

**Orange County Health Care Agency
Behavioral Health Services**



Mental Health Services Act (MHSA)

Stakeholder Meeting Report

Category/Title: Transitional Age Older Adults

Date: 07/29/05 Time: 1:30-3:30pm		Coordinator: Christine Basterrechea Contact No.: (714) 834-4796 Facilitator: Christine Basterrechea Recorder: Mark Odom	
Meeting Location: 1540 E. 1 st St. Ste. 100 Santa Ana, CA 92701		Total number of Attendees per meeting: <u>6</u>	
Breakdown by Gender: <u>1</u> Male <u>5</u> Female _____ Other _____ Decline to State	Breakdown by role in the MH System: <u>1</u> Client/Consumer _____ Family Member <u>5</u> Service Provider _____ Other	Breakdown by Primary Language: <u>6</u> English _____ Spanish _____ Vietnamese _____ Other _____	Breakdown by Ethnicity _____ African American _____ Asian/Pacific _____ Islander <u>1</u> Latino _____ American Indian <u>5</u> Caucasian _____ Other
Breakdown by: _____ Total # of Ralph's Vouchers Distributed _____ Total # of OCTA Bus Passes Distributed _____ Total # of consumers transported _____ Total # of family members transported _____ Total # of childcare recipients _____ Other _____		Breakdown by: _____ Total # of people requesting a Spanish Translator _____ Total # of people requesting a Vietnamese Translator	

Stakeholder Group Questions:

- What are the problems you face?
- What do you need to make better?
- What are the outcomes you want?
- What kinds of services need to be in place to achieve them?

General Meeting Comments (type):

Problems:

- Stigma – bias of older adults regarding mental illness and psychiatry
 - Older adults are often isolated, often due to complicating medical conditions
 - Seniors tend to withdraw as peers die and/or family members move out of the area
 - Seniors have difficulty getting to services due to transportation issues
 - Seniors 60-65 experience additional bias and have little access to transportation, medical and mental health services, suffer age discrimination in employment, resources and have declining health and physical abilities
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Needs:

- Providers especially trained in gerontology to understand issues specific to seniors
 - Focus on ability to function vs. age
 - Eliminate age restrictions on benefits/services
 - Improved coordination of services with housing and transportation
 - Integration of Mental Health (MH) services with medical services
 - Specialized Older Adult (OA) clinics, separate from clinics for the younger clients, so older adults can feel safe and accepted
 - Psychiatrists who understand OA issues with mental health medications in combination with other medications
 - Caregiver support groups that focus on mental health issues
 - PCPs to screen for depression and refer to OA services
 - 24/7 OA mental health crisis team
 - Educate assisted living and B&C operators and staff re: OA MH issues
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Outcomes:

- More seniors able to access services
 - Reduce suicide rate with preventative services and appropriate services
 - Avert hospitalizations, which are truly unnecessary with crisis residential facility
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Services:

- Provide on going MH service in their setting
 1. Integrate MH services in medical settings/PCPs
 2. Liaison with law enforcement, courts/legal system
 - Specialty MH OA 24/7 crisis team
 - Specialty crisis rehabilitation center with 24/7
 - Educational system for clients, families, caregivers, professionals, emergency responder, community providers re: OA MH issues
 - OA MH specialized team within current MH clinics (more consumer friendly clinics)
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- House calls by physicians for easier access to services