



**Elder Justice Program**  
*(formerly Elder Abuse Prevention and Intervention Services)*  
**Concept Paper**  
**October 6, 2020**

**Purpose and Rationale for the Concept Paper**

Among the most critical functions of the NYC Department for the Aging (NYC Aging or the Department) are services designed to address and prevent elder abuse among older residents living in the diverse communities of New York City. Before this crisis, more than 2,000 clients were served by the Department’s Elder Justice Program on an annual basis;<sup>1</sup> their needs are now highlighted and further complicated by the COVID-19 pandemic crisis.

Through this concept paper, which will inform an upcoming Request for Proposals (RFP), NYC Aging presents a summary of its proposed changes to the Elder Justice Program and invites stakeholder reflections and input on ways to improve and enhance the services this program provides.

Awareness of elder abuse in the United States has risen over the past few decades paralleling the growth in the population of older Americans. However, it is now well-recognized that the prevalence of elder abuse has been and continues to be far greater than reported. Furthermore, based on a recent survey of providers working in this field across New York State, there is a significant demand for help for older adults who are abused but do not meet the criteria that would qualify them for Adult Protective Services (APS).<sup>2</sup> At the same time, experts and practitioners generally agree that more research is needed to develop and validate tools to assess the prevalence of elder abuse and other forms of victimization, such as ageism and fraud, and to determine the effectiveness of interventions.<sup>3</sup>

Nonetheless, tangible progress has been made in recent years through research, introduction of innovative program services, public awareness campaigns and cross-sector collaboration

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<sup>1</sup> Total served, Preliminary Fiscal 2020 Mayor’s Management Report, Department for the Aging, page 177. Accessible at: <https://www1.nyc.gov/assets/operations/downloads/pdf/pmmr2020/dfta.pdf>. Elder Abuse clients served, internal agency data (2020).

<sup>2</sup> Breckman R., Caccamise P.L. (2016). New York State elder abuse prevention and intervention services survey: Report of findings. New York City: New York City Elder Abuse Center; Rochester, NY: Lifespan of Greater Rochester Inc. Available at: <https://nyceac.org/wp-content/uploads/2016/06/FINALNYS-elder-abuse-prevention-intervention-survey-report-findings.pdf> This need was cited among the first, second and third most important gaps in services. The clients currently served by the NYC Elder Abuse Program are alleged victims of abuse who do not meet the APS criteria; those who are determined during initial screening to meet APS criteria are referred to providers funded by the City’s Human Resources Administration (HRA).

<sup>3</sup> See, e.g., Rowan J., Gassoumis Z., et al. (2018). “Person-Centric Care of Elder Mistreatment: Lessons Learned from a Service Advocate.” *Innovation in Aging*, Volume 2, Issue Suppl 1, pp. 526-527. Accessible at: <https://doi.org/10.1093/geroni/igy023.1946>. Mosqueda, L., Neumann, A., Ruiz-Lopez, E. (Spring 2020). “Reframing Elder Abuse.” *Generations – Journal of the American Society on Aging*. Vol. 44, Number 1, pp. 17-19 (arguing for the need to reframe aging and elder abuse to counter widespread misconceptions that undermine efforts to develop effective services and policies.)

between law enforcement, healthcare systems, and community-based providers, all of which can have a continued meaningful impact going forward. NYC Aging, in partnership with other City agencies as well as the New York State Office for the Aging (SOFA) and Office of Children and Family Services (OCFS), has been in the forefront of national efforts to combat elder abuse. These entities have worked together to elucidate the extent of elder abuse in New York State and NYC and to develop solutions.<sup>4</sup> Several other jurisdictions are also exploring novel and economical new ways to advance systematic and programmatic strategies to enable families, communities and government to reduce elder abuse and improve the lives of older Americans.

In a landmark report, the 2011 New York State Elder Abuse Prevalence Study conducted by NYC Aging and its partners at Cornell University and Lifespan of Greater Rochester (hereinafter the “2011 Prevalence Study”) found that 15% of NYC’s older adults have experienced elder abuse after turning 60, and each year, 9.2% of older NYC residents are injured physically or sexually, debilitated psychologically, exploited financially, and/or neglected, often by an adult child, spouse, other family relative or caregiver.<sup>5</sup> Based on a representative sample of older adults living in their communities (i.e., not in facilities), the study examined four types of mistreatment: (i) neglect by a responsible caregiver, (ii) financial exploitation, (iii) emotional/psychological abuse, and (iv) physical elder abuse. It found that while psychological abuse was the most common form of mistreatment reported by provider agencies, financial exploitation was the most prevalent form of mistreatment reported by elders who responded to the survey.

With the outbreak of the COVID-19 pandemic, in which older adults are being asked to quarantine in their homes, it is likely that the risk and therefore the prevalence of elder abuse, as with domestic violence, will only increase.<sup>6</sup> Given the heightened needs demonstrated during the pandemic, compounded by pre-existing trends such as growth in the aging population, under-reporting, healthcare system disparities, social injustice, lack of social cohesion, and persistent poverty, the services provided by NYC Aging’s Elder Justice Program appear more critical than ever. Cultural and language competence, knowledge of appropriate community resources, quality staffing and expertise in the field of elder abuse are required to assist victims effectively. Promoting early recognition through education and outreach, and ensuring immediate interventions, are primary objectives to alleviate the suffering that victims face.

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<sup>4</sup> See, e.g., *Intimate Partner Elder Abuse in New York City*. 2017. Prepared by: New York City Mayor’s Office to Combat Domestic Violence and the New York City Department for the Aging. Accessible at: <https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/ElderPartnerAbuse.pdf>.

<sup>5</sup> See, “Under the Radar: New York State Elder Abuse Prevalence Study Self-Reported Prevalence And Documented Case Surveys.” Final Report, May 2011. Prepared by: Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, New York City Department for the Aging. Accessible at: <https://ocfs.ny.gov/reports/index.php?find=Under+the+Radar&lang=%25&topic=%25>.

<sup>6</sup> See, e.g., *A New Covid-19 Crisis: Domestic Abuse Rises Worldwide*. New York Times, April 6, 2020. Accessible at: <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html?action=click&module=RelatedLinks&pgtype=Article>.

This concept paper represents an opportunity for the public to comment on ways in which NYC Aging, provider staff, partners and stakeholders can work together to address these new and ongoing challenges.

### **Program Background**

Currently, there are just over 1.7 million New Yorkers ages 60 and older, making up 20% of our city's residents.<sup>7</sup> New Yorkers are living longer than ever, with a life expectancy of 81.2 years, 2.5 years longer than the national average, and the number of those aged 60 and over is projected to grow to 1.86 million by 2040.<sup>8</sup> NYC Aging is committed to helping older adults remain in their homes, safely and in circumstances that will allow them to continue to enjoy their lives and contribute to their neighborhoods. As the lead Mayoral agency for this population, and the largest agency in the federal network of Area Agencies on Aging, NYC Aging promotes the development and provision of accessible services for older persons and serves as their advocate on legislative and policy issues.

Since 2002, NYC Aging has contracted with community-based organizations to provide direct services to elder abuse victims and their families and conduct elder abuse prevention activities. The collaborative partnerships with these community-based organizations strengthen NYC Aging's ability to provide comprehensive direct services to elder abuse victims in New York City, fostering safety, wellness, community participation and a high quality-of-life.

The Elder Justice Program will continue to play a critical role in addressing elder abuse in New York City through its dual mission of (i) ensuring the safety of New Yorkers 60 years and older known to have been abused, and (ii) working to prevent abuse by building awareness, education, training, and outreach. In addition to the concepts introduced below as potential reforms, NYC Aging intends to continue to dedicate resources to the essential services already in place.

Currently, core client services provide elder abuse victims with crisis intervention and safety planning. Case assistance and counseling aims to increase program clients' sense of control and includes a range of legal and social service options for ending abuse. Services may also include emergency shelter referrals, safety planning, legal advocacy and legal referrals, support groups, medical referrals, transportation services, and financial assistance. Elder Justice providers also help victims compile evidence, work with authorities, and seek compensation through the New York State Office of Victim Services. Elder Justice prevention services provide education and outreach to improve detection and reduce the incidence of elder abuse through activities that heighten public and professional awareness of elder abuse and its warning signs. For example, educational workshops are offered to law enforcement agencies, case management agencies and Naturally Occurring Retirement Community (NORC) staff, as well as groups of older adults.

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<sup>7</sup> NYC Department for the Aging (Sept 2019). "Annual Plan Summary, covering April 2020 – March 2021." Accessible at: <https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/DFTAAnnualPlanSummary2019.pdf>

<sup>8</sup> Ibid: <https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/DFTAAnnualPlanSummary2019.pdf>

NYC Aging partners with one community-based organization in each borough to provide elder abuse victims with the crisis intervention and safety planning services described above. Adopting a multi-disciplinary approach, Elder Justice providers in turn collaborate with a range of partners that include, but are not limited to, NYC Aging’s Elderly Crime Victims Resource Center (ECVRC), other NYC Aging-funded community-based providers (such as case management contractors), the NY Police Department (NYPD), the NYC Family Justice Centers, and Adult Protective Services of the Human Resources Administration (HRA), among others.

As stated previously, before the COVID-19 crisis, more than 2,000 clients were served annually by the five borough-based Elder Justice providers.<sup>9</sup> In recent fiscal years, the percentage of elder abuse cases meeting the Department’s five-day standard for a “first action” has exceeded 90%.<sup>10</sup> In FY 2019, victims of elder abuse received more than 6,000 hours of counseling and more than 5,000 hours of legal services; in addition, 20,200 case assistance hours were provided.<sup>11</sup>

### *Scope of the Problem*

Elder abuse affects both individuals and society at large, causing tangible and intangible losses to individuals in terms of home ownership, savings, dignity and independence, and broad social and economic costs (e.g., legal and health care costs). It affects people across all socioeconomic groups, cultures and races, and can occur wherever they are disconnected from social supports.<sup>12</sup>

New York State law identifies five types of elder abuse perpetrated by someone in an ongoing relationship with a victim (e.g., spouse, partner, family member, or caregiver): emotional abuse, physical abuse, sexual abuse, active and passive neglect, and financial exploitation.<sup>13</sup>

In New York, emotional abuse, followed by physical and sexual abuse, are the most frequently *reported* forms of elder abuse, while financial abuse is the most frequently *experienced* form of abuse.<sup>14</sup> As noted above, the 2011 Prevalence Study found vast under-reporting by seniors interviewed by researchers, compared to elder abuse cases reported to APS, with as many as 23.5 cases across all types of abuse going unreported for every one case reported to APS, law enforcement or other authorities. Even higher ratios apply to abuse categorized as financial

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<sup>9</sup> Services Snapshot. January 2020, Department for the Aging, page 14. Accessible at: <https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/DFTASnapshotFY2019.pdf>

<sup>10</sup> Preliminary Fiscal 2020 Mayor’s Management Report, Department for the Aging, page 177. Accessible at: <https://www1.nyc.gov/assets/operations/downloads/pdf/pmmr2020/dfta.pdf>

<sup>11</sup> Services Snapshot. January 2020, Department for the Aging, page 14. Accessible at: <https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/DFTASnapshotFY2019.pdf>. Regarding legal services, internal agency data (2020).

<sup>12</sup> World Elder Abuse Awareness Day Fact Sheet. 2019. Prepared for the National Center on Elder Abuse, Keck School of Medicine at the University of Southern California with partial support from the Administration for Community Living, U.S. Department of Health and Human Services (DHHS). Accessible at: <http://eldermistreatment.usc.edu/wp-content/uploads/2019/03/WEAAD-Factsheet-FAQs.pdf>.

<sup>13</sup> <https://ocfs.ny.gov/main/psa/adultabuse.asp>. New York State Office of Children and Family Services (OCFS), citing New York State Social Services Law Section 473.

<sup>14</sup> See 2011 Prevalence Report, page 2.

exploitation (1:43.9) and neglect by others (1:57.2).<sup>15</sup> Despite continued under-reporting, the statewide trend has been a steady, significant increase in the number of referrals to APS: the 44,367 referrals reported statewide in 2014 represented an increase of over 77% of those reported in 1997 (25,066).

Complicating the picture, in 2016, researchers who surveyed providers statewide found that while many express the need for more programs and services, others report that their programs are not operating at capacity. In addition, respondents to this survey called for programs that serve older adults who are abused but do not meet APS eligibility criteria, such as those individuals served by Elder Justice providers.<sup>16</sup> These findings underscore the need for deeper understanding of service gaps and further analysis of what is required to improve outreach and case finding.<sup>17</sup>

### Concepts for the Upcoming RFP

NYC Aging invites readers to provide feedback on the following proposed reforms, as well as any additional information and insights, to inform development of the Elder Justice Program RFP. The reforms being considered aim to enhance services, expand the Program's reach, and better meet the needs of NYC's older adults and their caregivers while addressing the broader area of elder justice.

1. **Elder Justice.** Through this RFP, NYC Aging would like to expand beyond the focus on "elderly victims" to achieve a broader focus on "elder justice." Elder Justice supports the development of systems and programs that (a) prevent abuse from happening, (b) protect people from abusive situations, (c) support people who have experienced abuse to help them recover, and (d) preserve, promote, and empower their independence, choice, and financial security. This expansion of the scope would allow providers to more broadly focus on addressing and providing education and outreach to reduce abuse and prevent exploitation of older adults (e.g., financial scams, fraud prevention), provide support and legal services, file police reports, and expand training and awareness. Providers need to build and maintain strong relationships with the NYPD, including regularly attending roll call, building relationships with local precincts and domestic violence organizations (DVOs). Programs' education and outreach approaches are to be designed in consultation and alignment with NYC Aging to ensure coordination across providers and the system at-large.

Among advocates' critical responsibilities in working with victims of financial fraud, the most important is to use a client-centered approach. This goal is accomplished by communicating with compassion, managing the expectations of the victims, and

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<sup>15</sup> <https://ocfs.ny.gov/main/psa/problem.asp>. OCFS, The Problem, citing the 2011 Prevalence Study.

<sup>16</sup> NYC Aging Standards include eligibility standards for the Elder Justice Program and provides the APS criteria as well. <https://www1.nyc.gov/assets/dfta/downloads/pdf/community/ElderAbuseStandards2016.pdf>

<sup>17</sup> Breckman R, Caccamise PL. (2016). Op. cit.

assessing any additional safety concerns that arise out of the financial fraud. Advocates also need to assist victims in preventing further victimization as well as strengthening the network of services for financial fraud victims where possible. Finally, advocates need to help victims be attentive to their own emotional and mental health as they recover.

2. ***Holistic, trauma-informed practice.*** Trauma-informed, person-centered practices have emerged to improve the care offered to people seeking behavioral and physical health services after experiencing abuse. Experiencing trauma affects how individuals access and use services, and practitioners frequently do not have an awareness of trauma and its effects on functioning. Recognizing these facts, NYC Aging will ask Elder Justice providers to expand their work with individual clients to include addressing the needs of family members through holistic, strength-based and trauma-informed strategies and practices.
  - a. Elder Justice providers report that families of mentally ill abusers do not want their loved ones arrested, but do want them helped.
  - b. A holistic, family-centered, trauma-informed approach would ensure that providers and practitioners look at the family as a whole and work with the individual client as well as other family members, including alleged perpetrators, in order to address and end cycles of family mistreatment. Strength-based service delivery approaches are grounded in an understanding of and responsiveness to the impact of trauma. They emphasize physical, psychological, and emotional safety for both providers and victims and create opportunities for victims to rebuild a sense of control and empowerment. Experiencing trauma increases the likelihood that a person will develop behavioral health conditions, and living with behavioral health conditions increases a person's vulnerability. To move toward healing trauma victims, services must recognize the whole person within the context of their full-life experience.
  - c. Providers would work with alleged perpetrators, in close coordination with the client, primarily by providing referrals to trusted entities for benefits (e.g., housing, employment, physical health), mental health and substance abuse services, and other relevant services such as "family" counseling. The goal is to support the victim by supporting and strengthening the family system.
3. ***Best Practices.*** NYC Aging expects providers to stay abreast of developments in the field of elder abuse prevention and intervention services for the elderly, including evidence-based programs and practices. The RFP will require proposers to demonstrate their knowledge of these developments and describe how their practices incorporate elder abuse protocols to reduce the incidence and extent of abuse among sub-populations. Commenters to the concept paper are encouraged to share their thoughts on the idea of employing new and emerging evidence-based practices to address clients' life

experiences and pre-existing traumas to create clients' sense of agency, safety and development of protective factors that can promote resiliency.

One-third of elder abuse victims typically suffer from depression, anxiety or trauma, making it difficult for them to take steps to address the abuse. An initiative of NYC Aging, launched in partnership with the NYC Domestic Violence Task Force, entitled Providing Options to Elderly Clients Together (PROTECT), currently provides victims with mental health treatment. Providers connect victims with clinicians at Weill Cornell Institute of Geriatric Psychiatry who provide evidence-based mental health treatment either in the community or at the client's home.<sup>18</sup> NYC Aging would continue to encourage the provision of PROTECT and require providers to screen all clients for depression (PHQ-9) and anxiety (GAD-7), as well as improve linkages and increase referrals to Cornell's Multi-disciplinary Team (MDT).

4. ***Encourage innovations, including the use of technology.*** Through this concept paper, NYC Aging hopes to hear from stakeholders about how to further expand and maximize the use of virtual programming as a cost efficient means of increasing access to the valuable services offered by providers to as many eligible New Yorkers as possible, both among those already partaking of NYC Aging-funded program opportunities as well as those new to the world of aging services. The COVID-19 pandemic has resulted in a heightened awareness of the need for remote programming and other uses of technology to ensure continued connection in all situations. Possible innovations could include development of virtual outreach or training programs for older adult clients and professionals or use of similar strategies to engage homebound clients via support groups and/or individual counseling.

The Department seeks stakeholder suggestions for incorporating technology into program operations both to increase the variety of models and programming as well as attract a larger number of clients, either through individual provider efforts or collaborations among providers and other partners. This interest on the part of NYC Aging extends from the current situation related to COVID-19 through to the post-COVID-19 period when current and new clients are able to return to in-person programming.

5. ***Expand outreach to better engage culturally diverse, unique populations.*** NYC Aging and its contracted network of providers are committed to providing services in the most culturally and linguistically competent manner so that all older New Yorkers seeking

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<sup>18</sup> Breckman, R., Levin, M., Mantrone, L., Solomon, J. "The Things They Carry: Advancing Trauma-Informed Responses to Elder Abuse." (January 2020.) Symposium Report. NYC Elder Abuse Center and the Harry and Jeannette Weinberg Center for Elder Justice. Accessible at: <https://theweinbergcenter.org/wp-content/uploads/2020/01/TheThingsTheyCarry-JAN2020.pdf>. In addition to one-third of elder abuse victims in New York City meeting clinical criteria for depression, over half met the criteria for PTSD. PROTECT is a brief intervention found to reduce depression, social isolation and increased safety. Overall, older victims who received therapy felt better able to cope with past traumas and confront life challenges, leading to a citywide expansion of PROTECT in January 2019.

assistance are supported by the city in which they live. To that end, NYC Aging is looking to require Elder Justice providers to recruit and hire bilingual staff and demonstrate cultural competency to ensure that linguistic/cultural differences are understood, and unique needs are accommodated in outreach and service delivery. As with other programs, NYC Aging will also be requiring contractors to have a telephonic interpretation service contract with a language interpretation services provider of their choice to assist clients in accessing services if they have Limited English Proficiency (LEP). In the upcoming RFP, NYC Aging will share a list of populations in each Community District that are LEP. NYC Aging will ask proposers to explain their plan for addressing any language and cultural gaps within their program; any proposer who does not anticipate serving a listed LEP population will be asked to provide a rationale for that decision.

6. ***Create more guidelines for staffing qualifications to include higher levels of experience.*** In the upcoming RFP, NYC Aging seeks to maintain the high standards for Elder Justice clinical services by requiring new hires to meet minimum education credentials *and* minimum experience levels. Direct service staff and supervisors would be required to possess at least Master's of Social Work (MSW) or equivalent/related degrees, or a Bachelor's of Social Work (BSW) or equivalent/related degree with a minimum of three years' related experience, as of the contract start date for new hires; exceptions may be permitted subject to agency approval.
7. ***Program Metrics/System Impact.*** To measure program quality, it is anticipated that Elder Justice providers will be required to collect both process/output measures and up to five (5) key *outcome* indicators to monitor results, improve program practice, and strengthen capacity. Key measures should be used on a routine basis to inform discussions around quality assurance and strategies for improvement (such as identifying training needs) and to develop a body of evidence supporting best practices.

An outcome is a change in knowledge, attitude, skill, behavior, expectation, emotional status, or life circumstance due to the service being provided. Some *outcome* indicators for consideration and feedback may include:

- Victims know more about their rights and their options;
- Victims and/or family members gain skills/knowledge;
- Victims feel less isolated and demonstrate positive behavior changes;
- Victims are knowledgeable of community resources;
- Members of the public gain awareness and/or increased knowledge about elder abuse;
- Providers identify cases of cognitive impairment at early onset;
- Number/percentage of victims engaged in safety planning;
- Number/percentage of self-administered satisfaction surveys reflecting high program quality; or

- Number/percentage of clients revictimized (or alternatively, extent to which services have reduced victimization).

Other program metrics under consideration might include the following *output* indicators:

- Number of clients served (which may include a minimum number of victims served monthly per worker);
- Services added after development of care plans:
  - Number of identified clients referred and then received services;
  - Number and type of additional services provided to victims that were not requested;
- Outreach efforts and trainings related to an increase in social supports, such as the number of new clients, referrals, and service units relating to support groups for clients/families; psycho-education groups for caregivers;
- Number of referrals to PROTECT, MDT, APS, or Bill Payer program and/or elsewhere for services; and
- Outreach to older adults who are at risk of financial exploitation.

At this time, NYC Aging is looking for input on the above and invites providers to add to these suggested metrics. Following input, the upcoming RFP will identify which proposed metrics will be mandated for providers to report.

8. ***Emergency Preparedness.*** Elder Justice program providers can play a critical role in emergency preparedness, response and recovery to help support the safety and wellbeing of older adults. Providers are expected to collaborate closely with NYC Aging’s Office of Emergency Preparedness & Response (OEPR) to facilitate preparedness actions, training activities, and exercises.

To prepare for major weather events (such as winter weather, heat waves, and coastal storms) and other no-notice disasters (such as power outages, active shooter incidents, and communicable diseases), providers will be required to submit emergency plans to OEPR. The emergency plans must be updated regularly and include the following elements:

- A Continuity of Operations Plan (COOP) outlining how the provider will continue to provide critical services to clients in the event of an emergency.
- An Emergency Response Protocol outlining contact lists for critical staff, communication protocols, an emergency transportation plan, a list of critical assets, volunteers, vulnerable clients, and mandated emergency supplies. The protocol should also contain hazard-specific response procedures for the following incidents:
  - Coastal Storms
  - Blackouts
  - Winter Weather

- Heat Waves
- Communicable Disease Outbreak/Pandemic
- Active Shooter
- Mass Transportation Disruptions
- No-notice Events

Additionally, providers will be asked to comply and adhere to any future emergency requests coming from the Department’s OEPR. During longer-term emergencies, such as future communicable disease outbreaks or pandemics, providers may be asked to continue to provide vital resources, but in a revised format; for example, providing remote or virtual programming for people preferring that option based on mobility, comfort level, or ability to safely leave their homes, or modifying their physical environment to maintain proper distancing requirements for safety of both clients and staff. NYC Aging will work with providers to identify the need for and to obtain appropriate Personal Protective Equipment (PPE) for staff.

9. **Data Management.** To assist with emergency planning, all provider staff who report their agency’s data in the Senior Tracking, Analysis and Reporting System (STARS) will be asked to regularly update respective client information as prescribed by NYC Aging. Elder Justice providers should update client data in STARS on a quarterly basis. The Department will require that each provider have adequate database management support to ensure full utilization and upkeep of STARS and other required databases.

**Conclusion**

Through this concept paper, NYC Aging looks forward to ideas and insights from current Elder Justice providers and other stakeholders concerning how best to enhance services and drive a fuller approach to intervention, expand the Program’s reach, and support better outcomes for clients while addressing the broader area of elder justice.

**Total Funding/Sources of Funding/Method of Payment**

NYC Aging anticipates that the total funding for the Elder Justice Program will be approximately \$9.5 Million (\$3.2 Million per year). Funding may change at the time of the release of the RFP depending on availability of the funds. NYC Aging anticipates utilizing an hourly rate cost reimbursement method.

**Proposed Term of the Contract(s)**

NYC Aging anticipates that five contracts, one per borough, will be awarded with contract start dates of July 1, 2021 that will extend through June 30, 2024. The Department reserves the right to renew the contracts for an additional three years.

**Anticipated Procurement Timeline**

NYC Aging is currently planning to release an RFP in late Fall 2020.

**Use of HHS Accelerator and PASSPort**

HHS Accelerator and PASSPort are web-based systems maintained by the City of New York to manage procurement. Please visit [nyc.gov/mocs](http://nyc.gov/mocs) for more information. To submit a proposal to the upcoming RFP and all other client and community services (CCS) within PASSPort, vendors must:

- (1) Create an account within the PASSPort system. Please see this one-page [PASSPort Account Creation Information Sheet](#) for directions; and
- (2) Complete and submit an electronic pre-qualification application using the City's HHS Accelerator System. Please visit <http://www.nyc.gov/hhsaccelerator> to submit Business and Service Applications.

Only vendors with approved HHS Accelerator Business and Service Applications for at least one of the following services will be *eligible* to propose to this RFP:

- Legal Services
- Supportive Services:
  - Case Management;
  - Conflict Resolution/Mediation;
  - Preventive Services (e.g., Harm Reduction Counseling, Domestic Abuse Prevention)

For additional questions about HHS Accelerator and PASSPort systems, please contact [help@mocs.nyc.gov](mailto:help@mocs.nyc.gov).

**Contact Information and Deadline for Questions/Comments**

Comments are invited by no later than 5:00 p.m. on November 19<sup>th</sup>, 2020. Please email Mary Graine at [conceptpaper@aging.nyc.gov](mailto:conceptpaper@aging.nyc.gov) and write "Elder Justice Program Concept Paper" in the subject line.