

DRAFT

***OLDER ADULT PERFORMANCE OUTCOME PILOT  
COMMITTEE MEETING SYNOPSIS  
January 11, 2001***

Karen Purvis, Department of Mental Health (DMH), led introductions and reviewed the agenda (*Attachment 1*). Representatives from the following counties were present: Astrid Beigel and Iris Aguilar (Los Angeles County); Stephanie Opredek (Riverside County); Victor Contreras (Sacramento County); Mary Flett, Santa Clara County; Sharon Lopez (Shasta County), and Luanna Smith, Tuolumne County. Karen Purvis and Traci Fujita represented the DMH Research and Performance Outcome Development Unit (RPOD).

The following agenda items were discussed:

- County Reports. Pilot county representatives each provided a final status report on their county's progress. Almost all counties have now completed their second administration of the pilot instruments (Santa Clara still needs clarification of the SF-12 scoring algorithm), and most pilot counties have completed their individual summary reports. Although all counties experienced a decrease in numbers for second administration, some counties had a much better response than others (even counties administering several instruments). This seemed to be related to management support.

The committee discussed cultural competence issues particularly related to the older adult population (e.g., how to address a client, time of day to schedule appointments, consideration of medication needs during long appointments). Some thought these were more of a general "process" issue than cultural competence and simply required sensitivity to the person with whom the client was working. Everyone agreed that simply translating the instruments into different languages was not sufficient. Sharon Lopez brought in two relevant articles to share with the committee (*Attachment 2*).

- Face Sheet Revisions. Initially some time was spent clarifying the fact that counties do not need to use the specific forms developed by RPOD to collect their older adult performance outcome data. These forms will be provided as a convenience, but counties can gather the information in whatever way is most convenient in their circumstances. Some of the data can be pulled from their current data files since it is already required for their Client and Services Information (CSI) system reporting. RPOD will develop a data dictionary to describe the specific data and format that will be required for older adult performance outcomes. RPOD will also develop an instruction page for the face sheet which will clearly define terms and describe how to answer in various circumstances.

The committee again spent considerable time reviewing and revising the draft face sheet, concentrating on refining the first two pages and reworking the section on service information. Now that the form is getting close to its final format, Astrid Beigel suggested numbering each of the fields to make it easier to follow the instructions. Suggestions were made in a few areas that will require agreement from Jim Higgins, who was unable to attend this meeting.

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Iris Aguilar (for Laura Trejo) brought in a copy of two scales for consideration by the committee (*Attachment 3*). She felt that the Karnosky Performance Scale (a single summary score of physical functioning status, similar to the GAF) could replace the level of functioning section in the face sheet and that the Philadelphia Geriatric Center Morale Scale could replace the current quality of life section. Most committee members felt that the Karnosky Performance Scale was too general a measure to be useful, especially since we already gather a GAF score, and that it concentrated on physical health rather than on all the domains in the current section. However, committee members did make suggestions for changing some of the wording on the current level of functioning section. Additionally, most committee members felt that the other scale (The Philadelphia Geriatric Center Morale Scale, a self-report) did not address all the required California Mental Health Planning Council (CMHPC) indicators, was designed for too limited an age group (designed to measure emotional adjustment in persons 70 – 90), and appeared to be an “impact of aging questionnaire” rather than a measure of quality of life. However, most committee members did think that the current quality of life section was too lengthy and would like confirmation from the CMHPC that all questions are necessary. RPOD will locate the most recent version of the CMHPC older adult indicators and verify with the CMHPC the number of quality of life questions essential to meet their needs.

Once developed, a pilot of the face sheet will be conducted in a semi-structured way over a two-month period. Volunteers and protocols for the pilot will be discussed at the next meeting.

- In preparation for the next meeting, DMH will: (1) modify the face sheet, incorporating committee suggestions, (2) develop a draft set of instructions for administration including specific definitions of terms, (3) develop a data dictionary for the face sheet, and (4) develop a draft set of protocols for the face sheet pilot (*Attachment 4*). These materials will be discussed at the next meeting of the Older Adult Performance Outcome Pilot committee scheduled for **Monday, February 26, 2001**.