

*On May 27, 1988, the University of Colorado Health Sciences Center's Department of Psychiatry assisted the Select Committee on Aging with an important field hearing entitled, "Mental Health and the Elderly: Issues in Service Delivery to the Hispanic and American Indian Communities." The thrust of the hearing was to gather data from various experts and witnesses concerning the Committee's intention to develop a multidisciplinary approach to a community-based mental health policy and legislative program to address certain issues in service delivery to American Indians and Hispanic elderly. The following expert witnesses gave their testimony: Spero M. Manson, PhD, Associate Professor and Director, National Center for American Indian and Alaska Native Mental Health Research, University of Colorado, Denver, Colorado; Mr. Curtis D. Cook, Executive Director, National Indian Council of Aging, Albuquerque, New Mexico; Mr. James Berg, Chairman of the Board, Denver Indian Center, Denver, Colorado; Mr. Fred Acosta, MSW, MPA, Division of Mental Health, Denver, Colorado; Mr. Jose Mondragon, MSW, Servicios de la Raza, Denver, Colorado; Sheila Baler, PhD, Executive Director, Mental Health Corporation of Denver, Denver, Colorado; Priscilla Gallegos, Acting Director, Division of Mental Health, Denver, Colorado; and Molly Snyder, Assistant Director, Area Agency on Aging, Denver Regional Council of Governments, Denver, Colorado. The Denver hearing was the second in a series of field hearings focusing on the mental health needs of older American minorities. The hearings are part of a major Committee push on elderly mental health, whose centerpiece is mental health legislation sponsored by Chairman Roybal. Upon completion of the collection of field data, the Committee plans to issue a report on its findings entitled, "Mental Health and Minority Aging: The Need for an Expanded Federal Response." In this vein, The National Center has invited Chairman Roybal to give a brief synopsis of the Committee's effort to address the mental health needs of this special elderly population—Journal Manager.*

Mental health concerns and care have been a neglected priority in American health care. The elderly as a whole, and particularly American Indian and Hispanic elderly, represent a dramatically underserved portion of our population when it comes to mental health. The purpose of the current hearings is to bring to the attention of the public and Congress the need for a truly comprehensive system of mental health services and to collect community-based data on the mental health needs of older Hispanics and American Indians.

Major provisions of the Elderly Mental Health Initiative are as follows.

Developing a more effective service system include:

1. Increase Mental Health Block Grant Funding by \$100 million and set aside funds for children and the elderly.

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2. Expand federal and state grant program for development and coordination of community-based services and public education (increase federal funding by \$10 million).

3. Increase biomedical, prevention, treatment, and services research (NIMH, NIA, AoA) funding by \$42 million by 1991.

4. Increase mental health training funding by \$30 million by 1991.

5. Establish a National Mental Health Education Program.

Reforming Medicare and Medicaid services and cost containment include:

1. Change to an extendable 60-day annual limit on inpatient psychiatric treatment.

2. Change to a 20% copayment and an extendable 20-visit annual limit for outpatient services.

3. Extend Medicare and Medicaid coverage for in-home respite care (120 hours per year), freestanding mental health clinic, clinical psychologist, clinical social worker, and psychiatric nurse specialist services.

4. Increase nursing home mental health assessment and access to services.

5. Increase Medicare cost containment through mandatory assignment, utilization review, and prospective and indexed pricing of mental health services.

Improving quality assurance and access protection:

1. Increase conditions of participation, PRO review, sanctions, and Ombudsman review.

2. Provide and enforce a Mental Health Care Consumer Bill of Rights.

3. Develop studies on quality and access.

Although the proposals here constitute an "Elderly Mental Health Initiative," the mental health needs of elderly are but one component of a broader, national problem which affects people of all ages. Therefore, this initiative should be seen not just as a series of proposals to help elderly persons, but as the first step in reforming the mental health delivery system for all Americans, regardless of age or background.

The Honorable Edward R. Roybal  
United States House of Representatives  
Chairman of the Select Committee on Aging