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**

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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	✓		

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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**

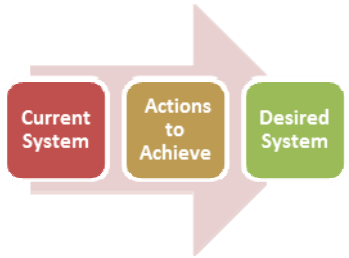
Subject Area	Work Group Comments	Present Reality	Actions to Improve System	Vision
Advocacy	Protect person who wants to help (from legal stigma)		✓	
Benefits	Eligibility and programs		✓	
Cultural Competency	Language Resources		✓	
	ECCAC – 9 ethnic components		✓	
Education – community	How to accept mental 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			✓