National Coalition on Mental Health and Aging
Meeting Minutes
June 5, 2018

Welcome and Update

Joel E. Miller, NCMHA Chair and the American Mental Health Counselors Association representative, called the meeting to order and welcomed 14 members present onsite and 16 joining via conference call. The meeting was conducted at the American Psychological Association, 750 First Street, NE, 9th floor Conference Room, Washington DC. Joel Miller reviewed the agenda.

Joel Miller asked for any changes needed in the minutes of the February 13, 2018 meeting. Hearing none, a motion was made to approve the minutes as circulated; the motion was seconded and passed.

Presentation Summary and Proposed Follow-Up Projects Associated with May Mental Health and Aging Events

Joel E. Miller gave a summary of the two May events: the May 17th Congressional Briefing conducted on Capitol Hill, *Addressing the Crisis in Older Adult Mental Health* cosponsored by NCMHA and others; and the FIRST Older Adult Mental Health and Aging Awareness Day held May 18th held at the Substance Abuse and Mental Health Services Administration (SAMHSA) and also co-sponsored by NCMHA and the Administration for Community Living (ACL). These successful events are summarized in **ATTACHMENT A** to these minutes along with the identification of the co-sponsoring organizations. Joel started by thanking Coalition planning committee members, Deborah DiGilio, American Psychological Association, and Kimberly Williams, Geriatric Mental Health Alliance of NY and especially, Eric Weakly of SAMHSA, who convened weekly conference calls of the co-sponsoring organizations to develop and execute plans to conduct the May 18th event. Eric noted that it was a team effort with the Coalition and Federal partners.

Joel noted that NCMHA members will be asked to support efforts to build on the momentum from the May events. He suggested a series of next steps to move the recommendations of the May 17th and 18th events forward. He then asked the membership for input. Kathleen Holt of the Center for Medicare Advocacy raised the importance of expanding Medicare coverage as one of the priority recommendations. She noted the importance of moving the integrated primary care pieces of Medicare forward. She agreed that the issue of mental health costs being a large contributor to overall health care system costs is one powerful argument for taking action. Michael O'Donnell noted that the Illinois Coalition advocates for expanded access to treatment by expanding Medicare coverage to include additional providers, such as professional counselors and family therapists, to extend needed services. Jim Davis of the Oregon Coalition noted his Coalition strongly concurs that Medicare is a constant

roadblock to their efforts, and Christy Malik of NASMHPD noted that her organization supports legislation that would allow peer support services to be billable under Medicare.

NCMHA determined that the following actions will be taken as follow-up to the Older Adult Mental Health and Aging Week events.

1. Establishment of a work group to develop a white paper and lay out a strategy to use the paper to advance its recommendations. The following people volunteered to be members of the work group; additional volunteers are welcome.
    a. Joel Miller, NCMHA Chair and American Mental Health Counselors Association Representative
    b. James Davis, Oregon Older Adult and People with Disabilities Behavioral Health Advisory Coalition
    c. Kathleen Cameron, National Council on Aging
    d. Kathleen Holt, Center for Medicare Advocacy
    e. Christy Malik, National Association of State Mental Health Program Directors
    f. Rebecca Lahey, American Society on Aging
    g. Kimberly Williams, New York Geriatric Mental Health Alliance

    Other NCMHA members interested in joining this work group should let Alex Watt at APA know of their interest, awatt@apa.org.

2. Establishment of a work group to develop a white paper and lay out a strategy to use the paper to advance its recommendations Preparation of a "white paper" summarizing presentations from the May events on what is known about the mental health status of older adults and service needs. The paper will highlight the recommendations of the event speakers and co-sponsoring organizations on mental health and behavioral health services, financing and coverage, plus education and workforce development. It was noted that the recommendations made at the May events were based on the policy and program priorities established by the NCMHA over the past nine years. It is these long-time established priorities that NCMHA will advance through the follow-up actions over the next year.

    Potential key issues to be featured in the "white paper" will include:
    a. Increased and improved integration of mental health and behavioral health services with primary health care and health systems. Particular attention will be paid to integration efforts in Medicare.
    b. Geriatric mental and behavioral health workforce expansion and development recommendations expressed in the Institute of Medicine Report, The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? - Institute of Medicine/National Academy of Sciences (2012).
    c. Attention will be brought to road blocks in the Medicare program that discourage mental/behavioral health service integration with primary health care and road blocks to workforce development. Proposals will be made to eliminate the road blocks in Medicare and in other financing and coverage.

3. The strategy to advance the recommendations of the white paper will include identifying and creating opportunities for the NCMHA Coalition and individual NCMHA member organizations to

work with the Congressional Mental Health Caucus and the Mental Health Liaison Group, Leadership Council of Aging Organizations, and the Coalition for Whole Health.

Coalition members also suggested advancing the mental and behavioral health priorities and reporting on progress or lack thereof, through public forums and a webcast and through use of the NCMHA website. The Coalition will likely use the public forum available in the Mental Health Policy Day at the 2019 ASA Aging in America Conference as suggested by Willard Mays. The Coalition might also offer online linkage to the video archives of the May 18 event; Eric Weakly of SAMHSA said that he has a recording of the event and will send it out soon.

4. NCMHA and the other organizers of the May 2018 events are recommending that these events be conducted on an annual basis in the third week of May during Older Adult Mental Health Week and marking both Older Americans Month and Mental Health Month. Kathy Cameron suggested that the planners consider a full day for the 2019 Older Adult Mental Health and Aging Awareness Day; she noted that the 2018 event was strong but could have used more time to spur on awareness and follow-up actions.

NCMHA discussed the difference between the role of the Coalition as a policy educator vs. legislative advocates. The Coalition's role has been to educate its members on the key policy issues and to encourage its member organizations to consider strong legislative advocacy, rather than to lobby or advocate for specific legislation. For example, related to growing the geriatric mental health care workforce, rather than advocating for legislation that would add a provider group to those eligible for Medicare, we would advocate for implementation of the recommendations of the IOM Geriatric Mental Health Workforce report. The report's Workforce recommendations are very broad and include all mental health/substance use specialists (regardless if they are currently eligible for Medicare reimbursement), primary care providers, direct care workers, peer support providers, and informal caregivers such as family members, friends, and volunteer community members.

Several organizational representatives noted that they do bring the policy and legislative matters that are discussed at the NCMHA meeting to the attention of their advocacy staff for action including APA, NCOA, and NASMHPD.

Coalition leaders noted that should the NCMHA Coalition wish to consider undertaking policy and legislative advocacy in the future, it would need to seriously consider the ramifications including of the likely loss of important Coalition members, especially federal agency staff; plus the resources needed to lobby and a change in organizational status.

Joel Miller again thanked the May event organizers and those who offered to develop and carryout follow-up actions. He said the forums held on May 17th and 18th put NCMHA and its members on the policy map as an important player and contributor on several issues related to improving care and services for older adults with mental health conditions. Not only were we visible throughout the program sessions, but we worked closely with several groups and individuals in the planning and implementation behind the scenes to organize the forums. So those entities know that we can be counted on to make future events a success.

He said a summary of the Follow-Up actions will be sent to the working group soon.

Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) Request

Joel Miller noted that the staff of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) asked NCMHA during their presentation on October 5, 2017 to comment on the work of ISMICC which was established by the CURES Act. On May 24, 2018 NCMHA sent a letter to ISMICC. The four-page letter was shared with the Coalition and is attached to these minutes as **ATTACHMENT B.** NCMHA commended the Committee for acknowledging the needs of older adults with serious mental illness. NCMHA supported attention given to the need for effective Medicare policies and programs to address the needs of older adults with SMI, the importance of family caregivers in the lives of individuals with SMI, and the geriatric mental health workforce shortage. NCMHA noted that the ISMICC expert panel on the workforce needs of older adults conducted in late May was particularly welcome. The NCMHA letter provided details on specific needs and effective interventions for older adults with SMI and their caregivers, for the Committee's consideration. Recommendations proposed, based on NCMHA established priorities included expansion of evidence-based practices and integration of mental and behavioral health services into primary health care.

Kim Williams participated in a planning meeting for the upcoming June 8th ISMICC meeting in which public comment on the committee work will be received. Eric Weakley noted that although concerns about lack of a geriatric workforce and lack of service integration is often spoken of, today there are no concrete plans to address these important issues. He noted that the HHS Assistant Secretary chairing ISMICC is very interested in hearing from federal agencies and especially from non-federal partners.

Presentation on Oklahoma Mental Health and Aging Coalition Projects, and Implications and Lessons for State Coalitions, by Karen Orsi, Director of the Oklahoma Mental Health and Aging Coalition

Karen Orsi provided an outline of her presentation that was made available to Coalition members and is included here as the detail may be of particular interest to other state coalitions.

Brief History of the Oklahoma Mental Health and Aging Coalition (OMHAC)

- Initiated by Bob Rawlings in 1990; Bob Rawlings and Willard Mays provided start-up technical assistance to numerous states
- 2006 Karen Orsi attends first OMHAC meeting and returns from meeting as co-chair
- 2009 funding from Transformation Grant supports full-time OMHAC Director position
- 2011 OMHAC re-locates from Aging Agency to NorthCare CMHC
- Blended funding supports OMHAC (Insurance Department, Aging Services, Choctaw Nation, Department of Mental Health, Disability)
- All funding sources cut on state and national levels and in 2016 OMHAC Director position becomes part-time
- Current OMHAC position funding from Department of Mental Health, and in-kind supports from NorthCare CMHC

State of the State of Oklahoma

- Republican House, Senate, Governor
- Highest female incarceration rate, #2 Grandparents Raising Grandchildren, #7 suicide, 46th in older adult depression, #2 adult mental illness, no Medicaid expansion, yearly cuts to mental health, substance use, education, second only to Mississippi in worst health outcomes

- Poster state for culture war – guns, God, gays, 10 Commandments monument and the occasional Sharia law…there is much focus on personal responsibility and not government responsibilities.

Older Adult Behavioral Health

- No funding for geriatric mental health
- PASRR the only Aging and Long-Term Care Service of the Department of Mental Health and Substance Use
- Minimal block grant funding to 2 CMHC's - Senior Shelter at one; support system at other
- Block grant (partially) funds OMHAC advocacy and education
- Statewide, only 2 programs specific to older adults; no CMCH specialized treatment programs
- 2010 SAMHSA Targeted Capacity and extension; programs at 2 CMHCs; neither proved sustainable
- 2010 Healthy IDEAS implemented on small scale; no funding to expand
- 2012 Medicare Optimization Plan (GMHA-NY Advocacy Project) developed; never funded

OMHAC Progress | Accomplishments

- Partnership with ODMHSAS – developed advocates / converts
- Could not locate resources, so I became one – Certified trainer for QPR (Question, Persuade and Refer) Suicide Prevention Program; Healthy IDEAS Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors); Mental Health First Aid
- QPR-(EBP) - provision of trainings to older adult service providers; older adult communities; specific older adult statistics, risk factors, etc.
- Healthy IDEAS – (EBP) – reduction of depressive symptoms of older adults with chronic diseases
- Mental Health First Aid – identify, respond and support individuals with behavioral health issues
- Mental Health First Aid for Older Adults – first training October 2018; will obtain certification and expand trainings … ageism and stigma are a few of the reasons for a special program.
- Older Adult Behavioral Health State Plan – Following 2011 AoA / SAMHSA State Policy Academy, OMHHAC had a contract with Aging Services Division (Lance Robertson, currently with ACL) to create a State Plan; approved by Department of Human Services, Health Care Authority (Medicaid Agency), Health Department and Department of Mental Health and Substance Abuse Services Leadership in 2017; no funding; designees from each agency appointed to work on implementation of the Plan
- Peer Recovery Support Program – contracted with Department of Mental Health to develop an Older Adult Specialty for Oklahoma; first PRSS –Older Adult training on June 25, 2018
- Long Term Care –providing trainings on depression, treatment and recovery at regional meetings, webinars – direct result of collaborations with the Department of Health.
- Senior Housing, Assisted Living – trainings on older adult suicide and prevention
- Physicians Assistant Program – 2017, 2018 presentation on suicide; followed by QPR training (may be treating a survivor of an attempt; stats reveal primary care visits within a week, month of suicide)
- Gerontology grad program – since 2011 – lectures on behavioral health, integration, ageism, advocacy
- Partnership with University of Oklahoma School of Social Work's Positive Aging Institute to expand capacity of workforce; presented *Supporting Older Adult Wellness – An Integrative Approach,* with presentations by geriatric MD, geriatric pharmacist, clinician, and OMHAC Director on universal considerations

- Healthy Aging Collaborative -developing champions and strategies to improve health of older adults
    - Increase nutrition, physical activity; decrease falls; reduce depression
    - Co-chair of *Reducing Depression* initiative; integrating depression screenings into community settings; trainings on depression to staff and older adults; trainings on utilization, scoring and interpretation of screenings; tech assistance to develop referral protocol; tech assistance to identify local behavioral health resources; connection with *Healthy Brain, Healthy Mind* physical and mental health self management program
- Mental Health and Substance Use Block Grant - serving as Chair of the Planning and Advisory Council to the Oklahoma Department of Mental Health and Substance Abuse Services
    - In 2015, as Chair, the following objective was inserted in the block grant
        - Cross-training of the workforce – developed *Supporting Older Adult Wellness – An Integrative Approach* and developed partnerships with physician, pharmacist and clinician to participate in the training
    - In 2018, serving another term as Chair, the following objectives were inserted
        - Identify and implement EBP treatment of older adult with substance use disorder
        - Identify and implement EBP specific to treatment of older adults in Health Homes
- Metropolitan Area Projects - 1993 Oklahoma City passed a 5-year 1 cent sales tax increase to fund 9 projects; 4 Senior Wellness Centers to be developed for the metro.
    - 1st Center highly successful; offers physical activity, limited educational opportunities
    - 2nd Health and Wellness Center – operated by NorthCare – opened May 2018. Integrated Center – physical health clinic, medication clinic, mental health and substance use services; OMHAC consulting on staff training on older adults, screenings, self-management programs, medication monitoring, education, caregiver, financial, grandparents raising grandchildren, exploitation, legal, etc. Diverse OMHAC membership will provide necessary expertise.

Sharing what worked in Oklahoma

- Integration message – physical and mental health; networks; OMHAC serves as the vehicle for network integration
- Behavioral Health advocacy is wellness advocacy – not exclusive to mental health or substance use
- Challenging ageism and stigma – re-framing the aging message and the behavioral health message. “Recovery has No Age Limit” is the tag line of the Oklahoma Coalition.
- Focus on wellness of entire older adult population; messaging and initiatives not exclusive to SMI or dementia
- Participation in larger advocacy organizations – NAMI, Coalition of Advocates, OK Behavioral Health Association, Mental Health Association
- OMHAC visibility
- Partnerships and collaborations – with individuals, agencies, organizations, providers, networks
- Combined mental health and substance use block grant – Involvement in Planning and Advisory Council led to opportunity to become Chair – twice; collaboration with PAC Liaison and Grant author
- Department of Mental Health Behavioral Health Advisory Council membership – visibility and networking

- Suicide Prevention Council – visibility and constant reminder of prevention across the lifespan mission
- Website upgrade
- Serve as clearinghouse for conferences, webinars, educational opportunities, advocacy
- Actually, more concrete accomplishments in 2018 without funding for Behavioral Health or OMHAC; however the blended funding prior to 2016 allowed advocacy efforts and groundwork for present progress
- Focus on utilizing current workforce and increasing their capacity to work with older adult population; utilizing existing resources – e.g., screenings, community settings, current programs; what can be done without additional funding; expanding and sharing resources

Karen Orsi noted that the landscape has changed. Today there is more interest in older adult mental health and there is a new willingness to collaborate among agencies and organizations. In response to a question about the Coalition's involvement with legislation, Karen noted that she feeds legislative advocates information on the needs and service proposals for older adults and the Coalition itself is not directly involved. She stated that the Coalition members join as individuals concerned with the issues; they are not directly representing agencies or organizations. Individuals from the Silver Legislature, state agencies, attorneys and many others are members.

Joel Miller asked Karen Orsi what she recommends for other state coalitions with similar financial and culture challenges. Karen said that messaging is very important – offer a broad message to address concerns and fit in with other ongoing and new initiatives. Speak of "wellness" and mental health not just serious mental illness and other conditions. She said that with this approach, partnerships, education and collaboration can develop and really work. Joel thanked Karen for her insightful presentation.

Presentation on Grantmakers in Aging's Spring 2017 Report, "Heartache, Pain and Hope: Rural communities, Older People and the Opioid Crisis" by John Feather, Chief Executive Officer, Grantmakers In Aging

John Feather introduced Grantmakers in Aging (GIA), an organization of foundations and charities. He noted that 85% of American philanthropy is locally focused; local foundations generally have small staffs with limited expertise. Many GIA members are interested in funding projects that address the impact of the opioid crisis on older adults. When GIA first became interested in this area, GIA representatives went to various meetings on opioid use and found no mention of older adults, it seemed as if older adults were not addicted. Initially, there was very little information available on the subject. GIA studied the situation and prepared a report for funders called "Heartache, Pain and Hope: Rural communities, Older People and the Opioid Crisis".

GIA and others soon learned that the opioid crisis is decimating rural communities. A number of situations contribute to the crisis. Health literacy among older adults in rural areas is very low. Addiction and dependency are serious problems along with the over prescribing of opioids. However, making opioids difficult to secure can also be a problem for rural older adults. Lack of pain management alternatives or great distances to reach such services in rural areas is a concern; for example, lack of available acupuncture. Rural communities are being impacted by over use of opioids in many ways. One example is a rural area's annual ambulance budget that was used up in three weeks attending to people overdosing on opioids when older adults and others need ambulance service throughout the year. Opioid addiction among parents can create a need for grandparents to raise their grandchildren; some

not wanting to take legal guardianship. Elder abuse can increase; adult children may force older family members to get unneeded opioids. There are considerable anecdotal stories in this area but minimal solid information. Dr. Feather noted that if Medicaid is decreased he fears some of the opioid-related services will close. He noted that many rural hospitals are on the edge of collapse, and if this happens, health professionals will need to move away resulting in the scarcity of available health care.

Funders want to know how to respond to this crisis and "what works". There are very few programs that address opioid-related needs of rural older adults. The opioid crisis carries stigma and is likened to the AIDS crisis. GIA described the programs they found in their report, including the Lazarus Project in North Carolina. John Feather said in addition to funding projects, foundations can play an important role in a community or state by convening leaders in the public and private sectors to encourage focus on critical issues. He also noted that while some health foundations are funding opioid-related projects, the projects are generally not addressing needs of older adults.

Dr. Feather encouraged state and local NCMHA members to share what they are working on with him and use GIA reports to better understand funding interests of foundations and to consider use of similar language when communicating with foundations. GIA is making available online two additional reports on needs of older adults in rural areas: "New Frontiers for Funding: An Introduction to Grantmaking in Rural Aging" and "Mobility and Aging in Rural America: The Role of Innovation: An Introduction for Funders". Ellen Schneider of the North Carolina coalition said that the K.B. Reynolds Foundation had funded a statewide meeting and other meetings on older adult mental health concerns and had funded Healthy IDEAS, an older adult depression identification and management program. Dr. Feather encouraged members to build relationships with foundations and to continue communication even if the foundation no longer funds a particular area of interest.

Request for Volunteers: NCMHA Website Update

Joel Miller said there is a need for volunteers to help improve the NCMHA website and develop guidelines for soliciting and selecting information to post on the website. NCMHA will arrange a couple of phone calls soon to get this work underway. He thanked Marissa Whitehouse of NCOA for posting material. It was noted that there may be a need for some design changes including interactive features; Marissa indicated she is not skilled in doing this type of work but is glad to continue posting material.

Individuals interested in serving on this work group should send their names to Alex Watt at awatt@apa.org.

Member Updates

AARP – Olivia Dean of AARP Public Policy staff said AARP released a report Trends in Retail Prices of Prescription Drugs Widely Used by Older Americans: 2006 to 2015 in September 2017 that may be of interest to the Coalition.

Administration for Community Living (ACL) - Shannon Skowronski reported on a new Issue Brief on "The Opioid Public Health Emergency and Older Adults". She also noted a stakeholder meeting that was conducted in March 2018 in which recommendations were made for next steps to address this crisis. She also said ACL had announced a Request for Information: People with Disabilities and Opioid Use Disorder. A summary of the responses can be found here.

American Mental Health Counselors Association - Joel Miller reported that his organization is following the 100+ bills introduced into Congress on mental and behavioral health. The organization's annual conference will be held in July and will address integration of mental/behavioral health with primary health, social supports, plus issues of veterans and many others. The association is repackaging its products in a quality improvement effort.

American Psychological Association – Deborah DiGilio announced two new Fact Sheets APA has issued on disasters and older adults: Older Adults and Disasters: How to Be Prepared and Assist Others and Older Adults and Disasters: How Caregivers Can be Prepared and Assist Others. The Office on Aging is also beginning an initiative on race-related stress among older adults. Serena Dávila noted that the APA Government Relations Office is launching a grassroots, in-district advocacy effort to advocate for funding for the Kevin and Avonte's law that revises and extends the federal missing person alert program for individuals with dementia or developmental disabilities

American Society on Aging- Willard Mays reported on the March ASA Aging in America Conference and the NCMHA sessions conducted with the ASA Mental Health & Aging Network. On the first day there was a policy session with the same speakers from last year's session providing a policy update, i.e. Fred Blow, PhD, Robyn Golden and Lynn Feinberg. The second session was a report from the federal agencies, i.e., SAMHSA, AoA/ACL, and CMS. The third session focused on a California initiative for improved older adult mental health. Willard reported that plans are getting underway for similar sessions at the 2019 ASA Aging in America Conference. Bill Benson is being recruited to help on the policy update. A peer group session was conducted at the 2018 Conference in which 28 ideas for advancing older adult mental health were identified. Rebecca Lahey of ASA also joined the Coalition meeting by phone.

Center for Medicare & Medicaid Services (CMS) - CMS has just published an Opioids Roadmap detailing their three-pronged approach to combating the opioid epidemic.

Maryland Coalition on Mental Health and Aging – Kim Burton said that in Maryland some people with Serious Mental Illness (SMI) require skilled nursing home care but that the skilled care facilities are not accepting them. She asked for assistance in learning whether other states have similar situations and how admittance of people with SMI is being addressed.

National Alliance for Caregiving – Pat Hines reported that the Alliance worked with NAMI in developing a research report on providing care to people with mental illness. The report is called *Circle of Care: A Guidebook for Mental Health Caregivers*.

National Association of State Mental Health Program Directors - Christy Malik reported that her association is preparing a white paper on suicide prevention that will be released later this year.

National Association of Social Workers – Chris Herman reported that at the upcoming 2018 NASW National Conference a three-hour pre-conference workshop, Reframing Communication About Elder Abuse To Enhance Practice, Policy and Education, will be held.

National Council on Aging – Kathleen Cameron reported that NCOA Center for Healthy Aging recently held its annual meeting on evidence-based health promotion and disease prevention. Presentations were made on programs addressing older adult mental and behavioral health including programs for depression: PEARLS and Healthy IDEAS. Dr. Kate Lorig, retired from Stanford University, reported on the Chronic Pain Self-Management Program, a non-pharmacological response to pain. Kathleen noted that

several of the sessions from the conference are available on the NCOA website. Kathleen also reported that the 2018 Healthy Aging Summit that will be held in Washington, DC July 16-17. The third day will focus on state teams; speakers on loneliness and depression are being sought. She noted that the NCOA policy staff is seeking partner organizations to collaborate on policy efforts related to the opioid epidemic; Joel Miller offered to share information on the myriad of bills proposed on this issue.

NCOA Center for Health Aging has also worked with ACL to conduct a review of evidence-based programs to identify up to seven additional programs that meet ACL standards that could be added to the list of programs that may be funded with Older Americans Act Title III D funding. Some of the programs recently approved target older adult mental health and behavioral health. Kathleen will send information to NCMHA on newly approved programs.

New York, Geriatric Mental Health Alliance - Kimberly Williams reported that the New York State Mental Health Planning Council is establishing a geriatric subgroup to insure attention is paid to older adults. Kimberly will be a member of this subgroup.

Oklahoma Mental Health and Aging Coalition - Karen Orsi, provided a full report of the Coalition's efforts earlier during the Coalition meeting.

Oregon, Older Adults/People with Disabilities Behavioral Health Advisory Council – Jim Davis reported that the 24 older adult mental health specialists deployed throughout the state are "warriors without weapons", that is, half say they have no resources to whom they can refer older people. The advisory council is preparing legislative and funding proposals for mental and behavioral health services and supports for older adults and adults with disabilities across the state.

Psychologists in Long Term Care (PLTC) - President Craig Schweon, PhD, said that the organization is interested in building its membership and in collaborating with others.

Substance Abuse and Mental Health Services Administration – Eric Weakly noted that recent SAMHSA work had focused on the first Older Adult Mental Health Awareness Day that Joel Miller reported on and gave a good review earlier in the meeting.

US Department of Veterans Affairs – Jamie Davis reported on continued collaborative work by the VA with ACL, SAMHSA and NCOA. She discussed two successful webinars. The first held May 9 with NCOA and ACL focused on engaging veterans in community mental health programs; 315 people participated. Another webinar conducted on May 22 was titled Addressing Behavioral Health Needs of Older Veterans: In our Communities and in Partnership; this webinar hosted by SAMHSA and the VA had 1135 registrants and 533 attendees. She noted that the Older Veterans Behavioral Health Resource Inventory is now on the VA website. The purpose of this inventory is to provide resources for health and social service professionals interested in enhancing their outreach and support for older Veterans and other older adults who have or are at risk for behavioral health conditions. It provides an overview of programs and publications on topics including posttraumatic stress disorder, suicide prevention, long term services and supports, and much more. She encouraged the Coalition and its members to promote this resource that can be of great assistance to veterans who are at home in need of help.

Adjourn

NCMHA adjourned the meeting at 12:30pm.

ATTACHMENT A

Older Adult Mental Health and Aging Week
Prepared by Deborah DiGilio, Vice-Chair
National Coalition on Mental Health and Aging

This May, to celebrate Older Americans Month and Mental Health Month, the National Coalition on Mental Health and Aging (NCMHA) launched two national events to focus attention on the mental health and behavioral health needs of older adults.

Congressional Briefing

On May 17th, a Congressional Briefing, *Addressing the Crisis in Older Adult Mental Health,* was cosponsored by NCMHA, the National Association for Rural Mental Health, the National Association of Counties, and the National Association of County Behavioral Health and Developmental Disability Directors. Rep. Grace Napolitano (D-CA), Founder & Chair of the House Mental Health Caucus and Rep. John Katko (R-NY) Co-chair of the Congressional Mental Health Caucus were the Congressional sponsors of the briefing held in the Rayburn House Office Building.

The goal of the briefing was to encourage members of Congress to advocate for expanded mental health services and access to care for older adults through legislative and regulatory initiatives, and increased funding. The briefing commenced with Congresswoman Grace Napolitano and Congressman John Katko sharing personal stories related to mental health's impact on their families and relayed their support in addressing the mental health needs of our growing older adult population.

The briefing was moderated by **Brian Kaskie, PhD**, Associate Professor, Management and Policy, University of Iowa, who also served as one of three presenters. The first presenter, **Stephen Bartels, MD, MS**, the Herman O. West Professor of Geriatrics and Professor of Psychiatry, Community and Family Medicine, and of Health Policy at The Dartmouth Institute, spoke on ***The Extent of the Problem & How Can We Bring to Scale Evidence-based Services***.

Dr. Bartels said the aging of America's population will have a major impact on the financing and delivery of healthcare, mental health, and social services over the coming decades. Approximately 5.6 million to 8 million older adults (about one-in-five), suffer from mental illness and/or substance abuse. Mental illness in older adults is a health care problem - it increases poor outcomes and mortality for common conditions such as heart disease, cancer, and hip fractures. In addition, individuals with a serious mental illness have an 11 to 30-year reduced life expectancy, largely due to increased heart disease, cancer, and diabetes.

Older adults have among the highest rates of suicide, with older white males having the highest suicide rate of any age group. Older adults with mental illness have the highest Medicare costs, approximately two to three times the cost of other Medicare beneficiaries. There is an increasing prevalence of substance use with the aging of the Baby Boomer population and illicit drug use and increased prevalence of opioid use by older adults with chronic pain. Unfortunately, few older adults receive evidence-based mental health services and treatments. Only 4 - 28% of older adults with mental health and substance use disorders receive mental health services. This is despite numerous treatments and services proven to be effective by research including:

- Integrating mental health care for older adults in primary care (Collaborative Care)
- Home and community-based mental health outreach services
- Dementia caregiver support
- Integrated mental and physical health self-management
- Prevention and health promotion for late-life mental health disorders
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Substance Use

Jacqueline Gray, PhD, Associate Director of Indigenous Programs, Center for Rural Health and Associate Professor, School of Medicine and Health Sciences' Center of Rural Health/Pathology, University of North Dakota, presented ***New Strategies & Technology to Address the Mental Health Needs of Rural and Culturally Diverse Older Adults***.

Dr. Gray began by noting that a dramatic transformation is occurring in the U.S. resulting in a more culturally diverse older adult population. The ethnic minority older adult population is projected to increase by 160% in the next two decades. The older immigrant population increased from 2.7 million to 4.6 million in the past 20 years, and there are an estimated 1.75 – 4 million LGBT older adults in the U.S.

Racial and ethnic minorities are over represented in many subgroups at high risk for the development of mental disorders, and they have less access to mental health services than Whites, are less likely to receive needed services, and often receive a lower quality of care. Racially and ethnically diverse elders are also more likely to live in poverty and to be underinsured. In addition, the problems of health disparities are present even when income and access are plentiful. She explained how there are many social factors at the root of disparities, including racism, ageism, and unconscious stereotyping.

According to AARP, 87% of people older than age 65 reported the desire to remain in their current homes and communities. However, aging in place is not a practical option for many older Americans living in rural areas because of limited access to preventive services, physical and behavioral health treatment options, and home health services. And if long-term care is required, in Indian County, there are only 17 nursing homes for 567 Federally recognized tribes. Increased support is also needed for the mental/behavioral health services that are aligned with the preferences of older adults.

For example, approximately 50% of older adults state a preference for counseling services over medication management; with older African Americans particularly inclined toward counseling services. She stated that health care providers should view cultural difference and diversity as a strength, and they should build upon the skills an older adult has developed over a lifetime of experience in coping and building support networks. Technology also holds promise for addressing the mental health needs of rural older Americans.

However, there is uneven access to technology for some members of the older population, including those aged 75+ and those of lower socio-economic status. These groups are also less likely to have Broadband access or use smart phone technology.

Brian Kaskie, PhD, Associate Professor, Management and Policy, University of Iowa, offered concluding remarks and recommendations of the panel including:

- Allocate funding from all existing federally-funded mental and behavioral health programs to older adults in an amount proportionate to their share of the U.S. population.

- Designate a responsible entity for coordinating federal efforts to develop and strengthen the nations' geriatric mental health and substance use workforce as recommended in the 2012 Institute of Medicine Report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*
- Mandate all federal agencies to address the remaining recommendations of the 2012 report.
- Build a culturally competent geriatric mental health workforce.
- Restore funding for the SAMHSA Older American' Mental Health and Substance Abuse Technical Assistance Center and National Evidence Based Practice Grant Program to support the implementation of behavioral health evidence-based practices.
- Restructure Medicare and Medicaid financing mechanisms to support the integration of older adult behavioral health and primary care and to support interdisciplinary care coordination and treatment teams.
- Expand the federally mandated Pre-Admission Screening and Resident Review Program (PASRR) to include all individuals with serious mental illnesses, intellectual/developmental disabilities, and/or related conditions applying for federally funded long-term care services and supports.
- Provide funding to support research and development of prevention programs to address older adult suicide.
- Increase funding for elder abuse initiatives.
- Increase rural broadband access for telehealth services.

National Older Adult Mental Health Awareness Day

The FIRST Older Adult Mental Health and Aging Awareness Day was held the day following the briefing, on Friday, May 18th. The National Coalition on Mental Health and Aging (NCMHA), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Community Living (ACL) co-sponsored the first time ever event. In addition to a full house at SAMHSA, approximately 1,000 individuals registered for the webcast. This event was designed to raise public awareness, promote evidence-based interventions, and increase collaboration between the mental health and aging networks to address the mental health needs of older adults.

Paolo Del Vecchio, MSW, Director for the Center for Mental Health Services, provided a welcome and introduction. He stated that Children's Mental Health Awareness Day has been underway for over a decade, and that it's about time, an event is focused on older adults (See Mr. del Vecchio's blog about the event here .

Mr. Arne Owens, Principal Deputy Assistant Secretary for Mental Health and Substance Use and **Mr. Lance Robertson**, Assistant Secretary for Aging and Administrator for the Administration for Community Living then provided remarks surveying the scope and level of current federal, state, local and community response to supporting the needs of older adults with mental illness and substance use disorders.

They were followed by two distinguished panels that included: **Jaqueline Gray, PhD** (University of North Dakota), **Steven Bartels, MD** (The Dartmouth Institute), **Shahla Bahlou, MD** (Icahn School of Medicine, Mt. Sinai), **Mike O'Donnell** (Illinois Community Health and Aging Collaborative), **Kathleen Cameron** (National Council on Aging), **Brie Riemann** (SMAHSA Center for Integrated Health Solutions), and **Gilberto Romero** (Mental Health Advocate, University of New Mexico).

The panelists focused on:

- The current behavioral health profile of older Americans (including serious mental illness and opioid abuse);
- Several current best practices including integrated care models and innovative provider models;
- The Importance of person-centered treatment and family caregiving; and
- A look into the future.

A new report from SAMHSA on "Older Adults Living with Serious Mental Illness: The State of the Behavioral Health Workforce" issued on May 16th, highlights that the complexity of what an older adult client experiences is not recognized in evidence-based practice (EBP) models. While some EBPs exist for older adults with SMI, there are few mental health providers that are trained in how to implement those models.

The report states that, "Many of the effective practice models rely on interdisciplinary teams of providers that work together to meet the diverse needs of older adults with SMI. Unfortunately, working on an interdisciplinary team is not a standard that is taught in many health care training programs."

The report recommends the creation of more integrated care models and multi-disciplinary teams of providers that collaborate to address the behavioral health and physical health care needs of individuals with SMI. New funding and policies should be should be implemented to support integrated care approaches.

For more info:

- National Coalition on Mental Health and Aging website – www.ncmha.org
- Older Adult Mental Health Resources - National Coalition of Mental Health and Aging
- The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? - Institute of Medicine/National Academy of Sciences (2012)

ATTACHMENT B

National Coalition on Mental Health and Aging Comments to the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)
Submitted May 24, 2018
NCMHA Chair, Joel Miller, presented brief oral comments at the ISMICC meeting June 8, 2018 based on this paper.

The National Coalition on Mental Health and Aging (NCMHA) is pleased for the opportunity to comment on the efforts of the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC). NCMHA is comprised of over 80 members representing professional, consumer and government organizations with expertise in mental health and aging issues as well as 20 state and local mental/behavioral health and aging coalitions. Its goal is to work together towards improving the availability and quality of mental health preventive and treatment services to older Americans and their families. Information about the Coalition can be obtained on our website www.ncmha.org.

NCMHA would like to commend ISMICC for acknowledging the needs of the older adults with severe mental illness. We are encouraged by the attention given to the need for effective Medicare policies and programs to address the needs of older adults with SMI, the importance of family caregivers in the lives of individuals with SMI, and the geriatric mental health workforce shortage. Last's week ISMICC expert panel on the workforce needs of older adults was particularly welcome.

We would also like to provide the following information, detailing the specific needs and effective interventions for older adults with SMI and their caregivers, for the Committee's consideration.

Often when we think of Serious Mental Illness (SMI), we do not think of older individuals. This exclusion is also apparent in the scientific literature. For example, over 90% of the published papers on schizophrenia have ignored older persons with this disorder (Broadway & Mintzer, 2007). Although most older adults with schizophrenia experience onset of the illness at early ages, usually in the second or third decade of life (Wetherell & Jeste, 2004), approximately 23.5% of patients with schizophrenia developed the illness after the age of 40, and roughly 4% of persons with schizophrenia have onset after the age of 60. Community prevalence estimates for schizophrenia in individuals over the age of 65, ranges from only 0.1% to 0.5% (Broadway & Mintzer, 2007). This number, as well as the number of older adults with all mental disorders, is expected to increase as the older population grows, and as cohorts of middle-aged and younger individuals who are receptive to psychological services move into old age (Karel, Gatz & Smyer, 2012).

Unfortunately, inaccurate perceptions and stereotypes of aging can lead both health care providers and families of individuals with schizophrenia to have lower expectations for improvement among these individuals. Quite the opposite is true. Research on older adults with schizophrenia reveals that positive symptoms of schizophrenia do abate with age, use of illicit substances becomes less frequent, and mental health may improve (Depp, Loughran, Vahis, & Molinari, 2010; Harvey, Reichenberg, & Bowie, 2006).

However, the stressful lives of those with schizophrenia takes its inevitable toll, especially due to hospitalizations for acute psychotic episodes, ingesting of multiple psychiatric medications, substance misuse, greater victimization, frequent incarcerations, and potential for homelessness. It is no wonder that those with schizophrenia's health status is often compromised at a relatively early age, and that

they live 12-15 years less than their age matched peers with no SMI (Crump, Winkleby, Sundquist, & Sundquist, 2013).

The majority of older adults with SMI live in community settings, with approximately one-third to one-half residing with family members (Cummings & Kropf, 2011). This poses challenges for caregivers, as many of them do not fully comprehend the complexity of SMI and are ill-equipped to assist older adults with symptom management. For optimal mental and physical health outcomes for both older adults with schizophrenia and their caregivers, caregivers need to be knowledgeable about where to seek treatment and which specific interventions are culturally appropriate, evidenced based, and available within the community in which they reside.

Interventions for Older Adults with SMI

Older adults with SMI do benefit from both psychological and/or pharmacological interventions. Psychosocial interventions such as cognitive behavioral social skills training and Functional Adaptation Skills Training (FAST) are efficacious in improving functioning in older adults with schizophrenia (Jeste & Maglione, 2013). Adults aged 40 and over who completed this 24-week behavioral intervention that targeted six areas of everyday functioning, maintained improved living and social skills up to 3-months after completing the intervention (Patterson, Mausbach, McKibbin, Goldman, Bucardo, & Jeste, 2006). The Helping Older People Experience Success (HOPES) program was designed to reduce long-term medical burden and to improve psychosocial functioning in older adults with SMI living in the community. By adding a year-long social skills training component to the typical pharmacotherapy and case management regimen, older participants (aged 50+) with SMI improved more in social skills, community functioning, negative symptoms, self-efficacy, and recreation. These improvements were sustained for at least three years (Bartels, et al., 2014). The authors conclude that psychosocial rehabilitation (including health management and skills training) that is integrated with case coordination can benefit older adults with SMI who have long-standing functional impairments. Another program, Assertive Community Treatment (ACT) teaches living skills, and provides assistance with housing, family contact, medical care and medications, finances, counseling, and vocational rehabilitation for those with SMI. The services are provided 24 hours a day/7 days a week (wrap-around model). A recent randomized control trial tested the effectiveness of ACT for 62 older outpatients (60+ years) with SMI who were difficult to engage in psychiatric treatment. Relative to patients with treatment as usual, less older patients in ACT dropped out and more patients had a first treatment contact within three months. However, there were no differences found in mental health care use or psychosocial functioning scores (Stobbe et al., 2014).

It is also true that older adults with histories of chronic, SMI, including schizophrenia may benefit from providers with expertise in aging issues as they may experience additional age-related challenges such as cognitive impairment, medical comorbidity, polypharmacy, and end-of-life issues. In addition, psychotic symptoms associated with dementia are evident in up to 40% of patients, and the presence of psychosis predicts more rapid cognitive decline and institutionalization (Depp, et al., 2010). A provider is thereby required who is skilled in differentiating among the medical and psychiatric causes of hallucinations and delusions in schizophrenia versus dementia.

Unfortunately, in the United States, community programs often do not target older adults with SMI, and assisted living facilities are not well regulated regarding mental health concerns. Even in the more regulated nursing home industry, training is sorely needed. MDS data indicate that the number of new nursing home admissions with a mental illness exceeded the number of those admitted with dementia.

Of the 996,311 new nursing home admissions across the U.S., approximately one-fourth had a mental illness as defined by schizophrenia, bipolar disorder, depression, and anxiety disorders, while 18% had Alzheimer's Disease or other dementias (Fullerton, McGuire, Feng, Mor & Grabowski, 2009). In addition, the September 2017 PASRR National Report to CMS found that the number of individuals who have been diagnosed with some form of SMI far exceeds the number of residents who have been identified by PASRR as having SMI. That finding suggests that PASRR programs may produce a high number of false negatives, meaning that they fail to identify many nursing home residents who have SMI. As a result, some individuals are not receiving the specialized services they need to preserve and improve their functioning and become better candidates for transition back to the community. These residents have their unique constellation of mental health needs and are unfortunately lumped together with those who have dementia with the expectation for cognitive decline. A recent online training program showed positive results for formal caregivers in changing attitudes, improving knowledge, and gaining self-efficacy in dealing with mental illness in a long-term setting (Irvine, Billow, Bourgeois & Seeley, 2013). Education and supervised training of staff in residential care settings may be keys to improved care for this vulnerable group.

Interventions for Family Caregivers of Older Adults with SMI

Twenty-five percent of caregivers of adults 50 and older report that the care recipient they help needs care because of emotional/mental health issues (National Alliance for Caregiving, 2009). Family caregivers frequently assume supportive functions for an older adult with SMI because of the scarcity of community-based housing alternatives and mental health services (Lefley, 2009). There is encouraging evidence for evidence-based practice in addressing the concerns and mental health needs of family caregivers of individuals with schizophrenia. Older family caregivers of adult patients with schizophrenia who completed a 10-session problem-solving intervention, consisting of psycho-education and information about schizophrenia, cognitive restructuring and stress management, behavior management, and planning to meet the future needs of the care recipient showed improved emotional well-being and life satisfaction, and reduced feelings of burden (Kauffman, Scogin, MacNeil, Leeper, & Wimberly, 2010).

In closing, it should be noted that experts in schizophrenia who work with older adults often adhere to the principles of the Recovery Movement, maintaining the belief that we have been unnecessarily pessimistic in our outlook regarding the developmental course of schizophrenia. Self-determination, honoring the rights of those with schizophrenia to make their own life decisions, to define their own quality of life criteria, and to live in the least restrictive environment should be our guiding principle.

NCMHA thanks Victor Molinari, PhD, ABPP and Rosalyn Roker, MBA, MA School of Aging Studies, University of South Florida, and Deborah DiGilio of the American Psychological Association for their paper, "Older adults with severe mental illness and their caregivers: An often invisible population," from which our comments are drawn.

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