Oklahoma's Older Adult Behavioral Health State Plan

A Call To Action

Promoting older adult behavioral health for overall wellness

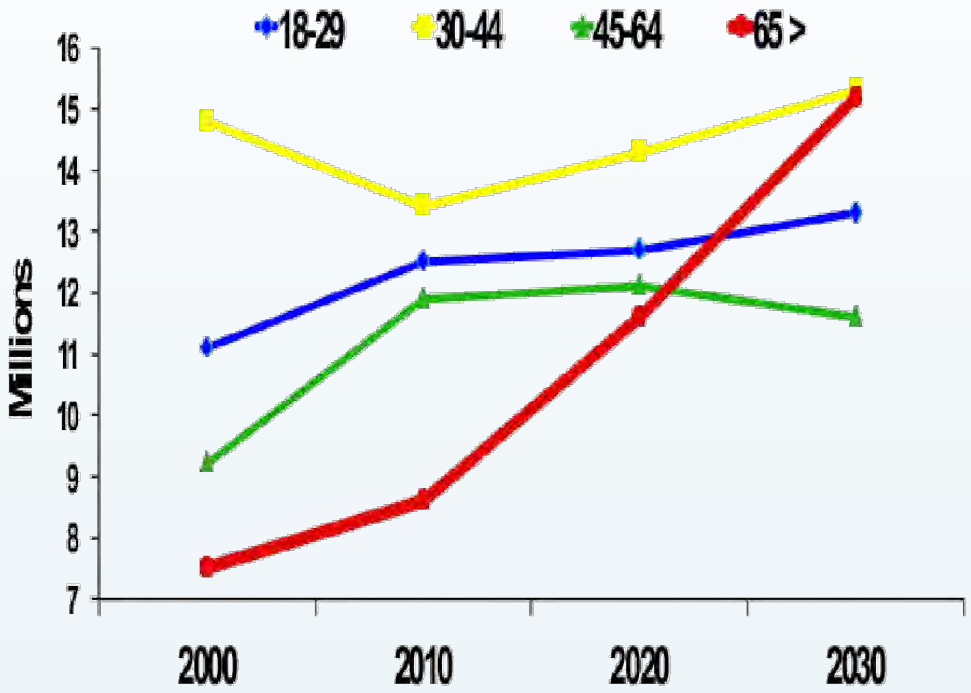
2021

A Blueprint for a Comprehensive System of Care for Older Oklahomans

We invite you to use the Older Adult Behavioral Health State Plan to create and sustain a comprehensive system of care. This plan leads agencies and stakeholders through four elements necessary to support the well-being of older adults. These elements aim to prevent, identify, and address behavioral health issues, which lead to poor health outcomes, a decreased quality of life, a potential loss of independence, and death by suicide.

The Facts of The Mental Illness Crisis

Changing Demographic in the Population Identified with Mental Illness



Bridging the Science-Practice Gap through Implementation Science: Opportunities for Geriatric Mental Health, Stephen J. Bartels MD, MS

IN RECOGNITION

2017 Agency Designees

Pat Damron -	Department of Human Services – Aging Services Division
Mary Ann Dimery-	Oklahoma Health Care Authority
Heath Hayes-	Oklahoma Department of Mental Health and Substance Abuse Services
Jacki Millspaugh-	Oklahoma Department of Mental Health and Substance Abuse Services
Dr. Julie Myers-	Oklahoma State Department of Health
Karen Orsi-	Oklahoma Mental Health and Aging Coalition

Acknowledgements

Amanda Miner-	Oklahoma State Department of Health

Behavioral Health Advisory Council Membership 2013

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Karen Orsi-	Oklahoma Mental Health and Aging Coalition
John Shea -	Area Agency on Aging (COEDD) Central Oklahoma Economic Development District
Helen Brookman-	Excell Home Care
Clarica Hocking-	Department of Human Services, (DDSD) Developmental Disabilities Services Division
Rob Arlington-	Veterans Administration
Trish Emig-	State Council on Aging
Jessica Hawkins-	Oklahoma Department of Mental Health and Substance Abuse Services, Prevention
Claire Dowers-Nichols-	Oklahoma Healthy Aging Initiative
Kimrey McGinnis-	Oklahoma Health Care Authority
Clark Grothe-	NorthCare Mental Health Center
Janna Morgan-	Department of Corrections
Dr. Kristen Sorocco-	Oklahoma University Health Science Center, Department of Geriatric Medicine
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Rita Reeves-	State Department of Health

CONTENTS

BACKGROUND OF THE PLAN

Supporting the well-being and health of older adults requires a spectrum of services and resources to prevent the development or worsening of disorders through early identification and intervention of those at-risk, referral to appropriate treatment or supportive services, and to support resilience and recovery.

The Older Adult Behavioral Health State Plan calls upon us to create a comprehensive system of care that integrates our resources, services, and healthcare systems.

Oklahoma's Older Adult Behavioral Health State Plan (BHSP) is the direct result of the 2011 Policy Academy held in Dallas, Texas and co-sponsored by the Administration on Aging and the Substance and Mental Health Services Administration. The Regional Academies focused on older adult behavioral health and encouraged States to develop and strengthen partnerships and collaborate in the preparation of a State Plan. The Executive Director of the Oklahoma Department of Human Services Aging Services Division contracted with the Director of the Oklahoma Mental Health and Aging Coalition to develop an Older Adult Behavioral Health Plan (BHSP) In July 2013.

The approval and support of the framework for the plan was obtained from the leadership of state agencies in 2017. Agency designees, led by Karen Orsi, Director of the Oklahoma Mental Health and Aging Coalition, formed an executive team to develop blueprints to inform implementation of the plan.

Photo credit: OSDH at the 2017 Healthy Aging business meeting

SHORTFALLS OF THE CURRENT SYSTEM

Oklahoma's current healthcare and behavioral health care systems tend to be fragmented and isolated. This can be true of the two systems, but also in each system's approach to assuring the wellness of each person treated. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Wellness Initiative defines wellness as a broad concept. The model depicting the 8 Dimensions of Wellness has been adapted from Margaret Swarbrick's 2006 publication in the Psychiatric Rehabilitation Journal titled "A Wellness Approach.

According to the National Council for Behavioral Health, "Older Adults may be at risk for deficits across the elements of wellness." To that end, the plan requires that Oklahoma addresses all eight dimensions of wellness through a comprehensive system of care to improve older adult behavioral health to support overall wellness. [1]

- Failure to address all dimensions of wellness
- Underutilization of mental health services
- Culture of self-sufficiency, not help seeking
- Lack of coordination among providers
- Lack of mental health literacy
- Stigma associated with treatment

EIGHT DIMENSIONS OF WELLNESS* [2]

- Accessibility (affordability, transportation, limited geriatric workforce, and the like)
- Lack of cultural sensitivity to the broad range of generations
- Ageism

1 National Council for Behavioral Health/THENATIONALCOUNCIL.ORG

2 Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal, 29*(4), 311–314... https://store.samhsa.gov/system/files/sma16-4958.pdf.

System Level Changes

A Note from the OMHAC Director

Older adults are at an increased risk for behavioral health issues because of life changes, loss of spouse, loss of mobility, loss of independence, admittance to a long term care facility, and declining physical health. [3]

As people age, most of the focus is on mobility, chronic disease, medications, pain, nutrition and cognitive changes. Yet as many as 70% of older adults' primary care visits were driven by psychological factors such as panic, generalized anxiety, major depression and stress. Older adults in distress utilize health care at a rate 2 to 3 times higher than non-distressed individuals, but they are often not screened for underlying causes of their complaints. [4]

The mind-body connection cannot be denied. Individuals with physical illnesses are more likely to develop behavioral health disorders, and those with behavioral health disorders are at a higher risk for developing chronic health diseases.[5] Unfortunately, the mental health and addiction issues of this population are largely overlooked, and often are attributed to the aging process itself, or viewed through the eyes of ageism as a "normal" part of aging.

Compounding challenges of recognizing mental health issues, is the stalwart attitude towards treatment held by many older adults. A common tenet among various older cultures is "silent strength," which can result in not asking for help or seeking treatment. But not all older adults fit into any single label like "silent strength" or "baby boomer."

The Older Adult Behavioral Health State Plan provides action steps to develop an adequate response to the behavioral health needs of older adults and to make geriatric mental health a priority. A comprehensive system of care is necessary to prevent the development or worsening of disorders through early identification and intervention of those at-risk, referral to appropriate treatment or supportive services, and to support resilience and recovery.

We look forward to working with you to create a comprehensive system of care. We believe that the successful implementation of the state plan will have a positive impact on the health and safety of aging Oklahomans.

Sincerely,

Karen Orsi

Director of the Oklahoma Mental Health and Aging Coalition

3 SAMHSA/ ADMINISTRATION ON AGING
4 ibid
5 ibid

FOUR ESSENTIAL PILLARS OF A COMPREHENSIVE SYSTEM OF CARE

Prevent, identify, and address behavioral health issues to improve health outcomes.

Dedicate a Council for a Healthy Aging Comprehensive System of Care

Enhance provider payment

Align policies across State Agencies and networks

Host annual provider cross-training event focused on geriatric well-being

Provide oversight of the public health campaign

Incorporate behavioral health screening across practice settings and communities

Promote use of the most current evidence practices

Fund and Execute a Public Health Campaign

Challenge the idea that treatment is wasted on older adults

Decrease stigma and ageism

Increase screening by all practitioners

Increase Screening for Behavioral Health Issues

Reach across practice settings including oral health, primary care, and emergency care

Utilize screening tools in community settings

Use protocols and interventions that are appropriate for both age and culture

Develop the Workforce

Educate with evidence based practice

Cross train in geriatric competencies

Provide skill-based training at the annual provider training hosted by the Council

DEATH DEFYING NEED FOR CHANGE

Many behavioral health symptoms and issues co-occur and can lead to suicide. According to the 2019 Senior Report from America's Health Rankings, depression among older adults aged 65+ has increased from 17.6% to 19.1% in the past six years.[6]

The top three circumstances for older adult suicide in Oklahoma are

- *depressed mood* • *physical health problems* • *mental health problems*

Fortunately, recovery is possible at any age.

DID YOU KNOW?.....

- EVERY 61 MINUTES, 1 OLDER AMERICAN DIES BY SUICIDE.[8]
  Oklahoma's suicide rate for age 85+ was nearly twice that than the U.S. average in 2018. [9]
- 2011-2015 THE SUICIDE RATE FOR WHITE MALES AGED 85+ IS FOUR TIMES THAT OF THE GENERAL POPULATION. [10]

Preventing poor health outcomes, including suicide requires us to identify issues as early as possible. It is essential to screen older adults for behavioral health issues appropriately and frequently. Just as essential to screening is the need to increase awareness through the promotion of tools to identify older adults at risk for suicide. Dr. Yeates Conwell developed the "5 Ds of Older Adult Suicide" so that family, friends, neighbors, and providers alike could recognize the potential for death by suicide. This is an essential element of the public health campaign. A cultural shift is needed to change the social acceptance of older adult suicide. The permissive attitudes that exist about suicide by a person who has illnesses and disabilities, and the belief that suicide is a deliberate, powerful, strong masculine response to aging need to be challenged.

Knowing These FIVE Can Save a Life[11]

D5

- Depression
- Disease
- Disability
- Disconnectedness
- Deadly Means

[6] United Health Foundation 2019 America's Health Rankings Senior Report https://www.americashealthrankings.org/learn/reports/2019-senior-report
[7] Oklahoma Violent Death Reporting System [8] American Association of Suicidology 2017 [9] American Association of Suicidology https://suicidology.org/
[10] American Association of Suicidology 2017 https://suicidology.org/ [11] Yeates Conwell, PhD, Professor of Psychiatry at URMC, Director of the URMC Office for Aging Research and Health Services, and Co-Director of URMC Center for the Study and Prevention of Suicide

DEATH DEFYING NEED FOR CHANGE

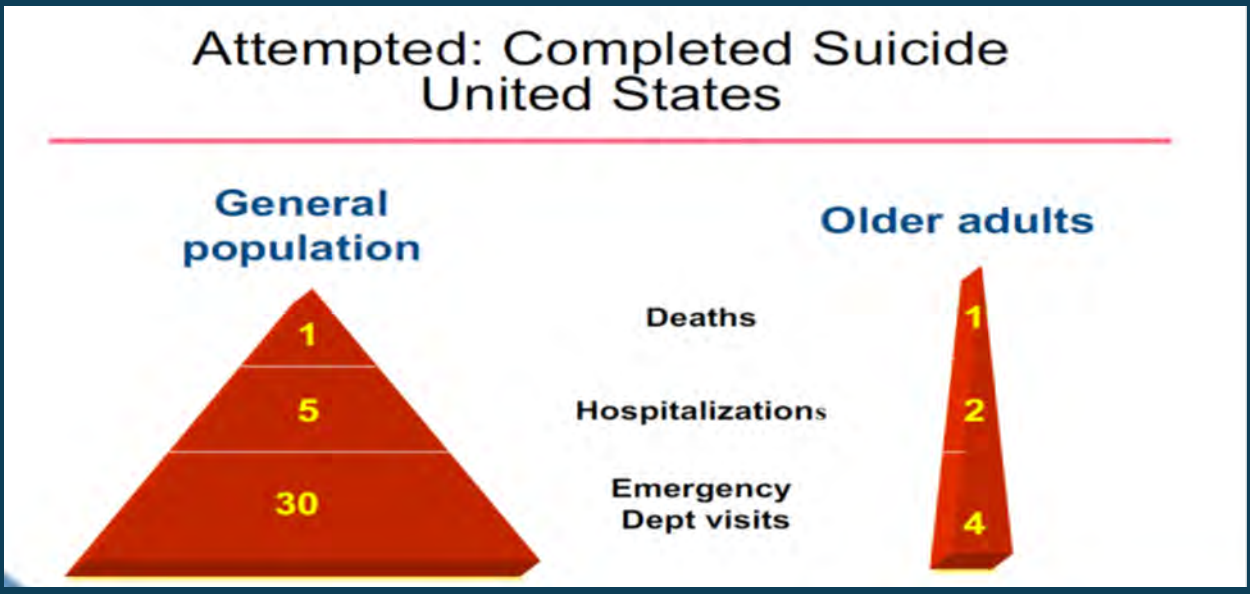
The high rate of suicide among older Oklahomans reflects the need for a comprehensive system of care as outlined by the four pillars of this plan.

Suicidal behavior is more lethal in later life than at other points in the life course. Older adults are frailer and more likely to die, more isolated and less likely to be rescued, are more planned and determined, and have access to deadly means.

Older adults have higher rates of completion with 1 completed suicide for every 4 attempts, compared to 25 attempts for every death by suicide for all other ages combined. Opportunities for intervention are extremely limited for this population.[13]

Suicide Rates by Age Group for Oklahoma and the U.S for 2018

Age Group	Oklahoma	U.S.
45-54	29.8	19.7
55-64	26.4	18.7
65-74	17.8	15.3
75-84	21.4	18.1
85+	36.8	19



12 UnitedHealth Foundation 13 American Association of Suicidology https://suicidology.org/

PREVENTION & TREATMENT

Prevention and Treatment works for older adults with behavioral health and substance use disorders.

Evidence Based Practices [14]

- Integrated service delivery in primary care
- Community-based mental health outreach services for older adults
- Mental health consultation and treatment teams in long-term care
- Family/caregiver support interventions
- Brief Interventions for Substance Use Disorders
- Psychological and pharmacological treatment

Oklahoma's high suicide rate reflects the gap that exists between the programs proven to be effective and the services implemented and accessible.

According to IOM Report: *In Whose Hands 2013*:[15]

Adults with a Mental Health or Substance Use Disorder receiving <u>any</u> treatment:

- 25% of Adults aged 18-65
- 10% of Adults aged 65+

Adults aged 65+ in need less likely to receive *specialty mental health* services:

- 17% of ages 18-64
- 1% of ages 65+

14 Bartels et al., 2002, 2003, 2005

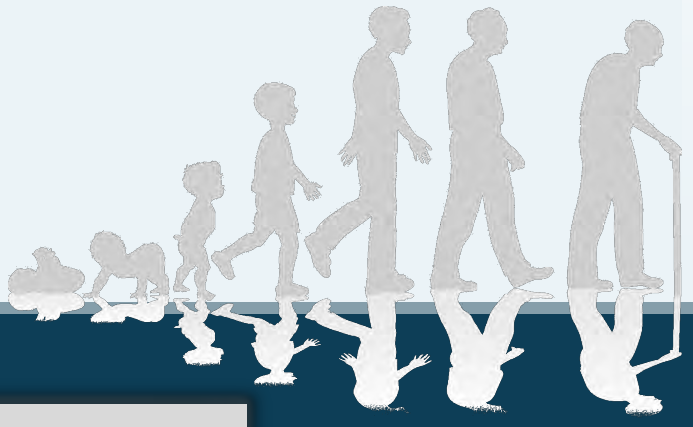
15 Committee on the Mental Health Workforce for Geriatric Populations; Board on Health Care Services; Institute of Medicine; Eden J, Maslow K, Le M, et al., editors. The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? Washington (DC): National Academies Press (US); 2012 Jul 10.

DEDICATE A COUNCIL FOR A HEALTHY AGING COMPREHENSIVE SYSTEM OF CARE

Behavioral health issues are a major threat to the health and independence of adults aged 65 years and older. As the population ages, the need for behavioral health services continues to increase. The consequences of failing to identify older adults in distress can result in serious injury or death, in addition to high medical costs and lost productivity.

The "senior" label represents a continuum that begins, for some, at age 50 and may extend beyond one's hundredth year. The State Plan defines older adults as aged 65 and over. We also recognize the wide variation in health, infirmity, and life stages among this wide and diverse age group of individuals that encompass over 50 years of individual health, experience, environment, culture, support, personality, and a plethora of life changing moments.

The core purpose of the Council is to recognize older adults as a vulnerable population with incredible diversity and protect them accordingly.



Overview of Aging [16]

Normal Aging

- **Sensory changes (e.g. hearing, vision)**
- **Mild cognitive changes (e.g. slowed thought process)**
- **Age - related sleep patterns**

NOT Normal Aging

- **Depression**
- **Sadness, Loneliness**
- **Severe cognitive impairments**
- **Debilitating chronic disease**
- **Frequent hospitalizations**

16 https://www.merckmanuals.com/home/older-people%E2%80%99s-health-issues/the-aging-body/overview-of-aging

COMMITMENTS TO ACTION

ONE

Dedicate a council or agency division to spearhead efforts to create a comprehensive system of care for older adults

- Council should include representation from state agencies and the community
- Focus on acquiring funding to provide services through state agencies and affiliated care providers
- Act as the authority and oversight to unite all efforts under the comprehensive system of care
- Maintain system wide integration of care that addresses the 8 dimensions of wellness

TWO

Build a constituency for geriatric behavioral health

- Create a system for inter-agency meetings
- Formalize a collaborative of program managers
- Organize annual summits on the topic for the Governor, Secretaries, Commissioners, and Deputies to gain support to execute detailed initiatives specific to the health of older adults

THREE

Organize efforts to recognize older adults and their diversity

- Enhance provider payment
- Align policies across State Agencies and community networks
- Increase funding to agencies supporting older adult behavioral health
- Provide oversight of the public health campaign
- Incorporate behavioral health screening across practice settings and communities
- Promote use of the most current evidence based practices

FUND AND EXECUTE A PUBLIC HEALTH CAMPAIGN

Behavioral health is a public health problem. Some key elements to making older adult wellness a priority include raising public awareness and building community support. Many people are not aware of the prevalence of depression and suicide among older adults. Likewise, many are not familiar with the help available in their communities to support older adults.

Implementing a comprehensive system of care demands a strong communication plan, which addresses ageism and behavioral health stigma. Through a public health awareness campaign, Oklahomans will learn to recognize older adults at risk and provide the support they need.

The campaign will result in an understanding that behavioral health issues are not a normal part of aging, yet they are alarmingly common among older adults. Communication efforts include but are not limited to:

- Helping individuals, caregivers, family, and communities recognize signs of distress
- Promoting resources in communities
- Reducing stigma related to behavioral health issues and treatment
- Challenging ageism
- Raising awareness about prevalence of older adult behavioral health issues
- Increasing recognition of The 5 D s of Suicide Depression, Disease, Disability, Disconnectedness, and access to Deadly means

COMMITMENTS TO ACTION

ONE

Change Public Perceptions About Older Adult Wellness

- Raise awareness of aging and behavioral health issues in the community
- Promote age appropriate and culturally sensitive services
- Support early identification of distress
- Increase referrals to community resources
- Reduce behavioral health stigma
- Challenge ageism

TWO

Engage Healthcare Professionals

- Educate providers with current evidence based interventions
- Popularize the development of geriatric inter-disciplinary team

THREE

Engage Communities

- Promote the 5 D's to identify suicide risk – Depression, Disease, Disability, Disconnectedness, Deadly Means
- Promote the Department of Human Services 211 online resource guide
- Encourage community centers to make screening available
- Share resources to increase community based screening

INCREASE SCREENING

Symptoms of depression, anxiety and substance use are often overlooked in older adults. Not recognizing when an older adult is in distress can result in serious injury or death, higher medical costs, lost productivity and a lower quality of life. Even mild depression can have serious consequences for an older adult. Screenings for trauma can determine exposure to oftentimes multiple stressful life experiences.

In the community: Simple screening tools are available and can be used in a variety of community settings. There are tools designed specifically for an older adult that indicate when community support and/or professional help should be sought.

In healthcare settings: Early screening helps identify symptoms of depression, anxiety, suicide, and substance use and provides the opportunity for early intervention. Screening patients at each visit is an effective way to monitor changes in mood and behaviors because sometimes symptoms are difficult to identify. This can be done by the patient prior to the visit or while waiting for the appointment. Some reasons that symptoms may be difficult to identify are that:

- Older adults often exhibit different symptoms than younger individuals,
- It may be uncomfortable speaking about emotional problems,
- Medical illness and medication may mask or cause depression and anxiety , and
- Many may think that the depression is a normal part of aging.

Screenings for behavioral health can identify issues, prevent symptoms from worsening, reduce the need for self-medication, and prevent suicide. Screening activities may conclude with a referral to community and/or professional support that is trauma-informed and appropriate to age and culture.

COMMITMENTS TO ACTION

ONE

Include behavioral health screenings with each older adult assessment, application or interview at the initial point of engagement, including:

- Anxiety
- Depression
- Substance Use
- Suicide

TWO

Increase Referrals To:

- Age appropriate and culturally sensitive services
- Supportive services in the community

THREE

Promote screenings in bother community and professional settings

FOUR

Provide screening tools, technical assistance on utilizing and interpreting the tools; technical assistance in locating local resources

FIVE

Explore reimbursement options or increase in payment for screening

DEVELOP THE WORKFORCE

- By 2030 older adults will make up 20% of the American population .[17]
- Projected 2025 Geriatrician supply and demand in the South Region: 2,150 professionals to meet the demand for over 8,000 with a difference of more than 6,000. [18]
- Over the next three decades, older Oklahomans (60+) are projected to be 25% of the total population, a sizeable increase from today's 19%. By 2035, 1 in 4 Oklahomans will be over the age of 60 years. [19]
- From 2010 to 2040, Oklahoma is estimated to experience a 75% increase in demand for Geriatricians.[20]

The development of the existing workforce requires increasing provider knowledge and skills to provide appropriate services to older adults. Educational systems should work to incorporate key elements of geriatric competencies. Incorporating Assessment for trauma through ACE scores can improve appropriate-ness of referral and effectiveness of the intervention.

Training should include the following:

- The eight dimensions of wellness and social determinants of health
- Cultural competency reflecting generational differences
- Geriatric skill-based training
- ACE assessments
- Trauma informed care approaches
- Differences in the way symptoms present in the older adult
- The aging body tolerates alcohol and other substances different due to the normal aging process, metabolic changes and medications (National Institute on Aging) [21]
- Substance tolerance changes and indicators of a possible substance use disorder (SUD)

TRAUMA INFORMED CARE APPROACHES

The Jewish Federations of North America estimate that 90% of older adults have experienced at least one traumatic event during their lifetime. Research validates the correlation of high score ACE assessments and the resulting increased risk for health problems later in life such as heart disease, strokes, cancer and depression. A link to cognitive decline, substance use and suicide. A connection to decreased function, quali-ty of life and wellness. Evidence of coping and problem solving difficulties, social functioning deficits and social disconnectedness. Knowing this requires all provider types to insure that the care provided is trauma informed, culturally sensitive and age appropriate.

17 US Census

18 US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce

19 Vital Signs: Aging in Central Oklahoma - United Way of Central Oklahoma Data Center www.unitedwayokc.org

20 Ibid 21 https://www.nia.nih.gov/

COMMITMENTS TO ACTION

ONE

- Increase awareness of the need for culturally sensitive and age-appropriate services.

TWO

- Use the current networks– Aging, Physical Health, Behavioral Health, and Disability to cross train leaders on the variety of older adult issues and resources

THREE

- Cross-train both clinical and non-clinical staff in each practice setting about the signs, symptoms and degrees of treatment available and effective for older adults

FOUR

- Utilize Older Adult Peer Support Specialists
- Extend the workforce and provide services in non-traditional settings
- Alleviate the stigma associated with seeking help

FIVE

- Explore reimbursement options or increase in payment for screening

SIX

- Expand required training to include the use of screening tools and appropriate referrals

SEVEN

- Include screening modules in electronic medical record systems

APPENDIX

Evidence and Practice Based Approaches

Older Adult Evidence Based Programs

Healthy IDEAS – Identifying depression, empowering activities for seniors

PEARLS – Program to encourage active rewarding lives

IMPACT – Improving mood – Promoting access to collaborative treatment

PROSPECT – Prevention of suicide in primary care

PACE – Program of all-inclusive care for the elderly

Senior Reach – Case management, community resources, and community awareness

WISE – Wellness initiative for senior education

CDSMP – Chronic disease self-management program

BRITE – Brief intervention and treatment for elders

SBIRT – Screening, brief intervention and referral to treatment

Gatekeeper – Community awareness / intervention

MAST-G – Michigan alcoholism screening instrument-geriatric version

ASSIST – ASSIST – **Alcohol, Smoking, Substance Involvement Screening Tool (WHO)**

PHQ-9 – Depression screening tool (9 question)

PHQ-2 – Depression screening tool (2 question)

GDS – Geriatric depression screening tool (15 question, 30 question)

QPR – Question, Persuade, Refer

Trauma screenings

LEC – Life Events Checklist

THQ –Trauma History Questionnaire

TAA – Trauma Assessment for Adults

SUD SCREENING APPROACHES [22]

The Center for Substance Abuse Treatment recommends screening for SUDs as a part of routine medical visits for adults 60 and over.

Alcohol:

SBIRT – Screening, Brief Intervention and Referral for Treatment

Cut-Annoyed-Guilty-Eye Opener (**CAGE**) Questionnaire: 4 - question in - person assessment, provides historical view.

Alcohol Use Disorders Identification Test - Concise (**AUDIT - C**): 3 - question in–person, shows if engaging in risky drinking currently; combine w/ CAGE.

Short Michigan Alcoholism Screening Instrument, Geriatric Version (**SMAST-G**): 10 - question paper assessment, which can be used in waiting room prior to in - person visit.

Tobacco:

Older adults are generally willing to talk about their tobacco use, so just ask.

Fagerstrom Test for Nicotine Dependence (**FTND**): 6 - question paper assessment.

Prescription Medications:

Screening Tool of Older Person's Potentially Inappropriate Prescriptions (**STOPP/START**): validated screening instrument for inappropriate prescribing in the elderly.

Tip for Brief Interventions: F.R.A.M.E.S [23]

Feedback on personal risk, often provided from screening assessments e.g., “drinking may contribute to an existing medical problem such as hypertension”. Older adults tend to respond better to feedback than younger adults.

Responsibility for change comes from the older adult e.g., emphasizing personal control.

Advice for making a change comes from the clinician e.g., older adults are often more receptive to a doctor’s advice.

22 SAMHSA-HRSA Center for Integrated Health Care Solutionshttps://www.integration.samhsa.gov/clinical-practice/sbirt/brief-interventions

23 Ibid

SUD SCREENING APPROACHES CONTINUED

Menu of options is given to the older adult e.g. discussion of alternative goals and strategies to reduce drinking.

Empathetic clinician style is more effective than confrontation.

Self - efficacy will enable the older adult to pursue ongoing follow - up e.g., encourage opti-mism that chosen goals can be achieved.

TRAUMA

Traumatic experiences impact both mental and physical health and may trigger one or more of the following: depression, anxiety, panic attacks, substance use, memory / attention problems, Irritability, hypertension, coronary disease, immunosuppression, sleep disorders, gastrointestinal issues, fibromyalgia, and lung disease. [24]

90% of older adults experienced at least 1 traumatic event [25]

- Holocaust survivors
- Veterans
- Refugees
- Survivors of domestic violence
- Victims of sexual abuse
- Victims of elder neglect or abuse
- Victims of child abuse
- Victims of human trafficking
- Native Americans and Ethnic Minorities

Typical events in the aging process can be triggering [26]

- Loss of control and independence
- Decreased mobility
- Hearing or vision loss
- Death of loved ones
- Loss of purpose
- Inability to utilize coping mechanisms

24 SAMHSA
25 The Jewish Federations of North America – Center for Advancing Holocaust Survivor Care https://www.holocaustsurvivorcare.org/
26 Ibid

CREATING A COMPREHENSIVE SYSTEM OF CARE:

OKLAHOMA'S CALL TO ACTION

As people age, most of the focus is on mobility, chronic disease, medications, pain, nutrition and cognitive changes. However, the mind-body connection cannot be denied. Behavioral health issues are a major threat to the health and independence of adults aged 65 years and older. The consequences of failing to identify older adults in distress can result in serious injury or death, in addition to high medical costs and lost productivity.

By answering this call to action you are committing to the development of a comprehensive spectrum of mental health and support services organized to meet the changing needs of aging adults, ranging from Boomer age to the advanced age population. Such a system will connect care, benefits, financial assistance, and various other support services into a user-friendly system that allows the individual to access the assistance that is available to older adults.

Thank you for answering this call to create an integrated and comprehensive system of care for older adults. Integration weaves together the points and sources of care with available resources to identify and support older adults at risk, screen to identify issues, and referral to age appropriate and culturally sensitive services and community resources.