



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

2022 Annual Report

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





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INTRODUCTION

Older adults are one of the fastest growing demographics in the nation and in New York State (NYS). While most have good mental health, many older adults are at risk of developing mental health and substance use disorders as well as other chronic health conditions such as heart disease, diabetes, hearing loss and other physical disabilities that may reduce their quality of life and negatively impact their ability to maintain independence in the community. Healthcare professionals and older adults themselves often minimize or ignore behavioral health issues as an expected consequence of aging. The stigma surrounding these conditions can sometimes make individuals and their families hesitant to seek help. NYS is working to expand access to effective behavioral health care and aging support services for this unique population, with a focus on a person-centered, culturally appropriate, and equity-based approach.

This 2022 annual report, required by the Geriatric Mental Health Act, details some of the work accomplished by NYS to address the behavioral health and aging services needs of older adults. Highlights include:

- Education and training to support NYS Office of Mental Health (OMH) and long-term care (LTC) providers facilitate aging in the most integrated and least restrictive community setting possible for those living with mental illness and/or substance use disorders;
- Expansion of addiction prevention efforts and education for older adults on the safe disposal of prescription drugs through the NYS Office of Addiction Services and Supports (OASAS);
- Innovative initiatives and promising practices to address social determinants of health and combat social isolation and loneliness in older adults from NYS Office for the Aging (NYSOFA);
- NYS Division of Veteran Services (DVS) partnerships to present widely attended programs on human rights and the needs of Veterans, service members, and military families;
- Lessons learned from OMH through the *“Partnership Innovation for Older Adults”* (PIOA) programs, the fourth round of the geriatric service demonstration program grants; and
- Highlights of year two of the OMH led *“Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19”* (PSAP) programs, the fifth round of the geriatric service demonstration program grants.

GERIATRIC MENTAL HEALTH ACT

New York State enacted the Geriatric Mental Health Act (GMHA) in 2005, which authorized the establishment of an Interagency Geriatric Mental Health Planning Council (the Council), a Geriatric Service Demonstration Project, and an annual report to the Governor and the Legislature highlighting current work and recommendations to meet the behavioral health and aging services needs of NYS residents. The State first approved funding to establish the geriatric service demonstration program grants during the 2006-07 budget year. The programs focus on community integration, improved quality of treatment in the community; integration of aging services and behavioral health services; improved quality of treatment; workforce development programs and the use of Peer Support; family and caregiver support; financing methodologies; cultural minorities and Veterans as specialized populations; development of an information clearinghouse; and ongoing staff training initiatives.

Subsequent amendments to the GMHA have expanded the scope of the Council; changed the formal name of the Council to the Interagency Geriatric Mental Health and Substance Use Disorder Planning Council; increased membership from 15 to 19 members; added the Commissioner of the Office of Addiction Services and Supports (OASAS) and the Director of the Division of Veterans' Services (DVS) 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 geriatric mental health, aging service needs, and problem gambling and substance use disorder needs. An amendment in 2018 acknowledged the desire for most older adults to age in the place of their choosing and was added to foster the collaboration between licensed or certified providers of home care services and mental health providers for the integration of health and mental health care.

COUNCIL MEMBERSHIP

The Interagency Geriatric Mental Health and Substance Use Disorder Planning Council is composed of the following 19 members:

- Commissioner of the Office of Mental Health (OMH), Co-chair of the Council;
- Director of the Office for the Aging (NYSOFA), Co-chair of the Council;
- Commissioner of the Office of Addiction Services and Supports (OASAS), Co-chair of the Council;
- Commissioner of the Department of Veterans' Services (DVS), Co-chair of the Council;
- The Adjutant General, Division of Military and Naval Affairs;
- One member representing the Office for People with Developmental Disabilities (OPWDD);
- 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 (OTDA);
- 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

In 2022, The Council and its members continued their long-standing collaboration with other state agencies and community stakeholders in several important areas affecting the behavioral health, physical health, and psychosocial needs of older adults in NYS. OMH hosted virtual Council meetings on May 25, 2022, and December 21, 2022, that included reporting on work related to:

- OASAS development of education and training Medication for Opioid Use Disorders (MOUD); an Assertive Community Treatment presentation on substance use disorder (SUD) treatment needs; and identifying agencies within the OASAS system that specialize in SUD treatment for older adults.
- NYSOFA shared NYS's designation as the first age-friendly state in the nation by AARP; the focus on Executive Order 190: Health Across All Policies initiative; and the 2019-2024 cycle of the NYS Prevention Agenda – the State's health improvement plan for improving health outcomes and reducing health disparities.
- The Association for Community Living (ACL) conducted an Aging in Place Survey with 73 agencies representing more than 22,000 OMH residential clients responding. When asked to identify who could benefit from services helping them age in place, a total of 9,287 individuals were identified ranging in ages from 55 to over age 65 and representing 42 percent of the residents in the agencies responding.
- Corporation of Supportive Housing (CSH) affordable housing program presentation on services that help people facing complex challenges to live with stability, autonomy, and dignity within the community.
- OMH, in collaboration with DOH, offered informational sessions on the New York Independent Assessor (NYIA) for adults newly seeking Medicaid personal care services (PCS), consumer directed personal assistance program services (CDPAS), and managed long-term care (MLTC) plan enrollment.
- OMH, DOH, and OASAS facilitated an interagency workgroup during 2022 to guide the January 2023 carve-in of additional behavioral health services into the Medicaid Advantage Plus (MAP) product line, enabling members to access the full array of both Medicare and Medicaid's physical health, and most mental health and addiction services, directly through MAP Plan benefits. MAP is an MLTC plan designed to integrate Medicaid and Medicare benefits for dual enrollees and ensure access to long term care services and supports, including home care, adult day health care and skilled nursing support. The interagency workgroup developed policies and guidance for MAP Plans, ensuring members receive the appropriate level and degree of care management services to align with the member's physical and mental health needs, in addition to person-centered care plans that address social determinants of health.

EDUCATION AND TRAINING

New York State Adult Abuse Training Institute

The October 2022 NYS Adult Abuse Training Institute (AATI) conference, *Times Change but The Work Remains*, focused on the resilience and fortitude shown by individuals, providers, and their communities during the COVID-19 pandemic. The conference highlighted interventions aimed at reducing inequities and promoting inclusion, the use of innovative outreach strategies, and core service provision for individuals at risk. AATI was able to return to an in-person conference, enabling approximately 280 professionals from diverse fields representing adult protective services, aging, criminal justice, domestic violence, Veterans, public health, and mental health to participate in a three-day conference consisting of over 21 workshops.

NYSOFA, OASAS, OCFS, OMH and Office for the Prevention of Domestic Violence (OPDV) representatives served on the Institute's steering committee. Their affiliate program staff coordinated and/or facilitated workshops on topics including:

- Aging Network Services - Innovations During COVID and Beyond;
- One is the Loneliest Number: New Frontiers in Combating Loneliness in Older Adults;
- The Challenge of Working with Older Adults with Substance Use Disorders: A Harm Reduction Model;
- Family Type Home for Adults 101 – Niche Housing for Dependent Adults;
- PEARLS – Providing a Hidden Gem to Older Adults;
- Spirituality in Trauma-informed Interventions in Adult Abuse;
- New York State Caregiving and Respite Coalition: Who We Are and What You Need to Know;
- Changes to Medicaid Home Care: What You Need to Know;
- A Discussion of Article 81: The Efforts to Address Racism and Ageism Can Produce Just Outcomes for Alleged Incapacitated Persons; and
- Supporting Alzheimer's Caregivers in Diverse and Underserved Communities: The Need for an Equitable and Inclusive Approach.

Internships in Aging Project

The Internships in Aging Project (IAP) is a collaborative partnership between the School of Social Welfare at SUNY Albany and a consortium of state and local agencies. The IAP provides students the opportunity to specialize in policy development and analysis

or clinical practice with aging populations through placements at OMH, OASAS, and NYSOFA. This partnership includes several key components for Master of Social Work (MSW) students:

- Rotations in programs serving older adults provide exposure to the variety of services available and the diversity within the aging population;
- Opportunities to develop skills for working directly with older adults and their families as well as working with the systems that serve them;
- Participation in innovative professional development projects; and
- A specially designed curriculum and integrative seminars to link field and classroom learning.

In 2022, MSW IAP students worked on policy and program implementation designed to foster aging in place for individuals living with complex, multi-system care needs which included:

- A presentation of research findings to service providers statewide on the growing population of older adults experiencing substance use disorders;
- Assessment of OMH policies, programs, grants, and Peer Support services for older adults to inform program management and evaluation efforts;
- Assistance with Expanded In-Home Services for the Elderly (EISEP) and NY Connects “No Wrong Door” system for long term care and collection of qualitative data on client and consumer services effectiveness;
- The design of a Readiness Assessment Tool and a Technical Assistance Memorandum to guide local Area Agencies on Aging;
- Development of a comprehensive overview of the 2022 National Strategy to Support Family Caregivers and NYS’s Caregiver Support Program;
- Creation of a mini evaluation of the NYS Tailored Caregiver Assessment and Referral pilot project;
- Facilitation of classes for Selfhelp’s Virtual Senior Center, an online community platform offering a wide range of classes and support groups to homecare recipients to combat loneliness during the COVID-19 pandemic; and
- A joint effort involving MSW IAP interns from OMH and NYSOFA, and MSW students participating in SUNY Albany Internships in Mental Health (AIMH), presented an evaluation proposal for the Consumer-Directed Personal Assistance Program Services (CDPAS), a NYS Medicaid program that allows consumers to recruit, hire, and direct their own home care workers such as family members or friends.

Provider Education

OASAS delivered provider education to the geriatric service demonstration programs in August 2022 on *Identifying Substance Use and SUD Among Adults Aged 55 and Older*. This training discussed the epidemiology of SUD in the 55 and older population; barriers to care for older adults; best practices, stigma, trauma, language, and screening in older adults; and meaningful discussions around substance use and practical interventions.

In September 2022, OASAS delivered provider education to the programs on *Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Older Adults*. The SBIRT intervention helps to identify and provide brief interventions for individuals at risk of psychosocial or other health problems due to substance use. Older adults are less likely to report substance misuse and are less likely to ask for help. When combined with other age-related health comorbidities, this can lead to increased risk for older adults.

The Association for Community Living (ACL) Annual Conference

At the ACL Annual Conference, OMH, in collaboration with The Bridge, an OMH housing provider of residential and outpatient behavioral health services, presented *A Population Health Approach for OMH Housing Providers: Aging in Place Models with PSYCKES*. ACL is a statewide non-profit membership organization that provides housing, rehabilitative, and support services to individuals diagnosed with serious mental illness. ACL held its 43rd annual conference in November 2022 *Making the Impossible Possible: Perseverance, Dedication, Optimism*. PSYCKES (www.psyckes.org) is a secure, HIPAA-compliant online application for sharing Medicaid claims and other data to identify high risk clients, support clinical decision making, and employ programs and interventions based on individual needs and eligibility.

The Bridge presented on the use of PSYCKES to evaluate the impact of its MAGIC (**M**edical needs, **A**ctivities of daily living, **G**ait, **I**solation, **C**ognitive) Aging Services Assessment Program and the use of a Clinical Risk Management Team for supportive housing residents on community tenure, emergency room and hospital use, and engagement with outpatient behavioral health services.

The Bridge and PSYCKES team also demonstrated how PSYCKES' Recipient Search report can facilitate identification of residents who are not receiving these specialized clinical support services but could benefit from them. The PSYCKES team highlighted that in March 2022, the application added a Race and Ethnicity View within the My QI Report, OMH Housing Program Type Filters, and Home Care Services in Utilization Reports, providing additional tools to assist OMH Housing and Outpatient Behavioral Health providers in evaluating population health interventions for older adults and individuals with complex multi-service system needs.

OMH INITIATIVES FOR AGING IN COMMUNITY INTEGRATED SETTINGS

OMH provided timely notification to providers on DOH's implementation of New York's new independent assessment process for those newly seeking Medicaid personal care services (PCS), consumer-directed personal assistance program services (CDPAS), and MLTC plan enrollment. The notification was issued to prevent delays in accessing these critical services for individuals living with serious mental illness who rely on PCS, CDPAS, and the MLTC benefit package to transition to and maintain tenure in communities. OMH outlined the assessment steps and role of Maximus, the contractor chosen as the New York Independent Assessor (NYIA) responsible for conducting initial assessments, immediate need assessments, and medical exams. OMH also highlighted that upon implementation of NYIA, the local department of social services (LDSS), Medicaid Managed Care (MMC) Plans, and primary care physicians (PCPs) would no longer be scheduling and conducting initial assessments, medical exams, or writing orders for PCS and CDPAS. To further support providers and their clients seeking to age in integrated settings, OMH offered two live streaming informational sessions in May and June to OMH Housing providers, State-Operated Residences, and OMH Field Offices. These sessions reviewed the NYIA assessment process, how to best support clients during the assessment and clinical exam, and options to contest assessment findings or service authorization denials.

OMH partnered with Home Care Association (HCA) Education and Research and the Finger Lakes Geriatric Center of the University of Rochester to foster collaboration and improve quality of care for individuals with multi service system needs. This partnership delivered a live streamed training curriculum on enhancing care of individuals with co-occurring physical, mental and behavioral health needs. The training series is part of HCA's *Addressing Health Disparities Through Home Care*, a statewide initiative funded by the Mother Cabrini Health Foundation, to identify and address disparities in the populations receiving health care in home and community-based services (HCBS) throughout NYS. Two sessions of the three-part series offered in November and December 2022 provided practical knowledge and skills on how LTC providers can access mental health service systems, including OMH housing and outpatient clinics, for additional support; distinguishing between delirium, depression, and dementia; and understanding impacts of serious mental illness and psychotropic medication on functioning.

OASAS SUPPORT FOR OLDER NEW YORKERS

According to publicly available information from OASAS, older adults aged 65 and up, are one of the fastest-growing demographics in the Nation and the State. Older adults present unique challenges to effective treatment. Late onset of substance use disorders (SUDs) is particularly high among this group and hard to detect because symptoms of a SUD are often misinterpreted as signs of aging. Older adults are often more reluctant to enter treatment, as opposed to their younger counterparts, due to the stigma around substance use and the concern that they will find themselves in groups composed of much younger members. Effective treatment of older adults requires the use of techniques and approaches that are sensitive to the needs of older adults.

OASAS continues to support the establishment of programs that focus on meeting the unique needs of older adults. These programs offer patient-centered services in a safe and nonthreatening environment, building upon the life experience of the individual and treating them with dignity and respect.

Addiction Prevention Efforts

Through the federal Substance Abuse Prevention and Treatment Supplemental Grant, OASAS awarded more than \$1.3 million in funding to support the expansion of addiction prevention efforts for older adults. OASAS is partnering with the NYSOFA and DVS for this initiative to provide funding for eight OASAS prevention providers.

Providers will use this funding to engage with older adults through two evidence-based approaches to addiction prevention. The Wellness Initiative for Senior Education (WISE) program focuses on healthy aging and making healthy lifestyle choices. This includes education on topics such as substance misuse, medication management, stress management, and depression. The addiction prevention initiative is also designed to engage with older adults through the Screening, Brief Intervention and Referral to Treatment (SBIRT) protocol. This comprehensive public health approach helps to identify those at risk of developing SUDs and delivers early intervention and treatment services to individuals who exhibit habits of risky use of alcohol and other substances.

[NYS OASAS Announces Award of More than \\$1.3 Million to Enhance Prevention Services for Older Adults | Office of Addiction Services and Supports](#)

Drug Deactivation and Disposal Pouches

NYSOFA, OASAS, and aging services partners are bringing prescription drug safe-disposal efforts to older adults throughout NYS. Through this partnership, NYSOFA and

OASAS are shipping 100,000 Detera Drug Deactivation and Disposal Pouches to aging services providers for distribution and delivery to older adults. A total of 69,000 pouches have been shipped statewide, with the remainder to be distributed in future rounds as requested by providers in need of resupply.

Detera Pouches are designed to destroy unwanted or expired medications safely and permanently, making them unavailable for misuse and accidental ingestion. Once activated, the pouches can be disposed in the normal trash. Simply tear open the pouch, pour unused medication into the bag, seal the bag after a short waiting period, fill it with water to start the deactivation process, and throw it out.

The effort is aimed at preventing adverse drug events, which cause approximately 1.3 million emergency department visits and 350,000 hospitalizations for further treatment each year, according to the U.S. Centers for Disease Control and Prevention. Older adults are at increased risk of adverse drug events due to a combination of metabolic factors and the increased potential for drug-to-drug interactions, as older adults tend to have more prescription medications and are therefore more likely to have leftover or expired medications.

[NYSOFA and OASAS Delivering 100,000 Drug Deactivation and Disposal Pouches to Older Adults | Office for the Aging](#)

Veterans and Military

New York is home to nearly 1 million Veterans from all generations who have served their country in time of peace and war. Over the past two decades these men and women, once forgotten or overlooked and occasionally scorned, have begun to receive the honor and appreciation they have long deserved from a grateful nation. Yet, military service often bears a cost that can last a lifetime. The physical demands, the trauma of combat, the debilitating impact of PTSD or TBI, and the difficulty in readjusting to the civilian world have created a significant SUD issue within the Veteran population.

To help to address this, OASAS has worked to develop and support Veteran-specific treatment programs which provide patient-centered care within trauma-informed environments. These unique programs recognize the values, core beliefs, and culture of military service. OASAS is committed to supporting and fostering the development of expanded services for Veterans; promoting the use of effective treatment models and therapies within those services; and ensuring ongoing clinical competence of its workforce in working with Veterans.

[Veterans and Military | Office of Addiction Services and Supports \(ny.gov\)](#)

NYSOFA 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 2022.

Master Plan for Aging

New York has demonstrated its commitment to an age-friendly environment through policies that promote the value of healthy, meaningful aging. These policies include the New York State Prevention Agenda, Health Across All Policies, Age-Friendly New York, the Age-Friendly Health System Initiative, and the New York State Plan on Aging.

In 2017, New York became the first age-friendly state in the nation as designated by the AARP Network of Age-Friendly States, a status based on the World Health Organization's eight domains of livability: outdoor spaces and buildings, transportation, housing, social participation, respect, and social inclusion, work, and civic engagement, communication, and information, community, and health services.

Governor Kathy Hochul's 2022 Executive State Budget included unprecedented supports for New York's 4.6 million older adults and their families. On November 4, 2022, Governor Hochul signed [Executive Order No. 23](#), ordering the development of a New York State Master Plan for Aging to coordinate existing and new state policy and programs "creating a blueprint of strategies to be implemented to ensure older New Yorkers can live fulfilling lives, in good health, with freedom, dignity and independence to age in place for as long as possible."

The New York State Department of Health, in coordination with the State Office for the Aging, shall convene a Master Plan for Aging Council to advise the Governor in developing the New York State Master Plan for Aging.

Stakeholder Advisory Committee

In December 2022, the creation of a Stakeholder Advisory Committee tasked with advising the MPA Council was announced. The 28 members named to the Stakeholder Advisory Committee will provide their expertise on age-friendly policies, aging supports, and health services to guide the MPA Council as it develops a comprehensive roadmap for meeting the needs of all New Yorkers as they age.

The advisory committee will ensure that leading experts and the public have meaningful input into age-friendly guidelines and recommendations put forth in the MPA. Representatives include health care and support service providers; consumers; informal caregivers; older adults - particularly those in communities

experiencing health care disparities; health plan companies, labor and community-based organizations, employers, experts on aging, and academic researchers, among others.

The Master Plan for Aging (MPA) framework is now underway with the goal of providing an opportunity for a coordinated approach that spans traditional service, infrastructure, and program boundaries to achieve results for older New Yorkers and all residents in New York.

Innovations

NYSOFA has invested in initiatives leveraging technology and digital tools to combat social isolation, provide health and wellness services and lifelong learning, and provide support for informal caregivers. These offerings supplement direct services and supports provided at the local level by NYSOFA's area agency on aging (AAA) network of providers.

Online Classes and Connections Through GetSetUp: Older adults in New York have free access to more than 2,500 online classes through [GetSetUp](#). Classes are designed for and taught by older adults. Older adults can get help using digital devices and find support for physical, mental, and social health with Tai Chi, Yoga, healthy cooking, meditation, book clubs, gardening, travel, and more. The top ten classes taken by older New Yorkers are health and wellness classes with more than 1 million classes taken to date.

Pets Together Virtual Visits to Reduce Isolation: The [Pets Together](#) social network provides older adults with free video visits with pet owners. These visits create meaningful connections that ease stress. A Pets Together video visit is approximately 30 minutes in length. Older adults who participate meet with volunteer pet-owners to see and learn about their pets. More importantly, the conversation offers an opportunity for engagement aimed at combatting social isolation.

Animatronic Pets To Ease Stress And Isolation: NYSOFA's award winning [Animatronic Pets Program](#) provides animatronic pets to older adults experiencing social isolation and loneliness. To date, nearly 20,000 pets have been distributed statewide. These plush, lifelike pets make realistic sounds and motions, providing comfort and companionship to individuals. In a pilot study, NYSOFA found that 70 percent of older adults receiving these pets reported a reduction/significant reduction in loneliness and a 75 percent decrease in pain. There have been almost a dozen additional studies showing their efficacy. NYSOFA has included the Naturally Occurring Retirement Communities to receive them and are working with the Division of Veterans Services to offer the pets to

Veterans.

ElliQ Proactive Care Companion: [ElliQ](#) is the first-ever AI-powered proactive and empathetic care companion. It is designed to foster independence and provide support for older adults through daily check-ins, assistance with wellness goals and physical activities, connection to family and friends, and more, using voice commands and/or on-screen instructions. More than 400 have been distributed to older adults to date.

GoGoGrandparent: [GoGoGrandparent](#) is a specialized ride-share service for older adults using trained drivers who understand the challenges older adults face. This partnership will also provide an opportunity for older adults (and those of all ages) to enter the gig economy by becoming a driver while expanding transportation options in New York State. NYSOFA is currently piloting the option in Erie, Monroe, and Suffolk Counties and will be expanding capacity after the pilot.

ARCHANGELS - Caregiver Intensity Index: The [Caregiver Intensity Index](#) is a simple tool that takes under 2 minutes to complete. This tool helps caregivers identify with and feel honored in their role, gives them a Caregiver Intensity Score, and navigates them to free resources for their unique needs. The Caregiver Intensity Index is available as part of Any Care Counts-NY, sponsored in part by NYSOFA in partnership with ARCHANGELS and the Association on Aging in NYS.

Trualta Evidenced Based Caregiver Support: [Trualta](#) is a free online platform that provides caregivers with new information and skills needed to manage care for a loved one in the home. Trualta delivers quick videos, articles, tip-sheets, and professional-level trainings that are tailored to meet the caregiver's learning style. Trualta is free for any caregiver in NYS.

Blooming Health: [Blooming Health](#) is a digital web application to send personalized and targeted communications to older adults and caregiver clients across text messages, voice calls, or email, available in 26 languages. Clients do not need access to broadband internet or a smart device to receive these communications. Providers can also receive longitudinal data on clients' needs and outcomes, coordinate care, and better manage their population's health risks. NYSOFA is piloting this solution in multiple counties and data shows a 300% increase in service utilization and 15 hours per week in saved staff time.

Bill Paying/Financial Exploitation: NYSOFA, in collaboration with LifeSpan of Greater Rochester, expanded the bill payer model to 10 additional counties in Western New York. This program supports older adults who may have been victims of financial fraud or need

assistance in paying their bills. To assist in identifying irregularities that might be financial exploitation, NYSOFA is testing Fraudfindr forensic accountant software that allows large amount of financial data to be evaluated quickly and potentially referred to a forensic accountant for further analysis. NYSOFA is also partnering with Eversafe, which guards against fraud, identity theft, and age-related issues. It is the first financial wellness tool for older adults and caregivers to keep track of finances, credit, bills, and real estate. Eversafe analyzes activity across accounts and institutions to protect individuals from financial exploitation.

DRAFT

DVS SERVING NEW YORKERS WHO SERVED

The NYS Department of Veterans' Services (DVS) advocates on behalf of New York's Veterans, Service Members, and Military Families, as individuals and as a group, to ensure they receive benefits granted by law for service in the United States Armed Forces and Uniformed Services.

DVS provides free benefits advising. Experienced and dedicated advisors – each a Veteran – work in a network of field offices across the state and offer Veterans and their families with professional help to resolve social, medical, and economic matters. Veterans Benefits Advisors assist the claimant – whether a Veteran, Service Member, spouse, child, or parent – in completing applications, obtaining necessary documentation, and filing claims for a broad spectrum of federal, State, local, and private Veterans' benefits. Veterans Benefits Advisors also assist by responding to follow-up correspondence and appealing an unfavorable ruling.

By working closely with other State, federal, local, and private agencies, DVS utilizes the expertise and resources of others to help Veterans, Service Members, and Military Families address a broad array of specific needs, such as financial compensation, employment, rehabilitation, medical treatment, education, and tax exemption. NYS was home to 688,611 Veterans in 2022. More than half of these Veterans are over the age of 65.

Restoration of Honor Act

In 2019, the Restoration of Honor Act was signed into law in New York State. The Restoration of Honor Act authorizes DVS to restore access to State Veterans Benefits to Veterans with an Other Than-Honorable Discharge (OTH) or a General Under Honorable Conditions Discharge due to the following:

- Post-Traumatic Stress Disorder (PTSD)
- Traumatic Brain Injury (TBI)
- Military Sexual Trauma (MST)
- Sexual Orientation
- Gender Identity

In 2022, 11 Veterans received a favorable Restoration of Honor decision from DVS, with more than 40 receiving a favorable decision to date. These recipients include Veterans who are survivors of military sexual trauma who were then wrongfully accused of misconduct by military leaders unwilling to discipline the perpetrators of the sexual abuse,

Veterans who unjustly received less-than-honorable administrative discharges due to the military's biased policies and conduct toward Service Members who identified as members of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) community, and Veterans whose manifestations of mental health conditions caused or worsened in their service to our nation were ignored or misunderstood by their chain of command. These Veterans now have been able to receive State benefits from property tax exemptions to eligibility for skilled nursing care at State Veterans Homes and much, much more, along with the recognition that the State of New York properly recognizes the honorable nature of their military service.

New York State Veterans Human Rights Conferences

Throughout 2022, DVS partnered with several agencies and organizations to present widely attended programs focusing on the human rights issues, needs, and initiatives of Veterans, Service Members, and Military Families. Some of these programs which addressed the concerns of older Veterans included:

- Providing multiple Continuing Legal Education and Continuing Education Unit programs for attorneys and medical professionals focusing on military cultural competency and on addressing the needs of historically underserved populations of Veterans and Military Families
- Presenting at the state's Tribal Consultation conference in November 2022, emphasizing the life-changing role that federal and state Veterans' benefits can play for Veterans and Military Families on tribal nations throughout New York.
- Leading programs with the Alzheimer's Association, with the New York State Office for the Aging, and for the Veterans and Military Families group of AARP focusing on benefits, programs, services, and resources available to older Veterans and Military Families, as well as DVS's efforts to combat the adverse effects of ageism toward Veterans and Military Families.
- Providing a featured workshop at the Long Island Coalition for the Homeless' annual conference focusing on including Veterans' services as part of any comprehensive strategy for addressing homelessness in a community, including but not limited to, services for older New York Veterans and Military Family members who are homeless.

New York State Department of Veterans' Services and NYSOFA Collaborations

- DVS presented a five-session outreach-and-training program through GetSetUp, an online platform for active older adult learners, utilizing the GetSetUp licenses

that NYSOFA purchased for New York State. These sessions received top reviews from participants and led to several older New York Veterans and surviving spouses of Veterans being connected with federal, state, and local Veterans' benefits.

- DVS, thanks to introductions provided by NYSOFA, formed a collaboration with the Securities & Exchange Commission (SEC) through which the SEC provides guidance to Veterans and Military Families in New York State about strategies for safeguarding themselves against financial fraud.
- DVS, NYSOFA, and OASAS are partners in a pilot project that targets older adults who may be misusing alcohol or other substances and/or who may be engaged in problem gambling. The program is rolling out two evidence-based interventions: Wellness Initiative for Senior Education (WISE) and Screening, Brief Intervention, & Referral to Treatment (SBIRT) to be implemented both at Area Agencies on Aging (AAAs) and at state and county field offices staffed by Veterans Benefits Advisors and Veterans Service Officers.

PFC Joseph P. Dwyer Peer to Peer Veterans Support Programs

The program, named in honor of Pfc. Joseph P. Dwyer, an Army combat medic who quickly became associated with the Iraq War after an Army Times photographer captured an image of him rescuing an Iraqi boy in 2003. The tragic story of his death by overdose in 2008 while struggling with PTSD draws attention to the lingering psychological effects of war and the difficulties of reintegration to civilian life that many service members face.

The United States Department of Veterans Affairs (VA) estimated that New York State was home to 688,611 Veterans in 2022. According to VA estimates, more than 75% of these Veterans were age 55 and older (see **Table 1**).

Table 1.

Veteran Population 2022	New York State	United States
Number of Veterans	688,611	18,592,457
Percent of Population that are Veterans	3.5%	5.6%
Number of Veterans Age 55 and Older	522,838	12,044,052
Percent of Veterans Age 55 and Older	75.9%	64.8%

The Dwyer Program offers a variety of non-clinical supports delivered by Veterans for Veterans to reduce social isolation among Veterans and build community while also promoting pro-social activity. These support services address the range of challenges Veterans face in the community, including but not limited to Post-Traumatic Stress Disorder (PTSD), traumatic brain injury, suicidal ideation, substance abuse, depression, anxiety, and/or other mental health challenges

OMH SUICIDE PREVENTION INITIATIVE FOR UNIFORMED PERSONNEL

Suicide Prevention Center of New York (SPCNY)

A [recent study](#) found frailty was associated with suicide attempt risk among U.S. Veterans ages 65 and older. Study participants received care at U.S. Department of Veterans Affairs (VA) medical centers from October 1, 2011, through September 13, 2013. The sample population was predominantly white non-Hispanic males. Among all participants, nearly 17% had diagnosed SUD and almost 7% had diagnosed PTSD.

The CARES UP initiative helps uniformed personnel including police and other law enforcement, firefighters, emergency medical service members, corrections officers, and military Veterans learn to manage stress in healthy ways and seek help when they need it. The following Veteran Serving Organizations were chosen as part of the 2022 CARES UP initiative:

- PFC Joseph P. Dwyer Peer Support Program – Rensselaer County
- Tioga County Veterans' Service Agency
- WNY Heroes

Two of the three entities are regional in nature covering portions of Western New York and the Finger Lakes. Related efforts as part of the NYS Governors' Challenge to prevent suicide among Service Members, Veterans, and their Families (SMVF) included launching a website for family members on how to talk to a loved one that has a firearm in the house, and/or where there may be concerns about suicide risk. Many older Veterans are isolated and have access to firearms. The website helps family members and loved ones navigate these discussions.

The NYS Suicide Prevention Conference, *Fostering Connection Across the Lifespan*, was a three-day virtual conference that brought together internationally recognized experts to summarize the latest prevention science and explain why we must focus on supporting social connection across the lifespan—from early childhood and adolescence through our working and older-age years. Two specific workshops were held that addressed suicide prevention and wellness with older adults:

- *Connecting and Contributing: AmeriCorps Seniors Service as Upstream Suicide Prevention for Older Adults* – an overview of the science supporting volunteering as a means of health promotion and suicide prevention in later life, including the developmental context in later life that is ideally suited to addressing social connection by giving back to one's community.
- *Connection Planning: A workshop for mental health clinicians working with socially isolated/lonely clients* – by Kim Van Orden, PhD based on her work at the University of Rochester.

Helping Those Who Help Others Steering Committee

The suicide rate among New Yorkers 75 and older is 8.6 per 100,000 population; it is 19.5 per 100,000 population among men in this age group. The highest risk age group in New York State and nationally is men 85 and older, at 24 per 100,000 population.

Suicide attempts by older adults are much more likely to result in death, as older adults plan more carefully and use more deadly methods, are frailer and less likely to recover from an attempt and are less likely to be discovered and rescued.

As part of the 2020 State of the State, the former NYS Governor directed OMH to increase efforts to combat suicide within Veterans, Military, Law enforcement, Fire Fighters, EMS, and Corrections Officers and “convene a panel of stakeholders and experts at its annual Suicide Prevention Conference to develop and implement strategies for preventing suicide among these special populations.” While the COVID-19 pandemic led to the postponement of the 2020 suicide prevention conference, NYS remained committed to bringing leaders from these disciplines together and met virtually throughout the Fall of 2020.

In the fall of 2020, OMH’s Suicide Prevention Center of New York (SPCNY) created a steering committee comprised of Veterans, military, law enforcement, corrections officers, and first responders, to help prevent suicide in NYS.

The steering committee convened around the following activities:

- Sharing experiences/resources and identifying universal themes;
- Developing a series of presentations designed to educate the wider community and inform the work of the committee membership; and
- Outlining identified barriers experienced by these populations and recommending strategies for improving overall wellness, engagement in treatment and services, and suicide prevention efforts.

One recommendation from the Helping Those Who Help Others (HTWHO) Steering Committee is learning how to recognize signs of an individual in distress or exhibiting suicide risk behaviors and responding accordingly. Family members, colleagues, friends, and neighbors are encouraged to develop an understanding of wellness and suicide prevention along with the knowledge of available resources and treatment. A few examples of this evidence-based training, applicable across the lifespan, are:

- Suicide Intervention Skills Trainings (ASIST)
- safeTALK
- Question-Persuade-Refer (QPR)

- NYLEAP
- Critical Incident Stress Management (CISM)

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GERIATRIC SERVICE DEMONSTRATION GRANTS

Background

Authorized by the GMHA, the geriatric service demonstration program grants provide funding for the creation of programs focused on a variety of areas related to the care of older adults with behavioral health needs including supporting community integration, improving treatment quality, enhancing service integration, and providing family support. The program is authorized and funded under the Geriatric Mental Health Act (GMHA), with oversight by OMH, and in partnership with NYSOFA and OASAS. To date, there have been four completed rounds of grants, with the fifth round currently in progress.

Geriatric Service Demonstration Project Round Four

The following is the summary findings of the *Partnership Innovation for Older Adults* (PIOA) final grant review completed in 2022. Grantees in eight locations throughout NYS were funded from 2017 through 2021 to establish “triple partnerships” between mental health, substance use, and aging support service providers. The partnerships developed innovative program models that would identify and provide outreach and services to older adults living in the community, age 55 years and older, with behavioral health and aging services support needs.

Partnership Development and Program Implementation Outcomes

Decreased service siloes: Over the course of the five-year grant period, the partnerships improved the integration between behavioral health (Mental Health and Substance Use Disorder services) and aging support services in their communities. Each program, through increased coordination, communication, and networking, improved their understanding of different service system paradigms and developed mutual infrastructure to support efficient service delivery from the OMH, OASAS and NYSOFA partners.

Immediate engagement and linkage to services: Core program staff were hired to administer the PIOA programs, conduct direct and indirect outreach to older adults, provide direct short-term treatment and case management for participants, and link participants to needed longer-term services in the community.

Service system interconnectedness: Community networks were formed to increase outreach to many types of community-based organizations, both as a referral source to identify and refer older adults to PIOA, and to serve as resources for PIOA participants to support aging in place.

Increased use of technology: PIOA programs creatively used a range of technologies to help older adult participants with complex needs to foster social connection and improve quality of life. The use of telehealth was an option in the program planning phase, but the sudden restrictions on in-person contact due to the COVID-19 public health emergency caused all programs to quickly pivot and use telehealth (both audio-only and live video connections) to increase outreach, access to services, and service capacity.

PIOA Participants Characteristics

- By the end of this round of grants in 2021, 2,061 older adults had been enrolled in PIOA demonstration programs at eight sites across NYS. The average length of enrollment in the program was eight months.
- Slightly more than a third of participants (35%) were referred to the PIOA program by one of the partnership agencies including other programs within these agencies. The remainder were referred from a variety of sources including other community-based organizations, hospitals, primary care providers, family members and other program participants.
- Across all sites, the average age of participants was 72, ranging from 55 to 100. Most participants were female, white, and English-speaking. However, there was variation between sites in age, race, ethnicity, and primary language, which reflected the demographic differences in specific communities and geographic locations.
- A little over a quarter of PIOA participants were widowed and PIOA programs identified grief as a frequently reported concern. Half of participants lived alone in a private residence and another two-fifths lived in a private residence with others.
- Over half (56%) of PIOA participants relied on Social Security as their primary source of income and close to two thirds (62%) had Medicare as their primary health insurance. A fifth (20%) of participants had Medicaid as their primary insurance, and 18% were enrolled in both Medicare and Medicaid.
- Of the participants who answered the optional questions added to the screening package in 2018, 42% reported experiencing chronic pain, 10% used prescribed opiates, and 17% reported experiencing cognitive decline.
- A substantial percentage of PIOA participants reported symptoms of moderate to severe depression (46%) and/or moderate to severe anxiety (45%) at admission to the program. The prevalence of reported alcohol problems (8%) and drug problems (1%) was much lower. Fewer than one in five participants (15%) reported tobacco use at admission to PIOA.

- The domains of greatest need for service connection for PIOA participants were mental health, care management, social isolation, transportation, housing, and personal care assistance.

Participant Outcomes

- On average, mental health symptom indicators for PIOA participants showed improvement. Between the admission and last follow-up assessments, the average score on the depression screen moved from the moderate to the mild range; the average score on the anxiety screen showed a similar improvement.
- Although a minority (15%) of participants reported tobacco use at admission, 40% of those who reported use at admission and had a subsequent assessment reported no tobacco use at their last follow-up assessment.
- Service connections were made in multiple domains. Participants with active needs were most likely to receive service connections for physical health (70%), mental health (61%), substance use treatment (60%), financial management (55%), and transportation (48%).

Lessons Learned: Program Facilitators, System Challenges, and Areas for Further Development

Building Strong Partnerships and Cross-System Networks to Meet Complex Needs: The development of cross-system partnerships and close collaboration of behavioral health and aging support services is critical to meeting this population's complex needs. In the PIOA partnerships, this collaboration required regular and intensive formal communication between partners, and consistent efforts to build and maintain those relationships. The development of communication and collaboration processes were most critical in the program planning and development, initiation, and early implementation phases.

Strong partnership relationships were facilitated through the funding structure of the geriatric service demonstration program grants, and through intensive technical support provided throughout the course of the grant by the Geriatric Technical Assistance Center (GTAC) and by OMH Geriatrics Unit staff.

Bi-directional Referral and Consultation Pathways to Support Aging in Place: The PIOA triple partnerships highlight the efficacy of a close collaborative relationship between service providers and, as the PIOA programs themselves evolved over time into efficient partnerships with strong referral processes, older adult participants received more effective supports and services to support aging in place.

From a systems level perspective, more education and consultation on cross-system service collaboration is needed and can be accomplished through sustaining projects like PIOA and through the attention of already established groups that focus on cross-system integration improvements such as the Long-Term Care Council, and the Interagency Geriatric Mental Health and Substance Use Planning Council.

Addressing Common Resource Challenges: Many communities have limited resources in domains essential for older adults to age in community integrated settings. Limited safe and affordable housing with long waitlists, a lack of accessible transportation, and the limited availability of qualified personal care and home health care providers are just a few of many resource needs that challenge older adults' ability to age in place.

Individual advocacy and assistance with system navigation were critical services needed for this population to combat significant challenges in accessing the limited resources available. Navigating multiple service systems and eligibility requirements based on payment sources is complex and may result in service connection drop-off. For the older adult population, the need for "warm handoff" confirmation is key to assuring service connections.

Supporting Staffing, Recruitment, Retention, and Service Capacity: Many PIOA sites encountered difficulties in recruiting and retaining qualified staff, particularly bilingual staff, and either OMH or OASAS Certified Peer staff. Over the course of the five-year grant period, programs were able to develop strategies to mitigate the impact of workforce issues on program service delivery, including:

- Using MSW graduate-level interns, peer support workers, and community volunteers to capitalize on embedded community strengths and supplement services provided by clinical practitioners.
- Building on local collaborations with businesses and civic organizations to support program innovations. These collaborations increased during the public health emergency and included free restaurant gift cards and meaningful enrichment activities, including English and Chinese speaking virtual and in-person support groups coordinated with a local Older Adult Center.

Improving Engagement with Stigmatized Populations: The lack of trust in institutions and service providers can present challenges to providing community-based services to diverse populations with behavioral health needs. The stigma

associated with the need for behavioral health services, both external and internalized, is often a barrier to accessing services. The intersection of multiple stigmatized identities (age, gender, sexual orientation, health status, race/ethnicity, socio-economic status, mental health, substance use treatment needs, etc.) and entrenched structural barriers to equitable healthcare create further obstacles to engaging with service providers. For older adults who may be socially isolated and disconnected from care, the development of trust is essential to engagement and improved access to services.

Enhanced Engagement with Community Stakeholders: The value of connections with multiple community stakeholders was evident in providing services to the older adult community living population. Coordinated multipronged outreach strategies and a strong visible presence in the community was an essential component of PIOA program models to reach older adults with behavioral health and aging support needs who may be disconnected, unidentified, or underserved.

- PIOA programs completed extensive community service scans early in the program planning process to identify potential partners, and then revisited this process during the five-year grant period.
- To expand outreach into the community, PIOA programs participated in community events and fairs, and engaged with the broader physical health provider network in their communities.

Intensive Outreach Coupled with Time-Rich Engagement Strategies:

- Engaging older adults with complex needs often requires persistent and extensive outreach to break down barriers such as isolation, stigma, inequity in access to services, and general mistrust of service providers.
- PIOA program staff provided outreach and engagement services directly to older adults in their homes. During the COVID-19 public health emergency, providers used technology-enabled communication, and whenever safe and permissible, met with individuals in non-traditional service settings.

Person-centered Services and Care Coordination:

- Person centered care recognizes the diversity of the older adult population and engages the older adult in decision making.
- Different age groups within the older adult cohort present with different needs and provide varying access challenges related to eligibility for services and the complexity of significant health and social needs.
- Intensive care coordination between physical health, behavioral health, and aging services providers is critical to support older adults to age in place.

Flexibility in Service Delivery Modality and Location:

- PIOA programs found that providing in-community behavioral health services in settings traditionally used by older adults, such as Older Adult Centers and community centers, presented challenges due to privacy concerns and stigma around behavioral health services.
- In-community contact was challenging, particularly during the COVID-19 lock-down periods. Staff found innovative ways to substitute in-home in-person interactions by meeting outside when weather permitted or meeting in separate individual vehicles in public spaces.

COVID-19 Challenges and Access Inequities Shaped Program Innovation:

- As a result of public health emergency restrictions, and with subsequent regulatory waivers in place, telehealth quickly became the primary service modality.
- There were initial challenges to the all-inclusive use of this modality due to lack of participant access to technology, staff and participant comfort level, and uncertainty regarding regulations and billing potential for these services.
- Program innovations in response to these challenges included the development of a technology literacy assessment to identify needed training areas for older adult users as part of the initial intake assessment and establishment of a new “E-Gadgets” class to teach participants how to use technology.
- The innovative use of software applications on electronic devices such as smartphones, tablets, activity trackers, and computers were used as adjunct services and helped older adults improve functioning, health, social connection, and quality of life.

Geriatric Service Demonstration Project Round Five

In April 2021 the Office of Mental Health issued a Request for Proposals to invite eligible applicants to submit proposals for developing a *Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19* (PSAP) program. The grant program, intended to support older adults age 55 and older age in place in either OMH supportive housing or other community located housing,

OMH awarded six grants of up to \$300,000 a year for a five-year grant cycle that began January 1, 2022. Grantee partnerships in six locations throughout NYS are being funded from 2022 through 2027. The partnerships are required to develop of “triple partnerships” between mental health, substance use, and aging support service providers. The target

population of adults age 55 and older residing in community living situations who may be unconnected or inconsistently connected to the system of care, may have diagnosed, undiagnosed or subacute behavioral issues, have chronic medical conditions, and may be at risk in the community. Program requirements included, but were not limited to:

- Analysis of community need, local service gaps and the identification of community-based resources and assets to better serve culturally diverse and historically underserved populations, with a focus on older adults with behavioral health needs;
- Community outreach, education, and engagement activities to promote identification and referral of at-risk individuals and linkage to grant project services;
- Assessment of an at-risk individual's behavioral health, physical health, environmental and social needs through a person-centered, trauma-informed, recovery-oriented, and culturally attuned perspective to support aging in place.
- Provision of mobile and community-based services to increase access to behavioral health, physical health, and other social support services to improve health outcomes and reduce risk of premature institutionalization;
- Intensive care coordination to include linkage to Area Agencies on Aging services, community-based organizations, health care providers, Health home case management services, and Home Health Care provider agencies as needed;
- The use of peer services provided by individuals with lived experience such as OMH Certified Peer Specialist (CPS), OASAS Certified Recovery Peer Advocates (CRPA), Community Health Workers and community-based organization volunteers to improve outreach and engagement, reduce social isolation and the effects of stigma, and assist with system navigation;
- The use of technology to increase outreach and improve access and participation in care. Examples of technology may include a variety of telehealth and telecare options, mobile technologies, and audio, visual and "smart" technologies, access to Virtual Senior Centers, access to personal health portal, electronic health monitoring devices and other technological innovations; and
- The use of program budgeted funding to provide wraparound funds to support aging in place as needed. Examples may include, but are not limited to, home modifications to improve safety and security, payments for home care services not eligible under current coverage, improving access to technology (e.g., equipment, Wi-fi/internet access, technology literacy training).

Grant Project Descriptions

ENHANCED WELCOME ORANGE GERIATRIC INITIATIVE (EWOGI)

Orange County Department of Mental Health: Orange County's second partnership program to support aging in place is called the Enhanced WELCOME Orange Geriatric Initiative (EWOGI) and includes the Orange County Department of Mental Health, Catholic Charities of Orange and Sullivan Counties, Orange County Office for the Aging, the Mental Health Association, Rehabilitation Support Services, Jewish Family Services, Orange County Department of Social Services Adult Protective Services, and Independent Living, Inc. EWOGI makes use of the "Gatekeeper" model, a method to insure that older adults at risk of problems that impact their ability to live independently can be helped by existing systems of care. This enhanced program serves those who have been traditionally underserved by increasing stabilization in the community and reducing avoidable emergency department, hospital, and nursing home admissions; supporting older adults to improve their wellbeing and functioning so that they can safely age in place; and improving the use of technology to better serve older adults by creating an infrastructure to match individuals with services and supports based on their unique assessed needs.

LINK-AGE

Central Nassau Guidance & Counseling Services: Central Nassau Guidance & Counseling Services is partnering with the Family & Children's Association and the Nassau County Office for the Aging in their *Link-Age* program. Their goals are to identify and engage older adults; identify the specific needs of each older adult encountered; use technology to help older adults and their families/caretakers overcome common barriers to access care and services (e.g., finances, transportation, social/family support); and utilize wraparound services and peer supports to address unmet needs.

LINKING AGING AND COMMUNITY WITH EVERYDAY SERVICES (LACES)

Ohel Children's Home and Family Services: Partnering with LSA Recovery, Inc. and NYC Aging, the goal of Ohel's *LACES* program is to provide wraparound mental health services and connect older adults with a full array of services to support successful aging in place. This program uses a multi-disciplinary team to conduct outreach, engagement, and field-based screening throughout the Rockaways, leading to linkage with Ohel mental health clinics and LSA substance use disorder clinics for additional assessment/treatment, as well as connection to NYC Aging services and supportive technologies. Ohel is piloting the use of ElliQ, an AI-powered empathic care companion in their program to reduce individual social isolation and loneliness.

MAINTAINING INDEPENDENCE AND SAFETY THROUGH TECHNOLOGY (MIST)

Samuel Field YM&YWHA Community Advisory Program for the Elderly (CAPE): Samuel Field YM&YWHA is partnering with Rego Park Counseling Substance Abuse Treatment and NYC Aging to identify and engage older adults in needs assessments in their home communities and connect them with services. Mobile outreach and off-site services are the dual focal points of the program and include assessment of behavioral health, physical health, and aging service needs, as well as unmet needs in other social

determinant of health-related domains that could be a barrier to continued aging in place. An individualized plan of care is created for each client, and interim care and care coordination is provided until all identified services are in place. Counseling, including individual or family psychotherapy and psychiatric care, is provided through Samuel Field and Rego Park Counseling services.

SUCCESSFUL AGING FOR INCREASED LONGEVITY (SAIL)

Jamaica Hospital Medical Center: Jamaica Hospital Medical Center is partnering with Flushing Hospital Medical Center and NYC Aging in the *Successful Aging for Increased Longevity* program. Goals are to decrease untreated mental health and substance use disorders among at-risk older adults; decrease episodic care in the Emergency Department; decrease maladaptive behaviors that contribute to poor mental health; increase engagement in the community; and decrease unmet needs stemming from cultural and language barriers. Flushing Hospital is providing substance use disorder treatment and telemedicine addiction support services. NYC Aging is training medical staff on non-medical aging supports and connecting medical center staff with aging services providers.

SUPPORT, TREATMENT, RECOVERY, INDEPENDENCE, VOICE, EDUCATION (STRIVE)

Service Program for Older People (SPOP): Partnering with the Metropolitan Center for Mental Health and NYC Aging, the goals of SPOP's STRIVE program are to support aging in place and reduce premature institutionalization of older adults by providing integrated services related to overall health – psychological well-being, medical care, and treatment for substance use disorders – while also addressing concrete needs through case management services, home health care, socialization opportunities, meals, minor home modifications, and connections to community-based programs.

Program Evaluation

The OMH Office of Population Health and Evaluation (OPHE) is responsible for conducting the evaluation of the PSAP program, while the NYS Office of Information Technology Services provides technical support for the web based PSAP Application where data will be entered for the evaluation.

The PSAP evaluation will consist of two components, an implementation evaluation, and an outcomes evaluation. The implementation evaluation assesses development and expansion of partnerships and how the planned program activities are being carried out. Data for this component of the evaluation will be collected by the OPHE evaluation team through methods such as documentation, observation, interviews, and surveys. The outcomes evaluation describes the population being served and assesses effectiveness at meeting the following goals for older adults enrolled in the program:

- Improved mental and behavioral health
- Improved social connection and support
- Aging-related needs met in a variety of domains
- Increased stability and tenure in the community

Evaluation activities will take place throughout the five years of PSAP. Data collected through the web-based portal include demographic and participant characteristics, behavioral health (mental health and substance use disorder) and aging needs screens. The assessment will also focus on Social Isolation and Loneliness and the impact and risk factors of social determinants of health.

Program Supports

OMH staff in the Division of Adult Services' Adult Community Care Group provided year one program operational support for the geriatric service demonstration programs in 2022. Responsibilities for assigned projects included consultation, project oversight, approval of contract work plans, monitoring of contract deliverables, reviewing requests for program and/or budget changes, collaborating with OMH field office staff, facilitating communication with others at the agency, serving as project advocates, and helping to 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). Established by OMH in 2012, GTAC provides training and technical assistance focused on programmatic and fiscal strategies to support the planning, implementation, operation, and evaluation of the service demonstration programs. The National Council for Mental Wellbeing fulfilled the role of GTAC until December 31, 2022. GTAC's work with the PSAP programs in 2022 included:

- Virtual site visits for extended discussion and review of partnership building, communication, and program implementation with individual partnerships, OMH and GTAC;
- Virtual monthly individual coaching calls with each partnership and GTAC;
- Group coaching calls with all grantees and a focus topic;
- Virtual Learning Collaboratives with presentations and discussion held in March;
- Virtual networking event to network and share ideas;
- Office hours to connect and ask questions;
- In person Learning Collaborative in December, and transition to New York Academy of Medicine (NYAM) as GTAC beginning January 1, 2023.

SUMMARY

Future planning to address the needs of older adults is both informed and enhanced by the past work done in New York State to support the behavioral health, aging services, and social needs of older New Yorkers. These efforts include the work done by multiple state agencies highlighted by this annual report and also include: (1) the provisions of the Geriatric Mental Health Act; (2) the planning and collaborative efforts of the Interagency Geriatric Mental Health and Substance Use Disorder Planning Council and its members; (3) New York State agency initiatives supporting aging in place; (4) the provision of core behavioral health services, support, and aging services for older New Yorkers; (5) help for older adult Veterans, service members, and their families to obtain the state and federal benefits they earned as a result of military service; and (6) lessons learned from the geriatric service demonstration programs. These efforts will support and strengthen the developing framework of the New York State Master Plan for Aging.

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