



The Covid-19 pandemic informed every aspect of SPOP's work throughout Fiscal Year 2021. We provided behavioral healthcare and related services to more than 2,000 individuals from throughout New York City, and we worked with hospitals, senior centers, and dozens of other community-based partners to reach out to the most isolated and vulnerable in the community. Demand for service was at an all-time high.

The pandemic has highlighted the role of behavioral healthcare in supporting the overall well-being of older adults and their ability to live safely at home. We provided services by telehealth, with an option to connect by computer or telephone, and we reopened for in-person services in the spring of 2021. Client feedback to telehealth was overwhelmingly positive.

# During fiscal year 2021 SPOP:

- completed over 23,000 professional mental healthcare services agency-wide, a 25% increase over the previous year; services included individual and group therapy, psychiatry, medication management, rehabilitation services, and assessments;
- processed over 1,500 referrals and inquiries;
- assessed clients for social determinants of health and connected them to supports for meals, housing, elder abuse support,

- online socialization opportunities, and other services;
- provided professional services to 830 individuals from all five boroughs of New York City;
- developed a person-centered hybrid model of telehealth and in-person treatment:
- distributed grab-and-go meals and food gift cards to participants in our PROS program;
- offered free Bereavement Support using telehealth; and
- offered client training and support in technology needed for telehealth.



We are especially proud of SPOP's response to changing needs in the community. When our clients were overwhelmed by online scheduling portals for Covid-19 vaccination appointments, we were prepared to guide them through the process and secure appointments. As we became aware of the pandemic's emotional toll on those working with older adults, we developed an online training module that focused on loss and grief for those in the workplace. When we were unsure of our clients' computer skills, we surveyed them and then expanded our capacity to provide orientation and support. And when we felt it was to return to in-person sessions, we made certain that our workplace was safe.

We have also worked closely with our partners to reach out to the most isolated and vulnerable in the community. Even though the 18 senior centers and programs that host our clinic satellite offices were physically closed, we continued to process referrals and provide services by telehealth. We look forward to resuming in-person sessions as the senior centers reopen in the months ahead.

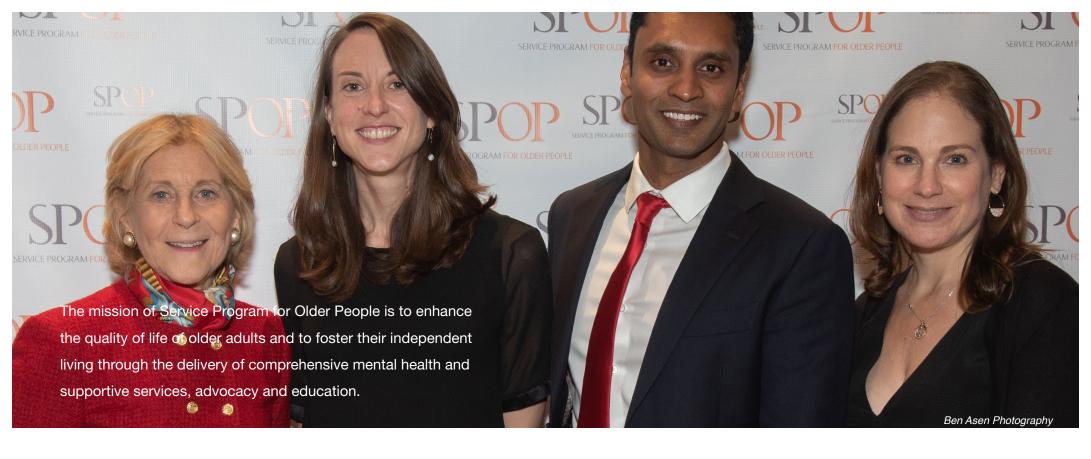
SPOP remains committed to supporting an inclusive environment for staff, work, and volunteers. This year we held workshops in Diversity & Inclusion for all members of the Board and staff and

established a standing committee which is tasked with developing policy recommendations.

We are deeply grateful to all those who provided financial support to SPOP this year, and to every member of the Board of Directors and staff.

Nancy Harvey, LMSW CHIEF EXECUTIVE OFFICE

Patricia A. Caldwell PRESIDENT



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The SPOP behavioral health clinic offers community-based service including individual, couples or group psychotherapy; psychiatry; assessments; and processing of all inquiries and referrals. Based on at our central office, the clinic also offers appointments at satellite sites located throughout Manhattan and in Downtown Brooklyn and in the home for clients with a physical or psychiatric disability.



Our staff is comprised of psychiatric social workers, psychiatrist, psychiatric nurse practitioner, and intake specialists; many are proficient in a second language. Clinicians are all trained in treating older adults and have subspecialties in cognitive behavioral therapy, dialectical behavior therapy, family/couple therapy, narrative therapy and other modalities. Intake staff respond to some 1,500 referrals and inquiries each year from hospitals, senior centers, aging services providers, and individuals and family members. We screen incoming clients for general health, behavioral health disorders, and specialized situations such as caregiver distress or substance misuse. We also assess clients for social determinants of health including housing, meals, social isolation and economic insecurity, and we connect them to other service providers to ensure that their concrete needs are met in tandem with behavioral health care.

Community programs focus on a network of senior centers and aging services providers that host licensed clinic satellite locations. As the Manhattan provider for the and NYC Department for the Aging program of *Clinicians in Older Adult Centers*,

our staff screens older adults, leads educational programs, and provides on-site therapy and referrals at nine centers. We provide LGBT-supportive therapy at the Edie Windsor SAGE Center in Manhattan and GRIOT Circle, a senior center in Downtown Brooklyn serving older LGBT adults of color. At VISIONS at Selis Manor, we offer specialized psychotherapy for older adults managing vision loss. This year our network of Community Programs and satellite locations grew to 18 sites in nearly every neighborhood of Manhattan and in Downtown Brooklyn.

This fiscal year more than 90% of all services were completed using telehealth. We reopened our offices in the spring of 2021 for a gradual phase-in of on-site appointments, following all state and federal guidelines for health screenings,

distancing, and face coverings. We now follow a hybrid model of service delivery using both telehealth and in-person sessions, based on the client's medical condition and mobility, needs and preferences, and ability or inability to establish a therapeutic rapport using a remote connection.

We expect that we will continue with a balance of telehealth and in-person treatment for some time. We expanded the role of our Intake Specialists to provide technology training and ongoing support for all clients, with the result that clients are able to participate fully in therapy – and to partake of online support groups, educational programs, and other opportunities to socialize on a virtual platform. For many in our community, these new skills have been a lifeline.

Telehealth has also enhanced the therapeutic process for many. Clients are able to practice new skills in real time with the clinician; introduce the clinician to family members or caregivers; meet in the comfort and privacy of home; and welcome the clinician into their home and share personal details, such as pets, hobbies, or artwork, which might not come up in conversation in another setting.

We provided telehealth through our clinic satellite locations throughout the year and look forward to resuming in-person sessions when senior centers reopen in the coming months.

### During 2019-20 we:

- completed 21,000 sessions
- provided professional services to 733 individuals enrolled through our central office and our 18 satellite locations
- processed 1500 referrals and inquiries
- assessed more than 300 individuals for social determinants of health
- provided staff training in Telehealth Best Practices; Building an Anti-Racist Clinic; Hoarding; Grief and Loss; and Managing Chronic Pain.

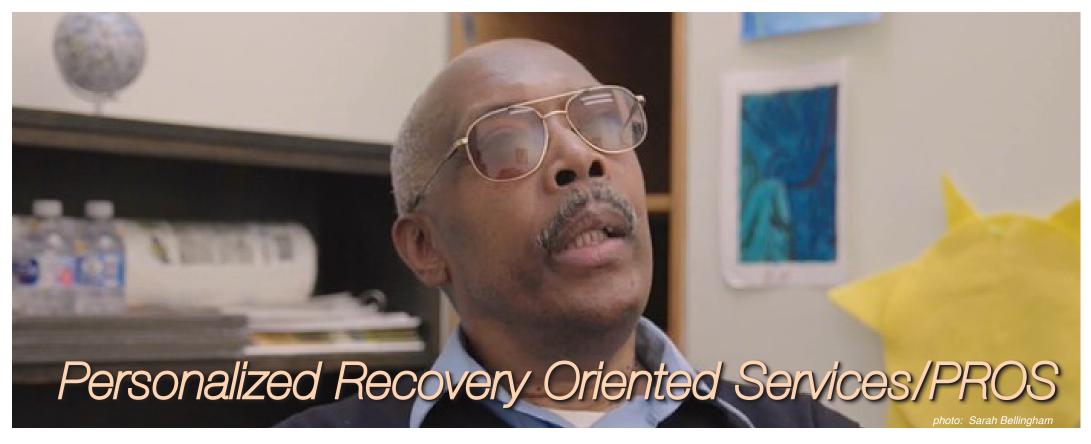
ST, AGE 72, IS IN TREATMENT FOR ANXIETY, DEPRESSION AND POLYSUBSTANCE DEPENDENCE disorder. This year he became very focused on racism as national protests triggered memories of harassment and discrimination he experienced as a young man. His sessions often focus on his struggles with addiction and his feelings of hurt, fear and vulnerability. He is now working with his therapist to address his wellness, sobriety and relationships. He also participates a 12-step program, where one of his goals is to be more vocal about diversity and inclusion.

CN, AGE 75, WAS REFERRED TO SPOP IN LATE 2020 following a case of Covid-19. She exhibited symptoms of psychosis at intake but she indicated that she felt well overall. After four months she initiated discharge, saying that she had achieved her treatment goals.

When CN did not call in for her final telehealth appointment, her therapist reached out and found her in a state of psychosis. She had not eaten for two days and feared that her food and water were poisoned. We called mobile crisis for assistance and the client was transported to a hospital for inpatient treatment. We continued to reach out to CN following the hospitalization, with no response.

She recently called her therapist to explain that she had been diagnosed with post-Covid psychosis and had been suicidal when the therapist intervened. She is now recovering – and is deeply grateful to SPOP for having saved her life..

NW. AGE 69. CAME TO SPOP FOR BEREAVEMENT SUPPORT after his spouse died of Covid-19. He initially chose to use his phone for bereavement group meetings, and later requested training in Zoom so that he could use a video connection. He was anxious and resistant as the Intake Specialist guided him through the training, and over time he gradually became more comfortable with the technology. He is now enrolled for individual therapy, using Zoom. He recently sent a note of thanks to Intake Specialist who trained him, saying that the video connection with other people has been wonderful and that he appreciated the patience and support he received as he learned this new skill.



The Personalized Recovery Oriented Services (PROS)

program provides group-based rehabilitation support to older adults diagnosed with serious mental illness. Our program is the only one of its kind in New York State and is defined by three key features:

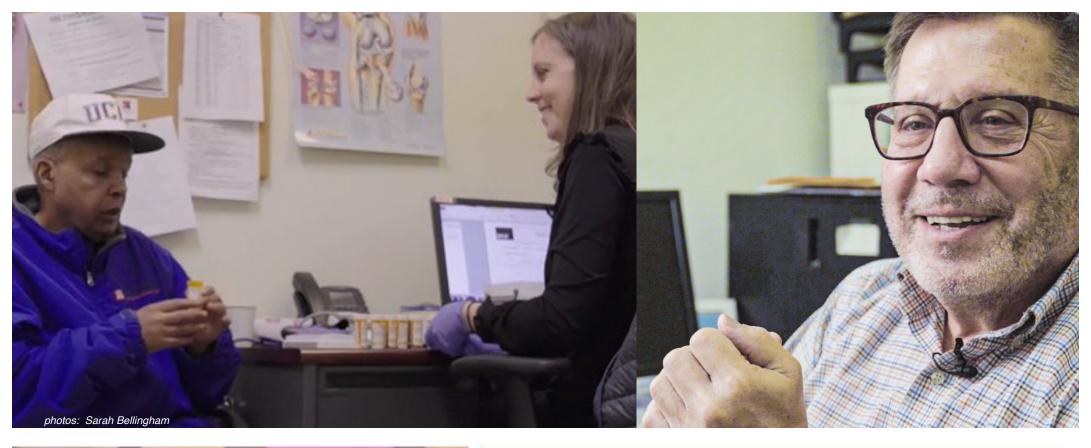
- we focus on recovery and rehabilitation, new concepts for many adults whose lives have been defined largely by their illness
- participants are encouraged to attend on a part-time basis and while participating in other community-based activities and programs
- participants play an active role in the design and structure of groups – which means they gain skills in cooperation, planning and communication

The PROS population is marginalized on multiple levels. For most participants this is their first experience in a recovery-oriented setting after a lifetime of care in a "maintenance" environment. We use a collaborative program model that focuses on goal-setting and acquisition of life skills needed to achieve individual goals.

# This year the PROS program

- Provided the majority of services by remote connection and reopened for limited hours in the spring.
- Offered 18 groups each week by telephone or internet connection on such topics as Healthy Habits, Yoga, Confronting Anxiety, and "Open Doors," a no-holdsbarred conversation with our nurse practitioner about health care, Covid, vaccinations and any questions participants want to raise.

- Distributed grab-and-go meals and supermarket gift cards to participants.
- Provided medication management on-site or via weekly delivery of packed medications.
- Made regular calls to all participants to check in, provide support, and update medical/medication records.
- Offered individual support and counseling by telephone or Zoom.





JR, AGE 66, IS DIAGNOSED WITH paranoid schizophrenia and is also in treatment for lymphoma. His goal is to become more independent and able to make decisions about his life and health.

During the pandemic, JR struggled to participate in PROS groups by telephone, particularly as his health declined. We encouraged him come to the office each week for medication management and health assessments, in the hope that the regular sessions would help to stabilize him. The nurse practitioner has guided JR to understand his illness and helped him to prepare for medical visits. We also coor-

dinated with his doctors, participated in regular care team meetings, and arranged ancillary medical appointments –including JR's first visit to a dentist in five years.

JR has gained new skills in managing his own care, decision-making, and planning for the future. He continues to struggle with his illness, but he is confident that he is making informed decisions.



SPOP's *Bereavement Support* program offers non-sectarian group support for adults of all ages from throughout the region. We receive referrals through word-of-mouth, faith-based organizations, hospitals, and social service agencies.

We offer 10-week bereavement support groups throughout the year, all led by trained volunteers. This year all groups met using a Zoom or telephone connection, and all were free of charge. The program is fully coordinated with the clinic, with a seamless process to refer bereavement participants for therapy or other services as appropriate. All program volunteers receive supervision.

This year we offered seven ten-week groups: four for spousal/partner bereavement; one for non-spousal loss; and two for those who had experienced loss relating to Covid-19. We extend thanks to group leaders Sooknam Choo, Joel Golumbek, and Liv Moseley.

More than 50 individuals participated in the Bereavement Support program.

### Training

SPOP is a New York State-approved provider of continuing education for social workers, and is the only agency in the state that offers staff training exclusively at the intersection of aging and mental health. Training helps provide an essential link to isolated or underserved older adults, as we give staff at other agencies the skills to recognize symptoms, man-

age challenging situations, and connect individuals to professional services.

This year we offered webinar-based and interactive online trainings to some 200 individuals on *Identifying Mental Illness in Older Adults* and *Bereavement, Loss and Coping During Covid-19*, which focused addressing older adults' needs as they process grief and exploring self-care for staff as they navigated the pandemic.



SPOP extends gratitude to the following elected officials, government agencies, and institutional funders that provided financial support in this year.

Manhattan Borough President Gale A. Brewer

New York City Council Member Ben Kallos

New York City Council Member Mark Levine

New York City Council Member Bill Perkins

New York City Council Member Keith Powers

New York City Council Member Helen Rosenthal

New York City Council Geriatric Mental Health Initiative

New York City Council Department for the Aging

New York City Council Department of Health and Mental Hygiene

New York State Office of Mental Health

New York State Department of Health, Child, and Adult Food Care Program

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Bilingual Psychiatric Social Worker
Executive Manager
Psychiatric Social Worker
Psychiatric Social Worker
Psychiatric Social Worker
Psychiatrist
Psychiatric Social Worker
Recovery Case Manager
Assistant Director, PROS

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Intake Specialist Bilingual Psychiatric Social Worker Psychiatric Social Worker Psychiatric Social Worker Billing Supervisor Peer Specialist Psychiatric Social Worker Bilingual Case Opener Psychiatric Social Worker Recovery Specialist Psychiatric Social Worker Clinic Operations Coordinator Maintenance and Housekeeping Bilingual Rehab Aide Psychiatric Social Worker Receptionist Administrative Assistant Bilingual Psychiatric Social Worker Recovery Counselor Psychiatric Social Worker Program Analyst Bilingual Psychiatric Social Worker

## Financial Statement

Statement of Activities Year Ended June 30, 2021



A complete copy of the audited financial statement for Service Program for Older People Inc. may be obtained by writing to SPOP, 302 West 91 Street, New York, NY 10024 or the NYS Dept. of State, 41 State Street, Albany, NY 12231.

### REVENUE

Program services	\$4,415,480
Contributions	\$1,002,188
Investment income	\$11,386
Other income	\$213,975
Paycheck Protection Program loan forgiveness	\$607,300
Other income	\$213,975
Total revenue and support	\$6,250,329

### **EXPENSES**

Program services General and administrative Fundraising	\$4,165,163 \$633,193 \$98,476
Total expenses	\$4,896,832
Net assets, beginning of year Net assets, end of year Change in net assets	\$2,656,305 \$4,009,802 \$1,353,497

Credits Editor | Janet Rosenberg Design | Annette Geyer-Leveringto

## Offices& Clinic Satellite Sites

SPOP Main Office, Clinic, and Bereavement Support 302 West 91st Street, New York, NY 10024

SPOP PROS/Personalized Recovery Oriented Services 188 West 88th Street, New York, NY 10024

### Clinic Satellite Sites:

#### **EAST HARLEM**

Leonard Covello Senior Center, 312 East 109th Street

#### LOWER EAST SIDE/CHINATOWN

- Manny Cantor Center, 197 East Broadway
- Mott Street Senior Center, 180 Mott Street

### **EAST VILLAGE**

■ Sirovich Senior Center, 331 East 12th Street

### YORKVILLE/UPPER EAST SIDE

- Carter Burden Network, 415 East 74rd Street
- Isaacs Center, 415 East 93rd Street
- James Lenox House, 49 East 73rd Street
- Lenox Hill 415 East 74rd Street, 343 East 70th Street

### **ROOSEVELT ISLAND**

Carter Burden Roosevelt Island Senior Center, 546 Main Street

### MIDTOWN/CHELSEA

- The Edie Windsor SAGE Center, 305 Seventh Avenue
- Encore Community Services, 239 West 49th Street
- Project FIND/Woodstock Neighborhood Senior Center, 127 West 43rd Street
- VISIONS at Selis Manor Senior Center, 135 West 23rd Street

#### **UPPER WEST SIDE**

- Project FIND Hamilton House, 141 West 73rd Street
- Red Oak Senior Center, 135 West 106th Street

#### **WASHINGTON HEIGHTS**

Riverstone Senior Center, 99 Fort Washington Avenue

#### **BROOKLYN**

- Heights and Hills, 81 Willoughby Street
- GRIOT Circle, 25 Flatbush Avenue