HOPE:
A Full Service Partnership in Marin County Serving Older Adults with Serious Mental Illness

Jason Adamek

EXECUTIVE SUMMARY

The HOPE program, Helping Older People Excel, is the main program in Marin County that serves older adults with serious mental health conditions. Funded through the Mental Health Services Act, it is a model program for serving seniors who need ongoing mental health treatment. The HOPE program is an integrated team of case managers, peer counselors, psychotherapist interns, a nurse, and a psychiatrist. The work of the HOPE program demonstrates that long-term relationships with clients can improve outcomes related to mental health issues and in retaining housing. In addition, long-term relationships can be successful in the form of peer counseling and medication management instead of through a more costly intensive case management model.

In San Francisco, Adult Protective Services is piloting a hoarding and cluttering program, partnering an APS worker with clients who work on decluttering over a long period of time. Similar to the HOPE program, there is an intensive case management program in San Francisco focusing on seniors who have severe mental illness. If this program could expand basic referral criteria to allow for clients with multiple agency involvement like APS and environmental health, APS pilot clients could benefit from their intensive case management service. In addition, if peer counseling could be coupled with intensive case management for clients who hoard and clutter, it could be a cost effective approach to serving individuals long term who are at risk of eviction and city agency involvement.

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Introduction

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). This act gave counties the ability to expand their mental health services as well as provide services to previously underserved populations. In Marin County, through a stakeholder process that involved recipients of services and community providers, the Department of Health and Human Services decided to expand mental health services to seniors.[1]

Before Proposition 63 passed, Marin County operated very limited mental health services to seniors. There was a part-time case manager who would do mental health assessments and mainly refer to a peer counseling program for continued support. Through the MHSA, more funds were given to start a program that offered more wraparound and intensive services. The program born out of the new connections and funding is called the HOPE program. HOPE stands for "Helping Older People Excel." Based on the model and members involved in this partnership, it is clear that this program not only aims at stabilizing people with severe mental health issues, but also provides community based services that help individuals excel in the community.

The HOPE Program

The HOPE team, like other programs that emerged from the MHSA, is designated as a Full Service Partnership Program (FSP). To be a FSP that serves older adults ages 60 and older, consumers must have mental impairments, be unserved or underserved, and at risk of homelessness or need out-of-home care.[2] In Marin, the FSP serving older adults is the main hub for mental health services in Marin County for seniors. Because the clientele served by the HOPE program requires long-term involvement, the program currently carries 40 clients.

Since its creation in 2007, the components of the HOPE program have been intensive case management (ICM), peer counseling, an intern psychology counseling component, and medication management. There is also a nurse, psychiatrist, and a Public Guardian worker apart of the HOPE team. Up until 2012, the HOPE team also employed a half-time person who served as a liaison with Aging and Adult Services (AAS). This position was initially funded by AAS, and later the HOPE program was able to fund it using MHSA funds. Eventually the funding stream dissipated and the position went away.

The HOPE program provides different levels of service depending on how severe a client's mental health issues are. The team is very integrated and different specialties conduct initial home visits. A nurse could go out on an initial assessment if a client has medical needs; however, the two intensive case managers do a bulk of initial visits, referring out to peer counseling or formal therapy through a psychology intern program if appropriate. Peer counselors are seniors themselves and are trained in doing counseling; although, psychology interns and the ICM's serve more intensive mental health needs.

An innovative addition to the case management and psychotherapy is a medication management program. As a Medi-Cal provider, the HOPE program maintains medisets for individuals at its main office. Clients also come in for regular sessions with the HOPE psychiatrist. Although the HOPE program mainly serves people on Medi-Cal, some service is provided to people on Medicare and/or supplemental insurance. Because the HOPE program is the main mental health service in Marin, some individuals pay out of pocket for their services.

In providing services to clients, the HOPE program may be involved in a client's life for years. However, the program intends to help individuals step down from ICM to more loosely based community support, such as peer counseling and medication management. The goal of this program, as is with other FSPs, is to promote recovery and self-sufficiency and maintain independent functioning.[3] Therefore, staff on the HOPE team try to navigate individuals towards less intensive services like medication management. This part of the HOPE team can monitor a client's progress but not as closely and as costly as ICM does. Also, because the current ICM caseload is 40 for the whole county, the services are concentrated on the most vulnerable.

Measures of Success and Challenges

Since 2007, the HOPE program has served 145 individuals and has achieved success in two major areas: decreasing homelessness and psychiatric hospitalizations. Most impressive is that the program managed to prevent homelessness in 90% of the clients they serve. (3) Other measures of success relate to the partnerships that the team has developed among its staff and with other programs. Internally, having staff from multiple disciplines has helped streamline the handoff and referral process for different services. In addition, because the two ICMs also supervise the peer counseling and intern psychology program, they are intimately familiar with the criteria of each service.

Having staff involved from the aging world has been helpful in bridging the divide between mental health and aging services. When the HOPE team funded a .5 full-time equivalent (FTE) position from AAS, they had a staff person who helped bridge services between HOPE, Adult Protective Services (APS) and In-Home Supportive Services. Because a lot of referrals come to HOPE from APS, often due to client self-neglect issues, it was helpful to have a person who was familiar with HOPE criteria. Because the HOPE program serves people primarily with an Axis I psychiatric diagnosis, an APS liaison was able to consult on potential referrals to help determine whether the client met HOPE criteria for services, or whether there was another issue, such as dementia happening. Angela Struckmann,the APS manager, feels that although the .5 FTE liaison position no longer exists, the partnership between HOPE and APS is permanently strengthened because of it.

Unfortunately, Marin County does not have a lot of mental health services, especially for seniors. When referring to case management services, APS has limited options. Patty Lyons, the director of HOPE, has also expressed challenges with a lack of mental health resources. In her experience, she is finding it hard to step down individuals because their needs as a population are increasing. Therefore, medication management alone may not be adequate for individuals and resources like case management through MSSP is needed more.

In the next year, the HOPE program is looking to expand by hiring one more intensive case manager. Patty stated that because of the intensive workload, serving 20 people per case manager is not feasible. With a new case worker, the individual caseloads will decrease and the program will serve a total of 50 clients. Although the program will expand, it will still focus on individuals with severe mental health issues and at risk of homelessness and/or out-of-home care.

The funding for the HOPE program mainly comes through MHSA dollars. It costs around $650,000 to run the program through MHSA funds. An additional 20% of cost is covered by county general funds. The loss of a .5 FTE position from AAS illustrates how difficult it is to expand

this program. Although this position could be time-studied to Medi-Cal reimbursement code, AAS was unable to be flexible since it was needed more in APS and IHSS.

Implications for San Francisco County

In early 2014, San Francisco County's APS started an 18-month pilot program aimed at preventing evictions and assisting clients who exhibit hoarding and cluttering behaviors.[4] Like the HOPE program, APS in San Francisco gets many referrals for individuals at risk of eviction. The APS pilot program pairs an individual with an APS worker who provides cognitive behavioral therapeutic techniques and establishes a longer-term relationship with clients seeking to declutter over time. In the past, APS has handled hoarding and cluttering cases differently, focused more on preventing evictions. By doing so, a heavy cleaning or immediate decluttering may have been the preferred approach. However, clients who exhibit these behaviors experience trauma from such a quick decluttering.

To be successful with hoarding and cluttering cases, APS found that more long-term relationships and more frequents visits with clients are needed. Also, although San Francisco is rich in resources, APS is finding it difficult to refer to gatekeepers to follow these clients so that they can appropriately close cases. These clients need frequent visits from a trained clinician or counselor; yet, it is hard to find these types of resources in the city. Most case management agencies see clients once a quarter or, at most, once a month. Also, existing peer programs in San Francisco are more related to group support, run by consumers themselves. Therefore, peers trained in cognitive behavioral and motivational interviewing techniques do not exist for this particular population.

In San Francisco, the FSP program is run through Family Service Agency (FSA). Unlike Marin County, the FSP is aimed solely at individuals who are high users of mental health or medical systems. This usually means that the individuals have refused services and have a history of 5150 psychiatric admits or medical admits. Cathy Spensley, the director of the FSP program, stated that they carry a total case load of less than 40 and those clients have refused other social or mental health services before.

Similar to Marin's FSP program, the San Francisco model offers a team approach. Its team consists of a nurse practitioner, clinical case managers, and peer counselors. A peer counselor who is trained in engaging with individuals who reject services builds rapport with a client. When rapport is then established, the peer counselor will pass the case onto a case manager who does assessments and treatment plans. The goal of the program, like the HOPE program, is to help clients recover from mental illness and to help them step down into lower level case management services. Fortunately, FSA has other case management programs that clients can be transitioned into.

Sara Stratton, an APS supervisor who oversees the hoarding pilot program, stated that although consistent visits and behavioral change work is needed with clients, it may not require the level of an APS worker to achieve success. In addition, she feels that some of the work to get clients to change their behaviors might be done through a para-professional or trained peer counselor. In the HOPE program, they found success with maintaining people in the community with the trained peer counselor model. They found this to be helpful in maintaining consistent and long-term relationships with clients as an alternative and as a step down from intensive case management.

Since there is a lack of case management services that can provide regular support, it may be possible to mold the FSP program in San Francisco after the HOPE team. Although FSA has a peer counseling program with trained volunteers, it is not associated with the FSP program. In addition, most of the hoarding and cluttering clients that APS sees would not meet the current FSP criteria.

Recommendations

Hoarding and cluttering behaviors, like other mental health related conditions, requires constant

monitoring and support. It appears that recovery from hoarding and cluttering behaviors can include a mixture of involvement from trained case managers like an APS worker and peer or para-professional support. Since the FSP program in San Francisco does not currently offer peer counseling, FSA staff should consider expanding their peer support program. Currently they offer peer counseling for less severe cases than their FSP clients where clients are more stable and accepting of services.

In addition, FSA would have to consider expanding its criteria for the FSP program. The MHSA does not have stringent criteria. Looking at Marin's FSP, it is clear that San Francisco could loosen their criteria as long as clients had a primary psych diagnosis, were underserved and were at risk of homelessness. APS clients who hoard and clutter fit that criteria. In addition, the FSP criteria of serving high system users could also be expanded. Rather than looking solely at high end users of mental health and medical services, FSA might consider changing its criteria to serve high end users of environmental health and APS services as well. Regarding hoarding and cluttering clients, APS and environment health involvement is likely.

Often, clients with hoarding and cluttering behaviors do not have a lot of social support and are isolated. They may also have a history of refusing services.[5] Therefore, the FSP program in San Francisco, which has experience working with clients who consistently refuse services, is a good fit for this population. In addition, as seen in Marin, having intensive case management paired with peer counseling can be an effective partnership for long-term recovery and community based support.

Because San Francisco APS has difficulty referring to long-term support with hoarding and cluttering cases, a handoff to an FSP clinician and peer counselor could be an effective treatment plan. The cost would be minimal because peer counselors in San Francisco are paid with stipends.[6] Peer counselors could be retired professionals who are looking for part-time work and may have previous experience providing therapy or case management services. The increase in workload to the FSP program would also necessitate the hiring of a social worker or mental health professional. However, as done in APS and other case management agencies, FSA could do a time study on a position to a Medi-Cal code that could obtain 50-75% reimbursement. As done in Marin County, APS and FSA could consider funding a part-time position paid through the Department of Aging and Adult Services but who works for the FSP program. DAAS and FSA management staff would prioritize this position through their yearly budget asks. Because this year's budget cycle has ended, hiring a new position would probably have to occur in fiscal year 2016-2017.

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