

A. Specific Aims:

The Community-Academic Treatment and Assessment for Low-Income Aged Consumers (CATALAC) project is a partnership to develop a research infrastructure between the University of California, San Francisco and the Family Service Agency of San Francisco (FSA). Our goal is to pursue research projects for mental health issues related to older adults who are seen in non-profit mental health and social services. Our aims for the CATALAC project are to **(1)** test and refine an assessment toolkit for mentally ill older adults that is practical and portable in English and Cantonese, **(2)** implement and evaluate a web-based electronic client record, **(3)** implement and evaluate an evidence-based intervention for older adults with comorbid major depression and mild cognitive impairment in English and Cantonese, and **(4)** develop a research-training program in community-based clinical outcomes research with an emphasis on geriatric mental health. The aims for this project have not been modified.

B. Studies and Results

Assessment Toolkit (Aim 1): A diagnostic draft of the toolkit, called ADEPT (Assessment Diagnostic Evaluation Planning Tool) has been completed and is currently being piloted among FSA clients by clinicians and research staff. To further refine the ADEPT we have continued conducting cognitive interviews with clients who have been assessed with the toolkit. We have added a strength-based assessment interview component to the ADEPT and are continuing work on piloting this portion of the project. The diagnostic assessment portion of the ADEPT has been translated into Cantonese and is currently being piloted by Cantonese speaking clinicians with their monolingual Cantonese speaking clients.

Recruitment: At the time of this report we have completed 70 (41 female, 29 male) assessments piloting the clinician-administered toolkit. Thirteen (7 female, 6 male) qualitative interviews have been conducted with clients regarding their experience being assessed with the tool. No data have been collected using the client administered ADEPT as we are still in the programming phase. Ethnic data for participants are shown in the Inclusion Enrollment Report Table.

ARRA administrative supplement: The ADEPT is currently completed on paper on a quarterly basis and then entered manually into the client's electronic client record. The information collected on the reassessments, when compared to baseline conditions, is used in clinical case conferences and in therapy sessions with the client, to assess the success and focus of the treatment plan. We believe that the ADEPT could be more effective as a care management tool if it could be completed by the client on a monthly basis using touch screen technology and entered directly into the client's case record. In September of 2009 we received an ARRA administrative supplement (3R24MH077192-02S1) to develop a consumer kiosk version of the ADEPT that will allow us to answer the following questions: 1) is automated treatment tracking sensitive to changes over time?, 2) do clinicians find automated reports of client outcomes helpful in their practice?, 3) do clients find automated reports of their outcomes to be helpful in the care they receive from FSA? Our decision to move to this electronic model was based on the difficulties we encountered with incomplete

paper administration and timeliness of data entry; an important feature if clinicians are to benefit from symptom tracking. We have just purchased the hardware and software to create a touch screen kiosk that will house a geriatric friendly graphic user interface (GUI). These kiosks will be pilot tested on peer counselors who will eventually serve as docents to consumers who use the portal for the first time.

Focus groups: client perspectives of the ADEPT: In May of this year FSA's Felton Institute conducted a focus group with FSA's Peer-Client Task Force. Seventeen participants from the Adult and Senior divisions participated in an open-ended discussion on how FSA has served its clients. This focus group helped inform measures selected for the ADEPT and its strength-based component, as well as the timing and administration of the tool. Three additional focus groups with the Peer-Client Task Force were hosted by the Felton Institute in June (10 participants) and August (8 participants) of this year to further discuss the role of the ADEPT in client care and specific items for the strength-based portion of the ADEPT. The Felton Institute holds focus groups with the Peer-Client Task Force on a monthly basis to discuss a variety of FSA matters, and is not limited to the CATALAC ADEPT project. Because the Felton Institute strongly promotes anonymity during these group meetings, the team felt it was not appropriate to collect personal information, including demographic information specifically for the ADEPT focus groups with this particular cohort of clients.

Web-based electronic client record (Aim 2): The web-based electronic client record, called CIRCE (Consumer Integrated Record of Care) has been disseminated to all of FSA's mental health programs. CIRCE allows case managers and supervisors to track up-to-the-minute client progress, clinician productivity, and allows supervisors to track the time it takes between services provided and when the same service is documented. CIRCE assists case managers and program directors to manage and supervise the unwieldy documentation requirements and meet contractual demands, while at the same time allowing clinicians to have more time in the field by eliminating a portion of paper documentation. This past year CIRCE has been updated with the MORS (Measure of Recovery System), a monthly, simple client evaluation tool. The MORS scores can be maintained in CIRCE for monthly upload for the county. Both formats of the ADEPT (client-administered and clinician-administered) are currently being programmed into CIRCE.

Clinician training in evidence-based practices (Aim 3): We have begun training FSA clinicians in problem solving therapy (PST) for a pilot project that evaluates the relative efficacy of observational and non-observational psychotherapy training, using clinician fidelity to PST as the primary outcome. This project was slated to begin in year 3 of the grant, but due to high clinician interest we began this pilot study early. Our PST coaches have been trained in both observational and non-observational methods of supervision. At this time we have conducted 3 in-depth PST workshops at FSA which have included clinicians from all geriatric and adult divisions. Trainings have included division directors as well as clinical staff. A Cantonese version of PST is currently being piloted for use in this project.

Recruitment: At the time of this report we have enrolled 6 clinicians (2 female, 4 male) into the study. One clinician has completed training and has received certification in PST; the remaining 5 are still in the training phase. Ethnic data for participants are shown in the Inclusion Enrollment Report Table.

Problem Solving Therapy for Chinese Older Adults (Aim 3): A cultural adaptation of Problem Solving Therapy for Chinese Older Adults is currently being piloted. At the time of the last report in December 2008, the first phase of the study had been completed, which involved incorporating a community participatory approach in generating feedback about Problem Solving Therapy from 15 community providers and 1 client stakeholder. Consumer input was then integrated with theory and knowledge from relevant cultural and treatment literature to create an initial draft of the Problem Solving Therapy-Chinese Older Adult (PST-COA) Manual. The second phase of the study is comprised of an efficacy phase where PST-COA is tested to inform further modification; at the time of the last December 2008 report, 3 clients had qualified and been enrolled in the study.

At the time of this report, the PST-COA 12-week treatment has been completed with all 3 clients. Functioning, depression severity, and general mood improvement were assessed at baseline, every other week during their 12-week therapy, and at post-treatment. Data from all participants indicate full or partial remission from Major Depressive Disorder, and steady depressive mood improvement. Participants also completed post-treatment interviews that included qualitative questions regarding their experiences of the treatments and recommendations for changes in how the treatments are delivered. Finally, PST-COA therapists were also interviewed to ascertain the feasibility of PST-COA and any final changes needed to the treatment. This client and PST-clinician feedback was utilized to refine the final version of Problem Solving Therapy for Chinese Older Adults. Currently, a paper regarding this pilot project is being prepared for submission to the International Journal of Geriatric Psychiatry. In addition, over the following year, the finalized PST-COA manual will be further tested with 12 Chinese older adults.

Results: At this time we do not have any participant level results to report for the projects discussed in this section.

Research-training program: Work on this project has not begun.

Partnership assessment: In March of this year Dr. Karen Linkins conducted a process assessment of UCSF's partnership with FSA. The purpose of the interim process assessment was to examine the status of the UCSF-FSA collaboration at the end of the first year of CATALAC implementation. To conduct this "point in time" assessment, feedback was gathered from staff and leadership at UCSF and FSA on three topics: 1) UCSF-FSA Partnership; 2) EBP training and implementation; and 3) diagnostic assessment tool development and implementation (i.e., the experience with the ADEPT). Data sources used for this assessment included two focus groups of FSA direct service staff, a staff survey, and interviews with FSA supervisors and leadership, and the UCSF CATALAC team. Findings

from the process assessment indicate that over the course of CATALAC's first year, a great deal of progress was made toward establishing a working partnership between UCSF and FSA through the evidence-based practice trainings and piloting the diagnostic assessment tool. Both organizations demonstrate a high degree of commitment and support for the partnership, as well as a commitment to research and training. Staff at all levels strongly support the "concept" of the research partnership; however, buy-in is less strong in terms of operationalizing this partnership. There are several issues that need to be addressed, including: improving communication, transparency about vision, goals, decisions, and roles; relevance and applicability of research and training for FSA providers and their clients, and balancing and integrating research and training priorities within the broader demands of the organization.

The CATALAC team has reviewed this report and we are actively working toward addressing these problems. Dr. Greg Aarons has visited the program to provide advice and guidance on how to help clinicians buy-in to the concept of research in clinical settings; more clinicians are involved in the planning of PST and ADEPT trainings. We are about to host a Town Hall Meeting with all FSA staff to report back the findings of the evaluation, to present to clinicians plans for addressing transparency, workload demands and advantages of research, and to receive their feedback about our methods for addressing these partnership issues.

Publications:

Mackin, RS & Arean, PA (2009). Incidence and documentation of cognitive impairment in older adults with severe mental illness. *The American Journal of Geriatric Psychiatry*, 17(1), 75-83.

Mackin, RS, Ayalon, L., Feliciano, L., and Arean PA (in press). The sensitivity and specificity of the Mini Mental Status Exam and the Stroop Color Word Test in detecting cognitive impairment in older adults with severe mental illness, *Journal of Geriatric Psychiatry and Neurology*.

C. Significance

The gap between science, service and the community is the major obstacle to meeting the mental health needs of low-income and minority elderly. Although mental health research has begun to focus on co-morbid disorders and community settings, most research still does not focus on ethnicity, disability, or poverty. Few randomized trials have evaluated interventions for low-income minority populations, and fewer have focused on older adults. As a result, clinicians rarely use evidence-based practices and consumers cannot access effective care. Furthermore, community service settings, like FSA lack resources to conduct lengthy clinical assessments, lack the tools to conduct brief, standardized assessment, and lack staffing to provide ongoing training and supervision in well-specified practice models. Thus, consumers have limited access to evidence-based interventions that are culturally competent and address socioeconomic issues that may exacerbate mental health problems. The CATALAC project aims to develop a research infrastructure that provides the essential tools, data systems, and staff skills needed to accurately assess treatment need and to

implement, test and tailor evidence-based interventions that can be used at FSA and in other community agencies. We elected to first focus on low-income and minority older adults, a population with considerable need as determined by researchers and community providers alike. The proposed partnership addresses obstacles to making evidence-based interventions routine practice in community mental health settings.

D. Plans

There are no significant changes in the aims proposed by the original application. For the coming year we will begin programming and piloting the ADEPT for client-administration using touch screen kiosks. During this time we will continue to collect clinician administered ADEPT assessments as well. CIRCE will be programmed to incorporate the client and clinician-administered ADEPT data. We will continue to conduct cognitive interviews with clients regarding the ADEPT as a whole. Focus groups will be conducted with clinicians regarding the use of ADEPT data collected from the kiosks in their clinical practice. Training will continue for clinicians learning PST; and we will continue to enroll clinicians in the pilot study comparing two different modes of training in PST. We will continue pilot testing a manual of PST for Chinese older adults as well as the Cantonese version of the clinician-administered ADEPT.