



**National Coalition on Mental Health and Aging
Meeting Minutes
September 17, 2009**

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 26 members present onsite and 8 via conference call. The meeting began with member introductions.

NCMHA Business

The Coalition received requests for membership from four organizations: National Partnership for Women & Families, Iowa Coalition on Mental Health and Aging, Center on Global Aging, and Graduate Center for Gerontology at the University of Kentucky. They were unanimously accepted for membership. Reports from the new members are included in the Member Update section of these minutes.

Alix McNeill expressed gratitude for the work of the immediate past members of the NCMHA Executive Committee who completed two, two-year terms of service from 2006-2009 and are leaving the Executive Committee; she presented them with mementos of appreciation. These members are: Robert Bernstein (Vice-Chair, Bazelon Center for Mental Health Law), Mildred Reynolds, (Consumer, Depression and Bipolar Support Alliance), Anita Rosen (At-Large, American Society on Aging and Council on Social Work Education), and Bob Rawlings (State and Local Coalition Representative, Oklahoma Mental Health and Aging Coalition).

Health Care Reform: Concerns for Mental Health and Aging

Stephanie Reed, American Association for Geriatric Psychiatry (AAGP), moderated a panel on Health Care Reform. James Finley, National Association of Social Workers (NASW), first updated the coalition on Medicare. (Ed note: these notes reflect legislative status as of 9/17). The just released Baucus Bill was rated by the Congressional Budget Office at \$774 billion over 10 years. They will also look at cost over 20 years. In this bill, 25 million people are still uninsured. Currently 83% have coverage and the bill would increase those insured to 94%. The House bill would leave 17 million uninsured but it is more expensive. The Baucus bill also involves an exchange model wherein small purchasers can buy into four different benefit plans. They don't differ so much on plan benefits but rather on the ratio of cost-sharing. Most uninsured would go into the exchange model. But this could result in trading down benefits (especially those for mental health). What happens to consumers going in and out of the exchange? Maybe in the future small businesses with less than 50 employees may be allowed to join the exchange. Subsidies will be provided up to 300% of the poverty level – approximately \$66,000 per year for a family of four. The mental health and substance abuse benefit in the Senate bill is not as good as in the House bill. Single, childless, adults are the largest group in the 133% of poverty group in the Baucus bill. But states don't have to bring them in under full mental health benefits and a lot of these people have mental health and substance abuse disorders. They are

segregated and states are given options including less expensive options for mental health for this group. States will also be allowed to aggregate to form different risk pools and regulatory structures to pull contiguous states together. Psychotherapy rates under Medicare are bumped up for two years in the Baucus bill. It is a good stop gap measure to keep mental and behavioral health Medicare providers' pay somewhat stable (now a mandated 21% cut is imminent).

Howard Bedlin, National Council on Aging (NCOA), discussed long term services and supports. He noted that the CLASS Act (Community Living Assistance Services and Supports Act) is in both the Senate Health, Education, Labor and Pensions (HELP) Committee and the House Energy and Commerce Committee bills. The Administration has come out in support of it as well. However it is not in the Senate Finance Committee (SFC) bill, so it is an unknown as to whether it will remain when the HELP and Finance Committees merge their two versions of the Senate health reform bill. The Congressional Budget Office scored the CLASS Act as reducing the deficit – a \$58 billion positive cash flow and \$2.5 billion in Medicare savings. Medicaid home and community- based services are included in the SFC version of the health reform bill, but neither in the HELP Committee version nor the House bill. The three HCBS provisions included in the SFC bill follow. (1) The Empowered at Home Act, which would provide incentives for states to expand access to home and community-based services and include spousal impoverishment protections - Senator Kerry plans to offer an amendment to incorporate this into the Senate Finance Committee bill. (2) The Community Choice Act put forth by Senator Harkin and Representative Davis is included. The attendant care service provision in this bill scored high. States oppose the mandate as no increased federal state match funds are proposed. (3) The Home and Community Balanced Incentives Act, introduced by Senators Cantwell and Kohl is included; this bill would increase the Medicaid match for states that provide more home and community-based services. Since including these bills is somewhat complicated, perhaps Senators Cantwell, Kohl, and Harkin can develop a uniform strategy to bring these measures forward. In terms of the direct care workforce, the aging network can help address the workforce shortage.

Howard also described Project 2020 introduced by Senator Cantwell and Representative Braley. This legislation would provide the resources to implement consumer-centered and cost-effective long-term care strategies authorized in the 2006 reauthorization of the Older Americans Act. The Aging Services Network would implement these strategies through a three-pronged program encompassing person-centered access to information, evidence-based disease prevention and health promotion activities, and enhanced nursing home diversion services. More information is available at: <http://www.n4a.org/advocacy/campaigns/?fa=project-2020>.

Ashley Carson, OWL: The Voice of Midlife & Older Women (OWL), continued with a discussion of Age Rating. Age rating would allow health insurance companies to charge patients different premiums based on the person's age. Age rating is in all of the Health Care Reform bills but it is the worst in the Baucus bill which would allow charges up to five times more based on older age. Age Rating is viewed by many as necessary. We have, however, removed gender, preexisting health conditions, and health status as criteria for differential treatment but not age, even though we have no control over our age. Why not a community based rating? In a community based rating everyone pays the same. Ashley as why people in aging are not upset about age rating? A lot of ageism is one reason. The Leadership Council of Aging Organizations (LCOA) wrote letters asking for elimination of the age rating. Age rating will also translate into higher costs for taxpayers because the Federal government will have to pay more in subsidies to cover higher premiums. The White House has not taken any position but it seems that they approve the 2:1 price ratio. The pre-Medicare population in particular is being hit with high premiums. Senator Baucus staff has said we need to do 5:1 because Republicans want it; but no Republicans will vote for his bill.

Diane Elmore, American Psychological Association, continued the discussion with issues related to the geriatric health workforce in Health Care Reform. The bulk of the workforce language is in the Senate Health, Education, Labor and Pensions (HELP) Committee bill, rather than the Baucus/Finance Committee bill, as the HELP Committee has jurisdiction over these issues. These provisions include portions of the Retooling the Health Care Workforce for an Aging America Act introduced by Senator Kohl and Representative Schakowsky. Specifically, these provisions would enhance and expand geriatric education and training programs under Title VII and VIII of the Public Health Service Act. These provisions would expand the Geriatric Education Center grants to family caregivers, foster best practices including those for mental health, and expand the number of disciplines eligible for Geriatric Academic Career Awards to foster integrated care efforts. The House is hesitant to add a geriatric specific section to their bill, as they don't want to favor any particular specialties or groups. The Eldercare Workforce Alliance and many individual organizations are working to retain geriatric workforce provisions in the Senate HELP bill. Loan Forgiveness is the focus of Senator Boxer's Caring for an Aging America Act. Senator Boxer is working to get her provisions added to the Senate Bill. In terms of integrated health care, the Positive Aging Act is not in any of the bills. Any SAMHSA related additions to Health Care Reform have not been viewed favorably.

The Kaiser Family Foundation website has an excellent comparison of the health care reform bills: <http://www.kff.org/healthreform/sidebyside.cfm>.

Upcoming Conferences

Willard Mays of National Association of State Mental Health Program Directors (NASMHPD) and America Society on Aging (ASA) reported that on October 19-20, NASMHPD's Older Persons Division, National Association of PASRR Professionals, and the Iowa Department of Human Services, Division of Mental Health & Disability Services will cosponsor a conference hosted by the University of Iowa called *A Time for Transition: Policy, Practice, and Research in Aging and Mental Health*. The conference will feature the latest developments in providing high quality, effective care to older adults with mental health needs across a variety of settings including nursing facilities, community clinics, and the home. Sessions include: PASRR: The Nuts and Bolts of PASRR; Evidence Based Care: Iowa Model of Collaborative Care; and Emerging Issues: Community Models of Care: Healthy IDEAS & PEARLS. Geropsychologist, Bob Knight of the USC Gerontology Center will be the opening plenary speaker. NCMHA Chair, Alixe McNeill will also be a plenary speaker as will Dan Timmel, Bob Rawlings, Marcia Marshall, Ellen Vera, and Robyn Golden. There is a \$60 registration fee.

The NCMHA is sponsoring a a Mental Health Day again next year at the NCOA-ASA Aging in America Conference to be held March 15-20, 2010 in Chicago. The day, Thursday, March 18 will start with a major Critical Issues in Aging session followed by three workshops to include a an NCMHA and a policy update, successful state and local coalition efforts, and the SAMHSA /CMHS Targeted Capacity Expansion (TCE) grants for older adult mental health. There will also be a Mental Health and Aging Network (MHAN) reception and peer group sessions. Visit www.ASAging.org for more information.

SAMHSA CMHS Older Adult Targeted Capacity Expansion (TCE) Grants

NASMHPD is the Technical Assistance Center for ten TCE grants. Marian Scheinholtz is the CMHS project officer. This is the third cycle of TCE grants for older adults which ends in 2011. The focus of the grants is the delivery of services to older adults with mental health disorders utilizing evidence-based practices. During all 3 years the grantees work on strategies to sustain the new services offered

after the grant ends. Each grantee is receiving \$400,000 per year for 3 years. The TCE projects will be highlighted at the two conferences just mentioned.

SAMHSA will publish a Suicide Prevention Tool Kit for older adults developed by SPARK; this is expected to be available in April 2010. A new SAMHSA Depression Tool Kit, which is expected to be available at the end of this year, will focus on utilizing evidence-based practices for identifying and treating depression in older adults.

Proposal for Legislative Advocacy

Stephanie Reed, Vice Chair, reviewed the NCMHA bylaws regarding advocacy and a made proposal, endorsed by the Executive Committee, for a more active role for the coalition in legislative advocacy. Current NCMHA Bylaws permit the coalition to advocate for its positions:

Article 1-b states: One of the tenets of the Coalition is open discussion among members, and room for differences of opinion. The Coalition will focus on issues around which general consensus can be reached, and joint action undertaken.

Article 4-g states: Correspondence: Letters and other correspondence dealing with policy issues, written on behalf of the Coalition, shall list only those members who wish to be so listed (in alphabetical order).

The Executive Committee proposes that, in accordance with the by-laws, the coalition be permitted to advocate for legislative action, and that letters and other documents may be sent out under the coalition's letterhead if 50% plus one of the member organizations agree to sign on.

A discussion ensued about pros and cons of the Coalition advocating for legislation. A member offered that it is her understanding that up to this point in its history NCMHA has advocated vigorously on "issues" such as the inclusion of mental health at the 1995 and 2005 White House Conferences on Aging. However, we have "not endorsed particular legislation". It appears that the NCMHA bylaws do not preclude such activity (as noted above). With this proposal, the Executive Committee would screen requests to endorse specific legislative bills and make a recommendation to the full membership. NCMHA would send a letter supporting a bill if 50% plus one of the member organizations support the legislation. It is understood that federal agency representatives cannot endorse specific legislation, and, that some organizations may not take a position on legislation, and others, will not endorse specific bills.

Several members offered potential downsides to this proposal. NCMHA bylaws state that coalition's primary strategies are education, research and public awareness. The coalition highly values its federal agency representatives and this proposal may place them in a difficult position. The federal agencies have always been fully participating members of NCMHA and the proposed policy change may inhibit their participation. Their ethics officers have become more restrictive over the years of any activities that can be perceived as advocacy, even if that is not this case. Being present for NCMHA discussions on endorsing specific legislation can be problematic for federal agencies, even if they do not sign on. It was suggested that we could consider having different membership category for federal agencies. It was noted that "observer" may be considered demeaning as it implies less than full membership. "Federal resource group" was raised as another possibility. It was also noted that NCMHA member groups' lobbyists may not wish to discuss strategies for enacting legislation at coalition meetings. It was suggested that advocating for specific legislation might jeopardize NCMHA's long-standing recognition as an unbiased source of information. For example, NCMHA provided key testimony and recommendations on important mental health and aging issues to both the New Freedom Commission and the White House Conference on Aging. It was decided not to ask

federal agencies to explore this issue with their ethics officers at this time. The Executive Committee will review the proposal and consider all of the issues raised during this meeting and report back to the full membership in the future.

NCMHA 2009 – 2011

Alix McNeill asked for suggestions for future NCMHA meetings and activities. Suggestions included looking into issues such as social networks and the workforce crisis more fully. It was also suggested that receiving information about federal grants to bring back to member organizations might be helpful. It was noted that the Coalition website is being updated. We are considering a members-only page. It was decided that the future NCMHA meeting start time will be changed from 9:30am to 10:00am to accommodate travelers. We will continue to adjourn at 12:30pm.

Member updates

American Association for Geriatric Psychiatry (AAGP) – Stephanie Reed announced the Call for Nominations for AAGP's Deirdre Johnston Award for Excellence and Innovation in Geriatric Mental Health Outreach Services. This award is given to community based mental health programs that provide exemplary and /or innovative direct services for older adults. For more information visit: <http://www.aagpmeeting.org/awards.html>

Center for Global Aging – Barbara Soniat described how the Center is based in the School of Social Work at George Washington University. Its mission is to foster interdisciplinary professional education on aging, life long learning, advocacy on aging issues, and partnership in research. Their educational activities include mental health with a policy focus.

Centers for Medicare & Medicaid Services (CMS) – Angela Taube shared slides highlighting the projected transitions of the Money Follows the Person Rebalancing Demonstration Program. For the five years that the program has been in existence, the projected transitions are: 47% were elderly, 26.3% were individuals with physical disabilities, 19% were individuals with MR/DD (only 2 states target just this group), 3.8% were individuals with mental illness (targeted by 8 states), and 3.1% were other populations, such as TBI and individuals with dual diagnoses. The actual transitions from 2007 through June 30, 2009 were: 1003 elderly, 1132 physically disabled, 1204 people with MR/DD, 9 people with mental illness, and 36 other. For statistics on older adults with dual diagnoses who are transitioning, please contact John Sorensen: John.Sorensen@cms.hhs.gov.

Department of Veterans Affairs - Gregory Hinrichsen via teleconference noted that there has been a major expansion in the mental health workforce at the VA. 600+ mental health workers have recently been hired. They are included on all primary care teams and in long term care facilities. They have two upcoming system-wide conferences. In October, there will be a mental health summit and in November there will be one on homelessness.

Geriatric Mental Health Alliance of New York – Kim Williams via teleconference reported that the New York Office of Mental Health has awarded nine demonstration grants to optimize Medicare mental health services. The Alliance received a small grant to provide technical assistance to the projects. The goal is to ensure that the optimized services can continue when grant funding ends.

Graduate Center for Gerontology, University of Kentucky – As noted by Faika Zanjani in the letter requesting membership in NCMHA, the center is a research focused center. They are very interested in learning from NCMHA members best practices in the field of mental health and aging to support their Center's research. They are committed to older adult research and education in mental health and actively disseminate information through local, academic, community, and state forums.

Human Resources and Services Administration (HRSA) – Dan Mareck announced that there will be new competitive award cycles in 2010 for the Graduate Psychology Education (GPE) grants and all geriatric education grant programs. There are also 18 non-competing, GPE continuing programs. The geriatrics grant program funding of \$31 million currently funds 48 Geriatric Education Centers (GEC), 84 Geriatric Academic Career Awards (GACA), and 11 Geriatric Training for physicians programs (GT).

Iowa Department of Human Services – Lila Starr announced that the conference on *A Time for Transition: Policy, Practice, and Research in Aging and Mental Health* will be October 19-20. Sponsored by NASMHPD's Older Persons Division and others, it will be hosted by the University of Iowa. For more information go to: <http://www.pasrr.org/pdf/ICMHABrochure.pdf>

National Citizens' Coalition for Nursing Home Reform (NCCNHR) – Jessica Brill announced that the National Ombudsman Resource Center (NORC) has a new paper on “Advocating for Residents with Mental Health Needs”, and recently hosted a conference call on that topic. More information can be found the website: www.ltombudsman.org. On September 17, both NCCNHR and NORC are launching new websites that are easier to navigate, and they will include additional materials for residents in long-term care settings, as well as for family members, citizen advocates, ombudsmen, and others.

Maryland Coalition on Mental Health and Aging – Kim Burton reported that they are wrapping up their three-year program training assisted living and nursing home staff (ombudsman, surveyors, nurses, aids) in mental health and dementia issues. They have trained almost 300 people so far.

National Council on Aging (NCOA) – Alixe McNeill updated the group on NCOA's work in helping diffusion of evidence-based community depression care programs, especially Healthy IDEAS and PEARLS programs. These programs are now offered in 12 states and 50 agencies. Missouri will use some of its SAMHSA mental health transformation funding to support implementation of Healthy IDEAS in 5 regions. They will use the NCOA-developed Healthy IDEAS Readiness Assessment tool, provide grants to local organizations, and support coaching for case managers.

National Gay and Lesbian Task Force (NGLTF) – Laurie Young, Aging Policy Analyst, noted that she had a meeting with Administration on Aging, Assistant Secretary for Aging, Kathy Greenlee. She will be an excellent ally for the Coalition.

National Partnership for Women & Families - Lynn Feinberg noted that the organization has been in existence for over 30 years. They are a bipartisan advocacy, consumer organization working for quality health care and workplace fairness. They wrote the Family Medical Leave Act and worked for its passage. They have a new project, which she is directing, called *Campaign for Better Care* funded by the Atlantic Philanthropies. The goal of the Campaign is to build a strong consumer voice for older adults to ensure affordable and high quality health care including mental health care.

Oklahoma Mental Health Association – Karen Orsi via teleconference reported that their coalition is going statewide. Their mental health system funding is doing well.

Pennsylvania Behavioral Health Association – They are actively involved in outreach and coalition building across the state. They have recently added two part time regional coordinators for mental health and aging. The Pennsylvania Department on Aging, Office on Long Term Living has provided funding directed to mental health and aging statewide.

Aging and Behavioral Health Alliance of East Central Ohio – Paula Hartman Stein noted that as of last week all twelve of their local Area Agencies on Aging received training in ‘Healthy IDEAS’, a community depression care management program embedded in case management.

Suicide Prevention Action Network (SPAN) USA - Brian Altman announced that SPAN is working with the VA and its National Suicide Prevention Hotline on an on-line chat service. More information about the online chat service is available at: <http://www.mentalhealth.va.gov/>. He also noted that SPAN would like more funding to distribute its Older Adult Suicide brochure, if anyone knows of funding to suggest.

Next Meeting Date

The meeting was adjourned at 12:00 p.m. The next NCMHA meeting will be held on **Tuesday February 2** from 10:00 a.m. until 12:30 p.m. in the American Psychological Association’s 6th Floor Board Room.