California Commission on Aging
1300 National Drive, Suite 173 | Sacramento, CA 95834
(916) 419-7591 | CCoA@ccoa.ca.gov | www.ccoa.ca.gov

GAVIN NEWSOM, Governor

Executive Director
Karol Swartzlander

February 17, 2021

Marlies Perez
Division Chief of Community Services
California Department of Health Care Services

Dear Ms. Perez,

The California Commission on Aging, established by government statute in 1973, is authorized to "serve as the principal advocate body in the state on behalf of older individuals, including, but not limited to, advisory participation in the consideration of all legislation and regulations made by state and federal departments and agencies relating to programs and services that affect older individuals."[1]

During the legislative process, the Commission provided support for SB 803 because it is important to recognize and create standards for this important segment of the behavioral health workforce. Addressing behavioral health problems of older adults is critical and expanding the workforce through a peer counseling certification is an important vehicle. As you gather input during the planning phase for this certification, it is important to recognize the prevalence and complexity of behavioral health disorders among older adults.

For older adults, behavioral health issues can be due to a long history of lifelong struggles or a late-onset new disease. There are a number of serious behavioral health issues that disproportionately impact older adults. The incidence of suicide is particularly high among older, white males (30.3 suicides per 100,000). Notably, the rate of suicide in the oldest group of white males (ages 85+) is over four times higher than the nation's overall rate of suicide[2].

Depression is not a normal part of life or aging. Depression occurs across the life course in all races, genders, and ages[3]. Depression is, however, the most common mental illness in late life and decreases quality of life[3]. A review of the epidemiology of depression reports that eight percent to 16 percent of community-dwelling older adults have depressive symptoms[4], the prevalence of depression is substantially higher in older adults with medical illnesses, and in those who receive services from aging service providers.

Three to 14 percent of older adults meet the diagnostic criteria for an anxiety disorder, however a greater percent of older adults have clinically significant symptoms of anxiety that impact their functioning[5].

Several recent community surveys have estimated that as many as 16 percent of older adults are at-risk of becoming or are problem drinkers. More than 25 percent of older adults use prescription psychoactive medications that have abuse potential. Substance abuse, particularly of alcohol and prescription drugs among adults 60 and older is one of the fastest growing health problems facing the country[6].

The health risks posed by social isolation may be particularly severe for older adults[7-8], especially as they are likely to face stressful life course transitions, health problems, and disabilities[8]. The COVID-19 pandemic has weighed heavily on older adults and has created an additional social isolation burden.

Cognitive health issues are also more predominant with older adults. Today, more than 10 percent of the 5.3 million Americans affected by Alzheimer's disease live in California. By the year 2030, the number of Californians with Alzheimer's disease will double to nearly 1.2 million. Due to a rapidly aging population, the increase will be even more dramatic among California's Asians and Latinos, who will see a tripling in those affected by 2030. Many people with Alzheimer's and related dementias suffer from multiple chronic conditions and the need for support is great[9].

The surge in older homeless people is driven largely by a single group — younger baby boomers born between 1955 and 1965. This group has made up a third of the total homeless population for several decades. Chronically homeless older adults often have critical health and service needs, in addition to their obvious housing needs. Homeless seniors are more likely to experience multiple medical issues at a time and often have chronic illnesses that go untreated[10-11].

Given the above general information about the complexity and prevalence of behavioral health issues for older adults and recognizing the impending growth and diversity of the older adult population in California, it is critical to assure that people who become certified as Peer Support Specialists are equipped to address the needs of this population group.

The curriculum and core competencies for certification of peer support specialists should include specific content to prepare for working with all age groups who may be clients of peer specialists, including older adults. Due to life experience, and the prevalence of co-occurring medical conditions, providing behavioral health services to older adults is often more complex than working with other age groups.

Peer Support Specialists' navigation skills should include knowledge about the community-based older adult service network, including the resources of Aging and Disability Resource Connections (ADRCs) and Area Agencies on Aging (AAAs). A model program is the Older Adult Peer Support Program at the Alliance on Aging in Salinas, CA, funded in part by Mental Health Services Act (MHSA) Prevention funds.

The recently released Master Plan for Aging supports the expansion of a geriatrics curriculum for the existing and future workforce through additional training content specific to older adults' health and social needs. The Master Plan also identifies opportunities for older adult employment and engagement as a key strategy[12]. Older adults with lived experience who qualify for the Peer Support Specialist Certification will add an important culturally competent resource to serving the needs of older Californians.

Thank you for the opportunity to provide this information and recommendations for consideration as you continue with the planning and development of the new certification program. Please do not hesitate to contact us with questions or if we can provide additional resources.

Sincerely,

E Schmeding

Ellen Schmeding,
Chair

References cited:

1. Welfare & Institutions Code Sec. 9202

2. Suicide Prevention Resource Center. (2014, September). Suicide Screening and Assessment. Education Development Center, Inc.; Waltham, MA.

3. Blazer, Dan (2009). Depression in Late Life: Review and Commentary, Geriatric Psychiatry, Volume 7 Issue 1, Winter 2009, pp. 118-136.

4. Damron-Rodriguez, JoAnn and Sara Carmel, (2014). Exploring the Will to Live and Distinguishing Depression at End of Life, Generations, Fall, Vol. 38 .No. 3.

5. Older Adult Behavioral Health Technical Assistance Center, The Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Aging (AoA), 2013, Older Americans Behavioral Health Issue Brief 6: Depression and Anxiety: Screening and Intervention.

6. Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Aging (AoA), (2012). Older Americans Behavioral Health issue Brief 3: screening and Preventive Brief interventions for Alcohol and Psychoactive medication misuse/Abuse available on SAMHSA's SBIRT website http://www.samhsa.gov/prevention

7. Cacioppo John T., Hawkley Louise C. (2003). Social Isolation and Health, with an Emphasis on Underlying Mechanisms. Perspectives in Biology and Medicine. 46:S39–S52.]

8. Tomaka Joe, Thompson Sharon, Palacios Rebecca, (2006). The Relation of Social Isolation, Loneliness, and Social Support to Disease Outcomes Among the Elderly. Journal of Aging and Health. 18:359–84.

9. California State Plan for Alzheimer's Disease, https://www.alz.org/national/documents/stateplan-calif.pdf

10. U.S. Department of Health and Human Services Bureau of Primary Health Care, Homeless and Elderly: Understanding the Special Health Care Needs of Elderly Persons Who are Homeless. http://bphc.hrsa.gov/policy/pal9907.htm, accessed June 20, 2016.

11. Nagourney, A. (2016). Old and on the Street: The Graying of America's Homeless, New York Times, May 31, 2016.

12. California Master Plan on Aging, https://www.chhs.ca.gov/home/master-plan-for-aging/