

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:

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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.

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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 mem-

bers, 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.)?

¹Fowles, D. G. (1994). A profile of older Americans: 1994. Washington, D.C. :American Association of Retired Persons.

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 frag-

mented 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

²Freeberg, Gila & Castellar, Charles (1996). California Policy Perspectives: NASW California News

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

²Freeberg, Gila & Castellar, Charles (1996). California Policy Perspectives: NASW California News

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.

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4. Conduct clearances to identify cases in common.
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.)
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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

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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

Features	Napa County	Contra Costa County	Benefits of Napa's CSOA
<p>How does the collaboration work, i.e. physical setting, case management systems, etc?</p>	<p>Current COSA Model: Collocation of staff from Alcohol/Drug Counseling, APS, IHSS, Gero-Psychiatric (Mental Health) Case Management, MSSP, Public Health Nursing, Long Term Care Medical, and Veteran Services, in one location at the Carither's building.</p>	<p>Fragmented Services 1. APS, MSSP/Linkage, LPS, Mental Health, Public Health are centralized, with an APS worker who goes to district offices. 2. IHSS & Public Health, located East, Central and West County. 3. Medical Units, located East, Central & West County.</p>	<ol style="list-style-type: none"> 1. Information sharing 2. Coordinating services 3. Changing current agency policies and operations to improve coordination. 4. Avoid duplication of services
<p>Screening and Assessment tools</p>	<p>Centralized screening form (Exhibit B) shared by all disciplines. Currently each discipline has a different intake process, however ECHO system has been implemented in Mental Health and Drug/Alcohol programming. Expansion to others programs is the goal.</p>	<p>Each program has a different intake process.</p>	<ol style="list-style-type: none"> 1. Information sharing 2. Provide wrap around services. 3. Case management & planning coordination 4. Enhanced service delivery to clients.

Features	Napa County	Contra Costa County	Benefits of Napa's CSOA
<p>Handling confidentiality</p>	<p>Mutual Content form to share information with HHSA & CSOA staff</p>	<p>No mutual content form</p>	<p>Workers are able to share information, and assist clients with multiple concerns.</p>
<p>Formalizing communication between workers</p>	<p>The team concept is developed, which encourages workers to share information with other disciplines</p>	<p>An Informal system of communication has been set up, where workers share information.</p>	<p>Avoid turf protection</p>
<p>Use of a Multi-Disciplinary Team</p>	<p>CSOA has established a Comprehensive Team Meeting (CTM) held two monthly</p>	<p>APS conducts monthly MDT, which includes staff from different disciplines and agencies.</p>	<p>Shared case planning & responsibilities for outcomes.</p>
<p>Supervision of staff</p>	<p>CSOA Manager & Supervisors supervises multiple programs</p>	<p>Some Division Managers and Supervisors supervise multiple programs</p>	<p>Increase knowledge of multiple programs</p>
<p>Funding Matrix</p>	<p>Federal, State and Local funding</p>	<p>Federal, State and Local funding</p>	<p>Future goals are to explore blending of funds</p>



NAPA COUNTY
HEALTH AND HUMAN SERVICES
Comprehensive Services for Older Adults

Date: _____ Referral Source: _____

Time: _____ Intake Worker: _____

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

Client Information:

NAME: Last First MI AKA's
Residence Address:

Number & Street City State Zip Phone
Mailing Address:

Number & Street City State Zip Phone

Social Security #: _____ Alien #: _____ Birthplace: _____

DOB: _____ AGE: _____ SEX: M F

Marital Status: Single Married Divorced Widowed Separated

Ethnicity: _____ Veteran or Dependent: Yes No

File Clearance / Case History: Intercountry Transfer? IHSS Y N APS Y N

Income and Source:

Resources: _____

Household Composition:

Name DOB Sex SSN Relationship

Other Significant Persons/Agencies:

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:

Comments:

Community Referral
