

Working Together to Combat Senior Depression:

A Sonoma County Collaboration

Rose Johns

EXECUTIVE SUMMARY

A common myth or expectation of the aging process is that depression is a “normal” experience. It is true that depression is the most prevalent mental health condition among older adults. However, this does not mean that depression is something to be accepted and left untreated. While loss of independence and loved ones can cause grief, extended bereavement can be effectively addressed through mental health treatment and support. The Sonoma County Older Adult Collaborative presents a useful model for strengthening the social safety net by integrating an evidence-based depression mitigation program in existing social service programs. This example is particularly useful for the San Francisco Department of Aging and Adult Services as it works to institute depression screening of clients enrolled in In-Home Supportive Services.

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Introduction

Depression is recognized as the most prevalent mental health condition among older adults.ⁱ

Depression is correlated with and can be exacerbated by chronic health conditions and isolation—risk factors experienced at high rates by the older adult population. This relationship is multidirectional; depression can also prompt unhealthy behaviors that negatively impact health and increase morbidity.ⁱⁱ However, these trends do not mean that depression is a normal part of aging — and it certainly should not be accepted as par for the course. Research has found that the majority of depression experienced by older adults is treatable, and this treatment can also help reduce the burden of other chronic diseases.ⁱⁱⁱ

In considering appropriate interventions to support older adults experiencing depression, attention must be given to barriers that can inhibit the population’s access of treatment. Physical impairment and limited transportation options can make it difficult to get out of the house and attend appointments. Presenting symptoms of depression may be masked by and/or misattributed to physical ailments. Ingrained cultural stigma around mental health may limit acknowledgement of depression, as can the stereotype that depression is a “normal” part of aging that cannot be successfully addressed through treatment. Past population surveys have found that seniors suffering from depression are more likely to try to “handle it themselves” than seek treatment.^{iv} Social service agencies must account for these barriers when developing programs that aim to

address depression in older adults. The Sonoma County Older Adult Collaborative implementation of the Healthy IDEAS intervention is a successful example of how to accomplish this aim.

City and County of San Francisco

The San Francisco Department of Aging and Adult Services (DAAS) is currently exploring models to enhance support for seniors and adults with disabilities who are experiencing depression. The city is home to a significant older adult population. Currently, 170,000 city residents (20%) are aged 60 or older – meaning that one in five San Franciscans is a senior. By 2030, this will increase to 25%, or one out of every four city residents. Also notable are shifts in the senior population demographics that have occurred over the last two decades. While the majority of seniors in 1990 were white, today’s seniors are most likely to be Asian/Pacific Islander (42%), and most seniors speak a primary language other than English.

Another critical population trend is the high risk of isolation faced by the city’s seniors. Almost 30% of older adults in San Francisco live alone — considerably higher than the statewide rate of 21%. This risk is compounded by the outmigration of families from the city, as adult children leave for lower cost of living areas to raise their own children. In focus groups conducted for a 2016 DAAS needs assessment, a recurrent theme was the loss of family and neighborhood support, as adult children have been priced out of the city and younger professionals cycle in and out of neighboring residences. As a result, seniors today are more reliant on social service professionals for support instead of family members and informal community support.

Given these population trends, the San Francisco Department of Aging and Adult Services (DAAS) is constantly considering strategies to reinforce its service network to most effectively

serve the city's seniors and adults with disabilities. A more recent strategy has been to "in-reach" to the persons enrolled in In-Home Supportive Services (IHSS) by expanding the role of the county's IHSS social work staff. A Medi-Cal benefit administered at the county level by DAAS, the IHSS program provides non-medical, in-home care to low-income persons with functional impairments who need help with daily tasks of living, such as bathing, meal preparation, and grocery shopping. IHSS serves the most vulnerable seniors and adults with disabilities.

Thus far, DAAS has successfully leveraged its connection to the city's 22,500 IHSS clients by instituting a food security screening at initial intake and annual reassessments for ongoing clients. Launched in March 2015, this effort has resulted in 700 clients receiving home-delivered groceries through a partnership with the San Francisco-Marín Food Bank. The department has also been working with UC San Francisco and an Optimizing Aging Collaborative to develop tools and institute best practices related to early identification and intervention for both depression and dementia. This work is informed by the 2009 *Excellence in Dementia Care* report. DAAS plans to institute depression and dementia screening in its IHSS program but must first identify treatment pathways to support those who screen positive for these conditions.

Sonoma Older Adult Collaborative

Facing similar concerns about older adults and depression risk, the Sonoma County Human Services Department (HSD) took an innovative approach to enhancing the local social service network. In 2009, HSD partnered with the county's primary community-based senior services agencies to form an Older Adult Collaborative (OAC) and apply for Mental Health Services Act (MHSA) funding from the county's Behavioral Health Department. Passed by California voters in 2004, the MHSA provides enhanced funding to support county mental health systems. The

OAC's joint proposal to develop a program aimed at mitigating depression and suicidality in older adults was awarded approximately \$243,000 through the MHSA Prevention and Early Intervention funding stream.

The OAC structure and member responsibilities are outlined in a memorandum of understanding between the five partner agencies. The allocation of the MHSA funding was determined when the collaborative formed. It was based on each partner's capacity and the specific services provided. HSD receives the largest share of funds because it serves the most clients through its IHSS and Linkages case management programs. The department also provides administrative support to the collaborative, including data consolidation and preparation of annual reports. Notably, while HSD serves as the lead agency due to its role in distributing funding and providing administrative support to the collaborative, the OAC is an equal partnership — HSD does not oversee or monitor the other partners in the traditional county-service provider contracting relationship. Instead, the OAC agreement states that the preferred decision-making model is 'discussion resulting in consensus', with majority vote used only in instances when the group is unable to reach consensus.

Healthy IDEAS

The OAC identified the Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) model as an appropriate intervention to implement. This evidence-based program is focused on increasing awareness of depression and empowering clients to reduce symptoms of depression. The key components of the intervention are:

- 1) **Depression Screening** – Conduct standardized assessment (PHQ-2)

- 2) **Mental Health Education** – Provide materials and discuss depression, as well as mental health services
- 3) **Mental Health Referral** – Make appropriate mental health referrals based on screening and dialogue
- 4) **Behavioral Activation** – Empower clients to manage depression by identifying at least one activity goal for client and following up to assess progress and goal completion

As the primary senior services agencies in Sonoma County, the OAC members provide an impressive array of services, including but not limited to case management, nutrition services, adult day programs, counseling, peer support, and transportation. Given their existing pathways to the county's most vulnerable seniors, these agencies are well poised to connect with older adults at heightened risk for depression. MHSA funding has supported enhanced resources to identify and serve clients experiencing depression. In particular, the model is intended to fit in well with the existing case management services in the behavioral activation process and required documentation as the primary steps beyond existing case management assessment and processes.

Notably, while all OAC partners have implemented the Healthy IDEAS model with fidelity to the evidence-based model, there is some variation in each agency's role within the collaborative and how the intervention has been integrated into existing programs. This variation reflects each organization's unique vantage point within Sonoma County and the agency's particular service portfolio. For example, two OAC members are certified as trainers for the Healthy IDEAS intervention. One member does not implement the Healthy IDEAS intervention but is funded to

provide short-term, in-home counseling for persons needing a higher level of support than Behavioral Activation.

Within HSD, the pathway to Healthy IDEAS intervention and mental health support is also tailored to support for its specific programs, which include IHSS and the Linkages case management program. Clients are screened using the PHQ-2 questionnaire (in keeping with the OAC model). If a client screens positive for depression, an IHSS social worker will provide the client with a resource guide that day and make a referral to a Sonoma County Department of Health Services behavioral health clinician who sits at HSD. IHSS social workers may also make referrals for clients who do not screen positive for depression if there seems to be a need for mental health support. A Linkages case manager may initiate the Healthy IDEAS intervention or refer a client for further screening to the behavioral health clinician. In place prior to the OAC formation, the behavioral health clinician serves as a mental health liaison for the IHSS program and other MHSA older adult programs. The clinician will visit the client for further assessment and/or make referrals to appropriate public and private resources; s/he is also available to consult with OAC members to help think through mental health resources for non-IHSS clients.

Considerations for San Francisco

The Sonoma County OAC and its Healthy IDEAS program offers an extremely useful example for San Francisco as it develops its own plans to implement depression screening of its IHSS clients. HSD cites this model as a key tool in the county's toolbox in its efforts to support vulnerable seniors to live safely in the community and help IHSS clients make better use of their benefits. Informed by OAC member reflections and the service system landscape of San Francisco, key considerations for DAAS are listed below:

- **Identify internal pathways for further screening and referral:** Support from a behavioral health clinician to review positive screens and provide further assessment has been a critical component to the Sonoma IHSS program's depression screening. In the last two years, DAAS has developed a Clinical and Quality Assurance Unit of behavioral health nurses and licensed clinical social workers to coordinate care for clients with complex medical and behavioral health needs. DAAS should consider opportunities to utilize this team in its depression initiative (e.g., to provide additional screening or support more complex and/or severe cases of clients screening positive for depression).
- **Availability of mental health and other supportive resources:** Availability of resources is a key challenge in Sonoma County. While there are helpful programs – such as the in-home counseling offered by an OAC partner – the quantity of services available is limited, even with many organizations exceeding their contracted service levels. Particularly when working with persons struggling with depression, it is critical to seize the moment a client is willing to engage with mental health services; a client who is put on a waitlist for services may lose momentum and refuse a service by the time it becomes available. With an IHSS caseload of 22,500 clients, it can be anticipated that there will be many individuals who screen positive for depression (26% of OAC clients screened for depression have a positive result). Prior to instituting its depression screening, DAAS needs to develop its referral resources, including reaching out to programs to discuss referral pathways and service availability.
- **Importance of professional relationships:** Closely related to resource capacity, but also more generally important for the success of this model, is the importance of strong relationships with mental health and social service professionals. The positive and

collaborative relationships that the public health behavioral clinician has developed with other OAC members, staff within the public mental health system, and private providers is cited as a critical factor in the model's success.

- **Role of community-based case management:** The use of community-based case management is a strategy that San Francisco should seriously consider. DAAS funds 13 community-based organizations to provide case management to 1,600 clients per year. Currently, the department is working with this network to strengthen the program in a variety of ways, including a streamlined online assessment tool and centralized intake and waitlist system. Given the direct funding relationships that already exist for this service, it may not be appropriate to develop an equal partnership model like the OAC, but it may be feasible to formalize an evidence-based depression intervention, such as Healthy IDEAS, within this program.
- **Consistency in screening:** Consistency in screening and treatment is key to a successful program and equitable service for clients. To serve its 22,500 clients, the San Francisco IHSS program has a staff of almost one-hundred social workers conducting initial intakes and carrying ongoing cases. To implement this model or any depression screening with consistency across units will require significant training and quality assurance activity. HSD's framing of the depression screening as an extension of the existing well-being assessment resonated with Sonoma County social workers and may be a useful approach for San Francisco County in training its social workers. DAAS may be able to leverage its relationship with UC San Francisco through the Optimizing Aging Collaborative to develop high quality training.

- **Case manager training and support:** Because a model like Healthy IDEAS aligns closely with existing case management activities, a low requirement of significant additional work for case managers is anticipated. However, case managers have many assessments and activities to complete each visit. Refresher trainings on any additional activities related to depression support (e.g., behavioral activation documentation), as well as integration of the model within an existing online assessment platform, can support case managers in prioritizing these components of a depression intervention model. Additionally, regular opportunities for case managers to network and collaborate, as well as share success stories and challenges, can also be useful in supporting case manager engagement and adherence to the model.
- **Cultural sensitivity and client diversity:** As noted earlier, the San Francisco senior population is extremely diverse. More than half of IHSS senior clients are Chinese. Over 80% speak a primary language other than English – most commonly Cantonese (46%) and Russian (16%). While the Sonoma OAC did not identify any concerns related to Healthy IDEAS and minority clients, the vast majority of their clients are white. Research suggests that cultural variation in comfort discussing depression may impact the appropriateness of this model with some ethnic groups.^v Ensuring that social workers are trained to be culturally sensitive in these conversations will be important for DAAS as it rolls out its program.

With eight years of experience, the Sonoma OAC offers much for San Francisco to study and learn from in the course of developing its own depression screening initiative. The success of the Sonoma County model proves that the thoughtful and collaborative implementation of a depression intervention can make a difference for vulnerable older adults.

Acknowledgements

This case study was only possible due to the generous time and insights provided by the members of the Sonoma OAC. Thank you to Sonoma County Human Services Department staff – in particular Gary Fontenot, Eric Glentzer, Jenay Cottrell, and Dorothy Reagan – as well as OAC members from Jewish Family and Children’s Services, Council on Aging, Community and Family Service Agency, and Petaluma People Services Center.

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