

Health and Wellness Committee Meeting Notes

April 2, 2024, at 9:30 a.m.

Virtually Via Zoom

Attending COA Board Members and Alumni: Linda Bergofsky, Wayne Berman, Virginia Cain, Betsy Carrier, Joyce Dubow, Laurie Pross, Marcia Pruzan, Barbara Selter, Marsha Weber, Kendell Matthews

Attending County Staff: Tina Purser Langley

Guests: Karie McNichols, Kelly Williams, Patty Hagan, Rene Laje, Sarah Frazell, Irene Melnick, Laura Ressler, x Kuehw, Kara Feidelseit

Meeting called to order at 9:30

Motion for approval of March minutes by Laurie Pross, seconded by Barbara Selter

The goal for the meeting was to discuss the potential H&W Committee options for follow-up on mental health services for older adults. The five options listed below were reviewed and discussed. After considerable discussion of the five options the committee did not identify a priority.

The notes reflect items that were raised as each topic was discussed.

- Promoting Mental Health Wellness (Discussed March 5, 2024)
 - i. There are many county resources how can they most effectively be promoted and used?
 - ii. Several people mentioned and there were conflicting opinions of whether there are lists available of mental health resources in the community. Also, whether there is any listing or documentation of wait lists for different programs
 - iii. Questions about Affiliated Sante—what is their wait list and whether they provide medication management
- Promoting Mental Health Education Programs at Senior/Recreation Centers: Advocate for, develop, and present series on mental health education at various centers (identify key issues affecting older adults and/or training for center staff on dealing with mental health issues that present at these centers)
 - i. Discussion about the role of Senior Centers providing mental health services. After much discussion the consensus seemed to be that this is not a core service of Senior Centers and the individuals likely to be most in need of services may not be their clients.
 - ii. Can Everymind do presentations at Senior Centers to advise seniors of available services.
 - iii. If there are discussions with Senior Centers need to start with Directors as programing is done far in advance.

- Promoting Integrated Mental Health Services at Senior Housing: Advocate for and coordinate integration of mental health services within the service offerings at affordable senior housing buildings
 - i. JSSA has a staff of 14 who do individual therapy. Some in person and most by telehealth. Telehealth can be useful but older adults can have problems using the technology.
 - ii. Can services be integrated with senior housing, this would reach people not necessarily going to Senior Centers.
- Assisting families dealing repeating mental health crises of older adult family members: Research options for dealing with repeating crisis situations
 - i. Does Age Friendly do anything @ crisis intervention. Tina will check.
 - ii. Often when 911 is called into someone's home they see services that need mental health follow-up, What is available?
 - iii. Challenges of providing services to individuals who do not speak English
- Perform advocacy: Advocate for additional staffing and/or funding for existing mental health programs on Mental Health with long waiting lists
 - i. Problems of wait list, shortage of providers.
 - ii. Provider shortages are complex and are compounded by licensure and insurance issues.
 1. Very few psychiatrists accept Medicare.
 2. Social workers can bill Medicare only if they have completed a master's or doctorate level degree in social work and have two years of experience in supervised clinical social work.
 3. Shortage of gerontologists in County
 4. Can more primary care doctors provide mental health services, specifically prescribing psych medication. Anna Maria described several projects that have tried to address the shortage of mental health specialists:
 - a. a pilot where they used primary care doctors for medication management
 - b. They have used community health workers to provide some mental health services
 - c. They focus on grief counseling, often a need of their clients
 5. Need to educate medical students about psych needs of older adults
 6. Need for field placements for social workers in geriatric settings.

2. Miscellaneous Suggestions not related to above topics

- a. Possible pilot of helping seniors use telehealth. Could translation services be incorporated?
- b. Anna Maria emphasized the language issues when providing mental health services and confidentiality issues when using interpreters
- c. Sarah Frazell described a collaborative care model with Medstar where primary care physicians can consult with psychiatrist over drugs.

- d. Problems with portals—not related to agenda topic
 - e. Multigenerational care- not related to agenda topic
- 3. After considerable discussion of the five options the committee did not identify a priority. Virginia mentioned some topics that were repeatedly brought up:
 - i. Technology needed to access telemedicine
 - ii. Shortages of mental health professionals—at all levels
 - iii. Availability of and need for resource sheet
- 4. Absent any priority identified, Virginia, Barbara and Tina will come up with a recommended topic to be discussed at next meeting.
- 5. Meeting adjourned at 11.