

The Future of Aging and Mental Health Services in California, Florida, and the Nation: Summary Report
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Abstract:

We conducted 52 qualitative, telephone-based interviews with policymakers, advocates, and community-level providers in California, Florida, and those that work on the national level. In this report, we describe the barriers to access to mental health services for older adults and the readiness to meet the mental health needs of a growing older adult population. Additionally, we provide and interpret the results of a SWOT (strengths, weaknesses, opportunities, and threats) analysis based on the responses from leaders and stakeholders in the fields of mental health and aging. This summary concludes with recommendations for improving the mental health service delivery system to close the gaps in access for diverse older adults.

Background:

According to the Administration on Aging, 20% of people age 55 and older experience significant mental health problems that are not a normal part of aging (U.S. Department of Health and Human Services, 1999). By 2030, there will be 15 million older adults living with a major mental illness, an increase from 4 million in 1970 (Jeste et al., 1999; U.S. Census, 2000).

While there are substantial needs for mental health services, older adults tend to make limited use of those services. There are significant barriers to identifying, acknowledging, and treating mental health problems for older adults including: stigma, transportation, fragmentation of services, inability to acknowledge mental health problems, few providers trained in mental health and aging, limited culturally competent services, time constraints in primary care, ageism, and the list goes on. As a result, only half of older adults who are able to acknowledge mental health problems receive any treatment at all, and only a small fraction of those who do get help receive specialty mental health care (Administration on Aging, 2001).

The demand for quality mental health services already exceeds the available resources (Oxman & Dietrich, 2002). Therefore, it is imperative that current efforts to improve access to services address the capacity of the mental health system to care for those in need so that the system can be best equipped to handle the future needs of a growing older adult population.

Purpose and Rationale:

We gathered the perspectives of community, state, and national stakeholders to better understand and articulate the issues related to access to mental health care for diverse older adults living in the community in order to better understand how best to prepare for future demographic shifts in the number of older adults.

Our analysis is intended to identify and define barriers to and needs for mental health services access for older adults. Additionally, we document the strengths, weaknesses, opportunities, and threats to providing mental health services to older people as way to identify resources and actions steps for program and/or policy change. This project is unique in that it allows key stakeholders to directly express their concerns and suggestions regarding access to and readiness of mental health and aging services.

The questions we set out to explore included the following: According to leaders in the field of mental health and aging...

- What are the factors affecting the availability and accessibility of mental health services for diverse older adults in California and Florida?

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- To what extent are communities, states, and our nation ready to meet the mental health needs of a diverse population of older adults?
- What strengths, weaknesses, opportunities, and threats exist in current efforts to meet the mental health needs of older adults?

Project Design:

We conducted in-depth, telephone-based interviews with a purposive sample of 52 respondents working on the local, state, and/or national level between May and September 2006. The interviews were approximately 45 minutes in length and included key informants, policymakers, advocates, county-level administrators/providers, and mental health and aging planners. Of those interviewed, 19 were from California, 20 were from Florida, and 13 represented a national perspective. The leaders/stakeholders had diverse professional backgrounds including: service provider, administrator, government official, executive director, policymaker, consumer, psychiatric nurse, social worker, lawyer, lobbyist, advocate, and psychologist. Some of the respondents worked in the field of aging, some in mental health, and some worked in both fields. The respondents reported anywhere from 6 months to 40 years of experience, although most had been working in the field for several years.

This project was focused on California and Florida, states that have the greatest numbers of older adults in the nation. California and Florida are also worthy of special attention because of the Mental Health Services Act (MHSA) in California and Florida’s active state (Florida Coalition for Optimal Mental Health and Aging) and regional coalitions. In each state we chose to focus on specific communities (San Francisco and Imperial counties in California and Broward and Duval counties in Florida) based on data from the U.S. Census (2000) and the California Health Interview Survey (CHIS), as well as recommendations from leading researchers in mental health and aging. We attempted to focus on diverse communities with significant numbers of older adults who are poor or near poor, from diverse ethnic minority backgrounds, from immigrant populations, and who have limited English-speaking proficiency.

Interviews were audio-taped and transcribed by the interviewer. Data were analyzed based on thematic analysis, a coding process where interviews were examined for dominant themes and the data were organized around those themes. We used the Atlas.Ti program to facilitate data analysis. The quantitative analyses were based on frequencies and descriptive statistics.

Findings:

Access to Mental Health Services

The definition of access used for this project is: “The potential for and actual entry of older adults to the mental health care delivery system. The likelihood of an individual's entry into the mental health care system is influenced by the structure of the delivery system itself, including the availability and organization of resources, and the desires, resources and needs of potential older adult consumers and their families” (adapted from Aday, Flemming, & Andersen, 1984).

We asked each participant, “How would you rate the accessibility of mental health services in (your community/your state/the nation) for older adults from 1 being not accessible to 10 being very accessible?”

Table 1. Ratings (Mean) of Mental Health Services Access for Older Adults, by Location

Rating	California (n=19)	Florida (n=20)	National (n=13)
Access to Mental Health Services ¹	3.58	4.34	2.69

¹ The scale for this question was 1-10; Responses ranged from 0-8

The national representatives expressed, on average, the lowest accessibility rating. California was slightly higher and Florida was the highest. Still, very few respondents rated access to mental health services for the older adults highly. In fact, all mean ratings were notably below the mid-point indicating differing degrees of inaccessibility. Furthermore, although the Likert scale provided ranged from 1 to 10, 3 respondents indicated

that they wished they could respond with a negative score or a 0. (Given respondent’s strong feelings towards this score, we considered those ratings as ”0” when performing the calculations). These ratings suggest that nearly universally, the informed individuals working in the field with whom we spoke reported that mental health services were only marginally accessible to older people.

Significant Factors Influencing Access

Participants were also asked, “What are the 1 to 3 most significant factors that influence access mental health services for older adults in (your community/your state/your nation)?” The most frequently cited factors that influence access with all locations combined include: stigma (20 of 52 respondents cited it as one of the top 3 most significant factors), funding (14), transportation (12), and workforce (11).

Interestingly, when we looked at the responses to this question within each geographic location, California, Florida, and the national representatives varied as to the order of these factors (see table below). While the four factors described above were all listed within the top five factors across locations, within the specific locations other factors were also raised as frequently. The other top issues in California included: mobile services/outreach, lack of services focused on older adults, education, ageism, and parity. Other top issues reported among the Florida respondents included a lack of services focused on older adults, integration/collaborative efforts, and the observation that older adults do not know what services are available. The national respondents also identified parity as a top issue. We chose to focus our analysis only on those factors that were consistently identified as impacting access across all three locations: stigma, funding, transportation, and workforce issues.

While these four factors were identified across the three locations, within each location the frequency with which they were cited differed. In California, funding was named most frequently. In Florida, transportation was named most frequently. Among the national leaders, stigma was the most cited factor. The reasons for these differences are uncertain and likely to be complicated. For example, although California leaders were more likely to rate funding as a top issue, California is ranked 14th nationally (\$109.34) among all states in terms of per capita expenditures, whereas Florida is ranked much lower at 48th (\$37.99) in the nation, and funding was the fourth most frequently cited factor in this state (Kaiser Family Foundation, 2003).

Table 2. Rankings of Most Significant Factors Influencing Access, by Location

	California	Florida	National
Stigma (n=20)	5*	2	1
Funding (n=14)	1	4*	2
Transportation (n=12)	2*	1	4*
Workforce (n=11)	4*	5*	3

*Indicates tie in ranking with other issues raised that are not included on this chart (as discussed above)

Stigma

Stigma related to mental health problems persists among individuals, physicians, and within the community. The stigma is attached to the fear of being labeled as “mentally ill.” It has been suggested that stigma might be related to the lack of parity between mental health and other health services (New Freedom Commission on Mental Health, 2003).

“We can't underestimate the stigma of mental illness. That undercuts to some degree the awareness people have of issues related to mental health.” (CA Policymaker)

“I think breaking the barriers of stigma is going to be a big role in getting seniors to access the systems.” (FL County Aging)

Funding

Funding was an overwhelming issue because “there’s just not a whole lot of it.” Mental health services are often “on the chopping block” and there was a concern that needed services may not always be available due

to financial constraints. Furthermore, there are disparities in funding allocation across regions and states, such that funding is a significant barrier to providing care for some communities but not necessarily for others. It was suggested by several respondents that this might largely be a result of an overemphasis on prevalence rates which may be unrealistically low for older adults because older adults are less likely to use community services and/or self diagnose. In cases where certain communities of older adults appear to be underrepresented in terms of their actual need for services, there is likely to be a mismatch between the funding and the number of people in need of services. This was of particular concern in relation to funding allocated through the Mental Health Services Act (MHSA) in California.

“This is the first time that funding is available to develop mental health programs for older adults [through the MHSA]. We have found that the data used to allocate funding for older adults was not accurate. We in California don't have accurate information about the prevalence of mental illness among older adults.” (CA County Mental Health and Aging Planner)

Lack of parity under Medicare and private insurance plans is an important funding issue on the individual and provider level. Older adults with low incomes often cannot afford to receive services, and providers do not have incentives to provide care to lower income older adults.

Finally, many successful programs, particularly unique programs targeted at underserved populations are dependent on grant funding. When the grants run out, those programs often must end.

Transportation

Transportation was identified as a problem for all locations (i.e. rural, urban, and suburban communities). Most older adults have at least one chronic medical condition which may contribute to problems with mobility. Services are often neighborhood or regionally based, so people needing care who live outside of the service area are sometimes left underserved. In general, the transportation issues speak to the need for more mobile outreach and assessment to reach out to those who cannot get to a center or provider's office for care.

“We are dispersed over a very large geographic area, and the public transportation grid is poor for everyone, and is particularly poor for elders who may have physical frailties. The supported transportation system where you could get a van to come and get you frequently leaves people stranded.” (FL County Mental Health)

Workforce

Many respondents spoke to the positive and negative aspects of the workforce. On a positive note, many suggested that there are truly dedicated people working in this field who are committed to improving access to care and providing quality services for older adults with mental health needs. Yet there still remain persistent training and education needs among all levels of providers, including primary care physicians. This training must specifically address issues related to aging and the needs of older adults for those in the mental health field and mental health for those working in gerontology/geriatrics.

Also, it was suggested that the translation of research to practice is slow. Many people noted that they were excited by the results of recent research on mental health and older adults, but they did not see those research practices being utilized by providers in the community, such as in primary care settings.

“I think the fact that we do have a lot of evidence, it's just a matter of translating it and moving it out into the field. If I were out there clinically trying to practice, I know there's a lot of stuff out there that I could learn, but the question is, how do you teach it to me, how do you get it to me as a provider so that I can do that instead of what I used to be doing?” (National Policymaker)

Finally, there is a serious need for more diversity among mental health providers. As the older adult population becomes more diverse, it is important that providers also represent these diverse backgrounds and perspectives.

“The projections around qualified mental health providers for older adults as we look forward are just terrifying. Not just mental health but physical health too. In terms of having anyone qualified in geriatrics, I think we are profoundly not ready in terms of anticipating future needs. I think it's very serious and the workforce issues looking forward are very scary. It gets worse because the population is increasing and funding has not. Or what increase there has been does not match the population growth” (National Key Informant).

It was common to hear statements such as, “We really haven't trained people well to understand that older adults aren't just adults but that they are different than our regular adult population” (CA Policymaker).

Readiness to Meet the Mental Health Needs of Older Adults

The definition of readiness used for this project is: “The community/state/nation’s awareness of, interest in, and ability and willingness to provide needed mental health services to older adults.” We asked each participant, “How would you rate (your community’s/ your state’s/the nation’s) readiness to meet the mental health needs of the older adult population both now and in the future from 1 being not ready to 10 being very ready”?

Table 3. Ratings (Mean) of Readiness Now and in the Future, by Location

Rating	California (n=19)	Florida (n=20)	National (n=13)
Readiness now ¹	4.53	4.03	1.95
Readiness in the future ¹	4.84	5.31	2.05

¹The scale for this question was 1-10; Responses ranged from 0-8

Again, the respondents from the national level rated the readiness considerably lower, on average, than California and Florida respondents (with California respondents rating readiness highest now and Florida respondents rating readiness the highest in the future). While, on average, each group saw readiness improving in the future, the increase was only a tenth of a point higher for national respondents and only 0.31 higher among the California folks. Notably, the Florida respondents, on average, indicated an increase of 1.28 points. Again, while the scale was from 1-10, some respondents did reply with a “0” or “negative” (4 respondents for readiness now, 4 for readiness in the future)

In the rare instance when people said they were very ready, they reported something like “we will be primed and ready” (FL policymaker). Most other participants suggested that they were unready to meet future needs, describing, like this participant, that “...I think we're at a negative something... we are totally unprepared and have our head in the ground around all of that stuff” (CA County Aging Advocate). These results are extremely alarming as they convey that national and state-level experts feel strongly, on average, that we are vastly unprepared to address the future mental health needs of our older adult population.

“Oh, I think a lot of people are talking about it, but again I don't think there is a political will to address the issue.” (National Mental Health Advocate)

“I would say it is increasing. I don't think it is at the awareness level it should be, but it's increasing” (CA County Aging Advocate).

“It's pretty much like a lot of issues-if it touches their lives personally, then people start to pay attention.” (National Aging Advocate)

The readiness to meet the mental health needs of older adults now and in the future is dependent, according to respondents, on many factors. Many respondents spoke about a “geographic disparity” in which a minority

of communities are more ready with many services in place and others are less ready with limited services and access to care.

People spoke of readiness as being related to visibility and awareness. When respondents noted that readiness would improve, they attributed this improvement (albeit often quite small) to heightened awareness around mental health and aging issues. Respondents suggested that the aging of the Baby Boomer population was increasing knowledge and awareness of mental health and aging, and as a result, there is overall, a better understanding of the gaps in services. Yet, demographic changes can also be counterproductive in promoting readiness on mental health and aging issues due to misconceptions, stereotypes, politics, and other priorities.

Many people in California said that they are waiting to see what happens with the MHSA and expressed uncertainties about the future. These respondents hoped readiness would increase but were not necessarily completely confident of that happening.

Diversity

This project was focused on specific issues for diverse older adults with mental health needs. There are many ways in which the four factors identified above (stigma, funding, transportation, and workforce) may be compounded by other access issues that exist for diverse groups.

For example, stigma may be even stronger among certain ethnic populations.

“Perceptions of care, and particularly about mental health, do have a lot of variability based on different ethnic groups and you are less apt to get mental health care when there is a lot of stigma than when there is not.” (CA Policymaker)

Funding issues can be even more difficult for people of lower socioeconomic status.

“[It] makes it all the harder for people to access it and afford them. If older people on Medicare have to pay 50% for the services where they might have to pay 10% or 5% or 0% that they would in other plans, they will not accept mental health services because they cannot afford it.” (National Mental Health Advocate)

Many respondents suggested that transportation issues might become more problematic as a person grows older.

“Someone who's 85 with mental health issues is not necessarily going to hop the bus across town to get mental health services...” (CA County Mental Health Advocate)

Finally, it was indicated by several respondents that older adults from diverse ethnic and racial backgrounds may be less inclined to seek help from providers who do not represent their ethnic, racial, or cultural backgrounds.

“We need a culturally diverse mental health cadre in Florida. We have a lot of white women working in our system, and that's not reflective of the client base.” (FL Policymaker)

Lack of Parity

One of the most common themes that ran through nearly every interview was that mental health parity is an important step in reducing some of the barriers that currently hinder the ability or willingness of older adults to seek care or receive proper treatment in the mental health system. In particular, the current lack of mental health parity was tied to the issue of stigma for many participants. They suggested that stigma around mental health problems could be reduced if parity were in effect for Medicare and other insurance programs. For

some respondents, their feelings about readiness to meet the mental health needs of older adults were closely tied to the possibility that parity will be a part of insurance plans in the future.

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis:

We also completed a SWOT analysis to identify the strengths, weaknesses, opportunities, and threats that exist to achieving the goal of meeting the mental health needs of older adults. These findings are presented in Appendix A. Respondents were asked specifically about all four components of the SWOT analysis. The table below includes the specific responses provided to the four questions asked regarding strengths, weaknesses, opportunities, and threats. Overall, strengths were focused on collaborations and the people working in the field. Weaknesses were generally focused around the fragmentation or gaps in services, lack of collaboration, lack of funding, and insufficient awareness. Opportunities included collaboration/integration of services, supportive policies, increased funding, increased awareness, and evidence based practices. Finally, overall threats included stigma, transportation, and the increasing numbers of older adults which make building capacity for services and outreach even more crucial.

Limitations and Future Research:

We recognize that our choices regarding project design impacted both the generalizability and potential representativeness of our results. First, consumer voices were not fully present in this conversation beyond the few people we interviewed who also identified as consumers but were chosen to participate as respondents based on their professional affiliations with a specific mental health or aging organization. Second, we intentionally avoided a focus on substance abuse or dementia in order to clarify and narrow the focus of the project. Third, we also focused specifically on the public mental health system and on the barriers to access for older adults living in the community, rather than in institutional settings. Fourth, the timing of this project made future projections of readiness somewhat difficult. For example, we completed the interviews just as most California counties were submitting their plans for the MHSA. Therefore, many respondents were unsure of what would be to come of these planning documents, and expressed this uncertainty throughout their interviews. Fifth, we used a purposive sample and recruitment efforts utilized multiple strategies. Other recruitment strategies could have yielded a different sample of respondents. Finally, there was a great deal more uncovered in the interviews than we can include in this short document. Thus, this summary includes only what the researchers identified as the most pressing issues.

Notably, the state level perspectives were considerably different from the perspectives of those respondents working on the national level. National level representatives were generally more pessimistic regarding the current and future of mental health services for older adults and were more likely to express profound concern regarding the ability of the mental health “system” to meet the needs of older adults. It is conceivable, then, that we could have chosen two states where there is more happening based on demographics and/or the political or social climate than in other states across the nation where access to mental health services may be even more problematic. The results of this project suggest that it is important to examine the conditions around access to mental health care for older adults in other states and communities to see if these results are similar or different in other locations.

Conclusions:

This project illustrates that, according to leaders in the fields of mental health and aging, access to mental health services for older adults is limited and that readiness is only expected to increase slightly in the future. The most significant factors that influence access according to the respondents (stigma, funding, transportation, and workforce) are factors that are well-recognized in the mental health and aging communities and in the literature. Thus, it is clear that these factors are not being adequately addressed. Although respondents overall observe that readiness is likely to improve, they also emphasized that communities/states/the nation need to focus on preparing for an increasing number of older adults requiring mental health services. Unfortunately, respondents reported that policies such as the MHSA in California and Medicaid managed care pilot projects in Florida leave many questions about the future, rather than necessarily promoting needed positive change. Strong collaborations do exist between mental health

organization and aging organizations that help to increase visibility and awareness of older adult and mental health issues as well as to increase knowledge in this area, as do grassroots efforts. There are passionate individuals who are educated on the issues and who have a strong desire for change that are leading this fight to improve access now and in the future. Future research and policy initiatives should tap into this energy and experience to assure that changes reduce barriers to access for all older adults, and in particular, address the unique needs of older adults from diverse backgrounds.

Recommendations:

These recommendations engage the opportunities and attempt to minimize the threats that were noted by respondents in the SWOT analysis.

1. **Increase the overall awareness of and prioritization of mental health in policy conversations at the local, state, and national levels.** There are opportunities to increase access to mental health services for older adults by (a) reframing the focus on mental health and aging to highlight the significance of mental health to the overall health, well-being, and independence of older adults; (b) raising awareness and visibility, particularly among policymakers, to increase political will and take action to address this issue by education around the fact that mental health problems are not a normal part of aging; (c) providing more training, increasing compensation, and more thoroughly acknowledging the important work done by the mental health workforce; (d) focusing on the prevention of mental illness, not just treatment; and (e) tapping into the excellent work of local, state, and national coalitions and grassroots efforts to raise the priority level and increase the focus on mental health and aging. There are many examples of communities that have consciously focused on meeting the needs of their older adult residents and are considered pockets of excellence.
2. **Increase the funding/financing for mental health services for older adults, and modify policies related to reimbursement for mental health services to meet the increased need for treatment.** Overall, there is a significant mismatch between the number of people needing services and the amount of funding that is earmarked for mental health services for older people. Parity is one possible solution to addressing funding issues particularly as it relates to personal funds for treatment. However, there are other viable options to consider to increase funding, including: (a) older adults could be considered a priority group for mental health block grants or more generally; and (b) funding for older adult mental health services should be separated from funding for mental health services for adults.
3. **Reimbursement rates under Medicare should be increased, and more provider groups should be certified to provide treatment under Medicare to increase the number of providers available to provide care to older adults.** Financing and reimbursement policies must also address the disparity between where and how older adults seek services and how these services are financed and reimbursed.

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Appendix A: Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis

Strengths

California	Florida	National
Strong/active older adult stakeholder community/network	Successful collaborations	Dedicated people strongly committed to MH and aging
Collaboration and multidisciplinary perspectives	Grassroots efforts	Increased awareness/understanding
Mental Health Services Act	Innovative programs	Emerging models
Older Adult System of Care (OASOC) Coordinator	Staff person dedicated to consumer issues	SAMHSA's focus on transformation
Culturally competent providers	Specialized programs for older adults	Pockets of excellence across the country
Home visits	Outreach/mobile assessment	Practitioners providing coordination of care
Medicare Part D	Single point of entry	President's New Freedom Commission on MH
No Strengths	System is "fairly equal for everyone"	No strengths
	Drop-in center, other consumer-run programming	Availability of private foundation funding

Weaknesses

California	Florida	National
Fragmentation of services	Not taking a holistic approach	Service fragmentation, gaps in services
Insufficient awareness	Lack of integration with primary care	Lack of collaboration between MH and primary care
Cultural insensitivity	Mental health system is behind the time	No consistency around the country
Older adults not welcome in the public MH system	More demand than supply	Little focus on the public mental health system
Little focus on timely detection	Reimbursement challenges	Paternalism
Neighborhood-based services with limited outreach	Retirement phenomenon	Collaborations collapse when champions leave
Lack of funding	Lack of funding	Lack of funding for EBPs
Lack of specific aging programs	Agencies have different priorities	Insensitivity to lack of focus on aging issues
Transportation	Transportation	Administrators out of touch with direct service issues
Lack of outreach/limited home visits	Lack of outreach/no central access point	
Lack of awareness		
Too few trained professionals, education		

Opportunities

California	Florida	National
Collaborations between agencies	Aging and Disability Resource Centers	Integrating service delivery systems
Multidisciplinary teams	Opportunities for strong leadership	Coalitions
Mental Health Services Act-new programs	Department of Elder Affairs made mental health a priority	Grassroots-level efforts, OA consumer groups
SAMHSA's grants targeting older adults	Availability of recommendations	Visibility at 2005 White House Conference
Block grant funding	Local government focused on older adults	Policy changes
Peer counseling center	Awareness that older adults are being underserved	Use of peer specialists
Service integration where older adults receive care	Older adult workgroup, Taskforce on MH	Increasing awareness, Older Americans Mental Health Week
Replication of EBPs	Social marketing campaign/community education	Evidence-based practices
	Local news events that raise awareness	Medicare Part D

Threats

California	Florida	National
"Demographic shift"-more older adults	OAs "ones falling between the cracks," social isolation	#s will make it difficult to serve everyone in need
Lack of public education	Medicare Part D, Medicaid changes	Public policy not focused on domestic issues, health
No well-defined service delivery system for OA	Few providers in rural areas	Lack of current and future geriatric specialists
Lack of funding	Lack of funding, lack of commitment of resources	Tax cuts, reduced resources, state and federal budgets "getting leaner"
Stigma	Stigma	Lack of parity
Expansion of mental health services is not likely	Transportation	Immigration policy
Availability of trained professionals		
Limited planning		