

## Older Adult System of Care and Gap Analysis/Unmet Needs



Prevention and Early Intervention Funded		Community Services and Supports (CSS) Funded			Outreach & Engagement Funded
Prevention Projects	Early Intervention Services	Community-Based Recovery Services	Field Based and Intensive Services	System Support	Specialized Populations
Partners in Suicide Prevention (PSP) is an all-age collaborative effort  Increasing public awareness of suicide and reducing stigma associated with seeking mental health and substance abuse services. The team offers:  • Education in community settings  • Appropriate tools and resources such as best practices.  • Linkage and referral to appropriate services.  Anti-Stigma and Discrimination (ASD)  This program for older adults operates under the name "Mental Wellness."	Older Adult Prevention and Early Intervention Programs (OA -PEI)  OA -PEI focuses on evidence-based, promising or community defined evidence practices, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issues. PEI Models Include:  Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)  Problem Solving Therapy (PST)  Interpersonal Psychotherapy (IPT)  Crisis Oriented Resolution Services	Older Adult Wellness Center Services  The original OA MHSA allocation did not include funding for OA designated staff to deliver services in the Wellness Centers. However, through funds from the Prudent Reserve there was an opportunity to fund three positions to perform older adult specific activities at Hollywood, Edelman, and Long Beach.  There are significant numbers of older adults receiving mental health services in the Wellness Centers but there is limited OA	Older Adult Full Service Partnership (OA - FSP)  OA – FSP addresses the special mental health needs of older adults, ages 60 and above, with a serious and persistent mental illness which results in difficulty functioning and who have experienced the following within the last year: homelessness or at serious risk of becoming homeless; in jail or frequent contact with the criminal justice system; frequent psychiatric hospitalizations; at risk of abuse, neglect, harm or placement in a higher level of care; or co-occurring medical or substance use disorders.	Services to older adults have been expanded through the use of volunteers or Service Extenders who work as part of a multi-disciplinary treatment team, by providing additional care and support.  Service Extenders can be clients in recovery, family members or other interested individuals who volunteer to serve as members of multi-disciplinary Field Capable Clinical Service teams.  Support for Service Extenders has included basic training to become a service extender and ongoing quarterly meetings/training to support and sustain these volunteers.  Service Area Navigator  Each of the Service Area use existing staff to assist OA with navigating the DMH system.	Public Speaking Training Program and Gavel Club  Designed to help older adult consumers "find their own voice" in promoting wellness and recovery and advocacy.  Consumers are assigned to work with Stigma and Discrimination staff to give community presentations to provide information and education to community groups.  Consumers participated in a pilot project (OACOA) to provide information, education to businesses in the community to identify OA that may need MHS.  Future plans include using the volunteers to provide care transition services to older adults who are discharged from psychiatric hospitals.



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The ASD team has focused on self-stigma, and provides psychoeducation training to older adults, and older adult agencies.	(CORS) Seeking Safety (SS) Group CBT	programming.	OA - Field Capable Clinical Services (OA - FCCS) FCCS Services are specialized community and field based services designed to meet the unique needs of older adults, ages 60 and above. FCCS offers an alternative to traditional mental health services for older adults who may be unable to access services due to impaired mobility, frailty or other limitations. Services include Individual and family counseling; culturally and linguistically appropriate services; medication services; linkage to health care services; and education and support.	Other age groups have specific staff funded to serve as their age group navigation team. OA were not allocated MHSA funding to support Service Area Navigation function.	



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The Suicide Prevention Team is fairly small (2 FTE's) which is a barrier to maintaining adequately trained staff to meet the growing needs of LA County. More depth in the team would also help promote Suicide Prevention more effectively throughout LA County.		There are limited dedicated older adult staffing resources to serve older adults in the existing Wellness Centers.  Few of the directly operated and none of the contracted agencies received funding to develop specialized Wellness services for older adults.	Original funding for OA programs does not reflect current demographics and population growth.  Older Adult Full Service Partnership (OA - FSP).  During FY 12/13, OA FSP slot utilization was 90%.  For FY 11/12 FSP slot utilization was 97%.  Additional FSP slots are needed to create more service capacity within the FSP programs.	OA was not allocated navigators in each service area.  OA navigators are needed in each of the SA to strengthen integration of health, mental health and substance abuse services to coordinate care.  Navigators are needed to refer and link OA to services in the community such as IHSS, Sr. Centers, low income housing etc.  Service Extenders  Funding is needed to expand the number of stipends available to consumers who are volunteers.	OA was not allocated funding for O&E staff in each service area.