

especially vulnerable to experience negative impacts from social isolation and loneliness. This symposium will present on four novel and adapted strategies for engaging with older Veterans during the COVID-19 pandemic and beyond: 1) VA Connection Plans, a whole health intervention to promote social connections for older Veterans with and without SMI (Peeples); 2) telehealth adaptations to PEER, an in-person, peer-delivered exercise intervention for older Veterans with SMI (Muralidharan); 3) VA Compassionate Contact Corps, a VA Voluntary Service program to connect older Veterans with friendly volunteers via telephone (Sullivan); and 4) group telehealth interventions to foster social connection among older Veterans and their families (Weiskittle). Kim Van Orden, geropsychologist and director of the Hope Lab (Helping Older People Engage) at the University of Rochester Medical Center, will serve as discussant.

#### **VA CONNECTION PLANS: A WHOLE HEALTH INTERVENTION TO PROMOTE SOCIAL CONNECTIONS FOR OLDER VETERANS**

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The Connection Plan intervention was created as a brief intervention to assist older adults experiencing social isolation during COVID-19. Based in Cognitive Behavioral Therapy (CBT), it is designed to help older adults create a "Connection Plan" to cope with distress related to social isolation. In 1-2 sessions, interventionists work with the older adult to create a Connection Plan with three parts: Mind (ways to change negative thoughts), Body (ways to change unpleasant body sensations), and Connections (ways to increase social engagement). Through soliciting feedback from key stakeholders (Veterans and VA clinicians), the Connection Plan intervention was adapted for the VA context. This paper will present this process of creating the VA Connection Plans manual, as well as associated efforts to disseminate the intervention to 900 VA staff and deliver it to 600 older Veterans with (age 50+) and without (age 65+) serious mental illness.

#### **ENGAGING OLDER VETERANS WITH SERIOUS MENTAL ILLNESS IN PHYSICAL ACTIVITY: IN-PERSON, REMOTE, AND HYBRID MODELS**

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Older adults with serious mental illness (SMI) have complex care needs across medical, psychiatric, cognitive, and social domains. This growing population exhibits high levels of medical comorbidity and sedentariness. Innovative interventions that promote holistic recovery for this group are needed, especially in the context of the COVID-19 pandemic. Peer Education on Exercise for Recovery (PEER) is a peer coaching intervention, delivered by VA Peer Specialists

(Veterans with lived experience of mental illness), to promote exercise and physical activity among older adults with SMI. This paper will present on three different models of PEER: fully in-person, fully remote, and a hybrid model with both in-person and remote elements. Preliminary data indicates that PEER is (1) engaging and well-liked, (2) associated with greater sustained increases in physical activity compared to an active control, and (3) can lead to sustained physical activity increases that are resilient to situational constraints such as physical distancing.

#### **VA COMPASSIONATE CONTACT CORPS: A PHONE-BASED INTERVENTION FOR VETERANS INTERESTED IN SPEAKING WITH PEERS**

Jennifer Sullivan,<sup>1</sup> Lisa Gualtieri,<sup>2</sup> Maura Campbell,<sup>3</sup> Heather Davila,<sup>4</sup> Jacquelyn Pendergast,<sup>5</sup> and Prince Taylor,<sup>6</sup> 1. *VA Providence Medical Center LTSS COIN and Brown University, Providence, Rhode Island, United States*, 2. *VA, Syracuse, New York, United States*, 3. *Department of Veterans Affairs, St. Lois, Missouri, United States*, 4. *Iowa City VA Healthcare System; University of Iowa Carver College of Medicine, Iowa City, Iowa, United States*, 5. *CHOIR, VA Boston healthcare System, Boston, Massachusetts, United States*, 6. *Department of Veterans Affairs, Washington, District of Columbia, United States*

The VA Voluntary Service has developed and implemented a new social prescription program called Compassionate Contact Corps which was created during the COVID-19 pandemic when in-home volunteers could no longer enter Veterans' homes. The program targets Veterans who are lonely, socially isolated or seeking additional social connection. Volunteers and Veterans are matched based on common interests. Trained volunteers provide support by making periodic phone calls. Program referrals are made from VA providers in several clinical programs (e.g. Home-based Primary Care). To date, CCC has been implemented in more than 80 sites in the VA, with 310 volunteers, 5,320 visits, and 4,757 hours spend with Veterans.

#### **GROUP TELEHEALTH INTERVENTIONS FOSTERING SOCIAL CONNECTION AMONG OLDER VETERANS AND THEIR FAMILIES**

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During the early months of the COVID-19 pandemic, virtual and telephone visits rapidly replaced most in-person care within the Veterans Health Administration (VA) to reduce virus spread. To address the emerging mental health needs of older Veterans (e.g., isolation, loneliness), we developed an 8-week group treatment manual, deliverable over telephone or videoconference, to foster social connection and address pandemic anxieties. The manual was disseminated in March 2020 as a rapid response to emergent COVID-19 pandemic realities, during which many locations in the United States called for immediate self-quarantine measures for unknown durations. This talk will present the user-centered design of the manual, preliminary feasibility and acceptability findings from provider surveys, and introduce versions of the manual targeting specific populations (e.g., caregivers, Spanish speakers) currently in development or in pilot testing.