



National Coalition on Mental Health and Aging

Meeting Minutes
November 30, 2016

Welcome and Update

Kimberly Williams, NCMHA Chair and Geriatric Mental Health Alliance of New York Representative, called the meeting to order and welcomed the 17 members present onsite and the 18 members via who joined via conference call. The minutes from the July 25, 2016 meeting were reviewed and approved.

Kimberly reported on recent efforts by the Membership Committee to recruit new members. We have identified six organizations who are interested in becoming NCMHA members. They are: the Association of Jewish Aging Services, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the Department of Health and Human Resources, the Center for Medicare Advocacy, the National Coalition Against Prescription Drug Abuse, the National Commission to Preserve Social Security, the Texas state Behavioral Health And Aging Workgroup, and the Virginia Geriatric Mental Health Partnership. Each group was invited to give a brief overview of their organization.

Rachel Stevens representing the Association of Jewish Aging Services gave a brief description of her Association's work. It is an association of not-for-profit community-based organizations which promotes and supports the delivery of appropriate housing and services to an aging population. They work across all senior living levels including residential health care, assisted living and group homes, independent and congregate housing, hospice, and living-at-home service programs. They advocate for funding, offer business development opportunities for housing executives, and develop close relationships with the communities with whom they work. More information can be found on their [website](#).

Helen Lamont and Gavin Kennedy representing ASPE gave a brief description of ASPE and their Office's work. ASPE is the principal advisor to the Secretary of the HHS on policy development and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis. ASPE is made up of four offices – Disability, Aging, and Long-Term Care Policy (DALTCP), Health Policy, Human Services Policy, and Science and Data Policy. Their Division of Behavioral Health and Intellectual Disabilities Policy is within DALTCP and they focus on issues including mental illness (Cures Act), substance abuse (including heavy involvement in the opiate epidemic initiative), dual eligibles, and evaluation of SAMHSA initiatives. An NCMHA member noted that the IOM report on geriatric mental health workforce shortages highlights many of the critical issues related to their priority areas. A question was then raised regarding if the ASPE leadership are political appointees or federal employees. The response was that each Office has a Deputy Assistant Secretary who is a political appointee but there have been no appointments yet. More information can be found on their [website](#).

Diane Lifsey representing the National Commission to Preserve Social Security and Medicare noted that the major focus of their work is implied in their name. They have several million members that lobby to boost Social Security benefits and improve Medicare. A lot of their work is done in coalitions. They are one of the five groups co-chairing the Leadership Council of Aging Organizations. They also focus on Medicaid and long term care, and support funding for Alzheimer's research and the Older Americans Act. They do a lot to educate Congress that all older adults are not wealthy. They speak out against Medicare privatization and in support of Affordable Care Act provisions. More information can be found on their [website](#).

April Rovero, the CEO of the National Coalition Against Prescription Drug Abuse began her overview by noting that they are based in northern California but work nationwide. They focus on prevention of abuse through education, and are also involved in policy change and legislative advocacy in California and the United States. They have focused heavily on educating youth in classrooms and at teacher and other conferences. They do direct education with schools, teachers, and the general adult community, touching where they can with community leaders at a variety of levels. In terms of older adults, they have conducted caregiver education and hope to partner to do more in this area. More information can be found on their [website](#).

Robert Dole representing the Texas State Behavioral Health and Aging Workgroup reported that they are involved with issues including the challenges with the shortages caused by the mental health and aging workforce and its inability to address the growing aging population. They had a symposium in August on health and aging and have been involved with the statewide strategic plan on aging. They work with a number of state offices including the Texas Office of Mental Health Coordination and with a number of coalitions.

The Virginia Geriatric Mental Health Partnership will be represented by Andrew L. Heck who was unable to attend this meeting. Constance Coogle gave a brief description of the group noting it was established in 2007 by providers addressing problematic patient behavior in long term care settings. They received state funding to look at barriers to implementation of nonpharmacological interventions for persons with dementia in assisted living facilities.

NCMHA members present and on the phone, voted unanimously to welcome our six new members.

Mental Health and Aging Policy in the New Administration

Kimberly introduced Robert B. Blancato, President of Matz, Blancato, and Associates who provided a post-election update. Bob is well-known as the National Coordinator of the Elder Justice Coalition, a non-partisan, 680 member organization. From 2000-2006, he served as President of the National Committee for the Prevention of Elder Abuse and is currently the Executive Director of the National Association of Nutrition and Aging Services Programs. Bob is a former House of Representatives staff member and spent 17 years with the House Select Committee on Aging. He also served as Executive Director of the 1995 White House Conference on Aging (WHCOA) appointed by President Clinton. He was on the Policy Committee for the 2005 WHCOA appointed by Rep. Nancy Pelosi. He is currently on the boards of the National Council on Aging and AARP. Most recently, Bob became Chairman of the Commonwealth Council on Aging in Virginia.

Bob began his remarks with a brief discussion of the 21st Century Cures Act, an incredible bipartisan forward-thinking accomplishment. Division B, Helping Families in Mental Health Crisis and its eight chapters includes Rep. Tim Murphy's mental health bill. Key provisions include an Assistant Secretary for Mental Health and Substance Use, strengthening SAMHSA, creating a mental health strategic plan (which doesn't happen often), improving community crisis response systems, evidence based practices for older adults, greater law enforcement training, stronger mental health parity provisions, and new language on responding to opioid crisis. Unfortunately this landmark bill will be subject to annual

appropriations. The upcoming lame duck session will include a decision for FY 2017 government funding, probably a continuing resolution which may extend to March or April which can be a good thing for programs facing possible cuts. Specific to post-election shock, it is important to remember that “although this is our worst rodeo, it’s not our first rodeo.” The unknowns about the new Administration far exceed the knowns but smart advocates know they have to move on. As there is no real history with the President-elect, the relationships we have with Congress are even more important. Appointments will be an early indication of the potential impact on issues. Justice and mental health, especially elder justice are very important. Thus far it’s a waiting game for HHS and its key subdivisions in terms of appointments. HUD, DOT, Labor, VA and Treasury (and its relationship to the ACA) are also all very important to the aging world.

The three big ticket items of important to NCMHA are the futures of ACA, Medicare, and Medicaid. ACA is likely first out of the gate. There are so many important provisions for mental health contained within ACA and we don’t know what will happen. ACA made Medicare stronger over the last 6 years. Specific to Medicare, are there larger changes coming? Change can occur based solely on what is done to ACA but will there be anything deeper? It might depend on how much political capital is used up on ACA. Medicaid reform lurks as well. Medicaid now covers almost 73 million Americans with annual budget of \$509 billion. It covers 50 percent of long term care spending and almost 10 percent of prescription drug spending. Changes can be made just by stopping ACA expansion in its tracks. What happens to states in the middle of expansion who were promised money? Block grants also are on table. This is not a new idea but a new time. There are many similarities to when Reagan came into office - tax cuts and block grants.

Related to the Older Americans Act (OAA) in 2017, will it just be a year of implementation of the 2016 reauthorization or something more? There are two lurking issues – the changing landscape caused by managed care in communities and the future of the Administration for Community Living. Other areas of concern are the budget agreement, sequestration, and the future of the Consumer Financial Protection Bureau (CFPB) and its Office of Older Americans helping to protect older adults from financial abuse. Bob closed with some final messages including: moving on is good; it’s never too early to plan; and assume that President Trump will come out of the gate fast. We need to: focus on intelligence gathering through contracts on both sides of the aisle; separate campaign rhetoric from governing reality; reaffirm our core principles but modify the messages to meet current realities; and, resist threats to our principles and to older adults who depend on these important services.

A discussion ensued about the Republicans’ Congressional philosophy. It was noted that it is messy when three sections of government controlled by one party but we will be able to learn more about the paths they will take from the confirmation hearings. A question was posed as to what should be our unified message related to mental health and aging? Bob replied that we should ride the momentum from the Cures Act and think about what our top two or three priorities are. It may be important to talk about ACA and Medicare together as Medicare is so popular. He emphasized the importance of keeping any message simple and think about issues that might appeal to administration in a bipartisan way. It was noted that there are many groups and coalitions sending letters to the new administration – there was an ASA Generations issue on what the new administration needs to know about aging, and the Leadership Council of Aging Organizations are working on transition memos. It was noted that NCMHA’s link with federal agencies have allowed us to be successful in the past. We did survey federal agencies and had a lead contact person in most, but some of those individuals are no longer with those agencies. Perhaps the Executive Committee can come up with a priority list and a plan for dissemination. We should also stay in contact with other coalitions and keep the mental and behavioral health piece on their radar.

NCMHA's Working Committee Reports

Membership Development: Viviana Criado reported that we have six new members and that letters are out to eight additional organizations. We have reached this year's our goal of increasing our membership. They will also work with the website committee to market and promote NCMHA.

Website Development: Marcia Marshall reported that they are moving along. Mental Health American, who will be hosting the NCMHA website has been unbelievably helpful. They have had several meetings and looked at a variety of websites as samples. She hopes to have a dummy mockup of the site by the next meeting. The working committee can use more volunteers.

Public Awareness: Debbie DiGilio reported that the committee has been decimated due to retirements and departures from positions and needs to be reconstituted.

Coalition Development: Willard Mays reported that the NASMHPD Older Persons Division's survey of state mental health agencies regarding older adult mental health services did include questions we submitted on whether there was a mental health and aging coalitions in their state and whether there is interest in developing a coalition, if one doesn't exist.

Kim thanked the Working Committees and asked other members who are interested in contributing to any of the committees to contact the chair of the group.

The National Academies Report on Families Caring for an Aging America

Gail Hunt, President and CEO, National Alliance for Caregiving provided a brief update on the new report, [Families Caring for an Aging America](#). It was released in September after two years of work and three public hearings. She felt one thing that should have been included in the report was a strong statement that the family should be the unit of care in current CMS and other initiatives. There will be a symposium and a working meeting of individuals interested in rolling out initiatives to support the report at the upcoming Gerontological Society of America (GSA) meeting. GSA also received a grant from the Hartford Foundation to facilitate implementation and to host a Hill briefing.

Report on Retirement Research Foundation Grant

Kimberly Williams, NCMHA Chair, and Geriatric Mental Health Alliance of NY Representative gave a brief update of the one year grant from the Retirement Research Foundation received by NCMHA to provide guidance and leadership to eight state mental health and aging coalitions, whose members are involved with long-term balancing efforts in their states, to gain the capacity and skill to help states better address the mental health and substance abuse needs of older adults transitioning from institutional to community based care. They have been working collaboratively to develop a structure to facilitate integration. After a needs assessment was conducted in 2015 and a virtual learning community was established. The final product, a report that will focus on: specific barriers and how to address them; the need to adopt a systems of care framework; how to operate within existing systems of care; quality and costs of care; and, leveraging legal arguments to support these efforts is currently being reviewed and will be finalized by end of year.

Member Updates

[Gerontological Society of America](#) – Latrice Vinson reported that GSA is hosting the International Association of Gerontology and Geriatrics World Congress of Gerontology and Geriatrics in July 2017 in San Francisco. They are expecting 7,000 international attendees from 75 countries. It is held in the U.S. every 32. More information can be found [here](#).

California Elder Mental Health and Aging Coalition - Viviana Criado described their work with the UCLA Center for Health Policy Research to develop Outcomes and Indicators for Older Adult Public Mental Health Services. It is now available [online](#). Viviana reported that she is moving to Florida and will let NCMHA know who from California will be assuming her role.

[Compassion & Choices](#) – Mark Dann reported that Death with Dignity legislation is moving forward in DC. The Mayor will sign but then it needs to go to Congress. They may need sign by our interested member organizations.

[National Alliance for Caregiving](#) – Gail Hunt, reported that they are down office staff and looking for a new COO to do development as well as being sure the train runs on time. Interviews will be conducted in the next couple of weeks.

[National Association of State Mental Health Program Directors](#) – Christy Malik reported that the new NASMHPD report, [Improving Community Options for Older Adults](#), is the sixth in a series of eight briefs on the Use of Technology in Behavioral Health. It focuses rebalancing efforts to expand community based options for LTSS and reduce reliance on institutional long term care settings. The report highlights efforts in Wisconsin, Indiana and Utah.

[Office of the Assistant Secretary for Planning and Evaluation \(ASPE\)](#) – Helen Lamont and Gavin Kennedy reported that there is going to be a policy brief related to efforts to address the dual eligible population and also related to integrated care lessons from Minnesota. The latter reports shows integrated plans result in fewer hospitalizations and ED visits. The reports combine qualitative and quantitative findings. All of their reports can be found [here](#).

[American Society on Aging](#) – Anita Rosen reported that NCMHA is again partnering with the Mental Health and Aging Network to offer a policy day and a clinical day at the 2017 Aging in America conference. There will also be two mental health and aging peer group meetings, one social work specific and general one.

Virginia Geriatric Mental Health Partnership – see Constance Coogle's remarks in the Welcome and Update section of these minutes.

[Oklahoma Mental Health and Aging Coalition](#) - Karen Orsi reported that Oklahoma is getting close to a completed state plan for older adult mental health. They also have an ongoing Healthy Aging Collaborative and she is chairing their depression group. They are also conducting trainings to increase workforce capacity.

North Carolina Mental Health, Substance Use and Aging Coalition - Mary Edwards reported on their successful conference on behavioral health and aging which drew several hundred participants. She noted that it is often a discouraging road to hoe as some folks are very difficult to reach.

[National Coalition Against Prescription Drug Abuse](#) - April Rovero, the CEO wondered whether she should connect with her with state coalition. The group encouraged her to do so.