

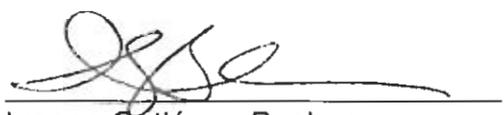
 <p>COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF AGING Harrisburg, PA 17101</p>	PENNSYLVANIA DEPARTMENT OF AGING	
	1. File Number: APD # 06-29-01	2. Disposition: Note Well and File for Reference
	3. Issuance Date: February 23, 2006	4. Effective Date: Immediately
	5. Program Area: Consumer Community Support Services Division	
6. Origin: Bureau of Home & Community Based Services		7. Contact: Consumer Community Support Services Division (717) 783-6207

AGING PROGRAM DIRECTIVE

SUBJECT: MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN PENNSYLVANIA DEPARTMENT OF AGING, OFFICE OF COMMUNITY SERVICES & ADVOCACY (OCSA) AND PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE, OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (OMHSAS)

TO: EXECUTIVE STAFF AREA AGENCY ON AGING DIRECTORS

FROM: 
William Johnston-Walsh
Deputy Secretary
Pennsylvania Department of Aging


Ivonne Gutiérrez Bucher
Chief of Staff
Pennsylvania Department of Aging

PURPOSE: The purpose of this Aging Program Directive is to have a MOU made and entered into by and between the Pennsylvania Department of Aging, OCSA and the Pennsylvania Department of Public Welfare, OMHSAS.

BACKGROUND: Beginning as early as the 1980s OMHSAS and the PDA recognized the need for collaboration in providing services to older adults with, or at risk of developing, mental illness. In 1992, the two agencies agreed to jointly sponsor a committee to provide advice and recommendations for this purpose and the Joint

Committee on the Mental Health of Older People is active and functioning under this joint sponsorship today. In 1994, the Committee developed and the two agencies issued a Joint Policy Statement that identifies issues and makes recommendations relating to each area of concern. In 2003 OMHSAS reorganized its Advisory Committee structure and the Joint Committee evolved into the Older Adult Committee of the OMHSAS Advisory Committee.

Recent increased levels of collaboration between the agencies and a growing awareness of the significant numbers of older adults in Pennsylvania have resulted in this MOU.

In 2004, Pennsylvania had 1.9 million residents over the age of 65, about 15 percent of the State's total population. Long-range census projections for Pennsylvania for the year 2030 indicate that residents over the age of 65 could total 2.9 million, an unprecedented 22.6 percent of the State's total population. If that forecast holds, it would make Pennsylvania one of only 10 states with more older adults (65 plus) than children (under age 18).

Such factors as the aging of the "baby boomer" generation and improved health status for older adults contribute to this growing population. Increasing numbers of individuals in three distinct categories will require the services of both systems in the late future: older adults with long-term mental illness, those developing mental illness late in life and those with dementia co-occurring treatable mental illnesses or behavioral disorders. It is clear that neither Aging nor OMHSAS is, independently, capable of meeting the full array of service needs presented by older adults with, or at risk of developing, mental illness. Collaboration between the agencies will potentially better meet those needs, while maximizing available resources.

**Memorandum of Understanding
Between
Pennsylvania Department of Aging,
Office of Community Services and Advocacy
And
Pennsylvania Department of Public Welfare,
Office of Mental Health and Substance Abuse Services**

- Whereas:** *The federal Older Americans Act (42 U.S.C. §3001 et seq.) states that “It is the responsibility of the...States...to assist older people...secure equal opportunity to...the best possible...mental health...without regard to economic status...” (§3001 (2)), and that “Each area agency on aging...shall...prepare and develop an Area Plan for a Planning and Service Area...[which] will provide that the area agency on aging will coordinate any mental health services provided by community mental health centers and by other public agencies and non-profit organizations.” (§3026(a)(6)(F), **AND** the state legislation creating the PDA (71 P.S. §581-1-581-12) states that “the PDA shall have the power and...duty...to...provide consultation to [other] State agencies with respect to services, programs and activities which they may furnish to older citizens” (§581-3(a)(2)) and “...to stimulate services and opportunities for the aging which are not otherwise available” (§581-3(a)(3)) and “...to review the activities of [Commonwealth] agencies which affect the...utilization of State and community resources for programs and benefits for older persons and initiate programs which will help assure such utilization. “(§581-3(a)(23)); and*
- Whereas:** *An essential part of the PDA’s **Vision** as advanced by OCSA involves looking to the future, planning how best to meet the needs of Pennsylvania’s older citizens and their communities: “In the twenty-first century, our emphasis is on preparing for the Commonwealth’s future.” **AND** the PDA’s **Mission** is to “...Enhance the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.”; and*
- Whereas:** *The MH/MR Act of 1966; MH Procedures Act; Public Health Service Act 102-321: duties of Mental Health Advisory Committee exist to ensure the rights of persons with mental illness are met. These laws and procedures provide a legislative base for a comprehensive array of mandated community services; and*
- Whereas:** *The OMHSAS vision statement is “Every person with a serious mental illness and/or addictive disease, and every child and adolescent who has a substance abuse disorder and/or has a serious emotional disturbance will have the opportunity for growth, recovery and inclusion in their community, have access to the services and support of their choice, and enjoy a quality of life that includes family and friends.” The implementing Guiding Principles for this vision state in part “The Mental Health and Substance Abuse Service System will provide quality services and supports that will: Be responsive to individuals’ unique needs throughout their lives.”; and*
- Whereas:** *The year 2000 census data indicates that 15.6% or 1,915,844 of Pennsylvania’s total population of 1,228,105 is over age 65, and by 2020 is expected to double to 3,831,688; and*
- Whereas:** *As many as 1 in 5 older adults may have, or be at risk for developing mental illness; and*

Whereas: Older adults with, or at risk for developing, mental illness require the services of both the Aging and Mental Health systems.

Now, Therefore, the PDA and OMHSAS, as the parties to this MOU, set forth the following as the terms and conditions of their understanding:

Collaboration

OCSA and OMHSAS will designate staff with specific responsibilities for the ongoing planning, development, implementation, monitoring and evaluation of initiatives and projects to provide services and supports to older adults with, or at risk of developing, mental illness.

OCSA and OMHSAS staff designated in accordance with the above paragraph will attempt to resolve disputes, which arise between the PDA and OMHSAS in carrying out this MOU. Said staff will forward disputes which have not been resolved at their level to a higher level in their respective organizations.

OCSA and OMHSAS will develop and distribute materials relevant to public events, such as those in recognition of Mental Health Awareness Month and Older Americans Month, both of which are observed in May of each year, and of Mental Illness Awareness Week, which occurs in October of each year as well as Suicide Prevention Awareness week which occurs in September of every year.

OCSA and OMHSAS will support local or county level staff who are assigned primary responsibility for joint efforts in outreach, identification, assessment, and service planning for older adults with, or at risk of developing mental illness. Local collaboration may include planning, development, implementation, monitoring and evaluation of projects and new services and supports, joint case reviews and pooled funding in support of needed services. Letters of Agreement or MOUs between the responsible agencies at the county level must be developed and maintained in support of collaborative efforts. Guidelines for the development of such agreements may be found in Attachment #1.

OCSA and OMHSAS will jointly fund state level projects as appropriate. PDA and OMHSAS support county level decisions to pool funding for projects, which enhance existing treatment, services and supports to older persons, or which develop jointly sponsored projects and services.

Policy Development and Review

OCSA and OMHSAS will jointly develop and issue policy statements, program standards, and other directives to meet the treatment, service and support needs of older adults with, or at risk of developing, mental illness, and will review existing policy documents to determine if there are any which hamper or prevent collaboration at the local level, and take steps to amend or abolish such documents.

Data Sharing

OMHSAS and the PDA will work to develop data systems/computer systems/technology to enable them to share relevant aggregate data pertaining to older adults with, or at risk for developing, mental illness. This work will require ongoing collaboration by IT staff and program staff.

Additionally, OMHSAS and the PDA will enlist the assistance of a statistician to determine service access rates of seniors with behavioral health issues. Through this data project OMHSAS and the

PDA will attempt to determine the settings in which seniors access behavioral health services and as well as discrepancies in geographic regions of the Commonwealth.

Planning

PDA and OMHSAS will, in state level annual or multi-year plan documents, adopt language and content which ensure joint state level planning to address the needs of older adults with, or at risk for developing, mental illness.

Financial Responsibility

Treatment, services and supports may be supported with any of the established funding sources available to each agency and the respective service delivery systems. The PDA and the OMHSAS will jointly fund state level projects as appropriate. At the local level the two systems will be supported in decisions to pool funding from their respective budgets to ensure older adults receive necessary treatment, services and supports or to initially implement jointly sponsored projects and services.

Older Adult Committee

OMHSAS and the PDA will jointly sponsor the Older Adult Committee, which exists to advise the PDA and OMHSAS on matters involving mental health and aging. Sponsorship will include designation of the PDA and OMHSAS liaison staff, identification of members to be nominated and appointed to the Committee, fiscal support for activities of the Committee, and review and response to Committee recommendations and requests.

Modification of MOU

This MOU may be modified at any time by mutual written consent of the parties.

General Terms

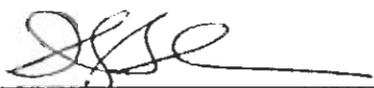
Nothing in this MOU supplants the mandated duties, responsibilities, or obligations of the PDA and OMHSAS under current state or federal law, regulation, or under policy promulgated by the PDA and OMHSAS.

This MOU is not intended to, and does not, create any contractual rights or obligations with respect to the signatory agencies or any other parties.

Effective Date

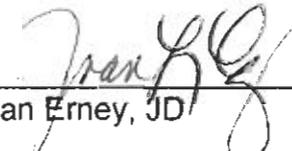
This MOU will become effective upon the date it is signed by both parties. It is subject to review or termination upon written request by either party, and shall remain in effect until such written termination.

OMHSAS and the OCSA hereby acknowledge the foregoing as the terms and conditions of their understanding.



Ivonne Gutiérrez Bucher

Date: 2-23-06



Joan Erney, JD

Date: 2-23-06

Attachment 1
Guidelines for Memorandum of Understanding/Letter of Agreement
Between
County Mental Health/Mental Retardation Program
and
Area Agency on Aging

I. General Provisions

A. Legal Base

This section should cite the legal base for the agreement including, but not limited to, the memorandum of Understanding (MOU) between the Pennsylvania Department of Aging (PDA) and the Department of Public Welfare, Office of Mental Health and Substance Abuse Services (OMHSAS); the Pennsylvania Public Welfare Code of 1967 and its revisions; the Pennsylvania Mental Health (MH)/Mental Retardation (MR) Act of 1966 as amended; the Mental Health Procedures Act of 1976 as amended; the Federal Public Law 102-321 of 1992 and the Federal Mental Health and Substance Abuse Block Grant Legislation; the Federal Older Americans Act (42 U.S.C); and the Commonwealth legislation creating the Department of Aging (71 P.S.)

B. Non-Discrimination Clause

Cite Title VI, 504, Human Relations Act, Department of Public Welfare Executive Order as it relates to the provision of services.

II. Purpose

A. A description of each agency and the agency's mission.

B. A description of the service area and the population to be served, including culturally defined groups and other significant factors.

C. A description of the purpose of the MOU/letter of agreement.

III. Scope

A. A description of the population to be jointly served by the behavioral health system and the AAA.

B. A listing of all services that are provided by each agency:

1. Describe process for cross-system referral.

2. Describe process for cross-system collaboration and case review/planning and service delivery.
3. Describe how funding issues will be resolved.
4. Describe how privacy and confidentiality issues will be resolved.
5. Describe how community and natural supports will be incorporated into service delivery.
6. Describe collaborative outreach efforts for identification and engagement of persons needing services.

C. Describe cross-systems training and in-service efforts to enhance collaborative and joint service delivery.

IV. Assignment of Staff

- A. Describe how staff will be designated for lead responsibility in cross-systems activity.
- B. Describe staff responsibilities, authority, oversight and supervision.

V. Conflict Resolution

Describe conflict resolution process and procedures, including final authority for resolution of difficult situations.

VI. Amendments

Describe the process for amending the MOU/letter of agreement including the circumstances, under which it will be amended, the frequency with which it will be reviewed for possible amendments, who must authorize amendments and who must sign the document.

VII. Effective Dates and Terms of Agreement

VIII. Signatures

The County MH/MR Administrator and the AAA Director must sign the document.



MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN
COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

NUMBER:

OMHSAS-06-01

ISSUE DATE:

2-01-06

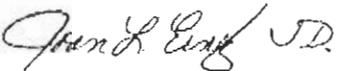
EFFECTIVE DATE:

Immediately

SUBJECT:

Memorandum of Understanding
Between The Office of Mental Health and
Substance Abuse Services and The
Pennsylvania Department of Aging

BY:


Deputy Secretary for Mental Health
and Substance Abuse Services

SCOPE:

County Mental Health/Mental Retardation Programs/Administrators

PURPOSE:

To ensure that County MH/MR programs and Area Agencies on Aging have a written agreement that addresses the needs of older adults with mental health issues in their locale. This agreement shall address how to best eliminate barriers that impede joint planning and delivery of services at the local level. A guideline for letters of agreement between county mental health programs and Area Agencies on Aging is attached to assist in development of the letter.

BACKGROUND:

The original Interdepartmental Cooperative Agreement between the Office of Mental Health, Department of Public Welfare, and the Pennsylvania Department of Aging was signed on May 21, 1984. The agreement stipulated that local Area Agencies on Aging and county mental health programs develop operational agreements which address the needs of their local situations. The Office of Mental Health and Substance Abuse Services and the PA Department of Aging have recently updated and revised this Memorandum of Understanding. This update continues to require the letter of agreement between County MH/MR programs and the Area Agency on Aging.

This bulletin will obsolete bulletin number 99-85-16.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Policy and Program Development
Office of Mental Health and Substance Abuse Services
P.O. Box 2675
Harrisburg, PA 17105
Telephone (717) 772-7900

POLICY:

The Office of Mental Health and Substance Abuse Services requires that services to older adults with mental health problems be considered a priority in mental health planning, budget, data, program development and training efforts. The Pennsylvania Department of Aging is committed to making their services more accessible to older adults with mental health problems by providing for the special needs of this population in the Department's planning, resource allocation, data, and training efforts.

PROCEDURES:

A copy of the letter of agreement signed by the County Administrator and the AAA Director must be submitted to the Office of Mental Health and Substance Abuse Services at:

P.O. Box 2675
Harrisburg, PA 17105

Attached is an agreement guideline to assist you in developing your local agreement.

Attachment



MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

DATE OF
ISSUE

2-01-06

EFFECTIVE DATE

Immediately

NUMBER

OMHSAS-06-02

SUBJECT

Service Priority For: Older Adult Population

BY

A handwritten signature in cursive script, reading "Joan R. Cook, J.D.".

Deputy Secretary for Mental Health
and Substance Abuse Services

SCOPE:

County Mental Health/Mental Retardation Programs
Mental Health Crisis Intervention Service Providers

PURPOSE:

To ensure that appropriate community based mental health services, treatments, and supports are available to meet the unique needs of the older adult population with mental illness.

BACKGROUND:

Pennsylvania ranks third only to Florida and West Virginia in the percentage of residents age 60 or older. The fastest growing segment of the population during the next two decades is expected to be in the age 85 and older group. Given the often quoted statistic that one in five Americans will experience a mental illness, and the stresses of the aging process on mobility, independence, self-sufficiency and self-determination we are facing a crisis in the provision of appropriate mental health services to the aging population.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Policy and Program Development
Office of Mental Health and Substance Abuse Services
P.O. Box 2675
Harrisburg, PA 17105
Telephone (717) 772-7900

There are perhaps three distinct groups of the elderly population that demand and deserve the attention of the system:

- Persons with a long term mental illness who are now entering the 60+ age group; this group will only increase in numbers as the “Baby Boomer” generation enters into the senior years. By the year 2020, Pennsylvania’s 60 and older population is expected to be 25% of the total population.
- Older persons who have or are developing mental illness late in life, most commonly depression. Older adults have the highest incidence of suicide of any age group, and the numbers are probably low due to some suicides or suicide attempts being identified as accidental death.
- Older persons diagnosed with dementia and having co-occurring mental health disorders, including depression, anxiety, paranoia, substance abuse, and behavioral problems.

It is ultimately our task, working with the Department of Aging and the Area Agencies on Aging, to develop services that meet the unique needs of our older citizens, and ensure appropriate community based mental health services, treatment and supports. Each county Mental Health office is required to have or develop an interagency agreement with the Area Agencies on Aging in their county in order to insure collaborative efforts occur.

Studies have shown that proper medication and treatment can alleviate, or at least lessen the severity of symptoms experienced by persons with dementia accompanied by a mental illness diagnoses.

As individuals age they become increasingly more vulnerable to mental health disorders. The loss of friends and often family supports, exacerbated by the loss of mobility due to failing agility, vision and hearing promotes isolation. Decreased self sufficiency, self-determination and isolation often result in diagnosable and treatable depression. As the data shows, a high number of older persons coping with depression and the stresses of aging choose to end their lives.

POLICY:

Please inform your local provider network of the urgency of this issue, and work with them to develop appropriate services and ensure access to those services by senior adults. **A diagnosis of dementia should never be a reason to deny mental health crisis intervention or community based treatment to a person when it is accompanied by a mental health disorder.**