

Round 1 Grants

OMH requested proposals for two types of programs – Gatekeeper and Physical Health – Mental Health Integration. In April 2007, after receiving a record number of RFP applications, OMH made nine awards throughout the State for five-year service demonstration projects. The target population was older adults 65 years and older whose independence, tenure, or survival in the community was in jeopardy because of a behavioral health problem.

Gatekeeper Programs

Gatekeeper programs identify at-risk older adults in the community who are not connected to the service delivery system. Gatekeepers are non-traditional referral sources who, in the normal course of their work, encounter older adults who might otherwise be isolated. Examples of Gatekeepers include postal workers, utility meter readers, police officers, firefighters, senior center personnel, etc. Gatekeepers are trained to recognize basic signs and symptoms of mental health problems that may indicate an elderly person needs help. Once they identify an older adult who might have such problems, they refer them to the Gatekeeper program. The agency contacts the identified individual, determines his/her level of need and assists in finding support services.

Physical Health – Mental Health Integration Programs

More than half of older people who receive mental health care receive such services from their primary care physicians. The advantages of treatment in a primary care setting include convenience, improved coordination of mental and medical disorders, and decreased stigma. Though not funded with monies allocated to the geriatric service demonstration program, <u>Greene County</u> implemented a Physical Health – Mental Health Integration Program at the initiative of its Department of Mental Health. Greene County participated in OMH evaluation, consultation, and oversight activities designed for the service demonstration projects.

At the Sixth Annual Conference of the Geriatric Mental Health Alliance of New York, OMH staff presented on <u>evaluation findings and lessons learned</u> from the geriatric service demonstration projects integrating physical and mental health care.