



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
TUESDAY, MARCH 14, 2023, 10AM – 1PM

MEETING SUMMARY PURPOSE

This document provides a summary of the Behavioral Health Task Force (BHTF) quarterly meeting held March 14, 2023. This summary is an accompaniment to the presentation slide deck and meeting recordings, both available for review on the [BHTF webpage](#) along with other meeting materials.

Appendix A of this summary contains notes from each breakout group discussion.

CALHHS WELCOMING REMARKS

Secretary Mark Ghaly, California Health and Human Services Agency (CalHHS), thanked everyone for joining and expressed his gratitude for the ongoing engagement of so many leaders across the state.

Secretary Ghaly said the meeting would focus on how behavioral health impacts services for older adults in the State. Throughout the pandemic, issues of isolation and behavioral health and wellness concerns for older adults were observed. Two mass shootings across the state elevated the questions of how the State can best engage communities of older adults and whether we have the necessary infrastructure to address their needs and challenges.

Secretary Ghaly highlighted a few “tough to read data points” including suicide among older adults, substance use disorder and abuse in older adults, the challenges of securing stable housing with aging in California, and the reality that the largest growing group of people experiencing homelessness are individuals over the age of 50. He emphasized that this is a timely conversation about how California can lead with the right models and services to take care of loved ones and ourselves as we age. As a society, we need to move from a mentality where isolation and disconnectedness are part of aging.

Secretary Ghaly emphasized that in a state where there is a lot going on, and the State is deeply focused on behavioral health across the lifespan, he would personally like to see more time and focus on this important topic.

Despite leaner budgets, Secretary Ghaly suggested that there are opportunities to make improvements requiring “getting sleeves rolled up and getting dirty in the details”, not just the State, but all participants. He expressed his appreciation for Department leaders, who guide the State’s budget and policy path forward.

BEHAVIORAL HEALTH ISSUES IN OLDER ADULT POPULATIONS – PANEL PRESENTATION

Susan DeMarois, Director of the California Department of Aging, expressed her gratitude for the opportunity to focus on behavioral health issues in older adults and to hearing from the presenters, who have been doing this work in the community for decades. The Panel was



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convened to reflect on four key perspectives as they related to the topic including community voices and lived experience, best practices and research, and the State's Aging Plan. Director DeMarois introduced the presenters which included: Lisa Mancini, Acting Director of San Mateo County Behavioral Health and Recovery Services, Laura Trejo, Director of Los Angeles County Aging and Disabilities Department, and Kathryn Kietzman, Director of the Health Equity Program at the UCLA Center for Health Policy Research.

COMMUNITY VOICES IN BEHAVIORAL HEALTH FOR OLDER ADULTS

Acting Director Mancini began her presentation by stressing the importance of ensuring that older adults feel cared for by their community during times of crisis. She praised the community-based organizations that helped during the recent storms and mudslides and the tragic shootings. She highlighted the importance of culturally sensitive services that are available to all members of the community, regardless of their language or background.

Acting Director Mancini acknowledged the Great Plates Delivered program, which was created to provide nutritious meals to seniors during the pandemic. She noted that the program was accessible to all seniors who were sheltering in place, with no income eligibility requirement, and it also supported local restaurants and food providers. Additionally, Acting Director Mancini emphasized the importance of integrating mental health services with physical health services, and providing whole-person care for older adults. She praised the work of the Behavioral Health and Recovery Services and Aging and Adult Services programs in providing integrated care to older adults.

Director Trejo shared her experience working with older adults, noting that the challenges of intersectionality between age, race, poverty, and mental health required attention. She emphasized the need to address the unique needs of an emerging older adult population that comes with a whole host of misunderstood mental health challenges. Depression is more common among older people than in other age groups, and during the pandemic, social isolation was a major issue affecting older adults in their community.

Director Trejo discussed interventions using resources and support in the community and how her team created new partnerships to provide for the unique needs of older adults. She emphasized the priority of addressing social isolation and noted that her work relied on the creativity of local communities to address this issue and provide for the needs of their aging population.

Overall, Acting Director Mancini and Director Trejo highlighted the importance of community-based partnerships and culturally sensitive services in addressing behavioral health issues for



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older adults, as well as the need for integrated mental health and physical health services to provide whole-person care.

OLDER ADULT BEHAVIORAL HEALTH: WHAT THE RESEARCH SAYS

Director Kietzman, in her presentation, highlighted the need to address behavioral healthcare needs of older adults, as one in six older adults experiencing a diagnosable mental health condition by age 75. Serious psychological distress among older Californians has increased by 82% between 2015 and 2021, with those in lower income categories being more likely to report psychological distress. Suicidal ideation rates also vary by race and ethnicity, with American Indians showing the highest rates. Despite the need for behavioral healthcare, less than 10% of older adults accessed it in 2021, and only about 3% are connected with a mental health professional online.

Director Kietzman provided examples of promising practices and systems of care that can effectively address the unique needs of older adults. She emphasized the importance of training healthcare professionals in geriatric mental health and the need for more research in this area. Director Kietzman concluded by highlighting the importance of a person-centered approach to care and the value of peer support in older adults' behavioral health.

PRIORITIZING OLDER ADULT BEHAVIORAL HEALTH: CALIFORNIA'S MASTER PLAN FOR AGING

Director DeMarois shared that the State's demographics are changing rapidly, with an expected 11 million Californians over 60 by 2030, while the youth and adult populations are declining, and the older adult population is increasing, particularly among Hispanic populations. The Master Plan for Aging was established in 2019 through executive order and legislation, and after 18 months of extensive work, five goals were identified:

1. Housing for all ages and stages
2. Health reimagined
3. Inclusion and equity, not isolation
4. Caregiving that works
5. Affording aging

Director DeMarois specified that the Master Plan for Aging was created in the midst of the pandemic with a focus on equity and isolation. In September, stakeholders reconvened for a day of action, where older adult behavioral health emerged as a priority area. As they update the Master Plan for Aging, the Governor will focus on all Californians in all generations across the lifespan, and the Secretary will focus on all health and human services programs. In January



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of this year, the California Department of Aging launched three milestones, including the Second Annual Report, which is required by the Legislature, and unveiled 95 new initiatives.

Director DeMarois emphasized the importance of prioritizing older adult behavioral health as the State prepares for its aging population.

BHTF MEMBERS QUESTIONS

BHTF members shared questions and comments related to the Panel Discussion:

- Is there any specific data on older adult substance abuse disorders?
 - Director Trejo mentioned that there is some data available on substance use disorders among older adults, which ranges from 6 to 10 percent, particularly among hospitalized populations. However, there is a lack of a robust system to diagnose substance abuse and provide treatment to older adults. Most substance abuse programs do not focus on older people, which is a challenge that needs to be addressed to ensure that older adults have access to substance abuse treatment programs. Director Trejo also acknowledged the importance of addressing alcohol abuse among older adults and shared a list of resources that the panel put together for more information on the topic.
- BHTF Member Hector Ramirez emphasized the significance of highlighting the older adult population, particularly those over 60, in conversations about mental health during the pandemic. He acknowledged the fear of loss and grief that many older adults are experiencing, as well as the challenges they face in accessing mental health services due to stigma. He also noted the importance of accurate diagnosis, especially for dementia, as the mental health community has struggled with misdiagnoses in the past. Mr. Ramirez shared his personal experiences living in a mobile home park with over 100 people over the age of 60 and the challenges they face in accessing basic needs such as food, housing, and utilities. He highlighted the impact of these issues on equity and communities of color, particularly Native American populations. He commended the speakers for their presentations and emphasized the need for a more thoughtful language around mental health, such as using the term "mental health" instead of "mental illness," to better support and serve older adults.
- BHTF Member Michelle Cabrera expressed her appreciation for the conversation and thanked Hector for reminding everyone about what is important. She emphasized the importance of looking at the issue both on an individual and structural level. Michelle mentioned that research has shown that older adults are at a significantly higher risk of



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becoming homeless for the first time, and compounded with behavioral health issues, the situation can become worse. She also discussed the lack of residential treatment settings for individuals with co-occurring mental and physical health conditions. In many cases, individuals may come into mental health inpatient treatment, but as their condition is stabilized, there is nowhere for them to step down to have their ongoing treatment needs for conditions such as dementia and Alzheimer's addressed. Michelle believes that these are significant gaps and flaws in the system that need to be addressed and added that there needs to be a broader conversation about the kinds of treatment capacity that are nonexistent for individuals with co-occurring conditions, which is across everything: co-occurring medical and mental health conditions and some of these long-term needs. She requested to understand if the framework is specifically about the specialty behavioral health needs or if they can have a broader conversation that looks at what more can be done or what is being done or not across both managed care plans that have the non-specialty treatment that could address the mild to depression, try to get that earlier on in the progression plus some of those physical health needs along with the private insurance.

- BHTF Member Brenda Grealish expressed her appreciation for the thoughtful conversation that was happening, highlighting the importance of discussing the justice-involved population. She wondered how counselors could support the work of the Master Plan for Aging and whether connections could be made with Secretary Ghaly's efforts to connect the population across all State and local efforts through a justice-informed lens. Brenda emphasized the need to ensure that individuals coming out of prison after long-term incarceration, especially as older adults, have access to the health and behavioral care services and social supports they need to live out their older years with dignity and as healthy as possible. She encouraged others to share their ideas and offered to help as much as possible.
- Denise Coleman is a member of Returning Citizens, a program for people who have been in jail or are currently incarcerated for a long time. She also worked as a peer support for Solano County and witnessed the injustices that African Americans face in the behavioral health system. She has seen people losing out on services they need, resulting in relapses and lack of support and shared an example of how someone may not be approved to purchase diapers for someone who is having an accident, even with a doctor's note. Denise believes that there is a need for more programs where peer supports can go out into the field and work with patients. She also highlighted the gap in services for people between the ages of 50 and 65. Finally, Denise mentioned that



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people with medical needs like diapers are not always approved to receive them and thinks that they should have more access to outpatient programs.

- BHTF Member Diana Ramos thanked the audience and reminded everyone that addressing upstream activities is important to prevent life-forced complications such as chronic diseases, dementia, and Alzheimer's. She emphasized the importance of decreasing substance abuse, including tobacco menthol disorders, as part of these upstream activities. Diana invited the audience to visit their website and review the data to understand how addressing upstream activities could help mitigate the issues discussed during the session. She was responding to Brenda's question about what can be done in their population to address these issues.
- Carlene Davis is a Los Angeles County Commissioner for Older Adults and co-founder of Sistahs Aging With Grace & Elegance. She mentioned her work on the evaluation for the California Health Project and expressed her curiosity and request for considering the role of community-defined evidence-based practices in behavioral health systems. She emphasized that these gaps and services are not going to be filled, and often community-based organizations are the ones standing in the gap, as the changes will take decades, and the community does not have decades. She stated that it's very difficult to get the community to find evidence-based practices incorporated into these county systems. She added that it is essential to have a real conversation about how to incorporate these practices with community members already standing in the gap where services are not available.

SMALL GROUP DISCUSSION

BHTF Members and Members of the Public participated in breakout discussions to inform the work of the State's Master Plan for Aging. Informed by the Panel presentation and their experiences, BHTF Members and members of the Public were asked to address two questions in their small group discussions:

- (1) What are the best practices that the State can adopt to raise awareness and elevate older adult behavioral health issues?
- (2) How can you incorporate what you have learned from the Panel into your work?

Key themes from the breakout discussions and report outs are summarized below. See Appendix A for the detailed comments provided by BHTF members and members of the public.



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QUESTION ONE: WHAT ARE THE BEST PRACTICES THAT THE STATE CAN ADOPT TO RAISE AWARENESS AND ELEVATE OLDER ADULT BEHAVIORAL HEALTH ISSUES?

INTEGRATION OF BEHAVIORAL HEALTH SERVICES

BHTF Members and members of the public emphasized the importance of integrating behavioral health services into the healthcare system and community-based services. They suggested cross-pollinating efforts across the state, applying technology-equity to services for older adults, and addressing the workforce shortage. Other suggestions include increasing availability of higher levels of care for older adults with serious mental health symptoms, integrated aging services and BH services locally, and integrating suicide rapid response programs with aligned local efforts.

CULTURAL COMPETENCE AND LANGUAGE ACCESS

BHTF Members and members of the public emphasized the importance of recognizing culture as a social determinant of health and mental health, providing resources on coping with stress and trauma in languages that elders prefer to speak, and promoting cultural competence in the provision of behavioral health services. Participants suggested addressing stigma and discrimination towards specific groups, such as LGBTQ+ elders.

PUBLIC AWARENESS AND OUTREACH

BHTF Members and members of the public suggested various approaches to raising public awareness, including coalitions and community organizing to advocate for policy, engaging non-traditional partners who work with older adults, and conducting public information campaigns with a focus on early intervention. They also suggested partnering with pharmacies, food banks, libraries, doctor offices, emergency departments, and police and fire departments. Other suggestions include developing toolkits to help deputize awareness campaigns, addressing ageism through campaigns at the state and local levels, and creating awareness campaigns that target specific communities, such as rural or low-income areas.

CAREGIVER AND SUPPORT SERVICES

BHTF Members and members of the public emphasized the need to support board and care operators with capital and operational needs assessments to be addressed through funding from public and private partnerships. They also highlighted the need to address lags in behavioral health/suicide data, address confusion among practitioners regarding dementia as a behavioral health issue and provide referral for more assessments and screening. Other suggestions include addressing the issue for low-income seniors who don't have a support



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network or a good system in place to help them, increasing the availability of assisted living facilities and board and care, and supporting field-based care and substance use treatment. Participants highlighted the need for caregiver support services, such as respite care, caregiver training, and support groups.

ADDITIONAL THEMES

Additional themes that emerged include addressing access barriers, such as transportation and insurance, improving the incorporation of peer support services, and addressing the need for affordable housing.

QUESTION TWO: HOW CAN YOU INCORPORATE WHAT YOU HAVE LEARNED FROM THE PANEL INTO YOUR WORK?

LANGUAGE ACCESS

BHTF Members and members of the public emphasized the importance of making services available in appropriate languages during emergency response, outreach, enrollment, utilization, and retention, especially for older age groups who are underserved. This includes advocating for services to be accessible in multiple language programs that share similar goals. They also suggested leveraging reports and content from the panel to engage a diverse stakeholder community for collective impact. This includes engaging with State agencies, community-based organizations, community leaders, and cultural brokers to ensure that initiatives and programs are developed in collaboration with the community they serve.

FUNDING

BHTF Members and members of the public suggested advocating for sustainable funding for temporary programs and coordinating with the Department of Health Care Services (DHCS) to ensure that funding from CalAIM and behavioral health modernization budget is used effectively.

DATA COLLECTION AND RESEARCH

BHTF Members and members of the public recommended collecting data on patients screened who have reported behavioral health concerns and utilizing research and data to inform policies that improve outcomes for populations of focus when working to reform existing programs. This includes recommending a focus on recruiting rural populations for Alzheimer's and dementia-related research.



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OUTREACH AND EDUCATION

BHTF Members and members of the public suggested developing a campaign called "Senior Lives Matter" similar to other campaigns based on race to better connect people to available services, encourage and promote services, make them easy to access and use, and elevate knowledge/advertisement of evidence-based practices.

GRANTS AND PROGRAMS

BHTF Members and members of the public recommended applying for grants on mental health programs and grants for workforce development. They also suggested utilizing the West Health grant in local hospitals on the continuum of care and working with acute care to ensure that it is made more robust as well. Finally, ensuring reports and fact sheets are publicly accessible and updated regularly is important to improve access to care.

COLLABORATION AND ENGAGEMENT

BHTF Members and members of the public highlighted the need for improved internal collaboration with other divisions and programs that share similar goals. They also suggested leveraging reports and content from the panel to engage a diverse stakeholder community for collective impact. This includes engaging with State departments, community-based organizations, community leaders, and cultural brokers to ensure that initiatives and programs are developed in collaboration with the community they serve.

UPDATE ON CCC-P/988

Deputy Secretary Stephanie Welch provided an update on the Crisis Care Continuum Plan (CCC-P/988), which is still undergoing internal review and approval. The plan takes a comprehensive look at the crisis care continuum, including efforts to prevent imminent crises. Deputy Secretary Welch emphasized the importance of equity and the collection of appropriate information while being sensitive to those who may not want to share their information or voluntarily do so.

She highlighted the need to follow through with the commitment to provide crisis benefits to all Californians, ensuring commercial industries provide appropriate crisis services on the behavioral health side and being creative with challenges such as natural disasters. Deputy Secretary Welch noted that the State is partnering with emergency medical authority services in Southern California to improve the system and provide preventative crisis services.

Deputy Secretary Welch shared some insights from the planning process that apply to the non-advisory committee work, such as ensuring interoperability between 9-1-1 and 988, appropriate assessment tools, and technology approaches. The CCC-P will include different



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crisis services at the local level, the appropriate assessment tools, technological approaches, and incentivizing formal relationships with partners to work towards better outcomes.

Deputy Secretary Welch noted that the CCC-P is important as a comprehensive overview of the crisis care continuum and reiterated the importance of grounding the approach in equity.

PUBLIC COMMENT

Members of the public were invited to share brief comments up to two minutes each:

- A member of the public expressed gratitude for the meeting and shared three topics and suggestions that were discussed in the breakout discussion including services available for older adults with multiple issues versus adults with more chronic issues, creating pamphlets and kits for families of mentally ill people to help them understand and get services they need, and improving bilingual activities and structural assessments. A more holistic approach is suggested in looking at medical and mental health.
- A member of the public agreed that the meeting has been great, and shared that they recently visited their father who is now on hospice. It is important to work in collaboration with community organizations that provide services and resources for seniors and people in that age group. The speaker expressed gratitude for the work that caregivers are providing to families, and highlighted the importance of investing more in services for seniors and families, with a focus on developing a workforce that is bilingual, bicultural, and reflective of the community being served.
- A member of the public shared that they are a family member of a son with schizophrenia, and they feel proud that all relationships have been restored. There is a lot of great work being done in the State but there may be overlapping programs and duplication of efforts due to a lack of communication and coordination among different organizations. There needs to be more communication and collaboration among these organizations to prevent this duplication of efforts. It is important to empower the community and bring different organizations together to meet and work together. Stigma surrounding mental health remains an important issue that prevents people from accessing the services they need, and it is important for people to share their own stories and experiences in order to break down this stigma.



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NEXT STEPS & CLOSING

Orit Kalman, Senior Facilitator from Sacramento State, reviewed last year's BHTF quarterly and Lunch and Learn meetings and provided an update on the upcoming 2023 BHTF quarterly workshops and Lunch and Learn meetings. In 2023, workshops and meetings will continue to focus on the key goals of the BHTF: Ground truth the State's behavioral health agenda, uplift constituency voices, promote learning, and advance best practices. In response to BHTF members input, this year, BHTF workshops and Lunch and Learn meetings will focus on specific topics by considering different perspectives, including advocacy and lived experiences, research, best practices, and State policy and provide opportunities for BHTF members and members of the public to weigh in.



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APPENDIX A. BREAKOUT DISCUSSION NOTES

BHTF Members and members of the public were invited to participate in small breakouts and track their comments and discussion on a Jam Board, a remote collaborative board. Below is a summary of comments provided on the Jam Board.

BHTF MEMBER BREAKOUT GROUPS

GROUP 1

1. What are the best practices that the State can adopt to raise awareness and elevate older adult BH issues?	2. How can you incorporate what you have learned from the panel into your work?
<ul style="list-style-type: none">• Older Adults may not always be evaluated for alcohol use when they present at ER after a fall• How to raise awareness and elevate issue for ppl who are unseen?• Peer Support is very important to remove isolation from older adults and get them more involved.• Connection to employment. Youngest of older population. Getting supports they need to continue employment a long as they choose to.• More first line/front line touchpoints• Getting caregivers more involved / educated on BH issues.• Harm reduction strategies for older adults with SUD• Provide information on specific evidenced-based programs for specific risk factors for older adults.• Get older adults more involved within community. Perhaps helping them share stories / wisdom.• How to care for older adults in more unique ways? What else is needed in addition to weekly therapy?	<ul style="list-style-type: none">• Help Seniors navigate the health care system• Helping individuals navigate the systems and understand what's available to them so that they can stay in place.• Develop/promote more integrated services at the primary care provider/home-based services that integrate BH services• Helping older adults access their medical insurance. Making sure they qualify for Medi-Medi, they're taking advantage of it. This includes VA if applicable• CHCs are growing their work with older populations through the PACE program or other avenues.• Older adults are less likely to receive SUD / BH issues• Partner with EMSA and 9-1-1, 2-1-1 and EDs• Address social isolation and loneliness - putting together a work group around suicide prevention in older adults. Local coalition/partnering to build relationships



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<ul style="list-style-type: none">Surprised that older adults are least likely to receive care. Want more information about barriers.	<ul style="list-style-type: none">Communities of Care: how to neighbors/communities support older adultsVeterans: Use your VA insurance to its full capacity to avoid high out of pockets costs.Geriatric Emergency Depts. are a lever to use for interventionIdentify from experts that can develop strategies to ensure older adults know what service are available and promote their engagementHelp older adults remain involved in community by helping them volunteer / work if they would like to. Making sure they feel valued in giving to the community
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GROUP 2

Group 2 provided comments in person during the workshop report out period.

GROUP 3

1. What are the best practices that the state can adopt to raise awareness and elevate older adult BH issues?	2. How can you incorporate what you have learned from the panel into your work?
<ul style="list-style-type: none">Engaging community-based organizations that may exist outside of the "mainstream" state and local systems (sometimes referred to as the "hidden network").Media communicationExplore connections with criminal justice systems (prison/parole and jail/probation) to identify justice-involved older adults and connect them with services/supports.share patient stories as well as caregiver stories	<ul style="list-style-type: none">Bring older adult subject matter expertise to my Councilmembers to educate them on these issues, which will likely lead to recommendations for our annual leg report.Goal to look more closely at the intersection of BIPOC health and aging and disability within CPEHN strategic plan.



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<ul style="list-style-type: none">• One factor that can help with older adult mental health is having a job, so the State can work to make sure people know their rights in the workplace• Educate broader population on older adult BH challenges and how to connect to services.• Ensuring old adults can access meaningful, community-based, compassionate, voluntary services• Highlight prevention strategies or strategies that can slow down the process• Guaranteed housing• Identify & link data to better identify where to focus limited resources (e.g., suicides by justice-involved population).• helping people plan for transitions like retirement to avoid bad outcomes• Investing resources to develop vocabulary for mental health in languages other than English	<ul style="list-style-type: none">• Identify points of connection between older adult systems of care and the justice system partners.• Explore intersections of ableism, ageism and racism as part of work on equity and aging with SCAN Foundation and IMPACT Committee• Help older adults get released from State hospitals and other carceral settings• share the information at meetings and highlight the urgency to address the topic• Promote state and local efforts to address the needs of older adults (e.g., through our weekly stakeholder emails).• Provide clear information on health risks to older adults so they can safely engage socially and avoid isolation• Highlight opportunities/best practices in our newsletter/social media• Examine practices for justice involved older adults transitioning between systems of care.
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GROUP 4

1. What are the best practices that the state can adopt to raise awareness and elevate older adult BH issues?	2. How can you incorporate what you have learned from the panel into your work?
<ul style="list-style-type: none">• Focus on low-income adults-train and support PCPs in screening needs of this population - isolation, depression• Early identification	<ul style="list-style-type: none">• Incorporate services into coverage policy• Support/enable workforce to provide more comprehensive services and more effective use of available personnel



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| <ul style="list-style-type: none">• Improve BH competency of primary care profession• Expand use of subclinical providers to support broader access• Deploy standardized measures for performance reporting and payment• Understand where older adults are, their needs - whether assisted living, e.g., addressing issues residential-specific settings• Focus on integrated care particularly with this population• Support patients in navigating health care system - CM that addresses total health and integration across specialists to reduce fragmentation• Leverage volunteer programs to address isolation• Increase capacity in board and care facilities, or other community based structures, incl day programs, to help address social isolation and provide community support for people with less acute clinical needs• Support and fund social services such as transportation to day/community centers - challenged during COVID• Stop using terms that offend/confuse/stigmatize older adults. no stuff like "mental illness", "mentally ill", "anosognosia"• Payment reform to allow for high quality of services with equitable compensation than what we have now. Need for "home" like setting• Guided standards on Inclusive, Diverse, Equitable, and Accessible BH services that are person centered, community based, and culturally responsive.• Racially and linguistically diverse workforce is vital to meet the needs of older adults.• Offer help rather than wait for people to ask for help at the primary care location• Benefits counseling to support peer services to folks on limited income and or utilizing income base benefits.• We need support to establish peer run agency focusing on this population | <ul style="list-style-type: none">• Consider payment policy, limitations due to authorization• Address equity, language, cultural humility, cultural competency to help with barriers• Apply what we know from existing programs, e.g. On Lok social HMO functions in POs and Medicare Advantage or Medi-Medi• Integrate screening requirements into provider and plan policies• ACES screening, SDOH screening such as PRAPARE or ACH tools• Promote peer models, certification - share information and resources, stipends for people to facilitate, provide navigation support, recruitment of peers• Promotora/o training for older adults - shopping, transportation to doctor OV's• Promote standardized data collection on screening rates, outcomes - integrate across clinical registries, EMR• Support caregivers in helping older adults• Incorporate and expand these issues in all disability and mental health policy advocacy work. Senior issues are disability issues. Senior issues are mental health issues. |
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GROUP 5

1. What are the best practices that the state can adopt to raise awareness and elevate older adult BH issues?	2. How can you incorporate what you have learned from the panel into your work?
<ul style="list-style-type: none">• BH messaging needs to be very honest - we imply the availability of things that don't exist.• Kudos to the state for more awareness campaigns• See more awareness building in the pandemic, but concerned that as flexibilities and focus goes away, the emphasis on older adults will, too• Double stigma w/ SUD - almost never discussed with youth or older adults - not discussed. State's the only one who could raise awareness about SUDs and older adults• Use intergenerational approach; work with youth movements to identify older adults who can be brought into this advocacy to elevate/raise awareness: BH issues• Don't know where BH services for older adults are? They're there but not enough awareness/promotion. Community-level in addition to state.• We also need to tell the whole, full story. For example, we have more homeless individuals in Sacramento than SF!• Services aren't necessarily there - not enough. We're dancing around the real issues - looking at disproportionality of Black folks in incarceration, homelessness, etc.• Ensure key messages reflect the unique issues faced by the most vulnerable subpopulations (e.g. the disproportionality)	<ul style="list-style-type: none">• Best practices w/ youth is looking at what are those policies/laws that still use punitive approaches for SUDs. Chilling effect in seeking help esp for BIPOC• We need state to emphasize more of the CDEPs and outpatient to avoid more incarceration and involuntary as raised by public speaker• We lack capacity to treat co-occurring conditions and that needs more focused attention from our state policymakers• In Black communities SUD to prison pipeline• Capacity not there and won't be there soon enough• Stigma connects Aging and BH and compounds• Don't see homeless services targeting older unhoused Black adults. Older Black women are the group most likely to enter into homelessness.• Curious about how the state sees its responsibility around SDOH. How do we tackle problems w/out the piecemeal approach?



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PUBLIC PARTICIPANTS BREAKOUT GROUPS

GROUP 1

1. What are the best practices that the state can adopt to raise awareness and elevate older adult BH issues?	2. How can you incorporate what you have learned from the panel into your work?
<ul style="list-style-type: none">• Elevate, fund, and include community-defined evidenced based practices into county behavioral health systems.• +1 regarding CDEPs and looking at opportunities to flex and braid funding when possible• The State can promote the findings from the California Reducing Disparities Project evaluations (statewide and local).• Recognize culture as a social determinant of health & mental health• Support board and cares operators with capital and operational needs assessments to be addressed through funding from public and private partnerships• Provide resources on coping with stress and trauma to elders in communities in and around Monterey Park in the languages that they prefer to speak in, e.g., Cantonese, Mandarin, Vietnamese• Support safety net hospitals with integrating behavioral health workflows into key departments including those serving older adults, e.g., White Memorial	<ul style="list-style-type: none">• Advocate for services to be available in-language during emergency response, outreach, enrollment, utilization, and retention especially for older age groups who are underserved

GROUP 2-4

Participants did not record any comments on the Jam Board



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
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GROUP 5

1. What are the best practices that the state can adopt to raise awareness and elevate older adult BH issues?	2. How can you incorporate what you have learned from the panel into your work?
<ul style="list-style-type: none">• Cross-pollinate efforts across State. It seems to be the same people in each silo (CalAIM, ECM, CYBHI, this effort, etc.) and less integration across silos. Mix youth and older adult efforts.• Pay for universal older adult screening (MH, trauma/ACEs, etc.) IF needed to be implemented differently. If not, maybe focus on CQI/education of providers.• Need to address lags in BH/suicide data so local efforts are actually helped to improve rather than guessing on impact. Hold county MHP's accountable like MCP's are today.• Technology-equity must be applied to services for older adults, not assuming this population doesn't have access to tech or wouldn't use it. Especially w/ demographic change.• There's a clear disconnect between state efforts and what happens locally -- need to have greater engagement of hard to reach populations, intersections, & accountability.• State is working with 10 different counties on a Suicide rapid response program - how might this integrate ECM, mobile crisis response, OTT/COTT and other aligned local efforts?	<ul style="list-style-type: none">• <i>No responses</i>



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GROUP 6

1. What are the best practices that the state can adopt to raise awareness and elevate older adult BH issues?	2. How can you incorporate what you have learned from the panel into your work?
<ul style="list-style-type: none">• Coalitions and community organizing to advocate for policy• Create more opportunities for caregivers and older adults to share their ideas on achieving behavioral health• Train and engage non-traditional partners who work with older adults - outside of the box partnerships• Public Awareness TV Commercials, magazines, local news, churches, schools (PTA), Senior Centers• meals on wheels, senior centers, neighborhood watch• Pharmacies• Food Banks• Libraries, doctor offices, Emergency Depts• Develop toolkits to help deputize awareness campaigns• Reaching out to colleges for healthcare providers (PT/OT/RN/Dr/Psychology/SW) and visit classrooms to educate & provide information on issues/policies re: aging• Medicare, MediCal, Insurance Co.• police departments, fire departments• Develop toolkits to help deputize awareness campaigns	<ul style="list-style-type: none">• Collecting data on patients screened who have report BH concerns• Improve our internal collaboration with other divisions: programs with shared goals• Development of new RFAs• Leveraging reports and content from this group to engage a diverse stakeholder community for collective impact - State depts, CBOs, community leaders and cultural brokers• Continue to seek feedback on implementation of Master Plan on Aging.• Develop a campaign called "Senior Lives Matter" similar to other campaigns based on race.



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GROUP 7

1. What are the best practices that the state can adopt to raise awareness and elevate older adult BH issues?	2. How can you incorporate what you have learned from the panel into your work?
<ul style="list-style-type: none">• Confusion by practitioners regarding Dementia as a BH health issue. Some support it in this manner while others do not. Ex: for some it's a primary issues• Is there a place for BH care? Referral for more assessments and screening, but that is difficult to find in the communities at this time.• Later Stages of dementia: inpatient acute or a memory care facility.• Outpatient vs. inpatient: low-income seniors don't have support network and not a good system (ex: IHSS is limited hours) set in place to help them. Gap issue.• Need for more Assisted Living Facilities and Board and Care. Including Assisted Living Waivers• Field based care - observe behavioral health supports. Assessment is ongoing.• Early Stages of dementia: place for these patients, whether a known or unknown, but behaviors are present. Support aging in place. In-patient or senior out-patient• Substance use treatment.• Suicide ideology - can lead to them being denied in assisted living.• Reimbursement for substance use treatment (in-patient and out-patient). In particular out-patient• Workforce shortage. Many facilities cannot hire enough specialists and adequately funded.	<ul style="list-style-type: none">• Apply for grants on Mental Health Programs. Grants for workforce development• Advocate for sustainable funding for temporary programs• West Health grant in local hospital on continuum of care and working with acute care to ensure that is made more robust as well.• Ensure reports and fact sheets are publicly accessible and updated regularly• CalAIM and BH modernization budget - coordinate with DHCS to ensure funding is used effectively.



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GROUP 8

1. What are the best practices that the state can adopt to raise awareness and elevate older adult BH issues?	2. How can you incorporate what you have learned from the panel into your work?
<ul style="list-style-type: none">• ACE Screening among older adults• board and care reimbursement• Data collection on dementia patients stuck in hospitals without alternative care• care giver supports that are easier to navigate and more comprehensive• The aging population wants to stay in one place and have a home environment, but that is often incompatible with health needs and where services are located• Villages concept- older adults trying to stay in their homes and get help to come to them• dementia friendly communities• increased availability of higher levels of care for older adults with serious mental health symptoms	<ul style="list-style-type: none">• <i>No responses</i>

GROUP 9

1. What are the best practices that the state can adopt to raise awareness and elevate older adult BH issues?	2. How can you incorporate what you have learned from the panel into your work?
<ul style="list-style-type: none">• Communicate the various programs and supports available to recipients when interacting with various state/local programs, their MCPs, and their ECM.	<ul style="list-style-type: none">• Recommend a focus on recruiting rural populations for Alzheimer's and dementia-related research.



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| <ul style="list-style-type: none">• activities to address stigma around MH and attitudes about aging, among OA themselves• Addressing intersectionality by collaborating with other state agencies.• campaigns addressing ageism (state and local)• integrated aging services and BH services locally• Conduct Public information campaigns with a focus on early intervention• increase advocacy from OA themselves as well as families, caregivers• workforce training and skills building• Ensure behavioral health is a part of the conversation when working to develop housing supports and addressing homelessness.• enhanced leadership on OA BH statewide, disseminate models and EBPs | <ul style="list-style-type: none">• Utilize research and data to inform policies that improve outcomes for populations of focus when working to reform existing programs.• Elevate knowledge/ advertisement of evidence based practices• Better connect people to available services, encourage and promote services, make them easy to access and use |
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