



## Fact Sheet: Advancing Older Adult Behavioral Health

### *Governor and Legislature Approve \$50 million in New Funding*

In June 2019, Governor Gavin Newsom issued an [Executive Order](#) calling for the creation of a [Master Plan for Aging](#) (MPA) (Executive Order N-14-19). The Executive Order affirmed the priority of the health and well-being of older Californians and the need for policies that promote aging with dignity and independence. It also called for a “blueprint” for state government, local government, the private sector, and philanthropy to prepare for the coming demographic changes, which translates to one out of four Californians being age 60 or older by 2030.

California’s MPA sets Five Bold Goals including Reimagine Health (Goal 2), and Equity and Inclusion, Not Isolation (Goal 3). Building local behavioral health capacity, focusing on equity, and strengthening community-based supports for older adults are key 2023-24 MPA initiatives that seek to address the behavioral health needs of California’s diverse older adult population.

### **THE NEED**

According to the [UCLA Center for Health Policy Research](#), close to half of all Americans will have experienced a diagnosable behavioral health disorder by the age of 75 – but less than one-third of those older adults in need of mental health services receive appropriate care. The U.S. Substance Abuse and Mental Health Services Administration reported that fewer than half of older adults with mental and/or substance use disorders nationwide receive necessary treatment. In February 2023, the California Health Care Foundation reported older adults (65+) are the least likely to report receiving mental health care (21 percent) compared to all other age groups.

Among older adults, there are critical equity considerations to elevate, with Black/Latino/Indigenous/Asian Pacific Islander older adults more likely than their white counterparts to report high levels of psychological distress and serious mental illness. Likewise, data strongly suggests that lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+) older adults experience higher rates of mental distress than heterosexuals of similar age. In addition to race, ethnicity, sexual orientation, and gender identity, older adults in rural communities face unique challenges and barriers to mental health services and supports.

### **Older Adult Isolation and Loneliness is Endemic**

While we witness the growing crisis of gun violence, experts note that this [violence can also be driven by an epidemic of isolation and loneliness](#). Tragically, California experienced two mass shootings, in Monterey Park and Half Moon Bay, in early 2023 that involved older adults, calling much needed attention to often overlooked signs of social isolation and/or violent behavior. As noted by the federal Centers for Disease Control (CDC), [loneliness and social isolation in older adults presents a serious health risk](#), putting them at risk for dementia and other chronic conditions. The National Institute on Aging reports that the health risks of prolonged isolation are equivalent to smoking 15 cigarettes a day. Social isolation and loneliness have even been estimated to shorten a person’s life span by as many as 15 years. In California, changing family systems have exacerbated isolation among older adults due to the [growing childless older adult population](#), as noted in a recent report by the U.S. Census. In May 2023, the U.S. Surgeon General issued an advisory titled [Our Epidemic of Loneliness and Isolation](#).

Further, a report from the National Academies of Sciences, Engineering, and Medicine (NASEM) notes that [nearly 25 percent of adults aged 65 and older are considered socially isolated](#). Multiple factors contribute to an increased risk of loneliness and isolation, including living alone, the loss of family or friends, chronic illness, and hearing loss. Immigrants, people of color, victims of elder abuse, and LGBTQ+ older adults are most vulnerable to isolation. The CDC notes that Latino immigrants, for example, “have fewer social ties and lower levels of social integration than U.S.-born Latinos.” First-generation immigrants experience stressors that can increase their social isolation, such as language barriers, differences in community, family dynamics, and new relationships that lack depth or history. Similarly, gay, lesbian, and bisexual populations tend to have more loneliness than their heterosexual peers because of stigma, discrimination, and barriers to care.

### **Suicide and Older Adults: A Consequence of Unmet Behavioral Health Needs**

Of significant concern, [suicide rates have also climbed among older adults](#), up 28 percent from 1999 to 2016. The [California Department of Public Health](#) reports a total of 4,497 suicide deaths among California residents in 2018. Of these:

- 21 percent (962 suicides) were among older adults, for a rate of 16.3 deaths per 100,000 Californians aged 65 and older.
- Approximately 83 percent of older adult suicides were males; 46 percent of those were among Veterans.
- For males, the rate of suicide increased with age and was nearly 10 times the rate of females in individuals aged 85 and older.

### **ADVOCACY AND ACTION**

Older adult behavioral health was highlighted as a critical issue to address during the [2022 MPA Day of Action](#). MPA stakeholders, including the California Commission on Aging, noted the tremendous need to build local capacity and enhance access to behavioral health services for older adults. The California Department of Aging (CDA), in collaboration with stakeholders, continues to elevate the needs and importance of older adult behavioral health, including the following efforts:

- **October 2022:** The Mental Health Services Oversight & Accountability Commission (MHSOAC) partnered with CDA to make available \$20 million in Mental Health Wellness Act funds for local community-based grants to expand behavioral health programs at the local level. The two evidence-based programs are [AgeWise](#) and the [Program to Encourage Active and Rewarding Lives \(PEARLs\)](#). In April 2023, MHSOAC awarded 11 grants to community-based organizations (CBOs) throughout the state.
- **March 2023:** CalHHS Agency Behavioral Health Task Force focused its agenda on Older Adult Behavioral Health. CDA and its partners presented with a network of behavioral health experts, including experts from Los Angeles and San Mateo counties. After this meeting, the first older adult designee was named to the Task Force.
- **March and April 2023:** CDA convened and led behavioral health roundtables in Fresno, San Bernardino, Ukiah, and San Francisco with community-based partners and elected officials. These roundtables generated significant community input and CDA will use the lived and learned experiences shared at these roundtables to address the behavioral health needs of older adults through established community partners.

### **OTHER EFFORTS**

Since 2020, CDA has maintained a statewide contract with the Institute on Aging to provide a 24/7 emotional support warmline to address older adults’ feelings of isolation and loneliness, which were heightened during the COVID-19 pandemic. In 2020, CDA also issued resource post cards and inserts in all leading print newspapers to connect older adults with statewide services and supports, including the emotional support warmline.

## **Advance Older Adult Behavioral Health – \$50 million General Fund**

The California Department of Aging received \$50 million from the General Fund to augment resources and help community partners meet the behavioral health and/or substance use disorder needs of older adults, with a focus on underserved populations, communities of color, and the LGBTQ+ population. Specifically, these resources would focus on building community capacity in combatting isolation and reducing stigma in older adult behavioral health, including:

- 1) \$30.3 million to local partners to continue local community capacity building for older adult behavioral health
- 2) \$15 million to allow for continued operation of a statewide emotional support hotline and an older adult behavioral health stigma reduction campaign
- 3) \$4.7 million for state resources to provide support and oversight to local partners

### **Local Community Capacity Building for Older Adult Behavioral Health (\$30.3 million General Fund)**

The approved \$30 million to build capacity for Older Adult Behavioral Health will continue the work of the MPA to provide additional funding to local community partners such as the local Area Agencies on Aging (AAAs), the Caregiver Resource Centers (CRCs), Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), and essential community-based organizations, trusted local partners, and providers. This effort will include a grant process focused on building organizational capacity to identify and address older adult behavioral health and/or substance use disorder needs among those who are historically underserved, which may include priority populations based on race, ethnicity, language, culture, immigration, LGBTQ+ or Veteran's status. This funding includes \$11.68 million in FY 2023-24, \$11.68 million in FY 2024-25, and \$6.9 million in FY 2025-26 to support grants for local community capacity building, including, but not limited to, the following:

- **Program development** – Expanding behavioral health services tailored to older adults, which could include evidence-based programs or other promising approaches to address isolation and loneliness.
- **Workforce training and development** – Staff and volunteer training to improve early identification, cultural competence, appropriate “Mental Health First Aid” response, trauma informed care, and referral to clinical or community supports; augmentation of behavioral health staffing models that include Community Health Workers/promotores and peer support specialists.
- **Community collaboration** – Partnering with local health plans, hospital systems, continuum of care providers, and others to build linkages and align services across the behavioral health continuum and system of care whether through prevention and early intervention, connections to outpatient care, crisis care, inpatient care, and/or supportive care.

### **Combatting Isolation and Reducing Stigma: (\$15 million General Fund)**

This portion of the approved funding includes two components to combat isolation and reduce stigma: an ethnic media campaign and sustained support for a statewide emotional support hotline, as follows:

- **Ethnic media campaign and outreach for older adult behavioral health (\$10.5 million)** – This component will target ethnic media to address behavioral health stigma and isolation by raising awareness of available resources for older adults from communities of color, immigrant communities, Veterans, and people who identify as LGBTQ+. The campaign will focus on raising awareness of the needs and resources available across the behavioral health continuum, including prevention and early intervention, outpatient care, crisis care, inpatient care, and/or supportive care. This effort will include data collection to identify gaps in behavioral health access and service delivery to better target messaging.

- **Continuation of the older adult warmline (\$4.5 million)** - This component will provide \$4.5 million over three years to continue operation of an older adult emotional support warmline, enabling older adults and people with disabilities to connect with a trained, caring, compassionate voice ready to listen and provide personal, real-time support. The warmline will adopt a culturally relevant approach with capacity to serve older adults in multiple languages. The effort will target isolated and at-risk older adults to ensure there is always a place to call and a person to speak with who can provide emotional support and resource referrals, as needed.

## **NEXT STEPS**

The California Department of Aging will continue engaging stakeholders to advance issues impacting older adult behavioral health, including reaching local communities to raise awareness and identify best practices in addressing this need. CDA welcomes public input and encourages all interested parties to send comments to [OABH@aging.ca.gov](mailto:OABH@aging.ca.gov).