Older Adults Mental Health Targeted Capacity Expansion Grants

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SAMHSA

- Substance Abuse and Mental Health Services Administration (SAMHSA) is part of Department of Health and Human Services
- Center for Mental Health Services (CMHS) is one of three Centers - also CSAT and CSAP
- Mental health policy and direction; grants and contracts to promote recovery and resilience of children, youth, adults and older adults
Scope of the problem

• By 2030 number of older adults with major psychiatric illnesses projected to reach 15 million
• Older adults comprise about 13% of U.S. population, yet account for nearly 17% of all suicides
• Depression, anxiety and substance misuse are not part of “normal” aging; often are associated with:
  – Chronic physical health conditions
  – Loss of spouse
  – Loss of sensory or other physical abilities and independent living skills
  – Re-emergence of response to earlier life trauma
Background of the Program

- Discretionary Grant - Program of Regional and National Significance (PRNS)
- Authorized under Section 520A of Public Health Service Act, as amended
- Initial Announcement and funds granted in 2002, 2005 and 2008
We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community.
Objectives of the Program

- Expand direct services and build infrastructure to support meeting diverse mental health needs of older persons using evidence based practices
- Address gaps in mental health prevention and treatment services
- Increase ability to help specific populations with serious emerging mental health problems
Use of Evidence Based Practices

• SAMHSA Requires Evidence Based Practices in all Service Program Requests for Applications (RFAs), including Older Adult Mental Health TCE
  – Adaptations are acceptable to accommodate diversity and when EBPs are not recognized
• National Registry of Evidence-based Programs & Practices (NREPP)
• Evidence Based Practices Toolkits
Eligible Applicants

- Public and private non-profit organizations including:
  - States
  - Local government units
  - American Indian or Alaska Native tribes and tribal organizations
  - Community non-profit organizations
  - Faith based organizations
Scope of the Program

- $36 million in awards since 2002
- Grant awards are approximately $400,000/year for three years
- 30 awards have been made since 2002
- Programs serve broad and diverse array of populations and geographic areas
Persons and Regions Served

- Community dwelling in rural and urban areas
  - Individual homes and assisted living facilities
- Diverse populations – for example, older adults who are:
  - Latinos
  - Holocaust survivors
  - Lesbian, Gay, Bi-sexual and Transgender
  - Vietnamese boat people/torture survivors
  - Yaqui Indian
  - Hmong
  - Russian
Meeting the Mental Health Needs of Older Adults
SM08-08 2008 Grantees

- California
- Kansas
- Oklahoma
- Wisconsin
- Massachusetts
- Illinois
- Michigan
- Indiana
- Florida (2) (Jacksonville & Sarasota)
Locations of All Programs Funded since 2002

- Arizona (5)
- California (2)
- Colorado
- District of Columbia
- Florida (2)
- Hawaii
- Illinois
- Indiana
- Kansas
- Massachusetts (2)
- Michigan
- Missouri
- New York (2)
- Ohio
- Oklahoma
- Tennessee
- Texas (3)
- Wisconsin (2)
- Virginia
Services, Evaluation and Technical Assistance

- Evidence based service programs include outreach and engagement, gatekeeper training, primary care integration,
- Grants fund local infrastructure support, service linking, partnership building, quality improvement, and prevention through public education in addition to direct services
- Evaluation of all programs through SAMHSA Transformation Accountability System (TRAC)
  - Individual evaluation by programs
- Technical Assistance for current programs through contract with NASMHPD
Outcomes of Program

- Improvements in infrastructure serving older adults
- Decrease in symptoms of depression, anxiety, isolation, substance misuse
- Increase in engagement in meaningful activity, social connectedness and community integration
- Support for families and caregivers
- Public education to reduce discrimination and identify older adults in need of services
Impact Examples – 2005 - 2009

• Senior Reach Program, Jefferson County, Colorado
  – 8,000 people trained as gatekeepers
  – 800 individual older adults received services
  – 4200 people visited booths/fairs and received prevention and public education materials
  – Initiated wellness and collaboration with primary care physicians
Impact Example- 2005-2009

• Sambrando Salud/ Sowing Wellness
  – Community garden and therapeutic activities in addition to counseling and psychotherapy
  – “…has significantly changed this small rural area of Arizona and there is much local support for continuance…incredible positive mental health outcomes for our seniors and have provided many with new meaning in their lives.”
Challenges to Implementation and Sustainability

• Ageism and mental health stigma
• Regulatory mechanism
• Difficulty recruiting qualified staff
• Economic downturn
• Impact of current financial crises on older adults, retirees
For More Information

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Thank you!