



**National Coalition on Mental Health and Aging  
Meeting Minutes  
August 5, 2021**

**Welcome, Agenda Review, Approve Minutes**

Joel E. Miller, NCMHA Chair called the meeting to order at 10:02 am ET, via Zoom.

Joel welcomed the 24 members attending.

Joel reviewed the agenda and requested approval of the May 13, 2021 meeting minutes. Joel moved to approve the minutes; seconded by Willard Mays. Motion carried. Joel thanked Mike O'Donnell for preparing the minutes.

Joel received a letter from E4 Center of Excellence for Behavioral Health Disparities in Aging requesting membership in NCMHA. Joel moved accepting the E4 Center as a member; Karen Orsi seconded the motion. Motion carried.

Joel thanked the National Council on Aging and Kathleen Cameron and Binod Suwal for hosting NCMHA meetings and webinars and providing technical support.

Joel proposed that NCMHA partner with ACL and NCOA to promote Suicide Prevention Month.

Joel invited participants and presenters to introduce themselves via Zoom and telephone.

**Plans for Suicide Prevention Month**

Shannon Skowronski with ACL reported that a webinar on Suicide Prevention will be held September 15, 2021 from 2:00 to 3:00 p.m. Eastern Time. The webinar will address the prevalence and risk factors for suicide in later life; the implementation of 988 as the National Suicide Prevention Lifeline; and an example of a community program. Featured presenters include: Laura Shannonhouse from Georgia State University, Kimberly Williams with Vibrant Emotional Health, and Amy Miller with Jefferson Center for Mental Health Services. ACL will also provide a blog and tip sheets on suicide prevention. Kathleen Cameron noted that NCOA will soon send out a save-the-date notice and a registration link for the webinar.

## **Plans for the 2022 Annual Older Adult Mental Health Awareness Day**

Kathleen Cameron, Vice Chair of NCMHA and Director the Center for Healthy Aging, reported that ACL has approved funding to NCOA to continue to lead the Chronic Disease Self-Management Education Resource Center for the next five years, including facilitation of the OAMHA Day events in 2022 and beyond.

The OAMHA Day Advisory Committee will meet in early fall and review the evaluation of the 2021 event to inform plans for next year's event. The date will be May 16, 2022. NCOA will invite HHS Secretary Javier Becerra to serve as keynote speaker.

NCOA welcomes recommendations for speakers on topics such as reducing stigma, and additional members of the Advisory Committee, including experts on social determinants of health, such as housing and transportation.

### **Presentation – Update on Congressional Mental Health Legislation**

Presenter: Joel E. Miller, NCMHA Chair

The presentation addressed the following:

- Senate Infrastructure Legislative Package
- Items on President Biden's agenda not included in the Senate Package
- Veteran Peer Specialist Act of 2021
- Reintroduction of the Evaluating Disparities and Outcomes of Telehealth During the COVID-19 Emergency Act of 2021 or EDOT Act
- Letter to Congress to Permanently Extend Telehealth Flexibilities in Medicare  
Note: NCMHA will forward this letter to NCMHA members, who have the opportunity to send it to their Members in Congress.
- Other Tele Health Actions
- National Suicide Hotline
- Summary of State 988 Activity to Date

Questions and Comments:

Kathleen Cameron asked about the \$65 billion for broadband expansion. Can the funds be used for technology access and consumer education? Joel responded that he expects many stakeholders to insist on such flexibility.

## **Presentation on Mental Health Access Improvement Act (H.R. 432 and S. 828)**

Presenters representing the Medicare Mental Health Workforce Coalition include:

David Connolly, Principal, The Connolly Group (Representing the American Association of Marriage and Family Therapy & California Association of Marriage and Family Therapists, and

Joel E. Miller, NCMHA Chair

The presentation addressed the following:

- The problem is limited access to behavioral health care in mental health shortage areas
- Increased levels of depression and anxiety affecting older adults with other health conditions during the pandemic and associated higher levels of health care utilization
- Medicare experiencing higher costs, spending more money on inpatient care vs outpatient care
- Medicare has not expanded its behavioral health workforce since 1989
- The dramatic growth of the population of older adults
- Five million grandparents raising grandchildren whose adult children are unable to raise their children due to problems with substance abuse
- The need to allow other mental health professionals to fill the gap
- Mental Health Counselors and Marriage and Family Counselors comprise 40% of the behavioral health workforce and they are excluded from Medicare.
- Lack of continuity of care when older adults transition from private insurance to Medicare
- The solution: passage of the Mental Health Access Improvement Act to amend the Social Security Act to provide for coverage of marriage and family therapist services and mental health counseling services under Medicare Part B.
- HR 432 sponsored by Rep. Mike Thompson (D-CA) and John Katko (R-NY)
- S 828 sponsored by Sen. Debbie Stabenow (D-MI) and John Barrasso (R-WY)
- Current efforts to include these provisions in COVID-19 relief bills, jobs bills, infrastructure bills, and the prospective budget reconciliation bill.

- Advocacy efforts have been targeted to Members of the Senate Finance Committee and the House Energy and Commerce Committee and the Ways and Means Committee.
- One of the provisions of the Cares Act that passed in 2017 created the Inter-Departmental Serious Mental Illness Coordination Committee (ISMIC). Their first report called for removing exclusions that disallowed payment to certain qualified mental health professionals, such as marriage and family therapist and licensed professional counselors within Medicare and other federal health benefit programs.
- Social media campaign during Medicare Mental Health Workforce Week in September
- The message: there is a crisis. Only 40% of older adults with mental illness and substance use disorders are receiving treatment. Mental Health Counselors and Family and Marriage Counselors represent 40% of the mental health workforce in the U.S. These services should be extended to Medicare. For two days of inpatient care paid by Medicare there could be six months of outpatient treatment. Treatment gaps can be bridged and health care expenditures can be contained.
- These two professions are the major providers of mental health in rural America.
- The opioid crisis has impacted older adults. They are not immune to this crisis.
- Joel Miller has pointed out to Members of Congress that we have an under-utilized mental health workforce in the Medicare program, not a workforce shortage!
- This legislation would make over 200,000 mental health professionals available to Medicare beneficiaries
- 50% of Medicare clients had been turned away by mental health counselors.
- 38% of counselors have had to refer clients to other providers and 30% provide pro bono services,
- We are similar to clinical social workers, both master's degree level of professions with significant amount of hours of internship needed to sit for the licensing exam.
- Their services are covered by the Indian Health Service.

## Comments and Questions:

Joel Miller noted that the National Coalition on Mental Health and Aging does not take positions of specific legislation, however our constituent members may have the opportunity to do so.

Joel invited NCMHA members to sign-on to a letter supporting the Mental Health Access Improvement Act. Joel will send out the letter to NCMHA members in the near future.

Joel invited NCMHA members to get involved in the Medicare Mental Health Workforce Coalition and participate in Congressional meetings, and the social media campaigns.

Michele Karel with the VA noted that the VA Health System as over the past few years has started to integrate mental health counselors and marriage and family therapists into their workforce, however they are not widely integrated into the VA's geriatric care programs. She noted that the VA has struggled to find psychiatrists, psychologists, nurses, and social workers who are trained in serving older adults. She asked what training mental health counselors and family and marriage therapists receive on the lifespan perspective and issues of late life.

David Connolly responded that the training for these two professions are such that they are able to provide therapeutic services for adults with a variety of conditions including depression, PTSD, bi-polar disorder, etc. The marriage and family therapists are aware of the relationships of their clients with families and friends and how they affect their treatment.

Joel Miller noted the education programs for counselors that are accredited by CACREP (the Council for Accreditation of Counseling & Related Educational Programs in the United States). The curriculum includes training to assess, diagnose, and treat older adults with mental health conditions and substance use disorders. The American Mental Health Counselors Association has also established voluntary standards on serving older adults with mental health conditions. Joel can make these standards available to NCMHA members on request.

Jim Davis from the Oregon Advisory Council is interested in collaborating with the Medicare Mental Health Workforce Coalition and requested a copy of today's presentation and other fact sheets. He noted Senator Wyden's past support for mental health legislation. Jim also asked about the timing for passage of this legislation.

David Connolly replied that they are looking at September and October as a time frame for advancing this legislation.

Kathleen Cameron asked whether mental health counselors and marriage and family counselors are available and willing to serve older adults given the impact of the pandemic on the mental health of younger adults and the burnout effect.

David and Joel expressed confidence that these professions have the capacity to serve Medicare beneficiaries. Joel noted there are 140,000 mental health counselors and 60,000 marriage and family counselors in the U.S. and educational programs for these professions are currently full.

### **Presentation on Work of the SAMHSA Mental Health Technology Transfer Center (MHTTC) Network Coordinating Office (NCO)**

Presenter: Heather J. Gotham, PhD, Director, Mental Health Technology Transfer Center (MHTTC) Network Coordinating Office (NCO); Clinical Associate Professor, Center for Behavioral Health Services and Implementation Research, Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine

The presenter described the role of the Mental Health Technology Transfer Center Network and the ten regional office and addressed the following:

- The gap in access to mental health services; the gap in quality – lack of access to evidence-based practices, and the gaps in serving persons affected by health care disparities due to social determinants of health.
- The MHTTC Network uses Dissemination and Implementation Science to build bridges across these access and quality gaps. D and I science studies how to embed evidence-based practices within health care including behavioral health.
- MHTTC is a five year project funded by SAMHSA. MHTTC and works with sister grantees focusing on substance use disorders treatment, 10 regional centers, and national focus area centers including the National American Indian-Alaska Native Center, the National Hispanic and Latino Center, and the E4 Center of Excellence for Behavioral Health Disparities in Aging.
- MHTTC provides training and technical assistance to implement evidence-based practices across the life-span through regional centers across the United States
- MHTTC offers a calendar of events and products through its website:  
[www.mhttcnetwork.org](http://www.mhttcnetwork.org)
- MHTTC provides free online courses through [healthyknowledge.org](http://healthyknowledge.org)

- There are about 100 different courses on this platform which are free, and certificates of completion are available for \$5 per credit hour.
- MHTCC offers resources on COVID-19, mental health equity, cultural diversity, and specific topics such as telehealth; and grief, loss and bereavement
- MHTTC offers events which are older-adult specific, such as a special learning session with E4 on grief and loss.
- MHTTC offers products related to older adults, including a system of care readiness assessment.
- MHTTC offers a Provider Well-Being Initiative, e.g., Self Care for Mental Health Providers.
- Sign up for their monthly newsletter called “Pathways.”
- For more information contact Heather Gotham: [gothamh@Stanford.edu](mailto:gothamh@Stanford.edu)

#### Questions and Comments:

Jim Davis asked whether evidence-based programs are more expensive to deliver at the local level.

Heather responded that more complex evidence-base practices may require the services of a purveyor group to provide training.

Joel asked if there are upcoming activities on co-occurring disorders.

Heather urged people to visit the MHTTC website to access events and training.

#### **Member Updates**

Karen Orsi reported that the Oklahoma Coalition on Mental Health and Aging recently conducted Older Adult Peer Support Specialty Training and in June they had 179 Oklahomans participate in the Positive Aging Institute.

Will Mayes reported that plans are underway for the ASA Conference on April 11-14, 2022 in New Orleans. ASA has released a call for proposals with a deadline of August 15, 2021.

Jim Davis with the Oregon Older Adult and Disability Behavioral Health Council reported on advocacy efforts to secure \$6.5 million to support a statewide network of 25 Specialists, and an appropriation of \$2 million for preventive mental health programs for older adults and persons

with disabilities. We will continue to advocate for federal legislation on the Mental Health Access Improvement Act.

Grace Whiting with the National Caregiving Alliance shared a guidebook for caregivers of children with rare and/or serious illness, available at:

<https://www.caregiving.org/guidebook-for-caregivers-of-children-with-rare-serious-illnesses/>

Shannon Skowronski with ACL reported the American Rescue Plan provided \$44 million through grants to States and Area Agencies on Aging for evidence-based health promotion programs including mental health programs. Further information is available at:

<https://acl.gov/programs/health-wellness/disease-prevention>

Christy Malik with NASMHPD reported on strategies to address compassion fatigue among professionals, such as getting peer support specialist billable under Medicare. NASMHPD will convene their annual meeting virtually on Sept. 9-10 and Sept. 13-15.

Lorie Thomas will have their fifth annual conference tomorrow featuring Erin Tiburcio from the E4 Center.

Kathleen Cameron reported on Falls Prevention Awareness Week September 20-24. September is National Senior Center Month. Kathleen would like to focus on the role of Senior Centers in promoting the mental well-being of older adults. For more information visit:

<https://www.ncoa.org/article/get-ready-for-falls-prevention-awareness-week-2021>

Latrice Vinson provided the following update from the American Psychological Association:

Public Comment Period for the Guidelines for Psychological Practice with Older Adults: :

<https://apps.apa.org/CommentCentral2/default.aspx?site=72>

APA Committee on Aging (CONA) Call for Nominations:

<https://www.apa.org/pi/aging/cona/nominations>

For more information contact Latrice Vinson at [Lvinson@apa.org](mailto:Lvinson@apa.org)

Kathleen Cameron recommended that the NCMHA Executive Committee review the Guidelines for Psychological Practice with Older Adults and allow members to submit comments. Joel concurred.

Dr. Beverly Smith, President of AMHCA expressed interest in further collaboration with NCMHA.

Mike O'Donnell shared comments from members of the Illinois Coalition on Mental Health & Aging on July 27, 2021 about the reopening of community-based programs as COVID-19 pandemic continues.

- Service providers are using hybrid approach to provide in-person and virtual services;
- Some persons (professionals and clients) may be hesitant to re-engage, due to the emergence of new variants of the Corona virus;
- Professionals and clients are still trying to figure out how to do this.
- The use of virtual methods such a tele-medicine has enabled health care providers to reach clients in greatest social and economic need in hard-to-serve areas; and
- Clients are better able to keep their appointments with reduced no-show rates, improved continuity of care, and better health outcomes.

Mike urged other NCMHA members to share their observations and concerns about re-entry of older adults and professionals in community-based programs and services as the Pandemic evolves.

The meeting was adjourned at 12:32 p.m. Eastern Time.

The next meeting will be November 4, 2021 at 10:00 a.m. Eastern Time via Zoom

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