



# 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' Services

## 2018 Annual Report

to the Governor and Legislature of New York State  
on Geriatric Mental Health and Chemical Dependence





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## INTRODUCTION

For planning and addressing the mental health and chemical dependence needs of older adults in New York State, 2018 was a very good year.

The Geriatric Mental Health Act was amended to foster and support collaboration between providers of home care and mental health services to integrate care as part of the geriatric service demonstration program, while members of the Geriatric Mental Health and Chemical Dependency Planning Council (the Council) developed a list of ten planning recommendations and continued to collaborate in a number of important areas affecting the needs of the state's older adult population.

Actions taken to better support and enable older adults with serious mental illness age in place are noted in this report, as are examples of work accomplished during the year on behalf of older adults by a Council member state agency whose mission is to support and empower older adults and their families. Also included is information about the state's innovative approach to protecting vulnerable adults from financial exploitation and co-occurring forms of abuse through the creation of Enhanced Multidisciplinary Teams.

Finally, eight *Partnership Innovation for Older Adults* grant projects made possible by the Geriatric Mental Health Act completed their second year of operation in 2018. Required to develop and utilize substantial mobile outreach and off-site services, the report highlights each of their approaches to outreach and engagement.

## GERIATRIC MENTAL HEALTH ACT

New York State enacted the Geriatric Mental Health Act in August 2005. The law, which took effect in April 2006, authorized the establishment of an Interagency Geriatric Mental Health Planning 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 first approved during the state's 2006-07 budget year, the legislation calling for service demonstration projects in areas

such as community integration, improved quality of treatment in the community, integration of services, workforce development, family support, finance, specialized populations, information clearinghouse, and staff training.

Amendments to the Geriatric Mental Health Act in 2008 expanded the scope of the Council to include chemical dependence and veterans. The amendments changed the name of the Interagency Geriatric Mental Health Planning Council to the Interagency Geriatric Mental Health and Chemical Dependence Planning Council, increased membership of the Council from 15 to 19 members, added the Commissioner of Alcoholism and Substance Abuse Services and the Director of the Division of Veterans' Affairs (now the Division of Veterans' Services) as co-chairs of the Council, added the Adjutant General as an ex-officio member of the Council, and changed requirements for Council recommendations and joint annual reports to address both geriatric mental health and chemical dependence needs.

In acknowledging the importance of aging in place, the law was more recently amended in October 2018 to foster and support collaboration between licensed or certified providers of home care services and mental health providers for the integration of health and mental health care as part of the geriatric service demonstration program.

### **COUNCIL MEMBERSHIP**

The Geriatric Mental Health and Chemical Dependence Planning Council is composed of the following 19 members:

- The Commissioner of the Office Mental Health (OMH), Co-chair of the Council;
- The Director of the Office for the Aging (NYSOFA), Co-chair of the Council;
- The Commissioner of Alcoholism and Substance Abuse Services (OASAS), Co-chair of the Council;
- The Director of the Division of Veterans' Services, Co-chair of the Council;
- One member representing the Office for People with Developmental Disabilities;
- The Adjutant General;
- One member representing the Justice Center for the Protection of People with Special Needs;
- One member representing the Department of Health (DOH);
- One member representing the Education Department and the Board of Regents;
- One member representing the Office of Children and Family Services (OCFS);
- 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.

### **COUNCIL COLLABORATION**

The Council and its members continued to collaborate with others in a number of important areas affecting the behavioral, physical, and psychosocial health needs of older adults in New

York State in 2018. Council meetings included presentations, agency updates, and reporting on work related to:

- Opportunities for behavioral health and home health care collaboration;
- An analysis of long-term services and supports received by OMH housing residents;
- Anticipated changes to OMH telepsychiatry regulations;
- A Council subcommittee to address geriatric planning priorities;
- Ulster County's *Partnership Innovation for Older Adults* service demonstration project;
- Programmatic and fiscal technical assistance provided by OMH's Geriatric Technical Assistance Center to all eight service demonstration projects; and
- An updated analysis of long-term care services and supports by each OMH region.

Council member state agency staff from DOH, NYSOFA, OASAS, OCFS, and OMH also supported a number of statewide conferences and education and training initiatives related to the geriatric population through assistance in planning programs, delivering presentations, and serving on expert panels, including the following two conferences and a symposium on older adults.

Sponsored by the Association on Aging in New York, the annual two-day *Aging Concerns Unite Us* conference provided 33 educational workshops for local area agencies on aging and other leaders in the field, attracting more than 470 professionals from New York State who provide services for older adults and their caregivers. The 2018 conference included presentations by Council member state agency staff on topics such as "Making the Case for Age Friendly Communities," "Money Follows the Person in New York State," "Elder Abuse Interventions and the E-MDT Initiative," and "What's New in the World of Consumer Directed In-Home Services." Keynote speakers presented on opportunities to improve health under value based payment by aligning social determinants of health and behavioral health with traditional health care.

The *2018 Adult Abuse Training Institute*, presented by the Brookdale Center for Healthy Aging on behalf of OCFS, brought together more than 400 participants from a variety of public, non-profit, and private sector service providers for this, its 25<sup>th</sup> annual, conference. Staff from four Council member state agencies served on the institute's steering committee, and staff from DOH, NYSOFA, OASAS, and OCFS served as moderator and/or conducted a number of workshops on topics such as "Veterans Benefits," "Successfully Engaging Underserved Communities," "Investigating Financial Exploitation," and "Geriatric Substance Abuse: The Hidden Epidemic." Staff from a current geriatric service demonstration project in Orange County presented on "Linking Older People to Behavioral Health Services: Connection and Community."

More than 200 practitioners, advocates, educators, government partners, and other stakeholders attended *The Future of Geriatric Behavioral Health*, a half-day symposium at New York University's Kimmel Center in September 2018 on meeting the behavioral health needs of a rapidly growing older adult population. The symposium featured keynote speaker Gary Kennedy, MD, of Montefiore/Albert Einstein College of Medicine; a clinical panel on "Innovating for Integrated, Collaborative Health Care for Older Adults"; and a behavioral health policy panel on "Where Do We Go From Here – Behavioral Health Policy for Older Adults" that included representation from the Geriatric Mental Health Alliance of New York and Council member state agency staff from OMH.

## COUNCIL PLANNING RECOMMENDATIONS

The Council approved a proposal at its June 2018 meeting to form a subcommittee to address geriatric planning priorities by (1) identifying and prioritizing the behavioral health needs of the geriatric population and (2) working with OMH to embed these priorities into planning guidance.

By the end of the year, the planning subcommittee had developed and prioritized a list of ten recommendations, which are summarized below in higher to lower priority order:

- State behavioral health agencies should make older adults a priority population and develop a plan that comprehensively addresses their behavioral health needs;
- The State should invest in comprehensive community-based services for older adults with behavioral health needs, including outreach services for at-risk older adults and in-home services provided in person or through technology;
- The State should provide programs and/or supports to ensure that older adults with behavioral health challenges can live in community settings (age in place), including help with moving out of institutions and remaining in the community;
- The State should conduct a statewide study to collect relevant epidemiological data to inform planning efforts for current and future cohorts of older adults with behavioral health needs in diverse settings, particularly housing;
- Services for older adults with serious, long-term behavioral health needs are important and should include ACT teams for older adults, rehabilitation programs responsive to their needs and goals, and supportive housing suitable for those with chronic health conditions and disabilities;
- The State should invest in a culturally and clinically competent geriatric behavioral health workforce, including allied services professionals such as home care providers and a network of peer support services for older adults;
- The State should ensure integration and cooperation among mental health, substance use disorder, physical health, and aging services systems of care to holistically address comorbidities in the older adult population;
- The State should ensure that Medicaid managed care initiatives facilitate a smooth transition to Medicare funded services for older adults with behavioral health needs, including multi-directional, trauma-informed integration of care across systems;
- The State should identify and remedy the bureaucratic challenges associated with accessing long-term care services and supports for older adults with behavioral health needs, including addressing the lack of mental health benefits in Medicaid Long-Term Care programs; and
- The State should launch a public education campaign to raise awareness of the aging of New York's population and to better identify and understand its growing behavioral health needs.

Members of the subcommittee also met with staff from OMH's Office of Planning to share the recommendations with them, help inform the agency's 5.07 plan, and include the recommendations in other appropriate planning documents. Section 5.07 of the Mental Hygiene Law requires OMH to develop a Statewide Comprehensive Plan for the provision of state and local services to individuals with mental illness as part of a planning process that begins in March each year.



## **AGING IN PLACE**

Aging in place describes a person's ability to live safely and independently in the home and community setting of his or her own choice with meaningful opportunities to be engaged with family, friends, and others in the community; it is, by far, the residential preference of most population groups, including older adults and those with physical, cognitive, or behavioral health challenges, and often requires the provision of additional services and supports to meet existing or changing needs.

Having dedicated additional staff resources to work in the area of long-term care to better support and enable older adults with serious mental illness age in place, OMH initiated a series of discussions with its residential providers on the long-term services and supports (LTSS) needs of their residents. An OMH data analysis completed in 2018 found that more than half of the residents across all of the agency's housing programs were adults age 50 or older and that many of them were likely to benefit from receiving LTSS. OMH also worked with its housing programs to identify strategies to increase access to community-based LTSS for individuals in supported housing trying to age in place and for transition and maintenance support needed for individuals with co-occurring health needs leaving institutional settings for the community.

Participants in pilot projects with state-operated community residences and transitional living residences in Long Island and Queens have begun collaborations with OMH supported housing providers and home care agencies to identify how to prepare their residents for a successful transition to aging in place in OMH community-level housing.

OMH also reached out to home care agencies and their trade associations during the year to foster partnerships between OMH residential providers and community-based providers of LTSS. They found that a good number of resident needs could be addressed by home care agency services in New York State, which include professional services such as care management, nursing, physical therapy, occupational therapy, speech pathology, social work, respiratory therapy, and nutritional counseling; aide care including home health aide, personal care aide, and housekeeper; telehealth services; and other home and community support services such as home adaptations, home delivered meals, social day care, and medical supplies and appliances.

Finally, OMH's collaboration with the Home Care Association of New York State and others to better support and enable older adults with serious mental illness age in place helped amend the Geriatric Mental Health Act in October 2018 "to foster and support collaboration between providers of home care services licensed or certified under article thirty-six of the public health law and mental health providers for the integration of health and mental health care" under the geriatric service demonstration program.

## **SUPPORTING & EMPOWERING OLDER ADULTS**

NYSOFA's mission is to help older adults in New York State be as independent as possible for as long as possible through advocacy and the development and delivery of person centered, consumer oriented, and cost effective policies, programs, and services that support and empower older adults and their families, in partnership with the network of public and private organizations that serve them.

Presented below are examples of work accomplished on behalf of older adults in 2018 and a sample of goals the agency set for 2019.

### **Improving Health Across the Lifespan**

Governor Andrew M. Cuomo issued Executive Order #190 in November 2018 directing state agencies to include New York State's Prevention Agenda priorities and the eight domains of livability for age-friendly communities developed by AARP and the World Health Organization (WHO), where appropriate, into federal and state plans and agency policies, procedures, and procurement. The executive order builds on New York's designation as the first "age-friendly state" in the nation in 2017 by systematically incorporating population health needs, the domains of livability, and smart growth principles to improve health and well-being across the lifespan.

### **Age-Friendly Planning Grant Program**

Partnering with the New York State Department of State and DOH, NYSOFA initiated a grant program to help communities become more healthy and age-friendly. The program, which will provide one grant to communities in each of the state's 10 Regional Economic Development Council (REDC) regions, has four application options: Option 1 is for counties seeking to adopt and incorporate age-friendly, livable community, and smart growth principles in their county plans and procurement opportunities; Option 2 is for counties seeking designation as an age-friendly community from AARP/WHO; Option 3 is for counties to utilize both Options 1 and 2; and Option 4 is for counties (or municipalities, academic institutions, or not-for-profit community-based organizations with a demonstrated memorandum of understanding or letter of agreement with the county government) to apply to be an Age-Friendly Center of Excellence to provide training, mentorship, and regional leadership for participating awardees beginning this work under Options 1, 2, or 3.

### **Aging Mastery Program**

The Aging Mastery Program is a 10-session engagement and behavior change program developed by the National Council on Aging designed to educate, encourage, and support older adults improve their health, financial security, and overall well-being. NYSOFA expanded the program to 26 counties during the year, following a research trial in New York whose preliminary results found that participants who completed the core curriculum significantly increased their physical activity levels, healthy eating habits, use of advanced planning, social connectedness, and participation in evidence-based self-management programs.

### **Supporting the Village Movement**

Based on the idea of neighbors helping neighbors, the Village movement is consumer-led in its origins and in its approach to support the ability of older adults and those with physical and/or behavioral health challenges age in place. Villages, also called Virtual Villages or Intentional Communities, often begin as a loosely structured group of individuals in a defined neighborhood or area who form a nonprofit membership organization to provide access to services that make it possible for them to remain in their homes. These services typically include transportation, grocery shopping, meals, personal care, home health care, light home maintenance and repair, technology assistance, education, social activities, and whatever other services are needed to support aging in place.

NYSOFA provided seed funding for four additional Villages in New York State during the year. To assist communities interested in becoming Villages, the agency has partnered with the Albany Guardian Society to create a Villages Technical Assistance Center to help support and expand the movement throughout the state.

### **Regional Caregiver Forums**

“Caring and Respite Across the Lifespan: Linkages and Partnerships” was the focus of five Regional Caregiver Forums conducted by NYSOFA, the Association on Aging in New York, the New York State Caregiving and Respite Coalition, and the New York State Kinship Navigator in spring 2018. The forums were held for staff who administer and provide caregiving services and NY Connects services, members of the Kinicare Coalition, and caregivers, among others to better understand what caregiver and respite supports and services are available statewide and to learn how services could be expanded and enhanced through innovative ideas and strong partnerships.

### **Sample of NYSOFA Goals for 2019**

- Support training for local area agencies on aging by enabling them to prioritize and access any three of more than 27 online training topics at Boston University’s Center for Aging and Disability Education and Research
- Pilot the use of automated companion pets for socially isolated older adults in 14 counties
- Facilitate local partnerships to continue to reduce social isolation through expanding the Aging Mastery Program, supporting expansion of the Village movement, and expanding transportation options
- Partner with OMH to create inspirational information cards for older adults and caregivers to promote positive, healthy aging and raise awareness of NY Connects and mental health services
- Increase behavioral health screenings through New York’s expanded and enhanced No Wrong Door system
- Strengthen relationships between local area agencies on aging and behavioral health providers to increase referrals for treatment

## **PROTECTING VULNERABLE ADULTS**

The New York State Coalition on Elder Abuse calls financial exploitation a fast growing and complex form of elder abuse that can have devastating consequences for older adult victims. The state’s innovative approach to combat it involves the creation of Enhanced Multidisciplinary Teams (E-MDTs) composed of professionals from varied disciplines who focus on financial exploitation while also addressing co-occurring forms of abuse.

E-MDTs have access to a forensic accountant and geriatric psychiatrist in addition to the expertise of professionals in aging services, the financial industry, law, and law enforcement to provide a holistic response with recommendations and support to those working on complex cases of financial exploitation. Team membership is based on the needs and resources of a county and most often includes individuals representing key programs and services. Nearly two dozen E-MDTs were created in New York as the result of a 2012-2016 Elder Abuse Prevention Interventions Initiative funded by a federal grant awarded to NYSOFA by the Administration for Community Living.



Building on that grant in 2018, Governor Andrew M. Cuomo announced a new \$8.4 million project supported by state and federal monies and developed by the state Office of Victim Services and NYSOFA called the Elder Abuse Interventions and Enhanced Multidisciplinary Teams Initiative that will not only fund and support the 23 existing E-MDTs but also establish up to 40 new teams with the goal of serving every county in the state by the fall of 2020. The new project is also tasked with developing and establishing a New York Statewide Elder Justice Center Hub to support the work of the E-MDTs and with funding pilot initiatives that provide direct services and support victims of elder abuse and financial exploitation.

NYSOFA is partnering with Lifespan of Greater Rochester and Weill Cornell Medicine's NYC Elder Abuse Center to manage, monitor, and distribute the new funding. The two agencies will also provide technical assistance and training, collect data, and see that E-MDTs have the forensic accounting, geriatric psychiatry, and community legal services they need.

## **PARTNERSHIP INNOVATION FOR OLDER ADULTS**

Eight *Partnership Innovation for Older Adults* grant projects made possible by the Geriatric Mental Health Act completed their second year of operation in 2018. They are required to form and sustain a local "triple partnership" of mental health, substance use disorder, and aging services providers to innovatively address the unmet of older adults for such services.

The projects are also required to: (1) access behavioral health services for those in aging services programs who need them; (2) access aging services for those in behavioral health services programs who need them; (3) develop and utilize substantial mobile outreach and off-site services capacity to identify at-risk older adults in the community who are not connected to the service delivery system or who encounter difficulties accessing needed services, assess their needs for services, and provide and/or access services to address unmet needs; and (4) utilize technological innovations such as telecare, telemedicine, telepsychiatry, and mobile technologies.

### **Outreach and Engagement**

What follows is a brief description of each grant project and a summary of their approaches to outreach and engagement.

- **Central Nassau Guidance & Counseling Services**

Central Nassau's triple partnership includes the Family & Children's Association and the Nassau County Office for the Aging, with each of the three agencies responsible for delivering a specific set of services county-wide. Their program, called the "Link-Age Project," is designed to identify the need for services and utilizes care coordination to connect older adults to a range of supports delivered by more than 75 collaborative agencies in Nassau County.

*Initial outreach and engagement activities included contacting every local hospital in Nassau County, sending them information about their program, and following up; attending 15-20 tabling events involving 2,500 seniors; sending information about their program to local physicians who specialize in geriatrics or neurology; and reaching out to senior centers, churches, synagogues, and Hispanic counseling and social services agencies such as the Hispanic Counseling Center and Hispanic Brotherhood. More recently, the project hopes to*

*expand outreach to the children and grandchildren of their older adult clients because so many of them become their caregivers.*

- **CoveCare Center**

CoveCare's triple partnership project, called "Senior Partnership Services," includes the Putnam County Office for Senior Resources and the National Council on Alcoholism & Other Drug Dependencies/Putnam. Providing care management, behavioral health treatment, and recovery coaching for older adults, most services are delivered on-site in the homes of seniors or elsewhere in the community to support aging in place.

*Groups that the program targeted for outreach include individuals who struggle to maintain connections with providers in the mental health clinic, those who attend programs or are otherwise involved with Office of Senior Resources services, those who repeatedly call 911 or police departments, those unable to connect with mental health services due to medical issues, those who are homeless, and those who lack financial resources or insurance. New outreach activities include a contract with Comcast to broadcast the program's commercial on Comcast channels, articles for local newspapers regarding substance use and peer supports for older adults in the community, development of an updated Senior Guide being sent to everyone in the county age 60 or older, and newly developed relationships with CareMount Medical, a multi-specialty medical group located at Putnam Hospital Center.*

- **Family Services of Westchester**

The goal of Family Services of Westchester's triple partnership, which includes the Westchester County Department of Senior Programs and Services and the Lexington Center for Recovery, is to reduce the isolation and decline that can accompany untreated behavioral health and unaddressed aging issues. Their program provides mobile outreach and behavioral health services and utilizes a model telehealth intervention program.

*Staff have targeted traditional and non-traditional groups throughout the county to increase the identification and engagement of older adults in need of assistance and have been highly successful in working with providers and members of the community who know homebound older adults who are not receiving services. Groups initially targeted for outreach included senior centers, community centers, rotary groups, mental health and substance use disorder clinics, senior health and wellness fairs, home health agencies, livable communities events, and legislative days. More recently, staff have been working with "groups within groups," such as care coordinators within medical groups or ministry groups within faith groups.*

- **Flushing Hospital Medical Center**

Flushing Hospital's triple partnership, which has included the New York City Department for the Aging and Arms Acres, provides culturally and linguistically competent behavioral health and aging services for a population of older adults in a community-based senior center in Flushing, New York. The population consists of Chinese speaking older adults; some of them are high functioning, but many others are lower functioning and have unmet behavioral health needs that put their independence, tenure, or survival in the community at risk.

*Staffed by an Adult and Psychiatric Nurse Practitioner who speaks Mandarin Chinese and a Licensed Mental Health Counselor who speaks Chinese, the program employs outreach and*

*engagement strategies to link older adults to services and social support opportunities; it also uses health monitoring technology (Fitbits) to assist individuals create behavioral modification objectives to improve their health and mental health outcomes and overall quality of life. The project has engaged members of the senior center in becoming actively involved in groups and self-mastery activities related to cholesterol, diabetes, cognitive function, hypertension, mental challenges, mood, anxiety, depression, substance use, the importance of movement in health, and social support.*

- **Institute for Family Health**

The Institute for Family Health's triple partnership includes the Ulster County Office for the Aging and Step One Child & Family Guidance Center Addiction Services. Their program utilizes mobile outreach to engage older adults who are not connected with the county's traditional behavioral health and aging services and provides care navigation and behavioral health and aging services to older adults to increase access to services and reduce barriers to engagement in services.

*Targeting older adults in Ulster County not connected with traditional services, the project initiated a community education campaign through lunch-and-learn presentations and health fairs on topics such as "Healthy Aging 101," "Medications 101," and "How Seemingly Benign Activities Can Cross Over and Become Problem Behaviors"; produced and distributed brochures and flyers; made outreach calls; and used an email list of more than 1,800 people through their Office for the Aging partner. More recently, staff held health fairs in Ellenville, a particularly rural area, to engage seniors with no easy access to transportation and helped sponsor bus rides to and from sites where older adults were able to participate in wellness programs and receive free meals.*

- **Niagara County Department of Mental Health**

Called the "Niagara Partnership for Healthy Aging," the Niagara County Department of Mental Health's triple partnership includes the Niagara County Office for the Aging and Northpointe Council. Its focus is on creating a strong, connected network of behavioral health and aging services providers and leveraging other existing supports to meet the needs of at-risk older adults in Niagara County, helping them not only remain safe in the community but also flourish.

*Initial outreach and engagement activities included conducting information sessions with hospital discharge planners and home care agencies and presenting at community meetings involving crisis services, the Elder Abuse Council, Single Point of Access providers, the Tonawanda Community Hub, and the Rural Coalition of Human Services. Access to otherwise isolated individuals was provided through Office for the Aging meal delivery and nutrition site programs and appearances on a local television cooking show to promote the triple partnership project. More recently, staff initiated efforts to engage emergency responders for assistance in contacting hard to reach, isolated older adults and began mailing letters with program brochures to recipients of home delivered meals.*

- **Onondaga County Department of Adult & Long Term Care Services**

The Onondaga County Department of Adult & Long Term Care Services and its partners, Liberty Resources, Aurora of Central New York, and Helio Health, are expanding services for a diverse population of older adults. Called the "Senior Health and Resource Partnership

(SHARP) Project,” the program seeks to increase the integration of aging and behavioral health services while addressing barriers to accessibility such as limited English language proficiency, cultural mores, poverty, cognitive and physical impairments, perceived shame, and isolation.

*Groups that the program has targeted for outreach include refugees and new immigrants because Onondaga County has one of the highest percentages of refugees in the country and the second highest percentage (25%) of refugees who settle in the state. Other groups include older adults who are members of the LGBTQ community or have low income or limited English proficiency or sensory loss or are age 85 or older or are not eligible for protective services for adults or are rural dwellers. Project brochures are available in Arabic, English, Nepali, Spanish, Swahili, Vietnamese, and in large print English and Spanish. Targeting outreach to populations that typically have little access to services, the SHARP Project has had outreach contacts with at least 500 individuals.*

- **Orange County Department of Mental Health**

The Orange County Department of Mental Health’s triple partnership includes Catholic Charities of Orange County and the Orange County Office for the Aging. Their program, called the “Welcome Orange Geriatric Initiative (WOGI),” offers older adults behavioral health assessment and treatment services and linkages to existing aging and other community-based services. Plans for telepsychiatry services are underway to better engage individuals who have difficulty accessing place-based services and treatment.

*From the outset, staff participated in community events and met with individual agencies to inform others in the community about the program. Outreach activities included attendance at the Orange County Senior Expo, National Night Out events, community wellness events, and in retirement and senior housing complexes. Staff also worked with local hospitals (a source of many referrals), primary care providers, and other community providers and agencies. To support efforts to increase diversity in the population to be served in 2019, the project has translated brochures in languages other than English and increased outreach to churches and not-for-profit agencies that serve more diverse communities.*

## **Grant Project Support**

OMH staff in the Office for Performance Measurement and Evaluation continued to collect and review data reported by each of the service demonstration projects to inform and support their efforts and to conduct implementation and outcomes evaluations of their work.

OMH staff in the Division of Adult Services’ Bureau of Program and Policy Development continued to provide ongoing program operational support for each of the grant projects. With responsibilities for assigned projects that include on-site and off-site consultation and project oversight, they also approve contract work plans, monitor contract deliverables, review requests for program and/or budget changes, work with OMH field office staff, facilitate communication with others at the agency, serve as grant project advocate, and troubleshoot and problem solve with and on behalf of each grantee.

In addition, OMH worked closely with contract staff responsible for the operation of New York State’s Geriatric Technical Assistance Center (GTAC), which was established by OMH in 2012 to provide programmatic and fiscal training and technical assistance for the geriatric service

demonstration program. Staffed by the National Council for Behavioral Health, GTAC's work with the *Partnership Innovation for Older Adults* projects in 2018 included:

- Visiting each of the grant project sites twice a year for half a day;
- Conducting individual project coaching calls;
- Conducting group coaching calls involving all of the grant projects;
- Conducting "affinity group" calls on selected subjects;
- Hosting three face-to-face Learning Community meetings of grantees in Albany that covered topics such as "Telehealth Update from the State," "Social Isolation," "Depression Screening Affinity Groups," "Older Adults Technology Showcase and Discussion," "Key Components of a Successful Partnership," "Effective Methods of Outreach, Engagement, and Support for Older Adults with Substance Use Disorder Needs," "Partnership Data Sharing," "Interactive Partnership Activities," "Sharing Outreach Strategies," "Embracing Our Differences," "Addressing Health Disparities in Older Adults," and "Trauma-Informed Care for Older Adults";
- Producing a monthly *Partnership Innovation for Older Adults* newsletter; and
- Hosting and cross-promoting webinars relevant to working with older adults.

## SUMMARY

Planning and addressing the mental health and chemical dependence needs of older adults in New York State is taking full advantage of the provisions of the Geriatric Mental Health Act, the planning and collaborative efforts of the Geriatric Mental Health and Chemical Dependence Planning Council and its members, a number of state and federally supported initiatives, Council member state agency accomplishments, and *Partnership Innovation for Older Adults* service demonstration program grants to create local partnerships of mental health, substance use disorder, and aging services providers to innovatively address the unmet needs of older adults these services.