

**PEI 60+ Workgroup
7/1/08 Meeting Notes**

- I. Introductions
- II. Review of workgroup guidelines and rules
 - a. We are to create and foster an integrated system
 - b. The state has mandated that we use the Logic Model (will need to document that we are doing this and the State will evaluate us).
 - c. Values and Guiding Principles
 - i. Transformational programs and actions
 - ii. Leveraging resources
 - iii. Stigma and discrimination
 - iv. Recognition of early signs
 - v. Integrated and coordinated systems
 - vi. Outcomes and effectiveness
 - vii. Optimal point of investment
 - viii. User friendly plans
 - ix. Non-traditional settings.
 - d. Will need to come back to the decision making model; will try for consensus, then go to majority, however there are times when there is a very hot issue with people who have never attended the meetings, will all of a sudden attend and everybody votes in a certain direction. So the issue of honoring the process is that we need to decide how we will proceed if we run into this situation.
- III. Workgroup member's & agendas
 - a. Jerry Solomon, Facilitator, Psychologist & MFT
 - b. Francie Newfield (Human Services Dept., Mgr of Adult Protection Services, support MSSP: Multi-Purpose Senior Services Program) The MSSP is reverting back to the state and requires an RFP/Contract award to continue. Committed to continuing services. Aware of the need to have mental health services around issues of depression and isolation, and the need to have a differential diagnostic process for people who are showing sudden signs of psychosis (which sometimes are related to dementia and sometimes not). To include support for the caregivers. Come up with a better screening program for places we want to refer people to.
 - c. Rita Flores (Asst. Agency Dir., Family Services Center), involved with the Senior Outreach Program, believe peer counseling is the way for seniors; if you take a young therapist of 25 to deal with a senior there is no connection. Excellent model for this age group. Work together with other groups and bring peer counseling to them.
 - d. Cecile Mills (Education, Instructional Development, Publishing, Training and sits on the MHSA Steering Committee). Interested in evaluation (the county needs to have information to determine what works with people, if they have evidence for it) and concerned people slip thru the cracks in this system. Need for good measurement and evaluation and outcomes of what's happening to people in the system.

- e. Linda Robinson (Advocacy Inc., Coordinator for Long Term Care Ombudsman program). Work with seniors; want to see more services to people living in long-term care facilities. They have social workers but they are not capable of dealing with issues of depression. Quality of life has declined in these settings. Many seniors on medical cannot get here for services. Would like to see an outreach program.
- f. Steve Ruzicka (Supervisor for Older Adult Team at the County Mental Health). Here to get a sense of the needs of the greater community, what is needed, with the hopes of expanding the team (currently 2 staff). Getting a new Psychiatrist specializing in gerontology in August.
- g. Ann Pomper (Director for Hospice of Santa Cruz County & worked with Santa Cruz Community Counseling Center for many years). Not interested in the funds, interested in knowing what's going on and us connecting. Last year served over 800 people who were dying; 80% are seniors. Need to engage well with rest of community, making connections, and need to know what's going on. Believe Hospice is at risk at the federal level and wants the community know so they can be championed. Building advocacy and letting you know what Hospice has in terms of end of life services and education so that everyone has access to these services.
- h. Laura Orick (Shelter Manager for Women's Crisis Support). They serve women in this age group but it is a small proportion of clientele. Here to learn more about services in the community. Learn about the process. Not interested in any funding.
- i. Betsy Clark (Mgr of Adult Programs for the Santa Cruz Community Counseling Center & sit on the MHSA Steering Committee.). Not interested in trying to create a program or bolster up a program. Interested in learning more about the services that are available in the community. Even for people who are treated for serious mental illness, things change, as they get older. In addition to physical problems there is more isolation and there are fewer choices for people.
- j. Clay Kempf (Executive Director of the Seniors Council). His agency creates an area plan for seniors under the auspices of the Older American Act. Mental Health, especially loneliness, depression, & isolation has risen in surveys we have done in the past, as a higher priority need than seen previously. I am here to make sure existing community programs get support and are integrated into existing services. Not looking for funding.
- k. Jane Schwicherath Has a Master's Degree with a specialty in aging and earned a Gerontology Certificate. Is current regarding research on LGBT (Lesbian, Gay, Bisexual & Transgender) aging issues. Here not to create a program or try and get funding but to champion for the LGBT senior. The depression and isolation for LGBT seniors is much more than for others. They grew up in a time when it was illegal, immoral and could be locked away for being gay. There is tremendous fear in this group to even be out. Most LGBT seniors go back into the closet when they need services. Expanding to do education and LGBT cultural competency within skilled

nursing facilities and assisted living facilities, to improve the education and understanding.

1. Chris DiMaio (Retired Psychiatrist and Combat Vietnam Vet). Not here for the money. Representing the Diversity Center, specifically the “Rainbow Vet” organization that was formed to address the needs of gay veterans, many who do not feel completely welcome in either the gay or Veterans community and frequently feel isolated, with no social outlets. There are many veterans in Santa Cruz who have never talked with other gay veterans, particularly with Latina and Latino Vets. One thing we see as important is to have someone to coordinate services for veterans, and coordination for services for the families. Outreach services are needed.

IV. Planning Process

- a. Next step, pick a priority population
 - i. Children/Youth in stressed families
 - ii. Children/Youth at risk of school failure
 - iii. Children/Youth at risk of juvenile justice involvement
 - iv. Trauma exposed
 - v. Experience onset of serious mental illness
- b. State will do own initiative on Suicide Prevention and Stigma reduction of the mentally ill.
- c. Steering Committee will set funding percentage
- d. Program/s must be evidenced based with an evaluation component built in
- e. Need representation from stakeholders, as identified by the State
- f. Identify missing stakeholders
 - i. Need Latino outreach
 - ii. African-American community outreach

V. Priority populations, per the DMH, to focus on in this workgroup

- a. Trauma exposed
- b. Individuals experiencing the onset of a serious mental illness
- c. Children/Youth in stressed families
- d. Children/Youth at risk for school failure
- e. Children/Youth at risk of experiencing criminal juvenile justice involvement
- f. Overarching concerns is suicide prevention and reduction of stigma and discrimination for those identified as struggling with mental illness.

VI. Workgroup decisions to be made:

- a. Narrow down priority population recognizing all have needs. In this group, are there one or two groups we want to focus on and is there more data that we need to start making recommendations about programs for prevention and early intervention in those areas.
- b. Making sure we have the appropriate stakeholders involved with this process. Who is not here around the table? Per the state DMH guidelines, we must be sure we have input from all required stakeholder groups. We must be mindful of these groups and make efforts to get information from them so that it is fed into our process. A person may represent more than one stakeholder group.

- i. Based on the data feedback we heard from Applied Survey Research, the major areas of underserved communities is the Latino and LGBT community.
 - ii. Education
 - iii. Consumers and/or their families
 - iv. Providers
 - v. Health organizations
 - vi. Social Services
 - vii. Law Enforcement; Input will be gathered by either a focus group or key informant interviews (asking one/two officers to attend one meeting to address our questions).
 - viii. Stakeholders recommended but not required by DMH include representatives from Community Family Resource Centers, Employment, and Media
- VII. Review of MHSA PEI values and guiding principles. All in attendance stated that they were aligned with these values and principles.
 - a. Transformational programs in action; looking for things that are brand new rather than incremental changes to existing programs that can transform a dilemma or problem.
 - i. Leveraging resources
 - ii. Stigma and discrimination reduction
 - iii. Recognition of early signs
 - iv. Integrated and coordinated systems
 - v. Outcomes and effectiveness
 - vi. Optimal point of investment
 - vii. User friendly plan so that the consumer and family member are comfortable with what we are setting up in non-traditional settings.