Establishing Priority for Mental Health & Aging In Iowa

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History

1998 FORUM:
Quick Fixes Or Structural Reform:
An Evaluation Of Iowa’s Public Mental Health System

Finding:
Older adults not involved in managed behavioral health care

Needs:
• Increase funding
• Expand Community-Based and Residential Care
• Increase mental health outreach/access
History (continued)

2000 MENTAL HEALTH FORUM:

Needs:
• Enhance Medicaid services
• Expand Home & Community-Based waivers
• Involve the Aging Network of service providers in coordination of care.

2001 FORUM:

Iowa’s Mental Health System: Assessing Awareness, Identifying Needs, and Promoting Solutions

Finding: Older Iowans did not know where to access mental health care

Needs:
• Special considerations should be established for dementia care
• Establish multi-disciplinary treatment approach for mental health
Progress (2001)

Early public mental health and aging programs:
- Eyerly-Ball Community Outreach
- Clarinda Hospital
- Counties involvement in community-based mental health programs

Private Programs:
- Geri-Psych hospitals
- Mental health professionals serving older adults
- Creation of Dementia-specific care centers

Other Initiatives:
- Aging Network providers
- Alzheimer’s Association programs
Research & Application

Needs:

- Lack of data on mental health and aging in Iowa: utilization statistics, survey of available services, and financing of care options
- Urgency – address crisis intervention for older adults and lack of no provider training/expertise
- Need to address diversity/disparity in managed behavioral health care access and evidence-based practice

Recommendations:

- Establish mental health treatment models for older adults (co-location of service)
- Expand community-based mental health programs and policies
- Collect data and monitor progress
Progress

2004
DHS provides pilot grants to 3 community health centers in partnership with local primary care centers (Clarinda, Clinton, and Des Moines)

2005
National Institute of Mental Health awards grant to the University of Iowa Center on Aging and with support and funding from DHS Division of Mental Health and Disability Services the Iowa Coalition on Mental Health and Aging is created
Iowa Coalition on Mental Health & Aging
ICMHA Mission

The ICMHA exists to expand and improve mental health care for older Iowans so that they can live, learn, recreate, engage in meaningful activities and access appropriate services in the communities of their choice.
Partnerships

• Iowa Department of Human Services, Division of Mental Health & Disability Services
• University of Iowa Center on Aging
• Community Mental Health Center Providers
• Iowa’s Aging Services Network – Area Agencies on Aging statewide
• Iowa Department on Aging
• Members (240+): Providers, Consumers, Advocates, Family Members, People with interest in Long Term Care, Aging and Mental Health
ICMHA Goals

1. Make mental wellness for older adults a priority
2. Promote mental wellness with emphasis on prevention, early intervention, evidence-based treatment and recovery.
3. Increase the number of qualified providers of evidenced-based mental health services to older adults.
ICMHA Goals

4. Integrate physical health and mental health services for older Iowans.

5. Increase the capacity and impact of the ICMHA and its efforts throughout the State of Iowa.
ICMHA Workgroups

- Outreach & Clinical Services
- Education & Training
- Policy & Administration
Conferences & Continuing Education

- Annual Mental Health Conferences and Meetings (16 since 2004, some CEUs)

- Iowa Psychological Association, Family Practice Association, Nurses Association, Social Workers Association, Long-Term Care Association, Governor’s Conference on Aging

- Graduate Education and On-Line, Web-Based Continuing Education – Iowa Geriatric Education Center, University of Iowa
Website Resources

www.ICMHA.org

Nationally Recognized For Mental Health And Aging Resources
Co-Location of Service Model Projects

- Placing a mental health specialist within an established primary care facility
- Mental health specialist helps staff identify older adults with mental health needs, complete a diagnostic assessment, and develop a treatment plan, inclusive of prescribed medications, problem-solving therapy, and case management services
- Model Projects: Clarinda, Des Moines, Harlan, Manchester, Spencer, Waverly
ICMHA Regional “Road Shows”  
(Area Agency on Aging Regions)

- September 2007: Waterloo, Dubuque, Council Bluffs and Sioux City
- July 2008: Ottumwa, Creston, Spencer, Mason City
- July 2009: Decorah, Cedar Rapids, Burlington, Davenport

*Bringing together aging, mental health, community stakeholders, legislators, and others to dialogue about mental health and aging*
Legislative Breakfasts — Policy

- January 31, 2007
- January 31, 2008
- February 22, 2009
- February 18, 2010

- Present Coalition policy goals to legislators
- Distribute and explain regional mental health data/fact sheets
- Request support for Coalition policy initiatives (e.g. mental health parity legislation)
Iowa Coalition on Mental Health & Aging:

2010 Policy Agenda
State Initiatives

- **Support mental health parity** legislation which parallels Federal initiatives to reduce co-payment rates for outpatient psychiatric services and provide access to older adults.

- Promote *appropriateness of care* for older Iowans: Provide the appropriate types of services to the appropriate individuals at the appropriate time.
State Initiatives (continued)

- Support home and community-based services which are cost-effective and efficient systems to deliver care to older adults in their communities (e.g. $550 per month to provide care to a nursing home eligible person in the community under the Case Management Program for Frail Elders (CMPFE) vs. $150 per day in a long-term care facility)

- Support Preadmission Screening and Resident Review (PSARR) which can benefit Iowa by preventing inappropriate placements in long-term care (institutions)
State Initiatives (continued)

Training Opportunities Available:

- PEARLS (Program to Encourage Active and Rewarding Lives for Seniors) – Contact Aging Resources of Central Iowa or the Iowa Coalition on Mental Health and Aging

- Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) – Contact Aging Resources of Central Iowa or the Iowa Coalition on Mental Health and Aging
Support The Implementation of the Newly Reauthorized Older Americans Act, especially:

- **Title III** – Grants for State and Community Programs on Aging, funding for mental health outreach/screening, health education, counseling, preventive assessments and health screenings;

- Priority for persons caring for MR, DD and persons with Alzheimer’s Disease;

- **Title IV** – Activities for Health, Independence, and Longevity, grants to states for rural caregivers, especially for Alzheimer’s patients, creating awareness of organic brain syndromes, depression, and the need for mental health care for older adults;

- Funding for mental health screening, prevention, treatment services, planning for Boomers, and multidisciplinary centers for mental health screening.
Retooling The Health Care Workforce For An Aging America Act of 2009

Support This Act

s.245 – Retooling The Health Care Workforce For An Aging America Act of 2009, introduced by Senator Herb Kohl (D-WI) and in the House as H.R. 468 by Representative Jan Schakowsky (D-IL)

Highlights:

- **Amends Title VII of the Public Health Act** to expand funding to Geriatric Education Centers for training health care professionals, authorize new Geriatric Career Incentive Awards in clinical social work and psychology, funds the National Center for Workforce analysis to analyze needs for professionals and paraprofessionals in long-term care.
Retooling The Health Care Workforce For An Aging America Act of 2009

Highlights (continued):

- **Amends Title VII of the Public Health Act** to provide training and employment opportunities in geriatrics and long-term care to veterans and establish tuition stipends for direct care workers in long-term care.

- **Amends the Older Americans Act** to establish a National Resource Center on Students, Volunteers and Seniors to develop partnerships between the aging services network and high school and college students to work with low-income elders and to develop on-line training for caregivers to demonstrate best practices in improving the activities of daily living for older disabled individuals.
Retooling The Health Care Workforce For An Aging America Act of 2009

Highlights (continued):

- **Amends the Social Security Act** to establish a national demonstration program to develop, test, and evaluate core training competencies for personal and home care aides. Integrate the needs of family caregivers into the assessment procedures of Medicaid beneficiaries, and to provide information and referral assistance to family caregivers at the point of patient discharge from skilled care.
Retooling The Health Care Workforce
For An Aging America Act of 2009

Highlights (continued):

- **Funds research** on the mental health workforce needs for the aging population, the needs of the aging services network over the next two decades to project needs of low-income individuals eligible for home and community-based care, study of successful practices to reduce turnover rates and improve retention in long-term care, and study illnesses and conditions that disproportionately affect the health of older adults.
Positive Aging Act

Reintroduce The Positive Aging Act

- The Positive Aging Act was introduced in 2007 and 2008, introduced 7/13/09 by Patrick Kennedy (D-RI) as H.R.3191

Highlights:

- Provide grants to states to integrate mental health services in primary care setting (especially in underserved areas);
- Fund community-based mental health treatment outreach teams;
- Designate a Deputy Director for Older Adult Mental Health Services within the Center for Mental health Services;
- Targeted funds for substance abuse in older adults, homeless, and rural older adults.
We Need YOUR Help!