

# **Aging Adults: Using the Community Mental Health Services Block Grant (MHBG) and Substance Use Prevention, Treatment, and Recovery Service Block Grant (SUPTRS-BG) to Support Older Adults**

Eric Weakly, State and Consumer Protection Grants Branch, Center for Mental Health Services



# Introduction

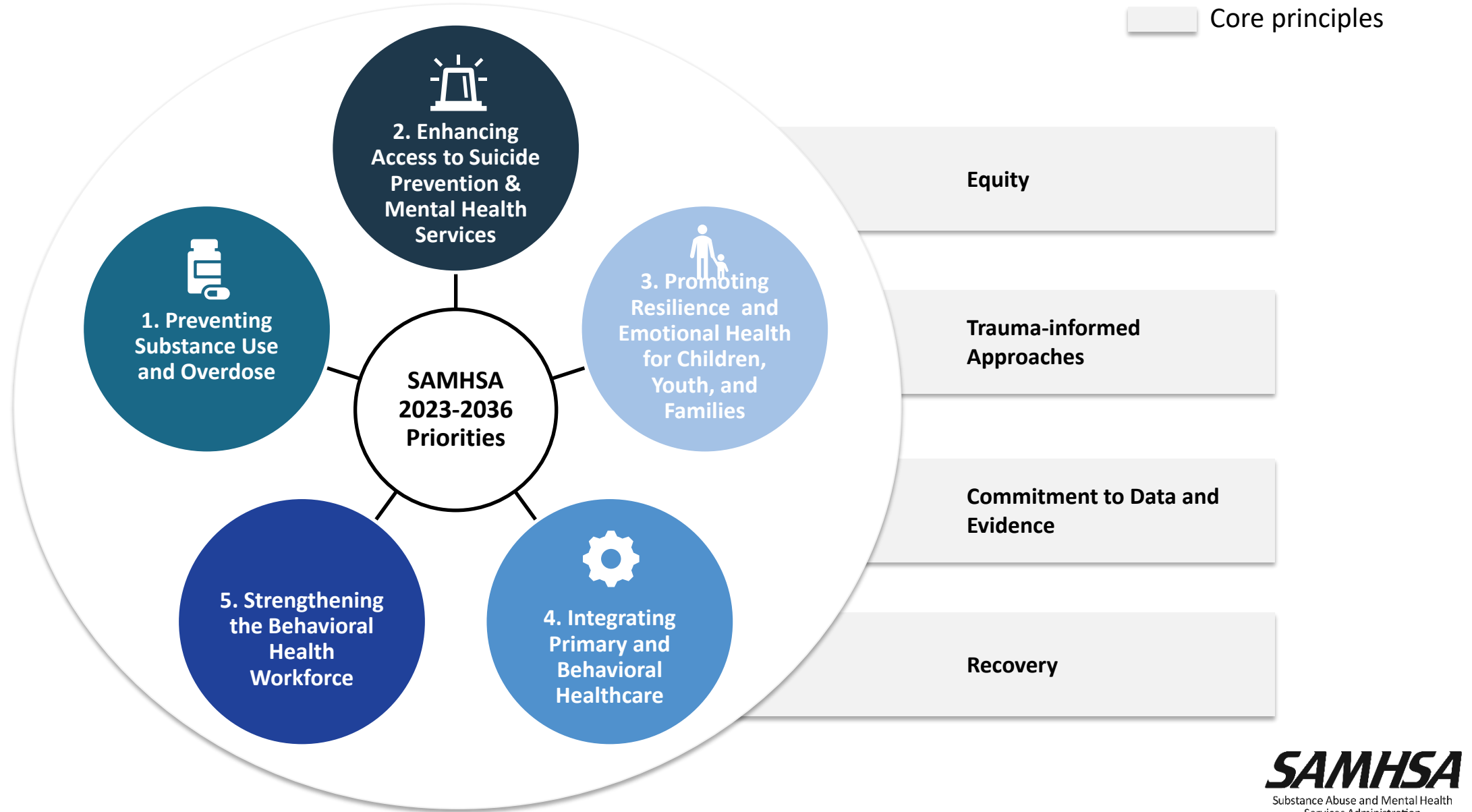


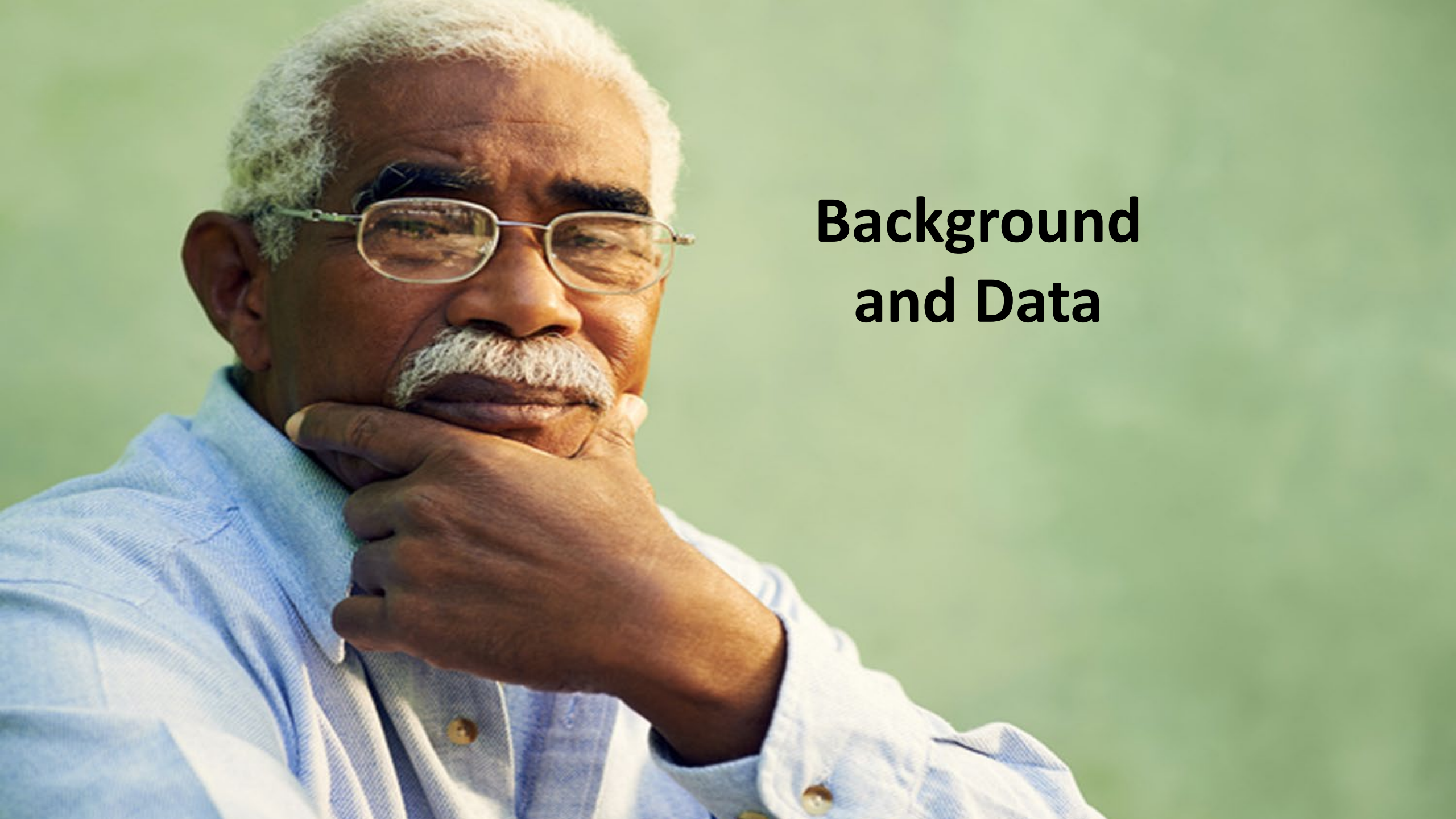
# What is SAMHSA?

- The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency within the U.S. Department of Health and Human Services. SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. SAMHSA's vision is that people with, affected by, or at risk for mental health and substance use conditions receive care, thrive, and achieve wellbeing.
- SAMHSA is led by Miriam Delphin-Rittmon, PhD, Assistant Secretary for Mental Health and Substance Use
- SAMHSA has four programmatic centers:
  - Center for Substance Abuse Treatment
  - Center for Substance Abuse Prevention
  - Center for Mental Health Services
  - Center for Behavioral Health Quality and Statistics
- funding for FY 2023 is \$1.01 billion and SUPTRS-BG is \$3.6 billion (including State Opioid Response)



# SAMHSA Strategic Plan





# **Background and Data**

# Mental Health and Substance Use Disorders in America: 2021

- Approximately 15% (17.7 million) people aged 50 or older had a mental illness (National Survey on Substance Use and Health - NSDUH Tables 6.1A and 6.1B)
- About 5.3 million adults 50+ had a Major Depressive Disorder with severe impairment or other serious mental illness (Tables 6.51A)
- Adults 50+ reported the following substance use disorders for the past year (Table 5.4A)
  - Over 13.4 million (11.3%) of adults 50+ had a substance use disorder
  - SUD - meaning illicit drug use and/or alcohol use which impaired their ability to function in daily living.

### Higher drug use of the boomer generation

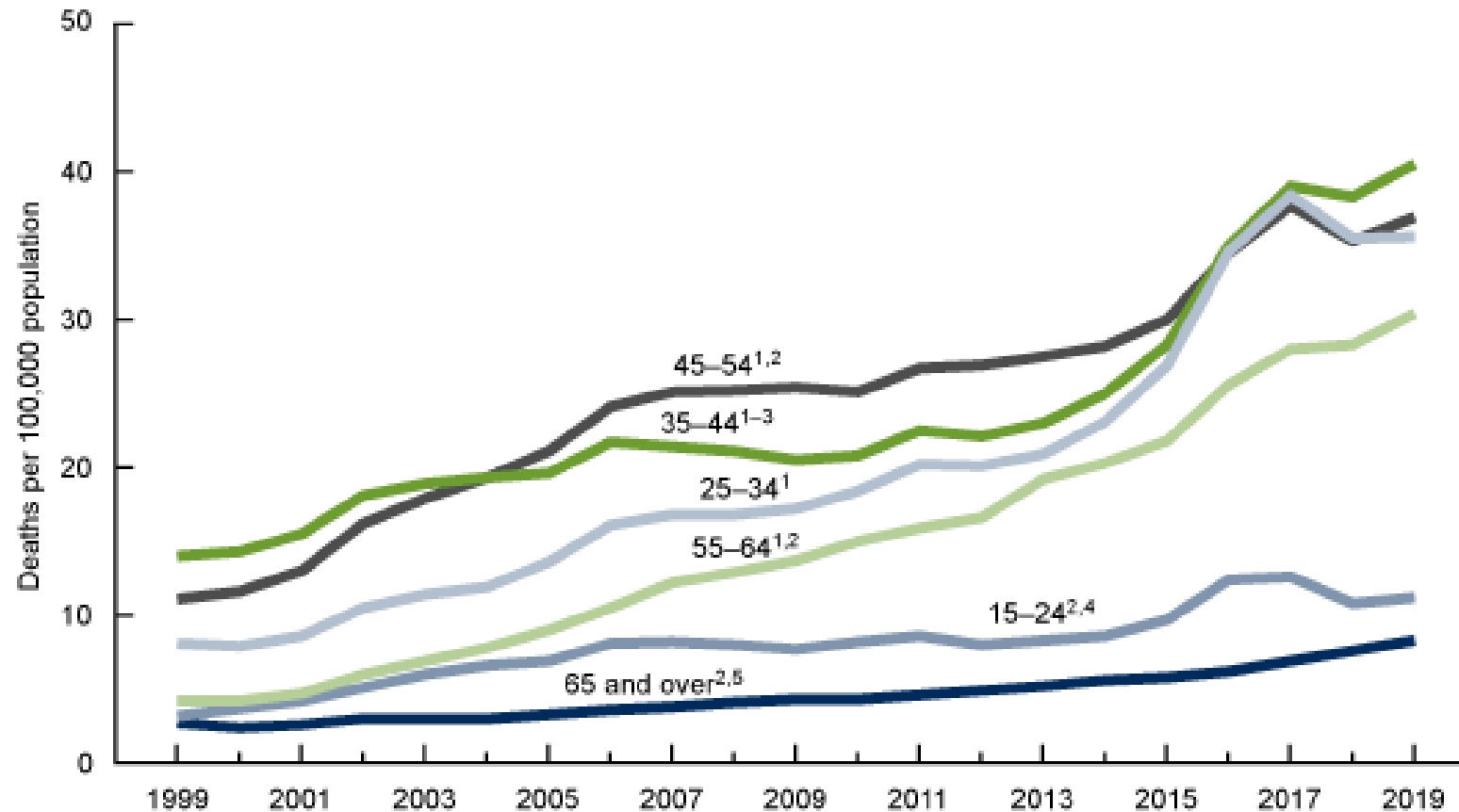
- 50-54 - lifetime illicit drug use = 55.2%
- 55-59 - lifetime illicit drug use = 53.0%
- 60-64 - lifetime illicit drug use = 56.5%
- 65+ - lifetime illicit drug use – 38.0%

2021 NSDUH Data (Table 1.6B)

## Effects of COVID on Behavioral Health

- 10.1 % of adults 50+ reported having serious thoughts about suicide during 2021 (Table 10.1B)
- It is estimated over 20 million adults 50+ (17.9%) faced delays or cancellations in mental health appointments during 2021 (Table 10.12A/B)
- It is estimated over 4 million adults 50+ (3.7%) were unable to access mental health care, resulting in moderate to severe impact on mental health during 2021 (10.12A/B)
- For people 50+ with serious mental illness, over 40% reported the pandemic had quite a bit or a lot of negative impact on their mental health (Table 10.9B)

# Substance Use and Older Adults



**Figure 1. Drug overdose death rates among those aged 15 and over, by selected age group: United States, 1999–2019**

Source: Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2019.

NCHS Data Brief, no 394. Hyattsville, MD: National Center for Health Statistics. 2020.

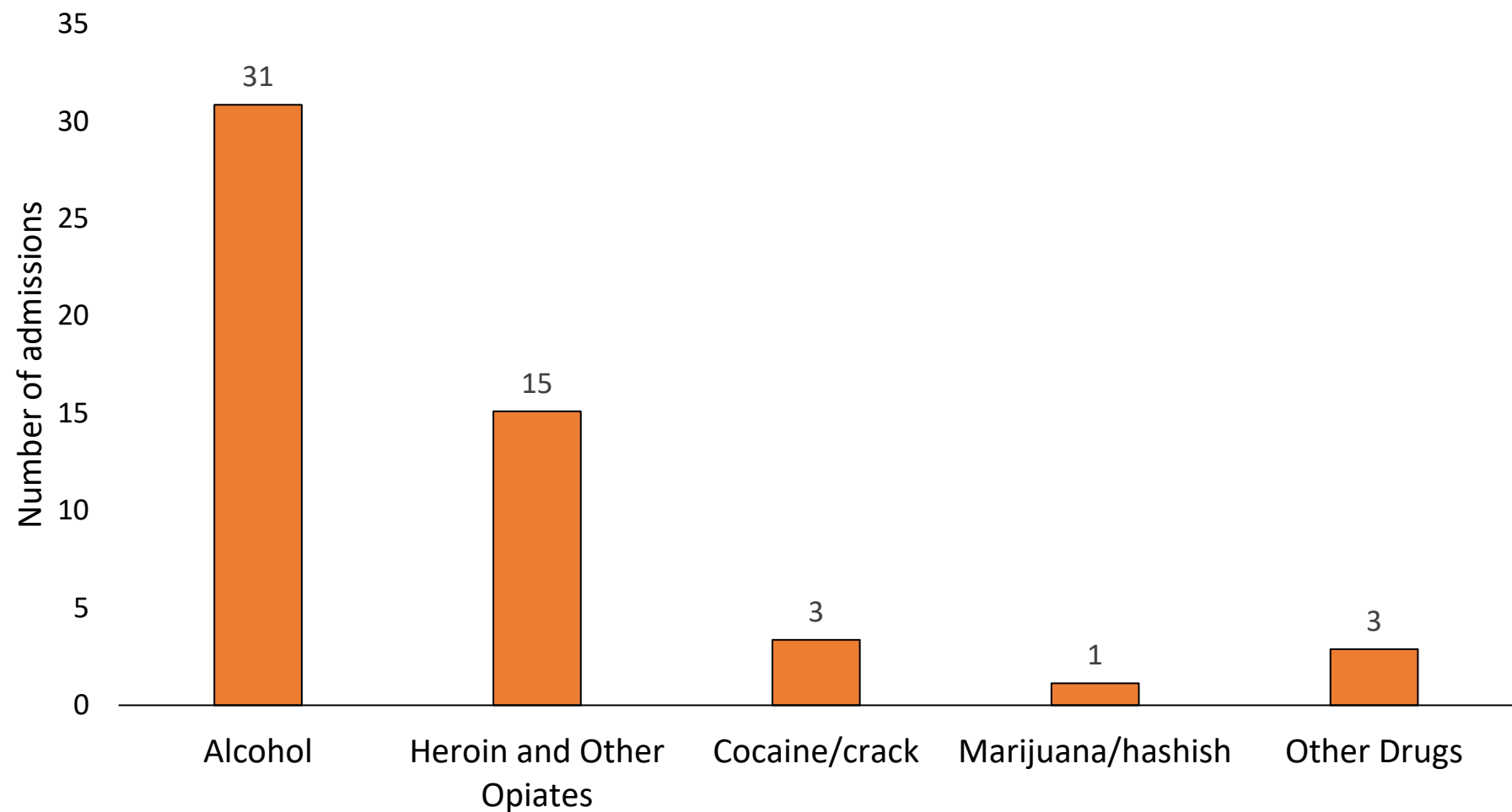
# Alcohol Use and Older Adults

- In recent years, alcohol misuse has been increasing in older adults. One study found that 20 percent of older adults (age 50-80) surveyed drank alcohol 4 or more times per week, 27 percent reported having 6 or more drinks on at least 1 occasion in the past year, and 7 percent reported alcohol related blackouts.<sup>2</sup>
- Alcohol misuse in older adults can place these individuals at additional risk because they metabolize alcohol more slowly, are more susceptible to injury, and are more likely to be taking multiple prescription medications that may not be mixed with alcohol.<sup>3</sup>

2. Malani, P, Kullgren, J, Solway, E, Fernandez, A, Singer, D, Kirch, M. Alcohol Use Among Older Adults. University of Michigan Library 2020. <https://deepblue.lib.umich.edu/handle/2027.42/167901>

3. Sugarman, D & Greenfield, S. Rising Alcohol Use Among Older Adults. Harvard Health 2021. <https://www.health.harvard.edu/blog/rising-alcohol-use-among-older-adult-202109242599>

# Older Adults: Opioids and Substance Use



Number of admissions aged 65 or older admitted substance abuse treatment on an average day, by primary substance of misuse

Source: Treatment Episode Data Set (TEDS), 2020

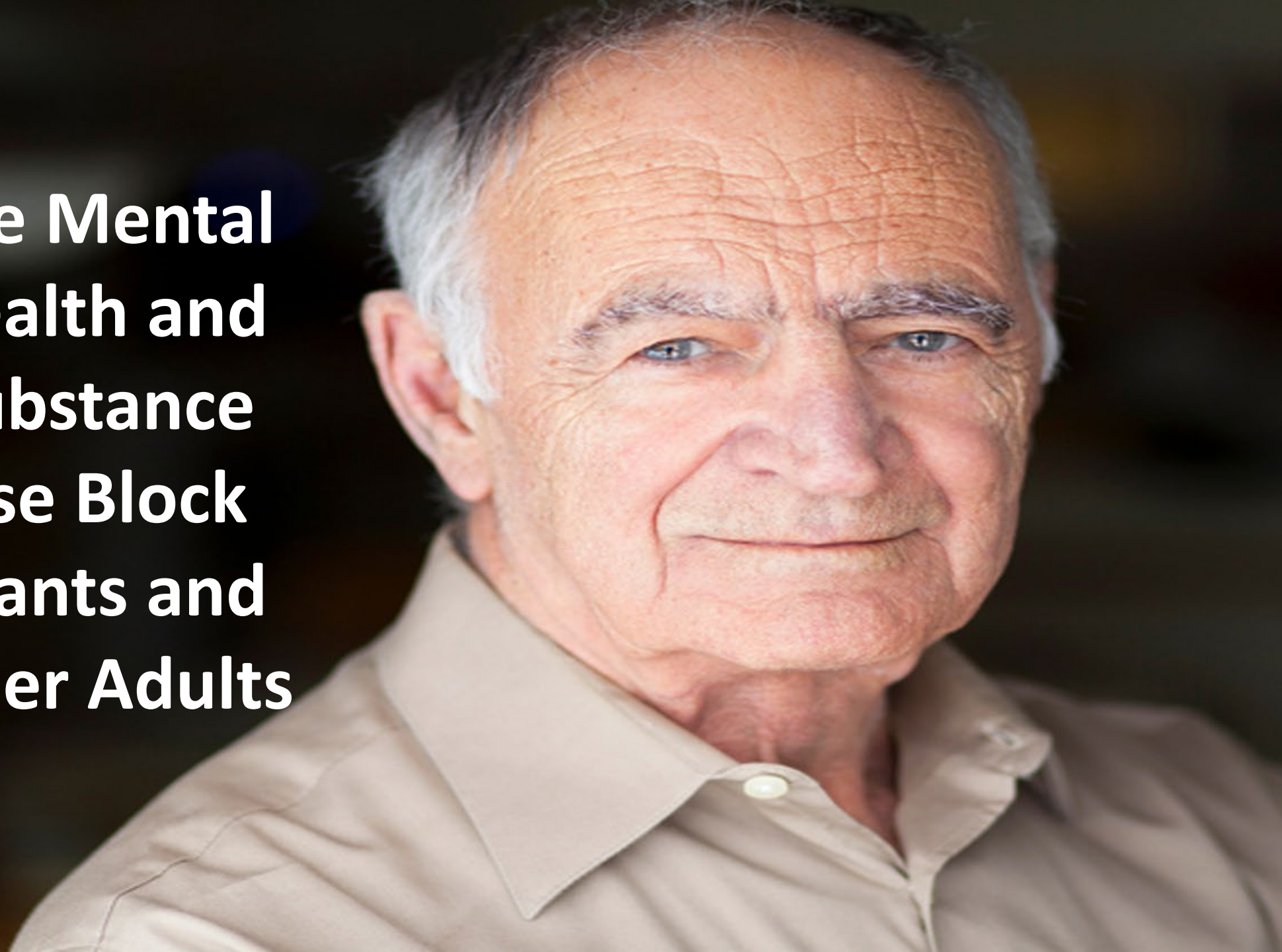
# Serious Mental Illness

- State mental health systems do not serve older adults in proportion to their prevalence in the population – older adults typically comprise 2.5% - 7% of people using state mental health systems (URS 2021)

# Recovery – NSDUH 2021

Demographic	Perceived MH or SUD	Alcohol Use Recovery	Mental Health Recovery	In Recovery for SUD or MH
50-64	15, 542,000	70.7%	67.5%	72.3%
65+	8,478,000	81.1%	78.5%	82.5%

**The Mental  
Health and  
Substance  
Use Block  
Grants and  
Older Adults**



# USCODE 2010 - Title42 – Chapter 6A – Subchapter XVII – Part B

- The Community Mental Health Services Block Grant (Commonly referred to as the Mental Health Block Grant – MHBG) is authorized by Title XIX, Part B, Subparts I and III of the Public Health Service Act
- Subpart II references what is now known as the Substance Use Prevention, Treatment, and Recovery Services Block Grant (which we will not discuss in detail today)
- The completed text for the Act can be found at [US CODE 2010 - Title42 – Chapter 6A – Subchapter XVII – Part B](#)
- More information about the can be found on the SAMHSA [website](#)
- When SAMHSA became a stand-alone agency, the statutory language was changed effective July 10, 1992 to reflect the move
- History of federal funding to local communities dates back to the post-World War II era

# 300x. Formula grants to States

- A formula grant refers to funding provided by Congress in a lump sum that is distributed by a prescribed, non-competitive method
- Based on three overarching components
  - Population need
  - Cost of service delivery
  - State fiscal capacity
- An appropriation must be made annually by Congress
- The MHBG and SABG funds are distributed to states - states may then directly administer programs or sub-grant the funds

# Purpose of Grants

- States must submit an application with a plan on how they will expend the block funds
- States must also describe their state system
- States must expend the funds as described and accepted by SAMHSA in their application
- States may expend funds to evaluate programs and services carried out under the plan
- States may expend funds for planning, administration, and educational activities related to providing services under the plan
- Older adults and MHBG - the block grants 300x-2(c)(1)(B)

## Plan for comprehensive behavioral health services for certain individuals

- States must [submit a plan](#) to provide comprehensive community mental health services to adults with serious mental illness and children with serious emotional disturbance. And a plan for public substance use prevention and treatment programs.
- The plan must provide for an organized, comprehensive system of care
- Includes dually diagnosed individuals
- The MHBG plan must include health and mental services needed for a person to function outside of institutional/in-patient care – must include services for children administered through the school system – and provide for a system of case management

## Children's Services, Rural, Homeless, and Older Adults

- The States must demonstrate a system of integrated social services, educational services, juvenile services, substance abuse services, health and mental health services. Integrated behavioral health and health services are particularly important for older adults.
- MHBG funds must only be expended for comprehensive community mental health services
- Must describe how services will be provided by defined geographic areas
- The plan must describe the state's outreach to and services for individuals who are homeless and how community-based services will be provided to individuals residing in rural areas and older adults

## Management and Definitions

- The plan must describe the financial resources, staffing and training for providers that is necessary to implement the plan, and provides for the training of providers of emergency health services regarding mental health.
- The plan must describe how the state intends to expend block grant funds for the grant period (two years)
- The Act mandates that the Secretary must establish definitions for SMI and SED (which was done through a [Definition of SMI and SED in Federal Register Notice](#) in 1993)

## 300x–3. State Mental Health Planning Council

- The States must establish and maintain a State mental health planning council:
  - The council will:
    - review plans provided to the Council by the State and submit to the State any recommendations of the Council for modifications to the plans;
    - serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems
    - monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State
  - The Council membership will be composed of:
    - residents of the state
    - representatives from the following state agencies: mental health, education, vocational rehabilitation, criminal justice, housing, social services, and Medicaid
    - representatives from public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;
    - representatives from adults with serious mental illnesses who are receiving (or have received) mental health services; and
    - the families of such adults or families of children with emotional disturbance
  - Must have enough parents of children receiving services to provide adequate representation
  - Not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services

## Additional Provisions

- A grant may be made only if:
  - the plan has been reviewed by the Planning Council
  - the state has submitted any comments/recommendations from the Planning Council, regardless of whether the state took action on the recommendations

## Restrictions on Use of Payments

- A state may not use funds:
  - to provide inpatient services for mental health;
  - to make cash payments to intended recipients of health services;
  - to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
  - to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds (match);
  - to provide financial assistance to any entity other than a public or nonprofit private entity (the state may make contracts with for-profit entities following federal and state requirements for such agreements)
- A State may not expend more than 5 percent of the grant for administrative expenses with respect to the grant (administrative caps do not apply to State funds - the cap also does not apply to sub-grantees)

## Also

- States must provide an opportunity for public comment during the development of the plan
- States must make the final plan available to the public, along with reports and audit  
[WebBGAS](#) - Username: citizen(two letter state abbreviation), Password: citizen
- States must make an annual report of services provided under the grant and the recipients of funds, in a format required by the Secretary (in consultation with the states) - states must provide data as required by the Secretary
- States must comply with audit requirements (SAMHSA shall conduct not less than 10 investigations annually)
- States must annually use a peer review process to review at least 5% of the programs funded with the MHBG
- States must cooperate with federal investigations
- States must commit to the privacy of patient records
- States may make separate or combined MHBG/SABG plans
- States have two years to obligate and expend each year's allocation

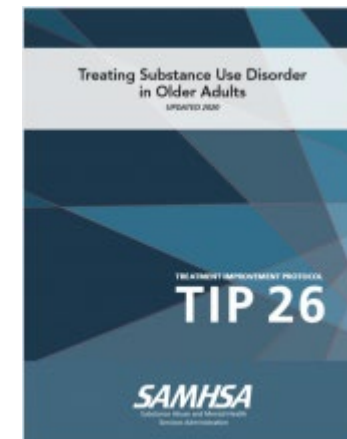
# Resources



# Opioids and Substance Use: Toolkit for Improving Practice (TIP)

## Revised TIP 26: *Treating Addiction in Older Adults*

- This updated Treatment Improvement Protocol is designed to help providers and others better understand how to identify, manage, and prevent substance misuse in older adults.
- The TIP describes the unique ways in which the signs and symptoms of substance use disorder (SUD) manifest in older adults; drug and alcohol use disorder screening tools, assessments, and treatments specifically tailored for older clients' needs; the interaction between SUDs and cognitive impairment; and strategies to help providers improve their older clients' social functioning and overall wellness.



# Get Connected: Linking Older Adults with Resources on Medication, Alcohol, and Mental Health

- [The Get Connected: Linking Older Adults with Resources on Medication, Alcohol, and Mental Health](#) toolkit offers information and materials to help understanding the issues associated with substance misuse and mental illness in older adults. The toolkit also contains materials to educate older adults.
- The Toolkit is the result of public-private partnership between SAMHSA and the National Council on Aging (NCOA). The organizations met with older adult consumers and health and aging services providers to gather information on how best to engage the aging services network in addressing the alcohol and medication misuse and mental health needs of older adults.



# Other Best Practice Information for Older Adults

- [Growing Older: Providing Integrated Care for and Aging Population](#)
- [Psychosocial Interventions for Older Adults With Serious Mental Illness](#)
  - The guide provides considerations and strategies for interdisciplinary teams, peer specialists, clinicians, registered nurses, behavioral health organizations, and policy makers in understanding, selecting, and implementing evidence-based interventions that support older adults with serious mental illness.
- [SAMHSA Resources for Serving Older Adults](#)

# Medicare Collaborative Care Billing

- [Medicare Learning Booklet: Behavioral Health Integration Services](#)
  - Describes monthly services delivered using the CoCM and the billing codes to use for the model
- [Cheat Sheet on Medicare Payments for Behavioral Health Integration Services](#)

# Older Adult Suicide

- Adults aged 75 and older account for fewer than 10% of all suicides but have the highest suicide rate (19.1 per 100,000).
- Men aged 75 and older have the highest rate (40.5 per 100,000) compared to other age groups.
- Older non-Hispanic white men had the highest suicide rate compared to other racial/ethnic men in this age group (47.8 per 100,000).<sup>7</sup>
- [Suicide Warning Signs and Prevention Strategies for Older Adults](#)
  - Blog post noting that increasing the use of alcohol or drugs is a warning sign that someone is at risk for suicide
- [Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers](#)
- [Cómo Promover la Salud Emocional y Prevenir el Suicidio: Una Guía para Centros de Atención de Adultos Mayores](#)

# SAMHSA Helplines and Treatment Locators

## Find Help

<https://www.samhsa.gov/find-help>

The logo for the 988 Suicide & Crisis Lifeline. It features the number "988" in large white font on a dark blue background, followed by the words "SUICIDE & CRISIS" in smaller white font, and "LIFELINE" in large white font below it.

**988** SUICIDE & CRISIS  
**LIFELINE**

<https://988lifeline.org/>

The logo for the National Helpline. It features the words "NATIONAL" and "HELPLINE" in large white font on a dark blue background. A red pushpin is pinned to the letter "P" in "HELPLINE". Below the main text is the phone number "1-800-662-HELP (4357)" in white font.

**NATIONAL  
HELPLINE**  
1-800-662-HELP (4357)

<https://www.samhsa.gov/find-help/national-helpline>

# Thank you.

Eric Weakly  
[eric.weakly@samhsa.hhs.gov](mailto:eric.weakly@samhsa.hhs.gov)  
(240) 276-1303

[www.samhsa.gov](http://www.samhsa.gov)

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)