

The California Department of Aging's (CDA) mission is to promote the independence and well-being of older adults, adults with disabilities, and families through access to information and services, opportunities for community involvement, and support to family members providing care. As the designated State Unit on Aging, CDA administers federal Older Americans Act and state Older Californian's Act programs that provide a variety of home- and community based services. CDA administers most of these programs through contracts with the state's 33 local Area Agencies on Aging (AAA). CDA also contracts directly with agencies that operate the Multipurpose Senior Services Program Medi-Cal home- and community-based waiver, and certifies Adult Day Health Care centers for participation in the Medi-Cal Program.

MHSA funding supports CDA's and the Aging Network's active participation in MHSA policy development and implementation. This funding assists CDA and the Aging Network to increase the mental health system's responsiveness to the mental health service needs of older persons and advance Older Adult System of Care development.

*Mental Health: A Report from the Surgeon General* (1999) states that an estimated 20 percent of adults age 55 and over experience mental disorders that are not a part of normal aging. The most common disorders, in order of prevalence, are anxiety disorders, such as phobias and obsessive-compulsive disorders; severe cognitive impairments, including Alzheimer's disease; and mood disorders, such as depression. Schizophrenia and personality disorders are less common.

CDA activities reported to DMH for the period 7/1/08 – 12/31/08 are as follows:

#### **1. Comment on draft MHSA policy documents**

- a. The Geriatric Mental Health Specialist (GMHS) guided the development of CDA's comments and recommendations on the "Proposed Guidelines for the Innovation Component of the County's Three-Year Program and Expenditure Plan," (Innovation) and the "Prevention and Early Intervention (PEI) Statewide Project on Racial, Ethnic and Cultural Specific Programs and Interventions" (Reducing Disparities Project.)

CDA's comments seek assurances that MHSA funding for Innovation and the Reducing Disparities Project will benefit older adults, adults with disabilities and their caregivers. To date, the final Innovation guidelines and details of the Reducing Disparities Project have not been released. (Please see attached copies of CDA's letters to DMH regarding the Innovation guidelines and the Reducing Disparities Project.)

- b. CDA also submitted comments to the Mental Health Services Oversight and Accountability Commission (MHSOAC) regarding its Report on Co-occurring Disorders. CDA recommended that the MHSOAC commission a work group on the "Integrated Treatment of Older Adults" that would be advisory to the MHSOAC and DMH. The MHSOAC accepted CDA's recommendation. (Please see attached copy of CDA's letter to the MHSOAC regarding its Report on Co-occurring Disorders.)

## 2. Engage Area Agencies on Aging (AAA) and other aging service providers in the state and local MHSA stakeholder process

- a. The GMHS continues to provide education and training to CDA staff, the AAAs and other aging service partners regarding the MHSA, its funding components, the MHSA stakeholder process, evidence-based and promising practices for older adults, MHSA-funded programs/services and collaborative opportunities between aging service providers and county mental health. The primary goal for this education and training is to engage aging services providers in the MHSA stakeholder process to ensure that MHSA funds benefit older adults, adults with disabilities and their caregivers and promote older adult mental health system of care development.

The GMHS provided the following presentations and in-service trainings from 7/1/08-12/31/08:

- California Health and Human Services Agency, Alzheimer's Advisory Committee Meeting, "Overview of the Mental Health Services Act and Opportunities for Advocacy," 9/24/08
- CDA Long Term Care and Aging Services Division Program Staff In-Service, "Mental Health Services Act: Overview for California Department of Aging," 9/30/08
- CDA Adult Day Health Care Program Staff In-Service, "Collaboration and Care Coordination for ADHC Participants with Mental Illness and Their Caregivers," 10/6/08
- California Association of Adult Day Services (CAADS) Annual Conference Workshop, "The Mental Health Services Act: Collaboration and Funding Opportunities," 11/5/08
- California Triple A Council of California, "Overview of the Mental Health Services Act and Opportunities for Advocacy," 11/17/09
- California Association of Area Agencies on Aging (C4A) Annual Conference Workshop, "The Mental Health Services Act: New Approaches to Mental Health Services for Older Adults," 11/18/08
- California Association of Public Authorities (CAPA) (Meeting to discuss MHSA and explore collaborative opportunities, 12/30/08)

Information distributed during these trainings/meetings include: a copy of Mental Health Services Act; contact information for county mental health departments and county MHSA, PEI and Workforce Education and Training (WET) Coordinators; MHSA information on all funding components from the DMH and MHSOAC websites; the California Mental Health Directors (CMHDA) Older Adult System of Care Framework and other older adult mental health reference documents; examples of evidence-based and promising practice models for older adults; MHSA policy guidelines, strategic plans, and other MHSA materials such as the Executive Summary of the Strategic Plan on Suicide Prevention and the CMHDA California Counties: Transforming Local Mental Health Systems brochure.

- b. The GMHS has provided in-depth information and technical assistance to the AAAs and other aging service providers about the MHSA PEI funding component, including PEI evidence-based and promising practices for older adults. Aging services programs perform an important “gatekeeper” function in identifying older adults, adults with disabilities and their family caregivers who fit under the PEI priority population and community need definitions. Clients who receive services within the aging services system are at risk for, or may be experiencing, the *early onset of a serious mental illness* such as depression, which is an important risk factor for *suicide*; they are *trauma-exposed* due to medical illness, social isolation, and loss of spouse, partner and friends; they experience *stigma and discrimination* as a result of their mental illness; and they experience *disparities in access* to mental health services, particularly older adults from racially, ethnically and culturally diverse populations.

The GMHS has promoted the Home Delivered Meals Prevention and Early Intervention (PEI) Program promising practice model to the AAAs/aging service providers and the CMHDA Older Adult System of Care (OASOC) Committee. CDA developed this program example at the request of DMH, using as a model the "Meals on Wheels Mental Health Outreach Program" developed by Redwood Coast Seniors, Inc., in Mendocino County. The Home Delivered Meals PEI Program example is posted on the DMH PEI website under "PEI Training Opportunities."

[http://www.dmh.ca.gov/Prop\\_63/MHSA/Prevention\\_and\\_Early\\_Intervention/Training\\_Opportunities.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/Training_Opportunities.asp)

The Home Delivered Meals Program is an important gatekeeper program that reaches isolated, diverse seniors and their caregivers in urban and rural areas of the state who are at-risk for depression and suicide. The information in this program example can be adapted for use in any county. To date, Marin and San Diego Counties plan to fund a home delivered meals PEI program as part of their County PEI Plans. Other counties, such as Solano, plan to fund PEI programs for older adults that will benefit home delivered meals clients and their caregivers. The GMHS will continue to promote this model for MHSA PEI funding.

In addition, the GMHS distributed program and training information about the Program for Encouraging Active Rewarding Lives for Seniors (PEARLS) and Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) to the AAAs, Linkages and Multipurpose Senior Services Programs (MSSP) and the CMHDA OASOC Committee. These are two evidence-based depression awareness and management programs that have been implemented in aging services care management programs in other states.

PEARLS was developed by the University of Washington Health Promotion Research Center and is included in the Substance Abuse Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices. Healthy IDEAS has been designated as an evidence-based program by the U.S. Administration on Aging and has

received a SAMHSA Science and Service Award for mental health promotion. Webcast training on PEARLS and Healthy IDEAS is archived on the National Council on Aging website under "Depression: Evidence-based Depression Care Management." <http://www.ncoa.org/content.cfm?sectionid=379>

- c. The GMHS provided technical assistance to the Archstone Foundation Elder Abuse and Neglect Initiative Advocacy Work Group on the development of a Fact Sheet on Mental Health Service Needs of Vulnerable Elders. This fact sheet is a tool to engage advocates for elders at-risk of abuse and neglect in the MHSa stakeholder process so that MHSa funds can benefit this at-risk population. The Fact Sheet is posted on the website of the University of California, Irvine, Center of Excellence in Elder Abuse and Neglect <http://www.centeronelderabuse.org/page.cfm?pgid=7>.

### **3. Promote collaboration among aging, mental health, alcohol/substance abuse and other system partners**

- a. The GMHS participated in the "Prevention and Early Intervention (PEI) Regional Roundtable Trainings" coordinated by the California Institute of Mental Health (CiMH), DMH and the MHSOAC. The goals for these Regional Roundtable Trainings were to educate county mental health MHSa staff and their community planning partners about PEI and evidence-based/promising practices, to assist them in their local PEI community planning process.

The GMHS recruited AAA representatives to co-present on a workshop panel at these PEI Regional Roundtable trainings. The workshop was titled: "System Improvement: How to Build Capacity for PEI in Systems beyond Mental Health."

The GMHS and the AAA/aging system representatives provided information about the aging services system, the aging services programs' gatekeeper function in reaching older adults, adults with disabilities and their caregivers who need mental health prevention and early intervention services, and the importance of building capacity within the aging services system to provide PEI services.

- b. At the request of CiMH, the GMHS recruited an older adult consumer and an aging services program that provides mental health services to diverse elders, to serve as "cultural brokers" in the "Facilitation Skills Training for Community Planning" and the "Cultural Broker Mock Facilitation" on 11/14/08.
- c. The GMHS recruited a AAA Director to participate on the CMHDA Social Justice Committee. This will promote collaboration between the aging and mental health systems in the implementation of the mission/objectives of this committee. The mission of the CMHDA Social Justice Advisory Committee is to "advise the CMHDA Governing Board on policies, partnerships, and practices that will result in increased equity and inclusion of vulnerable populations and promote mental health, wellness, resiliency and recovery throughout California's communities."

- d. CDA is collaborating with the DMH Office of Suicide Prevention to plan a Seniors-focused Suicide Prevention Education/Training Program for aging services providers and other "gatekeepers" who interface with older adults, adults with disabilities and their caregivers who are at-risk for depression and suicide. This training is a recommendation in the California Strategic Plan for Suicide Prevention. The GMHS has identified seniors-focused suicide prevention education and training information and models to inform the planning, development and implementation of this project.
- e. The GMHS continues to represent CDA on the CMHDA OASOC Committee and the California Mental Health Planning Council (CMHPC) Older Adult Committee and the Policy and System Development Committee.

This participation strengthens partnership and collaborative opportunities between the community-based aging and long term care system and the mental health system. The goal is to impact mental health policy, promote older adult system of care development, cross-referrals and service collaboration.

- f. The GMHS continues to participate on the CMHDA OASOC Conference Planning Committee to plan the annual Older Adult System of Care Conference (November/December, 2009.)

The title of the 2009 conference is "*What's Age Got to Do with It? Valuing All Elders: Eliminate Disparities, Increase Collaboration, Support Prevention and Promote Recovery through the Mental Health Services Act.*"

- g. The GMHS continues to participate on the DMH Integrated Plan Advisory Workgroup to provide input from the aging services system perspective as a system partner in the implementation of MHS.A.
- h. The GMHS continues to participate on the California Department of Alcohol and Drug Programs (ADP) Aging Constituents Committee to identify collaborative opportunities that could impact MHS.A policy, promote the identification and treatment of older adults who have alcohol and substance abuse needs and promote the training of aging services providers on older adult alcohol/substance abuse issues..

CDA, ADP and the ADP Aging Constituents Committee collaborated on the comments submitted by CDA and ADP to the MHSOAC regarding its Co-occurring Disorders Report specific to older adults. Also, CDA had recommended that ADP become a member of the CMHDA OASOC Committee to promote system collaboration and service integration among mental health, aging and alcohol/substance abuse programs. The CMHDA OASOC Committee and ADP agreed with this recommendation.

#### **4. ACTIVITIES COORDINATED WITH THE LOCAL MENTAL HEALTH SYSTEM**

- a. Promote collaboration among aging, mental health, alcohol/substance abuse and other system partners

All of these activities have the common objective of promoting collaboration and coordination between the AAAs/aging service providers and the public mental health system (including MHSAs-funded older adult mental health programs) and alcohol/substance abuse programs. Collaboration and coordination opportunities between the aging services system and county mental health were discussed at the Regional PEI Trainings, and are continually discussed at the CMHDA OASOC Committee and the CMHPC Older Adult Committee meetings. The GMHS distributed and will continue to distribute contact information for the AAAs at all venues to facilitate collaborative planning and coordinated referral and service delivery among all systems. Participation by a AAA Director on the CMHDA Social Justice Committee provides an important opportunity to promote collaboration between the AAAs and county mental health.

- b. Engage AAAs and other aging service providers in the state and local MHSAs stakeholder process

As part of the education and training provided to the AAAs and aging service providers/advocates, the GMHS distributed contact information for county mental health departments and county MHSAs, PEI and WET coordinators to promote referral and service collaboration and coordination between aging service providers and county mental health. This information sharing will continue in all future education and training activities.

There are many California counties that have strong AAA and county mental health partnerships. This is reflected in the local MHSAs stakeholder community planning process and in cross-referrals and collaborative service delivery. Nonetheless, there are counties in which this partnership needs to be strengthened. Some counties may not have older adult mental health coordinators and/or they may not have mental health and aging coalitions that advocate on behalf of older adults in the MHSAs stakeholder process. Consequently, continued efforts by county mental health, the AAAs and other aging service providers are essential to improve collaboration and coordination. The GMHS will continue to promote collaboration and coordination between aging and mental health service providers.