



# National Coalition on Mental Health & Aging

## Proposed Action Plans for 2012-2013 Priorities

The National Coalition on Mental Health & Aging, at its March 27, 2012 meeting, adopted four priorities for action during 2012-2013. These priorities were ranked highest for immediate action from among 15 Coalition priorities. Working Committees for each of the four priority areas have developed and recommended Action Plans to the NCMHA Executive Committee. The Executive Committee joins the Working Committees in recommending the following Action Plans to the Coalition for its consideration of adoption at the July 23, 2012 meeting.

The Working Committees addressed the following questions in their Action Plans: What Action(s) are recommended for the Coalition to take that the Committee will lead and implement over the next 12 -18 months; Why / Purpose of proposed Action(s); Who will lead the proposed Action(s) and who will provide support (names of individuals and their organization); How would the Committee lead this effort; what (if anything) is needed from others in Coalition; When will proposed Action(s) occur (general dates are fine); Success – how will we know if the proposed Action is successful?

The Executive Committee thanks the leaders and participants of the Working Committees and invites additional Coalition members to participate in implementation. Please identify the actions that you and your organization will participate in over the coming year.

### **Priority Area 1 Assure Access to Services**

**Priority Area:** Assure access to an affordable and comprehensive range of quality mental health and substance abuse services including: outreach, home and community based services, prevention, and intervention, coordinated with acute and long-term services and supports.

**Committee Members:** Kimberly Williams, Geriatric Mental Health Alliance of New York, Chair; Rebecca May Cole, Pennsylvania Coalition; Charlotte Kaufmann, NASMHPD; Karen Orsi, Oklahoma Coalition; Sarah Wells, Consumer Voice; Marion Scheinholtz, SAMHSA; Emily Watson, NCOA; Laurie Young, The Task Force.

## **Priority Area 1 Assure Access to Services - continued**

### **Action 1**

- Recommended Action: Encourage participation in and follow-up after the SAMHSA/AoA sponsored Policy Academy Regional Meetings to be conducted in 2012.
- Purpose of Proposed Action: To ensure effective service planning regarding the mental health needs of older adults at the state level
- Leaders: TBD
- How Committee will Lead Effort: Committee will ensure that updates regarding upcoming meetings and outcomes of academies are provided at NCMHA meetings
- Time Frame: Updates will take place at Summer and Fall/Winter meetings; final outcomes summary and ways that state and local/regional coalitions can follow-up with state leaders at Spring meeting
- Measured Success: Coalition members will be informed about the policy academies; State and local coalitions will be able to encourage state leaders to participate and follow-up with them about next steps.

### **Action 2**

- Recommended Action: Develop a repository of effective replicable older adult mental health program models on the NCMHA website
- Purpose of Proposed Action: To educate Coalition members about effective older adult mental health program models around the country.
- Leaders: Kim Williams, Geriatric Mental Health Alliance of New York
- How Committee will Lead Effort: 1) Committee will review current registries of effective programs for older adult behavioral health programs and prepare listing for NCMHA website. 2) Committee will draft and disseminate a survey to members about effective programming, particularly replicable models, that should be included on the website. Survey will be disseminated to other listservs such as the NASMHPD Older Persons Division. Committee will also conduct a search of effective older adult mental health program models for inclusion on the site.
- Time Frame:
  - September 2012: Draft survey complete

- October 2012: Survey finalized and disseminated; Survey will likely need to be re-disseminated at least once

### **Priority Area 1 Assure Access to Services - continued**

- January 2013: Survey closed
- February 2013: Responses analyzed and reviewed by committee and NCMHA Executive Committee
- Spring 2013: Website updated to include directory
- Measured Success: A directory of innovative, state-of-the-art and evidence-based older adult mental health programs will be available on the NCMHA website.

### **Action 3** (pending – to be finalized post Supreme Court Decision on ACA)

- Recommended Action: Educate Coalition members about the major components of the Affordable Care Act (ACA) that impact older adult mental health including essential health benefits, home and community based options, and more.
- Purpose of Proposed Action: To inform Coalition members about how the ACA will impact services for older adults with mental illness and how they might get involved with implementation.
- Leaders: Charlotte Kaufmann, Chairperson, NASMHPD Older Adults Division
- How Committee will Lead Effort: Committee will develop a list of speakers and topics that would be pertinent for informing members about the ACA and the implications for older adult mental health service delivery. Representatives from state and local coalitions will be invited to share and present on successes and challenges they have experienced in confronting the mental health needs of older adults as health care reform has been considered and/or implemented in their states.
- Time Frame: TBD; Pending outcome of Supreme Court Decision
- Measured Success: Coalition members will understand the major components of the ACA that effect mental health services for older adults and how they can influence implementation at different levels of government.

### **Action 4** – (Note: Impacts all of the priority areas)

- Recommended Action: Develop a list of action items for state and local coalitions to implement NCMHA priority areas on a local level.
- Purpose of Proposed Action: To generate ideas and action for local and state coalitions to consider for advancing NCMHA priority areas.
- Leaders: Karen Orsi, Oklahoma Mental Health and Aging Coalition

- How Committee will Lead Effort: In collaboration with other committees, we will develop and disseminate a list of 5-10 recommended action items for state and local coalitions to consider that advance NCMHA priority areas on a state and local level.
- Time Frame: TBD
- Measured Success: State and local coalitions will have clear recommended actions for ways they can implement the NCMHA priority areas on a more regionalized basis.

<p><b>Priority Area 2</b></p> <p><b>Integration of Behavioral Health into Primary Health Care, LTSS and Community Services</b></p>
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**Priority Area:** Support the integration of older adult mental health and substance abuse services into primary health care, long-term services and supports and community-based service systems.

**Members:** Anita Rosen, ASA, Chair, Deborah DiGilio, APA; Robyn Golden, ASA; Amy Gotwals, n4a; Michele Karel, VA; Marcia Marshal, Alixe McNeill, NCOA; Marian Scheinholtz, SAMHSA; Lila Starr, Iowa Coalition; Joan Weiss, HRSA.

**Action 1**

- Recommended Action: Invite expert speakers to a regular NCMHA meeting from various groups that focus on integration, case management, interdisciplinary teams, Medicaid and Medicare payment issues to gain insight into ACO's, Pt. Centered Home, etc in order to discuss Integration in light of the Affordable Care Act.
- Purpose of Proposed Action: Integration is a complex area. There are many organizations with expertise working in primary care from which NCMHA can both learn and explore ways to be effective in highlighting issues of aging and mental health. We especially seek to support or have more impact in the area of primary health care and with Medicare and Medicaid payment issues. To be more effective, and in light of the Supreme Court Ruling on the ACA, we suggest that NCMHA reach out to organizations that have interest in Integration but not necessarily with older adults, and vice-versa. Some suggested organizations are the Eldercare Workforce Alliance, the Patient Centered Care Collaborative, National Council for Community and Behavioral Health Care, U. Of Washington IMPACT.
- Leadership: Working Committee
- How: Committee recommends that identified organization reps be invited to present at a regular NCMHA 2012 meeting, either in person or by teleconference call. If the NCMHA members feel that it would be advisable, a 1 or ½ day Forum might be planned for

presentations and discussion. Individual members have volunteered to reach out to various groups as a contact person. If none of these suggestions work, the Committee will invite reps

## **Priority Area 2 Integration of Behavioral Health into Primary Health Care, LTSS and Community Services - continued**

to a Committee Conference call so that we can learn, have a dialogue and be able to make specific recommendations to the NCMHA Executive Committee.

- Time Frame: By Dec. 2012.
- Measured Success: NCMHA begins an education process about and action toward effective supportive activities in relation to Integration, particularly with the primary care constituency.

### **Action 2**

- Recommended Action: Develop a more complete list of groups and organizations with related interests, experiences and resources on Integration of Behavioral Health and Primary Health Care including Mental Health America, AAGP, APA, etc.
- Purpose of Proposed Action: It is clear that there are a number of limitations faced by NCHMA to become an effective advocate for Integration in Primary Care, such as: limitations of the purpose of the NCMHA, our lack of involvement with primary care organizations, limitations with the kinds of advocacy we can do, limitations of resources, and the effect of the Supreme Court's ACA decision. There are many organizations with expertise, particularly in working in or with Primary Care and Integration from which NCMHA can learn. They can help us explore ways that we can be effective in fostering Integration, especially with those working in primary health care and with Medicare and Medicaid payment issues.
- Leadership: Working Committee
- How: Committee members will be in regular contact and will be expected to add organizations names to the existing list. Members of NCMHA will be solicited for input as well.
- Time Frame: Ongoing
- Measured Success: Continuing update of the list and sharing of these resources and best practices with NCMHA members and State and Local Coalitions.

### **Action 3**

- Recommended Action: Develop new, ongoing collaborations with other organizations including those organizations that highlight issues of aging or mental health for those groups working on integrated care models in Patient Centered Medical Homes.

- **Priority Area 2 Integration of Behavioral Health into Primary Health Care, LTSS and Community Services - continued**

- Purpose of Proposed Action: Integration is a complex area, as is reimbursement for integrated services. NCMHA does not have contact with the primary care audience. There are many organizations with expertise from which NCMHA can learn and with which we care work or be supportive, especially with those working in primary health care and Medicare and Medicaid payment issues.
- Leadership: Working Committee
- How: Committee members will be in regular contact and will be expected to add organizations names to the existing list. Members of NCMHA will be solicited for input as well.
- Time Frame: Ongoing
- Measured Success: Continuing update of list contact/partner list and sharing of list and partnership opportunities with State and Local Coalitions. Development of supportive activities and resources

<p style="text-align: center;"><b>Priority Area 3</b> <b>Designation of older adult mental health leader /coordinator in AoA, other HHS and other federal, state and local agencies</b></p>
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**Priority Area:** Designate an older adult mental health leader or coordinator in AoA, and other appropriate HHS, federal, state and local agencies responsible for mental health services

**Committee Members:** Willard Mays, Chair; Viviana Criado, CA Coalition; Rachel Feldman, NASUAD.

- Recommended Action: Following the release of the report of the IOM Committee on the Mental Health Workforce for Geriatric Populations, letters will be sent to the chief executives of all related federal agencies supporting the recommendations and offering NCMHA assistance in the planning and implementation of the recommendations. The letters will request that a contact person be designated for the coalition to work with and that the Coalition be considered for membership on any task forces or committees related to the IOM report or older adult mental health and substance abuse. The letter will be individualized for each agency.

### **Priority Area 3 Designation of older adult mental health leader /coordinator in AoA, other HHS and other federal, state and local agencies - continued**

A sample letter will be developed and distributed to state and local coalitions that can be adapted for their use at the state level.

- Purpose of Proposed Action. The Coalition includes broad expertise in older adult mental health and substance abuse which would be of great assistance to the federal agencies. It would also assist the Coalition in monitoring the progress and encouraging coordination between the agencies.

Although a number of federal staff members attend Coalition meetings it is the goal of this initiative to make the administration of the agencies more aware of the Coalition and establish more formal relationships.

- Leadership: The committee will take the lead with support from Alixe McNeill (NCOA), Debbie DiGilo (APA), and Kim Williams (GMHANY).
- How Committee will Lead Effort: The committee will draft the sample letter and work with Alixe and Debbie to individualize and send the letters.

The committee will work with Kim to develop and distribute the sample letter to the state and local coalitions.

The committee will work with the NCMHA executive committee to monitor progress and follow up as needed.

- Time Frame: The IOM Report was released on July 10 and will be featured at the July 23 Coalition meeting. The goal is to have the letters out within a month following the meeting.
- Measured Success: The results will be measured by the number of responses and outcome of the requested actions.

## **Priority Area 4**

### **Address Severe Provider and Faculty Shortages**

**Priority Area:** Address severe provider and faculty shortages in mental health, behavioral health and substance abuse for older adults by expanding geriatric traineeships for a broad range of mental health and health professionals, and targeting national financial incentives such as loan forgiveness programs and continuing education funding.

**Participants:** Deborah DiGilio, American Psychological Association, Co-Chair and Gail Hunt, National Alliance for Caregivers, Co-Chair; Constance Coogle, Virginia Alcohol and Aging Awareness Group; Jim Finley, American Mental Health Counselors Association; Robyn Golden, American Society on Aging; Margaret Hastings, Illinois Coalition on Mental Health and Aging; Desiree Sakho, American Association for Marriage and Family Therapy; Joan Weiss, Health Resources and Services Administration.

**Overview:** Given the educational mission and resources of NCMHA, it is not feasible for us to address the workforce shortage by expanding geriatric traineeships and financial incentives for training. Rather through our efforts, we hope to share existing geriatric competencies with all who work with older adults – including professionals, direct care workers, and family caregivers.

#### **Action 1**

- Recommended Action: Conduct an inventory of existing competencies for work with older adults through a web search supplemented by a query of NCMHA membership.
- Purpose of Proposed Action: to identify existing competencies documents to inform the group's next steps.
- Leaders: Deborah DiGilio, APA
- How Committee Will Lead Effort: Undertake web search and query membership.
- Time Frame:
  - September 2012 – web search and member query
  - November 2012 – inventory of web-accessible competencies complete
- Measured Success: Listing of existing competencies complete.



## Priority Area 4 Address Severe Provider and Faculty Shortages - continued

### Action 2

- Recommended Action: Develop a web-based directory of links to existing geriatric competencies on the NCMHA website. A very brief description of each document's content, noting those competencies particularly relevant to mental health and aging will accompany the links.

Five geriatric competency documents have been identified thus far:

1. [Council of Professional Geropsychology Training Programs: The Pikes Peak Model Competencies: Attitude, Knowledge, and Skill Competencies for Practice in Professional Geropsychology and competencies evaluation tool](#)
  2. [Partnership for Health and Aging: Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree](#)
  3. [American Association of Geriatric Psychiatry, Proposed Geriatric Psychiatry Core Competencies](#)
  4. [Council on Social Work Education and the Social Work Leadership Institute, Geriatric Social Work Competency Scale II with Life-long Leadership Skills: Social Work Practice Behaviors in the Field of Aging](#)
  5. [California Social Work Education Center Aging Competencies](#)
- Purpose of Proposed Action: The directory will serve as a resource for individuals who work with older adults and to the organizations that provide such training. It can inform geriatric mental health interactions with diverse older adult populations across practice settings (i.e., home-based, community, health care, and long term care).
  - Leaders: Deborah DiGilio, APA and Constance Coogle, Virginia Alcohol and Aging Awareness group (supplemented by volunteers from discipline, caregiver and direct care groups).
  - How Committee will Lead Effort: Committee will ask for NCMHA volunteers from each of the organizations with ties to the discipline or group that created each competency to assist the working group in reviewing the existing competencies documents and writing the brief descriptions.
  - Time Frame:
    - Prior to next NCMHA meeting: identify individuals to assist
    - March 2013: Draft brief descriptions of competencies complete; send to organizations for approval to post on NCMHA website
    - May 2013: Links and final descriptions complete and submitted for web posting

- Measured Success: Existence of a web-based directory of links to geriatric competencies documents along with brief descriptions on NCMHA website. Web hits to the competencies page of the NCMHA website will be tracked.

## **Priority Area 4 Address Severe Provider and Faculty Shortages - continued**

### **Action 3**

- Recommended Action: To share information with NCMHA members and their constituent groups about the IOM *Mental Health and Substance Use Workforce for Older Adults: In Whose Hands* recommendations and the Affordable Care Act provisions related to geriatric mental health workforce development (this can be coordinated with Priority Area 1, Action 3, and Priority Area 3 Action 1).
- Purpose of Proposed Action: Coalition members and their constituent groups will be informed about how these recommendations and how provisions can be used to support efforts and secure funding (ACA Title VII and VII provisions) for the education and training of individuals to work with older adults, and how they might get involved with implementation.
- Leaders: Jim Finley, American Mental Health Counselors Association and other volunteers.
- How Committee will Lead Effort: Leaders will provide updates at meetings or share information electronically. They will work with Priority 1, Action 3 leaders to develop a list of speakers and topics that would be pertinent for informing members about the ACA and the IOM report and their implications for building the geriatric mental health workforce.
- Time Frame: TBD in coordination with Priority 1 Working Committee.
- Measured Success: Coalition members will understand the major components of the ACA and the IOM recommendations that have implications for the geriatric mental health workforce.

### **Action 4**

- Recommended Action: Strengthen partnerships or partner more closely with organizations that focus their efforts on building a quality geriatric workforce such as the Eldercare Workforce Alliance (EWA) and Long Term Quality Alliance (LTQA), and movers of the National Plan to Address Alzheimer's Disease and the Institute of Medicine's 2012 report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?* to assure that attention to the geriatric mental health workforce is given attention in broader geriatric workforce initiatives.
- Purpose of Proposed Action: To strengthen our efforts and expand our reach through collaboration with others (Note: this action has relevance to all priority areas).

- Leaders: We believe the NCMHA Executive Committee would appoint liaisons to these groups.

#### **Priority Area 4 Address Severe Provider and Faculty Shortages - continued**

- How Committee will Lead Effort: Recommend organizations and potential liaisons to the NCMHA Executive Committee.
- Time Frame:
  - September 2012 – recommend groups with which to liaison to the Executive Committee
  - December 2012 – recommended date for contact to other organizations to be initiated
- Measured Success: NCMHA will have established liaison relationships with appropriate groups/coalitions by Spring 2013.

#### **Potential Future Effort**

- After determining which of the existing competencies are most relevant to geriatric mental health and areas in which there are gaps, we can develop a fact sheet, along the lines of: “10 things individuals that work with older adults should know about mental health and older adults.” They would be broad, aspirational competencies that anyone who works with older adults should know. This would be an important contribution to support the IOM recommendations.