

# 2025

## California's Behavioral Health Older Adults Survey Report

# Executive Summary



PREPARED BY

**Insure the Uninsured  
Project (ITUP)**

PREPARED FOR

**California  
Department of Aging  
(CDA) & West Health**

As part of a joint effort to strengthen behavioral health supports for California’s older adults, ITUP, in partnership with the California Department of Aging (CDA) and West Health, conducted the California Older Adult Behavioral Health Community Survey.

This survey was developed to assess the behavioral health needs of California’s older adult population, identify service gaps, and inform the development of future policies and programs that promote equity, access, and culturally competent care.

Between June 4, 2025 and July 9, 2025, ITUP collected responses from a broad cross-section of stakeholders, including **community-based organizations, government agencies, primary care and health clinics, advocacy and policy organizations, research institutions,** and **older adult consumers**. The survey focused on key behavioral health concerns, such as **social isolation, depression, cognitive decline,** and **challenges accessing appropriate services**.

# Key Insights



## Survey Highlights

The California Older Adults Behavioral Health Community Survey reveals critical gaps and opportunities in supporting the behavioral health needs of older adults. Social isolation, cognitive decline, and caregiver burnout emerged as top concerns, while lack of targeted services, fragmented care, and limited cultural responsiveness remain significant barriers. Nearly half of respondents rated access, outreach, and data systems as only fair to poor. Respondents emphasized the need to merge aging and behavioral health services, invest in culturally competent community-based care, and improve workforce training and care coordination. Top funding and policy priorities include expanding mobile/home-based services, supporting caregivers, and addressing social isolation through integrated, community-driven approaches.

# 225 Respondents

42%

Nonprofit Service Providers

23%

Area Agencies on Aging (AAAs)

33%

Community-Based Organizations (CBOs)

12%

County Behavioral Health Departments

42%

Los Angeles, San Diego & Imperial Counties most represented regions

20%

Statewide Organizations

# Priority Behavioral Health Challenges & Service Gaps

## Top 3 Primary Behavioral Health Challenges



1. **Social Isolation & Loneliness (60.0%)**
2. **Cognitive Decline & Dementia (including Alzheimer's Disease) (44.0%)**



3. **Caregiver Stress & Burnout (both informal and formal caregivers) (34.2%)**

**~20–30%** *Financial Barriers & Transportation Access* also surfaced as notable concerns



## Top 3 Significant Service Gaps

1. **Lack of Behavioral Health Services Targeting Older Adults (41.8%)**
2. **Fragmented Service Delivery & Lack of Care Coordination Between Providers (38.2%)**
3. **Lack of Knowledge/Awareness of Behavioral Health Issues Facing Older Adults (32.4%)**



*Limited Culturally Responsive Services & Long Wait Times* were also flagged

# System Performance Ratings



## OVERALL RATINGS: **C (FAIR)**

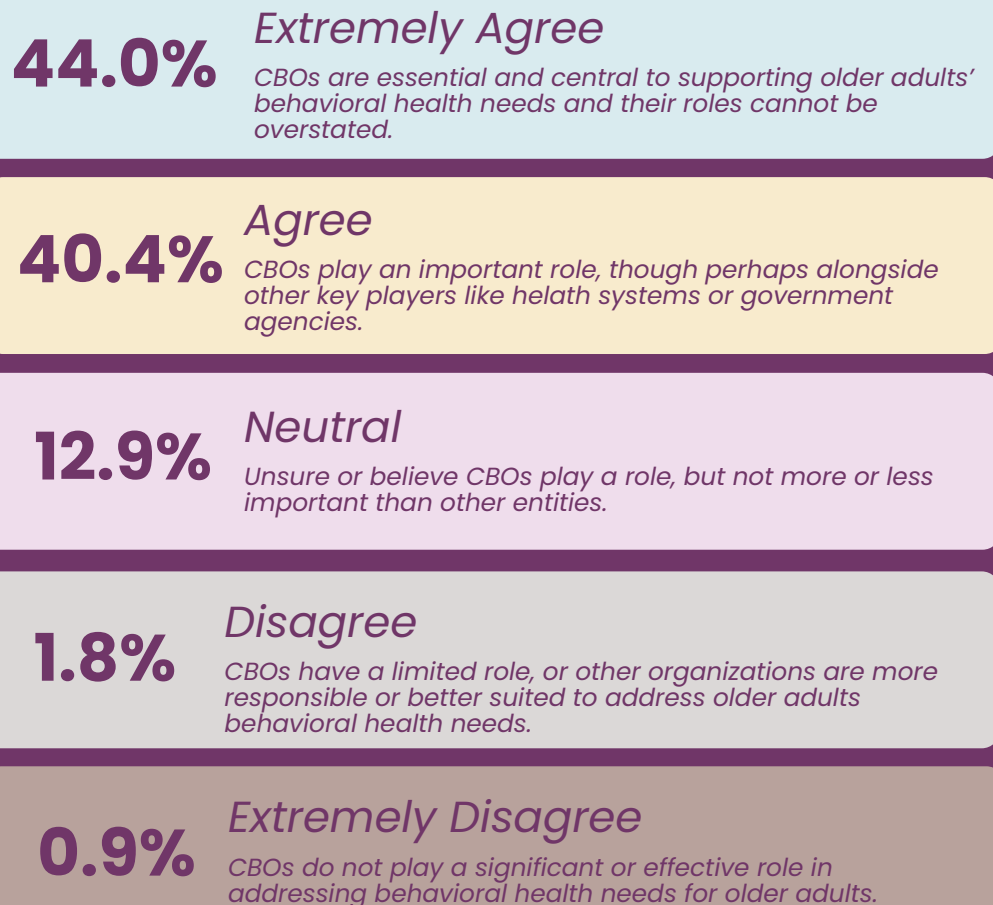
	Access to Care	Outreach Efforts	Data Collection & Use
Letter Grade	<b>C (Fair)</b> <b>45.3%</b>	<b>C (Fair)</b> <b>48.4%</b>	<b>C (Fair)</b> <b>49.8%</b>
Additional Notes	<b>30%</b> rated it <u><b>D or F</b></u>	<u><b>Only 2%</b></u> rated as <u><b>Excellent</b></u>	<b>22%</b> rated it <u><b>Poor or Failing</b></u> .

# Level of Agreement: Roles of Community- Based Organizations (CBOs)



CBOs are local nonprofit organizations with close ties and built trust in communities that provide services to address the public health, social services, and/or health care needs of their community. The functions, structure, and services provided by a CBO are dependent on the needs of each community.

LEVEL OF AGREEMENT



# System & Strategy Priorities



Screen for Aging & Behavioral Health Needs Early (51.6%)



Merge Behavioral Health & Aging Services for Easier Access (46.2%)



Shared Information Systems (i.e., eliminate duplicate reporting) (33.8%)



Develop Partnership with Local CBOs (32.9%)



# Cultural Responsiveness Strategies



**Delivering Services in Community Settings where Older Adults Gather** (55.6%)  
*(e.g., senior centers, churches, cultural hubs)*



**Hiring Bilingual & Bicultural Behavioral Health Staff** (40.9%)



**Partnering with Trusted Community-Based, Faith-Based, or Ethnic Organizations** (40.4%)



**Engaging Older Adults from Diverse Backgrounds in Program Design, Implementation & Evaluation** (31.6%)



**Offering Culturally Tailored Services & Treatment Models** (23.1%)



**Addressing Stigma and Mistrust around Behavioral Health in Specific Cultural or Immigrant Communities** (23.1%)

# Behavioral Health Services Act (BHSA) Funding Priorities



Respondents want BHSA funds to:

- ➔ Expand Community-Based Behavioral Health & Substance Use Services (46.7%)
- ➔ Develop or Expand Mobile & Home-Based Behavioral Health Services (45.8%)
- ➔ Support Caregiver Mental Health (40.4%)
- ➔ Enhance Outreach & Early Intervention for Underserved Older Adults (38.2%)





# Convening Priorities for Policymakers

## Top Topics to Address Over the Next Year:

### Barriers to Access (46.2%)



- This includes the following:
  - **Transportation**
  - **Language**
  - **Stigma**
  - **Cost**



### Impact of Social Isolation & Loneliness (44.9%)



### Success Models of Integrated Aging & Behavioral Health Services (44.0%)



### Use of BHS Funding to Support Older Adults' Behavioral Health (33.3%)

# Conclusion



## Summary

This statewide survey gathered input from 225 professionals across sectors serving older adults in California, including nonprofit service providers, community-based organizations, and behavioral health agencies. Respondents identified social isolation, cognitive decline, and caregiver stress as the most pressing behavioral health challenges facing older adults. Key service gaps included a lack of targeted services, fragmented care systems, and limited cultural responsiveness. Respondents emphasized the need for integrated aging and behavioral health services, expanded community-based care, culturally competent outreach, and improved workforce training. These insights provide a roadmap for strategic investment, policy development, and cross-sector collaboration to improve behavioral health outcomes for California's diverse older adult population.

## Key Recommendations

### Integrate Aging & Behavioral Health Services

Streamline access by merging service systems, conducting joint care planning, and co-locating services to better meet the complex needs of older adults.

### Expand Community-Based, Culturally Responsive Care

Invest in partnerships with trusted local organizations, hire bilingual/bicultural staff, and deliver services in familiar, accessible community settings.

### Support the Caregiving Workforce & Family Caregivers

Provide targeted training for behavioral health providers working with older adults and expand mental health resources for informal and family caregivers.


### Address Social Isolation & Improve Early Intervention


Prioritize programs that reduce loneliness and increase early screening and outreach, especially for underserved and hard-to-reach populations.



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