

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)
FY09-10 Annual Update to Community Services and Supports Plan (CSS)**

OLDER ADULT SYSTEM OF CARE DEVELOPMENT

CSS Work Plan OA-01 (Formerly OA-01, OA-02, OA-03 and OA-04)	Ongoing MHSA Funds: \$1,356,915	One-Time MHSA Funds: \$75,000*
WORK PLAN DESCRIPTION & PROGRESS	POPULATION TO BE SERVED	
<p>This work plan involves a strategic effort to move the current mental health outpatient system to a wellness and recovery model in Behavioral Health specifically adapted to the older adult population. This transformation is being accomplished through a combination of system redesign and service expansion overseen by the County’s Older Adult Services Director and the County’s Mental Health Board Older Adult Committee. The initiative is intended to result in 1) improved design for age-appropriate access, engagement, screening, assessment, and level of care system assignment for outpatient services, and 2) training and staff development plans to ensure incorporation of core transformation principles and new intervention models throughout the system, including recovery focused services, consumer/family member involvement, and cultural competency.</p> <p>The core components of this work plan were fully operational at the end of FY08-09. Older adults are benefitting from the services offered by CBO-operated FSP programs and the Golden Gateway program. For FY09-10, MHD will continue collaborating with system partners, such as the Social Service Agency’s Department of Aging and Adult Services, to improve mental health services and access for older adults.</p> <p>* One-time amount does not include funds for Archstone Project.</p>	<p>This work plan provides services for adults 60 years of age or older who are seriously mentally ill and are physically, linguistically or culturally isolated, homebound or shut in. They may have some contact with the public mental health system but are considered unserved or inadequately served because their visits are interrupted by physical illness or they lack the means to get to clinic appointments. These individuals may be encountering significant distress or loss of functioning in multiple life domains, including but not limited to mental health, physical health and well being, living conditions, family and interpersonal relationships, meaningful activities, and safety from being harmed or harming others in the community and/or who are experiencing isolation and barriers to service access due to immigrant/refugee status, and cultural and/or language issues. Services also will be provided to SMI individuals discharged from hospitals, skilled nursing facilities, IMDs, State hospitals, or who have been high users of EPS/crisis residential services with severe co-occurring disorders, including physical illness.</p> <p>The work plan’s FSP program especially focuses on Latino and Asian seniors and monolingual non-English-speaking seniors who are underserved in the current system.</p>	
	<p><u>Focal Populations:</u></p> <ul style="list-style-type: none"> o High Risk / Isolated SMI 	<p><u>Estimated Number of Clients Served:</u></p> <p>Total Unduplicated: 600</p>

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CRITICAL CONCERNS	STRATEGIES / GOALS	
<ul style="list-style-type: none"> ○ Concurrent medical problems ○ Sadness, depression and suicide (grief/loss) ○ Shut-In, Home-bound ○ Anxiety and Fear ○ Isolation & Loneliness ○ Institutionalization, Involuntary Care, Incarceration 	<ul style="list-style-type: none"> ○ High risk/isolated FSP ○ Evidence-based practices (EBP) ○ Senior mobile assessment and outreach ○ MH support to day services ○ Family/caregiver support & education ○ Enhance peer support services 	<ul style="list-style-type: none"> ○ Interagency infrastructure, multi-disciplinary assessment, and specialized treatment and support services ○ Integrated Mental Health and substance abuse treatment ○ Improved treatment services and supports
KEY INITIATIVES, PROGRAMS & ACTIVITIES		
<ul style="list-style-type: none"> ○ FSP Program for Older Adults. Operated by CBOs, this program offers up to 25 enrollees with intensive wraparound services including. FSPs for older adults are designed to meet the comprehensive needs of seriously mentally ill older adults 60+ years of age. These include psychiatric needs, homelessness or the risk of homelessness, hospitalization or other institutionalization, and the risk of being harmed physically, financially or psychologically. Most FSP clients have had at least one visit to emergency psychiatric services and one hospitalization and require extensive support to attain a stable community life. The goal is to move the FSP clients into less intensive programs as soon as this stability is achieved, but to remain ready to support them should the need arise. ○ Golden Gateway. Operated by a CBO, this program serves isolated older adults by providing outreach, in-home assessment, and case management services. The program also conducts extensive outreach and education services in senior centers and other community locations where seniors gather such as primary care sites and faith communities. The purpose is to educate and support staff in identifying seniors who may benefit from behavioral health interventions and to prepare staff to better deal with clients who frequent these community settings. Peer mentors are an integral part of the care team and provide extensive support for the consumers and their family members and/or care givers. Because of its ability to be out in the community, Golden Gateway plays a significant role in connecting hard-to-reach older adults to services. ○ Archstone Project. One-time funds support a collaborative effort with the Social Services Agency's (SSA) Department of Aging and Adult Services (DAAS) to establish more involvement by the faith community in development of the Older Adult System of Care and better connections with the faith community for ongoing referrals of older adults needing mental health services. Increasing awareness of and preventing elder abuse is one of the project's key issues. This project was originally funded in FY07-08, but actually began in FY08-09. ○ System Development. The MHD is committed to improving the mental health system for the rapidly growing older adult population. These long-term and strategic improvements are being overseen by MHD's Director of Older Adult Services in collaboration with the Mental Health Board's Older Committee. MHD established this committee in January 2007. It is composed of leadership from the MHD, DAAS, the Area Agency on Aging, Public Guardian, and CBOs serving the older adult community. Membership will be expanded to include primary care and other community representatives. 		