SANTA CLARA COUNTY OLDER ADULT SUMMIT

A summit on mental health need of Santa Clara County Seniors

DRAFT REPORT
Input from Summit Work Groups
September 8, 2011

Introduction

On June 1, 2011, 348 members of the community, including seniors and their families, caregivers, advocates, service providers, community leaders and government officials from throughout Santa Clara County, attended the Santa Clara County Older Adult Summit. The purpose of the summit was to engage the community in a process to discuss the mental health needs of seniors in Santa Clara County and to develop a plan of action to improve the system. The Summit was a great beginning to that end and provided an excellent forum for input on problems facing seniors with mental health and related critical needs.

The summit was the result of a "call to action" made by Santa Clara County Board of Supervisors President Dave Cortese during his State of the County address in January 2011. Specifically, President Cortese requested that the Mental Health Board, with the support of the Mental Health Department, convene a summit to address the unmet mental health needs of seniors in Santa Clara County. This request was made, in part in response to concerns expressed to the supervisor by Mental Health Board members and other advocates regarding the unmet mental health needs of seniors in Santa Clara County. Consequently, he stressed that this summit be action-focused and designed to identify concrete and doable strategies to improve the broad system's response to the mental health concerns of the diverse and growing aging population in our communities. As a result, several hundred community members representing a wide range of perspectives were invited and attended the summit upon the personal request of the Board of Supervisors and the Mental Health Board.

The following draft report presents the first draft of findings from the Summit. The findings have been summarized by Work Group and by Theme. The summaries will be shared with key stakeholders in order to identify the most critical and doable steps that can be taken to improve the system. The following two groups will review these preliminary findings on the dates listed below:

- September 12 - Older Adult Committee of the Mental Health Board
- September 14 - Participants of the Older Adult Summit

Following the above reviews, the Summit Planning Team will incorporate their feedback into a final Draft Summit Report which will be presented to the Board of Supervisors, Children, Seniors and Families Committee (CSFC) on September 21, 2011.

The information below is organized into four sections:

I. The Summit Process
II. Summary of Summit Findings
III. Emerging Themes and Action Areas
IV. Next Steps and Final Summit Plan

I. The Summit Process

The Summit was a day-long session designed to provide attendees with expert information in the morning through a session devoted to learning about trends and issues concerning seniors provided by featured expert speakers in the field of aging. At lunch, table leaders led informal discussions at their tables centered on the question ***"How are we doing now and what is our vision for the future"?*** The comments were recorded by the table leaders and delivered to a graphic artist who was commissioned to complete a visual representation of the day-long summit proceedings. In addition, participants were invited to write personal comments about the current system and their vision of the ideal system of services for seniors. These comments were also collected and will be included in the final version of this report.

In the afternoon session participants were divided into five Work Groups where they were asked to discuss in more detail their opinions and experiences of the current system and to offer their recommendations on how the system could be improved. This part of the Summit was designed to delve more deeply into the diverse perspectives of attendees. Participants were asked to attend the group that most represented their relationship to and experience of the senior-serving system: The five groups were:

1. Consumers, Families, Caregiver Perspective
2. Community/Faith Advocacy Perspective
3. Healthcare Perspective
4. Social Services Perspective
5. Behavioral Health Perspective

The five Work Group sessions were facilitated by members of the Summit Planning Committee and volunteers from the senior-serving community. Facilitators were asked to pose the three following questions to their groups:

1. ***What are the strengths of the system in meeting mental health needs?***
2. ***What are current barriers and gaps in meeting mental health needs?***
3. ***What are most critical doable strategies to address needs and gaps?***

The Work Group facilitators recorded comments made during the sessions. Following the Work Group sessions the attendees reconvened and highlights of the Work Group discussions were shared by the facilitators.

The meeting closed with the commitment that the input from the Summit would be summarized and synthesized into a report that would outline key findings from the Summit session and would ultimately be shaped into a recommended Plan of Action to improve the capacity of the senior service delivery system to respond to the mental health needs of seniors in Santa Clara County.

II. Summary of Summit Findings

The Summit input was typed and organized by Mental Health Department staff and was reviewed and refined by the Summit Planning Committee. The Work Group input from the day was given first priority, as this part of the day was designed to give attendees an opportunity to discuss and share their experience of the system. Following the Summit, the input was typed up and organized into a common format so that comments made during the five Work Group sessions regarding to ***the current system***, ***the ideal system***, and recommended ***changes to improve the system*** could be compared and ultimately consolidated and synthesized into key action areas that would form the basis of recommendations of the Older Adult Summit Report.

A draft summary of the input from each of the five Work Groups is provided in Attachment A. The summaries list all recorded comments and sort them by subject area, and by whether they were statements of the current state, the desired state (the vision), or actions that would improve the system. While an effort was made to categorize comments, it is expected that the comments and categories will be modified as Work Group members and others have an opportunity to reflect and comment on the summaries.

The following section provides an overview of the highlights of each of the five Work Group comments. While the comments of work group members were expected to be

distinct from each group's perspective (consumer/family, provider, community), it is interesting to note the alignment of subject areas and comments across the Work Groups. For example, all groups noted issues of access, stigma, community education, professional education, cultural competency, and family/consumer involvement. Many concerns about various aspects of service delivery were noted across all groups, along with concerns about healthcare coverage and the coordination and continuity of services. Clearly the comments taken together provide invaluable guidance on where the current system stands, and what improvements we need to make to more effectively address the mental health needs of our seniors in Santa Clara County.

Highlights of the Work Group Input

Work Group	**Highlights**
Consumers, Families and Caregivers	Comments from the Consumer, Families and Caregivers Work Group were categorized into fourteen subject areas. The areas with the most frequent comments were ***services***, ***insurance*** and ***cultural competency***. This group had the most comments about the strengths of the system, with comments about the ECCACs, the future Multi-Cultural Center, and family support from NAMI and the Alzheimer's Association. This group also had the most comments regarding the ***Vision*** for the system. Those statements centered on comprehensive, low cost health insurance for everyone, robust outreach efforts, one-stop services, and increased volunteerism. Comments on the ***Current State*** of the system discussed the flaws of healthcare coverage and expense, the need for better coordinated and integrated care, interface issues between primary care and mental health (particularly in addressing dementia/depression) diagnoses and services, cultural competency issues in meeting the needs of seniors, their families and caregivers; and the importance of outreach and home-based care. ***Improvement Strategies*** noted included more advocacy, community education, provider education around "sensitivity", education about ability to pay programs for the

uninsured, and more outreach to, support and inclusion of families and caregivers in care delivery.

Community and Faith Advocates

Comments from the Community and Faith Advocates Work Group were categorized into seven subject areas. The areas with the most frequent comments were ***community education*** and ***access*** and ***cultural competency***.

This group had the most comments about the ways in which services could be made available to the community, how the community could be utilized to provide information and support, and the importance of building senior trust and effective outreach.

This group had many suggestions of strategies to build advocacy and access, through senior centers, outreach to immigrant focused places of worship, hotlines and warm lines, and through community education and presentations, and with particular attention to family and caregiver support.

Behavioral Health Perspective Work Group

Comments from the Behavioral Health Perspective Work Group were categorized into twelve subject areas. The area with the most frequent comments was ***service delivery***, with particular attention to models of service, the scope of service (moving from deep end to prevention and early intervention services), care coordination with other service providers, integration of services and quality of service.

The second most frequent comments related to ***community education*** around understanding and identifying mental health issues, healthy living and coping; and to ***professional education*** with emphasis on the need for more attention to training and workforce development of provider staff with expertise in gerontology.

Vision statements from this group focused on ***cultural competency, effective community education, outreach and engagement, establishing a holistic, comprehensive service delivery system*** and ***eliminating stigma about mental illness and ageism***

Healthcare Perspective Work Group

Comments from the Health Perspective Work Group were categorized into seventeen subject areas. The area with the most frequent comments was also ***service delivery***, with particular attention to integration, structure, and quality of service. The second most frequent number of comments was in the subject area of ***insurance***, with a focus on long term care, affordability, and scope of benefits. The third area with the most comments was in ***patient, public and professional education***, with comments focused on training content (geriatric specialties) and funding for training programs.

Vision statements from this group focused on ***the educated and informed patient, the well-trained quality professional, affordable healthcare, supported families and peers, integrated comprehensive care, and the elimination of stigma.***

Improvement Strategies included peer mentors, integrated clinics (primary care/mental health and out-stationed at senior centers), and the use of ***technology*** for such things as assistive devices for seniors and electronic communication tools.

Social Services Perspective Work Group

Comments from the Social Services Perspective Work Group were categorized into seventeen subject areas. The subject areas with the most frequent comments were c***ommunity education, service delivery***, ***social supports***, and ***stigma***. Comments focused on the need to educate and inform the community about mental health and mental illness, but also to engage with community based social services agencies in order to improve the connection of seniors to community services. Service delivery concerns centered on effective case management, in-home/mobile services, and the need to serve seniors who are not suffering from SMI conditions, but who require interventions.

Vision statements focused on wellness, universal health coverage, coordinated care, and affordable assisted community living.

Improvement strategies focused on language and cultural resources, community education on mental health and mental

illness, education of medical and other professionals on geriatric mental health, policy-level activities to bring senior issues to the attention of public policy makers, and use of social service agencies to support senior mental health.

III. Emerging Themes

The information derived from the Work Group discussions covers a wide range of system-wide concerns that are relevant to senior mental health in Santa Clara County. In addition, the Work Group members offered many comments that collectively begin to shape a powerful vision of what our community desires and expects for our seniors. Finally, there are many strategies that have been identified by the Summit attendees that they see as ways in which the system can be improved and in alignment with their vision of the ideal system.

This following outlines several themes that have emerged from the Summit discussions.

- **Education** – Attendees emphasized in many ways the vital importance of a broad education effort to inform our communities, empower consumers and their families and caregivers; and to enhance the skills of those who are providing essential services to seniors in our culturally diverse communities. This was determined to be needed for all audiences – seniors, family members, community residents, service providers, senior advocates, and policymakers.

- **Outreach and Engagement –** Summit participants brought into focus the critical importance and necessity for active, ongoing efforts by individuals, families, community members and providers to facilitate connections with elders who may benefit from mental health services. It was recognized that in some cases this will involve collaborative, multi-system efforts.

- **Cultural Competency –** A critical aspect of service delivery to seniors must be the inclusion of culturally and linguistically appropriate services to meet the needs of the extensive and diverse ethnic populations that make Santa Clara County their home. The concept of "one size fits all" does not apply when it comes to the support and care of our elders and this was a central concern raised by Summit participants.

- **Access to Services -** It was acknowledged and stressed that access to effective mental health services must be easily available and tailored to older adults, including such supportive services as trust-building, advocacy and transportation.

- **Service Quality and Design –** The delivery of suitable, comprehensive, person/family-centered, quality, affordable, effective and compassionate mental health services for older adults, was stressed throughout every conversation.

- **Family/Caregiver Inclusion and Support** - Discussions highlighted the critical importance of working closely and more effectively with family members and caregivers who assist seniors in order to gain a better understanding of their specific needs for education/training and support.

- **Physical Health** – Attendees frequently emphasized the value of the connection between mental health and physical health services in order to improve access to mental health and to more comprehensively address the multiple, entire person needs of seniors.

- **Policy** - involved action required by decision makers at all levels to implement the desired changes.

- **Health Insurance and Social Benefits** - Attendees had many concerns and comments about the availability of affordable, comprehensive insurance for everyone; as well as concerns about the importance of essential social services that greatly impact the quality of life and well being of seniors.

- **Advocacy and Stigma Reduction -** Ultimately the system will not achieve the vision for a community that supports and cares for the health and well-being of our senior population if there is not a concerted effort to engage policy-makers and the broader private and public stakeholders in acknowledging the importance of mental health and social inclusion for all of our entire community. That means that issues of mental health stigma, ageism, and cultural exclusion must be a central feature of any effort to improve the system of community and services that supports seniors.

Attachment B organizes all the comments from the Work Groups by the themes described above. From this perspective, we will identify and prioritize key actions that will be included in the recommendations included in the final report.

IV. Conclusion and Next Steps to Final Plan

The intention of the Older Adult Summit was to convene a gathering of local stakeholders to help determine what needs to be done to better address the mental health needs of seniors in Santa Clara County. The Summit Planning Committee sought to design a day of dialog that included learning about senior mental health from experts, and also created the space for participants to have meaningful dialog about the subject and to bring their voice into the shaping of a plan that will be utilized to implement strategies to improve the delivery of mental health services to Santa Clara County seniors.

The Summit was extremely successful in bringing the voice of our community to the planning table. The next step will be to review this draft with summit attendees, identify and prioritize those actions that can be implemented and are believed to be most likely to yield the greatest degree of improvement in the current senior serving system. This last phase of work will be completed and incorporated to the Draft Plan presented at the September 27, 2011 CSFC.

Attachment A

Work Group Comments

1. **Consumers, Families, Caregiver Perspective**
2. **Community/Faith Advocacy Perspective**
3. **Healthcare Perspective**
4. **Social Services Perspective**
5. **Behavioral Health Perspective**

DRAFT

Consumers, Families and Caregivers Perspective

Work Group Comments

1) **Present Reality: a) strengths b) weaknesses**
2) **What is our vision, what will improve services.**
3) **What are the barriers/gaps and how to resolve it.**

Subject Area	Work Group Comments	Present Reality	Actions to Improve System	Vision
Advocacy	Lack of advocates	✓		
	More advocates for mental health consumers		✓	
Cultural Competency	Multicultural Center, Older Adult Mental Health Summit to increase awareness	✓+		
	Not enough family support groups to accommodate different cultures	✓		
	Immigrant seniors: issues are not addressed or covered	✓		
	Some ethnic groups are represented in services (but not all), e.g., South Asian even though they have large population in the county	✓+/-		
Education	Lack of education on resources/mental health to faith based communities	✓		
	More training for service providers on resources/services in county		✓	
	Public education regarding MH/stigma, especially within ethnic communities		✓	
	More sensitivity /training for hospital. Need better communication with caregivers;\ AND discharge planner		✓	
Family/Caregiver/Peers	Caregiver burnout over time	✓		
	Good caregiver upport groups at Alzeheimers Association	✓+		
	NAMI (National Alliance for Mental Illness)	✓+		
	Family support groups for families with loved ones in LTC facilities		✓	
Information	Need information all in one place			✓
	Have hospitals include flier with bill about ability to pay program		✓	
	Educate about “ability to pay” program		✓	
Insurance	Some low cost insurance for caregivers from State			✓
	Confusion about charges - lack of explanation and sensitivity	✓		
	Charges for services are too high - more affordable services	✓		
	Fear of incurring high costs prevents many from seeking services	✓		
	Insurance companies not covering certain diagnoses/issues	✓		

Insurance Cont'd.	Insurance coverage for support groups			✓
	More wraparound financial support and advocacy for caregivers			✓
	Services for uninsured			✓
	Need single payor			✓
	More staff at ATP programs needed (ability to pay)			✓
Medical	Differentiating between dementia/depression	✓		
	Dementia/depression – bouncing between medical/mental health services	✓		
	Physicians unaware of resources/services	✓		
Outreach	Need more outreach to ethnic communities			✓
	Lack of outreach for MH services, especially to ethnic minority populations	✓		
	More outreach about caregiver suport groups		✓	
Policy	Need to review HIPPA - difficulties for family caregivers to receive information from loved one's doctor		✓	
	Incidence of MH underreported so not always funded adequately	✓		
	Policy change – SB 810 – let public officials know/vote			✓
Services	Aging and Disabled resources in other parts of State → hopefully to be incorporated in County	✓+		
	Hospital discharge – inefficient. Families not given consideration, not given enough time for safe discharge	✓		
	Lack of home based services	✓		
	One-stop service centers			✓
	Difficulty navigating different agencies	✓		
	Lack of sensitivity towards needs	✓		
	Need more respite care options/opportunities	✓		
Social	Lack of transportation options to get to appointments	✓		
	Need activity/socializing groups to normalize MH issues	✓		
Stigma	Stigma in ethnic communities – very high	✓		
Volunteerism	Encourage volunteerism within community to create or augment services			✓
Workforce	Lack of staffing	✓		

DRAFT
Community Faith Advocates Perspective
Work Group Comments

4) **Present Reality: a) strengths b) weaknesses?**
5) **What is our vision, what will improve services?**
6) **What are the barriers/gaps and how to resolve it?**

Subject Area	Work Group Comments	Present Reality	Actions to Improve System	Vision
Advocacy	Senior Centers - -- Easy to find people	✓+		
	Centers may not be accessible (transportation issues)	✓		
	Don't be afraid to "get involved" call, check up, speak up		✓	
	"Sanga" support		✓	
Access	Referrals but must be voluntary		✓	
	County mental health crisis line for elderly: 800 # confidential		✓	
	Pamphlets for those who do not have internet/computer access		✓	
	800# hotline/warm line		✓	
	Website visuals rather than words as an option for elders		✓	
	Partnership with VA as regards to eligibility not all Veterans are VA eligible		✓	
	Update the 2-1-1 line; needs improvement		✓	
Cultural Competency	Finding "cultural" matches/referrals	✓		
	Need family involved with faith community	✓		
	Need to address refugees' elders	✓		
	Materials in multiple languages		✓	
	Ethnic and cultural competency		✓	
	Outreach to immigrant churches		✓	
Community Education	People want to be trained but don't know or have resources to get the training/education.	✓		
	Have faith communities have a resource binder		✓	
	Mental Health First Aid		✓	
	Programs are out there- request (provide) speakers		✓	
	Have client testimonies		✓	
	Continuing to acknowledge the value of a perso		✓	
	Create a positive perception of aging		✓	

Subject Area	Work Group Comments	Present Reality	Actions to Improve System	Vision
Family/Caregiver/Peers	How are we meeting the needs of the caregiver?	✓		
	Need family involved with faith community	✓		
	Mental health support for caregiver		✓	
	Family support group		✓	
	Have caregivers realize it is okay to ask for help		✓	
Outreach & Engagement	People are willing – they need guidance!	✓		
	How do we handle those in denial?	✓		
	How are we making out communities aware of the problems	✓	✓	
	Connect with elders living in long term care community		✓	
	Create trust		✓	
Services	"Village" model		✓	
	Early intervention		✓	
	Separate division for older adults in MHD		✓	

DRAFT
Healthcare Perspective
Work Group Comments

1. **Present Reality: a) strengths, b) weaknesses?**
2. **What is our vision, what will improve services?**
3. **What are the barriers/gaps and how to resolve it?**

Subject Area	Work Group Comments	Current Reality	Action To Vision	Vision
Access	Limited resources for non-SMI MH needs – almost none for low income	✓		
	OAs have difficulty accessing MHD services for 1st time users	✓		
	Santa Clara County we serve the uninsured	✓+		
	MHD difficult access + staffing lacks specialized geriatric training	✓		
Cultural Competency	Poor cultural competency to ID depression in OAs	✓		
	Cultural Competency is greater than language translations	✓		
	Need better CC re: values	✓		
	Outreach to ever cultural center – educate on healthcare navigation			✓
Education - patient	signed before group visit, subject specific---psychoed. on topic			✓
	Patients well-educated prior to making treatment decisions			✓
	Psychoeducational/social engagement/personal connection			✓
Education - professional	>$ training + education			✓
	SGEC training resource funding at risk	✓		
	SGEC – offers training in ethnogeriatrics	✓		
	MH clinicians need CBT training, suicide safety planning	✓		
	SGEC trainng in ethnogeriatrics			✓
	Increased financial incentives for geriatricians			✓
	Workforce Issues: PCPs needs education re: geriatric resources + skills	✓		
	Trainng to support integration efforts			✓

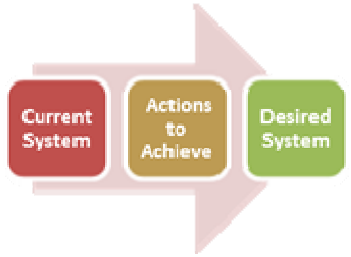
Subject Area	Work Group Comments	Current Reality	Action To Vision	Vision
Education - Community	Lack of awareness of depression	✓		
	Full year school year preparedness with youth	✓		
	Lack of Educatin + Preparedness re:	✓		
	School-based education, prevent			✓
	Focus on Health promotion + prevention			✓
Family/Peer	Peer Mentors model – accompany care person to navigate		✓	
	Support Groups + link together			✓
	Peers used to connect to OA			✓
Information - technology	Hi tech resources for OA??			✓
Insurance	Few Psychiatrists accept Medicare	✓		
	How to get affordable healthcare	✓		
	Retirement +	✓		
	Skilled nursing facilities don't provide Alzeheimer's care benefits-poor to no funding	✓		
	Universal HC			✓
	Kaiser aligned care---improved			✓
	System finances prevention + maintenance – not institutionalization			✓
	Longterm HC +	✓		
	Long-term care costly	✓		
Integration - PC/MH	Physical/MH fragmented care---including Emergency Responders	✓		
	Dementia-Alzeheimers not a MHD treatment	✓		
Medical	Psychiatrists – better track physical health issues	✓		
	PCPs feel nervous prescribing	✓		
	Antidepressants w/OA,	✓		
	Antipsychotics with OAs	✓		
	Meds were contraindicated in an HMO care audit	✓		
Planning	ID who didn't attend that needed to		✓	

Subject Area	Work Group Comments	Current Reality	Action To Vision	Vision
Policy	MHD differentiates between MH issues + non-SMI issues	✓		
	Update means tests			✓
	Right to die issues/right to live	✓		
	Elder Care should include discussions of choice for care, right to live and die where want, self determination			✓
	HIPPA release not widely promoted/shared with family members	✓		
	Change unhelpful regulations			✓
	Insufficient funding streams for Social Services	✓		
Services				
• care management	System needs identified resource to assist with transition details---Care Management	✓		
	Navigating/system/advocacy	✓		
• consultation	Hotline for PCPs?	✓		
	Public Gurdian's Office needs consultative services from psychiatrists	✓		
• coordination	Lack of coordinated, multidisciplinary care teams for complex patients	✓		
• specialty	keep age specific			✓
	No geriatric MH services	✓		
	MHD used to have specialty OA unit + collaborations + now doesn't	✓		
• integration	Limited MH with PsyMed	✓		
	Group medical visit with MD, expert, SW, patients, caregivers, HIPPA releases			✓
	Single funding pool for total OA population – On Lok model			✓
	Integrate MH + PC, dental, vision			✓
	County meet with Moorpark Geriatric Group – provide venue for med to meet with psychatrist		✓	
	MH not part of PCP discussion with patient	✓		
	Agency for Elder Care = Physical + MH Integrated/CoordinAted			✓

Subject Area	Work Group Comments	Current Reality	Action To Vision	Vision
Services Cont'd.				
• quality	Sensitive, effective communication for staff			✓
	OA patients with severe behavior problem – gets bounced with no treatment for dementia/neuro	✓		
	Mistaking treatment alliance for self disclosure re: Suicide Risk	✓		
	Ombudsment re: concerns			✓
• structure	Structure of delivery not effective	✓		
	MHD extending non-SMI services in selected County clinics	✓		
	MD system---15 minute slot---too little for these patients	✓		
	OA have one-hour visit			✓
	Host weekly medical behavioral + clinic at senior centers/local communities (Catholic Charities model)		✓	
	Dedicated OA division		✓	
	Home healthcare			✓
Social Needs	Transitional alternatives prior to revoking Driver's License; host at local center – training		✓	
	Unassisted MH patients with complications → social isolation	✓		
	Transition to OA-hood	✓		
	Transportation challenges	✓		
	Transportation for elders			✓
	Regional transprotation issues – longterm		✓	
	Leverage senior centers, community agencies/resources: better linkage			✓
Stigma	No stigma			✓
	OA defined less by numerical age but by needs, acuity, topica, some issues			✓
Technology	Get High Tech corps involved with assistive devices for OAs		✓	
	Develop FB + Tweet for older adults		✓	
	Anjna writing Ipad applications for use in clinics, identify community resources (Stanford)		✓	

Subject Area	Work Group Comments	Current Reality	Action To Vision	Vision
Workforce	Incentivize PCPs – pay well			✓
	Insufficient psychiatrists	✓		
	Lack of staff interested in geriatric	✓		
	Geriatricians not paid as specialists	✓		

DRAFT
Social Services Perspective
Work Group Comments



7) **Present Reality: a) strengths, b) weaknesses?**
8) **What is our vision, what will improve services?**
9) **What are the barriers/gaps and how to resolve it**

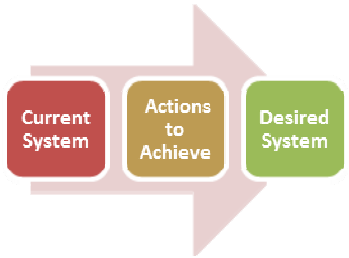
Subject Area	Work Group Comments	Present Reality	Actions to Improve System	Vision
Advocacy	Protect person who wants to help (from legal stigma)		✓	
Benefits	Eligibility and programs		✓	
Cultural Competency	Language Resources		✓	
	ECCAC – 9 ethnic components		✓	
Education – community	How to accept mental illness		✓	
	Educate ministers/priests who judge suicide		✓	
	Marketing – awareness		✓	
	Promoting - self-worth		✓	
	Education – depression		✓	
	Public Service Announcements to "market" mental health as a regular part of wellness and healthcare. (something like the Kaiser advertising campaign "Thrive")		✓	
	Reframing of mental health		✓	
	Mental health as part of wellness			✓
	Educate/demystify		✓	
	Recognize symptoms		✓	
	Lack of knowledge of services; transportation		✓	
	Educate drivers		✓	
Education - professionals	Improved education of medical providers		✓	
	Educate medical providers about what is normal agding		✓	
	Educate case managers about MH		✓	
Information	211, Call Center	✓+		
	Website to post questions	✓+		
	sccgov.org\daas	✓+		
Insurance	Seniors who are middle income (insurance may not cover)		✓	

Subject Area	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Change Medi-Cal rules for reimbursement		✓	
	Universal health insurance for mental health			✓
Needs Assessment	Mental health needs	✓		
	Creation of a "problem log" which could include gaps in services or unmet needs and where professionals could add items to a log that the Directors of MHD, Social Services Agency, and perhaps the Mental Health Board that could review and address.		✓	
Cultural Competency	AACI – immigrant seniors		✓	
Outreach & Engagement	Address defense mechanisims		✓	
	Outreach		✓	
	Get seniors to accept services	✓		
Planning	Another summit		✓	
	Conference to coordinate		✓	
Policy	Pay attention to seniors	✓+		
	Seniors agenda	✓+		
	City Commissioner		✓	
	Nursing home oversight		✓	
Services • case management • quality • structure/model	More case management services, especially low cost		✓	
	Case management coordinated			✓
	Log of frustrating service gap and let higher ups		✓	
	Bureaucracy	✓		
	Flexibility (time)		✓	
	In-home services		✓	
	El Camino Hospital		✓	
	Mental health mobile unit		✓	
	Preventive strategies	✓+		
	MH First Aid		✓	
	"Psychology service"		✓	
	Village to care for elders			✓
Services Cont'd.				
• target population	Mental health for non chronically ill		✓	

Subject Area	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Lower level mental health		✓	
Social Support Services	Public Administrator		✓	
	COA past and present contracts		✓	
	Yu Ai Kai		✓	
	Affordable assisted living community			✓
	EEC		✓	
	Avenidas			
	Senior Center – Cupertino		✓	
	Public Guardian		✓	
	Help with task division or practical things		✓	
	Link → community leaders		✓	
	Make seniors feel important		✓	
	Isolation	✓		
	Senior transportation program		✓	
Stigma	Stigma against working with faith groups	✓		
	barriers to access Stigma	✓		
	Agism and internalized agism	✓		
	Stigma of aging	✓		
	Stereotypes of nursing homes	✓		
Volunteerism	Retired mental health workers volunteer		✓	
Workforce- quality	Experienced/mature providers		✓	

DRAFT
Behavioral Health Work Group

10) Present Reality: a) strengths, b) weaknesses?
11) What is our vision, what will improve services?
12) What are the barriers/gaps and how to resolve it?



Subject Area	Work Group Comments	Present Reality	Actions to Improve System	Vision Statements
Access	Services available	✓+		
	Santa Clara County we serve the uninsured	✓+		
	We need to figure out how to find the money to cover the uninsured			✓
Cultural Competency	MH system – no institutionalized racism			✓
	Less ethnocentric – understand the indigenious notion of way to healing			✓
	Culturally competent power of one-on-one			✓
	Language/cultural competency		✓	✓
Education - professional	Lack of emphasis in schools toward gerontology training	✓-		
	Include life experiences in service/during training		✓	
	Curriculum development about good MH practices: prevention and understanding mental illness. K-12		✓	
	Education incentives to get more students into gerontology		✓	
	More education for workforce that r working (with?) seniors		✓	
	Hiring more MH professionals		✓	
Education - public	Not recognizing MH issues in the elderly	✓-		
	Need to increase education at national and local level.		✓	
	Understanding of sexuality and intimacy in older adults		✓	
	More education in the community by MH workers		✓	
	Focus on health lifestyle		✓	✓
	Loss of function and how to cope	-		
	Start with children about mental health		✓	✓
	Training community ethnic leader to provide services		✓	

Subject Area	Work Group Comments	Present Reality	Actions to Improve System	Vision Statements
Family/Peer Involvement	Using MH consumers as advocates and mentors		✓	
Information Access	Seniors technology barriers (computer literacy)	✓		
	Access with 1-800 number	✓		
	Technology can be an access barrier for seniors	✓		
	More primary care knowing resources and referring		✓	
	All the information useful	✓+		✓
Medical Care	Side effects of medication	✓		
	Intergrative medical records (community nursing)			✓
Outreach	Communicating service (better job at outreach)	✓		
	Innovative comuntiy outreach through (community theater dance troupe)			✓
	Community outreach in the community; meeting people where they live			✓
	Better job at reaching individuals who are isolated			✓
Policy	OA Rights in SNFs, e.i., smoking (smokers allowed to smoke)			✓
	Resources not allocated to the right places	✓		
	Maintain OA issues on the top burner everyone needs to speak up			✓
Services • **care coordination**	Liaison that goes between services to have less people fall through the cracks			✓
	Collaboration between service providers who serve the frail elderly		✓	
	Greater collboration between MH and inhome support services and mobile services should make home visits		✓	
• **continuity**	Envision single provider until they no longer need services		✓	✓
	Facilitating building lifelong support systems through community services			✓
• **integration**	(need) Capacity for us to treat individuals with dual diagnosis	✓		
	Integration of services to better work together		✓	✓
	Using interdisciplinary teams within primary care		✓	✓
• **structure/model**	Focus on longterm care and how that impacts overall health		✓	
	Mobile home services, especially for the very frail		✓	
	Moving beyond the diagnosis; seeing the person, not the diagnosis			✓
	Prevention through community services multigeneration			✓
	Implement prevention best practices to suicide prevention OA		✓	
	Weekend multiservice centers as a preventative program		✓	✓

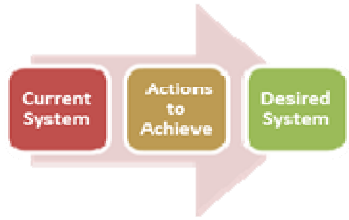
Subject Area	Work Group Comments	Present Reality	Actions to Improve System	Vision Statements
Services Cont'd. • **quality**				
	Quality of services provided	✓		
	Using Best Practices models in other countries and states			✓
Social Conditions	Isolation	✓		
	Providing self worth			✓
Stigma	Stigma about MI = barrier	✓		
	Reduce agism			✓
	MI should not stigmatize, treated as a problem to be fixed, humanity needs to be respected			✓

Attachment B – Work Group Comments by Theme

- **Education**
- **Outreach and Engagement**
- **Access to Services**
- **Services Quality and Design**
- **Family/Caregiver Inclusion and Support**
- **Physical Health**
- **Policy**
- **Health Insurance and Social Benefits**
- **Advocacy and Stigma Reduction**

DRAFT
Education Theme
Work Group Comments

- **Education** – Attendees emphasized in many ways the vital importance of a broad education effort to inform our communities, empower consumers and their families and caregivers; and to enhance the skills of those who are providing essential services to seniors in our culturally diverse communities. This was determined to be needed for all audiences – seniors, family members, community residents, service providers, senior advocates, and policymakers.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Education	Workforce Issues: PCPs needs education re: geriatric resources + skills	✓		
	Lack of awareness of depression	✓		
	Full year school year preparedness with youth	✓		
	Lack of Educatin + Preparedness re:	✓		
	SGEC training resource funding at risk	✓		
	SGEC – offers training in ethnogeriatrics	✓		
	MH clinicians need CBT training, suicide safety planning	✓		
	Lack of education on resources/mental health to faith based communities	✓		
	People want to be trained but don't know or have resources to get the training/education.	✓		
	Seniors technology barriers (computer literacy)	✓		
	Access with 1-800 number	✓		
	Technology can be an access barrier for seniors	✓		
	All the information useful	✓+		✓
	211, Call Center	✓+		
	Website to post questions	✓+		

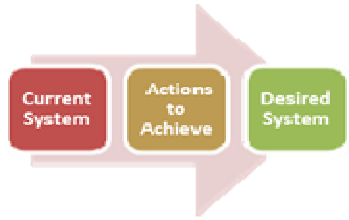
Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	sccgov.org\daas	✓+		
	Lack of emphasis in schools toward gerontology training	✓-		
	Not recognizing MH issues in the elderly	✓-		
	Loss of function and how to cope	✓-		
	How to accept mental illness		✓	
	Educate ministers/priests who judge suicide		✓	
	Marketing – awareness		✓	
	Promoting - self-worth		✓	
	Education – depression		✓	
	Public Service Announcements to "market" mental health as a regular part of wellness and healthcare. (something like the Kaiser advertising campaign "Thrive")		✓	
	Reframing of mental health		✓	
	Educate/demystify		✓	
	Recognize symptoms		✓	
	Lack of knowledge of services; transportation		✓	
	Educate drivers		✓	
	Improved education of medical providers		✓	
	Educate medical providers about what is normal agding		✓	
	Educate case managers about MH		✓	
	Include life experiences in service/during training		✓	
	Curriculum development about good MH practices: prevention and understanding mental illness. K-12		✓	
	Education incentives to get more students into gerontology		✓	
	More education for workforce that r working (with?) seniors		✓	
	Hiring more MH professionals		✓	
	Need to increase education at national and local level.		✓	
	Understanding of sexuality and intimacy in older adults		✓	
	More education in the community by MH workers		✓	

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Training community ethnic leader to provide services		✓	
	More primary care knowing resources and referring		✓	
	More training for service providers on resources/services in county		✓	
	Public education regarding MH/stigma, especially within ethnic communities		✓	
	More sensitivity /training for hospital. Need better communication with caregivers;\ AND discharge planner		✓	
	Have hospitals include flier with bill about ability to pay program		✓	
	Educate about “ability to pay” program		✓	
	Have faith communities have a resource binder		✓	
	Mental Health First Aid		✓	
	Programs are out there- request (provide) speakers		✓	
	Have client testimonies		✓	
	Continuing to acknowledge the value of a perso		✓	
	Create a positive perception of aging		✓	
	Get High Tech corps involved with assistive devices for OAs		✓	
	Develop FB + Tweet for older adults		✓	
	Anjna writing Ipad applications for use in clinics, identify community resources (Stanford)		✓	
	Focus on health lifestyle		✓	✓
	Start with children about mental health		✓	✓
	Need information all in one place			✓
	Mental health as part of wellness			✓
	signed before group visit, subject specific---psychoed. on topic			✓
	Patients well-educated prior to making treatment decisions			✓
	Psychoeducational/social engagement/personal connection			✓
	>$ training + education			✓
	SGEC trainng in ethnogeriatrics			✓

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Increased financial incentives for geriatricians			✓
	Trainng to support integration efforts			✓
	School-based education, prevent			✓
	Focus on Health promotion + prevention			✓
	Hi tech resources for OA??			✓

DRAFT
Outreach and Engagement Theme
Work Group Comments

- **Outreach and Engagement –** Summit participants brought into focus the critical importance and necessity for active, ongoing efforts by individuals, families, community members and providers to facilitate connections with elders who may benefit from mental health services. It was recognized that in some cases this will involve collaborative, multi-system efforts.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Outreach and Engagement	People are willing – they need guidance!	✓		
	How do we handle those in denial?	✓		
	Get seniors to accept services	✓		
	Communicating service (better job at outreach)	✓		
	Lack of outreach for MH services, especially to ethnic minority populations	✓		
	How are we making out communities aware of the problems	✓	✓	
	Address defense mechanisims		✓	
	Outreach		✓	
	Another summit		✓	
	Conference to coordinate		✓	
	More outreach about caregiver suport groups		✓	
	Connect with elders living in long term care community		✓	
	Create trust		✓	
	ID who didn't attend that needed to		✓	

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Innovative comuntiy outreach through (community theater dance troupe)			✓
	Community outreach in the community; meeting people where they live			✓
	Better job at reaching individuals who are isolated			✓
	Need more outreach to ethnic communities			✓

DRAFT
Access to Services Theme
Work Group Comments

Access to Services - It was acknowledged and stressed that access to effective mental health services must be easily available and tailored to older adults, including such supportive services as trust-building, advocacy and transportation.

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Access to Services	Limited resources for non-SMI MH needs – almost none for low income	✓		
	OAs have difficulty accessing MHD services for 1st time users	✓		
	MHD difficult access + staffing lacks specialized geriatric training	✓		
	Services available	✓+		
	Santa Clara County we serve the uninsured	✓+		
	Santa Clara County we serve the uninsured	✓+		
	Referrals but must be voluntary		✓	
	County mental health crisis line for elderly: 800 # confidential		✓	
	Pamphlets for those who do not have internet/computer access		✓	
	800# hotline/warm line		✓	
	Website visuals rather than words as an option for elders		✓	
	Partnership with VA as regards to eligibility not all Veterans are VA eligible		✓	
	Update the 2-1-1 line; needs improvement		✓	
	We need to figure out how to find the money to cover the uninsured			✓

DRAFT
Service Quality and Design Theme
Work Group Comments

- **Service Quality and Design –** The delivery of suitable, comprehensive, person/family-centered, quality, affordable, effective and compassionate mental health services for older adults, was stressed throughout every conversation.

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Service Quality and Design	Bureaucracy	✓		
	(need) Capacity for us to treat individuals with dual diagnosis	✓		
	Quality of services provided	✓		
	Hospital discharge – inefficient. Families not given consideration, not given enough time for safe discharge	✓		
	Lack of home based services	✓		
	Difficulty navigating different agencies	✓		
	Lack of sensitivity towards needs	✓		
	Need more respite care options/opportunities	✓		
	Lack of staffing	✓		
	System needs identified resource to assist with transition details---Care Management	✓		
	Navigating/system/advocacy	✓		
	Hotline for PCPs?	✓		
	Public Gurdian's Office needs consultative services from psychiatrists	✓		
	Lack of coordinated, multidisciplinary care teams for complex patients	✓		
	No geriatric MH services	✓		

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	MHD used to have specialty OA unit + collaborations + now doesn't	✓		
	Limited MH with PsyMed	✓		
	MH not part of PCP discussion with patient	✓		
	OA patients with severe behavior problem – gets bounced with no treatment for dementia/neuro	✓		
	Mistaking treatment alliance for self disclosure re: Suicide Risk	✓		
	Structure of delivery not effective	✓		
	MHD extending non-SMI services in selected County clinics	✓		
	MD system---15 minute slot---too little for these patients	✓		
	Insufficient psychiatrists	✓		
	Lack of staff interested in geriatric	✓		
	Geriatricians not paid as specialists	✓		
	Preventive strategies	✓+		
	More case management services, especially low cost		✓	
	Log of frustrating service gap and let higher ups		✓	
	Flexibility (time)		✓	
	In-home services		✓	
	El Camino Hospital		✓	
	Mental health mobile unit		✓	
	MH First Aid		✓	
	"Psychology service"		✓	
	Mental health for non chronically ill		✓	
	Lower level mental health		✓	
	Experienced/mature providers		✓	
	Collaboration between service providers who serve the frail elderly		✓	

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Greater collboration between MH and inhome support services and mobile services should make home visits		✓	
	Focus on longterm care and how that impacts overall health		✓	
	Mobile home services, especially for the very frail		✓	
	Implement prevention best practices to suicide prevention OA		✓	
	“Village” model		✓	
	Early intervention		✓	
	Separate division for older adults in MHD		✓	
	Host weekly medical behavioral + clinic at senior centers/local communities (Catholic Charities model)		✓	
	Dedicated OA division		✓	
	Envision single provider until they no longer need services		✓	✓
	Integration of services to better work together		✓	✓
	Using interdisciplinary teams within primary care		✓	✓
	Weekend multiservice centers as a preventative program		✓	✓
	Case management coordinated			✓
	Village to care for elders			✓
	Liaison that goes between services to have less people fall through the cracks			✓
	Facilitating building lifelong support systems through community services			✓
	Moving beyond the diagnosis; seeing the person, not the diagnosis			✓
	Prevention through community services multigeneration			✓
	Using Best Practices models in other countries and states			✓
	One-stop service centers			✓
	keep age specific			✓
	Group medical visit with MD, expert, SW, patients, caregivers, HIPPA releases			✓

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
	Single funding pool for total OA population – On Lok model			✓
	Integrate MH + PC, dental, vision			✓
	Agency for Elder Care = Physical + MH Integrated/CoordinAted			✓
	Sensitive, effective communication for staff			✓
	Ombudsment re: concerns			✓
	OA have one-hour visit			✓
	Home healthcare			✓
	Incentivize PCPs – pay well			✓

DRAFT
Family/Caregiver Inclusion and Support Theme
Work Group Comments

- **Family/Caregiver Inclusion and Support -** Discussions highlighted the critical importance of working closely and more effectively with family members and caregivers who assist seniors in order to gain a better understanding of their specific needs for education/training and support.

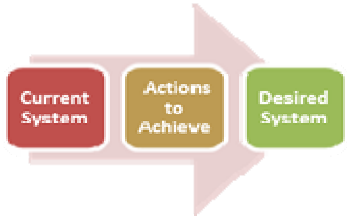
Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Family/Caregiver Inclusion and Support	How are we meeting the needs of the caregiver?	✓		
	Need family involved with faith community	✓		
	Caregiver burnout over time	✓		
	Good caregiver upport groups at Alzeheimers Association	✓+		
	NAMI (National Alliance for Mental Illness)	✓+		
	Retired mental health workers volunteer		✓	
	Using MH consumers as advocates and mentors		✓	
	Family support groups for families with loved ones in LTC facilities		✓	
	Mental health support for caregiver		✓	
	Family support group		✓	
	Have caregivers realize it is okay to ask for help		✓	
	Peer Mentors model – accompany care person to navigate		✓	
	Encourage volunteerism within community to create or augment services			✓
	Support Groups + link together			✓
	Peers used to connect to OA			✓

DRAFT
Physical Health Theme
Work Group Comments

- **Physical Health** – Attendees frequently emphasized the value of the connection between mental health and physical health services in order to improve access to mental health and to more comprehensively address the multiple, entire person needs of seniors.

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Physical Health	Mental health needs	✓		
	Side effects of medication	✓		
	Isolation	✓		
	Differentiating between dementia/depression	✓		
	Dementia/depression – bouncing between medical/mental health services	✓		
	Physicians unaware of resources/services	✓		
	Psychiatrists – better track physical health issues	✓		
	PCPs feel nervous prescribing	✓		
	Antidepressants w/OA,	✓		
	Antipsychotics with OAs	✓		
	Meds were contraindicated in an HMO care audit	✓		
	Physical/MH fragmented care---including Emergency Responders	✓		
	Dementia-Alzeheimers not a MHD treatment	✓		
	Creation of a "problem log" which could include gaps in services or unmet needs and where professionals could add items that the Directors of MHD, Social Services Agency, and the Mental Health Board that could review and address.		✓	
	Intergrative medical records (community nursing)			✓
	Providing self worth			✓

DRAFT
Policy Theme
Work Group Comments

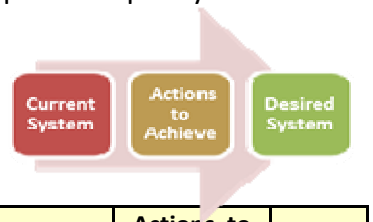


❖ **Policy** - involved action required by decision makers at all levels to implement the desired changes.

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Policy	Resources not allocated to the right places	✓		
	Incidence of MH underreported so not always funded adequately	✓		
	MHD differentiates between MH issues + non-SMI issues	✓		
	Right to die issues/right to live	✓		
	HIPAA release not widely promoted/shared with family members	✓		
	Insufficient funding streams for Social Services	✓		
	Pay attention to seniors	✓+		
	Seniors agenda	✓+		
	City Commissioner		✓	
	Nursing home oversight		✓	
	Need to review HIPPA - difficulties for family caregivers to receive information from loved one's doctor		✓	
	OA Rights in SNFs, e.i., smoking (smokers allowed to smoke)			✓
	Maintain OA issues on the top burner everyone needs to speak up			✓
	Policy change – SB 810 – let public officials know/vote			✓
	Update means tests			✓
	Elder Care should include discussions of choice for care, right to live and die where want, self determination			✓
	Change unhelpful regulations			✓

DRAFT
Health Insurance and Social Supports Theme
Work Group Comments

Health Insurance and Social Supports – Attendees had many concerns and comments about the availability of affordable, comprehensive insurance for everyone; as well concerns about the importance of essential social services that greatly impact the quality of life and well being of seniors.



Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Health Insurance Benefits				
	Confusion about charges - lack of explanation and sensitivity	✓		
	Charges for services are too high - more affordable services	✓		
	Fear of incurring high costs prevents many from seeking services	✓		
	Insurance companies not covering certain diagnoses/issues	✓		
	Few Psychiatrists accept Medicare	✓		
	How to get affordable healthcare	✓		
	Retirement +	✓		
	Skilled nursing facilities don't provide Alzeheimer's care benefits-poor to no funding	✓		
	Longterm HC +	✓		
	Long-term care costly	✓		
	Seniors who are middle income (insurance may not cover)		✓	
	Change Medi-Cal rules for reimbursement		✓	
	Universal health insurance for mental health			✓
	Affordable assisted living community			✓
	Some low cost insurance for caregivers from State			✓
	Insurance coverage for support groups			✓
	Need single payor			✓

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Social Supports				
	Unassisted MH patients with complications → social isolation	✓		
	Transition to OA-hood	✓		
	Transportation challenges	✓		
	Isolation	✓		
	Lack of transportation options to get to appointments	✓		
	Need activity/socializing groups to normalize MH issues	✓		
	Public Administrator		✓	
	COA past and present contracts		✓	
	Yu Ai Kai		✓	
	EEC		✓	
	Avenidas			
	Senior Center – Cupertino		✓	
	Public Guardian		✓	
	Help with task division or practical things		✓	
	Link → community leaders		✓	
	Make seniors feel important		✓	
	Senior transportation program		✓	
	Eligibility and programs		✓	
	Transitional alternatives prior to revoking Driver's License; host at local center – training		✓	
	Regional transprotation issues – longterm		✓	
	More wraparound financial support and advocacy for caregivers			✓
	Services for uninsured			✓
	Transportation for elders			✓
	Leverage senior centers, community agencies/resources: better linkage			✓

DRAFT
Advocacy and Stigma Reduction Theme
Work Group Comments

- **Advocacy and Stigma Reduction –** Ultimately the system will not achieve the vision for a community that supports and cares for the health and well-being of our senior population if there is not a concerted effort to engage policy-makers and the broader private and public stakeholders in acknowledging the importance of mental health and social inclusion for all of our entire community. That means that issues of mental health stigma, ageism, and cultural exclusion must be a central feature of any effort to improve the system of community and services that supports seniors.

Theme	Work Group Comments	Present Reality	Actions to Improve System	Vision
Advocacy and Stigma Reduction	Stigma against working with faith groups	✓		
	Barriers to access Stigma	✓		
	Agism and internalized agism	✓		
	Stigma of aging	✓		
	Stereotypes of nursing homes	✓		
	Lack of advocates	✓		
	Stigma about MI = barrier	✓		
	Stigma in ethnic communities – very high	✓		
	Need family involved with faith community	✓		
	Senior Centers - -- Easy to find people	✓+		
	Protect person who wants to help (from legal stigma)		✓	
	More advocates for mental health consumers		✓	
	Don't be afraid to "get involved" call, check up, speak up		✓	
	"Sanga" support		✓	

	Reduce agism			✓
	MI should not stigmatize, treated as a problem to be fixed, humanity needs to be respected			✓
	No stigma			✓
	OA defined less by numerical age but by needs, acuity, topica, some issues			✓