



Summary Report

**California Department of Aging (CDA) Review of
Mental Health Services Act (MHSA)
Prevention and Early Intervention Plans
Approved by the
Mental Health Services Oversight and Accountability Commission
as of February 26, 2010**

April 1, 2010

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California Department of Mental Health*

California Department of Aging (CDA)

Review of Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plans Submitted to/Approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) as of 2-26-10

The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding component provides an unprecedented opportunity for counties to identify the mental health PEI needs of their communities and to develop programs and services to address them.

Developing PEI services transforms the public mental health system to a “help first” system by allocating resources to prevent a mental illness from developing and intervene early in the onset of a mental illness to prevent it from becoming severe and disabling. Mental health PEI services can be provided in settings where people go for other routine services and activities, thus reducing stigma and improving access. Improving timely access to mental health services and supports is an important PEI objective. Reducing disparities in access to mental health services for un-served and underserved populations is an essential outcome.

PEI Community Needs and Priority Populations and Applicability to Older Adults

The *Proposed Guidelines for Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan* (“MHSA PEI Policy Guidelines”) provide direction to counties about the community needs to be addressed and the priority populations to be served. The following identifies the community needs and priority populations relevant to older adults:

- **Community Needs:** *Disparities in Access to Mental Health Services*-Older adults, particularly diverse elders, under-utilize mental health services for many reasons. These include stigma, lack of awareness of need, lack of age-, linguistically-, and culturally-appropriate services, lack of transportation to services, and other barriers. Older adults, their families and professional caregivers may mistakenly view symptoms of mental illness as a normal part of aging. *Psycho-Social Impact of Trauma*-Older adults may experience grief, depression, anxiety, post traumatic stress disorder and isolation due to traumatic events and/or prolonged traumatic conditions. Traumatic events include elder abuse, neglect, death of family, friends and significant others, relocation, and immigration. Prolonged traumatic conditions include the loss of health, functional abilities and independence. *Stigma and Discrimination*-Older adults generally are reluctant to seek mental health services due to stigma. Stigma is compounded for older adults from diverse ethnic, racial and cultural populations. *Suicide Risk*-Older adults, particularly older white males, have the highest suicide rates of all age groups. Suicide is strongly correlated with untreated depression and access to firearms.
- **Priority Populations:** *Underserved Cultural Populations*-Diverse racial, ethnic and cultural populations across all ages under-utilize mental health

services resulting in disparities in access. **Trauma-Exposed Individuals** –Older adults experience traumatic events or prolonged traumatic conditions as described above. **Individuals Experiencing Onset of Serious Psychiatric Illness**–Older adults experience late-life onset of Major Depression, Schizophrenia and other serious mental illnesses. These may co-occur with substance use and medical illnesses such as diabetes and depression. Early identification is critical to preventing negative outcomes. **Children and Youth in Stressed Families, At Risk for School Failure, and Experiencing Juvenile Justice Involvement**–Grandparents may be raising, or involved in the care of, grandchildren within these priority populations. This is particularly true in the African American community. The stressors and in some cases trauma experienced by grandparents caring for grandchildren places these older adults at risk. This can negatively impact their grandchildren. Strengthening the resiliency of families and caregivers across all priority populations is an important PEI outcome.

Refer to the MHSA PEI Policy Guidelines for additional PEI planning and implementation requirements:

[http://www.dmh.ca.gov/Prop_63/MHSA/Prevention and Early Intervention/docs/Rev P EI Guidelines Referencing RM.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/Rev_P_EI_Guidelines_Referencing_RM.pdf)

Older Adult PEI Program and Service Development

For older adults and their families, MHSA PEI provides an opportunity to:

- educate and increase awareness of the community at-large, older adult service providers across systems, and older adults and their families about older adult mental health issues in later life and the benefits of treatment;
- reduce the stigma associated with seeking mental health services;
- identify older adults at risk for, or who are exhibiting signs and symptoms of, a mental illness such as depression early in its onset before it becomes disabling or deadly;
- develop age-appropriate services and implement age-specific strategies; and
- promote collaboration with, build capacity in, and leverage the resources of, county mental health system partners who have access to at-risk seniors. These partners include primary care and the aging network of home- and community-based services. These are settings where older adults receive health and supportive services and where mental health PEI services could be delivered.

Older adult service providers have participated in the county MHSA PEI Community Planning Process to advocate for older adults and propose older adult-specific PEI program models for funding. The California Department of Aging (CDA) has provided information to California's 33 Area Agencies on Aging (AAAs) and other aging services providers about the MHSA PEI Policy Guidelines and older adult-specific PEI evidence-

based and promising practices. This supports their participation in the MHSA stakeholder process.

To determine the degree to which older adult mental health PEI services are being funded and implemented, CDA has completed a systematic review of the 51 MHSA PEI Plans that had been approved by the MHSOAC and the three PEI Plans that had been submitted for approval as of February 26, 2010. (Six counties have not yet submitted their PEI Plans.) The CDA has summarized information from the MHSA PEI Plans that is relevant to older adult PEI service development in the attached document:

California Department of Aging(CDA) Review of Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plans Submitted to/Approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) As of 2-26-10 (MHSA PEI Plan Review).

Template Description and Information Sources

The following is a brief description of the information extracted from the MHSA PEI Plans as reflected in the attached document:

- County/City PEI Plan; MHSOAC Approval Date of PEI Plan
 - Indicates the name of county/city and if it is a small county with a population of less than 200,000 (*);
 - Indicates the MHSOAC approval date, or the status of plan submission (not yet approved or not yet submitted);
 - Information Source: MHSA PEI Plans posted on the MHSOAC PEI Website at:

http://www.dmh.ca.gov/MHSOAC/Prevention_and_Early_Intervention.asp

- Older Adult-Specific PEI Program to be Funded
 - Indicates if a PEI Plan is funding an *Older Adult-Specific PEI Program* (Yes/No)-An *Older Adult-Specific PEI Program* only serves older adults and their family caregivers, not other age groups. (MHSA Policy Guidelines do not require counties to fund age-specific programs.);
 - Information Source: PEI Project Summary, Form 3.
- Name of Older Adult-Specific PEI Program; Community Needs and Priority Populations; Older Adult-Specific PEI Program Highlights
 - If an *Older Adult-Specific PEI Program* is funded, indicates the name of the *Older Adult-Specific PEI Program*, the *Community Needs and Priority Populations* to be addressed, and *Older Adult-Specific PEI Program Highlights* (brief description of programs/services, including if programs/services target elders from diverse ethnic, racial and cultural communities);

- Indicates the name of the Evidence-Based (EBP) or Promising Practice (PP) Program(s) to be implemented in the *Older Adult-Specific PEI Program (+)*;
 - Information Source: PEI Project Summary, Form 3.
- Number of Older Adults and Families to be served by the Older Adult-Specific PEI Program
 - If an *Older Adult-Specific PEI Program* is funded, indicates the projected number of unduplicated older adults and families to be served for the funding period requested (based on a 12-month project timeline);
 - Information Source: PEI Project Summary, Form 3.
- Funding Amount Requested for Older Adult-Specific PEI Program
 - If an *Older Adult-Specific PEI Program* is funded, indicates the total funding requested for the *Older Adult-Specific PEI Program* (not for PEI programs serving multiple ages);
 - Information Source: PEI Project Budget Summary, Form 6 (Funds Requested by Age Group.)
- Name of PEI Programs Targeting Multiple Ages Including Older Adults; Specific Age Groups Allocated Funding
 - Indicates the name of *Multi-Age Programs Including Older Adults*, and the specific age groups for which funding is allocated;
 - Indicates if no PEI programs target older adults-no funds requested for the older adult age group;
 - Information Source: PEI Project Budget Summary, Form 6.
- Total Funding Requested for PEI Programs Targeting Older Adults /Total PEI Funds Requested (for all age groups)
 - Indicates the ratio of total funding requested for older adults (Older Adult-Specific and Multi-Age Programs Including Older Adults) to the total PEI funds requested for all age groups;
 - Indicates the percentage of funding allocated for all older adult PEI programs in the PEI budget;
 - Information Source: PEI Project Budget Summary, Form 6 ("Funds Requested by Age Group", "Total PEI Funds Requested.") *The percentage of total PEI funds allocated for older adults was calculated by CDA.*

Key Findings (*Indicates Small Counties)

Older Adult-Specific PEI Programs:

- **MHSA PEI Plans with at least one Older Adult-Specific PEI Program: 22 out of 53 (42 percent)**

- Alameda, Butte, Contra Costa, El Dorado*, Inyo*, Kern, Los Angeles, Lake*, Marin, Mendocino*, Riverside, San Benito*, Shasta* San Bernardino, San Diego (5 Older Adult-Specific PEI Programs), San Francisco, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, Yolo* (**6 small counties-24 percent of the 25 small counties**)
- **MHSA PEI Plans without an Older Adult-Specific PEI Program: 31 out of 53 (58 percent)**
 - Alpine*, Berkeley City, Calaveras*, Colusa*, Fresno, Glenn*, Humboldt*, Imperial*, Lassen*, Madera*, Mariposa*, Merced, Modoc*, Mono*, Monterey, Nevada*, Orange, Placer, Plumas*, Sacramento, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Sutter-Yuba*, Tehama*, Tri-City, Trinity*, Tulare, Tuolumne*, Ventura (**18 small counties-72 percent of the 25 small counties**)
- **Older Adult-Specific PEI Programs targeting the Disparities in Access Community Need (Form 3): 23 out of 26 (88 percent)**
 - Alameda, Contra Costa, El Dorado*, Inyo*, Kern, Lake*, Los Angeles, Marin, Mendocino*, Riverside, San Benito*, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, Yolo* (6 small counties)
- **Older Adult-Specific PEI Programs targeting the Psycho-Social Impact of Trauma Community Need (Form 3): 19 out of 26 (74 percent)**
 - Alameda, Contra Costa, El Dorado*, Inyo*, Kern, Lake*, Los Angeles, Marin, Mendocino*, San Benito*, San Bernardino, San Diego (2), San Joaquin, Santa Cruz, Shasta*, Solano, Sonoma, Stanislaus (6 small counties)
- **Older Adult-Specific PEI Programs targeting the Stigma/Discrimination Community Need (Form 3): 22 out of 26 (85 percent)**
 - Alameda, Contra Costa, El Dorado*, Inyo*, Lake*, Los Angeles, Mendocino*, Riverside, San Benito*, San Bernardino, San Diego (5 programs), San Francisco, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, Yolo* (6 small counties)
- **Older Adult-Specific PEI Programs targeting the Suicide Risk Community Need (Form 3): 21 out of 26 (81 percent)**
 - Alameda, Butte, Contra Costa, El Dorado*, Inyo*, Kern, Lake*, Los Angeles, Marin, Mendocino*, Riverside, San Benito*, San Bernardino, San Diego (2), San Francisco, Santa Cruz, Solano, Sonoma, Stanislaus, Yolo* (6 small counties)

- Older Adult-Specific PEI Programs targeting the Trauma Exposed Individuals Priority Population (Form 3): 20 out of 26 (77 percent)
 - Alameda, Butte, Contra Costa, El Dorado*, Inyo*, Kern, Lake*, Los Angeles, Marin, Mendocino*, San Benito*, San Bernardino, San Diego (2), San Joaquin, Santa Cruz, Shasta*, Solano, Sonoma, Stanislaus (6 small counties)
- Older Adult-Specific PEI Programs targeting the Onset of Serious Mental Illness Priority Population (Form 3): 18 out of 26 (69 percent)
 - Contra Costa, El Dorado*, Inyo*, Lake*, Los Angeles, Riverside, San Benito*, San Bernardino, San Diego (5), San Joaquin, Santa Cruz, Sonoma, Stanislaus, Yolo* (5 small counties)
- Older Adult-Specific PEI Programs targeting the Underserved Cultural Populations Priority Population (Form 3): 14 out of 26 (54 percent) - *More than 14 Older Adult-Specific Programs described targeting underserved cultural populations in their Project Descriptions but did not check the "Underserved Cultural Populations" Priority Population Box on Form 3.*
 - Contra Costa, Lake*, Los Angeles, Marin, Mendocino*, San Diego (3), San Francisco, San Joaquin, Santa Cruz, Sonoma, Stanislaus, Yolo* (3 small counties)
- Older Adult-Specific PEI Programs targeting Children and Youth in Stressed Families, At Risk for School Failure, and Experiencing Juvenile Justice Involvement priority populations: 1 out of 26 (4 percent) (Los Angeles County)

Multi-Age Programs Including Older Adults:

- MHSA PEI Plans with Multi-Age Programs Including Older Adults: 42 out of 53 (79 percent)
 - Alameda, Alpine*, Butte, Calaveras*, Contra Costa, El Dorado*, Fresno, Glenn*, Humboldt*, Imperial*, Kern, Los Angeles, Lake*, Madera*, Marin, Mendocino*, Merced, Monterey, Nevada*, Orange, Placer, Riverside, Sacramento, San Benito*, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Shasta*, Sutter-Yuba*, Sonoma, Stanislaus, Tri-City, Trinity*, Tulare, Tuolumne*, Ventura, Yolo* (16 small counties)
- MHSA PEI Plans with Suicide Prevention Multi-Age Programs Including Older Adults: 10 out of 53 PEI Plans (19 percent)
 - Calaveras*, Contra Costa, Humboldt*, Marin, Sacramento, San Benito, San Joaquin, Shasta*, Tulare, Tuolumne* (3 small counties)

- MHSAs PEI Plans with Stigma & Discrimination Reduction Multi-Age Programs Including Older Adults: **10 out of 53 PEI Plans (19 percent)**

- Alameda, Contra Costa, Humboldt*, Marin, Mendocino*, San Diego, San Luis Obispo, Santa Clara, Shasta*, Tulare (3 small counties)

MHSA Plans *with Older Adult-Specific and Multi-Age PEI Programs*: 18 out of 53 (34 percent)

- Alameda, Butte, Contra Costa, El Dorado*, Kern, Los Angeles, Lake*, Marin, Mendocino*, Riverside, San Benito*, Shasta*, San Bernardino, San Diego, San Joaquin, Sonoma, Stanislaus, Yolo* (6 small counties)

MHSA PEI Plans *without Older Adult-Specific PEI Program and/or Multi-Age Programs Including Older Adults* (No Older Adult PEI Programs/Services Funded): 7 out of 53 (13 percent)

- Colusa*, Lassen*, Mariposa*, Modoc*, Mono*, Plumas*, Tehama* (all small counties)

MHSA PEI Plans implementing Mental Health/Primary Care Integration Programs (Older Adult-Specific and/or Multi-Age Programs Including Older Adults): 16 out of 53 Plans (28 percent)

- Alameda, Butte, Fresno, Kern, Los Angeles, Marin, Merced, Sacramento, San Diego, San Mateo, Santa Barbara, Santa Clara, Stanislaus, Sutter-Yuba*, Trinity*, Ventura (2 small counties)

Percentage of Total Funding Requested for PEI Programs Targeting Older Adults (Older Adult-Specific and/or Multi-Age Programs Including Older Adults)

- 0 percent: 7 Plans
 - Colusa*, Lassen*, Mariposa*, Modoc*, Mono*, Plumas*, Tehama* (all small counties)
- 1-10 percent: 13 Plans
 - Calaveras*(3.2%), Glenn* (8.4%), Humboldt*(8.6%), Madera*(7.7%), Marin (9.2%), Merced (9.9%), San Francisco (5.2%), San Joaquin (9.4%), Santa Barbara (7.1%), Santa Clara (4.6%), Santa Cruz (9.2%), Sutter-Yuba* (3%), Tuolumne* (4%) (6 small counties)
- 11-20 percent: 26 Plans
 - Alpine (20%), Berkeley City (12.5%), Butte (17.9%), El Dorado*(14.1%), Fresno (18%), Imperial*, Inyo*(18.8%), Kern (18.6%), Lake*(16.1%), Los Angeles (14.3%), Mendocino*(12.1%), Monterey (11.3%), Nevada* (12%), Orange (13%), Placer (15.1%), Riverside

(11.5%), San Bernardino (11.9%), San Diego (16%), San Luis Obispo (11.5%), San Mateo (14.8%), Shasta* (17.2%), Solano (17.9%), Sonoma (15.2%), Trinity* (10.8%), Tulare (16.6%), Ventura (10.8%) (7 small counties)

- 21 percent or more: 7 Plans
 - Alameda (21.9%), Contra Costa (21.5%), Sacramento (25%-Suicide Prevention; 21.4%), San Benito* (28.3%), Stanislaus (29%), Tri-City (20.57%), Yolo* (23.1%) (2 small counties)

Evidence-based and Promising Practice Programs to be Implemented by MHSa PEI Programs Targeting Older Adults (Mostly implemented within Older Adult-Specific PEI Programs, Some in Multi-Age Programs Including Older Adults such as IMPACT and QPR):

- Behavioral Activation Treatment (EBP)-Marin
- Caregiver Support Program (PP)-Riverside, San Diego
- Chronic Care Model-Stanford University (EBP)-San Diego
- Cognitive Behavioral Therapy for Late Life Depression (CBT)-Los Angeles, Riverside
- Coping Skills Training (PP)-San Diego
- Friendly Visitor Program (PP)-Lake, Sonoma
- Friendship Line-Institute on Aging, San Francisco (PP)-Butte
- Gatekeeper Case Finding/Training Model (PP)-El Dorado, Inyo, Los Angeles, San Diego, Shasta, Solano
- Harvard Program in Refugee Trauma (EBP/PP)-San Bernardino
- Healthy IDEAS (EBP)-Sonoma, Butte
- Home Delivered Meals PEI Program (PP)/Meals On Wheels Mental Health Outreach, Redwood Coast Seniors Inc (PP)-El Dorado, Marin, San Diego, San Joaquin
- IMPACT (EBP)-San Joaquin, Sonoma, San Bernardino, San Francisco, Marin
- Live Well, Live Long, Steps to Mental Wellness (EBP)-Los Angeles
- Mendocino Community Health Clinics (PP); Mountain Park Health Center (Arizona) (PP)-Alameda
- Peer Companions (PP)-Santa Cruz

- Peer to Peer Model (PP)-San Bernardino
- Psychogeriatric Assessment and Treatment in City Housing (PATCH) (EBP)- Los Angeles
- Prevention of Suicide in Primary Care Elderly Collaborative Trial (PROSPECT) (EBP)-San Bernardino, San Francisco
- PRISM-E (EBP)-San Francisco
- Problem Solving Treatment (EBP)-El Dorado, Marin, San Diego
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) (EBP)- Imperial, Los Angeles, Merced, Stanislaus, Riverside, San Joaquin
- Promotores de Salud (PP)-Los Angeles, San Diego
- Question, Persuade, Refer (QPR)-Suicide Prevention Program/Training (EBP)-Riverside, Sonoma
- REACH Model (PP)-San Diego
- Senior Center Without Walls (PP)-Stanislaus
- Senior Peer Counseling –Santa Monica Model(PP)-Contra Costa, Kern, Mendocino, San Joaquin, Sonoma, Stanislaus, Yolo
- Stamp Out Stigma (PP)-San Bernardino
- Suicide Prevention Applied Suicide Intervention Skills Training-LivingWorks (EBP)-Glenn, San Bernardino, San Joaquin
- System Navigator (PP)-Solano
- TCE Supported Model (EBP)-San Francisco
- Warm Line (PP)-Sacramento, Santa Cruz, Sonoma

Summary Discussion and Key Findings

This report describes the older adult mental health PEI programs and services that will be developed and funded during the initial implementation of the MHSA PEI phase as a result of the MHSA PEI Community Planning Process.

This report provides a "baseline" description of how counties will begin to address the mental health PEI needs of older adults and their families. The following are some key findings:

- Seventy-nine (79) percent of the MHSA PEI Plans are funding mental health PEI programs/services to older adults through Multi-Age Programs Including Older Adults (42 of 53 plans);
- Forty-two (42) percent of the MHSA PEI Plans are funding at least one Older Adult-Specific PEI Program that only serves older adults and their families (22 of 53 plans),
- Thirty-four (34) percent of the MHSA PEI Plans are funding both Older Adult-Specific PEI Programs and Multi-Age Programs Including Older Adults (18 out of 53 plans),
- Thirteen (13) percent of MHSA PEI Plans are not funding any older adult PEI programs (7 small counties),
- Seven (7) MHSA PEI Plans have allocated none of their PEI funding for older adult programs, 13 plans have allocated 1-10 percent, 26 plans have allocated 11-20 percent, and 7 plans have allocated 21 percent or more.
- Older Adult-Specific PEI Programs targeted community needs and priority populations as follows: Disparities in Access (88 percent), Stigma/Discrimination (85 percent), Suicide Risk (81 percent), Psycho-social Impact of Trauma (74 percent), Trauma-Exposed Individuals (77 percent), Individuals Experiencing Onset of Serious Psychiatric Illness (69 percent), Underserved Cultural Populations (54 percent).

Most counties have made progress in developing programs and services that address older adult mental health PEI needs. However, seven counties (all small counties) have not developed/funded any older adult mental health PEI programs. The CDA had anticipated that all counties would develop mental health PEI services for older adults despite the MHSA PEI Policy Guidelines' exclusion of small counties from the requirements that "PEI county components must reflect programs that **address all age groups** and a **minimum of 51 percent of their overall PEI component budget must be dedicated to individuals who are between the ages of 0 to 25.**" The high suicide rate among older adults and the need to identify the early signs/symptoms of depression - the strongest risk factor for suicide in the elderly - indicate the importance of developing older adult mental health PEI services.

The CDA believes that the seven small counties' decisions not to allocate PEI funding for older adults following the Community Planning Process could benefit from further exploration from a variety of stakeholder perspectives. More important is whether there should be assurances that counties develop and fund programs during the next PEI funding cycle to address the mental health PEI needs of the populations excluded from initial PEI funding. If so, then one of the remedies might be to amend the MHSA PEI Policy Guidelines to ensure that all counties have developed PEI mental health services for all age groups by the end of the second PEI funding cycle. There is no language in the current PEI Policy Guidelines that would prohibit the continued exclusion of certain age groups. At a minimum, CDA recommends that counties be required to explain to

the MHSOAC in their PEI plan submissions their reasons for not funding PEI services to particular age groups and support this information with relevant data and documented input from stakeholders representing excluded populations.

It also is important, particularly during times of limited funding, to determine if funded PEI programs, services, and strategies have been successful in achieving intended outcomes. The evaluation of MHSA PEI program/s and strategies would be essential to making informed planning, funding and implementation decisions for future PEI funding cycles. The following are some questions to guide PEI evaluation activities:

- What PEI programs, services and strategies achieved the desired outcomes at the person, program, and community level?
- What are the performance indicators relevant to measuring the effectiveness of PEI services and interventions at the person, program and community level?
- Were the PEI programs, services and strategies successful in addressing the community needs and priority populations for the targeted age groups?
- What are the benefits of Age-Specific PEI Programs compared to Multi-Age Programs in achieving certain outcomes, reaching particular priority populations and addressing particular community needs? For example, is a Multi-Age Program to reduce stigma and discrimination or to integrate behavioral health and primary care services more effective than an Age-Specific stigma and discrimination reduction or behavioral health/primary care integration program? How do we measure their effectiveness for comparison purposes?
- Did the PEI programs, services and strategies reduce disparities among ethnic/cultural groups by age and gender?
- Did the PEI programs, services and strategies improve access among un-served and underserved populations across age, racial, ethnic, and cultural groups?
- Did the PEI programs, services and strategies reach the projected numbers of individuals and families needing prevention and early intervention services?
- Did PEI programs build capacity in, and leverage the resources of, system partners external to county mental health who serve populations with mental health PEI needs?

Recommendations for Using MHSA PEI Plan Review Information Specific to Older Adults

The following are examples of how the information contained in the CDA *MHSA PEI Plan Review* document could be used:

1. Promote collaboration, coordination, shared learning and training among counties which are implementing Older Adult-Specific PEI Programs targeting similar community needs, priority populations and implementing similar PEI

service strategies and older adult evidence-based/promising practice program models. For example, counties which are implementing similar evidence-based or promising practice models might benefit from discussing solutions to shared implementation issues, or coordinating regional workforce education and training.

2. Inform the implementation of the MHSa PEI statewide strategic plans for **Suicide Prevention** and **Stigma and Discrimination Reduction**. The majority of the Older Adult-Specific PEI Programs and many of the Multi-Age Programs Including Older Adults are targeting Suicide Risk and Stigma/Discrimination community needs. Those involved with implementing the statewide projects could benefit from knowing what is being implemented at the county level for specific populations. This could inform regional and statewide strategy selection and prioritization.
3. Inform the strategic planning process of the MHSa PEI statewide **Reducing Disparities Project**. The majority of Older Adult-Specific PEI Programs are targeting ethnically, racially and culturally diverse elder populations. The Project Descriptions of these programs in the PEI Plans contain excellent information about the mental health needs of diverse elders. This information could be included in the strategic plans of the Reducing Disparities Project work groups. In addition, the Reducing Disparities Project work groups might benefit from learning about the experience of the organizations implementing the older adult PEI program strategies to diverse elders (including evidence-based, promising practice and community driven experience). Opportunities for shared learning could inform the work groups' strategic planning processes and the content of their strategic plans.
4. Engage multiple stakeholders to determine why the seven small counties did not fund any older adult PEI programs/services and identify potential strategies for preventing the exclusion of certain age groups in future PEI funding cycles. For example:
 - Is there more to understand about these counties' Community Planning Processes, including who participated in the process, how community data and stakeholder input were analyzed, and the extent to which mental health services that address the mental health PEI needs of the age groups not targeted for MHSa PEI services exist in the county?
 - Are other programs and services in the county addressing the mental health PEI needs of excluded age groups?
5. Inform PEI evaluation activities to determine the effectiveness of specific service strategies to achieve specific outcomes and successfully address the community needs and priority populations including persons of all ages from diverse racial, ethnic, and cultural groups. In particular, it would be worthwhile to conduct an evaluation or comparative analysis of the effectiveness of Age-Specific PEI

Programs and Multi-Age Programs regarding these outcomes, community needs and priority populations.

For example, funding Older Adult-Specific PEI Programs relates to promoting Older Adult System of Care development as described in the California Mental Health Directors Older Adult System of Care Framework:

http://cmhda.org/committees/documents/OASOC_Framework_%282-9-05%29.doc).

Older Adult-Specific PEI Programs could advance 1) implementation of age-appropriate strategies including older adult evidence-based and promising practices; 2) stronger partnerships between the mental health and aging service delivery systems that serve at-risk older adult populations; and 3) service delivery by a trained workforce with special expertise in working with older adults with mental health needs. (Refer to the California Mental Health Directors Association Older Adult System of Care Committee Issue Paper on Older Adult Workforce Education and Training, including Attachment V:

<http://cmhda.org/go/Committees/OlderAdultSystemofCareCommitteeOASOC/OASOCDocuments.aspx>

Next Steps

1. The CDA will update the MHSA PEI Plan Review template monthly to include information on all of the MHSA PEI Plans approved by the MHSOAC after 2-26-10.
2. The CDA will distribute this report to the following entities:
 - California Department of Mental Health
 - Mental Health Services Oversight and Accountability Commission Services Committee
 - California Association of Area Agencies on Aging (C4A)
 - Area Agencies on Aging and other aging services providers
 - California Commission on Aging
 - California Mental Health Directors Association Older Adult System of Care Committee
 - California Mental Health Planning Council Older Adult Committee