SPOP makes house calls! If there is anything that clearly differentiates Service Program for Older People, Inc. (SPOP) from other mental health providers, it’s the fact that more than half of its Article 31 clinic visits take place in the patients’ own homes. Why? Because SPOP’s elderly clients, who suffer from mental illness while also having medical health issues, are often are unable to make the trip to a community-based clinic location. Without SPOP, it is unlikely that they would receive mental health services at all.

SPOP was created in 1972 by a consortium of Upper West Side health and human service agencies for just this reason. The community was seeing a growing number of seniors, some of whom had long histories of mental illness and were now coming to the neighborhood as a result of deinstitutionalization as well as older adults that were beginning to experience mental health concerns. And, there was recognition that the existing network of community mental health service providers had neither the resources nor the expertise to adequately meet the specific needs of these clients.

“A group of about 15 different organizations got together with the idea of creating a specialized program to serve these seniors,” says Nancy Harvey, who has led SPOP as Executive Director since 1990. Among the founders were Self Help, Project Pilot, St. Luke’s Hospital Center and West Side Inter-Agency Council on the Aging. “They approached the New York City Department of Mental Health and the City agreed to provide a small amount of funding.” In addition, some of the founding organizations agreed to provide in-kind resources, such as psychiatric time and support staff. The new initiative was set up as a program under Self-Help Community Services and that’s how it operated for the first several years of its existence.
Before long, however, it became clear the service needs of increasing numbers of seniors with mental illness were outstripping the relatively limited resources that had been provided. “The funding they had gotten simply wasn’t sufficient,” says Harvey. “For example, we had an allocation for something like 14 hours of psychiatrist time per year, some really nominal amount.”

The solution was two-fold. First, SPOP was spun off as its own agency in 1979 so that it could take on its own targeted fundraising.

Second, SPOP created an Article 31 community mental health clinic which enabled it to see as many clients as needed its services while also opening up access to reimbursement through Medicare and/or Medicaid. “Once the agency became known in the community, we started to get a lot of referrals,” says Harvey.

So what makes SPOP’s program – which now serves approximately 300 patients – different than any other Article 31 mental health clinic?

“The biggest issue is one of co-morbidity,” says Laura Osinoff, SPOP’s Deputy Director. “Our clients have a history of mental illness, but there are also medical health problems that develop as one ages. When you are doing an assessment, you need to be asking whether you are at the early stages of dementia, the onset of clinical depression, or a urinary tract infection where the side effects can present like temporary psychosis. One of SPOP’s great strengths is that we are aware of these different variables.”

“So what makes SPOP’s program – which now serves approximately 300 patients – different than any other Article 31 mental health clinic?”

“Any kind of treatment needs to be holistic,” says Maryanne Kenney, Director of SPOP’s Clinic. “Understanding the interplay between physical health and mental illness is very important. Often our clients are dealing with chronic physical problems and their depression or anxiety is reactive to those problems.”

“Old age has been described as ‘a season of loss’,“ Osinoff continues. “There are a multiplicity of losses – social status, career, economic security, physical health and, of course, the losses of a spouse, friends and other relatives.” All of these can impact a senior’s mental health condition in ways that might not be obvious to clinicians working with typically younger clients. “We are attuned to all the stressers affecting the elderly,” says Osinoff.

Helping the Homebound

As previously noted, more than half of SPOP’s clinic services are delivered in the clients’ own homes. “These are clients who cannot come to the clinic,” says Maryanne Kenney. “There may be any number of medical conditions that keep them at home. They may be bed-bound, amputees, diabetics, or reliant on oxygen. They may have psychiatric conditions – paranoia or anxiety disorders -- that prevent them from leaving the house.”

“You have to serve an older population where they are able to accept and receive services,” says Osinoff. “They can be very frail people we serve.”

In-home services also enable clinicians to better assess a client’s condition and needs. “It is easier to see if they are not taking their medications or if there is food in the house.” says Osinoff. “You can see signs of alcoholism, substance abuse or hoarding behavior that you wouldn’t see during an office clinic visit.”

“This is what makes us unique,” says Harvey. “We are nationally recognized for our homebound services program.”

Now, however, this hallmark of SPOP’s service model is being threatened by recent changes in reimbursement systems as part of New York State OMH’s “Clinic Reform” initiatives. According to the State’s proposed Medicaid Plan Amendment, off-site clinic services would no longer be reimbursable for Medicaid clients. This would effectively cut SPOP’s clinic revenues in half.
“It is outrageous,” says Harvey. “This goes directly against what Medicaid reform is all about -- keeping people at home in the community. If they don’t get services at home from us, they are going to be going into hospitals and nursing homes.”

In the meantime, SPOP has been participating in advocacy efforts in an effort to overturn this policy or find alternative funding mechanisms that will allow it to continue providing these essential services. “We are the biggest provider of homebound services in the City,” says Harvey.

Continuing Day Treatment

Soon after opening its clinic, SPOP began to see the need for a more structured and comprehensive program to accommodate the needs of seniors with serious and persistent mental illness (SPMI) who were now living on the Upper West Side. “Many of these were individuals who had spent the bulk of their adult years in state psychiatric hospitals,” says Harvey. “They were not doing well living in the community without supervision and only limited services. One clinic visit a week just wasn’t enough.”

In response, SPOP once again approached the City and State seeking approval and funding to develop a Continuing Day Treatment (CDT) program. Like all CDTs, this would provide a place where older adults with mental illness could go for full-day sessions -- including a range of support and counseling group programs -- as often as needed. However, SPOP’s CDT would be the first such program specifically targeting the needs of seniors with SPMI.

Today, the program has an enrollment of 55 clients and a daily attendance of over 30 clients. “Our clients are like little time capsules for the history of mental health treatment in this country,” says Ken Cooper, Assistant Director of Adult Day Services. “Many of them lived in state institutions. Then, in the 70s they were de-institutionalized, but since there wasn’t any support in the communities, they became homeless and went through the shelter system. Now, many are living in supportive housing or section eight housing.

“But,” he continues, “they need a community to be part of and that is what we do here. Initially, it is about giving them structure for the routine of their day. But, once they become engrained in the program, it is about building community.”

While the majority of participants live in Manhattan, there are people who travel from Brooklyn and the Bronx to attend. “There are no other programs like this that specifically serve seniors,” explains Cooper.

Many participants may also have tried other general population CDTs. “A lot of programs are geared towards getting people back into the world of work,” says Cooper. “Our clients are generally of retirement age. Some might do volunteer work, but going back to work is not a realistic goal.”

In fact, the strong focus on employment services in the State’s Personalized Recovery Oriented Services (PROS) program model, which many people believe may completely replace the current CDT service model, is potentially worrying for SPOP. So too is emphasis on shorter term lengths of stay in evaluating program performance. “We don’t really look towards an end date for our clients,” says Cooper. “There really isn’t a place for them to go. These are clients who for the most part cannot fit into a senior center because they are too bizarre or too paranoid. And, they really don’t do well if they are just at home alone in their apartments.”

Where would these clients go if not to SPOP’s CDT? “Many of our referrals come from psychiatric hospitals,” says Cooper. “We are confident that if they are here and stable in the program we are avoiding hospitalizations.”

Senior Outreach Program

“Over time, we began getting requests for services from other parts of Manhattan – the Upper East Side, Washington Heights, the Lower East side. The State Office of Mental Health wasn’t offering new clinic licenses back in the 1980s. So, we came up with the notion of satellite clinics – really little mini-clinics – where we would outstation staff in senior centers or other senior organizations in different parts of Manhattan.”

It sounded good, but there were a couple of barriers. First, the Department for the Aging was extremely protective of its senior centers and did not want to open them up to outside organizations coming in to do solicitations.

Luckily, however, a survey of senior centers had just been conducted to identify unmet service needs. Topping the list, it turned out, was mental health services. “We approached the Commissioner, Janet Sainer, who was very supportive of mental health services,” says Harvey. “She gave us her blessing and SPOP was allowed to begin delivering services in community center locations.”
A second potential barrier was winning State Office of Mental Health (OMH) approval for satellite clinic locations, something that is often easier said than done. "Our volumes at these sites are not high, so there wasn’t a problem with breaking Medicaid neutrality," says Harvey. "We submitted PARs but they gave us a waiver to be in these locations."

SPOP developed a model by which it would outstation a social worker in various senior centers for a certain number of days during the week. Psychiatrists would also be available as needed. "They are getting the same kinds of services they would get if they came into the clinic," says Harvey.

The new model also eliminated a number of barriers that tended to keep seniors from seeking the help they needed. For one thing, the services were right there at a location they regularly attended. There was no need to travel to a new and unfamiliar clinic site with all the anxiety that can provoke for the elderly. "We brought the services to where the seniors were," says Harvey. "If seniors couldn’t travel to the center, we could see them where they lived. The continuity was there."

Just as important, the co-location of clinic services at a trusted senior center tended to reduce the stigma which many people – especially the elderly – associate with mental health care. "Especially back then, there was a huge stigma for seniors," says Harvey. "We developed trust by going to the clients through senior center partners, people they already knew and trusted." The agency also has a cadre of bi-lingual social workers who can work with clients at centers serving Spanish-speaking populations.

SPOP rotates its staff among a number of different senior centers and programs in Manhattan, allocating time and resources to individual centers depending upon the level of need at any given point in time. Among the agency's satellite service locations are the Burden Center for the Aging, the Stanley Isaacs Senior Center and Brown Gardens.

"This gave us an ability to treat people who would not normally seek out our services," says Harvey. "It has been very effective. We developed a paper around the idea of how to replicate this model."

In 2007, SPOP received the American Psychiatric Association’s Bronze Achievement Award for this Senior Outreach Program.

Substance Abuse

SPOP also was early to recognize the often invisible problem of geriatric alcohol and substance abuse. "Through our work providing mental health services to people in their homes, our social workers were often able to see signs of alcoholism or substance abuse," says Laura Osinoff. "We’d see people drinking at 10:00 in the morning or empty bottles around the house."

“We tried for years to get an OASAS license,” says Harvey. “We were always number one in the pipeline. Then funding would get frozen. We were never able to get the license.”

Despite these setbacks, SPOP developed its own programming and expertise, in part by using foundation funding to address specific issues such as senior alcoholism or abuse of prescription medications. "And, if clients have a primary mental health disorder and a secondary substance abuse disorder, as is so often the case, we are able to work with them through our clinic," says Osinoff.

Once again, the specialized nature of SPOP’s substance abuse-focused programming for seniors is vital. "Many of these individuals have gone to AA or other substance abuse treatment programs that weren’t tailored to geriatric issues," says Osinoff. "But, they couldn’t relate to the other participants in the groups or their stories. We are able to provide expertise in both substance abuse and mental health, as well as issues that seniors in particular are facing."

Social Adult Day

Approximately ten years ago, SPOP responded to a request for proposals from the Department for the Aging (DFTA) to create a social adult day program for individuals with early to moderate dementia. "It is a small program. The goal is to serve about 10 older adults on a daily basis with mild dementia and help them to remain in the community," says Harvey. "It provides vital respite for family caregivers."

The program operates daily from 9:00 am to 3:00 pm, Monday -Friday. The day is organized around a variety of activities that stimulate mental and physical health. There is music therapy, art classes, active games, cooking and mental aerobics. There are trips to museums, parks, movies and more.

Unfortunately, DFTA has gradually eliminated funding for social adult day programs, leaving the program to function through a combination of sliding-scale family fees, limited Medicare and Medicaid reimbursement and philanthropic
support by individual and foundation donors. “Our board has been very committed to keeping this essential program,” says Harvey.

**Bereavement and Loss**

Another staple of SPOP’s services is its Bereavement and Loss program. Originally launched approximately 20 years ago as the Widowed Persons Service, the program utilizes a peer model. Under the direction of a clinical social worker, men and women from the community who have lost a spouse or partner are trained as volunteers. They provide individual support in person or by telephone, lead day-time and evening groups and provide information and referrals on a variety of resources that can be helpful to the surviving spouse.

“Experience has shown that for the grieving person, talking with someone who has ‘been there’ and survived the experience can be the best help there is,” says Harvey.

The Bereavement and Loss peer support program model was originally developed and funded by AARP. “We adapted what was primarily being used in rural and suburban settings and applied it for an urban environment,” says Harvey. “AARP no longer funds the programs, but we like it and we decided to keep it.”

**Professional Development and Training**

“One of our missions is to train the community and other providers on mental health issues affecting the elderly,” says Harvey. “We cover topics like how to identify an older adult who has mental health issues, the potential interactions between psychotropic and other medications in seniors, hoarding behaviors, geriatric substance abuse.”

“We go out to social service departments in hospitals, home care agencies, senior centers, meals-on-wheels programs,” says Osinoff. “We don’t just train social workers; we train drivers, receptionists, cooks, anyone who might have contact with older adults.”

**Foundation Support**

Over the years, SPOP has received strong support from a number of foundations. “We have been fortunate in that funders have tended to stay with us a long time,” says Harvey. “They like that our programs are innovative, can be replicated and fill an important niche where there aren’t a lot of other services.” Among SPOP’s regular supporters have been the Fan Fox and Leslie R. Samuels Foundation, the Starr Foundation, the Isaac H. Tuttle Fund, the vanAmeringen Foundation, and the Margaret A. Cargill Foundation.

**SPOP in Changing World**

Certain aspects of the rapidly evolving world of behavioral health care – such as the move to eliminate reimbursement for off-site services – pose a serious threat to SPOP. However, larger trends toward greater integration of health and mental health services as well as pressures to avoid unnecessary hospitalizations and re-hospitalizations should place the agency at the very center of healthcare reform efforts.

In July 2012, SPOP will be one of several local agencies to receive a new OMH grant for the integration of physical and behavioral health care for older adults with mental health and/or substance use disorders.

The agency is also actively working with other local partners to play a role in the creation of Health Homes and other emerging models for coordinated healthcare delivery.

“While this is certainly a constantly changing environment, the one thing we know is that the population we serve, older people with mental health issues, are always going to be there,” says Nancy Harvey. “In fact the numbers are growing every day.”

For more information visit [www.spop.org](http://www.spop.org).