MHSA and Older Adult Study Policy Recommendations

See complete findings: www.healthpolicy.ucla.edu/Older-Adult-Mental-Health

Issue	Policy Recommendation
Uneven implementation of older adult public mental health services within and across counties	Designate an administrative structure for older adult mental health services with dedicated leadership positions.
Inadequate reporting of MHSA outcomes: not distinguished by age, race, ethnicity or other important characteristics	Institute mandatory and standardized needs assessment and data reporting requirements.
Significant and persistent deficits in the geriatric mental health workforce, including limited cross-training in mental health and aging	Promote standardized geriatrics training for all mental health professionals who work with older adults.
Barriers to public mental health care, including unmet basic needs (housing, food, transportation), shortage of transitional programs, lack of culturally and linguistically appropriate services	Increase outreach to older adults who are not making their way to services. Increase service integration, especially the integration of medical, behavioral health, aging, and substance abuse services.

The findings suggest several actions that can be taken to improve the delivery of public mental health services to Californians aging with mental illness.

Designate an administrative structure for older adult mental health services with dedicated leadership positions, within and across state and county mental health and aging units.

A survey of MHSA coordinators completed in October 2017 found that only 24 of California's 58 counties (41%) have an OASOC within their Department of Mental/Behavioral Health. In recent months, two of the six study counties with an OASOC reorganized their administrative structures and no longer have a distinct unit for older adult services. Yet the current study found that counties with a formal, designated OASOC were more likely to offer programming and services responsive to the needs of older adults. As such, a distinct OASOC should be designated in all

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counties that have capacity to do so. Ideally, the OASOC would explicitly align with all of the MHSA programs and be geographically inclusive. The OASOC would also have distinct administrative leadership (e.g., OASOC coordinator) and staff (e.g., older adult program specialists).

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Smaller rural counties, due to limited resources, may choose to organize regionally across several counties, as several Area Agencies on Aging have done. Even when a separately staffed OASOC is not feasible, counties should formally designate an administrative lead within the behavioral health department for older adult services. There should be at least one person who is the "watch dog" and departmental lead for older adult mental health services within each county.

Finally, *all* county departments of mental health (large or small, urban or rural) should establish (or join) an Aging Advisory committee. This committee would be tasked with addressing the concerns of older adults served by a range of county public agencies. Using the California Office of Health Equity "Reducing Health Disparities Project" as a model[i], counties could implement similar community engagement strategies and ensure that older adult representation reflects their communities' diversity.

Institute mandatory and standardized needs assessment and data reporting requirements.

Counties need to systematically investigate and document the unmet needs of older adults with mental illness. Specifically, counties should know how many older adults are undiagnosed or are going without treatment as well as a more detailed demographic profile of the older adults they serve.

Counties also need to systematically measure and monitor their progress serving the mental health care needs of older adults.

Current county-level data reporting is insufficient and needs to be refined and systematized. For example: Knowing how many older adults are served does not reveal how many may need services but do not access them. Counties need to measure progress towards recovery as a result of their participation in specific MHSA-funded programs. Leadership and oversight at the State level needs to ensure that core data elements are not only collected and reported but, importantly, used to measure reach and effectiveness and to inform future program planning. A recommended essential set of data elements to measure older adult outcomes in the public mental health system was developed and published as part of an earlier phase of this study.[ii]

"Counties need to systematically investigate and document the unmet needs of older adults with mental illness."

Promote standardized geriatrics training for providers across disciplines and scope of practice.

At a minimum, core geriatrics training should be provided to all mental health professionals (e.g., psychiatrists, psychologists, social workers, nurses) who work with older adults. Paraprofessionals who provide case management services, facilitate peer groups, or provide other supportive services should also be trained. An ideal standardized training would also account for the rich cultural and linguistic differences evidenced across the aging population, including the diversity represented by generational cohort, race/ethnicity, gender identification, and sexual orientation. It would address the additional barriers and stigma experienced by older adult populations that have been historically underserved. In addition, the hiring of clinical staff, including trainees, should prioritize those with a

geriatric behavioral health specialization within their graduate education.

Increase outreach to older adults who are not making their way to services.

Outreach strategies must be specific to older adults, take into account where and how to best identify those in need, and reach out to locations in the community where older adults are more likely to congregate. In addition, efforts must be made to identify the more socially or geographically isolated through family members, faith-based organizations, and aging services providers (e.g., adult day health care programs, case management programs, senior centers). At the state level, reallocate MHSA resources to conduct outreach and to deliver services that better reflect the geography of the county (not just the number of people served), and account for the additional costs of providing services in rural counties or in rural pockets within urban counties.

Increase service integration, especially the integration of medical, behavioral health, aging, and substance abuse services.

To effectively integrate services at the point of service delivery, the funding sources and administrative agencies must first align. This requires coordination across the relevant state and county administrative agencies (e.g., Departments of Health Care Services, Managed Health Care, and Aging). Older adult consumers must also be supported to smoothly traverse the silos of different county agencies and providers (e.g., the County Department of Mental or Behavioral Health and the Area Agency on Aging), and funding sources (e.g., MHSA, Medicaid, Older Americans Act dollars). At the point of service delivery, this type of systems integration would help eliminate the bureaucratic barriers older adults face and support more opportunities for physical co-location (e.g., embedding mental health services in aging services locations), and the advancement of interdisciplinary teams (e.g., nurses, social workers, and psychiatrists).

California Mental Health Older Adult System of Care Project

The California Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted with the UCLA Center for Health Policy Research to assess the state's progress in setting up a system of care for this vulnerable population and to identify areas for progress. The assessment also evaluated how funds from the Mental Health Services Act (MHSA) of 2004 have helped set up and reinforce this system of care for older adults.

See all publications related to the MHSOAC project:

www.healthpolicy.ucla.edu/Older-Adult-Mental-Health

i. California Reducing Disparities Project. Funded by the Mental Health Services Act through the Office of Health Equity, California Department of Public Health.

Retrieved from: https://ontrackconsulting.org/crdpoverview/

ii. Frank JC, Kietzman KG, Damron-Rodriguez J, Dupuy D. *California Mental Health Older Adult System of Care Project: Proposed Outcomes and Indicators for Older Adult Public Mental Health Services.* UCLA Center for Health Policy Research, 2016. [http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1559.]

Health Services for Older Adults: Creating a System That Tells the Story [http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1709]