Program Background
The New York City Department for the Aging (DFTA) Geriatric Mental Health Program (DGMH) was established in July 2016 to bridge the gaps in care stemming from unequal access, affordability, and stigma and help the City meet the needs of older adults with mental health problems. DGMH was developed as a demonstration project with the intention of determining the efficacy of this type of model as a way to identify and provide services to senior center participants and community members age 60 and older exhibiting untreated mental health symptoms. This demonstration project gave DFTA the opportunity to successfully embed mental health programming at senior centers and evaluate outcomes.

DGMH is a ThriveNYC funded initiative. ThriveNYC is a comprehensive behavioral health plan to make mental health care and support available to all New Yorkers regardless of age, ability to pay, or geographic location; it also aims to change the culture surrounding mental health by encouraging every New Yorker to be part of the solution, thereby reducing stigma around seeking treatment.

While DGMH is the most comprehensive and targeted approach to date in providing senior center-based mental health treatment, the demonstration project has learned lessons from prior initiatives. In 2004, the Fan Fox and Leslie R. Samuels Foundation provided funds to two non-profit mental health providers to offer supportive mental health services in several senior centers in Brooklyn and in Manhattan; this provided the framework for DFTA to think about embedding mental health services more broadly in centers citywide. Two years later, in 2006, DFTA partnered with the Department of Health and Mental Hygiene (DOHMH) to pilot a program that offered free depression screenings to older adults in centers around the Bronx and homebound older adults in the South Bronx. The program’s success in the Bronx led to the expansion of depression screening citywide. Also in 2006, the New York City Council played a role in funding mental health services at senior centers. In the same year DFTA and DOHMH partnered on the pilot program (as explained above), the Council began funding mental health initiatives at senior centers and non-traditional settings, again placing social workers at targeted locations to run support groups, present on educational topics and conduct screenings. Lastly, in the aftermath of Super Storm Sandy in 2013, to assist older adults recover from the historic storm, DFTA received a FEMA grant to provide mental health support, outreach, screening and treatment to older adults; this was referred to as the SMART-MH program. Each of these initiatives helped shape the DGMH program.

DGMH is an invaluable asset to the older adult community and helps to address a critical need for mental health care. Nationally, one in five older adults is experiencing a mental health problem. This finding supports ThriveNYC’s early decision to target older adults through
DGMH. We also know the following about mental health in the older adult population from DFTA’s own research and other sources:

- **Rates of depression**: The incidence of depression is higher among older adults compared to the general population. Studies have shown that between 3-20% of older adults experience major depression. At DGMH sites, screenings have shown that up to 26% of participants are experiencing moderate-to-severe depression.

- **Suicide rates**: In the U.S., the suicide rate in the older adult (65+) population is roughly 50% higher than the general population, with white men over the age of 85 completing the act of suicide at four times the rate of the general population.

- **Anxiety**: DFTA’s program and research activities, as well as observations by senior center staff, have revealed that a growing number of center participants are experiencing moderate-to-severe anxiety, sometimes in conjunction with depression. DFTA has found that 29% of screened older adults experience anxiety.

- **Complicated grief**: In some studies roughly one-third of widows and widowers meet the criteria for depression in the first month after the death of their spouse. Grief becomes ‘complicated grief’ if a person who has lost a loved one experiences grief after a prolonged period, and the return to normal functioning is delayed. Roughly six percent of seniors experience this form of complicated grief.

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- **Risk of social isolation**: In part due to the death of loved ones, decreased mobility, and onset of chronic health conditions, seniors are at increased risk of becoming socially isolated, which carries an escalated risk of developing depression and thoughts of suicide. DFTA has found that 69% of those screened as part of the DGMH program report that they feel lonely, and over 75% report being socially isolated.\(^{11,12}\)

- **Prevalence of substance use disorders**: Information from the National Household Survey on Drug Use predicted that as baby boomers age, treatment rates for substance use disorders among older adults (50+) may increase by as much as 70%. Older parent caregivers for adult children who have intellectual/developmental disabilities may be at a relatively greater risk for psychological stress and other mental health conditions\(^{13,14,15}\).

- **Mental health conditions resulting from elder abuse/mistreatment**: 92 out of every 1,000 older New York City residents were victims of elder abuse in a one-year period; elder abuse is a potential risk factor for developing a mental health issue. Of the seniors screened as part of the DGMH pilot, 10% screened positive for some form of abuse\(^{16,17}\).

Early results of the DGMH initiative are promising. DFTA has found that at senior centers where the DGMH program has been implemented, roughly 53% of center participants screened show signs of a mental health issue; three quarters of those seniors went on to be seen by a DGMH clinician at a senior center site. Twenty-eight percent of elders treated for anxiety and who participated in post-test screening saw a meaningful drop in their levels of anxiety. Similar results were seen in those who showed signs of depression, where 37% saw a clinically significant drop on the PHQ9 depression scale after treatment.

In recent focus groups, senior center directors who have participated in the DGMH program have felt it to be a valuable asset to the center’s participants. An especially important aspect to the program was having bilingual and culturally competent clinicians onsite; not surprising however, discussions with the mental health providers revealed difficulty finding and retaining skilled, bilingual staff.


**Purpose and Rationale for the Concept Paper**
The New York City Department for the Aging (DFTA) anticipates issuing a Request for Proposals (RFP) for its Geriatric Mental Health Program (DGMH) in fall 2019. DGMH provides a variety of mental health services and interventions to older adults at senior centers across the City. This concept paper is being issued to provide potential proposers an overview and history of the major components of the existing DGMH program, which has been in operation since July 2016, as well as the planned changes to the program. DFTA invites readers of this concept paper to provide feedback as DFTA prepares the RFP.

A core principle of ThriveNYC is to make mental health care accessible to people in the communities in which they live, which is a central goal of DGMH. Clinical mental health professionals employed and supervised by a licensed behavioral health provider are embedded in senior centers to offer clinical interventions and related services to older adults, who otherwise would not have had access to this level of support. There are currently four mental health provider organizations supporting 41 senior centers across the City to offer mental health care and support in this capacity, which is explained further in the “Overview of DGMH Program” section below. The 41 centers includes 25 centers that were originally a part of recently completed demonstration project, and an additional 16 centers from a FY2020 expansion. As mentioned above and because the demonstration project has proven successful, DFTA plans to release an RFP in the fall of 2019 to procure up to six mental health providers to provide DGMH programming in the 41 senior centers with a contract start date of July 1, 2020.

**Overview of the DGMH Program**
With its $1.4 million in funding, DFTA currently contracts with four state-licensed mental health providers to establish satellite offices and offer services to senior center participants in 41 centers across the City. In order to provide clinical mental health services off-site, all but one contractor (who operates under a hospital’s faculty practice) has obtained, through the NYS Office of Mental Health E-Z PAR process, permission to provide care at the centers as a satellite mental health clinic.

The DGMH Program is open to all older adults (60+) regardless of their health insurance coverage. However, mental health providers bill for clinical services (e.g., Medicare and/or Medicaid) with the client’s consent. Clinicians serve everyone regardless of their insurance coverage or lack thereof, ability to afford the co-payment, offer a voluntary contribution, and/or otherwise pay for the services rendered. It is expected that any revenue generated through billing

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18 The abbreviation “DGMH” is derived as follows: DFTA Geriatric Mental Health Program
19 It is important to note that only organizations who have prequalified to provide Mental Health Services through HHS Accelerator will be eligible to submit a proposal when the RFP is released. Senior Centers participating in DGMH are selected by DFTA to be a part of the program but receive no additional funding.
20 The older adults in this program are not required to be senior center participants.
21 DFTA anticipates receiving additional funding in the FY20 budget with which is planning to expand the program.
would be used to enhance program services through reinvestment in the program and provision of additional clinical services.

DGMH clinicians offer an array of services to the senior center participants as well as support to the centers’ program staff. The goal of the program is to identify and provide care to individuals in need of mental health services through a variety of modalities. DGMH utilizes formal and informal engagement strategies to de-stigmatize mental health; conducts assessments to identify participants in need of mental health services; and provides clinical treatment onsite at the center to meet those needs. DGMH services will include:

- **Engagement**: Engagement involves the clinician conducting both formal and informal activities to bring awareness to center participants about the signs and symptoms of common mental health issues amongst older adults as well as education on the services available in DGMH. Engagement is also used to identify individuals who might be in need of clinical services. The level of engagement fluctuates over time due to a number of factors; the clinician often spends more time engaging participants when the program is first introduced at the center, while the clinicians build a caseload. Some examples of formal engagement include: conducting workshops at the center on mental health related topics; facilitating the evidence-based health and wellness learning-oriented program, incorporating game play known as Age-tastic; and examples of informal engagement include having conversations with senior center participants or engaging in activities with staff.

- **Assessments**: The licensed clinician screens willing participants for a range of mental health conditions including, not limited to, depression, anxiety, dementia, Seriously and Persistent Mentally Illness (SPMI), and substance abuse. Screenings are conducted on individuals who self-identify, are referred to the program, or are invited to be screened by the clinician.

- **Clinical services**: Using evidence-based long- and short-term approaches, the licensed clinician provides on-site clinical therapeutic services, including individual, couples, family, and group therapy. Examples of evidence-based programs include The Program to Encourage Active, Rewarding Lives (PEARLS) and Identifying Depression and Empowering Activities for Seniors (Healthy IDEAS). Evidence-based mental health approaches include Problem Solving Therapy (PST), Cognitive Behavioral Therapy (CBT), Behavioral Activation (BA), Dialectical Behavioral Therapy (DBT) and Motivational Interviewing (MI). It is expected that the mental health provider has in-house psychiatric services.

- **Information and Referral**: Licensed clinicians also provide information about and make connections to other services beyond interventions that are offered as part of DGMH, such as coordination with primary care physicians, psychiatrists, substance abuse treatment, in-patient services, and aging services.

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22 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6315528/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6315528/)
• **Follow-up:** The clinician also follows up with the clients on any referrals they made to determine the success of interventions and to provide additional interventions and resources if needed.

• **Outreach:** Working with the DFTA staff, the licensed clinician will identify and provide outreach to nearby senior centers and other community based organizations to inform them about the program and possibly identify seniors in need of service.

• **Consultation:** 1) From time to time, senior center participants exhibit disruptive, socially inappropriate behaviors (offensive behavior toward others, etc.), which some center directors are not trained to address. Licensed clinicians and/or mental health provider supervisors/directors, if available, work with directors and staff to de-escalate and address these types of behaviors. 2) In addition to consulting on disruptive behaviors, clinicians make themselves available to seniors for general information on mental health issues.

In order to prioritize the service and support offerings, and ensure DGMH is operating effectively, DFTA facilitates the collaboration between the mental health provider and the senior center. These meetings are periodic and are held on an as needed basis. The meetings help to foster continued open dialogue, identify needs and address problems. The meetings also ensure that programming proactively supports the goal of breaking down stigma in accessing mental health care, and offer the opportunity to develop strategies to further engage center and community seniors.

Mental health providers are required to employ licensed mental health clinicians (Licensed Clinical Social Workers, Licensed Mental Health Counselors, Licensed Master Social Worker, Licensed Psychologists, and Psychiatric Nurse Practitioners and/or psychiatrists), with a minimum of two years of clinical experience, preferably working with older adults, to offer culturally and linguistically competent interventions aligned with the language and cultures most prevalent at the paired centers. It is expected that the providers will employ bilingual and culturally competent clinicians who speak the main language of the seniors at the center they will be serving. With DFTA approval, clinicians with less than two years of clinical experience may be hired. Currently, DGMH services are offered in English, Spanish, Mandarin, Cantonese, Russian, Polish, and Ukrainian. If a program is unable to provide services directly in the language the client speaks/understands best, the clinician would refer the client to a clinician either within DGMH sites or to an outside program that can provide clinical services in the client’s language. While clinical sessions would not be conducted using a telephonic language assistance/interpretation service, at a minimum, the program would have access to a telephonic interpretation service in order to assist the person with Limited English Proficiency in obtaining an appropriate service provider.

The preferred staffing model is as such, providers employ clinicians who can be at a senior center two full days per week. During the demonstration project, one way providers staffed the
program was to have full-time clinicians’ onsite two days a week at each of two centers (a total of 4 days at the centers). The fifth day of the clinician’s time should be prioritized to be providing extra time at a center that has a waiting list, outreach to the community and on an as-needed basis, at the main office for training or supervision. See Table 1 for a visual representation of what a schedule for a full time clinician may look like.

Table 1: Sample Schedule for a Full Time Clinician

<table>
<thead>
<tr>
<th>Senior Center</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC</td>
<td>Clinical Sessions, Informal engagement at Lunch, Formal Engagement Group about bereavement</td>
<td>Clinical Sessions, Informal engagement at Lunch, Formal Engagement Group about bereavement</td>
<td>Schedule TBD by need. It may be used for outreach, supervision, training, additional time at one or both of the centers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XYZ</td>
<td>Clinical Sessions, Informal engagement at Lunch, Formal Engagement Group about bereavement</td>
<td>Clinical Sessions, Informal engagement at Lunch, Formal Engagement Group about bereavement</td>
<td>Clinical Sessions, Informal engagement at Lunch, Formal Engagement Group about bereavement</td>
<td>Schedule TBD by need. It may be used for outreach, supervision, training, additional time at one or both of the centers.</td>
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Some mental health providers use part-time staff. In that situation, the staff member is assigned to either one or two centers to provide DGMH services; but is not paid for time not spent on DGHM.

DFTA prefers that supervision be conducted onsite or virtually. While at the center, the clinician will use his/her time providing one-to-one or group clinical sessions, conducting screenings and assessments, engaging seniors, and providing consultation. Full time DGMH clinicians may only conduct DGMH work functions while at the provider’s home base and may not provide services not associated with DGMH. The schedule as to when and where clinicians are at the center is determined in collaboration with the provider and DFTA. While at a senior center or at the mental health provider’s office, only direct time spent on DGMH at the center may be billed to the program.

The licensed clinical staff member is expected to enter information on engagement, referrals, screenings/assessments and mental health services provided, into DFTA’s secure and HIPAA compliant client tracking system of record, known as the Senior Tracking, Analysis and Reporting System (STARS).

While the DGMH program has been in operation for three years as a demonstration project, there are aspects of the program that may change. The aspects of the program that may change or be emphasized are listed below.
In the fall of 2019, DFTA plans to release an RFP that will procure up to six mental health providers who will be responsible for providing clinical staff at up to fifteen centers each. The RFP will provide an opportunity for proposers to indicate the geographic areas they are capable of serving, linguistic and cultural competencies they possess, and the number of centers/locations they are organizationally capable of serving. At the time of contract award, and with possible adjustments later on, DFTA will determine which centers will be assigned to each contractor. If more than one contractor has been determined capable of serving the same geographic catchment area, centers will be assigned to those contractors on a rotational basis taking into consideration organizational capability, experience of the provider, availability of linguistic/cultural competence related to the center, and the best interests of the City. That is, if a senior center needs a mental health provider and there are two (or more) qualified providers capable of providing services in that area, as determined through the RFP process, DFTA will assign that center to the mental health provider next on the list taking into consideration the factors listed above.

DFTA continuously monitors DGMH’s fit and utilization of services by each of the centers and its participants. DFTA reserves the right to replace mental health services at one center with another one if it is in the best interest of the parties involved. DFTA will be stressing the importance of flexibility on behalf of the mental health provider related to being able to staff centers in the upcoming RFP.

In addition to the overall staffing model described above, DFTA is invested in ensuring that clinicians’ time is well utilized. Strategic scheduling has the goal of financially strengthening the DGMH program by maximizing the time the clinicians are providing billable, clinical sessions. DFTA believes that this can be achieved by taking into consideration when participants are more likely to attend an individual or group clinical session and when formal engagement might be more appropriate. Critical factors that may influence this schedule include trends in center participation (e.g., when are seniors most likely to attend the center), access to a private office, and access to the center during non-traditional hours. Understanding the seniors and culture of each center will be paramount in maximizing the clinicians’ time spent on each type of service.

In the RFP, DFTA will look to fund providers with a proven track record of being able to attract multi/bilingual and culturally competent staff. To assist proposers, DFTA anticipates providing a list of centers/neighborhoods centers are currently located; this list may change over the course of the contract but is intended to assist proposers in determining their ability to serve certain areas. Further, DFTA seeks and gives preference to providers who have experience working with older adults and those who have a track record operating satellite offices in non-traditional settings.

As the program relies heavily on the clinicians’ ability to build relationships with the center staff and participants, stability in this position is critical to the program’s success.
Thus, DFTA will be looking to award contracts to organizations who have the demonstrated ability to recruit and retain high quality staff using a variety of staff retention strategies (competitive salaries, benefits, career ladders, and effective supervision and staff development opportunities).

- Funding from DFTA is meant to supplement funding obtained from the provider billing insurances for the clinical services provided. As such, DFTA is seeking to award contracts to providers who have a proven and successful track record at billing and receiving payments for clinical services provided to clients. DFTA is also considering capping the amount of funding spent on administrative and overhead costs. As the space to offer clinical sessions and group therapy is offered in-kind by the partner senior center, DFTA anticipates capping the amount of funding to be spent on rental/space at the provider’s home office.

**Proposed Term of the Contract(s)**
It is anticipated that up to six contracts will be awarded from the upcoming RFP. Contract start dates will be July 1, 2020 through June 30, 2023. DFTA reserves the right to renew the contracts for an additional three years.

**Total Funding Available/Sources of Funding**
DFTA anticipates that the funding for DFTA’s Geriatric Mental Health Program will be approximately $6,921,000 ($2,307,000 per year). The funding provided by DFTA is not intended to cover the full cost of operating this program. The contractor must be able to bill for and collect payments from Medicare, Medicaid and/or other health insurances to ensure the program is fully funded. For its portion of the program funding, DFTA anticipates using a cost reimbursement method of payment.

**Procurement Timeline**
An RFP is expected to be released in early fall 2019.

**Use of HHS Accelerator**
To respond to the forthcoming Geriatric Mental Health Services Program RFP and all other client and community services Requests for Proposals, vendors must first complete and submit an electronic pre-qualifications application using the City’s Health and Human Services (HHS) Accelerator system. The HHS Accelerator system is a web-based system maintained by the City of New York for use by its human services agencies to manage procurement of services.

The forthcoming Geriatric Mental Health Services Program RFP will be released through the HHS Accelerator system. Only organizations with an approved HHS Accelerator Business Application and Services Application for the following will be able to propose:

Mental Health Services
To submit a Business and Services application to become eligible to apply for this and other client and community services RFPs, please visit: http://www.nyc.gov/hhsaccelerator.

Contact Information and Deadline for Questions/Comments
Comments are invited by no later than 5:00 p.m. on September 30, 2019. Please email Mary Tracy at matracy@aging.nyc.gov and write “Geriatric Mental Health Program Concept Paper” in the subject line. Alternatively, written comments may be sent to the following address:

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