

## Round 2 Grants 2011-2014

For the second round of service demonstration program grants, the Office of Mental Health (OMH) solicited proposals in April 2011 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. The integrated programs were to: (1) identify and treat physical and behavioral health disorders more effectively; (2) address related behavioral issues, such as smoking, overeating, and adherence to treatment, that have an impact on health care; and (3) address psychosocial issues, such as family caregiving, housing, and financial problems, that also have an impact on health care.

A total of 21 awards were made in two phases for these two-year service demonstration projects. As reflected in the updated descriptions below, recipients of the second round of grants were largely successful in integrating health care for the elderly, and many projects were still in operation after the grant period.

### Phase I (10/1/11 - 9/30/13)

#### Model 1 Projects: Integrated Care in Behavioral Health Care Settings

1. The **Association for Mental Health and Wellness (formerly Clubhouse of Suffolk)** partially implemented plans to operate an integrated health care program for adults age 55 or older with serious mental and/or substance use disorders. With an emphasis on coaching for the prevention and management of metabolic syndrome, peer wellness coach mentors were trained and engaged members in healthy lifestyle choices. The agency is looking to expand peer coaching while continuing efforts to co-locate a physical health care provider in its Personalized Recovery-Oriented Services programs.
2. **Flushing Hospital Medical Center's** outpatient mental health clinic established an integrated health care program – still in operation after the grant period – that enabled their older adult patients to access primary care services at the clinic. An organizing principle to implement the program was a Metabolic Syndrome performance improvement initiative. An adult health nurse practitioner, who focused on preventive care and the interrelationship between a patient's medical and psychiatric illnesses, coordinated physical and mental health care.
3. **Interborough Developmental and Consultation Center** implemented an integrated physical and behavioral health care program for the elderly – still in operation after the grant period – at its Flatbush outpatient mental health clinic. This site had high concentrations of older Russian immigrants seeking care. A nurse practitioner worked in collaboration with a physician to provide integrated care, which included physical exams,

health wellness groups, complex care management, and integrated physical and behavioral health treatment plans.

4. **Mercy Medical Center** renovated space at its outpatient behavioral health services site in Garden City to conduct physical examinations, added part-time physical health care staff, and reorganized procedures to integrate the delivery of care provided by both physical and behavioral health staff. The integration project – still in operation after the grant period – recently acquired the part-time services of physicians affiliated with the hospital to prepare for the transition of fee-for-service Medicaid behavioral health services to managed care.
5. **Southeast Nassau Guidance Center** planned and initially implemented an integrated health care program operating within the model of a person-centered healthcare home in which a nurse practitioner and other specialty staff assessed and medically monitored adults age 55 or older receiving treatment in its outpatient mental health clinic. When the program's nurse practitioner resigned, Southeast Nassau was unable to recruit a qualified replacement and withdrew from the service demonstration program before the end of the grant period.

### Phase II (7/1/12 - 6/30/14)

#### Model 1 Projects: Integrated Care in Behavioral Health Care Settings

1. **Comunilife** established Mi Salud, a program of coordinated behavioral and physical health care management for Latino older adults – still in operation after the grant period – in an outpatient mental health clinic in the Bronx that serves primarily Latino adults, children, and families. A nurse practitioner was added to a designated clinical team that includes a bi-lingual psychiatrist and a number of part-time social workers and therapists to address behavioral, physical, and socio-economic needs of low income seniors with psychiatric disorders and chronic physical illness.
2. **Coney Island Hospital** planned but was unable to staff an outpatient mental health clinic satellite it established at the Council Center for Senior Citizens in Brooklyn with a part-time social worker and nurse practitioner to integrate a variety of physical health services with behavioral health care for a multi-ethnic population of older adults that included Jewish-Americans, Russian, and Asian immigrants. The hospital withdrew from the service demonstration program before the end of the grant period.
3. **Hudson Valley Mental Health** partnered with Hudson River HealthCare, an Article 28 health facility, to integrate physical health care into its outpatient mental health clinics. The agency began by implementing limited integrated care at its Dover Plains site, where a number of physical health care visits were provided by a nurse practitioner from Hudson River.
4. **Institute for Community Living** co-located a part-time physician, nurse care manager, and peer wellness coach in its outpatient mental health clinic in Canarsie to provide on-site health assessment/monitoring and care management/coordination. The target population was elderly clients who do not have primary care providers, those who are not using primary care providers listed in their records, and those receiving treatment from multiple health providers without the benefit of care coordination. The program has continued to operate after the grant period.
5. The **Mental Health Association of Nassau County**, in partnership with Nassau University Medical Center, co-located a physician at its behavioral health site in Hempstead to establish a health integration program – still in operation after the grant

period – based on the expectation that the co-location of a primary care provider in this setting would allow it to function as a health home for their consumers. For mental health consumers age 55 or older, the goals were to improve overall health, promote recovery, foster independence, and reduce public expenditures.

6. **Monsignor Carr Institute's** integration program – still in operation after the grant period and looking to expand – provided health screening and assessment, as needed physical examinations, health monitoring, follow-up, and care coordination services for clients age 55 or older at its outpatient mental health and chemical dependency clinics in Erie County. The agency hired a full-time medical assistant and contracted for a part-time nurse practitioner, who maintained regular hours at the two clinics and also consulted with mental health and chemical dependency staff on treatment options.
7. **Montefiore Behavioral Health Center (formerly Sound View Throgs Neck Community Health Center)** provided primary health care screening, intervention, and treatment services tailored to individuals age 55 or older with serious mental health and substance use disorders at its outpatient mental health clinic in the Bronx. The integrated program – still in operation after the grant period and expanded – included the employment of primary care health professionals as well as referrals for highly complex cases to Montefiore Medical Center.
8. **Service Program for Older People's** health integration program – the core components of which were still in operation after the grant period – utilized a psychiatric nurse practitioner to coordinate all medical services for SPOP's outpatient mental health clinic and homebound clients and expanded the hours of their psychiatrist to work in partnership with her. While the program served adults age 55 or older who came to the agency for behavioral health services, it especially focused on hard-to-reach groups of older adults, such as the frail homebound elderly and Spanish-speaking older adults.
9. **Union Settlement Association** added a full-time nurse practitioner to the staff of its Johnson Counseling Center outpatient mental health clinic and its satellite senior centers in East Harlem to integrate health care for their clients age 55 or older. Working as part of a team with each client's therapist or social worker and primary psychiatrist, the nurse practitioner provided on-site physical health assessments, screening, monitoring, treatment, and referrals to partners and others for additional health services. The agency is looking to fill a key staffing position to continue the program.

## **Model 2 Projects: Integrated Care in Physical Health Care Settings**

1. **Adirondack Medical Center** integrated behavioral health care services for adults age 55 or older into its primary health clinics in Essex and Franklin counties. A psychiatric nurse practitioner was co-located at the clinics to complete assessments and consult with care team members. The program – still in operation after the grant period and expanded – has enabled the medical home care team, which consists of primary care providers, care coordinator, nutritionist, doctor of pharmacy, psychiatrist, and health educator, address a larger range of patient issues.
2. **Bassett Medical Center** integrated behavioral health care for the elderly into its primary care clinic in Cobleskill, which is also a satellite location of Bassett's outpatient mental health clinic in Cooperstown. Patients completed basic behavioral health screens that were scored by primary care nursing staff, who referred those with positive scores to an on-site LCSW; she then completed the assessment process, in collaboration with the primary care team, and provided behavioral health treatment services, including counseling.

3. **Cayuga Counseling Services** provided behavioral health services to residents of two recently merged nursing homes in Cayuga County now operated by Loretto. A licensed psychiatric nurse practitioner provided medication consultation services, and two licensed therapists provided therapy for adults age 55 or older. Program goals included the alleviation of symptoms of depression, anxiety, and psychosis, and improving the quality of life of residents who live there. The program has continued to operate after the grant period through a contract with Loretto.
4. **Family Services of Chemung County** added behavioral health assessment and treatment services to primary care at Arnot Medical Services' Eastside Family Medicine primary care office in Elmira. The office is also a satellite location of Family Services' outpatient mental health clinic. Designed to serve as a blueprint for integrated treatment in Chemung County, the program – still in operation after the grant period – emphasized the importance of illness prevention, early intervention, and relapse prevention.
5. **Henry Street Settlement's** health integration program targeted low-income adults age 55 or older in New York City's Community District 3, including the Lower East Side and Chinatown. A LMSW from the agency's mental health clinic was stationed at its Article 28 medical health care facility to facilitate the integration of physical and behavioral health care and senior services. While not in operation after the grant period, the program has resulted in closer collaboration, formal interdisciplinary planning, and "warm hand-offs" of patients between medical and behavioral health staff.
6. **Kingsbrook Jewish Medical Center** utilized a psychiatric nurse practitioner to integrate behavioral health care services for the elderly at the hospital's Pierre Toussaint Family Health Center in the Bedford Stuyvesant - Crown Heights neighborhood of Brooklyn. With integrated patient care teams, the program – still in operation after the grant period and expanded – sought to identify and treat behavioral health disorders more effectively, modify negative lifestyle behaviors, improve self-management skills for those with one or more chronic diseases, and prevent avoidable hospitalizations.
7. **Lincoln Medical and Mental Health Center** employed an enhanced chronic care model for the integration of care in its medicine and geriatric outpatient practices. The model co-located a full-time LCSW and a consulting psychiatrist with primary care staff in a primary care setting and used a collaborative, integrated, holistic approach to more effectively identify and treat behavioral health disorders among older patients with both chronic physical and mental health conditions.