



Interagency Geriatric Mental Health and Chemical Dependence Planning Council

Office of Mental Health |

Office for the Aging |

Office of Alcoholism and
Substance Abuse Services |

Division of
Veterans' Affairs

2015 Annual Report

To the Governor and Legislature of New York State On Geriatric Mental Health & Chemical Dependence

I: Introduction

Ten years after the enactment of the Geriatric Mental Health Act, the initial two rounds of geriatric service demonstration program grants and the current third round grants continue to afford providers with the ability to replicate or otherwise create effective and sustainable programs to integrate physical and behavioral health to better address the needs of older adults with mental health and chemical dependence conditions.

Following nearly ten years of these successful service demonstration program grants, planning for the next round of service demonstration projects is underway. Grants will be based largely on recommendations made by members of the Interagency Geriatric Mental Health and Chemical Dependence Planning Council in June 2015 to improve local partnerships, expand outreach and off-site support, and utilize innovative technology to meet the unmet needs of older adults in New York State.

II: 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.

Funding to establish the geriatric service demonstration program was approved during the state's 2006-07 budget, and the legislation called for service demonstration projects in areas of community integration, improved quality of treatment in the community, integration of services, family support, finance, and staff training.

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 dependence needs.

III: Council Membership

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

- The Commissioner of the Office Mental Health (OMH), Co-chair of the Council;
- The Director of the 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 Justice Center for the Protection of People with Special Needs;
- 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.

IV: Initial Service Demonstration Projects

Round 1 Grants (2007-2012)

For the first round of service demonstration program grants, OMH solicited proposals for two types of programs: (1) *Gatekeeper* geriatric outreach programs designed to proactively identify at-risk older adults in the community who were not connected to the service delivery system; and (2) *Physical Health – Mental Health Integration* programs that entailed either the co-location of mental health specialists within primary care or the improvement of collaboration between separate providers. A total of nine, mostly health integration, projects were funded. The 2012 Annual Report includes health integration project descriptions and program evaluation findings related to data and lessons learned relevant to planning, and is accessible on the OMH website.

Round 2 Grants (2011-2014)

Under the second round of service demonstration program grants (*Integrated Physical and Behavioral Health Care for the Elderly*), OMH solicited proposals to integrate physical and behavioral health care in either behavioral health care settings (Model 1) or physical health care settings (Model 2) to assist older adults with mental health and/or substance use disorders in New York State. A total of 21 awards were made in two separate phases for two-year service demonstration projects. Also accessible on the OMH website, the 2014 Annual Report includes project descriptions; a summary of grantee experiences on the implementation,

services integration, and sustainability of their projects; a data summary; and planning recommendations.

V: Current Service Demonstration Projects

Round 3 Grants (2014-2016)

2015 marked the middle year of a three-year grant period for the current round of geriatric service demonstration program grants, *Integrated Health Care for Older Adults*, which continued to focus on integrating physical and behavioral health care for older adults in either behavioral health care settings (Model 1) or physical health care settings (Model 2). Because previous rounds of geriatric health integration projects demonstrated that collaborative partnership models of integrated health care increased the probability of creating and sustaining effective programs, grantees were required to engage in at least one formal internal or external agency partnership in order to assure the on-site provision of integrated services. Ten awards were made for a total of \$4,133,171 over three years.

Project Descriptions

- **Catholic Charities Neighborhood Services** (Model 1) – \$490,995 over 3 years

Catholic Charities is currently concluding negotiations with a local medical group as a partner that will expand the on-site hours and availability of primary care staff and services, as well as opportunities to work more closely with behavioral health staff to provide better integrated services. The target population will be mostly older adults receiving services at its Rockaway Mental Health Services clinic and Rockaway PROS program. Until recently, Catholic Charities had been partnering with the Joseph Addabbo Family Health Center to provide integrated physical and mental health care for individuals living in Far Rockaway, Queens.

- **Central Nassau Guidance and Counseling Services** (Model 1) – \$370,250 over 3 years

Central Nassau is currently integrating behavioral health treatment services with on-site primary care provided by a physician and supported by a medical assistant from Long Island Federally Qualified Health Center (LIFQHC). Other services include management of identified health problems, referral, and care coordination. Central Nassau had been partnering with Nassau Medical Associates – which was recently assimilated by LIFQHC – to increase access and utilization of needed physical health care services, diagnose and treat physical health conditions, and produce better health outcomes.

- **Citizen Advocates** (Model 2) – \$395,500 over 3 years

Citizen Advocates, Inc., North Star Behavioral Services is partnering with Alice Hyde Medical Center to integrate behavioral health screening, assessment, and treatment services for older adults in health centers in northern Franklin County located in Malone, Chateaugay, Moira, Fort Covington, and St. Regis Falls. Using a coordinated care model, the plan has been for two licensed clinical social workers to provide on-site behavioral health services as part of an integrated care team. One social worker has been retained to date, making the project currently operational at two of the five sites.

- **Equinox** (Model 1) – \$500,000 over 3 years

Equinox and its partner, the Whitney M. Young, Jr. Community Health Center, planned to provide integrated health care primarily for older adults in Equinox’s outpatient mental health clinic and PROS programs in Albany, New York. A part-time physician’s assistant from Whitney Young was to conduct physical exams, provide routine and emergent physical health care, and make referrals for more specialized care. However, efforts to obtain the regulatory approval required to provide on-site services as planned were unsuccessful and led to a decision to limit participation in the service demonstration program to first two years of the grant.

- **Erie County Medical Center Corporation** (Model 1) – \$185,447 over 3 years

Erie County Medical Center and its partner, the State University of New York at Buffalo’s School of Medicine and Biomedical Sciences Department of Internal Medicine, planned to address unmet needs for primary care services for older adults with serious mental illness in two of the hospital’s mental health clinics. Physical health care was to be provided by an on-site primary care physician and a nurse. However, changes at the hospital led to a series of implementation delays and a decision to limit participation in the service demonstration program to the first year of the grant.

- **Jewish Board of Family and Children’s Services** (Model 2) – \$441,592 over 3 years

JBFCFS assumed responsibility for this health integration project from Federation Employment and Guidance Service in June 2015. Consistent with the original project, JBFCFS is partnering with Maimonides Medical Center to identify and treat behavioral health disorders among older adults, implement a fully integrated care model, and reduce or stabilize the severity of chronic medical conditions exacerbated by behavioral disorders. A newly hired social worker and care coordinator are helping to integrate behavioral health with physical health care at Maimonides’ Geriatric Outpatient Practice in Southwest Brooklyn.

- **Glens Falls Hospital** (Model 2) – \$500,000 over 3 years

Glens Falls Hospital’s Behavioral Health Services is internally partnering with the hospital’s Adirondack Medical Services to integrate behavioral health care for older adults at its rural health centers in Washington County located in Greenwich and Granville. The project is currently operational at the Greenwich site, where integration is improving direct access to care and communication among providers. The hospital anticipates a significant amount of Delivery System Reform Incentive Payment (DSRIP) program monies for capital projects to support enhancement of the Greenwich facility and facilitate the replication of its health integration model in Granville and two other regional locations.

- **Liberty Resources** (Model 1) – \$500,000 over 3 years

Liberty Resources recently established an Article 28 diagnostic and treatment center in Syracuse to introduce and integrate primary care in the agency’s Brownell Center for Behavioral Health – an outpatient mental health clinic at the same location. Syracuse Jewish Family Services staff will be joining the project to conduct or coordinate PEARLS (the Program to Encourage Active Rewarding Lives) depression screens for older adults at

the Brownell Center, as well as in their places of residence and at identified community locations such as senior centers and geriatric housing programs.

- **Niagara Falls Memorial Medical Center** (Model 2) – \$500,000 over 3 years

Niagara Falls Memorial, in partnership with its Department of Psychiatry and the Dale Association, continues to improve clinical outcomes and quality of life for older adults by integrating physical and behavioral health care and senior services at one of the facility's primary care settings in Wheatfield, New York. Notably, the project includes a part-time senior advocate, whose services are intended to address the psychosocial needs of older patients through linkages and other resources in the community. Hospital leadership is planning to expand their integrated care model to three other outpatient primary care settings as part of the state's DSRIP program.

- **Odyssey House** (Model 2) – \$249,387 over 3 years

Through an internal partnership, Odyssey House placed a social worker at its Article 28 diagnostic and treatment center in East Harlem to facilitate the integration of behavioral health care in a physical health care setting. The target population is older adults who access primary care services at the center and have substance use disorders or co-occurring mental health and substance use disorders. As a member of the medical team, the social worker provides screening, assessment, and brief intervention services and serves as a behavioral health care manager to ensure appropriate referrals for treatment.

VI: Service Demonstration Project Supports

Program & Policy Development Staff

OMH staff in the Adult Community Care Group's Bureau of Program and Policy Development continue to provide ongoing program operational support for the geriatric service demonstration projects. Bureau staff have responsibilities for assigned projects that include on-site and off-site consultation and project oversight and work closely with staff responsible for the operation of New York State's Geriatric Technical Assistance Center.

Geriatric Technical Assistance Center

OMH established a Geriatric Technical Assistance Center (GTAC) in 2011 and contracted with the National Council for Behavioral Health to provide programmatic and fiscal training and technical assistance for the service demonstration program grants. Based on the themes of Integration, Data, Finance, and Wellness, GTAC's work with the third round of health integration grantees in 2015 included:

- Routine and as-needed site visits to all projects;
- Monthly individual project coaching calls to help implement work plans and meet overall grant goals;
- Reinforcing principles of integration, sharing best practices from around the country, and facilitating connections to clinical, organizational, and fiscal resources based on individual and group needs;
- Providing information to providers about veterans benefits and resources;

- Hosting face-to-face Learning Community meetings in Albany on (1) Uncovering the Actual Cost of Care, (2) Building Your Business Case for Integration: Clinical Excellence and Financial Sophistication, and (3) Tobacco Cessation, Chronic Pain Management, and Managed Care and Value Based Contracting;
- Group calls and seven skill development webinars to provide direct information and facilitate conversation among grantees;
- Promoting the importance of data and generating bi-monthly project data dashboards; and
- Connecting grantees to self-paced online courses on a variety of clinical topics and developing a bi-weekly digest on current health integration research and resources for a New York Integration Listserv.

VII: Next Service Demonstration Projects

Round 4 Grants (2017-2021)

Following nearly ten years of successful service demonstration program grants mostly focused on the integration of physical and behavioral health care, planning for the next round of service demonstration projects began in 2015.

Based largely on recommendations made by members of the Council in June 2015 for local partnerships, outreach support, off-site support, and technology to innovatively meet the unmet needs of older adults in New York State, development of a Request for Proposals (RFP) for these five-year grants was initiated in September. The RFP – *Partnership Innovation for Older Adults* – will be released in spring 2016, enabling the successful applicants of the fourth round of these service demonstration program grants to begin their projects in 2017.

Facts informing the scope of work to be articulated in the RFP include the following:

- The need to address the unmet needs of older adults for mental health, substance use, and aging services increases as the aging population itself grows. Less than ten years from now, in 2025, New Yorkers age 60 or older will make up more than 25 percent of the population in 51 of the state's 62 counties.
- The most common mental disorders of older adults are anxiety and/or major depressive disorders, which often contribute to severe social isolation and inactivity; depressive disorders contribute to the high rate of suicide among older adults, making adults age 65 years or older 50 percent more likely to commit suicide. The percentage of heavy drinkers among older adults has been estimated to be as high as 16 percent, and the misuse of prescription drugs is also of significant concern; older adults use prescription drugs nearly three times as often as the general population, and studies suggest that misuse is very common.
- Studies also suggest that focusing on basic human needs such as adequate nutrition, proper shelter, socialization, subsistence income, good hygiene, obtaining and taking needed medication, and regular medical visits are essential to good health – which underscores the need for appropriate home and community-based, non-medical, aging support services for older adults to maximize their ability to age in their communities, avoid higher levels of care, and improve positive health care outcomes.
- Nationwide, the largest number of veterans seeking services are in their 50s and 60s. The fact that not all of them are comfortable or willing to access care from a Veterans

Administration facility speaks to the need for additional knowledge and skills in the civilian provider community to effectively work with the state's aging veterans population.

- Finally, many older adults with behavioral health problems or their families are unidentified; others encounter difficulties accessing needed services because services are in short supply, they cannot afford them, they cannot travel to where services are provided, or service providers cannot speak their language or otherwise understand their culture. This speaks to the need for culturally competent mobile outreach and off-site services and the utilization of technological innovations.

VIII: Summary

With lessons learned from New York State's geriatric service demonstration program, a focus on fiscal viability, and the potential for providers to replicate or otherwise create effective and sustainable health integration programs, planning continues to be informed by the geriatric service demonstration projects. Doing so reflects 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.

Going forward, there is every indication that the next round of service demonstration program grants will similarly identify lessons learned and innovative practices related to meeting the unmet needs of older adults for mental health, substance use, and aging services through a collaborative partnership of local providers of these services.