



**National Coalition on Mental Health and Aging  
Meeting Minutes  
February 2, 2010**

Alix McNeill, Chair of the National Coalition on Mental Health and Aging (NCMHA) and Vice President of the National Council on Aging (NCOA) called the meeting to order and reviewed the proposed agenda. There were 20 members present onsite and 10 via conference call. The meeting began with member introductions.

**NCMHA Business**

The minutes of the September 17, 2009 meeting were approved with one change. The Center for Global Aging is not at Georgetown University but at Catholic University in Washington, DC.

The Coalition received two membership requests. The first was from Virginia's Alcohol and Aging Awareness Group (AAAG). AAAG was established in 2007 by the Virginia Department of Alcoholic Beverage Control and the Virginia Center on Aging at Virginia Commonwealth University. It is comprised of 25 state and private organizations with a focus in identifying and addressing informational and service needs of older adults susceptible to the risks of alcohol and medication misuse and abuse. The second request was from the California Elder Mental Health and Aging Coalition (CEMHAC). It is a newly formed non-profit organization with the primary mission of providing leadership, education, training and advocacy for the promotion and improvement of quality of life of older Californians. Both organizations were unanimously accepted for membership in NCMHA. See the member update section of these minutes for more information about these two organizations.

Willard Mays shared a request from the Iowa Coalition on Mental Health and Aging for a letter of support from NCMHA. The letter would be in support of a non-competitive grant for a conference on the integration of evidence based mental health and substance abuse practice into primary care. They will also develop a research agenda on collaborative care for older adults with mental health and substance abuse disorders. There is no financial commitment involved for NCMHA. The Coalition agreed to write the letter of support.

Willard Mays alerted NCMHA that Bob Rawlings will step down from his role as web coordinator for NCMHA. Deborah DiGilio will take over this role. She asked that anyone interested in helping should contact her. It needs a lot of work. The University of South Florida will continue to operate the website.

**Older American Act (OAA) Reauthorization**

OAA is coming up for reauthorization. A series of listening sessions will be held by AoA providing the public and invited experts opportunities to speak. In addition to the listening sessions, there will be other opportunities for input including events and an online comment submissions process. Mitch Magness from Oklahoma said it would be helpful for states to have talking points from NCMHA, like

those provided for the 2005 WHCoA. A discussion ensued as to how NCMHA could best foster mental health and aging being considered during the reauthorization. It was determined that what would be most useful is for us to update our 2005 WHCA resolutions and provide them to our members as we did for the WHCoA. The following people have volunteered to work on updating the WHCoA resolutions: Alixe McNeill (NCOA), Deborah DiGilio (APA), Willard Mays (ASA), Robyn Golden (ASA), Amy Gotwals (n4a), Marci Phillips (NCOA) and Stephanie Reed (AAGP). A question was posed as to why the mental health provisions added to the OAA in its last reauthorization are not happening. This is an appropriations issue. The provisions have been added but they have never been funded. Unfortunately, there is not much growth in the President's budget for Title IV Older Americans Act Funding.

### **NCMHA September Meeting Advocacy Discussion Follow-up**

Stephanie Reed, American Association for Geriatric Psychiatry (AAGP), began the discussion reminding members that at our last meeting a proposal was offered for NCMHA to expand our current advocacy work to include endorsing legislation. Up to this point, NCMHA has endorsed and developed position statements about key issues but we have not endorsed specific legislation. Following the September meeting some Executive Committee members and others expressed serious concern about the NCMHA endorsing specific legislation. A major concern is that such action may compromise the ability of federal agency staff to fully participate in NCMHA. The Executive Committee and others do not want to create barriers to federal staff participation as this participation is critical to the functioning of the Coalition. During a conference call held after September's meeting, the Executive Committee concluded that NCMHA should not change endorse legislation.

In the February meeting the issue was raised again and many indicating that it is an important and complicated issue. It was decided to have another Executive Committee meeting to discuss potential options further. One suggestion offered is to have a NCMHA Policy Committee that is boxed off from NCMHA. It was mentioned that if we do maintain our current position against endorsing legislation, we need to be careful with the tone of our discussions and statements during our meetings. Alixe asked that anyone with ideas or opinions on this issue should contact Stephanie Reed.

### **Legislative and Regulatory Issues Update**

Jim Finley of National Association of Social Workers updated the Coalition on health care reform. The path forward is not fully known to us. A number of things might transpire. There may be a small bail out in which some small things will be split off and enacted. Some feel that it is not a good time and for this and it will not be worthwhile to do so. A lot of consequences are spinning out as we don't have a bill to go forward. One of the issues that there does appear to be support for is the proposal to end antitrust exemptions for health insurance companies. House Democratic leaders plan to vote soon on a partial repeal of the exemption.

Medicare is currently tied up in health care reform. In terms of the Sustainable Growth Rate (SGR), which is the formula that determines annual updates to Medicare's Physician Fee, payment rates to providers are scheduled to go down 21%. There is an "SGR fix" in place that prevents this cut from taking effect, but is only in place through the end of February. A corollary issue that affects mental and behavioral health is that payments for psychotherapy services were also scheduled for a 5% cut until extension was put in place. If a fix is not enacted, the cumulative cut to providers of these services will be 26%. Another "extender" relates to the caps that were to be placed on medically necessary therapy (including occupational therapy and physical therapy). Congress is leaning toward a 5-year SGR fix that will cost \$82 billion over 5 years. They may take the extenders for all of that above that are part of health care reform and include within the SGR fix. In response to the question as to what is the best vehicle to move on these Medicare issues, Jim replied that a free standing Medicare bill is the answer. [Ed note: this report reflects status on 2/2/10, things have changed.]

## **The Elder Justice Coalition**

Robert Blancato, the National Coordinator of Elder Justice Coalition (EJC) presented. The Elder Justice Coalition was formally started in 2003, with five founding organizational members who were involved in elder abuse prevention: the National Committee for the Prevention of Elder Abuse (NCPEA), the National Academy of Elder Law Attorneys (NAELA), the National Association of State Units on Aging (NASUA), the National Association of Adult Protective Service Administrators (NAAPSA), and the National Association of State Long-Term Care Ombudsman Programs (NASOP). Its origin coincided with the first introduction of the Elder Justice Act. Now the Coalition has 614 members including many at this meeting today that have been very active and helpful including Diane Elmore of APA, Marci Phillips of NCOA, and Robyn Golden of ASA.

The Elder Justice Act of 2009 (S795) introduced by Senators Orrin Hatch (R-UT) and Blanche Lincoln (D-AK) is included in the Senate Health Care Reform bill, H.R. 3590. The main provisions that are included are:

- Authorizes \$757 million over 4 years for the Elder Justice Act.
- Establishes an Elder Justice Coordinating Council to make recommendations to the Secretary of HHS on the coordination of activities of federal, state, local and private agencies and entities relating to elder abuse, neglect and exploitation.
- Establishes an Advisory Board on Elder Abuse, Neglect and Exploitation that will submit a report within 18 months to create multidisciplinary strategic plan for the developing field of elder justice.
- Provides \$400 million (\$100 million per year) in first dedicated funding for adult protective services and \$100 million (\$25 million annually) for state demonstration grants to test a variety of methods to improve APS.
- Provides \$26 million for establishment and support of Elder Abuse, Neglect and Exploitation Forensic Centers.
- Provides \$32.5 million (over 4 years) in grants to support the Long-Term Care Ombudsman Program with an additional \$40 million (\$10 million annually) in training programs for national organizations and State long-term care ombudsman programs.
- Authorizes \$67.5 million (over 4 years) in grants to enhance long-term care staffing through training and recruitment and incentives.
- Authorizes \$48 million (12 million annually) for a National Training Institute for Surveyors.
- Requires the immediate reporting to law enforcement of crimes in a long-term care facility and establishes civil monetary penalties for failure to report.
- Provides for penalties for long-term care facilities that retaliate against an employee for filing a complaint against or reporting a long-term care facility that violates reporting requirements.
- Authorizes a \$500,000 study on establishing a national nurse aide registry.
- Authorizes \$15 million (over 4 years) for the Department of Health and Human Services to improve data collection and dissemination, develop and disseminate information related to best practices related to adult protective services and to conduct research related to APS.
- Authorizes the Secretary to make grants to long-term care facilities for the purpose of assisting such entities in off-setting the costs related to purchasing, leasing, developing and implementing of certified HER technology.

The Elder Justice Coalition wants the House to adopt the Senate bill that has passed. The Senate health care reform bill, as noted above, does contain the Elder Abuse Victims Act which would beef up the capacity of District Attorney Offices to prosecute elder abusers. The House has passed The Silver Alert Bill, that will help law enforcement across the country rapidly locate missing older adults who have become lost due to Alzheimer's or other circumstances, similar to the Amber Alert for children.

What is not in dispute is that elder abuse is growing issue and it is one that we have been talking about for 32 years. Unfortunately not much action has been taken. Of all the monies spent on abuse, less than 2% is for elder abuse. Under-reporting of elder abuse is a huge problem and we need the capacity to respond. Abuse results in financial losses of 2.6 billion per year to older adults.

The Elder Justice Coalition hopes to build stronger ties with NCMHA and its member organizations. The Elder Justice and Mental Health and Aging Coalitions have many co-interests. We know that 11% of those over 60 are abused and we know that 20% of older adults over 55 have mental health concerns. We know that elder abuse takes a major mental and physical toll on its victims. We also know one main motivator for abuse is mental health of perpetrator. Many perpetrators have mental health disorders. Unpaid caregivers and family are the abusers in the majority of cases and the strain of caregiving plays a role. In addition, self abuse is going up. Interdisciplinary elder abuse intervention teams should include mental health providers to address these issues.

On February 25, Bob will be speaking at an OAA reauthorization listening forum and would like to incorporate information on the importance on mental health into his remarks. He agreed with the earlier discussion that an updated version of NCMHA's WHCoA resolutions would be useful and he could refer to them in his remarks at the listening session. In turn, NCMHA can incorporate information on the importance of addressing elder abuse in our updated WHCoA recommendations.

One helpful resource to be familiar with is the AOA National Center on Elder Abuse (NCEA)'s newsfeed that compiles stories related to elder abuse nationwide. The feed tracks media reports of elder abuse through Google and Yahoo Alerts, a process that scans billions of Web pages. These stories are very helpful in advocacy efforts. Marci Phillips of NCOA added that they have a resource, "Elder Justice Now" which strives to leverage this issue through older adult advocacy at the grass roots level. It is a video advocacy campaign consisting of a documentary and 150 real stories of elder abuse told by victims, caregivers, advocates and law enforcement in an effort to "put on face on the statistics" and ensure passage of the Elder Justice Act.

In closing, Bob commented that we are at a threshold of having elder abuse addressed in a comprehensive fashion. For more information about the Elder Justice Coalition and Act, see <http://www.elderjusticecoalition.com/index.htm>.

### **The Eldercare Workforce Alliance (EWA)**

Deborah DiGilio, APA, is a member of the EWA Coordinating Council and provided an update on EWA progress toward in its mission to build a caring and competent elder care workforce. EWA is a group of 29 national organizations, representing the professional, direct care and family caregiver workforce. EWA, like many groups, has focused its recent efforts on securing a place for their geriatric workforce priorities into the health care reform discussion. EWA has been successful in having these priorities added to the Senate's bill (HR 3590). Priorities include: the expansion of eligibility for Geriatric Academic Care Awards; grants to Geriatric Education Centers (GEC) to offer courses on geriatrics, chronic care management and long term care; geriatric awards to foster interest among health professionals for working with older adults (expand Title VII); federal traineeships in nursing (Title VIII); grants for new training opportunities for direct care workers; family caregiver training by GECs; a national center for health care workforce analysis; and the Class Act. In the House, health care reform bill (HR 3962) includes the following EWA priorities: long-term care and family caregiver support; additional appropriations for the Family Caregiver Support Program (in OAA), health workforce evaluation and assessment; a grant program to support interdisciplinary care training programs; and provisions relating to increased community living assistance and supports.

EWA also had two very successful Hill Days in July and November of 2009. EWA members went to Capitol Hill in teams representing professional workers, direct care workers and family caregivers.

They spoke with their representatives about EWA priorities. For more information about EWA, go to: <http://www.eldercareworkforce.org>.

### **NCOA/ASA Aging in America Conference**

Willard Mays, NASMHPD/ASA representative, informed the Coalition about the upcoming 2010 Annual Aging in America Conference of the National Council on Aging and American Society on Aging. It will be held March 15-19 in Chicago. The Mental Health and Aging Network (MHAN) has a number of offerings. On March 16<sup>th</sup> the focus will be on the mental health and aging workforce and include *Programs that are Building the Mental Health and Aging Workforce*, *Innovations in Professional Curriculum to Expand the Mental Health and Aging Workforce*, *Policy: Building a National Workforce for Mental Health and Aging*, and *Mentoring Emerging Leaders in the Mental Health and Aging Workforce*. The Mental Health and Aging Day Coalition track will be held on March 18 and consist of 3 workshops: Implementing Evidence-Based Mental Health Practices: Older Adult TCE Grants; National Coalition on Mental Health & Aging Priority Issues; and, Building Mental and Aging Coalitions: One Size Doesn't Fit All. ASA MHAN will offer *New Horizons for Care Coordination in the Health Care Reform Agenda*. Another session, Emerging Issues in Mental Health and Aging, NCOA will sponsor a critical Issues in Aging Session on *Emerging Issues in Mental Health and Aging* .which will explore prevention of alcohol and medication misuse strategies, chronic disease self-management, transitions of care demonstrations, and how these issues relate to mental health issues facing older adults. Presenters include Frederic Blow, PhD, Jeffrey T. King, RN, MBA, Kate Lorig, RN, DrPH, Alixe McNeill, MPA, and Jennifer Solomon. In addition there will be an MHAN Leadership Council meeting and an Idea Exchange forum on the Reauthorization of the Older Americans on March 17<sup>th</sup>. For more information: <http://www.agingconference.org>

### **Member updates**

*American Association for Geriatric Psychiatry (AAGP)* – Stephanie Reed reported that a \$900,000 contract was awarded to the Institute of Medicine (IOM) to conduct a study on the geriatric mental health and ethnic population workforce. The IOM reaches out to capture data and information and also conducts public hearings on the issues it is studying.

*AARP* – Leigh Purvis informed that the AARP Board has become more active in advocating for mental health issues.

*American Bar Association Commission on Law and Aging* – Ellen Klem discussed their new Legal Guide for Seriously Ill. It is a project of the ABA Commission on Law and Aging commissioned by the National Hospice and Palliative Care Organization. The guide is designed for both seriously ill individuals and those caring for them. It provides detailed step by step information on how to pay for health care, how to make a plan for managing health and money, how to plan for care of dependents, and your rights as a patient and employee. The guide is available online: <http://tinyurl.com/LegalGuideSeriouslyIll>

*American Psychological Association (APA)* – Deborah DiGilio updated the Coalition on the ABA/APA Capacity Assessment in Older Adults Project and their work with Financial Industry Regulatory Authority (FINRA) in creating an online CE offering for financial planners on working with senior investors. She also discussed the APA Presidential Initiative on Family Caregiving. One goal of this initiative is to develop an online “Family Caregiver Briefcase for Psychologists.” The Office on Aging is working to develop additional Continuing Education programs in geropsychology. A new offering for 2010 is *Psychological Assessment of Decision-Making Capacity of Older Adults* and the successful *What Psychologists Should Know About Working with Older Adults* continues as both an online and face-to-face offering.

*American Society on Aging (ASA)* – Anita Rosen noted that their online continuing education opportunities are expanding. Fred Blow is incoming chair of the ASA Mental Health and Aging Network (MHAN) for the next 2 years. MHAN is the second largest constituent group of ASA.

*Bazelon Center for Mental Health Law* – Robert Bernstein noted that they have begun the push to a fix to the Pre-Admission Screening and Resident Review (PASRR) at legislative level (which he can describe in more depth at our next meeting). He also mentioned a lawsuit against New York State in which Bazelon Center was co-counsel. The Federal court ruled in *Disability Advocates Inc. (DAI) v. Paterson* that New York State had violated the Americans with Disabilities Act and Section 504 of the Rehabilitation Act by unnecessarily segregating approximately 4,300 people with mental illnesses in large private "adult homes" paid by the State. Applying the Olmstead 1999 decision, they held that despite being labeled as community integrated, the homes "do not enable interaction with non-disabled persons to the fullest extent possible". Thus, the Olmstead mandate applies to people with mental illnesses wherever they are served by the state.

*California Elder Mental Health and Aging Coalition (CEMHAC)* – Viviana Criado reported that they are currently working on developing collaborative relationships and securing funding for the implementation of projects such as a statewide older adult advocacy needs assessment, and the Older Adult Self-Advocacy and Coalition Building Trainings. These trainings teach seniors and family members how to do self advocacy. Their focus is on building community advocates vs. professional advocates.

*Center for Aging Resources* – Cynthia Jackson began her update by noting that she is excited to learn about CEMHAC's activities. One of her Center's resources is a free web-based, personal recovery tool, the Wellness Recovery Action Plan (WRAP). The WRAP software application allows one to develop, personalize and change their WRAP as life situations change. It is designed to support recovery and maintenance and assists in developing lists and plans in the following areas: Wellness Toolbox, Daily Maintenance Plan, Triggers, Early Warning Signs, When Things Break Down, Crisis Plan, and Post Crisis Plan. It is based on the program developed by Mary Ellen Copeland and Mental Health Recovery Advocates. They have three years of Mental Health Services Act (MHSA) funding to work with the older adult seriously mentally ill population to implement best practices and track outcomes. They also are involved with systems of care and workforce education and training issues. For more information: <http://www.cfar1.org/>.

*Center for Medicare and Medicaid Services (CMS)* – Angela Taube reported that the PASRR Technical Assistance Center is up and running. Many states have requested assistance with this issue. Therefore the Center was developed to assist states with resources and tools for managing PASRR processes and procedures. They hope to continue to expand these resources. For more information: <http://www.pasrrassist.org/>

*Human Resources and Services Administration (HRSA)* – Dan Mareck announced that there will be a new competition for \$2.8 million for the Graduate Psychology Education (GPE) grants program that funds the planning, development, operation of, and maintenance of accredited graduate, doctoral, doctoral internship, and doctoral residency programs that foster an integrated approach to health care services and address access for underserved populations by training psychologists to work with underserved populations and in areas of emerging needs. There is still no geropsychology specific funding. For guidance related to GPE grants, contact: Captain Catherine Rupinta at [CRupinta@hrsa.gov](mailto:CRupinta@hrsa.gov). The Bureau of Health Professionals budget is flat lined for 2011 except \$6 to \$9 million for health workforce analysis. \$990 million has been allocated for Community Health Centers. Over 400 clinicians are receiving loan repayment for work with underserved populations. The budget for 2011 is increased \$27 million over 2010.

*Illinois Coalition on Mental Health and Aging* – Charlotte Kauffman via teleconference and shared information on their community based Gero-Psychiatric Specialists Initiative. The focus on three areas: systems integration, mental health services/consultation, and training and education. The Specialists have developed regional coalitions that are comprised of a wide range of providers and services, to provide integrated comprehensive services for older adults. A major product of the initiative has been the development of a training manual on mental health and aging services that has been used in several initial training efforts. She also works with NCOA to help with their toolkit.

*Iowa Coalition on Mental Health and Aging* – Lila Starr thanked NCMHA for their letter of support for their proposed AHRC funded conference.

*National Alliance for Caregiving* – Gail Hunt reported that the *Caregiving in the U.S. 2009* Survey on Caregivers is now available. There is a companion Report on Those Caring for Someone 50+. It is funded by MetLife Foundation. For more information go to: <http://www.caregiving.org>

*National Association of Social Workers (NASW)* – Chris Herman reported that they have a new practice guideline on Cultural Competency. They have also been active to secure Healthy People 2020 Objectives for palliative care, end of life issues, and dementia. They have a new continuing education program on adult guardianship.

*National Association of State Mental Health Program Directors* – Willard Mays reported that they will be having their annual meeting in Tampa this year.

*National Council on Aging (NCOA)* – Marci Phillips noted that there will be public policy sessions at the Aging in America conference. They also have an Idea Exchange for OAA reauthorization. They will be recording the session but it is an idea forum not a formal OAA Listening Session. Alixe McNeill added that NCOA is working with SAMHSA on an evidence based program on alcohol and psychoactive medications abuse prevention and early intervention. A model will be tested in three different sites starting next year.

*Oklahoma Mental Health and Aging Coalition* – Karen Orsi via conference call reported that their mental health system is facing severe budget cuts, so they are mobilizing other groups to be involved with mental health and aging. Mitch Magness added that they have many irons in the fire. They will be at the meeting in Tampa with the other Technical Capacity Enhancement Projects funded by SAMHSA.

*Older Adults Working Group of Northern Virginia* – Anne Herman reported that they are continuing to advocate for seriously mentally ill elders who are over the age of 55. Their focus is on providing community based care through step-down from hospital care and diversion from hospital programs.

*OWL - The Voice Of Midlife & Older Women* – Ashley Carson reported that Older Adults Mental Health Week will once be held the third week of May. More information will be forthcoming on their website: <http://www.owl-national.org>

*Pennsylvania Behavioral Health and Aging Coalition* – Rebecca May-Cole is the new Executive Director of the Coalition, replacing Linda Schumaker. She will try to travel to our meetings in DC on a regular basis.

*Virginia Alcohol and Aging Awareness Group (AAAG)* – Regina Whitsett reported that during the two-plus years since their establishment, they have raised \$80,000 and distributed over 100,000 pieces of literature. Their 60 speakers present often and they have sponsored conferences at which they have trained CNAs, social workers and others. Fred Blow was a presenter and they are also conducting web-based trainings for physicians and other providers. They have resources to share with

NCMHA. It was noted that they have an excellent PSA on their website:  
<http://www.abc.state.va.us/Education/olderadults/aaagroup.html>.

**Next Meeting Date**

The meeting was adjourned at 12:00 p.m. The next NCMHA meeting will be held on Wednesday, June 30, 2010 from 10:00 a.m. until 12:30 p.m. in the American Psychological Association's 6th Floor Board Room.