

**2010 ANNUAL REPORT
TO THE GOVERNOR AND LEGISLATURE OF NEW YORK STATE
ON GERIATRIC MENTAL HEALTH & CHEMICAL DEPENDENCE**

Table of Contents

I: BACKGROUND.....	1
II: COUNCIL MEMBERSHIP & MEETINGS.....	2
III: SERVICE DEMONSTRATION PROJECTS	2
Programs	2
Medicare/Revenue Optimization.....	4
Sustainability	4
Program Supports.....	4
Program Evaluation	4
Gatekeeper Program	5
Physical Health – Mental Health Integration Program	5
IV: OTHER INITIATIVES.....	7
V: PLANNING	8
Gatekeeper Programs	9
Physical Health – Mental Health Integration Programs.....	9
Planning Day Recommendations	10
Continued Progress	10

I: BACKGROUND

New York State enacted the Geriatric Mental Health Act on August 23, 2005. The law, which took effect on April 1, 2006, authorized the establishment of an Interagency Geriatric Mental Health Planning Council (the Council), a geriatric service demonstration program, and a requirement for an annual report to the Governor and the Legislature with a long term plan regarding the geriatric mental health needs of the residents of New York.

In 2008, amendments to the Geriatric Mental Health Act expanded the scope of the Council to include chemical dependence and veterans. The amendments (1) changed the name of the Interagency Geriatric Mental Health Planning Council to the Interagency Geriatric Mental Health and Chemical Dependence Planning Council; (2) increased membership of the Council from 15 to 19 members; (3) added the Commissioner of Alcoholism and Substance Abuse Services and the Director of the Division of Veterans' Affairs as Co-chairs of the Council; (4) added the Adjutant General for the State of New York as an Ex-Officio member of the Council; and (5) changed requirements for Council recommendations and joint agency annual reports to include the Commissioner of Alcoholism and Substance Abuse Services, the Director of the Division of Veterans' Affairs, and the Adjutant General and to address geriatric mental health and chemical dependency needs.

II: COUNCIL MEMBERSHIP & MEETINGS

The Interagency Geriatric Mental Health and Chemical Dependence Planning Council consists of 19 members, as follows:

- The Commissioner of Mental Health, Co-chair of the Council;
- The Director of the State Office for the Aging, Co-chair of the Council;
- The Commissioner of Alcoholism and Substance Abuse Services, Co-chair of the Council;
- The Director of the Division of Veterans' Affairs, Co-chair of the Council;
- One member representing the Office for People with Developmental Disabilities;
- The Adjutant General (Ex-Officio Member of the Council);
- One member representing the Commission on Quality of Care and Advocacy for Persons with Disabilities;
- One member representing the Department of Health;
- One member representing the Education Department and the Board of Regents;
- One member representing the Office of Children and Family Services;
- One member representing the Office of Temporary and Disability Assistance;
- Four members appointed by the Governor;
- Two members appointed by the Temporary President of the Senate; and
- Two members appointed by the Speaker of the Assembly.

The Council met to conduct business on January 7, April 15, June 30, and October 7, 2010. All of the meetings were webcast.

III: SERVICE DEMONSTRATION PROJECTS

Programs

Recipients of nine geriatric service demonstration project grants for Gatekeeper or Physical Health – Mental Health Integration programs entered their fourth contract year in July 2010.

- Family Services of Westchester and Westchester Jewish Community Services operate a Gatekeeper program that targets older adults living in Westchester County who have behavioral health problems but are not receiving treatment because they have not been identified as in need of services.
- Onondaga County's Department of Aging and Youth and Department of Mental Health are partners in a Gatekeeper program that seeks out at-risk elderly whose independence and safety may be in jeopardy because of mental health and/or substance use conditions.

- The Downtown Gatekeeper program now operated by Federation Employment and Guidance Service and Village Care of New York focuses on socially isolated older adults with mental illness in downtown Manhattan neighborhoods, such as Chinatown, Greenwich Village, and Chelsea.
- Flushing Hospital Medical Center is expanding the integration of mental health care within its primary care clinic to co-locate culturally appropriate services and provide support, outreach, and educational services. Those who need treatment are offered individual/group therapy, including lifestyle modification, and pharmacotherapy as needed.
- Metropolitan Hospital Center is co-locating mental health with physical health services in the hospital's geriatric outpatient center to primarily serve the underserved, socio-economically disadvantaged, mostly minority populations within East Harlem and other communities in its service area.
- New York-Presbyterian's Irving Sherwood Wright Medical Center on Aging is co-locating mental health screening, assessment, and treatment services with its existing outpatient geriatric primary care services and is integrating mental health services in its geriatric medical house call program.
- The South Oaks Hospital program is increasing access to mental health services and improving the integration of physical and mental health care for older adults on the North Fork of Long Island. The project's mental health practitioner is co-located at a primary care physician's office and in offices at Eastern Long Island Hospital.
- The University of Rochester, Jewish Home of Rochester, and Jewish Family Service of Rochester are integrating physical and mental health care with a homebound, older adult population. Interdisciplinary medical and mental health team communication and consultation are facilitated by regular interdisciplinary team meetings.
- The Office of Community Services for Warren and Washington counties oversees a collaborative physical and mental health integration program in two large rural counties involving a network of federally qualified health centers, a county public health department, a county home care program, and a hospital-affiliated internal medicine practice.
- Though not funded with monies allocated to the geriatric service demonstration program, the Greene County Mental Health Center operates a program that provides mental health assessment and treatment in five primary care physician offices to reach people – especially the elderly – who would not otherwise seek or be able to access mental health services.

Medicare/Revenue Optimization

Derek Jansen, PhD, provided additional consultation on revenue optimization to assist service demonstration projects with sustainability potential become fiscally viable by the end the grant period. He developed technical assistance material to help guide the programs in optimizing billing and coding from various revenue streams, including program specific encounter forms; a Medicare mental health billing guide; a Medicare optimization resource guide; and a secure web portal for the grantees to have access to complete, up-to-date information about Medicare, Medicaid, clinic restructuring, health reform, and other information important for billing purposes.

Technical assistance materials designed to assist programs in optimizing billing and coding from Medicare and other revenue streams – such as a Medicare Mental Health Billing Guide and a Medicare Optimization Resource Guide – will also be made available to a wider audience of providers.

Sustainability

In the final contract year (July 1, 2011 through June 30, 2012), funding for the Physical Health – Mental Health Integration programs will be reduced by 50 percent. To help ensure the continued viability of these programs, a 24-month reconciliation process will be utilized to allow all revenue generated during the last 24 months of the grant period to be applied to the final year of the contract, when funding is reduced. In order to stimulate the development of sustainable integrated physical and behavioral health programs for the elderly, the funding from this reduction will be reprogrammed to create additional geriatric service demonstration programs.

Program Supports

- New York State Office of Mental Health (OMH) staff in the Adult Community Care Group's Bureau of Program and Policy Development continued to provide ongoing program operational support for the service demonstration projects in 2010. Bureau staff have responsibilities for assigned projects that include on and off-site consultation and oversight.
- All service demonstration projects participate in monthly conference calls, day-long learning collaborative meetings, data calls, and webinars with OMH staff. Members of the Council and representatives of agencies affiliated with the Council are welcome to attend and participate.

Program Evaluation

OMH staff in the Office of Performance Measurement and Evaluation continued to evaluate the service demonstration projects to assess the implementation of the programs and describe the characteristics of and outcomes for, individuals who are

served. Program evaluation data are regularly shared with programs for use in quality improvement efforts.

Gatekeeper Program

Gatekeeper service demonstration projects in New York City, Onondaga County, and Westchester County have evaluated a total of 469 at-risk older adults in the community, most of them socially isolated and with behavioral and physical health problems. For this often difficult-to-engage target population, client engagement and assessment are more involved and extended than in office based practice settings, as it typically takes a number of sessions for a client to feel comfortable enough to talk about symptoms, needs, services, and referrals.

Individuals assessed by Gatekeeper programs identified need in a wide range of issue areas. Table 1 below shows the distribution of identified issues, the most prevalent being mental health (81%), physical health (80%), and social isolation (70%).

Table 1: Gatekeeper Program Assessment of Need		
Type of Issue	Number of Individuals	Percent of Individuals
Mental Health	381	81%
Physical Health	373	80%
Cognitive Issues	253	54%
Housing Issues	216	46%
Substance Abuse	59	13%
Social Isolation	327	70%
Abuse	64	14%
Self Harm/ Suicide	119	25%
Self Neglect	148	32%
Number of Individuals Assessed	469	

Physical Health – Mental Health Integration Program

The Physical Health – Mental Health Integration programs in New York City, Long Island, and upstate New York largely integrate mental health in physical health care settings, where patients are screened, assessed, and treated or referred to services.

Altogether, they have screened a total of 6,800 individuals aged 60 years or older for depression and anxiety, using the Patient Health Questionnaire 9 (PHQ-9) and the Generalized Anxiety Disorder 7 (GAD-7) screening instruments. Thirty-six percent of those who were screened were recommended for more comprehensive behavioral health assessment, and 91 percent of those who were assessed were recommended for treatment.

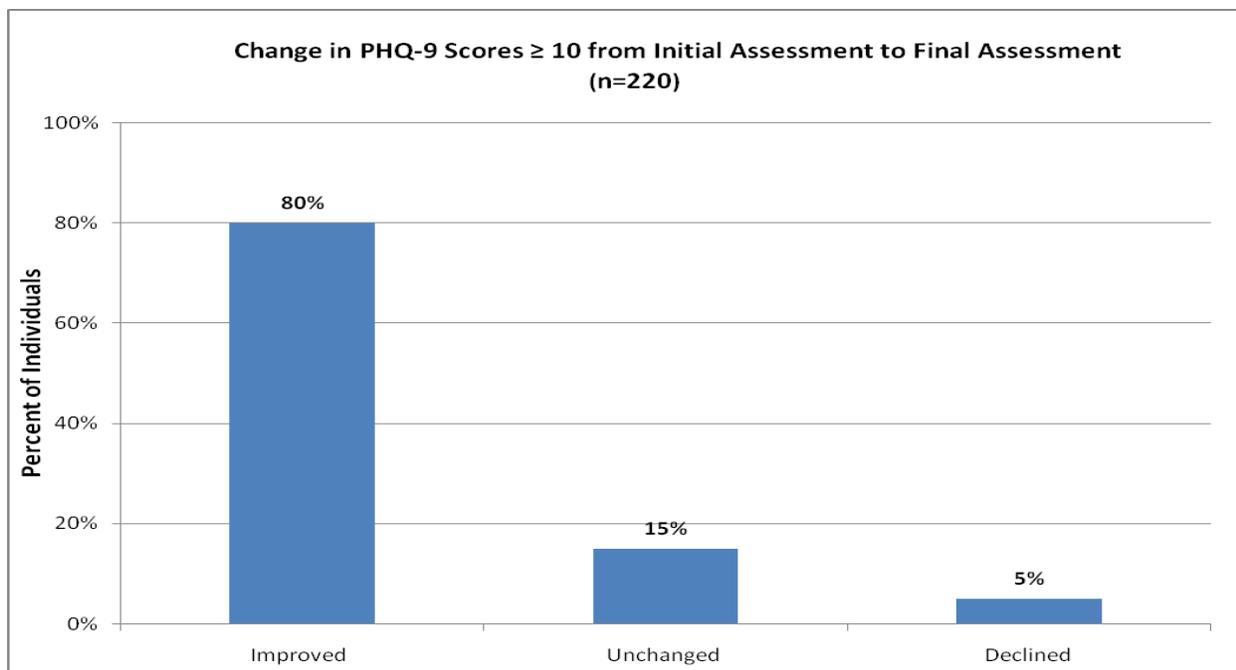
Data collected at assessment shows that programs are linking individuals in need to services, either directly to their own programs or by referral to other providers. A profile of needs identified at assessment showed that 59 percent (n=1218) of individuals assessed had high or moderate levels of mental health need; of these, 82 percent (n=993) then received or were referred to services. Similarly, 60 percent (n=1260) of individuals assessed had high or moderate levels of physical health need, and 86 percent (n=1066) of these individuals then received or were referred to services.

Among outcomes captured by the evaluation is the impact of treatment on individuals with symptoms of depression and anxiety. Table 2 below shows the distribution of PHQ-9 scores for individuals at their most recent assessment and whether those scores represented an improvement (lower severity score group), no change (same severity score group) or decline (higher severity score group) compared to their initial assessment scores. Many individuals who demonstrated even mild symptoms of depression at their initial assessment showed improvement at their most recent assessment. Similar patterns were observed regarding change in symptoms of anxiety.

Table 2: Change in Symptoms of Depression at Most Recent Assessment

PHQ-9 Score	Depression Severity	Improved		Unchanged		Declined		Total
		N	%	N	%	N	%	
0-4	None	0	0%	376	87%	56	13%	432
5-9	Mild	125	56%	69	31%	30	13%	224
10-14	Moderate	103	76%	23	17%	9	7%	135
15-19	Mod Severe	59	88%	7	10%	1	1%	67
20-27	Severe	15	83%	3	17%	0	0%	18
								876

The figure below shows that that 80 percent of individuals with at least moderate symptoms of depression (PHQ-9 score ≥ 10) at initial assessment showed improvement at their most recent assessment in a Physical Health – Mental Health Integration program. Similarly, 81 percent of individuals with symptoms of anxiety (GAD-7 score ≥ 10) showed improvement after three months of treatment.



IV: OTHER INITIATIVES

- In January 2010, staff from the New York State Office for the Aging (NYSOFA) briefed the Council on their Livable Communities initiative and Community Empowerment grants. The focus of the initiative is to provide a better quality of life for people of all ages and to enable seniors to remain in their homes and age with dignity and independence. Related to the initiative are agency community organizing and coalition building regional training activities and \$490,000 in Community Empowerment grants that were awarded to 15 not-for-profit organizations and local governments in 2009. Twelve of the grants were awarded to organize and undertake a planning process leading to a community empowerment plan, and three were awarded to implement innovative programs and activities to support successful aging in the community.
- The New York State Division of Veterans' Affairs (DVA), in collaboration with NYSOFA, sponsored a series of information seminars and benefit expositions across the State in 2010 to promote greater understanding and use of veterans' benefits, programs, and services. Drawing from their experience helping returning veterans secure their education benefits, DVA utilized some of the same approaches to engage as many veterans aged 55 years or older and their families as possible. The agency also completed a review of major issues impacting veterans in New York State aged 55 years or older, who make up approximately 71 percent of all the veterans in the State.
- The New York State Office of Alcoholism and Substance Abuse Services (OASAS) hosted a quarterly meeting of the Council in June 2010 largely devoted to the Substance Abuse and Mental Health Services Administration's Screening, Brief

Intervention, and Referral to Treatment (SBIRT) initiative. SBIRT targets those with non-dependent substance use and provides effective strategies for intervention prior to the need for more extensive or specialized treatment. Via videoconferencing, Robert Hazlett, PhD, of the Florida Department of Children and Families discussed the applicability of the initiative to older adults and his Brief Intervention and Treatment for Elders project in Florida. He conducted two days of SBIRT training at OASAS in Albany in September 2010 in anticipation of a 2011 Center for Substance Abuse Treatment grant opportunity for which New York State would be eligible.

As part of the State's 2011-12 Enacted Budget, Medicaid coverage for SBIRT will be extended to office-based primary care practitioners effective September 1, 2011. Reimbursement in other clinic settings, including clinics licensed or operated by OMH or OASAS, will be available once Ambulatory Payment Groups (APGs) have been fully implemented in these settings.

- In June 2010, NYSOFA staff informed the Council of their \$1,190,610 grant from the U.S. Department of Health and Human Services to develop programs to help older adults with chronic disease improve their ability to self-manage their illness and improve their quality of life. The program is called the Communities Putting Prevention to Work Chronic Disease Self-Management Program and is funded by the American Recovery and Reinvestment Act of 2009. The Stanford University Chronic Disease Self-Management Program, which serves as the model for this initiative, emphasizes the patients' role in managing their illness and building their self-confidence so they can be successful in adopting healthy behaviors.
- The service demonstration project operated by South Oaks Hospital turned to telepsychiatry in 2010 as a viable solution to many obstacles accessing psychiatry services on the North Fork of Long Island in Suffolk County. Working with a primary care physician in the Town of Southold, identified patients and screened and assessed by a mental health practitioner prior to telepsychiatric consultation, involving real time two-way communication between the patient and a psychiatrist at South Oaks Hospital and results in treatment recommendations to the primary care physician. The service is not Medicare reimbursable because Suffolk County is part of the New York Metropolitan area and not designated a health professional shortage area, but the hospital is planning to continue the initiative and expand services to pediatric practices.

V: PLANNING

Planning continues to be informed by the geriatric service demonstration projects, reflecting Council discussions in 2008 that urged capitalizing on the projects to identify lessons learned and innovative practices to set the base for geriatric mental health and chemical dependence care in the future.

Gatekeeper Programs

Gatekeeper programs are designed to proactively identify at-risk older adults in the community who are not connected to the service delivery system by utilizing “Gatekeepers,” i.e., non-traditional referral sources who come into contact with older adults through their everyday work activities.

Based on lessons learned from the three Gatekeeper service demonstration projects, those considering implementing such a program are likely to find that it does a good job identifying socially isolated older adults, engaging them, and identifying a wide variety of needs. Because connecting them with services can take time, the ability to provide needed interim client care and care coordination services is important. Fiscal viability is difficult to achieve because of few reimbursement options and the time-intensive nature of the work for a relatively smaller client population. However, extended community tenure for these older adults is a positive result.

Physical Health – Mental Health Integration Programs

Physical Health – Mental Health Integration programs are designed to provide physical and mental health care for older adults whose independence, tenure, or survival in the community is in jeopardy because of a behavioral health problem and entails either the co-location of mental health specialists within primary care or the improvement of collaboration between separate providers.

Building on lessons learned from the health integration geriatric service demonstration projects, OMH issued a Request for Proposals (RFP) in April 2011 for integrating physical and behavioral health care in either behavioral health or physical health care settings to assist older adults with mental health and/or substance use disorders. The RFP is largely intended for those who want to integrate physical and behavioral health care and are ready but need some seed money to begin implementing a sustainable integrated health program:

- The target population is older adults aged 55 years or older.
- Integrating behavioral health care into physical health care settings is one of two options the grant will fund because most people with behavioral health conditions – especially older adults – do not receive treatment, and those who do are treated primarily by general practitioners; additionally, such integration increases access, decreases stigma, has positive outcomes, and appears to be cost effective.
- Integrating physical health care into behavioral health care settings is the other of the two options the grant will fund because medical illness is prevalent among those with serious behavioral health conditions, yet it is often untreated or poorly treated and contributes to accelerated mortality; additionally, integration increases access to physical health care and improves overall health outcomes.

- In addition to physical and behavioral health disorders, behavioral and psychosocial issues that have an impact on health care are to be identified and addressed.
- Assessment, treatment, and any associated care management services are to be integrated or very highly coordinated.
- Behavioral health staff are to be part of the physical health staffing pattern, as physical health staff are to be a part of the behavioral health staffing pattern.
- Sustainability is a key factor because funding is intended only for integrated health programs that will be sustainable and fiscally viable without OMH support by the end of the two-year grant period.
- Related to this, OMH will be issuing an RFP to establish a Geriatric Technical Assistance Center to provide programmatic and fiscal technical assistance for new service demonstration project grantees with an emphasis on services, integration of care, and sustainability.

Planning Day Recommendations

As noted in last year's Annual Report, the Research Foundation for Mental Hygiene supported a Geriatric Mental Health and Chemical Dependence Planning Day at the New York Psychiatric Institute in May 2009 to assist in the development of a long-term plan for the delivery of care to geriatric populations in New York State.

Policy recommendations made by the end of the day included: (1) developing a repository of resources with information about promising practices from the service demonstration projects, including an outline of how to integrate mental health services in a physical health care setting or establish a Gatekeeper program; (2) identifying strategies for creating linkages across different systems of health care, e.g., across physical health, mental health, and chemical dependency systems; and (3) identifying what it takes to sustain a program, enhance sustainability, and determine how sustainability could be supported by revising Medicare or Medicaid rules.

Continued Progress

Regarding the Planning Day recommendations, lessons learned from the service demonstration projects were put to good use in designing the second round of RFPs, with additional information about promising practices anticipated as the programs conclude their five-year grant periods in June 2012. The new health integration grants will test a variety of strategies for creating linkages across different systems of health care during a time of major health care systems change in the nation, as well as in New York State.

Medicare/revenue optimization to support sustainability remains a primary focus of ongoing planning. With positive outcomes and lessons learned from the service

demonstration projects, a focus on fiscal viability and the potential for others to create effective and sustainable programs, progress continues to be made to better address the needs of older adults for mental health and chemical dependence services in New York State.