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|  | **What is currently being done** | **What is your vision/what is needed** | **Actions for the future** |
| Group One | **Education**   * Curriculum: New policy course, directed at seniors * Developing field placement curriculum in care coordination and inter disciplinary collaboration * Gerontologizing MSW students and seeking placements aging related * Training grant with Archstone, MH, Aging, CSUB Healthy Ideas model * CSU Chico—Created and maintain an: Interdisciplinary trainings Center on Aging * Offer small stipends for MSW students specializing in Older Adults * 6. Participant/Partner with UCLA’s CGEC training in Interprofessional geriatric care (MDs, nursing, SW, pharm., phys. ther.)   **CBOs**   * Care transitions * Case management * Providing in-home counseling services for home-bound seniors * SW framework for working with clients   **Counties**   * LA County DMH, OASOC, Genesis – facts program this year has 5 MSW interns being trained on geriatric social work track. We have hired trained interns to work in our program. * Monterey County. Residents at Natividad Medical Center do a rotation going out into the field with our social workers. * New MSW program at CSU Monterey Bay. Some of our staff are going back to graduate school and it is increasing [the] pool of SW in our county. * Collaborate with private/public to provide integrated care to adult population – contracts and MOUs. * IHSS program: collaborate with community agencies with APS, Medi-Cal, caregiver registry, PHN, FSW, in order to assist elderly receiving services * Continue education and training for social workers, supervisors; community outreach * Coordination of client resources and available health resources * Write policy that focuses on making the recipient at the center of their care coordination team * Sonoma. Integrating depression screening and mental health referral into our IHSS program (have trained our staff on depression and suicide in older adults) * Care Transitions, social work empowerment practice. * Utilization of on-line training offered by State APS Training Group. | **ROLE OF SOCIAL WORKER**   * To identify what the gaps are [by being a] conduit, liaison, translator * Educate (advocate) * Advocate for social work services workforce training * Demand a seat at the table and teach social work students how to do that, too * Social workers will be the lead in behavioral health: provide direct services to participants * become facilitators—include other disciplines [show other disciplines how to include the clients/family] * be mindful of the whole community.   **education and training**   * Educators need to provide more incentives to focus on aging for students (from a service sector person) * Shift from child welfare to aging * Offer more in-services programs in counties for working with adults * Need a professional training academy for adult services * Need more critical thinking skills * Increase Telehealth and distance education availability * CSWE curriculum for aging.   **workforce preparation**   * Service sector needs to be much more assertive with educators about what’s needed in the curriculum (from an educator) * Agencies need to hire trained social workers * Agencies need to support job creation in this field * Counties need to incentivize going back to school * Need equal pay scales * Coordinate assessment tools available for adult/aging services. | **Education & Recruitment:**   * Form community/school/agency partnerships in order to increase the number of BSW/MSW students, stipends, and field placements (recruitment). Reach out to rural and minority communities and students. Align with GSWEC. Focus on dissemination. Coordinate this formation using a CalSWEC infrastructure/catalyst. Make sure it’s local; and use telehealth. * Expand and reinforce social work education in rural areas. * Define what an aging curriculum/or infusion of content on aging looks like. Have CalSWEC partner with field agencies to identify core competencies. (GSWEC has a competency-based curriculum which includes fieldwork).   **Funding for more jobs**   * Carve out WET funding for social work in aging. * More counties should hire home social workers to be in the field.   **Policy development**   * Have the Aging Initiative come up with a policy proposal for changing IHSS/long term care regulations in order to allow social workers to move into Aging/Adult Services. * May mean legislation and policy advocacy for case management. * Have the Aging and Mental Health CalSWEC committees work together to identify common concerns. |
| Group Two | **CBO**   * Talking to hospitals about collaboration * Commonwealth Care Alliance * Health Policy Institute (Fresno)   **EDUCATION**   * Integrating with & across other disciplines (Loma Linda) * Hired consultant to identify participant needs and strategic planning to respond to needs * Exploring joint degree with gerontology and social work (SFSU) * Participating in leadership development * Seeking funding for national, interdisciplinary practice (Chicago-Rush Medical Center) * Interdisciplinary collaboration center on Aging (CSUC) * More support for evidence-based modalities in classroom and field (USC) * Open up training opportunities (across silos) * Stipends for Mental Health/Aging   **COUNTIES**   * Proposed training for IHSS providers * Working with medical providers * Promoting internal collaboration/support * Developing MOU’s for Case Coordination Dual Demonstration counties * Working with community colleges * Department Heads coming to table for interdepartmental collaboration | **ROLE OF SOCIAL WORKER**   * Integrator of services * Supervisor of other providers of services * Develop models of care * Lead in-home service assessments * Advocacy for self-determination * Translator of jargon-being bilingual professional language * Identify holistic gaps * System navigator * Education of social workers to hear/listen to client   **SUPPORTS & SYSTEMS**   * $$$$ Funding * New models of care * New ways of measuring success * Public education * Articulate what we do * Changing the way we think * Developing new measures/meaningful * Tools (Example: GAF (Global Assessment of Functioning * Technology- Better data sharing * Cross Training between systems * Understanding among professionals: AA, BASW, MSW, peer support   **EDUCATION & TRAINING**   * Greater access to education * Stipends * More interdisciplinary education and training * Understanding of business practice * Communicate value of profession * Research skills at agency and admin level * Practice skill consistent with person-centered practice * Embracing technology for training delivery * Mentoring/Coaching   **WORKFORCE PREPARATION**   * Agencies value research * Support collaboration and training for staff * Agency internships in aging programs * Develop field instructors in agencies * Integrated educational experience * Budget (& funding) for case management * Expand role of APS/IHSS/MSSP for client care coordination * Mentoring/Coaching | * Collaboration on building collaborative models * Define measurable meaningful outcomes that track quality of life * Promote curriculum across programs for pre & post services * Educate policy makers on aging issues * Addressing agency caseload to allow for more case management. Redesign service delivery. * More Supervisor agency training on curriculum across programs to promote cross training (including community) * Address caseload/case management * Prioritize/Seek new revenue sources * Use data outcomes to promote quality in agency and social work performance * Technology to streamline workload * Aging Stipends * EPB models * Collaborations * Establish CB programs * Aging Internships (including CBO’s) * Inventory Promising Practices * Language across fields (including writing skills) * Technology-use of Data/Shared Data |
| Group Three | **COUNTY**  *Calaveras*   * IHSS, APS, Veterans’ Services   *Napa*   * Health Services, Mental Health Services, APS, IHSS, PA * Partnership with Partnership Health Plan – CA Coordinated Care Initiative   *Sacramento*   * APS, ISS * Not much coordination with managed care * Rolling out dual eligible plan   *San Bernardino*   * Dual eligible project with 2 managed care health plans – holding meetings and educating each other on what they each respectively do   *Stanislaus*   * Working on unraveling and learning about ACA   *Santa Barbara*   * Learning about ACA and information gathering   **EDUCATION**  *SDSU*   * Continuing education * Focus on increasing the number of student interest in geriatric care services * Policy and implementation   *UC Berkeley*   * Micro and macro focus * Focus on Community and family support / community support networks partnering with providers * Held alumni panel on ACA * Health policy class covers ACA * Utilization and case management interventions * Field placements that address ACA * Research focus   *CalSWEC*   * Put social work on the OSHPD council on workforce development * Considers role of social work in ACA * Informs schools on funding opportunities for training and workforce development * Proposal through Medicare Innovations Center * Integration of Mental/Behavioral Health and substance abuse * Workforce development   *SJSU*   * Center on Healthy Aging in Multicultural Populations * Increasing multidisciplinary work   **HEALTH**  *Kaiser*   * Pilot for home based support for special needs population * Transitions program, etc. talking to readmissions | **ROLE OF SOCIAL**   * Social workers need to stand their ground * Need to speak the language of healthcare while still offering social work expertise * Role of SW needs to be recognized and valued * How to empower and represent people/clients/communities – how to work with people * Consumer empowerment * How social workers can advocate for their clients without being misunderstood by other providers * Working with other professionals to understand clients’ needs * Social worker as a central figure on team based assessment * Better advocates in other arenas (policy makers, nurses – medical field) – WHY to include social workers? * Teach social workers how to empower and self articulate * Educate about role to whole community * O/A as mentors to upcoming social workers * Connecting with emergency services – partnering with first responders   **SUPPORTS AND SYSTEMS**   * Data/measurements for success * Financial risk to lack of service – i.e., riks of lack of staffing * Without social workers risks of failures * CQI, Outcomes, Evidence based, Qualitative Proof – Training and systems learning for social workers * Funding streams for social worker education * Partnering with communities * Team decision making * Family care plans – family involvement * Working with SNFs on their preparation * What shifts in Education and training are needed to support this? * Shift definition of roles for social workers * Care managements * New types of jobs * Defining new roles * Outreach to medical community * Be part of teams * Involve families to become advocates * Emerging/exciting opportunities * Early exposure to OA * More collaboration among different disciplines * Team decision making model to develop safety/transition plans * Working with SNFs * Training on special populations like GBLT * Mental Health, Substance Abuse 🡪 person centered approach – not fragmenting services based on diagnoses   **WORKFORCE PREPARATION**   * Evidence based thinking – What it takes to move a system toward a client centered system * Learning from mental health systems * Learning from other fields of social work * Education/training current work force on new trends * Putting social work students in non-traditional sites (e.g., law, fire, human resources) * More employment in community organizations * Macro/micro * Expanding social work role * Learning about multidisciplinary team meetings * Funding from organizations to train students/ paraprofessionals to promote interdisciplinary training * Engage OA to become social workers and mentors * Americorps type program * Coming of age program | **In/outside education settings**   * Curriculum for coordination and facilitation skills for social workers * Hold a training for all first year students on the value of gero social work * Develop SW fact sheets about the new role for SW in the ACA and distribute in fall in SW programs * Develop a class or training with students focusing on data, evidence based practice and importance * Train current SW on ACA * Curriculum for health and human policy for current social workers and SW students * Create curriculum for CQI skills for SWs – the Power of Numbers * Develop demonstration projects of SW education and medical education point home visit requirements (dr. going out with APS/IHSS workers)   **Interdisciplinary teams**   * Visit non-traditional agencies and put gero SW students in place (fire, police, law, legislature) * Outreach to other professionals to our multidisciplinary team meetings * Meet with med school and nursing school at UCLA to implement a one day training to describe the role of SW as collaborator * Foster relationships with local first responders/911 to identify “frequent flyers” and target services (MDT) * Add registered nurses to county IHSS and APS staff   **Data**   * Develop a set of program specific outcome measures for the SW portion of ACA programs * Collecting meaningful data * Bring up ACA at Adult Services Workforce Development Committee (at state level)   **Community**   * Connection/Education/Support Teams * Match a student with an active older adult to spend time together * Ask Kaiser to expand APS partnerships to other counties * Actively educate the community on our role * Outreach to non-traditional service providers that interact with our high service volume clients * Educate providers about what social workers DO – internal external-community * Title IV-E type funding for SW education in aging services * Funding for adult services social workers to get their MSW or return to school to get their MSW * Work with area SW programs to develop internships with local government/counties. Provide these interns with rich and diverse experiences with older adults * Family decision making meetings to involve families * Work with CBOs and schools to develop multi-generational exposure for high school students (i.e., retirees mentoring; students teaching tech skills to older adults, etc.) * Foster relationships between youth and elders through two-way mentoring: youth mentoring elders, elders mentoring youth   **Interdisciplinary**   * Better communication with other adult services program to better help our seniors * Multidisciplinary teams to be used to resolve the most difficult issues – engage client in their plan * Coordination of services with other service providers (MH, PH, etc.)   **Research and Evaluation**   * Develop and implement research models that identify effective SW processes and interventions that add value to interdisciplinary team work and improved outcomes for clients * Students/practitioners to focus on documenting their actions and outcomes * Document successes and failures and cost-effectiveness and identify and teach best practices   **Resource Development**   * Need more resources in our rural towns and get vendors to come out to the rural towns * Place funding behind the education of social workers in aging * Know what other programs are about – what they can offer the person * Share existing resources and best practices in social work education for a changing aging population (e.e., gero-SW MAC project; interdisciplinary course at UCB)   **Preservice training/Education**   * Field experiences (including multi-system rotation) * Coursework and field experiences that present consumer perspectives re: unmet needs and potential roles of social workers in meeting those needs * Identify, highlight and incentivize field placements that build skills to meet future needs * Preparing students to speak in collaborative frameworks and also within social work language * Identify and teach the models and skills that are likely to be needed to serve the complex healthcare needs of the future… future, not past * Discover how to teach care coordination skills in a classroom context * Coursework re: healthcare system and potential opportunities for person-centered innovations (including health promotion and increased capacity of individuals and families) * Counties, universities, and services work together in some county or regions to develop curricula for training (1) SW students, (2) interdisciplinary students * Students to receive well-rounded exposure to gaining from/in the least to most restricted placements * Education and training on the ACA   **Training**   * Pursue interdisciplinary partnerships with schools of medicine, nursing, and other allied health programs * Training on capacity issues and interacting with other disciplines * Educators to model language of interdisciplinary communication and problem solving * Intentional interdisciplinary team training * Training for system change and community development * Provide professionals with education about the ACA and health care system of the future – involve in work groups and summits like this * Counties, universities, and services work together in some county or regions to develop curricula for training health and social services staff at integrated care   **Family/community involvement**   * Involving family in decision making * Utilize team decision making in medical setting * Working with community to partner for safety and independence |
| Group Four | **EDUCATION**  *CSU Stanislaus*:   * Post BA course in gerontology, integrates all behavioral health with primary health care. * MSW field placements in medical settings including corrections * Innovative models of workforce development for MSWs * *CSU Chico:* * Elective gero. course for BA, MA—can minor in gerontology * Plan to break down silos between course concentrations * Hartford Partnership electives are available to students * Other programs also are integrating gerontology * Community itself is integrating gero. population into its suicide prevention programs * *Sacramento State* * Gerontology program at Sac state began in 1990. They are trying to move the model into a graduate school concentration ( in planning stage). The school needs aging and health concentrations. Program will be family-centered and HBSE /advocacy will be stressed. American River College nearby has a gerontology department that is expanding & trying to encourage students to pursue careers in the field. * *Humboldt State*    + The school has been threading gerontology/aging issues through the MSW curriculum and also with its work with tribal communities * **COUNTY** * Partner in Health Care Innovation grant (Humboldt?) * Integration and its outcomes will be reported * Applicant to Health Care Transition Fund: Identifies healthiest counties. * San Bernardino * Boston University online courses adopted. These lead to certificate in gerontology. Three courses are core and 2 are elective. * **CBO** * Humboldt * Partner in St. Joseph’s Health Initiative * Recipient of SCAN grants. Consortium (NCLTS) of many agencies to orchestrate care in rural communities. * Received SCAN “agents for change” grant that involves 50 individual volunteers working on equity issues in the community. * **HEALTH** * Kaiser HBO has strength based in-home assessment to keep aging people independent in their homes. Utilizes family therapy model. * **BEHAVIORAL HEALTH** * MHSA has prevention orientation * Healthy ideas –5 agency collaborative that provides counseling. * **POLICY** * Sacramento Kaiser –Private/public service—not taxpayer funded   + Businesses focusing on seniors | **ROLE OF SOCIAL WORKER**   * Bring family focus back into service environment * Advocacy & Organizing * Marketing: articulate & uphold gero. practice standards * Title protection for SWs * Rigorous research model Meaningful outcome standards & measures * Ethical outcome standards Be aware of (inter) professional hierarchies   **SUPPORTS AND SYSTEMS**   * Community resource model: need gero. focus and education * Bring all needed parties to the table, such as with FRCs * Support for challenged human services organizations in community   **EDUCATION AND TRAINING**   * Prevention (not treatment) model focus * Care coordination, not “case management” * Community orientation * Emphasis on cultural issues, e.g., tribal, other * Market the niche of SW in ACA Intergenerational scope * Educate community in SW role * Emphasize CSWE/Hartford gero. competencies * Multidisciplinary aspect of gero. education   **WORKFORCE PREPARATION**   * Stipends to support gero. Education * Training of current workforce * Training : being part of multidisciplinary team * “Bilingualism” across professions * Learning to conduct and consume research (esp. participatory research in communities) | **FUNDING/STIPENDS**   * EDU – Fund stipends to support students to go into aging services * EDU – Money (lots of it) for BSW/MSW stipends in Health and Aging * Cty – Money * Cty – Provide at least 5 stipends every year to students in BSE and MSW program   **PARTNERSHIP/COLLABORATIONS**   * EDU – Create & Maintain community partnerships * EDU – Develop private/public sector partnerships to fund services * Cty – Closer collaboration between medical offices, hospitals, and social services agencies * EDU – Build stronger relationships between agencies to educate on aging issue, role of social worker, etc. with an interdisciplinary approach * EDU – Utilize existing professional relationships with physicians and hospital administration to bring them into the conversation * Cty – Early on bring different care coordinators together so they know each other   **EDUCATION/TRAINING/OUTREACH**   * EDU – Integrate aging issues into social work curriculum * Cty – Ongoing training on aging issues with a coaching aspect associated with it. * Cty – Develop communications strategy & outreach campaign regarding ACA with health exchange for public * Cty – Develop county information campaign targeted to Baby Boomers (adult children of aging parents) regarding resources and “how to” * **RESEARCH** * Cty – Improve integrated data access and analysis for evidence and outcome based models * Cty – Intergenerational Participatory action/Experimental research * Cty – Development of basic outcome measures and matrices that are easy to implement and integrate * EDU – Redefine the term “Evidence Based” as it pertains to social work   **CLARITY OF ROLES/SYSTEM/ACA**   * EDU – Educate community regarding social work role * Cty – Clearly define roles of entities involved * Cty – Learn how to market the role of the social worker * EDU – Disseminate a readable synopsis of the ACA * Cty – Specific information on ACA for administration and line staff * **SERVICES** * Cty – Have a 24 hr. helpline for older adults * **OTHER** * EDU – Utilize existing care coordination entities to begin the planning process * Cty – Have meaningful standards for social work * Cty – Prepare staff to be flexible as systems may change |