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“Older Californians and the Mental Health Services Act: Is an Older Adult System of Care Supported?”

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California Mental Health Older Adult System of Care Project

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What We'll Cover

- Background
- Research Question and Study Methods
- Study Findings
- Recommendations for Improvement

Background

- The Mental Health Services Act (MHSA) was passed in 2004
 - Promotes a recovery and resilience model
- MHSA components:
 - Community Supports and Services
 - Full Service Partnerships
 - Prevention and Early Intervention
 - Workforce Education and Training
 - Innovation Projects

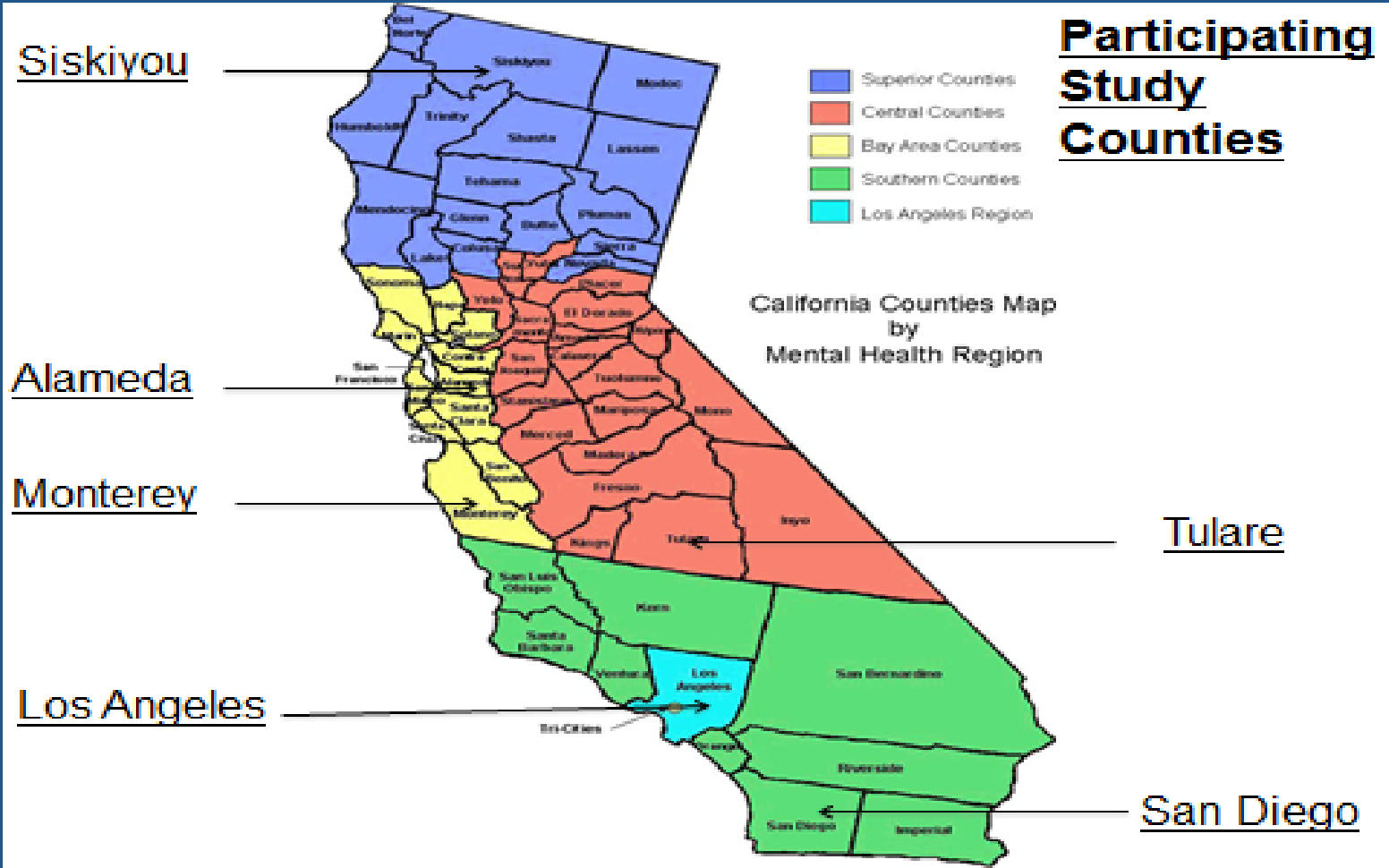
Background

- Older Adult System of Care (OASOC)
 - Values emphasize recovery/resilience, strengths, quality of life, and empowerment
 - Service systems value diversity, are planned with consumers and provide a continuum of services /transition pathways and partnerships
- The goals and approaches of the OASOC and the MHSA are consistent

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Primary Research Question:

What progress has been made since the passage of the MHSA toward implementing an integrated and comprehensive system of care for older adults with serious mental health needs?



Study Methods

- Secondary Data: Reviewed 100 Reports/articles and Analyzed 35
- Interviewed 72 Key Stakeholders (13 State Level and 59 in 6 counties)
- Focus groups included 44 people (33 consumers and 11 family members)
- Survey of all counties for OASOC status

Key Findings: Secondary Review

- MHSA has generated **\$13 billion dollars**, ~ 25% of mental health service funding
- MHSA outcomes **reporting is inadequate** and should be strengthened
- **Seniors and veterans least common stakeholder** groups that took part in MHSA planning
- Data showed a **steady improvement** in the numbers of older adults receiving services since MHSA
- Great **unmet need** across all MHSA services

Key Findings: Secondary Review and County OASOC Survey

- **Development of an OASOC pre-dated the MHSA**, ~ 25% of counties had in 2004
- As of October 2017, ~ **40%** of counties reported having an OASOC within their Department of Mental/Behavioral Health
- Yet **2 of the 6 counties** in the current study reorganized their administrative structures within the past year, **eliminating a distinct unit for older adult services**

County-Level Key Stakeholder Interviews

6 Counties:

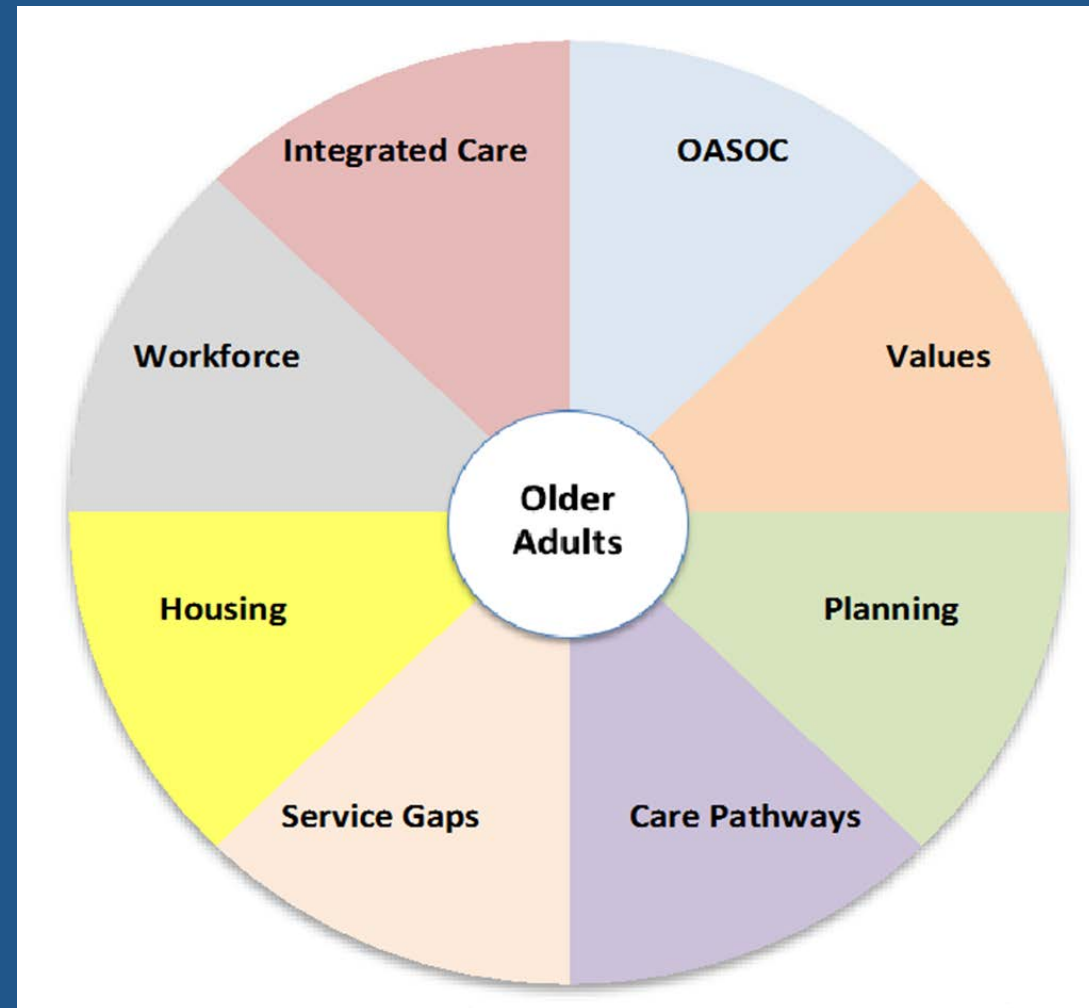
Alameda
 Los Angeles
 Monterey
 San Diego
 Siskiyou
 Tulare

	Stakeholder Type
15	Consumers, Family Members
15	Mental Health Administrators
12	Clinicians/Direct Providers: Mental Health/Aging Services
14	Aging Services Administrators
2	Advocates (professional)
1	Health and Human Services Administrator
59	= TOTAL COUNTY-LEVEL STAKEHOLDERS

State-Level Key Stakeholder Interviews

	Stakeholder Type
1	Administrator, Public Health
1	Administrator, Health Care Services
2	Administrators, Aging Services
4	Administrators: State-Level Association, Council, or Commission
2	State-Level Advocates (professional)
2	Administrators, Office of Statewide Health Planning and Development
1	Other State-Level Perspective
13	= TOTAL STATE-LEVEL STAKEHOLDERS

Key Stakeholder Interview Findings: Domains



Key Stakeholder Interview Findings Overview

- Variation in OASOC: **no state mandate or funding allocation**
- All counties have programs (**not systems of care**) either specific for older adults, or inclusive of older adults
- **All counties offer services that are responsive** to the needs of older adults and reflect the individual values promoted by the OASOC and MHSA

Key Stakeholder Interview Findings Overview (continued)

- Counties reported **limited service penetration** with older adults
 - Outreach efforts vary by county
 - More needs to be done to reach out to older adults who are not making their way to services
- Most older adults being served have been **living with SMI**, often for many years, and have **aged within the system**

Key Stakeholder Interview Findings: Barriers to Care

- Unmet basic needs (e.g., food, housing)
- Geographic disparities
- Transportation
- Housing deficits and homelessness
- Insufficient and untrained workforce
- Bureaucratic constraints
- Insurance coverage and care costs

Key Stakeholder Interview Findings: Gaps in Services

- Older adults with cognitive impairment
- Long-term case management
- Transition/step-down services
- Culturally-appropriate services

Key Stakeholder Interview Findings: Facilitators

- Increased awareness about MH
- Increased consumer knowledge about the system and services available
- Home-based service provision
- Smooth referral pathways
- Improved transportation
- Integrated care: the co-location of mental health services with primary care

Focus Group Sample

Consumers (n=33)	
Age	66 years (average) 54 - 85 years(range)
Female	= 20 (61%)
Race/ethnicity	Hispanic/Latino 16 (48%) African American 14 (42%) White 2 (6%) Multiracial 1 (3%)
Spanish-speaking	= 16 (48%)
History of homelessness	20 (61%)

Family Members (n=11)	
Lives with consumer	4 (36%)
Female	= 8 (73%)
Race/ethnicity	African American 8 (73%) Multiracial 2 (18%) Hispanic/Latino 1 (9%)
History of homelessness	(consumer) 7 (64%)

Key Findings: Focus Groups

*What matters most to older adult consumers
and family members?*

- **COMMUNITY:** Social engagement, through support groups, neighborhood, church
- **FAMILY:** Help with knowledge/access, invaluable in recovery, value intergenerational relationships
- **RELIGION:** Recovery as a spiritual journey, a source of strength and fulfillment

Key Findings: Focus Groups

What impedes recovery?

- Distrust of the system, especially in marginalized communities
- Cultural beliefs that stigmatize mental illness
- Lack of appropriate and experienced providers
- Geographic disparities in service availability
- Bureaucratic barriers: lots of paperwork, long waits when applying, delays for referrals

Key Findings: Focus Groups

What supports recovery?

- Information and services from trusted sources
- Support groups with peers
- One stop shopping: integration of physical health,
 - mental health, and substance use services
- Incorporating family and spirituality into recovery
- Services for family members
- Providers with compassion

Take Away Messages

MHSA Program Benefits:

- PEI programs
- Peer-led programs
- FSP programs and services
- Additional resources for county services
- Increased services networks
- Innovation projects – integrated programs very beneficial

Key Policy Recommendations

Issue Identified



Policy Recommendations

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

What Will it Take?

Leadership at every level

- Reinststate the state liaison for MH within the Department of Aging and assure there is leadership in every county MH/BH department
- Set minimum standards for program delivery and care for all age groups at the state level
- Establish formal linkages between County MH with AAA, Behavioral Health/Substance Abuse, Housing, Protective Services, Homeless Programs

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Products:

[*http://www.healthpolicy.ucla.edu/Older-Adult-Mental-Health*](http://www.healthpolicy.ucla.edu/Older-Adult-Mental-Health)

Two Policy Briefs:

- Key Indicators for MH Services for Older Adults
- Main Study Findings

Three Fact Sheets:

- Promising Programs
- Main Study Results (English & Spanish)

California Mental Health Older Adult System of Care Project

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California Mental Health Older Adult System of Care Project

*What Questions or Comments
Do You Have?*

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