

COUNTY OF ORANGE  
HEALTH CARE AGENCY  
BEHAVIORAL HEALTH ADVISORY BOARD

Matthew Holzmann  
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**Older Adults Behavioral Health Committee**

16 November, 2022 / 2:00 – 3:30 p.m.

Join Zoom Meeting:

<https://psjhealth.zoom.us/j/7204188516>

Meeting ID: 720 418 8516

Dial by your location / +1 669 900 6833

**MEETING NOTES**

*"Never doubt that a small group of thoughtful, committed citizens can change the world!"  
Margaret Mead, PhD / Anthropologist*

**1. Welcome and Introductions:** Karyl Dupée, Chair

Members in attendance: Diane Holley, Karyl Dupee, Hason Vu, Eleni Hailimariam

Members of the public: Jocelyn Rubio, Linda Smith, Lissane Ramirez, Christine Tran-Le, Shelly Ngo, Amanda Evnik, Alan Albright, Steve McNally, Marco Rodriguez, Mae Alfaddaghi, Rhiannon Doscher,

**2. Public Comment-** N/A

**3. Old Business:**

- A. Create new Committee goals based on the California / OC Master Plan on Aging (MPA) (<https://mpa.aging.ca.gov/>) which will address mental health issues and goals within the MPA's "Five Bold Goals for 2030", and particularly within Goals 2,3, and 4 (see attached committee recommendations);
- B. Increase cost-effective and timely housing options for older adults with serious mental health needs, with payments to providers to reflect market level prices;
  - We submitted this idea to the OC BoS in a letter of recommendation – 2021;

**4. New Business:**

- A. Update on Current State of Pilot Proposal:
  - 1) MHSA Innovation Project Possibility
- B. Consider behavioral health topics and questions to offer for the Master Plan on Aging Survey planned for OC
  - 1) Behavioral Health Topics Pertinent to Older Adults – Review MPoA Goals:
    - a) Housing for All Ages and Stages; b) Health Reimagined; c) Inclusion and Equity – Not Isolation;
    - d) Caregiving that Works; e) Affordable Aging.
  - 2) Specific Questions and Wording to Standardize and Utilize with the Master Plan on Aging Survey
  - 3) The committee reviewed the Master Plan on Aging Survey and discussed how they can get some of the various older adult programs and centers where they can reach older adults.

Below are suggestions discussed from all members and public in attendance:

- 1) Access to service
- 2) they need better understanding of what the questions are, have questions be more direct. Example: when using the word "depressed" explain what is depression
- 3) Medication questions
- 4) loneliness
- 5) physical health needs and access
- 6) substance use amongst older adults
- 7) Trauma and loss and the impact that loss has on everyone and how to go about remedying the loss
- 8) ask what are the strengths of aging
- 9) how well do you think you can bounce back to normal after going through a hard time?

10) identifying the signs of substance use and how to help others in your family who are dealing with an SUD issue as well as how to create an impact in their lives. 11) Family history of suicide 12) Do you know how to access mental health resource 13) access to technology (wifi and device) 14) Have you ever been diagnosed with any of the following mental health condition such (include a list), have you been diagnosed with any neuro-cognitive condition? And do u have a family history of dementia?15) do you know who to call when you need to talk to someone? 17) is there any suicide history in your family? 18) have you ever been in so much pain that you thought of taking your own life? 19) question tailored towards the older adult's veteran population (Karyl will contact Chase and Dr. H will forward some already formulated questioned) 20) have you ever been diagnosed with PTSD? 21) do you have any physical and sexual trauma?

Some feedback provided: 1) Providers should be targeted and trained on services and needs of OA's 2) the survey should be provided in paper and with a live person to allow better understanding 3) include a question geared towards Older Adults that are raising their grandchildren.

C. Action Item:

- Find by majority vote: the following findings under Government Code section 54953(e)(3): (1) The BHAB's Older Adult Behavioral Health Committee has reconsidered the circumstances of the state of emergency currently in effect; (2) The state of emergency continues to directly impact the ability of the members to meet safely in person.
- Set a meeting for 21 December 2022, to make findings pursuant to Government Code section 54953(e).

Name	Yes	No	Abstain
Diane Holley	X		
Karyl Dupee	X		
Eleni Hailimariam	X		
Frank Hernandez			
Helen Cameron			
Hasan Vu	X		

**Adjourn / Next Meeting:** Wednesday, 21 December 2022 / 2:00-3:30 p.m. / Zoom

\*You may request supporting documentation distributed to the Behavioral Health Advisory Board as related to the agenda items upon request from Karla Perez, [kperez@ochca.com](mailto:kperez@ochca.com)

\*In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Behavioral Health Advisory Board's Administrative Office 72 hours prior to the meeting at (714) 834-5481\*

## A THANKSGIVING BLESSING



*May an abundance of gratitude burst forth  
As you reflect upon what you have received.*

*May thanksgiving overflow in your heart and mouth,  
and often be proclaimed in your prayers and bright eyes.*

*May you gather around the table of your heart  
The ardent faithfulness, kindness and goodness  
Of each person who is true and dear to you.*

*May the harvest of your good and wise actions  
Bring forth plentiful fruit each day.*

*May you discover a cache of  
hidden wisdom and strength  
Among the people and events  
That have brought you distress and sorrow.*

*May your basket of blessings surprise you  
With its rich diversity of gifts  
And its opportunities for growth.*

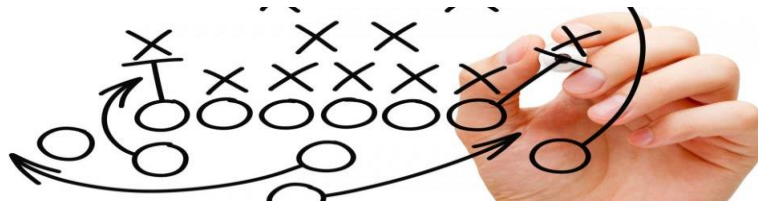
*May all that nourishes and resources your life  
Bring you daily satisfaction and renewed hope.*

*May you slow your hurried pace of life  
So you can be aware of  
And enjoy,  
What you too easily take for granted.*

*May you always be open, willing  
And ready  
To share your blessings with others.*

*And may you never forget the Generous One  
Who loves you lavishly,  
Unconditionally, and always. ~Joyce Rupp*

## **SUGGESTED MENTAL HEALTH STRATEGIES TO BE INCLUDED WITH THE OC MASTER PLAN ON AGING GOALS**



1. "Address the usability issues of provider platforms to make internet platforms more user friendly to older adults."

2. “Technology for seniors to access health / mental health services, such as telehealth or facetime, including training, WiFi and age-appropriate electronic devices.”
3. “Make mental health more focused on mental *wellness* rather than on mental *illness*.”
4. “Utilize older adult peers who are advocating for mental wellness – trustworthy voices.”
5. “Increase socialization and exercise programs.”
6. “Provide language-based services to individuals needing this option.”
7. “Provide basic items to older adults.”
8. “Institute consistent integrated care – physical health, mental health, substance use, etc.”
9. “Imbed a mental health team in primary care settings.”
10. “Ensure that this idea gets focused on with providers like CalOptima, Kaiser, Providence St Joseph, Memorial Care, etc.”
11. “IHSS – Not having enough time with their caregivers”.
12. “Provide home based services again.”
13. “Suicide prevention focused on older adults”.
14. “Reinstate the full OC HCA SHOPP program in Senior Centers, in-home settings, etc.”
15. “Increase the number of Outreach and Engagement workers.”

**DEEP DIVE TO DETERMINE WHERE TO START  
WHEN CONSIDERING A  
FANTASY WISH LIST OF MENTAL HEALTH SERVICES FOR OLDER  
ADULTS**



- 1) Where should we start?
- 2) What do we need to consider?
  - a. Prevention – When does ‘prevention’ begin?
  - b. Preventing ‘Mild’ from going to Moderate or Severe Disorder
  - c. NeuroCognitive considerations
  - d. NeuroCognitive comorbid with Mental Health Disorders
  - e. Cultural considerations

- f. Language
- g. Family Situation
- h. Older Adult Stage
  - Active Older Adult
  - Aging Older Adult
  - Frail Elderly Older Adult
- i. Housing Situation / Unhoused / At Risk of Being Unhoused
- j. Financial situation of older adult

- 3) How will it be paid for?
- 4) Who will the provider be (Government / CBO's / Faith Based, etc.)
- 5) Services for mild to moderate mental health problems
- 6) Is the size of the program important?
- 7) Research based vs Realistic outcome measures
- 8) What resources are going to be available in the coming year for older adults with SPMI and how do we focus on delivering this in the coming year. County Office / Dr H; OASIS; CalOptima / Cal AIM; population equity programs (health care; housing and food)
- 9) Communicate in a collaborative way and focus (actually discuss) on the same solutions
- 10) Identify a Pilot ResCare Program that can look to identify prospective residents for the new senior supportive housing options (Huntington Beach seniors (43 units total / 21 MHSA funded; San Juan housing; Santa Angelina – Placentia – 21 senior housing- MHSA;) – CalOptima / CalAIM / Population Equity / across systems model

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## ***CALIFORNIA MASTER PLAN FOR AGING 2030:***

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### **California for All Ages: Why a Master Plan for Aging?**

*Aging is changing and it's changing California. California's over-60 population is projected to diversify and grow faster than any other age group. By 2030, 10.8 million Californians will be an older adult, making up one-quarter of the state's population.*

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In June 2019, Governor Gavin Newsom issued an executive order calling for the creation of a Master Plan for Aging (Master Plan) ( [Executive Order N-14-](#)

19). The Executive Order affirmed the priority of the health and well-being of older Californians and the need for policies that promote healthy aging. It also called for a “blueprint” for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and continue California’s leadership in aging, disability, and equity.

After work began on the Master Plan, the COVID-19 pandemic reached California. The virus disproportionately harmed older and other at-risk adults, and it strained aging and disability services like never before. Older adults have experienced unprecedented death rates – particularly among Latino, Black and Asian Pacific Islander communities and those living in nursing homes. Intensified social isolation and ageism have been especially burdensome. The suffering, resilience, and leadership of older adults, people with disabilities, caregivers, service providers, and advocates during this time have made the Governor’s Master Plan for Aging even more urgent.

*The Master Plan for Aging outlines five bold goals and twenty-three strategies to build a California for All Ages by 2030. It also includes a Data Dashboard on Aging to measure our progress and a Local Playbook to drive partnerships that help us meet these goals together.*

This is not a plan simply for today’s older adults. Instead, the Master Plan is a blueprint for aging across the lifespan. The Master Plan calls on all California communities to build a California for All Ages: for older Californians currently living through the many different stages of the second half of life; for younger generations who can expect to live longer lives than their elders; for communities of all ages – family, friends, neighbors, coworkers, and caregivers – surrounding older adults. As Californians, we can create communities where people of all ages and abilities are engaged, valued, and afforded equitable opportunities to thrive as we age, how and where we choose.

## *Master Plan for Aging: Five Bold Goals for 2030*

### **GOAL ONE: Housing for All Stages & Ages**

We will live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready.

**TARGET: MILLIONS OF NEW HOUSING OPTIONS TO AGE WELL**

### **GOAL TWO: Health Reimagined**

We will have access to the services we need to live at home in our communities and to optimize our health and quality of life.

**TARGET: CLOSE THE EQUITY GAP IN AND INCREASE LIFE EXPECTANCY**

### **GOAL THREE: Inclusion & Equity, Not Isolation**

We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.

**TARGET: KEEP INCREASING LIFE SATISFACTION AS WE AGE**

### **GOAL FOUR: Caregiving That Works**

We will be prepared for and supported through the rewards and challenges of caring for aging loved ones.

**TARGET: ONE MILLION HIGH-QUALITY CAREGIVING JOBS**

### **GOAL FIVE: Affording Aging**

We will have economic security for as long as we live.

**TARGET: CLOSE THE EQUITY GAP IN AND INCREASE ELDER ECONOMIC SUFFICIENCY**

**GOAL TWO:** Mental health (reimagined) services for OA in their homes / what would this consist of / what is needed / and how would it be provided?

**GOAL THREE:** Reduce isolation and neglect and in so doing reduce depression and anxiety – what would this look like – how could it be done?

**GOAL FOUR:** Mental health support for caregivers – how would caregivers be identified and what services offered to reduce stress and depression?