THE UCLA CENTER FOR HEALTH POLICY RESEARCH

Improving California's Behavioral Health System of Care for Older Adults

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What I'll cover today

- Background

- Research Study Methods and Findings

- Promising Practices

- Policy Recommendations

Background

- By the age of 75, close to half of all Americans will have experienced a diagnosable mental health disorder.

- Yet, less than one-third of older adults in need of mental health services receive appropriate care.

- Older adults diagnosed with mental illness are more likely to develop chronic conditions and dementia as they age, intensifying their care needs.

Background

- The Mental Health Services Act (MHSA) was passed in 2004
  - o Promotes a recovery and resilience model

- MHSA components:
  - o Community Supports and Services
    - ➤ Full Service Partnerships
  - o Prevention and Early Intervention
  - o Workforce Education and Training
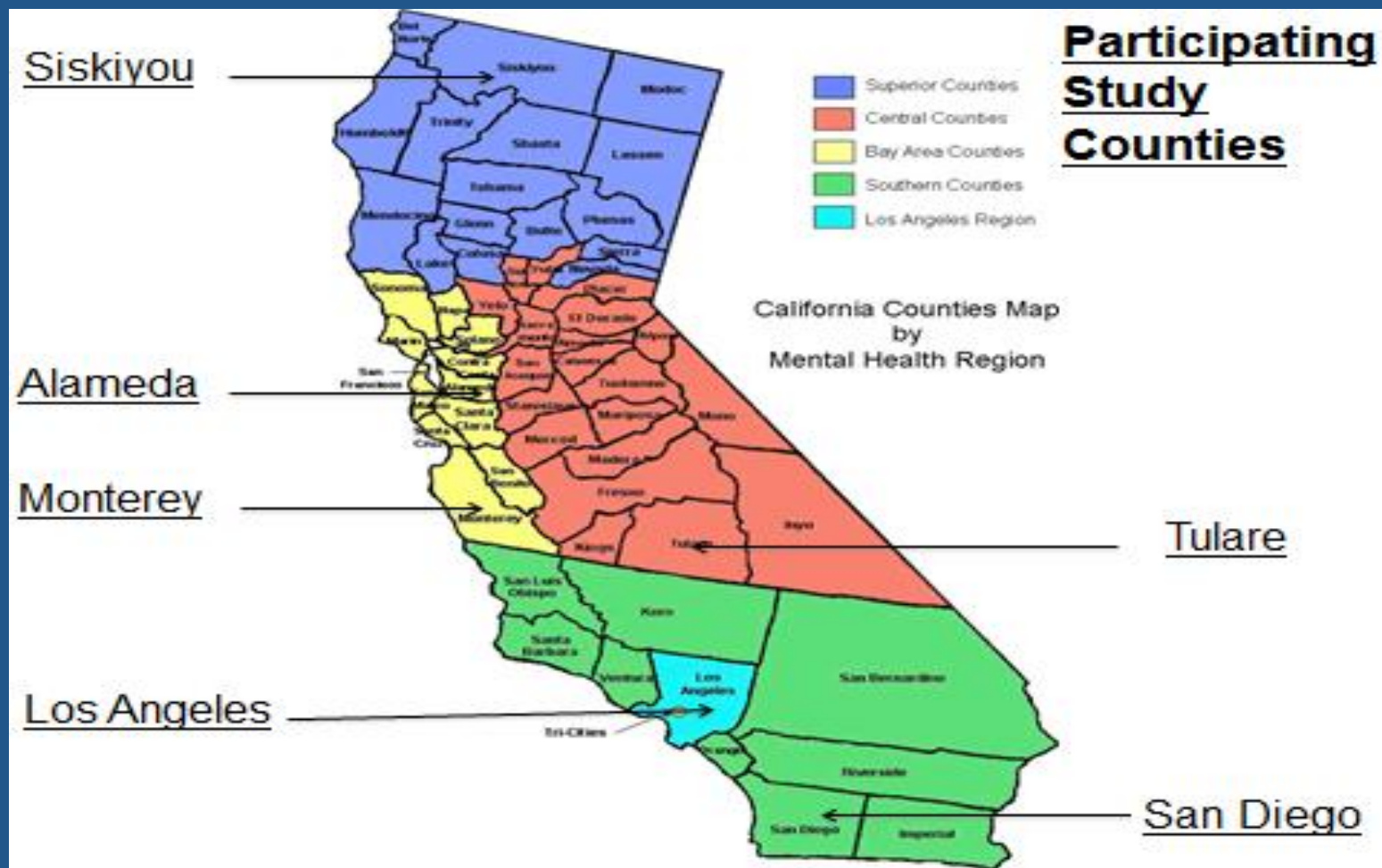 - o Innovation Projects

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

California Mental Health Older Adult System of Care Project

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?

Participating Study Counties

California Counties Map by Mental Health Region

Legend:
- Superior Counties
- Central Counties
- Bay Area Counties
- Southern Counties
- Los Angeles Region

Labeled counties: Siskiyou, Alameda, Monterey, Los Angeles, Tulare, San Diego

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 $14 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 reorganized their administrative structures during the course of our study, eliminating a distinct unit for older adult services

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

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

Gaps in Services

Older adults with cognitive impairment

Long-term case management

Transition/step-down services

Culturally-appropriate services

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

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

Promising Practices

Exemplars	Service Strategies
Geriatric Assessment and Response Team (GART) Alameda County	Mobile services Medication services Evaluation and assessment Consultation Case management Brief therapy Community outreach Family support Education
Program to Encourage Rewarding Lives for Seniors (PEARLS) Los Angeles County	Home-based care Medication management Team-based approach Case management Evidence-based practice
Senior Peer Counseling Monterey County	Service Linkage Outreach Advocacy Navigation Social engagement Training Education Empowerment Mobile services Counseling Support groups

Promising Practices

Exemplars	Service Strategies
Geriatric Certificate Program San Diego County	Workforce development training goals: ❑ Assess and determine treatment ❑ Provide services in a culturally and spiritually consistent manner ❑ Provide appropriate referrals and resources ❑ Recognize the unique needs of older adults
Six Stone Wellness Siskiyou County	Peer and staff-led groups and activities Peer support Life skills Arts and crafts Employment assistance Nutrition education Medication education
Visalia Adult Integrated Clinic (VAIC) Tulare County	Integrated care Case management Individual, family and group therapy Medication services Peer delivered services Mental Health Court Mobile services Evidence-based practice

Key Policy Recommendations

Issue Identified	**Policy Recommendations**
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.

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Reports and Products Available at:

https://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/Older-Adult-Mental-Health-Care.aspx

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California Mental Health Older Adult System of Care Project

Questions or Comments?

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