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

<u>Work Group</u>	<u>Highlights</u>
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 *community 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.