

NEW/REVISED PROGRAM DESCRIPTION
Innovation

County: Contra Costa

Completely New Program

Program Number/Name: Partners in Aging

Revised Previously Approved Program

Date: 07/2015

Complete this form for each new INN Program. For existing INN programs with changes to the primary¹ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- Increase access to underserved groups
 Increase the quality of services, including better outcomes
 Promote interagency collaboration
 Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Contra Costa Mental Health (CCMH) recognizes older adults (adults aged 60 years or more) with mental illness are an underserved population. This includes older adults of diverse cultural and ethnic communities, as well as sexual orientations and gender identities. CCMH has identified care for the homebound frail and elderly as an unmet need during its most recent Community Program Planning Process. Furthermore, analysis of CCMH's penetration and retention rates from Calendar Year 2012 reveal older adults have lower penetration and retention rates than all other age groups. The poor retention rates are of particular concern because a client is at risk of being readmitted to crisis and/or inpatient services if he or she is discharged from Psychiatric Emergency Services (PES) and/or the county hospital and is not properly linked to outpatient services.

Moreover, mental illness can worsen as a person ages, particularly if the illness is untreated or co-occurs with substance use and/or medical conditions². This may lead to a decrease in quality of life, longevity and intervention adherence². In 2008, a national survey discovered approximately 40 percent of older adults (age 65 years and older) drink alcohol³. As one ages, the body's tolerance for alcohol can decrease³. Typically, older adults experience the effects of alcohol more rapidly than when they were younger³. Heavy drinking can make certain health common problems worse, including mood disorders³. Reductions in problem drinking have been found to significantly and strongly increase the chances of remission from depression⁴. Additionally, anxiety and depression medications can be dangerous or even fatal when mixed with alcohol³. As individuals from the "baby boom" generation become older adults, it is anticipated that there will be an increase in substance abuse among the older adult population⁵.

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

* Penetration and retention rates are used by CCMH to evaluate the accessibility of services for different populations of Medi-Cal eligible clients. These measures assist CCMH in determining which populations are underserved. Penetration rate refers to the proportion of eligible Medi-Cal service units being utilized by mental health consumers in Contra Costa County. CCMH administration calculates penetration rates by dividing the number of Medi-Cal eligible clients who accessed services from CCMH by the total number of Medi-Cal eligible clients in the county. This calculation results in the proportion of Medi-Cal eligible clients who access services provided by CCMH. Retention rate refers to the proportion of clients who access mental health services provided by CCMH after a psychiatric hospitalization.

² Prince, Jonathan D. Ph.D. et al. "Psychiatric Hospitalization Among Elderly Persons in the United States". *Psychiatric Services*. September 2008. 59;9:1038-1045.

³ National Institute on Alcohol Abuse and Alcoholism. "Older Adults". *Alcohol and Health: Special Populations and Co-Occurring Disorders*. 2014. Available at: <http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults> . Accessed on: September 2, 2014.

⁴ Baker, A.L. et al. "Randomized controlled trial of MICBT for co-existing alcohol misuse and depression: Outcomes to 36-months" *Journal of Substance Abuse Treatment*. March 2014. 46;3:281-290.

⁵ Friedman, M.B et al. *Community mental health: Challenges for the 21st century*. 2012. J. Rosenberg & S. J. Rosenberg. 2nd ed. New York NY: Routledge. 109-132.

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The 2010 Census reported approximately 130,000 older adults (65 years and older) in Contra Costa County⁶. This is a 23 percent increase from 106,000 adults in year 2000. During the period from 1990 to 2020, Contra Costa County is expected to have between 100.0 and 149.9 percentage increase in its population of older adults aged 60 years and over⁷. In turn, this population increase will translate into an increase in the number of older adults who need to access health services, including mental health services.

CCMH's Older Adult Mental Health Program has three programs in place to meet the service needs of its growing older adult population: Intensive Care Management Teams (ICMT), Improving Mood Providing Access to Collaborative Treatment (IMPACT) and Senior Peer Counseling. While the ICMT and Senior Peer Counseling programs are near capacity, the IMPACT program is currently underutilized. IMPACT is an evidence-based practice which provides depression treatment to older adults (ages 60+) in a primary care setting. The IMPACT model prescribes short-term (8 to 12 visits) Problem Solving Therapy and medication support with up to one year of follow-up as necessary. Services are provided in a primary care setting by a treatment team consisting of licensed clinicians, psychiatrists, and primary care physicians. One of the reasons the IMPACT program is underutilized is the small number of referrals made by primary care providers. Expanding the target population and offering more comprehensive services should increase the number of referrals made to the program.

CCMH plans to address the challenges outlined above by modifying its IMPACT service model. CCMH proposes utilizing Innovation dollars to "make a change to an existing practice in the field of mental health" to serve clients aged 55 years and older as well as by adding Screening Brief Intervention Referral to Treatment (SBIRT) and a peer component to the existing IMPACT service model. SBIRT is a comprehensive health promotion approach for delivering early intervention and treatment services to people with, or at risk of developing, alcohol use disorders⁸. Its three components are: 1) universal screening to identify people with potential alcohol use disorders; 2) Brief Intervention utilizing motivational interviewing provided to individuals when the universal screening indicates moderate risk for an alcohol use disorder; and 3) referral to specialty care for persons deemed to be at high risk for an alcohol use disorder⁸. The primary purpose of the proposed Innovation project will be to "increase the quality of services, including better outcomes" for the older adults in its system of care.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

As stated above, older adults who are frail, homebound and suffer from mental illness experience higher rates of isolation, psychiatric emergency interventions and institutionalization that could be prevented. CCMH proposes "making a change to an existing practice in the field of mental health" by adding Screening Brief Intervention Referral to Treatment (SBIRT) services and peer support to existing Improving Mood Providing Access to Collaborative Treatment (IMPACT) services. The purpose of this change is to increase the quality of services, including better outcomes. The project will target Older Adults with depression referred for services by Primary Care or Psychiatric Emergency Services (PES). Clinical interns from a local college, St. Mary's College, will provide the SBIRT services in a primary care setting as part of the IMPACT team. Peer support workers will link clients being discharged from PES to IMPACT as well as provide in-home peer support as needed. A psychiatrist will provide consultation to the IMPACT teams and will supervise the clinical interns. There are three IMPACT teams in Contra Costa County, one for each region, and clinical interns and peer support workers will be added to the teams.

The proposal is innovative because it combines two evidence-based practices and expands IMPACT's multi-disciplinary treatment team. This will improve their ability to treat older adults with depression by giving the treatment team the additional capacity to address alcohol misuse. The proposal expands the target population of the evidence-based IMPACT model to include clients 55 years of age and older. Using clinical interns to provide short-term alcohol misuse treatment services will allow the IMPACT team to treat this additional factor exacerbating older adults' depression. The addition of these services will improve the quality of care currently being provided by the IMPACT program. As shown by the studies outlined above, alcohol misuse can worsen mood disorders, including depression. Treating alcohol use along with depression can potentially improve depression treatment outcomes. The clinical interns will screen all IMPACT clients for

⁶ US Census Bureau. American Fact Finder. 2008 Population Estimates (T08). <http://www.factfinder2.census.gov/main.html>. Accessed on April 28, 2011.

⁷ California Department of Aging. Demographics: Facts about California's Elderly. http://www.aging.ca.gov/stats/map_narrative_2.asp. Accessed on June 13, 2011.

⁸ California Department of Health Care Services. "Screening, Brief Interventions, and Referral to Treatment (SBIRT)". Available at: <http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>. Accessed on: September 12, 2014.

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alcohol misuse. Those that screen positive for moderate misuse will be offered the SBIRT services. Clients who require more intensive alcohol treatment services will be referred to appropriate services and the clinical interns will consult with Alcohol and Other Drugs Services staff as needed. Additionally, when appropriate, the clinical interns will provide education to family members and/or other natural supports and include them in the treatment planning.

Furthermore, this project is innovative because it adds a peer component to an evidence-based practice with the goal of increasing the quality of services. Peer support workers will combine recovery principles with caretaking activities for older adults in need, thereby combating isolation and assisting with the development of life skills. The peer support workers will work with the older adults at the service intensity appropriate for the individual with no predefined duration of services. Peer support workers will serve two primary functions. First, they will aid in the expansion of the IMPACT program by linking clients who are being discharged from PES and are not connected to outpatient services to the IMPACT program. If the IMPACT team determines a client requires a different level of care than the IMPACT team can provide, he or she will be referred to the appropriate level of care. Second, the peer support workers will provide in-home peer support services to clients who are frail and/or homebound. The peer support workers will serve older adults who have been identified by PES and/or the IMPACT team as individuals who need additional staff care in order to avoid repeated crises. They will engage clients in ongoing mental health treatment and appropriate resources and social networks, as well as increasing their daily living skills. When appropriate, the peer support workers will ask family members and/or other natural supports to participate in the peer support activities. Each peer support worker will carry a caseload of up to 15 clients, some of whom will be short-term clients, and some who will receive longer-term care.

The peer support workers will work with the IMPACT Teams to:

- Educate consumers about recovery
- Assist consumers in developing recovery goals and chronic disease self-management plans
- Provide Wellness Recovery Action Plan (WRAP) training
- Aid consumers with skill-building, including mental health coping skills in order to promote the achievement of their wellness, recovery and chronic disease self-management goals
- Link consumers to community resources
- Host social events for clients
- When appropriate, connect clients to in-home supportive services

Some potential specific tasks and skill building exercises the peer support workers will perform:

- Teach life skills
- Introduction to wellness and community centers (warm hand-offs)
- Teach consumers to take public transportation
- Accompany consumers to physical and mental health care appointments to provide linkage and support
- Teach consumers how to create WRAP for mental and primary health as well as substance use
- Teach consumers self-management and wellness tools for managing their health care
- Teach consumers to build support networks to enhance participation and ultimately increase self-reliance

If Partners in Aging proves effective, it will:

- Lead to greater integration between primary care, mental health and alcohol and other drug services.
- Increase the number of older adults being linked to outpatient care after being discharged from PES.
- Improve the effectiveness of the IMPACT depression treatment by addressing the relationship between alcohol use and depression.
- Assist clients with engaging in meaningful activity by providing in-home peer support to aid clients in developing life skills and combating isolation, which in turn leads to improvements in mental health outcomes.

CCMH intends to use Partners in Aging to determine if providing short-term alcohol treatment and peer support improves the quality of services provided to older adults in the system of care. It will then test if creating these changes produced the following results:

- an increase in the number of older adults being linked from PES to outpatient services

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- an increase in the number of older adults with depression and alcohol misuse receiving alcohol treatment
- improved health, wellness, recovery, self-management and life skills and behaviors among older adults
- a decrease in the number of older adults being readmitted to PES within 60 days of discharge
- a decrease in social isolation/ an increase in the quality of life of older adults
- improved rates of depression among older adults.

The County wishes to learn if and how increasing the target population as well as adding SBIRT and peer support to the IMPACT model will: 1) decrease the number of older adults being readmitted to PES within 60 days of discharge; 2) decrease social isolation; 3) increase quality of life; and 4) improve depression outcomes for older adults.

Partners in Aging will address the following process-based learning goals:

- Do older adults access IMPACT services with the assistance of peer support workers?
- Do older adults engage in SBIRT?
- Do older adults develop life skills with the assistance of peer support workers?
 - Do consumers use them regularly and how can we increase their utilization?
- Do consumers develop self-management goals?
 - Do consumers use them regularly and how can we increase their utilization?
- Does the use of peer support workers increase the number of linkages made between consumers and community resources?

This Innovation Work Plan has the following outcomes-based learning goals:

- Does the 60-day recidivism rate of older adults being readmitted to PES decrease?
- Does social isolation decrease?
- Does quality of life increase?
- Do older adults have improved depression scores?

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Partners in Aging supports the General Standards as set forth in CCR, Title 9, section 3320 in the following ways:

Community Collaboration

One of the central elements of the proposed project is the collaboration between primary health care providers, mental health care providers, and alcohol and other drug services. By working together to implement the project, these partners will improve the health and well-being of older adult mental health consumers. Additionally, Partners in Aging will collaborate with a local college, St. Mary's College, to recruit clinical interns for the program. One of the tasks of the peer support workers will be to work with the older adults to identify appropriate community resources and supports and assist in the linkage to the identified community resources. Utilizing peer support workers to aid in linkage should increase the number of older adults successfully linked to community supports.

Cultural Competence

All goals listed in Article 2, Section 3200.100 Cultural Competence have been incorporated into the protocol and procedures of this proposed project in order to ensure equal access to services of equal quality is provided, without disparities to persons with non-dominant racial/ethnic, cultural, and linguistic differences. This will be accomplished by yearly mandatory training and certification on cultural competency for all staff involved in this project, as well as a number of voluntary trainings and forums specific to expanding service provider sensitivity, knowledge base and expertise in adapting effective treatment and peer support approaches to the numerous non-dominant cultures in the County, such as inner city African American and Latino populations, urban Native Americans, non-English speaking immigrant populations, and individuals who identify as lesbian, gay, bi-sexual, transgender, or who question their sexual identity.

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Client and Family Driven Mental Health System

Partners in Aging will involve older adults, and as appropriate their families, in determining the appropriate treatment goals for each client. It will also involve them in the design and implementation of services, resource development, and evaluation of services. By teaching consumers wellness, recovery and self-management skills, peer support workers will be training consumers to participate actively in their health care.

Wellness, Recovery and Resilience Focus

One of the primary goals of the project is to promote the wellness and recovery of older adult mental health consumers by teaching them life, wellness, recovery and self-management skills as well as linking them to community-based supports and resources. The project will track changes in consumers' crisis service utilization, isolation, quality of life and depression.

Integrated Service Experience

The project will include a range of alcohol misuse treatment and peer support services integrated into existing programs and service providers. The project will integrate primary care, mental health and alcohol and other drug treatment services. The long-term goals of the learning provided by the project are to: 1) decrease the health disparities experienced by older adult mental health consumers and 2) promote their mental health recovery by decreasing relapses as well as increasing self-reliance and active participation in their wellness.

Community Program Planning Process

Contra Costa County's approved *Mental Health Services Act Three Year Program and Expenditure Plan Fiscal Years 2014-2015 through 2016-2017* was developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education social service agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Focus groups conducted as part of the Community Program Planning (CPPP) process were specifically designed to include representation from unserved and underserved populations, reflect the diversity of the demographics of the County, and outreach to clients with serious mental illness and/or serious emotional disturbance and their family members. Additionally, as referenced in the Three Year Plan, the County's ongoing MHSA stakeholder advisory group, Consolidated Planning and Advisory Workgroup (CPAW), has an Innovation sub-committee charged with assisting in the development of new Innovation projects as well as reviewing existing projects and project outcomes. The Innovation sub-committee meets on a monthly basis and provides recommendations to the CPAW and ultimately the Mental Health Director. Partners in Aging addresses priority needs identified during the current and past CPPPs and was included in concept in the Innovation chapter of the Three Year Plan. The Innovation sub-committee assisted in the development of the Partners in Aging program description.

CPAW also has an ongoing Membership sub-committee who analyzes the work group's needs for full stakeholder representation on CPAW and its sub-committees. The Membership sub-committee recruits for characteristics and affiliations that are under-represented or missing from CPAW.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

The target population for the IMPACT Program is adults age 55 years and older who are at 300% or below of the Federal Poverty Level, are insured by MediCal only, both MediCal and MediCare (Medi-Medi), or are uninsured. The program focuses on treating older adults with late-life depression and co-occurring physical health impairment, such as cardiovascular disease, diabetes, or chronic pain. The program will provide services to individuals from all racial and ethnic groups as well as diverse sexual orientations and gender identities. The IMPACT program will serve approximately 138 consumers a year.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

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Upon MHSOAC approval of use of MHSA Innovation Component, funding the CCMH will take up to six months to create positions, recruit and hire staff. Project implementation will take up to three years to determine impact on rates of PES recidivism and depression, as well as isolation and quality of life. Concurrent with project implementation will be the development of a research design to measure impact of the new intervention. Research for lessons learned regarding best practices and system impact will take an additional year. Communicating a replicable model (if proven successful) will take an additional six months.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

The plan will utilize measures currently in place in order to develop a set of outcomes that can be measured pre- and post-intervention. CCMH will establish a baseline for all measures during the first three months of implementation. It will then collect data about measures on a monthly, quarterly, twice annual or annual basis; frequency of measurement will depend on the measure. It will write annual updates and/or reports for stakeholders as appropriate. CCMH will share data with stakeholders during various committee meetings, public meetings and/or forums, mental health commission meetings and team meetings. During these presentations, CCMH will request feedback from stakeholders about potential changes to the project model. Qualitative data describing lessons learned about the process of adapting the model will be collected on a monthly basis using a Learning Log.

The intervention will be articulating a set of strategies to engage older adults in services and to treat depression in a holistic manner, addressing alcohol misuse as well as life skills development. Strategies may include warm hand-offs to services, providing clients transportation assistance and/or teaching them to utilize existing transit options, developing life skills and introducing older adults to community resources. Outcomes will also be tracked that compare mental health treatment plan success indicators before and after the innovation project intervention, such as reduction in psychiatric crisis recidivism rates, symptom reduction, and quality of life improvement. CCMH will compare outcomes from before and after the project is implemented. Outcomes include the number of older adults served, the 60-day recidivism rate of older adults being readmitted to PES, depression scores, isolation and quality of life. The supposition is that adding SBIRT and peer support services to the IMPACT model will result in fewer clients being readmitted with PES within 60 days, an improvement in depression scores, a decrease in isolation and an increase in quality of life. Future community program planning processes will gauge the efficacy of these new services from the perspectives of stakeholders.

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5. If applicable, provide a list of resources to be leveraged.

Partners in Aging will leverage the cost of existing IMPACT program staff funded through the MHSA Community Services and Supports Component.

Resources to evaluate this project will be provided by the Contra Costa County Health Services Planner/Evaluator position assigned to the Innovation projects contained in the proposed MHSA Three Year Program and Expenditure Plan. This in-kind research and evaluation resource is estimated at 1/8 position, or \$15,830 annually.

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

The total projected cost of INNFT05 is \$1,000,000. The annual project cost for the project is \$250,000 a year. The budget consists of personnel and operating costs. Each staff paid for by the Innovation is necessary to provide the services required to develop the model, test the model, log learning and communicate results.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM TOTAL BUDGET

A. EXPENDITURES

	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	\$818,120			
2.	Operating Expenditures	\$181,880			
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management				
6.	Other Expenditures				
	Total Proposed Expenditures	\$1,000,000			
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED		\$1,000,000			

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NEW PROGRAM ANNUAL BUDGET

A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	\$204,530			
2.	Operating Expenditures	\$45,470			
3.	Non-recurring Expenditures				
4.	Contracts (Training Consultant Contracts)				
5.	Work Plan Management				
6.	Other Expenditures				
	Total Proposed Expenditures	\$250,000			
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED		\$250,000			

D. Budget Narrative

<p>1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.</p> <p>1. Personnel</p> <ul style="list-style-type: none"> a. 2.0 FTE Community Support Worker Level I, Project \$122,994 – Two Community Support Workers to provide peer support and linkage services to older adults being served by the IMPACT program. If possible, the Community Support Workers will have personal experience in recovery from both mental health and alcohol and other drug problems. b. 0.2 Psychiatrist \$66,560 – Psychiatrist will provide supervision for the interns as well as consultative services to the IMPACT Team. c. Intern Stipends \$14,976 -- Intern Stipends for 3 Interns, each to provide SBIRT services up to 12 hours per week. The clinical interns will have complete coursework on alcohol and substance abuse treatment and will have expertise in alcohol and other drug assessment, treatment and relapse prevention. <p>2. Operating Expenses:</p> <ul style="list-style-type: none"> a. Flexible Funds \$45,470 -- Flexible funds will be used to assist Community Support Workers provide field-based services. This would include the cost of renting a vehicle rental from County Fleet and other miscellaneous expenses associated with the provision of peer support activities. <p>3. In-Kind</p> <ul style="list-style-type: none"> a. IMPACT Staff \$370,479 – IMPACT mental health clinicians who are integrated into primary care treatment teams. These clinicians will collaborate with the project staff to increase the range of services available through the IMPACT model. b. 1/8th Planner/Evaluator \$15,830 -- Approximately 1/8th Planner/Evaluator staff time to perform evaluation and research on an ongoing basis for the four year period.
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