



**National Coalition on Mental Health and Aging  
Meeting Minutes  
October 25, 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 18 members present onsite and 13 via conference call. The meeting began with member introductions.

**NCMHA Business**

Alix reported that NCMHA provided online comments to the Substance Abuse and Mental Health Services Administration (SAMHSA) regarding its Strategic Initiatives. We requested that SAMHSA give systematic consideration to the special needs of older adults in all areas of its Strategic Initiatives. NCMHA's recommendations to SAMHSA included: address the mental health and substance use needs of older adults in its prevention strategy; conduct a national competition for Older Adult Mental Health Targeted Capacity Expansion grants this year and to expand its reach; add additional programs and practices addressing the needs of older adults to the National Registry for Evidence-based Programs and Practices; address elder abuse; continue to identify older adults as a distinct population in the mental health block grant and in other grant programs; address depression in older adults in developing Centers of Excellence for Depression; address older adults in its efforts to provide housing and reduce barriers to accessing effective programs that sustain recovery for individuals with mental and substance use disorders who are homeless; and implement culturally competent outreach and interventions to address the needs of this diverse group that are critical to health in later years.

NCMHA is a partner in the February conference, *Providing Collaborative Care to Older Adults with Mental Health Needs* to be held February 3-4, 2011 in Overland Park, Kansas. It is supported by the Agency for Healthcare Research and Quality. The first day will be a one day educational conference to disseminate the latest information about providing evidence-based care to older adults with mental illnesses through collaborative models of care in which behavioral health providers partner with primary health care clinics and aging services programs. This conference will feature numerous national speakers including: Kathy Greenlee, Assistant Secretary for Aging at the U.S. Department of Health and Human Services. The second day, there will be a research agenda-setting forum that focuses on developing a strategy for conducting comparative evaluations among collaborative models embedded in primary health care and aging service programs.

NCMHA unanimously voted to name Gail Hunt, CEO of the National Alliance for Caregiving, as a member of the Executive Committee. Gail will complete the remaining term of Ashley Carson (formerly with OWL). The current officers' terms will expire in May 2011. Stephanie Reed, American Association of Geriatric Psychiatry (AAGP), agreed to chair a Nominations Committee that will present its slate at the late Spring 2011 meeting.

The minutes of the June 2010 meeting were adopted.

## **Legislative Update**

James Finley, National Association of Social Workers representative and Stephanie Reed, AAGP, provided the legislative update. There are only a few more weeks that Congress is in session. On November 15, they'll return and then go out for Thanksgiving. They return on November 29<sup>th</sup> to face the expiration of the temporary "fix" of the cut in Medicare's Sustainable Growth Rate (SGR) on December 1<sup>st</sup>. Currently there is no consensus on how long to extend the fix or how to pay for it. Perhaps another 30 day extension will occur. This year, the cut of 23% was blocked for a month or two at a time. This is really detrimental to Medicare providers and will put them on the wire as they decide whether to continue their relationships with Medicare. Unfortunately, every time that SGR is not fixed in a permanent way, we go deeper into the hole. It is estimated that it will take \$200 billion to permanently fix the SGR. The extension of the 5% increase in psychotherapy rates also has to be continued or it will expire at the end of the year. Plus, in January, an additional 6.5% cut is proposed.

In November, the report of the bipartisan Fiscal Commission appointed early this year will be released. It is a bitterly divided group and it is envisioned that minority reports will be released. This adds additional pressure to cut spending. Medicare cuts can be on the table. If there is a simple majority, we can expect spending cuts on the entitlement side. The Bush tax cut renewal also comes up at cost of \$1.3 trillion around the same time. It looks like we may have an ugly deadlock for next 2 years. Money will not be available to do anything that is discretionary in Health Reform. It is hard to even keep funding for existing programs. For example, with HRSA's workforce grants, there are now more provider groups eligible; however, they will be competing for the same amount, not expanding, dollars. There is no House bill as of yet for SAMHSA funding.

## **Older Adult Suicide Prevention Toolkit for Senior Housing**

Jerry Reid, Director, Center for the Study and Prevention of Injury, Violence, and Suicide; and Director, Suicide Prevention Center, Education Development Center, Inc., provided an overview of the development and utility of *Promoting Mental Health and Preventing Suicide: A Toolkit for Senior Living Communities*. It was developed with funding from SAMHSA in conjunction with the National Association of State Mental Health Program Directors (NASMHPD), Education Development Center, Inc., McFarland and Associates, and the NASMHPD Research Institute.

Jerry noted that when we look at suicide among older adults in the United States, we see that the suicide rate goes up with age. 5,000 older adults die by suicide every year. 80% of these suicides victims are white men. Among young people, 100-200 attempts result in one death. Among adults, four attempts result in one death. Little is known regarding suicide and suicide attempts in senior living communities. Common means in these communities seem to include jumping from buildings, hanging, cutting, and overdoses; whereas outside of these communities, use of firearms is a common means of suicide among older men.

The Toolkit was developed for senior living communities which include nursing homes, assisted living facilities, independent living facilities, and continuing care retirement communities. Its audience is senior living residents, staff and families. Its steps of development included a literature review, resource scan, expert workgroup, and focus groups, followed by interviews, pilot testing and a product test.

The Toolkit is comprised of: (1) a Trainer's Manual that includes two staff workshops: Understanding Suicide Prevention in Senior Living Communities, and Implementing Strategies to Prevent Suicide in Senior Living Communities; (2) a Family and Resident Workshop: Promoting the Emotional Well-Being of Residents in Senior Living Communities; (3) Guides & Tools including: A Guide to Promoting Mental Health and Preventing Suicide in Senior Living Communities and Tools for Implementing Action Steps and (4) Fact Sheets for residents including: Look Out for the Well-Being

of Yourself and Others; Know the Warning Signs of Suicide; After a Suicide: How to Help Yourself and Others.

They followed L. Langford's 2008 Framework for Mental Health Promotion and Suicide Prevention that has Whole Population, At-Risk, and Crisis Response approaches. The Whole Population Approach targets all residents of a senior living community, regardless of their individual risk for mental health problems or suicide. This is followed by an At-Risk Approach that screens individual residents for suicide risk and ensure that the appropriate action is taken when a resident may be at risk. Lastly, the Crisis Response Approach is implemented. This involves responding to suicide deaths and attempts in senior living communities. The basic skills the Toolkit imparts are: recognizing and responding to warning signs; and responding to a suicide death.

The key messages about suicide prevention that are important for staff in SLCs include: depression is not a normal part of aging; normal thoughts about death are different from suicidal thoughts; and, it is important to reduce stigma associated with mental health disorders.

A web-based version of the Toolkit is available at: <http://store.samhsa.gov/product/SMA10-4515> or to order a free print version, call 1-877-726-4727. Another resource on older adult suicide information that was mentioned by a NCMHA member is the Canadian Coalition for Seniors' Mental Health (CCSMH) <http://www.ccsmh.ca/en/projects/suicide.cfm>

### **Implementation of Community Living Assistance Service and Support Act (CLASS) in ACA**

Joe Caldwell, National Council on Aging, updated the Coalition on the CLASS Act. Working toward the enactment of The CLASS Act brought the aging and disability communities together. Over 100 groups supported it. Since its passage, the focus has been on implementation. There is a new group focused on the implementation of The Class ACT called Advanced Class (see [Advanced Class.org](http://AdvancedClass.org)). A second group is focused on Medicaid Home and Community Services.

CMS has encouraged states to look at mental health services in the recent past. The 1915i option opens up funds previously allocated only for institutional care for community-based use. Three to five states have utilized the option so far and several have used these funds for mental health services. CMS offers a Medicaid Balancing Incentive. States can do work to rebalance their funding from institutional to community settings. For example, states that spend less than 25% on community settings can get a 5% enhanced FMAP. The Community First Choice Option dates back over a decade. There is a benefit for personal attendants and supports. States would have to help everyone. This will be difficult for the states to take up but will result in a 6% enhanced FMAP, so this may be a good option for some states.

The CLASS Act is basically a voluntary long term care insurance option. It's really the only public option part of Health Reform. Private insurance has not been purchased widely. There is tremendous pressure on the Medicaid program resulting in a need for some payment mechanism outside of Medicaid. Also, many are not eligible for private long term care insurance. To participate in CLASS, there is a 5 year vesting period, including 3 years of active working. It will then pay at least \$50/day benefit. This clearly won't cover everything but it will help families. At this point, a series of things have to happen. It has to be determined where the CLASS Act will be housed and how it will be administered. This will probably happen after the election. A Personal Assistants Workforce Panel will also be established. It will look at availability of attendant wages, turnover etc., so an infrastructure can be established, probably when the administrative home issue is determined. By December 1, 2012, the benefit plan regulations must be announced. There are still many regulatory issues to be figured out in addition to solvency. For example, who will do the assessment for benefit eligibility? Individuals must experience problems with two ADLs for the benefit to trigger. What will be the cognitive mental health equivalent of an ADL? This could be an important role for NCMHA.

The CLASS Independence Benefit Plan is part of Health Care Reform Act. The Congressional Budget office has calculated a \$70 billion cost savings in next 10 years for the CLASS Act, so it is usually viewed as cost savings. Another question raised was how much will it cost per month for individuals to buy into the CLASS Act. What is known is that premiums will be higher for older people but we don't have sense yet as to what premiums will be as it depends how many enroll. It will be interesting to see how mental health fits into this program.

Early in the New Year, the group noted above that is focused on Medicaid Home and Community Services will have information on the NCOA website, [www.ncoa.org](http://www.ncoa.org). Joe also noted that States that have "Money Follows the Person" grants already can work with their CMS project officer to determine how best to serve additional populations or apply for these other supplements.

### **SAMHSA/CMHS Sponsored Projects**

Marian Scheinholtz, Public Health Advisor at SAMHSA, updated the Coalition on a few SAMHSA sponsored projects. They have been able to invest in a couple small projects to assist practitioners and states; funding came from savings in logistics contracts. CMHS has proposed \$4 million for Targeted Capacity Expansion (TCE) grants for older adults. The new small efforts will enhance the technical support for sustainability of services established under current TCE grants. SAMHSA is collaborating with AoA on an initiative to increase states' understanding of addressing older adult mental health. This effort called Model State Plans involves national, state and local agencies, consumers and families in planning service development and provision. They started work on the Model State Plans project in June of this year and want to be finished by the end of year. The project's outcome will be a Briefing Report for those who work on state plans. They hope to have clearance to distribute the report soon after its completion. Marcia Marshall, the Program Coordinator of the SAMHSA/CMHS Community Support Resource Center of NASMHPD added that the report will be a "call to action" to states that offers examples of effective state plans that address the service needs of older adults. It will not give specifics as services rendered vary from state to state. Charlotte Kaufman with the Illinois Mental Health Authority who is drafting the report, said that it will provide guidance on how to look at existing state plans and better leverage resources we have to provide effective services for older adults. Basically, given existing clinical guidelines, workforce, etc., it will address how state agencies can collaborate to get things done more effectively. Many times as many as twenty different agencies in states have to collaborate in efforts to provide older adult services. The guide will offer guidance on how to connect the dots of existing resources to benefit older adults.

Alix McNeill added that NCOA is working with SAMHSA in a related sustainability project looking at TCEs and other demonstration projects that had grant support to see how they can sustain their evidence-based services post grant funding. Most grant recipients contacted had sustained some of their services. Grantees said that "demonstrable outcomes and ongoing evaluation" were the most important factors for sustaining efforts because they provided solid justification for future efforts. It was also important that the "evidence-based mental health service "fit into the overall mission of the parent organization" especially in the face of funding cuts. Other organizational factors include having "program champions at high levels", having the "leadership of organization onboard", and "managerial support for the program". Another common factor for sustainability was "community support" as well as "financing". Aging service organizations tended to receive follow-on funding from "aging sources"; mental health agencies from "mental health sources". If they were able to bill services to Medicaid there was more long term stability. These projects and the report have implications beyond mental health & aging to larger issues of sustainability of services.

## **Missouri Mental Health Transformation: New Services for Older Adults**

James Cook, Missouri Institute of Mental Health presented *Transforming Missouri's Mental Health System: New Services for Older Adults*. The Missouri Institute of Mental Health is the lead agency for to the Mental Health Transformation State Incentive Grant. The Transformation Working Group setup a Mental Health and Aging Workgroup in conjunction with the State Unit on Aging, State Mental Health and Substance Abuse Authorities, the Aging & Mental Health Coalition of Kansas City North (an NCMHA member), consumers, and other stakeholders. They chose Healthy IDEAS, a depression care management program, to implement because it is: designed for embedding in existing structures, evidence-based, a "low tech" practical depression intervention that may be better accepted by older adults. Components of Healthy IDEAS include: a Geriatric Depression Scale screening by a case manager; education on depression and managing depressive symptoms including self-management, behavioral activation and referral to mental health specialists when needed. In developing Healthy IDEAS, the Baylor School of Medicine and community partner team, decided to engage and train case managers in the delivery of the program because case managers are already working with clients who have depression and are not accessing mental health care.

In September 2009 they convened a statewide Informational Forum on Healthy IDEAS in Columbia. An NCOA readiness assessment and a Missouri questionnaire were used by applicants. In November, six implementing agencies were chosen that included several Area Agencies on Aging, one Community Mental Health Center, and one county aging service agency. In May-August 2010, they held a two-day on-site training by the national Healthy IDEAS training team from Houston, TX. They are building a foundation so that mental health agencies, area agencies on aging, community mental health centers can work together in a more cohesive fashion than they have been working. In October 2010, evaluation activities began.

Funding sources included: (1) the Transformation Grant, which was used for training, data system modifications, and miscellaneous infrastructure (start-up) costs; (2) Medicaid, for services for older adults with major depression; (3) state and federal funding going to community mental health centers support clinical coaches from the centers; (4) Older Americans Act for AAA case management; and (5) the Senior millionaire tax.

Jim completed his remarks by describing other recent Missouri mental health & aging initiatives. The State Mental Health Authority has issued several suicide prevention mini-awards of \$2,900 each. The Missouri Health Foundation is supporting an older adult mental health initiative providing multiple awards up to \$200,000 over two years. Another exciting development is a policy change that allows an individual age 60 or older that has a single major depression incident to receive treatment through a state-funded comprehensive psychiatric rehab program. This is a statewide offering.

## **Member Updates**

*Administration on Aging* – Shannon Skowronski reported that AoA is working to enhance collaboration with SAMHSA. She is also the AOA advisor to NCOA's sustainability study. AoA has awarded \$27 million in stimulus money to state units on aging to work with state public health departments on chronic disease self-management projects. States are building delivery systems for evidenced-based prevention programs including Healthy IDEAS.

*American Association for Geriatric Psychiatry* – Stephanie Reed provided an update on The Eldercare Workforce Alliance (EWA). EWA had two Hill days this fall during which they met with Senate and some House offices in order to keep attention on eldercare health workforce issues. (See [www.eldercareworkforce.org](http://www.eldercareworkforce.org) for more information).

*American Psychological Association* – Deborah DiGilio noted that the “Family Caregiver Briefcase for Psychologists” developed by the 2010 APA Presidential Task Force on Caregivers will be available on the APA website at the beginning of 2011. Its URL is:

<http://apa.org/pi/about/publications/caregivers/index.aspx>. Components of the Briefcase include: An Overview of Family Caregiving; Psychologists’ Roles in Practice, Research, Education, Program Development and Advocacy; Common Caregiving Problems; Reaching Caregivers; Assessment and Intervention Strategies and Tools; Business Pragmatics; Conducting Caregiver Research; Educating and Teaching about Caregiving; Addressing the Needs of Culturally Diverse Groups; Common Ethical Issues; and Resources for Psychologists and Caregivers.

*American Society on Aging* – Anita Rosen, ASA representative, and Willard Mays, ASA and NASMHPD representative, described plans for the *2011 Aging in America Conference*. On April 27, there will be the joint NCMHA/Mental Health and Aging Network track that consists of three sessions. The first will be an overview and update of the TCE grant projects with the 10 older adult TCE grantees as presenters. A second will focus on evidence based practice implementation and outcomes of TCE grants with Steve Bartels, Willard Mays and Miriam Scheinholtz. A third will focus on public policy issues and sustainability of services with Anita Rosen, Robyn Golden, Marcia Marshall, Alixe McNeill and Miriam Scheinholtz.

*Department of Veterans Affairs* – Gregory Hinrichsen reported that 25 psychologists have been trained by expert, Linda Teri in the non-pharmacological management of behavioral problems in nursing homes. They are also conducting web based trainings for non-mental health providers to enable them to identify suicide issues among older veterans. The training includes how best to engage this group that is sometimes resistant to availing themselves of services.

*Geriatric Mental Health Alliance of New York* – Kimberly Williams updated the group on the state planning body they have convened which consists of the Departments of Aging, Mental Health, Substance Abuse and the VA. They have two demonstration grant programs: a Gatekeeper Program, and an Integration of Mental Health into Primary Care Program. It is funded at \$2 million a year for 5 years.

*Health Resources and Services Administration* – Madeline Hess reported on the recent competition for geriatric education grants. For the Graduate Psychology Education (GPE), 63 applications were received, 46 approved for funding and 20 were funded. For the Geriatric Education Centers (GEC), 54 applications were received, 52 approved, and 45 funded. For the Geriatric Academic Career Awards (GACA), 100 applications were received and 69 funded. For the Comprehensive Geriatric Education Program – 27 were received and renewed. For the Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professions (GDPTD), 13 were funded. If no new money is allocated for 2011, there will be no new competitions. (See: <http://bhpr.hrsa.gov/grants/geriatrics.htm> for more information).

*Illinois Coalition on Mental Health and Aging* – Charlotte Kauffman discussed the Governor’s Conference on Aging that is held each December in Chicago. They have sessions on aging services and mental health topics. At this Conference, the Illinois Coalition on Mental Health & Aging and the Illinois Long Term Care Council are co-convening a public forum on the Transformation and Continuum of Long Term Care in Illinois. (See: [http://www.state.il.us/aging/2calendar/conference/2010files/conf\\_on\\_aging2010.pdf](http://www.state.il.us/aging/2calendar/conference/2010files/conf_on_aging2010.pdf) for more information).

*Indiana Mental Health and Aging Coalition* – Willard Mays described how next year they will use their Olmstead grant to conduct a mental health consumer leadership academy. They will train 20-25 consumers. The state Coalition itself has subcommittee of older adult consumers.

*National Alliance for Caregiving* – Gail Hunt informed the group that November 17<sup>th</sup> is the 10<sup>th</sup> Anniversary of the Family Caregivers Act and 2011 is the Year of the Family Caregiver. AOA will be rolling out a tool kit in the upcoming year. On November 10<sup>th</sup>, there will be a Congressional Briefing on Caregivers of Veterans and a new NAC report, *Caregivers of Veterans – Serving on the Homefront*, will be released. Also on November 30, the Alzheimer’s Association and NAC will be releasing studies on caregivers of people with Alzheimer’s. It will include information on how these caregivers differ from other caregivers.

*Older Adults Mental Health Working Group of Northern Virginia* – Anne Hermann described the two events held in Northern Virginia in September during Virginia Older Adult Mental Health Awareness Month. Both had to do with suicide prevention and treatment and were open to the community. There were over 200 individuals in attendance.

*Pennsylvania Behavioral Health and Aging Coalition* – Rebecca May-Cole reported on the Coalition’s first Aging Coalition Trainers (ACT) peer training. They are training peer trainers on alcohol and mental health issues. They have bimonthly calls with 40 participants to talk about difficult cases and how folks can work across agencies to meet the needs of this population. They also have online training in mental health and aging for nursing home and senior residence staff. They also hold suicide prevention trainings across the state. Their website has just been updated. She would appreciate input and resources from NCMHA members. It is: [www.olderpa.org](http://www.olderpa.org).

*The Voice of Midlife & Older Women (OWL)* – Bobbie Brinegar announced that she is the new Executive Director of OWL and is pleased to attend NCMHA.

*Virginia Alcohol and Aging Awareness Group* – Constance Coogle noted that they have finalized their strategic plan for older adult alcoholism. (See: [www.abc.va.gov/Education/older Adults/AAAG-StrategicPlan.pdf](http://www.abc.va.gov/Education/older%20Adults/AAAG-StrategicPlan.pdf) for more information.

Alixé asked members to provide ideas for agenda items for upcoming meetings;  
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The meeting was adjourned at 12:30 p.m.