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Service Provider Perceptions of Unmet Mental Health Service Needs for Older Adults in Central Florida

Central Florida Coalition for Mental Health &
Aging

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Service Provider Perceptions of Unmet Mental Health Service Needs for Older Adults in Central
Florida
Initial Report of Findings
May 2, 2006

Project Overview

In an effort to identify key service priorities the *Central Florida Coalition for Mental Health & Aging* undertook a community provider survey designed to identify existing service capabilities and gaps in mental health, substance abuse, and compulsive gambling services provided to older adults (age 60+) in Central Florida. A committee of Coalition members designed the instrument which was later refined and approved by the full Coalition membership over the course of several meetings. The survey included several open-ended response items designed to elicit general opinions about the character and adequacy of mental health, substance abuse, and compulsive gambling services provided to Central Florida's elders.

Methods

The survey was administered to a purposive sample of community service providers nominated by members of the Coalition using the Survey Monkey web-based survey administration protocol. A total of 392 invitations to complete the survey were sent by email between February and April, 2006. A total of 80 responses were tabulated for an overall response rate of 20.4%.

The survey administration team from the School of Social Work at UCF made several efforts to re-send the email invitation to providers and were successful in obtaining additional surveys to bring the total responses to 80 through this method. A limitation of the web-based survey format was the possibility that some potential respondents were prevented from viewing the invitation due to spam blocking software and other computer firewalls.

Initial frequency analyses are presented in this report along with a content analysis of responses to the open-ended items.

Summary of Major Findings

More than half of respondents represented the not for profit sector but governmental, for profit, and faith-based organizations also took part in the survey. Of interest is the fact that nearly half (46%) of respondents represented providers in Osceola and Seminole. This indicates an important interest in aging and mental health and suggests the Coalition might seek out these providers so that they might become more involved in Coalition activities. There was good agreement between the objective responses and open-ended questions concerning the fact that information & referral systems are a strong component of the existing service network. Short-term individual and family counseling and outpatient treatment were also nominated as important existing services presently offered by agencies.

In terms of unmet needs in *Aging and Health Services* respondents nominated income support, the geriatric assessment clinic, and a mobile geriatric outreach team as the three most frequently unmet service needs. While the community does not have a designated mobile geriatric outreach team it

does have a well-respected geriatric assessment clinic. Pursuing strategies to increase public education (and service provider education) about the geriatric assessment clinic may be helpful. There are several models of mobile geriatric mental health outreach teams¹ in the U.S. that would provide information on this treatment modality should the Coalition decide they are interested in advocating for the creation of this type of service.

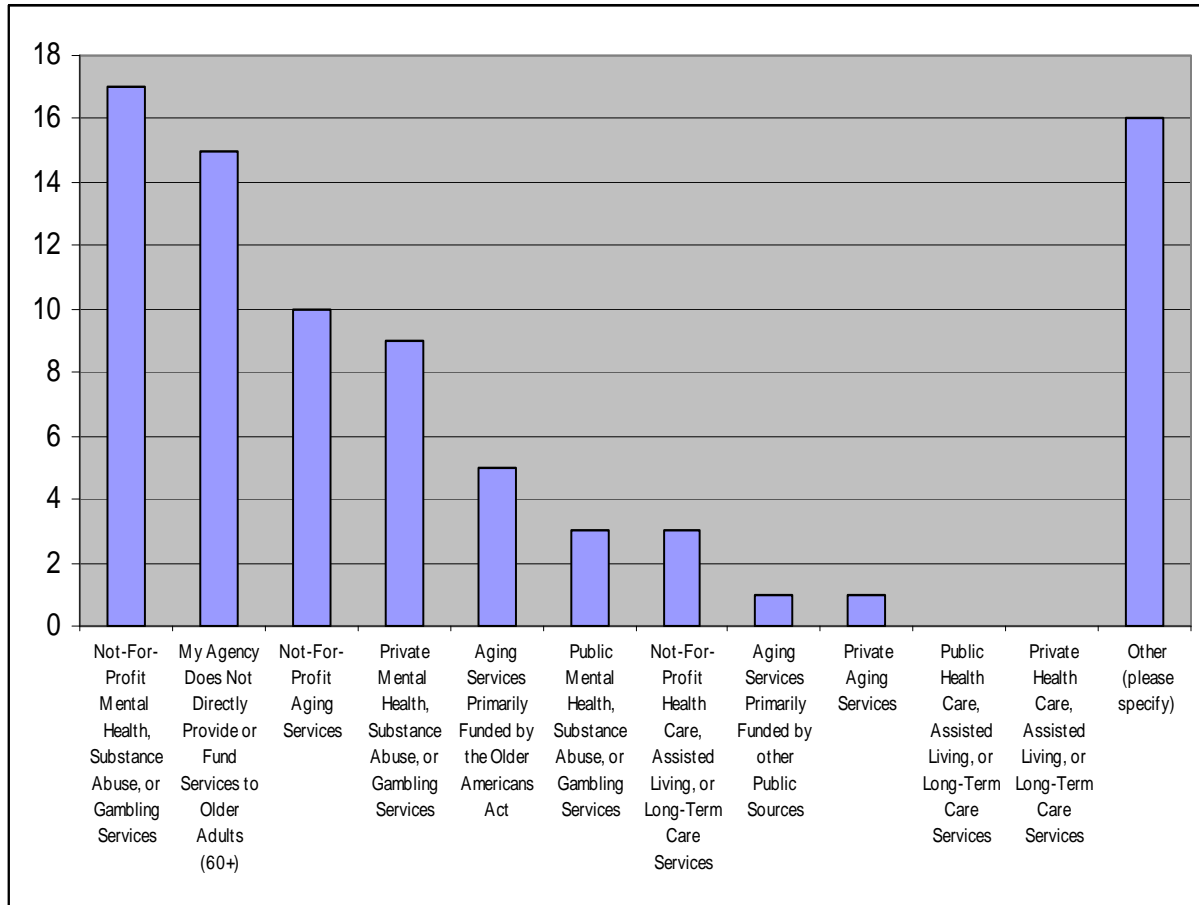
In the *Mental Health, Substance Abuse, or Compulsive Gambling Services* category crisis evaluation and stabilization, inpatient substance abuse treatment, and in-home based treatment were the most frequently cited unmet service needs. Again, these findings paralleled open-ended comments. Respondents overwhelmingly (77% of responses) nominated *lack of private funds to pay cost share for services* as the primary reason an older adult was unable to access a needed service. In estimating the numbers of older adults served since January, 2004 averages ranged from 109 for mental health services to a low of 13 elders provided services for compulsive gambling concerns. Analysis of referral patterns indicated that a few agencies were the primary destinations for older adults seeking mental health, substance abuse, or compulsive gambling concerns.

What is Working Well? How should the Coalition target its advocacy efforts?

Service providers nominated several key areas where efforts to serve persons age 60+ were working well. Two areas of greatest consensus were *information & referral systems* and *community collaboration and education*. Suggestions for the most important areas for Coalition advocacy clustered around four key areas; (1) increasing public awareness and education, (2) general funding and administration issues, (3) insurance reimbursement, and (4) dementia care.

¹ Kohn, R., Goldsmith, E. & Sedgwick, T.W. (2002). Treatment of homebound mentally ill elder patients. *American Journal of Geriatric Psychiatry*, 10, 469-475.

Which of the following BEST characterizes the PRIMARY emphasis of most of your organization service programs? (choose only one)

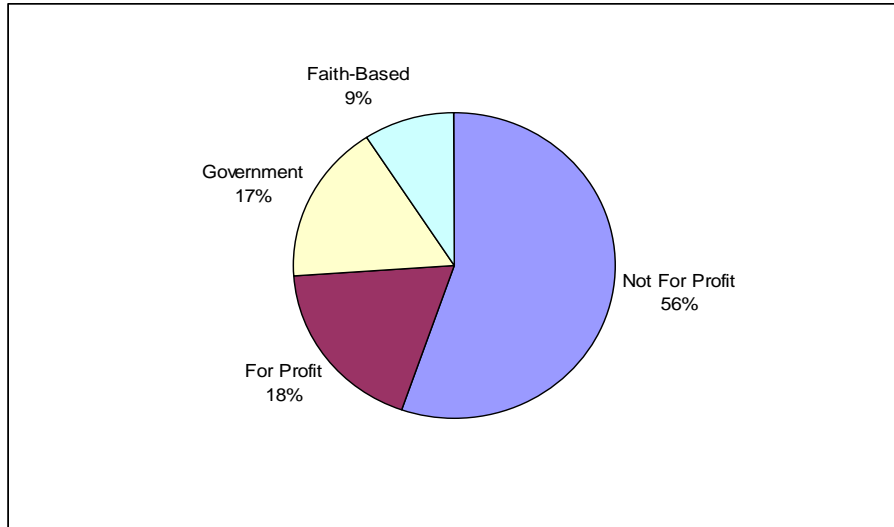


Other:

- Assistance with food, transportation, information on services in their area
- Case Management Services
- County consumer protection agency
- Department of Veteran's Affairs
- Domestic Violence Agency
- Emergency shelter
- General private practice
- Government
- Health & Human Services information and referral
- Non-profit social service agency
- Not-for-profit community center
- Not-for-profit mental health agency sponsored by faith based community services
- Out patient counseling center
- Public vocational rehabilitation facility
- Resource information and referrals
- 24 hour comprehensive I&R, crisis line

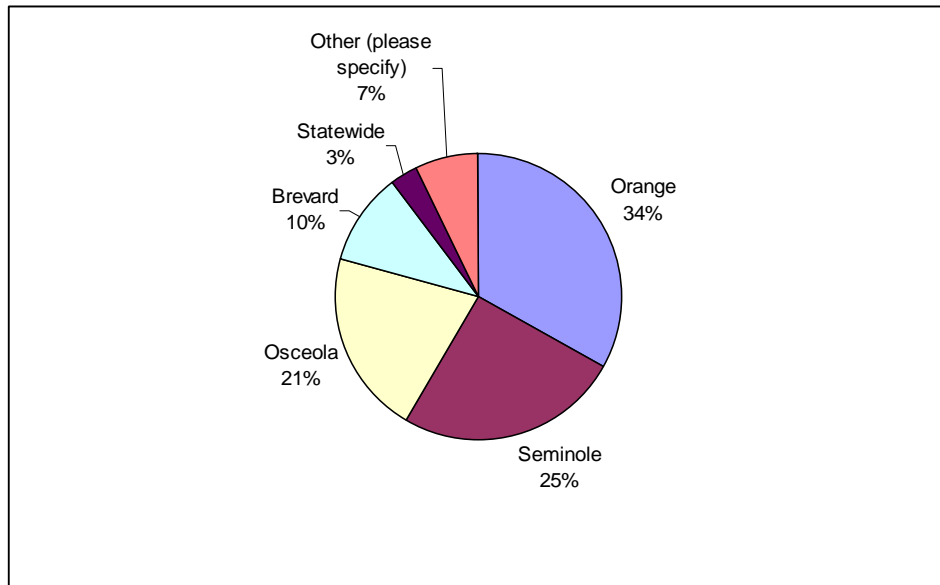
Total Respondents	80
(skipped this question)	0

Which of the following best characterizes your agency (choose only one)?



Total Respondents	65
(skipped this question)	15

Which counties does your agency serve (check all that apply)?



Other:
 Cover 17 counties (2)
 Hillsborough County
 Lake (2)
 Nationwide
 Polk and Lake
 Seminole, can assist with food and clothing only
 Volusia
 Volusia and Lake

Total Respondents	65
(skipped this question)	15

Using the categories listed below please check the types of AGING OR HEALTH SERVICES PRESENTLY OFFERED to adults (age 60+) served by your agency (check all that apply);

	Response Total
Information & Referral	7
Not Applicable; my agency does not directly provide aging or health services	5
Support for Family Caregivers	5
Health Promotion or Health Screening	3
Case Management	2
Education Programs	2
Employment	2
Geriatric Assessment Clinic	1
Recreation and Fitness	1
Spiritual Care	1
Home Health Care	1
Rehabilitation Services	1
Chore Services	1
Primary Health Care	1
Hospice	1
Adult Day Health	1
Domestic Violence	1
Crime Prevention/Law Enforcement	1
Legal Services/Crime Prevention	1
Mobile Geriatric Outreach Team	0
Guardianship	0
Volunteer Programs	0
Intergenerational Programs	0
Financial Assistance or Income Support	0
Respite Care	0
Nutrition & Meal Programs	0
Nursing Home Care	0
Assisted-Living Facility	0
Family Care Home	0
Housing Assistance	0
Adult Protective Services	0
Other (please specify)	27

Other:

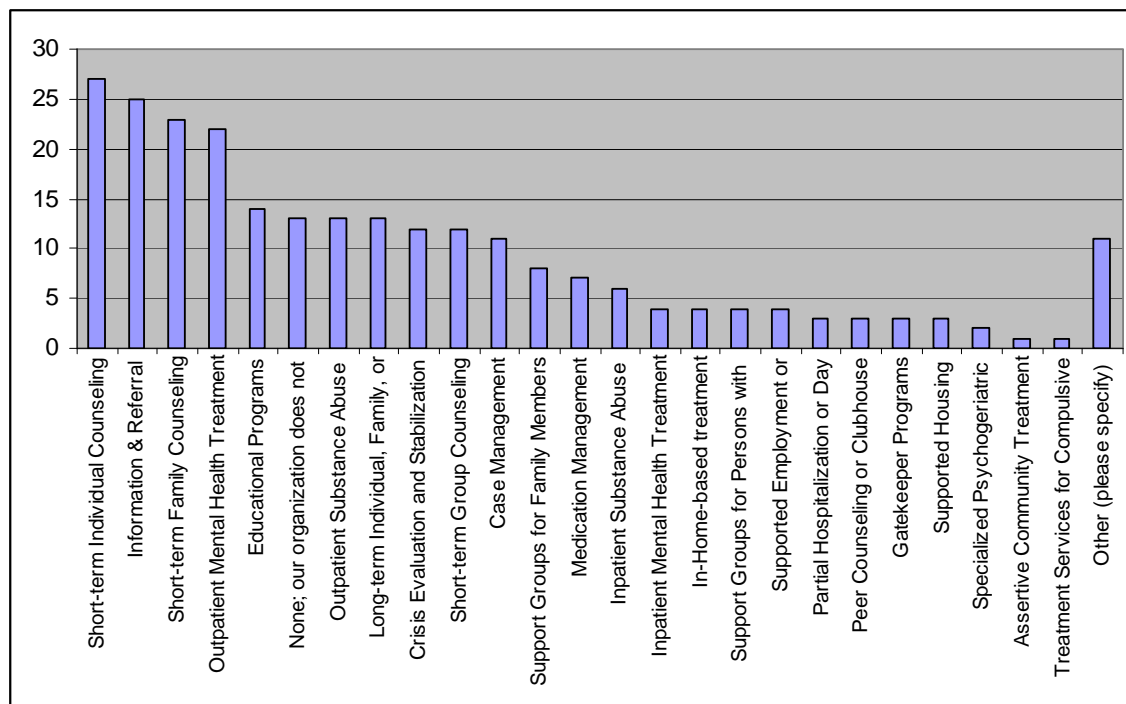
Mental health counseling services (10)
 Family Counseling (3)
 Case management (3)
 Psychoeducational programs (3)
 Employment Assistance (3)
 Crisis Counseling and Intervention (3)
 Individual counseling services (2)
 Couples counseling (2)
 Caregiver Support and training (2)
 Substance abuse counseling (2)
 Financial Counseling (2)

Information and referral (2)
 Housing assistance (2)
 Suicide Prevention (2)
 Respite (2)
 Food assistance
 Legal Help with Social Security
 Food Stamps problems
 Inpatient Psychiatric services
 Non-durable medical supplies
 Full Service Organization
 Services only for Domestic Violence Survivors

Adult Day Care
 Volunteer opportunities
 Nutrition
 Residential services
 Medicare Issues
 Home Improvement
 Guardianship
 PCAN referrals
 Wellness activities
 Advanced Directives

Total Respondents	65
(skipped this question)	15

Using the categories listed below please check the types of MENTAL HEALTH SUBSTANCE ABUSE OR COMPULSIVE GAMBLING SERVICES PRESENTLY OFFERED to adults age 60+ by your agency (check all that apply).



Other:

Full service organization

Crisis Counseling

Crisis Counseling, Crisis Intervention

Crisis/suicide intervention telephone line

Crisis hotline, suicide prevention hotline

Inhouse Adult Day Programs

Our agency is for adolescents only

Our agency funds all the clinical interventions outlined above, no direct care

Consumer Protection, Mediation and Investigation to seniors that have had a consumer problem within the past 2 yrs in Orange County

Sex offending treatment and victims of sexual or other abuse counseling

We fund a wide array of mental health crisis, substance abuse services, and step down, methadone, and other services in this area

Total Respondents	62
(skipped this question)	18

If your agency presently provides mental health substance abuse or compulsive gambling services. Do you have a waiting list for any mental health or substance abuse services?

My organization does not provide or fund Mental Health, Substance Abuse, or Compulsive Gambling Services	20
Yes	5
No	37

Total Respondents	62
(skipped this question)	18

If yes what services presently require a waiting list?

N/A

Substance abuse

Outpatient mental health

In-home mental health counseling

Clubhouse Substance Abuse - inpatient

We don't receive funding directly from the mental health system but many individuals have mental health needs.

There is no formal waiting list although many go without medications for long periods of time due to backlogs due to lack of funding. services continue to be cut due to funding inadequacies.

Total Respondents	7
(skipped this question)	73

In order to identify gaps in AGING AND HEALTH SERVICES for older adults (60+) please check the types of services that were most frequently UNMET in the community during the past year (check all that apply).

	Response Total	Response Percent
Income Support	19	36.5
Geriatric Assessment Clinic	18	34.6
Mobile Geriatric Outreach Team	17	32.7
Support for Family Caregivers	16	30.8
Respite Care	15	28.8
Housing Assistance	15	28.8
Case Management	14	26.9
Adult Day Health	14	26.9
Information & Referral	12	23.1
Education Programs	11	21.2
Chore Services	11	21.2
Employment	10	19.2
Home Health Care	9	17.3
Health Promotion or Health Screening	9	17.3
Guardianship	9	17.3
Assisted-Living Facility	8	15.4
Intergenerational Programs	8	15.4
Domestic Violence	8	15.4
Primary Health Care	7	13.5
Legal Services	7	13.5
Recreation and Fitness	6	11.5
Nursing Home Care	6	11.5
Adult Protective Services	6	11.5
Spiritual Care	5	9.6
Family Care Home	5	9.6
Nutrition & Meal Programs	4	7.7
Rehabilitation Services	4	7.7
Crime Prevention/Law Enforcement	4	7.7
Volunteer Programs	3	5.8
None; AGING AND HEALTH services are adequate	3	5.8
Hospice	2	3.8
Other (please specify)	9	17.3

Total Respondents	52
(skipped this question)	28

In order to identify gaps in MENTAL HEALTH SUBSTANCE ABUSE OR COMPULSIVE GAMBLING SERVICES for older adults (60+) please check the types of services that were most frequently UNMET in the community during the past year (check all that apply):

	Response Total	Response Percent
Crisis Evaluation and Stabilization	20	38.5
Inpatient Substance Abuse Treatment	17	32.7
In-home based treatment	16	30.8
Specialized Psychogeriatric Assessment and Tx	15	28.8
Inpatient Mental Health Treatment	15	28.8
Outpatient Mental Health Treatment	15	28.8
Outpatient Substance Abuse Treatment	14	26.9
Medication Management	14	26.9
Short-term Individual Counseling	12	23.1
Short-term Family Counseling	12	23.1
Information & Referral	11	21.2
Long-term Individual, Family or Group Counseling	11	21.2
Support Groups for Family Members	11	21.2
Support Groups for Persons with MH or SA Concern	11	21.2
Supported Housing	11	21.2
Short-term Group Counseling	10	19.2
Case Management	10	19.2
Peer Counseling or Clubhouse Services	10	19.2
Partial Hospitalization or Day Treatment	9	17.3
Educational Programs	9	17.3
Assertive Community Treatment	7	13.5
Supported Employment or Employment Training	7	13.5
Treatment Services for Compulsive Gambling	6	11.5
Gatekeeper Programs	3	5.8
None; services are adequate.	3	5.8
Other; please describe	2	3.8
Other (please specify)	11	21.2

Other:

Unknown

Rising cost of medicine and medical costs

Gambling addictions

A Baker Act equivalent for dementia folk

Transportation programs for seniors

Transportation to medical and dental appointments as well as transportation for shopping, etc.

Lack of transportation for those who are no longer able to drive, or afraid to travel on I-4, or drive in the evening after dark

Suicide Education to caregivers and both traditional and nontraditional gatekeepers

AIDS counseling in over 60 population; alcohol abuse treatment and prevention in older adults

In order to identify gaps in MENTAL HEALTH SUBSTANCE ABUSE OR COMPULSIVE GAMBLING SERVICES for older adults (60+) please check the types of services that were most frequently UNMET in the community during the past year (check all that apply):
(continued)

Promote "couple's therapy" for those over 60+ by LMFTs and MHCs

There is a total lack of community efforts in assisting families with dependent children and adults with disabilities (all disabilities)

Adults over 60 can receive all the services above , but there are no programs specifically targeting geriatric clients

Total Respondents	52
(skipped this question)	28

For those adults age 60+ who were UNABLE TO SUCCESSFULLY ACCESS needed MENTAL HEALTH SUBSTANCE ABUSE COMPULSIVE GAMBLING SERVICES; what were the PRIMARY REASONS they were unable to receive needed mental health or substance abuse treatment? (check all that apply).

	Response Total	Response Percent
lack of private funds to pay cost share for services	40	76.9
insurance inadequate to cover cost	29	55.8
service not available in the community	22	42.3
client lacked access to necessary transportation	22	42.3
unable to use service due to being homebound	12	23.1
lengthy waiting list	11	21.2
client refused referral	11	21.2
unable to use service in nursing home	8	15.4
unable to use the service due to physical health	7	13.5
service only available in English	6	11.5
client unable to use service due to sensory loss	6	11.5
did not meet criteria due to being homebound	6	11.5
did not meet criteria due to residing in nursing home	6	11.5
client did not meet criteria due to dementia	5	9.6
unable to make use of the service due to dementia	5	9.6
client did not meet eligibility criteria due to age	4	7.7
client did not meet criteria due to health	3	5.8
Other (please specify)	8	15.4

Other:

Unknown

Doesn't exist at this time

Do not have service for families over 60

Detailed info. not available

Lack of information to pass on to the client

If client met eligibility,service was provided

For those adults age 60+ who were UNABLE TO SUCCESSFULLY ACCESS needed MENTAL HEALTH SUBSTANCE ABUSE COMPULSIVE GAMBLING SERVICES; what were the PRIMARY REASONS they were unable to receive needed mental health or substance abuse treatment? (continued)

Primary adult service organizations did not understand the benefit of awareness (educational) programs

Unable/unwilling to 'initiate' counseling; many times, "family counseling for adults" would be best avenue to get older family members into therapy. Thus, initiate "adult children and aging parent" counseling. Teach them that "adult family counseling" is as important as "traditional (mom,dad,kids) family counseling."

Total Respondents	52
(skipped this question)	28

From January 1 2004 to the present date please estimate the total number of older adults (60+) that your agency served by providing MENTAL HEALTH SERVICES (enter the estimated number in the space provided).

	Response Total	Response Average
MENTAL HEALTH SERVICES	5684	109.31
Total Respondents	52	
(skipped this question)	28	

From January 1 2004 to the present time please estimate the total number of older adults (60+) served by providing SUBSTANCE ABUSE services (enter the estimated number in the space provided).

	Response Total	Response Average
SUBSTANCE ABUSE SERVICES	2051	41.02
Total Respondents	50	
(skipped this question)	30	

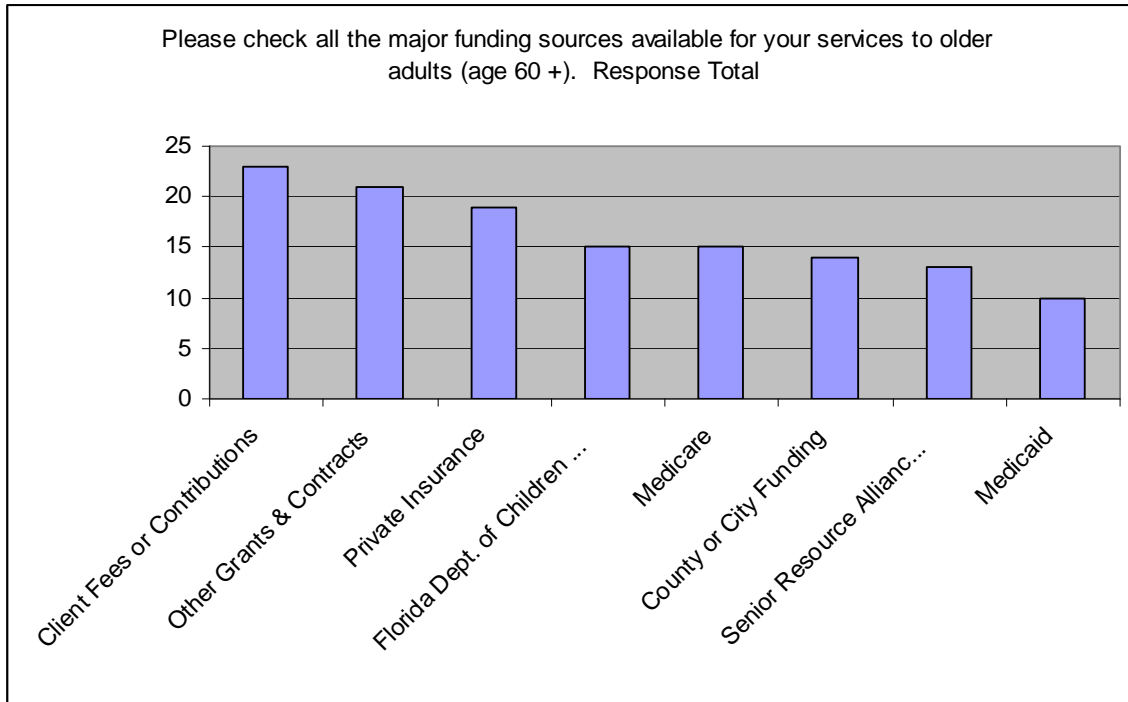
From January 1 2004 to the present time please estimate the number of older adults (60+) served by providing DUAL DIAGNOSIS services (enter the estimated number in the space provided).

	Response Total	Response Average
DUAL DIAGNOSIS	1444	29.47
Total Respondents	49	
(skipped this question)	31	

From January 2004 to the present time please estimate the total number of older adults (60+) served by providing COMPULSIVE GAMBLING services (enter the estimated number in the space provided).

	Response Total	Response Average
COMPULSIVE GAMBLING	616	12.57
Total Respondents	49	
(skipped this question)	31	

Please check all the major funding sources available for your services to older adults (age 60 +).



Total Respondents	52
(skipped this question)	28

For those older adults served by your agency since January 1 2005 what was the MOST COMMON mental health and/or substance abuse diagnosis? If you are unsure please select "Don't Know".

	Response Total	Response Percent
Bipolar Disorder, Major Depression, or Other Mood Disorder	11	21.6
Anxiety Disorder (including Post-Traumatic Stress)	5	9.8
Bereavement	3	5.9
Relational Problems	3	5.9
Dementia	3	5.9
Alcohol Related Abuse or Dependence	2	3.9
Adjustment Disorder	2	3.9
Other Substance Abuse or Dependence	1	2
Delirium	1	2
Mental Retardation, Autistic Disorder, or Other Childhood Pervasive Developmental Disorder	1	2
Schizophrenia	0	0
Delusional Disorder or Other Psychotic Disorder	0	0
Anti-Social Behavior	0	0
Problems Related to Abuse or Neglect	0	0
Compulsive Gambling	0	0
Personality Disorder	0	0
Sexual or Gender Identity Disorder	0	0
Eating Disorder	0	0
Dissociative Disorder	0	0
Factitious Disorder	0	0
Sleep Disorder	0	0
Psychological Factors Affecting a Medical Condition	0	0
Don't Know	19	37.3

Total Respondents	51
(skipped this question)	29

Please ESTIMATE THE TOTAL NUMBER of adults age 60+ served by your agency in the last year who had any mental health substance abuse and or compulsive gambling concern that required any assessment or treatment (regardless of whether the assessment or treatment was obtained).

	Response Total	Response Average
TOTAL NUMBER OF OLDER ADULTS (60+) WITH ANY MENTAL HEALTH OR SUBSTANCE ABUSE ISSUE REQUIRING ASSESSMENT OR TREATMENT.	4653	91.24
Total Respondents	51	
(skipped this question)	29	

REFERRING OUT: When making referrals on behalf of adults (age 60+) who are in need of mental health, substance abuse, or compulsive gambling services, which providers do you use most frequently? (Please name your 2 most important outgoing referral agencies or service problems.)

MOST FREQUENT	2nd MOST FREQUENT
Lakeside Alternatives (10)	Center For Drug Free Living (5)
2-1-1 (3)	Park Place (4)
Center For Drug Free Living (3)	Physicians (3)
FL Depart. Of Children & Families (2)	Senior Resource Alliance (2)
Seminole County Mental Health (2)	Lakeside Alternatives (2)
Psychiatrists (2)	2-1-1 (2)
Senior Resource Alliance (2)	Council on Aging (2)
Counsel on Aging (2)	Alcoholic's Anonymous
Alcoholic's Anonymous	Assisted Living Facilities
Alzheimer's Association	Alzheimer's facilities
Circles of Care	Area office on aging
Crisis Stabilization Units	Churches
Department of Veteran's Affairs	Circles of Care
Florida Hospital	Crisis Center
Jewish Family Services	Deborah Shannon
Karen Larkey, Psy.D.,P.A.	Department of Veterans Affairs
Long Term Recovery Program	Florida Hospital
Luis Allen, PhD	Homeless Services Network
Medicare providers	Meals on Wheels
Mental health services	Medication Management clinic
Neurologists	Mental Health Association
Park Place	Nursing Homes
Physicians	Orange Co. Commission on Aging
Seniors First	Prime Timers Networking Group
Transition home	Senior Helpline
Not Available (3)	United Way
	Not available (8)

INCOMING REFERRALS: Which agencies, service providers, or informal sources most frequently refer adults 60+ into your service programs (Please list by name your two most important sources of incoming clients)?

MOST FREQUENT	2nd MOST FREQUENT
Insurance Companies (4)	Private referrals (3)
Physicians (4)	Hospitals (2)
2-1-1 (4)	Law Enforcement (2)
Lakeside (4)	Self referrals (2)
Senior Resource Alliance (4)	Senior Resource Alliance (2)
Community Centers (3)	2-1-1 (2)
Hospitals (2)	Word of mouth (2)
Police (2)	Community agencies (2)
Agency For Persons With Disabilities	Aetna
AIDS Service Organizations	Alcoholics Anonymous
Blue Cross Blue Shield	Alzheimer's offices
Churches	Area nursing homes
Community Service Counsel	CCE
CSU's	CFDFL
Elder Help Line	Circles of Care
Former Clients	Council on Aging
Home Health Care	Crisis Centers
Orlando Regional Memory Disorder Clinic	Detox
Orange Co, Commission on Aging	DCF
Phone Book	Elder hotline
Loaves and Fishes	Former clients
Realtors	Family/friends
Seminole County Mental Health	Hospice of The Comforter
Word of Mouth	Physicians
Not Available (5)	Prior caller
	Lakeside
	Seniors First
	Social services
	Taylor Apartments
	VR
	Not Available (7)

**In the efforts presently being made by your agency to serve adults age 60+, what seems to be working well?
Open-Ended Response**

Information & Referral Systems

I am a government initiative. Concerns are referred to known entities who can serve the needs of frail elderly, drug and alcohol abusers, and disabled.

Information and referral.

When clients are referred, able to receive short term counseling, through grant funded program (SRR).

Referrals from 211, Community knowledge, referrals from new Medicare Insurance carriers.
Referrals

Our I&R staff is well-versed in providing quality referrals within the community (to the Mental Health Assoc, Memory Disorder Clinic, Neurologists and Geriatric Physicians, etc.)

Increasing community awareness about elderly suicide and the crisis hotline.

Community Collaboration and Education

agency collaboration

Partnership with SRA

The partnerships made in the community

Getting word out in community, networking.

Community Education of Referral sources such as physicians, clients, hospitals, church groups, etc.

Education

Specific Services or Programs

Program services that include a social, cultural & educational component; volunteer opportunities; intergenerational activities

family involvement, dealing with depression

Using bereavement techniques learned at Hospice.

Taking more time with assessments and understanding that more frequent assessment are required for this age group

Our RIDE program which offers transportation to seniors and disabled adults living independently to help keep them that way. It is for medical and dental appointments only.

Our 6 week bereavement group which is run jointly by JFS and Hospice of the Comforter.

Our Grandparents Connect program for grandparents [grandparents] and interfaith grandchildren.

individual and support groups and exercise classes

**In the efforts presently being made by your agency to serve adults age 60+, what seems to be working well?
(continued)**

Specific Services or Programs (continued)

Support Groups

Brain Bank

Gatekeeper training.

24/7 availability

Providing volunteer opportunities for older glbt persons.

General Counseling skills

Caregiver support groups through faith based churches.

Adult children or other family member refers older clients to the Center

Orange County Family Services/Crisis Assistance Programs

family counseling (seeking supportive environment)

Having services that are provided in the home.

Community Nurse making regular visit to assist in daily needs.

Funding and Administrative Issues

We serve Orange County Citizens regardless of age.

Finding physicians that will take Medicaid.

Having limited staff trained in Applied Behavioral techniques.

UNABLE TO RECCEIVE REFERRAL, THE FUNDING
PROCESS TOO CUMBERSOME

At this time the assistance we provide unfortunately the 60 and
over on fix income to not meet the criteria of our program

We do not directly serve clients.

Good availability and acceptance of Medicare

**If it could, what changes would your agency make to improve service to adults age 60+?
Open-Ended Response**

General Funding and Increasing Access to Services

More access to in-home assessments AND funding for mental health services

More funding for CSU. Offer In-home treatment.

See more clients and reduce wait time for appointments.

Better Funding, more friendly office space. We are handicapped accessible but it is not an easy nor convenient entrance.

transportation seems to be the most significant challenge—
group is aging (80 plus) & not willing to transport others.

Hire a bi-lingual

a building for seniors

Pay adequately to hire and retain professionals which
means getting bigger, broader, and deeper funding bases.

In House Programs design to fit the needs of the elderly, and
most of all Free medical/prescription care with no strings attached.

finding sources of money to pay for services as we cannot take Medicare
ACCESSABLE FUNDING SOURCES

need outside funding

More resources (i.e. money) to support existing services.

transportation.

We would have to change our emphasis to only elderly clients.
This would have to be approved by the Orange County Board of
County Commissioners.

Insurance Reimbursement

Better reimbursement from Medicare.

allow Imhc's to provide services in the nursing home,

allow Imhc's to bill tricare, allow Imhc's to bill medicare

Treat clients on Medicare and Medicaid if the government allowed.

finding sources of money to pay for services as we cannot take Medicare

Lobby for Congres to give mental health coueslors parity with social workers in regard to Medicare benefits.

**If it could, what changes would your agency make to improve service to adults age 60+?
(continued)**

Insurance Reimbursement (continued)

Better reimbursement from Medicare.

Work more with the 60+ population. We have certified gerontological counselors at the Center; we do not collect Medicare because we are not LCSWs or Clinical psychologist licensed. Excluded from seniors #1 insurance.

Increase Educational and Outreach Activities

As a government initiative. Education is sorely needed to make known and identify the needs of the elderly, drug abusers, mentally impaired, and other disabilities. Nation-wide, seniors don't utilize crisis hotlines in proportion to the population. Yet we know that seniors are at risk in many ways.

Advocacy for issues specific to gay, lesbian, bisexual and transgender elders.

Provide non-traditional older adult education sessions.

Specific Services or Interventions

more services and interventions for those aging who find themselves caught up in the crisis mental health/baker act system, who need interventions due to dementia.

More access to in-home assessments

More funding for CSU

More consistent and timely follow up

Offer In-home treatment.

Most of these clients could benefit from longer term therapy.

Being able to create a work environment and home environment that meets the needs of the aging adult. Also individuals with mental illness have very little support in the community. Many need services similar to APD without the all the watchdog procedures developed by APD.

More funding to allow for expansion of the RIDE program to include shopping trips, transportation to religious services, etc.

have more case management

Make a home visit weekly to assist the adult age 60+ with cleaning, shopping, and paper work.

Need caregivers for terminally ill patients who wish to remain in own home, but caregiver unavailable or unable to adequately care for patient.

**In your opinion what is the single most important advocacy issue the Central Florida Coalition on Mental Health and Aging should address to promote optimal mental health and substance abuse services for older adults in Central Florida?
Open-Ended Response**

Increasing Public Awareness and Education

Education

campaign to provide older adults more choices of providers for treatment.

Services need to be available in our community for all individuals not just the aging.

People need to be educated about mental illness so there wouldn't be the stigma and people would then seek services and support.

Give clients access to more choices of treatment.

Outreach, information

General Awareness and the fact that help is available and where to get what they need

Publicized access of where to go for counseling at a reasonable cost (sliding scale), help with paying for medicines, payment for lab tests necessary for continuing prescribed medication treatment of mental health diagnosis.

Educational awareness.

Promote public awareness and education

education! educate the public to the services that are available to the 60+ clients - not all has to be 'medical model' via hospitals, treatment centers.

Family Counseling (intergenerational counseling) needs to be promoted!

In home preventative education support for mental and substance abuse issues.

I think the single most important thing that should be addressed is increased public awareness about the effects of aging as it relates to mental health and substance abuse. Oftentimes, the older adults in this community are too unaware of the challenges they face with Alzheimer's and the ravages of substance abuse. Also, the rise of AIDS in the senior population needs to be addressed.

Education regarding need for mental health services for older adults, as well as what is currently available. Also determining the gaps and finding ways to fill those gaps

Educating first responders on the infirmaries of aging.

raising awareness about mental health & substance abuse - general education.

General Funding and Administrative Issues

Availability of services for all income levels

Increase funding for geriatric specific counseling/treatment.

**In your opinion what is the single most important advocacy issue the Central Florida Coalition on Mental Health and Aging should address to promote optimal mental health and substance abuse services for older adults in Central Florida?
(continued)**

General Funding and Administrative Issues (continued)

Affordable care for those individuals not yet able to receive

Medicare benefits, ages 60-65

financial support

Adequate funding for mental health

The non-availability of mental health resources for individuals needing less intensive counseling/therapies - no funding and clients/patients can't afford private services.

The total non-availability of assistance for individuals with gambling addictions.

Affordable treatment and drug costs

accessibility to services and funding

Outreach information and funding

funding

funding for mental health treatment raising awareness of treatments

Probably more funding

Insurance Reimbursement

Increasing the number of seniors who have access to quality health insurance. This improves access to mental health services (and treatment for physical health issues).

Affordable care for those individuals not yet able to receive Medicare benefits, ages 60-65

Enabling 491 licensed practitioners who are qualified to counsel/treat this population to access the Medicare system as many Clients are unable to pay for services

allow lmhcs to bill medicare, tricare, and medicaid

Acceptance of Medicaid to cover costs

Parity for behavioral health and physical health insurance

Dementia Care

A Baker Act equivalent for dementia folk and an appropriate unit for them to reside while they are being treated.

More psychiatrists who specialize in dementia folk, also neuropsychologists.

**In your opinion what is the single most important advocacy issue the Central Florida Coalition on Mental Health and Aging should address to promote optimal mental health and substance abuse services for older adults in Central Florida?
(continued)**

Dementia Care (continued)

The need for specialized psychiatric services for the Adult population over 60 with mental health/substance abuse disorders. There also needs to be specialized programs for the geriatric clients with dementia, which is not a DSM-IV diagnosis.

supports for dementia patients, and housing for them

Assisting older adults in supporting loved ones with dementias and physical disabilities.

Specific Services, Providers or Interventions

Getting clients hooked up with services, making appropriate referrals transportation necessary to ensure that srs remain active & delay need for institutionalizing them as they age & become homebound.

A reliable transportation system for people who can no longer drive themselves.

AN EASIER PROCESS OF ACQUIRING CLIENTS. A PROCESS THAT BEAR THE RESPONSIBILITY OF INITIATION NOT ON THE CLIENT BUT ON THE PROVIDER.

Support non-traditional agencies who serve Older Adults.

Advocate for a single-entry point for aging services. Delivery system is too fragmented for easy access by the elder population.

High instance of and treatability of depression in elders particularly caregivers.

There needs to be more inpatient and outpatient services.

Have a community partnership, and do home visits.

Have more day treatment centers.

Other

No opinion

Please share any additional comments or concerns in the space below.
Open-Ended Response

I have had to turn away many older clients because I cannot treat older adults on Medicare or Medicaid.

I feel a great deal of 60+ clients need services but do not know how to apply for help in the Apopka area.

N/A

Being over 60 myself, I would be very happy and comfortable treating more clients over the age of 60 if Medicare would pay Licensed Mental Health Counselors.

THIS CLIENTELE IS USUALLY FRAGILE AND HAS DIFFICULTY COMPLETING PAPERWORK OR EVEN MAKING PHONE CALLS. THEY ALSO ARE NOT AWARE OF FUNDING AVAILABLE FOR THEIR USE.

Seniors are not aware of problems, or afraid to access services.

My own mother was diagnosed bi-polar at 73 years of age. And went through a series of OVER-medication and incorrect medication, before her manic episodes were managed properly.

I work at Hospice, and have identified a major need---caregiving assistance for selected patients. I have a relative with a mental health disorder and the cost for periodic visits to psychiatrist, lab work and medications is VERY high. When insurance not available, cost is prohibitive.

Thank you for asking about services.

As we all know there are many issues in which age plays in the lives of us all, therefore providing the seniors with proper medical, prescription health care is of great concern to each of us. Realizing that seniors for the most part has paid their debt to society, we should be giving back what they work so hard to put into the system by providing them with Free health, prescription and medical care.

The majority of older adults I see suffer from depression/dsythymia

Several flaws in you questionnaire will likely scue [skew?] your results...

Keep up for excellent and much needed efforts!

Appendix A
E-Mail Invitation to Complete the Survey

Dear Central Florida Health and Human Service Provider:

The Central Florida Coalition for Mental Health & Aging seeks your participation in a brief web-based survey assessing service needs for older adults (age 60+) in Orange, Seminole, Osceola, and Brevard county.

Your email address was provided to us by a member of the Coalition because you are a key agency or private practice service provider in the Central Florida area.

The aim of the survey is to gather information about perceptions of unmet needs for older adults in Central Florida from a range of service providers, not just those who provide or fund health and human services for older persons. We are very interested in your opinions even if you or your agency do not currently provide or fund services to persons age 60+.

Accessing and completing the survey is simple. Simply click on the following weblink and you will be connected to the survey instruction and consent information page.

<http://www.surveymonkey.com/s.asp?u=628101105842>

Once entering the survey website you will review a brief informational page and may decide whether or not you would like to participate. Your responses to the survey will not be associated with your email address. The survey consists of 24 brief questions and will take approximately 10-15 minutes to complete. On behalf of the entire Central Florida Coalition for Mental Health & Aging we thank you for your interest in promoting healthy aging in Central Florida.

Sincerely,

Frank Vande Loo
Chair, Central Florida Coalition
Director, Prevention Services, The Center for Drug Free Living, Inc.
and
Denise Gammonley, PhD, LCSW
Principal Investigator
Assistant Professor, School of Social Work
University of Central Florida

Please note: If you do not wish to receive further emails from us, please click the link below, and you will be automatically removed from our mailing list.

<http://www.surveymonkey.com/r.asp?A=117471047E59075>

Appendix B Waiver of Documentation of Consent

INTRODUCTION TO THE SURVEY: The Central Florida Coalition for Mental Health & Aging seeks your responses to this brief survey about the availability of community resources for older adults. Our survey is designed to gather information from a variety of service providers and private practitioners, not just those who serve older adults or only those who just provide or fund mental health, substance abuse, or gambling services.

Established in 2003, the Central Florida Coalition for Mental Health & Aging is comprised of policy-makers, service providers, educators, volunteers, and senior advocates from throughout the region. The Central Florida Coalition is part of the Florida Coalition for Optimal Mental Health & Aging, a statewide advocacy coalition of over 200 members established in 1998.

PURPOSE OF THE SURVEY: Your responses to the survey will allow the Central Florida Coalition to document existing resources to serve elders, identify gaps in services and unmet training needs, and establish priorities for legislative advocacy. Results from the survey will also be used to develop a professional journal article about perceptions of need for mental health services for older adults.

PARTICIPANT EXPECTATIONS: By choosing to answer the questions you are (1) indicating that you are at least 18 years of age and (2) giving us permission to include your responses with those of other service providers for analysis. That is, submitting your responses to the questions signifies your willingness to participate.

SURVEY INSTRUCTIONS: The survey consists of a total of 24 brief questions that will take approximately 10-15 minutes to complete. You will be presented with a series of closed and open-ended questions. Some closed-ended questions require you to choose only one answer, others ask you to select as many answers as apply to your situation. You may decline to answer any question or choose to stop participating in the survey at any point by selecting "Exit this survey".

Please complete each item in the survey. We especially value your comments and suggestions for improving mental health and substance abuse services to adults age 60+. Additional space is provided at the end of the survey for your comments.

WHAT WILL HAPPEN TO THIS INFORMATION: Responses to each item in the survey will be tabulated by the SurveyMonkey.com software system as the frequency and percentage of responses to each question. Once all responses to the survey are received they will be uploaded to a spreadsheet in order to conduct statistical analyses.

YOUR PRIVACY IS IMPORTANT:

Individual responses will not be able to be traced back to your individual email address. The SurveyMonkey.com server records incoming IP addresses but the IP addresses are analyzed only in aggregate; no connection is made between an individual respondent and the computer IP address. SurveyMonkey.com computer servers are kept in a staffed 24/7, locked physical location accessible only through passcard and biometric recognition. SurveyMonkey.com employs digital surveillance equipment and standard network, hardware, and software security systems to protect your IP address.

YOUR RIGHTS AS A RESEARCH VOLUNTEER:

You have the right to obtain copies of the results of this research when the study has been completed and all of the data have been analyzed. If you would like to receive results of the study you can contact the Principal Investigator, Dr. Denise Gammonley, at the School of Social Work, University of Central Florida, P.O. Box 163358, Orlando, FL 32816-2258. Email: dgammonl@mail.ucf.edu

If you have questions or concerns about being in this survey study you should call or email Dr. Gammonley at 407-823-2215; dgammonl@mail.ucf.edu

Additional information regarding your rights as a research volunteer may be obtained from: the University of Central Florida Institutional Review Board Office, Barbara Ward, IRB Coordinator, UCF Office of Research & Commercialization, Orlando Tech Center, 12443 Research Parkway, Suite 302, Orlando, FL 32826-3252, 407-823-2901. Email: irb@mail.ucf.edu

Please print off a copy of this informational letter using your browser print function and retain a copy for your records.

Thank you for your interest in promoting healthy aging in Central Florida.

Sincerely,

Frank Vande Loo
Chair, Central Florida Coalition
Director, Prevention Services, The Center for Drug Free Living, Inc.

This survey has been approved by the Institutional Review Board at the University of Central Florida.