



**National Coalition on Mental Health and Aging  
Draft Meeting Minutes  
February 13, 2018**

**Welcome and Update**

Joel E. Miller, NCMHA Chair and the American Mental Health Counselors Association representative, called the meeting to order and welcomed 18 members present onsite and 13 joining via conference call. Joel Miller reviewed the agenda.

Joel Miller asked for any changes needed in the minutes of the October 5, 2017 meeting. It was noted that on page 7 the report from the National Council on the Aging should say Older Americans Act Title III D funding for evidence-based health promotion disease prevention programs (not Title III B). The Department of Veterans Affairs representative noted on page 7 that the update ascribed to the VA was not made by a VA representative; it was unclear who made the statement. The minutes were then approved with these two changes noted.

Joel Miller reported that the State of Oregon Older Adult and Persons with Disability Behavioral Health Advisory Council has sent a letter requesting membership in NCMHA. Dr. Jim Davis, Chair of the Oregon Council was asked to brief the Coalition on the organization. Dr. Davis reported that he and colleagues had been working for many years to establish improved mental health and addiction services for older adults and persons with disabilities. Recently the State of Oregon dedicated \$25 million to support such services including support for 24 Senior Disability Specialists in mental and behavioral health. As part of the State effort, Oregon established the Older Adult and Persons with Disability Behavioral Health Advisory Council. Dr. Davis said this Council has the full support of the State of Oregon to join the NCMHA. Debbie DiGilio moved and Joel Miller seconded acceptance of the Oregon Council as a member of NCMHA and membership was approved by the Coalition.

A NCMHA member requested that the Oregon Older Adult and Persons with Disability Behavioral Health Advisory Council be asked in a future meeting to further describe the effort that brought about the dedicated \$25 million program and how it is carried out.

**Member Updates**

National Coalition members were asked to frame their organization updates responding to the following question: How can NCMHA better support your current efforts in education and advocacy?

*Administration for Community Living (ACL)* - Shannon Skowronski reported the FY 2019 budget for ACL is on the HHS website. ACL will release a paper soon on older adult use of opiates and pain management; she will send the information to NCMHA. ACL will help with social media

efforts to emphasize Older Adult Mental Health Month in May. ACL will retweet and offer additional media support.

Alliance for Aging Research - Missy Jenkins, represented the Alliance at the NCMHA meeting and updated the Coalition about a recent Roundtable. (see below).

American Mental Health Counselors Association - Joel Miller reported that his organization's conference this year will address mental health and behavioral health across the lifespan. The association is preparing webinars to be offered every two weeks throughout the spring on early interventions and wellness.

American Psychological Association – Deborah DiGilio announced the Committee on Aging's newest product, "[Exploring Careers in Aging: A Roadmap for Every Step of the Way](#)" that provides step-by-step guidance and resources to encourage undergraduate and graduate students to pursue careers in aging. Deborah noted that the Coalition offers a great platform for both keeping abreast of aging efforts nationwide and sharing APA work products. Serena Dávila representing APA Government Relations, noted that in addition to aging issues, she is responsible for the APA immigration portfolio. So that has been her primary focus at this time, especially DREAMERS, although the issue has relevance for older adults also.

American Society on Aging- Willard Mays spoke of the upcoming ASA Aging in America Conference and the NCMHA sessions in the conference. On the first day there will be a policy session with the same speakers from last year's session providing a policy update. The second session will be a report from the federal agencies, i.e., SAMHSA, AoA/ACL, and CMS. The third session will focus on a California initiative for improved older adult mental health. There will be fifty other mental health and behavioral health sessions; 3500 participants are expected at the conference.

Illinois Coalition on Mental Health and Aging - Michael O'Donnell, President of the Illinois Coalition reported that there are 65 members. The Illinois Coalition focuses on awareness and advocacy. They promote promising and evidence-based programs and practices; and network on aging, mental health and substance abuse issues. They are engaged in the effort to make Illinois "Dementia Capable"; and they are working with the new Geriatric Advisory Committee.

Indiana Mental Health and Aging Coalition – Willard Mays also represented the Indiana Coalition at the NCMHA meeting.

Iowa Coalition on Mental Health and Aging - Lila Starr greeted NCMHA but said there was nothing new to report at this meeting.

Maryland Coalition on Mental Health and Aging – Kim Burton reported that the Maryland Coalition has 150 people on their distribution list. They regularly discuss and network to better understand improvements needed for older adult behavioral health. The Maryland Coalition and others would benefit from the NCMHA asking State Coalitions to write up what they do and then NCMHA posting these descriptions on its website. She encouraged Coalition members to continue identifying helpful resources and posting them on the website. She also asked NCMHA to prepare a paper showing how to identify and use data to "make the case" for older adult mental and behavioral health services.

National Alliance for Caregiving - C. Grace Whiting, JD, newly named CEO and President, reported that the Alliance had issued a report on caregiving and mental health in 2016 that can be found on the Alliance [website](#). She also reported on the upcoming tribute being organized for the Alliance founder, Gail Hunt, a long-time dedicated representative to NCMHA.

National Association of State Mental Health Program Directors - Christy Malik reported that their current focus is on behavioral health integration models and on suicide prevention; a white paper is in development. She noted that NCMHA could help NASMHPD by providing information on state experiences with older adult mental health and behavioral health issues and services.

National Association of Social Workers – Chris Herman introduced Yael “Ellie” Silverman, a new NASW associate. She noted that NCMHA has been a great resource for her work at NASW and she thanked Coalition members who have helped with promoting and contributing to the annual NASW conference. The June NASW 2018 meeting will have tracks in mental health, substance abuse and aging,

National Council on Aging – Kathleen Cameron reported that NCOA is working with ACL to conduct a review of evidence-based programs to identify up to seven additional programs that meet ACL standards that will be added to the list of programs that may be funded with Older Americans Act Title III D funding. Some of the programs under review target older adult mental health and behavioral health. As soon as the new programs are reviewed and added to the list, she will send the information to NCMHA. Kathleen also noted that NCOA Center for Healthy Aging is holding its annual meeting on evidence-based health promotion and disease prevention conference in May 2018 and has a call out for sessions; proposals are due February 16, 2018. Marissa Whitehouse of NCOA said that she has been and will continue to serve as the NCMHA’s webmaster posting materials to the site. Joel Miller thanked her for her work and taking on this responsibility.

Nebraska Coalition on Mental Health and Aging – Lorie Thomas reported that the Nebraska Coalition is new and it is conducting an environmental analysis to learn what mental health services are available to older adults and what else is needed. Laurie Thomas noted that she would like mentoring help from the Coalition to aid her in the development of the Coalition.

New York, Geriatric Mental Health Alliance - Kimberly Williams reported that the New York Coalition is convening stakeholders to review what has happened in this field in New York and what is needed. Going forward, Kim Williams encouraged NCMHA to spotlight some work of state coalitions on each national meeting agenda. She also suggested that NCMHA identify speakers able to address application and implementation of service, advocacy and other models in state and local settings.

North Carolina Mental Health, Substance Use and Aging Coalition – Ellen Schneider reported that the Coalition is acting as an advisory group to Alliant Quality for their CMS grants. The Coalition participated in the Safe States Alliance Conference and is working on issues of public health and violence prevention. There is concern for fire arms safety recognizing that a majority

of deaths from guns are suicides and not homicides. The Coalition is following research on this issue by Harvard scientists and looking into the development of a coalition with gun sellers.

Oklahoma Mental Health and Aging Coalition - Karen Orsi, Executive Director reported that while the Coalition is not funded, it is undertaking numerous activities including a focus on reducing depression, mental health education in nursing homes, Mental Health First Aid, and behavioral health peer support. They are also participating in senior wellness, cross training, and evidence-based practices in health homes.

PASSAR - Janet Spinelli reported that PASSAR will present a session at the Aging in America Conference in March 2018. It will focus on the ombudsman program and mental health issues in the new long-term care regulations.

Psychologists in Long Term Care (PLTC) - President Craig Schweon, PhD, said that NCMHA could be helpful in presenting treatment models for mental health services in long term care. He also noted that PLTC is looking for new members; some of whom may be affiliates without being trained psychologists. The organization also supports students.

Rhode Island Elder Mental Health and Addiction Coalition - Janet Spinelli, Coalition co-chair reported that the Coalition is focusing efforts on enhancing relationships with other groups, especially in the area of long term care. For example, the Coalition is raising attention to behavioral health in the Senior Agenda Coalition and other coalitions. Janet Spinelli said that the Rhode Island Coalition would benefit from NCMHA educating members on what mental health services should be available in long term care as well as educating members in advocacy.

Virginia Geriatric Mental Health Partnership - Andrew Heck reported that the Coalition is currently focusing on reaching out to rural areas to understand and help meet needs in mental health and aging.

US Department of Veterans Affairs – Michel Karel reported on VHA and VBA partnership with ACL, SAMHSA, CMS, HHS Office of Minority Health, and NCOA, to focus on increasing awareness about the mental health needs of and services for older veterans. The group is building an inventory of resources and planning national webinars on issues of aging and mental health focused on veterans to be conducted in May, in honor of both Mental Health Month and Older American Month.

### **Federal Policy Update**

Joel Miller gave highlights from his Federal Policy Report and said his PowerPoint will be posted on the NCMHA website. Key health-related provisions of the Continuing Resolution passed by Congress and signed by the President on March 23 include:

- **10** Year Reauthorization of the Children’s Health Insurance Program (CHIP) (*The longest ever extension in the programs history*)
- **\$6** Billion Dollars in Additional Mental Health and Opioid Funding
- **5** Year Reauthorization of the Maternal, Infant, Early Childhood, Home Visiting Program (MIECHV)
- **\$4.9** Billion Dollars Increase for Puerto Rico’s Medicaid Program
- **2** Year Delay in cuts the Medicaid Disproportionate Share Hospital (DSH)

- **2 Year Reauthorization of Federally Qualified Community Health Centers (FQHCs)**
- **\$2 Billion for NIH Research**
- **\$1.35 Billion Dollar Cut to the Prevention and Public Health Fund**
- **Repeal of the Independent Payment Advisory Board (IPAB).** This section would repeal the Independent Payment Advisory Board that was charged with making recommendations that reduce Medicare spending when per-capita growth exceeds an expenditure growth target.

The Federal Policy presentation includes information on the Creating High-Quality Results and Outcomes Necessary To Improve Chronic (Chronic) Care Act as well as Title IX – Public Health Programs Extension for Community Health Centers. Additional topics include proposed Medicaid Changes – Work Requirements, Cost Sharing, and Time Limits. It covers policy challenges ahead including increased state discretion and cost containment. Joel’s PowerPoint may be requested from Alex Watt at [AWatt@apa.org](mailto:AWatt@apa.org).

**Mental Health and Older Adults Roundtable: Report and Next Steps**

Missy Jenkins, Vice President of Public Policy, Alliance for Aging Research reported on the roundtable co-hosted by the Alliance for Aging Research and the Sam and Rose Stein Institute for Research on Aging, University of California San Diego and held on October 4, 2017. A Summary white paper on the roundtable has been provisionally accepted for publication in the April 2018 American Journal of Geriatric Psychiatry.

Goals of the Roundtable were to promote wellness and healthy aging among people with mental health issues and substance abuse disorders, and, to identify knowledge base, gaps, and low-hanging fruit opportunities. The two Faces of Aging were discussed including: 1) the Common Perception of –Morbidity –Mortality –Decline in independence –Decline in autonomy and 2) the Less Common Perception of –Improved mental health –Life satisfaction –Happiness –Wisdom.

The roundtable had three panels. Each panel was composed of nationally recognized leaders. For example, Panel I: Mental Health Issues Accompanying Dementia included Constantine George Lyketsos, MD, Johns Hopkins University; Molly Wagster, PhD, National Institute on Aging, NIH; Kathleen Buckwalter, PhD, RN, FAAN, University of Iowa College of Nursing; Dan G. Blazer, MD, MPH, PhD, Duke University; and, Marsden H. McGuire, M.D., M.B.A., Office of Mental Health and Suicide Prevention VA Central Office U.S. Department of Veterans Affairs.

Panel I: Mental Health Issues Accompanying Dementia identified current issues and recent progress. The panel identified the following gaps: Clinicians and nursing home staff receive little formal education about caring for individuals with Neuropsychiatric symptoms (NPS) of depression, agitation, apathy, psychosis, and sleep disorders; Clinicians may not be aware that older Americans with dementia frequently become victims of fraud; Clinicians lack reliable tools to manage NPS; Often non-pharmacological treatments are not reimbursable; and, Payment incentives for home, outpatient, and institutional settings are not aligned with best practices for managing these complex patients. The panel made the following recommendations: 1) Train array of health professionals to enable home based care, 2) Raise standards and training for nursing home care, 3) Dementia training certification, 4) Establish incentives (salaries, promotions) to reduce staff turnovers and burnout in nursing homes, 5) Develop rigorous

program evaluation systems on quality and cost, and, 6) Make use of virtual care and telemedicine.

Panel II: Depression and Suicide. In addition to the issues and recent advances in this topic, the following gaps were identified: Lack of access to behavioral care services, Inhibitive Federal Privacy Laws, No rapidly acting drugs for suicidal ideation, Little is known on preventing suicidal ideation in older adults without depressive disorder, and, Healthcare workers failing to identify older adults at high suicide risk. The panel made the following Recommendations: 1) Consider healthcare system solutions, 2) Pursue a public health approach for suicide awareness, 3) Reform privacy and security protections, 4) Scale evidence-based depression management programs e.g. PEARLS and HealthyIDEAS, 5) Improve training and care deployment, 6) Develop models for screening and intervention in various health care settings, 7) Reimburse for evidence-based suicide prevention programs, 8) Prioritize research on prevention, 9) Partner with stakeholders outside of the healthcare system e.g. Meals on Wheels, 10) Improve awareness of firearm access as a risk factor, and, 11) Develop safe and effective treatments for depressed geriatric populations.

Panel III: Serious Mental Illness and Substance Use Disorders. In addition to the current situation and recent progress, the following gaps were identified: Inadequate treatment alternatives, Lack of large population studies in diverse populations, Lack of providers trained to care for older adults with these illnesses and disorders, Lack of research, and, Limited follow-up care for older adults. The panel made the following recommendations: 1) Test effectiveness of community-based interventions to identify and treat older persons with co-occurring serious mental illness and substance use disorders, 2) Create evidence-based treatment plan models which begin with psychosocial or behavioral interventions, alongside FDA approved medications (if needed), 3) Support research studies on appropriate use of pain medications, safe storage, and disposal, 4) Develop methods to train front-line staff on simple interventions to minimize risk factors Identify multidisciplinary treatment algorithms for alternatives to opioids for pain, 5) Develop rehabilitation programs for older adults Promote programs offering minimally restrictive alternative living environments and SDM, 6) Develop utility of decision support tools, 7) Train clinicians to prescribe opioid analgesics with less frequency and lower doses, and 8) Create models for transitioning patients from inpatient to less restrictive settings.

Missy Jenkins related What's Next? 1) Summer Hill event will discuss summary results and recommendations, 2) Proposed panel discussion at Healthy Aging Summit 2018, and, 3) Additional work with roundtable organizations/ participants to push for recommendations in policy, research, and health education.

Kim Williams, who participated in the roundtable, noted that roundtable partners were being asked to help advance the recommendations and that funders were being encouraged to support actions. Joel Miller was also involved with the roundtable. Ms. Jenkins noted that the report on the roundtable will be released in April 2018 and that she will send a summary to the Coalition for circulation. Missy's PowerPoint for this presentation may be requested from Alex Watt at [AWatt@apa.org](mailto:AWatt@apa.org).

#### **Evolving Plans for May's Mental Health and Aging Event**

Kim Williams reported that a NCMHA committee had been developing ideas for a May event and has asked SAMHSA to lead an Older Adult Mental Health Awareness Day much like the

event held with a focus on children engaging high profile speakers including Michael Phelps. Eric Weakly, representing SAMHSA, indicated that SAMHSA leaders are interested in such an event and will host the event at SAMHSA offices if appropriate space is available. SAMHSA would like the day to include a focus on severe mental illness (SMI) and on the opioid crisis. Eric solicited additional ideas for the focus and received suggestions of primary care and mental health integration and the role of social isolation plays in older adult mental health. He noted that an awareness day for older adult mental health might start small this year and build over time. He noted that federal partner agencies would be engaged including NIH, ACL, and others. Kim Williams said that when the details are settled, a notice will be sent to NCMHA members. Joel Miller thanked Kim, the committee, Eric and other leaders at SAMHSA.

#### **NCMHA Website and Bylaws Update: Request for Assistance and Feedback**

Joel Miller asked NCMHA members to kindly provide feedback on the proposed changes to the Coalition Bylaws over the next couple of weeks. The proposed revisions were sent out to Coalition members on 2/9/18. The revisions will be updated and sent out again to members requesting responses by a specific date.

On the Coalition website, Joel Miller noted he had spoken with Marissa Whitehouse of NCOA who has been volunteering as an interim webmaster and posting information and materials. He noted that the NCMHA Executive Committee needs to work with Marissa to develop the process for materials to be posted including selection criteria, authorization, etc. Debbie DiGilio will send a note to Coalition members on how the Coalition will proceed on this matter. She encouraged Coalition members to look at the resources listed on the website to determine whether there are others that member organizations would like to have posted. Joel noted that it may be useful to have a notice go to members when new information and resources are posted.

#### **Mental Health Liaison Group (MHLG) Overview and Opportunities for Collaboration (www.mhlg.org)**

Laurel Stein, a member of MHLG Board of Directors and Co-chair of its Health Policy Committee, addressed the Coalition. She thanked those who attended the mental health event with the First Lady of New York City. She noted that the Mental Health Liaison Group was formed in 1969 and today has 67 full member organizations plus affiliate members like federal agencies and other non-voting members. Some Coalition member organizations are part of MHLG. In 2015 the MHLG established a 501©3 dues paying organization. The MHLG website identifies all of its members and includes sign-on letters educating and advocating on behalf of public policies. There must be a majority of 34 member organizations for a letter to be sent to public officials and each member in agreement signs on individually. Monthly meetings have an education focus and include Members of Congress and Hill staff. Issues of current concern include: mental health parity, safeguarding protections in the ACA, and, Veterans mental health and services. Laurel Stein noted the MHLG hopes to do more direct lobbying plus taking actions that elicit media attention. She also hopes that the MHLG can collaborate with the NCMHA in the future, possibly on activities for the Older Adult Mental Health event in May.

Ms. Stein noted that she is currently focusing special attention on the 21<sup>st</sup> Century CURES Act. Although 2018 MHLG priorities have not yet been set, she believes health care reimbursement and Medicaid need safeguarding; and suicide prevention needs attention.

Grace Whiting, NAC mentioned that the Family Caregiver Act signed into law in January 2018. Ms. Stein said the MHLG would be interested in receiving information on this Act as this is an issue they have not addressed. This is an example of the sort of legislation that MHLG could educate its membership about if NCMHA and MHLG kept a regular line of communication open.

Willard Mays asked if the NCMHA could become an Affiliate member of the MHLG. Lauren Stein said yes and indicated she would send application information. Affiliate membership requires Washington, DC representation which could be handled by representatives from several organizations that are members of both the NCMHA and MHLG including NASW, APA, NASMHPD, and the American Mental Health Counselors Association. Joel Miller noted that NCMHA could collaborate with the MHLG especially around issues of regulations. NCMHA members present agreed that NCMHA should pursue becoming an affiliate or voluntary member of the MHLG. Joel Miller will follow-up.

Joel Miller thanked Laurel Stein and the MHLG for their great work in coalescing people on the Hill and seeking input in developing their positions and agenda. Laurel Stein said that the MHLG would welcome the expertise of NCMHA members.

### **Next Steps for NCMHA**

Joel Miller recapped next steps to be taken by NCMHA based on this meeting. Steps include:

- Pursuing affiliate membership with the MHLG
- Organizing an Older Adult Mental Health Day in May
- Continuing to update the NCMHA website – including links to documents when an organization is not able to supply a document directly
- Tell NCMHA members about new materials and documents
- Themes of interest for future NCMHA meetings identified by state coalitions include:
  - Opioid crisis especially in rural areas (it was suggested we ask the author of a report from Grant makers in Aging, Spring 2017, on mental health and opioids and aging in rural areas, to speak at an upcoming Coalition meeting)
  - Evidence-based practices in long-term care
  - Social isolation, especially as part of social determinates of health
  - State work spotlighted at each future meeting.

### **Adjourn**

There being no additional old or new business, Joel Miller adjourned the Coalition at 12:30pm. The next meeting will be in May or June 2018.