



National Coalition on Mental Health and Aging

Draft Meeting Minutes

July 25, 2016

Welcome and Update

Kimberly Williams, NCMHA Chair and Geriatric Mental Health Alliance of New York Representative, called the meeting to order. There were 16 members present onsite and 13 members via conference call.

Kimberly updated the Coalition on SAMHSA's National Certified Community Behavioral Health Clinics (CCBHC) 223 Demonstration Program. In 2015, NCMHA submitted comments on the 223 criteria requesting more attention be given to older adults. That October, SAMHSA awarded planning grants to 23 states to integrate behavioral and physical health and improve access to services, including some with active mental health and aging coalitions. The Coalition sent guidance to those states so they might better incorporate older adult mental health needs when they submitted their formal program proposals. Eight of the 23 planning grant recipients will receive funding in October 2016.

At the last NCMHA meeting in March, a lively discussion was had whether the Coalition should change its name to National Coalition on Behavioral Health and Aging as federal (i.e. SAMHSA) and many states and localities are utilizing this term. It was decided not to change but revise our mission statement to reflect that we are indeed holistic and do behavioral health issues are a critical component of our mission.

National Alzheimer's Project ACT (NAPA) and National Plan to Address Alzheimer's Disease

Kimberly introduced Linda Elam the Deputy Assistant Secretary for the Office of Disability, Aging, and Long-Term Care at the U.S. Department of Health and Human Services (HHS). The Office of Disability, Aging and Long-Term Care Policy provides leadership on HHS policies that support the independence, health and productivity of elderly individuals and people with disabilities, including issues related to integrated care, rehabilitative services, mental health parity, post-acute and long-term care, employment of people with disabilities, and the direct care workforce. The Office is home to and supports the Congressionally-established National Advisory Council on Alzheimer's Research, Care and Services, whose goal is to prevent and effectively treat Alzheimer's disease by 2025. Other key areas of focus include policy strategies to end chronic homelessness, and approaches to financing long-term care. Prior to joining ASPE, Dr. Elam was Senior Deputy Director and State Medicaid Director at the District of Columbia's Department of Health Care Finance.

Linda began by discussing the estimated 5.4 million people in the U.S. with Alzheimer's disease and related dementias (ADRD). The estimated annual costs to health and long-term care systems for caring for people with ADRD \$109 billion, most of which is long-term care and. The estimated cost of care by family and friends is \$106 billion. She discussed how currently there is no way to prevent, treat or cure

Alzheimer's disease and related dementias. The challenges are: better quality of care measures and staff training are needed, family members and other caregivers need support, stigmas and misconceptions are widespread, and public and private progress should be coordinated and tracked.

The National Alzheimer's Project Act (NAPA) was signed January 4, 2011, it requires the Secretary of the U.S. Department of Health and Human Services (HHS) to establish the National Alzheimer's Project to: create and maintain an integrated national plan to overcome Alzheimer's, coordinate research and services across all federal agencies, accelerate the development of treatments that would prevent, halt, or reverse the disease, improve early diagnosis and coordination of care and treatment of the disease, improve outcomes for ethnic and racial minority populations at higher risk, and coordinate with international bodies to fight Alzheimer's globally. The advisory council established not by APA meets quarterly to discuss the efficacy of government programs to combat Alzheimer's. Ron Peterson, MD at Mayo is the chair. The 12 members include patient advocates, including a person living with dementia, caregivers, providers, state and local representatives, researchers, and voluntary health associations, along with the representatives of the Department of Health and Human Services, Defense, National Science Foundation, and Department of Veterans Affairs.

The National Plan has five goals: research, clinical care, long term care and caregiving, educate to the public and coordinate in global community, and set up future activists. It includes balancing work on treatments with care needed by people with the disease and their families now; progress reporting of completed and ongoing activities of the federal government and non-federal partners; and long term goals, strategies to achieve those goals, and immediate actions. It is not just a federal plan, it requires engagement of public and private sector stakeholders. It provides a base to work off of to create state plans. There are currently 44 states (and Puerto Rico) with plans to address dementia. The states differ in how they approach dementia, given their specific needs, but there are general themes around improving quality of care and better access to resources. The goals and recommendations in the state plans range from raising public awareness, to improved training for caregivers, to transportation and safety issues. She then discussed mental and behavioral Health segments of the 2016 plan. She described the clinical work on understanding caregiver stress going on at NIH, the National Partnership to Improve Dementia Care in Nursing Homes of CMS, and the Behavioral Risk Factor Survey and publications on memory loss at CDC. In response to a member query, she noted that the Dementia Friendly American effort was separate from this one.

Linda then highlighted the work Minnesota and New York are doing. Minnesota is often a standout in health care arena and is moving ahead of pack in becoming a dementia-capable state. It's a holistic approach. All parts of the community from banking, to law enforcement have all been trained to be sensitive to people with dementia. In addition, the legislature appropriated funds to serve persons with dementia and their caregivers. In New York State, there is Alzheimer's disease Regional Caregiver Support Initiative and also the New York State Alzheimer's Disease Caregiver Support Initiative for Under-served Communities. The latter includes culturally competent support including service provision and referral to other entities.

During the discussion period, a question was raised as to whether the National Plan effort is establishing benchmarks for state plans. Are there criteria that a state can look at to as they try to move forward to become dementia capable? Linda replied that they are pulling state stakeholders around the table but what state agency takes the lead in this effort depends on the state. Minnesota is a good model of progress. It was then discussed how a big barrier to moving forward at the state level is that many public health systems and mental/behavioral health systems often do not see dementia as part of their mission. Even if it was viewed as part of their mission, there is no money.

Also, many individuals with dementia and their caregivers do not want to be categorized as having a mental health issue. However, over the course of the illness, depression, anxiety and agitation and other behavioral symptoms are common. Research also supports the link between chronic depression, PTSD and the development of dementia. Mental health treatment is an important part of any plan that is developed.

For a copy of Linda Elam's Power Point presentation, please contact Deborah DiGilio at ddigilio@apa.org.

NCMHA's Working Committee Reports

Kimberly reminded the Coalition how the four areas for NCMHA strategic growth were developed and that Committees were established in each of the areas. Committee chairs updated NCMHA about their recent efforts.

Membership Development: Viviana Criado provided an overview of the results of the **NCMHA Membership Survey that was initiated to gather members' input on major older adult behavioral issues of importance and ways to best engage the membership.** 27 responded who represented national organizations, federal agencies, state and local coalitions and individual members. Emerging policy issues. The following emerging issues were identified and grouped in order of frequency: Rebalancing Long Term Care, Money Follows the Person, and LTC facility reform; older adult behavioral health workforce shortages; Medicare and Medicaid reimbursement rates, billing issues, and doing business with ACOs; and, attention needed by SAMHSA, HRSA and the new administration to older adult behavioral health. Over 50% of respondents gave high priority to the following methods of engagement: Communicate accomplishments (76%), Communicate strategic plan and priorities (72%), Improve NCMHA website (72%), Personal invitations (68%), Advance notices of meetings, calls, and learning opportunities (68%), Communicate value of membership (64%), Welcome new members (60%), Communicate mission and bylaws (60%), and More frequent updates about NCMHA activities (58%) Over 50% of respondents gave high priority to these methods of sharing and learning: Use the NCMHA website (68%), Sessions at national conferences (68%), Quarterly NCMHA meetings (64%), and Webinars (58%).

A list will be developed of 26 potential organizations we that we would like to recruit to become NCMHA members and the Executive Board members will assist the committee in contacting the groups. A draft invitation letter was shared and discussed at the meeting with the request made that additional input be sent to Viviana by the end of next week. The letter incorporating the input along with NCMHA Value Proposition and Member Orientation Information sheets will be developed to accompany the invitation letter. The objective is to increase membership by 12% this year.

Website Development: Marcia Marshall stated that Mental Health America has agreed to host and help the Coalition in developing a new site. NCMHA had basic requests including being able to maintain our existing domain name, having an easy way to log-in and update the new site, a member's only section to the site, and archiving capacity. The specific terms of the agreement are still being fleshed out. A working group should be formed to keep the website current.

Public Awareness: Deborah DiGilio reported that the Committee's initial public awareness activity occurred in May **in conjunction with Older Americans Mental Health Week. A twitter chat, Older Adults & Mental Health to raise awareness about older adults at risk or living with mental health disorders was hosted by NCMHA and the National Council for Behavioral Health.** The chat was very successful resulting in 2.2 million impressions. The NCMHA Member Resources list was also be updated and disseminated

widely. The committee has been decimated due to retirements and departures from positions and needs to be reconstituted.

Coalition Development: Willard Mays reported that the group's work plan included partnering with the NASMHPD Older Persons Division to survey state mental health agencies to determine the status of older adult mental health services and mental health and aging coalitions in their respective states and whether there is interest in developing a coalition if one doesn't exist. That survey is complete and with NASMHPD ready to be disseminated. The survey will be sent to the OPD representative from each state. They also responding to requests from those interested in developing or improving the effectiveness of a mental health and aging coalition by providing materials and technical assistance as needed. Most recently they have fielded inquiries from Alaska and Kentucky to which they responded with information.

Kim thanked the Committee members and chairs for their good work. Please contact Deborah DiGilio at ddigilio@apa.org if you would a copy of the Committees' full reports.

Report on Retirement Research Foundation Project to Facilitate Older Adult Behavioral Health Integration into Long-term Care

Kimberly Williams provided an update of the RRF Project. As mentioned at the last meeting, NCMHA received a one year grant from the Retirement Research Foundation to work collaboratively with mental health and aging state coalitions to develop a structure to facilitate integration. In the summer of 2015, a needs assessment was conducted with 8 states to look at their rebalancing efforts and if they are addressing the mental health needs of older adults within the state initiatives going on. Areas of need identified included best practices and financing mechanisms. A virtual learning community was established to learn via a series of webinars about programs such as the work of the CMS Innovations Center and ways to fund evidence based interventions. Seven of the eight groups remained active. They are now in the next stage of writing up a report of learnings and recommendations. The importance of utilizing HCBS waiver or MFP monies for older adults was clear. The report will include specific barriers and how to address them (e.g. workforce). Other findings relate to the need to adopt a systems of care framework, how to operate within existing systems of care, quality of care, cost savings, and leveraging legal arguments to support these efforts (e.g. Olmstead) will all be discussed. The report will be complete in the fall.

Federal Policy Update

Joel Miller, Executive Director & CEO, American Mental Health Counselors Association provided the policy update. His detailed remarks focused on the provisions and foreseeable outcomes of three recent congressional mental health policy initiatives – the Helping Families in Mental Health Crisis Act (HR 2646), the Mental Health Reform Act of 2016 (S. 2680), and the Comprehensive Addiction and Recovery Act of 2016 (CARA). Joel's PowerPoint presentation was distributed to members. If you would like a copy, contact Deborah DiGilio at ddigilio@apa.org.

Member Updates

[AARP](#) – Olivia Dean described their recent efforts focusing on non-medical use of prescription drugs.

[Administration for Community Living](#) – Phantane Sperl discussed Suicide Prevention Month and their planned webinar in September with NCoA on this topic. They are also working with Leslie Steinman on the PEARLS program.

[American Mental Health Counselors Association](#) – Joel Miller reported on their recent annual conference that had the theme of Resilience and Recovery. They also have posted several blogs related to their anti-stigma campaign.

[American Psychological Association](#) - Debbie DiGilio reported that they now have over 25 [blogs](#) related to health and aging issues, many focused on mental health.

[American Society on Aging](#) – Willard Mays provided an update of the Aging in American conference. It includes a two day track on older adult behavioral health, a peer group meeting, clinical issues, and a full policy day. The policy day will focus on what the new administration needs to know about behavioral health, what federal agencies are planning for the future, and a section featuring successful state and local coalitions.

[Department of Veteran Affairs](#) - Michele Karel reported that they are very involved addressing the needs of complex patients – those with comorbidities including medical, neurocognitive, and mental and behavioral health. Many veterans receive care outside of the system. How we can work together to meet their needs might be a good future discussion topic.

[Geriatric Mental Health Alliance of New York](#) – Kimberly Williams reported that NY is funding their 4th round of demonstration programs in the past 10 years. The triple partners are mental health, aging services and substance abuse departments. Mobile devices and telehealth are part of the new demonstrations.

[Gerontological Society of America](#) – Gena Schoen reported on planning related the International Association of Geriatrics and Gerontology meeting that GSA will host in San Francisco next July.

[Illinois Coalition on Mental Health and Aging](#) - Mike O'Donnell reported that after 18 months, a stop gap budget was approved that included six months funding for state government including health and human services.

[Maryland Coalition on Mental and Behavioral Health](#) – Kim Burton reported that the coalition meets every other month with issue specific action groups. They are trying focus on a broad platform and engage stakeholders on specific issues. Guardianship, specifically limited guardianship is one issue they are working on.

[National Alliance for Caregiving](#) – Gail Hunt reported on the release of their most recent report, Caregivers of Adults with Mental Illness. Many parents and older adults are caring for their adult children and spouses. A very well attended webinar and a policy briefing was held in conjunction with the report's release.

[National Institute on Mental Health](#) – George Niederehe reported that they are in a holding pattern right now and that their new director has not yet been appointed. They have a new division director who is trained as a geriatric psychiatrist who was previously chair of psychiatry at Duke. Neuropsychological symptoms of AD, and developing interventions for psychosis, anxiety and depression for individuals with AD are a current focus. They are planning a workshop with the theme of mental health symptoms of dementia that will include a focus on new non-pharmacologic interventions around behavioral symptoms. Also at NIMH the Mental Health Services Division is having a biannual conference in Bethesda. Suicide is one of the priorities to be disc used.

[National Association of State Mental Health Program Directors](#) - Christy Malik reported that they are preparing a briefing sheet on the intersection of the Preadmission Screening and Resident Review

(PASRR) and ADRCs. The release is scheduled for early winter.

National Council on Aging – Chelsea Gilchrest

[Pennsylvania Behavioral Health and Aging Coalition](#) – Deborah Allen reported that the bright side is that they became fully staffed this summer.

[Psychologists in Long Term Care](#) –Patricia Bach reported on their efforts to address the needs of older adults in long term care including updating their Standards of Practice in Long Term Care Settings.

Rhode Island Elder Mental Health and Addiction Coalition – Janet Spinelli thanked NCMHA for the materials it sent related to the CCBHC 223 Demonstration Program.