



## **National Coalition on Mental Health and Aging**

Draft Meeting Minutes

October 5, 2017

### **Welcome and Update**

Joel E. Miller, NCMHA Chair and the American Mental Health Counselors Association representative, called the meeting to order and welcomed the 16 members present onsite and the 13 members who joined via conference call. The minutes from the June 26, 2017 meeting were reviewed and approved.

Joel thanked and presented Kimberly Williams, the outgoing chair of the National Coalition on Mental Health and Aging, an engraved gold-tone star saluting her leadership over the past four years. Kim thanked Joel and said it was an honor to chair the National Coalition.

### **Federal Policy Update**

Joel Miller, NCMHA Chair, provided a Federal Policy Report to the Coalition. Joel briefed the Coalition on three themes: efforts to repeal the ACA, mental health bills being considered, and the flurry of recent conferences and meetings of interest to the Coalition. Several highlights of this presentation are noted here.

Although the efforts to “Repeal and Replace the ACA” have not succeeded to date, Joel expects that some of the provisions considered in recent bills will come back for consideration in upcoming efforts. We may continue to see items such as: elimination of individual and employer mandates; people with pre-existing conditions – especially older adults – required to pay higher premiums; the dissolution of health insurance marketplaces set-up by the ACA; and, elimination of federal funding for Medicaid expansion and a decrease and reallocation of Medicaid funds into a lump sum that states could spend however they chose. Joel reviewed the hurdles that caused the Graham/Cassidy repeal bill to fail.

Joel outlined the bipartisan Senate alternative legislation being developed by Senators Alexander (R-TN) & Murray (D-WA) to stabilize the ACA health insurance markets for next year and establish broad reforms to attract more health plans to compete in individual markets, potentially making prices lower for consumers (Copper Plan). However, they have a short window as insurance companies need to sign contracts committing to offering health plans on the ACA exchanges next year, and setting their prices. A key priority is getting Congress to commit to funding “cost-sharing subsidies” — payments that reimburse insurance companies for giving their lowest-income customers discounts on deductibles & co-payments. However, President Trump has threatened to end the payments. Joel noted that Executive Orders could still threaten the ACA even if legislation is not passed. President Trump has announced he will issue executive orders allowing insurers to sell products across state lines and allowing associations to provide group health plans to their members. Although neither idea is favored

by insurance commissioners due in part to likely costs, some leaders in the House and Senate support the idea.

Joel outlined the big health care policy and political debate yet to come. He sees state discretion (Federalism), efforts to improve ACA, incremental fixes including the CHIP and Medicaid, and discussion of a single payer (universal coverage) including Medicare-for-all and other options. A bill that passed the Senate last month in rare bipartisan fashion amending Medicare; it is called Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017. This bill would extend the Independence at Home demonstration program and modify access to home dialysis therapy, some special needs plans, testing and telehealth benefits under Medicare Advantage. Joel indicated he thinks some form of this legislation is likely to pass.

Kathy Cameron, NCOA, asked what attention is paid to mental health concerns in the Independence at Home demonstration. Michele Karel, VA, shared that VHA policy requires the integration of mental health professionals into all VA Home Based Primary Care (HBPC) teams. Anecdotally, this integration has been very helpful to teams and the Veterans they serve, but there has not been a systematic evaluation of the impact of mental health integration in VA HBPC.

Joel outlined numerous bills being considered by the Energy and Commerce Committee and others that extend safety net programs and offer Medicare “extenders”. He expects a flurry of similar activity through the end of the year.

Joel reported on several conferences held in September that may be of interest to Coalition members; conference hosts’ websites may have materials. CMS held a Behavioral Health Summit on Payment & Care Delivery and issued a Request for Information to which any organization may respond. Specifically, CMS-CMMI is requesting comments on “new directions to promote patient-centered care and test market-driven reforms that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes.” This includes comments in regard to older adults and mental health. The RFI is here: <https://innovation.cms.gov/Files/x/newdirection-rfi.pdf> and the deadline for comments is November 20<sup>th</sup>.

HRSA conducted a virtual Behavioral Health Workforce Development Conference that highlighted best practices and innovative training approaches. The Alliance for Aging Research held a roundtable on Geriatric Mental Health Issues. The Senate Committee on Veterans Affairs and Friends of VA Medical Care and Health Research Coalition held meetings on preventing veteran suicide. The Education Development Center (EDC) conducted a meeting titled From Pain to Promise – Addressing Opioids & Suicide in Communities Across America.

Joel’s PowerPoint for this presentation may be requested from Alex Watt at [AWatt@apa.org](mailto:AWatt@apa.org).

**Follow Up on Aging Veterans and the Veterans Health Administration Resources and Community Partnerships.**

Kathleen A. Cameron, Senior Director, Center for Healthy Aging, National Council on Aging (NCOA) reported on a developing **partnership between NCOA, the VA, and ACL** to link the 60 Benefits Enrollment Centers across the country that NCOA /ACL fund to reach more veterans to

help them secure VA and other benefits. SAMHSA is joining this effort. This national level collaboration is expected **to increase community partnerships and access to community resources**. Michele Karel, Psychogeriatrics Coordinator, Office of Mental Health and Suicide Prevention, VA Central Office and her VA colleagues are supporting this effort because it has shared goals of **meeting mental health and other needs of veterans**. The collaborating agencies are considering creating a catalogue of resources and webinars across the organizations. ACL staff is developing a framework to build an inventory of resources. Debbie DiGilio, APA, mentioned that state and local mental health and aging coalitions could help get information out to community groups. Coalition members might also identify materials for the resource inventory. **This partnership was initiated as a follow-up to the VA presentation on partnership development at the last NCMHA Coalition meeting.**

### **Overview and Implementation of the HHS Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)**

David de Voursney, Branch Chief, Policy Analysis Branch in the Division of Policy Innovation, SAMHSA, briefed the Coalition on this new committee. ISMICC is designed to align federal efforts to increase coordination, collaboration and impact in people with serious mental illness and serious emotional disturbances. The Committee is mandated in the 21<sup>st</sup> Century Cures Act; it was established by the Secretary of HHS and is managed and supported by SAMHSA.

The HHS Assistant Secretary for Mental Health and Substance Use who heads SAMHSA, Chairs ISMICC which is made up of 10 Federal members and 14 Non-Federal Members. The Committee is governed by the Federal Advisory Committee Act. Federal membership on the ISMICC as stated in the Cures Act is: the Secretary of the Department of Health and Human Services; Assistant Secretary for Mental Health and Substance Use; Attorney General; the Secretaries of the Departments of Veterans Affairs, Defense, Housing and Urban Development, Education, Labor; and the Administrator of the Centers for Medicare and Medicaid Services; and Commissioner of the Social Security Administration.

The Cures Act identified the areas to be represented by the non-federal members. Some non-federal members are actively seeing input and he encouraged groups to build relationships with non-federal members. The 14 non-federal members representing a mix of professionals and people with lived experience are: Linda S. Beeber, Ph.D., PMHCNS-BC, FAAN, Distinguished Professor, University of North Carolina-Chapel Hill, School of Nursing; Ron Bruno, Founding Board Member and Second Vice President, CIT International; Clayton Chau, M.D., Ph.D., Regional Executive Medical Director, Institute for Mental Health and Wellness, St. Joseph-Hoag Health; David Covington, LPC, MBA, CEO/President, RI International; Maryann Davis, Ph.D., Research Associate Professor, Department of Psychiatry, University of Massachusetts Medical Center; Pete Earley, Author; and Paul Emrich, Ph.D., Under Secretary of Family and Mental Health, Chickasaw Nation; Mary Giliberti, J.D., Chief Executive Officer, National Alliance on Mental Illness; Elena Kravitz, Peer Support Provider and Manager, Collaborative Support Programs of New Jersey; Kenneth Minkoff, M.D., Zia Partners; Elyn Saks, J.D., Ph.D., Professor of Law, Legal Scholar, University of Southern California Gould School of Law; John Snook, Esq., Executive Director/Attorney, Treatment Advocacy Center; Rhathelia Stroud, J.D., Presiding Judge, DeKalb County Magistrate Court; and Conni Wells, Owner/Manager, Axis Group, LLC.

ISMICC held its inaugural meeting in August 2017. Its first report to Congress is due December 13, 2017 will set the stage for the ISMICC's work to inform federal policy in the coming years. A

second report is due to Congress December 13, 2021 which will include an evaluation. Dr. Katz intends this report to be a substantive body to inform federal work. To carry out its functions, ISMICC established 5 workgroups for: Access and Engagement; Models of Treatment and Recovery Support Services; Criminal Justice Issues; Quality, Data, and Evaluation; and, Financing. Dr. Katz is seeking the buy-in of the federal agencies and wants to drive change with the committee. It was noted that workforce issues will be addressed across the workgroups.

ISMICC has issued a Request for Information (RIF). Joel encouraged Coalition members to offer input on financing behavioral and mental health services for older adults. He said that the ISMICC sounds promising and that he expects the committee's work to take a lifespan approach that will include attention to older adults. David said the Coalition and its members could provide him or members of the committee with information or concerns for the ISMICC. SAMHSA has a website for the committee found at: <https://www.samhsa.gov/about-us/advisory-councils/smi-committee>. David's PowerPoint for this presentation may be requested from Alex Watt at [AWatt@apa.org](mailto:AWatt@apa.org).

### **Medicare Accountable Care Organization (ACO) Experience in Addressing the Needs of Older Adults with Mental Health Conditions**

We had hoped to secure a speaker from CMS to address this topic at this meeting, but time was insufficient to secure a speaker. Joel has been reviewing these issues and provided an update on this issue. CMS is interested in providing a speaker for this subject at the next Coalition meeting.

Joel noted that ACO model as initially proposed offered little room for participation by behavioral health providers, either as lead entities in forming ACOs or as participants in ACO networks and only grew marginally with adoption of the final version of the regulations governing the Medicare Shared Savings Program. Notwithstanding these barriers, there was promise that the ACO model could serve as a means of integrating behavioral and medical services in both the Medicare and Medicaid programs; however, this has not been achieved.

Researchers have found significant interest in integrating behavioral health providers into the ACO model, challenges have been posed by behavioral health workforce shortages and the slow adoption of costly health information technology by behavioral health providers lacking access to the Medicaid and Medicare meaningful use provider incentives available to other types of providers. Even within ACOs striving toward achieving integration, levels of integration vary among sites. Joel noted that the behavioral health community has been "outside" the conversation about developing ACO models and organizations.

In the final Medicare Shared Savings Program (MSSP)/ACO regulations "at risk beneficiary" was explicitly defined for the first time to include an individual diagnosed with a mental health or substance use disorder. Of the 333 MSSP ACOs and 22 Pioneer ACOs operating in 2014, all improved in 27 of the 33 quality metrics and 53 percent met spending targets set under the MSSP. However, only one of the 33 quality metrics was behavioral health-related, that is, "Screening for Depression."

Two studies published in the July 2016 *Health Affairs* suggested that Medicare ACOs had had only limited success in improving the management of mental health. It noted that "few ACOs pursue innovative models that integrate care for mental illness and substance abuse with primary care." Lack of integration was attributed to the traditional separation of behavioral and

medical care providers, inadequate behavioral health care training for the primary care physicians authorized to form ACOs, and different regulatory and billing requirements for behavioral health and primary care. The second July 2016 *Health Affairs* article offered a more optimistic outlook than the first. Researchers found that almost all ACO personnel recognized the contribution of behavioral health disorders to high utilization and spending. At many ACOs, care coordination teams recognized that a greater percentage of their high-risk and high-cost enrollees had complex behavioral health and psychosocial needs. Researchers found that multiple ACOs adjusted their referral networks to better serve enrollees with behavioral health needs by improving connections to community resources, partnering with a behavioral health facility to improve access to care, and/or reorganizing internal behavioral health resources to improve access to and coordination with primary care providers.

The challenges to Medicare ACOs include a scarcity of behavioral health workforce; challenge for developing a sustainable funding model of behavioral health services in a fee for service system; level of fees available for behavioral health services, challenges related to sharing mental health and substance use disorder data; and, some providers' resistance to screening for depression or mental health absent clear pathways to adequate treatment or referral.

Joel noted that CMS is pursuing ACOs aggressively and that the Coalition needs to watch and interface with CMS on the issues of older adult mental and behavioral health. He said CMS has a goal of placing 50% of Medicare population in value-based systems. He sees this push due in part to an attempt to slow down cost increases. The Coalition could ask ACO researchers and practitioners about addressing these issues.

Joel's PowerPoint for this presentation may be requested from Alex Watt at [AWatt@apa.org](mailto:AWatt@apa.org).

**NCMHA's Working Committee Reports: Website Development: Marcia Marshall, Chair.**

Marissa Whitehouse, NCOA representative and Website committee member, reported that the **new website** has been **launched** at [www.ncmha.org](http://www.ncmha.org). She thanks Marcia and Mental Health America for making it happen. The committee asks the Coalition leadership for assistance in collecting information and a policy for deciding what information will be included (for example there was both support and concern for posting Coalition minutes on the website; and we would need to secure permission from presenters to post their Power Points), deadlines for receipt of materials, and, what new tabs should be developed for Coalition initiatives. The Executive Committee will consider all the points raised in the memo drafted by Marcia and propose procedures and protocols for discussion by the full Coalition at its next meeting.

Jessica Kennedy of Mental Health America, Marcia Marshall, Marissa, and Janet Spinelli, Rhode Island Coalition were thanked by the Coalition for their work on the website.

**NCMHA's Working Committee Reports - Public Awareness: Debbie DiGilio, APA.**

Debbie DiGilio said that although she is not the committee chair, she could offer a report. One opportunity for public awareness is the Older Americans Mental Health Week in May. In 2016, the Coalition with the Behavioral Health Council conducted a successful Twitter Chat on older adult mental health. It had over 3 million impressions. This year, we shared our members' events and resources. In prior years, the Older Women's League (OWL) hosted events but that organization no longer exists. Debbie and Kathy Cameron, NCOA, agreed to develop a proposal

for a social media campaign or event for May 2018. Others interested in helping should contact Debbie at APA ([ddigilio@apa.org](mailto:ddigilio@apa.org)).

**NCMHA's Working Committee Reports - Coalition Development:** Willard Mays noted that Mike O'Donnell is now committee chair. He was not available for this meeting.

### **Member Updates**

[American Mental Health Counselors Association](#) – Joel Miller reported that his organization's annual meeting had just ended. There were interesting sessions on service integration efforts, especially some in the private sector in medium and large groups. Conferees reported that the Collaborative Care model is strong but it is not easy to scale up this model of care. He sees telehealth working with some groups and holding promise for others.

[American Psychological Association](#) – Deborah DiGilio reported that an all-day CE program, Assessment in Older Adults with Diminished Capacity was offered at the APA Convention in August. It will be available online. There will be a fee for CE but it is based on the online handbook which can be found and downloaded for free from the APA Office on Aging [website](#). The handbooks receive 100,000+ hits a year; some materials are being reprinted and updated, including most recently, [Older Adults' Health and Age-Related Changes: Reality Versus Myth](#).

[American Society on Aging](#) – Willard Mays reported on the [Aging In America Conference](#) to be held March 26-29, 2018 in San Francisco. The mental health policy day organized by the Coalition will be held March 26. It will be similar to the 2017 session; speakers will be Lynn Friss Feinberg, Robyn Golden, and Fred Blow with Joel Miller moderating and presenting. There will be federal agency updates from SAMHSA, ACL and CMS. Another session will feature a recent study looking at how the public mental health system in California is serving older adults. In addition, Willard and Kim Williams will lead the mental health peer network.

[Geriatric Mental Health Alliance of New York](#) – Kimberly Williams reported that that the State of New York is conducting its 4<sup>th</sup> round of funding for mental health and substance abuse services for older adults working through partnerships among aging, mental health and substance abuse services. The focus this year is on mobile treatment and telehealth. She said that the partnership projects already underway are connecting older people who are in need but not currently served with behavioral health services.

[Gerontological Society of America](#) – Latrice Vinson reported that the International IAGG was held in July. There is no GSA member meeting this November. Solicitation of Abstracts for the November 2018 meeting will be available this December.

[National Association of Social Workers](#) – Chris Herman reported the "Aging Through a Social Work Lens" had 700 participants and that another 900 registered to access the content online. She thanks participants from the Coalition. Chris will send out the Call for Proposals for the June 2018 NASW conference.

[National Association of State Mental Health Program Directors](#) – Christy Malik represented the organization at this meeting.

[National Council on Aging](#) – Kathy Cameron reported that she would be speaking at [America's Opioid Epidemic: Aging & Addiction](#) sponsored by Surescripts on October 24<sup>th</sup> at the Newseum. NCOA working with ACL solicited information on Evidence Based Programs addressing older adult health promotion and disease prevention with one of the priorities behavioral health. The purpose is to review and identify programs that meet ACL EBP standards to qualify for Title IIID Older Americans Act funding. Programs are currently under review. Kathy may be able to announce selected programs at the next Coalition meeting. On May 22-24, NCOA will conducting its annual invitational Chronic Disease Self-Management Education and Falls Prevention meeting with ACL grantees. Some sessions will be conducted on behavioral health.

[National Board for Certified Counselors](#) - Jake Jackson reported on several pieces of legislation that would affect mental health services access for seniors including HB3032 and SB 1879.

[Psychologists in Long Term Care \(PLTC\)](#) – Craig Schweon reported that his organization is currently looking into workforce issues related to the care of people with chronic mental illness. The organization is also focusing on communication with professionals and the public regarding people with mental illness and their families.

US HHS [Health Resources and Services Administration \(HRSA\)](#) – Joan Weiss reported that ASPE and NIH are sponsoring a research summit on [Dementia – Building Evidence for Services and Support](#) on October 16-17, 2017.

US HHS [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) – Eric Weakly reported that SAMHSA is updating TIP 26 on older adult substance misuse and abuse treatment. He asked for people interested in offering input or able to review the draft document to contact him. He said SAMHSA is working with people in Puerto Rico and the Virgin Islands affected by the hurricanes. He noted a recent stakeholder meeting on federal coordination highlighting public-private partnerships, training and cross training to expand the workforce for older adults, and to expand Medicare billing codes for collaborative care; however, he noted that there is no special funding. Brian Altman of SAMHSA participated in a webinar on expanding billing codes.

### **Adjourn**

There being no additional old or new business, Joel Miller adjourned the Coalition at 12:15pm.

Joel thanked Debbie DiGilio and APA for the support she and the organization provide to the Coalition. The next meeting will be in January or February.