



TESTIMONY

Presented by

**Donna M. Corrado, PhD
Commissioner**

on

FY 2017 Preliminary Budget

before the

**New York City Council
Committee on Aging & Subcommittee on Senior Centers**

on

**Friday, March 4, 2016
10:00 A.M.**

at

**Council Chambers, City Hall
New York, NY 10007**

Good morning, Chairperson Chin, Chairperson Vallone and members of the Aging Committee. I am Donna Corrado, Commissioner of the New York City Department for the Aging (DFTA). I am joined today by Joy Wang, Associate Commissioner for Budget and Fiscal Operations, to discuss DFTA's Preliminary Budget for Fiscal Year 2017.

OVERVIEW

Under the de Blasio Administration, more than \$30 million of additional funding was baselined in DFTA's budget. The baselined funding increases were allocated toward core DFTA services, including congregate meals, home delivered meals and case management. New initiatives, such as the expansion of DFTA's Grandparent Resource Center program to provide outreach in 15 New York City Housing Authority developments, which are the focus of the Mayor's Action Plan for Neighborhood Safety, also resulted in additional baselined funding.

In FY '16, the Administration added \$3.2 million to DFTA's baseline budget as part of ThriveNYC, Mayor de Blasio and First Lady McCray's plan of action to guide the City toward a more effective and holistic system to support the mental well-being of New Yorkers. This funding will provide geriatric mental health services in senior centers and combat social isolation experienced by homebound seniors through a friendly visiting program. Furthermore, DFTA is pleased to have increased its investment in elder abuse services citywide from \$800,000 to \$4.3 million this year. This unprecedented investment will allow for the deployment of multidisciplinary teams citywide to address the most complex elder abuse cases. We are grateful to the Administration and the Council for their support of these efforts to serve some of our most vulnerable seniors.

The FY '17 Preliminary Budget projects \$279.7 million in funding. The budget includes allocations of \$121 million to support senior centers, \$36 million for home delivered meals, \$24 million for case management services, \$18 million to support home care for homebound seniors who are not Medicaid eligible, \$6.5 million for NORC programs, \$4 million for caregiver support services, \$3.2 million for ThriveNYC geriatric mental health initiatives, and \$4.3 million for elder abuse services.

We applaud Chairperson Chin, Chairperson Vallone and the members of the Aging Committee, together with Speaker Mark-Viverito and Finance Chairperson Ferreras-Copeland, for securing more than \$30 million in Council funding for senior services in FY '16. Important initiatives, such as expanding Naturally Occurring Retirement Community (NORC) programs, supporting senior center needs, addressing the case management waitlist, enriching senior center programs serving immigrant populations, providing services to LGBT seniors in every borough, increasing arts opportunities for senior center participants, and enhancing elder abuse services were all made possible because of your efforts and your partnership with the Administration to support these important programs.

FY 2016 AGENCY INITIATIVES

Expanding Case Management, Home Delivered Meals & Home Care

Reducing high case management caseloads has been a priority for DFTA. The additional \$2.6 million for case management services this fiscal year helped bring caseloads down to 60 per case manager. Previously, caseloads were nearly 80 per case manager. In FY '16, the Administration added baseline funding of \$1.8 million to expand the capacity of the home delivered meals network by five percent. This funding led to 200,000 additional home delivered meals for seniors in need. Also, DFTA utilized additional funding of \$4.3 million to address the waiting list for DFTA's home care program. At the end of FY '15, DFTA case management agencies reported 316 clients on the waiting list for DFTA funded home care services. After a concerted effort on behalf of community providers to enroll new clients and to expand hours for existing home care clients, there is no longer any waiting list for home care services. This has been a great accomplishment considering the process to refer clients for home care is comprehensive and time-intensive.

Implementing ThriveNYC Geriatric Mental Health Initiatives

As I referenced earlier, Mayor de Blasio and First Lady McCray released *ThriveNYC: A Mental Health Roadmap for All* last year. ThriveNYC includes two initiatives that focus on geriatric mental health. One initiative is to embed mental health practitioners in up to 25 senior centers. These mental health professionals will assist senior center members with issues ranging from depression and anxiety to highly disruptive behaviors. DFTA staff are developing the three-year

pilot, which will be released this fall. DFTA's budget includes \$1.4 million annually for the geriatric mental health in senior centers initiative. In addition, DFTA is investing \$1.8 million to reduce social isolation and enhance vital social connections, as well as to help identify possible social, health and mental health needs, which require a higher level of intervention. With this funding, DFTA will establish a Friendly Visiting program within case management agencies. Through the Friendly Visiting program, a case management client who is socially isolated would be paired with a trained volunteer who will visit the client for an hour at least twice per month. The home visits will be supplemented with a weekly phone call by the volunteer. These regular home visits will provide meaningful social contact and identify possible issues requiring follow up.

Partnering with New York City Health + Hospitals on OneCity Health

One key State Medicaid Redesign effort is known as the Delivery System Reform Incentive Program or DSRIP. DFTA has been actively engaged in planning efforts with New York City Health + Hospitals (HHC) on their DSRIP initiative, known as OneCity Health, with the goal to reduce hospitalizations and improve population health outcomes. It is DFTA's objective to become an integral part of HHC's network of safety net providers via evidence based health programming, care transition initiatives and other supportive services. The initial focus on achieving linkages with HHC through DSRIP is the establishment of a care transitions program at several HHC hospitals. Through this program, DFTA funded providers will work with hospital staff to identify patients about to be discharged who could benefit from post-discharge assistance and support from DFTA providers. Such assistance includes ensuring the patient is taking prescribed medications, following through on medical appointments and living safely at home. HHC and DFTA have signed a Management Services Agreement to commence this work together, and we expect to implement a care transitions program later this year.

Broadening Transportation Options for Seniors

DFTA received a three-year grant totaling \$1.8 million from the Federal Transit Administration to provide application based on-demand transportation services for seniors and people with disabilities in high-need areas. The membership based services will use mobile technology to facilitate point-to-point trips in real time, similar to e-hail, through a smart phone application or

through a 24/7 dispatcher service. The service will guarantee round-trip availability and users will have several options for requesting a ride from any location in the target area to any other point in New York City. Rides will be provided by commercial transportation services employing their own drivers. The Mayor's Office for People with Disabilities is a program partner for this grant and we are consulting with the New York City Department of Transportation on various program elements.

Launching SU-CASA

As you know, SU-CASA is a community arts engagement program sponsored by the Council, DFTA and the New York City Department of Cultural Affairs. We thank the Council for the \$1 million discretionary allocation in FY '16, which supported this program. Through the SU-CASA initiative, artists and non-profit arts organizations are placed in residence at senior centers across the five boroughs to provide arts programming for older adults. Artistic partners work in a wide variety of disciplines, including music, theater, dance, poetry, ceramics, photography, writing, and many more. Each SU-CASA program engages participating seniors in an art project or a series of cultural programs throughout the course of a six-month residency. Each residency also includes a culminating public program component at the senior center, such as exhibits, readings, performances, open houses, and other cultural interactions open to the surrounding community. Continuing in the tradition of the highly successful Seniors Partnering with Artists Citywide program, SU-CASA greatly expanded arts opportunities for seniors. In FY '16, 102 artists and arts organizations were placed in senior centers, which is more than double the number of placements last year. We look forward to continuing this successful partnership with the Council and the New York City Department of Cultural Affairs in the coming years.

Developing Elder Abuse Awareness & NY Connects Advertising Campaigns

DFTA is developing bus and subway advertising campaigns to increase elder abuse awareness and to promote the NY Connects system. The elder abuse awareness campaign will focus on how all New Yorkers can recognize the physical, emotional, mental, and financial signs of elder abuse and report these incidents to 911, 311, DFTA, or elder abuse services providers. The subway and bus advertisements will be placed throughout the public transportation system from April 18th through May 22nd of this year. NY Connects: Choices for Long Term Care is a statewide system that

provides comprehensive information on long term care services and supports regardless of age, income, disability, or diagnosis. DFTA has oversight and monitoring responsibility as the Local Administrative Agency for NY Connects in New York City. The NY Connects advertising campaign will highlight the population served by the system, the types of services provided and how to contact the program. We expect the bus and subway advertising for NY Connects to run in July and again in October of this year. For both campaigns, posters will also be placed in 25 bus shelter panels and 25 kiosk panels citywide.

Supporting Affordable Senior Housing

Seniors represent the fastest growing segment of New York City's population, and increasing the supply of affordable housing for seniors will become ever more important. The Mayor's *Housing New York* five-borough, ten-year strategy includes a plan for more than 1,500 affordable senior units. To support senior housing nationally, President Obama's budget proposal for federal FY '17 allocates a total of \$505 million – an increase of \$72.3 million or 16 percent – for the Section 202 Housing for the Elderly program. The Section 202 program provides funding to create and support housing for very low-income seniors, and is currently the only federal program that expressly addresses the great demand for affordable senior housing.

Increasing Services for Immigrant Seniors

Central to DFTA's mission is to meet the broad and wide-ranging needs of New York City's large and diverse older adult population. Of the approximately 1.4 million older New Yorkers, more than 750,000 or 55 percent are immigrants. For 45 percent of New York City's ethnically diverse seniors, English is not the primary language. Immigrant seniors also comprise 65 percent of all seniors living in poverty. To ensure all seniors have access to the comprehensive array of services and opportunities within our network, we have required all DFTA sponsored programs to submit Language Access Plans. We are also grateful to the Council for funding senior center services targeting immigrant older adults. This funding assisted overutilized DFTA sponsored senior centers serving large immigrant populations, such as Hamilton-Madison House City Hall Senior Center in Lower Manhattan and Neighborhood Self-Help by Older Persons Project Casa Boricua Senior Center in the Bronx. In addition, non-DFTA sponsored senior center providers serving emerging immigrant populations received funding through this initiative, including India Home,

Homecrest Community Services, Brooklyn Chinese-American Association, and the Council of Peoples Organization.

CONCLUSION

Thank you for this opportunity to testify about DFTA's Preliminary Budget for FY '17. I look forward to continuing the partnership with the City Council in these efforts. I am pleased to answer any questions you may have.



Chinatown Neighborhood NORC
7 Mott Street
New York, NY 10013

Testimony for the City Council Committee on Aging: Preliminary Budget Hearing
March 4, 2016
Presented by Rhonda Soberman
Manager of Program Development
Visiting Nurse Service of New York

We would like to thank Margaret Chin, Committee Chair on Aging and Committee Members: Karen Koslowitz, Deborah L. Rose, Chaim M. Deutsch, Mark Treyger and Paul A. Vallone for giving us an opportunity to speak at this aging committee meeting to discuss the upcoming budget for aging services. My name is Rhonda Soberman and I am speaking today on behalf of The Chinatown NNORC, a Neighborhood Naturally Occurring Retirement Community Supportive Service Programs (NNORC-SSP) that has been sponsored by the Visiting Nurse Service of New York since its inception in 2006.

Once again we wish to thank the City Council for its affirmative action last year in allocating needed funding for our NNORC and other NORCs and NNORCs throughout the city. We thank you for your vision and understanding of the needs of the growing senior population in NYC and for realizing that NNORC/NORC programs are a viable strategy in addressing those needs.

The Chinatown NNORC covers a discrete territory, 24 blocks in the Chinatown area that houses almost 2,000 low income immigrant seniors. We have reached over 1,100 seniors in our service area. This community, considered extremely low income by HUD standards, has "aged in" over the last 50 years: 62% of our members are over 75 and 25% over 85 years of age. Of those members surveyed in 2014, 71% have a grade school or less education and 12% have no education at all; 75% do not speak English and of those who do, 22% do not speak it well. Most speak only Cantonese. Further, 84% cannot read or write English and 14% cannot read or write Chinese.

Navigating the health and social service world is a major challenge for our members who come to the Chinatown NNORC to receive social services, non-reimbursable health care, education, recreational activities and participate in support groups. NNORCs provide social work case management, case assistance and recreational services aimed at promoting successful aging in place for the healthy senior, as well as those who require help and assistance. Additional requirements by NYSOFA regarding staffing requirements for NNORC nursing has stretched the budget enormously. However, we view NNORC nursing as a critical service, especially for our community with poor language skills and low literacy. The NNORC nurse is a bridge for seniors to understand how the complicated health care system works, provide access to needed care, promote healthy aging and wellness and educate seniors on the appropriate use of health care



services. All these efforts are aimed at reducing emergency room care and avoidable hospitalizations while increasing positive health outcomes and resident satisfaction.

The NNORCs interdisciplinary approach, a tenet of the NNORC model, where social workers and nurses work collaboratively on resident health and wellness, is critical to successful community living. The inclusion of community residents as volunteers and members of numerous advisory committees, provides residents with a voice and keeps them engaged in this important community program that is focused on their social and health needs, as well as their future aspirations toward healthy aging in place. Program services are centered around the needs of our seniors, and take place in our Chinatown office at 7 Mott Street, or in the comfort of their home.

The Chinatown NNORC has been most successful in organizing the Chinatown health and social service providers and the residents themselves. Partnering with VNSNY are, University Settlement, Chinese American Planning Council, Chinese Consolidated Benevolent Association, NY Presbyterian Downtown Hospital, NYU Nursing and Social Work Schools, Mount Sinai Beth Israel Hospital, The Alzheimer's Association, Confucius-Manning Pharmacy, Charles B Wang Health Center, NY Legal Assistance Group, NY Foundation for Senior Citizens, among others. Several task forces were formed to address community needs: The Advanced Directives Task Force has completed hundreds of health care proxies; the Colon Health Task Force has worked with the NYC Dept. of Health and our community health partners to increase colonoscopies; seniors and younger residents of the community have become active volunteers helping neighbors. Intergenerational programs have formed to break down stereotypes. Most importantly, the community knows where to turn for help. Originally when the program began, the residents turned to neighbors and friends for information; now they come to the Chinatown NNORC. It is no surprise that when Super Storm Sandy devastated lower Manhattan, VNSNY, the Chinatown NNORC and its partners quickly mobilized to provide assistance and support to the greater Chinese community. Today, we are focused the development of a mental health task force to better address the cultural needs of our seniors around this critical health issue, and working with our partners to address it.

The current funding level consists of a grant from the New York State Office for the Aging, which has been reduced several times since 2006 due to State budget cuts. We also receive City Council Discretionary funds as well as time-limited foundation funds. Many foundation grants are not accessible to us due to our inability to substantiate sustainability without their continued funding. The residents in this community are unable to financially contribute to the program. Needless to say, costs of providing services has increased and the need for services have also increased as the program gained the trust of the community residents. Today's funding does not allow us to staff the program in a way that can address the current and the increasing daily needs of the senior population in this community. For example, we need an additional 2.7 FTE's, that equals an additional \$127,348, to be at what we believe should be the minimum staffing levels.



The funds you have previously allocated were essential in supporting our efforts to serve those low income immigrant seniors residing within our Chinatown service area. The lack of consistent and ongoing dedicated funding of these important programs present our organization and our NORC/NNORC colleagues with tremendous challenges in maintaining a viable program. Our seniors increasingly count on us, but we cannot count on our funding!

We strongly believe that NNORCs are an effective strategy toward stabilizing the health and well-being of residents in immigrant and aging communities and urge you to consider and advocate for increased and sustainable funding by:

- Advocating for the Inclusion of NNORC-SSP funding as part of the regular NYC NORC-SSP funding to ensure its continuance for years to come.
- Increasing the base of this funding. This would allow for adequate funds to pay for the health, social services and educational/recreational services and community development provided by the programs to the ever increasing numbers of residents they serve in NNORC communities.
- Expansion of the funding to allow for the development of new NNORC-SSPs, particularly in immigrant, low income, and high risk communities.

We hope that the Council recognizes that by making Neighborhood NORC funding a permanent part of the City NORC-SSP funding, it will provide the necessary assurance that will allow for the development of partnerships, programs and services to continue to thrive. We thank you again for your consideration of support and assistance for the NNORC/NORC program.



LOCAL INITIATIVES SUPPORT CORPORATION – NEW YORK CITY
501 Seventh Avenue 7th Floor, New York, NY 10018

**Testimony before
New York City Council Committee on Aging
& Subcommittee on Senior Centers**

Communities for Healthy Food Program

March 4, 2016

Thank you Chair Chin and members of the Committee on Aging for the opportunity to testify on the FY17 Preliminary Budget. My name is Bonnie Nesbitt, I am a Community Development Officer for the Local Initiative Support Corporation's New York City program. I am submitting this written testimony on behalf of LISC New York City.

About LISC NYC

LISC equips struggling communities with the capital, strategy, and know-how to become good places to work, to do business, and raise children. Working with local stakeholders we invest in housing, health, education, public safety, and job creation. During the last 30 years, we have worked with community based organizations to address local challenges and incubate new solutions. In New York City alone, LISC and its affiliates have invested over \$2 billion—leveraging over \$5 billion for low- and moderate-income communities resulting in over 36,000 units of affordable housing and over 2 million square feet of retail and community space. As part of this housing work, we have supported the development and rehabilitation of hundreds of senior apartments directly and through our affiliate, the National Equity Fund (NEF).

Overview of the Communities for Healthy Food Program

LISC New York City asks for the Council's support for additional discretionary funding for our Communities for Healthy Food program which we believe is a powerful tool to address food insecurity faced by many seniors. During City Fiscal Year 2016, Communities for Healthy Food received \$500,000 from the City Council to deliver services in the Mt. Eden section of the Bronx, West Harlem, Cypress Hills/East New York, and Bedford-Stuyvesant. For City Fiscal Year 2017, we request additional discretionary funds in the amount of \$1.3 million to heighten program impacts in these neighborhoods and to expand into the Hunts Point/Longwood section of the Bronx and the Far Rockaway section of Queens.

The Communities for Healthy Food program is an innovative place-based initiative that integrates access to healthy, affordable food in underserved neighborhoods across New York City, where residents have higher rates of diet-related diseases like obesity and diabetes, high levels of poverty, chronic unemployment, long-term reliance on public assistance like SNAP benefits, and low levels of fruit and vegetable consumption.

LISC New York City has partnered with several community based organizations in this program with deep roots in their neighborhoods, who own and manage affordable housing and commercial spaces, and deliver an array of social and economic development services.

Our community partners include Cypress Hills Local Development Corporation (Cypress Hills), Northeast Brooklyn Housing Development Corporation (NEBHDCo), West Harlem Group Assistance (WHGA), New Settlement Apartments (New Settlement), Banana Kelly Community Improvement Association (Banana Kelly), and the Ocean Bay Community Development Corporation (Ocean Bay). These program partners in turn work with resident groups as well as citywide organizations such as City Harvest, Just Food, and Corbin Hill Farms to deliver a set of bundled services that includes neighborhood outreach, nutrition education, cooking classes, the improvement or creation healthy food outlets such as food hubs and pantries, and the fostering of food-sector jobs.

Seniors Face Food Insecurity in New York City

Seniors remain a vulnerable population in New York City –especially as it relates to poverty, food access, and mobility. According to the NYC Department of the Aging’s (DFTA) Annual Plan Summary released in September 2014, New York City’s older adults experienced an increase in poverty from 16.5% to 19.1% between 1990 and 2012. Social Security benefits – averaging to about \$15K annually for a retired single-adult – are often insufficient to cover the high cost of living in New York City. This means less money to pay rent and less money pay for food.

The Annual Plan Summary states that as of 2012, more than one in three New York City residents aged 50 to 64 (35%) experienced difficulty affording food – a 40% percent increase since 2003. According to the City’s Food Metrics Report for 2015, many seniors in New York City do not receive the food assistance they are eligible to receive such as the Supplemental Nutrition Assistance Program (SNAP). Contributing to this lack of enrollment are language barriers, technology access, and mobility issues. In regards to mobility, the American Community Survey’s 5-Year estimates for 2010-2014 indicate that 27% of noninstitutionalized seniors have some kind of ambulatory difficulty making it difficult for them to shop for food. Though DFTA and the Human Resources Administration (HRA) have worked effectively to target needy seniors and increase SNAP enrollment by as much as 17%, much more work is needed to reduce food access challenges faced by seniors.

Stronger Infrastructure for Healthy Food in Underserved Neighborhoods

We believe that the Communities for Healthy Food program is strengthening the food infrastructure system across our catchment neighborhoods positively impacting both families and seniors. Since program implementation began in 2014, the following resources and units of service have been deployed across our target neighborhoods, with roughly one-third of program participants being seniors:

1. Provided over 750,000 pounds of emergency food for close to 50,000 food pantry clients;
2. Connected directly with almost 15,000 residents through neighborhood outreach and awareness campaigns;
3. Enrolled 1,350 households in the Supplemental Nutrition Assistance Program (SNAP);
4. Created 10 new farmers markets, farm shares, and gardens;
5. Trained close to 1,300 residents on healthy food resources, basic nutrition, and gardening skills;
6. Held program activities for over 13,000 neighborhoods residents including nutrition, classes, urban farming, grocery store tours, and culinary training workshops; and

7. Trained 72 neighborhood residents to become Community Chefs.

The program has created hundreds of opportunities for interactive, intergenerational learning between seniors and youth. Through activities such as nutrition and culinary education, urban agriculture workshops, and collaborative cooking demonstrations, seniors have realized health benefits as well as improved their social and physical well-being.

A comprehensive evaluation of Communities for Healthy Food has been underway with the CUNY Institute for Urban Food Policy (previously the NYC Food Policy Center) to assess the value-add of local, community based organizations embedding healthy food strategies into their comprehensive work; to determine if multiple interventions in one targeted area are achieving expected results; whether the interventions will collectively lead to changes in food behaviors and food environments; and whether improved health among community residents can be demonstrated. We expect initial results of this evaluation later in 2016.

Creating New Models of Placed-Based Initiatives

As a result of the Communities for Healthy Food program, several of our community based organizations have had the opportunity to embed healthy food strategies into their traditional models of placed-based community development.

NEBHDCo is part of the Aging Improvement District (AID) consortium in Bedford-Stuyvesant established to create and support initiatives that enhance the lives of seniors. Their healthy food work is now incorporated into their AID work. Both NEBHDCo and WHGA developed underutilized commercial spaces in each of their organizations' housing portfolios to open supermarket style client-choice food pantries as part of larger community hub spaces, co-located with wrap around services such as SNAP enrollment. With large senior populations in both Bedford-Stuyvesant and West Harlem, the co-location of benefits has immensely benefitted seniors.

Cypress Hills partnered with the New York City Health and Hospitals Corporation (HHC) East New York Diagnostic and Treatment Center (ENYDTC) to open the Pitkin Verde Farmer's Market outside of their health center. The ENYDTC provides families with nutrition education classes and "prescriptions" for them to eat more fruits and vegetables. Patients then receive Health Bucks that can be used at farmers markets throughout the city. The market also provides employment opportunities to residents, including positions for youth employees to operate and run the market and get trained as Community Chefs.

In summary, we believe that \$1.3 Million in City Council funding will allow Communities for Healthy Food to expand the program's reach to more low-income families and seniors, so that they have the tools they need to create healthier lives and build demand for healthy food. Over time, community-based organizations, city departments, and funders will realize a stronger infrastructure for healthy food in underserved neighborhoods.

Thank you for the opportunity to testify

March 4, 2016

Contact: Bonnie Nesbitt, Community Development Officer, LISC NYC 212-455-9350



Selfhelp Community Services, Inc.
520 Eighth Avenue
New York, New York 10018
212.971.7600
www.selfhelp.net

**Testimony from Selfhelp Community Services, Inc.
New York City Council Finance and Aging Committees
FY17 Preliminary Budget Hearing
March 4th, 2016**

My name is Sandy Myers and I am the Director of Government and External Relations at Selfhelp Community Services. Thank you to Finance Chair Julissa Ferreras-Copeland, Aging Committee Chair Margaret Chin, Senior Centers Subcommittee Chair Paul Vallone and the members of the committees for the opportunity to testify today on the FY17 Preliminary Budget.

Selfhelp was founded in 1936 to help those fleeing Nazi Germany maintain their independence and dignity as they struggled to forge new lives in America. Today, Selfhelp has grown into one of the largest and most respected not-for-profit human service agencies in the New York metropolitan area, with 26 sites throughout Manhattan, Brooklyn, Queens, the Bronx, and Nassau County. We provides a broad set of services to more than 20,000 elderly, frail, and vulnerable New Yorkers each year, while remaining the largest provider of comprehensive services to Holocaust survivors in North America. Selfhelp offers a complete network of community-based home care, social service, and senior housing programs with the overarching goal of helping clients to live with dignity and independence and avoid institutionalization.

Our services are extensive and include: specialized programs for Holocaust Survivors; ten affordable senior housing complexes; four Naturally Occurring Retirement Community (NORC) programs; three intensive case management programs; five senior centers including one of New York City's first Innovative Senior Centers; home health care; client centered technology programs including the Selfhelp's nationally recognized Virtual Senior Center; court-appointed guardianship; the Selfhelp Alzheimer's Resource Program (SHARP); and New York Connects, which provides seniors and people with disabilities with the information and support they need to remain living independently in their own homes.

We are grateful for the Council's ongoing support for so many important senior programs and for always keeping the needs of this population in mind when considering policies and funding priorities. However, we are concerned that the Mayor's preliminary budget only includes an additional \$5.3 million for DFTA funded programs. This includes \$3.5 million in elder abuse funding and \$1.8 million for a friendly visiting program as part of ThriveNYC, the City's mental health plan. This is also in addition to the \$1.4 million which is slated to support mental health workers at 20-25 of our City's largest senior centers. We are eager for the implementation of this program. However, funding was not included for case

management, home care, meals, social adult day care and other core programs, which will result in waitlists for many clients and a strain on senior programs.

Today I will focus on a few of Selfhelp's priorities that we hope that Council will highlight over the next few months and in budget negotiations.

Holocaust Survivors

Last year, the City Council funded the Holocaust Survivor Initiative with the leadership of Council Members Espinal, Greenfield and Levine as well as the support of the Jewish Caucus. We are urging the City Council to renew and expand this initiative to allow us to continue to serve this population, with a particular focus on the 30,000 survivors in NYC who live at or below the poverty line.

We have over 200 survivors on a waitlist in Brooklyn that we are trying to address with the FY16 City Council initiative grant. Additional funds in FY17 will help not only continue to address this population of survivors in Brooklyn, but also allow us to begin to reach out to similar low income survivors in all the other boroughs we cover – Manhattan (NYC and Washington Heights), Bronx (including Riverdale), and Queens. Additionally, this increased funding will allow us to fund and expand our Financial Management Unit (FMU) which consist of a pre-guardianship and guardianship program exclusively for Holocaust survivors. Funding will allow us to assist the most vulnerable and isolated survivors, often with no family, and unable to manage their daily affairs due to physical, mental, or cognitive issues. The FMU program is the only one in the nation providing such services exclusively to Holocaust Survivors. Additional funding would help support and expand that program.

Case Management

We are grateful for the Council's additional allocations for case management over the past two fiscal years. This funding allowed providers to both lower the caseload to 65 clients to 1 social worker and serve people who have been on the waitlist. This investment has been critical to helping us provide higher quality of service. However, our main concern is the lack of funding to pay adequate salaries for our social work staff. It is very challenging to hire and retain staff because the salaries are so low due to inadequate funding. We are aware that there is compensation disparity between case management staff and other HRA/DSS social work categories. As a result, we have high turnover, which negatively impacts the clients. We urge the Council to continue to invest in this program with an allocation that will help case management providers attract and retain high-quality staff.

Senior Centers

Our five senior centers in Queens serve over 10,000 people a year, and are some of the largest and most active centers around the City, serving hundreds of meals a day and providing a robust calendar of activities. Senior centers are the cornerstone of community-based services for older adults, and centers help thousands of older adults to access food, recreational activities, and other social supports each day.

Our older clients, and especially those that don't drive, depend on City-funded transportation to get to and from the center. However, due to the high demand, we would like the Council and DFTA to explore additional transportation options that will give seniors independence and flexibility in getting to and from their local centers. Additionally, we would benefit from additional funding for staff. We also want to be sure that the budget restores and baselines the \$1.1 million for space costs for senior centers. Costs for senior centers across the City continue to rise, and assistance is needed for programs that are spending a growing portion of their budget on rent.

Housing

Older New Yorkers are the fastest growing demographic in New York City and will comprise an estimated 1.84 million residents by 2030. However, our City's capacity to accommodate them in appropriate housing is severely limited. About one in five older New Yorkers live in poverty (below \$11,170/year) with many living on a fixed income. A report by the Citizens Budget Commission found that single seniors are the most severely rent burdened – 32% pay more than half of their income in rent.

We know firsthand from our clients that housing is a major concern. The shortage of appropriate and affordable housing for seniors has created a waitlist for our housing of approximately 4,000 individuals, and an unfathomable waiting time of up to 11 years. With the insufficient supply of affordable senior housing, many older adults must stay in homes that are unsafe or unsuitable for their needs. This includes living on upper floors of non-elevator buildings, in large apartments that are difficult to maintain, or in spaces too small to accommodate a wheelchair or walker – all contributing to physical and psychological health and safety concerns. The situation is further complicated by an understandable desire to remain in the community they have called home, often for many years.

Selfhelp urges the City Council to approve the Zoning for Quality and Affordability Amendment. This zoning text change would greatly enable non-profit housing developers such as Selfhelp to build more housing to meet the need as well as better use under-utilized parking lots to provide community amenities such as senior centers, health clinics or community gardens. As a longstanding nonprofit organization in New York City, we are sensitive to the negative impacts of shortsighted development and committed to maintaining the long-term affordability of senior housing. We firmly believe that properly planned affordable senior housing will add to, and strengthen the character of communities throughout the city. Additionally, non-profit developers who have experience and expertise in providing health and social services should be part of the affordable housing solution. For low-income tenants, the development of bricks and mortar should be connected with knowledgeable service providers that can ensure community engagement and integration.

As this process moves toward the finish line, we urge the City Council and other decision makers to keep the needs of seniors in mind and the benefits of having accessible, culturally-competent services and high-quality affordable housing for the fastest growing segment of New York City's population.

Mental Health

While the Mayor and First Lady's ThriveNYC plan makes great progress on an important issue, we are disappointed and surprised to see limited attention to the needs of seniors in the plan. We are very aware of the need for more mental health services among our clients and always work to ensure that they are connected to high quality services if and when needed. We are proud to partner with Samuel Field Y's Community Advisory Program for the Elderly (CAPE). CAPE is a community mental health clinic of the Samuel Field Y serving individuals age 50 and over. CAPE's services include psychiatric evaluations and treatment, as well as individual, marital, group and family therapy for both clinic and homebound adults. CAPE has a registered nurse to provide clinic based and homebound health monitoring services. CAPE also has peer advocates to provide telephone support to isolated, homebound individuals. In addition, CAPE has a wheelchair accessible van to assist those who need transportation to and from clinic appointments. To make psychiatric and psychotherapeutic services more accessible, CAPE has three satellite clinics, including our Clearview Senior Center in Bayside.

With high copayments associated with Medicare and other insurances, it is very difficult for seniors, many of whom are living on fixed incomes and savings, to afford the appropriate medical and mental health treatment. As a result CAPE offers a sliding scale to make mental health services available, but this poses a financial challenge the clinic. Also, approximately 30% are CAPE clients are homebound. This creates a further financial challenge to the clinic since homebound services are not adequately reimbursed by insurances (for example, Medicaid does not currently pay for homebound psychotherapy and psychiatric services for adults.)

In our experience, offering a full array of comprehensive services reduces hospitalization rates. In Fiscal Year 2015, for the 510 unduplicated clients served at CAPE, there were only 9 psychiatric hospitalizations and 39 medical hospitalizations.

Unfortunately, the current infrastructure to serve this population lacks the ability to meet the full need. In the City's own RFP, "Decreasing Depression and Increasing Social Connectedness Among NYC's Older Adults", they note that about 15-20% of U.S. residents aged 65 and older experience depressive symptoms. Additionally, the RFP states that homebound older adults are more likely to suffer from depression when compared to their mobile peers, and most homebound seniors prefer psychotherapy to pharmacotherapy. The RFP states "referring homebound older adults to specialty mental health services rarely succeeds due to inaccessibility, shortage of geriatric mental health providers and cost."

We know that early identification of mental health conditions is critical to treatment, and that is especially true for seniors who are homebound or less likely to seek services. This population needs access to mental health services, provided by trained professionals, in accessible settings such as senior centers, Naturally Occurring Retirement Communities (NORCs), or in the home.

As the aging population grows, so too does the number of homebound elders who are at a high risk of depression. Social isolation is one of the most serious issues affecting the elders of our community. Selfhelp's Virtual Senior Center is one program which has been proven to effectively and profoundly

impact this problem. We know that this intervention changes the lives of those of are afforded the opportunity to participate in it. We are grateful for the Council's support last year and hope to be able to grow this program city-wide with additional support.

Caregiving

We were very excited for the Speaker's announcement in her State of the City about caregiving, and for the recent introduction of Intro 1081. We know that the adult children of our clients and especially those with dementia play a critical role in keeping them healthy and safe, in coordination with our expert professional staff. We look forward to learning more about the legislation and urge the Council to prioritize this issue support the Speaker's plan, which includes an assessment of the City's caregiver population, including demographics and the amount of care they provide; an analysis of whether they are being reached by the City's existing caregiver support programs; and discussions of how cross-agency collaboration can address the needs of caregivers of both seniors and non-senior adults with disabilities. DFTA will receive input from informal caregivers, service providers, academic experts, and others to make recommendations on how programs and services can be improved to effectively serve and support the City's caregivers. We specifically look forward to focusing on the needs of caregivers caring for individuals with Alzheimer's and other memory-related impairments and promoting the use of technology to best support the individuals doing such compassionate work for our City's elders.

Conclusion

Thank you for the opportunity to testify today. On behalf of the 20,000 clients we serve, I am grateful for the Council's support on so many important programs.

**New York City Council
FY17 Aging Committee Budget Hearing
Council Member Margaret Chin, Chair
March 4, 2016**

Testimony of Bobbie Sackman, Director of Public Policy, LiveOn NY

LiveOn NY and its members across the city are dedicated to making New York a better place to age. Founded in 1979, with a membership base of more than 100 organizations ranging from individual community-based centers to large multi-service organizations, LiveOn NY is recognized as a leader in aging. LiveOn NY's membership serves over 300,000 older New Yorkers annually and is comprised of organizations providing an array of community based services including elder abuse prevention and victims' services, case management for homebound seniors, multi-service senior centers, congregate and home-delivered meals, affordable senior housing with services, caregiver support services, mental health, transportation, NORCs and other services intended to support older New Yorkers. LiveOn NY connects resources, advocates for positive change, and builds, supports and fosters innovation. Our goal is to help all New Yorkers age with confidence, grace and vitality. LiveOn NY also advocates for meaningful policy that promotes livable communities and allows older adults to safely age in place.

LiveOn NY thanks Council Margaret Chin, Chair, Committee on Aging, and Council Member Paul Vallone, Chair, Subcommittee on Senior Centers for their leadership.

LiveOn NY appreciates the opportunity to testify today. Please see our FY17 attached budget priorities totaling \$34.3 million for Department for the Aging (DFTA) funded services. Each of these programs included is a critical piece of the continuum of services needed to allow older adults to remain in their homes and communities and to also support family caregivers. LiveOn NY documented that over 200,000 older New Yorkers are waiting an average of 7 years for an affordable apartment. It is many of these same seniors that are waiting for social services to support them in the community as they age.

LiveOn NY is grateful for City Council's FY16 allocation of additional funding last year including case management, home care, elder abuse, NORCs, adult day services, 6th congregate meals, senior center rent and transportation.

LiveOn NY also appreciates the de Blasio Administration's allocation of \$1.4 million funding for mental health services in senior centers in the FY16 budget and \$1.8 million in the FY17 preliminary budget for friendly visiting services as part of ThriveNYC. However, to date, it is our understanding, none of \$1.4 million allocated in FY16 for senior centers has been spent. LiveOn NY welcomes the discussion of how to continue to address the mental health needs of older New Yorkers by including older adults in parts of the ThriveNYC plan where they aren't currently targeted.

LiveOn NY also applauds the de Blasio Administration for baselining \$2.8 million for elder abuse services and for the first time, funding the Multi-Disciplinary Teams (MDT) model at \$1.5 million.

That being said, there is still a rising unmet need for community based services for older New Yorkers. The Preliminary Budget added little new funding to the Department for the Aging's budget. A large amount of funding was not baselined, and funding was not included for case management, home care, congregate and

home-delivered meal costs, adult day services and other core programs. This will lead to waiting lists for some services.

LiveOn NY's FAIR SHARE BUDGET CAMPAIGN – City funding for aging services does not reflect a fair share based on the rapidly growing older adult population, supports needed to allow them to age well in their homes and communities, and support for family caregivers. According to Webster, the definition of “progressive” is change, improvement or reform as opposed to maintaining things as they are on a political level, and on the community level, progressing towards better conditions for its residents. Given waiting lists for services and chronically underfunded services and salaries, it is clear that the city's aging policy has work to do to be more progressive on behalf of older New Yorkers.

The \$34.3 million budget priorities for FY17 reflect community supports for all older New Yorkers addressing:

- ✓ Senior nutrition/anti-hunger programs
- ✓ Affordable senior housing supports
- ✓ Economic security - access to benefits
- ✓ Elder abuse
- ✓ Social isolation
- ✓ Supporting family caregivers
- ✓ Culturally competent neighborhood based services

FY17 budget priorities

- ✓ **Case Management - \$3 million (new money)** – It is troubling that the Mayor's preliminary budget did not baseline case management and home care funds. Without baselining, it is difficult to hire case management staff. This leads to higher waiting lists and huge staff turnover. Additional funding is needed to ensure that caseloads don't go higher than 65. Funding is also needed to serve frail, homebound seniors on waiting lists so that a social worker is available to visit them at home, assess their needs and provide ongoing services. MSW compensation level needs to be funded to ensure there is a professionally trained social worker who can work with immigrant and diverse populations and complex situations. Funding should allow agencies to hire supervisors, who both oversee hundreds of cases and carry a partial caseload. Funding growing need and agency infrastructure are cornerstones to strengthening the case management system citywide. **To that end, LiveOn NY would also like to move forward a campaign on securing compensation parity for the Case Management system. Please see attached sheet for more details.**
- ✓ **Per meal reimbursement – \$3.3 million** – would add 25 cents more per meal plus additional funds for kosher home-delivered meals.
- ✓ **NORCS - \$4 million** – Thank you for funding NORCs at \$2.5 million for NORCs to fund NORC programs that weren't able to apply for DFTA's RFP, plus some additional neighborhood NORCs. Please fund \$4.0 million to maintain and grow existing NORCs.
- ✓ **Elder Abuse Victims Assistance - \$3.0 million** – Last year, both City Council and the Administration recognized the hidden crisis of elder abuse by allocating funding. City Council continued funding for pilot programs to four organizations that work with domestic violence in immigrant communities. This funding should be renewed to allow these services and the new pilot to continue. Through the DFTA RFP, the administration added \$2 million for elder abuse victims assistance, which was baselined. Four

organizations were awarded 3-year contracts that began July 1, 2015.

- ✓ **Adult Day Services - \$2.3 million** – Given the demographics of who is aging in NYC, calling for a system of universal adult day care through the neighborhoods of NYC is good public policy. Seniors with Alzheimer's/dementia or other disabilities would benefit from being in a safe and therapeutic environment during the day. This would allow adult daughters, sons and spouses to remain in the workforce and take care of other parts of their life. While \$2.3 million wouldn't fund a universal system, it would at least get us back to where we were 7-8 years ago. Imagine how far behind the city is. Funding subsidizes the older adults to be able to attend the program on a regular basis. Original funding was at \$2.3 million. We appreciate that City Council allocated \$950,000, but this money was not baselined. \$2.3 million would allow social adult day care to come back to its original funding level and meet growing need. **Access to affordable elder care is the workforce issue of the 21st century, especially for women.**
- ✓ **6th weekend congregate meal - \$600,000** – Thank you to City Council for the funding in FY16 to reinstate this program which was eliminated under the former administration. Senior centers across the city have opted in to provide one additional takeaway meal on Fridays for the weekend. Please continue this funding.
- ✓ **Senior center rent (space) - \$1.1 million** – This funding is for senior centers paying more than 20% of their budget in rent. Please continue this funding.
- ✓ **Transportation - \$2 million** – We are asking for \$2 million to bring transportation up to the original \$4million level.
- ✓ **Innovative Senior Centers in Immigrant Communities - \$2 million** – There are currently 16 funded Innovative Senior Centers (ISCs) citywide serving a variety of communities. About 25% of them operate in communities with heavy immigrant populations. The remainder serve immigrants, but the participants are not predominantly immigrants. The original ISC proposal developed by LiveOn NY included targeting underserved populations such as immigrants.
- ✓ **Caregiver supports and respite - \$3 million** – Establish city funding to support caregivers. **Access to affordable elder care and support for caregivers are the workforce issues, especially for women, of the 21st century.** Caregivers statewide provide \$32 billion of free care to loved ones. Workplace flexibility and caregiver supports go hand in hand. We need to end “secret caregiving” where thousands of women have to juggle work and caregiving responsibilities.
- ✓ **ESL/Citizenship Classes at senior centers - \$1 million** – Re-establish the ESL/Citizenship program eliminated in 2003. Learning in English allows elderly immigrants to engage in their local community and receive services. It brings them out of isolation and into a peer community. This could also include cultural competency training.
- ✓ **Social workers in senior centers and Section 202/affordable senior buildings - \$9 million** – Senior centers and senior buildings are on the frontlines of serving thousands of elderly immigrants and other diverse populations citywide. Developing broad access to social work services will help older adults receive benefits, address grief and counseling issues, social isolation, crisis intervention and other issues that is culturally competent. MSW compensation level needs to be funded to ensure there is a professionally trained social worker who can work with immigrant and diverse populations. \$8 million could fund half of the neighborhood senior centers. \$1 million would fund social workers/service coordinators in Section 202 buildings/affordable senior buildings to pilot the efficacy of having service coordinators. An evaluation would be included to document the cost savings to the city that senior

housing with services would bring. In order to hire and retain social workers, these funds must be baselined. This would support Mayor de Blasio's affordable housing plan by including supportive services as seniors age in place. Mayor de Blasio announced he would provide 10,000 affordable senior housing apartments. LiveOn NY's waiting list survey has documented over 200,000 low income seniors waiting an average of 7 years for an apartment.

For more detailed information, please see the following attachments:

- ✓ Budget Priorities Chart
- ✓ Case Management Waitlist Chart
- ✓ Compensation Parity for Case Managers Funding through NYC Department for the Aging document
- ✓ Affordable Senior Housing Waitlist Information

LiveOn NY looks forward to working with City Council and the administration to ensure that older New Yorkers can remain in their homes and communities through a network of support services designed to meet the needs of a diverse and rapidly growing older adult population. Please contact Bobbie Sackman, Director of Public Policy, 212-398-6565 x226, bsackman@liveon-ny.org or Andrea Cianfrani, Deputy Director of Public Policy, x233, acianfrani@liveon-ny.org for further information.

FAIR SHARE CAMPAIGN FOR OLDER NEW YORKERS!

**AGE EQUALITY BUDGET: INVESTING IN COMMUNITY-BASED AGING SERVICES IS AN INVESTMENT IN NYC'S
DIVERSE ELDERLY COMMUNITIES
FY17 BUDGET PRIORITIES
FEBRUARY 8, 2016**

Community-based aging services funded through the Department for the Aging have been on the front lines of serving elderly immigrants and the diverse population of older New Yorkers for many years. Current resources do not allow senior services staff to connect with the broad array and ever changing immigrant groups and other diverse populations. The \$34.3 million budget priorities for FY17 reflect community support:

- ✓ Senior nutrition/anti-hunger programs
- ✓ Affordable senior housing supports
- ✓ Economic security - access to benefits
- ✓ Elder abuse
- ✓ Social isolation
- ✓ Supporting family caregivers
- ✓ Culturally competent neighborhood based services

SERVICES	FY16 Adopted Budget – July 2015 – June 2016	FY17 Mayor's Preliminary Budget – added funds	LiveOn NY FY17 Budget Priorities – additional funding
Case management	\$3.0 million	0	\$3.0 million
Per meal reimbursement	\$0	0	\$3.3 million
HMDL utilization capacity	\$1.8 million*	0	-
NORCs	\$3.8 million	0	\$4.0 million
Elder Abuse Victims Assistance	\$3.1 million	\$3.5 million*	\$3.0 million
Adult Day Services	\$950,000	0	\$2.3 million
Senior Center rent (space)	\$1.1 million	0	\$1.1 million
Transportation	\$660,000	0	\$2.0 million
6 th weekend congregate meal	\$600,000	0	\$600,000
Innovative Senior Centers – immigrant communities	\$0	0	\$2.0 million
ESL/Citizenship classes/cultural competency training in senior centers	\$0	0	\$1.0 million
Social workers in senior centers & senior buildings (service coordinator)	\$1.4 million- MH Services in sr centers* \$750,000-Services in housing for seniors from homeless shelters*	\$1.8 million * (friendly visiting – mental health roadmap)	\$9.0 million
Caregiver supports	\$0	0	\$3.0 million
TOTAL	\$16.5 million	\$5.3 million	\$34.3 million

*Baselined – rest of funding was NOT baselined (funded for one year only)

**COMPENSATION PARITY FOR CASE MANAGERS FUNDED THROUGH
THE NYC DEPARTMENT FOR THE AGING
MARCH 1, 2016**

It is our understanding that DHS is hiring social workers at a salary level of \$55,000. The Department for the Aging (DFTA) median case manager salary is only \$35,000 and \$48,000 for case management supervisors. Salaries have stagnated for a decade.

STAFF TURNOVER:

There are unsustainable structural problems within the case management program leading to large staff turnover rates:

- ✓ Low salaries
- ✓ One time funding which needs to be baselined
- ✓ No job security
- ✓ Lack of time to recruit and train staff
- ✓ This results in about 1 out of 5 budgeted positions remaining vacant.

**THE RESULT IS SUBSTANTIAL STAFF TURNOVER. FRAIL, HOMEBOUND SENIORS WAIT FOR SERVICES.
LACK OF SUPPORT FOR FAMILY CAREGIVERS. UNSUSTAINABLE. VALUE SENIORS.**

WORKFORCE TURNOVER – 33% leave within a year and 50% leave within two years :

- ✓ About one-third of case managers remain less than a year
 - ✓ About one-third of case management supervisors remain less than a year – these are more experienced professionals leaving the case management field.
 - ✓ Half of the case management workforce turn over every two years – both case managers and supervisors.
 - ✓ **It is impossible to recruit and retain MSWs which results in a lack of training and experience for a professional workforce to serve the rapidly growing older adult population in NYC.**
-

BUDGETED STAFF:

of case managers funded by DFTA baselined funds = 280

of case manager supervisors funded by DFTA baselined funds = 55

of case managers funded by City Council discretionary funds = 40

of case manager supervisors funded by City Council discretionary funds = 10

TOTAL

Case managers = 320

Case manager supervisors = 65

Average caseload = 65

CLOSING THE COMPENSATION DISPARITY GAP:

\$55,000 for case managers

\$65,000 for case manager supervisors

AVERAGE SALARY GAPS:

\$20,000 for case managers x 320 = \$6.4 million

\$17,000 for case manager supervisors x 65 = \$1.1 million

COST = \$7.5 million

FRINGE BENEFITS: 35% - 8-9% UIB/FICA (required) = \$2.7 million

INDIRECT: 10% Indirect, Health insurance supplement, OTPS = \$2 million

COST = \$4.7 million

TOTAL COST: \$12.2 million

For more information, please contact Bobbie Sackman, LiveOn NY, Director of Public Policy,
212-398-6565 x226 or bsackman@liveon-ny.org or Andrea Cianfrani, Deputy Director of Public Policy,
X 233 or acianfrani@liveon-ny.org

IMPACT OF INADEQUATE CASE MANAGEMENT FUNDING: Caseloads average a social worker for every 65 frail, homebound elderly clients. There are 1428 seniors on waiting lists. Average age of elders is 85+ with income averaging \$12,000-\$20,000. We are requesting \$3.3 million of new funding. Funding is used for social workers who need to be hired in a timely way at the beginning of the fiscal year or to retain case managers throughout the year. **Turnover rate is significant impacting waiting lists and service delivery capacity. Funding to employ MSW trained social workers to decrease caseloads capped at 60-65 and waiting lists is needed.**

Council Member (s)	Agency	% of Case Managers & Supervisors annual turnover rate	Waiting Lists Feb. 2016
Gentile, Treyger	Benson Ridge Senior Services	35%	53
Cumbo, Levin, Menchaca, Lander, Cornegy, Mealy, Eugene, Williams, Greenfield, Maisel	Heights and Hills	44%	213
Levine, Rodriguez, Dickens	Isabella	23%	0
Palma, Arroyo, Vacca, King	JASA Bronx	31%	0
Richards, Ulrich	JASA RCM	53%	0
Deutsch, Treyger	JASA Sheepshead Bay	33%	28
Deutsch, Treyger	JASA South Brooklyn	9%	7
Greenfield, Deutsch, Williams, Eugene, Maisel	JASA Storefront	41%	0
Matteo, Ignizio	JCC of Staten Island (CASC)	33%	126
Kallos, Mark-Viverito, Garodnick	Lenox Hill Neighborhood House	29%	106
Mark-Viverito, Arroyo, Torres, Gibson, Cabrera,	Neighborhood SHOPP	43%	131
Chin, Mendez, Johnson, Kallos, Garodnick, Rosenthal,	New York Foundation for Senior Citizens	45%	347
Koslowitz, Ferreras	Queens Community House	23%	3
Cohen, Cabrera, Torres, Rodriguez, King, Vacca	R.A.I.N.	59%	100
Levin, Reynoso, Cornegy, Mealy, Cumbo, Espinal	Ridgewood Bushwick Senior Citizens Council	0	0
Johnson, Rosenthal, Levine	Selfhelp Project Pilot	30%	23
Vallone, Koo	Selfhelp Queens North	38%	13
Lancman, Weprin, Miller	SNAP	40%	94
Ulrich, Miller	Southwest Queens Senior Services	12%	140
Barron, Espinal, Mealy, Cornegy, Maisel, Deutsch	Special Services	12%	0
Constantinides, Dromm, Van Bramer, Crowley	Sunnyside	26%	0
Rose	Volunteers of America (CASC)	29%	44
	Totals	32% avg	1428

Findings as of February 2016

For more information, please contact Bobbie Sackman 212- 398-6565 x226 or bsackman@liveon-ny.org or Andrea Cianfrani at 212-398-6565x233 or acianfrani@liveon-ny.org

Affordable Senior Housing Crisis!

Enactment of ZQA as proposed will allow NYC to move forward to build affordable senior housing.

111,000 LOW INCOME OLDER ADULTS LANGUISHING ON WAITING LISTS FOR SENIOR HOUSING AN AVERAGE OF **7 YEARS!**

Responses were received from 43% of the 277 Section 202 buildings in the five boroughs, projecting that waiting lists are over **200,000** low income seniors.

Senior Housing Waitlists by Council Member District for Affordable Senior Housing Buildings that responded to the LiveOn NY "Through the Roof" Waitlist Survey

March 1, 2016

Council Member District	Name	Total Number on Waitlists for all Buildings in District
1	Chin	4,622
2	Mendez	196
3	Johnson	1,366
4	Garodnick	*
5	Kallos	1,500
6	Rosenthal	2,427
7	Levine	2,000
8	Mark-Viverito	1,414
9	Dickens	2,098
10	Rodriguez	1,075
11	Cohen	500
12	King	2,170
13	Vacca	500
14	Cabrera	*
15	Torres	5,725
16	Gibson	*
17	Salamanca	*
18	Palma	574
19	Vallone	500
20	Koo	2,950
21	Ferreras	1036
22	Constantinides	19,850

Council Member District	Name	Total Number on Waitlists for all Buildings in District
23	Grodenschik	570
24	Lancman	*
25	Dromm	*
26	Van Bramer	1,925
27	Miller	*
28	Wills	637
29	Koslowitz	*
30	Crowley	*
31	Richards	6,000
32	Ulrich	*
33	Levin	692
34	Reynoso	8,570
35	Cumbo	5,220
36	Cornegy	500
37	Espinal	3,106
38	Menchaca	11,163
39	Lander	4,561
40	Eugene	1,496
41	Mealy	*
42	Barron	1,075
43	Gentile	1,108
44	Greenfield	2,918
45	Williams	*
46	Maisel	*
47	Treyger	2,402
48	Deutsch	3,406
49	Rose	*
50	Matteo	950
51	Borelli	*
Unknown district		4,110
TOTAL		110,912

**No response data available*

Enactment of ZQA as proposed will allow NYC to move forward to build affordable senior housing.

For more information, contact Bobbie Sackman, Director of Public Policy at bsackman@liveon-ny.org or 212-398-6565x226 or Andrea Cianfrani, Deputy Director of Public Policy at acianfrani@liveon-ny.org or 212-398-6565x233

FOR IMMEDIATE RELEASE

January 26, 2016

CONTACT: Bobbie Sackman
Director of Public Policy
917-690-2805
bsackman@liveon-ny.org

***“THROUGH THE ROOF - WAITING LISTS FOR SENIOR HOUSING” REPORTS
AN ASTOUNDING 102,000 LOW INCOME OLDER ADULTS LANGUISHING
ON WAITING LISTS FOR SENIOR HOUSING AN AVERAGE OF 7 YEARS!
AFFORDABLE SENIOR HOUSING CRISIS CALLS FOR ACTION!***

LiveOn NY’s survey of Section 202 senior housing buildings in New York City, *“Through the Roof - Waiting Lists for Senior Housing”*, documenting waiting lists at 119 buildings and an astounding 102,000 seniors waiting an average of 7 years and as long as ten years. Section 202 buildings were funded through the federal HUD agency. Responses were received from 43% of the 276 Section 202 buildings in the five boroughs, projecting that waiting lists are upwards of 200,000 low income seniors.

Borough	Number of 202 Properties Responded to Survey	Total Number of 202s in borough	Percentage of 202s Reporting	Total on waitlist
Brooklyn	42	85	49%	43,815
Bronx	18	78	23%	9,909
Manhattan	28	76	37%	15,684
Queens	25	29	86%	27,468
Staten Island	2	8	25%	950
Unknown borough	4			4,110
TOTAL ALL PROPERTIES	119	276	43%	101,936

LiveOn NY’s Affordable Senior Housing Coalition, comprised of the 25 leading NYC nonprofit senior housing providers, supports the passage of Mayor Bill de Blasio’s Zoning, Quality and Affordability (ZQA) amendments which would facilitate the building of senior housing. Older adults isolated in 4 story walk ups, or paying more than 50% of their income in rent, or living in substandard, unsafe apartments is not independence. Independence is living in affordable housing with supportive services and a community. At age 65, 70 or older, waiting up to ten years for housing, if it’s available at all, is much too long.

The diverse age 60+ population is the fastest growing segment of the city’s population. One out of five seniors live in poverty, with thousands more in near poverty. Upwards of 100,000

seniors spend more than 50% of their income on rent. Building affordable senior housing with services is a citywide imperative. ZQA would allow nonprofit housing providers to utilize parking lots attached to the Section 202 buildings, land they own, to build additional housing. LiveOn NY's report, "Paving the Way for New Senior Housing", identified 39 parking lots that were feasible for building an additional 2000 units and other community amenities such as a senior center on. Without the passage of ZQA as proposed by the administration, these lots will sit underutilized and undeveloped.

Bobbie Sackman, Director of Public Policy, LiveOn NY, states, "To say that the need for affordable housing for low income seniors is through the roof is an understatement. LiveOn NY supports Mayor de Blasio's ZQA plan because it would streamline the development process, make it more affordable to build, and make use of underutilized parking lots attached to senior buildings which are, by law, only for the building's residents. With an appalling 102,000 older New Yorkers documented on waiting lists averaging 7 years, it is obvious the city has a responsibility to pave the way to building more affordable housing. LiveOn NY looks to government and community leaders to allow ZQA as proposed to pass. Without the passage of ZQA, these lots will sit undeveloped. Land is gold in NYC and cannot sit unused."

"LiveOn NY's waitlist survey illustrates the tremendous need for affordable senior housing in New York City. Catholic Charities Brooklyn and Queens is the largest provider of affordable senior housing in New York City. Each day, we receive calls from seniors, pastors, family members, elected officials and concerned friends asking us how they can find affordable housing for a senior in desperate need," **said Msgr. Alfred LoPinto, Chief Executive Officer of Catholic Charities Brooklyn and Queens and affiliate agencies.** In fact, we have over 16,000 seniors on waitlists for our apartments; however, we do not have a single waitlist for parking. The City's proposed Zoning for Quality and Affordability text amendment is a practical solution to help us build more affordable apartments for seniors in need."

John Kaiteris, Executive Director/CEO, HANAC, states, "The recent waiting list survey produced by LiveOn NY, which is inclusive of HANAC's 350 units, demonstrates the acute need for quality affordable housing in Queens and the other four boroughs. The average wait time for a HANAC apartment averages over 7 years. For seniors, this is unacceptable and demonstrates the need to commit to the production, preservation and proper regulation of senior housing in an expeditious manner."

Stuart C. Kaplan, CEO, Selfhelp Community Services states, "This study formally acknowledges what we have seen in our programs for years. New Yorkers are living longer and the 60+ population is the fastest growing segment of our City. At the same time, the availability of affordable housing for seniors has not kept up with this growing demand. The numbers in this study are stark, and provide a call to action for our City leaders and housing developers to meet the need. Selfhelp supports the Zoning for Quality and Affordability Amendment and commends the leadership of Mayor deBlasio and his administration in proposing a critical step in meeting this need. I'd like to thank LiveOn NY for their work and leadership conducting this study."

"Affordable housing is key to helping New Yorkers age with dignity and independence in their own homes and communities, it is central to AARP's social mission work. AARP applauds LiveOnNY for showing just how widespread the lack of affordable housing is for city seniors. New Yorkers are plenty concerned about housing costs, as revealed in Live-OnNY's research and well documented in AARP's 2015 commissioned survey. That's why AARP fully supports the mayor's ZQA initiative to create more affordable housing and begin addressing this issue," **said AARP State Director Beth Finkel.**

"LiveOn NY's survey highlights the startling gap between our rapidly growing population of older adults and the supply of affordable senior housing and services. All seniors deserve to live independently and with dignity as they age, and the report makes it clear that many seniors will not have that opportunity unless we create more affordable senior housing," **said Judi Kende, Vice President and New York Market Leader of Enterprise Community Partners, Inc.** "We thank LiveOn NY for compiling this important data and hope that it will encourage support for policies like ZQA and more dedicated funding for senior housing."

"Living on fixed-incomes, seniors are hardest hit by escalating rents," said **Rachel Fee, New York Housing Conference Executive Director.** "We need more affordable housing options in New York. Adopting zoning changes proposed in ZQA can unlock underutilized lots to provide desperately needed senior housing, demonstrated by these telling survey results."

###



Real Possibilities in

New York City

**Testimony of
Leo Asen, AARP NY State President**

**New York City Council
Committee on Aging**

**FY 2017 Preliminary Budget Hearing
March 4, 2016**

**City Hall
New York, New York**

Contact: Chris Widelo (212) 407-3737 | cwidelo@aarp.org

INTRODUCTION

Good Morning Chairwoman Chin and members of the Aging Committee, my name is Leo Asen and I am the State President of AARP New York. On behalf of our 800,000 members age 50 and older in New York City, I want to thank you for the opportunity to talk about some important provisions in the Mayor's FY17 preliminary budget.

Elder Abuse Victims Assistance

Entrusting the care of a loved one to a stranger can be hard enough; imagine the nightmare if that person is a criminal. In New York City, it is reported that 120,000 older adults experience some form of abuse that goes unreported and the most common form is financial abuse and exploitation.

Every year, abuse and exploitation rob older Americans nationally of \$3 billion — and this is only the amount reported. When criminals take advantage of older persons by forging a signature or coercing them to sign a will, the impact goes far beyond the pocketbook and affects the physical and emotional health of the victim.

AARP applauds the Mayor and his administration for baselining previous funding in this year's budget and making an additional investment of \$1.5 million to establish citywide specialized teams that will address complex cases of elder abuse.

Adult Day Services

Family caregivers provide an invaluable resource in caring for their loved ones at home — many on call 24 hours a day, seven days a week. This labor of love is worth more than \$30 billion in unpaid care each year statewide. Thanks to family caregivers' commitment, millions of older people are able to live at home rather than in costly institutions, like nursing homes. While family caregivers wouldn't

have it any other way, it's a big job – and once in a while, they need a break. That's why respite care programs are so important.

Social adult day care is one such program that provides a supportive environment for older adults with Alzheimer's/dementia or physical disabilities. It gives that much needed break to family caregivers. Many of these family caregivers are working and raising families of their own.

Last year this program was funded at \$950,000. This funding was not baselined. AARP is requesting \$2.3 million of baselined funding for Social Adult Day Services in the FY 2017 City Budget to bring funding back to its original level and to meet the growing need of a rapidly aging population.

Case Management

AARP is requesting an additional \$3 million in baselined funding for case management. This funding will help social workers in NYC to maintain reasonable caseloads and ensure that our City's most frail, homebound seniors that are currently on waiting lists have access to a social worker. These social workers are needed to provide home visits to assess their needs and provide ongoing services. Funding should also allow agencies to hire supervisors, who both oversee hundreds of cases and carry a partial caseload.

In FY 2016 the City Council appropriated \$3 million but this funding needs to be baselined to ensure continuity from year-to-year.

Caregiver Support and Respite Care

As stated earlier, family caregivers are a vital part of the caregiving continuum. Statewide, 2.6 million family caregivers provide over \$30 billion of unpaid care to their loved ones.

AARP believes we must look for opportunities to support our family caregivers. As the Baby Boom Generation ages and the number of younger people proportionately decreases, more of us will need care, but there will be fewer family caregivers to provide it. Already, the number of caregivers in New York has grown to 32%, from 25% in the 1990s. A recent AARP report found that while there were 6.6 potential caregivers aged 45 to 64 for every person in the high-risk years of 80+ in New York in 2010, there will be just 4.8 in 2030, and only 3.5 in 2050.

85% of the care receivers are aged 75 or older and average 82.3 years of age. Of those with at least one health problem, Alzheimer's or another dementia was the most prevalent condition.

Lack of adequate support for caregivers can be costly not only to families and taxpayers, but to employers. A 2006 MetLife study found that nationally, businesses lose as much as \$33.6 billion annually in worker productivity because of employees' caregiving obligations.

AARP believes it is important to establish city funding to support caregivers. Providing supportive services for family caregivers is essential to the wellbeing of the caregiver and the person for whom care is provided. Supports include respite care, home care or a temporary placement, to allow the caregiver to take care of themselves.

AARP is requesting \$5 million in baselined funding in the FY 2017 budget to establish a program dedicated to caregiver supports and services.

NORCs

In a rapidly aging city, the NORC program is a proven model of successful aging-in-place through the coordination of health and other social services that keep our older adults thriving in their community. AARP believes that investments in

the NORC model are a sound investment for the City and asking the administration for an additional \$4 million in FY 2017 to fund NORC programs that weren't able to apply for DFTA's RFP, plus some additional neighborhood NORCs.

CONCLUSION

Chairwoman Chin and members of the Aging Committee, thank you for the opportunity to highlight a few of the many needs for NYC residents as they age. We strongly urge the Mayor and his administration to increase funding for aging related programs and services that support NYC's older residents.



FOR IMMEDIATE RELEASE:

Contacts: Bich Ha Pham, 347-524-5802,
Bichha@anatgerstein.com
Erik Kriss, 212-407-3796, ekriss@aarp.org,
ekriss@aarp.org

Friday, March 4, 2016

153,000 NYC Seniors in Poverty: AARP Seeks \$23M in DFTA Funding

*AARP testifies and delivers postcard messages at City Council hearing
urging Mayor, Council to adequately fund senior services*

NEW YORK, NY - Despite 153,000 seniors living in poverty and another year of city budget surpluses, the city's seniors are not seeing the level of funding support needed to adequately care for them today or in the future – especially as more Baby Boomers retire. Failing to adequately fund senior services may lead to waiting lists for some of these needed services.

AARP members attended a City Council hearing today on the Department for the Aging's (DFTA) budget to urge Mayor de Blasio to increase funding to \$23 million for Naturally Occurring Retirement Communities (NORCs), Caregiving, Case Management, Transportation, Elder Abuse services, and other essential programs.

AARP says these services help New Yorkers age with independence and dignity in their own homes – where most want to stay – while saving taxpayers money by helping older residents avoid moving to much more expensive and mostly taxpayer-funded institutional settings.

“We appreciate Mayor de Blasio funding and baselining the Elder Abuse program. However, more supports are needed for our vulnerable and impoverished aging residents,” said Beth Finkel, State Director for AARP in New York State. “The city budget reflects our city's values and how we respect our older adults. We urge the Mayor to increase senior services funding so that aging New Yorkers can continue to live and thrive in our city, and to continue providing their invaluable economic, cultural, volunteer and family contributions.”

At the hearing, an AARP member representative delivered messages from those in attendance to DFTA Commissioner Donna Corrado urging the Mayor to ensure sufficient funding for services.

New York City's 65+ population is projected to increase by over 36% from 2010 to 2030. In addition to adequately funding senior services now, the city must plan for how it will meet the needs of this booming population in the future.

Follow us on Twitter: [@AARPNY](#) and Facebook: [AARP New York](#)

AARP is a nonprofit, nonpartisan organization, with a membership of more than 37 million, that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse. We advocate for individuals in the marketplace by selecting products and services of high quality and value to carry the AARP name as well as help our members obtain discounts on a wide range of products, travel, and services. A trusted source for lifestyle tips, news and educational information, AARP produces AARP The Magazine, the world's largest circulation magazine; AARP Bulletin; www.aarp.org; AARP TV & Radio; AARP Books; and AARP en Español, a Spanish-language website addressing the interests and needs of Hispanics. AARP does not endorse candidates for public office or make contributions to political campaigns or candidates. AARP Foundation is an affiliated charity of AARP that is working to win back opportunity for struggling Americans 50+ by being a force for change on the most serious issues they face today: housing, hunger, income and isolation. AARP has staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Learn more at www.aarp.org.

####

**VISIONS/Services for the Blind and Visually Impaired
Blindline® Information and Referral System
Testimony for the City Council Committee on Aging
Friday March 4, 2016**

VISIONS/Services for the Blind and Visually Impaired is a 90 year-old nonprofit rehabilitation and social service organization that assists people of all ages with blindness and severe vision loss to lead independent lives in their homes and communities. Services include vision rehabilitation therapy and mobility training, social services and counseling, vocational training and job development, community education, group activities with a focus on health and wellness, technology training, adapted senior center and caregiver support. VISIONS also created Blindline® with the American Foundation for the Blind and maintains it with funding from the NY City Council.

There are over 200,000 blind people in New York City (American Community Survey 3-Year estimates 2015), a 42% increase over the past ten years. The majority of people who are blind are older adults over 65 -- their numbers growing dramatically with the aging of the baby boomers -- with dramatic growth in the number of blind children with other disabilities as low birth weight and babies with rare diseases survive.

There is a broad array of services provided which positively impact the quality of life for blind New Yorkers. Businesses and tech companies offer products or services specifically for people who are blind. Government benefits target this population, as do many nonprofits. However, it is difficult for people who are blind or their families and unpaid caregivers, to find and access this information.

In 2004, VISIONS created the Blindline® Information and Referral system as a centralized repository for information and services for blind New Yorkers and their family, friends and professionals that serve them.

Blindline® has a toll-free Call Center 1-888-625-1616 and an Internet website www.blindline.org. The Call Center operates Monday through Friday from 9:00 AM to 5:00 PM.

Blindline® is also a vocational training program for blind information specialists. The practical experience leads to careers in information and referral services, human resources management, IT Support Desk, and Customer Service. Three Blindline® trainees obtained paid employment this year.

Last year, the Blindline® Call Center received 2,392 calls to the toll-free number, an increase of 10% from the previous year. The website received nearly 23,000 page visits. The number of active records in the Blindline® searchable database has increased from 1883 to 2277, a 21% improvement.

The most frequent inquiry has been and remains “affordable housing resources in the New York City area.” Information on “assistive product manufacturers” is another highly accessed service. A vast number of products are “accessible” such as Apple’s IOS devices and Google’s “android” tablets and smart phones, as well as retailers who specialize in assistive products and third-party software for persons with vision loss.

Visitors find Blindline® through other “referring domains” including Google, Bing and Yahoo indicating a growing web presence and more users being directed to Blindline.org through other websites. Beginning in 2015, Blindline included direct links to the City Council and council members.

Blindline® began with support from foundations including The New York Community Trust, Lavelle Fund for the Blind and American Express, and with large investments from VISIONS. Foundation support has ended, leaving VISIONS to fund the entire project alone. The current annual budget for Blindline® is \$175,000.

In FY 2015, The City Council honored VISIONS with \$50,000 Citywide funding for Blindline®, which was followed in 2016. For 2017, VISIONS is requesting \$100,000 from the City Council to provide ongoing support for Blindline® for this year. Council funding would cover supervision, training, system upgrades, computer and software purchases and equipment

For more information contact Michael Cush, VISIONS Senior Director of Workforce Development and Blindline® at 212-625-1616 ext. 139 mcush@visionsvcb.org

VISIONS 500 Greenwich Street Suite 302 New York, New York 10013



Moishe Hellman Mel Zachter
CO-PRESIDENTS

David Mandel
CHIEF EXECUTIVE OFFICER

OSTER CARE BAIS EZRA MENTAL HEALTH LIFETIME CARE INSTITUTE FOR TRAINING CAMP KAYLIE

Ohel Children's Home and Family Services Geriatric Mental Health Initiative

City Council March 4, 2016

Speaker Melissa Mark Viverito and all the distinguished members of the New York City Council, good afternoon. My name is Harriet Blank. Thank you to the City Council and especially Councilman Andrew Cohen and the Committee on Mental Health for your ongoing support of the geriatric mental health initiative as well as Council Member Margaret Chen.

Ohel Children's Home and Family Services is a community based social service agency with a more than 40 year history of providing a broad range of mental health and social services. Our geriatric mental health initiative continues to serve seniors in a variety of physicians' offices. We were able to expand to new doctors' offices and provide mental health and depression screenings. We know that elderly patients often report to their physician physical symptoms which are actually masking mental health concerns that co occur with physical illness. Some elderly persons who are depressed, lonely or anxious may seek medical care for emotional support rather than seeking a mental health professional.

Ohel is currently partnered with over 21 medical offices that have a large geriatric base. These community physicians include primary care medicine and specialists. They've come to rely on the expertise that a mental health specialist brings to their practices. Ohel's well credentialed and creative geriatric specialists have appointment time in the office and can evaluate and screen patients for depression and other mental illnesses. The worker is able to provide short- term counseling, psycho education to the patient and family as well as valuable community linkages for continuity of care. The physician's office is familiar and comfortable for patient and family. The patient is able to connect with a respected and "safe " person who will help them link to other mental health professionals in the community and deal with their issues appropriately. The doctor's office decreases the stigma in obtaining mental health services and eases the patient's first step. Communication between the physician, mental health worker and patient/family is also easier when located in one office because it lessens the stress for a patient who is already involved with several offices. Patients can see their MD and social worker in one place, lessening the transportation burden. The mental health worker is able to educate, refer and provide follow up.

The provision of mental health services to the aging New Yorker is of great importance as this population continues to grow. Senior citizens are often living home alone in isolation and have suffered numerous losses and may lack the appropriate coping skills to deal with these issues. Ohel recognizes

4510 16th Avenue, Brooklyn, NY 11204 • 1-800-603-OHEL • T. 718-851-6300 • F. 718-851-2772 • www.ohelfamily.org • AskOHEL@ohelfamily.org

The Eily & Brochie Kleinman
OHEL Regional Family Center
156 Beach 9th Street, 2nd Floor
Far Rockaway, NY 11691

The Marvin Kaylie Tikvah Center at OHEL
2925A Kings Highway
Brooklyn, NY 11229-1805

The OHEL New Jersey
Behavioral Health and Family Center
696 Palisade Ave
Teaneck, NJ 07666

OHEL South Florida
2925 Aventura Boulevard, Suite 300
Aventura, FL 33180

Etta at Ohel
12722 Riverside Drive
North Hollywood, CA 91607

the need to have more than one approach to reach seniors in the community. Seniors are often hesitant to ask for, and may be naïve about mental health conditions. This innovative initiative has allowed Ohel to educate seniors, families and providers about vital mental health issues and ways to improve quality of life. Psycho education and screening will help reduce stigma and enable people who might not get mental health treatment to get the treatment they need.

We, at Ohel , appreciate the opportunity to participate in these innovative programs . We are proud to have effectively demonstrated the integration of mental/physical health in our doctors' offices. This initiative is being addressed nationwide and we can show how with Council support NYC is addressing this area. We implore the Council to keep the funding in next year's budget and allow this important and good work to continue and grow. Ohel applauds the Council for addressing the whole needs of the growing aging population. Ohel has also been able to provide caregiver support groups and vital aging programming that alleviates social isolation and promotes wellness.

We hope to continue this program and even expand it in the future. Geriatric mental health needs to be addressed in a variety of approaches and locations. We need to return to old- fashioned social work which was to help the client "where they are at." In geriatrics the clients are doctor offices, senior centers, houses of worship and isolated at home. We need to be able to offer services in these locales to try and meet the needs of this population and increase the quality of their lives. Ohel also proposes to continue training staff at senior centers and hospitals as part of their commitment to helping professionals work with seniors and their mental health issues. Part of the focus will include a wellness component, maximizing strengths and coping skills. Today we all are learning how to manage the complex needs of seniors and families . We recognize the needs to collaborate and enable NYC citizens the able to access the best care for themselves and family We feel we have demonstrated the ability to work with a broad client base and develop unique and quality programs.

We thank you for your foresight and responsiveness to the needs of New York's underserved population.

A handwritten signature in black ink, appearing to read "H. J. K. S. W." with a stylized, cursive script.

**TESTIMONY OF CHRISTIAN GONZÁLEZ-RIVERA, CENTER FOR AN URBAN FUTURE
BEFORE THE
NEW YORK CITY COUNCIL COMMITTEE ON AGING AND THE SUBCOMMITTEE ON SENIOR CENTERS

PRELIMINARY BUDGET OVERSIGHT HEARING - AGING
MARCH 4, 2016**

My name is Christian González-Rivera, and I am a senior researcher at the Center for an Urban Future, a non-partisan public policy think-tank based here in Manhattan that publishes studies about how New York can expand economic opportunity and grow its economy. We've published studies on issues ranging from the important role of public libraries to the need to improve the city's youth workforce development system. In 2013, the Center for an Urban Future published *The New Face of New York's Seniors*, which was the first comprehensive study documenting the rapid growth of New York City's older immigrant population.

As part of that report we interviewed more than 60 people who work in the field of aging, ranging from caseworkers at community organizations who work with older immigrants to the then-commissioner of the NYC Department for the Aging. We interviewed people who work in every major ethnic community in the city, and asked them whether the services that New York City has available for older people are reaching the immigrant seniors in their communities. Very often the answer to that was no, and for reasons that often vary significantly from one community to the next.

The other part of the report was an extensive demographic analysis of older immigrants in New York City, including where they are from, where they live, how long they have been here, how many of them are in poverty, and what their service needs are. The recommendations from our report are a response to the needs we heard directly from communities across the five boroughs, as well as the sense of urgency communicated by the rapidly-changing demographics of the city's senior population. I would like to share with the Council some of the recommendations that we believe should make it into DFTA's budget if the agency is to be empowered to respond effectively to the increasing diversity of New York's seniors.

But first the numbers. Foreign-born individuals now make up 46 percent of New York City's seniors, and account for virtually all of the growth in the city's older adult population. While the number of native born older adults fell by 9 percent between 2000 and 2010, the older immigrant population grew by 30 percent. That rate of growth means that immigrants ages 65 or older will comprise the majority of New York's senior population within five to ten years. In fact, immigrants are already the majority of the senior population in 21 of the 55 Census-designated Public Use Microdata Areas (PUMAs) in the city, including ten out of the 14 PUMAs in Queens.

Moreover, despite comprising 46 percent of the senior population in the city, immigrants comprise 65 percent of all seniors living in poverty. Sixty percent are limited English proficient (LEP), and 37 percent live in linguistically-isolated households, meaning that nobody over the age of 14 in their households speaks English. These numbers vary tremendously by country or region of origin. For example, while 60 percent of all immigrant seniors are LEP, upwards of 90 percent of Korean and Chinese seniors, as well as seniors from Russia and the former Soviet Union are LEP. Russian seniors also have the highest rates of linguistic isolation in the city, with 85 percent of them living in linguistically-isolated households.

These numbers show that older immigrants are clearly not a niche population. In fact we cannot talk about older people in New York City without talking about immigrants.

That being said, we have three specific sets of about what the city should prioritize in DFTA's budget:

- Establish a baselined, permanent funding stream at DFTA for neighborhood-based Naturally Occurring Retirement Communities (NNORCs)
- Strengthen the ability of organizations based in ethnic communities to work with seniors either through more robust subcontracting or through disaggregating large contracts
- Support a stronger role for the public libraries in the delivery of services to immigrant seniors

Establishing a baselined, permanent funding stream for NNORCs

NORCs are a straightforward, yet effective way to bring social and healthcare services to where the seniors are. They serve as a safety net and first defense for New Yorkers who are aging in their communities and growing increasingly dependent on the services available as close to their homes as possible. A NORC will coordinate housing managers in the case of classic, housing-based NORCs, or community organizations in the case of neighborhood-based NORCs with local health providers and businesses, as well as public safety, religious, civic, and cultural organizations to provide support for the seniors in their area. To that end, NORCs are an infinitely adaptable model that is suitable for any neighborhood and any cultural or ethnic group.

But the population size and density requirements for the classic NORCs currently funded by DFTA exclude less dense areas where older immigrant populations are growing, making it crucial for the city to fund neighborhood-based NORCs. For instance, Flushing and Whitestone have only one NORC based in a cooperative housing complex, while the surrounding neighborhood gained almost 10,000 more immigrant seniors—mostly from Korea, China, and India—since the year 2000. The North Shore of Staten Island has no NORCs, despite being home to a growing population of seniors from Liberia and other African countries. NORCs currently serve some immigrant groups that have been here for a long time and live in denser neighborhoods like Manhattan's Chinatown, but seniors in the Bangladeshi community—which is a newer group of immigrants and is generally comprised of younger working age people—are all but invisible because they are scattered across less-dense areas in Queens. Through the funding and structure of a neighborhood-based NORC, trusted, culturally competent neighborhood institutions that are of and for the neighborhood can be empowered to coordinate services for their communities.

Having access to supportive services has also been proven to reduce quantifiable costs like medical costs, a fact that health insurance providers have already noted as many of the larger ones move to a comprehensive service model that incorporates preventive services, and the federal government has noted as part of its DSRIP model.

But having access to the socialization and community-building services that NORCs can offer reduces other, somewhat less quantifiable but no less important costs, like the costs of social isolation.

Strengthening the ability of ethnic organizations to work with seniors

Adequately serving the growing older immigrant population will involve bringing together the knowledge and expertise of large general senior services organizations that have held DFTA contracts for decades with the cultural and linguistic competencies of smaller organizations that do not have the resources to compete for DFTA contract. This can be done through DFTA's RFP and contracting process.

One way to do that is to build in protections for subcontractors whose budgets are often the first to be cut when there are shortfalls. Contracts should have protections that would allow subcontractor organizations to have more predictable funding so that they can make the long-term staffing and strategic planning decisions they will need to successfully serve their communities. Another way is to disaggregate some contracts by unbundling some services. This would allow for some discrete services that can be contracted separately to competing small organizations.

Supporting a stronger role for libraries

The public library is an indispensable and trusted institution in immigrant neighborhoods, as evidenced by the fact that of the ten branches in New York with the highest circulation, six are in neighborhoods with large numbers of immigrant seniors, including Flushing, Queens Central, Kings Highway, Elmhurst, McKinley Park, and Fresh Meadows. While more support for libraries is not currently a specific DFTA budget line item, increasing the agency's budget and issuing a mayoral directive to bolster partnerships with the three public library systems is a great way to support seniors. The city has already worked through MOIA to create New Americans Corners at public library branches. DFTA could forge a similar partnership with the libraries to deliver services and information about services directly to the libraries' loyal older adult following.

DFTA has the potential to be the nation's model Area Agency on Aging when it comes to serving immigrant seniors. One out of every ten foreign-born seniors in the nation lives here in New York City. For most places in the country, a future where immigrants are a large part of their older adult population is far into the future. But in New York that future is today. What DFTA does here can become a blueprint for how other American cities can make it easier for immigrants to age in the country they have made their home. But it all starts with providing DFTA with the resources it needs to respond to the new, more diverse face of New York's seniors.



United **Neighborhood** Houses

70 West 36th Street, Fifth Floor, New York, NY 10018

Tel: 212-967-0322 Fax: 212-967-0792

www.unhny.org

**Testimony of United Neighborhood Houses
Before the New York City Council
Committee on Aging
Subcommittee on Senior Centers**

**Submitted by Nora Moran, Policy Analyst
Preliminary Budget Hearing
March 4, 2016**

**Honorable Julissa Ferreras, Chair, Committee on Finance
Honorable Margaret Chin, Chair, Committee on Aging
Honorable Paul Vallone, Chair, Subcommittee on Senior Centers**

Thank you for convening today's hearing. My name is Nora Moran, and I am a Policy Analyst at United Neighborhood Houses (UNH). UNH is the federation of New York City's settlement houses and community centers that collectively benefit over half a million New Yorkers annually—from infancy through old age—with services at over 600 sites throughout the city. UNH members provide a wide variety of services, including senior centers, Naturally Occurring Retirement Communities (NORCs), home delivered meals, and social adult day programs, to over 70,000 older adults each year.

The potential of older New Yorkers to share their experience and skills with their neighbors and communities is only limited by the degree to which the City provides the tools they need to age in place. Unfortunately, for a significant number of these older adults, their wisdom and capacity to give back are often diminished by higher incidences of poverty, disability and isolation. While UNH applauds the Administration for baselining and increasing funding for elder abuse services, we are concerned to see little new investment in older adult services in the FY16-17 Preliminary Budget. Programs provided by the community-based organizations are essential to support older New Yorkers to age in their homes rather than in costly institutional settings. UNH members are aware of the gaps in services, and have noticed increases in program participation in the past year. For example, one UNH member has seen an additional 100 individuals attending their senior center each month for the past year. Without additional resources to support and expand services, providers will be pressed to serve more individuals with stagnant funding.

Given New York City's demographics, it is crucial that the City undertake a thoughtful plan to expand services for older adults. Right now, 1.52 million people, or 18 percent of the City's population, are age 60 or older, a 20 percent increase from 2000. By 2040, New York City will be home to 1.86 million people who are 60 and older, a 48.6 percent increase from 2000. This means that one in every five New Yorkers will be an older adult, and New York City will be home to more older adults than school-aged children. Moreover, there is great diversity among older adults in New York City. There are growing numbers of "young seniors" (age 60-64) as well as the "oldest old" (age 85 and over).¹ Each group has

¹ New York City Department for the Aging, *Annual Plan Summary, 2016-2017*

different abilities and needs, which has implications for service delivery. Furthermore, nearly half of all older adults are immigrants, and the population of foreign-born older adults has grown in every borough over the past decade. New York City must account for the needs of an older adult immigrant population as immigrant older adults typically have lower incomes and fewer savings, less access to entitlement programs, and tend to have Limited English Proficiency.² Finally, rates of poverty are also high among older adults in New York City, with 19% of older adults living below the federal poverty level, nearly double the national rate.³ Certainly these factors must be taken into account by the City as they develop plans to serve older adults.

Recommendations:

Based on the collective experience of settlement houses serving older adults, UNH recommends the following investments in the Department for the Aging:

- **Restore \$1.9 million for Naturally Occurring Retirement Communities- Supportive Service Programs (NORC-SSPs).** NORCs provide on-site supportive services, such as case management, nursing services, and health and wellness programming, to apartment buildings and complexes with high concentrations of older adults. There are several NORCs throughout New York City who were not awarded contracts in 2014 under DFTA's last RFP process that are being supported by City Council discretionary funding; UNH urges the Council to continue its support of these programs. Additionally, given the potential impact in New York City of proposed cuts to NORC-SSP programs in the State Executive Budget, it is imperative for the City to continue to its strong support of these programs.
- **Restore and baseline \$1.95 million for Neighborhood NORC (NNORC) programs.** Neighborhood NORCs operate similar programming as classic NORCs, but do so in neighborhoods with single and multi-family homes, rather than larger apartment buildings. At the moment, DFTA does not operate a Neighborhood NORC program, an exclusion which disproportionately impacts outer boroughs. By baselining funds that were provided by the City Council in FY2015-2016, DFTA can design a NNORC program to support older adults who live in less-dense housing settings, rather than in apartment buildings as supported by a classic NORC program. Similarly, proposed cuts in the State Executive Budget also put Neighborhood NORCs at risk in New York City.
- **Restore and baseline \$1.2 million for an additional weekend meal,** either in the home or at a senior center. Typically, senior centers and home-delivered meal programs only provide meal services from Monday through Friday. Community-based food assistance, including home-delivered meals and congregate meals, provide nutritious food to recipients and help to promote an overall better quality of life. Funded as a Council Initiative for FY2015-2016, UNH recommends baselining these funds in order to ensure continuity of services.
- **Restore and baseline \$3 million for DFTA's Case Management Program.** Case management services help older adults to manage activities of daily living and access other benefits and services, and are an integral part of promoting health and wellness among older adults. By

² Christian Gonzales-Rivera, "The New Face of New York's Seniors." *Center for an Urban Future*, July 2013.

³ New York City Department for the Aging, *Annual Plan Summary, 2016-2017*

proactively supporting individuals rather than responding to problems when they arise, case managers are able to work with older adults so that they can remain safely in their homes with the appropriate supports. We are grateful for the Council's support of this program over the past two fiscal years, which has allowed for case management agencies to lower caseloads to 65 clients per caseworker and to address waitlists. Baselineing these funds will allow case management providers to continue at their current capacity, avoid waitlists for services, and to continue to attract and retain high-quality staff.

- To provide an example, last year's Council Initiative allowed for one UNH member agency's case management program to hire an additional case manager. They may no longer be able to support this position past June without additional funding.
- **Restore and baseline \$1.1 million for space costs for senior centers.** Costs for senior center facilities across the City continue to rise, and assistance is needed for programs that are rent burdened (spending more than one-fifth of their budget to rent). Senior centers are the cornerstone of community-based services for older adults, and centers help thousands of older adults to access food, recreational activities, and other social supports each day.
- **Continue the City Council Geriatric Mental Health Initiative (GMHI) at \$2 million.** The GMHI program was baselined in 2014, but the current Request for Proposal (RFP) from the Department of Health and Mental Hygiene (DOHMH) disqualifies many current providers from receiving contracts, and shifts the scope of the program to emphasize in-home services rather than promoting a blend of interventions, based on community need and preference, to promote mental health. UNH urges the Council to continue this initiative in order to ensure that existing programs can continue.

Above all, settlement houses value older adults as key resources to strengthening the fabric of communities in New York City. New York City, like the rest of the country, is in the midst of a "longevity revolution,"⁴ where older adults are living longer and with better health than ever before. What is done with this longer life depends on the resources and opportunities available to older New Yorkers. It is time for New York City to examine the best ways to support older adults, and shift the conversation to focus on the strengths of older adults and allows them to shape their own aging future. Funding the programs that promote and sustain independent living, deliver public cost savings, and empower older adults to be full and valued members of their community is of utmost importance.

Thank you for your time. For questions, I can be contacted at 917-484-9322 or nmoran@unhny.org.

⁴ Robert Butler, *The Longevity Revolution: The Benefits and Challenges of Living a Long Life*, 1998



Preliminary budget and oversight hearing for the Department for the
Aging
Aging Committee
March 4, 2016

Testimony submitted by: Rachel Sherrow
Associate Executive Director
Citymeals-on-Wheels
355 Lexington Avenue, NYC 10017
(212) 687-1234
Rachel@citymeals.org

My name is Rachel Sherrow and I am the Associate Executive
Director at Citymeals on Wheels. I would like to begin by thanking
the Council for their continued support of aging services and
Citymeals on Wheels which will help to deliver over 2 million meals to
nearly 18,400 homebound elderly citywide this year.

As most of you know, Citymeals on Wheels is a not-for-profit agency
working in a public/private partnership with the New York City
Department for the Aging. The Department funds the meals that
homebound elderly receive Mondays through Fridays, and
Citymeals on Wheels funds the same network of providers to deliver
weekend and holiday meals. On the days the city does not provide
a meal, Citymeals steps in to prevent our aging neighbors from
being without food or human company. In fact, Citymeals, as an
added benefit generates revenue for New York City through the
federal government's cash in lieu of commodities program which

reimburses DFTA approximately 67 cents for every meal funded by Citymeals. All of this money goes toward the city-funded weekday meals program, bringing in over \$1.4 million last fiscal year and an additional 180,000 home delivered meals for those who need it. In-home services like meals on wheels are incredibly vital to those who are frail and vulnerable and often hidden behind their doors.

Throughout our nation and right here in NYC, our population is aging, with 17% of our city over the age of 60 and by 2050 the number of older adults will double. Living longer on fixed incomes means more struggle over access to food. In 2012, New York City's older adults experienced an increase in poverty from 16.5% to 19.1%.

Because income for older adults remains fixed, or worse, declines, many older adults experience increased difficulty affording healthy food. According to the NYC Center for Economic Opportunity, 1 in 3 New Yorkers over the age of 65 live in poverty. A Hunger Study conducted by LiveOn NY (formerly Council of Senior Centers and Services) shows that 35% of older adults in NYC are living with food insecurity, or hunger. In addition, an inability to resist disease as people age may be related to hunger and malnutrition which can exacerbate cardiovascular disease, hypertension, osteoporosis, cancer, diverticulitis, and diabetes.

The Nutrition Screening Initiative estimates that one in four senior citizens living in our communities is malnourished.¹ It has been estimated that up to 55% of seniors admitted to hospitals are suffering from malnutrition.² According to New York City Coalition Against Hunger's most recent hunger survey, there has been a 25% increase in food insecurity in the senior population.³

Thus Citymeals on Wheels is requesting \$800,000 for the fiscal year ending June 30, 2017. This is a restoration grant in the amount of \$600,000, in addition to \$200,000 to continue to fund the growing need for meals on wheels, and prevent wait lists from starting.

Bringing a meal to the door is one less struggle for the homebound to worry about financially. In addition, this food delivery is one way to prevent them from slipping into more expensive kinds of care.

Evidence does support the fact that programs like meals on wheels which allows older adults to age in place, may help save costs for families, government and our health systems.⁴ This is a savings in Medicaid costs that the city would bear if these economically disadvantaged and elderly neighbors of ours were institutionalized instead. It is in their interest and ours to keep them with us, right here in the communities where they have lived for so long. Meals on wheels is also a benefit to the growing population of caregivers whose emotional, physical and financial efforts can be unburdened

by knowing a meal is being delivered to their loved ones allowing for respite and relief on so many levels.

Citymeals on Wheels is the city's lifeline for food not only on weekends and holidays but also in times of emergency for our homebound elderly. As a part of the FALT (Food Access Lead Team of the NYCEM), with our warehouse in Brooklyn we are able to prepare and maintain emergency shelf stable meal packages for any and all issues that arise locally and on a city-wide scale as has been demonstrated time again since 9/11, and the blackouts of 2003 and 2005 and again with Superstorm Sandy and last year's brutal winter snowstorms we had. Although this winter has been pretty mild so far snowstorm Jonas hit some parts of Queens and Brooklyn harder and we were able to deliver over 3,000 meals to those areas before the storm in order to ensure the most vulnerable would have food on hand in case deliveries couldn't make it through.

Citymeals on Wheels together with the Department for the Aging, and The New York City Council, are determined to keep 18,400 elderly New Yorkers and growing, fed 365 days a year plus some extra. We hope you, our partner in city government, will help us to continue to advocate on behalf of those who are often forgotten and marginalized.

As we move into our 35th year, we thank you for consistently working with us and I hope we can count on all of your support once again this year.

¹ 2000 to 2010 Census, as reported in NYC Department for the Aging's "Census 2000: Changes in the elderly population of NYC 2000-2010." ²ibid. ³ NYCCAH 2015 Hunger Report. ⁴ Measuring the costs and savings of aging in place. 2013. (Accessed December 3, 2014, at http://www.huduser.org/portal/periodicals/em/em_archive.html).



**Senior Association of
Hudson Guild Adult Services
119 Ninth Avenue
New York, NY 10011**

3/4/16

Dear Commissioner Corrado, PhD, et al:

I am an active senior, who enjoys the many activities at the Hudson Guild, Neighborhood Senior Center. I would like to stay mobile for many more years. However, leaving my house to attend the center has become quite dangerous. Bikes run the light, in both directions, on one way streets. They ride on sidewalks & without lights at night. After a snow storm, the cross walks and bus stops are not cleared of snow and ice. Many seniors are hospitalized due to falls and being knocked down by bikes. Buses run up to an hour late, making it difficult for seniors to come to the center.

Please advocate to keep us safe and healthy!

Thank you.

Julia Martin, President
Senior Advisory Council
jwhitemartin@gmail.com



MORE THAN FOUR DECADES OF SERVICE

MET COUNCIL

ACTS OF CHARITY • DEEDS OF KINDNESS • צדקה וגמילות חסדים

**New York City Council FY2017 Preliminary Budget Hearing
Committee on Aging
March 4, 2015 at 10:00am
Council Chambers - City Hall**

Thank you, Chair Chin and the Committee on Aging, for inviting us to speak today. My name is Rena Resnick and I am the Communication Director at Metropolitan Council on Jewish Poverty.

Met Council supports and champions seniors, families and adults living in poverty and near-poverty. Met Council provides immediate assistance to New Yorkers in crisis and creates pathways to self sufficiency both directly and through our grassroots Jewish Community Council network in clients' neighborhoods—right where they live. In the fight against poverty, we serve immigrants, seniors living on fixed incomes, the un- and underemployed, and all others in need. As an organization founded on Jewish values, we serve everyone with dignity and empathy, regardless of race, ethnicity or religion.

Today, over 500,000 Jewish New Yorkers live in poverty and near-poverty, of which 98,400 are seniors. Particularly vulnerable are senior immigrants, whose median income is only \$9,900, compared with \$18,300 for native born seniors. Although native born seniors may have worked their entire lives, they still may not have a deep safety net and are unaware that they are qualified for government benefits. These challenges will only increase in the coming years; as everyone here is well aware in the next 15 years, the number New Yorkers older than 65 is expected to increase dramatically by 45 percent or more than 1.3 million people.

City Council support is vital in enabling Met Council to assist seniors and other vulnerable New Yorkers. In addition to individual member items for our Food, Social Services, and Metropair programs, Met Council is supported through the following City Council initiatives:

- **ACES, or Access to Crisis and Emergency Services (\$600,000)**, underwrites the cost of case workers who help clients under threat of eviction or utility shutoff, those who cannot pay medical bills and have other emergencies. In FY15, Met Council distributed \$1.2 million in privately

raised financial assistance to 3,450 clients, held 1,259 client meetings in a language-other than English and provided 7,619 units of information and referral.

- **Handyman Services (\$600,000), as we call Project Metropair,** provides free handyman services and home repairs to low income seniors, enabling low-income older adults to continue living in their homes safely and independently. Last year, our handymen made 4,230 free repairs to seniors' homes, a 59% increase over last year, by installing railings or fire-approved window gates, eliminating tripping hazards, repairing stairs and doors, and adjusting peepholes and air conditioners. Increased funding would enable us to cut down the waiting list for seniors.
- **Holocaust Survivor Initiative (\$180,000), which supports our Fourth Week Home Delivered Meals program,** which will purchase and deliver groceries for survivors who are SNAP recipients during the fourth week of each month. Our new Coordinator of Emergency Food Programs will ensure that clients receive supplemental groceries delivered to their homes, each month and will check with the clients to evaluate the need for additional services and provide case management.
- **ESP, or Extended Services Program (\$247,000),** together with our network of local Jewish Community Councils, we serve as the front line of defense for those in need, providing essential anti-poverty services in all five boroughs. Met Council's ESP allocation is subcontracted to eight local agencies, reflecting our commitment to strengthening our neighborhood JCC network. The ESP funds ensures that poor and near-poor seniors can walk into a local JCC and meet with a caseworker who conducts a thorough assessment with the client to create an effective intervention plan and develop a resolution.

Met Council could not continue providing critical social services to thousands of needy senior New Yorkers each year without the vital partnership of New York City Council. We deeply value your leadership and partnership and look forward to working together to help the needy throughout the New York area.

Thank you. I would be happy to take any questions you have at this time.



FOR THE RECORD

City Council Committee on Aging

FY17 Budget Hearing

March 4, 2016

Remarks by Molly Krakowski, Director of Legislative Affairs
Jewish Association for Services for the Aging (JASA)

Good morning. I'd like to thank Councilmember Chin for chairing today's Fiscal 2017 budget hearing on aging. My name is Molly Krakowski and I am Director of Legislative Affairs at JASA.

JASA is a not-for-profit agency serving the needs of older adults in the greater New York area. Its mission is to sustain and enrich the lives of the aging in the New York metropolitan area so that they can remain in the community with dignity and autonomy. JASA has developed a comprehensive, integrated network of services that provides a continuum of community care. Programming promotes independence, safety, wellness, community participation, and an enhanced quality of life for New York City's older adults. These programs reach over 43,000 clients and include home care, case management services, senior centers, NORC supportive services, home delivered meals, caregiver support, continuing education, licensed mental health, senior housing, advocacy, legal services, adult protective services, and guardianship services. We welcome today's hearing as an opportunity to share our priorities for FY16 and beyond.

According to the New York Academy of Medicine, "over the next 20 years, the number of New Yorkers age 65+ is expected to increase by nearly 50%. As a result older New Yorkers are expected to outnumber school-age children for the first time in history." The growth of our City's older adult population mirrors national and worldwide trends, and yet, the budget of the Department for the Aging (DFTA) has been continuously cut over the years. The Mayor's five-year plan does not forecast an increase. JASA suggests that now is the time to invest further in services for older adults, to stay ahead of the aging trend and to prepare for the type of services and programs necessary to maintain a healthy aging population in the community at large.

For several years, aging services were included in the annual budget dance. We were pleased that last year, funding for case management, elder abuse prevention and intervention and NORC programs were included in the budget as well as through discretionary grants. However, this year, we are faced with a budget that seems to have stopped short of recognizing the needs of seniors. We are asking for funding to be invested more significantly in aging services.

Most importantly, there has to be a recognition that New York City social services' contracts are under-funded.

Simply put, government does not pay adequately for service delivery. DFTA contracts do not fund the full cost of direct service delivery or the costs associated with contracts management (indirect costs). There is an assumption that community agencies will supplement the contracts with philanthropic dollars. Inadequate funding prevents agencies from paying appropriate salaries for workers who are tasked with taking care of the most vulnerable older adults in New York. As a result, turnover rates are high and vacancies are difficult to fill.

Regarding specific services' areas, for FY17, JASA is requesting consideration of the following:

➤ **Culturally Appropriate Home Delivered Meals**

JASA serves 744,000 meals annually, 520,000 are kosher meals. JASA is grateful to the Council for the FY15 rate increase. Despite this, providing kosher meals continues to cost an additional \$1.35 per meal; JASA projects a deficit of \$182,000 for FY16. We ask the City Council to continue to revisit the reimbursement rates for culturally appropriate home delivered meals as the aging community grows in numbers and diversity, and cover the full cost of service.

➤ **Case Management**

Social workers are a vital asset in preventing seniors from isolation, financial instability, and premature institutionalization. Case management is the primary service for homebound older adults, connecting seniors with essential services (such as home delivered meals). While JASA is grateful for the increase of \$3.3 million in last year's budget, additional funding is necessary to meet the needs of this rapidly growing population.

➤ **Naturally Occurring Retirement Communities**

Recently, this Committee held a hearing on Naturally Occurring Retirement Communities (NORCs), and, as you heard then, there are many neighborhoods that would benefit from the services NORCs provide. JASA provides a variety of services at 9 NORC-SSPs, but programs lack sufficient funding. For example, nursing services are an unfunded mandate. Often, there are nursing vacancies in NORC programs that remain unfilled for significant periods of time or the weekly nursing commitment is reduced because our nursing services partners have internal fiscal priorities. In FY16, the NORC programs received just over \$15,000 from the City Council to help with the nursing expenses, however, the funding remains insufficient to fully cover the mandate. Optional group services, which are not truly optional, are also underfunded. Group activities are an important vehicle for promoting neighbor to neighbor engagement and help to reduce social isolation. Without additional funding to enable NORC program sponsors to pay for programming and nursing, at some point providers may have to choose between competing vital services. Lack of funding is a serious and potentially insurmountable impediment.

> Senior Centers

JASA operates 25 neighborhood senior centers throughout the Bronx, Brooklyn, Manhattan, and Queens, and three (3) on Long Island. Senior centers provide a hot and nutritious meal, as well as physical fitness and health and wellness activities, classes, lectures, trips, meaningful volunteer opportunities, and inter-generational activities. They offer an essential means for older adults to remain engaged and socially connected. Physical fitness activities are mandated by DFTA and are very popular. They are a vital component of each center's programming, providing the participants with activities that promote strength, balance, flexibility, and endurance. However, due to budget constraints, neighborhood senior centers do not have sufficient funding to cover the costs of consultants to teach these important classes. Most physical fitness activities are presently funded through the generosity of individual Council Members. It is essential that we implement more health promotion programs now, knowing that they will impact on the lives of individuals for the coming years. JASA sees the need for DFTA senior center contracts to include additional funding for these types of programs, beyond the congregate meal. Additional funding would also allow for expanding culturally responsive programming, such as ESL courses and translation services.

We ask the City Council to add additional funding for all senior center contracts to adequately provide services to older adults throughout New York City.

> Elder Abuse Prevention and Intervention

JASA's Elder Abuse program, LEAP, is a unique model, combining the expertise of social workers and lawyers to protect seniors who have become victims of physical, psychological, and/or financial abuse. All abuse is unacceptable, but specific issues and interventions needed in elder abuse are not addressed by domestic violence services. JASA responds to approximately 700 cases of elder abuse annually; studies show that for every one case reported, an estimated 24 go unreported. We are appreciative that funding for elder abuse services was increased in FY 2016, and that the Mayor's budget includes base-lined funds, and an increase for FY17. Considering the number of unreported cases and the increased outreach through NY Connects, JASA seeks an additional \$3 million above the Mayor's \$5.5 million to meet the needs of elder abuse victims.

> IT Capabilities

In order to provide enhanced, client-centered care and participate in opportunities for innovative service models that integrate social and medical care for low income seniors, non-profit organizations need enhanced Infrastructure and Technology. Agencies should have the capacity to develop systems that talk to other systems in order to maximize the effectiveness of service delivery. This is true of internal IT systems, as well as intra-agency database systems. An investment in IT capabilities will result in better client management, operations workflows and most importantly reporting and analysis of client services utilization and health trend data across programs. It would enable JASA to pursue greater operational efficiency as well as more effective targeting and service delivery for at-risk seniors that can result in overall health and social service cost savings. Funding for an upgraded database system would enable agencies to collaborate with hospitals, and managed care plans as the state moves further with new, coordinated health initiatives.

➤ **Affordable Senior Housing**

JASA operates eight senior houses in Brooklyn, Manhattan, and Queens. The average wait list for JASA housing is over 10 years, and there is currently no new federal funding available. Most new housing developments in New York are unaffordable for seniors on fixed incomes. The growing needs of seniors must be a part of any affordable housing plan set forward by the City.

Thank you for the opportunity to offer this testimony on issues relevant to supporting New York City's aging population. JASA looks forward to working with the City Council, the Mayor, and the Department for the Aging toward a senior-friendly budget in FY17.

Molly Krakowski
Director, Legislative Affairs
JASA
mkrakowski@jasa.org
212 273-5260

TESTIMONY

New York City Council Fiscal Year 2017 Preliminary Budget

Committee on Ageing

Committee Chair – Margaret Chin

March 4th, 2016



Shaun D. Francois I – President

Donald Nesbit – Executive Vice President

Maria DeLaura – 2nd Vice President

David Keye – Secretary - Treasurer

Local 372 –Board of Education Employees

District Council 372 – AFSCME, AFL-CIO

125 Barclay Street, 6th Floor

New York, NY 10007

Local372.org

Good morning Chairwoman Chin and members of the Committee on Aging and all other interested members of the public at this hearing. I would like to thank you for the opportunity to provide testimony on the Mayor's Fiscal Year 2017 Preliminary Budget.

I am here to provide testimony on behalf of Local 372 retirees and active part-time employees in the New York City public school system whose Severance Fund, which provides their spouses with Health coverage has now been depleted.

Let me begin by saying Local 372 NYC Board of Education Retirees Need Economic Stability in their Severance Fund.

Our **9,413 retirees are not wealthy individuals**. Many struggle with how to manage their expenses day in and day out, after working for decades to support and protect NYC school children. Local 372 members assisted children and other pedestrians in crossing highly trafficked streets; provided hot nutritious meals; and, overall assisted more than 1.2 million children enjoy a safe and healthy academic environment every day. Although, Local 372 workers make invaluable contributions to the education system, they are the least appreciated and remain among the lowest paid of NYC employees. And, yet still our members take pride in the work they do each day for the children of our great City.

Since 1987, the District Council 37 Benefits Fund Trust (BFT) was able to guarantee union members employed as hourly workers supplemental and welfare insurance coverage for their spouses and/or domestic partners and their children. Titles included in the arrangement:

*School Aides *Health Service Aides *Hourly School Lunch Helpers *Hourly Senior School Lunch Helpers *School Crossing Guards

Times have changed and due to the reduction in hours and members employed, coupled with past budget cuts, the increase in attrition of eligible retirees – and let's not forget the continual rising cost in prescription drugs and other health benefits – and a non-increase in yearly contributions from the city since the 80's, over time have caused instability in retirement security for today and tomorrow's retirees. As a result, in late 2015 it was decided that **4,601 spouses and/or domestic partners in order to save the Fund**, would be dropped from the BFT plan and they became ineligible for its supplemental benefits.

District Council 37 BFT Deficit is approximately \$6 Million

Destroyed is a safety net for thousands of families throughout the **Bronx, Queens, Brooklyn, Staten Island and Manhattan**. People are scared as they seek to quickly find and restore affordable insurance coverage for their family members. Those with dependents who **do not qualify** for Medicaid, have to pay an out-of-pocket insurance

coverage for COBRA of \$55 a month (with a potential increase of \$150 - \$200 monthly come July 2016). For a fixed-income household on a shoestring budget this increase is astronomical and if unable to budget for the added cost be penalized under federal guidelines.

A \$3 Million Budget Line Item is needed to assist in restoring a Benefit Safety Net

Without support, the termination of benefits for thousands of Local 372 family members stays permanent. A \$3 million injection coupled with the willingness of current employees to accept an increased contribution will allow for full restoration of spouses and domestic partners and keep the fund viable into the future. Local 372 is committed to restoring these benefits.

We are asking for your HELP to ensure the economic stability of New York families and its Severance Fund! We are asking the City Council and the Mayor to please support and fund a budget line of \$3,000,000 which will keep this much needed Fund going.

It is imperative that we as a society do not fail our hard working retirees and future retirees. They have worked all their lives to take care of our most precious commodities – our children- we must help them when they are in need and with your support and our increase in contributions we can make the Fund whole again.

Thank you for your time.

**Testimony before the NYC City Council
Committee on Aging and the Subcommittee on Senior Centers
Preliminary Budget Hearing**

March 4, 2016

Tanya Krupat, Director
Center for Justice Policy and Practice
The Osborne Association

Thank you for the opportunity to speak with you today. My name is Tanya Krupat, and I am the Director of the Center for Justice Policy and Practice at the Osborne Association. One of the main issues we focus on at our newly-formed policy center is aging in prison, a huge growing national crisis and one of great concern for New York City. I am here today to speak with you about the pressing and compelling needs of seniors returning home from prison to New York City, and about a promising program called the Elder Reentry Initiative, for which we are seeking City Council funding.

Those aging in prison (usually defined as those over 55 or 60) are the fastest growing demographic, there is increasing press coverage of this issue, and yet, a lack of a coordinated approach. In 2014, Osborne issued a report called *The High Costs of Low Risk: The Crisis of America's Aging Prison Population* which documents this crisis:

- Today, there are an estimated nearly 9,300 aging incarcerated individuals in New York, comprising roughly 17 percent of the state's total prison population;¹
- Each year, some 1,500 men and women age 60 or over leave state prison and return to New York City.

These formerly incarcerated senior citizens are at very low risk of recidivism, but are at very high risk of falling through the cracks in our social safety net.² Elders released to NYC have distinct and complex circumstances upon reentry, including homelessness, unemployment, increased anxiety, fragmented community and family ties, and chronic medical conditions. Seniors are the fastest growing segment of prisoners, yet the City's geriatric service providers do not have adequate experience to meet the unique needs of these seniors. And, criminal justice providers offer few services for this population.

To address these needs, the Osborne Association piloted the Elder Reentry Initiative last year with private funding from the Florence V. Burden Foundation. The Elder Reentry Initiative was developed in partnership with many organizations and experts and grew out of the work of the City's interdisciplinary Aging Reentry Task Force.

¹ Human Rights Watch. (2012). *Old Behind Bars: The Aging Prison Population in the United States*. Available at: http://www.hrw.org/sites/default/files/reports/usprisons0112webwcover_0_0.pdf

² Aging adult in prison have the lowest recidivism rate and pose almost no threat to public safety. (Snyder, C., van Wormer, K., Chada, J., & Jagers, J. (2009). *Older adult inmates: The challenges for social work*. *Social Work*, 54, 117–124.)

The Elder Reentry Initiative starts inside of prison with Osborne using private funding to work with those aged 60 and over to prepare them for reentry into NYC, prepare for their parole hearings, or pursue medical parole or compassionate release.³

This past December, Dr. Rachael Bedard published a moving Op Ed in the *New York Times* (12/28/15) about a patient of hers who was in his 60s and dying in prison.⁴ He had a loving and supportive family wanting to care for him, and the paperwork and bureaucracy of getting him out on medical parole or compassionate release resulted in him tragically dying in prison. This gentleman was enrolled in our Elder Reentry Initiative and this tragedy will hopefully lead to changes in the release process. Thankfully, most of the elders we are working with inside of prison do not required this level of need but they all still require community connections and a community plan to meet their complex needs.

This is where the community component of our program comes in. The community component of the Elder Reentry Initiative, for which we are seeking City Council support in the amount of \$185,000, provides case management and discharge planning to the most high-need returning seniors, while also working to build partnerships and build capacity among service providers including senior centers, medical providers, nursing homes and others. Currently, there are no specialized services to meet the geriatric needs of this population, who also face employment discrimination, trauma, stigma, and isolation of a unique nature and magnitude. Elder Reentry Initiative staff are equipped to assist with these numerous challenges.

Osborne's Elder Reentry Initiative staff work to put together a plan that addresses each individual's constellation of needs. Services for returning elders include case management, housing assistance, medical referrals and navigation, escort and transportation services, and more. New York City has a unique opportunity to set the standard for successful reintegration for seniors by bringing together NYC Senior Centers, nursing homes, assisted living providers, doctors and geriatric specialists. Our program works with these critical partners to improve receptivity to serving returning elders, and provide training and technical assistance to build their capacity to understand and meet the needs of this population.

In our outreach to senior centers, we have been encouraged by the positive response. Many are aware of the toll that high rates of incarceration have taken on their communities and are also aware of grandparents raising children whose parents are incarcerated. Mass incarceration affects the senior population in myriad, often invisible, ways. Many senior centers have welcomed and

³ The case for increased use of medical parole and compassionate release was movingly made in the *New York Times* Op Ed by Dr. Rachael Bedard (12/28/15), where she points out, "There are medical reasons, not just compassionate ones, for early release."

⁴ In this op Ed, Dr. Bedard points out: "Our aging, ill prisoner population is both a humanitarian crisis and an economic challenge that demands the collaborative attention of physicians, corrections officials, legislators, and advocates..."

appreciated the support and expertise that we can bring them. Specifically, to date, we have built relationships with 7 Senior Centers in various boroughs and are pursuing MOUs with them.

The pilot year of the program has proven effective, and we are pleased to share that it has the approval of the NYC Department for the Aging and both City and State corrections departments.

We have a moment in time to come together and address this growing crisis. I'll close by sharing Jerry's story which speaks to the needs and the possibilities. Unlike the gentleman spoken about earlier who had family support, Jerry felt completely alone as he approached his release. He enrolled in our Elder Reentry Initiative three weeks before his release date, at age 61 and after serving 30 years in prison. He was paralyzed with fear, so much so that he'd mostly stopped eating or drinking. He had no one to list as an emergency contact, having told his family 30 years ago that they needed to move on without him. He had worked as a cook in the prison for over 10 years, with a flawless disciplinary record and with a glowing recommendation from his supervisor. But Jerry worried he'd never find a job with his criminal record. He had no place to live and had heard horror stories about shelters and transitional houses. He cried almost every time we met to plan his transition home.

We worked with Jerry before and upon his release, and helped him set up and learn to use a cell phone and metrocard, as well as assisted him with housing, a job, and healthcare. We are working to help him rebuild and reconnect with his family and navigate a world he left behind decades ago and which has changed so dramatically. Last time our staff met with Jerry, tears of joy and gratitude replaced his tears of panic.

Thank you for your consideration and support of those like Jerry who need assistance, and deserve a chance to live out the remainder of their lives in the community, as healthy and happily as possible. With the Council's support, we hope to be able to take the Elder Reentry Initiative to scale and to see New York City build a nationally replicable model for addressing this growing crisis.

The New York Times

The Opinion Pages | OP-ED CONTRIBUTOR

When Dying Alone in Prison Is Too Harsh a Sentence

By: Rachael Bedard December 28, 2015

MY patient, a man in his 60s, whispered “Gracias, God bless” over and over as I moved his legs during an exam. Our palliative care team had been called in to help manage his pain after his liver cancer recurred. The cancer had already metastasized to his spine, creating pressure on his spinal cord that left him nearly paralyzed from the waist down. He seemed like a felled tree. We found him tearful and scared. But he wasn’t alone.

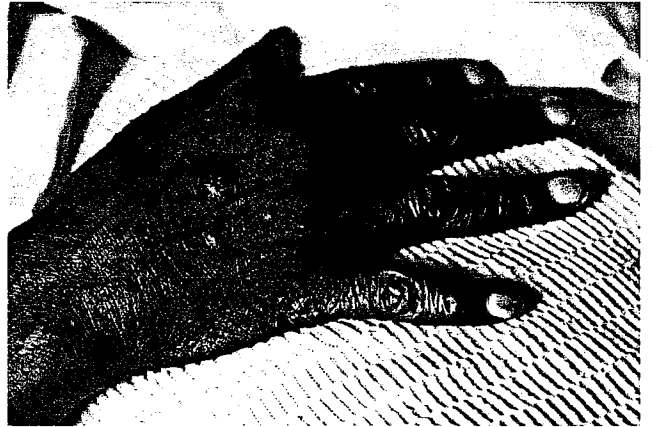
At his side were the corrections officers who had accompanied him from the prison where he was incarcerated on a conspiracy charge related to a drug arrest. They guarded his door day and night and screened all his visitors. As the doctors told him that his life would soon be over, his officers watched television, ate snacks, and read the newspaper. One day on my way out of his room, I asked an officer whether the patient would be told that he was being moved to a different prison once he left the hospital. He wasn’t entitled to know, said the officer flatly, because he was “property of the state.”

In our prison system, there are various programs called “compassionate release” or sometimes “medical parole,” whereby elderly or seriously ill prisoners may be released to the community before the end of their sentence. Since 1992, 371 people have been released through the medical parole program in New York State. (For the sake of comparison, about 100 inmates die from natural causes every year in the New York prison system.) Only 30 inmates filed applications for medical release in 2014, of whom 17 were released and six died before their review. In the federal prison system, the numbers are even more dismal; 101 federal inmates were approved for compassionate release in 2014 out of a total federal prison population of 214,000 people.

My patient’s sentence was short and he would have been eligible for parole within a year. He had a loving family desperate to have him home, where they could care for him. I called the prison to follow up and asked the doctor there if he intended to file a petition for medical parole. He told me he had, but warned that the process was cumbersome. Still, he was hopeful.

There are medical reasons, not just compassionate ones, for early release. Providing care to a patient with an illness this serious is complex and prone to error in the best of circumstances. He needed palliative care teams to do what they do well: develop advanced care plans, identify the patient’s goals of care, aggressively manage pain and other symptoms, and facilitate communication among different specialists.

While my patient was in the hospital, we could not provide him with any information about when he was leaving or when he would follow up with his doctors. After being discharged, he was sent to a different prison and was housed in its medical facility. Scared and alone, he began to decline quickly. Initially, his wife wasn’t allowed to visit. When she finally got permission, she was alarmed to find him so ill and she struggled with being apart from him.



A person in hospice at the Cossack Correctional Facility.

Fred R. Conrad / The New York Times

Within a few weeks, he became acutely sick with an infection, and was admitted to a hospital near the prison. His wife traveled two hours each way to see him. His children had to get special permission to visit, and his daughters initially had trouble getting approved because they did not share his last name. His wife told me she sat at his bedside and sang him their private love song, over and over.

When his time came, she was in a car making the long drive home for the night, and a corrections officer was at his side. A date to review his application for release had been set for four weeks after the night that he died. His wife later lost her job for having spent so much time with him.

Our aging, ill prisoner population is both a humanitarian crisis and an economic challenge that demands the collaborative attention of physicians, corrections officials, legislators and advocates who can devise national guidelines for medical parole. Dr. Brie Williams, a palliative care physician at the University of California, San Francisco, who is an expert in correctional health, has called for a national commission to develop an evidence-based approach to address the compassionate release process, with an eye toward reducing the red tape that can tie up critical cases when every day matters.

It shouldn't be acceptable that my patient, who posed no danger to the community and who had a family who loved him, should have died incarcerated. He deserved the chance to make peace at the end of his life, to be with family. If we value sparing other people this kind of death, we need a fairer, more functional and quicker system that makes compassionate release a real possibility.

Rachael Bedard is a fellow in geriatrics and palliative medicine at the Icahn School of Medicine at Mount Sinai Hospital in New York.



A guard in the prison hospice at Cocksackie Correctional Facility
Fred R. Conrad / The New York Times

BOARD OF DIRECTORS

Chair

Jeffrey G. Smith

President

Frederik R.-L. Osborne

Secretary

Zelma Weston Henriques

Treasurer

Victor F. Germack

Directors

Carol Hill Albert

Ralph S. Brown, Jr.

Thomas E. Clancy

Gregory L. Curtner

Richard Fuller, MP

David T. Goldberg

Adam Hellegers

Clay Hiles

James E. McGreevey

Cindy D. Ness

Felix W. Ortiz III

Elizabeth E. Osborne

Lithgow Osborne

Andrew Potash

Carol Shapiro

Anthony R. Smith

Charles Toder

Katrina vanden Heuvel

Mark Walter

Alfonso Wyatt

Executive Director

Elizabeth Gaynes

Assoc. Executive Director

Chief Financial Officer

Carolina Cordero Dyer

Assoc. Executive Director

Susan Gottesfeld

Assoc. Executive Director

Chief Compliance Officer

Patricia Ritchings

Assoc. Executive Director

John Valverde

www.osborneny.org

info@osborneny.org

NYC Elder Reentry Initiative

City Council FY 2017 Funding Request: \$185,000

The Need

Each year, some 1,500 men and women age 60 or over leave state prison and return to New York City. These formerly incarcerated senior citizens are at very low risk of recidivism, but at very high risk of falling through the cracks in our social safety net. Elders released to NYC have distinct and complex circumstances upon reentry, including homelessness, unemployment, increased anxiety, fragmented community and family ties, and chronic medical conditions. They are the fastest growing segment of prisoners, yet their needs are not currently met adequately by either geriatric or criminal justice service providers.

Returning individuals may not know how to access available benefits and often face long delays in obtaining them. Securing long-term geriatric-appropriate housing is of critical importance. Aging individuals with criminal records are often discriminated against or stigmatized by nursing homes and assisted living centers, leaving them with few options and critical unmet needs.

The Program

The Osborne Association proposes the NYC Elder Reentry Initiative for FY 2017 to help address the needs of this distinctive and poorly-served population. The Elder Reentry Initiative will fully implement a pilot initiative funded in FY 16 with Foundation support. A grant of \$185,000 would support Osborne staff providing discharge planning for 75 NYC elders age 60+, case management for those released (35 to 50 in FY 17), and outreach and training for NYC providers.

The Elder Reentry Initiative consists of two components:

- **Improving receptivity and access to geriatric services**, including
 - **Developing partnerships with senior centers in every borough** to refer recently released elders;
 - **Delivering training and technical assistance** for gerontologists, senior centers, palliative care providers, and mental health clinicians who serve elders;
 - **Conducting outreach to nursing homes, assisted living providers, and geriatricians** to make them more aware of the challenges and assets of this population in order to reverse the stigmatization of formerly incarcerated elders;
 - **Delivering training and technical assistance for criminal justice agencies** (law enforcement, courts, community supervision, ATI/Reentry) to expand their knowledge of geriatric issues and their impact on justice-involved individuals; and
 - **Identifying and advocating** for the availability of nursing home, assisted living, supportive housing, and other resources.
- **Implementing integrated case management** for returning elders and connecting them to appropriate medical and behavioral health care, benefits and work opportunities and other needed services, including services available through the City's senior centers.

About Osborne

As one of the largest reentry organizations that works in more than 18 state prisons and 8 city jails/Rikers Island, the Osborne Association is well positioned to lead the way in addressing this timely issue. In 2014, Osborne released "The High Costs of Low Risk," a White Paper on the aging prison population (recently cited in *The Atlantic*, and previously in *The Nation* and twice in the *New York Times*) and, in collaboration with the NYC Department for the Aging (DFTA) established the Aging Reentry Task Force, an interdisciplinary body of stakeholders from the fields of health, aging, and corrections/criminal justice. The task force steering committee included Osborne, DFTA, Fordham School of Social Work/Be The Evidence Project, Columbia University Center for Justice, and RAPP (Release Aging Prisoners Project) at the Correctional Association. The Task Force convened a cross-sector collaboration of agencies from the corrections, health, aging, and criminal justice communities, and developed a geriatric assessment and discharge planning and case management model specifically for elders returning home from jail and prison. This model has been approved by the NYC Department for the Aging and both city and state corrections departments.

For more information, please contact:

Elizabeth Gaynes
President and CEO
The Osborne Association
egaynes@osborneny.org

or,

Rose Christ
Manatt, Phelps & Phillips, LLP
(212) 790-4634
rchrist@manatt.com



Commitment to Improve
the Quality of Life

Friday March 4, 2016

To: NYC Council Committee on Aging & Sub-committee on Senior Centers

From: India Home, Inc.

Re: Testimony for Preliminary Aging Budget Hearing

India Home is a non-profit organization founded by community members to serve the South Asian elderly. Incorporated in 2007, the organization started running senior center programs from April 2008. The mission of India Home is to improve the quality of life for seniors by providing quality care in a culturally sensitive environment. We believe that social isolation is a major cause of mental and physical morbidities among seniors; therefore, we aim to build lasting relationships between the seniors we serve and their communities. In the last six years, we have touched the lives over 2,000 South Asian seniors across New York City. We have served over 30,000 congregate meals since our inception in several locations across Queens.

We are advocating for an increase in funding for senior centers and in particular, aging services for South Asians. India Home has been a pioneer in creating senior center program for South Asians since 2008. Since then, there has been little government support for programs serving overlooked, LEP, and low-income South Asians. Only recently have we been able to secure adequate support for our programs. However, the demand for senior centers and aging services for South Asians outpaces the support we have only just begun to receive. There is a large rise in South Asian elderly living in communities without any culturally appropriate for seniors.

Despite India Home's advocacy, mobilization of community resources, and innovative practices, we still need more support. The Mayor's preliminary FY 2017 budget has no line items for immigrant senior centers, a vital source of funds for us. We appreciate the Council initiative, but we need our elected officials to push for this budget item to be included in the Mayor's FY 2017 budget. In addition, India Home will push for more funding for ESL / Citizenship class and cultural competency training in senior centers. ESL and Citizenship classes are of utmost importance to our seniors, many of whom came recently to the United States. We are currently providing ESL classes with no support from our current discretionary support. We also connect our seniors to citizenship programs and legal services but they would feel more comfortable if we can provide these services at our senior centers. This is not possible due to our continual

P.O.Box 40263, Glen Oaks, NY 11004 ■ Phone: (917) 288 7600 ■ Fax: (718) 425 0891

Website: www.indiahome.org ■ Tax Id: 20-8747291

Dr. Kiran Dave

President

Dr. Bhuvana Dorai

Vice President

Ms. Kamla Motihar

Secretary

Dr. Amit Sood

Treasurer

Dr. Geeta Menon

Medical Services

Mr. Paulose Arikupurathu

Public Relations

Members

Dr. Masood Mirza

Ms. Janak Dutt

Dr. Gnanendra Sinha

Ms. Jaya Bahadkar

Ms. Shanthi Ranasinghe

budget constraints. Lastly, our South Asian seniors who are independent and have lived and worked in the United States for several decades do not feel comfortable attending their local neighborhood senior centers because of the lack of culturally appropriate programming and responses from staff. As such, the Mayor's FY 2017 budget as well as any Council initiatives need to make these priorities for the FY 2017 budget.

We thank Councilmember Margaret Chin and the Committee on Aging for helping India Home provide better senior center services through the Senior Centers for Immigrant Populations initiative. We need more such support through Council initiatives. However, for programs and services at India Home to be sustainable, our community needs have to be included in the Mayor's annual budget.

Thank you so much!

Sincerely,

A handwritten signature in black ink, appearing to read 'Vasundhara Kalasapudi', with a stylized flourish at the end.

Vasundhara Kalasapudi, M.D.
Executive Director



Asian American Federation

STATEMENT SUBMITTED TO THE COMMITTEE ON AGING OF THE NEW YORK CITY COUNCIL

Preliminary Budget Hearing

Friday, March 4, 2016

Thank you to Chairperson Margaret Chin and the members of the Committee on Aging for convening this hearing. I am Jo-Ann Yoo, Executive Director of the Asian American Federation. The Federation's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness and organizational development.

Established in 1989, the Federation is a pan-Asian non-profit organization representing a network of community service agencies in the Northeast. These agencies work in the fields of health & human services, education, economic development, civic participation, and social justice. We work with over 60 groups that serve the growing Asian American community in New York City.

We are here today to lend our support to the tireless efforts of our member agencies that serve Asian seniors.

The growth of the Asian senior population continues unabated and is dispersed throughout the City.

From 2010 to 2014, the Asian senior population grew at an annual average rate of 6.6%, compared to 2.5% of the overall senior population. Over 134,000 Asian seniors reside in the five boroughs. Our recent analysis of the Asian populations in each of the 51 City Council Districts finds that Asians represent 10 percent of the population in more than half (26) of the Council Districts.

Asian seniors face linguistic and economic challenges.

Overall 1 in 4 Asian seniors live in poverty, with poverty rates reaching as high as 35% for Bangladeshi seniors and 30% for Chinese seniors.

Language barriers remain high among Asian seniors. More than 90% of Chinese and Korean speaking seniors had limited English proficiency (LEP). Among Bengali speakers, 88% were LEP. More than 3 in 4 Urdu speakers and half of Hindi speakers were also LEP. Even among

Filipinos who have a reputation of high English proficiency, 44% of Tagalog speakers identified themselves as LEP.

Access to affordable health insurance is also a concern for Asian seniors. Overall 5% of Asian seniors have not health insurance coverage, compared to 2 percent of all seniors. And only 24% of Asian seniors had additional private coverage, compared to 43% of all seniors. Particularly alarming is that nearly one in three Bangladeshi seniors did not have any health insurance coverage.

Culturally competent services increase utilization and effectiveness of the services.

Community-based organizations with roots in their neighborhoods are best placed to getting Asian seniors the help they need. Asian seniors, particularly more recently arrived ones, are less likely to know what services and programs are available to help them acclimate to life in New York City and to address life events as they occur. Having the language and cultural expertise and connections to the community allow our member agencies to reach our seniors. Asian seniors are more likely to utilize services that reflect their traditional values and ethnic identities. Culturally competent programs will also understand the cultural and generational barriers that stop seniors from seeking help, particularly around mental health services. Yet, these organizations are facing an increasing wave of service requests in the face of decreasing support from the public and private sources. For instance, our May 2015 Analysis of City Government Funding to Social Service Organizations Serving the Asian American Community in New York City report shows that between FY 2002 to 2014, of the over 5,000 DFTA contracts totaling \$2.9 billion, the social service organizations serving the Asian American community received 189 contracts totaling \$81 million. In short, the Asian American share was 2.7% of total contract dollars and 3.7% of the total number of contracts.

Recommendations

On behalf of our member agencies that serve Asian seniors, we request resources for following priorities:

1. The Chinese and Korean senior populations have grown by 65 to 70 percent since 2000, but funding for senior centers targeting that population has not kept up with this growth. We request more funding to support these important community hubs for our seniors.
2. In a city where more than one in ten seniors is Asian, no Asian-led homebound meal provider has a direct contract with the city. Our member agencies who are sub-contractors for homebound meals often find that their programs are cut first when the city's budget axe falls on the contracting agency. We request that either protections for subcontractors be put in place or for restructuring of contracts to enable Asian senior centers to contract directly with the City for homebound meals.

3. No major senior housing has been built in the city in many years. Few, if not none, of the existing senior housing serves the diverse language, cultural and dietary needs of Asian seniors, in particular South Asian seniors. We request the creating of more senior housing. We also request that the City include the needs of seniors in the creation of new affordable housing. New affordable housing stock needs to be senior friendly in design. New projects that include affordable housing should include community spaces that are potentially available for senior centers or other types of services that meet the emerging needs of the community.
4. Thanks to City Council actions last year, two groups now are receiving for the first time city funding to serve South Asian seniors. However, we need to continue to expand the resources available to serve this growing community. In particular, we request that the City fund capital expenses to help these senior centers find permanent homes.
5. We request the Council to address the increasing need for in-language and culturally competent health and, in particular, mental health services for Asian seniors.
6. Amend the contracting process in order to acknowledge that Asian-led agencies providing services directly to Asian seniors are in the best position to use additional dollars cost effectively.
7. Please provide support to conduct research to study the most effective programs, best practice models and demographics changes of the senior population so we can work together to fill service gaps.

Thank you!

**Testimony by Dr. Cynthia Maurer, Executive Director
Visiting Neighbors, Inc.
to New York City Dept. for the Aging Public Hearings
March 4, 2016**

My name is Dr. Cynthia Maurer. I am Executive Director of Visiting Neighbors.

Thank you for this opportunity to give voice to the needs of our City's forgotten seniors...the oldest old, the homebound and frail elderly, the seniors who spend their days alone, hidden behind the locked doors of their apartments, unable to attend senior centers. They have outlived their friends and families. We must not forget them!

Visiting Neighbors, which serves more than 1,000 seniors each year in lower Manhattan and parts of Queens, has earned an outstanding reputation as a trusted lifeline for seniors and caregivers. We provide vital support services to seniors and their caregivers who have nowhere else to turn. The average age of the seniors we serve is 89, and we now have ten who are age 100+. They are frightened, proud and vulnerable, and are resolutely determined to remain independent. They often do not know that help is available, or they are afraid to ask for help because they fear that asking for help may be the first step towards a nursing home. We reassure seniors, helping them keep their fears and anxieties in perspective.

Most of the seniors we serve are invisible, hidden behind the locked doors of their apartments, with their televisions as their only companions. It becomes too easy for society to forget about them because we do not see them on a daily basis. The seniors look forward to visits and calls from their Visiting Neighbors' volunteers as the only respite in their lonely lives. As 92-year old Rose recently told us, "Visiting Neighbors is the only family I've got."

They are struggling to survive on limited fixed incomes, and are often forced to choose between paying for food or medication. They are slightly above eligibility levels for Medicaid-funded services, but cannot afford to pay privately for care on a regular basis. Without someone to help them with errands and shopping, or to escort them to medical appointments, they may be forced prematurely into nursing homes, or they may neglect vital care. Their lives would end in tragedy that could have been prevented.

For the past 44 years, Visiting Neighbors has been a trusted lifeline, reaching out to keep these seniors safe, connected with their community, providing companionship and encouragement, health advocacy, helping them with shopping and errands and escorting them to medical and other important appointments so they can safely navigate our City's treacherous streets. The hazards they face when they leave their apartments are familiar to all of us, but can be life-threatening to a frail senior whose vision may be impaired or who may be unsteady on their feet – traffic that comes barreling down on pedestrians the second the light changes, potholes, cracks in the sidewalk, and oblivious pedestrians engulfed in their cell phones.

As the number of our oldest old grows dramatically, we are concerned that City has turned its back on their needs. Over the past decade, there has been nearly a 20 percent increase in our

City's 85+ population, yet DFTA seems to be more focused on providing services that are valuable to younger seniors, but which virtually exclude our City's most isolated, lonely and vulnerable.

Based on Visiting Neighbors' 44 years of serving this population, we look forward to helping you meet their growing needs. There is much we can do, but we need DFTA and the City to commit the resources it takes. Programs like Visiting Neighbors are extremely cost-effective, and they work! I hope that you will include these seniors and organizations like Visiting Neighbors in your plans and commit the needed resources. Our oldest old must not be forgotten!

At Visiting Neighbors, our focus is twofold. We provide the supportive and preventive services many seniors need so they can remain independent. We offer companionship to relieve their isolation and loneliness, which often leads to depression. Depression and despair – the feeling that no one cares whether you live or die – are known factors that contribute to seniors neglecting their health, not eating right, falling, and not taking care of themselves.

Our volunteer visitors also serve as extra eyes and ears for our professional staff, alerting us immediately of any change in a senior's mental, physical or emotional condition so they can get the attention they need promptly, before irreversible damage is done.

We have found that many of our seniors avoid going to the doctor when they are sick because they are afraid that he or she will send them to the hospital, and that once they are hospitalized, they will never return home. Our Health Advocate encourages the seniors to see their doctors regularly, to follow their doctors' advice, to eat right, to not ignore symptoms, and to ask for help when they need it. He checks their apartments to remove safety hazards and helps them prepare an Emergency Readiness magnet with their doctors' names, prescriptions and other drugs they take, a list of their medical conditions and emergency contact names. If they are hospitalized, he visits them so the hospital staff knows that someone is watching. When it is time for them to be discharged, he makes sure that proper supports are in place. Every senior needs an advocate, and unfortunately, many seniors have no family or friends who can fill that role.

We also focus on increasing seniors' and caregivers' confidence by providing assistance with the common problems that many elderly face. Few seniors are prepared to understand the choices they must make, whether it involves choosing a Medicare plan, a service provider, or executing advanced directives. They know they can ask a question, and Visiting Neighbors will help them find an answer.

Few of us are ever prepared to become caregivers. We are thrust unprepared into the role, not knowing where to turn for guidance. Most people need help navigating the overwhelming array of services and programs and decisions we must make. Visiting Neighbors provides support to caregivers as they struggle to help their spouse, parent, friend or neighbor. They know they can count on us for information and a knowledgeable, supportive voice when they don't know where else to turn.

When a senior needs additional in-home care, we help them find appropriate services, and we monitor whether their needs are being adequately met. They know they can count on us so they don't have to face the challenges of aging all alone.

We are dependent on you to keep our doors open. It is inhumane to turn your backs on the needs of our vulnerable seniors who have done so much for our City. I am here today to urge you to restore funding for our services and to remember our City's oldest old. They must not be forgotten!

Cost-effective supportive services for seniors living at home help reduce the number of seniors who are forced into nursing homes. The current cost of a nursing home in New York City is estimated to be \$131,484 for one senior for one year, according to The New York State Partnership for Long-Term Care. As you know, most of this cost is paid for by Medicaid and other government programs. The government can significantly reduce costs by funding cost-effective preventive supportive services like Visiting Neighbors to help maintain seniors in their own cherished homes. It just makes sense!

We urge you to provide funding and support for programs like Visiting Neighbors. Agencies like us must receive the support we need so we can help our City's elderly remain safe, healthy and confident with the knowledge that they have not been cast aside by society.

Our programs are smart and a sound investment. They are humane, kind, caring and cost-effective. As more of us live longer, they will enable us to remain connected with the communities and individuals we value. We will all benefit from knowing that seniors can get the care they need and deserve.

We are counting on your support so we can continue to help our City's seniors who have nowhere else to turn.

Thank you.

Cynthia Maurer, Ph.D.
Executive Director
Visiting Neighbors, Inc.
3 Washington Square Village, Suite 1F
New York, NY 10012
(212) 260-6200
www.visitingneighbors.org



Communities for Healthy Food NYC

WEST HARLEM GROUP ASSISTANCE
1652 Amsterdam Avenue, New York, NY 10031

**Testimony before
New York City Council Committee on Aging
& Subcommittee on Senior Centers**

Communities for Healthy Food Program

March 4, 2016

Thank you Chair Margaret Chin, and Aging Committee Members, for considering this testimony supporting Communities for Healthy Food's request for City Council Citywide Discretionary Funding in the amount of \$250,000. My name is Rosa Concepcion, I am the Communities for Healthy Food Advocate in West Harlem and I am submitting this testimony on behalf of Communities for Healthy Food (CfHF) and West Harlem Group Assistance.

About West Harlem Group Assistance

West Harlem Group Assistance, Inc. (WHGA), a community based Development Corporation established more than 45 years ago, works to revitalize the under-invested West and Central Harlem communities riddled with dilapidated and abandoned buildings. Ironically, WHGA's primary function has become to quell the negative impact of such rapid gentrification on our low to moderate income constituency as Harlem, over the past several years, is experiencing an influx of new businesses and investments WHGA's core efforts include a portfolio of over 1300 units of affordable housing development as well as building initiatives such as homeownership and small business development.

In 2014 with the support of LISC NYC (Local Initiatives Support Corporation-New York City), WHGA redeveloped a vacant storefront on Lenox Avenue now called the Community Food Hub to serve as a portal to improve access to healthy food and advance educational prospects related to health and nutrition. Today the Hub offers a variety of healthy food resources for

West Harlem residents including a “client choice” food pantry, cooking demonstrations, nutrition education workshops, an affordable community supported agriculture (CSA) farm share, assistance with food stamp enrollment and recertification, as well as information on how to find neighborhood resources for eating healthy on a budget. This program is dedicated to engaging youth, families, and seniors from WGHA’s housing portfolio as well as those who live, work and shop in the larger West Harlem community.

Overview

Communities for Healthy Food (CfHF) NYC is an innovative approach to expand access to affordable, healthy food in four of New York City’s economically challenged communities through community-based organizations. This **place-based initiative** integrates access to healthy and affordable food into every aspect of our comprehensive community development work – through resident outreach, nutrition education and cooking classes, creating new or improved healthy food outlets and generating food-sector jobs. When thinking of innovative ways to provide services, we keep in mind the vulnerable population we serve which, includes the seniors.

Overall impact

Since establishing the Communities for Healthy Food program in 2014 in a formerly vacant commercial storefront on Lenox Ave, a number of resources have been offered to everyone in the community including seniors:

- Co-located key services and program like nutrition and culinary education
- Free tax preparation services
- CSA (community supported agriculture) distributions
- Farmer market walks
- Yoga
- SNAP (Supplemental Nutrition Assistance Program),
- Housing and SCRIE (Senior Citizen Rent Increase Exemption) referrals as well as,
- Health screenings and medical insurance information.

From its beginning in 2014 until today, CfHF in West Harlem has enrolled over 1,500 families, and distribute 118,552 lbs. of food; of which 19,081 lbs. was of fresh produce.

When thinking about ways to better serve our community, we keep in mind that approximately 204,000 New York City Seniors (about 20%), rely on soup kitchens and food pantries; in West Harlem, 30% of the participants in our client choice pantry are seniors. In an effort to accommodate seniors who face physical and mobility limitations, as well as health issues, we have established senior hours at the client choice pantry. We are also working with senior centers in order to inform them about our site and services offered on site.

We are building on existing community resources and creating links and accessibility for those who might not have had access to the services and/or information previously. We are already a trusted resource in our community and with this advantage we have co-located services such as classes, workshops and food resources in once easy to find location. In our efforts to reach and assist more people, we are building cross-sector partnerships and joining forces with the other non-profits, government offices and businesses in our communities to multiply the impact.

Food insecure seniors are at increased risk for chronic health conditions, they are 60% more likely to experience depression, 53% more likely to report heart attacks, 52% more likely to develop asthma and, 58% report high blood pressure. These chronic and mostly preventable and/or controllable conditions are a result of a direct correlation with unhealthy food consumption. 79% of our population is reporting that they are purchasing cheaper unhealthy food and 66% of households report that they have to choose between paying for medical care and food every year. We are asking that our testimony and these statistics are heavily considered when thinking about the impact CfHF is having in the communities we are working with and then again when thinking about how much greater of an impact we could all have in our communities if once again supported by the City Council of New York City.



COUNCIL OF PEOPLES ORGANIZATION

1081 Coney Island Ave. Brooklyn New York 11230.

Phone 718-434-3266 Fax 718-859-2266

www.copousa.org

Let Us Serve Our Community

March 4, 2016

Good Morning,

My Name is Mohammad Razvi , Executive Director of Council Of Peoples Organization.

COPO's mission is to assist low income immigrant families, particularly South Asians and Muslims, to reach their full potential as residents of New York City. COPO empowers marginalized communities to advocate for their rights and understand their responsibilities as Americans. It helps to build community relations amongst Muslim and non-Muslim community groups. It works to establish connections between the communities and various government agencies.

We provide multiple services to the community. We are a Halal Senior Center in Brooklyn NY. We provide essential services to the Seniors , such as food , transportation, socialization and benefit enrollment . Asians represent 15% or more of the population in the city, however they receive 2.7% resources for the community. South Asians and Arabs whom we provide services to receive .00001 % of resources to serve the community. We are grateful to receive \$10,000 in 2015 for our seniors - Thank you. Recently we have been awarded through the council initiative \$75k for 2016, thank you. We were budgeted to serve 100 meals a week totaling 5,200 meals however the need is far greater and we are currently serving twice the amount of meals approx 11,000 meals. We are providing essential services to our community. Many large groups claim they are serving our community and that they are experts, Godbless them I am sure they are, We are not performing Open Heart Sugery we don't need a MD degree to serve our community. Help us serve our community.

We request:

Support for new immigrant groups with resources.

The diversity of the city can not be represented by large groups.

Curent large contracts should have polices not to cut subcontracts first when there are budget cuts.

Contracts to be smaller so we all can apply.

We request that we have a fair share of the resources for our communities as other have.

Let Us Serve Our Community!

Thank you

Mohammad Razvi



Council of Peoples Organization

1081 Coney Island Avenue Brooklyn, New York 11230 Phone (718) 434-3266 www.copousa.org

SERVICE HIGHLIGHTS

COPO's mission is to assist low-income immigrant families, particularly South Asians and Muslims, to reach their full potential as residents of New York City

*We offer services at our main site in **Brooklyn** and at a newly opened site in **Queens**.*

HALAL SENIOR CENTER

COPO's senior center provides breakfast and lunch, ESOL and citizenship classes, nurse and social worker home visits, and much more to keep our seniors healthy and engaged.

Served 15,600 hot meals to low-income seniors in 2014.

DISASTER RELIEF

Since 2012, our team has assisted over 1,200 survivors of Superstorm Sandy in accessing a variety of resources. We provide case management, advocacy, and referral services. Assisted over 250 storm-impacted families access over \$3 million in grants and product donations to help rebuild and restore their lives to normal.



ADULT & COMMUNITY EMPOWERMENT

Citizenship and civic engagement are fundamental components of COPO's programming.

Raised awareness about DACA among over 1,200 potentially eligible individuals through outreach in 2014-2015.

Helped 500 clients become United States citizens through N400 application assistance, citizenship preparation, and ESOL classes.

Registered 500 new citizens to vote in 2014.



FAMILY EMPOWERMENT

COPO provides case management services to families affected by domestic violence. We also conduct community workshops to educate families about our services.

YOUTH EMPOWERMENT

COPO's youth program builds intergroup solidarity and community awareness through volunteering/community service, sports, education, and cultural events.

Established the COPO UPK program in 2014 in response to the tremendous community need. We recently held "Step Up" ceremony for our first graduating class!

Conducted our annual law enforcement career fair, "COPO Youth Career Day," which was attended by over 700 young people, and participated in by 26 federal, state, and city agencies, as well as over 30 community-based organizations and private schools.

Launched the first city-funded SONYC afterschool program in an Islamic school, the Razi School, in Woodside, Queens. 85 students in grades 6-8 participate in this program.



HEALTHCARE EDUCATION

COPO's program provides case management focused on Food Stamps, Medicaid, Family Health Plus, Child Health Plus, and the Affordable Care Act.

Screened and enrolled 800 individuals in health insurance plans in 2014.



COMMUNITY EDUCATION

Working together with The Legal Aid Society, COPO offers free monthly legal clinics. These clinics offer the opportunity to consult with attorneys on immigration, housing, and other issues.

Provided intake, advice, and/or representation to over 160 individuals at our monthly legal clinics in 2014.



COMMUNITY RELATIONS

COPO builds relationships between new immigrants and New York City, New York State, and federal law enforcement agencies. Held meetings with the FBI and the Department of Homeland Security; helped to initiate a Muslim advisory board to the FBI.

Held training sessions for 150 agents from the FBI, DHS, Customs and Border Protection, USCIS and other federal and city agencies.

I want to express my heartfelt gratitude to all of you who have helped out COPO. The goodness that manifests from our donors is what enables the volunteers and employees at COPO to carry on and achieve a better tomorrow. I thank you for your past and continued support and donations of time, energy, finances, and, most of all, for your spirit of goodwill.

Mohammad Razvi Executive Director



Council of Peoples Organization

The Council of Peoples Organization's (COPO) mission is to assist low income immigrant families, particularly South Asians and Muslims, in reaching their full potential as residents of New York City. COPO empowers marginalized communities to advocate for their rights and understand their responsibilities as Americans. It helps to build community relations among Muslim and non-Muslim community groups, and works to establish connections between the communities and government agencies.

COPO: Ready for Disaster Relief

Helping people in need is at the heart of COPO's mission. Since 2005 COPO has gained both the experience and talent to successfully assist those of the immigrant communities struck by natural disasters. A devastating earthquake in Pakistan that year was the beginning. Under COPO's organizational efforts clothing, blankets, and other essentials were donated to COPO, which then partnered with an international relief agency to get them to those in need. The community response was so great that over 113 tons of material was collected and forwarded to Pakistan. The local community responded similarly to COPO as we set up collection points to alleviate the suffering of those impacted by Hurricane Katrina, the tsunamis in Japan and the Philippines, the earthquake in Haiti and yet another earthquake in 2010 in Pakistan.

With this record of accomplishment, when Hurricane Sandy struck New York those in need along with those who wanted to help turned to COPO. We launched and coordinated a recovery effort that eventually reached over 1,200 households; directly served over 200 households; and returned to the community \$3 million in recovery grants, cash cards, household products, and other resources to help victims rebuild their homes and return to a normal life. Moreover, with a multilingual Disaster Case Management staff, we effectively served not only our core base of South Asian immigrants, but also households from many affected areas of Brooklyn whose populations came mainly from Russia, the Mid-East, and Latin America.



On the morning after the hurricane hit, we found two COPO Senior Center members waiting outside our door, holding one small bag. Their home was flooded and the bag contained all they were able to salvage. Not able to speak English, they had turned immediately to COPO for aid in their time of need. We fed them, arranged their acceptance into a temporary shelter, transported them there and helped them negotiate the intake process.

Every day for the next week, we transported displaced families to shelters. Although our office was removed from the flood zone, the hurricane devastated the neighborhoods that many of our clients call home. To help bridge the language gap and dispel the fears that some have of the government, we partnered with FEMA to hold registration clinics in our office. On the very first day, November 9, 2013, 75 families came seeking help. They informed us that until then, they had been afraid to register with FEMA.

COPO then partnered with the Mayor's Office and the Federation of Protestant Welfare Agencies to canvas the devastated neighborhoods. We recruited 25 volunteers and reached over 1,200 households. Following that effort, we worked with United Way and Korean American Foundation and then Catholic Charities, which funded Disaster Case Managers based at our offices. To date, case managers have been working with more than 200 clients, helping them to get the resources they need to rebuild, access benefits and services, and regain a sense of stability.



From a Little Acorn to a Mighty Oak: **COPO turns \$1,000 into \$3,000,000**

When COPO partnered with FEMA after Hurricane Sandy, the Citizens Committee of New York City donated an initial \$1,000 grant to print outreach flyers in Arabic, Bengali, English, Spanish, and Urdu. The community response to those flyers was so great that COPO successfully leveraged it to generate over \$3,000,000 in grants from diverse sources to support case management staff, outreach, training, and emergency cash grants to clients.



However, some families had been denied FEMA assistance due to lack of proper legal status. Working with the Mayor's Office of Immigrant Affairs, COPO partnered with the Tzu Chi Foundation. Recognizing the need among COPO's clients, the Tzu Chi Foundation awarded an initial grant of \$30,000. Cash cards amounting to several hundred dollars each were distributed to 50 of these families. However, 150 families were eventually denied by FEMA and were becoming more desperate. Our plea went out and was met by an overwhelming community response. The Tzu Chi Foundation again responded with another \$30,000. Thanks to their and the local community's help COPO was able to offer cash assistance to the remaining households.

Another source of support for our clients was the New York Disaster Interfaith Services' Sandy Unmet Needs Roundtable. COPO case managers successfully applied to the Roundtable for grants to help our clients. One client received \$120,000 to cover the costs of rebuilding both his home and business. To date, the Unmet Needs Roundtable has assisted with more than \$1,000,000 to our clients.

Other organizations that provided product and cash donations that went to directly benefit our clients included the Mayor's Fund, American Red Cross, the Salvation Army, the Baby Buggy stores, Children's Place, Dunkin Donuts, and the Pencil Promise stores.

To date, we have generated nearly \$3,000,000 in grants and product donations for our clients who have had trouble finding help.



COPO's Sandy Relief Effort Volunteers

COPO Makes a Difference

- Thus far 250 households provided with comprehensive case management services.
 - \$2,000,000 in cash grants and products given directly to clients—a return of \$1.50 back into the community for every dollar generated in grant funds.
 - An experienced, knowledgeable and sympathetic staff ready to assist when disaster strikes.
-

BOARD & ADVISORS

Ibrahim AB Olevic
President

Salamat Ali
Secretary

Ejaz Ahmed
Treasurer

Hussain Dharsi
Board Member

Mirsad Muminovic
Board Member

Advisory Board Members

Abdo Almasmary

Tahir Bhutta

Louis Cristello

Majid Dutt

Shakila Hamidi

Chaudhry Hashim

Mukhtar Hussain

Mushtaq Javed

Chris Johnson

Abdul Rub Khan

Hamid Khan

Nasrullah Khan

Katherine Khatari

Sakibeh Mustafa

Mian Quadry

Rab N. Qureshi

Hamim Shah

**Council Of Peoples
Organization**
1081 Coney Island Ave.
Brooklyn , New York
11230

Phone : 718-434-3266
Fax: 718-859-2266

Web address:
www.copousa.org



Volunteer Zakria Khan providing food at the FDR Shelter site in Brooklyn

Looking Ahead

Disaster relief at COPO has evolved from serving as a conduit for the community to help people suffering elsewhere in the world, to a center for assistance right here in New York.

Our Supporters and Partners

COPO's supporters include:

Catholic Charities of the Archdiocese of New York (Disaster Case Management Program) , Citizens Committee for New York City, The Mayors Fund, Mayor's Office of Immigrant Affairs, Federation of Protestant Welfare Agencies, Korean American Community Foundation, United Way of New York City, Tzu Chi Foundation, Asian American Federation, CAMBA, FEMA, Department of Homeland Security, New York Disaster Interfaith Services (NYDIS), Unmet Needs Round Table (UNRT), Baby Buggy, Staples, CHAAYA, Salvation Army, United Methodist Committee on Relief, Red Cross, Neighborhood Revitalization NYC and NYLAG.

A Note from the Director

As Executive Director of COPO, I want to express my heartfelt gratitude to all of you who have helped out after Hurricane Sandy and the other natural disasters. The goodness that manifests at such times is what enables the volunteers and employees at COPO to carry on and achieve a better tomorrow. We thank you for your past and continued support and donations of time, energy, finances, and, most of all, for your spirit of goodwill.

Thank you,
Mohammad Razvi



FEDERATION OF PROTESTANT WELFARE AGENCIES

**TESTIMONY
of
The Federation of Protestant Welfare Agencies**

**Committee on Aging Preliminary
Budget Hearing**

March 4, 2016

Prepared By:

Carlyn Cowen –Policy Analyst

Submitted By:

**Jennifer Jones Austin
Executive Director/CEO**

40 Broad Street, 5th Floor
New York, New York 10004
Phone: (212) 777-4800
Fax: (212) 414-1328

My name is Carlyn Cowen and I am a Policy Analyst at the Federation of Protestant Welfare Agencies (FPWA). I would like to thank the Council Chair Chin and the members of the Committee on Aging for the opportunity to testify before you today and for your leadership on issues that deeply affect New Yorkers.

FPWA is an anti-poverty, policy and advocacy nonprofit with a membership network of nearly 200 human service and faith-based organizations. FPWA has been a prominent force in New York City's social services system for more than 92 years, advocating for fair public policies, collaborating with partner agencies, and growing its community-based membership network to meet the needs of New Yorkers. Each year, through its network of member agencies, FPWA reaches close to 1.5 million New Yorkers of all ages, ethnicities, and denominations. FPWA strives to build a city of equal opportunity that reduces poverty, promotes upward mobility, and creates shared prosperity for all New Yorkers.

We encourage the Council to invest in vital human services programs for older adults to ensure that all aging New Yorkers have access to opportunity and upward mobility.

New York City is home to 1.3 million older adults over the age of 60, or 16.9% of the total population, and is predicted to increase quickly in the coming years. By 2030, the estimated number of older adults is 1.8 million, which would account for around 20% of the New York City total population.

As the general older adult community is expanding, so are unique sub groups within that population. Those who are aged 85 and older, aging immigrants, and older adults of color are all communities rapidly growing, each with unique experiences to contribute to New York City's diverse culture and life.

As the older population is increasing, so is the rate of older adults living in or near the poverty level. According to American Community Survey New York City data, 20.3% of older adults in 2013 were living below the poverty line.

Just as it is important to care for families adjusting to changes associated with the beginning of life, it is necessary to support families when adjusting to changes associated with aging and end of life issues. For New York City to be a place in which older adults can age safely and with dignity, there is a need for increased services and supports to assist them and their families on their way.

FPWA's recommendations not only seek to address the immediate needs that older adults face, but also work to support the shifting aging population through investing in future-facing infrastructure, services, and programs.

New York City can help begin this process by:

- Restoring funding for **Case Management** to \$3 million
- Enhancing funding for **Adult Day Services** to \$2.3 million
- Enhancing funding for **Senior Centers** to \$8 million
- Increasing funding for **Caregiver Supports and Respite** by \$3 million

Case Management

As the older adult population grows, so should services that provide comprehensive support. Case management services currently allow social workers to assess the safety and quality of an older adult's living – are their basic needs being met, are they accessing health care and other community-based services, what other benefits do they qualify for, etc. Older adults with case managers have increased access to other services in their community, and they have support in making sure any services they use are kept current and up to date. Case management also gives support to homebound older adults, for whom the needs of daily living can be difficult to navigate on their own.

Restoring funds to \$3 million for Case Management for older adults will enhance New York City's capacity to address a growing waitlist and growing caseloads. These funds will ensure that caseloads will not grow beyond 65 older adults per social worker, so that each older adult can be confident in quality care. It will ensure that case managers are professionally trained social workers, who have the capacity and knowledge to help a diverse population. These funds will promote seniors' ability to live in their communities, rather than be placed in expensive and potentially isolating nursing homes.

Case management not only serves older adults in the short run, but also circumvents potential crises in the long run. By investing in supportive infrastructure now, we ensure our future ability to meet the needs of a growing demographic.

FPWA recommends that we restore \$3 million in the FY17 budget towards Case Management.

Adult Day Services

Increased funding of \$2.3 million for Adult Day Services would benefit older adults and their families. Adult Day Services gives older adults with dementia, Alzheimer's, or physical disabilities a safe environment to interact with their communities. Adult Day Services allow older adults the chance to have personalized care throughout the day, while also socializing with other adults.

In addition to the supportive, safe environment they provide for the older adults themselves, they also provide respite and peace of mind to caregivers. Families caregiving for older adults find themselves in an increasingly demanding situation – often they are pulled between growing children, growing careers, and aging parents. Adult Day Services let caregivers, many of whom are women, know their loved ones are in safe spaces for the day.

An enhancement to \$2.3 million in funding for Adult Day Services would address the growing need these older adults and their loved ones face.

Senior Centers

Similar to Adult Day Services, Senior Centers give older adults an incredible amount of support, and address the issues of a variety of special populations within the senior community. Included in Senior Centers are services for aging immigrants, for LGBT older adults, for older adults with loss of vision, and more.

To address the growing needs of seniors, an enhancement to \$8 million should be included to augment the availability of social work services and increase the number of culturally competent, skilled social workers in Senior Centers. This is a proactive measure for older adults to age successfully, as social workers are trained to help older adults receive benefits, address grief, end of life issues, and social isolation thoroughly and effectively, and intervene before potential crises can transpire. Increased funding in Senior Centers will enhance older adults' access to mental health services within their communities.

FPWA recommends that an enhancement to \$8 million is allocated to support social work services within Senior Centers.

Caregivers Support and Respite

In addition to the funds for formal supports through the Case Management, Adult Day, and Senior Center services, there must be funds allocated to support those who devote themselves to informally caregiving for older adults.

Caregiving is an increasingly important topic as adults in the prime of their careers, particularly women, are pulled in a multitude of directions to meet the needs of growing children and aging parents. The support caregivers are providing to their loved ones equates to millions of dollars of free care. It is important that these caregivers are also given support while they address the needs of their families.

This is why we urge the inclusion of \$3 million to go to Caregiver Supports and Respite, which provides respite care, home care or temporary placement, support groups, counseling and a myriad of other services to caregivers. By supporting caregivers now, we are supporting New York City's workforce and future growth, as well as older adults.

Increased funding of \$3 million for Caregiver Supports and Respite will give caregivers the flexibility and ability to care for their loved ones.

Conclusion

We thank the Committee on Aging for the opportunity to testify. We hope that you will consider our budget priorities and recommendations for older adults during this year's budget negotiation process, and look forward to continue working closely with you to ensure the aging community and their families receive sufficient services needed for them to live and thrive in New York City.



130 East 59th St, New York, NY 10022
Tel: 212-980-1000 Fax: 212-888-7538
www.ujafedny.org

**Testimony of UJA-Federation of New York
Before the New York City Council
Committee on Aging
Subcommittee on Senior Centers**

**Submitted by Sasha Kesler, Government Relations Associate
Preliminary Budget Hearing
March 4, 2016**

**Honorable Julissa Ferreras, Chair, Committee on Finance
Honorable Margaret Chin, Chair, Committee on Aging
Honorable Paul Vellone, Chair, Subcommittee on Senior Centers**

Thank you for convening today's hearing. My name is Sasha Kesler, and I am the Government Relations Associate for City Affairs at UJA-Federation of New York. UJA is the largest local philanthropy in the country, and through UJA-Federation, more than 55,000 donors pool their resources to help people in need, inspire a passion for Jewish life and learning, and strengthen Jewish communities around the world. UJA beneficiary agencies provide cradle to grave social services, including running NORCs throughout NYC, delivering meals to the elderly, managing senior centers, providing mental health services to isolated populations, and ensuring that seniors are able to age-in-place with dignity.

New York City is at a critical moment to address the needs of the growing population of older adults. There will be 1.3 million seniors residing within the five boroughs by 2030 and 1.86 million by 2040, a nearly 50% growth from 2000.¹ The population is also not monolithic. Every age group, whether "young seniors" at 60 or the "oldest old" at over 85, have unique needs in terms of health and mental health, financial stability, and the ability to remain in their homes.

Furthermore, nearly half of New York City's older adults are immigrants.² In 21 out of the city's 55 Census-defined neighborhoods, immigrants already account for a majority of the senior population; in Queens, this is true for ten out of 14 neighborhoods. "In NYC, nearly two thirds of immigrant residents age 65 and older have limited English proficiency, while nearly 200,000, or 37 percent, live in linguistically isolated households. As a result of these language and cultural barriers, many older immigrants have trouble finding out about existing support services and are much more likely than their native-born counterparts to suffer from isolation, loneliness and

¹ New York City Department for the Aging, *Annual Plan Summary, 2016-2017*

² Christian Gonzales-Rivera, "The New Face of New York's Seniors." *Center for an Urban Future*, July 2013.

depression.”³ In addition, poverty rates are higher in New York City than in other urban centers, with 19% of older adults living below the federal poverty level, nearly double the national rate.⁴

We must ensure the all older adults in New York City are able to age with dignity and to share their experiences with their communities. While UJA applauds the Administration for baselining and increasing funding for elder abuse services, we are concerned to see minimal new investment in older adult services in the FY16-17 Preliminary Budget. The current DFTA budget does not match the growing need for comprehensive services for older adults in NYC. Without additional resources to support and expand services, providers will be forced to serve more individuals with stagnant funding.

Recommendations:

Based on the collective experience of network agencies serving older adults, UJA recommends the following investments in the Department for the Aging:

- **Restore and baseline \$1.9 million for Naturally Occurring Retirement Communities-Supportive Service Programs (NORC-SSPs).** NORCs provide on-site supportive services to apartment buildings and complexes with high concentrations of older adults. There are several NORCs throughout New York City who were not awarded contracts in 2014 under DFTA’s last RFP process that are being supported by City Council discretionary funding; UJA urges the Council to continue its support of these programs. Additionally, given the potential impact in New York City of proposed cuts to NORC-SSP programs in the State Executive Budget, it is imperative for the City to continue to support NORC-SSP programs.
- **Baseline \$4 million for Neighborhood NORC (NNORC) programs.** At the moment, DFTA does not operate a Neighborhood NORC program, an exclusion which disproportionately impacts outer boroughs. With the highest numbers of New York’s seniors living in Brooklyn (29.4%) and Queens (28.8%),⁵ dedicated City funding for Neighborhood NORCs would generate long-term savings by bolstering existing resources in these areas. By baselining funds that were provided by the City Council in FY2015-2016 and expanding the budget, DFTA can design a NNORC program to support older adults who live in less-dense housing settings, rather than in apartment buildings as supported by a classic NORC program. This investment will match the original \$4 million investment by New York City to build a NORCs program in 1999. Similarly, proposed cuts in the State Executive Budget also put Neighborhood NORCs at risk in New York City.
- **Renew and invest \$3 million for the NYC Council Holocaust Survivor Initiative.** There are 60,000 Holocaust Survivors living in New York City and over half live at or below the poverty line. The Holocaust Survivor Initiative provided 14 culturally-competent community-based organizations with funding to determine the critical needs of Holocaust

³ Christian Gonzales-Rivera, “The New Face of New York’s Seniors.” *Center for an Urban Future*, July 2013.

⁴ New York City Department for the Aging, *Annual Plan Summary, 2016-2017*

⁵ NYC Department for the Aging, *Profile of Older New Yorkers*, November 2013

survivors in their communities and provide necessary services to ensure that the Survivors are able to spend the end of their lives in dignity with the support of community and family.

- **Restore and baseline \$1.2 million for an additional weekend meal**, either in the home or at a senior center. Community-based food assistance, including home-delivered meals and congregate meals, provide nutritious food to recipients and help to promote an overall better quality of life. Funded as a Council Initiative for FY2015-2016, UJA recommends baselining these funds in order to ensure continuity of services
- **Restore and baseline \$3 million for DFTA's Case Management Program.** Case management services are an integral part of promoting health and wellness among older adults. By proactively supporting individuals rather than responding to problems when they arise, case managers are able to work with older adults so that they can remain safely in their homes with the appropriate supports. Baselining these funds will allow case management providers to continue at their current capacity and avoid waitlists for services.
- **Continue the City Council Geriatric Mental Health Initiative (GMHI) at \$2 million.** The GMHI program was baselined in 2014, but the current Request for Proposal (RFP) from the Department of Health and Mental Hygiene (DOHMH) disqualifies many current providers from receiving contracts, and shifts the scope of the program to emphasize in-home services rather than promoting a blend of interventions to promote mental health. UJA urges the Council to continue this initiative, in order to ensure that existing programs can continue.

It is time for New York City to create a long-term plan to support older adults, recognizing that older adults today live longer lives and are able to contribute significantly to the health and richness of their communities. Funding the programs that promote and sustain independent living, deliver public cost savings, and empower older adults to be full and valued members of their community is of utmost importance.

Thank you for your time. For questions, I can be contacted at 212-836-1877 or keslers@ujafedny.org.

NORC Senior Services at Amalgamated-Park Reservoir
SENIOR SERVICES AT AMALGAMATED – PARK RESERVOIR

98 Van Cortlandt Park South, Ground Floor 1, Bronx, New York 10463

Telephone: 718 548-4990 • Fax: 718-884-6196

New York City Council
Aging Committee and Subcommittee on Senior Centers
Budget Hearing

March 3, 2016

The AmPark NORC, located in Amalgamated Houses in the Bronx, is the first cooperative housing development in the United States established in 1927. The AmPark NORC, a collaborative partnership with Bronx Jewish Community Council, Jewish Home Lifecare and Amalgamated-Park Reservoir Housing is a multi-ethnic, multi-cultural community with a significant Holocaust Survivor population. Sixty six percent of our seniors live alone. Seventeen percent have no children. Twenty seven percent have children who live between one and more than two hours away. The NORC Senior Service office serves as their immediate support system.

The AmPark NORC has been able to provide enhanced services to its seniors through linkages that it has fostered within the community. The NORC nurse and NORC Director have presented at Geriatric Grand Rounds at Montefiore Medical Center and contribute to case presentations and family conferences. Medical residents in their geriatric rotation at Columbia University School of Medicine provide health promotion lectures and Masters level occupational therapy students from Columbia University School of Occupational Therapy intern with us to assist with some of our more challenging cases. Our social service efforts are augmented through the assistance of MSW interns from Hunter College and from Lehman College.

Continued and increased funding for NORCs is essential to enable our growing senior population to continue to live independently and to age in place. The monies spent on the community based NORC initiative reaches infinitely more seniors and provides excellent value when costs are averaged out on a dollar per client basis.

The following is but one example of how the AmPark NORC partnership has played a vital role in the life of one of our clients.

Mr. R is an 83 year old African American widower, who has diabetes. He is low income and has lived on his own since his wife died twenty years ago. Mr. R has two daughters one lives in New York and one lives out of state.

- On a Thursday afternoon, an Amalgamated security officer referred Mr. R. to the Housing Director when he found Mr. R. pacing outside his building and confused as to how to return to his apartment. The Housing Director contacted the NORC office.
- The NORC social worker and the NORC nurse made a joint home visit to assess Mr. R's status. Mr. R. clearly exhibited cognitive deficits which were verified post the administration of the Folstein Mini Mental. Mr. R. did not have his medications, nor did he have food in his refrigerator. The NORC made arrangements with the local pharmacy to deliver his medications, brought food into his apartment and prevailed upon his daughter, who lives in New York, to stay with him through the weekend. The goal was to allow for some time to put an ongoing plan into place that would ensure Mr. R's safety.

NORC Senior Services at Amalgamated-Park Reservoir

- The next day, the NORC office received a call from Mr. R's daughter who stated that although she had poured Mr. R's medications into a daily container, Mr. R had taken not only the daily dose of his diabetes medication, but the dose for the entire week's medications at once! 911 was called and Mr. R was transported by EMS to Montefiore Hospital Emergency. Mr. R was stabilized and the hospital prepared to discharge him.
- Mr. R's daughter stated unequivocally that she was unable to continue to stay with Mr. R. as she needed to return to work. Mr. R's other daughter, who lives out of state, was unable to come to his assistance as well.
- Mr. R. was not deemed safe to return home without assistance. Mr. R. was also not appropriate for rehab and therefore could not be transferred to a nursing home. Mr. R. did not have the funds to pay for private home care.
- Jewish Home Lifecare, the NORC's healthcare partner took Mr. R. into their nursing home on a custodial basis. They also assisted Mr. R. in applying for community Medicaid so that he could return to the community with the homecare assistance that he required to keep him safe.
- Today, Mr. R. is back in his apartment with the homecare services and the NORC case management services that are necessary to enable him to continue to live in the community. ***The AmPark NORC Partners worked together to enable Mr. R. to continue to live in the community with the assistance needed to ensure his safety.***

Respectfully submitted,

Bayla Butler

Bayla Butler LMSW
Director
AmPark NORC Supportive Senior Services Program
98 Van Cortlandt Park South
Bronx, NY 10463

Funded in part by the New York State Office on Aging and the New York City Department for the Aging

Co-sponsored with the Joint Community Activities Committee of Amalgamated Housing Corp., Park Reservoir Housing Corp.,
Jewish Home LifeCare, and the Bronx Jewish Community Council



March 4, 2016

Council Aging Committee Testimony Chaired by Margaret Chin and Paul Vallone

Dear Council Members:

We were asked to appear before a hearing regarding our senior center. We never went to a hearing of this type and did not present papers for you review. Here are those papers.

The Korean American Senior Citizens Society of Greater New York, Inc whose office is located at 45-65 162nd Street. This is our new larger locations which give us the opportunity to develop additional programs that our senior requested during a meeting we had last week. One of our greatest accomplishments in 40 years that we have been in business is that we enrolled 300 newly registered members our centers so they can enroll in 20 various activities in our senior center.

With our membership, we have the opportunity to provide Korean lunch for all our members because we have the space and a kitchen and cafeteria setup. Since we relocated in April, we were not allowed to ask to monies from council discretionary awards because the deadline passed. However we kept asking the Department of Aging to refer us to someone that can help us with the lunch program but it has not panned out. Our agency served from 100-150 daily and the growing number of registration, we are in need for extra help of the funding to keep this service running. It has been paid by private donations but the service will have to stop if we do not get the funds. A breakdown of funding from April – December would show you the amount of the deficit we are facing as of December 2015 is attached.

We are working with a number of additional programs within our agency to make we are listening to our seniors. Our goal is to develop a Senior Mental Health Awareness program in our agency. It is a monthly workshop/seminar from

medical/psychosocial professionals to give our senior some directions and guidelines to a healthy mind sets, learning preventions and supports, and

becoming more aware of senior disorders such as Alzheimer's and Parkinson diseases besides diabetes and other health concern. Again we need funds to operate this program successfully.

The goal of our agency to continue to find different topics or program that the senior have in mind for their community. Right now we have high participants of senior who have ask for another citizenship class. We have a citizenship class on Friday for two hours but it is not enough. We have been exploring the idea of doing a Citizenship class on Saturday for two hours. A member from New York State Assembly Office is teaching the citizenship that day.

Furthermore our goal is expanding our programs so the senior citizens have plenty of choices on what programs to take.

In conclusion, please remember our KASCS acronym for the Korean American Senior Citizens Society of Greater New York, Inc. which has been in business since 1976. We will also take care of our Korean immigrants to make sure they have a better life. We would like to thank the committee for letting us speak for our agency. In the meantime, we will continuously seek to reach out to our Korean Senior Citizens to encourage them to have a quality of life here in Flushing as well as the outskirts of all boroughs in New York.

Council Aging Committee Testimony Chaired by Margaret Chin and Paul Vallone

At the hearing I had given some figure that showed the kind of deficit that we are facing here at the Korean American Senior Citizens Society of Greater New York, Inc. Since April, 2015 we had a kitchen and cafeteria to serve food to our Korean seniors. We serve lunch in Korean (Monday – Friday). We have spent as follows:

- We collect \$2.00 a Lunch Meal from each senior. As of December, 2015, we collected \$22,235.80
- We buy food for the lunch program which equates to \$30,844.44 for December 2015.
- We have to pay our Food Preparers which totals \$37,800.00 For December 2015.
- We have to pay the gas strictly for the Lunch program which equates to \$5,000.00

-30,844.44 Food Preparation

-37,800.00 Salaries

- 5,000.00 Gas

-73,644.44 Total Lunch program December 2015

+22,235.80 Collection for seniors

-51,408.84 Total Deficit

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Mel Gitter

Address: Hamel

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Debra Duncanson

Address: 15 Van Court

I represent: Community Bd #11 Charlotte

Address: 1664 Park Ave

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: March 7 201

(PLEASE PRINT)

Name: RACHEL SHERROW

Address: 41 City Ave Apt 17C

I represent: Hudson Valley Center

Address: 900 4th St Manhattan

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/4/16

(PLEASE PRINT)

Name: BENA RESNICK

Address: 1

I represent: Metropolitan Council on Jewish Poverty

Address: 30 Broadway

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/4/16

(PLEASE PRINT)

Name: Carlyn Cowen

Address: 40 Broad Street

I represent: Federation of Protestant Welfare Agencies

Address: 40 Broad Street

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: MARCH 4, 2016

(PLEASE PRINT)

Name: TANYA KUPAT

Address: _____

I represent: THE OSBORNE ASSOCIATION

Address: - ELDER RE-ENTRY PROGRAM

Please complete this card and return to the Sergeant-at-Arms.

PUBLIC

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Mohammad KARV. (PLEASE PRINT)

Address: 1081 CONEY ISLAND AVE

I represent: COPO

Address: 1081 CONEY ISLAND AVE

PUBLIC

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Dr Cynthia Magro (PLEASE PRINT)

Address: Dispersing Neighbors

I represent: Older Adult Services

Address: 36 Washington Square

Please complete this card and return to the Sergeant-at-Arms

PUBLIC

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/4/2016

Name: Sonja Vecerin (Assistant Director) / Sujin Choi (PLEASE PRINT)

Address: 45-65 162nd Street Flushing, NY 11358

I represent: Korean American Senior

Address: CITIZENS SOCIETY of Greater NY

(K.A.S.C.S.)

Please complete this card and return to the Sergeant-at-Arms

Public

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: James P. Lynch & Sons

Address: _____

I represent: De la Monica - Stegway Senior Center

Address: 23-56 Broadway, Astoria, NY 11106

Public

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Suki T. Ports

Address: 440 Riverside Drive

I represent: Japanese American Assoc. of NY

Address: 49 West 45 Street

Public

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Harriet Blank

Address: Chel

I represent: 4510 16th Ave

Address: _____

- Shabbath

public

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Linda Hoffman (PLEASE PRINT)

Address: _____

I represent: New York Foundation for Senior Citizens

Address: 11 Runk Place

Public

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Omar Bouvier (PLEASE PRINT)

Address: _____

I represent: Local 372

Address: _____

Public

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Bonnie Nesbitt (PLEASE PRINT)

Address: _____

I represent: LI SC, re: Communities for Healthy Food

Address: _____

Please complete this card and return to the Sergeant-at-Arms

Public

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jackie Febrillet

Address: _____

I represent: DC Loc 372

Address: _____

Public

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: JoAnn Yoo

Address: 120 Wall

I represent: Asian American Federate

Address: _____

Public

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Constance Lesold

Address: 4521 CHURCH AVE., BKLYN, 11203

I represent: BROOKLYN MENTAL HYGIENE COURT

Address: MONITORS PROJECT

PUBLIC

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)
Name: Molly Kralowski

Address: _____

I represent: JASA

Address: _____

PUBLIC

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: March 4, 2016

(PLEASE PRINT)
Name: Rosa Concepcion [Wage - LISC-NYC]

Address: 625 Lenox Ave New York, NY 10037

I represent: LISC and West Harlem Group Assistance

Address: _____

PUBLIC

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)
Name: Lakshman Kalasapudi

Address: 69-55 210th Place Glen Oaks NY 11004

I represent: India Home

Address: 100-15 Queens Blvd Forest Hills, NY 11004

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Carl Goldfarb (PLEASE PRINT)
Address: 191-193 Orchard Street #2D

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: JULIA MARTIN (PLEASE PRINT)
Address: 341 W. 24th St #18E NYC 10011
I represent: Hudson Guild Center
Address: 7 Ave + 17th St NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3.4.16

Name: Dorothy Gladys Solano (PLEASE PRINT)
Address: Convent East 1st Street Apt. 4-D
I represent: DTA
Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 3/4/16

(PLEASE PRINT)

Name: D. Alexandra Dyer

Address: 3302 Skillman Avenue, 1st FL

I represent: Healing Arts Initiative

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/4/16

(PLEASE PRINT)

Name: Nora Moran

Address: _____

I represent: United Neighborhood Houses

Address: 70 W. 36th St. NY NY 10018

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/4/2016

(PLEASE PRINT)

Name: CHRISTIAN GONZÁLEZ RIVERA

Address: 120 WALL ST., 20th FL.

I represent: CENTER FOR AN URBAN FUTURE

Address: 7-13 WASHINGTON SQ. N. #52B, NYC 10003

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. BUDGET Res. No. _____

☐ in favor ☐ in opposition

Date: 3/4/16

Name: Leo ~~KEVIN~~ ASEN (PLEASE PRINT)

Address: 34 AVE & 49th ST, NYC

I represent: (AARP)

Address: 142 West End Ave NYC, NY 10023

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. Budget Res. No. _____

☐ in favor ☐ in opposition

Date: 3/4/16

Name: Diane Drosick (PLEASE PRINT)

Address: ~~45 Park~~ 45 Tremont Ave

I represent: Myself AARP

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/4/16

Name: Bobbie Sackman (PLEASE PRINT)

Address: Live on my

I represent: 49 W. 45 St, NY 10036

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rhonda Sberman

Address: 1250 Broadway

I represent: UNSNY Chinatown NNOR

Address: see above

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Sandy Myers

Address: _____

I represent: Selfhelp Community Services

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Joy Wang

Address: Associate Commissioner, Budget + Fiscal

I represent: Operations

Address: DTA

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3.4.16

(PLEASE PRINT)

Name: Donna Conrado

Address: Commissioner

I represent: DFTA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3.4.16

(PLEASE PRINT)

Name: Caryn Reznick

Address: Deputy Commissioner, External Affairs

I represent: DFTA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: March 4 2016

(PLEASE PRINT)

Name: Mary Ann Tetas

Address: 419 W 117 St apt 17c

I represent: Hudson Guild Sr. Center

Address: 9 Ave & 17 St in Manhattan

Please complete this card and return to the Sergeant-at-Arms