health and Drug/Alcohol programming.</td>
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<td>Expansion to others programs is the goal.</td>
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Exhibit A
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<th>Participants' Case Studies • Class of 2001</th>
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<td><strong>Objective</strong>: Explore blending of funds</td>
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<td>Future goals are to</td>
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<tr>
<td><strong>Funding</strong>:</td>
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<tr>
<td>Federal, State, and Local</td>
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<td><strong>Programs</strong>:</td>
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<tr>
<td>Supervisors supervise multiple</td>
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<td>Some Division Managers and</td>
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<td>Supervisors of skill</td>
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<td>Supervision of skill</td>
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<td><strong>Outcomes</strong>:</td>
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<td>Different disciplines and</td>
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<td>which includes staff from</td>
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<td>APS conducts monthly MDT,</td>
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<td>who can establish a team</td>
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<td>the team concept is developed,</td>
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<td>between workers, workers share information</td>
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<td>which encourages workers to</td>
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<td>an informal system of communication</td>
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<td>mutual contact form</td>
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<td>confidentiality</td>
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<td>confidentiality</td>
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<tr>
<td><strong>Benefits of Napa, CO</strong></td>
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<tr>
<td>Contra Costa County</td>
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<tr>
<td>Napa County</td>
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<td>Features</td>
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## NAPA COUNTY HEALTH AND HUMAN SERVICES
### Comprehensive Services for Older Adults

<table>
<thead>
<tr>
<th>Date:</th>
<th>Referral Source:</th>
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<tbody>
<tr>
<td>Time:</td>
<td>Intake Worker:</td>
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</table>

- Medi-Cal
- Veterans
- Gero-Psych
- In-Home Supportive Services
- Adult Protective Services
- Public Health
- Alcohol/Drug

### Client Information:

<table>
<thead>
<tr>
<th>NAME: Last</th>
<th>First</th>
<th>MI</th>
<th>AKA's</th>
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</thead>
<tbody>
<tr>
<td>Residence Address:</td>
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<table>
<thead>
<tr>
<th>Number &amp; Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
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| Number & Street | City | State | Zip | Phone |

- Social Security #: 
- Alien #: 
- Birthplace: 

<table>
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<tr>
<th>DOB:</th>
<th>AGE:</th>
<th>SEX:</th>
<th>M</th>
<th>F</th>
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</thead>
</table>
- Marital Status: Single
- Married
- Divorced
- Widowed
- Separated

- Ethnicity: 
- Veteran or Dependent: Yes
- No

### File Clearance / Case History:
- Intercounty Transfer: IHSS Y
- APS Y

### Income and Source:


### Resources:


### Household Composition:

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Sex</th>
<th>SSN</th>
<th>Relationship</th>
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### Other Significant Persons/Agencies:


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112
Physician(s): ____________________________

Date Last Seen by Physician: ____________________________

Current Medications/Doses: ____________________________

Prescribed: ____________________________

Non Prescribed Drugs: (Type): ____________________________

Alcohol Consumption: Daily ☐ Weekly ☐ Monthly ☐ None ☐

Health Insurance: Medi-Cal ☐ Medicare ☐ VA ☐ Kaiser ☐ Managed Care ☐ None ☐ Other ☐

Company Name and Policy#: ____________________________

Problem/Services Requested: ____________________________

History / Social / Medical / Psych / Drug / Alcohol / Legal Status:

__________________________

__________________________

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__________________________

Comments: ____________________________

__________________________

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Community Referral ____________________________

__________________________

__________________________

__________________________
**Supervisor Type:** (To be completed by Supervisor) Assigned to: __

- Gero-psych
- IHSS
- Alcohol/Drug
- Adult Protective Services
  - Rep-Payee
  - Protective Services
  - Emergency Response
  - Non-Emergency Response
  - Out of Home Care

**Allegations:**

- Perpetrated by Another Person
  - Physical
  - Sexual
  - Neglect
  - Abandonment
  - Financial
  - Psychological/Mental
  - Isolation
  - Abduction
  - Other

- Self-inflicted
  - Physical Care
  - Medical Care
  - Health & Safety Hazards
  - Malnutrition/Dehydration
  - Financial
  - Other

**Disposition:** To be completed worker

- I & R
- Open/Closed
- Open

**Referral to other CSOA Programs:**

- Veterans Services
- Public Health Nursing
- Medi-Cal
- MSSP
- Linkages

**Notes:**

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