

18. Held from March 26, 2024 (Item No. 19): Under advisement from November 7, 2023 (Item No. 13): Receive report from the Behavioral Health Services Department relating to improving access to mental health care services for older adults in the County. (ID# 24-5369)



24-5369

DATE: April 16, 2024

TO: Board of Supervisors

FROM: Sherri Terao, Director of Behavioral Health

SUBJECT: Report on the Mental Health Needs of Older Adults

RECOMMENDED ACTION

Held from March 26, 2024 (Item No. 19): Receive report from the Behavioral Health Services Department relating to improving access to mental health care services for older adults in the County.

FISCAL IMPLICATIONS

There are no fiscal implications associated with receiving this report.

REASONS FOR RECOMMENDATION AND BACKGROUND

On November 7, 2023 (Item No. 13), the Board approved a referral from Supervisor Simitian and Supervisor Ellenberg asking the Administration to provide options to improve access to mental health services for older adults. This report is organized into two parts. The first part describes the unique characteristics and needs of older adults and summarizes the relationship between older adults' health coverage(s), health networks, and the severity of mental health conditions. The second part of the report outlines County services available to and specifically designed for older adults, as well as barriers to care, and recommendations on how the County and its partners could address service gaps.

Part One

Mental Illness among Older Adults

The United States Census Bureau estimates that approximately 15% of the population in Santa Clara County, or nearly 300,000 people, are aged 65 and older. In alignment with BHSD's designation of older adults and for purposes of this report, the age of "older adults" is defined as individuals aged 60 years and older.

Mental illnesses include many different conditions ranging in severity from mild to moderate to severe. According to data from the National Institute of Mental Health (NIMH), in 2021

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15% of adults aged 50 and older had mental illness of any degree, and 47.4% of them received mental health services. The most severe mental illnesses are categorized as serious mental illness (SMI), which are those conditions that result in significant functional impairment, interfering with or limiting one or more major life activities. NIMH reports that the prevalence of SMI in adults ages 50 and older is 2.5%, with 71% of those people receiving mental health services.

While these data include people outside of the age range specified for this report, the prevalence and service rates for adults aged 60 and older are assumed to be comparable, supported by data from the World Health Organization (WHO), which reports that the prevalence of mental illness in adults aged 60 and older is 14%. According to the Centers for Disease Control (CDC), approximately 5% of adults aged 65 or older experience depression and mood disorders. These same conditions impact approximately 13.5% of older adults who receive in-home health care or are hospitalized.

Based on the NIMH and WHO estimates above, approximately 15% of older adults are believed to have a mental illness and 2.5% of older adults have SMI.

Unique Characteristics and Needs of Older Adults

Mental illness is not a natural part of aging. However, aging can bring life changes that impact mental health, including managing serious illness or losing loved ones. While many older adults have the support and resilience to manage through these changes, others may experience deeper feelings of loneliness, grief, and isolation which can lead to mental health concerns like depression and anxiety.

According to the CDC, approximately 80% of older adults have at least one chronic health condition, and 50% have two or more. This puts older adults at increased risk of depression as depression is more common in people who have other illnesses. Suicide rates are higher among older adults. While people aged 55 and older make up about 26% of the population in Santa Clara County, 39% of suicide deaths in 2022 were people aged 55 and older. People aged 85 and older have the highest suicide rate (21 per 100,000) compared to other age groups. Data also show that older adults use more lethal means.

The symptoms of mental illness in older adults may mimic symptoms of aging, so older adults may not seek treatment because of shame or fear that their concerns will be dismissed as part of the aging process. Older adults may be more likely to report physical symptoms than mental health-related symptoms and may not recognize that their mental health is suffering. Negative stigma around mental illness and suicide is still prevalent and higher among older adults, which may also result in an older adult not acknowledging emotional or mental health concerns. Older adults without family, a caregiver, or consistent social interactions may also not have anyone to recognize changes in their normal mood, behavior,

and activity. Finally, some illnesses like thyroid disease, diabetes, and cognitive impairments can mimic the symptoms of mental illness. These concerns and others highlight the need for healthcare providers to thoroughly assess their older adult patients to make proper diagnoses, concurrently address physical and mental health needs, and connect their patients to appropriate treatment.

Healthcare Coverage for Older Adults

The mental health services that are available to older adults depend on their level of need and type of healthcare coverage (i.e., payor status) or ability to pay. In order to appreciate how older adults access and pay for mental health services, it is important to understand the various types of healthcare coverage available to this population. Older adults may have one of several types of healthcare coverage, each with its own set of benefits and limitations.

- **Medicare** – People aged 65 and older with a qualifying work history, as well as some younger people with certain disabilities, may be eligible for Medicare. This Federal program generally pays 100% of preventative costs and 80% of other costs, and there are no income or asset limits to qualify.
- **Medi-Cal** – Federal Medicaid plus a State component provide health insurance for people with limited incomes and financial resources, including people under age 65. In most cases, Medi-Cal members do not have to pay for covered services, premiums or deductibles. Some members receiving long-term care may have an income-based share of cost requirement.
- **Medi-Medi or Dual Eligibility** – Some people qualify for both Medicare and Medi-Cal, known as dual eligibility. Medi-Cal can cover some services that Medicare may not. The California Health and Human Services Open Data Portal reports that 64,227 people in Santa Clara County have dual eligibility as of January 2024. Note that some providers who participate in Medi-Cal do not participate in Medicare and vice versa, which could limit a person’s provider options.
- **Commercial or Other Insurance** – Coverage provided through employers, the Covered California marketplace, or other private health insurance plans varies depending on the plan type and provider. VHP members not on Medi-Cal would fall under this category.
- **Uninsured or Un-sponsored** – This includes people without private health insurance or a government-sponsored plan.

The provision of mental health treatment is typically organized by the level of severity and a person’s payor status. For example, the County’s BHSD is the Medi-Cal Mental Health Managed Care Plan and State-designated provider of Specialty Mental Health Services (SMHS), which are those services provided to people with severe mental health service

needs. This means that BHSD is the primary entity responsible for providing mental health services for Medi-Cal members with SMI.

People who have mild to moderate mental health needs typically receive services through their primary care physician (PCP) and health plan's network, whether that is a Medi-Cal Managed Care Plan, a Medicare plan, or other insurance. In Santa Clara County there are three Medi-Cal Managed Care Plans (MCPs): Santa Clara Family Health Plan, Anthem Blue Cross, and Kaiser Permanente.

Navigating Medicare can be complex as the options to access care and the co-pays or coinsurance depend on which parts of Medicare the recipient elects to receive, if they decide to join a healthcare network with traditional Medicare or through a Medicare Advantage plan, if they have notable income or resources, if they qualify for Medicare Supplemental Insurance (i.e., Medigap) or Medicare Savings Program, and more.

Coverage of Medicare benefits is provided through either traditional Medicare or Medicare Advantage commercial plans, each supporting about half of all recipients. With traditional Medicare, people can select their own providers so long as the provider agrees to Medicare assignment¹. While SCVH accepts Medicare as a payor, Medicare members constitute a minority of SCVH patients. Medicare Advantage plans are typically Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) plans administered by commercial insurance companies, so members must utilize in-network providers or pay out-of-pocket.

Most Medicare plans involve monthly premiums and cost sharing. Various programs may be available to help an older adult cover their share of costs, such as premiums, deductibles, copays, and coinsurance.

- For people with traditional Medicare, there are four Medicare Savings Programs that recipients can apply for through the State to help with Medicare Part A (hospital insurance) and Medicare Part B (medical insurance). “Extra Help” is a program that helps with Medicare Part D (prescription drug coverage). Eligibility for these programs is typically based on the member's income and resources.
- Another opportunity for a traditional Medicare beneficiary to receive assistance is through a Medigap policy, which is health insurance sold by private insurance companies to help pay some of the health care costs not covered by Medicare. With a Medigap policy, a beneficiary would still need to pay their Part B and Medigap premiums.

¹ Assignment in Medicare is an agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

- Medicare Part C is a type of Medicare-approved health plan from a private company that a beneficiary can choose to cover most hospital and medical benefits in lieu of traditional Medicare. These are also known as Medicare Advantage Plans. These plans usually include drug coverage. The costs to beneficiaries of Medicare Advantage Plans vary.

Only 6% of Medicare members have no additional coverage.

Part Two

Existing County Services Available to and Designed for Older Adults

The County provides many services that are available to and designed for older adults and their mental health needs. Many of these services are described here, organized by the department or agency leading the effort.

Behavioral Health Services Department

The County, through directly provided services or by utilizing BHSD County Contracted Providers (CCPs), is the State-designated SMHS provider for Medi-Cal members. Older adults on Medi-Cal can receive SMHS if the services are medically necessary and if they meet access criteria. The access criteria include having a significant impairment or reasonable probability of deterioration in life functioning; the impairment or deterioration must be due to a diagnosed or suspected mental health condition. In calendar year 2023, BHSD saw 2,861 older adults for at least one service, comprising 9.3% of total people receiving mental health services.

According to the *Fiscal Year (FY) 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review* report (EQR report), the County's penetration rate (the percentage of SMHS eligible beneficiaries with a SMHS claim) for people ages 65 and older was 1.66%, which is slightly lower than that of similarly sized counties (1.69%) and statewide (1.95%). The EQR report also assesses the system's performance in providing timely care and rated the County as having met each of the key components of timeliness. Timeliness standards are considered for the whole system of care and not delineated by age.

There are four points of entry for SMHS services provided through BHSD. These include: the Behavioral Health Services Call Center, walking into a BHSD clinic, community-based referrals, and referrals from the justice system. From the point of entry, people are assessed and referred to a service that aligns with their presenting level of service need.

In addition to SMHS, BHSD also provides some Prevention and Early Intervention services designed for Older Adults, primarily funded by the Mental Health Services Act (MHSA). One example is the Elder Storytelling program, which leverages culturally based storytelling techniques, tapping into the traditional role of elders to transmit culture. This initiative

empowers older adults to develop and share their life stories in their native language within family and community settings, promoting emotional well-being and community connection.

The County's Suicide Prevention initiative includes a strong focus on serving older adults among its six key objectives². In FY 2022-23, the Suicide Prevention Oversight Committee added a subgroup focused on older adults, and the Suicide Prevention Program hired a Suicide Prevention Coordinator to focus on the older adult population. FY 2023-24 goals include enhancing partnerships, raising awareness about older adult suicide prevention through education and outreach, and promoting healthy connections. Additionally, research indicates that older adults who die by suicide often visited a physician in the year before their death. To address this, the Suicide Prevention Program provides suicide prevention consultation and trainings to County Behavioral Health clinical sites and primary care service providers, with whom older adults often have regular contact. As firearm is the most common means of suicide among older adults, the Suicide Prevention Program collaborates with the County's Gun Safety & Violence Prevention Workgroup to work on gun safety. More detailed information is included in the FY 2022-23 Suicide Prevention Annual Report, which was received at the Health and Hospital Committee meeting on January 17, 2024 (Item No. 11).

In June 2011, the County convened a Summit on Older Adult Mental Health Needs to identify the most critical and feasible steps to improve the system. The subsequent report on findings detailed six key recommendations³ and accompanying strategies suggested by attendees. Since then, BHSD has implemented several of the recommended strategies included in the report and reports on the outcomes of this implementation to the Children, Seniors, and Families Committee (CFSC) annually. The most recent Older Adult Summit Annual Report was received by CFSC on February 2, 2024 (Item No. 6).

Santa Clara Valley Healthcare (SCVH)

At SCVH, Primary Care Behavioral Health (PCBH) addresses mild to moderate behavioral health issues through screening, diagnosis, treatment, patient education, and ongoing support within the primary care setting. PCPs routinely screen patients for behavioral health concerns during medical visits. In FY 2022-23, 2,297 (or 3.02%) of the older adults served by SCVH received mild to moderate mental health services compared to 3.51% of the patient population ages 59 and younger.

² The six key objectives of the County's Suicide Prevention strategy include: (1) Strengthen suicide prevention and crisis response systems, (2) Increase the use of mental health services, (3) Reduce access to lethal means, (4) Improve messaging in media about suicide, (5) Improve social-emotional skills and resiliency, and (6) Increase connectedness and sense of purpose.

³ The six key recommendation's themes resulting from the County's Summit on Older Adult Mental Health Needs include: (1) Community Education and Advocacy, (2) Access and Engagement, (3) Service Integration and Quality, (4) Training and Professional Development, (5) Family, Caregiver, and Peer Support, and (6) Policy Development.

If a patient is diagnosed with mild to moderate behavioral health conditions, the PCP may consult with or refer to a PCBH psychiatrist for medications, or to PCBH providers (i.e., clinical social workers and psychologists) for therapy and other interventions. SCVH estimates that up to one third of patients who receive mild to moderate care through PCBH may ultimately need a higher level of care and qualify for specialty mental health services. If a patient needs a higher level of behavioral health services, the PCP can refer the patient to BHSD and other agencies, as appropriate. This approach meets the unique needs of older adults by providing comprehensive, coordinated, and holistic care that addresses both their physical and mental health needs.

Additionally, at the Valley Health Center (VHC) Downtown Geriatric Clinic, a PCBH psychologist conducts testing with a specific focus on conditions that may resemble mental health issues but could be age-related medical conditions (e.g., dementia vs. depression). This approach supports early detection, intervention, and a holistic approach to geriatric care.

The County faces a notable gap for adults needing Skilled Nursing Facility (SNF) level care who have a mental health diagnosis as there are no SNFs in Santa Clara County with Specialized Treatment Program (STP) beds for adults with behavioral health needs. Individuals with SMI are regularly refused care at SNFs because the SNF does not feel equipped to provide necessary supplemental supports to this population. To address this need, SCVH has identified and is in the design development stage of renovating a two-story wing of the Valley Health Center in Morgan Hill into a SNF. The first floor would house an 18-bed SNF with a STP for adults with behavioral health needs, and the second floor would operate as an 18-bed traditional SNF. The Administration has started to identify opportunities to obtain funding for this capital project, including pursuing State of California Behavioral Health Continuum Infrastructure Program (BHCIP) funding when the next funding round opens.

Valley Health Plan (VHP)

As of early April 2024, VHP had 37,930 older adult members. County retirees and In-home Support Services providers are notable populations of older adults served by VHP. While VHP does serve Medi-Cal members aged 60-64, if a Medi-Cal member becomes dually eligible for Medicare when they turn 65, that member reverts to Santa Clara Family Health Plan. Active County employees aged 60 and older may also be VHP members.

VHP contracts with multiple medical groups, independent physician associations, community clinics, and independent providers to provide care to its members. VHP has four product lines, or benefits packages, each with a different grouping of provider networks tailored to the product line's funding source and membership. When a member chooses their PCP, they are assigned to the provider network to which their PCP belongs, and primary and specialty care is provided within that network when possible. Older adults seeking mental health

services would receive those through their provider network, or through a VHP-contracted provider if their provider network does not include the appropriate level of mental health services.

Social Services Agency (SSA)

Since 2013, Adult Protective Services (APS) and BHSD have forged a collaborative effort through the Connections program. Through this initiative, a BHSD therapist is embedded within APS to deliver vital mental health services to APS clients. These clients may exhibit signs of mental health issues, suffer from serious psychiatric illness, or have experienced trauma. The therapist offers in-home mental health support and facilitates connections to SMH services or additional community resources as needed.

In partnership with the Department of Employment and Benefits Services (DEBS), two BHSD staff members are co-located at the General Assistance (GA) office to conduct mental health screenings for GA applicants. This proactive approach aims to identify individuals in need of mental health support and seamlessly link them to appropriate care services. Treatment and mental health services are provided by connections to BHSD. While GA is not exclusive to older adults, the GA programs served 579 older adults in 2023, 8.6% of all GA recipients.

The Senior Nutrition Program plays an important role in supporting the mental well-being of older adults. Through both Dine-in Meal sites and the Home-delivered Meal Program, opportunities are provided for older adults to mitigate isolation and foster social connections. These social interactions are known to have a positive impact on mental health, contributing to overall well-being and quality of life. The Senior Nutrition Program serves approximately 16,700 older adults each year.

As part of the Age Friendly Silicon Valley effort, the Access to Technology initiative is a partnership with the County and seven community-based organizations. Access to technology is crucial for equal opportunities but older adults often face barriers, so the program provides free devices, digital literacy training, and assistance in enrolling older adults in the Affordable Connectivity Program (ACP) for free internet access. This can help older adults access telehealth services.

The Seniors' Agenda, managed under the Department of Aging and Adult Services, participated in BHSD's MHSA community conversation focus groups and community-wide survey administration to gather community input and feedback from older adults about mental health and substance use service needs in Santa Clara County. Data from the 2023 survey and community conversations identified the Behavioral Health Peer Navigator program as a strength for older adult services.

Barriers to Care and Service Gaps

System Complexity

The systems that provide and pay for mental health services for older adults are complex. The provision of mental health treatment is typically grouped by level of severity and payor status. The County's BHSD has a responsibility to provide specialty mental health treatment for Medi-Cal recipients and others with SMI, and SCVH provides mild to moderate mental health services to older adults who have selected SCVH as their provider. However, the vast majority of older adults with mild to moderate mental health needs seek services from health networks beyond the County, which limits the ways that the County can directly impact care for all older adults.

Bed Capacity for Dual Care Needs

One notable system gap is that there are not enough SNFs that have expertise in caring for people who have physical health needs and SMI. Most of the facilities with that dual capacity are locked facilities to serve people on Lanterman-Petris-Short (LPS) holds or conservatorship. In addition to having insufficient SNF capacity, this creates a backlog in discharges from other residential treatment facilities as there are not enough places to send people who should be discharged to a higher level of care.

High Suicide Rates

In 2022, rates of death by suicide were higher for older adults than any other age bracket. Adults ages 85 and older had the highest rates, at 21 suicides per 100,000 people. Older adults also used firearms as their method of suicide more than any other age group. Older adults who die by suicide often visited a physician in the year before their death.

Access Challenges

Older adults face a variety of access issues related to receiving mental health services. Common access concerns include:

- Older adults who face mobility or transportation challenges may have difficulty getting to a clinic or other location where mental health services are provided.
- Telehealth, which can be a solution to mobility and transportation challenges, may be difficult to access because of an older adult's understanding of the technology or because they may not have a device that they can use to connect to a telehealth appointment. Most psychiatry services at CCPs are provided through telehealth instead of in person.
- Telehealth can make people feel further isolated.
- Though the County's access timeliness standards meet the State's requirements, in 2023, approximately 48% of older adults referred to a service by the BHSD Call Center did not subsequently enroll in any service.

Diagnosis Timeliness

There are several symptoms that are similar between physical health concerns and mental health concerns. For example, forgetfulness is a symptom of both dementia and depression. Many of the physical health concerns that mimic symptoms of mental illness see their onset as someone ages, so as these symptoms present, it may become essential for the patient to have a cognitive assessment. In SCVH, cognitive assessments are performed by licensed psychologists; typically, ambulatory care clinics have a Primary Care Behavioral Health (PCBH) team that includes a psychologist. BHSD clinics do not have staff who can conduct neural testing. The wait to receive this kind of evaluation can be 2-3 months, and BHSD reports seeing increased requests for this type of testing.

Workforce Shortage

The mental health services industry generally has a workforce shortage, and this is exacerbated in clinical positions requiring a license and positions that specialize in serving older adults. Related, until January 2024, some licensed clinical positions recognized by the State (e.g., Licensed Marriage and Family Therapists) were not recognized by Centers for Medicare & Medicaid Services (CMS) and were not allowed to bill Medicare. Another workforce related issue is that many licensed clinicians in private practice only accept clients who will pay out-of-pocket. Anecdotal reports from clinicians in private practice cite slow payments and the necessity for complex billing infrastructure as reasons they do not accept Medicare.

Stigma

Many older adults, especially black, indigenous, and other people of color (BIPOC) elders, still experience or perceive stigma associated with mental illness and may not accept treatment options if they are presented as options to improve mental health.

Affordability of Care

Older adults who do not qualify for Medi-Cal and do not have a significant amount of extra income may not be able to afford mild to moderate mental health services through their PCP. In addition to monthly premiums for their Medicare coverage, they may also be required to pay co-pays or have other cost-sharing requirements. They may also have to consider deductibles and the cost of prescription medications.

Recommendations for Improving Mental Health Services for Older Adults

Even though the County may not provide healthcare for most Medicare patients, there are opportunities to better serve older adults in part because the County's various safety-net programs provide opportunities to engage with and support older adults. Outlined below are six areas or categories of work the County may undertake. The Board's direction would

enable Administration to prioritize and develop next steps for some, all, and/or additional recommendations.

Increase SNF Beds with Behavioral Health Expertise

Facilities and Fleet (FAF) and SCVH have worked on cost estimates and other planning for rehabilitating the County-owned SNF in Morgan Hill (Morgan Hill SNF). Planning efforts are focused on operating the first floor as a SNF with STP for adults with co-occurring medical and behavioral health needs and the second floor as a traditional SNF.

Administration is developing plans to submit to the State in summer or fall of 2024. The County could apply for a State of California Behavioral Health Continuum Infrastructure Program (BHCIP) grant to contribute to the Morgan Hill SNF capital improvement project. The BHCIP Round 6 Request for Applications is expected to be issued in some time in 2024. In addition, the County could apply for capital funding associated with Proposition 1.

Expand Suicide Prevention for Older Adults

In 2010, the Board of Supervisors established the Santa Clara County Suicide Prevention (SP) Program and Suicide Prevention Strategic Plan. The Board receives annual updates on this effort. The SP Program coordinates the Suicide Prevention Oversight Committee and four workgroups. In FY 2022-23, the Older Adults Suicide Prevention Subgroup was formed. The subgroup identified the following needs and established them as FY 2023-24 goals: enhancing partnerships, raising awareness about older adult suicide prevention through education and outreach, and promoting healthy connections. The SP Program's contractor, Community Connections Psychological Associates (CCPA), provides support for primary care and behavioral health clinical sites seeking to enhance their system-wide suicide services. The SP Program also collaborates with the County's Gun Safety & Violence Prevention Workgroup.

The following recommendations are included in the County's Suicide Prevention plan:

- Increase SP and mental health trainings and outreach, especially to senior care providers, staff, and volunteers working at the Senior Nutrition Program, Senior Centers, and In-home Support Services (IHSS).
- Reduce social isolation and loneliness among older adults by increasing peer support groups and promoting Access to Technology programming in partnership with the Social Services Agency (SSA).
- Enhance identification of older adults at risk for suicide and access to clinical SP services by increasing staff familiarity with screening tools and policy support and training for staff.

In addition, the County could increase support and resources for firearm safety efforts. For

example, PCPs could take Counseling on Access to Lethal Means (CALM) training so they are prepared to talk to older adult patients about means safety, as well as incorporate questions about firearm ownership and storage practices into routine health assessments.

Enhance Existing Older Adults Services including Safety-Net Programs

- BHSD and the SSA partner in the Connections program where a therapist provides in-home mental health services for APS clients and may link clients to additional community resources. Connections focuses on older adults who are reported to be isolated in their homes. The County could consider expanding the Connections program as part of the FY 2025-26 budget process, giving the Administration time to determine the scope of the need, corresponding level of expansion, and funding sources.
- SSA also operates the Access to Technology program, which offers older adults a chance to equip themselves with the hardware, knowledge, and support to confidently access the internet, which could be a tool to help older adults access telehealth services. The County could expand the Access to Technology program as part of the FY 2025-26 budget process, giving the Administration time to determine the scope of the need, corresponding level of expansion, and funding sources.

Improving Access for BHSD Patients

BHSD could analyze the causes of the slightly lower penetration rate for older adults in Santa Clara County compared to other similarly sized counties and statewide. This analysis could be completed by the end of the calendar year and could include three focus areas.

First, BHSD could analyze why some older adults do not enroll in services after reaching out to the BHSD Call Center.

Second, BHSD could consider developing an outreach team as part of its Call Center to provide screening, referrals, and education about mental health resources at places where older adults gather or seek services.

Third, the BHSD could work to increase existing patients' access to services. All BHSD outpatient programs have the capability of providing services "in the field" (e.g., in a person's home) even though field-based services are mostly associated with mental health intensive outpatient programs. BHSD could analyze barriers faced by older adults and work with its provider network to provide the appropriate mix of field-based services, telehealth appointments, in-person appointments, and support services (e.g., transportation assistance).

Improving Access for SCVH Patients

SCVH has psychologists in each of its clinics with PCBH. These psychologists perform cognitive assessments for patients referred by their primary care physician (PCP) and by

BHSD clinicians. The County could explore the reasons for wait time for cognitive assessments and identify ways to decrease wait times so that patients can be diagnosed as soon as possible. If the reasons are primarily related to workforce shortages, the County could partner with the State and other entities to identify other potential solutions.

Increase Training for Staff Working with Older Adults

- When SCVH patients need assistance with Medicare applications, they are directed to Sourcewise, a community-based organization (CBO) serving older adults. As part of its Health Insurance Counseling & Advocacy Program (HICAP), Sourcewise offers state-registered Medicare counselors who can provide personalized assistance and guidance. To further support older adults in addressing the affordability of mental health services, the County could expand the knowledge base of the Behavioral Health Navigators and their linkages to resources so they can help older adults get connected to Sourcewise and other resources to assist older adults in accessing Medicare financial assistance.
- Staff in client and patient facing roles in BHSD, SCVH, SSA, and other departments could be educated about the Access to Technology program so that they can make referrals to the program for older adults who would like technology support.
- In-home Support Services (IHSS) provides services for and employs a significant number of older adults. IHSS providers could be trained in Mental Health First Aid, Critical Incident Stress Management, and grief support so that they are better equipped to help the people in their care identify mental health concerns.

Partner with the State to Address Workforce Shortages and Mental Illness Stigma

With the passage of Proposition 1 in April 2024, funding that currently comes to counties to support behavioral workforce development and community education will revert to the State in FY 2026-27. The County could work with the State on workforce development programs to address clinical workforce shortages, as well as on expanding anti-stigma and education campaigns to increase awareness of mental health and willingness to seek help. The County could consider implementing these education and stigma reduction programs or materials alongside programming focused on social determinants of health and utilized by older adults like Meals on Wheels, Senior Nutrition, and senior housing programs.

CHILD IMPACT

The recommended action will have no/neutral impact on children and youth.

SENIOR IMPACT

The recommended action will have a positive impact on seniors by ensuring that BHSD and its partner agencies continue to make advancements in the provision of behavioral health

services to the older adult population of Santa Clara County.

SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

CONSEQUENCES OF NEGATIVE ACTION

The report will not be received.