

Exhibit B

**California Department of Aging
2008-09 Work Plan**

Mental Health Services Act

Exhibit B
California Department of Aging
Mental Health Services Act (MHSA) 2008-09 Work Plan

Goals and Objectives	Due Date	Primary Resp.	Support Role	Activities/Comments/Status
Goal 1: MHSA policies, planning and implementation will address the mental health needs of older adults, adults with disabilities and caregivers, particularly those who are ethnically, racially and culturally diverse.				
<u>Objective 1a:</u> The MHSA <i>Innovation Guidelines</i> will support the development of innovative programs that can address the mental health needs of older adults, adults with disabilities and their caregivers. Innovation program models will support and promote the collaboration and integration of mental health, aging, health and social service programs that provide services to older adults, adults with disabilities and their caregivers.	<ol style="list-style-type: none"> 1. Due dates influenced by the timeline established by DMH and the Oversight & Accountability 2. Commission (OAC) for the release of the Innovation guidelines. Estimated release for public comment 9-08. 	Lin Benjamin, Geriatric Mental Health Specialist (GMHS)	Ed Long, Acting Deputy Director, Long Term Care and Aging Services Division	<ol style="list-style-type: none"> 1. GMHS will monitor the development and release of the Innovations Guidelines by the OAC. 2. GMHS will review the guidelines once released and provide formal comments by CDA to OAC. 3. GMHS will educate the 33 Area Agencies on Aging (AAA) and other aging services providers about these guidelines so they can provide input if indicated. 4. GMHS will research innovative program examples that the AAAs and other service providers could propose in the local MHSA stakeholder process. These examples would meet the requirements of an Innovation program as defined in the guidelines and benefit the clients served by the AAAs and other aging service providers.
<u>Objective 1b:</u> The <i>Stigma and Discrimination Reduction Strategic Plan</i> will address the stigma and discrimination issues experienced by older adults, adults with disabilities and	<ol style="list-style-type: none"> 1. Older adult specialist recommendation to OAC completed by 	Lin Benjamin	Ed Long	<ol style="list-style-type: none"> 1. At the request of the OAC, GMHS recommended/referred an older adult specialist to participate on the Stigma and Discrimination Reduction Strategic Plan Work Group.

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their caregivers with mental illness that can impact their access to and utilization of mental health services.	7-30-08. 2. Monitoring , analysis and comment on the Plan will be guided by the timeline established by the DMH and the OAC. Estimated release of Plan is 1-1-09.			<ol style="list-style-type: none"> 2. GMHS will monitor the development and release of the Stigma and Discrimination Reduction Strategic Plan. 3. GMHS will analyze the draft document for formal comments by CDA. 4. GMHS will educate the AAAs and other aging services providers about the draft strategic plan so that they can provide formal comments/input and participate in local implementation. 5. GMHS will monitor implementation of the plan and offer assistance relevant to recommendations impacting older adults, adults with disabilities and their caregivers.
<u>Objective 1c:</u> The <i>Strategic Plan for Reducing Disparities</i> will address the disparity issues affecting older adults, adults with disabilities and their caregivers with a mental illness, particularly those who are ethnically, racially and culturally diverse. Older and disabled adults, particularly those from diverse communities, are un-served and under-served by the public mental health system.	<ol style="list-style-type: none"> 1. Older adult specialist recommendation provided to DMH on 7-29-08. 2. Technical assistance, monitoring, analyzing the 	Lin Benjamin	Ed Long	<ol style="list-style-type: none"> 1. GMHS recommended to the DMH Project Coordinator that an older adult specialist participate on the work group that develops the Strategic Plan to Reduce Disparities. 2. GMHS will monitor the development and release of the draft Strategic Plan to Reduce Disparities. 3. GMHS will analyze the draft plan so that CDA can provide formal comments.

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	draft, and educating AAAs and aging services providers will be guided by the timeline established by DMH for the development and release of this plan. Estimated completion of the plan 12-08.			<p>4. GMHS will educate the AAAs and other aging services providers regarding the draft Plan so that they can provide formal comments and participate in implementation relevant to the target populations they serve.</p> <p>5. GMHS will monitor implementation of the Plan and offer assistance to DMH on behalf of CDA for implementation.</p>
<p><u>Objective 1d</u>: The implementation of the <i>Statewide Strategic Plan for Suicide Prevention</i> will include strategic directions recommended in the Plan that will impact at-risk older adults, adults with disabilities and their caregivers.</p>	<p>1. Meeting with DMH Office of Suicide Prevention by 10-15-08 to identify collaborative opportunities.</p> <p>2. Implementation timeline established by DMH, likely ongoing July 2008 through</p>	<p>Lin Benjamin</p>	<p>Ed Long</p>	<p>1. At the request of DMH, CDA will meet with the DMH Office of Suicide Prevention Educational Consultant to identify opportunities for collaboration on plan implementation.</p> <p>2. GMHS will monitor the implementation of the strategic plan's state and local level strategic direction recommendations.</p> <p>3. GMHS will educate the AAAs and other aging services providers about the implementation of the Plan so that they can participate in local decision making regarding the implementation of suicide</p>

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	June 2009. 4. Education of AAAs and other aging services providers ongoing July 2008 through June 2009.			prevention strategies.
<u>Objective 1e:</u> The OAC <i>Co-Occurring Disorders Work Group Report</i> will reflect the co-occurring alcohol/other drug and medication misuse/abuse issues of older adults and adults with disabilities.	1. Provided information to the OAC Commissioner (Dr. Pating) on 8-1-08. 2. GMHS review and CDA comments are guided by the release of the OAC report and timeline for public comment. 3. Expected posting of report is 8-08.	Lin Benjamin	Ed Long	1. In collaboration with the Department of Alcohol and Drug Programs (ADP) and its technical assistance contractor (the American Society on Aging), the GMHS provided information about older adult alcohol/medication misuse/abuse issues to the OAC Commissioner chairing the Co-Occurring Disorders Work Group (Dr. Pating). 2. GMHS will review the report once released in collaboration with ADP so that CDA can provide formal comments and identify opportunities for collaboration with mental health and alcohol/drug providers regarding implementation of report recommendations. 3. GMHS will educate the AAAs and other aging services providers about the report, to

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				identify what collaborative opportunities exist with mental health and alcohol/drug programs in implementing report recommendations.
<u>Objective 1f:</u> Future MHSA policy and planning documents, including Integrated Plans, will address the needs of the populations served by CDA, the AAAs and other aging services providers.	1. Ongoing July 2008 through June 2009	Lin Benjamin		1. GMHS will follow same review and comment process as described above for Objectives 1a-1e.
Goal 2: Area Agencies on Aging (AAAs), other Aging Services Providers and Senior Advocacy Organizations/ Associations will participate in the state and local MHSA stakeholder process to ensure that older adults, adults with disabilities and their caregivers benefit from MHSA funds.				
<u>Objective 2a:</u> AAAs, aging services providers and advocates will understand the MHSA, its fundamental concepts, general standards, funding components, the state and local stakeholder decision making process, and how to participate.	1. Ongoing July 2008 through June 2009.	Lin Benjamin		1. GMHS will communicate with the 33 AAAs and aging services providers about the MHSA via teleconference technical assistance calls, e-mails, at meetings and conferences. These aging services providers include Adult Day Health Care, Multipurpose Senior Services Program, Linkages, Information & Assistance, Home Delivered Meals, and other Older Americans Act-funded programs. Senior advocacy organizations include American Association of Retired Persons (AARP), American Association of Senior Peer Counseling, Congress of California Seniors, Older Women's League, Gray Panthers,

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				Alzheimer's Association, California Commission on Aging and others.
<p><u>Objective 2b:</u> AAAs, aging services providers and advocates will understand the mental health and co-occurring issues affecting the populations they serve including evidence-based and promising practice mental health models that are effective, to prepare them to participate in the MHSA stakeholder processes for Prevention and Early Intervention (PEI), Innovations, and future MHSA Community Planning Processes.</p>	<p>1. Ongoing July 2008 through June 2009</p>	<p>Lin Benjamin</p>		<p>1. GMHS will provide and/or coordinate educational opportunities for AAAs, aging services providers and advocates to learn about the mental health and co-occurring issues of the populations served.</p> <p>2. GMHS will distribute educational materials to AAAs, aging services providers and advocates about the mental health and co-occurring issues of the populations served.</p> <p>3. GMHS will identify evidence-based and promising practice models for PEI will be distributed to the AAAs, aging services providers and advocates for proposing in the local PEI stakeholder process.</p> <p>4. GMHS will identify and distribute information about effective service models that fit the requirements for the Innovation component of MHSA funding.</p> <p>GMHS will identify and distribute public information materials about mental health and aging issues to AAAs, aging services providers and advocates to assist them in their local MHSA stakeholder processes.</p>

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<p>Objective 2c: The AAAs, aging services providers and advocates will participate in the PEI local stakeholder process and propose PEI evidence-based and promising practices relevant to the populations they serve and that will leverage the resources of the aging services delivery system.</p>	<ol style="list-style-type: none"> 1. Ongoing July 2008 through June 2009. 2. PEI Regional Roundtable Training completed July-Aug 2008. 	<p style="text-align: center;">Lin Benjamin</p>		<ol style="list-style-type: none"> 1. GMHS will continue to provide technical assistance to the AAAs and aging services providers to assist them in their local PEI stakeholder processes. 2. GMHS participated in the PEI Regional Roundtable Trainings as a presenter in the session "Systems Improvement: Building Capacity in Systems External to Mental Health." 3. GMHS will monitor the PEI proposals proposed by the AAAs in the PEI stakeholder process, including the Home Delivered Meals PEI Program that DMH requested CDA develop as a PEI program example that would leverage the resources of the AAA service delivery system.
<p>Goal 3: Collaboration will occur between aging services providers and mental health, consumer, family and ethnic services organizations as well as collaboration among aging, mental health and other system partners such as alcohol/drug, health, social services, and educational systems to promote coordinated and integrated services to address the holistic needs of older adults, adults with disabilities and their caregivers with cultural competence, and to promote workforce training and development that is also culturally competent.</p>				
<p>Objective 3a: AAAs and aging services providers will understand the collaborative opportunities between mental health, alcohol/drug, health, social services, educational institutions, and aging service providers as a result of</p>	<ol style="list-style-type: none"> 1. Ongoing July 2008 through June 2009. 	<p style="text-align: center;">Lin Benjamin</p>	<p style="text-align: center;">Ed Long</p>	<ol style="list-style-type: none"> 1. GMHS will provide and/or coordinate educational opportunities for AAAs and aging services providers to learn about collaborative opportunities within MHSA. 2. GMHS will provide reports to the California

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MHSA.				<p>Association of Area Agencies on Aging (C4A) to develop strategic mental health initiatives to promote their participation in the state and local MHSA stakeholder process and to promote their collaboration with system partners.</p> <p>3. GMHS will continue participation on ADP's Aging Constituents Committee to identify opportunities for collaboration.</p> <p>4. GMHS will explore opportunities with the Departments of Public Health, Health Care Services, Social Services, Rehabilitation and other potential public and private sector partners for service collaboration and integration.</p> <p>5. GMHS will explore opportunities for engaging the California Geriatric Education Centers, and gerontology programs within the University of California (UC), California State University (CSU), and community college systems in the MHSA stakeholder process. This is particularly relevant for MHSA Workforce, Education and Training implementation.</p> <p>6. GMHS will explore collaborative opportunities between CDA/aging services</p>

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				<p>providers with consumer organizations such as the California Network of Mental Health Clients (CNMHC); family organizations such as National Alliance of the Mentally Ill (NAMI); and ethnic services organizations such as Racial and Ethnic Mental Health Disparities Organization (REMHDCO) and others to be identified. (CDA already has collaborated with CNMHC and local Wellness Centers for its Health Insurance Counseling and Advocacy Program (HICAP) Mental Health Outreach Initiative and will continue to do so.)</p>
<p><u>Objective 3b:</u> CDA will participate on conference planning committees that provide training to promote system collaboration, integration, and the advancement of the Older Adult System of Care model to address the mental health and co-occurring needs of older adults, adults with disabilities and their caregivers.</p>	<p>1. Ongoing July 2008 through June 2009</p>	<p>Lin Benjamin</p>		<p>1. Conference planning committees include:</p> <ul style="list-style-type: none"> • C4A Conferences (Nov 08 & Spring 09) • California Mental Health Directors Association (CMHDA) Older Adult System of Care Conference (May 09) • CIMH webcasts/training relevant to issues of older adults • Others TBD
<p><u>Objective 3c:</u> CDA will provide presentations or organize/coordinate presentations at aging services provider and system partner meetings and</p>	<p>1. Ongoing July 2008 through June 2009</p>	<p>Lin Benjamin</p>		<p>1. GMHS will provide presentations or inquire about, organize, and coordinate presentations at the following meetings or conferences:</p>

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<p>conferences about mental health issues of older adults, adults with disabilities and family caregivers; evidence-based and promising practices; MHSA policy and implementation issues and the importance of participation in the MHSA stakeholder process; system improvement and capacity building.</p>				<ul style="list-style-type: none"> • C4A Annual Conference (Nov 08) • Title V-Senior Employment (Oct 08) • ADP Alcohol, Medications(June 09) • Aging Services of California (Inquiry) • California Association of Adult Day Services (CAADS) (Nov 08) • American Association of Senior Peer Counseling • California Commission on Aging • California Senior Legislature • DHHS Alzheimer's Advisory Committee (Oct 08) • Archstone Foundation Advocacy Committee (TBD) • California Geriatric Education Centers • Others TBD
<p>Goal 4: The California State Plan on Aging will be updated regarding the following current objectives: #9 "Improving Access to Mental Health Services for Older Adults"; #10"Collaboration with State and Local Agencies in addressing Older Adult Substance Abuse;" and #11 "Collaboration with agencies and coalitions providing geriatric training to current health, social service and mental health."</p>				
<p>Objective 4a: The CDA State Plan will continue to include objectives related to mental health, alcohol/drug/medication abuse, and geriatric training needs. It will also include information about MHSA and</p>	<p>1. Ongoing July 2008 through June 2009.</p>	<p>Lin Benjamin</p>	<p>Ed Long</p>	<p>1. Participate in the CDA State Plan development process to ensure that information is included in the CDA State Plan from the following MHSA strategic plans and reports:</p>

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<p>older adult mental health service developments in California relevant to older adults, adults with disabilities and their caregivers.</p>				<ul style="list-style-type: none"> • California Strategic Plan for Suicide Prevention • Strategic Plan to Reduce Disparities • Strategic Plan on Stigma and Discrimination • Co-Occurring Disorders Report (OAC) • Workforce Education and Training Report (CMHPC) • Innovation Guidelines • Others TBD
<p>Goal 5: CDA program staff will inform CDA-administered program staff and AAA program providers about the mental health issues of the clients served in their programs, the impact of MHSA on local mental health service development, and how to refer and access mental health services for the clients and caregivers receiving services in their programs who have mental health needs.</p>				
<p><u>Objective 5a:</u> CDA staff will understand the mental health issues of older adults, adults with disabilities and their caregivers, what mental health services are available, and how to refer/access available mental health services for the clients and caregivers receiving services in their programs.</p>	<p>1. Ongoing July 2008 through June 2009.</p>			<ol style="list-style-type: none"> 1. GMHS will provide internal technical assistance to CDA staff about geriatric mental health issues and how to access mental health services for their clients, particularly specialty services developed through MHSA. 2. GMHS will facilitate/coordinate in-service training opportunities for CDA staff in the

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				<p>following programs areas: Adult Day Health Care (ADHC), Multipurpose Senior Services Program (MSSP), Linkages, Information & Assistance, Health Promotion/Disease Prevention, Nutrition Programs/Home Delivered Meals, Alzheimer's Day Care Resource Centers (ADCRC), Title V Senior Community Service Employment Program, and others.</p>

Community Services Correspondence Assignments

CSD-AI-2008-749MHSA

Date Entered: 9/3/2008 2:58:31 PM

Due Date: 9/9/2008

Correspondent: Edmond Long

DMH Staff: Debbie Manas

Request/Subject: MOU: Memorandum of Understanding between the CA Department of Mental Health and the CA Department of Aging for term July 1, 2008, through June 30, 2011, for activities funded through MHSA.

Reference Tracking: Original hard-copy received from CA Department of Aging - Edmond P. Long, Acting, Deputy Director, Long-term Care and Aging Svcs Division

Instructions: COMPLETED_Submitted for Approval and signature to Denise M Arend

Notes: 1 copy mailed out to Edmond Long, Department of Aging
1 copy to author, Debbie Manas, CSD - Support Services

If you have any questions or are requesting an extension, please call the
Community Services Division office, 654-3551.



Support Staff	Author	Reviewer	Reviewer	Reviewer
CSD - CPD - CSS - SS G Marsh - 4-1500 Rm 140- <i>G Marsh #04</i>	Debbie Manas Rm 140 <i>Debbie Manas</i>	S Rodriguez Rm 140 n/a	Carol Hood Rm 140 n/a	Mark Heilman FYI n/a
Date: 9/03/2008	Date:	Date:	Date:	Date:

Reviewer	Approval	Support Staff		
Michael Dong ES for D Arend <i>[Signature]</i>	Denise Arend <i>[Signature]</i> 9.5.08	Return to Rm 140-04 G Marsh for tracking <i>[Signature]</i> 9/9/08		
Date: 9-3-08	Date:	Date:	Date:	Date:

Date:	Date:	Date:		

File Path/Name: Original hard-copy from Department of Aging

Tracking Control No.: CSD-AI-2008-749MHSA

ROUTE FOR APPROVAL

Please return to Gloria Marsh, Room 250 for distribution and tracking purposes.
654-1500

DEPARTMENT OF AGING

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August 29, 2008

Denise M. Arend
Deputy Director
Community Services Division
Department of Mental Health
1600 Ninth Street, Room 140
Sacramento, CA 95814

Dear Ms. Arend:

Enclosed is the Memorandum of Understanding between the California Department of Mental Health and the California Department of Aging for the term July 1, 2008, through June 30, 2011, for activities funded through the Mental Health Services Act.

If you have any questions, please feel free to call me at (916) 419-7544.

Sincerely,

A handwritten signature in cursive script that reads "Edmond P. Long".

Edmond P. Long
Acting, Deputy Director
Long-term Care and Aging
Services Division

Enclosure

California Department of Aging
MHSa Progress Report*
Fiscal Year 2010-11
Reporting Period: July 1, 2010 - December 31, 2010

Department California Department of Aging (CDA)

1. Identify 2-3 highlights for this reporting period

1. CDA established a Mental Health/Substance Abuse (MH/SA) Home Page on the CDA website (http://www.aging.ca.gov/programs/mental_health.asp) with the following links: 1) Mental Health Services Act (MHSa) key partners—California Department of Mental Health (DMH) including DMH Multicultural Services and DMH Interagency Partners; California Mental Health Services Oversight and Accountability Commission (MHSOAC); California Mental Health Directors Association (CMHDA); California Mental Health Planning Council (CMHPC); California Mental Health Services Authority (CalMHSa); 2) CDA MHSa Activities including MHSa Work Plans and Progress Reports, MHSa CDA Reports and Stakeholder Comments, MHSa Presentations; 3) Mental Health and Substance Abuse Information on Older Adults; 4) Evidence-based/Promising Practices; and 5) Mental Health and Substance Abuse Education/Training Resources.

In addition to the MH/SA Home Page, the following information/links are located in the center of CDA's website Home Page: 24-Hour Suicide Prevention Hotline, 24-Hour Local Crisis Hotlines, Contact Information for Mental Health Departments by County, and links to articles on Alcohol/Substance Abuse, Alzheimer's Disease, Depression, Medication Management, and Memory Loss.

Information will continue to be added and updated as new resources are identified and CDA reports are completed.

2. CDA was an active participant on the conference planning committee for the 2010 California Association of Area Agencies on Aging (C4A) Annual Meeting and Allied Conference, "Aging Well in Communities: Having Choices." This conference is the largest and only integrated conference for aging and long term care in California, bringing together a variety of multidisciplinary professionals from the fields of aging and long term care, social services, education and behavioral health. Its workshops showcased innovative and best practices, provided technical assistance and training, promoted an opportunity to discuss aging policy and advocacy issues, and created networking opportunities for professionals across systems who work with older adults with a range of health, mental health and social service needs.

CDA played a key role in inviting the following new partners to participate in this conference to promote a cross-system approach to geriatric training and service delivery to older Californians: California Mental Health Directors Association Older Adult System of Care Committee, California Alcohol and Drug Programs, California Department of Veterans Affairs, Los Angeles County Department of Mental Health Older Adult System of Care, California Elder Justice Workgroup, California Elder Mental Health and Aging Coalition, and Boston University Institute of Geriatric Social Work. Additional conference partners included the California Welfare Directors Association, California Association of Nutrition Directors for the Elderly, California Association of Public Authorities, California

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Commission on Aging, California Long-Term Care Ombudsman Association, California Senior Legislature, Congress of California Seniors, Triple-A Council of California, and Village to Village Network.

The following workshops provided information on older adult mental health and substance use issues: 1) Good Mental Health is Ageless; 2) Milestone of Recovery Scale (MORS) Training (for MHSa-funded Full Service Partnership Programs); 3) It Takes A Community: Promoting Mental Health and Preventing Suicide (SAMHSA Older Adult Suicide Prevention Tool Kit); 4) Creating Mental Health Competencies Through Blended Learning Models; 5) Problem Gambling Among Older Adults; 6) Field-Based Bio-Psychosocial Assessment of Older Adults; Substance Abuse and Mental Illness Among Older Adults; 7) Multi-Agency Response to Older Adult Who Hoard; 8) Responding to an Adaptive Dilemma Through Community-Capacity Building. The following is the link to the conference workshops for more details: <http://www.c4a.info/images/stories/workshopdes.pdf>

3. CDA's Geriatric Mental Health Specialist (GMHS), an MHSa-funded position through an MOU with DMH, received the following two statewide awards during this reporting period: 1) The California Association of Area Agencies on Aging (C4A) President's Citation (2010) "In Recognition of Advancing Mental Health Services for Older Californians" and 2) The California Elder Mental Health and Aging Coalition (CEMHAC) Older Adult Advocate of the Year Award "In Recognition of Leadership and Advocacy on behalf of Older Adults." These awards reflect the positive impact of CDA's MHSa-funded activities from the perspective of aging and long term care service providers and older adult advocates in California.
4. CDA Review of 33 Area Plans: CDA completed a survey of all 33 area plans, both original and updated, to determine the degree to which they are promoting public awareness about mental health issues in older adults, improving coordination with mental health service providers, and participating at the county level to promote older adult mental health service and system development. These activities are consistent with the 2006 Amendments to the Older Americans Act (OAA). The questions included are: 1) Did the AAA do a system level needs assessment? 2) If so, did it assess for mental health needs? 3) What is the source of their data? 4) What were their priorities and where did mental health rank? 5) What was the type of mental health activity in the plan? (a) Coordinating with county mental health? (b) Coordinating with other mental health agencies? (c) Counseling? (d) Community education?

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2. Please list all the goals/objectives/activities/deliverables for this reporting period as listed in the Memorandum of Understanding (MOU) work plan and provide an update.

Goal 1: MHSa policy, planning and implementation will support development of mental health services for older adults/adults with disabilities and their caregivers (including racially, ethnically and culturally diverse elders) and promote geriatric education and training for persons working with them. CDA will participate in state-level meetings associated with MHSa policy development, implementation and oversight to promote the achievement of this goal.					
Objective 1a: MHSa Workforce Education and Training (WET) Plans at the county, regional, and state level will support mental health and aging education/training for the public mental health workforce and its system partners. System partners include aging, social services and alcohol/drug programs that work with older adults and adults with disabilities who have mental health needs, and their family caregivers.					
Major Activities/deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. <u>The Older Adult Small County Project</u> is to provide geriatric training for county mental health and system partners in targeted small counties. Project was proposed by the <i>California Mental Health Planning Council (CMHPC) Human Resources Committee</i> in collaboration with the <i>California Institute of Mental Health (CiMH)</i> , the <i>California Elder Mental Health and Aging Coalition (CEMHAC)</i> and CDA as a result of the CMHDA OASOC WET Issue Paper.	7/01/10-12/31/10	CMHPC, CIMH and CEMHAC are taking the lead in planning the implementation of this project. The training has not yet been implemented. CDA continues to collaborate with the CMHDA OASOC Committee to monitor the Project's implementation and provide technical assistance as requested. CDA's GMHS chaired the Work Group that developed the WET Issue Paper.	Unmet need for geriatric mental health education/training of public mental health workforce and system partners working with older adults with mental health needs, particularly in small, rural counties. Refer to policy issues identified in CMHDA OASOC Committee <u>WET Issue Paper</u> .	CMHDA OASOC Committee is monitoring the implementation of this project.	

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MHSAs Progress Report*
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Reporting Period: July 1, 2010 - December 31, 2010

Major activities/deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
2. CDA participates in quarterly meetings of the <u>California Social Work Education Center Aging Initiative (CalSWEC AI)</u> to promote geriatric mental health workforce education/training activities relevant to aging service providers.	Quarterly Meetings 7/1/10-6/30/11	Attended CalSWEC AI Meeting: 9/30/10	Need to educate more social workers specializing in gerontology to meet the needs of a growing aging population and the workforce needs of aging services programs.	Older adult county mental health providers are members of CalSWEC AI.	CDA has been invited to participate in the CalSWEC AI strategic planning conference on 2/23/10 to promote geriatric social work education/training. The WET Issue Paper will be distributed to CalSWEC AI prior to conference.
Objective 1b: County MHSA Prevention and Early Intervention (PEI) Plans will be funded that target older adults/adults with disabilities and their caregivers.					
Major Activities/Deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Technical assistance provided to AAAs applying for MHSA PEI funding or implementing MHSA PEI-funded programs.	Ongoing 7/1/10-6/30/11	1. Provided technical assistance to PSA 28 (Serving Napa/Solano Counties).		1. Ten AAAs have received MHSA PEI funding to date and are	

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2. Review MHSOAC PEI Plans for aging content.	Ongoing until all PEI Plans are approved	2. In process of reviewing the PEI Plans approved after 2/26/10 until all PEI plans are approved by the MHSOAC.	2. Refer to Summary Report for policy and program issues.	collaborating with county mental health.	
3. Update template document after each county PEI Plan has been approved.	TBD	3. In process of updating template with PEI Plans approved after 2/26/10. Will send final template to DMH.			
4. Update Summary Report after all PEI Plans have been approved. Send revised report to DMH.	4/1/11	4. Will update Summary Report when all PEI Plans have been approved. Target Date: 4/1/11			
5. Provide presentations to community partners on the CDA MHSOAC PEI Plan review.	As requested	5. Presented to CMHPC Older Adult Committee on 10/20/10.			
6. Attend the <u>MHSOAC Services Committee Meetings</u> to provide input on MHSOAC service implementation issues addressed by the Committee relevant to older adult services.	Ongoing 7/1/10-12/31/10				5. MHSOAC requested a presentation on CDA MHSOAC Plan Review results at its 1/27/11 meeting. CDA will invite Stanislaus MH Director and AAA to present local perspective.

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Objective 1c: MHSAs Statewide PEI Projects policy guidelines for implementation of the CA Strategic Plans on Suicide Prevention and Stigma and Discrimination Reduction will support funding of strategies targeting older adults/adults with disabilities.					
Major Activities/Deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Provide written and verbal comments to the <u>California Mental Health Services Authority (CalMHSA)</u> on draft Implementation Plans for the <u>MHSAs Statewide PEI Projects (Suicide Prevention; Stigma/Discrimination Reduction)</u> .	Ongoing 7/1/10- 6/30/11	1a. CDA submitted written comments to CalMHSA on draft Plans: 8/31/10, 9/22/10, 10/4/10, and 11/6/10. Comments will be posted on CDA website. Some of these comment letters are posted on the CalMHSA website: https://www.calmhsa.org 1b. CDA provided public comments at CalMHSA Board Meetings: 7/15/10, 8/12/10, 9/10/10, 10/14/10, 11/12/10, and 12/9/10. Public comments are in meeting minutes posted on CalMHSA website: http://www.calmhsa.org 1c. CDA participated on CalMHSA Implementation Ad Hoc Committee conference calls and provided input. 1d. CDA participated in the CalMHSA Informational Sessions on 12/1/10 regarding RFP development for Suicide			CDA will continue to participate in CalMHSA meetings/activities related to implementation of MHSAs Statewide Projects.

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<p>2. Provide updates to AAAs/aging services providers/advocates about <u>MHSA Statewide PEI Projects</u> (Suicide Prevention; Stigma/Discrimination Reduction) requesting input on CalMHSA draft documents.</p> <p>3. Submit written comments to DMH on <u>draft MHSA PEI Regulations</u>.</p>	<p>8/31/10 and ongoing</p> <p>11/22/10</p>	<p>Prevention and Stigma/Discrimination Reduction and provided public comments.</p> <p>3. Completed. Comments will be posted on CDA website.</p>			
<p>Objective 1d: The California Reducing Disparities Project and the California Strategic Plan for Reducing Mental Health Disparities will include disparity information and community driven remedies regarding diverse older adults in each of the five targeted population groups: African American, Asian/Pacific Islander, Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ), Latino, Native American.</p>					
<p>Major Activities/Deliverables</p>	<p>Due Date</p>	<p>Status on achieving objective, activities and deliverables (insert links)</p>	<p>Identify outstanding policy and program issues</p>	<p>Identify activities being coordinated with the local mental health system and other partners</p>	<p>Upcoming events/opportunities/resources anticipated during the next six months</p>
<p>1. Send resource information about diverse elders to contractors of the MHSA PEI Reducing Disparities Project.</p>	<p>9/30/10 and ongoing</p>	<p>1. Incomplete. CDA has made initial contact with the Project Contractors for the LGBTQ, African American, and Asian/Pacific Islander Work Groups. GMHS will attend the</p>	<p>Older Californians are diverse and their diversity is growing. By 2050, the majority of older</p>		<p><u>California MHSA Multicultural Coalition (CMMC)</u> for the MHSA PEI Reducing Disparities Project will</p>

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<p>2. Send MHSAs Reducing Disparities Project information to AAAs/aging services providers.</p> <p>3. Submit comments on draft strategic plans of the MHSAs PEI Reducing Disparities Project.</p> <p>4. Send draft strategic plans to AAAs/aging services providers for comment.</p>	<p>9/30/10 New Target Date: 3/30/11</p> <p>TBD</p> <p>TBD</p>	<p>MHSAs Reducing Disparities Project <u>California MHSAs Multicultural Coalition</u> to provide input about diverse older adults.</p> <p>2. Incomplete. Will distribute project information to AAAs by 3/30/11.</p> <p>3. Incomplete. CDA will review and submit comments on draft plan when available. Anticipated completion date is unknown since draft strategic plans have not yet been created</p>	<p>Californians will be Hispanic/Latino.</p>		<p>convene its first meeting on 3/28/11.</p>
<p>Objective 1e: MHSAs Innovation Plans will fund Innovation programs targeting older adults.</p>					
<p>Major Activities/Deliverables</p>	<p>Due Date</p>	<p>Status on achieving objective, activities and deliverables (insert links)</p>	<p>Identify outstanding policy and program issues</p>	<p>Identify activities being coordinated with the local mental health system and other partners</p>	<p>Upcoming events/opportunities/resources anticipated during the next six months</p>
<p>1. Review the approved <u>MHSAs Innovation (INN) Plans</u> for aging content to determine the extent to which MHSAs Innovation Plans are targeting older adults.</p>	<p>6/30/11</p>	<p>Not started. CDA was completing other workplan activities that had due dates within reporting period of 7/1/10 – 12/31/10</p>			

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2. Develop review template and Summary Report similar to the CDA MHSA PEI Plan Review documents.	6/30/11				
Objective 1f: MHSA Evaluation Activities/Reports will include information on the impact/benefit of MHSA on older adults.					
Major Activities/Deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Attend <u>MHSOAC Evaluation Committee</u> meetings/conference calls to provide input (verbal and/or written).	Ongoing 7/01/10-6/30/11	Completed/ongoing. CDA provided written and verbal comments on draft MHSA Evaluation RFPs and committee policy documents.			
Goal 2: Area Agencies on Aging (AAA) and other aging services providers will participate in the local MHSA stakeholder process to promote the funding of older adult mental health services and geriatric mental health workforce education and training to advance Older Adult System of Care development.					
Objective 2a: AAAs and other aging services providers/advocates will be informed about MHSA and older adult mental health and substance abuse issues including best practices to engage in MHSA activities to promote Older Adult System of Care development.					
Major Activities/Deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months

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<p>1. Provide updates to the 33 AAAs about MHSAs policy, planning and implementation issues, including mental health/substance use information.</p>	<p>Ongoing 7/1/10-6/11/11</p>	<p>Completed/ ongoing. Updates to the AAAs during this reporting period have focused on the MHSAs PEI Statewide Projects and mental health/substance abuse resource information/training opportunities.</p> <p>CDA has posted MHSAs and mental health/substance abuse information on its website (Completed 12/31/10)</p>		<p>CDA sent MHSAs updates to AAAs about MHSAs policies and funding opportunities promote collaboration with county mental health.</p> <p>CDA distributed mental health and substance use information to the CMHDA OASOC Committee.</p>	
<p>2. Survey AAAs to determine if they are: a) participating in the MHSAs stakeholder process; b) experiencing barriers/obstacles to participating; b) receiving MHSAs funding; c) collaborating with county mental health and; d) needing training/technical assistance on MHSAs to assist with stakeholder participation and collaboration with county mental health.</p>	<p>12/31/10 New target date: 6/30/11</p>	<p>Incomplete. Management is currently reviewing the summary report for of information from AAA Area Plans and Area Plan updates. Have information on the ten AAAs implementing MHSAs-funded Older Adult PEI Programs.</p>			
<p>3. Collaborate with community partners when strategic opportunities arise to impact MHSAs implementation and Older Adult System of Care</p>	<p>7/1/10-12/31/10</p>	<p>1. <u>Archstone Foundation</u>-At request of DMH, CDA provided technical assistance to Archstone Foundation regarding background and</p>		<p>1a. Provided contact information to Archstone Foundation on key informants within county mental health and other</p>	<p>Archstone Foundation plans to fund an older adult mental health project in Southern California.</p>

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<p>development including geriatric education and training.</p>		<p>current status of older adult mental health service development in California. Provided documents, list of key informants in mental health and aging network. (Completed/ongoing as requested.)</p> <p><u>2. CA Elder Justice Work Group CEJW –</u> a) Collaborated with CEJW to revise “Fact Sheet on Mental Health Needs of Vulnerable Elders” (Completed 12/9/10). b) Coordinated CEJW presentation on 11/15/10 to CMHDA OASOC Committee. (Completed 11/15/10) c) Submitted written comments on draft blue print <u>Improving California’s Response to Elder Abuse, Neglect, and Exploitation</u> specific to mental health and substance use issues. (Completed 12/17/10)</p>		<p>mental health and aging service providers.</p> <p>1b. Coordinated the presentation by Archstone Foundation to the CMHDA OASOC Committee at C4A conference which included county mental health providers and some AAAs.</p> <p>2. CEJW presented on 11/15/10 to the CMHDA OASOC Committee included county mental health providers and distributed the “Fact Sheet on Mental Health Needs of Vulnerable Elders.”</p>	
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		<p>3. <u>Aging Services of California</u>-Presented on MHSAs at its Golden Gate Regional Meeting. (Completed 8/13/10)</p> <p>4. <u>CA Elder Mental Health & Aging Coalition (CEMHAC)</u>- Provided technical assistance on MHSAs to guide CEMHAC's advocacy agenda. (Completed/ongoing 7/1/10-12/31/10.)</p>		<p>3. The mental health provider from San Francisco that implements the Older Adult Full Service Partnership Program co-presented.</p>	
<p>Goal 3: Mental health, aging, alcohol/drug and other service providers will collaborate to promote the development and delivery of mental health services to older adults and to support/promote geriatric education and training.</p>					
<p>Objective 3a: Mental health and aging service providers and other system partners will identify collaborative opportunities for service delivery and geriatric education/training.</p>					
Major Activities/Deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
<p>1a. Participate on the <u>California Mental Health Directors Association (CMHDA) Older Adult System of Care (OASOC) Committee</u> to promote collaboration, coordination and cross referrals between mental</p>	<p>Ongoing. Monthly meetings/ conference calls.</p>	<p>1a. Completed/ongoing. CDA report included in meeting Minutes posted on CMHDA website. http://cmhda.org/go/Committees/OlderAdultSystemofCareCommitteeOASOC/OASOCMeetingReports.aspx.</p>		<p>Direct collaboration with county older adult mental health providers.</p>	

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<p>health and aging services providers.</p> <p>1b. Provide contact information for county mental health to AAAs.</p> <p>1c. Distribute contact information of AAAs to CMHDA OASOC Committee and MHSAs Coordinators.</p>	<p>Semi-annually 12/21/10-6/30/11</p> <p>Semi-annually 12/31/10-6/30/11</p>	<p>1b. Completed. County mental health contact information is posted on CDA website and distributed.</p> <p>1c. Incomplete. Will request MHSAs Coordinator e-mail list from CMHDA.</p>			
<p>2. Participate on the <u>California Mental Health Planning Council (CMHPC)</u>, provide a standing report at its Older Adult Committee Meetings, and participate in mental health policy discussions to represent the interests of older adults and their family caregivers.</p>	<p>Ongoing. Quarterly meetings:</p>	<p>Completed/ongoing. CDA report and comments are reflected in CMHPC Older Adult Committee agenda/minutes and full Council meeting Minutes. http://www.dmh.ca.gov/MentalHealthPlanningCouncil/Meetings.asp</p> <p>CDA presented its MHSAs Plan Review results at the 10/20/10 meeting.</p>		<p>CMHPC includes representatives from county mental health. CMHPC meetings provide opportunity for dialogue across systems and with consumers and family members on MHSAs/mental health policy issues.</p>	
<p>3. Participate on the <u>California Alcohol and Drug Programs (ADP) Aging Constituents Committee</u> which is advisory</p>	<p>Ongoing. Quarterly meetings: 10/4/10</p>	<p>Completed/ongoing. CDA provides information to Committee about CDA MHSAs activities relevant to older</p>	<p>Need for older adult alcohol/substance abuse screening by community gatekeepers;</p>		<p>Next Meeting: 2/16/11 CDA will inform Committee about its MHSAs PEI Plan</p>

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<p>to the ADP Director on older adult alcohol/substance abuse issues. Shared objectives are to promote screening of alcohol/substance abuse including medication misuse by aging services providers and to provide them with education/training to do so. http://www.adp.state.ca.us/Advisory/CC/conCommitteeAged.shtml</p>		<p>adults and co-occurring disorders and AAAs.</p> <p>CDA facilitated linkage between CA Alcohol and Drug Programs (CA ADP) and the California Association of Area Agencies on Aging (C4A) Conference Planning Committee to promote alcohol/substance abuse workshops at C4A conference in November, 2010. ADP provided two workshops at C4A conference (Alcohol/Substance Abuse Assessment/Treatment; Problem Gambling).</p>	<p>development of specialty older adult alcohol/substance abuse services; alcohol/substance abuse training for aging services providers and other system partners.</p>		<p>Review.</p>
<p>Goal 4: CDA program staff, Area Agencies on Aging (AAAs) and other aging services providers/partners will be informed about mental health and substance use issues of older adults/adults with disabilities and their caregivers.</p>					
<p>Objective 4a: Provide/promote education/training to CDA program staff and AAAs/aging services providers about mental health and substance use issues of older adults/adults with disabilities and their caregivers, including evidence-based/promising practice models.</p>					
<p>Major Activities/Deliverables</p>	<p>Due Date</p>	<p>Status on achieving objective, activities and deliverables (insert links)</p>	<p>Identify outstanding policy and program issues</p>	<p>Identify activities being coordinated with the local mental health system and other partners</p>	<p>Upcoming events/opportunities/resources anticipated during the next six months</p>
<p>1. Identify the mental health and substance abuse</p>	<p>Ongoing 7/1/10-</p>	<p>1. Completed/ongoing. C4A conference planning</p>	<p>Mental health and aging services providers need</p>	<p>CDA facilitated linkage among C4A, the</p>	<p>CDA MHS A staff will continue to identify and</p>

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<p>information and education/training needs of CDA staff and AAAs.</p>	<p>12/31/10</p>	<p>committee identified training needs of AAAs/CDA staff and planned workshops to address those needs. CDA staff are asked about training needs at team meetings.</p>	<p>training on mental health and substance use issues to promote screening, brief intervention and referral.</p>	<p>CMHDA OASOC Committee, the CA Dept of Veterans Affairs and the CA Elder Justice Workgroup for C4A conference.</p>	<p>inform CDA staff and the AAAs about training opportunities including webinars.</p>
<p>2. Identify and disseminate public information materials and training opportunities (webinars, online training, conferences) for AAAs/aging services providers.</p>	<p>Ongoing 7/1/10-12/31/10</p>	<p>2. Completed/ongoing. CDA staff and AAAs are informed about training opportunities such as the American Society on Aging webinars and the Boston University Institute of Geriatric Social Work Online Training. Training opportunities are posted on CDA website.</p>		<p>Mental health/substance abuse information is distributed to the CMHDA OASOC Committee.</p>	<p>CDA MHS A staff will continue to coordinate webinars onsite for CDA program staff on such subjects as: 1) mental health issues of older adults, 2) evidenced based models, 3) substance abuse among older adults and 4) caregiver training and other subjects appropriate to their mental health training needs. Webinars are posted on CDA website.</p>
<p>3 Participate on the <u>California Association of Area Agencies on Aging (C4A) Conference Planning Committee</u> to promote education/training on older adult mental health and substance use issues.</p>	<p>7/1/10-11/15/10</p>	<p>3. Completed. Mental health and substance abuse workshops were provided at the C4A Annual Conference.</p>			<p>CDA will continue to participate on planning committee for future C4A Conferences and will engage system partners.</p>

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Goal 5: Area Agencies on Aging (AAAs) will implement the mental health requirements in the Older Americans Act (OAA) to promote the identification and treatment of the mental health needs of participants served in OAA programs in coordination/collaboration with mental health service providers.					
Objective 5a: AAAs will receive the information necessary to implement the mental health requirements of the Older Americans Act (OAA) and to document these activities in their Area Plans.					
Major Activities/Deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Develop guidance for AAA implementation of OAA mental health requirements and provide education/training to CDA program staff and AAAs on these mental health requirements. <ul style="list-style-type: none"> • Guidance document for CDA program staff and AAAs on implementing OAA mental health requirements. 	6/30/11	The information from the Area Plan reviews completed. Baseline information will guide the development of education, training, and technical assistance to CDA and AAA staff.		Guidance will address coordination with the local mental health system and other partners.	
2. Develop standards for needs assessment, goal and objective development		Please see above.			

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<p>specific to mental health to inform the AAA needs assessment and planning efforts.</p> <ul style="list-style-type: none"> Guidance document for CDA program staff and AAAs on AAA Needs Assessment process for Area Plan development. <p>3. Provide CDA program staff and AAAs with up-to-date information on county mental health contact and referral information to access public mental health services.</p> <ul style="list-style-type: none"> Send county mental health department contact and referral information to AAAs and CDA program staff. 	<p>6/30/11</p> <p>Semi-annually 12/31/10 and 6/30/11</p>	<p>Completed. CDA program staff and AAAs were provided up-to-date information on county mental health contacts and referral information to access public mental health services in staff meetings, by email, and on our CDA website. This information will be updated as needed.</p>			
<p>Objective 5b: AAA mental health activities will be in compliance with OAA mental health requirements.</p>					
<p>Major Activities/Deliverables</p>	<p>Due Date</p>	<p>Status on achieving objective, activities and deliverables (insert links)</p>	<p>Identify outstanding policy and program issues</p>	<p>Identify activities being coordinated with the local mental health system and other partners</p>	<p>Upcoming events/opportunities/resources anticipated during the next six months</p>

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<p>Goal 6: CDA's Medi-Cal programs (Multipurpose Senior Services Program/MSSP and Adult Day Health Care/ADHC) will be responsive to the mental health and substance use needs of their participants.</p> <p>Objective 6a: CDA staff overseeing these programs will be informed about older adult mental health and substance use screening, assessment, treatment and care management tools/protocols, including older adult mental health and substance use evidence-based/promising practice program models.</p>					
Major Activities/Deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
<p>1. Review MSSP and ADHC program requirements/clinical processes to identify the screening, assessment, treatment, referral, and care management tools/protocols used, including evidence-based/promising practices, to address the mental health and substance use needs of program participants.</p> <ul style="list-style-type: none"> • Summary Report of program review findings with recommendations for improvement. <p>2. Provide in-service training for CDA program staff overseeing MSSP and ADHC programs based on program</p>	<p>Ongoing 7/1/10-12/31/10</p> <p>TBD</p>	<p>Completed/ongoing. Several in-service training programs were completed at monthly staff meetings. They focused on appropriate and complete mental health and substance abuse assessments using geriatric and mental health models. Summary Report to be completed in Spring, 2011.</p>		<p>Both programs have been made aware of contacts within local mental health systems.</p>	

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Objective 7b: State and local HICAP staff perform outreach to dual-eligible HICAP clients who have mental health needs as required by the Centers for Medicare and Medicaid Services (CMS).					
Major Activities/Deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
<p>1. Promote collaboration between HICAP and mental health providers/advocacy organizations to effectively reach dual-eligible clients.</p> <ul style="list-style-type: none"> • Distribute contact information and updates to State and local HICAP staff on mental health providers and advocacy organizations. • Provide HICAP presentations and exhibits at conferences and other educational events sponsored by NAMI-CA, CNMHC and other partners to be determined. 	Ongoing 7/1/10-6/30/11	<p>Completed/ongoing. Contact information is distributed at staff meetings, State trainings, and on the CDA web page on an ongoing basis to State and local HICAP staff on mental health providers and advocacy organizations.</p> <p>Completed. HICAP provided workshop at Annual NAMI-CA Conference (2010) and sponsored an exhibit table to distribute HICAP</p>	In performing outreach to clients who have mental health needs, HICAP staff needs training on mental health and substance abuse issues.	<p>Ongoing activities are being coordinated between HICAP and NAMI-CA.</p> <p>HICAP staffs, state and local, have been given updated information on local mental health systems.</p>	Meeting scheduled 2/25/11 between HICAP and NAMI-CA to promote HICAP counseling for mental health clients who have both Medicare and MediCal.

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<ul style="list-style-type: none"> NAMI-CA Conference California Network of Mental Health Clients (CNMHC) 	8/28/10 TBD	information.			CDA HICAP will schedule meeting with CNMHC in Spring, 2011, to promote free HICAP counseling for mental health clients receiving Medicare and Medi-Cal.
Goal 8: CDA's Long Term Care Ombudsman Program will improve its knowledge, skills and abilities to serve residents with mental health needs in long term care facilities.					
Objective 8a: State and local Ombudsman staff and volunteers will have the information and resources necessary to better serve residents with mental health needs in long-term care facilities.					
Major Activities/Deliverables	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Collaborate with State Ombudsman staff to identify the information and resource needs of State and local Ombudsman staff and volunteers to better serve residents with mental health needs in long term care facilities. <ul style="list-style-type: none"> Needs Assessment Survey of State and local Long Term Care Ombudsman Programs 	4/30/11	Completed. CDA presented workshop on 7/28/10 to state and local Ombudsman staff and volunteers on serving mentally ill residents. Improved knowledge and skill level of Ombudsmen who serve the	Ombudsman staff and volunteers need training on how to effectively deal with residents with mental health needs and their families, if appropriate.	This training focused on local Ombudsman programs and included information on local mental health providers.	Needs Assessment Survey of State and local Long Term Care Ombudsman Program to be completed by 4/30/11.

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Electronic copy of CDA MHSAs Progress Report (July 1, 2010 to December 31, 2010) submitted to Debbie Manas on February 11, 2011.
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