

MHB MOTION TEMPLATE

Date: May 13, 2013 Committee: MHB-Older Adult Committee

Motion Maker: Holtzclaw

Seconded By: Morillo

Motion from MHB Older Adult Committee – Motion: Holtzclaw, Second: Morillo, for Mental Health Department staff to address and answer the questions compiled at 5/13/13 meeting (see list), to include accountability factor in funding and how it is tracked, in addition to how much is the overall funding allocated to older adults. For MH Department staff to provide the necessary data reports for review by the MH Board and Older Adult Committee. Vote: Passed unanimously.

➤ The expectation is for MHD Staff to report back at June 10, 2013 meeting.

Vote: Passed Unanimously – Motion to be forward to Executive Committee for Vote.

List of questions:

1. Mr. Mukoyama asked why are the numbers decreasing if the older adult population is increasing?
2. What % of funds goes to older adults for mental health (including contract agencies)?
3. What % of staff is devoted to older adults?
4. What is the overall number of older adults in SCC, with breakdowns (North/South County)?
Where are the older adults located?
5. Clarification was made by Ms. Sweet that any data information questions have to come from Maria Fuentes to Hung Nguyen.
6. Provide a map that shows the % breakdown throughout the County of older adults in the county.
Where is the population? Where are the services located? Population overlay with service location on a map.
7. What region are the clients being served? To be reflected on a map as the third layer overlap (Where is the population? Where are the services located? What region are clients being served?).
Where are the consumers, that we are actually serving, located?
8. Can both the medical and mental health be shown to compare?
9. Mr. Mukoyama commented, in regards to the overall budget, how much funding is given to older adults with mental health conditions in the budget?
10. The non-medical vs. all payers where is Medicare/Medi-Cal in the chart? (See Handout) Does non Medicare mean that the individual is unsponsored and has no insurance, or does Medicare fall into non-payers, all payers? Where is Medicare on the chart?
11. For 60+, you would need a breakdown for the 60-65 year old age group, a Medicare breakdown for consumers over 65. Where does Medicare fall in these categories (age and ethnicity)?
12. How often are Medi-Cal and Medicare billed?
13. Is Medicare included in these statistics? If they are, then why are the numbers not higher?
14. Under each of these categories, what is the older adult percentage/representation?
15. Is Medicare included in the Non Medi-Cal? Is it because older adults are in other networks?
16. Can MHB-Older Adult Committee have outreach data on where we are outreaching to older adults and how is outreach being done for older adults for services?
17. Why (outreach, funding, location, services) are the numbers so low?
18. Page 2, If the need is increasing, why are the numbers decreasing, what is the suicide rate in the older adult population? Have the rates been examined over the past 4 years?
19. FY12 Consumers by age group (slide 2 on page 2) Is this Mental Health consumers? Are these people that have been served by the MHD in FY12?
20. Page 3 is FY 12 of Older Adult by Ethnicity. Can you include information broken down by year for ethnicity and language? What is the overall demographic makeup of the general population?

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21. If population increased by 25% in 2009, why is the number serviced going down?
22. Can you provide a correlation between socioeconomic status and mental health diagnosis?
23. Last slide is breakdown by language served by mental health? What is the relationship between mental health conditions, language, and ethnicity?
24. Mr. Mukoyama commented on Supervisor Cortese’s outreach to older adults from Vietnamese descent; the needs assessment done proved a 21% increase in participation to obtain mental health services.
25. How does data collected from assessments drive programs? What is going on in the system? Are the numbers listed in the handout broken down by contract agency? Are FQHC’s (federally qualified health centers) listed in the data?
26. What percentage of the data is strictly related to adults and older adults separately?
27. Ms. Fuentes said that the “why” needs to really be looked at as to the reason the numbers are going down. She also commented on the older adult services not being carved out; it is a policy question and a system question.
28. Can agencies come to decision support for information? What systems does decision support pull their data from?

AYES: _____

NEYS: _____

ABSTENTIONS: _____

= Present: