NCMHA Actively Involved in Older Adult Mental Health Awareness Day – May 20, 2019

The National Coalition on Mental Health and Aging is pleased to be partnering with SAMHSA’s Division of State and Community Systems Development at Center for Mental Health Services (CMHS) to sponsor Mental Health Awareness Day to be held on Monday, May 20, 2019 from 1:00 to 3:30 PM in the Great Hall of the HHS Hubert Humphrey Building in Washington, DC. The May 20th Awareness Day also will be webcast.

Members of the planning committee event from the Coalition include Deborah DiGilio, Kim Williams and Christy Malik – along with representatives of federal partners involved with planning like Joan Weiss, Jennifer Solomon, and Shannon Skowrons. 

HHS Assistant Secretaries of SAMHSA and Administration for Community Living are invited to speak. In addition, representatives from academia and community and clinical practice will be participating in the program that have expertise to address issues of serious mental illness, suicide prevention, peer support, and trauma-informed care associated with older adults.

In addition to the Awareness Day, Eric reported that SAMHSA is preparing webinars on older adults and opioids, plus a webinar on co-occurring conditions. NCMHA is also planning several webinars beginning in July 2019 to continue to bring attention on older adult mental health issues (see more information just below).

Proposed Follow-Up Webinars to Older Adult Mental Health Awareness Day & Request for Volunteers.

While the May 20th event will address suicide prevention and the opioid crisis, there are limitations to the amount of important content that can be offered in this one afternoon session. The NCMHA is proposing a series of webinars that will augment the content delivered at the Awareness Day event. The proposed webinars are tied to monthly national observances and could include the following.

**July 2019** – National Minority Mental Health Month

“Integrating Mental Health Care for Diverse Older Adults in Primary Care”

**August** – Senior Citizen’s Day

“Prevention and Health Promotion for Late-Life Mental Health Disorders”
**September** -- Suicide and Healthy Aging Month  
“Strategies for Reducing Suicide in Older Adults”

**October** -- World Mental Health Day  
“Home and Community-Based Mental Health Services: Meeting the Needs for Older Adults”

**November** -- Family Caregivers and Alzheimer’s Awareness Month  
“The Invisible Health Care Provider: Family Caregivers of Individuals with Dementia”

NCMHA members interested in sponsoring and/or assisting in the planning of the events should contact Joel Miller at jmiller@AMHCA.ORG.

For the individual webinars, speakers will include representatives from state and local coalitions to highlight promising and evidence-based practices underway in various communities.

**Liaison and Partnership Opportunities with Public and Private Mental Health Stakeholder Organizations**

An incredibly important goal of the Coalition is to engage key organizations that we can work with to advance and improve older adult mental health care and services.

At a recent NCMHA Meeting, Helen Lamont, PhD – with the Office of Disability, Aging, and Long-Term Care Policy, at Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services – reviewed the purpose of the Act establishing the National Alzheimer’s Project (NAP) and highlighted recent accomplishments.

Dr. Lamont highlighted that NAP summits held, help to identify research priorities for Alzheimer’s disease and related dementias, care and services. NAP is actively involved in the ACL National Alzheimer’s and Dementia Resource Center (NADRC) and the Healthy Brain Initiative.

The Alzheimer’s Plan is a National Plan not just a Federal Plan. The project offers a good partnership across federal agencies and with outside groups and leaders through the participation of advisors. Laura Gitlin, PhD is currently the Chair.

NAP has emphasized that the project calls for a national plan to prevent and effectively treat Alzheimer’s disease by 2025, optimize care quality and efficiency, expand supports, enhance public awareness and engagement, track progress and drive improvement. Current priorities of the project include reducing inappropriate use of antipsychotic drugs, and improved functioning of reimbursement for care planning.

The NAP website has extensive videos and materials that can aid coalition members.

The Coalition has also recently engaged JBS International’s Projects with States and Organizations. JBS is providing technical services, including data collection and mobilizing partners to address substance abuse and related needs of older adults. Mary Ellen Shannon and Angie Jones of JBS spoke to Coalition members in February.
For the past thirty plus years, JBS International has worked across all of the states and other jurisdictions to address behavioral health prevention, treatment and recovery systems for populations of all ages. Their work has included several SAMHSA contracts focused on older adults that included webinars, issue briefs, policy academies, technical assistance and training.

JBS has recently offered a series of four webinars on older adult use of opioids and other high priority concerns. As follow-up to the webinars, JBS International was charged with helping states advance older adult behavioral health. Twenty-two single state authorities have expressed interest in furthering their understanding of behavioral health issues across the lifespan, available data, promising practices and evidence-based programs that address older adult issues. JBS helped organize 1-2 day dialogues within states bringing coalitions, behavioral health and aging services together to share understanding and resources. In recent years JBS has worked with Alabama, Georgia, Michigan, Utah and others.

**Medicare Advantage Plans and Behavioral Health**

The Coalition is reviewing coverage issues for mental health services in Medicare Advantage Plans (MAPs).

Coalition members in some states want to know whether the limitations they are experiencing are more widespread in other states.

The APA Committee on Aging has developed a paper titled “Disadvantages of Medicare Advantage Plans (MAPs) and Behavioral Health – Issues List the committee compiled in 2017. This paper lists the following concerns: that MAPs have contracts with limited hospitals and provider groups, thus access to high quality care is limited; some MAPs carve out behavioral health services to outside companies making it very difficult for beneficiaries and providers to learn about the policies and regulations for accessing mental health care; many MAPs and their behavioral health carve outs have very small panels of behavioral health providers and panels are very difficult for providers to get on.

The Coalition is following up with the Center for Medicare Advocacy to gain a better understanding of the issues.

Mike O’Donnell suggested that Tim McNeill, expert business consultant to ACL, may be able to provide assistance.

**Member Initiatives**

The American Psychological Association has recently issued a YouTube video, *Why Did I Explore a Career in Aging?*, and a whiteboard video “*Five Reasons to Work with Older Adults*” have just been completed.

The Maryland Coalition on Mental Health and Aging has recently hired a person to develop peer education. They may use the COPE model however they may consider others. She has invited information on other peer models.

The National Council on Aging hosted a webinar on March 12 on evidence-based programs for depression in older adults. The PEARLS and Healthy IDEAS programs were featured. In addition, NCOA has surveyed community agencies to gain an understanding of their issues concerning opioid use and the resources needed to address these issues.
The Oregon, Older Adults/People with Disabilities Behavioral Health Advisory Council has developed two pieces of legislation in an effort to bring additional resources to the field. These efforts include additional funding for behavioral health services for older adults and persons with disability, and access to behavioral health care for persons receiving long-term care in their homes and in residential facilities.