

Comprehensive Senior Assistance Program Impact Analysis

January 31, 2023

Prepared for the CSAP Collaborative:



Funded by:



Evaluated by:



Comprehensive Senior Assistance Program Components



WHAT?

Next50 Initiative provided a grant to help fund CSAP

Comprehensive Senior Assistance Program

A collaboration between:

Silver Key, NAMI, CS Fire Department, & Innovations in Aging

- NAMI trained caregivers in mental health/wellness
- Silver Key and CSFD identified and provided services/hope evaluations to vulnerable seniors in El Paso County
- Innovations in Aging helped track/measure data



WHY?

Older residents face roadblocks with coverage for mental health and support services as they transition to Medicare. Many older residents struggle to meet healthcare needs due to lack of awareness and understanding of resources. This leads vulnerable seniors to overuse EMS systems, including 911 calls and ED services, taxing the system and causing additional taxpayer burden.



WHO PARTICIPATED?

Over 100 diverse caregivers trained in El Paso County
> 600 vulnerable older residents served

601 clients served in total (580 from Silver Key; 21 from CSFD)
214 clients had more than one interaction and 2+ Hope scales



WHERE?

Greater Colorado Springs area (El Paso County)
including Monument, Fountain, Manitou Springs, etc.

Location of clients by County Commissioner District

34% in Central (District 5)	9% in Northeast (District 2)
34% in West (District 3)	4% in North (District 1)
19% in Southeast (District 4)	



WHEN?

Received Grant in July/August 2020

- NAMI trained caregivers from March 2021 – March 2022
- Clients received services/resources, and had hope measured between March 2021 – November 2022

Proposed White Paper Outline

Comprehensive Senior Assistance Program Collaboration Increases Hope & Decreases Nonessential 911 Calls and ED Visits

I. Clients who participated in CSAP were more vulnerable than total El Paso County seniors

- They're more emotionally at risk, have lower income, more are disabled, and they're heavier users of emergency medical services.

II. The CSAP program helped these vulnerable seniors

- **Clients experienced increase in hope** after receiving assistance through CSAP
 - ✓ Clients experienced an increase in hope regardless of the organization providing assistance, training level of their provider, and type of service received
 - ✓ Clients experienced an improvement in hope score regardless of gender, ethnicity, disability status, and age
- **CSAP clients showed better trends with hope & emotional well-being than lower-income El Paso County seniors**
- These **CSAP clients with increased hope have experienced a higher quality of life**

III. CSAP assistance yielded reduced use of emergency/ medical services

- **CSAP Cares program seniors made 33% less 911 calls in the first 6 months** and 16% less calls 12 months after their initial hope score.
- **Unnecessary visits to the ED (ED visits without admission) decreased by 33% in the first 6 months** and decreased by 6% 12 month post initial hope scores.
- Decreases in 911 calls and unnecessary ED visits were more significant 6 months post initial hope score than 12 months after the initial hope score, indicating **recency and frequency of touchpoints with support agencies may be needed to** sustain reductions in service utilization.

• **Reductions in use of emergency medical services were linked with increased hope**

- ✓ Seniors with increased hope made 36% less 911 calls 6 months post and 30% less calls 12 months post initial hope score.
- ✓ Seniors with unchanged hope reduced average number of 911 calls 6 months post but increased average 911 calls 12 months post.
- ✓ Seniors with declining hope made 30% more 911 calls 6 months post their initial hope score.

• **Higher hope is connected with better physical and emotional health and less use of emergency services** among seniors

IV. CSAP program has potential to address Medicare gap and reduce taxpayer costs

- Medicare doesn't provide needed behavioral health resources; Vulnerable seniors tend to overuse EMS systems
- The **CSAP program ensured clients had access to benefits they were qualified for;**
 - ✓ Over 200 seniors received assistance during CSAP and 54% had increased hope after receiving support
- The CSAP effort has **increased community mental health literacy and awareness of local resources**
 - ✓ Over 100 diverse caregivers were trained in mental health first aid by NAMI, and NAMI's calls are up
- Combining the number of lower-income 60+ year old residents in EPC with potential incidence of "at risk" indicators highlights **about 18,500 older residents who may benefit from a Comprehensive Senior Assistance Program in the county**
- **CSAP program likely yielded taxpayer savings in excess of Next50 grant amount**
 - ✓ Expanding senior assistance could save over \$20 million/year in taxpayer burden

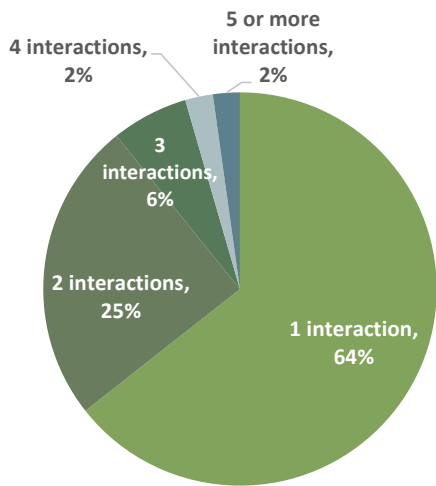
Program Analysis

Comparing CSAP Clients to
Total El Paso County Seniors

Breakdown of CSAP Interactions

64% of CSAP clients (387) had one interaction/Hope scale
 36% of CSAP clients (214) had two or more interactions/Hope scales

Total number of interactions



Initial Hope Score	All Clients	Only 1 interaction	2+ interactions
1	6%	6%	4%
2	10%	10%	10%
3	57%	59%	51%
4	23%	21%	27%
5	5%	4%	8%

Age	All CSAP Clients	Clients with 1 interaction	Clients with 2+ interactions
55 – 64	31%	34%	26%
65 – 74	42%	42%	43%
75+	26%	24%	31%

Gender	All Clients	Only 1 interaction	2+ interactions
Male	31%	31%	31%
Female	69%	69%	69%

Disability Status	All Clients	Only 1 interaction	2+ interactions
% With a Disability	58%	60%	54%

Living Arrangement	All Clients	Only 1 interaction	2+ interactions
Living Alone	57%	62%	54%
With partner/spouse	10%	8%	17%

Type of Provider (first interaction)	All Clients	Only 1 interaction	2+ interactions
Navigator	80%	90%	61%
Case Manager	6%	6%	8%
Therapist	9%	2%	22%
Cares Team	3%	0%	9%

Age	All Clients	Only 1 interaction	2+ interactions
White	62%	59%	67%
African American	19%	21%	15%
Hispanic	14%	15%	12%
Other / Multi-racial	5%	5%	6%

First Interaction- Type of Service	All Clients	Only 1 interaction	2+ interactions
Outreach P&I	80%	91%	61%
Diagnostic Assessment	5%	2%	10%
Cares Team	3%	0%	9%
Case Mgmt	3%	2%	3%
Consents & Disclosures	1%	1%	1%
Not listed	8%	3%	15%

Drop offs were more common among:

- Interactions that were outreach P&I
- Interactions provided by Navigators
- Minority clients
- Clients with high initial hope scores
- Clients who live alone
- Younger clients (53-64 years old)

Continued interactions (2+ Hope scales) were more common among:

- Interactions provided by Cares Team, therapist, and case workers
- Interactions among clients with lowest initial hope scores
- Older clients (75+ years old)
- Clients who lived with a partner/spouse

Comparing Demographics of CSAP Clients vs. EPC Census Norms

Clients with 2+ interactions are different demographically, and more at risk/vulnerable, than total older El Paso County residents

Comparing CSAP clients to Census norms for older residents in El Paso County, clients participating in CSAP were:

Source: * ACS 1-year 2021
Age: S0101 Age and Sex; **Gender:** S0101 Age and Sex; **Disability:** B18101 Sex by Age by Disability Status; **Income:** B19037 Age of Householder by Income in the Past 12 Months; **Ethnicity/Race:** B01001 Sex by Age (H – White Alone, Not Hispanic or Latino, B – Black or African American Alone, & I – Hispanic or Latino); **Living Arrangement:** Relationship by Household Type for the Population 65 Years and Over

Older

Age	CSAP 53+	*El Paso County 55+
55 – 64	26%	46%
65 – 74	43%	34%
75+	31%	20%

Lower income

Household Income	CSAP	*El Paso County 65+
Less than 50,000	100%	39%
\$50,000 to \$100,000	-	33%
\$100,000 to \$149,999	-	15%
\$150,000 or more	-	13%

More were female

Gender	CSAP	*El Paso County 65+
Male	31%	45%
Female	69%	55%

More racially diverse

Ethnicity/Race	CSAP	*El Paso County 65+
White Alone	67%	82%
African American	15%	4%
Hispanic or Latino	12%	8%
Other/Multiracial	6%	6%

More were disabled

Disability Status	CSAP	*El Paso County 65+
% With a Disability	54%	30%

More likely to live alone

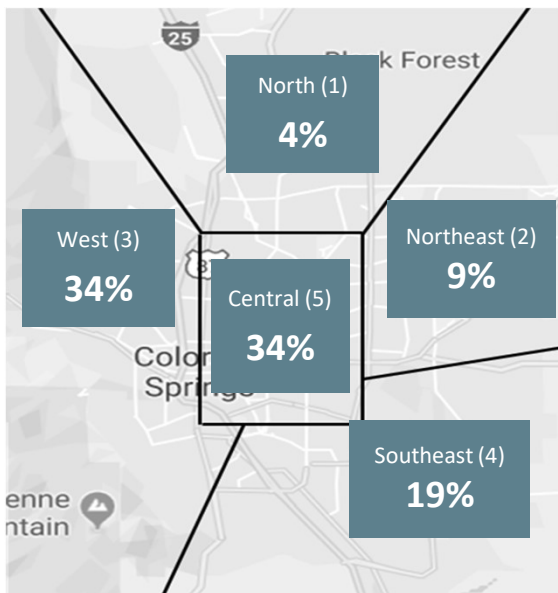
Living Arrangement	CSAP	*El Paso County 65+
% Living Alone	54%	26%

Comparing Geographic Distribution of CSAP Clients vs. EPC Census Norms

More CSAP clients live in the Central, Western, and Southeastern districts of El Paso County

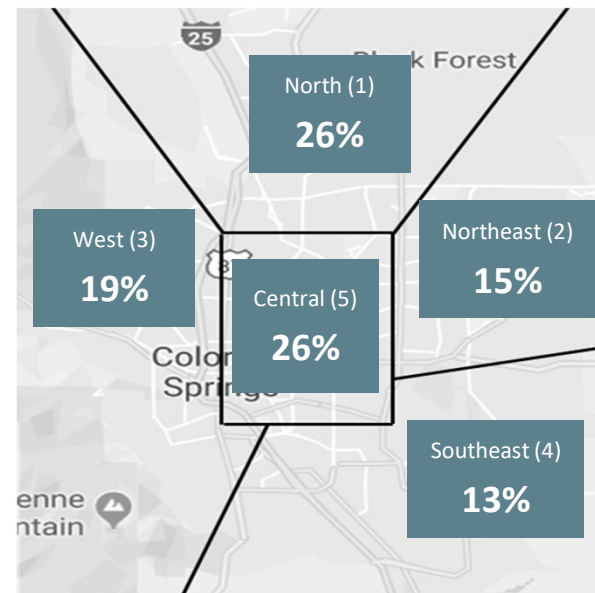
Geographic Distribution for CSAP Clients w/2+ Interactions

n = 214; 2022 El Paso County Districts



Geographic Distribution of Age-Friendly Survey Respondents

n = 459; 2019 El Paso County Districts

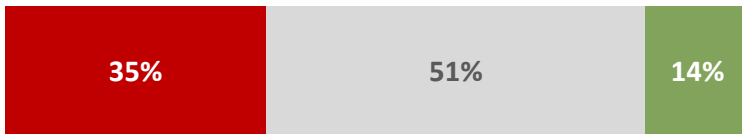


Risk/Vulnerability of CSAP Clients vs. 60+ Year Old EPC Residents

Based on their initial level of hope (35% negative), CSAP clients with 2+ interactions are more emotionally at-risk/vulnerable than total 60+ year old El Paso County residents

First Hope Score for CSAP Clients with 2+ Interactions

n = 214

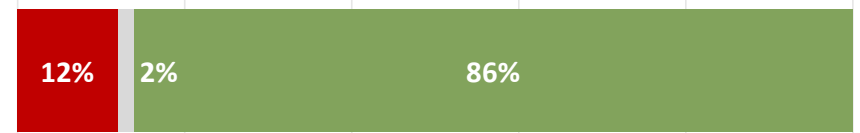


■ Negative ■ Neutral ■ Positive

CSAP clients were more similar to El Paso County 60+ year old residents with income under \$50K

Emotional Well-Being Among AskCOS clients 60+ (all income levels)

n = 307



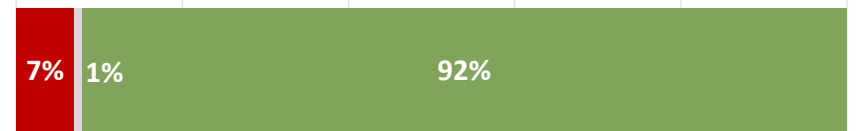
Emotional Well-Being Among AskCOS clients 60+ with a HHI <\$50K

n = 69



Emotional Well-Being Among AskCOS clients 60+ with a HHI >\$50K

n=172



■ Very Poor/Poor (0-4) ■ Neutral (5) ■ Good/Very Good/Excellent (6-10)

Source:

** AskCOS 2022: % of 60+ year old EPC residents who self-rated their emotional well-being on a 0 – 10 scale where 0=Very Poor and 10=Excellent

Risk/Vulnerability of CSAP Cares Clients vs. 65+ Year Old EPC Residents

These CSAP CSFD Cares clients whose service usage was tracked were much higher utilizers of emergency services compared to the El Paso County 65+ population

CHAS Data – El Paso County	2019	2021
% of 65+ Visiting ED <i>(El Paso County)</i>	24% <i>n=86,733</i>	20% <i>n=88,920</i>
% of Medicare Patients Visiting ED <i>(El Paso County)</i>	26% <i>n=85,074</i>	25% <i>n=78,394</i>
CSAP Data CSFD Cares Clients	12M Before CSAP First Hope Scale	
% of CSAP clients visiting ED <i>(El Paso County) (n = 20)</i>	75%	

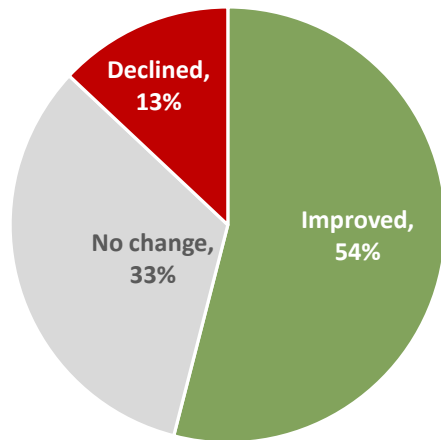
Source: Colorado Health Access Survey for El Paso County (2019 and 2021)

How CSAP Helped Vulnerable Seniors

Impact of CSAP on Client Hope

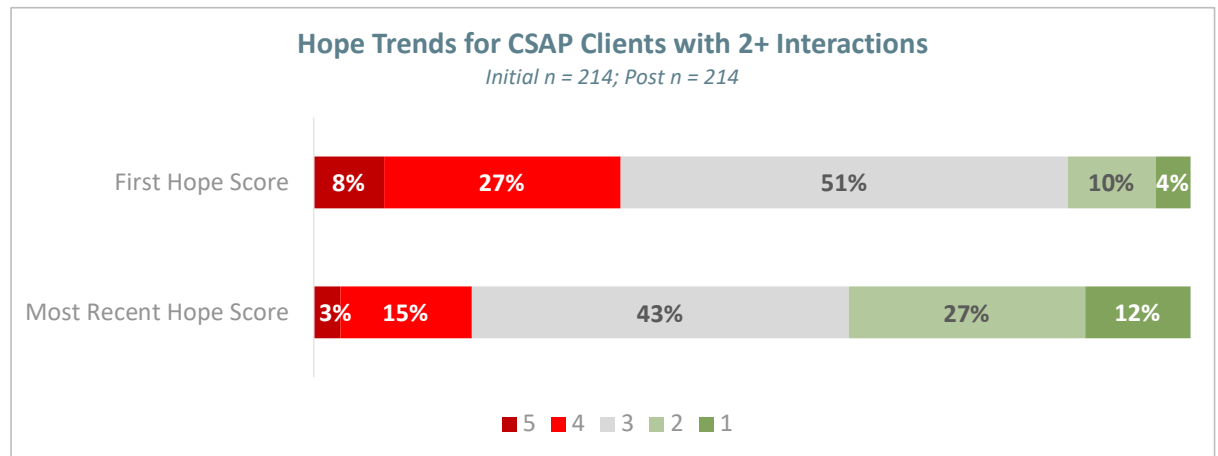
Clients experienced increase in hope after receiving assistance through CSAP

Shift in Hope Score among CSAP Clients with 2+ Interactions
n = 214



CSAP client hope scores trended in the right direction. 54% of CSAP clients with 2+ visits had increased hope scores. Only 13% had decreased hope scores, and 33% didn't experience a change in their hope scores.

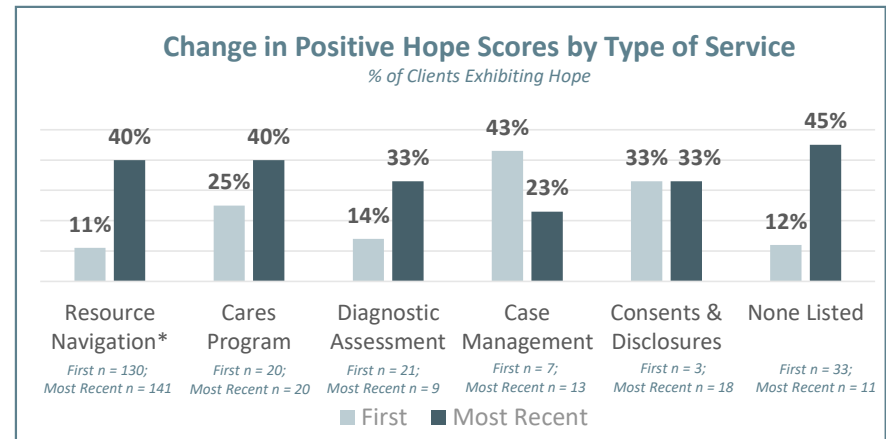
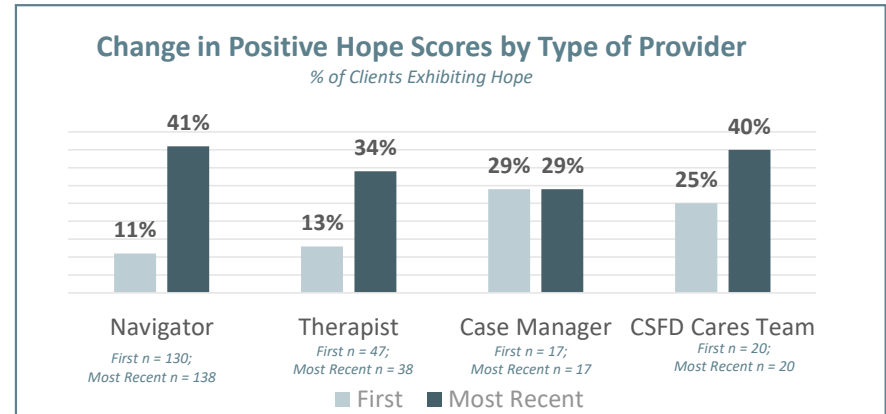
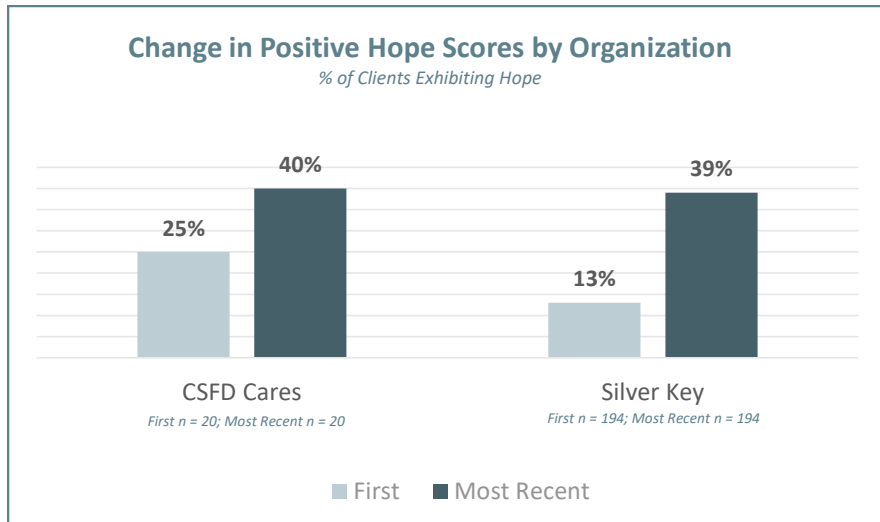
When first measured, 14% of CSAP clients exhibited some hope and 36% lacked any hope; When last measured, 39% of clients exhibited hope and 18% of clients lacked any hope



Hope Scale	
Question: Extent to which a person is optimistic about future outcomes	5 = Actively expresses hopelessness about future change
	4 = Does not express hope for the future but may be convinced that there is opportunity for better outcomes
	3 = Expresses both positive and negative attitudes with regards to future outcomes
	2 = Openly expresses hope for the future but is not currently making efforts that would lead to better outcomes
	1 = Openly expresses hope for the future AND is making efforts to achieve better outcomes

Analysis of Hope Shift – by Organization, Provider, and Service

Clients experienced an increase in hope regardless of the organization providing assistance, training level of their provider, and type of service received



Note: Clients facing more serious challenges were transferred from Resource Navigation to Case Management, explaining negative proportional shifts for % of case management clients with hope.

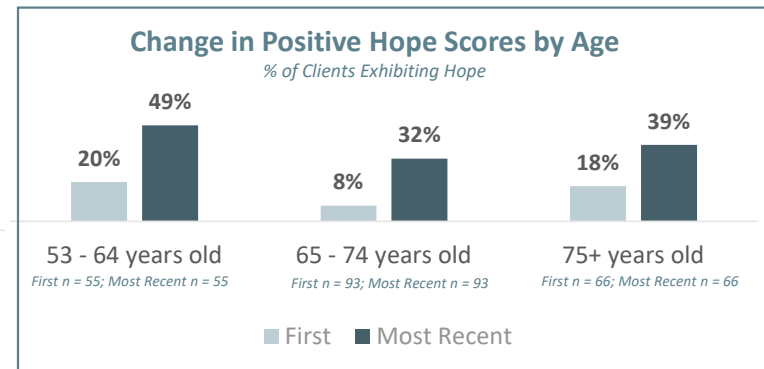
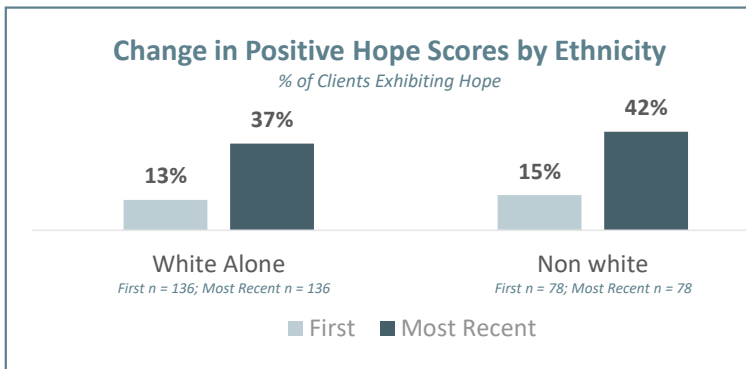
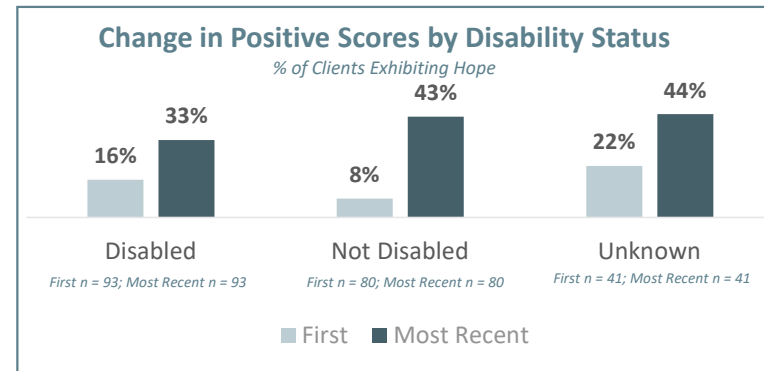
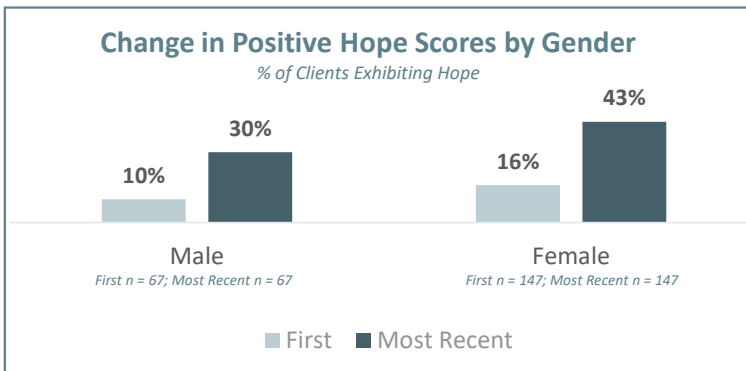
*Note: Resource Navigation is the same as Outreach P&I. This is when Silver Key would follow-up with seniors who have expressed a need in the past to see if any additional assistance is needed and point them in the direction of resources to assist them.



Caution: many of these subgroups have low base sizes; use directionally

Impact of CSAP on Client Hope – By Demographic

Clients experienced an improvement in hope score regardless of gender, ethnicity, disability status, and age

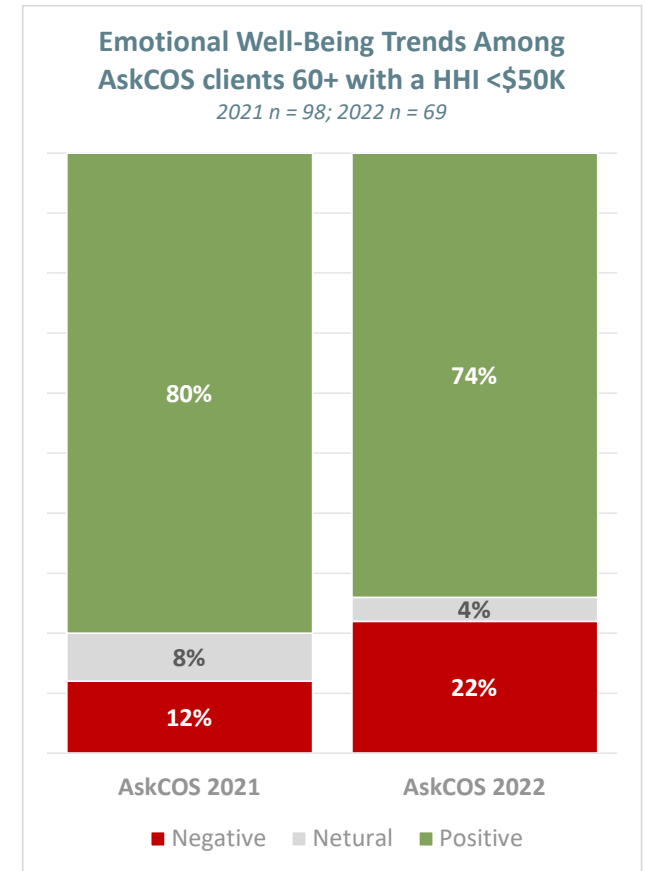
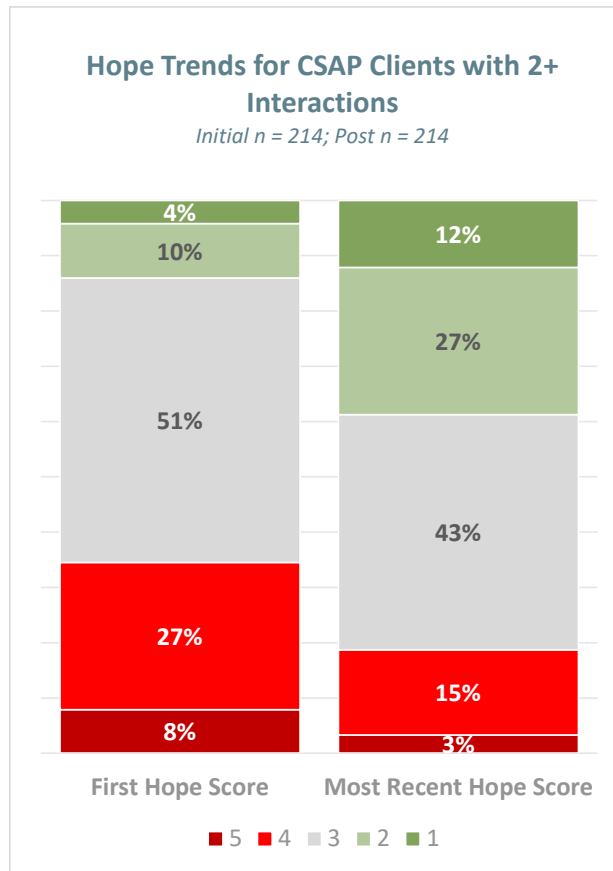


El Paso County CSAP Client Hope Trends vs. El Paso County Senior Resident Emotional Well-Being Trends

CSAP clients showed better trends with hope & emotional well-being than lower-income El Paso County seniors

Collectively, the percent of these low-income CSAP clients who were lacking hope was cut in half (35% to 18%) and the percent exhibiting hope more than doubled (14% to 39%).

Meanwhile, emotional well-being among lower-income 60+ year old El Paso County residents (*not connected with CSAP*) is trending in the wrong direction, with significantly more self-reporting negative emotional well-being in 2022 (22%) vs in 2021 (12%). (Source: AskCOS)



Connection of Increased Hope with Quality of Life

These CSAP clients with increased hope have experienced a higher quality of life

Increased client quality of life following services is evident by closure notes from clients who have exited the CSAP program:

Client will be closed program complete at this time. She has a 100% reduction in ED/911 usage. Client received support with managing her alcoholic brother. She has outpatient mental health support and was referred to the Independence Center for assistance in her home.

Client's hope scale as improved from a 4 [no hope] to a 2 [openly expresses hope]. He has shown success with family support and his established providers.

Client's hope scale has improved from 4 [no hope] to a 2 [openly expresses hope]. Client has better control of his anxiety and he no longer feels impending doom on a daily basis.

Client is doing well since she was placed at Legend Assisted Living Facility. She is getting the care that she needs and has increased her quality of life.

Higher levels of hope has been correlated with a higher quality of life in a number of published studies. A large longitudinal study completed in 2019 focused on the connection of hope with seniors:

The role of Hope in subsequent health and well-being for older adults: An outcome-wide longitudinal approach.¹

(Long, Kim, Chen, Wilson, Worthington, VanderWeele)

This analysis of 13,998 seniors (mean age of 66 years old) participating in a *Health and Retirement Study* responses clarified that a greater sense of hope has strong positive associations with a variety of psychosocial processes and outcomes, including emotional adjustment, positive affect, life satisfaction, sense of purpose, quality of life, and social support. Increased hope also has a strong negative association with incidence of depression among seniors.

Characteristics of Clients by Tertiles of Hope (n=12,746)

	Tertile 1 Lower Hope	Tertile 2 Mid-range Hope	Tertile 3 Higher Hope
	n = 4,594	n = 4,204	n = 3,966
Life Satisfaction (1-7) – mean	4.6	5.2	5.6
Optimism (1-6) – mean	4.0	4.6	5.1
Purpose in Life (1-6) - mean	4.2	5.7	5.1
Social Integration (0-5)	2.7	3.0	3.2
Depression (%)	21.1%	8.5%	6.1%

CSAP assistance yielded
reduced use of emergency/
medical services

CSAP Client Change in Services Utilized

CSAP Cares clients decreased 911 calls and ED visits that did not result in admission; Reductions were more significant 6 months post initial hope score than 12 months post

- The average number of calls the CSAP Cares program seniors made decreased 33% in first 6 months.
- The overall number of calls made between the 20 clients decreased pre to post
- ED visits decreased 6 months post initial hope score both overall and average number of visits
- Total ED visits 12 month post initial hope score increased overall, yet admissions to the hospital also increased during the post period
- Combining ED visits and admissions highlights that unnecessary visits to the ED (ED visits without admission) decreased in both 6 month and 12 month post initial hope scores.
- Decreases in 911 and unnecessary ED visits were more significant 6 months post initial hope score than 12 months after the initial hope score, indicating recency and frequency of touchpoints with support agencies may be needed to sustain reductions in service utilization.

911 Calls	6 months pre first hope score	6 months post first hope score
Total # of calls	101	68
Average # of calls	5.05	3.40
Difference	6 month pre/post	↓33%

12 months pre first hope score	12 months post first hope score
141	119
7.05	5.95
12 month pre/post	↓16%

Emergency Department Visits	6 months pre first hope score	6 months post first hope score
Total # of ED Visits	81	62
Average # of visits	4.05	3.10
Difference	6 month pre/post	↓23%

12 months pre first hope score	12 months post first hope score
106	121
5.30	6.05
12 month pre/post	↑14%

Unnecessary visits (without admission)	61	41
% of ED visits without admission	75% Not admitted	66% Not admitted
Avg # of visits without admission	3.05	2.05
Difference	6 month pre/post	↓33%

82	77
77% Not admitted	64% Not admitted
4.10	3.85
12 month pre/post	↓6%

CSAP Client Change in Services Utilized – Tertile Analysis by Change in Hope Scores

Reduction in service utilization was associated with improvement in hope scores;
CSAP Cares clients whose hope score improved decrease in 911 calls

- Among seniors with increased hope, 41% less seniors called 911 both 6 and 12 months post initial hope.
- Seniors with increased hope made 36% less calls 6 months post initial hope score and 30% less calls 12 months post initial hope score.
- Seniors with unchanged hope reduced average calls 6 months post post but increased average calls 12 months post.
- Seniors with declining hope made 30% more calls 6 months post their initial hope score.
- ED visits decreased in the 6 months post initial hope score among those with improved hope score and among those with unchanged hope score but increased 12 months post initial hope score.

Shift in Hope Score	Hope Score Improved (n = 13)	
	6 months	12 months
911 CALLS		
% who made a 911 call pre first hope score	92%	92%
% who made a 911 call post first hope score	54%	54%
Difference pre/post	↓41%	↓41%
Average # of 911 calls pre first hope score	5.3	7.6
Average # of 911 calls post first hope score	3.4	5.4
Difference pre/post	↓36%	↓30%

Hope Score Did Not Change (n = 3)	
6 months	12 months
67%	67%
67%	67%
0%	0%
6.3	7.7
2.3	10.0
↓63%	↑30%

Hope Score Declined (n = 4)	
6 months	12 months
75%	75%
75%	75%
0%	0%
3.3	4.8
4.3	4.8
↑30%	--

Shift in Hope Score	Hope Score Improved (n = 13)	
	6 months	12 months
ED VISITS		
% who visited ED pre first hope score	69%	69%
% who visited ED post first hope score	77%	85%
Difference pre/post	↑12%	↑23%
Average # of ED visits pre first hope score	4.2	5.5
Average # of ED visits post first hope score	3.5	6.5
Difference pre/post	↓17%	↑18%

Hope Score Did Not Change (n = 3)	
6 months	12 months
67%	100%
33%	33%
↓51%	↓67%
6.7	8.0
2.7	8.7
↓60%	↑9%

Hope Score Declined (n = 4)	
6 months	12 months
75%	75%
100%	100%
↑33%	↑33%
1.5	2.8
2.0	2.8
↑33%	--

Other Published Data

Higher hope is connected with better physical and emotional health and less use of emergency services among seniors

1) Higher hope in seniors is connected with their physical and emotional health.

A number of studies and analyses of metadata highlight the connection between hope with both mental and physical health. A large longitudinal study completed in 2019 focused on the connection of hope with seniors:

The role of Hope in subsequent health and well-being for older adults: An outcome-wide longitudinal approach.¹ (Long, Kim, Chen, Wilson, Worthington, VanderWeele)

This analysis of 13,998 seniors (mean age of 66 years) participating in a *Health and Retirement Study* responses associated a greater sense of hope with: better physical health and health behavior outcomes (e.g., reduced risk of all cause-mortality, fewer number of chronic conditions, lower risk of cancer, and fewer sleep problems), higher psychological well-being (e.g., increased positive affect, life satisfaction, and purpose in life), lower psychological distress, and better social well-being.

2) Seniors with better physical and emotional health use emergency medical services less, including less calls to 911, less visits to the Emergency Department, and less hospital admissions.

3) Seniors account for a large proportion of nonessential 911 calls in many municipalities.

Some municipalities report as many as 40% of their calls as nonessential³, claiming these non-essential calls can bog down response time. Many non-essential calls from seniors are questions from those in independent living communities, among seniors living at home without family support, often questions about medication, mobility, or other needed resources.

Characteristics of Clients by Tertiles of Hope (n = 12,746)			
	Tertile 1 Lower Hope	Tertile 2 Mid-Range Hope	Tertile 3 Higher Hope
	n = 4,594	n = 4,204	n = 3,966
Diabetes (%)	22.2%	16.8%	12.9%
Hypertension (%)	58.4%	52.7%	48.6%
Stroke (%)	7.5%	5.1%	4.6%
Heart Disease	24.4%	19.8%	15.8%
Lung Disease	10.9%	6.7%	5.0%
Depression (%)	21.1%	8.5%	6.1%
Depressive Symptoms (0-8 mean)	1.9	1.1	.8
Loneliness (1-3 mean)	1.7	1.4	1.3

This program has potential
to address Medicare gap
and reduce taxpayer costs

Medicare Gap Clarified

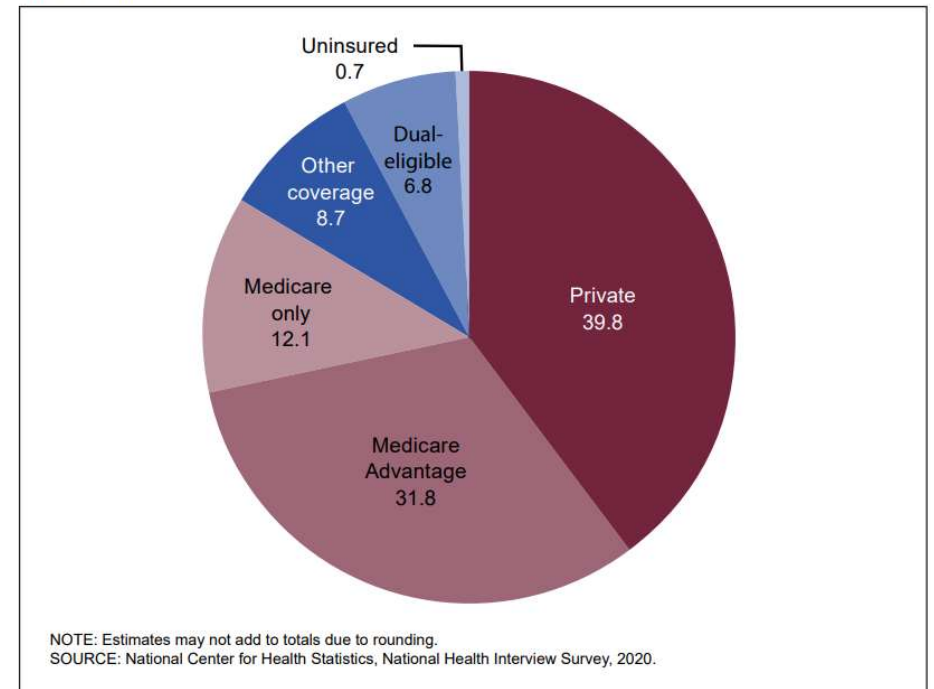
Medicare doesn't provide needed behavioral health; Vulnerable seniors tend to overuse EMS systems

- Older residents face roadblocks with coverage for mental health and support services as they transition to Medicare.
- Some low-income seniors lose behavioral and mental health coverage they qualified when they were 64 as they transition to Medicare
- Many older residents struggle to meet healthcare needs due to lack of awareness and understanding of resources.
- This leads vulnerable seniors to overuse EMS systems, including 911 calls and ED services, taxing the system and causing additional taxpayer burden.

**95% of 65+ year olds have Medicare coverage,
14% of 65+ year olds have Medicaid;
7% are covered by both Medicare and Medicaid**

Source: ACS 1-year 2021

Figure 5. Percent distribution of health insurance coverage among adults aged 65 and over: United States, 2020



Resources Provided Through CSAP; Impact on Clients











The CSAP program ensured clients had access to benefits they were qualified for;
 Over 200 seniors received assistance during CSAP; 54% had increased hope after receiving support

Over 200 senior clients received a broad range of resources and referrals of services from CSAP program, including:

- Counseling
- Case management
- Community resources
- Depression screening & treatment
- Identification/intervention of prescription drug misuse/abuse
- Rental assistance
- Transportation/rider
- Comforting companionship/meals delivered to homes
- Crisis stabilization
- Financial counseling / help with budgeting
- Housing navigation
- Nutrition assistance
- Help navigating healthcare system

The CSAP effort is helping clients break down barriers while the new Medicaid system is throwing up new barriers -- completely countering best practices.
 – Dayton Romero

See below for notes/examples of services provided and corresponding shift in hope:

54% improved hope		client entered our system with depressive symptoms, by end of behavioral health sessions, had learned coping strategies and was feeling better
		Received outpatient mental support/assistance and independent living support through the Independence Center
		Called asking for rental assistance, receive a check for over \$3,000 and was happy
		Received support through our collaboration with Habitat for Humanity
		asked for help with moving expenses and it was given
		Received behavioral health support for over a year to work through issues with a case manager and a therapist
33% had no change		needed utility help, did not follow through with support that was available
		husband had passed away, called intake. Sad. Received Calls of Reassurance 3x/week
		needed utility assistance; frustrated that had to do some “work” to get it, eventually showed up to utility group to get counsel, was still frustrated.
11% decreased		Seemed fine at intake. Through BH support ended up with diagnosis of OCD, hoarding disorder. Refused help.

Impact of CSAP Effort on Community

The CSAP effort has increased community mental health literacy and awareness of local resources; Over 100 diverse caregivers were trained in mental health first aid by NAMI, and NAMI's calls are up

NAMI Mental First Aid Training

At the time the CSAP Next 50 1.5 Year Progress Report was submitted, the CSAP team reported that 104 people had completed the Mental First Aid Training (MFAT), exceeding its goal of training 100 people in two years. Additionally, the MHFA course is attracting a relatively diverse caregiver population:

- 27% of survey respondents who have provided their race/ethnicity have identified as BIPOC, a number higher than the percentage citywide
- Varied educational background; 34% identifying as having received no college degree, 23% having earned a graduate degree, and the rest in between
- 34% have had no prior mental health training

NAMI has also received positive feedback regarding the MFHA course through a survey that was distributed to MHFA trainees at least a year following their completion of the course. Respondents shared they felt confident listening non-judgmentally to someone in a mental health crisis. Some also reported referring people to local resources including Silver Key and Diversus, a hoped-for outcome of this grant.

A trainee from the April 2022 Mental Health First Aid class shared:

"I have never been through a training like this before...The impact and value that I received from the MHFA training was not just educational for me at work but also from a personal perspective... It was just such an eye-opening moment for me. I am very grateful for everything that was taught in this training. I would take the course again or even a follow up course if one was offered. The tools that I took away from the training will help deal with what can turn into a very serious situation anywhere and anytime."

The graphic features a green header with the text "MENTAL HEALTH FIRST AID TRAINING" in white. Below the header is a yellow banner that says "VIRTUAL · NO COST". To the right of the banner is a photograph of an elderly couple walking in a garden. Below the photo is a white box with a blue border containing text: "Especially in such uncertain times, older adults need to be supported by family, caregivers and clinicians who know signs of mental health or substance use issues. We're offering group Mental health First Aid trainings specifically with their unique needs in mind." At the bottom of the graphic is a dark blue box with white text: "IN A TWO-HOUR, SELF-PACED ONLINE CLASS, FOLLOWED BY A 6.5-HOUR, INSTRUCTOR-LED VIDEOCONFERENCE, YOU WILL LEARN WAYS TO:" followed by a list of four bullet points: "recognize signs of mental illness and substance use", "navigate crisis situations", "initiate sensitive conversations with respect and dignity", and "identify resources to support older adults".

Impact on NAMI Resource & Referral Line

NAMI has experienced an increase in calls to their resource and referral line over the course of the CSAP effort. In 2021 NAMI only experienced one month (September 2021) where they fielded more than 230 calls at their office. In 2022 NAMI had at least 5 months where they have fielded more than 230 calls at their office – with a high of 308 calls in October.

Further, between January 2021 and October 2021, NAMI had 1,837 total calls. During the same 10-month period in 2022, that number was 2,357. This additional 520 calls reflects a 28% increase.

Projecting Number of Vulnerable Seniors in El Paso County

Combining the number of lower-income 60+ year old residents in EPC with potential incidence of “at risk” indicators highlights about 18,500 older residents who may benefit from a Comprehensive Senior Assistance Program

El Paso County 2023 population is estimated at 740,000 residents

(Colorado State Demographer projected 2021 population at 738,543)

<https://demography.dola.colorado.gov/>

	Approximate Percentage	Approximate Number
60+ year-old residents*	20%	140,000
Under \$50K household income*	40%	56,000
At Risk/Vulnerable emotionally and/or physically**	33%	18,500

Sources:

* ACS 1-year 2021: **Age** S0101 Age and Sex; **Income:** B19037 Age of Householder by Income (65+) in the Past 12 Months

** AskCOS 2022: % of 60+ year old EPC residents with HHI under \$50K who self-rated their emotional or physical well-being negatively (a 0 – 4) on a on a 0 – 10 scale

Estimated Tax Burden Savings Among CSAP Clients; Projecting Potential Expanded Tax Burden Savings

CSAP program likely yielded taxpayer savings in excess of Next50 grant amount;
Expanding senior assistance could save over 20 million in taxpayer burden

<p>Cost of 911 call Estimated at \$139 per year</p>	<p>Colorado Springs Budget – about \$9MM per year on Communication Center https://coloradosprings.gov/sites/default/files/2023pbudget-21-01-police_1.pdf</p>	<p>About 65,000 calls per year to CSFD https://coloradosprings.gov/sites/default/files/2020_statistical_abstract.pdf</p>	<p>1 less call per year: 214 CSAP clients * \$139= \$29.7K</p> <p>33% reduction among most vulnerable 18,500 El Paso County seniors, making 1 less unnecessary call per year could lessen taxpayer burden by 2.6MM with \$139/call estimate.</p> <p>Possible 911 Call taxpayer savings with 1 less call per year: 18500 * \$139 – \$2.6MM</p>
<p>ED visit cost Estimated at \$1,300 to Medicare</p>	<p>Assumes 75% of most vulnerable 60+ year old residents visit EDs</p> <p>Assume 86% will charge Medicare - 1547 less 20% deductible = 1238 per visit; 14% have Medicaid and the average ER cost for Colorado adults without insurance coverage in 2022 is 1700. Best estimate of 60+ year old ED visit in Colorado -cost to taxpayers: (1238 * .86) + (1700*.14) = 1303 (about 1300)</p>	<p>https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched</p> <p>https://consumerhealthratings.com/healthcare_category/emergency-room-typical-average-cost-of-hospital-ed-visit/</p>	<p>1 less unnecessary visit per year: 214 CSAP clients * 75% =160 160 * 1,300 = \$208K</p> <p>Possible ED Visit Savings: 1 less non-essential visit in 12-month period among most vulnerable 18,500 seniors (assuming 75% visit EDs): 18,500 *.75 = 13,875 13875* 1,300 = \$18 MM</p>
<p>Transport / ambulance Estimated at \$700 per to Medicare</p>	<p>Median of 700 per transport</p>	<p>https://www.cdc.gov/nchs/data/databriefs/db367-h.pdf</p> <p>https://hcpf.colorado.gov/sites/hcpf/files/02_CO_FeeSchedule_ASC_07.2022_V1.0.pdf</p>	<p>30% of these CSAP visits would have used ambulance: (160 * .30) * \$700 = \$33.6K</p> <p>Assuming 30% of these visits involve transport; Medicare payout is 700 each:</p> <p>Reducing ED visits with transport among most vulnerable 13,875*.3 = 4162.5; 4162.5*700 = \$2.9MM on transport</p>
	<p>Potential tax burden savings among 18,500 vulnerable seniors: \$23.5MM per year</p>		<p>Projected estimate of taxpayer savings from 214 tracked clients: \$271,300 from tracked CSAP clients + another 387 clients helped / not tracked in post period + ongoing impact of mental health training/awareness + invaluable lessons learned / areas for program optimization</p>

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