

**Q1** Please provide your contact information below.

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**Q2** Please describe your company or organizations overall goals and mission.

DTFA's mission is to work for the empowerment, independence, dignity and quality of life of New York City's diverse older adults and for the support of their families through advocacy, education and the coordination and delivery of services. Goals of older New Yorkers include: fostering independence and individual choices, confronting ageism, promoting opportunities for older people to share their leadership, knowledge and skills; informing and educating the general public about aging issues, including services, supports and opportunities for older New Yorkers and their families; being a catalyst for increased resources to enhance and expand programs and services, ensuring the provision of quality services fairly and equitably to older New Yorkers; enhancing and expanding effective, productive partnerships with consumers, advocates, private and public organizations; and recognizing the value of all staff and encouraging their creativity in building the Department's capacity for continuous improvement.

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**Q3** Please indicate which category your organization falls under.

**Community Based Organization** ,

Other (please describe below: 150 character maximum):

City governmental agency partnering with community-based organizations to provide services to NYC's older adults

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**Q4 Innovation Executive Summary.** Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scalability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

There is a complex relationship between physical health, mental health, social, and socioeconomic well-being. Mental health is integral to health and well-being. Risk factors for common mental health disorders are associated with social inequalities; the greater the inequality, the higher risk. Untreated mental health disorders, particularly among older adults are linked to other physical health conditions. It is essential that attention be focused on the social determinants of mental health, not necessarily distinct from the social determinants of physical health, but which have been largely neglected.

Through ThriveNYC, the NYC Department for the Aging's Geriatric Mental Health (DGMH) program is embedding mental health services within the aging service network in places where an older adult is comfortable receiving a range of services. One of the most innovative components of this initiative is the provision of education and engagement activities around mental health topics to destigmatize mental health and familiarize seniors with mental health clinicians. Most older adults who are in need of mental health counseling will never seek treatment and it is often through this engagement (a service not found in mental health clinics) that trust is built as well as comfort talking with a mental health professional. Housing services within a familiar setting and providing easy access to care increases the likelihood that older adults will receive the treatment that they need. Traditional evidence-based mental health services provided include assessments, support and on-going individual, group, family, couples psychotherapy to older adults (age 60+) and their families on-site in 25 of the largest senior centers throughout the five boroughs of New York City. DFTA has partnered with four mental health provider agencies who provide, monitor and supervise the on-site mental health services in each of the five boroughs. Mental health services are often provided by bicultural and bilingual social workers (in English, Cantonese, Mandarin, Polish, Russian, and Spanish) to meet the needs of culturally and socioeconomically diverse older adults residing within NYC. Mental health services are open to community members age 60 and older.

1. **ROI:** DGMH is a blended funding model. Financial support of the program comes in part from ThriveNYC /DFTA and from billing client's insurance if they have insurance. Funding from ThriveNYC/DFTA supports engagement, a necessary tool, and mental health services for those individuals who are uninsured, undocumented, do not have the ability to pay a co-pay or concerned about sharing their insurance information. Although funding does not fully cover everything, it does assist in supporting the sustainability of the program. In treating the needs of all older New Yorkers who are in need of mental health services, this innovation seeks to reduce the risks of these individuals who have associated social inequalities.
  2. **Scalability:** In order to scale this program it requires dedicated clinical space, support of the center, particularly key staff, clinicians who are knowledgeable and experienced working in the mental health arena, and also comfortable working in a non-traditional environment. initiative
  3. **Feasibility:** This initiative is well suited to a Medicaid population, typically underserved around mental health issues who have the poorest health outcomes, especially when mental health needs are untreated. The challenge for this innovation is having a sufficient workforce of trained licensed clinicians to work with an older adult population. On-site services are well received, but sites need to ensure there is a private space for confidential therapy sessions. The number of people identified as having mental health needs surpasses the national averages, indicating the need for this service within communities.
  4. **Evidence based support for innovation.** Clinicians use evidence-based psychotherapeutic and engagement techniques. Within the Asian community, evidence-based therapy techniques have been extremely effective in engaging this community in mental health services.
  5. **Relevance to Medicaid population:** This innovation serves the mental health needs of immigrant populations, poorer, and underserved minority populations who are largely Medicaid recipients. This population often does not have access to mental health treatment and is often unlikely to seek treatment, particularly if it is outside of their communities. Thus, bringing mental health to community based centers increases the ability for the Medicaid population to receive needed mental health services.
  6. **Speed to market.** As this innovation has been successful in reaching and meeting the needs of older adults, expansion can happen relatively quickly. There are many lessons learned in the first two years that will facilitate and reduce the time to market. Expansion requires identification of new sites, hiring of staff, and establishing NYS Office of Mental Health satellite clinics in the community/at senior centers.
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**Q5** Was your innovation implemented? If so, please explain when, the number of people impacted, and the results.

Yes (please specify when and the estimated number of people impacted):

Implementation of DFTA's innovative, geriatric mental health initiative began July 2016 and has been ongoing since this date. Providing engagement services on-site has benefited the majority of the 40,000 seniors at the existing senior center sites. Thirty percent of those assessed demonstrate a mental health need, a slightly higher percent than the national average. Thorough screenings and assessments is an essential component of identifying those individuals in need of mental health services.

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**Q6** Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

**Health and Health  
Care**

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**Q7** I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

**I consent to have my innovation  
shared**

