



Prevention and Intervention Planning Process
Report on Adults and Older Adults
August 29, 2018

Introduction

The Prevention and Intervention services planning group for adults and older adult programs met on August 29, 2018. The group discussed the following overarching ideas and identified eight community needs. The following tables summarize the ideas discussed for consideration for each identified community need, the potential gaps and identified possible action steps. The table also lists the known services being provided by the County and in the community at large, though it does not provide details of the services or their ability to meet the current need.

Overarching Ideas:

- A comprehensive Resource Inventory is needed
- Peer support model to assist older adults with Navigation
- Stigma continues to be a significant barrier

Identified Community Needs for Adults and Older Adults

1. Expand Older Adult Services capacity to address current waitlist for services
2. Expand Older Adult Services' eligibility to include adults 50 years and Older
3. Training of Support Service providers
4. Transportation
5. Resource Inventory
6. Systems Navigation
7. Stigma Reduction
8. Networking Opportunities

1. Identified Community Need: Expand Older Adult Services capacity to address current waitlist for services

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps and Action
<p>1. Expand existing Early Intervention services to address the current wait list for services. Vietnamese and Cambodian participants have a waitlist for EISOA programs.</p> <p>2. Expand Geropsychiatric services</p> <p>3. Expand therapeutic/clinical services for older adults especially Cambodian and Tagalog speaking participants (currently, there is a waitlist). Add more depression screenings to determine the difference between dementia and depression.</p> <p>4. Funding for art therapy supplies</p>	<ul style="list-style-type: none"> • Human Options: Counseling, psycho education. • County contracted EISOA from MECCA and Council on Aging: serves 60 year and older adults; monolingual Vietnamese, Farsi, Cambodian, Spanish, Arabic, Russian, and Chinese communities. Services include Case management, psycho education, socialization groups, geropsychiatry, home visits, and support groups. • Senior Centers • Senior Assistance for Legal services • Wellness Centers • REI Education services 	<p>Early Intervention Services for 50-59 years of age, specifically geropsychiatry and ongoing in home counseling and other mental health services.</p> <p><u>POSSIBLE ACTION I:</u> Consider expanding contracted Older Adults Services.</p> <p><u>POSSIBLE ACTION II:</u> Consider expanding Geropsychiatric services. Partner with CalOptima.</p> <p><u>POSSIBLE ACTION III:</u> Consider hiring County bilingual therapists to be placed at provider sites in Cambodian and Tagalog (similar to Access Cal’s therapist).</p>

2. Identified Community Need: Expand Older Adult Services' eligibility to include adults 50 years and Older

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<p>1. Expand eligibility of services to include 50 years and older especially from the immigrant communities and those who are monolingual. They are unable to be employed. Need for case management and other early intervention services is needed.</p>	<p>No services were identified beyond senior centers.</p>	<p>Early Intervention Services for 50-59 years of age.</p> <p><u>POSSIBLE ACTION:</u> Consider expanding eligibility criteria to include 50 years and older adults.</p>

3. Identified Community Need: Training of Support Service providers

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<p>1. Training of support service providers or community members/Promotors (for e.g. Meals on Wheels drivers) to recognize signs and symptoms and provide resources.</p>	<p>MECCA has a training for para professionals on recognizing signs and symptoms</p>	<p>Systematic training of individuals who are “touchpoints” for Seniors. This can include community members or advocates as well as health navigators.</p> <p><u>POSSIBLE ACTION:</u></p> <p>Consider training opportunities for support service providers and community members who interface with Seniors in recognizing signs and symptoms and available resources.</p>

4. Identified Community Need: Transportation

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<p>1. Need Transportation services for seniors especially those who are homebound. Many seniors don't drive or have access to transportation. They need transportation to access basic needs, doctor's appointments, or EISOA classes at senior centers. There are not sufficient bus routes. Takes 2-3 hours to reach their destination.</p>	<p>Senior Access program but has restricted access. Also, the cost is \$7.20/ride. People on SSI cannot afford.</p>	<p>Transportation</p> <p><u>POSSIBLE ACTION I:</u></p> <p>Consider funding for OCTA vans for one-time limited funding.</p> <p><u>POSSIBLE ACTION II:</u></p> <p>Need to make community connections to the provider of the \$1 million dollar transportation project recently funded by MHA at CSS.</p>

5. Identified Community Need: Resource Inventory

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<p>1. A Resource Inventory of all available services in the County. CalOptima's Study has also identified this need.</p>	<p>Nothing is available as Rainbow guides are no longer available. Network of Care, 211 and OC Links are some options that are currently used.</p>	<p>A comprehensive Resource Inventory, Community is not knowledgeable of available services or how to access them.</p> <p><u>POSSIBLE ACTION:</u> Consider a public/private Partnership to create a data base/Resource Inventory. CSUF is currently completing one. Create partnerships to complete the Resource Inventory.</p>

6. Identified Community Need: Systems Navigation

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<p>1. Need for Peer Navigators and train existing senior peer navigators</p> <p>2. Resource Guide for Older Adults</p>	<ul style="list-style-type: none"> • EISOA • Outreach and Engagement services • Senior Centers • COA has a newsletter with Senior Resources 	<p>Peer navigators for seniors</p> <p><u>POSSIBLE ACTION I:</u> Expand EISOA/ and Outreach and Engagement Services to add senior peer navigation. (Add retirees as Peer Navigators).</p> <p><u>POTENTIAL ACTION II:</u> Fund a Resource Guide for Older Adults.</p>

7. Identified Community Need: Stigma Reduction

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<p>1. Stigma continues to be an issue for immigrant and LGBTIQ groups in particular.</p>	<p>Community Organizations that serve immigrant and LGBTIQ groups address Stigma in services.</p>	<p>Stigma Reduction messages</p> <p><u>POSSIBLE ACTION:</u> Target ethnic communities via media (radio and TV) as it has a larger impact.</p>

8. Identified Community Need: Networking Opportunities

Ideas for consideration presented by group	What is already available as far as we know	Potential Gaps
<p>1. Networking opportunities at the organization level and the community level.</p>	<p>Networking opportunities and conferences are available but providers often operate in “Silos of Excellence.”</p>	<p>Systematic networking opportunities</p> <p><u>POSSIBLE ACTION:</u> Possible creation of systematic opportunities for networking and leveraging services (for e.g. between HCA/SSA/community providers/EDD).</p>