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Huntington Hospital Senior Care Network

Perspective

A NEWSLETTER ON AGING AND SERVICES *for* OLDER ADULTS

The Resource Center: *A Service Delivery Model for Challenging Times*

Resource specialists Eddie Hernandez, BSG, and Zim Liang, BA, utilize their extensive knowledge of community resources to assist people with health and aging issues.



Amid a sea of ongoing changes in healthcare, healthcare providers are being called upon as never before to keep people in their community healthy. Hospitals are charged to go beyond their traditional walls, step out into the community and provide services in new ways.

Connecting with the community is a role that the Resource Center at Huntington Hospital Senior Care Network (HSCN) has honed for nearly 30 years. Offering free telephone information and assistance on community resources related to aging and disability needs, health and caregiving, the Resource Center is staffed by specialists who are highly skilled at problem-solving and identifying appropriate resources. >

“I’ve used SCN in the past and knew it was an amazing resource. Now, when faced with housing challenges for my dad, not only did you supply very helpful contacts, but support for me! Thank you!”

A caller to the Resource Center

In recent years the Resource Center has been part of hospital efforts to enhance the care transition of patients from hospital to home. Staff attend hospital rounds and work with an interdisciplinary team to provide referrals and consultation. They also follow up with patients after discharge when referred by their physician or the hospitalist. Whether working to ensure the safety of discharged patients or responding to calls from people in the community with health and aging concerns, the Resource Center is an efficient, effective source for helping people access needed resources for themselves or their loved ones.

“As the hospital looks more toward community and population management, the Resource Center is playing a larger part,” says Chris Garcia, LCSW, HSCN clinical supervisor. “We’ve always been in the community. We know this community and the community knows us. We can be their boots on the ground.”

When someone calls the Resource Center, staff can help clarify needs. A family member who asks about locating a caregiver, for example, learns about options and as part of a broader conversation may discover other issues that need to be addressed.

“Staff know how to engage people and in a conversational way pull out that functional situation,” Garcia explains. “They are versed in educating and bring a deep knowledge base about resources and needs, whether it’s about what a caregiving situation needs at home or what someone with multiple chronic health conditions needs.”

A daughter who called worried about her mother’s memory loss illustrates how the resource specialist’s ability to listen and understand the person’s concerns can make a difference. As the only family member willing to be involved, the daughter felt frustrated. She didn’t know what was happening to her mother or what to do. Exploring the issues and assessing the daughter’s emotional needs, the resource specialist offered support and validation of her efforts, helped to make a plan and referred her to caregiver support groups and the hospital’s geriatric assessment clinic.

The daughter took her mother to the clinic and the mother was linked to HSCN’s Multipurpose Senior Services Program (MSSP) for ongoing care coordination. After being connected with supportive services and gaining a better understanding of her mother’s situation, the daughter responded gratefully, “Thank you — I got much more than I expected.”

Many people the Resource Center staff encounter say they are stressed and don’t know where to turn, a common result of a fragmented healthcare system. A son desperate to help his aging father who had chronic health problems went to the hospital’s emergency department and was directed to the Resource Center. The son had no resources and income problems had left the father with no food and facing eviction from his home. The worried son had contacted several agencies for help to no avail.

The resource specialist utilized knowledge of emergency food resources to expedite food delivery to the home, which arrived the next day, while enrollment in ongoing HSCN care coordination got promptly underway. The father was also linked to veterans’ services and given an advocate to expedite services, a resource the son said he had tried to access but had not heard from.

For the first time, the son felt he was getting immediate results. Greatly relieved, he stated, “Your center is the only non-profit that actually did something to help my dad during the eight months that I’ve been trying to help him.”

“We are the ambassadors of the hospital,” sums up Garcia. “When people call in they can get the guidance they need and when they leave the hospital, we can reassure them that the hospital is still there for them.” †

Why the Multipurpose Senior Services Program Matters: *An Interview with Eileen Koons*



*For 36 years the publicly-funded Multipurpose Senior Services Program (MSSP) has provided care coordination to allow low-income, community-dwelling seniors who are certifiable for nursing home placement to remain living safely at home. The Multipurpose Senior Services Program Site Association (MSA), comprised of representatives of the 39 MSSP sites in California, was formed in 1999 to support the intent and goals of MSSP. In July, **Eileen Koons**, MSW, director, Huntington Hospital Senior Care Network, began a two-year term as president of MSA.*

Perspective: *In recent years MSSP has had to deal with a series of steep budget cuts and even faced the prospect of elimination. State spending on healthcare continues to be debated. Where is the focus now?*

Eileen Koons: The last three to four years have been incredibly tumultuous times of uncertainty. This past year for the first time there is the more uncertain cloud of integration of MSSP into health plans. There are many questions to be answered including how to ensure that MSSP clients will continue to get what they

need. There are concerns that clients may get lost in the transition and that the “whole person care” model of MSSP will eventually cease to exist.

What makes MSSP distinctive?

The brand of care coordination that MSSP offers is the right recipe with this population. MSSP clients are a niche population: high cost, high risk and high need. They’re very vulnerable to losing their independence and becoming institutionalized. MSSP is an opportunity to serve this population early, prevent long-term insti-

tutionalization and keep them living safe at home. It’s a beautiful model that is interdisciplinary and collaborative with others, including community resources, family, health and non-healthcare providers. MSSP has been cited by the state as a model to be followed.

What are some issues at stake in the current debate?

The value of what we do is much greater than the sum of its parts. Although MSSP has been shown to lower healthcare costs, it’s not about weighing dollars — it’s

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“It’s the right thing to have a program like MSSP that attends to the whole person. You can’t piece out medical and social parts.”

about getting clients what they need. It’s the right thing to have a program like MSSP that attends to the whole person. You can’t piece out medical and social parts. Whether a person has food issues, is depressed, lives amid environmental hazards, can’t pay the rent or family members aren’t getting along — it all matters.

As an individual starts to need more services, we do work to arrange more community resources, but the beginning is about prevention and intervention. Success in helping the people we serve depends on being more pro-active in preventing the preventable. MSSP is an opportunity to serve very vulnerable people early to reduce the need for emergency care and hospitalizations as well as prevent long-term institutionalization.

Describe the work that MSA has been doing.

MSA analyzes and promotes legislation on long-term care matters, represents MSSP with the California Department of Aging and Department of Health Care Services, coordinates communication among MSSP sites, liaisons with other statewide aging and long-term care providers, promotes high standards of case man-

agement practices and educates elected officials and others on long-term care issues. If you look at the erosion of social services since 2004 or so, it’s been about strategies for survival, how we can do things better, how to grapple with budget cuts and where to find resources for this type of client.

Is there a MSA goal that especially speaks to you?

Yes — promoting high standards of case management. Too often I’ve observed that people mean all kinds of things when referring to case management or care coordination, from an occasional friendly phone call to information and referral, to utilization of resources, all the way to the MSSP brand, which is holistic and collaborative. MSSP focuses not on delivery of services but the end result of the individual being able to remain living safely in the community. It’s more than just a ride to the doctor or phone monitoring. Not everyone needs this, but when you do, you really need it.

Where do you see the greatest challenges?

We all know things have to change. The way things have always been done is not sustainable. Economics and demographics tell that story. The biggest challenge is to figure out how not to throw out the baby with the bathwater. What the state has invested in and allowed to thrive with MSSP, evidence has shown that it’s doing the right thing. We can’t allow the best of what we know to be lost. It’s not just giving clients things they need, but forming relationships and helping them identify and make choices that are in their own best interests.

What outcomes do you hope to see by the end of your MSA presidency?

I hope that as a state we have a much clearer and more articulated plan — that we can take the best of a proven model and maintain the focus on the health and safety needs of the five to ten percent that require an extra level of service and attention to succeed in the community. As payment structures and systems change, what remains constant is our need to do right by the people we serve. ‡

Keeping the Frail Elderly Living Safely in the Community

The Multipurpose Senior Services Program (MSSP) helps vulnerable seniors and their families navigate the right level of healthcare services at the right time.



An effective model of comprehensive care coordination can allow older adults with chronic illness and disabilities to retain their independence in the face of many obstacles. Frail with health problems of her own, Mrs. S, 80, was a devoted caregiver for her even frailer 95-year-old husband. They lived alone and were fiercely independent. When Mrs. S suffered a seizure and a heart attack, their lives changed overnight. They reluctantly agreed to move in temporarily with a daughter while Mrs. S recovered.

By this time both had become clients in the Multipurpose Senior Services Program (MSSP), a publicly-funded program that helps low-income frail seniors avoid premature institutionalization (see

related article, page 3). They were feeling stressed being in a larger household and wanted to return to living by themselves. The MSSP care coordinator worked with them to find affordable housing nearby and to advocate for more hours from In-Home Supportive Services to help Mrs. S with her own needs in addition to relieving some of her heavy caregiver burden. After a suitable apartment was found, the care coordinator helped them obtain supplemental help in the interim and to arrange for more home health assistance.

Mrs. S became concerned that Mr. S was beginning to show memory impairment. Because their health plan required them to go through their primary care doctor for referral for special services, the care coordinator advocated with their physician for a neurological evaluation referral to explore possible causes. In addition, they were helped to >

“(The care coordinator) is wonderful! She is always available to answer my questions. She is a great resource for our family. We would be lost without Senior Care.

An MSSP client

advocate with their physician to obtain a lift chair and physical therapy for Mr. S due to mobility problems.

Other safety features put in place included an emergency response system for both, an air purifier to ease Mrs. S’s asthma symptoms and a detachable shower head to make bathing easier for Mrs. S due to her arthritis and a spinal problem. Mr. S, who was legally blind, was referred to the Braille Institute for additional services. The care coordinator also helped them coordinate with their health plan to access transportation for their medical appointments.

They remained successfully in their home until Mr. S died recently at the age of 98. Mrs. S has had to move back with her daughter and is starting to experience falls. The care coordinator has been educating her and her family on fall prevention as well as how to obtain additional needed services, including helping Mrs. S apply for a grant to pay for dental care.

Overall, Mrs. S’s health has been stable even with her multiple health conditions. In the past year she was hospitalized only once, which was stress-related after her husband was hospitalized. Each time her circumstances have changed, the care coordinator has helped educate and been an advocate for her and her family as they try to understand their health plan benefits and navigate a complex healthcare system. Still hoping to relocate, perhaps to an assisted living facility, Mrs. S remains positive and is grateful for the support she receives. †

Chris Garcia Honored for Student Educator Role

Chris Garcia, center, meets with this year's GSWEC interns Katie Perkins, Kate Salvino, Maggie Izmirian and Bonnie Yee.



Chris Garcia, LCSW, clinical supervisor at Huntington Hospital Senior Care Network (HSCN), didn't plan on being an educator. It was her colleagues who pointed out her talents early on in her hospital social work career. "I would go to inservices and come back and teach everyone what I'd learned," she recalls. "They told me I was good at this before I realized it."

Garcia has gone on to provide social work field instruction and influence student education for nearly 30 years, most notably through a university and senior services alliance known as the Geriatric Social Work Education Consortium (GSWEC). In the latest recognition of her contributions, last spring she received the Distinguished Field Instructor Award presented by the University of Southern California School of Social Work, a GSWEC member.

She has been deeply involved in sustaining and guiding the work of GSWEC, which promotes the training of master's level social work students for an aging population. In addition to her field instructor role, she partners with university members on social work curriculum content. "They have shared my perspective on teaching evidence-based social work models and now teach practices such as motivational interviewing," she says.

"They are doing it in a way that students can put it to use," she adds. "When students come to the field, they come with an understanding of the model. That's a real change over the years."

Garcia believes that HSCN's brand of geriatric social work gives students a solid skill base that can transfer to any work setting and has seen the results. With 83 GSWEC students trained at HSCN since 2000, Chris Garcia has made her own solid mark on ensuring a future pool of skilled and knowledgeable social work professionals. ‡

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Huntington Hospital Senior Care Network provides access to a complete range of medical, social and personal services for adults and older adults with disabilities and their families. For more information, call (626) 397-3110 or (800) 664-4664 or visit our website at <http://www.huntingtonhospital.com/SCN>.

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Eileen Koons, MSW, ACSW

Director

Gladys Gundrum, MA

Writer/Editor