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A CHANGING LANDSCAPE: *New Possibilities for Meeting the Mental Health Needs of Older Adults*

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Older adults exhibiting symptoms of depression and other psychiatric disorders use mental health services less than any other age group. This underutilization can impair overall health and functioning, diminish quality of life, and threaten the possibility of “aging in place” for many seniors. The older adult population is expected to increase dramatically over the next twenty-five years, making the enhancement of geriatric mental health service delivery both important and timely. This issue brief offers a new way forward in addressing the mental health needs of older adults in New York.

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INTRODUCTION

Mental health is essential to overall health, functioning and well-being, and is an integral component of healthy aging. While the vast majority of older Americans enjoy good mental health, approximately one in five experience mental health problems.¹ The most common concerns among people age 55 and older are:

- *anxiety disorders*, such as phobias and obsessive-compulsive disorder;
- *mood disorders*, such as depression; and
- *severe cognitive impairment*, such as Alzheimer’s disease and other dementias.²

These conditions diminish quality of life and, for many, are debilitating. Meeting the mental health needs of seniors is becoming increasingly urgent, primarily as a result of the four critical factors outlined below.

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1.) **People often undergo difficult transitions in late-life.** While some seniors have experienced mental illness throughout much of their lives, others see the emergence of mental health problems only in their later years. The risk of developing mental and emotional problems associated with stressful life events (e.g., changing roles and lifestyles, declining physical health and mobility, and the deaths of family members and friends) increases with age. This increased risk, however, should not be misconstrued as an indication that mental illness is a normal part of growing older. In fact, mental health problems are not a normal part of aging, and multiple interventions have proven effective at relieving suffering.³

2.) **Older adults are at significant risk of negative outcomes associated with mental illness.** Mental health problems among seniors can lead to serious consequences, including suicide and institutionalization.

Seniors with serious mental illnesses are three times more likely to enter a nursing home than seniors without serious mental illnesses.⁴

Older adults have the highest suicide rate in the nation. The highest rate is among people aged 85 and over (twice the overall national rate); the second highest rate is among adults aged 75 to 84.⁵

3.) **High levels of unmet need exist among older adults.** Although effective treatment options are available, the mental health needs of many older adults go unmet. Seniors utilize mental health services less than any other age group.⁶ Researchers estimate that as many as 63 percent of adults aged 65 years and older are not receiving appropriate services.⁷

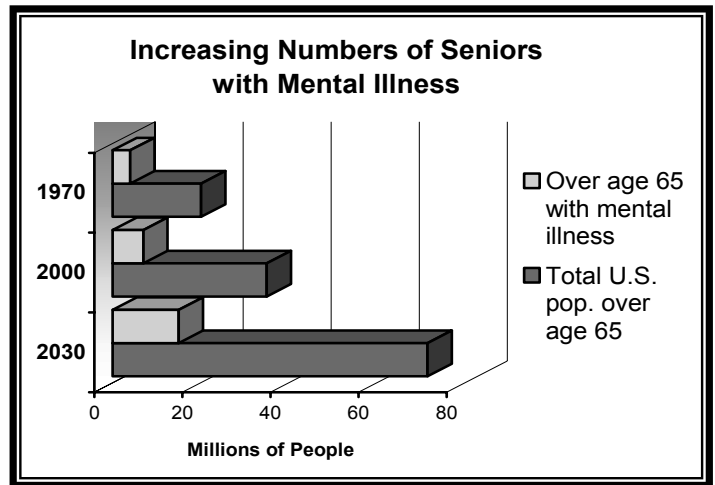


Figure 1. Increasing number of seniors with mental illness. Sources: U.S. Census Bureau, 2000. Archives of General Psychiatry, 1999.

4.) **The number of older adults with mental illness is increasing.** People 65 years of age and older are the fastest growing segment of the U.S. population. Between 2000 and 2030, America's older adult population is expected to double, growing to 70 million. As the number of older adults grows, so too will the number of seniors with mental health disorders (see Figure 1). Between 2000 and 2030, the number of older adults age 65 and older with mental disorders is expected to double, reaching 15 million.⁸

As a result of these critical factors, practitioners and policymakers alike are searching for new ways to safeguard the mental health of older adults. Devising effective strategies first requires an understanding of the current barriers to receiving adequate help.

BARRIERS TO CARE

Access to mental health care is complex, shaped by a host of systemic, economic, societal and psychological factors. A number of obstacles may prevent seniors from receiving adequate treatment for their mental health problems, including:

- **Limited program availability**

Very few programs are designed to meet the unique mental health needs of older adults. Indeed, even in places with extensive human service networks such as New York City, there are no geriatric mental health services in many communities.

- **Limited access to existing services**

Even when services are available, seniors often face unique barriers to utilizing them. Lack of transportation presents obstacles for many, as does a lack of culturally and linguistically appropriate services. Still others are not aware of the services available to them, and how to pay for these services.

- **Economic constraints**

The costs associated with utilizing mental health services are prohibitive for many older adults. While Medicare provides insurance for seniors, its mental health benefit is very limited, covering just 50 percent of the Medicare-approved fee-for-service (in contrast to the 80 percent covered for physical health). Many seniors are unable to afford the 50 percent co-payment, especially in a high-cost environment like New York City. Finally, many private mental health practitioners do not accept Medicare, further restricting access.

- **Fragmented service sectors**

The mental health and aging service sectors have traditionally operated distinct from one another, each with expertise in either helping people with mental illness *or* caring for older adults. This divide allows many seniors with poor mental health to “fall through the cracks.”

**BY THE NUMBERS:
GERIATRIC MENTAL HEALTH IN NYC**

- In 2004, nearly 9 percent of New Yorkers age 65 and above reported that poor mental health kept them from doing their usual activities such as self-care, work, or recreation for between 7 and 30 days in the previous month.
- Mental illness is highly correlated with poor physical health, poverty and social isolation. These risk factors affect a significant portion of New York City's older adult population age 65 and above:
 - *Approximately 14.2 percent were at serious risk for social isolation in 2002-2003. A quarter of this at-risk group reported psychological distress.*
 - *20.3 percent live in poverty versus 9.9 percent of seniors nationwide (2005).*
 - *In 2000, nearly half reported having some kind of disability. More than 26 percent had conditions that restricted their ability to leave their homes.*

Figure 2. A snapshot of mental health among older adults in New York City.
Sources: U.S. Census Bureau: Census 2000; American Community Survey, 2005. New York City Department of Health and Mental Hygiene: Community Health Survey 2004; Report: “Seniors at Risk for Social Isolation, 2002-2003.”

- **Staff limitations**

Older adults have unique mental health needs. However, very few practitioners receive specialized training in geriatric mental health. As a result, many older adults suffer, as their treatable conditions go unrecognized or are ineffectively treated. In addition, there is a shortage of culturally and linguistically appropriate services to respond to the diverse populations of New York's older adults.

OBSTACLES PREVENTING SENIORS' ACCESS TO CARE

- Limited program availability
- Limited access to existing services
- Economic constraints
- Fragmented service sectors
- Staff limitations
- Perceived stigma
- Ageism

• ***Perceived stigma***

The perceived stigma associated with mental illness is a barrier that disproportionately affects older adults.⁹ Many seniors believe that other people will judge them negatively, and discriminate against them if they use mental health services.

• ***Ageism***

American society often equates growing older with deterioration and decline. Many people mistakenly believe that depression and anxiety are natural parts of aging. As a result, the families and friends of older adults often accept the signs and symptoms of depression and anxiety in their loved ones, rather than seeking help.

New approaches to overcoming these multiple barriers are now being developed.

AN EMERGING LANDSCAPE

To increase utilization and improve outcomes among older adults, mental health service delivery systems have been rapidly evolving. Outdated and poorly targeted modes of care are being replaced by new and innovative approaches designed to meet the unique needs of the geriatric population. As one researcher declared in 1998, a new

“landscape for aging” is emerging.^a Central to this process is a shift toward an expanded continuum of care, a diversity of community based service settings, and greater integration of the mental health and aging service systems. The components of this new landscape are outlined below.

• ***Expanded continuum of care***

The new landscape recognizes a broad array of acceptable treatment options that reaches beyond traditional mental health interventions (such as psychotherapy and medication) to include prevention and mental health promotion activities (such as counseling with community based social workers and informal support groups). While traditional interventions remain critical for many older adults, supplementary approaches are increasingly necessary to meet the varied needs and preferences of seniors.

Policymakers, program planners, and practitioners are increasingly focused on preventing mental disorders by intervening *before* clients' circumstances reach crisis level, often resulting in costly medical emergencies or institutionalization. This approach minimizes the suffering of older adults, as well as reduces the costs associated with more intensive services.

Early intervention is also critical to help older adults cope with stressful life events and avoid depression. Support services that provide opportunities for meaningful social interaction, and tools for coping with stressful life events (such as the threat of eviction or the death of a loved one) are increasingly seen as essential components of mental health service provision for older adults.

^a Gene Cohen of George Washington University's Center on Aging, Health and Humanities coined this term, which refers to the shift to community based settings for mental health service delivery, and greater integration among the sectors providing services to older adults.

The growing attention to prevention and early intervention reflects an emerging public health approach to mental health service provision for all people, including older adults. Such an approach demands help for those at risk of developing preventable conditions, not just those who have already developed them.

- ***Shift toward community settings***

The option of receiving care at home or in informal community settings is increasingly important. The overwhelming majority of older adults wish to remain living in their homes and neighborhoods as they age; they want to avoid nursing home placement and hospitalization for as long as possible.¹⁰ A wide array of supportive services (such as assistance with transportation, meals, and disease prevention and management) is essential to allow “aging in place.” Fortunately, recent years have seen an increased recognition of the need for home- and community based care. Growing fiscal constraints and new legal regulations are hastening this change.

In 1999, a Supreme Court ruling affirmed the rights of individuals with disabilities (many of whom are seniors) to live and receive services in “the most integrated setting appropriate.”¹¹ Instead of being confined to nursing homes to receive intensive care, additional services and supports must be made available in residential and community settings.^b

Most policymakers have welcomed this shift to the community as a way to reduce costs, as

^b In July 1999, the Supreme Court issued the *Olmstead v. L.C. and E.W.* decision, which challenges federal, state, and local governments to develop more opportunities for individuals with disabilities to access community based services. The *Olmstead* decision interpreted Title II of the Americans with Disabilities Act (ADA), requiring States to administer their services, programs, and activities “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.”

**COMPONENTS OF “THE NEW
LANDSCAPE” FOR GERIATRIC
MENTAL HEALTH**

- *Expanded continuum of care* – treatment options reach beyond traditional mental health interventions.
- *Shift toward community settings* – services are often provided in informal, non-clinical places of comfort.
- *Greater integration of service systems* – seamless transitions for clients between the mental health and aging service sectors.

well as provide better care. Federal and local governments pay for much of the health care utilized by seniors through Medicaid and Medicare. In New York City, for example, only 19 percent of seniors over age 65 had private insurance in 2004; the vast majority (73.5 percent) relied on Medicare and Medicaid for their primary health coverage.¹² Expensive nursing home care accounts for a significant portion of Medicare and Medicaid expenditures. Because most older Americans institutionalized as a result of serious mental illness reside in nursing homes,¹³ mental health promotion and early intervention among older adults in the community may reduce nursing home placement and its associated costs.

- ***Greater integration of service systems***

The shift to home and community based care requires greater collaboration between the mental health and aging service sectors that have traditionally operated independently of one another. Many older adults utilize programs within the aging services sector, such as senior centers and Meals on Wheels, which are effective in forging long-standing relationships with clients and meeting the basic needs of seniors for nutrition and social

contact. Most providers in this sector, however, have had little training in geriatric mental health.

Similarly, as noted earlier, very few mental health practitioners have received specialized training in geriatrics. In addition, many may not be open to the non-traditional modes of care preferred by many seniors (such as socialization or counseling, instead of medication). As a result, many older adults who are connected with these service systems are not receiving appropriate care for their treatable mental health conditions.

Neighborhood based social service providers are ideally situated to bridge this divide between sectors. They not only serve as the “eyes and ears” that can locate, pre-screen and refer clients with mental health concerns to appropriate resources, they also deliver critical services, such as case management, that form the basis for good mental health. Known and trusted community agency personnel provide the support necessary for seniors to accept referrals for more intensive mental health services and to adhere to resulting treatment plans.

PROMISING PRACTICES IN NEW YORK CITY

- **Social Adult Day Care**
- **Healthy Encounters Pilot Program** (NYC Department for the Aging with New York Service Program for Older People and The Spanish Speaking Elderly Council-RAICES)
- **Depression Screening Pilot Project** (NYC Department of Health and Mental Hygiene in partnership with the NYC Department for the Aging and the Mental Health Association of New York City)
- **Strengthening Neighborhood Based Programs for the Elderly** (United Neighborhood Houses of New York with support from The Starr Foundation)

PROMISING PRACTICES

In New York City, a number of innovative approaches consistent with this “new landscape” have been piloted or implemented in recent years, including:

- ***Social Adult Day Care***

Social adult day care programs provide social and recreational activities for high-need seniors in group settings. Program participants usually do not need medical attention during the day, but may need daytime supervision for safety, while their caregivers are at work or otherwise engaged. Many of these programs serve seniors suffering from Alzheimer’s disease and other forms of dementia. These programs offer vital respite to caregivers and provide the appropriate level of support to seniors, helping to prevent or postpone costly institutionalization.

- ***Healthy Encounters Pilot Program***

In 2004, the New York City Department for the Aging (DFTA) initiated a pilot to co-locate mental health services at senior center sites. Through a partnership with DFTA, two nonprofit organizations – New York Service Program for Older People (SPOP) and The Spanish Speaking Elderly Council-RAICES – began offering social work hours in senior centers to increase access to mental health care.

- ***Depression Screening Pilot Project***

An effort to specifically address depression among older adults was launched by the City in January 2006, as a partnership between DFTA, the Department of Health and Mental Hygiene, and the Mental Health Association of New York City. Initially, the pilot program offered free depression screenings to older adults in

selected DFTA-funded senior centers in the Bronx, and to homebound seniors in the South Bronx. The program is now operating citywide. Seniors are referred to their primary care physician or a mental health professional for help on the basis of this screening.^c

• ***Strengthening Neighborhood Based Programs for the Elderly Initiative***

In 2004, with the support of The Starr Foundation, United Neighborhood Houses (UNH) launched a multi-site Initiative, which builds upon the experience of previous pilot programs.

The programs, operated by eight UNH member organizations,^d utilize a combination of prevention, mental health promotion, early intervention, and treatment strategies. While each program is designed to meet the unique needs of its local community, they all:

- ◆ utilize methods that lessen perceived stigma among clients;
- ◆ rely on a trust-building approach that maximizes the relationship between client and staff to meet the overall needs of each senior;
- ◆ operate in “non-traditional” settings such as senior centers;

- ◆ work to create seamless client transitions between the aging and mental health service sectors; and
- ◆ emphasize prevention as well as treatment of mental illness.

By overcoming many of the barriers to connecting older adults with mental health services, this initiative has opened the door to improved mental health for large numbers of older adults who might not otherwise be helped. Preliminary client outcomes suggest that the programs have decreased the sense of social isolation and increased the utilization of mental health treatment among older adults. A promising replicable program model is emerging through this work; UNH will disseminate these findings and expand the program in the coming months.

MOVING FORWARD

While innovative program models are now being developed to increase access and offer more preventive and community based care for seniors, the fragmented service systems and their funding streams have not kept pace. Many regulatory barriers threaten the sustainability of these programs.

For example, neither Medicare nor Medicaid covers the costs of:

- community based support groups – a preferred treatment option for many older adults;
- transportation to services – essential for many frail seniors who are seeking care at clinics;
- socialization activities – an important component of preventive care; or
- supportive services that often meet the concrete needs of seniors (such as economic security) before mental health issues can be broached.

^c The program includes two additional components: care managers, who follow up with clients who have received referrals to treatment, and training for primary care physicians. While client identification is an important step in linking older adults with appropriate mental health care, the program has faced challenges in helping clients make and maintain these connections. Program planners are working to overcome these challenges.

^d Citizens Advice Bureau, Chinese-American Planning Council, Henry Street Settlement, Hudson Guild, Lenox Hill Neighborhood House, Stanley M. Isaacs Neighborhood Center, Sunnyside Community Services, University Settlement Society.

These are integral program components that prevent the emergence of mental health concerns in some seniors, lessen the stigma often associated with seeking help, and when needed, foster access to the more intensive mental health services that are reimbursable by Medicaid and Medicare.

Recent developments suggest that policymakers recognize these shortcomings. In 2006, Congress reauthorized the federal Older Americans' Act, which included a new provision to support states and localities as they develop and test model mental health delivery systems that utilize evidence-based protocols to prevent, identify and treat mental disorders in older adults.

In 2005, New York State passed the Geriatric Mental Health Act. Its passage reflects recognition of the need for innovation in meeting the unique mental health needs of older adults. The Act included \$2 million in funding for program demonstration grants designed to identify and pilot new approaches to geriatric mental health care. One focus of the initial round of grants for this program was the identification of at-risk older adults in the community who are not connected to the service delivery system.

In New York City, \$1.17 million was allocated in the Fiscal Year 2006 New York City budget for a Geriatric Mental Health Initiative, the first of its kind for the City. This Initiative, which was increased to \$1.67 million in the Fiscal Year 2007 City budget, and \$2.6 million in the Fiscal Year 2008 City budget, enhances the capacity of programs to provide a range of mental health promotion, prevention, early intervention and treatment options in a variety of "normative" settings – such as senior centers, religious institutions, and homeless prevention programs. These settings are key to overcoming the perceived stigma that many older adults associate with services at mental health clinics or hospitals.

While this progress is encouraging, much work remains. The following policy recommendations will strengthen and expand community based geriatric mental health services in New York.

POLICY RECOMMENDATIONS

1.) Expand City and State Funding for Geriatric Mental Health Services

New York City's Geriatric Mental Health Initiative has provided invaluable support to programs offering critical social and preventive services that are not currently reimbursable by Medicaid or Medicare. In the City's Fiscal Year 2007, 16 organizations throughout the City received funding. In Fiscal Year 2008, the Initiative will be expanded to include approximately ten additional sites. In the next City budget, this Initiative should be "baselined" (i.e. officially designated to automatically reappear in subsequent budget planning).

New York State recently established a funding stream that allows new and innovative program models to be designed and tested. Allocating additional funding in the State budget would allow for the expansion of geriatric mental health services throughout the State. In addition to funding more clinical treatment options for seniors, some of this additional funding should be used to support the essential work of community based organizations, some of which do not currently hold contracts with the State Office for Mental Health. Their work makes it possible for seniors in their programs to access clinical services and avoid more intensive interventions.

2.) Create a Mayoral Interagency Council on Aging

To promote interagency collaboration on issues of importance to the City's older population, a formal Mayoral Interagency Coordinating Council on Aging should be initiated. Similar in function to the existing Interagency Coordinating Councils on Youth and on Homelessness, this Council would work to improve service delivery to seniors by various City agencies, not all of which typically view their work as relevant to aging. This would include the Department for the Aging, Department of Health and Mental Hygiene, Department of Consumer Affairs, Department of Finance, Human Resources Administration, Office of Emergency Management, the Department of Cultural Affairs and the Police and Fire Departments.

The Mayoral Interagency Coordinating Council on Aging, chaired by a representative from the Mayor's Office, could lead the formation of an integrated, comprehensive plan to respond to the current and future mental health needs of New York City's senior population.

3.) Seek Sustainable Solutions

Program models that emphasize early intervention and prevention and provide services at points along the continuum of care must be developed and supported in meaningful and sustainable ways.

The process for obtaining a satellite license from the State's Office of Mental Health must be streamlined to allow additional providers to offer services in community based settings. This licensure is critical, as it allows mental health professionals to practice in non-clinical sites frequented by seniors, offer

POLICY RECOMMENDATIONS

- 1.) Expand City and State Funding for Geriatric Mental Health Services
- 2.) Create a Mayoral Interagency Council on Aging
- 3.) Seek Sustainable Solutions

intensive services in places of comfort, and be reimbursed through Medicare or Medicaid. It would also be beneficial to grant licensure to organizations *generally* rather than for a *particular site*, as is currently the case. Such a change would allow organizations to provide services in a variety of settings.

Financial support for staff training and professional development in geriatric mental health must also be established and sustained. Many staff in the aging service sector are unfamiliar with mental health issues, and many mental health professionals have limited knowledge of geriatric mental health issues. Ongoing training will ensure that the workforce is equipped to identify and respond to the mental health needs of older adults.

Other opportunities should also be sought to help innovative community program models thrive. For example, the State's Department of Health is now working to propose a new home and community based Medicaid waiver to the federal Department of Health and Human Services. If approved, this waiver would allow new types of programs and services to be eligible for Medicaid reimbursement in New York State. Community based services that facilitate seniors' access to clinical mental health services, such as comprehensive case management for older adults, should be included.

Ensuring quality of life for older adults in New York requires the protection and enhancement of their mental health. Promising new program models are now being developed to help seniors thrive and to remain in their homes and neighborhoods for as long as possible. The landscape is changing for the better, but it requires the support of policymakers. Now is the time to act.

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United Neighborhood Houses of New York (UNH) promotes and strengthens the neighborhood-based, multi-service approach to improving the lives of New Yorkers in need and the communities in which they live. A membership organization rooted in the history and values of the settlement house movement, UNH supports its members through policy development, advocacy and capacity-building activities.

UNH Members

- Boys and Girls Harbor
- CAMBA
- Center for Family Life in Sunset Park
- Chinese-American Planning Council
- Citizens Advice Bureau
- Claremont Neighborhood Centers
- Cypress Hills Local Development Corporation
- East Side House Settlement
- Educational Alliance
- Goddard Riverside Community Center
- Grand Street Settlement
- Greenwich House
- Hamilton-Madison House
- Hartley House
- Henry Street Settlement
- Hudson Guild
- Jacob A. Riis Neighborhood Settlement House
- Kingsbridge Heights Community Center
- Lenox Hill Neighborhood House
- Lincoln Square Neighborhood Center
- Mosholu Montefiore Community Center
- Queens Community House
- Riverdale Neighborhood House
- SCAN New York - LaGuardia Memorial House
- School Settlement Association
- Shorefront YM - YWHA of Brighton-Manhattan Beach
- Southeast Bronx Neighborhood Centers
- St. Matthew's and St. Timothy's Neighborhood Center
- St. Nicholas Neighborhood Preservation Corporation
- Stanley M. Isaacs Neighborhood Center
- Sunnyside Community Services
- Third Street Music School Settlement
- Union Settlement Association
- United Community Centers
- University Settlement Society