AGENDA
Planning Committee
Wednesday, August 26, 2015
1:30 – 4:00 pm
6955 Foothill Blvd. Suite 300
Oakland, California 94605
Big Sur

Public participation at Committee meetings is encouraged. We request that individuals limit their comments on any single item on the agenda to three minutes. The chosen spokesperson for a group may speak for five minutes.

1. Call to Order/Welcome 1:30
2. Consent Calendar – 1:30 – 1:35
   • Approve Minutes
3. Public Comment for items not on the Agenda 1:35 – 1:45
4. Lillian Schaechner, Older Adult System of Care Director 1:45-2:30
   Behavioral Health Care Services Agency
5. Consumer Survey 2:30 – 3:00
   • John Garvey – August Update
   • Report out on Distribution
6. Data 3:00 – 3:15
   • Report from Data Committee
7. Focus Groups 3:15 – 3:45
8. Next Steps 3:45 – 4:00
   • Next Meeting: September 16
   • Next Speaker: Maricela Narvaez-Foster
MINUTES
Planning Committee
Wednesday, July 15, 2015
1:30 – 4 pm
6955 Foothill Blvd. Suite 300
Oakland, California

Staff: Delbert Walker, Tracy Murray, John Garvey, Mary Louise Zernicke

Committee Members: Donna Murphy-Committee Chair, Wendy Petersen, Ruben Briones, Maricela Narvaez-Foster, Jamie Almanza, Lillian Schaechner, Carol Sugimura, Marlene Petersen, Angela Ball, Sylvia Stadmire, Helen Lim, Eileen Ng

I. Consent Calendar

Motion to accept Minutes
(M) Sylvia Stadmire
(S) Maricela Foster
Carried

II. Public Comment for Items not on Agenda: No comments

III. Presentation: Health Status Report on Older Adults in Alameda County
Presenter: Angela Ball, Director Alameda County Public Health Nursing

Angela Ball presented a Health Status Report on Older Adults in Alameda County and provided hardcopy of the presentation in Powerpoint. She agreed to confirm whether patient discharge info could be accessed for our purposes or not. The Public Health data is gathered from those 65 and over while consumer survey data includes age 55 and older. The concerns disclosed by Angela agreed to consult with Miriam Rabinovitz and the CAPE Unit to provide more information about falls.

Angela identified two critical issues to improve the lives of seniors. 1) A Transition Plan and Transition Coordinator to assist when seniors are discharged from the hospital. Upon discharge, the seniors are not getting proper follow-up care, and it is much worse when the senior is alone. Seniors being discharged do not know of available services and need Transition Coordinators to assist by going to the home and helping them through the transition back to life at home. Providers also need to go to hospitals and make themselves known and the services they provide so the Discharge Planners become aware of their agency and services. 2) Seniors who receive meals on wheels with no other form of formal support when they actually need several other services.
Maricela also identified two critical issues to improve the lives of seniors. 1) Isolation. A large number of seniors face social isolation affecting their mental and physical health. 2) Lack of Medication Coordination, which is causing falls and hospitalization in some cases. Clinics are also overburdened and have no adequate follow-up to medication coordination issue. Maricela also expressed concern over the lack of advocacy for seniors with mobility problems who are renting.

Tracy summarized the issues as isolation creating the need for short term care & medication coordination.

IV. Consumer Survey

John Garvey presented results from his monthly monitoring of progress, reporting that the minimum acceptable sample size of 384 has been achieved, the response rate is increasing, and Monday is the peak day for online responses. He expressed concern over the lack of responses from the Faith-Based community and suggested that it might be possible to address the issue through outreach. John reported that responses from older people are increasing; Race/Ethnicity responses tend to vary with people refusing to answer some questions. The responses from Whites far outnumber responses from Blacks and the Hispanic/Latino Seniors are counted as Hispanic/Latino and also under specific races. There are a high number of respondents with income because a larger number are younger, still working, and have a higher income and level of independence. A significant number indicate caregiving for someone else. It is possible that they are responding for the household in some cases and not offering a strictly individual response. Current concerns tend to focus on Income and Affordability, while future concerns center around Quality of Life, Affordability, and Health Concerns. Gaps appear to exist in access to Job Opportunities and Affordable Housing.

Survey complaint feedback and improvement options were discussed. Tracy confirmed that we have already had a much stronger survey response than in the past and that all answered questions will be included even if the survey was not completed in its entirety. John agreed to provide snapshots by city in the future.

V. Data

Eight Domains: Tracy’s report on the Eight Domains of Livability included her excitement over the initial interest level expressed by the Health Care Services Agency. Eight Domains provides an over-arching framework for additional policy work in these areas. We need to determine how to use it to frame our strategy for the future. Public Health views it similar to the Place Matters work which is currently happening Alameda County. It is very encouraging to have Public Health embrace the idea that originated in this committee and helped influence the survey. There was also discussion of the City of Portland’s incorporation of Age Awareness into the city’s planning effort.
**Data Sets – Report from Data Committee:** Delbert expounded upon the 2012 – 2016 Area Plan Data Tables document and reported on the Data Sub-Committee meeting of July 9. The committee wants to use data to frame the need and will use the results of the survey to this end. There was discussion around the data gathered by the CAPE unit, that it appeared to involve more isolated and less active seniors. Wendy mentioned referencing the need narratively and in the data. The committee is looking at several data sets including AARP, Elder Economic Index, SCAN, and Leading Edge among others. Scott expressed interest in updating the number of new seniors every 5 years. A review of surveys from the Cities of Fremont, Oakland, and Fremont was recommended. Access to Medicare/Medi-Cal penetration data would be helpful and Janet Biblin might be of assistance.

**VI. Next Steps**  
Next Meeting Date: Moved to August 26, 2015 from 1:30 – 4 pm  
Next Meeting Speaker: Lillian Schaechner

Elsie Kusel, EMT-P, EMS Coordinator/Disaster Preparedness will be invited to present at the September meeting.

Motion to adjourn: Jamie Almanza  
Second: Angela Ball  
All Approved
Imagine a Society...

- Where we value Older Adults as diverse individuals
- Where we value Older Adults as capable of growth, change, and learning
- Where we challenge assumptions about health and ability among Older Adults
- Where we value the contributions of Older Adults
- Where we treat Older Adults with respect, gratitude, and dignity
- Where we promote active lifestyles, and independence
- Where we reject stereotypes and negative attitudes regarding aging and Older Adults
- Where we plan and design our system to reflect the circumstances of all age groups

**MYTH OR FACT?**

Myth: Mental Health Problems Among Older Adults are Very Rare

FACT: People with serious mental illness are more likely to die on average at age 55 from complications of unhealthy risk factors, compared with age 76 for all Americans in 2000.

Myth: Depression is a normal part of aging

FACT: Depression is not a normal part of aging. While older adults may face widowhood, loss of function, or loss of independence, persistent depression or serious depression is not "normal" and should be treated as depression, 1992.

Myth: Older Adults Diagnosed with Mental Illnesses Never Recover

FACT: By reducing symptoms of depression and anxiety and reducing misuse of medications or alcohol, older adults are often better able to live satisfying lives.

Myth: Older Adults are not Discriminated Against Because of Mental Health Problems

FACT: Unfortunately, mental disorders among older adults are all too often neglected in our society due to the following factors: against, stigma, and ignorance.

**MENTAL HEALTH & STIGMA**

Most of us assume mental illness is something that only affects others and believe it won’t affect our family or friends. The truth is that mental health problems are more common than heart disease, lung disease, and cancer combined. It is estimated that one in four Americans will have a diagnosable mental disorder at some point in their lives.

"Mental illness is nothing to be ashamed of, but stigma and bias shame us all."

President Bill Clinton

**Older Adult Mental Health**

- Older Adult Individuals 60 years and older
- Primarily Medi-Cal beneficiaries
- Indigent individuals, to the extent resources are available
- Target population under state law are individuals experiencing a serious mental health disorder
- People experiencing a mental health crisis, who come to the attention of law enforcement or emergency rooms
- People experiencing the early signs of mental illness

**Who Do We Serve**
Most Common Diagnosis

- Major Depression
- Anxiety Disorders, including Post-Traumatic Stress Disorder
- Bipolar Disorder
- Schizophrenia
- Major Depression and Anxiety Disorder disproportionately affect vulnerable populations (e.g., older adults)

Some MH Numbers

Suicide rate is about 50% higher among older adults compared to the nation as a whole

20% of Americans 55+ with depression and anxiety disorders

American Association for Geriatric Psychiatry, 2009
American Association of Suicidology 2010, Centers for Disease Control

Symptoms of Depression

- Depressed mood lasting longer than two weeks
- Loss of interest or pleasure in activities
- Disturbed Sleep
- Wait Loss or Gain
- Feelings of Worthlessness or Extreme Guilt
- Difficulties with Concentration or Decision Making
- Noticeable Restlessness or Slow Movement
- Frequent Thoughts of Death or Suicide or an attempt of suicide

Suicide Statistics for the Elderly

- The elderly represent 16% of all suicides in US
- Approximately 84% of the elderly suicides were male
- The greatest risk of all age/gender/race groups are white males over age 85
- Firearms were responsible for 72% of these suicide deaths
- Older adults attempt suicide less often than other age groups. However, they have a higher completion rate

What Services Do We Provide?

- Screening assessment, and diagnosis
- Counseling and Psychotherapy
- Medication Support
- Case Management
- Substance Use Support Services
- 24/7 Crisis Response and Stabilization Services
- Acute Inpatient Hospitalization
- Subacute Inpatient Hospitalization

Service Delivery Model
### Programs

**Prevention Services**
- Senior Support Program of the Tri-Valley
- St. Mary's Center

**Residential Rehabilitation Services**
- Telecare Morton Bakar Center

### Programs

**Evidence-Based Treatment Models**
- **IMPACT Model** at Tiburcio Vasquez Health Center and Asian Health Center
- **Get Connected! Toolkit** for Community-Based Adult Services and Adult Day Care Providers
- **Lavender Seniors** research and training to improve services for the Older Adult LGBT community

### Programs

**Mobile Teams**
- Telecare STAGES
- BACS North County Senior Homeless Program
- City of Fremont Senior Mobile Mental Health Team
- Geriatric Assessment Response Team

### MH Clients Served FY 13-14

![MH Clients Served Chart]

*Total Clients = 35,774
Older Adults = 2,427*

### Geriatric Assessment and Response Team (GART)

**GOAL**: provide recovery strategies and alternatives to hospitalization, and enhance opportunities for independence, resiliency, wellness, and quality of life.

**HOW**: short-term assessments, treatment coordination, medication support, counseling, case management, and crisis support services.

![Geriatric Assessment and Response Team Chart]

### Consumer Stories

Mental Health Practitioners are in the HOPE business. Every person and every family, no matter what the age, no matter what the background, no matter what difficulties, will be recognized for having the strengths and resilience to pursue one's goals, and have the hope and promise of achieving recovery in order to have a happy and meaningful life.
Final Thoughts

1. Identify Older Adults as a Priority Population
2. Educate Ourselves on the Diversity and Severity of Behavioral Health Conditions
3. Build Collaborative Relationships across Aging, Behavioral health, and Primary Care Partners
4. Invest in Evidence Based Practices
5. Incorporate Braided Funding Options from Multiple Funding Streams

QUESTIONS

FOR MORE INFORMATION CONTACT
LILLIAN SCHAECHNER
LSchaechner@acbhcs.org
(510) 567-8194

OR
Wendy Zastawney
WZastawney@acbhcs.org
(510) 891-5642
ALAMEDA COUNTY SURVEY
FOR OLDER ADULTS

August Update

RESPONSE RATE IS INCREASING

PROGRESS
- As of August 6th, there have been 839 responses from people aged 55 and up and who are Alameda County residents
- July was a busy month

TARGET
- For a ‘good’ sample, we need at least 304 surveys. This will statistically cover the 280,742 residents of Alameda County who are 60 years old or older

HOW ARE THEY COMING TO THE SURVEY?

<table>
<thead>
<tr>
<th>How</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>52%</td>
</tr>
<tr>
<td>Webpage</td>
<td>54%</td>
</tr>
<tr>
<td>Mail</td>
<td>12%</td>
</tr>
<tr>
<td>Senior centers</td>
<td>7%</td>
</tr>
<tr>
<td>Non-profit agency</td>
<td>6%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>12%</td>
</tr>
</tbody>
</table>

WHERE ARE SURVEYS COMING FROM?

AGE OF RESPONDENTS

<table>
<thead>
<tr>
<th>AGE OF RESPONDENTS</th>
<th>SURVEY RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>101</td>
</tr>
<tr>
<td>75+</td>
<td>131</td>
</tr>
</tbody>
</table>

GENDER OF RESPONDENTS

<table>
<thead>
<tr>
<th>GENDER OF RESPONDENTS</th>
<th>MALES 185 (68%)</th>
<th>FEMALES 188 (72%)</th>
</tr>
</thead>
</table>

RACE AND ETHNICITY OF RESPONDENTS

<table>
<thead>
<tr>
<th>RACE AND ETHNICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>384 SURVEYS</td>
</tr>
</tbody>
</table>

8/18/2015
73% live in homes
23% live alone
63% do not have a care-giver
10% are veterans & 35% have family members who are veterans
90% drive themselves

Q22. Do you experience any of the following limitations to your daily activity? Please check all that apply.

- Diabetes
- Arthritis
- Joint pains

Q23. Do you experience any of the following health issues? Please check all that apply.

- Cancer
- Diabetes
- Heart Disease
- Stroke
- Arthritis
- Obesity
- Other (please specify)

High Blood Pressure, sleep apnea, depression

Q4. "My level of concern about this is..."

<table>
<thead>
<tr>
<th>Concern</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having the ability to maintain your home</td>
<td>3.48</td>
</tr>
<tr>
<td>Being able to stay in your current home as you age</td>
<td>3.45</td>
</tr>
<tr>
<td>Being included in making decisions that affect your lifestyle</td>
<td>3.45</td>
</tr>
<tr>
<td>Being able to afford housing as you age</td>
<td>3.41</td>
</tr>
<tr>
<td>Having enough income to meet all your basic needs (e.g. food, medical care, housing, etc.)</td>
<td>3.38</td>
</tr>
<tr>
<td>Failing (being at risk of failing)</td>
<td>2.90</td>
</tr>
</tbody>
</table>
Questions?

Next steps....
2011 Consumer Focus Groups

Periodically the Alameda County Area Agency on Aging (AAA) conducts focus groups in order to learn about the needs and concerns within the older adult population. There will be 3 main areas of focus; 1) services to support independent living, *(What services do you need to keep living at home safely?)*, 2) obstacles hindering independent living *(What are the greatest obstacles/threats/barriers you face in living at home safely?)*, and 3) access to information and availability of resources to support independent living *(Do you feel that you are aware of all the services that are available to keep you living at home safely?)*. The focus groups will help the AAA identify services and provide support for Alameda County seniors.

If you are an Alameda County Resident over the age of 55.....Please take a moment to share your needs and concerns by participating in one of the focus groups. Please call the location directly to arrange participation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/12/2011</td>
<td>11:30 am</td>
<td>Downs Community Development Corporation (DCDC) Fishes &amp; Loaves Congregate Nutrition 6026 Idaho St. Oakland 94608 (Senior Survey)</td>
</tr>
<tr>
<td>10/13/2011</td>
<td>2:00 pm</td>
<td>Sojourner Truth Senior Housing 6015 M L King Jr Blvd Oakland 94609 Donna Murphy 510-655-8823</td>
</tr>
<tr>
<td>10/17/2011</td>
<td>10:30 am</td>
<td>Lincoln Court Senior Housing 2400 MacArthur Blvd Oakland 94602 Beverly Karnatz 510-336-1952</td>
</tr>
<tr>
<td>10/18/2011</td>
<td>2:00 pm</td>
<td>Allen Temple Arms Senior Housing 8135 International Blvd Oakland 94621 Shirley Burton 510-562-8962</td>
</tr>
<tr>
<td>10/20/2011</td>
<td>2:30 pm</td>
<td>Miley Gardens Senior Housing 7200 Bancroft Ave Oakland 94605 Sonya Freeman 510-893-1718</td>
</tr>
<tr>
<td>10/25/2011</td>
<td>11:00 am</td>
<td>Hayward Senior Center 22325 North 3rd St. Hayward 94546 Daniela Keiffer 510-881-6766</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Location</td>
</tr>
<tr>
<td>------------</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10/25/2011</td>
<td>2:00 pm</td>
<td>Besaro Mobile Home Community 4141 Deep Creek Rd. Fremont 94555</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marilyn Campbell 510-378-8222</td>
</tr>
<tr>
<td>10/27/2011</td>
<td>10:00 am</td>
<td>St. Mary’s Center 925 Brockhurst St. Oakland 94608</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kim Marsh 510-923-9600</td>
</tr>
<tr>
<td>10/27/2011</td>
<td>1:00 pm</td>
<td>Aitkin Senior Center 17800 Redwood Rd. Castro Valley</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Daniela Keiffer 510-881-6738</td>
</tr>
<tr>
<td>10/28/2011</td>
<td>10:30 am</td>
<td>San Leandro Senior Center 13909 E 14th St. San Leandro</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Louie Despeaux 510-577-3462</td>
</tr>
<tr>
<td>11/1/2011</td>
<td>10:00 am</td>
<td>Fruitvale-San Antonio Senior Center 3301 E 12th St. Oakland 94601</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nalleli Albarran 510-535-6123</td>
</tr>
<tr>
<td>11/1/2011</td>
<td>4:00 pm</td>
<td>Albany Senior Center 846 Masonic Ave Albany 94706</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Isabelle Leduc 510-524-9122</td>
</tr>
<tr>
<td>11/2/2011</td>
<td>12:00 noon</td>
<td>Fremont Senior Center/On Lok Lifeways 40086 Paseo Padre Pkwy Fremont 94538</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cassandra Chan 408-688-1563</td>
</tr>
<tr>
<td>11/3/2011</td>
<td>11:00 am</td>
<td>(CRIL) Community Resources for Independ. Living 439 A St. Hayward 94541</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Esperanza Alvarez-Diaz 510-881-5743</td>
</tr>
<tr>
<td>OMBUDSMAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/3/2011</td>
<td>1:30 pm</td>
<td>Mercy Retirement &amp; Care Center 3431 Foothill Blvd Oakland 94601</td>
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</tbody>
</table>
Alameda County Area Agency on Aging
Schedule for the 2011 Key Informant Focus Group

The Alameda County Area Agency on Aging (AAA) conducts focus groups in order to learn about the needs and concerns within the older adult population. If you provide any capacity of services and assistance to older adults, we invite you to participate on any of the following Key Informant Focus Groups. These groups would take approximately two hours. The focus groups will help the AAA identify services and provide support for Alameda County seniors.

<table>
<thead>
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<th>Location</th>
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<tbody>
<tr>
<td>October 24&lt;sup&gt;th&lt;/sup&gt; Monday</td>
<td>Afternoon</td>
<td>Alameda</td>
</tr>
<tr>
<td>October 27&lt;sup&gt;th&lt;/sup&gt; Thursday</td>
<td>Morning</td>
<td>Berkeley</td>
</tr>
<tr>
<td>November 1&lt;sup&gt;st&lt;/sup&gt; Tuesday</td>
<td>Afternoon</td>
<td>Fremont</td>
</tr>
<tr>
<td>November 2&lt;sup&gt;nd&lt;/sup&gt; Wednesday</td>
<td>Afternoon</td>
<td>Castro Valley</td>
</tr>
<tr>
<td>November 4&lt;sup&gt;th&lt;/sup&gt; Friday</td>
<td>Morning</td>
<td>Pleasanton</td>
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</table>

There will be three main questions being asked in these focus groups. 1. What services or system that is currently working well for older adults in Alameda County. 2. What are the most critical unmet needs for older adults to help them live independently at home. 3. What other possibly new services or partnership that can be fostered to address the unmet needs for older adults living in Alameda County.

For questions please contact Lisa Ho, Lho@acgov.org, 510-577-3531
RSVP is not required but much appreciated for planning.