

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 1/1/09 – 6/30/09 are as follows:

1. Participation of CDA in the MHSA stakeholder process to impact policy development, planning and implementation

a. MHSA Workforce Education and Training (WET):

CDA has taken a leadership role in coordinating a collaborative approach among mental health and aging services providers as well as academic partners to promote the use of MHSA funds to support mental health and aging specialty training for the existing public mental health workforce and system partners. System partners include aging, social services, alcohol and drug and others who work with older adults with mental health needs.

To accomplish this, CDA's Geriatric Mental Health Specialist (GMHS) has been convening and facilitating a *Workforce Education and Training Work Group* under the auspices of the California Mental Health Directors Association (CMHDA) Older Adult System of Care (OASOC) Committee. This Work Group has been charged by the CMHDA OASOC Committee to develop an Issue Paper that recommends strategies to promote the planning, funding and implementation of specialty mental health and aging training at

the county, regional and statewide level. This Issue Paper will include a "Training Resources Directory" to assist county MHSA WET Coordinators, MHSA Regional Partnerships and others responsible for workforce training and development. The target date for completion of this Issue Paper is 8/31/09.

In addition, the GMHS has been collaborating with representatives from the California Social Work Education Center (CalSWEC) Aging Initiative (AI) Committee, the Children and Family Policy Institute of California, and participants of the Regional Training Academy Consortium which includes the Bay Area Academy, Northern California Training Academy, Central California Child Welfare Training Academy, and the Academy for Professional Excellence. These entities, in collaboration with the California Welfare Directors Association (CWDA), have been involved in identifying and addressing the workforce education and training needs of social service providers such as Adult Protective Services (APS) and In Home Supportive Services (IHSS.) They have formed an *Older Adult Mental Health and Human Services Training Work Group* and representatives from this work group are participating on the CMHDA OASOC Committee *Workforce Education and Training Work Group*.

b. California Statewide Prevention and Early Intervention (PEI) Project to Reduce Stigma and Discrimination:

The GMHS recruited an older adult mental health specialist to serve on the *Stigma and Discrimination Advisory Committee* to represent the interests of older adults in the development of the California Strategic Plan on Reducing Mental Health Stigma and Discrimination.

In addition, the GMHS provided direct input into the development of this strategic plan through attendance at Advisory Committee meetings and by collaborating with the Advisory Committee's older adult mental health representative in the review and submission of comments to the California Department of Mental Health (DMH) on draft strategic plan documents.

The GMHS notified the Area Agencies on Aging (AAAs) and other aging services providers and advocates about two public workshops (3/17/09 and 3/19/09) and a conference call (3/16/09) convened by DMH which provided an opportunity for public comment on the draft Plan. As a result of this input, the California Strategic Plan on Reducing Mental Health Stigma and Discrimination addresses the stigma and discrimination issues experienced by older adults and adults with disabilities who have a mental illness, including those who are ethnically, racially and culturally diverse.

c. California Statewide Prevention and Early Intervention (PEI) Project on Suicide Prevention:

CDA had participated on the Advisory Committee that developed the California Strategic Plan on Suicide Prevention. One of the Plan's recommendations is to provide suicide prevention training to aging services providers and other community gatekeepers who interface with at-risk seniors. The GMHS has been collaborating with the DMH Office of Suicide Prevention to identify evidence-based senior-focused suicide prevention education and training programs that could be considered for implementation once funding is available for the Statewide PEI Projects.

d. MHSA Issue Resolution Process Policy:

The MHSA requires that DMH establish a policy to resolve grievances or complaints regarding the MHSA stakeholder process. As CDA's representative on the California Mental Health Planning Council (CMHPC), the GMHS has participated in discussions at Planning Council meetings and on conference calls about the draft *MHSA Issue Resolution Process* policy. The GMHS informed the AAAs and other aging services providers about the DMH webinar on 4/2/09 to educate community stakeholders about the proposed policy and the opportunity to submit comments.

2. Engagement of Area Agencies on Aging (AAA) and other aging services providers/advocates in the state and local MHSA stakeholder process

a. Education and Technical Assistance:

The GMHS continues to provide education and technical assistance to CDA staff, the AAAs and other aging services providers and advocates about the MHSA, its funding components and the stakeholder process, evidence-based and promising practices for older adults, information to access public mental health services, and collaborative opportunities within MHSA between aging services providers and county mental health. The primary goal and objectives for this education and technical assistance is to engage aging services providers in the MHSA stakeholder process to promote older adult system of care development and thus to improve access to mental health services by older adults, adults with disabilities and their family caregivers.

The GMHS provided the following presentations and in-service trainings from 1/1/09 through 6/30/09 to educate aging services providers and other partners about the MHSA and mental health and aging issues:

- Contra Costa County Mental Health Task Force Meeting, "Overview of MHSA and Opportunities for Advocacy by Mental Health & Aging Services Providers," (1/09)

- CDA Multipurpose Senior Services Program (MSSP) In-Service, “Overview of the Mental Health Services Act and Importance of Advocacy by Aging Services Providers,” (3/09)
 - CDA Adult Day Health Care In-Service, “Mental Health Assessment, Interdisciplinary Care and Individual Plan of Care(IPC) Documentation,” (3/09)
 - California Social Work Education Center (CalSWEC) Aging Initiative Committee, “Overview of MHSA and Collaborative Opportunities to Promote MHSA Funding Support for Mental Health & Aging Workforce Education and Training,” (4/09)
 - California Welfare Directors Association, Protective Services Operations Committee Meeting, “Overview of MHSA and Opportunities for Collaborative Advocacy by Adult Protective Services Programs,” (6/09)
- b. MHSA Prevention and Early Intervention (PEI) Funding of the Home Delivered Meals Prevention and Early Intervention Program, PEARLS and other Older Adult PEI Programs:

AAAs and other aging services providers can perform an important “gatekeeper” function in identifying older adults, adults with disabilities and their family caregivers who fit the PEI priority populations and community need definitions. Clients who receive services within the aging services system are at risk for, or may be experiencing, *early onset of a serious mental illness* such as depression which is a significant risk factor for *suicide*; they may be *trauma-exposed* due to medical illness, elder abuse, neglect, social isolation, and loss of spouse, partner and friends; they may experience *stigma and discrimination* as a result of their mental illness; and they may experience *disparities in access* to mental health services, particularly older adults from racially, ethnically and culturally diverse populations.

Therefore, the GMHS has continued to provide technical assistance to the AAAs and other aging services providers about the MHSA PEI policy guidelines and older adult evidence-based/promising practices that could be proposed for PEI funding in the local MHSA stakeholder process.

In particular, the GMHS has continued to promote the Home Delivered Meals Prevention and Early Intervention (PEI) Program model to the AAAs, aging services providers and to Older Adult Coordinators at the CMHDA OASOC Committee meetings. CDA developed this program example at the request of DMH based on the "Meals on Wheels Mental Health Outreach Program" developed by Redwood Coast Seniors, Inc., in Mendocino County. This promising practice program model can be adapted for use in any county, and its service components can be implemented within other programs serving at-risk seniors. The Home Delivered Meals PEI Program example is posted on the DMH PEI website under "PEI Training Opportunities" as "Example Prevention and Early Intervention Program Forms for an Older Adult Project."

http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/Training_Opportunities.asp

In addition, the GMHS has continued to distribute program and training information to the AAAs and other aging services providers about Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) and PEARLS (Program for Encouraging Active Rewarding Lives for Seniors.) These are two evidence-based depression care management programs that have been implemented in care management programs in the aging services system in other states. Webcast trainings on Healthy IDEAS and PEARLS are archived on the National Council on Aging website under "Depression: Evidence-based Depression Care Management."
<http://www.ncoa.org/content.cfm?sectionid=379>

AAAs, other aging services providers and advocates have been participating in the local MHSA stakeholder process and are having an impact. For example, the Home Delivered Meals PEI Program is included in the MHSA PEI Plan for Marin County. The PEARLS Program will be implemented in Stanislaus, Merced and Imperial Counties. In addition, MHSA PEI contracts have been awarded to the following AAAs/AAA subcontractors to implement MHSA Older Adult PEI Programs: Solano (PSA 28), Merced (PSA 31), San Bernardino (PSA 20) and Marin (PSA 5) Meals on Wheels. Additional AAAs are considering responding to county mental health MHSA PEI Requests for Proposals (RFPs) to implement older adult PEI programs.

3. Collaboration among aging, mental health, alcohol/substance abuse and other system partners to support coordinated and integrated service delivery as well as to promote mental health and aging specialty workforce training for the public mental health workforce and system partners

a. California Primary Care, Mental Health and Substance Use Services Integration Policy Initiative Project:

The California Institute of Mental Health (CiMH) is coordinating this project in collaboration with the California Primary Care Association, CMHDA and other system partners. The goal of this project is to develop a system design and financing for an integrated service model that will guide primary care and behavioral health integration in California. The GMHS participated in the "System Design Work Group" of this project to represent the needs of older adults, adults with disabilities and their family caregivers.

b. CMHDA Older Adult System of Care Conference:

The GMHS continues to participate on the CMHDA OASOC Conference Planning Committee to plan the annual Older Adult System of Care Conference to be held December 1 & 2, 2009, in Riverside, California. The

title of the 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.*"

This conference provides an opportunity to promote specialty training of the existing public mental health workforce as well as health and human services system partners such as aging, alcohol and drug, social services and health. The conference target audiences also include older adults, consumers, family caregivers and older adult advocates. A trained workforce is essential in supporting the development of an Older Adult System of Care in California's public mental health system.

The following are some of the conference objectives: 1) to promote the development of an Older Adult System of Care in California's public mental health system that will be culturally competent and eliminate disparities; 2) to promote collaborative and integrated care among mental health, aging, health, alcohol/substance abuse and social services programs; 3) to educate service providers about evidence-based and promising practices; 4) to identify what "recovery" means for older adults and the important role of peer counselors/senior peer counselors in the recovery process. The final program brochure will be posted on the CMHDA website once completed: <http://cmhda.org/go/BreakingNews/ConferencesandTrainings.aspx>

c. CiMH Older Adult Prevention and Early Intervention PEI Webcast:

The GMHS provided input into the development of the CiMH Older Adult Prevention and Early Intervention (PEI) webcast, "Research Informed Programs and Services for Older Adults" presented on 2/25/09. Dr. James Cunningham from the Los Angeles County Department of Mental Health Older Adult Program Administration, and Dr. Janet Yang from the Center for Aging Resources in Pasadena, CA, provided the training. The GMHS informed CDA staff, the California Commission on Aging, the AAAs and other aging services providers about this webcast training. The webcast and powerpoint presentation are posted on the CiMH website for ongoing access: <http://www.cimh.org/Learning/Online-Learning/Webcasts/Prevention-and-Early-Intervention.aspx>

d. California Department of Alcohol and Drug Programs (ADP) Aging Constituents Committee:

The GMHS continues to represent CDA on the ADP Aging Constituents Committee to identify collaborative opportunities between alcohol/drug programs and aging services providers. An important collaborative opportunity is to provide training to aging services providers so that they can promote the identification, brief intervention and treatment of older adults and adults with disabilities who have substance use issues. CDA has included information and strategic objectives about "Substance Abuse" in the California

State Plan on Aging to promote collaboration between alcohol/drug and aging services providers.

e. CMHDA Older Adult System of Care (OASOC) Committee and the California Mental Health Planning Council (CMHPC):

The GMHS continues to represent CDA and the interests of older adults, adults with disabilities and their caregivers on the CMHDA OASOC Committee, and the CMHPC Older Adult, and Policy & System Development Committees.

Participation on these committees promotes partnership-building and collaboration between mental health and aging services systems. CDA, the CMHDA OASOC Committee, and the CMHPC Older Adult Committee share the following interests: to promote Older Adult System of Care development, to support a well-trained specialty workforce, and to provide integrated services whenever possible (health, mental health, alcohol/drug, social services) and where older adults are comfortable receiving these services.

An example of collaboration between mental health and aging services providers involves the CMHPC *Vital Signs Project*. The Planning Council requested feedback from organizations/advocacy groups regarding the performance of the public mental health system with respect to addressing the needs of their constituencies, e.g., access to care, quality of care, service coordination and collaboration, etc. Information received from these organizations is to be used to inform the work of the CMHPC subcommittees and to guide CMHPC's recommendations to DMH on how to improve the public mental health system.

The GMHS contacted and coordinated input from the following organizations that serve or advocate on behalf of older adults, adults with disabilities and their caregivers:

- Association of California Caregiver Resource Centers
- California Association of Area Agencies on Aging
- California Association of Public Authorities for In-Home Supportive Services
- California Foundation for Independent Living Centers
- Community Care, Ukiah, CA
- Multipurpose Senior Services Program Site Directors Association, Inc.

Copies of letters from these organizations to the CMHPC are attached.

4. Update of the California State Plan on Aging for 2009-2013

- a. CDA has written and submitted its California State Plan on Aging for 2009-2013 to the Administration on Aging for approval. This Plan includes mental health and substance abuse information and objectives which reflect CDA's MHSA activities and interest in promoting health, mental health and wellness. Refer to attached excerpts from the State Plan. A full copy of the State Plan is posted on the CDA website: www.aging.ca.gov.

ACTIVITIES AND ACCOMPLISHMENTS CONSIDERED HIGHLIGHTS THAT FURTHER THE INTENT OF THE MHSA AND SYSTEM CHANGE

Of the activities summarized above, the following further the intent of MHSA to achieve system change:

- **Number 1a:** MHSA Workforce Education and Training (WET)

The primary goal of the CMHDA OASOC Committee *Workforce Education and Training Work Group* is to develop a well-trained workforce within public mental health and other systems that can deliver quality, culturally competent, and age-appropriate mental health services to older adults, adults with disabilities and their family caregivers, including those who are racially, ethnically and culturally diverse. The development of specialty older adult mental health services along with a well-trained specialized workforce furthers the intent of MHSA to improve access to quality mental health services across the lifespan.

- **Number 2b:** MHSA PEI Funding of the Home Delivered Meals Prevention and Early Intervention Program, PEARLS and other Older Adult PEI Programs

The primary goal of education, training and technical assistance provided to the AAAs and other aging services providers and advocates is to engage them in the MHSA stakeholder process to promote the development of MHSA-funded older adult mental health services. Developing specialty older adult mental health services and promoting the capacity of aging services providers to identify at-risk older adults can reduce disparities in access to and utilization of mental health services by older adults and adults with disabilities, particularly those from diverse populations. Engagement of AAAs and other aging services providers in the MHSA stakeholder process has been transformative for both the public mental health and aging services delivery systems.

- **Number 3a:** California Primary Care, Mental Health and Substance Use Services Integration Policy Initiative Project

The primary goal of this project is to develop a service integration model that will transform the way mental health, health and alcohol/substance use services are delivered to vulnerable populations. This integrated service model can be of particular benefit to older adults who have co-occurring medical, mental health

and substance abuse needs and who lack access to services. Receiving integrated services in a healthcare setting can reduce the stigma experienced by older adults who need mental health care, promote access to these services, and thus reduce treatment disparities.

ACTIVITIES COORDINATED WITH THE LOCAL MENTAL HEALTH SYSTEM

- **Number 2b: MHSA Prevention and Early Intervention (PEI) Funding of the Home Delivered Meals Prevention and Early Intervention Program, PEARLS and other Older Adult PEI Programs**

Participation of the AAAs and aging services providers in the MHSA stakeholder process has promoted collaborative planning between the mental health and aging services systems. In particular, the awarding of county MHSA PEI contracts to the AAAs will strengthen collaborative and coordinated service delivery between county public mental health and aging services providers leading to better outcomes. This coordination and collaboration can promote cross-referrals, multidisciplinary training, and the leveraging of resources across systems.

- **Number 3b: CMHDA Older Adult System of Care Conference**

This conference provides an opportunity for local mental health, aging, alcohol/drug, social services and other health and human services providers to network and to identify best practices that can promote quality, culturally competent and collaborative care across systems. Conference attendees will be able to acquire knowledge and skills necessary to work successfully with older adults and adults with disabilities who have mental health needs, including their family caregivers. In addition, county mental health staff involved with local and regional workforce education and training can learn about older adult evidence-based and promising practice models that could be implemented at the county, regional or statewide level to address workforce training needs.