DRAFT

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - MHSA IMPLEMENTATION AND OUTCOMES DIVISION
MHSA 3 Year Program & Expenditure Plan Fiscal Years 2017-18 through 2019-20

Community Services and Supports (CSS) Plan Consolidation
Full Service Partnership (FSP) (Intensive) vs. Non-FSP (Non-Intensive)

Older Adult Work Group Recommendations

Full Service Partnership Services

1. **How do we operationalize what "at risk" means? What are the characteristics of "at risk"?**

   Factors that would put an older adult at risk include lack of supportive family connections, lack of economic resources and ageism in the job market, physical decline, cognitive decline, lack of social support due to isolation, fear of losing independence, inability to drive, sensory deficits brought on by normal aging, substance use and abuse, lack of older adult focused mental health services in the community, stigma related to older adult mental health services, increased stigmatization in some cultures or in individuals who are recent immigrants, fear some type of reprisals such as deportation if services are accepted, elder abuse, long term incarceration and history of involvement in the criminal justice system.

   Institutionalization: An older adult may be “at risk” of institutionalization if their current community setting or placement does not adequately meet their physical, social, psychological, health or other needs. In addition, the lack of a support system and access to supportive services (IHSS, peer support ect) also places an older adult at risk for institutionalization. Multiple chronic health conditions along with a mental health condition, may also place an older adult at risk for institutionalization.

   Out of Home Placement: “At Risk” in this category often involves family members and others not being comfortable providing care and/or support due to the nature or severity of physical, psychological and/or substance use conditions. No or limited social and/or family support. Fall risk, due to chronic health conditions and numerous medications (unsteady gait, decreased vision and difficulty ambulating on uneven surfaces).

   Hospitalization: Factors that may contribute to an older adult being “at risk” in this category, include untreated or inappropriately treated mental health, health and/or substance use conditions, in addition, suicide ideation or attempts. Failure to coordinate and take both health and psychotropic medications as prescribed. No or limited social, family and/or community support. Limited or no connection to non-emergency community services. Food and income insecurity. None or inadequate housing.

Incarceration: An older adult may be “at risk” of incarceration if they do not have a meaningful way in which to spend their time(volunteer, work, recreation ect). Further, no or limited income, no or inadequate housing and inadequate access to mental health, health and substance use services may be factors that contribute to an older adults’ risk of incarceration. Prior legal/incarceration history may also be aligned to “risk of” incarceration. Little or no family or social support. Absence of peer and other social supports.

2. **What methodology, if any, will be used to determine the levels of care within FSP?**
   There are several options available for determining level of care for older adults including the Older Adult MORS, and the Determinants of Level of Care. Those on levels 1-4 on the OA MORS scale may be considered for FSP, in addition to the FSP criteria. A rating of Levels 5-7 in addition to the FCCS criteria may constitute FCCS level of care.

3. **What will be used to determine the level of need for each Service Area? How do we ensure the need is met?**
   The level of mental health services needed for each service area will be determined based upon data (service utilization/expenditures) and input from Older Adult providers in all service areas. To ensure that the identified service needs are addressed and met, available resources need to be aligned with the service areas that need more service capacity. The recommendation for the MHSA CSS Three-Year Plan is that both OA FCCS & FSP services be increased by at least 15% countywide to begin to widen system capacity and improve access to care.

4. **What are the markers for success for this age group? What outcomes should we track**?
   - Meaningful use of time and capabilities, therefore reducing isolation
   - Safe and affordable housing
   - Healthy and supportive relationships
   - Reduction in incarceration in jails
   - Reduction in institutionalization and reduction in out-of-home placements
   - Timely access to needed help
   - Client satisfaction

Non-Full Service Partnership Programs

1. **What services are currently available for this age group?**
   - Individual, Group and Family Therapy
   - Tele-psychiatry Services
   - Flex Funds
   - Care Management
   - Medication
   - Jail In-reach
   - Outreach & Engagement
   - Referral & Linkage
   - Assessment
   - Substance Use Screening
   - Cognitive Screenings
   - Limited Wellness Activities
   - Health Screening

2. **Are there currently any gaps in services for this age group?**
   - Limited FSP slots
   - Large number of OA's served in programs without older adult specific services
   - Limited continuum of care – No wellness component within most programs
   - Severe capacity shortage in some service areas
   - Limited housing resources/supports
   - No Older Adult navigators
   - Need for more flex funds for housing and to purchase ancillary items such as hygiene products, adult diapers, transportation assistance
   - Need to expand peer support

3. **What types of services should this age group expect to receive?**
   The older adult population with mental illness should expect to receive a broad comprehensive range of services that can adapt and change, as the need of the older adult changes. The service continuum should range from intensive services (FSP) to minimum support (wellness/peer support.)

   Service Expectations
   - Field Based
   - Medication
   - Mental Health
   - Case Management
   - Peer Support/Counseling
   - Money Management
   - Community Partnership/ Volunteering
   - Crisis Support
   - Wellness Recovery Action Plan
   - Substance Use Screening
   - Wellness Services

4. **What outcome measures will adequately assess the success of a client? Symptom-based outcome measure? Functional outcomes relevant to the program?**

   The following outcome measures are available to assess the success of a client:

   - Patient Health Questionnaire (PHQ-9)
   - Geriatric Depression Scale (GDS)
   - Outcome Questionnaire (OQ)
   - Milestones of Recovery Scale (MORS)
   - Level of determinants

   The functional outcomes relevant to the program which may indicate success include the following:

   - Reduction in hospitalization
   - Reduction in days homeless
   - Reduction in incarcerations
   - Improvement in quality of life
   - Improve social connectedness
   - Increased meaningful use of time (volunteering, college, etc.)
   - Outcomes Measures Application (OMA)

Data Analysis

Older Adult FSP and FCCS for Fiscal Year 2014-15 had utilization rates of 82% and 81% respectively. These rates are somewhat lower than expected due to unspent indigent dollars in both programs (FSP/FCCS) and unspent dollars in OA FCCS flex funds. Also, due to the MHSA Three-Year Plan, FCCS/FSP programs were expanded during this fiscal year requiring staff recruitment to improve service capacity. This process delayed utilization of some of the funding while programs increased their staffing resources.

The chart below indicates that the OA FCCS providers exceeded their target benchmarks for FY 2015-16:

Older Adult System of Care
OA FCCS Unique Client Count By Service Area
FY 15-16

Service Area	Number of Unique Client	Target Benchmark
1	25	30
2	597	516
3	161	166
4	470	455
5	299	289
6	150	190
7	281	264
8	148	160
Total	**2,131**	**2,070**

Data Source: Cognos 3 - Summary of Unique Clients FY 15-16 (As of 10-26-16)

The chart below illustrates that there is limited capacity for OA FSP: (Data as of 10-31-16)

OA FSP SERVICE AREA SLOT SUMMARY				
SERVICE AREA	Total Slots	Enrolled Clients	Clients in O&E	% Enrolled
1	80	73	1	91%
2	126	106	16	84%
3	191	178	9	93%
4	138	153	12	111%
5	29	27	4	93%
6	42	33	9	79%
7	89	97	3	109%
8	144	135	7	94%
COUNTYWIDE TOTAL	839	802	61	94%

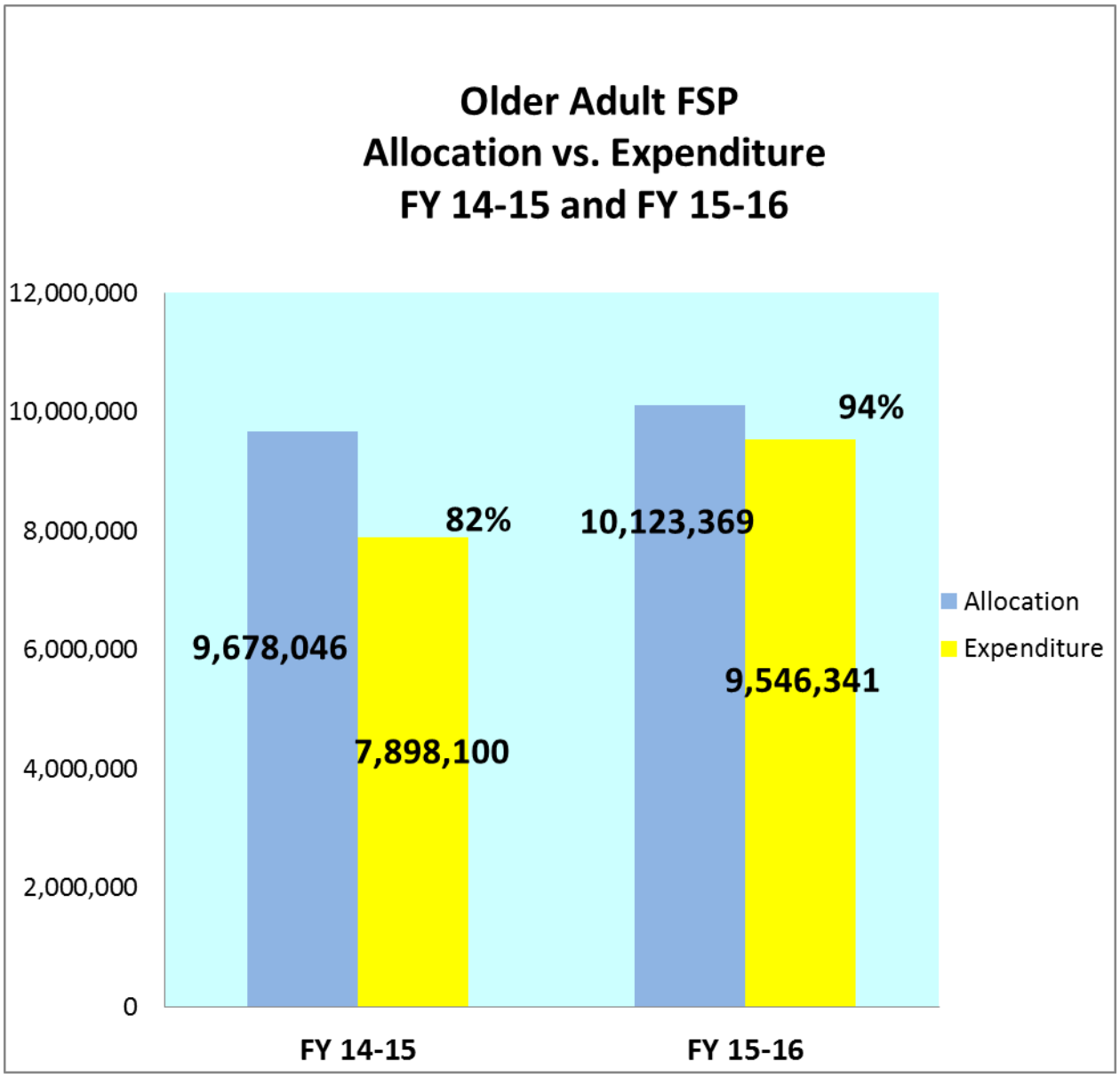
* Percentage enrolled does not include potential participants currently in outreach/engagement.

The data below illustrates that the majority of OA FCCS participants fall under the $12,500 annual service expenditure benchmark. While at least 8% of current OA FCCS participants may fall within an expanded FSP level of care.

Annual Gross Cost <= $12,499		Annual Gross Cost >= $12,500		Percentage for FSP Expansion
Age 60 & Over Older Adult		Age 60 & Over Older Adult		
Client	Cost	Client	Cost	
1,829	$7,541,340	167	$2,790,024	8%

Fiscal Year 2015-16 FCCS Outpatient Annual Gross Cost Analysis
(Includes Jail, Juvenile Hall programs)
Source: IS Reporting Repository and IBHIS Outpatient Services and Cost
Data Cutoff Date: 9/8/2016

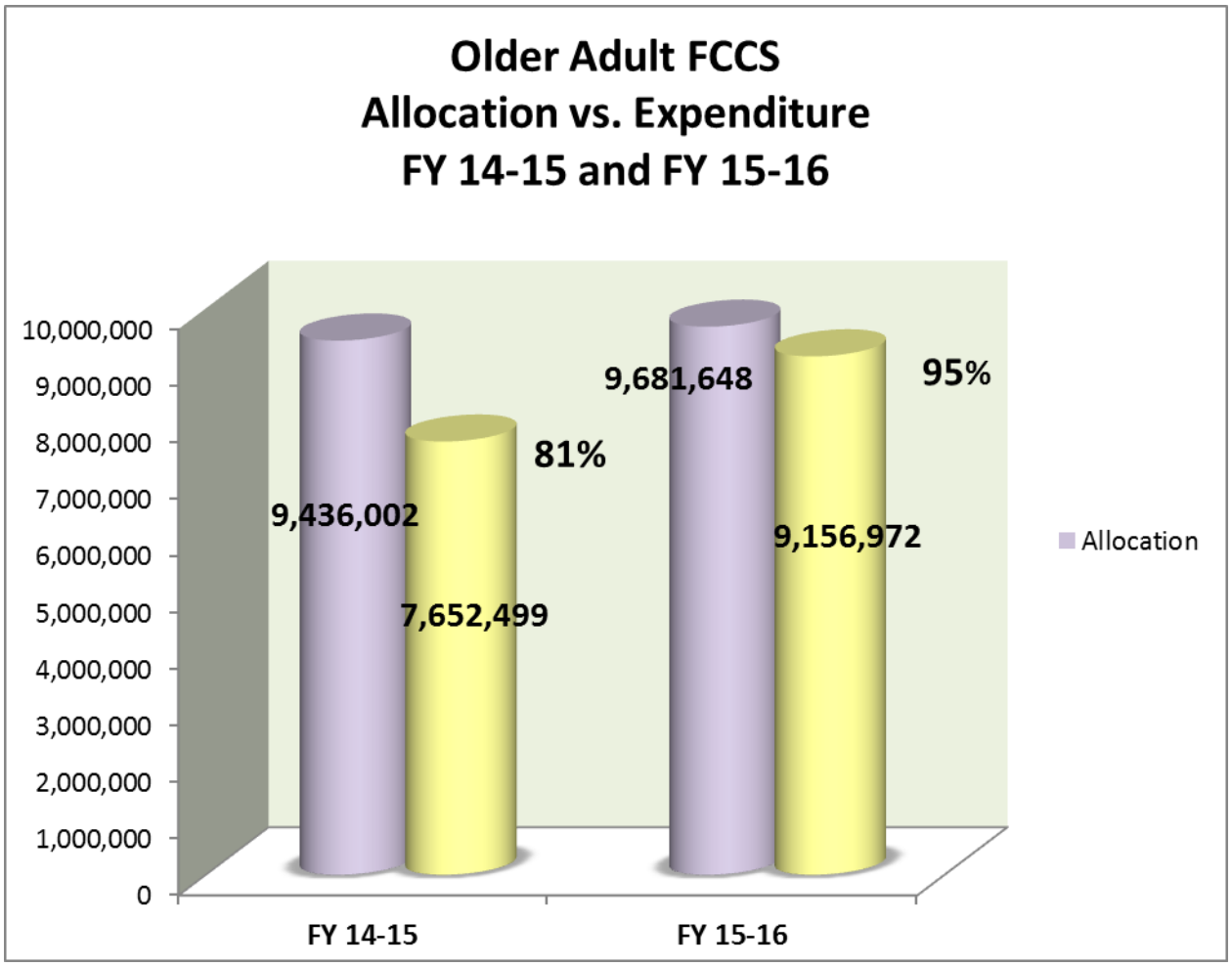
The Chart below shows an overall increase in expenditures for FSP from 82% in FY 2014-15 to 94% in FY 2015-16.



Note: Allocations and Expenditures include Non- EPSDT Medi-Cal, MCE, Non Medi-cal, and Flex Fund.

Data Source: MCA Monitoring Report FY 2014-15 and FY 2015-16 Claim Updated Date: 10-20-16

The chart below shows an overall increase in expenditures for OA FCCS from 81% in FY 2014-15 to 95% in FY 2015-16.



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