COALITIONS MAKING A DIFFERENCE  
CALIFORNIA MENTAL HEALTH AND AGING 
Sacramento and San Diego  
Two new initiatives starting in 2002.  
Sacramento, California – February 20 and 21, 2002  
The Changing Face of Aging Services:  
Are You Ready?  

• The legislature established a bill providing for development of a strategic plan to provide Mental Health services to individuals with Alzheimer's and other dementias. A task force is working on this with representatives from aging services and mental health services, public and private involved. A completed plan is due in January 2003 so they are targeting late summer to get a final draft. This is an excellent educational process for all involved.

• Many county Mental Health departments are starting to provide more collaborative older adult Mental Health services with community partners including Adult Protective Services, Area Agencies on Aging, etc. This seems to be in response to a general increase in interest in older adult Mental Health issues.

• The CA Mental Health Directors' Assn. (association of public (county) MH directors) Older Adult Committee is working on a policy statement regarding older adult mental health services. This is a "next step" following their adoption of the Older Adult System of Care Framework document, 2001, which outlines the elements of a community-based, collaborative, client-focused, culturally competent system of care in which mental health actively works with others to provide a holistic approach to senior services for those with mental health needs.
This new effort comes as the result of the February meeting in Sacramento. Many of those participating in Sacramento will be taking a part in the new San Diego initiative.
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FLORIDA COALITION ON OPTIMAL MENTAL HEALTH AND AGING

• The Florida coalition has been very effective working with it’s state legislature and being successful in getting several pieces of legislation passed which supports older adult mental health and substance abuse services.

• The Florida “Get the Facts” sheets are placed on the desk of the governor and each state legislator brining their attention to the growing needs of older adults with mental disorders. (Click to see 1) (Click to see2) Click to see 3)
• Kentucky has a state coalition and six regional coalitions
• The Kentucky Department of Mental Health provides funding each year to each coalition for projects which include consumer involvement, annual conferences, development and publication of resource guides, staffing of coalition activities and special educational seminars offered across the state.
Indiana Mental Health an Aging Coalition became a subsidiary of the Mental Health Association in Indiana in January 2002. The coalition began in 1996, as a result of state agencies, organizations, and individuals being concerned with the wide array of unmet needs of the growing at risk population of older Hoosiers with mental health, addiction and aging issues. Often mental health and addiction issues go unrecognized and untreated, leading to diminished quality of life. Since January, we have been developing a more formal infrastructure. We have written by-laws outlining our board composition and structure and creating three new standing committees.

Short-term goals include:
- Developing our standing committees. Education Committee, Resource Development Committee (funding), and Membership Committee;
- Developing the Board of Directors; and
- Developing our membership base.

Our long-term goals include:
- With primary focus, Development of a Hoosier mental health and aging manual/guidebook;
- Continuing involvement in Olmstead planning and implementation; and
- Development of local/regional coalitions.
COALITIONS MAKING A DIFFERENCE

The New Hampshire Coalition on Substance Abuse, Mental Health and Aging

A nonprofit organization whose mission is to help people meet the challenges they face as they age, with respect to the use of alcohol and the management of medications, and with regard to maintaining good mental health. Our goals center around education, development and/or distribution of resource materials, and advocacy. The Coalition includes consumers and representatives from a number of state and community organizations that serve elders.

CURRENT ACTION STEPS

At their meeting in early June, a letter was drafted and sent to the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment outlining the coalitions recommendations on the needs of older adults.
COALITIONS MAKING A DIFFERENCE
NEW HAMPSHIRE

KEY ISSUES IDENTIFIED IN THE LETTER WERE:
PREVENTION, INTERVENTION AND TREATMENT

Lack of knowledge among elders and family members relating to the effects of alcohol, management of medication, and the need for more educational programs to address this.

The need for more training for providers relating to recognizing the signs of substance abuse among older adults, effective intervention approaches that are geared toward the needs of elders using some of the strategies developed by Dr. Fred Blow and other promising practices.

Lack of appropriate and affordable treatment, i.e. no insurance coverage, lack of facilities that offer medical detox and consideration of the physical needs of elders, stresses of aging and the need for supportive services following treatment.

- Provided notice of and encouraged members to attend public forums related to the topic above.
- Financially contributed towards NAMI-NH printing of New Hampshire's Older Adult Mental Health, Mental Illness and Healthy Aging, a Guide for Older Adults and Caregivers.
- Membership and attendance at the meeting continues to grow. The Coalition has written numerous letters of support for Mental Health and Substance Abuse older adult related grants.
Background: A VA hospital psychologist was one of seven from New Jersey who received the June 99 training in coalition-building, as part of a CMHS initiative with a focus on aging and mental health. Two other trainees came from New Jersey's SMHA. The training led to the formation of "NJ Partners: Aging, Mental Health and Substance Abuse" as well as an ongoing collaboration between the Partners and the VA.

In May 2002, VA hospital clinicians and NJ Partners, with support from Janssen Pharmaceuticals, heard two presentations at the VA. This event was billed as an "invitational," so that outside guests were welcome, and 37 people attended. The keynoter, Rakesh Bansil, M.D., spoke on "Building Our Understanding of Alzheimer's Disease," with a focus on medications and caveats for older adults with mental illness and/or dementia. Dr. Bansil is an Associate Professor of Clinical Psychiatry at the University of Medicine and Dentistry of NJ, Newark Campus.

Joan Valdez, M.S.W. then gave a brief presentation on "Porphyria (por-fear-re-a): another Surprise for the Older Adult." Porphyria represents a complex medical condition with physical and behavioral symptoms. Ms. Valdez is a NJ Partner, a mental health consumer, and a retired State hospital social work supervisor.
Porphyria is not a single disease but a group of at least eight disorders that differ considerably from each other. A common feature in all porphyrias is the accumulation in the body of "porphyrins" or "porphyrin precursors". Although these are normal body chemicals, they normally do not accumulate. Precisely which of these chemicals builds up depends upon the type of porphyria.

The clinical manifestations of the different types of porphyria are not the same. Forms of treatment also depend on the type of porphyria. Therefore, it is difficult to make general statements that apply to all these disorders.

The symptoms arise mostly from effects on the nervous system or the skin. Effects on the nervous system occur in the acute porphyrias. Proper diagnosis is often delayed because the symptoms are nonspecific. Skin manifestations can include burning, blistering and scarring of sun-exposed areas.

The terms "porphyrin" and "porphyria" are derived from the Greek word "porphyrus" meaning purple. Urine from some porphyria patients may be reddish in color due to the presence of excess porphyrins and related substances, and the urine may darken after standing in the light.
OKLAHOMA MENTAL HEALTH AND AGING COALITION

• Started in 1990 with a $2,500 grant from the AARP State Coordinator to “Do something about older adult mental health”.

• Held a Legislative Hearing every year from 1990 through 2002 on the State House Floor to educate legislator on the special needs of older adults who experience mental illness and substance abuse disorders.
Pennsylvania has a statewide Mental Health and Aging Coalition and multiple regional coalitions that have been very active and productive. Penn State University has been heavily involved since 1999. Current activities and projects are as follows:

- The Third Annual Statewide Mental Health and Aging Coalition Conference is being held in October in Philadelphia.
- Regional Conferences have also been held throughout the state.
- The Statewide Mental Health and Aging Coalition participated in a legislative hearing with the House of Representatives in April on mental health and aging issues.
- Statewide newsletter is being developed.
- The Southeast region is developing a resource guide for the Philadelphia area.
- The Central Region is researching best practices in mental health and aging.
- The Southeast is holding two new training advocacy programs a month. The graduates of this program will be nominating physicians who deal best with mental health and aging issues at their graduation luncheon this month.
- The Southeast has successfully advocated for two programs that were losing their funding. The Mobile Outreach program has received funding for another year and the geriatric psych programming at District Health Clinics has received funding for three more months. These programs were also presented at the legislative hearing in April.
COALITIONS MAKING A DIFFERENCE

TENNESSEE MENTAL HEALTH AND AGING COALITION

• With a grant from the Tennessee Department of Mental Health, the Tennessee Coalition was able to form local coalitions in Chattanooga, Kingston and Knoxville, Tennessee.

• State Grant Funds were also used to hold an annual Aging Mental Health Conference in Nashville and Knoxville.

• Developed four “Get The Facts” sheets and distributed to their governor and state legislators.

(Click to see)