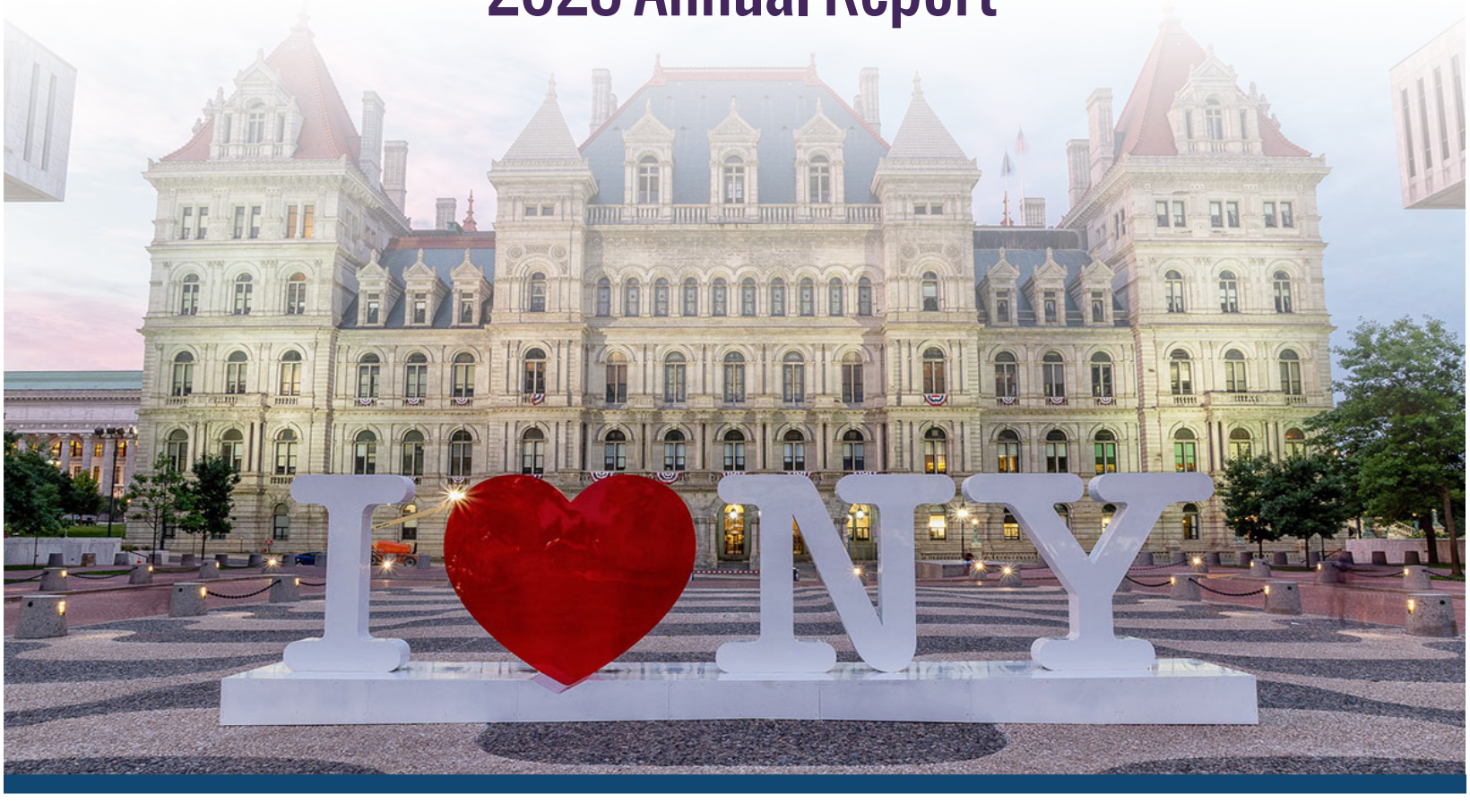
NEW YORK STATE

Office of Mental Health | Office for the Aging

Office of Addiction Services and Supports | Department of Veterans' Services

Interagency Geriatric Mental Health and Substance Use Disorder Planning Council

2023 Annual Report



Geriatric Mental Health and Substance Use Disorders

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Introduction

New York has the fourth-largest population of older adults in the United States, with 3.2 million New Yorkers over the age of 65. Some older adults are at risk of developing mental health disorders and substance use disorders as well as chronic health conditions including heart disease, diabetes, vision/hearing loss and physical disabilities that negatively impact their independence and their quality of life. As part of the 2023 State of the State address, Governor Kathy Hochul announced investments and initiatives aimed at helping older New Yorkers live healthy, fulfilling lives while aging successfully in the communities of their choice. State initiatives include broadening access to aging services, improving quality and transparency in long-term care settings, investing in home care teams to serve low-income older adults, and providing respite care for family caregivers. Building on New York State's status as the first state in the nation to be designated as an age-friendly state by AARP and the World Health Organization, the initiatives outlined by Governor Hochul are aimed at establishing access to healthy, livable communities for older adults.

The 2023 Interagency Geriatric Mental Health and Substance Use Planning Council report details some of the work accomplished by state agencies and other interested and engaged stakeholders to address the mental health, addiction services, and aging services needs of older adults. Highlights include:

- The October 2023 NYS Adult Abuse Training Institute conference focused on fostering an understanding of the work done to support vulnerable adults, including older adults, sustaining, and developing key partnerships, and providing the tools and methods needed by professionals working with vulnerable older adults.
- The Education and Research arm of the Home Care Association of New York State was awarded funding by the Mother Cabrini Health Foundation to identify and address health disparities statewide in populations receiving home health care and community-based services.
- The state Department of Health and the state Office for the Aging conducted several listening sessions across the state to inform communities and elicit stakeholder input for the state's Master Plan for Aging.
- The Office for the Aging has invested in several initiatives leveraging technology and digital tools to combat social isolation and provide support for caregivers and older adults.
- Eight Office for Addiction Services and Supports prevention providers were selected to engage with older adults through two evidence-based approaches to addiction prevention.
- OASAS successfully allocated the first-year opioid settlement funds in accordance with the priorities established by the state Opioid Settlement Board, including older adults impacted by the opioid and overdose crisis.
- To help address the ongoing opioid epidemic and expand access to these lifesaving supplies, OASAS has partnered with NextDistro and NYMatters to launch a new platform that people of all ages can use to have naloxone, fentanyl test strips, and xylazine test strips delivered directly to their homes for free.
- As part of the federal *Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and Military Families*, the state Department of Veteran's Services spearheaded a delegation comprised of leaders in the suicide prevention space to roll out several new initiatives.
- The Suicide Prevention Center of New York continued NY CARES UP in 2023, an initiative that focuses on improving the mental health and wellness of uniformed personnel and Veterans of all ages.
- Statewide expansion of the PFC Joseph P. Dwyer Veteran Peer-to-Peer Support Program, which provides peer support, socialization activities, and volunteer engagement opportunities to reduce veteran social isolation and associated mental health issues for all veterans regardless of discharge status or service era.

- Highlights from work done in 2023 on the Geriatric Service Demonstration grants, *Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19*.

Geriatric Mental Healt Act

New York State enacted the Geriatric Mental Health Act in 2005, which authorized the establishment of an Interagency Geriatric Mental Health Planning 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 state residents. New York State first approved funding to establish the geriatric service demonstration project during FY 2007 budget. Geriatric service demonstration projects focus on the following areas to support older adults: community integration, improved quality of treatment in the community; integration of aging services and behavioral health services; 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 Geriatric Mental Health Act expanded the scope of the Council; changed its formal name to the Interagency Geriatric Mental Health and Substance Use Disorder Planning Council; increased membership from 15 to 19 members; added the commissioner of OASAS and the director of the Department 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 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 physical 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, co-chair of the Council.
- Director of the Office for the Aging, co-chair of the Council.
- Commissioner of the Office of Addiction Services and Supports, co-chair of the Council.
- Commissioner of the Department of Veterans' Services, co-chair of the Council.
- The adjutant general, Division of Military and Naval Affairs.
- One member representing the Office for People with Developmental Disabilities.
- One member representing the Justice Center for the Protection of People with Special Needs.
- One member representing the Department of Health.
- One member representing the Education Department and the Board of Regents.
- One member representing the Office of Children and Family Services.
- 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.
- Two members appointed by the speaker of the Assembly.

Council Collaboration

In 2023, 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. The Office of Mental Health hosted virtual Council meetings on April 27, 2023, and December 12, 2023, that included reporting on work related to:.

- OMH update on the Geriatric Service Demonstration grants, 'Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19' and the program focus on a triple partnership of OMH, OASAS, and Aging service providers to support aging in place, increase access to care, and reduce social isolation and loneliness.
- Office for the Aging initiative to introduce ElliQ, an AI-powered companion designed to support and accompany older adults on the journey to age independently, while reducing loneliness and social isolation.
- OASAS Connections to Care Program to support long-term substance use disorder recovery and overall wellbeing of underserved, vulnerable populations including older adults.
- OASAS partnership with NextDistro.org and NYMatters to provide free naloxone and drug test strips to detect harmful additives like fentanyl and xylazine, prevent overdose deaths, and save lives for people of all ages.
- The Home Care Association of New York State's Education and Research arm was awarded funding by the Mother Cabrini Health Foundation to identify and address health disparities in populations receiving home health care and community-based services statewide.
- OMH, the Health Department, and OASAS participated in an interagency work group to guide the carve-in of additional behavioral health services into the Medicaid Advantage Plus fully integrated product line, enabling members to access the full array of both Medicare and Medicaid's physical health, long term care, mental health, and addiction services directly through plan benefits. This will benefit older adults with serious mental illness by improving access to comprehensive care.
- The Health Department and the Office for the Aging conducted a series of public engagement sessions across the state to provide information to local communities and receive input on the development of New York State's Master Plan for Aging.
- In collaboration with numerous stakeholders, Office for the Aging, OMH, and the Health Department submitted a preliminary report of recommendations for the Master Plan for Aging in October 2023.

Education and Training Provided by Council Members

NYS Adult Abuse Training Institute

The Adult Abuse Training Institute, a project of the Learning & Development program at the Silberman School of Social Work at Hunter College, is a forum for professionals who serve vulnerable adults, including older adults and adults with severe mental illness. The state conference in October 2023 was titled, Identifying Risk and Supporting Autonomy and Well-Being: The Power of Tools, Partnerships & Best Practices and focused on fostering an understanding of the work, providing the tools and methods needed by professionals working with vulnerable adults, while developing and sustaining key partnerships. The Adult Abuse Training Institute aims to

build the knowledge base, skill set, and networks of professionals working with vulnerable adults, and to promote the exchange of information, innovative thinking, and best practices. The three-day conference provided over 34 workshops to nearly 400 attendees representing a variety of professions and disciplines that interact with abused adults including adult protective services, criminal justice, health care, law enforcement, mental health, public health, and aging services providers.

OMH, Office of the Aging, the Office of Children and Family Services, and the Office for the Prevention of Domestic Violence are all represented on the steering committee. Workshops presented on topics focused on older adults including:

1. Understanding the risk: abuse and exploitation in individuals with Alzheimer's disease or dementia.
2. Person-centered technology to address aging, social isolation, and loneliness.
3. strengthening resilience through consumer-directed and direct-hire expanded in-home services for the elderly program.
4. Multidisciplinary teams and enhanced multidisciplinary teams to address complex elder abuse Success Stories Roundtable.
5. Recognizing and preventing scams and frauds that target older adults.

Home Care Association of New York

The *Addressing Health Disparities Through Home Care* initiative, funded by the Mother Cabrini Health Foundation, was a collaborative effort between OMH, the Home Care Association Education and Research arm, and the Finger Lakes Geriatric Center of the University of Rochester to develop resources and training freely accessible online highlighting OMH housing providers and case examples of individuals with co-occurring long-term care and mental health needs. New resources added in 2023 include:

Improving Communication and Addressing Crisis: The final webinar in the three-part series on improving care for individuals with co-occurring physical and behavioral health needs.

A New Tool Available to Help you Understand Delirium, Dementia, and Depression: A recorded presentation that provides an overview of dementia, delirium, and depression, a new point-of-care tool to help direct care staff –including personal care aides and OMH housing and Health Home case managers –to better understand the differences between the 3D's through real-world case examples from the field, including an individual transitioning from a state-operated facility to a OMH supportive housing program living with co-occurring serious mental illness and diabetes.

The Primer is a resource describing innovative hospital-home care-mental/behavioral health models that promote interdisciplinary collaboration, thus preventing emergency hospitalization, and premature long-term institutionalization. The Primer includes profiles from OMH supportive housing programs that support community tenure for older adults living with serious mental illness who are aging in and/or returning to community integrated settings.

National Association of State Mental Health Program Directors

OMH presented on the New York State Master Plan for Aging at the Older Person's Division Meeting of the National Association of State Mental Health Program Directors.

The organization represents state executives responsible for the public mental health service delivery system serving millions of people annually in all 50 states, six territories and Pacific jurisdictions, and the District of Columbia. The association works with states, federal partners, and stakeholders to promote recovery for individuals with mental health conditions or substance use disorders across the lifespan and includes an older

persons division specifically focused on the needs of older adults. Dr. Christopher Smith, associate commissioner of OMH's Adult Community Care Group, presented on the state Master Plan for Aging at the Older Persons Division meeting on October 4, 2023.

New York State Investment In Continuum Of Mental Health Care

Governor Kathy Hochul announced details of her comprehensive $1 billion multi-year plan to strengthen the continuum of mental health care throughout the state and drastically reduce the number of individuals across the lifespan with unmet mental health needs. First outlined during the 2023 State of the State address, the plan aims to dramatically expand access to mental health care, reduce wait times, and ensure that appropriate levels of care are available to support individuals with mental health needs across the lifespan.

The State Budget provided funding for new residential units, increased inpatient capacity, and expanded outpatient services for all New Yorkers, including older adults.

Office Of Mental Health Support For Older Adults

In response to Governor Hochul's unprecedented support for the expansion of mental health services, OMH has developed two new treatment programs to support older adults.

Assertive Community Treatment Older Adult Team - The Bronx

OMH released a funding opportunity in December 2023 to develop an Older Adult Assertive Community Treatment team in the Bronx. This team will serve older adults with serious mental illness who have not been successfully engaged by the traditional mental health treatment and rehabilitation system in the state. These individuals may also be high utilizers of emergency and/or crisis services, have co-occurring substance use disorders, are isolated from community supports, in danger of losing their housing, homeless, or have histories of involvement with the criminal justice system.

ACT is a multidisciplinary, evidence-based, team approach to providing comprehensive and flexible treatment, support, and rehabilitation services to people of all ages. ACT teams have a low individual-to-staff ratio with professional staff including members from the fields of psychiatry, nursing, psychology, social work, substance use, employment/education, and peers. Many services are provided by ACT staff directly and in the community where the individual lives. Recipients of these services often have high continuous needs that are not met in traditional site-based services.

These teams strive to develop a culturally sensitive understanding of each individual and their family's personal preferences. Teams also consider the impact of social determinants of health, particularly on older adults, as these domains highlight inherent systemic disparities.

Identifying older adults as a target population represents a commitment by OMH to develop teams that are better designed to meet the needs of specific populations and increase access to an evidence-based practice for older adults with serious mental illnes.

Safe Options Support Program: Critical Team Intervention

Older adults are the fastest growing group of homeless individuals, and experience more severe health-related concerns, with diminished life spans, increased cognitive and functional impairments and higher rates of mental health and substance use disorders. There were 13,635 adults aged 55 and older in New York State experiencing homelessness in 2023,according to the U.S. Department of Housing and Urban Development. In response to this need, OMH released a funding opportunity in January 2023 to support eight SOS teams to operate in regions across New York State, apart from New York City. These teams use an evidence-based Critical Time Intervention

approach to provide intensive outreach, engagement, and care coordination services to individuals, including older adults, experiencing street homelessness and those in temporary shelter settings. Individuals will be identified through collaboration with community partners including outreach teams, law enforcement, hospitals, and others in close contact with individuals across the lifespan in need.

SOS teams include licensed clinicians, care managers, and peer specialists. Services are provided for up to 12 months, pre- and post-housing placement, with an intensive initial outreach and engagement period that includes multiple weekly visits. Participants will learn self-management skills and master activities of daily living. The teams use outreach to facilitate access and connection to treatment and support services. They promote community integration, self-advocacy, and continuity of care by ensuring that the recipient has strong ties to their professional and non-professional support systems during critical transition periods. The team works with recipients and their professional and non-professional support networks to build skills and strengthen supports so that so that care can successfully be transferred, and SOS services terminated, within 12 months. SOS teams will work in close collaboration with a referral hub, local departments of social services, hospitals, and others to ensure that those individuals who are in greatest need for this intensive service are identified, referred, and immediately connected to services.

In 2023, OMH began developing an SOS older adult and medically fragile support team in New York City. This team will work in conjunction with the existing teams to provide specialized services and supports to older adults and individuals with existing chronic medical conditions who are currently unsheltered or recently transitioned from street homelessness to housing. Approximately 42 percent of SOS members are 51 years old or older, with many living with unmanaged chronic disease and limited access to healthcare. The older adult team will work collaboratively with the SOS teams to offer short-term interventions and specialized services to older adults or medically fragile individuals who are enrolled for services.

NYS Office of Mental Health Suicide Prevention Center of New York

Since 2001, the number of deaths by suicide among older adults aged 50-85 or older has more than doubled across the nation. While New York State –home to more than 600,000 military veterans –has one of the lowest veteran suicide rates in the nation, suicide remains a persistent challenge. New York veterans die by suicide at a rate nearly twice as high as civilians. As the chart below indicates, the suicide rate for veterans age 55 and older represents an area of significant need for intervention.

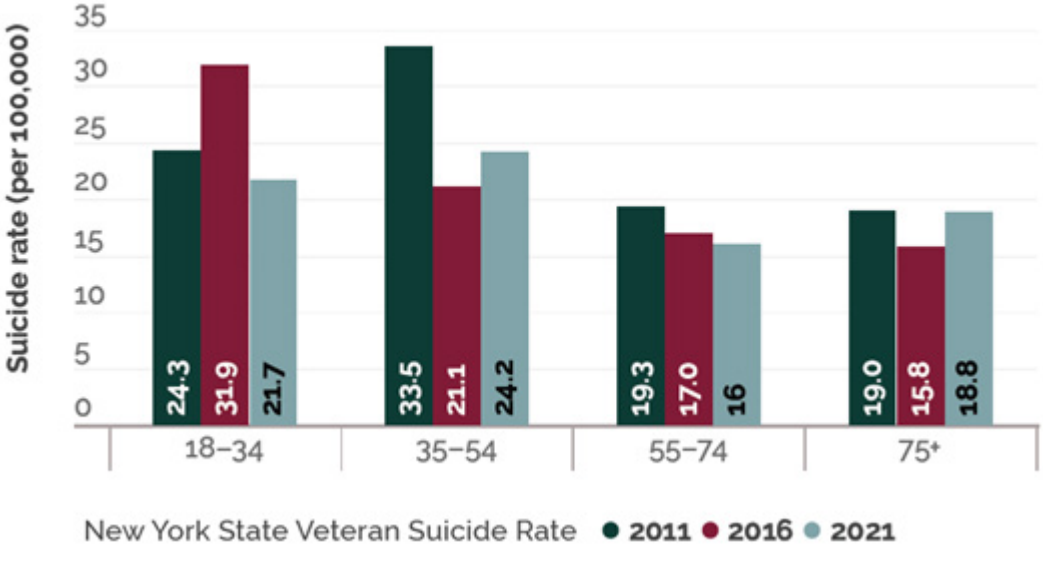

Figure 1: NY Health Foundation Data Snapshot: Veteran Suicide in New York State 2012-2021

1. The Suicide Prevention Center of New York's mission is to promote, coordinate, and advance suicide prevention across the state. Initiatives include:

NY CARES UP

The CARES UP initiative was created in 2021 based on national expertise in suicide prevention and best practices for uniformed personnel organizations to address and combat the stress and trauma that are a day-to-day reality for uniformed personnel including police and other law enforcement, firefighters, emergency medical service members, corrections officers, and military Veterans and continued in 2023. The goal of CARES UP is to promote organizational and cultural change that supports the mental health and wellness of these professions in New York State. The first round of awardees completed the grant cycle December 31, 2023. A second round of funding was awarded in December 2023.

The FY 2025 CARES UP initiative includes:

First Responder Organizations:

- Auburn Fire Department;
- Town of Colonie Police Department;
- Scarsdale Police Department;
- Village of Tarrytown Police Department;
- Town of Ramapo Police Department;
- Cattaraugus Sheriff's Department;
- Trans Am Ambulance;
- MediSys Health Network Department of Pre-Hospital Care;
- Rockland Paramedic Services; and
- New York City Department of Corrections.

Veteran-Serving Organizations:

- Hudson Valley National Center for Veteran Reintegration;
- Tioga County Veterans Service Agency; and
- Compeer Rochester Inc.

One of the three veteran serving organizations, Tioga County, was a regional award covering Cayuga, Chemung, Chenango, Cortland, Franklin, Fulton, Hamilton, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Schuyler, St. Lawrence, Tompkins, and Tioga counties.

Zero Suicide Model

Suicide Prevention Center of New York was awarded a five-year, $3.5 million federal grant for advancing the Zero Suicide model. The grant runs from Sept. 30, 2023, to Sept. 29, 2028, and includes incorporating principles of health equity within the framework. The purpose of the grant is threefold:

- Reduce suicide attempts and deaths among adults aged 18 and older in the 13 Certified Community Behavioral Health Clinics, which serve individuals across the lifespan.

- Establish Certified Community Behavioral Health Clinics as the 'backbone' of the state's Zero Suicide infrastructure using a center of excellence model.
- Use the Zero Suicide framework to improve suicide care and behavioral health services generally at Certified Community Behavioral Health Clinics, ensuring health equity principles are integrated into the framework.

Certified Community Behavioral Health Clinics were chosen as they are required to provide nine 'core services' directly or through formal partnerships. In addition to integrated Behavioral Health services, these include:

- Crisis services
- Screening, diagnosis, and risk assessment
- Outpatient mental health and substance use services
- Psychiatric rehabilitation services
- Targeted care management
- Primary care screening and monitoring
- Peer and family support services
- Person and family centered treatment planning
- Community-based mental health care for veterans

The grant will provide:

- Technical assistance and support
- Funding support for certified community behavioral health clinics
- Training in evidenced-based treatment
- Advancing health equity and culturally responsive engagement
- Quality Improvement Support

Capital Connect Initiative

The Suicide Prevention Center of New York was awarded a 5-year CDC grant that began in September 2022 and is receiving roughly $1 million per year to implement a comprehensive suicide prevention model in the Capital Region, including Saratoga, Schenectady, Rensselaer, and Albany counties. The Capital Connect initiative aims to provide critical support and foster connection among those most at-risk, where suicide attempts and death rates exceed the state average. Research has shown that social connectedness decreases suicide risk and is one of the most important drivers of health overall.

Target populations for the grant includes working-age men, which includes older adults up to age 64, whose suicide rate is nearly triple that of the general population. Working-aged men project programming includes evidence-based interventions within healthcare, community, and employer-based targeted gatekeeper programming, 988 Crisis Resources, and partnership with the largest regional Employee Assistance Program and the local construction industry.

Geriatric Service Demonstration Projects Round Five 2022-2027

2023

The Office of Mental Health continues its support for the Geriatric Service Demonstration Projects. In April 2021, the agency solicited proposals to develop a Partnership to Support Aging in Place in Communities Severely Impacted by COVID-19 program. This fifth round of the Geriatric Service Demonstration grant funding supports developing innovative programs to support older adults to successfully age in the communities of their choice.

OMH awarded six grants of up to $300,000 a year for a five-year grant cycle that began January 1, 2022. The programs are required to develop triple partnerships between mental health, substance use, and aging support service providers. The target population is adults aged 55 and older residing in community living situations who may be unconnected or inconsistently connected to a system of care; may have diagnosed, undiagnosed or subacute behavioral health needs; have chronic medical conditions; and may be at risk for maintaining tenure in the community. Program requirements include:

- Analysis of community need, local service gaps and the identification of community-based resources to 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 and recovery-oriented perspective to support aging in place.
- Provision of community-based services to increase access to behavioral health, physical health, and other social support services to improve health outcomes.
- Intensive care coordination to include linkage to the state Office for the Aging and New York City 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 OMH Certified Peer Specialists, OASAS Certified Recovery Peer Advocates, 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, reduce social isolation and improve access to care.
- The use of program funding to provide wraparound funds to support aging in place as needed (e.g., home modifications to improve safety and security, home care services not eligible under current coverage, access to technology).

Since 2005, when the Geriatric Mental Health Act mandated the funding of The Geriatric Service Demonstration grants, organizations throughout the state have developed innovative and integrated models of care for older adults with mental health and substance use needs. Programs funded by these grants are expanding on those models that integrate behavioral health treatment as well as aging services, with an emphasis on reaching out to older adults not connected with site-based service systems and leveraging technology and peer services to improve access and better serve this population.

Program Descriptions

EWOGI (Enhanced Welcome Orange Geriatric Initiative)

Orange County Department of Mental Health: Orange County's program to support aging in place is called the Enhanced Welcome Orange Geriatric Initiative and includes multiple county and community mental health, substance use disorder, and aging service needs providers. A key community partner is the Independent Living Center, which offers home safety modifications to support older adults so they may age in the setting of their choice. The program makes use of the 'gatekeeper' model to ensure older adults at risk of loss of independence in the community can be connected to existing systems of care. The initiative also provides outreach and engagement to traditionally underserved individuals by connecting them to services and stabilization support in the community, thereby 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.

EWOGI Program Highlights

- Extensive community networks are established through outreach to community-based organizations, to serve as referral sources and access to resources for participants.
- Effective use of wraparound funds through partnership with the Independent Living Center, which makes use of trusted relationships with local contractors for home modifications to support aging in place.
- Effective utilization of peer services for outreach and engagement.
- Successful reimbursement rate for billable services provided under the model.

LACES (Linking Aging and Community With Everyday Services)

Ohel Children's Home and Family Services: Partnering with LSA Recovery, Inc. and New York City Aging, LACES operates in the Far Rockaway Peninsula, serving an area often characterized as a 'service desert.' The program provides in-home comprehensive assessment, assistance with securing benefits and needed services, mental health counseling, and connection to an array of services and social supports to promote successful aging in place. This program uses a multi-pronged approach, conducting outreach and engagement through psychoeducation presentations at local older adult centers, housing communities, and fairs combined with field-based screening and care coordination throughout the Rockaways.

LACES Program Highlights

- Robust outreach efforts in Far Rockaway, offering case management as well as individual and group counseling provided by staff skilled in providing mental health services to older adults.
- Provision of short-term substance use treatment with connection and warm hand-off to longer-term services in the community as needed.
- Targeted use of wraparound funds to utilize adaptive equipment and technology to support aging in place and reduce social isolation, including use of ElliQ, an AI-powered care companion.

LINK-AGE

Central Nassau Guidance & Counseling Services: Central Nassau Guidance & Counseling Services partners with the Family & Children's Association and the Nassau County Office for the Aging in their Link-Age program. The program goal is to assist older adults whose community tenure is in jeopardy and provide community outreach, build trust through short-term intensive case management, provide counseling services, peer support, and nursing services, and connect clients to longer-term ongoing supports in their communities. Program social workers

provide clinical services, and a registered nurse provides health literacy training, education on chronic disease management, healthy nutrition, and medication management. An OASAS-certified recovery peer advocate provides individual and group services at local older adult centers and locations frequented by the recovery community, as well as assisting with the technology needs of clients. Two graduate social work interns assist with providing clinical services and connections to the Spanish-speaking community. This work is also supported by the Senior Mobile Access to Resources and Technology or 'SMART' program, which brings technology to older adults, orients them with it, and assists them in accessing benefits online.

LINK-AGE Program Highlights

- Trusted and unified collaborations with other Family & Children's Association groups and services, such as the Safe Observant Senior program to prevent and address elder abuse.
- Effective use of peer specialists and advocates to promote outreach and engagement, provide peer support services, including collaboration with OASAS-organized Safe Seniors Community Coalition.
- Use of wraparound funds to support aging in place including emergency needs such as food and medication, home and personal safety devices such as medical alert, bracelets and raised toilet seats, and internet connected devices to reduce social isolation.
- Effective use of social work interns to increase capacity for assessment and engagement.

MIST (Maintaining Independence and Safety Through Technology)

Commonpoint Queens Community Advisory Program for the Elderly: Commonpoint Queens partners with Rego Park Counseling Substance Abuse Treatment and New York City Aging to identify older adults in their home communities in need of services to support continued community living. MIST provides mobile outreach and off-site services to assess behavioral health, physical health, and aging service needs, as well as unmet needs in other social determinant of health-related domains that could jeopardize 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, substance use services and referrals for psychiatric care, are provided by social workers and Rego Park Counseling services staff.

MIST Program Highlights

- Efficient utilization of community networks, including local older adult centers and faith-based organizations, for referrals and resource sharing to address needs such as food insecurity and medical transportation.
- Effective use of peer specialist and advocate services for client engagement, family communication, and technology introduction and education.
- Utilization of wraparound funding for clients with visual or hearing impairment, mobility needs, or bridge services while awaiting entitlements.

SAIL (Successful Aging for Increased Longevity)

Jamaica Hospital Medical Center: Jamaica Hospital Medical Center partners with Flushing Hospital Medical Center and New York City Aging to serve communities in Jamaica and adjacent areas. SAIL provides services to assess and treat 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 physical and mental health; increase engagement in the community; and outreach communities with access issues stemming from cultural and language barriers. Flushing Hospital is providing substance use disorder treatment and telemedicine addiction support services. New York City Aging provides training to medical staff on non-medical aging supports and connects individuals to aging services providers.

The SAIL geriatric service demonstration project is uniquely placed in a hospital system and leverages this access to provide outreach and access to the program. In collaboration with the patient navigator based at the hospital ambulatory care clinic, the program's social worker and peer specialist can identify and reach older adults with mental health and substance use disorder service needs.

SAIL Program Highlights

- Collaboration with two New York City Aging older adult centers to provide on-site engagement and clinical social work services.
- Innovative use of wraparound funding to support a behavioral activation program using wearable exercise tracking devices and a wellness curriculum developed in collaboration with New York City Aging at two older adult centers in Queens.
- Use of wraparound funds to purchase blood pressure machines for clients for self-monitoring, nightlights to reduce fall risk at night; welcome giftbags for clients.
- Partnership with the Jamaica Hospital pharmacy to expand outreach by distributing program materials through prescription bag stuffers.

STRIVE (Support, Treatment, Recovery, Independence, Voice, Education

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

STRIVE Program Highlights

- Effective utilization and integration of two Peer Services providers in the program model and the development of a clear peer supervision process.
- Implementation of "train the trainer" program with New York City Aging of 'Do More, Feel Better,' a behavioral activation exercise program to reduce depression among older adults.
- Use of an array of service modalities to meet clients' needs including connection to entitlements to support aging in place, case management to avoid eviction, referral to legal services, connection with Peer Services to foster social connection and improve quality of life.
- Regular programming of monthly town hall-style meetings for client engagement and education on specific topics such as elder law issues and technology assessment and training.

Program Evaluation

OMH's Office of Population Health and Evaluation is responsible for conducting the evaluation of the Partnership to Support Aging in Place program, while the state Office of Information Technology Services provides technical support for the web-based application where data is entered for the evaluation.

The evaluation consists of an implementation evaluation and an outcomes evaluation. The implementation evaluation utilizes a web-based data portal to assess developing Partnership to Support Aging in Place models, cohesion and collaboration, and implementing planned program activities. Data for this component of the evaluation is collected by the OMH evaluation team through methods such as documentation, observation,

interviews, and surveys. The outcomes evaluation will describe the population being served and assess 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 the grant period. Client level data is collected through the web-based portal and includes the number of individuals served; demographic and participant characteristics; mental health and substance use disorder screening; and aging services needs screening. The programs also collect data on social isolation and loneliness, as well as social determinants of health (e.g., food and housing security, appropriate access to healthcare, transportation, financial needs). Using the data collected from admission to discharge, the outcomes evaluation will describe changes in social, behavioral, and mental health indicators for clients throughout the course of their enrollment in the program.

Table 2 describes the number of clients served throughout 2023, while Table 3 shows the number throughout the grant period to date.

Please note: these tables include information submitted as of March 20, 2023 to the OMH Data Portal. The data submitted does not yet reflect total admissions to PSAP programs as work toward enabling large batch data entry continues.

Table 2

January 2023 - December 2023 Program Activities	
Admissions	173
Discharges	78
Clients Served	215
Clients Screened	
PHQ-9 (Depression)	158
GAD-7 (Anxiety)	157
DeJong Gierveld Loneliness and Social Isolation	151
NIDA Quick Screen	150
Social Determinants of Health Inventory	148
Aging Service Needs Inventory	158

Table 3

January 2022 - December 2023 Program Activities	
Admissions	302
Discharges	165
Clients Screened	
PHQ-9 (Depression)	242
GAD-7 (Anxiety)	239
DeJong Gierveld Loneliness and Social Isolation	194
NIDA Quick Screen	195
Social Determinants of Health Inventory	190
Aging Service Needs Inventory	241

Program Supports

OMH's Division of Adult Services, Adult Community Care Group supported the Geriatric Service Demonstration programs in 2023. This work included consultation, project oversight, contract management, monitoring contract deliverables, reviewing requests for program and budget modifications, collaborating with field office staff,

facilitating communication with additional subject matter experts at OMH, OASAS and the state Office for the Aging, serving as project advocates, and helping to troubleshoot and problem solve program implementation with and on behalf of the grantees.

OMH staff also collaborate with staff contracted for the operation of New York State's Geriatric Technical Assistance Center. Established by OMH in 2012, the center provides training and technical assistance focused on programmatic and fiscal strategies to support the planning, implementation, operation, and evaluation of the Geriatric Service Demonstration programs. The New York Academy of Medicine began work as the Geriatric Technical Assistance Center on January 1, 2023. GTAC's work with the PSAP programs in 2023 included:

- Planning and initial development of virtual resource library.
- Weekly planning meetings between OMH and the center.
- Monthly coaching calls with each triple partnership.
- Quarterly Affinity Group meetings with providing targeted support for Program Directors, Program Managers, and Peer Specialists.
- Introducing the Academy's role as the Geriatric Technical Assistance Center and Technical Assistance Planning Roundtables, which were conducted virtually on March 21 and March 23.
- Learning Collaborative with virtual presentations and a discussion on June 21, 2023.
- On site, in person visits for extended discussion and review of partnership building, communication, program implementation, and action planning with each triple partnership.

State Office For The Aging Support For Older Adults In New York

The state Office for the Aging is a lead state agency council member with a record of accomplishments and goals addressing geriatric and behavioral health needs in 2023.

Master Plan for Aging

New York State embarked on a Master Plan for Aging designed to ensure that older adults and individuals of all ages can live healthy, fulfilling lives while aging with dignity and independence. The state Department of Health and Office for the Aging are coordinating the process, building on decades of work and partnerships with state agencies, local governments, and community stakeholders.

In its structure and scope, the plan is a new and unprecedented opportunity to support older adults and people of all ages, while building on a longstanding foundation of existing coordinated work in New York. This work has long recognized that the concerns of older adults – and the opportunities to support them – exist across traditional service systems, infrastructure, and program boundaries.

Experiences early in life have a cumulative impact on how successfully a person ages. The plan will offer a holistic and proactive focus, addressing needs and providing supports for individuals from childhood to mid-life to older age across programs, services, and policies.

The governing structure includes a state agency council comprised of leaders from agencies across state government to address the needs of aging New Yorkers across all state programs and policies; a stakeholder advisory committee to ensure leading experts and the public at large have strong input into the MPA and help establish guidelines for age-friendly policies; and an association resource committee to enable state associations to bring statewide and regional issues to the process.

The goal of the planning process is the creation of a blueprint of strategies for government, the private sector, and the non-profit sector to support individuals to live in the most integrated setting appropriate to their needs. This plan seeks to identify and address challenges related to communication, coordination, caregiving, long-term financing, and development of innovative approaches to assist older adults. Accomplishing this goal will require harnessing the power of all state agencies and their networks to coordinate policies and programs.

Experts in the field of aging are leading eight subcommittees that are tasked with the goal of developing actionable recommendations to enhance the ability of older New Yorkers to successfully age at home in their own communities:

- Long-Term Services and Supports
- Home and Community-Based Services
- Caregivers - Informal
- Caregivers - Formal
- Health and Wellness, including Mental Health and Substance use Disorders
- Housing, Community Development, and Transportation
- Safety, Security, and Technology
- Economic Security

Some of the key mental health and substance use disorder issues the subcommittees are addressing include social determinants of health and increasing equitable access to care; leveraging existing technologies to support older adults in the community; and promoting early detection of aging services needs and linkages to care with equitable access for older adults, particularly those from marginalized communities who may face barriers to accessing health care.

One priority is to develop strategies to address safe and affordable housing, transportation, and secure access to nutritious food. By addressing these social determinants, behavioral health professionals can help improve overall health outcomes for older adults. Linkage to primary care physicians and social service providers to better identify and address mental health conditions that are common in older adults, such as depression and anxiety, has been shown to improve overall quality of life and reduce the risk of chronic disease in older adults.

During the COVID-19 pandemic, many older adults in New York were unable to connect to others due to a lack of internet services, devices, or knowledge. This resulted in limited access to telehealth services, information sources, and COVID-19 vaccine appointments. The plan will leverage existing technology and community-based technology education programs to increase knowledge and comfort with digital devices among older adults. This includes highlighting the OMH's mental health program directory and NY Connects as search tools for services and supports and establishing community linkages to improve mental health service awareness and foster healthy aging within the community.

Innovations

The Office for the Aging has invested in several continuing initiatives leveraging technology and digital tools to combat social isolation and provide support for caregivers. Social isolation has profound health and emotional impacts for older adults. The health effects of isolation are equivalent to smoking a pack of cigarettes a day and are associated with $6.7 billion in Medicare spending each year. Social isolation significantly increases a person's risk of premature death and a 50 percent increased risk of dementia, according to the CDC. There are an estimated 4.1 million caregivers in New York State providing roughly 2.68 billion hours of unpaid care; 61 percent of caregivers worry about caring for a loved one; 70 percent of caregivers reported at least one mental health symptom during the pandemic. The innovative offerings from the office for the Aging supplement direct services and supports provided at the local level by the agency's network of providers.

Free Digital Supports for Caregivers

Trualta Caregiver Support: Trualta's web-based caregiver education and support platform is available at no cost to any unpaid caregiver in New York State. This evidence-based caregiver training and support platform helps families build skills to manage care at home for loved ones of any age. It also connects to local resources and support services by delivering personalized education, training, and information links.

ARCHANGELS - Caregiver Intensity Index The Caregiver Intensity Index is a simple tool that takes under two minutes to complete. This tool is designed to engage all caregivers, even those who do not see themselves in the role. The platform provides each caregiver with a 'score' that not only validates their experience, but crosswalks them over to the resources that exist but often go underutilized due to lack of awareness.

Free digital tools to connect online

Online Classes and Connections Through GetSetU: Older adults in New York have free access to online classes through GetSetUp. Classes are designed for older adults by older adults. Participants 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 so much more.

Companionship Tools

Animatronic Pets to Ease Stress and Isolation: The office for the Aging has been providing animatronic pets to older adults who experience social isolation. These plush, "lifelike" robotic pets are designed to make realistic sounds and motions, providing comfort and companionship to individuals. In a pilot study, the agency found that 70 percent of older adults receiving these pets reported a reduction/significant reduction in loneliness as well as a 75 percent decrease in pain..

ElliQ Proactive Care Companion ElliQ is the first-ever 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

OASAS Support For Older Adults In New York

New Yorkers aged 65 and older continue to be one of the fastest-growing demographics in the state. Rates of substance use, and substance use disorders, have risen significantly among older adults. Older adults are also being increasingly impacted by the opioid overdose epidemic. In 1999, adults aged 55 and older accounted for only 5 percent of overdose deaths. By contrast, they accounted for 28 percent in 2021. Aging adults face considerable barriers to accessing effective substance use disorder prevention, treatment, harm reduction, and recovery services. OASAS continues to support the establishment and expansion of programs that provide person-centered, trauma-informed care that is responsive to the unique needs of older adults, their families, and their communities.

Addiction Prevention Efforts/WISE-SBIRT

Through a federal Substance Abuse Prevention and Treatment Supplemental grant, OASAS was awarded more than $1.3 million in 2022 to expand addiction prevention efforts for older adults. Eight OASAS prevention providers were selected to engage with older adults through two evidence-based approaches to addiction prevention: the Wellness Initiative for Senior Education or 'WISE' program focuses on healthy aging and making healthy lifestyle choices. The Screening, Brief Intervention, and Referral to Treatment program provides a comprehensive public health approach that helps identify those at risk of developing substance use disorders and delivers early intervention and treatment services to individuals who exhibit habits of risky use of alcohol and other substances.

Implementing these approaches began in early 2023 and have already been met with great success. OASAS has received consistent positive feedback from providers who report that the programs are building capacity for prevention services for older adults within their communities. Providers have been able to expand their work into novel settings such as community centers, churches, independent living communities, and town halls to expand their reach to more aging New Yorkers. Participants have also provided consistent positive feedback about their experiences with these interventions. In fact, preliminary data shows that participants have reported changes in their perceptions of harms associated with substance use, changes in health behaviors, improvements in social connectedness and community engagement, and decreased alcohol use among those who do drink

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Opioid Settlement Funds/Connections to Care

In 2023, New York successfully allocated all $192.8 million of the first-year Opioid Settlement funds in accordance with the priorities established by the state Opioid Settlement Board. These funds support a wide range of prevention, treatment, harm reduction, and recovery initiatives to help New Yorkers impacted by the opioid and overdose crisis.

Connections to Care provided funding to develop eleven of these comprehensive programs, which work collaboratively in their communities to facilitate access to services that support the long-term substance use disorder recovery and overall wellbeing of one or more underserved populations. Two providers –Argus Community in New York City and CN Guidance & Counseling Center on Long Island –selected older adults as their target population for their Connections to Care program. This will provide a fantastic opportunity for our providers to collaborate across systems to enhance services for older adults who use substances.

Expanding Access to Lifesaving Harm Reduction Supplies/Direct to You

Accessing lifesaving harm reduction supplies like naloxone, fentanyl test strips, and xylazine test strips can be challenging for many New Yorkers. To help address the ongoing opioid epidemic and expand access to these lifesaving supplies, OASAS partnered with NextDistro and NYMatters to launch a new platform that anyone in New York can use to have naloxone, fentanyl test strips, and xylazine test strips delivered directly to their homes for free. Additionally, OASAS providers and OMH providers can use this platform to order harm reduction supplies and distribute them to the individuals and families they serve. Within the first week of this new statewide ordering system launching, New Yorkers ordered nearly 100,000 xylazine test strips.

State Department Of Veterans Services Support For Older Adults

Mental Health and Substance Use Disorder Support for Veterans

The United States Department of Veterans Affairs estimates that New York State was home to 663,437 veterans in 2023. Estimates indicate that over 458,000 of these veterans are aged 55 and older (Table 4). The largest age demographic of veterans in New York are between the ages of 75 and 79, which includes 93,897 individuals. This age range covers the extremely large number of New Yorkers who served on active duty during the Vietnam War.

Table 2

Estimated Veteran Population September 2023	New York State	United States
Number of Veterans	663,437	18,250,044
Percent of Adult Population that are Veterans	3.34 percent	5.4 percent
Number of Veterans Aged 55 and Older	458,854	11,619,724
Percent of Veterans Aged 55 and Older	**69.1 percent**	**63.7 percent**

In 2023, the New York State Department of Veterans' Services embarked on a multifaceted journey to address the critical issues of mental health and substance use disorders prevalent among Veterans. As part of the federal Governor's Challenge to *Prevent Suicide Among Service Members, Veterans, and Military Families*, the agency spearheaded a delegation comprised of both public and private sector leaders in the suicide prevention space.

WorriedAboutAVeteran.org: A Groundbreaking Resource

One of the pinnacle achievements in 2023 was the development, launch, and sustained operation of WorriedAboutAVeteran.org. This innovative online interactive tool is tailored for family members of service members and veterans who harbor concerns about their loved ones' well-being. It serves as a comprehensive platform offering guidance on lethal means safety, including information about potentially lethal medications and firearms.

Columbia Lighthouse Project Collaboration: A Beacon of Hope

Veterans Services collaborated with the Columbia Lighthouse Project to deliver training on the Columbia Suicide Severity Rating Scale. Recognized nationally and internationally, this screening tool has proven effective in identifying individuals at heightened risk of suicide. It is utilized by veterans' benefits advisors and veterans service officers and plays a crucial role in preventing overdoses and saving lives.

Partnerships for Opioid Addiction Battles

Maintaining a steadfast partnership with OASAS, the agency has actively facilitated referrals for veterans grappling with opioid addiction. Trainings, both received and provided, have enhanced the understanding and accessibility of addiction support. The dissemination of OASAS information on digital kiosks across the state has significantly increased awareness and access points for veterans and their families.

Outdoor Recreational Therapy: Nurturing Well-being

In collaboration with various state agencies, including the Department Environmental Conservation, Department of Parks, Recreation, and Historic Preservation, and Veterans Services championed outdoor recreational therapy. This strategic initiative aims to improve overall lifestyle and divert individuals from destructive behaviors, particularly addressing opioid misuse among veterans and military families.

Training Initiatives: Empowering Stakeholders

The agency conducted an array of training programs, including online sessions with OASAS, agency-wide suicide prevention training, online presentations for social workers, and specialized programs with VA medical facilities. Each initiative was designed to address different facets of mental health and substance use disorders.

Virtual Panel Vet-to-Vet Café on Caregiving

Caregiving is a profound responsibility. Hosted by MJHS Health System, the Vet-to-Vet Café facilitated an open dialogue that not only acknowledged the complexities of caregiving but also offered hope and inspiration. As a testament to the collaborative efforts of Veteran Services and MJHS, this virtual program featuring the agency's commissioner, special assistant for community engagement, and general counsel, served as a valuable resource for caregivers, veterans, and their families. The discussion extended to encompass crucial end-of-life services available through the Department of Veterans Affairs. Participants gained insights into the support structures in place for those navigating the challenging final stages of life.

OMH And Department Of Veterans' Services Collaboration

PFC Dwyer Peer to Peer Veterans' Support Programs

The PFC Dwyer Veteran Peer-to-Peer Services Program is named to honor Army combat medic Joseph P. Dwyer, who 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 drew attention to the lingering psychological effects of war and the difficulties of reintegration to civilian life faced by many service members after discharge.

The mission of the Dwyer Peer to Peer Veteran Support Program is to empower veterans and their family members to find passion, purpose, and hope as they transition from military to civilian life. Regardless of discharge status or era of service, the Dwyer Program brings U.S. Armed Forces Veterans, service members and their families together through Veteran-to-Veteran mentoring relationships, social activities, and community service, easing the transition from military to civilian life.

The FY 2023 State Budget allocated $7.7 million to expand the program to all 62 counties statewide. The program offers a variety of non-clinical supports delivered by veterans to veterans to reduce social isolation and build community while also promoting pro-social activity. Administered by OMH with collaborative support from Veterans' Services, the program offers life-saving mental health and social support to thousands of veterans across New York State. Many participating veterans do not receive services from the VA and thus represent an underserved population at increased risk of social isolation, mental health, and substance use issues. Dwyer

programs in each county offer a low demand and high support way for veterans to engage with each other, using peer support strategies to reduce the likelihood of crisis or suicide. Dwyer program mentors and facilitators are trained in suicide prevention using trauma focused and peer-based approaches. Veterans participating in the program report that it is a life-saving program which gives them a newfound mission and purpose in the community.

Initially developed to address suicide prevention and post-traumatic stress among veterans, the scope of services offered under the Dwyer model has expanded over the years. These supportive services address the range of challenges veterans face in the community, including but not limited to PTSD, traumatic brain injury, suicidal ideation, substance abuse, social isolation, depression, anxiety, military sexual trauma, and other mental health challenges. Each county's Dwyer program uses a locally designed and highly flexible approach to support veterans in their communities. In addition to social engagement activities, peer mentorship, support groups, crisis intervention, creative outlets, and opportunities for group volunteerism, Dwyer programs also offer community education and build collaborative partnerships with key organizations serving Veterans. These outward-facing activities have led to a significant level of community involvement and access to resources for veterans across the state. The Dwyer program serves veterans across all age groups, genders, military branches, discharge status and military theater served. All Dwyer services are entirely voluntary for veterans and family members, and initial engagement in social activities provides needed support and can often lead to accepting other services. The University at Albany's School of Social Welfare is contracted by OMH to serve as the principal evaluator of the Dwyer Programs and its implementation. Outcome data show that the program has made significant differences in the lives of veterans and their family members across the state.

One example of the services provided is the Dwyer Annual Meeting. On hiatus during the COVID-19 pandemic, the face-to-face gathering of county Dwyer programs hosted by the UAlbany's School of Social Welfare in November 2023 allowed newly funded counties to meet with established county programs in an educational and supportive environment to allow for knowledge transfer and exchange of best practices. Post-event surveys indicate that this peer-to-peer learning and sharing experience is essential to elevating the caliber and scope of services the Dwyer programs provide.

Summary

The designation of New York State as the first age-friendly state in the nation in 2017 was a first step toward identifying the valuable contributions made by older adults to their families, their communities and the state's economic health. The Interagency Geriatric Mental Health and Substance Use Disorder Planning Council promotes collaborative efforts by state agencies and other knowledgeable stakeholders to support older adults. New York State is committed to advancing the state Master Plan for Aging, building on the foundation established by the Geriatric Mental Health Act to promote New York as the most inclusive state for older adults, caregivers, persons with disabilities, and future generations. The 2023 annual report demonstrates that a targeted focus on the holistic wellness of older New Yorkers, inclusive of mental health, substance use disorder needs, aging service needs, and social supports is a model for resiliency across the lifespan. Further, attention to social determinants of health and health disparities through the lens of diversity and equity is critical to the successful realization that all New Yorkers should be able to age at home in their communities of choice with dignity and independence.