NYC Department for the Aging

GERIATRIC MENTAL HEALTH

STANDARDS OF OPERATION

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Introduction

The goal of DFTA Geriatric Mental Health (DGMH) is to be a bridge between existing gaps in mental health care resulting from barriers (i.e., access, affordability, and stigma) and the City's goal to meet the needs of older adults who are experiencing mental health problems by embedding licensed mental health clinicians in Older Adult Centers (OACs) across the five boroughs of NYC. On-site mental health services include individual, group, family, and couples counseling. Medication management and engagement activities are also available, as well as clinical services in English, Cantonese, Italian, Mandarin, Polish, Russian, Spanish, and Ukrainian. Services are open to all New Yorkers aged 60 and older regardless of age, ability to pay, or geographic location.

This initiative brings mental health services into the community where older adults already gather. DFTA contracts with licensed mental health provider organizations who are responsible for hiring and supervising the clinical mental health professionals. These clinicians are embedded and co-located in designated older adult centers with the goal of having the clinicians becoming fully integrated into the milieu of the Center that they are serving. Co-located mental health services break down barriers to improve access and utilization of clinical treatment. The clinicians work with Center staff to identify and engage older adults. Depending on provider licensure requirements, the mental health provider will establish a satellite mental health clinic within each designated Older Adult Center.

DGMH is an invaluable asset to the older adult community, helping to address the unmet mental health needs of older adults.

Section 1. Scope of Service

Standard 1: **Eligibility**

Compliance 1.1. Clinical mental health services are provided to individuals who are:

- Aged 60 or older; and
- Interested in receiving mental health services with identified clinical need.

Standard 2: **Client Consent and Confidentiality**

Compliance 2.1. The provider serves only individuals who have given written and/or verbal consent for mental health treatment prior to receiving services.

Compliance 2.2. The provider shares confidential information with outside entities only with the informed consent of the individual, or pursuant to a court order, or when there is deemed to be actual and immediate danger to the health or welfare of the individual.

Compliance 2.3. Services are provided in an appropriate setting where client confidentiality can be maintained.

Standard 3: **Cultural Competence and Language Access**

Compliance 3.1. All services are provided with respect for cultural differences, preferences, and styles of communication. To ensure culturally and linguistically competent clinical services, staff placed at a designated center speak the predominant language spoken by older adults at that designated site and are, preferably from a similar ethnic or cultural background

Compliance 3.2. If the program does not have staff who can communicate to clients in the language they speak, the provider/clinician will triage and refer the individuals to a community provider who has clinicians to assist them in their language.

Compliance 3.3. The provider will provide on-demand language assistance free of charge to persons with limited English proficiency (LEP) if the older adult choses to be engaged in this manner. At minimum, the provider will have a telephonic interpretation service contract or similar community arrangement with a language interpretation services provider to assist LEP individuals.

Standard 4: **Clinical Services**

Compliance 4.1. All of a clinician's time must be dedicated to the provision of on-site or Telemental health clinical services, engagement, supervision, and documentation of clinical records.

Standard 5: Psychiatric Services

Compliance 5.1. Medication management is provided on site by a psychiatrist or psychiatric nurse practitioner as determined by client needs. Telepsychiatry sessions may be offered.

Standard 6: Assessments and Reassessments

Compliance 6.1. All scales (as captured in the DFTA database) are completed as part of the baseline assessment.

Compliance 6.2. Reassessments are completed quarterly (within 2 weeks of scheduled due date – either prior or post) for any individual whose score on one or more baseline assessments indicated a mental health need(s) and who is currently receiving clinical services.

Standard 7: Engagement Activities

Compliance 7.1. Structured engagement (SE) activities (See definitions section, page 10) are conducted monthly at a minimum. SE activities must be to be used as a tool to engage older adults by building trust and rapport so that older adults will be more likely to utilize clinical services. Clients and build clinical caseloads. When clinical caseloads have openings, engagement activities will occur more often until caseloads are at or above contracted levels. As per the definition, pg. 10, SE activities will have a mental health focus and each topic will be time limited as pre-determined by the clinician and OAC staff (i.e., 4-week session on brain health or 8-week session utilizing Age-Tastic!). The goal of a time limited engagement program is that it does not become an ongoing clinical support group. SE are listed by the Center at the site (or in the Center's virtual program listing) and attendance is recorded by the clinician and shared with the Center staff. SE should be conducted in-person when the Center is open and fully operational but may be virtual if the Center has designated the activity to be part of their virtual programming, or if the Center is closed.

Compliance 7.2. Unstructured engagement activities (USE) are informal conversations with older adults that occur when the clinician is not engaged in other DGMH clinical activities. (See definitions section, page 10). Clinicians spend time in congregate spaces (when Centers are fully open and operational) interacting with the older adults when they are not seeing clients or involved in clinical work to build trust and rapport.

Standard 8: Support to Center Staff

Compliance 8.1. Supervisory staff are available to support clinicians and Center staff to support work with challenging clients.

Standard 9: Outreach and Consultation to Community Surrounding Center

Compliance 9.1. Clinical services are provided to members of the OAC where clinical services are embedded. However, when caseloads have openings, providers and/or clinicians provide outreach to Centers and other sites in the surrounding community.

Standard 10: **Wait list**

Compliance 10.1. The provider notifies DFTA when there are more than 5 people on a waiting list for more than two weeks for clinical services and submit a plan in writing to address the waiting list(s). Urgent needs will be addressed by the provider. This may include a Telemental health option and if needed, triage and referral to other relevant programs.

Section 2. Levels of Service

Standard 11: **Budgeted Units**

Compliance 11.1. The total number of units delivered as specified by the contract is within the 90% variance allowed by DFTA for the following levels of service:

- Provision of clinical services as indicated by client need (i.e., individual and group psychotherapy) including, but not limited to evidence-based therapy, including both short- and long-term therapeutic interventions, and crisis intervention
- Assessments/reassessment (counted when completed)
- Structured engagement sessions
- Structured engagement participants
- Unduplicated clinical clients

Section 3. Staff Appropriateness and Continuity

Standard 12: **Appropriate Staff Qualifications**

Compliance 12.1. All staff hired must be licensed mental health practitioners with at least two years of clinical experience, preferably in the field of aging, to provide appropriate services to the target population. Clinical staff with less than the minimum experience levels must be approved in writing by DFTA before starting any work on behalf of the program.

Compliance 12.2. To ensure culturally and linguistically competent interventions, clinical staff placed at a designated Center(s) reflect the primary language(s) spoken (and who are, preferably bicultural) and/or are from a similar ethnic or cultural background.

Compliance 12.3. The program abides by all DFTA mandated training requirements for providers.

Standard 13: Staffing Levels

Compliance 13.1. Requisite staff and operational resources are maintained to manage the services.

Compliance 13.2. Licensed clinicians must be at the Older Adult Center site they are assigned to two full days per week for the hours of operation that the Center is open and operational. Any change in schedule to fewer days per week requires DGMH approval prior to said change.

> **Note*: During the pandemic or in an emergency the clinician may provide services via virtual or telephonic mental health services two full days per week (full days are the hours that the Center is open). Wherever feasible, in line with public health guidance, client preference (for in person, telephonic or virtual services) shall be considered for the delivery of services .

Compliance 13.3. Any vacancies are filled within a maximum of six months of said vacancy. If the position is not filled, the provider submits recruitment strategies and reports on efforts monthly until the position has been filled. Temps and other appropriate mental health staff must be utilized to cover program for vacancies and meet contract deliverables.

Compliance 13.4. All clinician hours are directly related to DGMH program and functions. Full time clinicians who are on-site at Centers four days a week are expected to utilize the fifth day for DGMH administrative functions (including, but not limited to supervision). Providers may choose to have the fulltime clinician at a site on the fifth day.

Standard 14: Staff Supervision

Compliance 14.1. Clinical staff will receive weekly supervision from the mental health provider receiving the contract or will follow the frequency specified by the provider's regulatory agency or organizational protocols.

Compliance 14.2. Clinical supervisors, clinicians, and center staff will work jointly in developing and implementing structured engagement activities. Supervisors will conduct on-site observations for each clinician's structured engagement at least two times a year, at a minimum, when centers are open and maintain documentation of such.

Standard 15: Meetings

Compliance 15.1. The mental health provider will participate in regular and ongoing meetings, which may include representatives from the other mental health provider organizations, or the designated sites involved in DGMH, or community stakeholders, and DFTA staff. The licensed clinical staff may participate in these meetings and will attend meetings that bring together other clinicians from across the program. The purpose of these meetings is clinical consultation, case coordination, and networking.

Section 4. Record Keeping and Reporting

Standard 16: **Documentation of Data**

Compliance 16.1. The provider inputs, tracks, and reports data in the DFTA client tracking system on clients served, clinical services provided, completed assessments/reassessments, and engagement activities. If any of the following are conducted, these activities will also be tracked: any referrals made, reassurance contacts, consultation, outreach activities, and any other data items specified by DFTA.

Compliance 16.2. Each client's case record contains the following:

- Completion of all assessment scales at baseline and reassessments when indicated based on positive mental health scores from baseline assessment on baseline assessment.
- Engagement activities when client participates.
- Mental health services: An indication of participation in clinical services.

Compliance 16.3. Clients who are no longer receiving mental health clinical services and/or no longer participating in engagement activities will be closed within DFTA Mental Health client tracking system within two weeks of termination of services unless the individual is still attending engagement activities.

Compliance 16.4. The following additional data must be captured, accurate, and complete within each clients' record. Client's:

- Race
- Ethnicity
- Gender
- Primary language
- Older Adult Center where client primarily receives mental health services.

Standard 17: **Timeliness of Recordkeeping, Tracking and Reporting**

Compliance 17.1. All data, including accurate and complete service information will be inputted into DFTA client tracking system by the end of each week for the week the services were provided.

Compliance 17.2. Quarterly reassessments are conducted on any assessment scale that was positively endorsed indicating a mental health need.

Compliance 17.3. Providers will submit monthly tracker reports for each mental health site served with specifying corresponding clinicians until reports can be generated from the DFTA database-tracking system. Monthly invoices will be submitted through the fiscal portal.

Compliance 17.4. Providers will track receipt of internal referrals made through the Queue with all referrals picked up within two days of referral date and clients contacted within four business days after referral was received.

Section 5. Partnerships with Designated Sites

Standard 18: **Maintaining Partnerships**

Compliance 18.1. Mental health and designated OAC site partners will work closely together to meet the mental health needs of older adults in the Center.

Compliance 18.2. The Contractor is expected to work within the guidelines of the Center and be fully engaged with Center staff (i.e., providing consultation and in-services to support Center staff as needed or requested by OAC, including, but not limited to training around identifying mental health needs of older adults).

Section 6. Sustainability

Standard 19: **Payment Structure for Sustainability**

Compliance 19.1. Providers bill the client's insurance for services when possible and when client agrees to being billed. Clients are provided mental health services regardless of their ability to pay or any other client factors.

Compliance 19.2. Any revenue generated through billing is reinvested into the program for further expansion of programming and clinical services. Provider will work with DFTA on a plan on how revenue generated over the budgeted revenue will be reinvested in the program.

Compliance 19.3. Separate accounting for DGMH billed services and annual reports on amount billed and received from insurance companies, including co-payments is submitted to DFTA Program staff.

Section 7. Emergency Preparedness

Standard 20: **Emergency Preparedness**
(See also DFTA General Standards of Operation, Standard 20)

Compliance 20.1. The provider organization has emergency plans in place following their regulatory or governing body or agency. Providers will provide a copy of its emergency plans for their satellite/ OAC embedded service provision sites to DFTA at the beginning of each contract renewal and will provide updates when there are situational changes (i.e., natural disaster, pandemic, etc.). For example, this may include transitioning from face-to-face to virtual/telephone during emergency time periods or may include an after-hours plan if mental health services are needed.

Compliance 20.2. Clinicians will follow their agency/regulatory guidelines for reporting mental health incidents that occur during mental health sessions within the OAC, i.e., clinician is required to call EMS for a medical or psychiatric emergency. DFTA will be notified by the provider point person in writing of such incident within 72-hours of the incident, indicating steps that were used to inform OAC staff.

Definitions and Service Units

DGMH Services include an array of services for the Older Adult Center participants, as well as support to Centers' program staff. Services will include:

- Engagement
- Assessments
- Clinical Services (individual, group, family, couples counseling, psychiatric medication management)
- Unduplicated clinical clients
- Referrals to services not provided by onsite clinician
- Outreach to community when needed to build caseloads
- Consultation and support to Older Adult Center staff

Engagement

Structured Engagement (SE) -- Structured engagement (formal) activities/programs are designed to develop trust, reduce the stigma surrounding mental health, and connect individuals to mental health services. Structured engagement activities, thus, need to have a mental health focus and be time-limited rather than on-going. SE are listed on the Center calendar or website, are conducted at the Center (or virtually where through a sign-in sheet or a scanner, participants can be identified), and participant information can be entered into DFTA DATABASE and counted toward invoices and contracts. These activities should have a mental health focus and can utilize an educational/recreational approach to mental health, such as presentations on the connection between physical and emotional health, playing Age-tastic, arts-related sessions, and activities to help relieve stress and anxiety (i.e., yoga, tai chi, mind fitness programming, etc.) or non-billable group sessions. These are a few examples of SE. *Structured engagement units are recorded as event profile units.*

Unstructured Engagement (USE) - All activities that are informal and do not fit into the structured engagement format include the day-to-day discussions a clinician may have with participants throughout the Center. DFTA acknowledges the importance of these informal activities and anticipates that the clinician will be undertaking these unstructured activities during the days that they are at the Center. As per the contract these units are recorded but not counted in invoices. and are recorded as aggregate data. *Unstructured engagement units are recorded as event profile units.*

Assessments

Mental Health Assessments - Mental Health screening of participants will involve utilizing all the assessment tools located in the DFTA database to determine the mental health needs of participants attending the Center or any other older adult (age 60+) seeking mental health services. If an older adult positively endorses any screening, the individual will be offered mental health services at the Center (or via tele-mental health in circumstances where sites are closed or based on the needs of the client or referral to appropriate mental health services outside of the Center. (The latter would be indicated for mental health treatment that cannot be provided in a community site; for example, de-tox). It is expected that mental health screenings will be conducted prior to admission as a clinical client.

a. Re-Assessments. All clinical clients who have scored positive on any scale, must be re-assessed quarterly if they are in clinical treatment. Clients are re-assessed on any scale that they scored positively on at the baseline assessment. If a client scored positively on a baseline scale, and is not in clinical services, the clinician should attempt to reassess the client, understanding that this may not always be possible.
Each assessment and reassessment unit are recorded for each participant in units entry/unit detail with unit type=participants.

Clinical Services
Clinical Sessions – may include any of the following: Individual Group, Family, or Couples Therapy, Crisis Intervention, and/or Medication Management. All clinical sessions will be counted in the DFTA client tracking database system and the number of clinical sessions (individual and group) are specified in the contract and invoice. Assessments, individual, and group clients and sessions represent the number of participants that receive the specific service. Group clients and sessions are the number of participants that receive clinical, billable group work, and the number of sessions that the group is held. So, for example, a therapeutic group with 10 people meeting once a week for five weeks would be counted as 5 sessions with 10 duplicated clients (clients will be counted for each week in attendance for a total of 50 participants over the 5 sessions). The provider would enter attendance into the DFTA database for each of the five sessions, so that a total duplicated count for the five weeks could also be obtained from the system. Tele-mental health clinical services will also be allowed as per client need.
Each clinical assessment unit is recorded for each participant in units entry/unit detail with unit type=participants.

Clinical services include, but are not limited to, evidence-based long and short-term approaches and will provide onsite 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 Older Adults (Healthy IDEAS). Evidence-based mental health approaches include Problem Solving Therapy (PST), Cognitive Behavioral Therapy (CBT), Behavioral Action (BA), Dialectical Behavioral Therapy (DBT), and Motivational Interviewing (MI).

It is expected that the mental health provider has the ability to provide on-site psychiatric services.

Unduplicated Clinical Clients
Unduplicated clients are the number of unique clinical clients seen in a reported period as part of the invoice units.

Information and Referral
Information about and connections to referrals for other services beyond interventions that are offered as part of DGMH, include:

1. Internal Referrals – Connection to DFTA's aging service network to connect the individual to concrete services.
2. External Referrals -- Connections to other services (external referrals) beyond intervention that the contractor might offer on-site, such as referrals back to the provider's main clinic or for specialized treatment to an outside provider, such as a psychiatrist or substance abuse counseling services.

Each referral unit is recorded for each participant in units entry/unit detail; unit type=referrals

Outreach
Provide outreach to nearby Older Adult Centers and other community-based organizations to inform them about the program and possibly identify older adults in need of services. *Each outreach is recorded in units entry, with unit type=Contacts*.

Consultation
Licensed clinicians and/or mental health provider supervisors/directors, if available, make themselves available for consultation with Older Adult Center staff. Clinicians will work with directors and staff to address participants who exhibit disruptive, socially inappropriate behaviors (offensive behavior toward others, etc.), as some Center directors are not trained to address these types of situations. In addition to consulting on disruptive behaviors, clinicians make themselves available to older adults for general information on mental health issues. Case consultations are listed under encounter history, *Units Entry with Service type= Case Consultation; Unit type=Participants*

Wait List
The Mental Health Provider will make every effort to prevent the use of a wait list. This may be achieved with referrals to other DGMH sites, Telemental health, the provider's primary office, etc. The Mental Health Provider will have a strategy to manage wait lists and ensure the well-being of clients on that list on a regular basis. Time on wait lists should not exceed four weeks. The Mental Health Provider is expected to inform DFTA if more than 5 people are on a wait list for 2 weeks or more and submit strategies (including possible referral and triage) being utilized to reduce the wait list. Providers will share policies and protocols for managing waitlists if wait lists exceed four weeks.