



**Department for  
the Aging**

The City of New York  
Department for the Aging  
2 Lafayette Street  
New York, New York 10007

## **Elder Abuse Prevention and Intervention Services Concept Paper**

### **A. Purpose**

This concept paper is a precursor to the New York City Department for the Aging's (DFTA) forthcoming Elder Abuse Prevention and Intervention Services (EAPIS) Request for Proposals (RFP). Though subject to change, DFTA's expectation is to issue an RFP in summer 2014, for contracts to commence on July 1, 2015 (FY 2016).

This concept paper lays out the goals, elements, and parameters of the EAPIS Program that DFTA envisions for the City. DFTA plans to take into strong consideration the feedback, suggestions and comments offered by the community when crafting the planned EAPIS Request for Proposals. Once the RFP is released, DFTA expects that proposers will incorporate the essential elements and parameters that have emerged from the Concept Paper process into a program model that is optimal for them.

The EAPIS program has a dual mission: assist and ensure the safety of elders aged 60 and over who have been abused; and prevent further abuse by building awareness of the problems through outreach to individuals and groups and through educational presentations.

The EAPIS program works collaboratively in a multi-disciplinary manner with DFTA's Elderly Crime Victim's Resource Center, DFTA Case Management Agencies and Caregiver Programs, the NYC Family Justice Centers, the Office to Combat Domestic Violence, the NYPD, courts, the housing police, the District Attorney's Office, Mobile Crisis Team, and Adult Protective Services of the Human Resources Administration. The services currently offered by providers in this program include, but are not limited to case assistance, emergency shelter referrals, safety planning, legal advocacy and legal referrals, support groups, counseling, medical referrals, transportation services, and financial assistance. The program also offers educational workshops to law enforcement agencies, district attorneys, and senior groups.

The prevalence of elder abuse is much greater than that which is reported, and the reported cases have been increasingly complex; now more than ever, sensitivity, cultural competence, knowledge of appropriate community resources, and an expertise in the field of elder abuse are required to assist victims effectively. It is also vital to have a system that promotes early recognition (through educational presentations and other activities) and quick intervention to alleviate the stress, anxiety and pain victims often face. This concept paper is an opportunity for the public to comment on program elements and structures that can best enable EAPIS

staff, partners and stakeholders to address elder abuse issues in New York City. The following are some of DFTA's ideas about the program:

- DFTA anticipates that award recipients will address the needs of the abuser as they impact the client's health and safety; where applicable, providers will work with abusers, primarily by providing referrals to trusted and known entities, on issues of benefits, mental health, and substance abuse.
- DFTA anticipates that award recipients, when the situation presents itself, will engage with older adults that have been a victim of a scam perpetrated by a family member or other trusted person.
- Referrals between DFTA funded agencies (particularly with respite care providers, case management and caregiver support centers) will require ongoing communication to ensure continuity of service provision and care.
- DFTA is considering making legal services a required component of EAPIS. Having a strong, ongoing relationship with a legal service provider allows more seamless service delivery. DFTA prefers that there be a formal relationship between the legal service provider and the EAPIS agency, e.g., contract, subcontract, MOU, and/or DFTA funded legal service provider.
- Structured mental health counseling will be available, directly or indirectly, through referrals. Providers will be asked to screen all clients for depression using the Patient Health Questionnaire 9 (PHQ9); it will be optional to screen for anxiety using the Generalized Anxiety Disorder Scale (GAD7).
- Awardees will be required to conduct at least two educational presentations for seniors and two educational presentations for professionals on an annual basis.
- DFTA anticipates that it will award one contract per borough.

## **B. Background<sup>1</sup>**

Elder abuse is a destructive and tragic social problem. New York State categorizes abuse in six ways: emotional, physical and sexual abuse, active and passive neglect, and financial exploitation. Domestic violence in later life is also assumed in the definition of elder abuse with the National Association of State Units on Aging (NASUA), noting that domestic violence has a stronger connection to abuse using power and control.<sup>2</sup> In New York, emotional abuse, followed by physical and sexual abuse are most frequently reported, while financial abuse is the most frequently experienced form of abuse.

According to the recent prevalence study:

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<sup>1</sup>Unless otherwise cited, the information contained in the *Background* section was gathered from the report: "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, and the New York City Department for the Aging.

<sup>2</sup> Issue Brief, National Center on Elder Abuse: Late life domestic violence, what the aging network needs to know. Found online at: <http://www.ncea.aoa.gov/Resources/Publication/docs/nceaissuebrief.DVforagingnetwork.pdf>

- Physical abuse is the non-accidental use of force that results in bodily injury, pain or impairment, including but not limited to, being slapped, burned, cut, bruised, or improperly restrained.
- Sexual abuse is non-consensual contact of any kind, including but not limited to, forcing sexual contact or forcing sex with a third party.
- Emotional abuse is the willful infliction of mental or emotional anguish by threat, humiliation, intimidation or other abusive conduct, including but not limited to, frightening or intimidating an adult.
- Active neglect means willful failure by the caregiver to fulfill the caretaking function and responsibilities assumed by the caregiver, including but not limited to, abandonment, willful deprivation of food, water, heat, clean clothing and bedding, eyeglasses or dentures, or denial of health-related services.
- Passive neglect means the non-willful failure of a caregiver to fulfill caretaking functions and responsibilities assumed by the caregiver, including but not limited to abandonment or denial of food or health related services because of inadequate caregiver knowledge, infirmity or disputing the value of prescribed services.
- Financial exploitation is the improper use of an older adult's funds, property or resources by another individual, including but not limited to, fraud, false pretense, embezzlement, conspiracy, forgery, falsifying records, coerced property transfers, or denial of access to assets.

For over two decades, the Department for the Aging has staffed the Elderly Crime Victims Resource Center and since 2002, it has contracted with community based organizations to provide direct services to elder abuse victims and their families and conduct elder abuse prevention activities. The community based organizations involved in this work strengthen DFTA's ability to provide more comprehensive direct services to elder abuse victims in New York City.

The last two decades have witnessed the tremendous growth and diversification of victim services as crimes against the elderly have emerged as a critical area of concern for victim assistance professionals. The New York State Elder Abuse Prevalence Study, conducted in 2010, indicates that 15% of New York City older adults have experienced elder abuse since turning 60. Each year, 9.2% of older New York City residents are injured physically, debilitated psychologically, exploited financially, and/or neglected, often by an adult child, spouse, other family relative or caregiver. For every reported case of elder abuse, 24 remain undocumented and subsequently, unaddressed in New York. The prevalence alone warrants a response that brings awareness and attention to the delicate issues surrounding elder abuse and also legal, financial, emotional and physical support to those who are victims of abuse.

The Elder Abuse Prevention and Intervention Services Program will continue to play a critical role in addressing elder abuse in New York City.

### **C. Program Details**

DFTA plans to issue a Request for Proposals in the early summer of 2014 for its Elder Abuse Prevention and Intervention Services Program.

Those delivering these services will employ a variety of skills and services, including but not limited to, general case assistance, advocacy, counseling, legal advocacy and/or legal referrals, information and referrals to trusted services (mental health, medical, legal, social, etc.), provision of, or referral to, structured support groups, referrals to the Office to Combat Domestic Violence, escort and transportation services/referrals, and financial assistance if needed. First and foremost in any intervention is the client's safety.

EAPIS program providers, amongst other responsibilities, will be expected to:

- Conduct an assessment and develop a safety plan with the elder using the DFTA assessment tool.
- Provide case assistance, which includes providing information about resources and opportunities; formal referrals to community based services; assistance applying for benefit and entitlement programs; assistance in finding overnight respite, supportive contacts; advocacy; escorts to family and criminal court; and assistance to clients in filing police reports.
- Referrals made to Adult Protective Services (APS) and DFTA-funded Case Management Agencies (CMA) and Caregiver Programs require follow-up.
  - If to APS, the EAPIS provider will continue to be engaged in the client's case until it has been officially accepted by APS and/or no role for continued EAPIS involvement is indicated, at which point the EAPIS provider will close the case indicating that it has been taken over by APS.
  - For referrals to CMAs and/or the Caregiver programs, the EAPIS provider will remain engaged in the case until/unless it has been determined that the CMA and/or Caregiver program has become the primary service provider. The goal is continuity of care and services with seamless transitions and service provision.
  - For referrals from the CMAs and/or the Caregiver programs, the EAPIS provider will maintain regular communications with the CMA and/or Caregiver program. The goal is continuity of care and coordination of service provision.
- Counsel victims of elder abuse to address post traumatic stress disorder, guilt, anxiety and depression. EAPIS aids the client in rebuilding support systems and in addressing quality-of-life issues involving socialization or lack of socialization. Counseling can be undertaken through 1:1 sessions, structured psycho-educational support groups, use of mental health interns, and through mental health referrals.
- Clients are screened for depression using the Patient Health Questionnaire 9 (PHQ9). At the discretion of the provider, the client may be screened for anxiety using the GAD7.
- In the context of ensuring an elder's safety and well-being, assist the abuser in addressing barriers to his/her own well-being such as substance abuse treatment

referrals, limited supportive counseling, referrals to benefits programs, referrals to employment resources, and general case assistance. While the abuser is not the client, the abuser's problems cause and exacerbate the situation for the elder. Addressing these problems in the context of the elder's ongoing case assistance is often critical to the success of helping the abused elder.

- Escort clients who require assistance going to court, police, Family Justice Centers, medical or other related appointments that require this assistance.
- Provide four educational presentations a year (two presentations for seniors; two for professionals).
- Outreach and ongoing communication with local precincts, the district attorney's office, Family Justice Center, local senior groups, family courts.
- Access to additional ancillary services like transportation, security devices, and cash assistance.
- DFTA expects that each proposer will have a presence in the community that they propose to serve and will demonstrate an understanding of the community demographics, culture, and values. DFTA requests that the proposer employ staff members that are bicultural/bilingual in the most prevalent cultures/language(s) of the communities to be served.

#### **D. Service Levels**

Proposers will be submitting anticipated service levels in several areas.

- Direct service units (includes case assistance and counseling units; 1 unit = 1 hour)
- Presentations (mandatory)<sup>3</sup>
- Legal assistance units (mandatory)<sup>4</sup>; 1 unit = 1 hour)
- Transportation (optional service; 1 unit = one-way trip)
- Escort (optional service; 1 unit = one-way trip)
- Financial/cash assistance (optional service)
- Others as identified by the proposer

While the proposer will indicate the number of direct service units (case assistance and counseling hours combined) in the proposal, when using the STARS database, programs will be able to input these units separately. This will allow flexibility in providing services to clients based on client need.

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<sup>3</sup> DFTA mandates that the awardees provide, at a minimum, four educational sessions a year (two dedicated to seniors; two for professionals.) If a program is not meeting its projected units, DFTA would expect more educational sessions and outreach to be completed.

<sup>4</sup> DFTA is considering making Legal Services a required service pending comments received in response to this concept paper and funding availability.

DFTA asks proposers to project an unduplicated number of seniors to be served on an annual basis. DFTA will request a breakdown of the projected number of unduplicated seniors to be served by several abuse categories: physical abuse, psychological /emotional abuse, neglect, and financial abuse.

**E. Planned Method of Evaluating Proposals**

DFTA's Evaluation Committee will review, evaluate and rate all responsive proposals. DFTA will evaluate proposals based on the proposers' experience, capability of delivering the proposed services (e.g., ability to serve the entire borough), and proposed program design. Proposers will be asked to provide evidence of their ability to serve an entire borough. Proposers will be allowed to propose for more than one borough.

**F. Proposed Contract Term**

It is anticipated that the term of the contract(s) awarded from this RFP will be from July 1, 2015 through June 30, 2018. The contract may include an option to renew for a period of up to three additional years. The Agency reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

**G. Anticipated Procurement Timeline**

DFTA is currently planning to release an RFP in the summer of 2014. The anticipated contract start date is July 1, 2015.

**H. Available Funding**

Current available funding for elder abuse services is \$800,000. DFTA is hopeful for additional funding to increase elder abuse services citywide. DFTA will know the funding amount prior to the issuance of the RFP.

**I. Vendor Reporting Requirements**

The Vendor will follow DFTA's Elder Abuse Prevention and Intervention Program Standards as they relate to record keeping and reporting. The vendor is expected to use the STARS database for data collection and reporting.

**J. Use of HHS Accelerator**

To respond to the forthcoming Elder Abuse Prevention and Intervention Services 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 Elder Abuse Prevention and Intervention Services RFP will be released through the HHS Accelerator system. Only organizations with approved HHS Accelerator Business Application and Services Applications for one or more of the following will be able to propose:

- Mental Health Services
- Legal Services

- Case Management
- Preventive Services
- Court Appointed Guardian Services

Providers who are approved in HHS Accelerator to provide any of these services will be able to submit proposals for the Elder Abuse Prevention and Intervention procurement.

In addition to the Department for the Aging, the following City agencies that administer client and community services will be users of the HHS Accelerator System: Administration for Children's Services, Department of Probation, Office of the Criminal Justice Coordinator, Department of Correction, Department of Health and Mental Hygiene, Human Resources Administration, Department of Homeless Services, Department of Housing Preservation and Development, Department of Youth and Community Development, and Small Business Services.

Once vendors prequalify in a service area, they will then be prequalified to submit proposals for procurement opportunities in that service area from the 11 client and community services agencies listed above. HHS Accelerator will also allow providers to manage client and community services budgeting and invoicing through this common user interface. 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>.

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

Comments are invited by no later than 5:00 p.m. on June 9, 2014. Please email [Conceptpaper@aging.nyc.gov](mailto:Conceptpaper@aging.nyc.gov) and write "Elder Abuse Prevention and Intervention Services Concept Paper" in the subject line. Alternatively, written comments may be sent to the following address:

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