

Mental Health Services Act: Prevention & Early Intervention
Work Group: Ages 60+
September 9, 2008 meeting notes

Attendees: Jerry Solomon (Facilitator), Alicia Nájera, Linda Betts, David Bianchi, Clay Kempf, Francie Newfield, Laura Orick, Jan Hilkert (for Kelly Sims), Chris DiMaio, Guy Grant, Steve Ruzicka, Sheri Anselmi, John Belutz, Ginny Gomez, Angie Ledesma, Jane Schwicherath, and Linda Robinson.

1. Introductions.
3. **Speakers: Steve Ruzicka and Francie Newfield.** Steve talked about the **Older Adult Services (OAS) Team** at County Mental Health. This team serves people 60 years and older that have a serious and persistent mental illness (usually a psychotic disorder) as well as a complex medical condition. There are two care coordinators for the whole county, service 15 to 20 clients each, 1 therapist, and a recently hired full time psychiatrist. Primary focus is on servicing clients that have Medi-Cal coverage, but do see some with no insurance. Care coordinators help clients with housing, discharge plans, social groups, outings, and transportation for medical appointments. Francie talked about three programs: Veterans' services, Adult Protective Services (APS), and In Home Support Services (IHSS). **Veterans' Services** on Front Street and in Watsonville; not connected to 41st Avenue Veterans services. They do not provide mental health services, but do assist in preparing claims and file appeals. They provide van shuttle to the VA hospital in Palo Alto every day, as well as a bus service on Fridays. Also provide survivor benefits, burial benefits. Medical team also comes down to Santa Cruz once a week. **Adult Protective Service:** there is no mandate at the federal level (and no funding), but there is a state mandate to provide this service (and limited state and county funding). Investigate abuse of older adults (65 years or older) and/or dependent adults (adults with physical or cognitive disability). Most common complaint is financial abuse; often occurs with individuals that have dementia. Referral number is 866-580-4357. They record referrals, screen calls and have immediate and 10-day response times, depending on the allegations. If there is a physical risk they call law enforcement. Some people refuse help from APS, but if multiple referrals come in about a person then APS may go to the Public Guardian to try to get the person conserved (and protected). Referrals on person in licensed facilities go to the ombudsman/advocacy office. **In Home Support Services:** serves people of all ages (children, too). Provide domestic services based on assessment. Referrals can be made at 454-4101. Providers are fingerprinted and have background checks. There is a financial criterion; persons need to be eligible for SSI (medi-cal). **Questions** about the services raised the issue that services are limited; if client does not meet criteria for OAS there are not many other resources, and even then the OAS services are limited. Do refer to Family Services Renaissance Program (but their funding is limited and they are required to use only LCSWs and licensed psychologists). Do refer to primary care providers for issues such as depression, but do not have a psychiatrist in Santa Cruz.
5. Outcomes
 - a. **To increase access to in-residence professional/peer-to-peer trauma-informed mental health/support services to those over 60.**

- Strategy
 - Offer in-home professional assessment/diagnosis/treatment planning
 - Offer in-home/in residence peer, as well as professional counseling.
 - Access to psychiatric evaluation
 - Access to case management
 - Offer a buddy program; latchkey kid match, etc.
 - Evaluation
 - Utilization data
 - Consumer goal achievement measures
 - Consumer satisfaction measures
 - Global Assessment of Functioning
- b. To provide trauma-informed mental health services to caregivers of those with chronic/catastrophic illness.
- Strategy
 - Offer caregiver-targeted counseling
 - Provide respite care.
 - Peer-to-peer support/education groups, as well as professional support
 - Telephone/cam/internet support (and training)
 - Evaluation
 - Utilization data
 - Consumer goal achievement measures
 - Consumer satisfaction measures
 - Global Assessment of Functioning
- c. To promote factors that support resilience and are protective for mental wellness for those 60+.
- Strategy
 - Create social gathering spaces in non-traditional settings, i.e. libraries.
 - Promote physical activity and awareness regarding healthy nutrition.
 - Provide referral information to at-risk individuals.
 - Evaluation

d. **To educate/train targeted gatekeepers to identify those 60+ who are at risk of developing a serious mental illness, suicide and/or are trauma-exposed in order to teach them effective helpful responses.**

- Strategy
 - Offer trainings to service providers for detection of early signs and symptoms of mental illness, suicide prevention and trauma involvement with emphasis upon Latino and LGBT consumers.
 - Have central access point where gatekeepers/consumers can call to find out about services (perhaps adding this on to an existing service)
- Evaluation
 - Referral data from service agencies.

6. **Priorities:** This group had a vote and decided to recommend “a” as their first priority, and “b” as their second priority. Group discussed how there might be overall training gatekeepers across the lifecycle, and that if so, recommendation “b” could fall under that. If that is the case we want to be sure that we have trainings that speak specifically about older adult issues.

7. **Gatekeepers.** As part of recommendation “b” the group talked about gatekeepers. Gatekeepers include: emergency services, primary care providers, taxi drivers, para-transit, home care workers (IHSS), housing management, beauticians, PG & E, mail carriers, animal control, pharmacies, department of motor vehicles, faith communities, funeral homes, family, neighbors, library, medical equipment vendors, library, meals on wheels drivers, caregivers, long term care facilities, and financial institutions. Group talked about **top tier of gatekeepers** as being: health and social service providers, transit providers, faith based communities, and beauticians.

8. **Group finished its task!!!** Jerry and Alicia thanked everyone for their attendance and participation.

9. **Next Steps.** Jerry and Alicia will be conducting focus groups and key informant interview to get further input (as well as reactions to the recommendations of the workgroups). We will convene the workgroups to view a draft of the recommendations. The MHSA Steering Committee will review the draft of the PEI Plan, and once they approve the draft plan will be posted for 30 days for review and comment by the public. There will also be a Public Hearing (date to be determined), and all workgroup participants are encouraged to come and give their opinion.

No more meetings scheduled: the group accomplished their task! **Thank you** everyone for your time, ideas, and participation in the 60+ workgroup!