



**National Coalition on Mental Health and Aging
Meeting Minutes
May 13, 2021**

Welcome, Agenda Review, Approve Minutes

Joel E. Miller, NCMHA Chair and American Mental Health Counselors Association (AMHCA) Representative, called the meeting to order at 10:03 am ET, via Zoom.

Joel welcomed the 25 members attending.

Joel reviewed the agenda and requested approval of the February 4, 2021 meeting minutes. Karen Orsi moved to approve the minutes; seconded by Annette Gary Motion carried.

Election of Members of the Executive Committee

Joel Miller reviewed the Bylaws regarding the election of members of the Executive Committee every 2 years. The Executive Committee formed a Nominations Committee including Joel Miller, Kim Williams and Mike O'Donnell. The Nominations Committee sent out a call for nominations to the members, but did not receive any nominees. The Nominations Committee recommended that current members of the Executive Committee serve one additional year, and that the Coalition hold a special election in May 2022 for members of the Executive Committee for two-year terms beginning July 1, 2022.

The Nominations Committee recommended the re-election of the following slate of members of the Executive Committee for one year (7-1-21 to 6-30-22):

Chair – **Joel Miller**, American Mental Health Counselors Association
Vice Chairperson – **Kathleen Cameron**, National Council on Aging
Immediate Past Chairperson – **Kim Williams**, Vibrant Emotional Health
State/Local Coalition Representative: **Karen Orsi**, Oklahoma Mental Health & Aging Coalition
Consumer Representative: **Mike O'Donnell**, Illinois Coalition on Mental Health & Aging
At-Large Members

1. **Annette Gary** – Texas Tech University Health Science Center
2. **Christy Malik** – National Association of State Mental Health Program Directors
3. **Grace Whiting** – National Alliance for Caregiving

Willard Mays moved to elect the slate; seconded by Chris Herman. Motion carried.

Recap of the 4th Annual Older Adult Mental Health Awareness Day Symposium

Kathleen Cameron, Vice Chair of NCMHA and representative of NCOA, provided a PowerPoint presentation with a recap of the 4th Annual Older Adult Mental Health Awareness Day Symposium hosted by NCOA on May 6, 2021.

Kathleen thanked the Planning Committee including representatives from federal agencies. Kathleen thanked NCMHA members for promoting the Symposium and participating, and invited NCMHA members to provide feedback.

The following is a brief summary:

Total registrants: 4,291 (exceeded goal of 4,000)

1,662 attended the welcome and plenary session.

1,535 attended the spotlight session on diverse populations

1,500+ attended breakout sessions

1,121 attended the closing session

High level of participant engagement.

NCOA will respond to chatbox comments and questions from registered participants.

387 completed participant surveys

95% found the Symposium helpful or very helpful

94% found the platform easy to use

98% very likely to attend in the future

Top 4 Sessions:

1. Ashton Applewhite's plenary session on ageism and stigma
2. Behavioral Health and Diverse Populations
3. Socialization and Engagement
4. Breakout session on perspectives and lived experiences with mental health

Profile of attendees:

40% from the behavioral health community

20% from the Aging Network

15% health care professionals

15% caregivers, family members, and consumers

Samples of Plus One and Pledges:

It's up to us to advocate

Meet with state partners

Share information with caregivers

Don't make assumptions

Explore "Open Table"

Examples of how the Symposium informs future events and professional training

"Purchased *This Chair Rocks – Manifesto against ageism*" – will share with my students"

"Connection is the antidote to addiction"

Joel Miller and Kathleen Cameron invited Coalition members to recommend topics for future symposia and webinars. The following is a summary of suggested topics and comments:

- Training for first responders and ER professionals on signs and symptoms of behavioral health disorders in older adults
- The re-entry of older adults into communal activities as Covid-19 restrictions are lifted
- Don't minimize or dismiss concerns expressed by older adults about re-entry as anxiety.
- Advances in diagnosis and treatment of Alzheimer's Disease and related disorders.

Kathleen reported that the OAMHAD Symposium featured a video presentation from Joel Miller about the National Coalition on Mental Health and Aging, which was viewed by over 500 participants. NCOA will provide a link to the video which can be posted on the NCMHA website to inform visitors and welcome new members.

Presentation – How Covid-19 Has Highlighted Gaps and Opportunities for Improving Medicare's Mental Health Coverage

Presenter: Beth McGinty, PhD, MS, Associate Professor, Associate Chair for Research and Practice, Department of Health Policy and Management. Co-Director, Center for Mental Health and Addiction Policy Research. Associate Director, ALACRITY Center for Health and Longevity in Mental Illness, Johns Hopkins Bloomberg School of Public Health (all Positions with JH)

Beth McGinty's presentation addressed the following:

- Motivation for considering Medicare mental health coverage in context of COVID-19
- Recent Medicare mental health initiatives
- Gaps in Medicare mental health coverage
- Opportunities for improvement

The prevalence of psychological distress measured in April 2020 was higher among younger adults, but there was a significant increase among older adults.

Higher prevalence of mental illness among Medicare beneficiaries with disabilities under the age of 65 and those dually eligible for Medicare and Medicaid.

There are many gaps including:

Medicare is still not in parity, however there has been an equalization of cost sharing which has increased access to mental health services for beneficiaries.

Primary care medical homes now can receive incentivized FFS payments but there has been no research to show that these incentives have increased mental health services.

Accountable Care Organizations have had little to no effect on delivery of mental health services due to lack of quality metrics and limited inclusion of mental health professionals in their networks.

In 2017 Medicare introduced billing codes for mental health care planning and management, but <1% of beneficiaries with mental illness have received services billable using these codes.

CMS Mental Health Integration billing codes were introduced in 2017 which allows for mental health planning and coordination but the uptake has been less than 1%. This utilization is low because many practices do not have CMS billing structures in place.

Coverage for medications in protected classes such as anti-depressants and anti-psychotics are still fully protected under CMS rules. The protected care status has resulted in increased drug costs for the Medicare program and Medicare beneficiaries.

The inpatient lifetime limit of 190 days for psychiatric care is a problem for younger Medicare beneficiaries with mental disabilities.

Medicare Advantage provider networks are not doing a good job providing mental health care. There is a real need to improve network adequacy.

Medicare does not reimburse licensed clinical counselors. The estimated cost of covering LPCs is \$100 million over 5 years.

To be reimbursed for treatment in an outpatient rehabilitation facility, partial hospitalization programs and other settings outside of a psychologist's own office, Medicare requires supervision by a psychiatrist, which may not be readily available.

Lack of Medicare Advantage Special Needs plans for beneficiaries with serious mental illness. Currently there is only one: Brand New Day in California.

Opportunities for Improvement include:

1. Remove insurance barriers, e.g. 190 day life-time limit for inpatient behavioral health
2. Improve mental health provider networks in Medicare Advantage Plans and incorporate measures of network adequacy in the star rating system.
3. Provide technical assistance to help practices increase uptake of depression screening and mental health integration services
4. Reward Medicare ACOs for meeting mental health quality metrics and ensure that mental health providers are included in their networks.
5. Making permanent telehealth policies put in place during COVID-19

Comments and Questions

Lower co-pays for services might increase demand for mental health services

Mental health services are not regarded as preventative.

More people are selecting MA plans which may raise momentum to increase network adequacy

What can we do as a Coalition to move legislation forward to improve Medicare?

Covid-19 has raised public awareness about the importance of mental health.

We need to map out Medicare billing codes for services for caregivers of older adults, such as assessing depression in caregivers serving persons with Alzheimer's Disease.

Presentation – Roadmap to the Ideal System: Essential Elements, Measurable Standards, and Nest Practices for Behavioral Health Crisis Response

Presenter: Joe Parks, MD, Vice President, Practice Improvement and Medical Director, Practice Improvement and Consulting, National Council for Behavioral Health

Dr. Parks provided a summary of Roadmap to the Ideal Crisis System, published by the National Council for Mental Wellness (formerly National Council on Behavioral Health).

The Roadmap provides an implementation guide or toolkit for communities.
Dr Park's presentation included:

The Vision for Continuum of Behavioral Health Crisis Response
A system of structures, processes and services
Principles and Values for grassroots organizations
Accountability and Finance, quality metrics, performance incentives
The Crisis Continuum of Services
Evidence based clinical practices
Organizational capacity
Multi-payer collaboration
System must be sustainable
Data driven processes and management
Best practices for screening, intervention, and treatment

The Roadmap includes
Ten steps for implementation
Ten steps for advocates/leaders
Six local examples
Report Card to assess your community

The final report is available on-line at:

https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?daf=375ateTbd56

Questions and Comments
Model community?
Tucson, AZ is one six case studies which has most of modules in place
Start with the Executive Summary
Do the self-assessment

Kim Williams commented that Vibrant engaged in planning process for 988 and continuum of services
The time is now for alignment with 988
Encouraged NCMHA members to get involved with their states and planning process

Presentation: Update on Congressional Mental Health Legislation

Presenter: Joel E. Miller, NCMHA Chair, and Executive Director, American Mental Health Counselors Association.

Joel's presentation focused on the provisions of the American Rescue Plan and President Biden's proposed American Jobs Plan.

A copy of Joel's slides is attached.

Comments and questions:

Grace Whiting commented on a discussion draft for the Family and Medical Leave Act Extension which would include benefits for the self-employed individuals and gig workers. The discussion draft is available on-line at:

Member Updates

Kathy Cameron announced the four-day virtual NCOA Age+Action Conference June 7-10, 2021. To register, go to this link:

Grace Whiting, National Alliance for Caregiving announced that the Family Caregivers Advisory Commission is planning to release a report with over 26 recommendations to Congress. This is an opportunity for NMCHA to highlight older adults with behavioral health issues..

Karen Orse provided older adult peer support training for 60 attendees on line. They are Working 4th Annual Positive Aging Institute in Oklahoma

Mike O'Donnell reported that ICMHA promoted OAMHAD, Governor Pritzker's proclamation on Mental Health Awareness Week in Illinois, and welcomes the members of the Illinois Coalition on Substance Use and Aging, and hosted a virtual workshop by Nina Henry.

Kim Williams Geriatric Mental Health Council and New York State demonstration grant 5th round of demos for aging in place and communities affected by Covid-19

Janel Spinelli interested in IMD reform, national initiatives on IMD reform and best practices on IMD management.

Shano Skowronski reported that ACL will announce 8 new grantees for CDSME, 4 of which will focus on persons with bh conditions and chronic pain. ACL released funding to 1.4 billion under the American Rescue Plan to states for community services

Will Mays reported that ASA continues with reorg, Mental Health Advocacy Network, Zoom meeting scheduled next week to discuss future of MHAN

Serena Davilla, APA has hired a replacement for Debbie DiGiglio, to be announced in June.

Jim Davis, Chair of the **Oregon** Older Adult and Disability Behavioral Health Council, noted the restoration of \$2 million in the State budget 2021 for preventive behavioral health services, and specialists through the Oregon Health Authority who coordinate 25 behavioral health services for older adults and persons with disabilities, trained over 10,00 people over the past 6 years. Covid response included Older Adult Loneliness Help Line. Jim reported that \$1.6 million in stimulus funding supports the help line.

Kathy Cameron noted that ACL supports the Commit to Connect initiative in collaboration with AARP to reduce social isolation and loneliness. Kathy recommended that NCMHA invite them to speak at the next Coalition meeting. The initiative includes creating National Champions to reduce social isolation and loneliness. Joel concurred. Sharon Skowronski will provide a contact to Joel. Janet Spinelli noted that Rhode Island has a pilot project on this issue.

Adjourn

The next meeting will be **August 5, 2021** at 10:00 a.m. Eastern Time

The meeting was adjourned at 12:45 p.m.
