

WE'RE GOING TO BE STARTING THE WEBINAR IN A FEW MINUTES. IF YOU ARE HAVING DIFFICULTIES AT ALL THERE IS A CHAT BOX. YOU CAN SEND US A NOTE AND WE HOPE ALL ARE FINDING THE AUDIO AND VISUAL JUST FINE.

MARIAN, WOULD YOU LIKE TO START?

SURE. HI EVERYONE AND WELCOME TO THE WEBINAR ON FINANCING AND SUSTAINING BEHAVIORAL HEALTH INTERVENTIONS FOR OLDER ADULTS. THIS WEBINAR IS BEING OFFERED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION OR SAMHSA ALONG WITH THE ADMINISTRATION ON COMMUNITY LIVING, THE ADMINISTRATION ON AGING OR AOA. THESE ORGANIZATIONS HAVE COME TOGETHER TO SUPPORT THE OLDER AMERICAN'S BEHAVIORAL HEALTH TECHNICAL ASSISTANCE CENTER. THE TECHNICAL ASSISTANCE CENTER SUPPORTS A PARTNERSHIP BETWEEN SAMHSA AND AOA TO PROVIDE TECHNICAL ASSISTANCE TO THE STATES AND ORGANIZATIONS AS THEY IMPLEMENT BEHAVIORAL HEALTH SERVICES AND THOSE FOCUSED ON SUICIDE PREVENTION AND ALCOHOL AND PRESCRIPTION USE AND MISUSE AS WELL AS ANXIETY AND DEPRESSION. I AM MARIAN SCHEINHOLTZ. I AM FEDERAL PROJECT OFFICER WITH SAMHSA. I AM THE PROJECT OFFICER FOR THE CURRENT OLDER ADULT GRANT AND HAVE BEEN WORKING WITH OVER FIFTEEN GRANTS SINCE 2007 THAT ARE IN THE AREA OF SERVING OLDER ADULTS. THE CURRENT GRANTS ARE INVOLVED IN CUTTING AGE PRACTICE INCLUDING INTEGRATION WITH PRIMARY CARE AND ANOTHER ONE OF MY RESPONSIBILITIES IS TO WORK WITH FOURTEEN PROGRAMS IN THE

SOUTHEAST PART OF THE COUNTRY WHO SERVE YOUNGER ADULTS BUT WORK ON PRIMARY AND CARE INTEGRATION AND WE WILL SEE THAT IN OLDER ADULTS.

THE TECHNICAL ASSISTANCE PROVIDED FOR OLDER AMERICANS FOR HEALTH INCLUDES TEN WEBINARS, FOURTEEN ISSUE BRIEFS AND FIVE POLICY ACADEMY REGIONAL MEETINGS. AS MATERIALS ARE DEVELOPED THEY ARE ARCHIVED AND CAN BE ACCESSED ON THE ADMINISTRATION ON AGING'S WEBSITE AS WELL AS THE NATIONAL COUNCIL ON AGING'S WEBSITE IN THE BEHAVIORAL HEALTH SECTION OF BOTH OF THOSE WEBSITES.

I AM PLEASED TO WELCOME YOU TO THIS WEBINAR ON THE IMPORTANT TOPIC OF FINANCING AND SUSTAINING BEHAVIORAL HEALTH INTERVENTION. THE WEBINAR WILL FOCUS ON STRATEGIES AND RESOURCES TO IMPLEMENT AND MAINTAIN PREVENTION AND EARLY INTERVENTION PROGRAMS AND PRACTICES. WHILE TODAY'S SPEAKERS WILL OFFER SOME EXAMPLES OF EVIDENCE BASED MODELS FOR OLDER ADULTS THE FOCUS OF TODAY'S WEBINAR IS ON FINANCING AND SUSTAINABILITY. YOU CAN FIND INFORMATION ON EVIDENCE BASED BEHAVIORAL HEALTH INTERVENTIONS ON THE WEBSITE THAT THE SPEAKERS OFFER AND THROUGH EARLIER WEBINARS AND ISSUE BRIEFS OFFERED BY THE OLDER AMERICANS TECHNICAL ASSISTANCE CENTER. WE HAVE ASKED EXPERIENCED RESEARCHERS TO SHARE THEIR KNOWLEDGE AND EXPERIENCE WITH US ON SUCCESSFUL STRATEGIES ON FINANCING AND SUSTAINABILITY.

I WOULD LIKE TO INTRODUCE THE SPEAKERS AND THEN PROCEED. FIRST WE WILL HEAR FROM ALIXE MCNEILL. ALIXE IS WITH THE NATIONAL COUNCIL ON AGING. ALIXE IS WORKING WITH THE CURRENT OLDER AMERICAN TECHNICAL ASSISTANCE CENTER AND TODAY WE WILL DISCUSS FINDINGS FROM A SUSTAINABILITY STUDY THAT I ADVISED HER ON AND SAMHSA FUNDED. ALIXE AND HER COLLEAGUE LOOKED AT THE SUSTAINABILITY OF COMMUNITY OLDER ADULT OF HEALTH SERVICES FOLLOWING THE END OF SAMHSA AND ADMINISTRATION ON AGING GRANTS. ALIXE WILL REVIEW FACTORS IN THE SCIENTIFIC LITERATURE AND STRATEGY FROM THE FIELD THAT CONTRIBUTE TO SUSTAINABILITY. SHE WILL ALSO BRIEF YOU ON THE FINANCIAL RESOURCE GUIDE THAT IS A GREAT PART OF THE REPORT. AND THAT REPORT IS AVAILABLE ON THEIR WEBSITE IN THE BEHAVIORAL HEALTH SECTION. NEXT WE WILL HEAR FROM SHANNON SKOWRONSKI. SHANNON IS AN AGING SERVICES PROGRAM SPECIALIST WITH THE ADMINISTRATION OF COMMUNITY LIVING AND THE ADMINISTRATION ON AGING. SHANNON IS AN ADVISOR FROM THE ADMINISTRATION ON AGING TO THE OLDER AMERICANS BEHAVIORAL HEALTH TECHNICAL ASSISTANCE CENTER AND SHE WILL REVIEW THE OLDER AMERICANS ACT AND WHERE IT INCLUDES FINANCING FOR BEHAVIORAL HEALTH. NEXT WE WILL TURN TO JEAN CLOSE. JEAN IS THE TECHNICAL DIRECTOR OF THE BENEFITS AND COVERAGE IN THE DISABLED AND ELDERLY HEALTH PROGRAMS GROUP AT THE CENTERS FOR MEDICARE AND MEDICAID SERVICES OR CMS. SHE WILL DISCUSS OLDER PREVENTIONS THROUGH MEDICAID AND REVIEW MEDICAID SERVICES AND STATE PLAN

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SERVICES AND WAIVER PLAN AND NEW OPTIONS AND HEALTH HOMES AND COMMUNITY FIRST CHOICE. LESLEY STEINMAN WILL FOLLOW. LESLEY IS PART OF THE HEALTH PROMOTION RESEARCH CENTER AT THE UNIVERSITY OF WASHINGTON SEATTLE. LESLEY WILL DISCUSS FINANCING AND DEPRESSION AND COMMUNITY AND AGING THROUGH PEARLS AND HEALTHY IDEAS AND DISCUSS INTERVENTIONS AND FINANCING FOR MEDICAID AND FOLLOW AND STATE GRANTS AND THE UNITED WAY. OUR NEXT PRESENTER IS STEPHEN FERRANTE. HE IS THE MANAGING PARTNER OF GROUP VICTORY LLC AND DIRECTOR OF THE AGING ACADEMY AND FACULTY MEMBER AT FLORIDA ATLANTIC UNIVERSITY. STEVEN WILL DISCUSS FINANCING FOR SCREENING, BRIEF INTERVENTION AND REFERRAL FOR ALCOHOL AND DRUG REUSE AND KNOWN AS THE SBIRT MODEL AND WILL GO OVER THAT MODEL FOR OLDER ADULTS IN FLORIDA AND STILL CURRENTLY UNDER WAY. HE WILL REVIEW FINANCE OPTIONS USED IN OTHER STATES ALSO.

FOLLOWED BY THAT PRESENTATION ALIXE MCNEILL WILL STEP BACK IN AND GIVE TAKE AWAY POINTS FROM EACH OF THE PRESENTATIONS. AFTER THAT WE WILL HAVE ABOUT 15 MINUTES FOR QUESTIONS. PLEASE SEND US YOUR QUESTIONS AT ANY TIME DURING THE WEBINAR. TYPE THEM INTO THE CHAT BOX AT THE TOP OF THE SCREEN. THE PURPOSE OF THIS WEBINAR IS ADVANCE UNDERSTANDING OF THE FACTORS AND – THAT CONTRIBUTE TO SUSTAINABILITY OF BEHAVIORAL HEALTH INTERVENTIONS, TO SPREAD

KNOWLEDGE ABOUT PUBLIC AND PRIVATE FINANCING MECHANISMS THAT
SUPPORT OLDER ADULTS BEHAVIORAL HEALTH AND PRACTICES.

I WANT TO THANK THE SPEAKERS AND AUDIENCE FOR YOUR
PARTICIPATION TODAY. THE WEBINAR WILL BE RECORDED AND RECORDING
THE SLIDES WILL BE PROVIDED TO ALL THAT REGISTERED. NOW TO THE FIRST
SPEAKER, ALIXE MCNEILL FROM THE NATIONAL COUNCIL ON AGING.

GOOD AFTERNOON. I AM ALIXE MCNEILL WITH THE NATIONAL COUNCIL
ON AGING (NCOA). NCOA AS YOU HEARD IS WORKING WITH SAMHSA ON THIS
SERIES AND RELATED ISSUE BRIEFS. I WILL DISCUSS FINDINGS FROM A RECENT
STUDY WE CONNECTED WITH THE ASSISTANCE OF SAMHSA. THE STUDY REPORT
IS TITLED "LESSONS OF SUSTAINABILITY ON OLDER ADULTS COMMUNITY
HEALTH SERVICES" AND IT IS FOUND ON THE NCOA WEBSITE ON THE PAGE
OFFERED ON THIS SLIDE. WE USE THIS DEFINITION OF SUSTAINABILITY. THAT
IS, THE EXTENT TO WHICH AN EVIDENCE BASED INTERVENTION CAN DELIVER
ITS INTENDED BENEFITS OVER AN EXTENDED PERIOD OF TIME AFTER THE
INITIAL EXTERNAL SUPPORT FROM DONOR AGENCY IS TERMINATED.

SO WHAT HAPPENS AFTER THE INITIAL GRANT? THAT'S WHAT WE'RE
LOOKING AT FOR SUSTAINABILITY. WE REVIEWED THE LITERATURE TO LEARN
WHAT FACTORS AND STRATEGIES ARE MOST HELPFUL IN SUSTAINING
PROGRAMS. WE INTERVIEWED 12 PAST SAMHSA TARGETED CAPACITY
EXPANSION GRANTEEES AS WELL AS AOA AND CDC GRANTEEES TO GAIN THEIR
INSIGHT ON SUSTAINABILITY. WE CONVENED AN EXPERT PANEL TO ADVISE ON

THE STUDY. THE REPORT MAKES RECOMMENDATION BOTH TO SERVICE PROVIDERS AND TO FUNDERS ON STRATEGIES THEY MIGHT USE THAT HAVE BEEN PROVEN SUCCESSFUL TO SUSTAIN PROGRAMS.

WE CREATE A SUSTAINABILITY FRAMEWORK BASED ON THE SCIENTIFIC LITERATURE AND EXPERIENCE . THE LITERATURE OFFERS 17 FACTORS THAT SUPPORT SUSTAINABILITY. WE SORTED THE FACTORS BY THOSE THAT RELATE TO THE PROGRAM TO BE SUSTAINED AND DIFFERENT FACTORS THAT RELATE TO THE CAPACITY OF THE ORGANIZATION, TRYING TO SUSTAIN THE PROGRAM, AND THIRD, TO FACTORS THAT RELATE TO THE COMMUNITY AT LARGE.

THE GRANTEES WE INTERVIEWED AGREED THAT ALL FACTORS FOUND IN THE LITERATURE ARE IMPORTANT. THE FACTORS THE GRANTEES FOUND MOST IMPORTANT ARE NOTED AT THE TOP OF EACH LIST. MANY OF THE FACTORS ARE INDEED STRATEGIES TO SUSTAIN A PRACTICE AND INTERVENTION OR A PROGRAM. WHILE THIS SLIDE IS A LITTLE FUZZY AND HAS A LOT ON IT, I WILL NOW GO THROUGH EACH TYPE OF FACTOR SO YOU WILL SEE IT A LITTLE BIT BETTER. ON THE PROGRAM FACTORS WE LOOKED AT PROGRAMS THAT ARE IMPORTANT FOR SUSTAINABILITY. PROGRAMS THAT RELATE TO IMPACT AND FIT PARTICULARLY. THE FACTORS THESE FACTORS NEED TO BE CONSIDERED UP FRONT WHEN AN ORGANIZATION IS SELECTING A NEW INTERVENTION OR PROGRAM FOR IMPLEMENTATION. WE CAN SEE FROM THE TOP ITEMS THAT INTERVENTIONS OR PROGRAMS NEED TO HAVE ONE, A DEMONSTRATED EFFECTIVENESS AND TWO, DESIGNED FOR RESULTS. THESE INTERVENTIONS

MUST HAVE EVIDENCE OF PRODUCING A HEALTH BENEFIT. ORGANIZATIONS THEN NEED TO SHOW THAT THEIR IMPLEMENTATION OF THE INTERVENTION IS ACHIEVING THE SAME IMPACT AS THE ORIGINAL RESEARCH. CLIENTS, STAFF, AND FUNDERS NEED TO PROCEED OR UNDERSTAND THESE BENEFITS. IN ORDER TO DO THIS ORGANIZATIONS NEED TO ESTABLISH SOLID DATA SELECTION SYSTEMS, CONSISTENTLY COLLECT AND ANALYZE BOTH PROCESS AND OUTCOME DATA THAT MEASURE RESULTS, AND REGULARLY UPDATE KEY STAKEHOLDERS AND THE COMMUNITY ABOUT THE PROGRAM RESULTS. THERE ARE ADDITIONAL IMPORTANT FACTORS AND STRATEGIES AND INTERVENTION OR PROGRAM MUST FIT WITH AN ORGANIZATION'S MISSION AND ADVANCE THE WHOLE ORGANIZATION. AS MANY OF YOU KNOW WHEN ORGANIZATIONS START A NEW SERVICE THAT DOES NOT FIT AN ORGANIZATION MISSION IT OFTEN GETS CUT WHEN TIMES ARE CUT. FINANCIAL RESOURCES AND A FINANCING STRATEGY NEEDS TO BE DEVELOPED. FUNDERS AND STAFF NEED TO KNOW THERE ARE REASONABLE AND WHAT THE ARTICULATED THEORY OF CHANGE IS FOR A PROGRAM TO ACHIEVE ITS IMPACT. PROGRAMS AND INTERVENTIONS NEED SOME FLEXIBILITY. MANY BEHAVIORAL HEALTH INTERVENTIONS HAVE SEVERAL STEPS LIKE FREE SCREENING, SCREENING, INTERVENTION, REFERRAL. SOME ORGANIZATIONS HAVE FOUND COLLABORATIVE PARTNERSHIPS EFFECTIVE IN THE IMPLEMENTATION. IN SOME CASES THEY MIGHT OFFER PART OR ALL OF THE INTERVENTION AND HUMAN RESOURCES ARE IMPORTANT AND LEADERSHIP AND TRAINED STAFF AND

POSSIBLY OUTSIDE SPECIALIST WHO ADVISE AND COACH THE
IMPLEMENTATION STAFF.

THE ORGANIZATION CAPACITY FACTORS THAT ARE IMPORTANT FOR
SUSTAINABILITY INCLUDE NOT ONLY HAVING PROGRAM CHAMPIONS BUT ALSO
MAKING SURE THAT THE CEO OF THE ORGANIZATION IS COMMITTED TO THE
PROGRAM AND PROVIDES LEADERSHIP. WHEN THERE ARE CONFLICTS
PRIORITIES FOR FUNDING THE CEO NEEDS TO LEAD OR FULLY SUPPORT THE
BEHAVIORAL HEALTH PROGRAM FOR IT TO BE SUSTAINED OVER A LONG TIME.
THE CALL FOR MANAGERIAL SYSTEMS FOR SUPPORT AND PERSONNEL
SYSTEMS. ORGANIZATIONS NEED TO USE THESE SYSTEMS AND UNDERSTAND
THE INFORMATION THEY GENERATE FOR CONSIDERING IMPROVEMENT IN
OPERATIONS. PROGRAM SUPPORT SYSTEMS ARE ALSO CRITICAL AND
INCLUDING TRAINING AND TECHNICAL ASSISTANCE. SUSTAINABILITY
REQUIRES INTEGRATION OF THE PROGRAM IN THE ORGANIZATION AS WELL AS
AN ORGANIZATION'S SUSTAINABILITY AND FLEXIBILITY. A KEY TO
SUSTAINABILITY IS DEVELOPING A SUSTAINABILITY PLAN EARLY AND TAKING
ACTIONS FOR SUSTAINING PROGRAMS DURING THE START OF PERIODS AND
THROUGHOUT IMPLEMENTATION.

COMMUNITY SUPPORT IS ANOTHER DIMENSION THAT SUPPORTS
SUSTAINABILITY, BOTH COMMUNITY AND STATE SUPPORT IS IMPORTANT,
RESOURCES AND POLITICAL LEGITIMACY HAVE BEEN REPORTED TO BE
IMPORTANT AS WELL.

AND THEN JUST A BIT OF HUMOR. THE DINOSAURS REMIND US THAT PLANNING FOR SUSTAINABILITY MUST OCCUR EARLY. ONE SAYS TO THE OTHER "ALL I AM SAYING THAT NOW SILENT TIME TO DEPUTY THE TECHNOLOGY TO DEFLECT AN ASTEROID".

THE KEY FINDINGS FROM OUR STUDY ARE MANY. WE PULLED A FEW OF THEM FOR THIS WEBINAR. EMBEDDING SERVICES INTO ONGOING SYSTEMS CAN BE VERY USEFUL. FOR EXAMPLE DEPRESSION CARE OR SBIRT CAN BE EMBEDDED IN CASE MANAGEMENT BY EMBEDDING SUCH PRACTICES INDICATES MANAGEMENT. IT ENHANCES THE CASE MANAGEMENT SERVICE OF THE AGENCY. OFTEN NO ONE FUNDING SOURCE IS SUFFICIENT FOR SUSTAINING SERVICE. BRAIDED FUNDING IS IMPORTANT WHERE FUNDING STREAMS LIKE GRANTS OR PAYMENT FOR SERVICES ARE MAINTAINED SEPARATELY, BUT WORK TOGETHER TO SUPPORT A PROGRAM, TO SUPPORT THE STAFF, TO SUPPORT THE VISITS, TO SUPPORT THE DELIVERY OF THE SERVICE. SOURCES ARE OFTEN VARIED. THERE MAYBE FUNDS FROM MEDICAL SERVICES, MENTAL HEALTH, AGING SERVICES, ALL COORDINATED TO FUND DEPRESSION SCREENING AND EARLY INTERVENTION OR OTHER BEHAVIORAL HEALTH INTERVENTIONS. NOT SURPRISING WE FOUND THAT SERVICES THAT WERE SUSTAINED WERE OFTEN BILLABLE SERVICES TO THIRD PARTY LIKE MEDICAID OR MEDICARE OR PRIVATE INSURANCES. THESE INCLUDE CARE MANAGEMENT, DEPRESSION CARE MANAGEMENT, PSYCHOTHERAPY, AND PSYCHIATRY.

IN CREATING A PLAN FOR SUSTAINABILITY SEVERAL KEY ITEMS ARE VERY IMPORTANT. THEY INCLUDE PLANNING WITH THE PARTNERSHIPS IN A COMMUNITY, EMBEDDING THE INTERVENTION IN ROUTINE SERVICES, KNOWING THE COSTS OF SUSTAINING THE PROGRAM OR INTERVENTION, AND INVESTIGATING VARIOUS PUBLIC AND PRIVATE FINANCIAL SOURCES. ANOTHER ITEM WE NEED TO KNOW WHAT NEEDS TO BE SUSTAINED. DOES THE FULL PROGRAM NEED TO BE SUSTAINED? OR ARE THERE PARTS THAT COULD BE LET GO? SOMETIMES THE NEW PAYER SYSTEM OR FUNDING SOURCE MAY HAVE DIFFERENT REQUIREMENTS FROM THE ORIGINAL INTERVENTION. LIKE THEY MAY REQUIRE DIFFERENT STAFF CREDENTIALS OR THE DIFFERENT NUMBER OF VISITS. WHEN ADAPTATIONS TO AN INTERVENTION ARE NEEDED IT'S IMPORTANT TO CONTACT THE PRIMARY PROGRAM DESIGNER TO REVIEW OPTIONS FOR ADAPTATION. IT'S IMPORTANT TO LEARN WHAT PROGRAM ADAPTATIONS MAYBE MADE WHILE MAINTAINING FIDELITY VERSUS WHEN ADAPTATION LOSES ESSENTIAL COMPONENTS OR INTENSITY TO BE EFFECTIVE.

AND AS WE HAVE MENTIONED EARLIER THIS REPORT AS A FINANCIAL RESOURCE GUIDE. THE FULL REPORT AGAIN IS CALLED "LESSONS LEARNED ON SUSTAINABILITY OF OLDER ADULTS COMMUNITY BASED BEHAVIORAL HEALTH SERVICES". THIS IS A BASIC GUIDE ON GRANTS AND OTHER FINANCING SOURCES. WE OFFER ABOUT A PAGE OF INFORMATION ON THE VARIOUS SOURCES. IT IS AN OVERVIEW INTENDED TO HELP PEOPLE GAIN A GENERAL UNDERSTANDING SO THEY CAN HAVE A PRODUCTIVE CONVERSATION WITH

THE FUNDING SOURCE IN THEIR COMMUNITY OR STATE. THE GUIDE COVERS PRIVATE PAY AND INSURANCE, VARIOUS PROGRAMS IN THE CENTER FOR MEDICARE AND MEDICAID SERVICES, AND WE WILL BE HEARING IN-DEPTH ABOUT MEDICAID LATER IN THIS WEBINAR. THE SAMHSA SUGGEST SECTION INCLUDES INFORMATION ABOUT THE UNIFORM BLOCK GRANTS FOR MENTAL HEALTH AND SUBSTANCE ABUSE. SOME STATES FIND OLDER ADULT BEHAVIORAL HEALTH TO BE A PRIORITY AND THEY IN FACT USE BLOCK GRANT FUNDS FOR PREVENTION AND TREATMENT FOR OLDER ADULTS. WE HAVE INFORMATION ON SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT OR SBIRT. THAT WILL BE DISCUSSED LATER IN DETAIL IN THIS WEBINAR. THE SAMHSA SECTION INCLUDES INFORMATION ON PRIMARY AND INTEGRATIONAL GRANTS AND AS MARIAN MENTIONED EARLIER. THERE ARE 64 AROUND THE COUNTRY NOW. WE DISCUSS THE GRANT AWARDED FROM 2010 TO 2015. THERE ARE 22 AWARDS IN PLACE NOW MANY OF WHICH HAVE BEEN VERY IMPORTANT IN BRINGING ABOUT SERVICES FOR OLDER ADULTS. THE FINANCIAL RESOURCE GUIDE ALSO REVIEWS THE OLDER AMERICANS ACT AND WE WILL HEAR ABOUT THE VARIOUS ASPECTS OF THAT ACT FROM SHANNON SKOWRONSKI IN A FEW MINUTES. THE FINANCIAL RESOURCE GUIDE ALSO REVIEWS ADDITIONAL FEDERAL FUNDING FROM CDC, FROM PERSA, QUALIFIED FUNDING, USDA, STATE AND LOCAL GOVERNMENT, SPECIAL TAXES, FUNDING FROM FOUNDATIONS AND UNITED WAY AND IMPORTANT PARTNERSHIPS FOR IN KIND RESOURCES SUCH AS PARTNERSHIPS WITH UNIVERSITIES OR HEALTH SYSTEMS AND OTHERS AND WE MENTIONED SOCIAL ENTERPRISE WHERE ONE

GROUP WE FOUND ACTUALLY STARTED A FARMERS MARKET TO PRODUCE THE REVENUE STREAM TO SUPPORT THIS WORK. SINCE OUR STUDY WE HAVE LEARNED ABOUT ADDITIONAL FUNDING SOURCES TO SUPPORT OLDER ADULT BEHAVIORAL HEALTH. A COUPLE OF THE CURRENT TCE SAMHSA GRANTEES BRING SOME INTERESTING FUNDING SOURCES TO BEAR. IN MICHIGAN THE GRANTEE HAS SECURED FUNDS THROUGH THE AFFORDABLE CARE ACT IN THE CARE TRANSITIONS INITIATIVE FUNDED BY TRUE CMS. IN THIS SITUATION THE AREA AGENCY ON AGING IN THE COMMUNITY IS THE LEAD AGENCY. THE TRIPLE A ADDED BEHAVIORAL HEALTH COACHES TO THE CARE TRANSITION MODEL THAT THEY'RE IMPLEMENTING. THE AAA SUBCONTRACTS WITH THE SAMHSA GRANTEE WHICH IS A FAMILY SERVICE AGENCY IN PONTIAC MICHIGAN, AND THE AGENCY EMPLOYS BEHAVIORAL HEALTH COACHES. THE COACHES VISIT PATIENTS IN THE HOSPITAL AND LATER IN THEIR HOMES. THE COACHES ARRANGE FOR BEHAVIORAL HEALTH SERVICE FROM THE FAMILY SERVICE AGENCY. AND IN KANSAS THESE ARE ALSO USED IN THESE SERVICES.

AND NOW I WILL TURN TO SHANNON SKOWRONSKI FROM THE ADMINISTRATION OF COMMUNITY LIVING AND ADMINISTRATION ON AGING. SHANNON.

THANK YOU SO MUCH ALIXE FOR THAT INTRODUCTION. I AM SHANNON SKOWRONSKI AND AS ALIXE MENTIONED I WORK IN THE ADMINISTRATION ON AGING WHICH IS A PART OF A NEW AGENCY IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES CALLED THE ADMINISTRATION FOR COMMUNITY

LIVING. AT AOA I WORK PRIMARILY WITH THE HEALTH PROMOTION PROGRAMS, SPECIFICALLY IN THE AREAS OF BEHAVIORAL HEALTH AND DEMENTIA, AND TODAY I'M GOING TO TALK A LITTLE BIT ABOUT THE OLDER AMERICANS ACT WHICH IS THE PRIMARY AUTHORIZING LEGISLATION FOR THE PROGRAMS THAT AOA ADMINISTERS AND I'M GOING TO SPEAK SPECIFICALLY TO THOSE PARTS OF THE ACT WHICH THERE IS FLEXIBILITY FOR STATES AND AREA AGENCIES ON AGING TO BE LOOKING AT PROVIDING BEHAVIORAL HEALTH SERVICES, SO THE NEXT SLIDE PLEASE. SO THE OLDER AMERICAN'S ACT WAS PASSED IN 1965, THE SAME YEAR AS MEDICARE AND MEDICAID. CURRENTLY MENTAL HEALTH APPEARS IN THE OLDER AMERICAN'S ACT 29 TIMES AND IT IS ACT WAS LAST REAUTHORIZED IN 2006, AND THERE WAS MORE OF AN EMPHASIS ON MENTAL HEALTH IN THE LAST REAUTHORIZATION. THE ACT IS CURRENTLY UP FOR REAUTHORIZATION IN CONGRESS. NEXT SLIDE PLEASE.

SO TITLE THREE OF THE OLDER AMERICAN'S ACT INCLUDES A VARIETY OF DIFFERENT SERVICES THAT ARE FUNDED, SO AS YOU CAN SEE ON THIS SLIDE I HAVE INCLUDED THREE DIFFERENT PARTS OF TITLE THREE THAT I THINK ARE MOST RELEVANT TO THE CONVERSATION ABOUT BEHAVIORAL HEALTH AS WELL AS THE FISCAL 2011 FUNDING AMOUNTS. SO THE FIRST THAT I'M GOING TO DISCUSS-- NEXT SLIDE PLEASE. – IS TITLE 3B, AND ACTUALLY BEFORE I MOVE ON TO THE TITLES LET ME SAY THAT WITHIN THE OLDER AMERICANS ACT THERE IS NOT A SPECIFIC FUNDING SOURCE FOR MENTAL HEALTH.

SO TITLE THREE – THE PARTS OF TITLE THREE I'M GOING TO TALK ABOUT TODAY STATES HAVE FLEXIBILITY TO DELIVER A VARIETY OF SERVICES AND MANY OF THEM DO DELIVER BEHAVIORAL HEALTH SERVICES BUT THERE ISN'T ONE SOURCE OF FUNDING IN THE ACT OR THAT AOA ADMINISTERS FOR BEHAVIORAL HEALTH, BUT THERE'S LOTS OF OPPORTUNITY IN TITLE THREE FOR STATES AND COMMUNITY ORGANIZATIONS TO BE ABLE TO WORK TOGETHER ON AGING MENTAL HEALTH ISSUES.

SO TITLE 3B IS KNOWN AS SUPPORTIVE SERVICES. UNDER TITLE 3B MENTAL HEALTH SERVICES ARE ELIGIBLE FOR FUNDING. EXAMPLES INCLUDE MENTAL HEALTH SCREENINGS OUTREACH, EDUCATION, COUNSELING, AND REFERRAL TO SERVICES FOR TREATMENTS, AS WELL AS SUPPORT FOR CASE MANAGEMENT IN WHICH SOME BEHAVIORAL HEALTH INTERVENTIONS ARE EMBEDDED. A LOT OF THE AGENCIES ON AGING DO WAIVER DETERMINATIONS AND YOU KNOW CONTRACT FOR CASE MANAGEMENT, SO IT'S ONE OF THE PRIMARY SERVICES THAT IS PROVIDED. ONTO THE NEXT SLIDE PLEASE.

SO TITLE 3D IS THE DISEASE PREVENTION AND HEALTH PROMOTION TITLE OF THE ACT. AS OF LAST YEAR DUE TO A CHANGE IN THE LANGUAGE FOR THE APPROPRIATION FROM CONGRESS THESE FUNDS ARE REQUIRED TO BE USED ON ONLY EVIDENCE BASED PROGRAMS. THESE MIGHT INCLUDE PEARLS, HEALTHYIDEAS AND BRITE. YOU WILL HEAR ABOUT SOME OF THE INTERVENTIONS ON THIS CALL AND OTHER BEHAVIORAL HEALTH PROGRAMS THAT MEET AOA'S MINIMUM CRITERIA AND IF YOU MOVE TO THE NEXT

SLIDE HERE ARE SOME PLACES.

THE FIRST WHERE YOU CAN TAKE A LOOK AT INFORMATION ABOUT TITLE 3D ON AOA'S WEBSITE, AND THAT INCLUDES IF YOU HAVE QUESTIONS ABOUT THE TITLE AS WELL AS SOME EXAMPLES OF PROGRAMS THAT MEET AOA'S CRITERIA FOR EVIDENCE BASED AND THE DIFFERENT LEVELS OF THE CRITERIA. THERE ARE THREE OF THOSE, AND I ALSO INCLUDED SAMHSA'S NATIONAL REGISTRY OF PROGRAMS AND PRACTICES WHICH IS ANOTHER GOOD SOURCE OF EVIDENCE FOR EVIDENCE BASED PROGRAMS AS WELL AS NCOA CENTER ON AGING WEBSITE. NEXT SLIDE PLEASE.

3E IS THE NATIONAL CAREGIVERS SUPPORT PROGRAM. THESE FUNDING CAN BE USED TO SUPPORT BEHAVIORAL HEALTH ACTIVITIES. MOST SPECIFICALLY COUNSELING SERVICES FOR ELIGIBLE FAMILY CAREGIVERS. THERE ARE FIVE SERVICES UNDER 3E THAT ARE AVAILABLE IN STATES AND THAT THEY NEED TO BE OFFERING EACH OF THESE. THE CATEGORIES ARE COUNSELING, EDUCATION, AND TRAINING, AND SUPPORT GROUP, UNDER WHICH THESE SERVICES ARE TO BE PROVIDED. SERVICES RELATED TO BEHAVIORAL HEALTH UNDER 3E CAN INCLUDE SOME OF THESE LISTED ON THE SLIDE SUCH AS INFORMATION TO CAREGIVERS ABOUT BEHAVIORAL HEALTH SERVICES, ASSISTANCE IN GAINING ACCESS TO SERVICE, AND INDIVIDUAL COUNSELING, ORGANIZATION OF SUPPORT GROUPS, CAREGIVER TRAINING, ET CETERA.

SO THERE ARE A NUMBER OF FLEXIBILITIES WITHIN 3E TO BE WORKING ON BEHAVIORAL HEALTH SERVICES, SO A LITTLE BIT MORE ABOUT 3E, AND

SPECIFICALLY ABOUT THE DATA THAT AOA COLLECTS. SO THE PRIMARY DATA THAT AOA COLLECTS FROM AREA AGENCIES ON AGING, WHICH DELIVER AGING SERVICES WITH OLDER AMERICANS ACT FUNDS, IS THE STATE PROGRAM REPORTS. THOSE INCLUDE INFORMATION ABOUT WHO IS RECEIVING OLDER AMERICANS ACT SERVICES IN THE COMMUNITY, WHAT KINDS OF SERVICES ARE THEY RECEIVING AND WHAT KIND OF FUNDING IS EXPENDED FOR EACH OF THOSE SERVICES? AND OUR CURRENT DATA SHOWS THAT IN 2010 STATES PROVIDED A LITTLE OVER \$17 MILLION OF TITLE 3E DOLLARS WORTH OF COUNSELING SERVICES TO MORE THAN 123,000 DAILY CAREGIVERS SO THAT COMES OUT TO BE APPROXIMATELY 427 UNITS OF SERVICE AND THE AVERAGE THEY RECEIVE PER YEAR. ONE OF THE CHALLENGES WITH THE STATE REPORT DATA THAT WE RECEIVE AT AOA IS THAT IT DOESN'T INCLUDE DATA SO SPECIFIC THAT WE KNOW THE SPECIFIC EVIDENCE BASED INTERVENTIONS THAT STATES MIGHT BE DELIVERING SUCH AS PEARLS OR HEALTHYIDEAS, BUT WE DO KNOW BASED ON CONVERSATIONS WITH STATES AND WITH AGENCIES ON AGING AND SOME EXAMPLES OF STATES DOING THIS EFFECTIVELY AND I WILL TALK ABOUT TWO OF THOSE COMMUNITY EXAMPLES. NEXT SLIDE PLEASE.

SO JUST A LITTLE BIT -- I MENTIONED THAT I'M GOING TO TALK ABOUT TWO EXAMPLES WHICH I THINK ARE GREAT EXAMPLES OF WAYS THAT AGING SERVICE ORGANIZATIONS WORKING WITH BEHAVIORAL HEALTH HAVE BEEN ABLE TO LEVERAGE FUNDS TO BE DELIVERING BEHAVIORAL HEALTH SERVICES FOR OLDER ADULTS AND OR THEIR FAMILY CAREGIVERS. ALIXE MENTIONED

BRAIDED FUNDING IS WHAT MANY STATES DO AND THEY WORKED WITH SAMHSA OR FUNDED BY SAMHSA TO DO AND I THINK THIS IS SOMETHING I OF HEARING FROM STATES THAT IS INCREASINGLY CRITICAL ESPECIALLY AS RESOURCES ARE MORE AND MORE SCARCE AND THE AND THE NEXT THING IS NOT SO INTENSIVE AND STATE AND AREA PLANS IN THE ACT THERE IS GUIDE PROVIDED TO STATES GUIDE PROVIDED TO GUIDE PROVIDED TO STATES AND WHAT THE PLAN ENTAILS AND HOW ORGANIZATIONS AND OTHERS CAN BE INVOLVED IN THE PLANNING THAT MENTAL HEALTH IS INCLUDED IN THAT PLAN AND THERE ARE OPPORTUNITIES TO EXPAND THAT. NEXT SLIDE PLEASE.

SO AGING RESOURCES OF CENTRAL IOWA IS A GOOD EXAMPLE OF A STATE OFFERING TWO DIFFERENT MENTAL HEALTH PROGRAMS, PEARLS AND HEALTHYIDEAS, SO PEARLS WHICH YOU'RE GOING TO HEAR A LITTLE BIT ABOUT LATER IS THE PROGRAM TO ENCOURAGE REWARDING LIVES FOR SENIORS THAT'S A DEPRESSION CARE MANAGEMENT PROGRAM. AGAIN YOU WILL HEAR MORE ABOUT THAT LATER. SO THE STATE OF IOWA IS WORKING WITH THEIR GERIATRIC CENTER AND RECEIVED A HEALTH ADMINISTRATION GRANT TO BE ABLE TO DEVELOP THE PEARLS PROGRAM WITHIN IOWA, SO THAT REALLY, THE START OF THAT RELATIONSHIP REALLY INITIATED THE PROGRAM IN IOWA AND THROUGH AGING RESOURCES OF CENTRAL IOWA. THE STATE KIND OF WENT ON TO USE REALLY TWO FUNDING SOURCES TO BE ABLE TO ADMINISTER AND THEN EXPAND AND SUSTAIN THE PROGRAM. THOSE BEING TITLE 3D FUNDS FROM THE OLDER AMERICANS ACT AS WELL AS SOME COUNTY

FUNDING. THE SECOND PROGRAM THAT AGING RESOURCES OF CENTRAL IDEA IS DELIVERING IS HEALTHYIDEAS WHICH IS IDENTIFYING DEPRESSION AND ENCOURAGING ACTIVITIES WITH SENIORS WHICH IS ALSO A DEPRESSION CARE MANAGEMENT PROGRAM FOR OLDER ADULTS, AND AGAIN IOWA IS USING A FEW DIFFERENT FUNDING SOURCES INCLUDING OLDER AMERICANS ACT TITLE 3B FUNDING AS WELL AS SOME ELDERLY WAIVER FUNDS FOR CASE MANAGERS. THIS IS A PROGRAM EMBEDDED WITHIN CASE MANAGEMENT, AND I INCLUDED A LINK WHERE YOU CAN FIND MORE DETAILED INFORMATION ABOUT WHAT IOWA IS DOING. THERE'S A WEBINAR THAT THEY DID, AND YOU CAN FIND A TRANSCRIPT AS WELL AS A VIDEO OF THE WEBINAR ON THE WEBSITE I HAVE PUT ON HERE. NEXT SLIDE PLEASE.

SO A SECOND EXAMPLE IS THE CAMARILLO HEALTH DISTRICT AND A COMMUNITY ORGANIZATION IN VENTURA COUNTY CALIFORNIA THAT PROVIDES A VARIETY OF SERVICE. I'M GOING TO TALK MORE SPECIFICALLY ABOUT SOME OF THE PROGRAMS THEY DELIVER THAT ARE RELATED TO BEHAVIORAL HEALTH, SO THE HEALTH CARE DISTRICT RECEIVED THREE GRANTS FROM THE AREA AGENCY ON AGING WITHIN VENTURA COUNTY IN ORDER TO PROVIDE THREE DIFFERENT TYPES OF PROGRAMS, SO THE FIRST IS THEY'RE PROVIDING A SUPPORT LINE. THE LINE IS REALLY DESIGNED TO PROVIDE A TELEPHONE SUPPORT FOR SENIORS WHO ARE AT RISK OF ISOLATION, VICTIMIZATION. MAYBE THEY HAVE OTHER CONCERNS. THEY ARE WORKING WITH LOS ANGELES AND AS WELL AS INTERNS WHO ARE WORKING UNDER THE

GUIDELINES OF A LICENSED PSYCHOLOGIST AND REALLY THE PROGRAM IS TO HELP PROMOTE SECURITY AND VERIFY THE WELL BEING OF SENIORS. ON THE SUPPORT LINE THE PATIENT HEALTH QUESTIONNAIRE OR PHQ2 SCREENING WHICH IS A SCREENING – BASIC SCREENING FOR DEPRESSION IS DELIVERED BY THOSE CASE MANAGERS AND INTERNS THAT ARE STAFFING THE LINE, AND THOSE WHO SCREEN POSITIVE ON THE SCREENING FOR DEPRESSION ARE THEN REFERRED TO ADDITIONAL SCREENING AND SERVICES. THE SECOND GRANT THAT THE DISTRICT RECEIVED AND TITLE 3D FUNDS IS TO DELIVER HEALTHY IDEAS. THAT GRANT WAS JUST RECEIVED AT BEGINNING OF THIS YEAR AND THAT PROGRAM IS CURRENTLY BEING DEVELOPED WITHIN THE AGENCY, AND THE THIRD PROGRAM THAT THE CENTER -- OR THE HEALTH CARE DISTRICT RECEIVED TITLE 3E, OLDER AMERICANS ACT FUNDING FOR IS THE WELLNESS AND CAREGIVER CENTER OF VENTURA COUNTY AND TO PROVIDE SUPPORT FOR CAREGIVERS. IT'S PRACTICAL AND COMPASSIONATE AND REALITY BASE AND SPECIFICALLY LOOKING AT SUPPORTING CAREGIVERS THAT HAVE ONGOING HEALTH CONDITIONS AND I INCLUDED CONTACT INFORMATION FOR ONE OF THE CHIEF RESOURCE OFFICERS AT THE HEALTH CARE DISTRICT AS WELL AS THE LINK TO THEIR WEBSITE WHERE YOU CAN LEARN MORE ABOUT THE SERVICES THAT THEY OFFER. NEXT SLIDE PLEASE.

AND FINALLY I MENTIONED STATE AND AREA PLANS, SO WITH OLDER AMERICANS ACT STATES ARE CHARGED WITH DEVELOPING STATE PLANS ON AGING AS WELL AS WORKING WITH THEIR AREA AGENCIES ON AGING TO

DEVELOP AREA PLANS AND EACH STATE HAS A PLAN ON AGING, AND WITHIN THEIR STATE AGENCIES ON AGING ARE ALSO DEVELOPED PLANS. PLANS ARE FOR TWO, THREE, OR FOUR YEAR PERIODS, AND THAT CYCLE OR THAT FREQUENCY OF UPDATE IS DETERMINED BY THE STATE AGENCY ON AGING, AND AGAIN EACH TRIPLE A DEVELOPS A PLAN, AND SUBMITS TO THE STATE FOR APPROVAL, AND I INCLUDED THE LANGUAGE IN THE OLDER AMERICANS ACT RELATED TO AREA PLANS AND MENTAL HEALTH SERVICES ARE SOMETHING THAT THE AREA AGENCIES ON AGING ARE REALLY CHARGED TO BE THINKING ABOUT, AND LOOKING AT SUPPORTING WITHIN THEIR OLDER AMERICANS ACT SERVICES AND THE OTHER SERVICES THEY'RE PROVIDING. SO I THINK THAT'S MY LAST SLIDE SO I'M GOING TO TURN THE PRESENTATION OVER TO JEAN CLOSE WHO WORKS IN THE DIVISION OF BENEFIT COVERAGE AT THE CENTERS OF MEDICARE AND MEDICAID SERVICES AND I WILL BE HAPPY TO ENTERTAIN QUESTIONS AT THE END OF THE WEBINAR. THANK YOU.

THANK YOU SHANNON. IT'S A PLEASURE TO BE WITH YOU TODAY. I WOULD LIKE TO START OFF BY THE POINT ALIXE MCNEILL RAISED EARLIER AND TO SUSTAIN A PROGRAM AND EASY TO EMBED THE PROGRAMS INTO ONGOING SERVICES AND SECONDLY TO IDENTIFY MORE THAN ONE SERVICE TO SUSTAIN SERVICES THAT MAKE A DIFFERENCE TO PEOPLE AND PEOPLE WITH DISABILITIES. TODAY I WOULD LIKE TO FOCUS ON MEDICAID AND A PRIMARY SOURCE OF REIMBURSEMENT FOR OLDER PEOPLE AND PEOPLE WITH DISABILITIES. WHILE I AM DISCUSSING SOME OF THE PARAMETERS AND NEW

AUTHORITY THROUGH THE AFFORDABLE CARE ACT I AM HOPEFUL THIS INFORMATION WILL PROVIDE FOOD FOR THOUGHT AS FOR SUSTAINABILITIES AND MAKE A DIFFERENCE IN THE LIVES OF THE PEOPLE THAT WE SERVE. I WOULD LIKE TO USE THE EARLIER EXAMPLE OF THE PROGRAM TO ILLUSTRATE POINTS ON THE NEXT SLIDE. LET'S SAY YOU DEVELOPED AN EFFECTIVE PROGRAM TO IDENTIFY DEPRESSION IN OLDER MEN AND PREVENTING SUICIDE. THE GRANT IS ENDING IN THREE YEARS. TO SUSTAIN THE PROGRAM I SUGGEST LOOKING AT WHAT MEDICAID LOOKS LIKE IN YOUR STATE. IT'S A STATE PARTNERSHIP. STATES ARE PAYING UP TO 50% OF THE COST. THE DOCUMENT THAT DESCRIBES IT IS THE MEDICAID STATE PLAN AND DESCRIBES THE SERVICES COVERED AND HOW AND YOU MIGHT WANT A CHAMPION OF THE EFFORT WITHIN THE AGENCY AND THAT CHAMPION CAN LET YOU UNDERSTAND HOW INDIVIDUALS ARE REIMBURSED CURRENTLY BY MEDICAID. BE PREPARED TO SHARE COST ANALYSIS THAT YOU HAVE IN YOUR EXPERIENCE.

I WOULD ALSO LIKE TO FOCUS ON REIMBURSEMENT PARAMETERS. SECTION 1902A30 OF THE ACT HAS SOME IMPORTANT GUIDELINES FOR CONSIDERATION. LET'S SAY THAT THERE IS A STATE INTEREST IN PURSUING SUICIDE PREVENTION INITIATIVE. THIS SLIDE LISTS THE MAIN MEDICAID PARAMETERS AND IT'S AVAILABLE FOR COVERED SERVICES AND WE WILL DISCUSS WHAT THESE ARE NEXT. **FOR EXAMPLE REIMBURSEMENT MAYBE AVAILABLE FOR SUBSTANCE ABUSE THERAPY BUT NOT FOR THE [INAUDIBLE]**

PROVIDER MANUALS OR SUBSTANCE ABUSE THERAPY. MEDICAID

REIMBURSEMENT IS MADE FOR MEDICAID COVERED SERVICES TO MEDICAID ELIGIBLE PARTICIPANTS. FOR EXAMPLE THE REIMBURSEMENT COULD BE AVAILABLE FOR NEEDED INDIVIDUAL THERAPY FOR DEPRESSION BUT NOT THE MEDICAID ELIGIBLE SON WHO IS WITH HIM. MEDICAID REIMBURSEMENT IS AVAILABLE FOR MEDICALLY NECESSARY SERVICES. FOR EXAMPLE HOME HEALTH SERVICES ARE REIMBURSED UNDER A PHYSICIAN'S ORDER UNDER PLANNED CARE BUT NOT AVAILABLE FOR GERIATRIC SURGERY LET'S SAY WHEN THE PERSON'S WEIGHT IS UNDER THE LIMIT STATED BY THE AGENCY.

REIMBURSEMENT MAYBE -- (LOW AUDIO) AND MEDICAID CRITERIA.

INDIVIDUALS MUST MEET THE REQUIREMENTS OF A MEDICAID GROUP AS WELL AS INCOME REQUIREMENTS. NOW IN 2014 STATES MAY EXPAND ELIGIBILITY TO DO A NEW GROUP OF INDIVIDUALS, GROUP OF ADULTS AND EXPANDING ACCESS TO INDIVIDUALS SERVED THROUGH THE AGING NETWORK CURRENTLY. THESE ESSENTIAL BENEFITS MUST INCLUDE MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER SERVICES. LET'S TALK A LITTLE MORE ABOUT THESE SERVICE REQUIREMENTS.

MEDICAID REIMBURSEMENT SERVICES NEED TO BE PROVIDED IN THE AMOUNT AND DURATION IF THAT IS SUFFICIENT TO ACHIEVE THEIR PURPOSE. ALSO A STATE MUST NOT BE ARBITRARY TO DENY ON CONDITION. SO BACK TO THE EXAMPLE FOR A SPECIAL PROGRAM FOR MEN AT RISK OF SUICIDE. BASED ON THESE PROVISIONS IS THERE --[INAUDIBLE] FOR REIMBURSEMENT? YES A

SERVICE CANNOT BE TARGETED JUST TO MEN OR OLDER MEN OR INDIVIDUALS WITH DEPRESSION.

THE NEXT SLIDE INCLUDES A LIST OF SERVICES THAT ARE MANDATORY UNDER THE MEDICAID PROGRAM, AND YOU WILL NOTICE THAT THESE ARE REALLY SIMILAR TO WHAT YOU HAVE IN YOUR HEALTH INSURANCE MENU AND BACK TO THE PROGRAM FOR ADDRESSING DEPRESSION AND SUICIDE AMONG OLDER MEN. THESE COULD BE BROUGHT INTO THE INITIATIVE AND FOR EXAMPLE HOSPITAL CARE, PHYSICIAN SERVICES AND SERVICE OF QUALIFIED OR RURAL HEALTH CENTERS.

THE FOLLOWING SLIDE SHOWS A LIST OF OPTIONAL SERVICES THAT STATES MAY OR MAY NOT COVER. NOW RELATED TO THE EXAMPLE OF A PROGRAM FOR ADDRESSING DEPRESSION SUICIDE AMONG OLDER MEN. COMPONENTS OF INITIATIVES THAT COULD BE REIMBURSED UNDER MEDICAID AND LICENSED PRACTITIONERS OR PSYCHOLOGISTS, PRESCRIPTION DRUGS, CASE MANAGEMENT SERVICES, HOSPICE, PERSONAL CARE AND PREVENTIVE SERVICES. AND YET THERE IS STILL MORE OPTIONAL STATE PLAN SERVICES. IN RECENT YEARS AND PARTICULARLY WITH THE PASSAGE OF THE AFFORDABLE CARE ACT NEW OPTIONS FOR DELIVERING SERVICES HAVE EMERGED. WAIVERS OF CERTAIN STATUTORY PROVISIONS ARE BUILT INTO THE SERVICES AND THE SERVICES CAN BE PROVIDED UNDER THE STATE PLAN WITHOUT BUDGET NEUTRALITY OR EFFECTIVENESS OR THESE OTHER REQUIREMENTS.

LET'S FOCUS ON MORE OF THESE OPPORTUNITIES. THE AFFORDABLE CARE ACT PROVIDED NEW FLEXIBILITIES TO SERVE INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS IN ADDITION TO MEDICAID AND ENCOURAGE STATES TO TAKE ON THE NEW OPPORTUNITIES EVEN IN DIFFICULT BUDGET TIMES. ONE NEW AUTHORITY THAT WAS INCLUDED IN THE AFFORDABLE CARE ACT WAS HEALTH HOMES. IT HAS GREAT POTENTIAL SERVING THE NEEDS OF INDIVIDUALS WITH CHRONIC ILLNESS. IT INCLUDES COMPREHENSIVE CARE MANAGEMENT, COMPREHENSIVE TRANSITIONAL CARE WHICH INCLUDES FOLLOW UP FROM IN PATIENT TO OTHER SETTINGS. **INDIVIDUAL AND FAMILY SUPPORT, AND COMMUNITY AND REFERRAL REPORT AND [INAUDIBLE] TECHNOLOGY INFORMATION TO LINK SERVICES.** SERVE INDIVIDUALS WITH CHRONIC CONDITIONS OR SERIOUS MENTAL ILLNESS. IF PROVIDED BY A STATE HEALTH SERVICES CANNOT TARGET INDIVIDUALS OR POPULATION WITHIN THE LIST OF THESE CONDITIONS. NOW A STATE MAY MAKE MEDICAL ASSISTANCE PAYMENTS FOR HOME HEALTH SERVICES BY A DESIGNATED PROVIDER, A TEAM OF HEALTH CARE PROFESSIONALS WITHIN A PROVIDER OR A HEALTH TEAM. PROVIDERS MAYBE REIMBURSED THROUGH TWO WAYS AND THE TIERED PAYMENT AND ACCOUNTS FOR THE INDIVIDUAL AND THE CAPABILITIES EVER THE DESIGNATED PROVIDER. THE NEXT METHOD IS STATES MAY SUBMIT ALTERNATIVE PAYMENTS NOT LIMITED TO A PER MEMBER PER MONTH PAYMENT. STATES OFFERING HOME HEALTH AND RECEIVE CONSULTATION FROM SAMHSA AND ADDRESS THE ISSUES AND MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS. HOME HEALTH SHOULD ADDRESS ACCESS TO A

WIDE RANGE OF PHYSICAL HEALTH, MENTAL HEALTH AND PREVENTION SERVICES AND MAY INCLUDE SCREENING FOR CERTAIN DRUGS, IDENTIFYING SUBSTANCE ABUSE SERVICES, CARE PLANNING THAT INTEGRATES PHYSICAL PLANNING SERVICES AND LINKAGE AND -- AND REFERRAL TO OTHER CARE. THE MEDICAID PROGRAM OFFERS ADDITIONAL SUPPORT THROUGH OTHER WAIVERS. SOMETIMES THE PROGRAMS ARE KNOWN AS WAIVER PROGRAMS AND THIS TERM REFERS TO WAIVING PROVISIONS OF MEDICAID STATUTE AND THIS LISTS FIVE WAYS IT'S WAIVED AND FOR EXAMPLE THIS WAVES INDIVIDUAL'S FREE CHOICE OF PROVIDER AND MUST BE VOLUNTARILY AND ENROLLMENT MAYBE MANDATORY. AND THIS -- CAN YOU FOCUS ON A NATIONAL GEOGRAPHIC AREA . FOR EXAMPLE. C WHICH MANY ON THE PHONE MAYBE PARTICIPANTS ARE PROVIDERS IN AND WAVES [INAUDIBLE] AND ENABLE STATES TO OFFER A DIFFERENT SET OF SERVICES MEETING INSTITUTIONAL LEVEL OF CARE. A SISTER OF THAT IT PROVIDES THE ABILITY WITHIN THE STATE PLAN AND INSTITUTIONAL LEVEL OF CARE DOESN'T APPLY. NOW SECTION 1115 IS USED FOR DEMONSTRATIONS AND RESEARCH TO PROMOTE THE PURPOSE OF THE MEDICAID PROGRAM. THIS AUTHORITY PROVIDES THE GREATEST FLEXIBILITY AND WAIVING OTHER SECTION OF THE ACT. SO TO CONCLUDES IN CIRCLING BACK TO THE SUICIDE PREVENTION PROGRAM FOR OLDER MEN IN DESIGNING THIS PROGRAM I WOULD REVISIT THE POINTS MADE IN THE PRESENTATION AND FOR THE DEVELOPMENT PHASE AND IN ADDITION EMBED THESE SERVICES INTO ON GOING SYSTEMS AS WELL AS IDENTIFYING MORE THAN ONE FUNDING SOURCE AND SUSTAINABLE AND MAKE

A DIFFERENCE TO THESE INDIVIDUALS. THESE ARE KEY RESOURCES IN YOUR PLANNING. I'M HAPPY TO HELP AS WELL AND MY CONTACT INFORMATION IS INCLUDED ON THE FOLLOWING SLIDE. I WOULD BE HAPPY TO HEAR FROM YOU. CONTINUING ON WITH SOME EXAMPLES OF THE PROGRAMS IS LESLEY STEINMAN WITH THE HEALTH PROMOTION RESEARCH CENTER WITH THE UNIVERSITY OF WASHINGTON WHO WILL BE TALKING MORE ABOUT FINANCING EVIDENCE BASE PRACTICES FOR DEPRESSION FOR OLDER ADULTS. LESLEY.

THANKS JEAN AND THANK FOR INVITING ME TODAY. I WANT TO ACKNOWLEDGE MY COLLEAGUES FOR THE SLIDES AND HER INPUT ON THE HEALTHY IDEAS PROGRAM. TODAY I WILL REVIEW THESE PROGRAMS FOR OLDER ADULTS AND YOU WILL SEE SOME OF THE FACTORS THAT HAVE BEEN IDENTIFIED BY SOME OF THE EARLIER SPEAKERS AND KEY FACTORS FOR FUNDING AND SUSTAINABILITY. FIRST I WOULD LIKE TO TELL YOU ABOUT PEARLS AND HEALTHYIDEAS, THE TWO EVIDENCE BASED PROGRAMS I WILL BE SPEAKING ABOUT TODAY. THESE ARE KNOWN AS HOME BASE DEPRESSION CARE MANAGEMENT PROGRAMS. THIS IS BASED ON THE CHRONIC CARE MODEL WHICH INCLUDES SEVERAL COMPONENTS. ONE IS ACTIVE SCREENING FOR DEPRESSION AND MINOR DEPRESSION IS UNDER RECOGNIZED AROUND ELDERS AND HOME BOND ELDERS WHO DON'T PRESENT IN CLINICS AND THE FIRST COMPONENT IS SCREENING FOR DEPRESSION AND FINDING FOLKS WHO IS HAVE DEPRESSION IN THE COMMUNITY THAT YOU WORK WITH. NEXT MEASUREMENT BASED OUTCOMES SUCH AS THESE ARE USED TO STANDARDIZE HOW YOU

ASSESS BASELINE DEPRESSION IN YOUR POPULATION AND CHANGES THROUGHOUT THE PROGRAM AND THESE ARE TOOLS THAT ARE USABLE BY TRAINED STAFF INCLUDING PARAPROFESSIONALS. ANOTHER COMPONENT OF THE MODEL IS HAVING A TRAINED DEPRESSION CARE MANAGER. THIS IS SOMEONE USUALLY AT THE AGENCY ALREADY SO THEY'RE FAMILIAR WITH THE AGENCY, HOW IT WORKS AND THE POPULATION IT SERVES AND THEY PROVIDE BOTH CLIENT EDUCATION AND MANAGEMENT SUPPORT TO THE CLIENT AS WELL AS DELIVERING EVIDENCE BASE TREATMENTS FOR DEPRESSION SUCH AS PROBLEM SOLVING TREATMENT AND BEHAVIORAL ACTIVATION. OTHER PIECES OF THE CHRONIC CARE MODEL THAT INFORM DEPRESSION MODEL AND HAVING ANOTHER PSYCHOLOGIST OR CLINICIAN WORK WITH THEM TO ADDRESS COMMON MEDICATION ISSUES OR AROUND TREATMENT AND DEPRESSION AND OTHER CHRONIC ISSUES AND HAVING A STEP CARE APPROACH AND WORKING WITH THE CLIENT WHERE THEY ARE AND PROVIDING MORE SERVICES AS NEEDED AND BETTER USE OF RESOURCES AND CONNECTING TO OTHER SERVICE. BOTH ARE BRIEF. THEY'RE DELIVERED SEVERAL SESSIONS AND PRACTICAL AND EVIDENCED BASE. THEY HAVE IMPROVED DEPRESSION AND OTHER THINGS IN OLDER ADULTS AND SUCH AS QUALITY OF LIFE AND WELL BEING. YOU CAN LEARN MORE ABOUT THE PROGRAMS AT THE WEBSITES LISTED TODAY AND I AM HAPPY TO ANSWER QUESTIONS OFF LINE OR ON THE WEBINAR TODAY. THEY ARE INCORPORATED

IN THE STATES AND AGENCIES ON AGING AND COMMUNITY HEALTH CENTERS. EVERYONE THAT USES ARE BRAIDED AND THERE IS NOT JUST ONE FUNDING SOURCE TO SUPPORT THE PROGRAMS. SOME EXAMPLES ARE LISTED HERE. AS WAS DISCUSSED THE OLDER AMERICANS ACT PROVIDES SUPPORT FOR CASE MANAGEMENT PROGRAM AND AGENCIES ON AGING AND CARE PROGRAMS THROUGHOUT STATE AND LOCAL AGENCIES. TRIPLE A HAVE DISCRETIONARY FUNDING TO PUT TOWARD THE PROGRAMS AND SEE DEPRESSION AS A KEY ISSUE IN THE COMMUNITY SAMHSA HAS SUPPORTED THIS AND THROUGH THE EXPANSION PROGRAM OR TCE PROGRAM AND THERE HAS BEEN FUNDING THROUGH MEDICAID AND COMMUNITY AND HOME BASE SERVICES AND CLIENT TRAINING SERVICES AND ALSO THROUGH MEDICARE AS WELL. SOME ADDITIONAL FUNDING SOURCES INCLUDE STATE FUNDING SOURCES. FOR CASE MANAGEMENT AND FOR MENTAL HEALTH SERVICES, THERE HAS BEEN FUNDING THROUGH UNITEDWAY PROGRAMS SO THERE ARE SEVERAL UNITED WAY FUNDED NONPROFIT CASE MANAGEMENT PROGRAMS AS WELL AS COMMUNITY CENTERS THAT WE WORK WITH. REGIONAL FOUNDATIONS ARE ALSO A KEY SOURCE OF FUNDING AND MAYBE ADDRESSING AGING ISSUES OR MENTAL HEALTH ISSUES IN YOURCOMMUNITY. WE'VE HAD SEVERAL NICE EXAMPLES OF FUNDING THAT --WHAT WE REFER TO VOTER APPROVED FUNDING AND LOCAL OR STATE TAXES USED TO FUND THESE PROGRAMS SO A COUPLE OF EXAMPLES INCLUDE LOCAL HERE IN KING COUNTY AND IN 2008 THERE WAS A LEVY FOR THESE SURFACES AND FUNDS PEARLS SERVICES TO VETERANS AND SPOUSES AND GROUPS IN THIS AREA. IN

CALIFORNIA THEY APPROVED A MENTAL HEALTH SERVICES ACT AND FUNDS SEVERAL PEARLS PROGRAMS ACROSS CALIFORNIA. ANOTHER ONE IS EDUCATION AND RESEARCH GRANTS SO YOU HEARD EARLIER ABOUT THE UNIVERSITY OF IOWA WHO WORKED WITH THEIR LOCAL EDUCATION CENTER AT THE UNIVERSITY OF IOWA TO FUND THEIR START UP FOR PEARLS AND HEALTHYIDEAS. WE RECEIVED LOCALIZED FUNDING FROM CDC AND SUPPORT THE LOCAL PEARLS PROGRAM AT OUR AGENCY AND NONPROFIT ORGANIZATIONS CAN USE THEIR FUNDING TO SUPPORT PEARLS AND HEALTHYIDEAS AND INCLUDE COMMUNITY CENTERS AND OTHER PROGRAMS THAT TYPICALLY TARGET SPECIFIC COMMUNITIES IN THEIR AREA. I'M GOING TO GIVE A FEW EXAMPLES HOW PEARLS AND HEALTHYIDEAS WORKS AND STARTING WITH PEARLS HERE IN WASHINGTON STATE.

PREVIOUSLY OUR STATE PLAN COVERED DEPRESSION AND JEAN TALKED ABOUT ONE OF THE PROGRAMS THAT SOME STATES CAN APPLY TO USE TO COVER OTHER SERVICES FOR POPULATIONS THAT ARE AVAILABLE FOR INSTITUTIONAL SERVICES SO LOCALLY WHAT HAPPENED SEVERAL YEARS AGO OUR GROUP ON AGING WORKED WITH MEDICAID TO PASS THIS WAIVER TO FUND PEARLS WHAT THEY FOUND WAS THAT THEIR CLIENTS WERE CURRENTLY SCREENED FOR DEPRESSION BUT MANY HAD DEPRESSION THAT WASN'T TREATED AND THE SYMPTOMS IN THE POPULATION WAS 60% AND 1/3 OF THE CLIENTS WERE TAKING ANTIDEPRESSANTS AND EVEN THOUGH THEY WERE TREATED FOR DEPRESSION THEY WEREN'T BEING EFFECTIVELY TREATED SO

THEY DECIDED TO APPLY FOR MEDICAID WAIVER FUNDING TO COVER TRAINING SERVICES TO COVER PROGRAMS SUCH AS PEARLS AND PROVIDE SKILLS TRAINING TO ADDRESS MINOR DEPRESSION AND THIS IS REALLY A UNIQUE AND CREATIVE WAY OF THINKING ABOUT PEARLS AND THEY'RE FOCUSED ON THE EMPOWERING AND SKILLS BUILDING OF PEARLS TO ADDRESS THESE THINGS AND COVER MINOR DEPRESSION IN THE COMMUNITY. THIS WAIVER COVERS ANOTHER PROGRAM.

SO MOVING TO THE NEXT SLIDE THE WAIVER UNIT COST WAS DEVELOPED WITH THE PILOT IN KING COUNTY ON AGING AND COVERED THE IN PERSON SESSIONS AND FOR SCREENING AND PROGRAM ELIGIBILITY AND COUNSELOR SUPERVISION AND TRAVEL TO AND FROM THE HOME AND WITH THE POPULATION IN THE AREA WITH ELIGIBLE DEPRESSION DEPRESSED DEPRESSED CLIENTS WORKED WITH THIS MODEL. THE NEXT EXAMPLE IS LOOKING AT HARRIS COUNTY TEXAS AND THE HEALTHYIDEAS PROGRAM. SO HERE SEVERAL NONPROFIT UNITED WAY PROVIDERS ARE WORKING TOGETHER TO PROVIDE A COORDINATED ACCESS NETWORK THROUGH THE ELDERS CARE PARTNERSHIP. INCLUDE SHELTERING ARMS, CATHOLIC CHARITIES FAMILY SERVICES OF GREATER HOUSTON AND SERVING A DIVERSE AGING POPULATION AND WORKING TOGETHER THEY CAN SUSTAIN THEIR HEALTHYIDEAS PROGRAM. HOW DID THEY DO THIS? NUMBER ONE THEY RECEIVED GRANT SUPPORT FOR INITIAL WORK TO ESTABLISH HEALTHYIDEAS PROGRAMS, TO EMBED DEPRESSION INTO THE PROGRAMS IN THE AGENCY AND ATTRACT CLIENTS IN

THE PROCESS AND OUTCOMES AND BUILD A FOUNDATION FOR IMPLEMENTING THE PROGRAM BUT SUSTAINING THE PROGRAMS. AND JOINT TRAINING FOR STAFF ACROSS THE AGENCIES AND PROVIDING MORE STAFF TIME AND TRAINING HAD AGENCIES WORKING TOGETHER FROM THE BEGINNING. LASTLY THEY SET UP CLINICAL COACHING WITH AGREEMENTS WITH THE LOCAL ACADEMIC PARTNERS SO WORKING WITH ACADEMIC PARTNERS LOCALLY OR SKYPE OR CONFERENCE CALL CAN BE AN EXCELLENT WAY FOR SUPERVISION FOR STAFF AND IT'S IMPORTANT WHEN THINKING HOW TO BEST ADAPT THE PROGRAM TO YOUR NEEDS BUT MEET FIDELITY TO THE ORIGINAL MODEL AND THEY MEET REGULARLY AND SHARE IMPLEMENTATION AND WAYS OF THIS AND BOOSTER TRAINING FOR NEW STAFF AS NEW THINGS ARE LEARNED. IN ADDITION THE ON GOING TRACTION OF DEPRESSION OUTCOME HAS LEAD TO SUPPORT FROM UNITED WAY. THEY FUND SERVICES THAT ARE INCLUSIVE OF HEALTHYIDEAS AND PREVIOUSLY DIDN'T HAVE A WAY TO DO THIS WHICH IS REALLY EXCITING. NEXT I WILL TURN IT OVER TO STEPHEN FERRANTE.

THANK YOU VERY MUCH LESLEY SO WHAT I WOULD LIKE TO SHARE WITH YOU THIS AFTERNOON IS THE EXPERIENCE OF FLORIDA, SPECIFICALLY WITH THE FLORIDA BRITE PROJECT. I HAD THE OPPORTUNITY TO SERVE ON THE STEERING COMMITTEE THAT ESTABLISHED THE PROJECT AS WELL AS ADMINISTER THE FIRST PILOT WHICH IS STILL SUSTAINED TODAY AND TALK TO YOU A LITTLE BIT ABOUT THIS INITIATIVE AND IN TERMS OF FUNDING AND SUSTAINABILITY.

THE FLORIDA BRITE PROJECT WAS A STATE WIDE OLDER ADULT INITIATIVE. BRITE STANDS FOR BRIEF INTERVENTION AND TREATMENT FOR ELDERS. SPECIFICALLY THE PROJECTS IDENTIFIED ON EARLY INTERVENTION AND RESPONSE TO ELDERS THAT SUFFERED WITH SUBSTANCE ABUSE AND OTHER HEALTH RELATED PROBLEMS. THE PROJECT USED THE SBIRT AS THE MODEL FOR ITS INTERVENTION APPROACH AND IT ENCOMPASSED SCREENING AND ASSESSMENT AND REFERRAL AND TREATMENT FOCUSING PRIMARILY ON ALCOHOL MISUSE, PRESCRIPTION DRUG MISUSE, ILLICIT MISUSE, TOBACCO USE AND DEPRESSION AS WELL AS SOME ANCILLARY SUPPORT SERVICES THAT MANY OF THE INDIVIDUALS SERVED REQUIRED. WHEN THE STATE IMPLEMENTED THIS PROJECT THEY DID IN A STANDARDIZED PROTOCOL AND TRAINING FORMAT TO MAINTAIN FIDELITY TO THE SBIRT MODEL. NEXT SLIDE PLEASE.

AT THE INITIAL IMPLEMENTATION OF THE FLORIDA BRITE PROJECT THERE WERE FOUR PILOT SITES. THE FUNDING INITIALLY CAME FROM THE STATE SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM OFFICE AND THE SOURCE OF THAT FUNDING WAS STATE GENERAL REVENUE. THE STATE APPLIED FOR A SAMHSA GRANT WHICH IT RECEIVED A FIVE YEAR GRANT WHICH ALLOWED THE STATE TO EXPAND THE NUMBER OF SITES FROM 4 TO 21. NEXT SLIDE PLEASE.

IN THE SEPTEMBER OF 2011 IT WAS ONE MONTH PRIOR TO THE SAMHSA FUNDING CYCLE ENDING, AND A STATE WIDE SURVEY WAS CONDUCTED WITH

THE 21 FLORIDA BRITE SITES TO DETERMINE THEIR EFFORTS WITH RESPECT TO DEVELOPING SUSTAINABILITY PLANS AS WELL AS THEIR ABILITY AND SUCCESS AND IDENTIFYING CONTINUATION FUNDING. 19 OF THE 21 FLORIDA BRITE AGENCIES RESPONDED TO THE SURVEY. 14 OF THOSE AGENCIES AT THE TIME DID NOT HAVE THE ABILITY OR HAD NOT YET IDENTIFIED AVAILABLE FUNDING TO SUSTAIN THEIR BRITE PROJECT. SEVEN AGENCIES INDICATED THAT THEY WOULD BE USING OTHER FUNDING THAN THE FEDERAL FUNDING THAT THEY WERE SUCCESSFUL IN IDENTIFYING A SOURCE TO SUSTAIN THE PROJECT. ONE AGENCY INDICATED COUNTY FUNDING AS A SOURCE OF FUNDING TO MAINTAIN THEIR PROJECT. ANOTHER AGENCY INDICATED THEY WOULD BE BILLING MEDICARE AS WELL AS BILLING OTHER INSURANCE, AND ONE OF THE AGENCIES INDICATED THAT THEY WOULD BE UTILIZING THE ABILITY TO HAVE SOME ELDER ADULTS WHO HAD THE RESOURCES TO CONTRIBUTE TOWARDS THEIR CARE IN A PRIVATE PAY AND SLIDING FEE SCALE MODEL. YOU CAN SEE WE HAVE MORE THAN 19 AND ADDING UP THE AGENCIES THAT RESPONDED AND SOME OF THEM WE'RE LOOKING AT A MIX OF BLEND OF FUNDING TO SUSTAIN THE PROJECTS. NEXT SLIDE PLEASE.

WHERE IS BRITE TODAY? APPROXIMATELY A YEAR AFTER THE SURVEY WAS DONE IN 2011. THERE ARE 5 OF THE 21 FLORIDA BRITE PROGRAMS STILL FULLY FUNCTIONAL, STILL FULLY FUNDED, AND MAINTAINING THEMSELVES AT FULL PROGRAM FIDELITY. OF THESE FIVE SITES FOUR OF THE AGENCIES WERE SUCCESSFUL IN OBTAINING STATE FUNDING, SUBSTANCE ABUSE AND MENTAL

HEALTH BLOCK HEALTH GRANT MONEY TO SUSTAIN THEIR PROJECTS. THE AGENCY THAT INDICATED THEY WOULD BE USING COUNTY FUNDING FOR THE PROJECTS WERE IN FACT DOING SO, AND OF THE FOUR AGENCIES SOME BESIDES STATE MONEY ALSO WERE UTILIZING FOUNDATION MONEY, UNITED WAY MONEY, AND SOME EVEN INDICATED CURRENTLY THAT THROUGH DONATIONS AND THROUGH PRIVATE PAY THEY WERE ABLE TO MAINTAIN FULL FUNDING OF THEIR PROJECTS. ANOTHER THING THAT WAS BROUGHT UP CONSISTENTLY AMONG THE FIVE SITES IS THEY WERE ALL PARTNERS WITH UNIVERSITIES FOR GRADUATE INTERNS TO USE THAT AS A RESOURCE IN SUSTAINING THEIR PROJECTS. NEXT SLIDE PLEASE.

SOME OF THE OTHER CONCEPTS THAT WERE BROUGHT UP IN FOLLOW UP WITH THE FLORIDA BRITE SITES THAT WERE VERY MUCH RELATED TO THEIR SUSTAINABILITY ISSUES INCLUDED THAT IN TALKING WITH SOME OF THE SITES THAT CONSIDERED THEMSELVES TO NOT BE FUNDED ANY LONGER THEY STILL HAD EMBEDDED SOME OF THE PROGRAMMING THAT WAS PART OF THE FLORIDA BRITE PROJECT INTO THEIR EXISTING OPERATION, SO ALTHOUGH THEY WEREN'T FULLY FUNDED OR FULLY FUNCTIONAL AND NOT AT THE FULL PROGRAM FIDELITY MODEL THEY WERE IN FACT INCLUDING PRESCREENING. ONE OF THEM HAD CONTINUED THE DEPRESSION SCREENING, AND PRIMARILY IN A COLLABORATIVE WITH A HOSPITAL/DISTRICT, AND ONE WAS CONTINUING TO USE MOTIVATIONAL INTERVIEWING IN THE HEALTH EDUCATION COMPONENT WHICH WAS PART OF THE BRIEF INTERVENTION WITH THEIR

CURRENT SERVICE SYSTEM, SO WHAT WAS EVIDENT IN THESE UNFUNDED 33 INITIATIVES AS WELL AS EVIDENCE IN THE FUNDED INITIATIVES IS THAT AGENCIES CONTINUE TO FIND WAYS TO EMBED THE PROGRAMMING THAT WAS PART OF THE FLORIDA BRITE MODEL INTO THEIR EXISTING OPERATIONS AND SINCE THIS MODEL RELIES HEAVILY ON COLLABORATION WITH OTHER COMMUNITY AGENCIES MANY WHO RESPONDED IN A POSITIVE WAY WITH RESPECT TO SUSTAINABILITY EVEN IF IT WAS ONLY AT SOME PROGRAM LEVEL INDICATED THAT THEIR COLLABORATIVE RELATIONSHIPS ALLOWED FOR CONTINUUM OF REFERRAL AND SCREENING AND ELDERLY AT RISK. WHAT SEEMED TO BE UNTAPPED AND WHAT YOU HAVE HEARD THUS FAR IN THIS WEBINAR IS USE OF OLDER AMERICANS ACT MONEY AND THEY'RE NOT USED AND ONE OF OTHER IMPORTANT INGREDIENT THAT WAS BROUGHT UP BY SITES IS THE ISSUE OF SUSTAINABILITY IN BUSINESS PLANNING EVEN PRIOR TO STARTING THE PROGRAM. MANY SITES REALIZED THAT AS THEY WERE THINKING OF DEVELOPING THIS PROGRAM OR OPERATIONALIZING THIS PROGRAM THAT WAS ACTUALLY THE TIME FOR THEM TO BEGIN THE PROCESS OF THINKING ABOUT SUSTAINABILITY AND BUSINESS PLANNING, TO BEGIN SOME FORM OF OUTCOME MEASUREMENT, AND TO USE OUTCOME MEASUREMENT THAT WAS OCCURRING WITHIN THE PROGRAM TO DEMONSTRATE THE VALUE ADDED, AND TO REALLY MARKET THE PROGRAM, AND TO INCORPORATE ACTIVITIES LIKE COST BENEFIT ANALYSIS, SO THAT THEY REALLY SORT OF ARM THEMSELVES WITH OBJECTIVE INFORMATION

THAT IS SUCCESSFUL IN OBTAINING FUTURE FUNDING FOR THE INITIATIVE.

NEXT SLIDE PLEASE.

ONE OF THE THINGS THAT I WANTED TO SHARE WITH YOU IN TERMS OF SUSTAINABILITY AND FUNDING CONSIDERATIONS INCLUDE COMMERCIAL INSURANCE, MEDICARE AND MEDICAID, AND WHAT YOU SEE ON THIS SLIDE ARE THE CODES, THE ACTUAL DESCRIPTIONS OF THE FUNDED SERVICE, AND THE CURRENT FEE SCHEDULE ASSOCIATED WITH THAT FUNDED SERVICE, AND CERTAINLY I BELIEVE AS YOU HAVE HEARD IN THIS WEBINAR WITH RESPECT TO MEDICAID IT WOULD BE VERY IMPORTANT FOR YOU TO CONTACT THE LEADERSHIP IN STATE IN THIS AREA TO DETERMINE THE FEASIBILITY AND THE AVAILABILITY OF MEDICAID FUNDING FOR THIS TYPE OF INITIATIVE. NEXT SLIDE PLEASE.

THE OTHER THING I JUST WANTED TO SHARE TO SORT OF WRAP UP THE PRESENTATION ARE THE BILLING CODES THAT ARE ASSOCIATED WITH BEHAVIORAL HEALTH SERVICES. AGAIN THIS MAYBE QUITE HELPFUL IN DETERMINING WHAT ARE POTENTIAL BILLABLE SERVICES THAT ARE IN LINE WITH THE TYPES OF PROGRAMS AND THE INTERVENTIONS THE PROGRAMS USE THAT WE HAVE BEEN DESCRIBING AND PROVIDING TO YOU ON THE WEBINAR TODAY, AND CERTAINLY AS OTHERS I REMAIN AVAILABLE AND WILLING TO PROVIDE ANY ADDITIONAL SUPPORT AS NEEDED AND ANSWERING QUESTIONS OR FOLLOW UP WITH RESPECT TO ASSISTING ORGANIZATIONS AND STATES TO SUSTAIN BEHAVIORAL HEALTH FOR OLDER ADULT SERVICES. NEXT SLIDE.

AND THIS IS --GO AHEAD ALIXE. I WAS JUST GOING TO TURN IT OVER TO YOU. THANK YOU.

THIS IS ALIXE MCNEILL. I AM COMING BACK TO THE LINE TO OFFER SOME WRAP UP SLIDES, BUT BEFORE I DO THAT I WANT TO ENCOURAGE YOU TO SEND ANY QUESTIONS YOU MIGHT HAVE TO US. WE JUST HAVE ONE AT THE MOMENT. WE REALLY APPRECIATE RECEIVING SOME MORE. YOU JUST DROP THE CHAT BOX DOWN FROM THE TOP, THE MIDDLE OF THE TOP OF THE SCREEN, TYPE IN A QUESTION, AND WE WILL HAVE OUR PANELISTS DISCUSS THEM IN A FEW MINUTES. SO I'M GOING TO OFFER A FEW WRAP UP POINTS, A FEW TAKE AWAY MESSAGES FROM EACH OF OUR SPEAKERS. FROM MY PRESENTATION I HOPE THAT YOU ARE INTERESTED IN DOWNLOADING THE SAMHSA LESSONS LEARNED ON SUSTAINABILITY ON OLDER ADULTS COMMUNITY BEHAVIORAL HEALTH SERVICES. IT'S ON THE NCOA WEBSITE AT THE WEBSITE LISTED. YOU CAN ENTER THE NAME OF THE STUDY THERE. THIS REPORT INCLUDES THE SUSTAINABILITY FRAMEWORK THAT IDENTIFIES FACTORS AND STRATEGIES TO SELECT FINANCE AND MAINTAIN EVIDENCE BASED PROGRAMS. IT ALSO INCLUDES A RESOURCE GUIDE OUTLINING POTENTIAL FINANCIAL RESOURCES. WE THEN HEARD FROM SHANNON SKOWRONSKI WITH THE ADMINISTRATION FOR COMMUNITY LIVING. SHE TALKED ABOUT THE BEHAVIORAL HEALTH FUNDING AVAILABLE THROUGH THE OLDER AMERICANS ACT, AND SHE TOLD US ABOUT THE VARIOUS ELEMENTS IN TITLE THREE THAT SUPPORT BEHAVIORAL HEALTH, AND SHE WENT ON TO GIVE US SOME EXAMPLES OF

ORGANIZATIONS THAT IN FACT HAVE USED TITLE 3B SUPPORTIVE SERVICES AND SENIOR CENTER PROGRAM FUNDING. TITLE 3D DISEASE PREVENTION AND HEALTH PROMOTION SERVICE FUNDING AND 3E, NATIONAL FAMILY CAREGIVERS SUPPORT PROGRAM. SO THE FUNDING IS THERE. IT'S A MATTER OF DISCUSSING THIS WITH YOUR LOCAL AREA AGENCY ON AGING AND FINDING A CHAMPION IN THAT AGENCY AROUND BEHAVIORAL HEALTH OR HELPING TO CREATE ONE, AND PERHAPS SPEAKING WITH YOUR STATE. SHE ALSO THEN GAVE US INFORMATION ABOUT THE STATE AND AREA PLANS AND THE IMPORTANCE OF MENTAL HEALTH IN THESE PLANS. WE NEXT HEARD FROM JEAN CLOSE FROM CMS WHO REVIEWED MEDICAID SUPPORT, THE STATE EFFORTS TO FINANCE OLDER ADULTS AND INTERVENTIONS. SHE LOOKED AT MANDATORY AND OPTIONAL SERVICES AND LOOKED AT 1915 WAIVERS FOR HOME AND COMMUNITY BASED SERVICES. THOSE UNDER (J) FOR SELF DIRECTED PERSONAL CARE AND ALSO (K), COMMUNITY FIRST CHOICE. SHE THEN BRIEFED US ON SERVICE OPTIONS FOR INTEGRATING SERVICES, HOME AND COMMUNITY STATE PLAN OPTIONS AND ENHANCED FUNDING TO STATES TO MODIFY SERVICE DELIVERY SYSTEMS. SHE ALSO DISCUSSED THE HOME HEALTH OPTION FOR INDIVIDUALS WITH MULTIPLE CHRONIC CONDITIONS OR SERIOUS MENTAL HEALTH THAT BRINGS ALONG INCREASED FINANCING AS WELL. LESLEY STEINMAN THEN REVIEWED THE FINANCING OF EVIDENCE BASED DEPRESSION CARE PROGRAMS IN AGING AND OTHER COMMUNITY SERVICES. SHE LOOKED AT PEARLS AND HEALTHYIDEAS AS MODELS FOR DEPRESSION CARE IN COMMUNITY AGENTS. SHE RELAYED THE SOURCES

FUNDING THESE SERVICES. SHE OFFERED A COUPLE OF GOOD EXAMPLES HOW DIFFERENT STATES AND COMMUNITIES ARE APPROACHING FINANCING, HOW PEARLS IS FINANCED IN PART IN WASHINGTON WITH MEDICAID FINANCING AS ONE OF MANY FUNDING SOURCES IN THE STATE OF WASHINGTON, AND SHE LOOKED AT HEALTHYIDEAS IN HOUSTON TEXAS WHERE THE UNITED WAY AND OLDER AMERICANS ACT FINANCING ARE USED TO SUPPORT THE WORK. LASTLY STEPHEN FERRANTE WITH GROUP VICTORY AND FLORIDA ATLANTIC UNIVERSITY AND WENT OVER THESE AND MEDICATION MISUSE AND PROVIDED A LOOK AT THE FLORIDA PROGRAM AND HOW FLORIDA SBIRT IS SUSTAINED IN SEVERAL SITES THAT STARTED WITH DEMONSTRATION FUNDS WHICH ARE FUNDED TODAY THROUGH STATE MONEY THAT THE STATE RECEIVES FROM SAMHSA THROUGH THEIR SUBSTANCE ABUSE AND MENTAL HEALTH BLOCK GRANT FUNDING, ALSO LOCAL GRANTS AND GRADUATE INTERNS ARE BEING USED AND NOTED HOW SBIRT IS SUSTAINED IN MANY STATES WITH COMMERCIAL INSURANCE AND MEDICAID AND MEDICARE AND GRANTS AND MANY STATES TURN ON THAT OPTION FOR MEDICAID. SOME HAVE NOT YET BUT IT'S IMPORTANT FOR YOU TO SPEAK TO YOUR MEDICAID OFFICE TO SEE IF IT'S TURNED ON IN YOUR STATE.

NOW I'M GOING TO TURN TO SOME QUESTIONS. WE HAVE ONE QUESTION FOR JEAN CLOSE FROM CMS. THE QUESTION IS "DOES CMS WANT INTERVENTION INTEGRATED INTO ALL PRIMARY HEALTH CARE PRACTICES BY

2014 DUE TO THE AFFORDABLE CARE ACT?" JEAN, WOULD YOU ANSWER THAT PLEASE.

SURE. GOOD QUESTION. I'M AWARE OF NO REQUIREMENT UNDER MEDICAID THAT IS SPECIFIC PRACTICE BE INTEGRATED INTO THE PRACTICES. AS I MENTIONED IT'S A FLEXIBLE PROGRAM AND GOING ALONG WITH THAT STATES HAVE --STATES' PROGRAMS DIFFER AND BEHAVIORAL HEALTH SERVICES ARE OPTIONAL SERVICES THAT ARE REIMBURSED BY STATES SO EVERY STATE IS GOING TO BE DIFFERENT AS WELL AS WHAT PROVIDERS PERHAPS UNDER MANAGED CARE AUTHORITY, WHAT PROVIDERS ARE TASKED WITH COVERING IN THEIR PRACTICES, SO AGAIN I WOULD SUGGEST CONTACTING YOUR STATE MEDICAID AGENCY AND MAKE SURE THEY'RE PROVIDED AND GO FROM THERE, BUT THERE IS NOTHING TO SAY THAT EVERY REIMBURSEMENT IS AVAILABLE BUT AVAILABLE AT THE STATE'S OPTION.

JEAN, I WOULD ALSO LIKE TO ASK YOU ABOUT COMMUNITY FIRST CHOICE. WOULD YOU LIKE TO TELL US SOMETHING MORE ABOUT THAT PROGRAM? COMMUNITY FIRST CHOICE IS A NEW PROGRAM AUTHORIZED UNDER THE AFFORDABLE CARE ACT, AND IT'S JUST A GREAT OPPORTUNITY TO PROVIDE PERSON CENTERED SERVICES TO INDIVIDUALS IN THEIR HOME WITH THE ASSISTANCE OF ATTENDANT CARE. THE ONE THING THAT I THINK IS PARTICULARLY STRONG ABOUT THIS PROGRAM IS THAT THE PARTICIPANT REALLY IS IN THE DRIVER'S SEAT AS IDENTIFYING THEIR ATTENDANT -- AS FAR AS AND THE SCOPE OF ACTIVITIES THAT THE ATTENDANT WOULD PROVIDE TO

THEM. IN ADDITION THERE ARE REIMBURSEMENT WOULD BE AVAILABLE FOR RELATED ACTIVITIES TO SUPPORT THAT INDIVIDUAL AS THEY STAY IN THEIR OWN HOMES IN THE COMMUNITY.

WE HAVE ANOTHER QUESTION, AND IT'S TO SHANNON SKOWRONSKI. WHAT HAPPENS WHEN THE AREA PLAN DETERMINED BY THE AREA AGENCY ON AGING EXPIRES? THAT'S A REALLY GOOD QUESTION, SO EACH YEAR AOA WORKS TO DEVELOP GUIDANCE FOR THE STATE PLANS AS WELL AS THE AREA PLANS THAT REALLY PROVIDE A FRAMEWORK FOR THINKING ABOUT HOW STATES MIGHT BE DEVELOPING THEIR PLANS AND OUTLINING SOME OF THE REQUIREMENTS FROM THE OLDER AMERICANS ACT, AND ALSO WE PROVIDE SOME TECHNICAL ASSISTANCE ALONG WITH OUR PARTNERS AT THE NATIONAL ASSOCIATION OF STATES UNITED FOR AGING AND DISABILITY AS WELL AS THE NATIONAL ASSOCIATION OF AREA AGENCY ON AGING TO HELP STATES IN DEVELOPMENT OF THOSE PLANS AND THE REVISION OF THOSE PLANS, SO IN WHEN AN AREA PLAN EXPIRES EITHER FOR THE STATE OR THE AREA AGENCY ON AGING THEY HAVE THE OPTION OF LOOKING AT THEIR PLAN AND TAKING A LOOK AT THE GUIDELINES AND RESUBMITTING THEIR PLAN. AS I MENTIONED STATES DETERMINE THE FREQUENCY IN WHICH THEY'RE ASKING THE AREA AGENCY ON AGING ON REEVALUATE THEIR PLAN AND STATES WILL ALSO PROVIDE THEIR OWN GUIDELINES TO AREA AGENCIES ON AGING IN ADDITION TO OR INCLUDING MAYBE IS A BETTER WAY TO PUT IT, THE GUIDANCE THAT AOA PROVIDES, SO I GUESS THE TWO, THREE, AND FOUR YEAR CYCLE PEOPLE

CAN EITHER REVISE THEIR PLAN, RESUBMIT IT TO THE STATE WITHIN THE TIME LINE, OR THEY PERHAPS CAN CONTINUE WITH THE SAME PLAN. IT IS REALLY IS UP TO THE STATE TO SET THE TIME FRAME AS WELL AS PROVIDE THE SPECIFIC GUIDANCE FOR THE AREA AGENCIES ON AGING.

THANK YOU SHANNON. AND WE HAVE ANOTHER QUESTION FOR JEAN FROM CMS. JEAN, ARE MEDICAID STATE PLANS AVAILABLE FOR PUBLIC REVIEW? AND IF SO WHERE CAN THIS PARTICIPANT FIND THEIR STATE PLAN? FOR THE MOST PART THE STATE MEDICATE AGENCY HAS THESE ON LINE THESE DAYS. NOW THERE ARE A FEW STATES THAT DON'T BUT I SUGGEST GOING THERE FIRST AND MANY STATES ARE MOVING IN THAT DIRECTION BUT CONTACT YOUR STATE MEDICAID AGENCY AND IF IT'S NOT AVAILABLE ONLINE THEY ARE PUBLIC DOCUMENTS. I HAVE TO WARN YOU THEY COULD BE A THOUSAND PAGES LONG AND DESCRIBE ALL ASPECTS OF THE PROGRAM SO WHEN YOU MAKE YOUR REQUEST NARROW IT DOWN TO WHAT PARTICULARLY YOU'RE INTERESTED IN. PERHAPS YOU'RE INTERESTED IN KNOWING WHAT SERVICES ARE REQUIRED AND THAT WILL ASSIST YOUR CONTACT AT THE STATE TO PROVIDE THE INFORMATION THAT YOU NEED.

THANK YOU JEAN. AND WE HAVE A QUESTION FOR STEPHEN FERRANTE. STEVEN, WHO IS THE TYPICAL LEAD AGENCY FOR A BRITE INTERVENTION? IN THE INITIATIVE IN FLORIDA IT WAS ACTUALLY A MIX. SOME OF THE LEAD AGENCIES WERE THE AREA WHERE REGIONS PRIMARY AGENT SERVICE PROVIDER WHOSE PRIMARY SERVICE WAS CASE MANAGEMENT. IN OTHER

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PARTS OF THE STATE THE LEAD AGENCY WAS A SUBSTANCE ABUSE SERVICE PROVIDER, AND THERE WERE A FEW BRITE INITIATIVES -- ONLY A SMALL HANDFUL WHERE A PRIMARY CARE PHYSICIAN GROUP WAS THE PROVIDER. I GUESS THE MOST COMMON WAS THE AGING SERVICE PROVIDER.

>> THANK YOU STEVEN. I AM

WONDER FIGURE ANY OF THE

PRESENTERS HAVE QUESTIONS OR

WOULD HAVE ANOTHER POINT THEY

WOULD LIKE TO MAKE? WE HAVE A

FEW MORE MINUTES. WE WILL SEE

IF MORE QUESTIONS COME IN, BUT

DO ANY OF THE PRESENTERS HAVE A

QUESTION OF EACH OTHER, OR IS

THERE A POINT THAT THE TIME

LIMIT DIDN'T ALLOW YOU TO MAKE

EARLIER?

>> THIS IS STEVEN. I THINK

SOMEONE IS INQUIRING WHETHER

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FLORIDA MEDICAID PAYS FOR SBIRT?

AND AT THIS POINT IT DOES NOT.

>> AND THIS IS MARIAN. THERE 41

ARE A COUPLE OF QUESTIONS ALIXE

THAT ARE SHOWING UP ON MY

SCREEN. I DON'T KNOW IF THEY

HAVE BEEN ANSWERED YET. ONE IS

DID THE STATE EXAMPLES START

WITH THE FEDERAL GRANT AND THEY

DID A NUMBER OF THEM, AND AT

LEAST HERE AT SAMHSA WE ARE

SPENDING MORE TIME AND ENERGY

AND EFFORT WORKING WITH OUR

GRANTEES TO SUSTAIN THEIR

PROGRAMS. IT'S ALWAYS BEEN PART

OF THE REQUEST FOR APPLICATIONS

TO ASK GRANTEES HOW THEY PLAN ON

WORKING ON SUSTAINING BUT WE'RE

FOCUSING MUCH MORE SO ON THAT

PARTICULARLY AS WE MOVE TOWARDS

THE CHANGES IN THE AFFORDABLE

CARE ACT, SO MANY OF THEM DID

START WITH FEDERAL GRANTS. SOME

OF THEM SUCH AS THE BRITE

PROJECTS AND SOME OF THE OTHER

STATES I'M NOT SURE. STEVEN

COULD PROBABLY SPEAK TO THAT.

>> YES THE BRITE PROJECT STARTED

INITIALLY WITH STATE GENERAL

REVENUE BUT REALLY THE EXPANSION

AND FULLY FUNCTIONAL STATE WIDE

INITIATIVE WAS THE RESULT OF

FEDERAL FUNDING OF SAMHSA GRANT,

A FIVE YEAR SAMHSA GRANT.

>> THANK YOU. WE HAVE A

QUESTION FOR LESLEY STEINMAN.

WAS THE WASHINGTON MEDICAID

1950C WAIVER PROGRAM THAT WAS

SUPPORTING PEARLS FOR

INDIVIDUALS AT A NURSING

FACILITY LEVEL OF CARE?

>> YES IT WAS. IT REQUIRED BOTH

ASSISTANCE IN TWO ADL'S AND

NURSING HOME CARE. MOST OF THE

PEOPLE RECEIVING THE CARE DO

LIVE AT HOME IN THE COMMUNITY.

>> THANK YOU LESLEY. AND THE

NEXT ONE "DID MOST OF THE STATE

EXAMPLES THAT HAVE BEEN -- I

THINK WE FINISHED THAT ONE.

MOST OF THE STATE EXAMPLES START

WITH THE DEMONSTRATION GRANT?

MANY OF THE ONES THAT STARTED 42

WITH AOA FUNDING WERE INITIALLY

DEMONSTRATION GRANTS BUT NOT ALL

OF THEM. I THINK PEARLS GOT

STARTED WITH A GRANT FROM CDC

WHICH WAS A RESEARCH EFFORT.

THE UNIVERSITY OF WASHINGTON

TOOK INITIATIVE WORKING WITH THE

AREA AGENCY ON AGING IN SEATTLE

TO TAKE WHAT WAS KNOWN FROM THE

LITERATURE AND APPLY IT IN A

LOCAL SITUATION WITH OLDER

PEOPLE AND CDC RESEARCH FUNDING

INITIALLY. SINCE THAT TIME THE

TRIPLE A HAS FUNDED PEARLS IN

SEATTLE WITH ITS OWN FUNDING AND

STATE LOCAL FUNDING AS LESLEY

HAS MENTIONED.

>> AND ALIXE I JUST WANTED TO

MENTION. THIS IS SHANNON. THAT

IN THE IOWA EXAMPLE THEY HAD

PARTNERED WITH THE GERIATRIC

CENTER AT UNIVERSITY OF IOWA

THROUGH A GRANT TO DEVELOP THEIR

PEARLS AND HEALTHY IDEAS FOR THE

INITIAL IMPLEMENTATION OF THOSE

PROGRAMS.

>> THANK YOU.

>> IF YOU GO TO HEARSE'S WEBSITE

YOU CAN FIND OUT WHERE THE

EDUCATION CENTERS ARE BECAUSE

THERE ARE MULTIPLE ONES ACROSS

THE COUNTRY AND THEY MIGHT BE A

GOOD PARTNER IF YOU'RE THINKING

ABOUT BEHAVIORAL HEALTH PROGRAMS

OR EVEN OTHERS AS WELL.

>> I HAVE HEARD IN NORTH

CAROLINA THEY'RE DOING THAT AS

WELL. THE EDUCATION GERIATRIC

CENTERS ARE PARTNERING WITH

AGING SERVICES TO TAKE

HEALTHYIDEAS TO A NUMBER OF

COMMUNITIES IN NORTH CAROLINA.

WE HAVE ONE MORE QUESTION WHICH

IS -- DO WE KNOW WHO THIS IS TO?

CAN YOU POINT ME TO STATES WHERE

THE MENTAL HEALTH AUTHORITY AND

THE SUBSTANCE ABUSE --

>> STATE UNIT ON AGING.

>> -- ARE WORKING TOGETHER WITH

PERSONS WITH SERIOUS MENTAL 43

HEALTH ILLNESS? WE KNOW IN THE

STATE OF MISSOURI THAT IS GOING

ON.

>> THIS IS MARIAN, AND I THINK

IN OHIO WE HAD A COUPLE OF

GRANTS THROUGH SAMHSA'S TARGET

THE CAPACITY EXPANSION GRANTS,

WE HAD A COUPLE OF FOCUSED

SPECIFICALLY ON SERIOUS MENTAL

ILLNESS, BUT AT THAT TIME WE

WERE WORKING DIRECTLY WITH

COMMUNITY MENTAL HEALTH CENTERS.

WE WEREN'T EMPHASIZING

PARTNERSHIP AS MUCH SO I DON'T

KNOW FOR SURE IF THERE WAS A

PARTNERSHIP IN OHIO BUT I

BELIEVE THERE WAS. THE OTHER

PLACE THAT WE WORKED WITH THAT

SERVED OLDER PERSONS WITH

SERIOUS AND PERSISTENT MENTAL

ILLNESS WAS JACKSONVILLE FLORIDA

AND THAT WAS A GRANT AND NOT

ESTABLISHED AT THE STATE AGENCY

LEVEL. WE MAYBE ABLE TO ANSWER

THAT QUESTION LATER IF YOU SEND

ME AN EMAIL. IT'S MY NAME ON

THE THING AND AT SAMHSA .GOV AND

MEETING WITH AGENCIES FOR MENTAL

HEALTH AND WE MAY HAVE A ANSWER

FOR YOU AFTER THE MEETINGS AT

END OF THE YEAR.

>> WE KNOW IN MICHIGAN THE STATE

AUTHORITY AND THEY ARE

COLLABORATING WORKING AROUND
WITH PEOPLE WITH SERIOUS MENTAL
ILLNESS AND PARTICULARLY ON THE
CHRONIC DISEASES AND SELF
MANAGEMENT OF CHRONIC DISEASES
SO IT'S PRETTY EXCITING TO SEE
HOW THE STANFORD PROGRAM IS
BEING USED WITH PERSONS WITH
SERIES MENTAL ILLNESS ACROSS
MICHIGAN. THIS IS A PURE LEAD
PROGRAM. NOW, THE HEALTH
BENEFIT THAT IT'S DELIVERING IS
SELF MANAGEMENT OF CHRONIC
DISEASES WHICH COULD INCLUDE
BEHAVIORAL HEALTH PROBLEMS, BUT
ALSO WOULD INCLUDE OTHER CHRONIC

DISEASES. SO I THINK THAT WE 44

HAVE ONE MORE. WHAT IS THE
LIKELIHOOD THAT SAMHSA WILL

REISSUE THE SBIRT RFP? MARIAN

--

>> I DON'T KNOW THE ANSWER TO

THAT. I DON'T KNOW. YOU KNOW

SAMHSA -- WITH THE AFFORDABLE

CARE ACT COMING SAMHSA'S

EMPHASIS IN MANY WAYS WILL

CHANGE TO THE PEOPLE WHO ARE NOT

COVERED BY THAT CHANGE IN HEALTH

CARE REFORM, IF IN FACT IT DOES

GO THOROUGHLY THROUGH, SO THE

BEST THING TO DO IS WATCH THE

SAMHSA GRANTS -- SAMHSA WEB PAGE

GRANTS AND THE GRANTS ARE

ANNOUNCED THERE THROUGHOUT THE

FISCAL YEAR.

>> AND MANY STATES CURRENTLY

HAVE THE SBIRT GRANT AND THOSE

ARE LISTED ON THE WEBSITE, THE

SAMHSA WEBSITE, SO WE WOULD

CERTAINLY ENCOURAGE PEOPLE WHERE

THERE ARE SBIRT GRANTS TO TALK

TO WHOEVER IS LEADING THAT WORK

IN YOUR STATE AND MOST STATES

HAVE HAD SBIRT GRANTS AT SOME

POINT AND THERE IS HISTORY OF IT

GOING ON IN MOST STATES AT THIS

TIME AND ALSO JBS INTERNATIONAL

PROVIDES TECHNICAL ASSISTANCE ON

SBIRT SO YOU COULD SEND DONNA

SIU WHO HELPED REGISTER YOU FOR

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THIS WEBINAR THE QUESTIONS AND

WE COULD FIND THAT INFORMATION

AND WE SUPPORT MARIAN'S

SUGGESTION THAT WATCH THE SAMHSA

WEBSITE AND THE ANNOUNCEMENT FOR

GRANTS. I WOULD LIKE YOU TO

KNOW THAT THE NEXT WEBINAR IN

THIS SERIES IS SCHEDULED FOR

WEDNESDAY NOVEMBER 14 FROM 230

TO 4:00 P.M. EASTERN TIME.

PRESENTERS WILL DISCUSS

BEHAVIORAL HEALTH ISSUES WITH

FAMILY AS CLIENTS AND CARE.

EVERYONE WHO IS REGISTERED FOR

THIS WEBINAR TODAY WILL RECEIVE

REGISTRATION INFORMATION FOR THE

UPCOMING WEBINAR. IN JANUARY WE

45

WILL REPEAT AN EARLIER WEBINAR

ON SUICIDE PREVENTION AND INVITE

YOU ALL TO PARTICIPATE IN THAT

AS WELL. REMEMBER YOU CAN

ACCESS THIS AND OTHER WEBINARS

AND RELATE THE ISSUE BRIEFS ON

THE ADMINISTRATION OF AGING

WEBSITE, BEHAVIORAL HEALTH PAGE

AS WELL AS ON OUR PARTNER

WEBSITE AND THE PARTNERS ARE

THE NATIONAL COUNCIL ON AGING,

NATIONAL ASSOCIATION OF STATES

FOR AGING AND DISABILITY, AND

THE NATIONAL ASSOCIATION OF

STATE MENTAL HEALTH PROGRAM

MENTAL HEALTH PROGRAM HEALTH

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DIRECTORS AND THESE IN THE

FUTURE WILL BE ON THE SAMHSA

WEBSITE AND WITH THEY WOULD LIKE

TO THANK THE SPEAKERS AND THE

PARTICIPANTS FOR JOINING US THIS

AFTERNOON. HAVE A GOOD

AFTERNOON.