



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

MHB Older Adult Committee MHSA Older Adult Programs

February 10, 2014

Downtown Mental Health Center
1075 E. Santa Clara Street, 2nd Floor
Training Room #3



WELLNESS • RECOVERY • RESILIENCE

Revised: February 10, 2014

MHSA Older Adult Agenda



I. MHSA three-year planning process

II. MHSA Older Adult programs:

a. Community Services Supports (CSS)

b. Prevention and Early Intervention (PEI)

c. Innovation (INN)

d. Workforce Employment Training (WET)



MHSA Three-year Planning Process

FY2015 - FY2017



WELLNESS • RECOVERY • RESILIENCE

The County's MHSA 3-Year Plan Planning Process Structure:



- The Mental Health Board (MHB) and MHB Committee Meetings
- MHSA SLC Members and Stakeholder Community Meetings

MHSA 3-Year Plan Overview Timeline

shared at November 2013 MHSA SLC Meeting:



<p>Phase I Orientation</p>	<p>Phase II Determine & Prioritize Needs</p>	<p>Phase III Translate Priorities to Plans</p>	<p>Phase IV Vet Plans & Approve</p>
<p><u>Nov 2013</u></p> <ul style="list-style-type: none"> • November 19 2013, the MHD will hold a MHSA SLC meeting to the launch the County’s MHSA three-year planning process and request for member and stakeholder input on the planning process • Go over the MHSOAC’s MHSA three-year (FY15-17) plan instructions 	<p><u>Dec 2013 to April 2014</u></p> <p>Phase II involves two actions:</p> <ol style="list-style-type: none"> 1.Determine Needs 2.Prioritize Needs <ul style="list-style-type: none"> • Review MHSA programs and outcomes for the five MHSA components; and make recommendations relating to funding and/or program changes • Review process will be facilitated through the MHB, MHB Committees and MHSA SLC group 	<p><u>May 2014 to June 2014</u></p> <ul style="list-style-type: none"> • Incorporate proposed recommendations identified in Phase II into the County’s MHSA 3-year draft plan document. • Review process will be facilitated through the MHB, the MHB Committees and the MHSA SLC group. 	<p><u>July 2014 to Sept 2014</u></p> <ul style="list-style-type: none"> • Commence 30-day public comment review period of the County’s MHSA 3-year draft plan <p>After 30-day period:</p> <ul style="list-style-type: none"> • Hold a MHSA SLC Meeting and request members’ endorsement of draft plan • Hold MHB Public Hearing on Draft MHSA Three-Year draft plan • Request County Board of Supervisors’ Adoption of the County’s Draft Plan

The County's MHSA 3-Year Plan

Phase II - Determine & Prioritize Needs



County MHD

1. Gather Data
2. Analyze Data
3. Draft Initial Recommendations

December 2013 /
January 2014



**Review Program
Outcomes Data /
Initial
Recommendations;
and Request for Input
at the following MHB
Committees:**

- ◆ Adult Sys of Care
- ◆ Family, Adolescent & Children's
- ◆ Minority
- ◆ Older Adult
- ◆ System Planning & Fiscal

February / March 2014



**Share Program
Outcomes / Input
received at MHB
Committee Meetings
to the MHSA
Stakeholder
Leadership
Committee and
request for
additional Input**

March / April 2014



PEI P4 Older Adult PEI Services

Recommendations



Primary Goal of PEI P4- Primary Care/ Behavioral Health Integration for Adults and Older Adults:
 Improve underserved population’s access to suitable, non-stigmatizing and low intensity mental health interventions to effectively address the onset of serious psychiatric illness (targeting depressive and anxiety disorders) and reduce suicide risks among individuals 16 years of age and older, including Older Adults.

PEI P4 Program	Initial Recommendations/ Data	Rationale
<p>Primary Care (PC) Behavioral Health (BH) Services: Population Served: TAY, Adults, Older Adults</p>	<p>Maintain Current funding level.</p> <p>Provide greater flexibility in use of existing funding to accommodate prescribing psychiatrist, customize EMR data reporting tools & BH templates to be more compatible with BH needs (FY 15-16).</p> <p>To date- since 6/2012-12/31/13</p> <ul style="list-style-type: none"> • 3 clinics served 16% (1,379) of their OA Primary Care pts in Behavioral Health • Case-Finding Activity of Homebound OA- 3 clinics screened 35% (2,812) of OA PC pts. In 3 clinics- 8% screened were homebound and 13% screened positive for depression • Clinics are routinely conducting suicidal screening with less than 2% positive for suicidality, and of those, the majority have no concrete action plan. 	<ul style="list-style-type: none"> • All three clinics able to bill for all billable services, which should offset some of the staffing budget. • Limited supply of psychiatrists available to contractors and these pts. • Funding prescribing psychiatrists will enhance patients’ ability to be treated where they most prefer. • EMR not customized to Behavioral Health needs, limiting patient outcomes reporting

Recommendations



PEI P4 Program	Initial Recommendations	Rationale
<p>FQHC - PSW Services TAY, Adults, Older Adults</p>	<p>Convert One-Time Funding to On-going MHSA funds to improve access to early intervention of MH services for clients seen by PCP's, to develop and maintain effective collaboration and coordination of services between FQHC providers and PCP's.</p>	<p>Many services not billable through PC billing structure, but essential:</p> <ul style="list-style-type: none"> • Time spent to transfer between PCBH & Specialty MH systems, • Lite case management activities
<p>New Refugees (NR) Services Adults, Older Adults</p>	<p>Maintain current funding level-Extending One-Time funds for next two years (or increasing MHSA funds for this purpose), realigning the goal of cost to be split 60% for prevention/ outreach, and 40% of funds for EI. Discuss possible restructuring of MH Services to better meet NR needs and time capacity.</p> <p>SCC is in the lead on Refugee P & EI activities</p> <ul style="list-style-type: none"> • 2,000+ individuals (7/12-12/14) representing 32 countries and all age groups (including OA) benefitted from Prevention & outreach. Those surveyed (pre & post) demonstrated an improvement in knowing “where to go for” MH help as a result • Between 7/13-12/13 61 new refugee clients were referred for MH Services (~14% were OA). some degree of engagement and intervention, up to and including torture survivor support services. 	<p>Refugees resettled in SCC are still addressing multiple basic needs; consequently engagement in Specialty MH Treatment is low, but is an important resource & part of reducing stigma and disparities in access to MH services.</p> <p>Of 248 individuals who received Specialty MH services (over 2 years), the majority opt to only receive brief MH treatment due to other essential needs.</p> <p>Outreach and prevention activities are robust and well received, and are a gateway to reducing stigma and increasing awareness of MH services in languages not otherwise served by SCC MHD</p>

Recommendations



PEI P4 Program	Initial Recommendations	Rationale																														
<p>Adult/Older Adult PEI Services Adults, Older Adults</p>	<p>Discontinue this PEI program as it does not achieve what was hoped: outreaching and identifying OA with Early Intervention needs.</p> <table border="1" data-bbox="417 586 1029 1003"> <thead> <tr> <th>Provider A/O PEI</th> <th># of OA pts served 7/1/12 to 1/15/14</th> <th>Percent of these clients who went on to continue care in the S/D system</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>16</td> <td>6%</td> </tr> <tr> <td>B</td> <td>4</td> <td>0%</td> </tr> <tr> <td>C</td> <td>7</td> <td>14%</td> </tr> <tr> <td>D</td> <td>26</td> <td>62%</td> </tr> <tr> <td>E</td> <td>14</td> <td>57%</td> </tr> <tr> <td>F</td> <td>14</td> <td>86%</td> </tr> <tr> <td>G</td> <td>54</td> <td>41%</td> </tr> <tr> <td>H</td> <td>6</td> <td>50%</td> </tr> <tr> <td>Totals</td> <td>141</td> <td>39%</td> </tr> </tbody> </table> <p>With robust PCBH operating at VHC clinics and 3 contractor clinics, many of the P&EI OA individuals will be identified and served best through those efforts, in a setting they naturally go (as recommended in OA Forum) their primary care doctor's office.</p>	Provider A/O PEI	# of OA pts served 7/1/12 to 1/15/14	Percent of these clients who went on to continue care in the S/D system	A	16	6%	B	4	0%	C	7	14%	D	26	62%	E	14	57%	F	14	86%	G	54	41%	H	6	50%	Totals	141	39%	<p>Results show that few people served, and of those AOA served, no robust additional outreach was possible with the funding and small number of individuals to be served.</p> <p>All referrals received are through the same channels as Specialty MH referrals. By eliminating the one time funded program, these individuals would still be served.</p> <p>All individuals were served, and would continue to be identified through existing processes. The PCBH (slide 9) would be better able to identify and serve more of this population and connect them as needed to higher level of care since approximately 70% of the population seek health care in primary care settings (Regier, 1993), including most older Americans. (Bartels et al., 2004) *</p> <p>*American Psychological Association: https://www.apa.org/about/gr/issues/aging/mental-health.aspx</p>
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Santa Clara County Mental Health Department

MHSA Three-Year Planning Process

July 1, 2014 - June 30, 2017

Older Adult Services

Presentation to Older Adult Committee of Mental Health Board

****** Purpose of this meeting is to get public input into ideas moving forward.******

******All recommendations are contingent upon available funding.******



For elders residing in Santa Clara County, the Mental Health Department intends to use MHPSA funds to:

- Improve service access and quality
- Reach and serve isolated seniors
- Design for ethnic, cultural and social diversity
- Emphasis prevention, early intervention and treatment inclusive of substance use issues
- Expand training for Behavioral Health and Partners' Staff
- Implement strategies shared by the Older Adult Summit and Seniors' Agenda
- Continue and extend successful collaborations with Partners
- Address growth of the older adult population
 - By 2030, 25% of SCC residents to be over 60 years of age*
- Ensure equitable resources are allocated to serve the group's dynamic needs in a creative and responsive manner going forward in the FY 15-17 MHPSA Three-Year Plan.

* Source: Seniors' Agenda Summit held on January 29, 2014, Presentation on future trends for seniors by Don Weden, the former director of Santa Clara County Planning Department.



Community Support Services (CSS)

OA01 Older Adult Full Service Partnerships

- ❖ Continue & expand FSP for Older Adult which are used to full capacity, emphasizing languages for underserved ethnic elders



Community Support Services (CSS)

OA02-04 Older Adult Behavioral Health Services Outpatient Redesign

- ❖ System development for senior services will occur in six areas
 - Convene Older Adult Summit II in 2015
 - Formalize relationship with Seniors' Agenda
 - Increase seniors' membership on MHSA Stakeholder Leadership Committee
 - Establish Older Adult Division in the new Integrated Behavioral Health Department
 - Develop substance use & co-occurring treatment and support services
 - Improve integration between medical and psychiatric in-patient and outpatient and communities

Community Support Services (CSS)



OA02-04 Older Adult Behavioral Health Services Outpatient Redesign

- ❖ Continue and expand the Golden Gateway of Catholic Charities
- ❖ Continue City of San Jose project: Wellbeing Support at Senior Nutrition Centers
- ❖ Establish county-wide: Wellbeing Support at Senior Nutrition Centers

HO01 Housing Options Initiatives

- ❖ Establish assistance resources for older adults with a compulsive hoarding disorder who are homeless or at risk of becoming homeless seeking to obtain and maintain housing.
- ❖ Expand Supplemental Services for Board and Care residents with aging related medical needs to help continue their residence in their board and care home.

Prevention and Early Intervention (PEI)



P4 Primary Care/Behavioral Health Integration for Adults and Older Adults

- ❖ Continue and expand funding for OA mental health contractors; establish funding for co-occurring disorders for DADS contractors

P6 Interventions for Older Adults Experiencing Untreated Mental Illness Symptoms

- ❖ Continue The Connections Program at Adult Protective Services, add services provided by Peer Support Workers
- ❖ Establish partnership with Meals on Wheels to identify and serve older adults who need Behavioral Health services in the home.
- ❖ If demonstrated a successful innovation, establish the Elders' Storytelling Program
- ❖ Work with Public Health Nurses in reducing hospital readmissions



Innovation (INN)

INN04 Merging the Old with the New; Elders' Storytelling Project

- ❖ Complete Elders' Storytelling Program (INN-04)

POTENTIAL INNOVATION PROJECT IDEA

INN11 Treatment and Support Services for Older Adult Diagnosed with Compulsive Hoarding Disorder

- ❖ Establish a new Innovation Project to bring new creative treatment and support services for Older Adults who are diagnosed with a compulsive hoarder disorder.



Workforce Employment and Training (WET)

W3 Improved Services and Outreach for Underserved Population

- ❖ Implement Older Adult Summit Core Competency Training for Behavioral Health Staff

W5 Collaboration with Key System Partners

- ❖ Develop and implement Older Adult Summit Core Competency Training for partner agency staff

W7 Stipends and Incentives to Support Mental Health Career Pathways

- ❖ Identify stipends for CADAC, Bachelors and Masters level internships focused on Older Adults

Additional Information:



- The MHD will be participating in MHB subcommittee meetings in February and March and invite all to participate in the three-year planning process.
- MHSA Email Distribution List - If you are currently not part of the County's **MHSA email distribution** list and would like to be included please send email request to erika.lopez@hhs.sccgov.org



Comments / Questions

Your Voice Matters!