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PATTERNS OF MENTAL HEALTH SERVICES IN COMMUNITY CARE FACILITIES

By

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ABSTRACT

The present study describes a survey of the pattern and array of psychiatric services received by a sample of 444 residents in 50 community care facilities in Los Angeles County. These were residents who had been identified as being on the fee-for-service Medi-Cal rolls for the receipt of mental health services. Residents reported a considerable variety and amount of mental health services were being delivered. This is contrary to findings in the literature which represent such residents as being grossly underserved. However, it is estimated that one-third of the ex-patients residing in such facilities were not receiving treatment under fee-for-service Medi-Cal.

Of the total 444 residents surveyed, 57.4% reported being currently seen by one mental health provider, 38.3% by two providers and 4.3% by three providers. Private sector providers served 83.9% of the residents while 10.9% of the residents were served by the government sector. Slightly over 5% of the residents were served by both types of providers. The results indicate that most of the services were provided by psychiatrists. The predominant form of treatment dispensed by this type of provider was individual counseling/therapy coupled with the use of psychotropic medication. The frequency of treatment reported for psychiatrists and psychologists indicated that justification and authorization for treatment was seldom required by Medi-Cal. This suggests that individualized treatment plans may not have been used.

The study revealed that size of facility is related to mental health services delivered, that residents express satisfaction with the mental health services they receive and that residents are limited in their freedom to choose their own providers of mental health services. Implications of these findings are discussed and recommendations for future studies are made.

PATTERNS OF MENTAL HEALTH SERVICES IN COMMUNITY CARE FACILITIES[1/]

In 1955 about half of all psychiatric patient care episodes in the nation were in state hospitals. In 1971 about one-fifth of all episodes took place in state hospitals. Outpatient services accounted for only 23% of all episodes in 1955 and 42% in 1971. The number of resident patients in state hospitals peaked at 558,992 in 1955 and has been declining ever since (Bachrach, 1976). In California there were 37,000 patients in the state hospital system in 1961. In 1974 there were fewer than 5,000 patients (Lamb & Edelson, 1976).

Initially, such reductions in state hospital populations were justified in terms of both philosophical and financial considerations (Lamb & Edelson, 1976), but benefits did not always materialize. The hope was that community care would save money, but many now feel that effective care may require very large expenditures (Bassuk & Gerson, 1978). In addition, benefits have not always accrued to former state hospital patients. There have been efforts to remove former hospital patients from the community or block entrance into it (Aviram & Segal, 1973). There has been an increase in the number of mentally ill who are now dealt with by law enforcement agencies, and in some cases there has been evidence of "ghettoization" of the mentally ill (Aviram & Segal, 1973). In general, there has been a failure to develop an adequate network of programs or viable alternatives to state mental hospitals.

Despite the problems associated with deinstitutionalization, caring for the mentally ill in the community has become big business. New nursing homes, board and care homes, hotel rooms and other patient care facilities have been established. Many community physicians are providing services to persons who were in the past cared for in state hospitals (Aviram & Segal, 1973).

The presence of a large number of identified psychiatric patients in the community warrants an examination of the resources available to help sustain them (Ozarin & Taube, 1974). One resource of particular interest is the community

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[1/] Also referred to as board and care homes.

care facility or board and care home. More former long-term state hospital patients reside in this type of facility than in any other type of facility in the community (Lamb & Goerzel, 1973).

Much of the literature that is available indicates that living conditions and quality of care presently existing in community care facilities are not satisfactory (Dittmar, Smith, Bell, Jones & Manzanares, 1983). Being paid by the number of filled beds, many of the board and care operators are inclined to develop stable populations in their homes. In a study of discharged mental patients, Lamb and Goerzel (1973) note that some homes resemble long-term hospital wards isolated from the community. In some cases private entrepreneurs set up facilities holding up to 100 persons in conditions very much resembling back wards in state hospitals (Lamb & Edelson, 1976).

Some community care facility operators have been depicted as persons who have not had much experience with chronic mental patients. The facilities themselves have been characterized as having no planned program of activities where residents "sit around aimlessly watching television or remain isolated in their bedrooms" (Jones, 1975). This same study reported that operators tended to think of themselves as running sub-hospitals where residents receive medical care and keep appointments with their doctors. These operators did not see their homes as an integral part of the community.

Quality of care appears to be related to more than just the attitudes of the operators. Size of the facility has been raised as an important issue (Jones, 1975). Units which serve from 10 to 30 residents, the size of most community care facilities, appear to have serious deficiencies in the level of care they are able to provide. Most of their problems relate to the small numbers of staff available, limited opportunities for interaction and social learning for both staff and residents and lack of resources to develop a varied social and educational program. Some homes were too large to provide more than custodial care. Many of the smaller homes were no better in providing more than the bare

essentials of food, clothing and shelter. However, the data revealed little difference in the level of functioning of persons in large as compared to small facilities (Jones, 1975).

There is some evidence that ex-patients residing in community care facilities are older, have been hospitalized more and function at a lower level than ex-patients living alone or with family and friends (Lamb & Goerzel, 1973). These findings were explained in terms of the facilities' functioning as more of a retreat from the world than even the state hospital. There is, however, considerable variability among facilities in their relatedness to the community at large. Some operators take their residents to ex-patients clubs and actively encourage the use of community social and vocational rehabilitation facilities. Other operators appear willing to cooperate with outside programs if the initiative is taken by an outside person, usually the ex-patient's social worker (Lamb & Goerzel, 1973).

As the above review indicates, there is considerable information available about the community care facility resident's quality of life and physical environment. What is lacking, however, is information concerning the type and amount of mental health services available while the ex-patient is a resident in the facility. There are few reports in the available literature which address this issue (Lamb, 1979, Van Putten & Spar, 1979). The conclusion which emerges after reviewing comments concerning the quality of residents' lives in the community care facility setting is that the level of mental health care available is minimal and perhaps inadequate.

An opportunity to address the question of level of mental health care availability arose in January 1983. Faced with the possibility of assuming responsibility for all mental health Medi-Cal services in Los Angeles County, the County Department of Mental Health needed to develop a plan for providing mental health services to an estimated 8,000 adult residents in community care facilities who

were receiving some mental health services under fee-for-service Medi-Cal.[2/] Specific information about the residents and the type and amount of services currently being received was not known in any detail.

To provide the information needed a survey of community care facilities in Los Angeles County was designed. The goals of the survey were to define the mental health services currently being delivered by fee-for-service Medi-Cal providers, to provide quantitative information on patterns of service and to identify possible requirements for additional types of service and methods of service delivery. It was anticipated that the information collected would provide an up-to-date assessment of fee-for-service Medi-Cal mental health treatment availability in the facilities as well as establish a base line against which future service levels might be evaluated.

Sampling Procedure

A 5% sample of adult community care facility residents receiving fee-for-service mental health services in Los Angeles County was selected. The sample was drawn from a complete listing of community care facilities in the County reported as providing fee-for-service mental health services to their residents. A modified random quota design stratified by mental health region and facility size was used to identify the sample.

Of the 60 facilities contacted ten refused to participate. Residents excluded prior to selection of the final sample included ten residents who refused to be interviewed; thirty-three residents who were unresponsive during questioning; and forty-one residents previously identified as receiving mental health services who indicated they were currently not receiving services.

2/ Referred to as Medi-Cal consolidation, the plan includes provisions to make the County responsible for providing mental health care to all residents in community care facilities requiring such services. This includes services previously rendered by the private sector under Medi-Cal on a fee-for-service basis.

The sample obtained utilizing the above procedure included 444 residents in 50 facilities. Table 1 lists the regional distribution of sample residents together with the regional distribution of adult users of fee-for-service Medi-Cal for mental health services.

Table 1. Regional distribution of survey sample and fee-for-service users of Medi-Cal

Region	N Sample	% Sample	N Medi-Cal[3/]	% Medi-Cal
Central	138	31.1	2850	33.8
Coastal	122	27.5	1836	21.8
San Fernando	66	14.9	1518	18.0
San Gabriel	67	15.1	1333	15.8
Southeast	51	11.5	897	10.6
Total	444	100.0	8434	100.0

The correspondence between the two distributions shown in Table 1 is relatively close. The San Fernando Region survey sample is somewhat underrepresented relative to fee-for-service users (14.9% versus 18.0%). The Coastal Region survey sample is somewhat overrepresented compared to fee-for-service users (27.5% versus 21.8%).

It should be noted that the above distributions and the data presented below are reflective of fee-for-service Medi-Cal users of mental health services only. When compared to informal estimates obtained from the Community Care Facility Licensing Division, State Department of Social Services, the sample population of fee-for-service Medi-Cal users represents 67.8% of the total occupancy of all residents needing mental health services. One may speculate that the remaining 32.2% of the residents needing mental health services are, for the most part, unserved. In addition, if one assumes that the population of elderly residents in community care facilities includes some individuals who need psychiatric services (the State excludes such residents from its counts of mentally ill) the number of unserved individuals is further increased.

3/ Telephone survey of Medi-Cal funded psychiatric/psychological services users in board and care homes, August 1982. Los Angles County Department of Mental Health.

Conduct of Interview - Interview Format

A survey of the sample of community care facilities was carried out during the months of December 1982, January 1983 and February 1983. At each facility selected the residents identified by facility administrators as currently receiving mental health services under fee-for-service Medi-Cal were interviewed. The data were collected by professional staff of the Department of Mental Health. All data were collected on an individual face-to-face basis. Staff explained the purpose of the study to each resident, solicited their cooperation, assured confidentiality and offered to answer any questions before seeking any responses to the survey questions. Except for a few instances the interviews were conducted in private.

Residents' age, sex and length of residence in the facility surveyed were recorded. Only adult residents currently receiving fee-for-service Medi-Cal mental health services were interviewed. Each resident was asked to name all of the mental health providers (up to three) from whom he or she currently received services. Residents were asked to identify the type of provider, e.g. psychiatrist, social worker, and where the services were given, i.e., private office, at the facility, county clinic. For each provider identified, residents were asked to indicate within treatment modalities (individual, group, medication and other) the frequency and duration of services received.

In addition to patterns of services received residents were asked to evaluate (where applicable) the effect of any psychotropic medication they were taking. They were asked to indicate if the medication made them "feel better," "feel worse," etc. Residents were also asked to indicate their satisfaction with the length of time spent with each provider and whether or not they wanted to see him/her more often.

Other questions dealt with how each provider was selected, satisfaction with each providers' services and whether or not each providers' services were beneficial. The remaining questions were focused on the residents' perception of what additional mental health services they felt they needed in addition to the services they were currently receiving.

Prior to the survey there was some concern expressed about residents' abilities to accurately report about mental health services being received. Their ability to identify provider types was interpreted as one measure of their awareness or knowledge of the actual treatment situation. Ninety-three percent of the total sample identified the discipline of all their providers. Another such indicator was the residents' ability to identify their mental health providers by name. All residents had at least one provider and 72.7% of the residents could name their provider. When a second provider was identified 68.3% of the residents could identify him/her. When a third provider was mentioned 82.4% of the residents could name him/her. Taking all providers together, residents in medium-size homes were more likely to name their provider, i.e., 76.8% versus 65.6% in small homes and 70.1% in large homes. (Obviously 28.2% of the residents could not name their providers despite the fact that they were the recipients of some form of psychiatric treatment). Although these data indicate a fairly high awareness of services received, it should be remembered that there was no way to check the accuracy of residents' reports. As a result, some degree of caution should be exercised in interpreting the results of the survey.

Resident Characteristics

Fifteen percent of the sample resided in small facilities (census less than seven), 34% resided in medium size facilities (census of 8-49 residents) and 51% of the sample resided in large facilities (census of more than 50 residents).

The sex distribution of the sample was 50.8% male and 49.2% female. The mean age of the total resident sample was 48.3 years. The average age of residents in large facilities was 51 years, in medium size facilities 45 years and in small facilities 46.2 years. There appears to be a tendency for large facilities to cater more to older residents. Informal communication with the survey interviewers tended to substantiate this observation.

Of the total sample interviewed 18.6% of the sample had been residing in their present facility less than one year at the time of the interview. Ten percent of the interviewees had been in residence one year; 16.7% had been in residence for two years; 8.2% had been residents for four years; 8.2% had been residents

for five years; and the remaining 24.7% had been residing in the facility for six years or longer. The mean length of residence for the total sample was 4.1 years. The mean length of stay for residents in large and medium size facilities was 3.8 years. In small facilities the mean length of stay was 5.5 years.

Types of Providers and Provider Patterns

One of the major goals of the survey was to identify the type and number of providers currently delivering mental health services to residents of community care facilities. Although there was a primary interest in the services provided by fee-for-service Medi-Cal reimbursable providers, i.e., psychiatrists and psychologists, there was also an interest in the total array of providers serving clients. For this reason each resident was asked to identify all providers of mental health services (up to three) who were currently delivering services to him or her.

Of the total 444 residents surveyed 57.4% were seen by one mental health provider only, 38.3% by two providers and 4.3% by three providers. Table 2 lists the distribution of clients served by discipline of provider(s).

Psychiatrists were the most frequently identified providers when only one provider was identified (48.9%). Where there was more than one provider per resident the most frequent patterns identified were psychiatrist and psychologist (12.3%) and psychiatrist and other mental health worker (14.3%).

Although the sample was based upon fee-for-service Medi-Cal recipients and thus excluded residents who receive only government-based services, it was of interest to examine the extent of public mental health services delivered to this privately served sample. It was assumed that government based providers would not provide services in non-governmentally based locations and that private providers would. In fact, Medi-Cal rules for the public sector (Short-Doyle Medi-Cal) explicitly forbid Medi-Cal reimbursement for services delivered outside of the clinic except for emergencies and unusual circumstances.

Analysis of the question of "where" services were provided by each provider of service permitted classification of whether services were provided in the

"private office" or "in the facility" versus services provided in a "County clinic" or in a "County contract facility". Based on this analysis 10.9% of the residents were served by the governmental sector while 83.9% of the residents were served by private sector providers. Over 5% of the residents received ongoing services from both private fee-for-service providers and government providers. That 10.9% of the residents reported receiving services from the governmental sector may represent reporting or sampling errors. The source of the error may be attributed to residents' incorrectly identifying the locus of services rendered or to operators' incorrectly identifying certain residents as recipients of fee-for-service Medi-Cal mental health services. This latter case may have been due solely to operator error or to faulty communication between operators and fee-for-service Medi-Cal providers. The predominant provider type mentioned within the governmental sector was social worker (9.7% of the total sample). Of the provider types mentioned within the private sector the most frequently identified type was psychiatrist (56.8% of the total sample).

Table 2. Distribution of clients served by discipline of provider(s).

Type of Provider	N	%
Psychiatrist only	215	48.9
Psychologist only	16	3.6
Medical Dr. only	15	3.4
Psychiatrist and Psychologist	54	12.3
Psychiatrist and M.D.	10	2.3
M.D. and Psychologist	4	0.9
Psychiatrist and unknown profession	5	1.1
M.D. and unknown profession	1	0.2
Psychologist and unknown profession	2	0.4
Other mental health worker	5	1.1
Psychiatrist and other mental health worker	63	14.3
M.D. and other mental health worker	3	0.7
Psychologist and other mental health worker	1	0.2
More than two providers	14	4.3
Don't know discipline	23	4.1
Two Psychiatrists	8	1.8
Total	444	100.0

Amount of Services By Provider Pattern and Provider Type The major provider combinations accounting for 76% of all providers were "psychiatrist only" (49%), "psychiatrist and psychologist" (12%), and "psychiatrist and other mental health worker" (14%). When the psychiatrist was the only provider for a client the mean time per contact was 23.7 minutes. It is interesting to note that the mean time per contact for psychiatrists estimated from a 5% sample of all psychiatrists reporting their Medi-Cal services to the State for reimbursement was 45.2 minutes.[4/]

When the provider pattern was psychiatrist and psychologist, the psychiatrist provided 42.6% of the contacts but only 17% of the total minutes of service provided by the pattern. The mean time per contact for psychiatrists in the pattern was 16.6 minutes, for psychologists 59.9 minutes. Within this provider pattern, psychiatrists provided 100% of the medication minutes, 16% of the individual therapy minutes and 43% of the "other service" minutes.

When the provider pattern was psychiatrist and other mental health worker, the psychiatrist provided 36% of the contacts and 17% of the total minutes of service provided by the pattern. The mean time per contact was 22.4 minutes for the psychiatrists in the pattern and 62.5 minutes for the other mental health workers. Within this pattern, the psychiatrists provided 100% of the medication minutes, 25.8% of the individual therapy minutes, 13.8% of the group therapy minutes and 0.3% of the "other services" minutes.

As was mentioned previously, providers serving community care facilities were also classified by type of agency, i.e., government versus private sector agencies. Categorized in this way, 13.5% of the providers of service were government-linked and 86.5% of the providers were identified with the private sector.

[4/] State Report of Medi-Cal Claims for Services (Tape File HO.AID5009-.AIDOOBIK.LA.EXPND #007064), 1981-82.

While 21.5% of the total contacts per month were furnished by government agency providers, services provided by government account for 47% of the total treatment time per month. A comparison of provider discipline by type of agency is shown in Table 3. As can be seen, the private practice psychiatrists, compared to government psychiatrists, are seeing residents on the average more frequently, for more time per month, and for equal time per visit. There is little difference between private versus government "other M.D.'s." Los Angeles County social workers and other disciplines are seeing residents frequently and for substantial amounts of time. Services provided by public agencies at the community facility are not reimbursed by Medi-Cal. For the private sector, the data should be interpreted in light of Medi-Cal requirements and restrictions, particularly as they apply to psychiatrists and psychologists. (Social workers are not reimbursed by Medi-Cal.) Psychiatrists and psychologists are permitted up to eight visits in 120 days without prior approval. There is no time limit per session, although bills are submitted to Medi-Cal based on duration of the treatment session up to a maximum of one hour. If a client is seen more often, a treatment authorization request must be submitted to the State Medi-Cal office for review and approval.

Table 3. Mean contacts per month, mean minutes per contact per resident; by type of provider, by type of agency.

	Private Sector Providers		Government Agency Providers	
Type	$\bar{X}$ Contacts/ Month	$\bar{X}$ Minutes/ Contact	$\bar{X}$ Contacts/ Month	$\bar{X}$ Minutes/ Contact
Psychiatrist	1.8	24.7	1.1	25.1
Other M.D.	1.2	17.5	1.0	20.0
Psychologist	1.8	28.6	8.0[4]	240.0[4]
Social Worker	0.0	0.0	3.0	65.3
LA County	--	--	11.4[5]	122.6
OMHSS[6]	--	--	2.2	40.2
Other, Don't Know Discipline	2.1	101.6	10.5[5]	160.0

[4] Low frequency of response (N=2) may have resulted in aberrant values.

[5] Day treatment may also be included in this category.

[6] State Office of Mental Health Services.

Under Medi-Cal regulations psychologists providing outpatient therapy may see a client once every two weeks for one-and-a-half hours maximum per session. As with psychiatrists, to see a client more frequently requires that a treatment authorization request must be submitted to state Medi-Cal for review and approval. Evaluation of the data presented in Table 3 indicates that in terms of contacts per month, both private sector psychiatrists and psychologists on the average give no services that require prior approval from Medi-Cal, i.e. not exceeding two visits per month. In fact, only 10.4% of residents reported receiving more services than could be billed without prior justification.

Additional data on total services reported by provider pattern are listed in Appendix A. Total services reported by provider type, e.g. government versus other (private sector) categories are listed in Appendix B.

Amount of Service By Mode of Service

Mean contacts per month by mode of service and mean minutes per month by mode of service are displayed in Table 4. The data are subdivided by size of facility.

Table 4. Mean contacts per month, mean minutes per month per resident; by mode of service and size of facility; for all provider types combined.

Mode Of Service	$\bar{X}$ Contacts All Facilities	$\bar{X}$ Contacts Small Facilities	$\bar{X}$ Contacts Medium Facilities	$\bar{X}$ Contacts Large Facilities
Individual Therapy	2.16 (N=237)	1.43 (N=42)	2.58 (N=73)	2.16 (N=122)
Group Therapy	2.82 (N=68)	3.00 (N=2)	3.64 (N=14)	2.60 (N=52)
Medication	1.49 (N=348)	1.07 (N=48)	1.44 (N=127)	1.64 (N=173)
Other Services[7]	5.48 (N=29)	2.02 (N=5)	9.22 (N=9)	4.38 (N=15)
Mode Of Service	**$\bar{X}$ Minutes All Facilities**	**$\bar{X}$ Minutes Small Facilities**	**$\bar{X}$ Minutes Medium Facilities**	**$\bar{X}$ Minutes Large Facilities**
Individual Therapy	71.69 (N=105)	42.37 (N=19)	96.46 (N=28)	69.33 (N=58)
Group Therapy	200.60 (N=67)	180.00 (N=2)	366.93 (N=14)[8]	155.75 (N=51)
Medication	21.06 (N=334)	18.19 (N=43)	16.22 (N=119)	25.12 (N=172)
Other Services[7]	1165.29 (N=28)	101.25 (N=5)	2818.89 (N=9)	482.29 (N=14,

[7] Includes day treatment, case management and workshops.

[8] Includes resident reports of more than one provider conducting groups.

Examination of mean contacts and mean minutes reveal that with the exception of medication services there is a consistent pattern of medium size facilities having higher mean contacts and higher mean minutes per month across modes of service, with large facilities coming next and small facilities having fewer contacts and lower mean minutes. In addition, it appears that more contacts are made and more time is spent in group therapy in small versus large facilities. However, the number of cases is small so it is not known whether this represents an exception.

Provider Selection, Effect of Services and Resident Satisfaction

Only 3.1% of the providers serving the community care residents were selected by the clients themselves. 83.2% of the providers were selected by the facility. This percentage varies by size of facility and drops to 65.2% when only small facilities are considered. The State Office of Mental Health Social Services (OMHSS) selected 12% of the providers for residents of small facilities.

Despite the fact that residents appeared to have little freedom of choice in selecting their providers the majority of residents were either "very satisfied" (55.2%) or "somewhat satisfied" (36.1%) with the services they were receiving. Most of the residents felt their providers had "helped them" (89.2%). In small facilities 88.2% of the residents felt their providers had helped them. In medium size facilities 95% of residents felt their providers had helped them, while in large facilities 85.8% of the residents reported their providers had helped them.

Most of the residents indicated that the amount of time spent with their providers was "about right" (80.7%). Fifteen percent reported that the time spent was "too short." Of those residents who reported the time spent was "too short" more residents in medium homes (18.3%) than in small and large homes felt the time spent was "too short." Very few residents (4.0%) indicated that the time spent was "too long."

Residents were also asked whether they would like to see their provider(s) more often. A majority of the residents (70.6%) indicated "no," 23.1% indicated "yes," while 6.3% were undecided. Of the total residents who reported they would like to see their provider more often, more residents in medium size homes

(28.6%) than in small (13.0%) and large (22.4%) homes would have liked to have seen their provider more often.

Seventy-one percent of the residents reported they would object to changing their providers. Twenty-six percent indicated they would not object while only 2.4% were undecided about changing providers. Of those residents who reported they would object to changing providers more residents in medium size facilities (74.3%) than in small (70.9%) and large (69.1%) facilities would object to changing providers.

Of the 444 residents interviewed 350 (78.8%) reported receiving psychotropic medication as part of their mental health treatment. Of these, 303 (86.6%) received their medication from psychiatrists. Fifty-seven percent of the residents could name the medication. When asked about the effect of the medication they were taking, 74% reported it made them "feel better," 5.1% reported "feeling worse" while 20.6% of the residents reported feeling "neither better nor worse."

Additional Services Requested

Prior to the completion of the interview, residents were given the opportunity to indicate what kinds of mental health services, in addition to those already being received, they saw as being needed. Approximately 82% of the residents either did not specify additional services or indicated no need for additional services. Of those residents who requested additional services, 34% requested additional individual therapy, 19% requested additional group therapy and 12% requested additional recreational activities. Other categories mentioned included job training, socialization/rehabilitation programs and day treatment or workshop activities.

Summary and Discussion

The findings presented above indicate a considerable variety and amount of mental health services are reported as being dispensed to residents of the community care facilities sampled. The sample was limited to residents who were receiving treatment under fee-for-service Medi-Cal. One-third of the adults residing in the community care facilities were not receiving such services. In California, inasmuch as Medi-Cal does not reimburse public services mental

health (Short-Doyle Medi-Cal) for delivery of services outside of its clinics, services to the non-fee-for-service group of residents is thought to be much less or nonexistent.

The level of mental health services reported being received by this sample of community care facility residents is contrary to results reported in the literature which represent such facilities as being grossly underserved (Aviram and Segal, 1973; Lamb and Goerzel, 1973; Jones, 1975). In the present survey the residents themselves attest to the adequacy of the services received both in terms of quantity and in terms of their satisfaction with them. There is virtually no variance in the sample of their responses, i.e., it is uniformly favorable. However, these results should be interpreted in light of the findings that mentally ill individuals typically express high levels of satisfaction with the atmosphere, treatment and staff in various service settings, including hospitals (Weinstein, 1979; Goldberg, 1981; Sorenson, 1977; Wolkon, McDavis & Goldberg, 1983).

The results of the survey indicate that most of the services are provided by psychiatrists. The predominant form of treatment by this type of provider is individual counseling/therapy frequently coupled with the use of psychotropic medication. For private sector providers the average number of contacts per month ranged from 1.2 for medical doctors to 2.1 for "other mental health workers." For government agency providers the average number of contacts per month per resident ranged from one for medical doctors to 11.4 for County social workers. On the average the amount of services given did not require prior justification to Medi-Cal.

Concerning the amount of time spent per visit by provider category the data are not clear. Size of facility appears to play some role in affecting or shaping the frequency and amount of services rendered. In general, residents of medium size homes tend to receive more services than residents of small and large homes.

Interpretations of the results of the survey are subject to a number of qualifications. In general, one cannot address the issues of quality and/or appropriateness of the services being delivered. It is unclear if the residents are

receiving the services they need. However, if virtually all services being provided do not require prior justification it would appear that there is considerable uniformity in the services being delivered. This raises the question of whether individualized treatment plans are being implemented for each resident. Residents, of course, had little or no vote in initiating the movement which resulted in the creation of the facilities in which they are now residents. Similarly, they have little voice in determining the treatment they are currently receiving.

It might be argued that residents are not the best persons to ask in order to accurately identify the type and amount of mental health services dispensed. The nature of their illness and/or the possibility of overmedication might hamper their ability to identify such services. Although these cautions should enter into the interpretation of survey results, it should be remembered that 72% of the residents could name their provider and thus showed awareness of the details of service delivery. Future research should look at the degree of correspondence between the services residents report receiving and the services their administrators/operators report them as having received and the amount of services billed to Medi-Cal. The data previously reported concerning the discrepancy between the mean duration per contact reported by psychiatrists claiming reimbursement from Medi-Cal and psychiatrists providing services to this survey sample lends credence to this request. Research should also be directed toward examination of non fee-for-service Medi-Cal in light of the Short-Doyle Medi-Cal rule for provision of clinic services only.

Despite these disclaimers the survey provides a solid set of data upon which to base broader studies of mental health services to the chronically ill in the community. The study has shown that the type and amount of mental health services supplied to this Medi-Cal sample were above the level originally anticipated, that size of facility is related to mental health services delivered, that residents express satisfaction with the mental health services they receive and that residents are limited in their freedom to choose their own providers of mental services.

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APPENDIX A

SUMMARY OF TOTAL SERVICES REPORTED BY PROVIDER PATTERN

PROVIDER PATTERN	# Residents Served	% Of Total Residents	Number of Contacts Per Month	%	Number of Minutes Per Month	%	Mean Minutes Per Contact
NO PATTERN REPORTED	5	1.1	10.3	0.8	348	0.5	33.8
1. PSYCHIATRIST ONLY	215	48.4	411.3	32.4	9740	14.5	23.7
2. PSYCHOLOGIST ONLY	16	3.6	27.0	2.1	815	1.2	30.2
3. M.D. ONLY	15	3.4	15.1	1.2	200	0.3	13.2
4. PSYCHIATRIST & PSYCHOLOGIST	54	12.2	195.4	15.4	8096	12.0	41.4
PSYCHIATRIST			83.2		1378		16.6
PSYCHOLOGIST			112.2		6718		59.9
5. PSYCHIATRIST & OTHER M.D.	10	2.3	32.0	2.5	1425	2.1	44.5
PSYCHIATRIST			23.0		1260		54.8
OTHER M.D.			9.0		165		18.3
6. M.D. & PSYCHOLOGIST	4	0.9	9.1	0.7	141	0.2	15.5
M.D.			3.1		46		
PSYCHOLOGIST			6.0		95		15.8
7. PSYCHIATRIST & UNKNOWN DISCIPLINE	5	1.1	19.0	1.5	650	0.9	34.2
PSYCHIATRIST			1.0		290		290.0
UNKNOWN			18.0		360		20.0
8. M.D. & UNKNOWN DISCIPLINE	1	0.2	--	--	--	--	--
M.D.							
UNKNOWN							
9. PSYCHOLOGIST & UNKNOWN DISCIPLINE	2	0.5	5.0	0.4	75	--	15.0
PSYCHOLOGIST			3.0		45		15.0
UNKNOWN DISCIPLINE			2.0		30		15.0

SUMMARY OF TOTAL SERVICES REPORTED BY PROVIDER PATTERN

PROVIDER PATTERN	# Residents Served	% Of Total Residents	Number of Contacts Per Month	%	Number of Minutes Per Month	%	Mean Minutes Per Contact
10. OTHER MENTAL HEALTH WORKER	5	1.1	4.5	0.4	168	0.2	37.3
11. PSYCHIATRIST & OTHER MENTAL HEALTH WORKER	63	14.2	281.3	22.2	13521	20.1	48.1
PSYCHIATRIST			101.2		2267		22.4
OTHER M.H. WORKER			180.1		11254		62.5
12. M.D. & OTHER MENTAL HEALTH WORKER	3	0.7	17.0	1.3	415	0.6	24.4
M.D.			11.0		155		14.1
OTHER M.H. WORKER			6.0		260		16.2
13. PSYCHOLOGIST & OTHER MENTAL HEALTH WORKER	--	--	--	--	--	--	--
PSYCHOLOGIST							
OTHER M.H. WORKER							
14. OTHER COMBINATION (2) PROVIDERS	1	0.2	8.0	0.6	300	0.4	37.5
OTHER M.H. WORKER			4.0		240		60.0
DON'T KNOW DISCIPLINE			4.0		60		15.0
15. MORE THAN (2) PROVIDERS	19	4.3	176.8	13.9	21025	31.2	118.9
PSYCHIATRIST			40.3		1236		30.7
PSYCHOLOGIST			18.5		477		25.8
OTHER			118.0		19312		163.7
16. DON'T KNOW DISCIPLINE	18	4.1	40.5	3.2	9900	14.7	244.4
17. TWO PSYCHIATRISTS	8	1.8	15.7	1.2	504	0.7	32.1
TOTAL	444	100.1	1268.0	99.8	67323	99.6	--

SUMMARY OF TOTAL SERVICES REPORTED BY PROVIDER PATTERN

PROVIDER TYPE	# Providers Rendering Care	% Of Total Providers	Number of Contacts Per Month	%	Number of Minutes Per Month	%	Mean Minutes Per Contact
GOVERNMENT AGENCY							
PSYCHIATRIST	30	4.6	20.4	2.9	513	0.8	25.1
M.D.	1	0.2	1.0	0.1	20	--	20.0
LACO	1		1.0		20	--	20.0
PSYCHOLOGIST	2	0.3	16.0	1.3	3840	5.7	240.0
LACO	2		16.0		3840		240.0
SOCIAL WORKER	63	9.7	187.1	14.8	12217	18.1	65.3
LACO	5		57.0		6990		122.6
OHMSS	58	--	130.1		5227		40.2
OTHER LACO	--	--	6.0	--	960	1.4	160.0
DON'T KNOW DISCIPLINE	4	0.6	42.0	3.3	14072	20.9	335.0
TOTAL	100	15.4	272.5	22.4	31622	46.9	
PRIVATE AGENCY/PROVIDER							
PSYCHIATRIST	358	54.9	663.3	51.0	16377	24.3	24.7
M.D.	35	5.4	40.7	3.2	711	1.0	17.5
PSYCHOLOGIST	85	13.0	150.7	11.9	4310	6.4	28.6
SOCIAL WORKER	8	1.2	--	--	--	--	--
DON'T KNOW DISCIPLINE	66	10.1	140.8	11.1	14303	21.2	101.6
TOTAL	552	84.6	995.5	77.2	35701	52.9	--
TOTAL	652	100.6	1268	99.6	67323	99.8	