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State Policy Academies on Mental Health, Substance Use, and Aging

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Older Adults with Mental Health and Substance Use Disorders: In Whose Hands?

In 2012, the National Academy of Medicine issued a report on "The Mental Health and Substance Use Workforce for Older Adults" that was appropriately subtitled "In Whose Hands?" (Committee on the Mental Health Workforce for Geriatric Populations et al., 2012). The report concluded that responsibility and provision of mental health and substance use (MH/SU) services for older adults "is in *no one's* hands," at the same time that needs are rapidly increasing. One in five older adults in America have one or more MH/SU conditions and the population of older adults is projected to grow from 40.3 million in 2010 to 72.1 million in 2030 (Vincent and Velkoff, 2010). Approximately 14% to 20% of older adults have depressive disorders and dementia-related psychiatric symptoms, and the number of older adults with serious mental illness is also climbing (Committee on the Mental Health Workforce for Geriatric Populations et al., 2012). Substance disorders among older adults are underdetected and undertreated. Addressing this growing challenge will require a coordinated effort across different federal and state agencies responsible for behavioral health, substance use disorders, aging, housing, and Medicaid and Medicare. Yet these different federal and state agencies generally operate in siloes with little coordination and lack joint initiatives addressing the behavioral health and substance use workforce for older adults. The 2012 report recommends that lead agencies be identified to coordinate MH/SU services among older adults.

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Addressing the Rising Mental Health Needs of an Aging Population

A decade following the initial workforce report, a subsequent 2023 workshop at the National Academies of Science and Engineering and Medicine titled "Addressing the Rising Mental Health Needs of an Aging Population" provided an updated overview of the challenges and potential solutions (Addressing the Rising Mental Health Needs of an Aging Population, 2023). This report underscored the rising numbers of individuals with mental health and substance use challenges among older adults, identified increasing diversity and health disparities among older adults including Black and Latino populations and LGBTQ + adults, and highlighted the high rate of suicide among older adults. Recommendations included implementation of evidence-based practices; policy reforms; decreasing stigma; training community health workers and peer support specialists; expanding telepsychiatry; addressing disparities; and coordination of federal and state workforce initiatives dedicated to the growing needs of older adults with mental health and substance use disorders.

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State Policy Academies on Mental Health, Substance Use, and Aging

Typically, no single state agency has primary responsibility or accountability for older adults with MH/SU disorders. It is in this context that the State Policy Academies on Mental Health, Substance Use, and Aging initiative was developed to enhance coordination and delivery of services. This initiative began with a Substance Abuse and Mental Health Services Administration (SAMHSA)-supported technical assistance center established in 2004. Most recently, policy academies are a core activity in the current E4 Center of Excellence for Behavioral Health Disparities in Aging at Rush University funded by SAMHSA since 2020. Policy academies have been conducted with individual states and with clusters of states within regions, and have included in-person, virtual, and hybrid formats. The focus of this article is on academies conducted since 2020, coordinated by the E4 Center.

Preparation and Orientation

The fundamental premise of state policy academies is based on leveraging the collective capacity of different state agencies to advance the overall goal of providing services to meet the special needs of older adults with MH/SU disorders. Policy academies bring together different state agencies to develop an overall list of major challenges, needs, and concerns of caring for older adults with MH/SU disorders in their state and then initiate strategic projects that have potential policy implications for the state.

Before the first session of each policy academy, a written description of the process is provided to the participating state (or states). A request is made to ensure the participation of leadership from the three key state agencies of the department of mental health; state agency on aging; and the department or agency overseeing substance use services, and additional representation from departments responsible for Medicaid, housing, and long-term care. Ideally, participants are officials with decision-making capacity or charged with representing the governor's office of each respective agency. Next, a virtual meeting is conducted with the initial set of representatives to confirm buy-in and attendance from each of the key agencies and to provide an overview of the goals; aims; processes; expectations; and anticipated deliverables of the policy academy. This orientation meeting also provides the opportunity to identify individuals who are not present or should participate. Finally, the preparation phase provides the opportunity to collect relevant information on current patterns of service use, unmet needs, and relevant policy initiatives within the state.

Potentially valuable data (when available) include data on demographics, older adults served within the state mental health system and by state agencies on substance use, and the proportion of adults served by Area Agencies on Aging (AAA) and adult protective services who have MH/SUD needs. Other potential valuable documents include descriptions of state plans for behavioral health and state plans on aging as well as any demonstration grants or 1115 waivers of potential relevance to addressing older adults with MH/SU disorders and older adults who are dually-eligible for both Medicaid and Medicare services with MH/SUD needs.

Policy Academy Session Structure

Since 2020, policy academies have been conducted in one of two modes: (1) three separate 2-hour virtual sessions or (2) a 2-hour virtual session 1, followed by second day-long meeting consisting of session 2 in the morning and session 3 in the afternoon. In the instance of a multistate policy academy, this day-long event occurs in a central location in-person for each individual state, augmented by cross-state facilitation and discussions conducted virtually. Policy academies consist of three core sessions with the following well-defined and facilitated tasks.

Table 1 summarizes the specific goals and tasks of the three sessions. The goal of the first session is for the representatives of each state agency to identify the greatest unmet needs and challenges related to providing services for older adults with MH/SUD. Once listed, the moderators of the policy academy facilitate prioritizing the major challenges, concerns, and unmet needs with an emphasis on those needs that cross each sector, organization, or agency within the state and spanning different states if more than one state is participating. For some states, this is a new area, and a brief presentation is provided by the expert consultants conducting the policy academy on key issues that are recognized nationally as critical in the field of aging and MH/SU. For other states that have already engaged in preliminary planning efforts or existing initiatives, this session is an opportunity to leverage them in developing short-term and long-term goals and action steps. The endpoint of this session is to come up with an initial list of major issues, needs, and related initiatives and to begin to prioritize those that are most pressing or most likely to yield benefit. The second session typically occurs 1 month later and focuses on identifying short-term goals. Participants are then asked to identify two to three short-term goals and two to three longer-term goals guided by principles of SMART goals that are "specific, measurable, achievable, realistic, and anchored within a timeframe." Participants are encouraged to come up with one or two priority short and long-term goals

Table 1. State Policy Academies on Mental Health, Substance Use, and Aging

Session	Description
Session 1	Identify unmet needs and major challenges for older adults with mental health and substance misuse needs; prioritize the greatest and highest impact needs; and identify specific goals and priorities for addressing those needs
Session 2	Identify short-term goals that are achievable in the next year and long-term goals that can be elaborated over the next one to five years. Goals are to be identified consistent with the principles of SMART goals that are specific, measurable, achievable, realistic, and anchored within a time frame
Session 3	Develop an action plan with clearly articulated goals, objectives, activities, and timelines as well as designated leads and support responsibilities in conjunction with the communication strategy and meeting plans

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and focus on actionable steps that the state can accomplish within these time periods.

The third and final session is focused on developing the action plan. States are encouraged to identify ideas, proposals, or projects that the participants in the policy academy have influence over and that capitalize on what they can do together that they could not do apart. When possible, participants are encouraged to build on related initiatives or opportunities that may have been started or have support. Specific actionable steps should leverage cross-agency and cross-sector collaborations and capacities. The specific action plan should include the formation of a work group within 1 to 4 weeks, including responding to *who; what; when; where; and how* the work will be accomplished within the next 4 to 6 weeks.

Session Summary Examples

Session 1

The first example is of a state that accelerated the task of identifying unmet needs and major challenges by conducting a statewide needs assessment prior to the policy academy. This needs assessment highlighted worsening mental health for older adults since the pandemic, including significant treatment barriers and a healthcare workforce lacking training or specialization in older adults, particularly with MH/SU disorders. Data on suicide rates and overdoses among older individuals in the state were complemented by documentation of lack of specialized MH/SU professionals. The resulting policy academy leveraged Medicaid waivers allowing for interagency coordination of community-based services for people needing assistance. This process helped the state to focus on enhancing specialized workforce training; expanding the ability of primary care clinics to provide treatment to older individuals; capitalizing on federal funding and waivers to strengthen home based services; strengthening interagency coordination; and expanded use of community-level services including assertive community team (ACT) models for older adults.

A different state policy academy used the first session to highlight identified high rates of older adult COVID-19 related mortality; social isolation; loneliness; deferred medical and mental health care; and new onset of mental health and substance use disorders. Other highlighted themes included individuals with both Medicare and Medicaid (dual-eligibles) being assessed annually but rarely having an action plan; older adults with substance use and behavioral health disorders falling through the cracks; too few Medicare providers who are able to deliver MH/SU services; and the importance of integrated colocation of primary care and specialty MH/SU care.

Session 2

As an example of a second session building on identified opportunities to achieve short-term goals, one state prioritized leveraging an existing Medicaid waiver program to provide substance use services. Other identified opportunities included strategies to increase the number of providers willing to accept Medicare among patients with Medicaid through billing education packages and increasing facilities licensed to provide MH/SU services to older adults. In identifying barriers to access, enhancing access was proposed by using telehealth supported by pooling funding across agencies along with working together to provide community-based MH/SU screening through evidence-based practices, such as Healthy Ideas.

Another state focused the second session on identifying short-term goals by building on an existing initiative of Mental Health First Aid certification for older adults that was currently underway. This state also planned to enhance their workforce by providing ground-level training for MH/SU and AAA providers on screening and treatment of older adults with MH/SU; training frontline home-based older adult direct care workers to identify red flags to link older adults in need of MH/SU services; and training skilled nursing facility staff in the behavioral health needs of residents. Planning for statewide cross-training of MH/SU disorders in different sectors was initiated that will include peer support services. Following the policy academy with this state, a statewide summit was held, with strategic planning underway for the next summit.

Session 3

The task of identifying an action plan in session 3 is illustrated by a state that engaged their office of Medicaid services to institute a new state policy. This policy required aging and MH/SU training for all staff who provide home and community-based services to beneficiaries in an 1915 Medicaid Waiver program. Longer-term goals included creating fellowships for training nurse practitioners in aging and geriatric MH/SU; increasing implementation of evidence-based programs using the waivers; educating legislators regarding the high cost of dual eligible beneficiaries; and identifying cost offsets that could be achieved by implementing evidence-based practices in the community. This state also implemented an action plan for interagency coordination across the different agencies for MH/SUD disorders creating a State Healthy Aging Council Training Task Force. Early initiatives of this new task force included trainings on the 4Ms of an age-friendly health system (Mate et al., 2018) with a focus on MH/SU; addressing stigma in older adult MH/SU; disseminating information broadly across the state; and providing education and advancement for legislators to create legislative champions for MH/SUD and aging services and supports.

Another state illustrates developed an action plan in session 3 resulting in a new state issued policy related to older adults within the Mental Health Procedures Act. This state directive issued in 2022 mandates that "older persons diagnosed with a neurocognitive disorder, including dementia, who are experiencing symptoms of a mental illness, including depression, anxiety, substance use disorder, post-traumatic stress syndromes, and behavioral agitation are guaranteed access to mental health services under the laws and regulations" (Houser, 2022, p. 2). This directive assures that older adults with dementia and mental health needs have the same access to mental health care as those without dementia.

Results of Participant Survey of Policy Academies

With the goal of identifying and evaluating key ingredients and results of policy academies conducted since 2020, we conducted a follow-up survey in three states. Respondents consisted of state agency representatives across the three different states. As shown in Table 2, positive ratings (agree or strongly agree) were found for 90% (9/10) of respondents; 60% for the outcome resulting in a specific actionable

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Table 2. Policy Academy Evaluation (three states: *n* = 10 respondents)

Items	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
OVERALL:					
1. Three or more different state agencies were represented at the policy academy from the following: behavioral health, substance abuse, elderly and adult services, Medicaid, long-term care, senior housing		10%		10%	80%
2. The outcome of the policy academy resulted in a specific actionable plan			40%	30%	30%
3. The plan has a high likelihood of being implemented		20%	20%	50%	10%
3. The policy academy as a whole was impactful for our state		20%	10%	30%	40%
SPECIFICALLY:					
4. We identified unmet needs in providing mental health services to older adults with mental health and substance use disorders.				40%	60%
5. We identified specific *short-term goals* and priorities for addressing these needs.				50%	50%
6. We identified specific *long-term goals* and priorities for addressing these needs.				50%	50%
7. We developed strategic plans with specific actionable steps leveraging cross-agency and cross-agency collaborations.		10%	10%	60%	20%
8. We developed plans for implementing policy and practice goals in the coming year.		10%	10%	70%	10%
9. We developed Specific, Measurable, Achievable, Realistic, and Anchored within a Time Frame (SMART) goals.		10%	10%	50%	30%
10. We identified project leads.			10%	60%	30%
11. We identified project timelines.		10%	20%	50%	20%
12. We focused on an idea that is feasible and sustainable without a grant.		10%	30%	30%	30%
13. We focused on ideas that already had support or have been started.			30%	40%	30%
14. We capitalized on what the people in the room can do together that they couldn't do apart.			20%	40%	40%
15. We considered the impact of the outcome and its contribution to filling the gap.		10%	10%	50%	30%

plan; 60% with a plan that had a high likelihood of being implemented; and 70% rated the policy academy overall as impactful for their state. Positive ratings of "agree or strongly agree" for 100% of respondents were found for identifying unmet needs; short-term goals and priorities; and longer-term goals and priorities and 90% for identifying project leads. Most (80%) endorsed identifying specific actionable steps leveraging cross-agency and cross-agency collaborations; developing plans for implementing policy and practice goals for the coming year; developing SMART goals; capitalizing on cross-agency initiatives; and considering the impact of the outcome and its contribution to filling the gap. Finally, 70% reported focusing on ideas that already had support or had been started, and 60% focused on an idea that was feasible and sustainable without a grant.

The likelihood of a plan being implemented was associated with ratings of agree or strongly agree in all categories. In contrast, the state with the lowest ratings on the impact of the policy academy and lowest likelihood of implementing a new plan had the greatest number of lower ratings in all categories. Narrative comments from the survey emphasized that a major benefit of the policy academy was to have the right people with the authority to implement change coming together, networking, and learning from colleagues in other agencies. One state highlighted the value of interacting with people in the same state from other agencies that "otherwise would not come together, despite many years of trying to coordinate such meetings." The facilitation provided by the policy academy and use of a specific framework and timeline was described as extremely helpful. Areas for potential enhancement included ensuring a dedicated plan for follow up and providing follow up facilitation or technical assistance in developing capacity and enacting the plans over the following months. Buy-in by state leadership was identified as a critical factor. A representative of the state with the lowest ratings on the impact of the policy academy remarked "We were not able to break down the silos in the various state agencies and there was no ownership and funding to move things forward. This was in no way a reflection of the academy but a lack of buy-in from DHHS in (our state) to focus on older adults with mental health needs."

Multistate Regional Policy Academies

Over the past 2 years we initiated a novel model of regional multistate policy academies for adjacent states that have overlapping needs and demographics. This new initiative was in part an outgrowth of a response to COVID-19 and the need to provide virtual policy academies. In addition, it was recognized that leveraging economies of scale and common issues across a region of several states could accelerate national impact in contrast to a state-by-state approach.

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We developed two modes of delivery for regional multistate policy academies. A fully virtual mode leverages the use of breakout rooms with assigned local facilitators trained in managing and addressing each state's issues and facilitating the workgroups. A second hybrid mode conducted the first session virtually, then brought together within each state individuals to meet face-to-face in a convenient location, virtually facilitated across the different states through virtual breakout rooms and report-out sessions.

Example of Multistate Policy Academy for a SAMHSA Region

A four-state policy academy was conducted that reflected regional interests and priorities across a designated SAMHSA region. In a combined first session, each state identified overlapping but different themes. State A identified housing as a major issue to support independence at home in the context of long-term care settings being overwhelmed, a behavioral health provider shortfall, and the importance of resource management of centralizing resources focused on older adults with MH/SU needs. In contrast, State B identified as priorities transitions of care across different settings; a lack of an integrated healthcare delivery for behavioral health and primary care; isolation among older adults; a lack of specialized providers; the potential for telemedicine use but significant barriers of internet deserts; and lack of long-term care facilities in this highly rural state. State C identified a lack of housing for residents with MH/SU appropriate to leave nursing home settings but impeded by a lack of transitional supports and community-based housing; a need for accountability-based education; improving resource awareness; proposals for workforce loan repayment to address workforce shortfalls; and the need to provide addiction care for older adults. Finally, State D identified a lack of access to medical and mental health providers, especially geriatric psychiatry; lack of access to evidence-based treatments and community resources; and the need to enhance and train the existing workforce in implementing evidence-based MH/SU practices tailored to older adults. Additional themes identified included the use of telehealth; supporting caregivers; assuring collaboration across entities; age-friendly health systems; and the unique needs of aging farmers and ranchers who have high rates of MH/SU and suicide. Finally, a lack of MH/SU services for LGBTQ + older adults, indigenous community members, and refugees was also highlighted.

Summary and Conclusions

We initiated state policy academies focused on MH/SU and aging with the goal of bringing together different agencies within states to address problems that no one agency or organization can achieve on its own. Based on numerous state and regional academies, successful academies include having at least three or more state agencies present in the policy academy; having buy-in from state agency leadership; having the outcome of the policy academy result in a specific actionable plan that is likely to be implemented; and identifying specific SMART goals, project leads, and timelines. In a survey we conducted with three different states that participated in policy academies, we found that the overwhelming majority (80 to 90% of respondents) reported strongly agreeing or agreeing that the policy academies were successful in identifying unmet needs; short-term and longer-term SMART goals; actionable steps; project leads; and timelines. Over time, our policy academy model has evolved to leverage virtual technology and multistate synergies to achieve both efficiencies and productive outcomes. Future directions for innovation and enhancement include systematic reviews of state plans on aging and behavioral health and demonstration grants or 1115 waivers; use of large datasets to inform the identification of unmet needs and to identify disparities experienced by different subgroups; use of hybrid interactive meeting technology to accelerate change through multistate efforts; and applied efforts in health policy implementation to achieve high-impact changes that improve services and outcomes for older adults with MH/SU challenges.

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Conflict of Interest

Drs Bartels and Blow receive consulting fees from Rush University in their roles as scientific codirectors of the E4 Center through funding from the Substance Abuse and Mental Health Services Administration. The remaining authors have no conflicts of interest to declare.

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