Date: 11/08/23

**Resources:**

[National Council on Aging](https://www.ncoa.org/page/public-policy-positions)

[NIH: National Institute on Aging](https://www.nia.nih.gov/health/what-do-we-know-about-healthy-aging)

[Milken Institute: Center for the Future of Aging](https://milkeninstitute.org/centers/center-for-the-future-of-aging)

**Draft Priorities & Recommendations**

|  |
| --- |
| **Behavioral Health** |
| Prevention * Making sure this population is able to identify a behavioral health issue. Are symptoms outside of normalcy?
* Help providers understand geriatric behavioral health needs (screening and education).
* Drug addiction and overdose and prevention.
* Suicide prevention targeted at older adult population.
* STIs/Sexual health *(may go in another section but not sure which yet)*
* Recognizing and preventing stigma so individuals are comfortable seeking treatment for behavioral health and addiction.
 |
| Access* Include the 988 crisis number on the top of all prescription bottles in Missouri
* Disseminate 988 awareness materials that have images of older adults and adults with disabilities
* Understanding what behavioral health services are covered by Medicare and Medicaid
* Understanding how to apply for Medicaid and Medicare (asset limits, 5 year look back, trusts) and how to appeal a decision.
* Ensure that health systems understand the mandates related to Medicare and Medicaid, care for the uninsured, care for the underinsured.
* Ensure timeliness of appointments and access for those with greatest need.
* Connect individuals with wraparound services.
* Increase broadband access for social engagement and telehealth.
* Ensure education and outreach meets the functional literacy and health literacy needs of older adults and adults with disabilities (including translation and interpretation services).
* Increase the opportunity for provisionally licensed professionals to be paid for services for older adults and adults with disabilities.
* Cross train professionals in other fields to provide additional access.
 |
| Maintenance/Wellness* Continuity of care: Expand funding through Medicare and Medicaid
	+ Expanding the CHW curriculum to include behavioral health training
	+ Patient navigators
	+ Subsidies for health systems that hire CHWs and patient navigators
	+ Crisis Intervention Training to linke Community Behavioral Health Liaisons
* Peer Supports (Medicare and Medicaid)
* Sequential Intercept Model – go to a community, look at gaps in services, help individuals with behavioral health issues navigate the law enforcement/justice system)
 |
| Equity* Increasing the workforce of health care professionals who are trained to treat older adults and adults with disabilities with behavioral health diagnoses.
* Training the behavioral health workforce on health equity topics.
* Ensuring that data collection does not screen out behavioral health concerns based on age or disability status (e.g., PCORI and others).
* Ensuring that data interpretation allows for equitable access to behavioral services (e.g., PCORI, others)
 |
| Programs1. Maximize current services by eliminating siloes (geography, funder, service area) through creating a statewide consumer and provider older adult database
	1. Make enrollment in the database a requirement to receive public funding for older adults
	2. Community Information Exchange (CIE) pilot in St. Louis (supported by the United Way) as a potential model
2. Support and fund telehealth for all behavioral health options—particularly helpful in rural areas and for patients who are homebound or non-ambulatory.
3. Support programs that don’t sound as associated with behavioral health (telephonic support) to guide older adults and adults with disabilities into additional services if needed.
4. Opioid Settlement Funds or other funding for opioid and additional addiction treatment services.
 |
| Education |
| Resources 1. Provide better statewide internet access
 |