



# Interagency Geriatric Mental Health and Substance Use Disorder Planning Council

Office of Mental Health

| Office for the Aging

| Office of Addiction Services  
and Supports

| Division of  
Veterans' Services

## 2019 Annual Report

to the Governor and Legislature of New York State  
on Geriatric Mental Health and Substance Use Disorders





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## INTRODUCTION

New York State continued to advance its efforts to meet the mental health and substance use disorder needs of its older adult population in 2019.

Amendments to the Geriatric Mental Health Act changed the name of what had been known as the Interagency Geriatric Mental Health and Chemical Dependence Planning Council to the Interagency Geriatric Mental Health and Substance Use Disorder Planning Council (the Council). The Council and its members collaborated in a number of important areas affecting the behavioral, physical, and psychosocial health needs of the state's older adult population.

Two of the four state agencies that serve as Co-Chairs of the Council also changed their names. What had been known as the Office of Alcoholism and Substance Abuse Services is now the Office of Addiction Services and Supports to reduce the stigma of addiction and better highlight the services and supports offered to individuals and families across the state. What had been known as the Division of Veterans' Affairs is now the Division of Veterans' Services so as not to be confused with the United States Department of Veterans Affairs.

Examples of work accomplished to address the geriatric behavioral health and other needs of the residents of New York in 2019 are noted in this report. They include but are not limited to:

- Aging in place initiatives to make it more possible for those with serious mental illness live and age in place in the most integrated and least restrictive community setting possible;
- Age-friendly planning grants awarded to 14 counties across the state to incorporate age-friendly community principles into all relevant policies, plans, ordinances, and programs;
- A long-term care planning project to address the emerging needs of New York's aging population;
- An automated "pet pilot" to combat social isolation and depression among older adults;
- Online certificate programs and training for case managers and other practitioners serving older adults and persons with disabilities;
- A series of five one-day veterans human rights conferences; and
- A new state law that restores state veterans benefits eligibility for veterans who received a less than honorable discharge as a result of their sexual orientation, gender identity, military sexual trauma, traumatic brain injury, or post-traumatic stress disorder.

In addition, eight *Partnership Innovation for Older Adults* geriatric service demonstration program grant projects made possible by the Geriatric Mental Health Act completed their third of five years of operation in 2019. Included in this report is information about each of the grant projects, project supports, and a mid-grant evaluation.

## **GERIATRIC MENTAL HEALTH ACT**

New York State enacted the Geriatric Mental Health Act in 2005. The law 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.

2008 amendments to the Geriatric Mental Health Act expanded the scope of the Council to include chemical dependence and veterans. The amendments also changed the formal name of the Council to the Interagency Geriatric Mental Health and Chemical Dependence Planning Council (now the Interagency Mental Health and Substance Use Disorder Planning Council); increased membership from 15 to 19 members; added the Commissioner of Alcoholism and Substance Abuse Services (now the Office of Addiction Services and Supports) 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 amended in 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. 2019 amendments to the statute changed the formal name of the Council to the Interagency Geriatric Mental Health and Substance Use Disorder Planning Council and noted that providers of substance use disorder and/or compulsive gambling services and providers of health and aging services were able to receive Office of Mental Health geriatric service demonstration program grants in areas such as community integration, improved quality of treatment in the community or in residential facilities, workforce programs, veterans as a specialized population, information clearinghouse, and staff training.

## **COUNCIL MEMBERSHIP**

The Interagency Geriatric Mental Health and Substance Use Disorder 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 the Office of Addiction Services and Supports (OASAS), Co-chair of the Council;

- The Director of the Division of Veterans' Services (DVS), Co-chair of the Council;
- One member representing the Office for People with Developmental Disabilities (OPWDD);
- 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 2019. Council meetings included presentations, agency updates, and reporting on work related to:

- Enhancing collaboration between behavioral health and long-term systems of care to meet individual needs;
- A data analysis of the utilization of long-term services and supports in the community;
- An overview of data collected from the current round of geriatric service demonstration grant projects;
- A status report on OMH's draft telemental health regulations;
- The successful utilization of telepsychiatry in Onondaga County's geriatric service demonstration grant project;
- Providing support and encouragement to older adults using peer-to-peer, non-crisis warm lines;
- Telephonic support for older adults through NY Connects and county operated telephone reassurance programs;
- Continued establishment of Enhanced Multi-Disciplinary Teams in New York State;
- An update on OMH's aging in place demonstration project to provide immediate access to long-term services and supports in the community for individuals identified as long-term stay patients or at risk of becoming long-term stay patients in an OMH psychiatric center;
- Adoption of OMH telemental health regulations;
- Planning for the next round of geriatric service demonstration program grants; and
- NYSOFA's Animatronic Pet pilot project to combat social isolation and depression in older adults.

### **EDUCATION AND TRAINING**

Council member state agency staff from DOH, DVS, NYSOFA, OASAS, OCFS, OMH and OPWDD 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 three conferences.

The annual two-day *Aging Concerns Unite Us* conference sponsored by the Association on Aging in New York, provided 33 educational workshops for local area agencies on aging and other leaders in the field, attracting 480 professionals from New York State who provide services for older adults and their caregivers. The 2019 conference included presentations by Council member state agency staff from DOH and NYSOFA on topics such as “Using Digital Media in the Age of Information to Drive Advocacy, Improve Engagement, and Increase Program Participation,” “Lessons Learned from Early Implementers of the Senior Health Improvement and Nutrition Education Project,” “Screening Tools for Elder Abuse in Healthcare Settings,” and “The Changing Landscape of Case Management.”

Presented by the Brookdale Center for Healthy Aging on behalf of OCFS, the *2019 Adult Abuse Training Institute*, brought together more than 400 participants from a variety of public, non-profit, and private sector service providers for a three-day conference on seeking justice and support for victims of adult and elder abuse. Staff from NYSOFA, OASAS, and OMH served on the institute’s steering committee, and staff from DVS, NYSOFA, OASAS, OCFS, OMH, and OPWDD served as moderators and/or conducted a number of workshops on topics such as “Health Across All Policies and Healthy Aging in New York State,” “Effective Screening, Intervention, and Referral Techniques for Substance Use Disorders,” “Ethical Considerations in Adult Protective Services Casework,” “Veterans’ Benefits,” “Adult Services Data and Data Systems,” “HCBS ‘Settings Rule’ and its Impact on Adult Day Services,” “Technology for Aging in Place,” “Older Adult Services,” “NY Connects: Your Link to Long-Term Services and Supports,” “Tip Sheet and Screening Tools for Elder Abuse in Healthcare Settings,” “Effective Approaches to APS and Mental Health Collaboration,” and “The Past Present, and Future of Enhanced Multidisciplinary Teams.”

With the support of DVS and OASAS, the Alcoholism and Substance Abuse Providers of New York State held its Fifth Annual Veterans Summit in 2019. The day-long event, entitled “*They Served Us, Now We Serve Them*,” was organized by the group’s Veterans Committee and was attended by more than 200 substance use disorder and other behavioral health professionals; program administrators and directors; medical, education, and justice professionals; direct care staff; and community-based volunteers to ensure that the special needs of veterans are met. Council member state agency staff from DVS and OASAS teamed up to present a “Veterans Benefits Workshop” and, in conjunction with United States Department of Veterans Affairs staff, co-presented on “Problem Gambling Among Veterans.”

## **OMH AGING IN PLACE INITIATIVES**

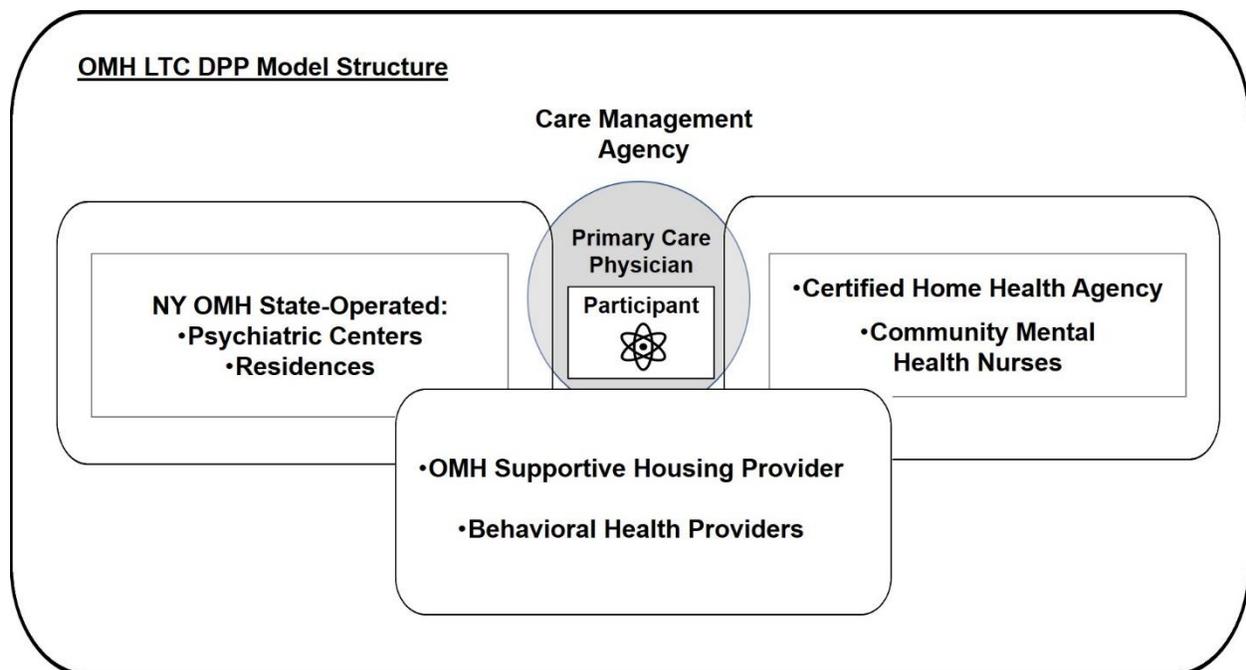
OMH continued to deploy dedicated staff resources to work in the area of long-term care in 2019 with a focus on enabling those with serious mental illness age in place by accessing needed long-term services and supports (LTSS).

Building on work accomplished in 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, staff is developing a written resource or primer for providers of home health, long-term care, and OMH housing services. The primer is expected to leverage state agency knowledge to describe services available through each network, clarify eligibility processes, and support aging in place in community-based settings for those living with co-occurring behavioral health and chronic medical conditions.

OMH also reached out to housing providers along its continuum of residential care – ranging from licensed community residences and apartment treatment to unlicensed supportive housing – to identify strategies to increase access to community-based LTSS and provide information on eligibility pathways to obtain needed services:

- The two specific populations identified as likely to benefit most from increased access to LTSS were (1) individuals in OMH supportive housing trying to age in place and (2) those with co-occurring health needs leaving institutional or acute care settings who required tightly coordinated transition and maintenance support in OMH housing to maintain tenure in the community;
- Consultation was then provided to OMH field offices and housing providers through analyses of Medicaid claims, assisting them formulate action steps specific to their region/county for increasing OMH housing residents’ access to community-based long-term care services; and
- Data was shared to identify challenging service gaps and three-way partnerships of community-based providers, managed care organizations, and OMH housing programs that enabled residents to access the LTSS they needed to return to community-based settings and age in place.

As a result, OMH initiated a Long-Term Care Demonstration Pilot Project (LTCDPP) to make it more possible for those with serious mental illness to live and age in place in the most integrated and least restrictive community setting possible by building and sustaining partnerships to support collaboration among behavioral health providers, certified home health agencies, and OMH supportive housing providers. Creedmoor Psychiatric Center in Queens and Pilgrim Psychiatric Center on Long Island are partnering with Visiting Nurse Services and the South Shore Association for Independent Living (an OMH housing provider). Kingsboro Psychiatric Center in Brooklyn is partnering with Visiting Nurse Services and HeartShare St. Vincent’s Services (an OMH housing provider).



The project's target population is comprised of those who live in New York State psychiatric centers and surrounding community residences and are long-stay or at risk of becoming long-stay because of significant medical needs or other co-occurring chronic conditions. While not nursing home eligible, the target population does require immediate access to skilled nursing, home health aides, and in-home personal care that is tightly coordinated with providers of OMH supported housing, behavioral health, and medical health.

In November 2019, a resident of Creedmoor was the first to be discharged and transitioned to a three-bedroom "small house" provided through South Shore Association for Independent Living's supportive housing program. Two additional Creedmoor residents are to be transitioned to the same house in the near future, promoting a tenet upon which the project model itself is based: *Peer living together prevents isolation.*

## **PROVIDING SUPPORT FOR OLDER NEW YORKERS**

NYSOFA, whose mission is to help older New Yorkers be as independent as possible for as long as possible, is a good example of a state Council member agency with a record of accomplishments and goals addressing geriatric and behavioral health needs in 2019.

### **Public Health Innovation Award**

Following Governor Andrew M. Cuomo's 2017 directive to include health in state agency policy making and New York State's subsequent designation as the first "age-friendly state" in the nation by AARP and the World Health Organization, a subcommittee representing NYSOFA, DOH, the NYS Department of State (DOS), and the Governor's office has met regularly to coordinate, promote, and implement age-friendly efforts across the state. The Governor subsequently advanced a series of policies to prepare for the emerging needs of New York's growing aging population.

The state, represented by the Health Across Policies team of NYSOFA, DOH, and DOS, received a [Public Health Innovation Award](#) in 2019 from the National Network of Public Health Institutes for its Health Across All Policies/Age-Friendly approach.

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

NYSOFA, in partnership with DOH, DOS, the Health Foundation of Western and Central New York, the New York Academy of Medicine, and AARP, is funding [planning grants](#) awarded to 14 counties in 2019 to help communities across the state incorporate healthy, age-friendly community principles into all relevant policies, plans, ordinances, and programs.

- Option 1 grants for counties seeking to adopt and incorporate age-friendly, livable community, and smart growth principles in their county plans and procurement opportunities were awarded to Herkimer, Ontario, Orange, and Schoharie counties.
- An Option 2 grant for counties seeking designation as an age-friendly community from AARP/WHO was awarded to Broome County.
- Option 3 grants for counties seeking to combine Options 1 and 2 were awarded to Monroe, Nassau, Onondaga, Oswego, Saratoga, Schenectady, and Ulster counties.
- Option 4 grants 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 were awarded to Nassau and Rockland counties.

- Funded by the Health Foundation of Western and Central New York, Erie, Oneida, and Tompkins counties were also awarded Option 4 grants.

### **Long-Term Care Planning Project**

Broadly defined, the long-term care system includes clinical as well as non-medical home and community-based services that address the social determinants of health. This [project](#) was designed to examine the state's long-term care system; analyze, evaluate, and identify existing service gaps; and prepare a strategic plan to meet the emerging needs of New York's aging population over the next decade. In response to stakeholder input and a statewide survey initiated by NYSOFA and DOH to gather information on issues faced at all levels of care and by those involved in the long-term care system, the Long-Term Care Planning Project held a series of five public meetings in 2019 on:

- Aging and Long-Term Care Services: Improving Coordination, Communication, and the Consumer Experience;
- Evidence-Based Interventions in Aging and Long-Term Care;
- Family Caregiving Support
- Analyzing, Expanding, And Supporting the Long-Term Care Workforce; and
- Financing Alternatives to Public Programs, Including Medicaid.

Information gathered from these meetings is being used to develop a list of recommendations to inform the development of a planning tool for New York State. The principles guiding discussions will include the state's existing financial commitment to the long-term care system, evidence-based interventions, technological innovations, and programs currently operating effectively and efficiently.

### **Pet Pilot to Combat Social Isolation**

It is well known that social isolation disproportionately affects older adults, many of whom often only have social contact out of the home at community venues or places of worship. Those who do not have close family or friends and rely on the support of community services are at additional risk, along with those who are already lonely or isolated. [Robotic pets](#) allow socially isolated older adults to receive gratification and comfort similar to what they would receive from live pets by calming anxiety, decreasing loneliness, and providing a better quality of life – without needing to worry about food or vet bills.

In 2019 New York State became the first state in the nation to test these pets with isolated community-based older adults. New York piloted 60 Joy for All Companion Pets (30 cats and 30 pups) with socially isolated older adults living at home in 12 counties across the state in New York City; Broome, Cattaraugus, Clinton, Essex, Franklin, Lewis, Livingston, Onondaga, Orleans, Schuyler, and St Lawrence counties; and with the Alzheimer's Association of Northeastern New York. Pilot participants were identified using a [6-item loneliness scale](#). Robotic cats and pups are usually given to people with Alzheimer's disease and other dementias as a form of calming pet therapy, but data has shown that using pets to decrease

social isolation is [highly successful](#) – 70% of pilot participants reported a decrease or significant decrease in isolation after one year.

And while social distancing and [Matilda's Law](#) were put into place in New York State to protect its most vulnerable populations from COVID-19, doing so had the unintended effect of heightening the risk of social isolation and loneliness, ultimately leaving older adults and caregivers looking for solutions to provide comfort, companionship, and joy in this time of physical absence. To help combat social isolation and depression among older adults during the COVID-19 pandemic and beyond, NYSOFA, in partnership with award-winning robotic pet manufacturer [Ageless Innovation](#), distributed 1,100 robotic Joy for All Companion Pets to those most at risk for social isolation.

The pandemic has impacted the entire aging network, and NYSOFA staff is working tirelessly to address ongoing concerns, including social isolation. The agency is utilizing innovative ways to combat the public health emergency of social isolation and loneliness, and the robotic pet project has extensive evidence showing its overwhelming value to the older population. Expanding access to these pets will help thousands of older New Yorkers by offering companionship.

### **Villages Technical Assistance Center**

In 2019 NYSOFA and the Albany Guardian Society partnered to create the first-of-its-kind Villages Technical Assistance Center ([VTAC](#)) to support and expand the Village movement in New York State. The Village movement is based on the idea of "neighbors helping neighbors" to make it possible for older adults and those with physical and/or behavioral health challenges remain independent in their homes. Villages are membership-driven, grassroots, nonprofit organizations run by volunteers and/or paid staff that coordinate access to a variety of services. Residents, typically age 50 and older, form a non-profit membership organization to provide access to services that make it possible for them to age in place. Services usually include transportation, grocery shopping, meals, personal care, home health care, light home maintenance and repair, technology assistance, education, and social activities. With additional Villages in development, there are currently more than 19 of them in the state and 200 in the country.

### **National Lifespan Respite Conference**

Co-sponsored by NYSOFA and hosted by the ARCH National Respite Network and Resource Center and the NYS Caregiving and Respite Coalition, the May 2019 *National Lifespan Respite Conference* in Buffalo, NY, brought together more than 300 participants from a variety of service providers across the country who provide respite care and serve caregivers. In attendance from New York State were many local caregiver coordinators, respite providers, NY Connects staff, Expanded In-Home Services for the Elderly case managers, and others involved in respite and caregiving work.

The conference began with three simultaneous Caregiver Simulation role-plays that enabled attendees to experience many of the challenges caregivers face each day trying to navigate varied services and systems such as medical, health, and pharmacy; mental health; social services; banking; education and employment; and long-term services and supports. As part of the simulation, each attendee was assigned a role, given tasks to complete as part of their "day," and encountered a number of expected and unexpected dilemmas while navigating the agencies/organizations they were instructed to contact or visit.

While networking and sharing expertise were facilitated through an array of formal workshops and informal activities at the conference, the Caregiver Simulation role-plays highlighted the caregiver experience and enabled those in attendance to more fully understand and appreciate the frustrations and dilemmas caregivers encounter navigating agencies and service organizations on behalf of those they care for and why respite care is so important for caregivers.

### **Online Training Academy**

New York is the first state in the nation to offer validated, skills-based, online certificate programs and training for case managers and other practitioners serving older adults and persons with disabilities. The training is delivered in partnership with Boston University's Center for Aging and Disability Education and Research.

Changes in the fields of health and long-term care have rapidly evolved to address challenges faced by a growing number of older adults and others unable or needing assistance to perform basic activities needed to live independently. New models of health and mental health care delivery that shift the balance towards community-based services, stronger integration of LTSS with primary and acute care, and improved cooperation between aging and disability networks all signify the magnitude of the policy and service developments. Developing a qualified, adaptable, and sustainable workforce within the aging network to support and coordinate services to older adults and younger adults with disabilities is a critical public policy challenge.

New York's effort is designed to provide standardized skills-based training to all corners of the state and to provide an opportunity for staff to receive state certification in particular practice areas.

### **Highlights of NYSOFA Goals for 2020**

- Working with OMH and DOH on an aging and mental health anti-stigma campaign
- Expanding the use of automated companion pets
- Partnering with OMH to create inspirational information cards for older adults and caregivers to promote positive, healthy aging, raise awareness of NY Connects and mental health services
- Significantly increasing behavioral health screenings through the state's expanded and enhanced "No Wrong Door"
- Strengthening relationships between local area agencies on aging and behavioral health providers to increase referrals for treatment

### **SERVING NEW YORKERS WHO SERVED**

Created in 1945 and renamed in 2019 as the Division of Veterans' Services, DVS is the state agency whose mission is to provide quality support, advice, and advocacy for New York State veterans, service members, and their families by helping them obtain the state and federal benefits they earned as a result of military service. More than half of the state's veterans are older adults age 65 or older.

## **Veterans Human Rights Conferences**

In collaboration with the NYS Division of Human Rights and multiple community partners, DVS initiated the state's first *Veterans Human Rights Conference Series* (five one-day conferences in Albany, Buffalo, Syracuse, New York City, and Long Island) in 2019 that brought to the forefront difficult conversations and challenging debates about issues of law and policy pertaining to veterans, service members, and their families. Presenters included Council member state agency staff from OASAS serving veterans and older adults.

A total of more than 500 individuals attended the conferences, listening to and taking part in discussions on topics such as "Improving Services for Veterans in the Criminal Justice System," "Removing Barriers for Veterans with Disabilities," "Advocating for Veterans Who Unjustly Received a Less-than-Honorable Discharge," "Increasing Ease of Access to Healthcare for Veterans and Their Caregivers," "Enhancing the Military Cultural Competency of the Family Court System," and "Overcoming Historic Stigmas and Prejudices Against Populations of Veterans on the Basis of Race, Ethnicity, Religion, Sexual Orientation, Gender Identity, or National Origin."

## **Restoration of Honor Act**

In November 2019 Governor Andrew M. Cuomo signed into law the Restoration of Honor Act, a historic measure that provides a pathway to state benefits for veterans who received a less than honorable discharge (specifically those who received an other-than-honorable or General, under honorable conditions discharge) due to the military's stigmatization of their sexual orientation, gender identity, military sexual trauma, traumatic brain injury, or post-traumatic stress disorder. The statute provides the opportunity for access to more than 50 veterans' benefits offered by New York State for veterans who either (1) received a less than honorable discharge due to now repealed federal policies that discriminated on the basis of sexual orientation or gender identity or (2) received a less than honorable discharge as a result of service connected mental illness such as military sexual trauma, traumatic brain injury, or post-traumatic stress disorder.

## **Pension Poaching**

Also enacted in 2019 was a New York State law designed to protect older and disabled veterans and their families from "pension poaching" by unethical financial planners, insurance agents, and others. While pension poachers claim to help veterans obtain benefits from the US Department of Veterans Affairs, their real intent is to convince veterans to reposition their assets to qualify for benefits they are ineligible to receive and sell them unneeded financial products or services. The practice is a growing scam nationwide involving targeting elderly and disabled veterans and their families.

The state's Pension Poaching Prevention Act prohibits any entity from receiving compensation for helping veterans and their dependents prepare a claim for benefits, except as allowed under the US Department of Veterans Affairs standards, and prohibits them from charging unreasonable fees for services and guaranteeing that an individual will receive a specific amount of veterans' benefits money – a dishonest tactic that pension poachers commonly employ. In addition, the law requires that entities offering these services inform veterans and their families that the state's DVS and their local Veterans Service Agencies is able to provide free services regarding veterans' benefits.

## **Closing the Justice Gap**

New York's Justice for Heroes Initiative has provided grant monies to each of five law schools in the state (Albany, Buffalo, Hofstra, Syracuse, and Touro) offering experiential learning programs to address the unmet legal needs of veterans and their families. The first program of its kind in the nation, the initiative has already provided free legal services to more than 250 veterans. Examples of success stories include:

- Veterans who wrongfully received less than honorable discharges from the military gained discharge upgrades and were connected with benefits and services that were previously unavailable to them;
- Veterans received proper representation to overturn wrongly suspended driver's licenses;
- Veterans gained access to Veterans Treatment Courts and received proper representation in these problem solving courts;
- Veterans won appeals before the Federal Circuit and the US Court of Appeals for Veterans Claims for benefits for which they had been fighting for several years; and
- Veterans accessed Veterans Administration health care services which were previously denied.

The grant monies enable the five recipient law schools to connect veterans with attorneys providing a host of legal services such as drafting wills, health care proxies, and powers of attorney; updating and properly executing advanced directives; drafting bankruptcy petitions; representing veterans in Social Security Disability appeals; and advising them in civil legal matters. The initiative also helps these schools become educational leaders in understanding and addressing the myriad of legal concerns that directly affect veterans and their families.

## **GERIATRIC SERVICE DEMONSTRATION PROJECTS**

The current fourth round of geriatric service demonstration program grants made possible by the Geriatric Mental Health Act concluded its third year of operation in December 2019. Entitled *Partnership Innovation for Older Adults*, a total of eight awards were made for five-year projects to create local "triple partnerships" of mental health, substance use disorder, and aging services providers to innovatively address the unmet needs of older adults for such services. The value of the eight awards totaled \$8 million over the five year grant period.

### **Background**

Each of the service demonstration projects was required to form a local triple partnership of mental health, substance use disorder, and aging services providers; include the local Office for the Aging as a member of the partnership with partnership responsibilities or as an organization with a key role in carrying out the program; and serve the target population, which is older adults age 55 or older whose independence, tenure, or survival in the community is in jeopardy because of a behavioral health problem. In addition, each new project was to:

- Access behavioral health services to meet the needs of older adults in aging services programs who need them;
- Access home and community-based, non-medical, aging support services to meet the needs of older adults in behavioral health services programs who need them;

- Identify at-risk older adults in the community who are not connected to the service delivery system and those who encounter difficulties accessing needed services. Mobile Outreach and Off-site Services are to be used to assess unmet needs for behavioral health and aging services – as well as unmet needs related to areas such as physical health, cognition, social isolation, self-neglect, abuse, housing, financial resources/benefits, and legal issues – and see that needed services are provided; and
- Utilize one or more technological innovations to better serve the target population and help the program and its staff innovatively address the unmet needs of the target population.

## **Project Descriptions**

*Central Nassau Guidance & Counseling Services'* 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.

*CoveCare Center'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.

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.

*Flushing Hospital Medical Center's* partnership, which includes the New York City Department for the Aging, 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.

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.

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.

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.

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.

## **Mid-Grant Evaluation**

OMH staff in the Office for Performance Measurement and Evaluation collected and reviewed data reported by each of the geriatric service demonstration projects to inform and support their efforts and to conduct implementation and outcomes evaluations of their work. The summary of a 71-page “Partnership Innovation for Older Adults (PIOA) Mid-Grant Evaluation Report” they completed in December 2019 is very briefly presented below.

- The triple partnerships of mental health, substance use disorder, and aging support services providers broke down service silos and created a more integrated way to address the multi-faceted needs of older adults. Community networks were strengthened, and multi-pronged strategies were utilized to identify and engage those at risk. Innovative use of a range of technologies was employed to serve these older adults in their homes and communities.
- Despite a substantial variety of grant project sites, most of the 1,155 older adults served were white (68%), English-speaking, and female (69%). Their average age was 71 and ranged from 55 to 100 years old. More than a quarter of them (29%) had lost a spouse, and half lived alone in a private residence. Most were financially dependent on Social Security (54%) and relied on Medicare (64%). A large proportion of those served reported chronic pain (44%). Close to half reported moderate or severe levels of depression (47%) or anxiety (43%), while a smaller percentage reported smoking (17%) or misusing alcohol (8%) or drugs (1%). The domains with the greatest need for active service connection were mental health (44%), care management (36%), social isolation (35%), transportation (30%), housing (19%), and personal care assistance (19%).
- Most of the older adults enrolled in the grant projects (78%) were successfully connected to mental health services, followed by 71% for physical health care, 70% for substance misuse, 62% for support as caregivers, 60% for transportation, 53% for social isolation, 53% for personal care assistance, 50% for care management, and 47% for housing. Those connected to mental health services showed substantial decreases in depression and anxiety as measured by validated instruments used for screening, diagnosing, monitoring, and measuring the severity of depression (PHQ-9) and anxiety (GAD-7).
- Many, if not most, of the grant projects encountered barriers to serving older adults related to age and health insurance. While older adults aged 55 to 65 were often considered too young to access aging-related services, adults of more advanced ages were often

homebound and presented with multiple physical health issues that complicated service access and connection. Health insurance did not always cover needed services. Other challenges included a lack of adequate resources in many communities, multi-year waiting lists for housing, lack of accessible transportation, and difficulty finding qualified home health care and personal care aides.

- A number of grant projects had trouble hiring and retaining qualified staff – especially those who spoke more than one language – and finding off-site locations in their communities to provide behavioral health services. Grant project requirements to utilize technological innovations such as telecare, telemedicine, telepsychiatry, and other mobile technologies were initially limited by regulatory constrictions, so while three programs persisted with telemental health, the five others creatively employed smart phone applications and other technologies. Significant changes to OMH regulations in 2019 made it much easier to improve access to mental health services through telemental health and employ it more widely than had been possible before to maintain and strengthen efforts of service providers to address the needs of older adults in their communities.

### **Grant Project Support**

OMH staff in the Division of Adult Services' Bureau of Program and Policy Development continued to provide ongoing program operational support for the grant projects in 2019. With responsibilities for assigned projects that included on-site and off-site consultation and project oversight, they also approved contract work plans, monitored contract deliverables, reviewed requests for program and/or budget changes, worked with OMH field office staff, facilitated communication with others at the agency, served as grant project advocates, and helped troubleshoot and problem solve with and on behalf of the grantees.

OMH staff also 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 2019 included:

- Site visits with OMH staff to each grant project in May and November to support their work on goals, workflows, business practices, and identified needs for technical assistance;
- Individual coaching calls with each grant project in January, April, July, and October to provide guidance and group facilitation to assist each triple partnership attain its goals;
- Hosting three face-to-face Learning Community meetings of grantees in Albany that covered topics such as "Transitioning to Stability" with Stephen Bartels, MD, MS from the Mongan Institute in Boston, "Brainstorming Potential Approaches and Strategies for the Sustainability of Your Program," "Potential Adaptations and Development of a Preliminary Sustainability Plan," "OMH Telemental Health Regulations Update," "Leveraging Clinical and Organizational Capacities to Address Social Determinants of Health," "Improving the Health and Wellness of Older Adults Through Tai Chi and Qigong," "Sustainability Deep Dive: Developing Your Value Proposition," "Partnership Innovation for Older Adults Data Report," "Partnership Best Practices," and "2020 Technical Assistance At-a-Glance";
- A webinar on "Older Adults and Technology" that was followed by three affinity calls over a period of several months from experts such as Alex Glazebrook of Older Adults Technology Services and Jennifer Solomon of the Substance Abuse and Mental Health Services

Administration that enabled the grant projects to engage with subject matter experts and national leaders on a topics of interest they identified for further growth;

- Three webinars on the topics of “Linking Older Adults with Resources on Medication, Alcohol, and Mental Health,” “Key Steps in Achieving Financial Sustainability,” and “Introduction to Social Determinants of Health: Tracking SDH to Develop Sustainable Strategies.”
- Six bi-monthly *Partnership Innovation for Older Adults* newsletters that spotlighted partnership successes and provided links to national news, webinars, and resources related to older adults on mental health, substance use, and a wide range of other topics.

## SUMMARY

Planning and addressing the needs of older adults in New York State for behavioral health and related services is taking full advantage of the provisions of the Geriatric Mental Health Act, the planning and collaborative efforts of the Interagency Geriatric Mental Health and Substance Use Disorder Planning Council and its members, state agency initiatives related to aging in place, the provision of support and aging services for older New Yorkers, help for older adult veterans and service members and their families to obtain the state and federal benefits they earned as a result of military service, and lessons being learned from the *Partnership Innovation for Older Adults* service demonstration program grants to create local partnerships of mental health, substance use disorder, and aging services providers to address unmet needs.