

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

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June 13, 2017
Start: 1:17 p.m.
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HELD AT: Council Chambers - City Hall

B E F O R E:
MARGARET S. CHIN
Chairperson

COUNCIL MEMBERS:
Karen Koslowitz
Deborah L. Rose
Chaim M. Deutsch
Mark Treyger
Paul A. Vallone
Rosie Mendez

A P P E A R A N C E S (CONTINUED)

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External Affairs
NYC Department for the Aging

Karen Taylor
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A P P E A R A N C E S (CONTINUED)

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JASA

Todd Fliedner
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Sasha Kesler
Representative
Selfhelp Community Services

Thomas Weber
Director of Care Management
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Rhonda Soberman
Manager
Visiting Nurse Service of New York

[sound check]

[pause]

CHAIRPERSON CHIN: Good afternoon.

[background comments] My name is Margaret Chin and I am the chair of the Committee on Aging. I would like to thank my fellow committee members and the Council staff for coming together to hold this hearing.

Today's hearing will provide the Committee with an opportunity to discuss and evaluate Naturally Occurring Retirement Communities, also known as NORCs in the City.

The vast majority of older adults express a clear preference to age in place; that is, remain in their residence or community as they grow older. However, many seniors require additional services and accommodations in order to do so. NORCs permit our city seniors to age in place by establishing partnerships between a housing entity or particular neighborhood social service providers, health providers, and NORC residents themselves. These partnerships work together to monitor seniors' needs and provide flexible and responsive services to NORC residents before crisis intervention is necessary.

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2 As of Fiscal Year 2016, there are 53
3 publicly-funded NORCs in the City; these NORCs
4 receive funding from either the State, the Department
5 for the Aging, also known as DFTA, or the Council, or
6 from a combination of state and city funds. Twenty-
7 eight NORCs in the city are funded through contracts
8 with DFTA, while 25 receive funding from the Council.
9 In addition, 14 NORCs receive funding from both DFTA
10 and the state. In recent years, as Council Members
11 learn more about NORCs and the benefits and services
12 they provide to our city's seniors, the Committee has
13 seen increased interest from members regarding the
14 establishment of NORCs in their districts.

15 For example, in FY 2015, Council Member
16 Debi Rose, who is a member of this committee and
17 Council Member Donovan Richards, expressed interest
18 in establishing NORCs in their districts.
19 Feasibility studies for both districts were then
20 funded and are currently in the process of being
21 conducted. Given the increased interest in NORCs,
22 coupled with the growing senior population in New
23 York City, it is our responsibility to ensure that
24 government agencies such as DFTA are adequately
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2 prepared to provide services to our growing senior
3 population.

4 This hearing will provide the Committee
5 with an opportunity to discuss the upcoming changes
6 to the New York State Elder Law with respect to NORCs
7 and how these changes will affect the NORCs in New
8 York City, particularly the 14 NORCs that receive
9 funding from both the state and DFTA, as well as
10 identify areas for improvement and expansion of NORCs
11 in the future.

12 I want to thank the Council Member on the
13 Committee who has joined us today, Council Member
14 Rose, and I also want to thank our new counsel on the
15 Aging Committee, Caitlin Fahey on her first hearing,
16 and I wanted to thank Emily Rooney and Dohini
17 Sompura.

18 Without further ado, the Counsel will
19 swear in our first panel from the Department of
20 Aging, so we invite up Caryn Resnick, Deputy
21 Commissioner for External Affairs, and Karen Taylor,
22 Assistant Commissioner, Bureau of Community Services.

23 [pause]

24 [background comment]

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2 COMMITTEE COUNSEL: Do you affirm to tell
3 the truth, the whole truth and nothing but the truth
4 in your testimony before this committee and to
5 respond honestly to council member questions?

6 [collective affirmation]

7 KAREN TAYLOR: Okay. Good afternoon
8 Chairperson Chin and members of the Committee. I'm
9 Karen Taylor, Assistant Commissioner for the Bureau
10 of Community Services at the New York City Department
11 for the Aging (DFTA) and I'm joined today by Caryn
12 Resnick, Deputy Commissioner for External Affairs,
13 and Laudrey Lamadieu, Deputy Assistant Commissioner
14 in the Bureau of Community Services. On behalf of
15 Commissioner Corrado, I would like to thank you for
16 this opportunity to discuss Naturally Occurring
17 Retirement Communities, or NORC programs.

18 The term Naturally Occurring Retirement
19 Community describes the demographic phenomenon. It
20 was coined in the 1980s by a professor of
21 architecture at the University of Wisconsin when he
22 observed that certain housing communities had evolved
23 into communities with a large concentration of older
24 people. Definitions vary somewhat throughout the
25 country, but Naturally Occurring Retirement

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2 Communities are defined in New York City principally
3 through their geographic boundaries and their
4 population seniors. The City has defined NORCs as
5 residential locations, either single buildings,
6 housing developments or clusters of buildings within
7 a neighborhood, that are neither age-restricted nor
8 built specifically for seniors. Over time, as
9 residents have aged in place, their housing locations
10 have become home to significant concentrations of
11 older adults.

12 Throughout the last two decades a number
13 of these NORC communities have organized their
14 efforts to provide supportive services to senior
15 residents and have sought and received funding from
16 city and state programs as well as private
17 foundations. These programs are called NORC
18 Supportive Service Programs or NORC SSPs or NORC
19 Programs. DFTA-funded NORC programs are structured
20 to promote shared financial and oversight
21 responsibility as well as collaborative participation
22 in program design and operation through a partnership
23 among NORC residents, the NORC housing entity, a
24 social services provider, and a health care provider.

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2 As we're all aware, housing is a primary
3 concern for seniors in New York City; most elder New
4 Yorkers do prefer to continue living in their present
5 homes and communities as they grow older, as
6 Chairwoman Chin just pointed out. As the population
7 of older New Yorkers continues to increase, homes and
8 communities become more and more important in the
9 aging process as well, so ready access to a range of
10 coordinated support services and opportunities is
11 essential for successful aging in place. The NORC
12 SSPs are among the full range of DFTA-funded services
13 that address the preference of seniors to age safely
14 in their own houses and communities and respond to
15 their consequent support needs.

16 The NORC program movement actually began
17 right here in New York City; throughout the 1980s and
18 90s the need for services in NORCs became more and
19 more apparent, as residents and housing management
20 and a number of New York City housing developments
21 began to realize that the older resident population
22 in their community was growing and that some senior
23 neighbors needed assistance with daily activities.
24 Some of the early efforts to address this growing
25 concern included on-site volunteer programs that

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2 gained a strong foothold in the housing community,
3 even before public funding was available, and
4 collaborations between forward-thinking housing
5 boards and housing managers and service providers
6 also emerged, which often received needed support
7 from philanthropic funders and in 1986, a consortium
8 of UJA-Federation agencies established the first such
9 NORC SSP in the nation at the Penn South Program for
10 Seniors.

11 In all cases, however, housing providers
12 as invested partners have been and continue to be
13 fundamental to the success of an on-site supportive
14 service program. These early efforts thrived and
15 grew rapidly and in FY 2000, the City appropriated
16 funding for a New York City NORC initiative.

17 One of the essential hallmarks of the
18 NORC program model is a match requirement, so public
19 dollars leverage private funding and contributions
20 from a number of committed stakeholders, including
21 the housing entity, the health care provider, and the
22 philanthropic community. This support has been
23 critical in allowing NORC SSPs to flourish, enhance
24 services and compliment City funding, and I would
25 add, it has also been critical in allowing these

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2 programs to actually tailor their program to the
3 needs of the specific community.

4 There are five primary objectives for
5 DFTA-funded NORC programs: all NORC programs funded
6 by the Department should provide supportive
7 environments that allow seniors independence as they
8 age; engage residents and facilitate linkages within
9 the community; assess the needs of older residents;
10 offer support services based on assessments; and
11 build strong and meaningful communities that
12 cultivate new roles for community members.

13 To strengthen the NORC network in
14 providing supportive services and facilitating
15 community engagement, DFTA issued a Request for
16 Proposals in June 2013 to serve buildings our housing
17 developments with a senior population of 350 or more
18 in which 40% or more of the households include a
19 senior or a housing development with 1500 or more
20 seniors, regardless of the percentage of households
21 they occupy.

22 In January 2014, DFTA awarded 28 NORC
23 contracts in the Bronx, Brooklyn, Manhattan, and
24 Queens for a term that began in July of 2014. The
25 FY18 DFTA budget for these NORC programs is \$6.7

1 million. DFTA continues to fund the current NORC
2 program model, which is really described as a classic
3 NORC. These communities are located in public
4 housing, low- to moderate-income co-ops, and low to
5 moderate private rentals. The NORC contract awards
6 include funding to enhance services such as case
7 management for homebound and non-homebound seniors,
8 assistance with accessing public benefits and
9 increased emphasis on wellness, chronic disease risk
10 assessment, and health care management.
11

12 As a growing number of older adults age
13 in place and in response to broad-based community
14 efforts to meet the needs of this population, NORC
15 models continue to develop and evolve. We are
16 pleased that the Council allocated a total of \$3.85
17 million in the Adopted Budget for FY18 to fund NORC
18 services.

19 DFTA looks forward to the continued
20 partnership with the Council to support the overall
21 NORC network and its capacity to enhance the lives of
22 seniors.

23 Thank you again for this opportunity to
24 testify on NORC services and we're pleased to answer
25 any questions you may have.

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2 CHAIRPERSON CHIN: Thank you for your
3 testimony. We have also been joined by Council
4 Member Deutsch from Brooklyn, welcome.

5 I'm gonna start off with a couple of
6 questions and then I'm gonna pass it on to my
7 colleagues.

8 Does DFTA have any data on how many older
9 adults are right now being served at DFTA's
10 contracted NORCs; how many are served in each
11 borough, and then any information on the demographics
12 of the seniors that are served by the DFTA contracted
13 NORCs?

14 KAREN TAYLOR: We do. I don't have that
15 data here available, but we can certainly get that
16 for you.

17 CHAIRPERSON CHIN: Yeah, if you could
18 share that with us.

19 KAREN TAYLOR: Uhm-hm.

20 CHAIRPERSON CHIN: What kind of services
21 does DFTA find are the most in demand in the NORC
22 services?

23 KAREN TAYLOR: Well again, we'd need to
24 see data, but I would take a wild stab and Audrey
25 can confirm, but I believe the casework services --

1 health care management and case management -- and we
2 actually do have some numbers here. The NORC
3 programs all provide a form of case management to
4 their clients, which is one of the core services and
5 then there is health care management, which is a
6 service that's unique to the NORC program; it's
7 similar to case management but provided by a health
8 care professional, and those I think are probably the
9 two most utilized services. In addition to which we
10 have a variety of health promotion programs as well.
11 And did you wanna add something?

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13 LAUDREY LAMADIEU: The case management is
14 the service that I think that we find are utilized
15 the most.

16 CHAIRPERSON CHIN: So I mean, does DFTA
17 monitor, 'cause you talked about the different health
18 service; do you monitor the health indicator programs
19 that ensures that all the DFTA contract NORCs provide
20 the services?

21 KAREN TAYLOR: We do; we monitor -- an
22 assessment is performed, health indicators is a
23 process that is also part of the assessment and is
24 also reviewed, and we provide a lot of assistance
25 actually to programs in how to best use both health

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2 indicators and other data that they gather from
3 clients to inform decisions about programming.

4 CHAIRPERSON CHIN: So can you just give
5 us a little bit better idea in terms of the specific
6 requirement of the health indicator program; what
7 does it entail?

8 KAREN TAYLOR: Sure. There is a survey
9 that has been developed that is available to the NORC
10 programs and a couple of years ago we worked with the
11 programs to come up with a good basic sample of
12 clients that needed to be surveyed in order to get
13 sort of a good idea and general idea of the NORC
14 community and its health risks, and health indicators
15 is a tool that can be used in different ways, but
16 it's used mostly to look at an overall community and
17 to see what the trends are; if it's a community where
18 there is a high prevalence of diabetes or a high
19 prevalence of heart disease or seniors who are
20 falling and so forth. So we have looked and the
21 programs did comply with this to do surveys and then
22 what they would do is look at the data and if they --
23 for instance, if prevalence of falls seem to be one
24 of the leading indicators that they found during the
25 survey, then we would work with them to make sure

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2 that they instilled programming in the NORC program
3 to address falls, both by linking up with those
4 particular individuals that were at risk as well as
5 providing those kinds of services to the entire
6 community.

7 CHAIRPERSON CHIN: So have you seen
8 evaluations or like kind of success stories from some
9 of the NORCs, like after they did the survey and they
10 provided these programs, did they come back and say
11 hey, well a year later the seniors are healthier or
12 less seniors are having problems with accidents and
13 things like that?

14 KAREN TAYLOR: We're at a point where
15 after the first batch of surveys, the program had
16 implemented a number of primarily evidence-based
17 health promotion programs, so what we would be doing
18 is, that information we would be starting to collect
19 I would say in the near future, but we don't have the
20 outcome information at this point, at least not on
21 the grand scale; some individual programs may have
22 that.

23 CHAIRPERSON CHIN: I think it's so
24 important to really collect those data, because
25 oftentimes we go out there and we say look, we're

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2 providing these NORC programs, senior center and the
3 seniors who participate in these programs, they're
4 healthier and they're stronger and they're saving
5 government money in the long run; it's an investment
6 that we put in now that will yield great results, so
7 it would be great to be able to showcase that and
8 really use that to gather more support on these
9 programs.

10 Now in your testimony you also talk about
11 we have, you know a growing senior population and the
12 seniors, you know oftentimes they do want to stay in
13 the building that they've lived in for 34 years or in
14 their community, so how is DFTA prepared to really
15 take this up and to provide the services that are
16 needed? I mean NORC is a wonderful program, so is
17 DFTA sort of like getting ready or you have a plan in
18 place how to expand this program as the senior
19 population grows?

20 KAREN TAYLOR: Well you know DFTA... NORCs
21 just one program that DFTA provides for seniors, and
22 even though it's very successful in some of the
23 communities where funding has been provided and good
24 providers have come together, it's not necessarily
25 the only program that's needed; there's a wide range

1 of services, be it case management, certainly senior
2 centers, and a more expansion version of senior
3 centers which we've implemented through the
4 Innovatives. So I think, you know with NORCs, you
5 know besides the fact that with additional funding
6 we'd be very pleased to look at other options as
7 well, but I think we need to look at the whole array
8 of services in that context instead of just NORC
9 programs, because as senior... I mean the whole city...
10 there's so many areas in the city which would
11 technically qualify as a NORC, but that doesn't mean
12 that they have sort of the grassroots and the
13 community mobilization that would be required to set
14 up this kind of partnership and maybe they'd be
15 better served by having a different kind of program.
16 So I think the Department is always looking to the
17 future. We're certainly -- you know there will be
18 another NORC RFP in several years and we'll start to
19 think through how we can maybe expand the way we
20 address seniors' needs as they're growing older. So
21 I think we're always looking to that; I don't have
22 specifics for you on where and when and how, but
23 that's certainly always on our minds.
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2 CHAIRPERSON CHIN: I mean looking at the
3 amendment to the State Elders Law, right, so there is
4 gonna be some change which makes it in some ways
5 easier to start a NORC program and just knowing from
6 my colleagues in City Council, there's a lot of
7 interest in really doing that and we have sort of
8 like pilot projects that the Council is supporting on
9 a smaller scale, but going forward, I mean it is a
10 great model where people can access the program right
11 in the building or right in their neighborhood, and
12 we don't have enough senior centers for the whole
13 city, I mean we have only 200 or 77 [sic] and that's
14 why we have all these social adult day cares that are
15 popping up; that's my beef, right, that is like my
16 complaint; they're popping up all over the city
17 because there is a need. So in the NORC program, we
18 have really great models that are doing well; I think
19 it's really important to sort of look at how we can
20 expand these programs, because the last RFP did not
21 cover a lot of the NORCs that did apply and the
22 Council had to pick up through discretionary funding.
23 But we want to really see this program expand and I
24 hope that we could work with DFTA to sort of, you
25 know, plan ahead in terms of where in the city and

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2 working together with the Council Member to see that
3 we can start some new NORC programs and then get them
4 funding to support them down the road.

5 KAREN TAYLOR: I think we'd be happy to
6 do that and I think the critical sector that you
7 mention is the impetus for the really successful
8 programs started in the community and not from
9 outside the community, so it's really important we
10 get that information from the communities themselves
11 and we can start to work with that, and also to
12 provide information on how communities can start
13 doing things without, you know prefunding so to
14 speak, to get better organized.

15 CHAIRPERSON CHIN: Okay, I think one
16 other thing that we probably -- or Council Member
17 Rose -- we probably would have to work with you to
18 start doing more education, information on how people
19 can get started, 'cause I have one in the Lower East
20 Side that we were able to support in the last two
21 budgets, in Council Member Mendez's district, and
22 because the seniors came to testify at a budget
23 hearing and they talked about they started with some
24 private funding and it's sort of like a concept of a
25 Neighborhood NORC, because it's a tenement building..

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KAREN TAYLOR: Right.

CHAIRPERSON CHIN: and then they have a senior building, so we were able to provide extra funding last year, and we hope to continue to support them, and you know we wanna see more of that throughout the city. Council Member Rose; you want to ask some questions?

COUNCIL MEMBER ROSE: Thank you, Chair Chin. I want to first start by thanking my colleague and Chair Chin for all her support which resulted in Staten Island's Rosebank community becoming a Neighborhood NORC. And Staten Island, like Queens, is in a very sort of different situation because we have a lot of homeowners as opposed to tall buildings with a lot of residents, so I really appreciate that we were able to sort of configure our Neighborhood NORC into something that fits this model.

But I was wondering, is there any ongoing effort to identify communities that would be eligible to be NORCs; how does a community come to your attention to even start that process?

KAREN TAYLOR: Well we have demographic data on various communities; by having... when I said, you know, it's important to get the impetus for the

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2 program from the community, it really means the
3 stakeholders, from the stakeholders in the community;
4 that they -- and we have been approached many times
5 by either community boards or nonprofit organizations
6 or seniors themselves saying I live in a building and
7 I'd like to know more about NORCs. So I think that
8 is really what we're meaning. I mean we do not have
9 an active outreach to every community that could
10 qualify as a NORC, because part of the basic
11 requirement is that there does need to be partnership
12 and so we really would want to work with the
13 stakeholders in that community.

14 COUNCIL MEMBER ROSE: So although the
15 demographic data supports that a NORC could be a
16 possibility or would be beneficial to a certain
17 community, that doesn't drive you to initiate an
18 action?

19 KAREN TAYLOR: We have data on
20 demographics; it doesn't necessarily mean that a NORC
21 is the appropriate service need in that community; as
22 I mentioned, we have a whole array of other kinds of
23 services as well, so the demographics only talk about
24 how many senior live in a certain geographical area,
25 which is where you start for sure, but beyond that,

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2 every community is very different and there are
3 different needs, so we really have to look at the
4 specifics of each community.

5 COUNCIL MEMBER ROSE: So I'm really
6 trying to determine sort of the driver. The
7 demographics support that maybe a community could
8 benefit from being a NORC or is there any... at any
9 point that you assess the data that you have to
10 determine what would work for specific communities
11 where the demographics support being eligible for a
12 program that might be directed out of DFTA?

13 KAREN TAYLOR: Not as such, no. I mean
14 the driver comes from -- you know, again, either a
15 stakeholder or... [crosstalk]

16 COUNCIL MEMBER ROSE: The community, a
17 community board..

18 KAREN TAYLOR: or someone... or a
19 representative of the community you know coming to us
20 or responding to a notice of funding available or you
21 know some sort of mechanism, or just asking for
22 information; that is how we get that information;
23 it's too... [interpose]

24 COUNCIL MEMBER ROSE: **[inaudible]**.

25 KAREN TAYLOR: Yeah.

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2 COUNCIL MEMBER ROSE: So could you give
3 me an update on our Neighborhood NORC?

4 KAREN TAYLOR: Yes, to the extent that we
5 can. We've been in touch with CASC [sic], of course,
6 who is the not-for-profit provider, and I know that
7 they're -- you know as you pointed out, and this is a
8 very important thing that I think you've pointed out,
9 Council Member Rose, is that you know each
10 community's different and Staten Island has some
11 different challenges than the dense high-rises in
12 Manhattan or elsewhere, and I think the Neighborhood
13 NORC, which is not something that the City has
14 permanent funding for at this point and therefore we
15 don't have a totally flushed out model for a
16 Neighborhood NORC, but the Neighborhood NORC concept
17 I think has been -- it's very needed and it's very
18 challenging in that you're not working with one
19 housing management or one entity or a building where
20 everybody lives together and I think what we've been
21 getting reports from CASC about are some of those
22 challenges with homeowners and how you get to the
23 organization of homeowners and residents that are in
24 this community and that some of the services are very
25 different. There have been some great successes out

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2 there; I think you will... [interpose, background
3 comments] I think you... [background comment] I think
4 you will probably hear later from some other
5 testifiers about certain programs, but we've had
6 **[inaudible]** service has worked with CASC, they have
7 done -- part of their shingles education program as
8 been done there, there have been educational
9 presentations to seniors at senior housing facilities
10 in this area of Staten Island, there has been a needs
11 assessment survey, which I think was the first thing
12 that CASC did for the area, and they continue to do
13 outreach events in senior facilities, including
14 neighborhood churches and senior centers, and I think
15 right now they're planning to extend services to
16 homeowners in the area to try to offer educational
17 workshops on home safety and minor repairs, and the
18 kinds of things that really are needed for the low-
19 income and the needy aging homeowner community who
20 also want to remain in their homes, which is very
21 often quite challenging.

22 COUNCIL MEMBER ROSE: Thank you. Are we
23 looking at how to sort of address the challenges that
24 you know are very unique NORC... [crosstalk]

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2 KAREN TAYLOR: I think... yes, and
3 certainly in partnership -- well as I said, it's a
4 partnership; CASC, in partnership with the Department
5 and in partnership with you and your office and the
6 other community stakeholders are bringing together
7 the kinds of solutions that the community needs and
8 trying to understand and find out how to address
9 them.

10 COUNCIL MEMBER ROSE: Okay. Thank you.

11 CHAIRPERSON CHIN: Follow up on a
12 question with the NORC in Staten Island. There are
13 the changes in the new state law, right?

14 KAREN TAYLOR: Uhm-hm.

15 CHAIRPERSON CHIN: Do you see that
16 helping to facilitate creating you know more
17 Neighborhood NORCs and also the State coming up with
18 more funding to support Neighborhood NORCs?

19 KAREN TAYLOR: Sure, I mean it's
20 possible. Since we don't... let's see, I don't know
21 how many Neighborhood NORCs will ultimately be funded
22 in New York City, but we have -- and I believe the
23 State projects 12 statewide Neighborhood NORCs out of
24 their new funding and I think we... well the Council
25 provides quite a few -- so I don't know, but I

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2 imagine it would certainly open up opportunities and
3 I would imagine that many of those NORCs have
4 applied, though I don't have that information.

5 CHAIRPERSON CHIN: But I think with... I
6 mean with the City, would DFTA sort of use the State
7 guidelines to help sort of like define what criteria...
8 [interpose]

9 KAREN TAYLOR: If we had funding to do
10 Neighborhood NORCs, we -- well then we... when we
11 received the original funding back in 1999 and 2000,
12 we started with the state model because it had been
13 very successful and we reviewed it and we adapted it
14 for some of the special needs and more inclusion for
15 New York City NORC communities, and I imagine we'd
16 follow something of the same process if we had
17 Neighborhood NORC funding.

18 CHAIRPERSON CHIN: Okay; that was one of
19 the sources of funding that we were asking the
20 Administration, in terms of a year of the senior
21 budget; that was not included, but the Council
22 continued to support NORC funding, but that is
23 something going forward that we will continue to push
24 on, because I think we do see this as an area of
25 expansion, because we do have a lot of great models

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2 of NORCs in different communities and hopefully by
3 next year the Staten Island NORC will be up and
4 running and then my colleagues wanna create more, so
5 we do wanna have a stream of funding to be able to
6 support that, and if the State is only talking about
7 creating 12 statewide, I mean it's not gonna be that
8 hopeful to us, so we've gotta take the lead; I mean
9 we have to like really look at a source of funding
10 for next year for us to really expand on that
11 program, because all the NORCs that did not make it
12 through the RFP the Council is supporting with
13 discretionary funding, but we really need to get them
14 into the baselined pot of money and to see this as a
15 growing area and we would have to do more education
16 and sort of like educate the Mayor and the Deputy
17 Mayor in terms of the importance of NORC and I look
18 forward to working with all the advocates on doing
19 that.

20 We've also been joined by Council Member
21 Treyger from Brooklyn. Council Member Deutsch; do
22 you have any questions?

23 COUNCIL MEMBER DEUTSCH: Yeah, real quick
24 question. Now with the Mayor's and the City Council,
25 the ZQA initiative with affordable housing for senior

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2 housing, now in these areas, when the City builds
3 such development and senior housing, they're not
4 required to have any type of facility inside, as far
5 as I know, for seniors, so how does Department for
6 the Aging collaborate with such a future plan in
7 order to make sure that those needs are met?

8 CARYN RESNICK: I mean I don't have an
9 exact answer to that question, but you know I can
10 tell you historically, for example, in Section 202
11 housing, there was not funding that went along to
12 provide community services, although many have small
13 community spaces, and we have been working with HPD,
14 and I would expect that we would do this moving
15 forward, to look for opportunities where at minimum
16 we could re-site centers that are in not good
17 facilities into a community space in a new building,
18 which would really be ideal. Without additional
19 funding, which of course, you know would be the best
20 solution, we could move resources in the community
21 where we know we have facility issues in many of our
22 centers, [bell] so that is one opportunity we look
23 forward to.

24 [pause]

1
2 CHAIRPERSON CHIN: I just wanted to have
3 a follow-up question in terms of the change in the
4 State Elder Law; in terms of the number of
5 requirements for Neighborhood NORCs actually has
6 decreased for the... I mean... okay, for the classic
7 NORC.

8 CARYN RESNICK: In the state?

9 CHAIRPERSON CHIN: Yeah.

10 KAREN TAYLOR: You mean the... the num...
11 [background comments] the number of residents
12 required to qualify?

13 CHAIRPERSON CHIN: Uhm-hm.

14 KAREN TAYLOR: Yeah. Yeah, I think
15 **[inaudible]**... [crosstalk]

16 CHAIRPERSON CHIN: From 350 to 250.

17 CARYN RESNICK: Less than **[inaudible]**.

18 KAREN TAYLOR: Where was that? Well 250
19 here... [pause] I'm not sure. Our requirement was 350;
20 I am not sure what their previous requirement was at
21 the state level, but they have... they have changed it
22 to 250 residents of an apartment building or older
23 adults... or 500 residents of a housing complex or
24 older adults... [crosstalk]

1
2 CHAIRPERSON CHIN: Yeah. Uhm-hm. So is
3 the City gonna also do that, to change the
4 requirement, going forward?

5 KAREN TAYLOR: We'll review that when we
6 start to look at our next RFP. We actually reduced
7 the threshold for the last RFP, in an attempt to be
8 more inclusive; we want to make sure that there's a
9 density that makes sense in terms of having a real
10 community, but we'll certainly be looking at all of
11 those factors when we start to develop the next RFP.

12 CHAIRPERSON CHIN: Okay; I think that
13 would be important, 'cause we just wanna make sure
14 that, as much as possible, that we can help make it
15 easier for communities that do want to organize a
16 NORC in their neighborhood to be able to do that.
17 And I know that we have quite a few in the pipeline
18 for my, you know, Council Members and I even have a
19 big housing complex in Chinatown, Confucius Plaza; I
20 mean they have a growing aging population and they're
21 interested in becoming a NORC. And so we have a lot
22 to do and funding is important and... [interpose]

23 KAREN TAYLOR: Uhm-hm. There's actually...
24 I mean we've developed some pretty flexible ways to
25 address that; we have one NORC program in Upper

1
2 Manhattan that actually consists of three buildings,
3 and collectively they make a NORC, and they work
4 together, their boards work together and there are
5 services in each of the buildings and together they
6 qualify and they're within a very short distance of
7 each other. So we're happy to work with communities
8 on those kinds of thresholds to make it more
9 rational... [interpose]

10 CHAIRPERSON CHIN: That's good. I mean
11 we just wanna have all kinds of creative models and
12 not just have to have certain strict restriction.
13 Council Member Treyger; do you have any questions;
14 suggestions? Do you want a NORC in your district?

15 COUNCIL MEMBER TREYGER: Well we have
16 Warbasse NORC, but I would certainly -- and I wanna
17 give a shout-out to; they've done great work, and I
18 would just echo; the comments of my colleagues that
19 resources are critical. I just wanna just say one
20 more time with regards to emerging communities with
21 rapidly growing immigrant communities' seniors; the
22 need is only growing and it's growing at a rampant
23 rate, so... and we wanna be partners -- and I know the
24 budget has just been completed and again, the
25 Council, thanks to our senior champion, Margaret

1
2 Chin, we've done better but there's more work to do,
3 and this is one of these areas where it's not just
4 about making sure -- we're just recognizing that
5 there are certain pockets of the city that are
6 growing rapidly and just wanting the resources to
7 meet those needs. I just wanted just to echo those
8 comments, and I thank the Chair for her time.

9 CHAIRPERSON CHIN: Thank you, Council
10 Member Treyger. Yeah, 'cause we've been... the
11 Council, we have you know funded initiatives to
12 support senior centers that serve immigrant
13 populations; we hope that in the next RFP that we
14 would be able to get some of these centers that we're
15 supporting with discretionary funding to be able to
16 get them into the senior center portfolio and since
17 the Administration baselined \$10 million to help
18 right-size senior centers, we are gonna build on that
19 to make sure that our senior centers are adequately
20 funded and the NORC is something that we will have to
21 work on for the next fiscal year to make sure that we
22 have new baselined funding. So when we do the RFP
23 for the NORC, we can cover a lot more NORCs in our
24 community and we're gonna also start creating more in
25 the city, because I think this is such a wonderful

1
2 model and we wanna be able to build on it, and we
3 look forward to working with you and with DFTA to do
4 that.

5 So let's see... Okay, do you have someone
6 specifically in DFTA that the community can contact
7 if their neighborhood groups or kind of building
8 complex that want to get involved with starting a
9 NORC?

10 KAREN TAYLOR: Yes, you can contact my
11 Deputy, Laudrey Lamadieu...

12 CHAIRPERSON CHIN: Okay.

13 KAREN TAYLOR: We'll send you that
14 information.

15 CHAIRPERSON CHIN: Okay. Thank you.
16 Okay, so thank you for testifying and thank you for
17 your support of our community.

18 So we're gonna call up the next panel.
19 Jan Orzeck from Union Settlement NORC at Franklin
20 Plaza; Nicole Tambini, PEP for Seniors NORC; Carmen
21 Perez, Director of the Cooper Square Committee NORC;
22 and Nora Moran, United Neighborhood Houses. Do we
23 have enough chairs? Yeah.

24 [background comments]
25

1
2 SERGEANT-AT-ARMS: Please be quiet
3 exiting, we're still in session. Thank you.

4 CHAIRPERSON CHIN: Okay, we've been
5 joined by Council Member Rosie Mendez. You may
6 begin.

7 [pause]

8 JAN ORZECK: Okay; better? [background
9 comment] Alright. My name is Jan Orzeck and I'm the
10 Director of the Union Settlement NORC at Franklin
11 Plaza in East Harlem. Prior to starting this brand
12 new NORC in 2014, I was the Director of the
13 Elliot/Chelsea NORC under the auspices of Hudson
14 Guild. I am also a licensed clinical social worker.

15 As you may be aware, NORCs are highly
16 effective programs, their mission is to help seniors
17 age in place by providing services and activities
18 right on-site. I believe NORCs are, or should be,
19 the future of aging because everybody benefits.
20 Research has shown that seniors overwhelmingly prefer
21 to remain in their homes and in their communities and
22 society benefits by the contributions they continue
23 to make to these communities and also because NORCs
24 are relatively inexpensive to run and hugely cheaper
25 than placing seniors in institutions.

1
2 The main strategy utilized by NORCs to
3 help seniors remain in their homes is the provision
4 of social services -- when you ask that question of
5 DFTA, I can verify that casement management is the
6 most important service that is being requested. This
7 can be viewed narrowly, as providing help with
8 applications for benefits and entitlements, such as
9 SNAP, SCRIE, Meals On Wheels, and the like, or
10 broadly, such as helping seniors overcome social
11 isolation, elder abuse, family problems, substance
12 abuse, and the depression, anxiety and trauma that
13 may interfere with their compliance with medical
14 regimens and otherwise taking care of themselves.

15 Assisting with these higher level
16 services requires the specialized skill and training
17 provided by master's-level social workers trained not
18 only in the diagnosis and treatment of mental health
19 issues, but also in working with the families and
20 other systems that must be tapped to provide a
21 network of services to older adults who are frail or
22 have dementia and especially to those who are not
23 eligible for Medicaid and thus cannot receive many
24 benefits and entitlements; most importantly, home
25 health care. And because most of our seniors resist

1
2 referrals to mental health services, the NORC staff
3 serves as their only and best shot at mental health
4 treatment. And let me preface this by saying that
5 the maximum NORC budget for a classical NORC is the
6 same now in this last round of RFPs as it was in my
7 old NORC eight years ago. So finances have not
8 increased for social services; they have stayed the
9 same for NORCs in general.

10 When I began my job at the Elliot/Chelsea
11 NORC in 2009, the NORC's permanent social work staff
12 consisted of one MSW-level social worker and one non-
13 MSW, who was a bilingual case manager. The case
14 manager dealt with all of the seniors who were
15 monolingual Spanish speakers. This meant that non-
16 Hispanic clients who saw the MSW got a higher level
17 of service than the Spanish speakers -- one MSW case
18 manager and one non-MSW case manager who saw only the
19 Spanish speaking clients.

20 So over time and with staff changes, we
21 were able to not only provide MSW social workers for
22 both populations, but also added a third MSW who
23 spoke Chinese and was funded by a grant.

24 In my current NORC, which has 1,000
25 seniors, we started the program in 2014 with one MSW

1
2 and two non-MSWs, because that's what the budget
3 allowed; their salaries are at the low end of the
4 scale for case managers. The one MSW social worker
5 left after two years to take a job with an insurance
6 company that paid her \$20,000 more than we could
7 offer. In her place we had to hire a non-MSW case
8 manager because no MSW, even recent graduates, would
9 take a salary so low. That also means that the NORC
10 director, whose salary is also below market rate, has
11 to be an experienced clinician in order to supervise
12 the non-professional staff and has to spend a great
13 deal of time supervising them. The low salary of the
14 director also makes it hard to attract and keep
15 qualified applicants -- and I say this with no vested
16 interest because I'm retiring in 17 days, so I was
17 involved in the hiring of my replacement and I know
18 what's out there in the market and who's applying.
19 Fortunately, we got somebody great, but it was not
20 easy.

21 As you may know, the NORC model is based
22 on collaboration between a social service provider
23 and health care provider -- also, as mentioned, the
24 housing development.

25

1
2 In a similar vein, because there is
3 insufficient money in the NORC budget to pay nurses
4 at market rate, it is difficult to get and to keep
5 qualified nurses to assist clients with managing
6 their health care. Because of this, there has been
7 high turnover -- in the eight years I've been a NORC
8 director I believe I've worked with eight nurses;
9 they don't stay longer than a year -- leading to
10 clients' reluctance to access the service because of
11 the frequent turnover. In this era of kicking people
12 out of hospitals before they are ready, community-
13 based nursing services are more important than ever.
14 We are the boots on the ground that can provide
15 prevention, ensure follow-up and compliance with a
16 discharge plan, and help seniors manage their health
17 on an ongoing basis.

18 In sum, NORC budgets need to be increased
19 so that staff can be hired who can provide the
20 highest level of service to this vulnerable and
21 underserved population that comprises an ever-
22 increasing segment of our city. This relatively
23 small investment will in turn save our city money by
24 helping older adults avoid hospitalizations and
25

1
2 keeping them out of institutions such as nursing
3 homes.

4 Finally, older adults have spent their
5 whole lives serving society and now deserve to live
6 out their final years with dignity. Thank you.

7 NICOLE TAMBINI: Hi. Good afternoon and
8 thanks for this opportunity to testify. My name is
9 Nicole Tambini and I am the Director of the PEP for
10 Seniors NORC in Parkchester, and NORC programs are
11 unique, of course, because they vary depending on
12 location and population, but our mission is the same;
13 to provide older adults with the supportive services
14 that they need in order to safely remain in their
15 homes for as long as possible, to enhance and
16 coordinate services available to seniors so that they
17 can successfully age in place, to empower older
18 adults, and to collaborate with the community, local
19 organizations and our sponsoring partners to fund and
20 coordinate quality programs and services. In short,
21 NORCs make their communities a good place to grow
22 old.

23 The PEP for Seniors NORC in Parkchester
24 serves a large and growing population of seniors over
25 60. According to census data, the percentage of

1
2 adults over 60 in Parkchester went from 13% in 2000
3 to 20% in 2010. PEP is the second largest NORC in
4 the Bronx, with approximately 5,500 senior, according
5 to the 2010 census.

6 We provide a variety of health-related
7 and social services as well as workshops, lectures,
8 activities, trips, and volunteer opportunities. PEP
9 offers health screenings, blood pressure monitoring,
10 medication management, home visits, health education,
11 case management and assistance, health management and
12 assistance, advocacy, benefits and entitlements,
13 information and referrals, friendly visiting,
14 intergenerational activities, and so much more. We
15 coordinate with our local DFTA-funded senior center
16 but our services our distinct. NORCs have a
17 reputation for being innovative, community-based
18 grassroots programs that offer a set of services that
19 a senior center is just not equipped to provide. We
20 have a community health nurse that analyzes our
21 survey data to determine what health issues are
22 impacting the community and then developments and
23 implements programs to address those issues.

24 One challenge we face with service
25 delivery is a lack of resources; this type of

1
2 evidence-based programming requires additional
3 consultant incentives to encourage participation,
4 additional staff time, etc. DFTA provides us with as
5 much funding as they can, along with our partnering
6 agencies; however, our budget remains the same for
7 many years despite an increase in the expenses of
8 running our program.

9 Another challenge that most NORCs face is
10 accessibility. NORCs were not designed to be senior
11 housing, but our older residents need handicap-
12 accessible buildings and ramps. Parkchester is made
13 up of 171 buildings; only a small number are
14 accessible; some of our clients end up being
15 prisoners in their own homes. Parkchester apartments
16 are available to rent or purchase as condominiums.
17 Selling an apartment and finding a new home when you
18 are essentially homebound and frail is not a simple
19 task.

20 Transportation is another challenge that
21 affects service delivery. Geographically, our NORC
22 is very large; certain parts of it are not easily
23 accessible by public transportation and our clients
24 cannot walk long distances. Having a van for our
25 program would help significantly, but this is a major

1
2 expense along with insurance, maintenance, a driver;
3 parking. Access-A-Ride could solve some of those
4 problems, but it presents a challenge with
5 eligibility criteria and very long wait times.

6 As our seniors age, their resources
7 dwindle; they receive very meager cost of living
8 increases from social security, if at all; rent
9 continues to rise and many of our clients are
10 realizing that they can't afford to stay in
11 Parkchester. A rent-freeze program, SCRIE, exists
12 but most are ineligible because they live in fair
13 market apartments. These unfortunate seniors may
14 decided to move, but senior housing wait lists are at
15 least five to seven years long or more.

16 In order to improve service delivery,
17 large-scale changes need to take place within
18 multiple city agencies. Despite having limited
19 resources, our NORC has managed to improve quality of
20 life for many of our older adults; the vast majority
21 of our clients live alone with no assistance; they
22 are not getting homecare services because they are
23 not Medicaid eligible; our social workers are well-
24 versed in how to use legal resources in order to make
25 our clients eligible, thus providing them with

1
2 homecare that they didn't think they would ever
3 receive; this alone produces positive results --
4 preventing hospital admissions, avoiding nursing home
5 placement, and literally saving lives. Our
6 interdisciplinary team of our nurse and social
7 workers work diligently to ensure that all the needs
8 of our clients are met; our NORC is indeed a safety
9 net. With additional resources, I know our net could
10 stretch even wider, catching all of the seniors who
11 fall through the cracks.

12 Thank you.

13 CARMEN PEREZ: Good afternoon. My name
14 is Carmen Perez and I'm the Director of the
15 Neighborhood NORC program at Cooper Square Committee.
16 The Cooper Square Committee is a tenants' rights
17 organization in the Lower East Side of Manhattan.
18 The Cooper Square Committee's missions is to work
19 with are residents to contribute to the preservation
20 and development of affordable, environmentally
21 healthy and community cultural space so that the
22 Cooper Square area remains racially, economically and
23 culturally diverse. To this aim, we have seen our
24 elder population grow and thus recognize the needs of

25

1
2 our East Village aging community by developing and
3 shaping a program of their own design.

4 Through a partnership among low- and
5 moderate-income residents, housing management
6 companies and health care and social service
7 providers facilitated by NORCs and Neighborhood
8 NORCs, support older residents and enable them to age
9 in place, thrive in their communities and delay and
10 avoid hospitalization or nursing home placement. By
11 providing these vital program and resources, aging
12 New Yorkers from low to middle income can be assured
13 of not having to go out of their way to continue to
14 enjoy their independence.

15 I am delighted to be here today to
16 testify in support of NORCs and Neighborhood NORCs.
17 NORCs provide programs and services that support a
18 group that might otherwise fall through the cracks.
19 NORCs provide case management, socialization
20 programs, transportation, shopping assistance, as
21 well as basic health services that allow seniors to
22 remain in their homes, greatly improving their
23 quality of life.

24 The Cooper Square Committee North
25 program, since its formation nearly two years ago,

1
2 has cast a wider net throughout the East Village and
3 Lower East Side community through strong outreach,
4 networking activities such as workshops and
5 presentations. During this time, the NORC has
6 expanded its reach within the community and has
7 partnered with key community stakeholders that
8 provide both volunteers and participants. Our
9 fledgling NORC program, thanks to the generosity of
10 the New York City Council and the Committee and the
11 Department for the Aging, has allowed both Cooper
12 Square Committee and its surrounding aging community
13 to enjoy and partake of programs and services that
14 they were not privy to in the past.

15 As of now, the Neighborhood NORC provides
16 the following services.

17 Health, legal and benefits planning
18 workshops: In the past year our Neighborhood NORC has
19 sponsored 40 workshops for seniors at three or more
20 different sites throughout the area, with a total
21 attendance of over 600 people. Topics have included
22 disaster preparedness and response, fall prevention,
23 medication safety, depression, ageism, decluttering,
24 health care options, alternatives to high-price cable
25 subscriptions, how to create end of life documents

1
2 such as wills, health care proxies, and power of
3 attorneys. We also host special events such as the
4 New York City ID card, which at the time we had an
5 overflow crowd; more than 40 people were able to get
6 their ID cards and we unfortunately had to turn away
7 some people, but we will reschedule the program at a
8 later date. In late June we plan to sponsor, along
9 with the New York City Visiting Nurses, a shingles
10 vaccine day for seniors. We also do case management
11 and home visits. Now our social service staff only
12 consists of a part-time employee and myself. We
13 provide one-on-one counseling entitlement assistance
14 for seniors 60 and over, including helping them
15 enroll in Meals On Wheels, access to Medicaid and
16 SNAP, obtain health aid, apply for SCRIE and DRIE;
17 apply for affordable senior housing when
18 opportunities arise. Our NORC staff also triages
19 with our Cooper Square Committee organizing staff so
20 that we work with seniors who have housing problems.
21 We have worked with a number of seniors dealing with
22 harassment by their landlords and seniors needing
23 help with decluttering in order to avoid eviction.
24 We have utilized the services of Education Alliance
25 for these cases. We have worked to get repairs in

1
2 seniors' apartments, including one particular senior
3 whose ceiling collapsed over her. So overall we've
4 served over 150 senior in the past year for case
5 management alone.

6 We also do social and recreational
7 events. We also have what's called the Senior Health
8 Advocacy and Recreation Program, or SHARP, and our
9 SHARP committee at Cooper Square is a senior-led
10 group that plans a lot of the workshop topics as well
11 as social and recreational activities for the
12 seniors. Upcoming SHARP events are publicized via
13 email, Blast [sic] and flyers and they also have
14 their little Round Robin type of communication
15 amongst each other. This past year SHARP members
16 have participated in an ongoing memoir-writing
17 workshop, have an eclectic assortment of social
18 activity, including opera night, British comedy
19 night, documentary film screenings; they also have
20 neighborhood and garden walks and social lunches and
21 dinners at local restaurants that offer early bird
22 specials. Over 60 SHARP members have participated in
23 these activities.

24 In total, Cooper Square Committee's
25 Neighborhood NORC program serves over 500

1 unduplicated seniors per year. We aim to explore a
2 partnership with University Settlement to bring more
3 services to local seniors such as mental health
4 counseling and visiting nurses. We plan to provide
5 participants also with a NORC membership card and
6 create a volunteer base that can provide isolated
7 seniors with home visits, to provide them with a
8 stronger social network.
9

10 Through additional funding to Cooper
11 Square Committee and other NORCs would be vital to
12 ensure that the NORC programs continue, to provide
13 services, particularly health care management
14 services, to expand programs to culturally and
15 linguistically underserved areas with increasing
16 aging populations.

17 In closing, it is worth noting that
18 making stronger NORCs is in the best interest of all
19 aging New Yorkers; it maintains viability while
20 preserving the integrity of the community. With that
21 being said, further information and study into aging
22 communities needs to be reassessed. The Cooper
23 Square Committee Neighborhood NORC program is in
24 agreement with general NORC communities to have
25 programs in place that run efficiently, sufficiently

1 for a healthy perspective for all of our seniors.

2 Thank you very much.

3
4 NORA MORAN: Thank you for convening
5 today's hearing. My name is Nora Moran and I am a
6 Senior Policy Analyst at United Neighborhood Houses;
7 we are New York City's Federation of Settlement
8 Houses, and settlement houses are currently
9 coordinating 14 NORCs across New York City, serving a
10 little over 12,000 people each year, many of them in
11 NYCHA developments in addition to all of the other
12 things that settlement houses do.

13 So we've heard a lot today from other
14 folks about the value of NORC programs; I'll offer a
15 couple short recommendations, building off of what
16 many of my colleagues just said.

17 First, we'd like to start by thanking the
18 City Council and the Administration for baselining
19 nearly \$23 million for the DFTA in this year's
20 budget; we believe that this was a really important
21 step to making sure that New Yorkers can age in place
22 and remain here, and also to the City Council for
23 renewing your support of its NORC initiative, because
24 as you know, there are many NORC programs that that's
25 their source of funding in order to sustain

1
2 operation, so that funding is an incredible lifeline
3 for them.

4 A few recommendations that we would like
5 to make regarding NORCs: the first be, focusing on
6 the health care services that DFTA-contracted NORCs
7 have to provide, because many of them struggle to
8 offer enough nursing hours within their programs
9 relating to their contract. For many years a lot of
10 NORCs were able to utilize in-kind hours that were
11 donated by health care partners in order to have
12 nurses within their programs and because of changes
13 in managed care and other issues within the health
14 care system, those in-kind resources are not there as
15 much anymore, so providers have had to use other
16 parts of their budget or draw from Council
17 discretionary dollars in order to make sure that they
18 were offering the required number of health care
19 hours that they had to, so this was part of a budget
20 request that UNH had been working on with other
21 advocates, investing about a million dollars in those
22 NORCs in order to sustain their nursing hours, so
23 it's an outstanding need and something that we'd love
24 to work with the Council on.

1
2 The second would be -- which was
3 mentioned earlier -- to expand the City's NORC
4 program to include a Neighborhood NORC component.
5 You know we know that the State has a Neighborhood
6 NORC program and that there is no DFTA counterpart to
7 that, even though there are areas in the city that
8 have a lot of older adults living there and certainly
9 could benefit from NORC services. So this is
10 something that we would love to see moving forward in
11 the next fiscal year that funding should be, at
12 minimum, the same as what classic NORCs are funded
13 at; possibly more, depending on demand, and UNH and
14 I'm sure other providers would love to work with the
15 Council and with DFTA to identify those partners in
16 order to start thinking about areas in the city where
17 NORCs could be.

18 And the last thing that we'd say is,
19 ensuring that there is coordination between DFTA and
20 the State Office for the Aging (SOFA) as the State
21 reprocures and expands its NORC program. So we're
22 expecting to hear any day now from the State as to
23 which awards they're going to make for their recent
24 RFP process and those new guidelines will go into
25 effect and new contracts will go into effect

1
2 January 1, 2018, so as the State possibly increases
3 or changes some of its reporting requirements and
4 implements health indicator programming, we would
5 want to see the Department for the Aging coordinating
6 with them so that we reduce the administrative burden
7 on providers and make sure that they are not having
8 to double report and things like that and that we're
9 getting the best picture from DFTA and from NYSOFA
10 about what's going with the NORC programs.

11 Thank you.

12 CHAIRPERSON CHIN: Thank you very much
13 for your testimony and for sharing your experience
14 with running NORC programs; I'm so happy to see the
15 one at Cooper Square up and running in Council Member
16 Mendez's district, and it's because the seniors came
17 to testify at a budget hearing and that sent a very
18 strong message to all of us that we need to support
19 that program. So we're really happy to see you doing
20 well, and we agree with you, that we need to get the
21 funding to support more NORC programs.

22 Unfortunately, this year we weren't able to get the
23 Administration to increase that budget line, but
24 we're going to find a way. Since they did baseline a
25 certain amount of funding, we want to see how we can

1
2 be supportive of NORCs, but going forward, I think in
3 the next fiscal year we're gonna have to focus on
4 expanding NORC programs.

5 Council Member Mendez; do you have a
6 comment or questions? Okay, alright. Well thank you
7 very much for coming to testify today.

8 COUNCIL MEMBER MENDEZ: [background
9 comment] say something, Madam Chair. I just want you
10 guys to know that when we don't have questions, it's
11 because your testimony is crystal clear, [laughter,
12 background comments] so thank you for being here
13 today.

14 CHAIRPERSON CHIN: Molly Krakowski from
15 JASA; Todd Fliedner [background comment] [laughter]
16 okay, from the Bay Bridge Center; [background
17 comments] Thomas Weber from SAGE; and Sasha Kesler
18 from Selfhelp Community Services.

19 [background comments]

20 MOLLY KRAKOWSKI: Okay, hi. Good
21 afternoon, Molly Krakowski, Director of Legislative
22 Affairs at JASA. I wanted to just start off my
23 testimony by thanking the members of the Aging
24 Committee for your strong support of human services
25 contracts and for increasing the funding for the

1
2 Department for the Aging in FY18 budget negotiations;
3 this budget is going to have a significant impact on
4 agencies, the staff and the programs that are serving
5 older New Yorkers.

6 I'm going to sort of jump ahead, but JASA
7 is a nonprofit organization; we serve the needs of
8 older adults throughout New York City; we have about
9 40,000 clients across the city in a whole range of
10 services, including NORCs. JASA has more than 20
11 years of experience with classic NORC service model;
12 we now sponsor the program or operate as
13 subcontracted social service providers in 14 NORCs
14 throughout New York City and Long Island. JASA
15 directly sponsors five publicly-funded NORC programs;
16 one in the Bronx, four in Brooklyn, and four programs
17 are primarily funded by DFTA and NYSOFA and one
18 program is funded solely by DFTA.

19 The classic NORC programs are integrally
20 connected to the communities in which they're
21 located; they function as a central hub for
22 identifying and deploying community assets to address
23 resident needs and interests. JASA's NORC programs
24 contribute resources and vitality to make communities
25 a better place for individuals to grow old and in

1
2 doing so these programs support the overall strength
3 of the community. JASA assists approximately 5300
4 older adults annually through its NORC programs,
5 supporting aging in place for well and frail older
6 adults, including those with disabilities and those
7 living alone.

8 We're committed to this community-
9 specific model and its unique comprehensive and
10 flexible program type, offering multidisciplinary
11 services, multiple portals for service entry, and
12 genuine opportunities for partnership-driven
13 community-building. Perhaps most significantly,
14 service delivery is based on needs and preference and
15 that is that the seniors are eligible, they move in
16 and out of the system, sometimes they're receiving
17 services as a traditional client; sometimes they're
18 functioning as leaders and members; they sort of take
19 on lots of different hats and their roles within the
20 NORC shift over their time living there, because
21 they're just living in the community, as opposed to
22 being a client of a service or attendee at a senior
23 center.

24 These relationships are vast and we are
25 really grateful for all the representatives who

1 support JASA NORC programs, which includes Speaker
2 Mark-Viverito, Council Members Chin, Deutsch, King,
3 Reynoso, Richards, Rosenthal, and Treyger; the
4 funding goes a long way in terms of what we're able
5 to provide. JASA has implemented several initiatives
6 that underscore the unique opportunities that NORC
7 programs offer, including community-building where we
8 have, for example, in Co-op City what we call
9 Gatekeepers where we have trained older adults and
10 members of the NORC team, whether they're lobby
11 attendants, public safety officers, etc., to identify
12 possible elder abuse, partnership development,
13 emergency response, such as after Hurricane Sandy in
14 Warbasse and some of the communities out in
15 vulnerable areas.

17 I want to just highlight one other area;
18 the Community Health Navigation, which is an
19 opportunity we piloted around senior health and
20 active aging, and basically JASA's Community Health
21 Navigation program aims to address the
22 disproportionately high rates of diabetes,
23 hypertension, and preventable hospitalizations in
24 Brooklyn communities. In Bushwick/Hylan NORC, which
25 is in a NYCHA center, we've trained community health

1 navigators who are 65+; they've learned to manage
2 their diabetes, hypertension and related conditions
3 and now are committed to helping others in their
4 community to do the same, and this is -- you asked
5 Department for the Aging earlier -- this is the kind
6 of model and these are the types of things that can
7 happen in a NORC that are really unique, they're
8 unique to the NORC model.

10 JASA also has experience with the
11 Neighborhood NORC service model; we're just
12 completing the second year of proving NORC services
13 in an NNORC model in Far Rockaway, with funding
14 secured by Council Member Richards; it's really an
15 important model and is an important program touching
16 several Rockaway neighborhoods. The NNORC model
17 allows for broad participation from community
18 residents but unlike the traditional classic NORC
19 model, doesn't have the specific housing partner and
20 as a result, these NNORCs require significant
21 financial commitment to support outreach, engagement
22 and service delivery, and quite frankly, to make a
23 dent, as opposed to in a building model, which is a
24 little bit different and you can see the results in a
25 different way.

1
2 I want to just highlight one more area,
3 which I unfortunately didn't put it into the actual
4 written testimony, but I've been talking a lot about
5 salary parity, and in listening to some of the
6 previous testimony and during the budget
7 negotiations, one area that's certainly lacking is
8 the parity for the workers in the NORC programs.
9 These case management staff are doing identical work
10 to the case management programs that are funded by
11 DFTA which received the increase; the DFTA-funded
12 NORC programs should be at the same level salary-wise
13 when we're talking about those staff. It is hard to
14 retain staff, it's hard to find new staff to assume
15 those roles and we'd like them to be paid on par.

16 Finally, there are many buildings and
17 neighborhoods that would benefit from NORC and NORC
18 models and allow older adults to age in place;
19 unfortunately, to build programs and expanding
20 existing models requires seed money, designated funds
21 to allow for implementation of needs assessments and
22 neighborhood scans in communities that have high
23 densities of older adult would support the
24 development of new programs and would allow an
25 enhanced deliver of services. As was mentioned, the

1
2 nursing situation is always a challenge; if we don't
3 have funding for nursing services, we take it from
4 other areas of that budget and those are the areas
5 where the innovation is happening and some of these
6 other wonderful things that come out of NORC models.
7 So it's always about the funding, the models are
8 there, they are great programs currently in
9 existence; there could be many more in the City, and
10 we'd love to do anything to help partner and make it
11 happen. So thank you for the budget this year; we'll
12 push for more money next year and parity for staff
13 would be great. Thanks.

14 TODD FLIEDNER: Good afternoon Committee
15 Chair Chin and esteemed committee members. My name
16 is Todd Fliedner and I'm Deputy Director of The Bay
17 Ridge Center in Brooklyn.

18 One thing I want to note; the written
19 testimony you have; I'm going to do an edited down
20 version for purposes of time.

21 Bay Ridge Center currently provides 17
22 distinct services through our DFTA contracts,
23 including both congregate and home-delivered meals to
24 close to 700 seniors each day. This year we are
25 featuring -- thanks to Neighborhood NORC funding from

1
2 the City Council -- two new programs: In
3 collaboration with Kingsborough Community College we
4 are currently offering an Aging Mastery course, which
5 is an evidence-based program introduced by the
6 National Council on Aging. And this I am very
7 excited about; on June 24th we're going to do Senior
8 Tech, which is a special event for all of Brooklyn
9 that will introduce our older adults to the vast
10 array of new products and services which can help
11 them age successfully in place.

12 Bay Ridge, Brooklyn is home to more than
13 80,000 people and estimated 20,000 of which are over
14 the age of 60. In the catchment area of our
15 Neighborhood NORC there are more than 5,000
16 residents; the population aged 60 and over is 2,000,
17 representing 40% of the population in the affected
18 area; higher than the Kings County average, which is
19 25%.

20 Bay Ridge is growing and simultaneously
21 growing older. We have received funding to develop a
22 Neighborhood NORC program from the City Council for
23 two consecutive years. During our first year, we
24 identified our proposed project area, which is the
25 area which surrounds the site of our senior center,

1
2 it's ethnically diverse and it's composed of a larger
3 percentage of tenement style houses in addition to
4 two- and three-family houses and would be best served
5 by a Neighborhood NORC.

6 Partnering with Visiting Nurse Advantage,
7 we conducted a comprehensive needs assessment survey
8 -- which you should have copies of -- to our Bay
9 Ridge seniors with extensive outreach; we received
10 540 completed surveys in Arabic, Spanish and Chinese
11 to assure cultural competency and a diverse response.
12 The results of that survey identified these key needs
13 of our neighborhood seniors: housing assistance
14 services, food and security, financial education, and
15 benefit entitlement education and assistance, health
16 education and fitness concerns, increased
17 opportunities for community engagement and inadequate
18 transportation services -- anybody who's taken the R
19 to Bay Ridge knows about that.

20 Anyway, these areas present to Bay Ridge
21 Center's Neighborhood NORC clear opportunities for
22 action; a chance to impact in a meaningful and
23 measurable way upon very real needs that are going
24 unmet in our community. Setting up a fully funded
25 Neighborhood NORC will allow us to bridge this

1
2 growing gap in service provision and target
3 Neighborhood NORC priority services that are germane
4 to our clients, along with continuing to provide and
5 coordinate existing community resources into a
6 strategic delivery system.

7 Senior health has always been a
8 consistent element of Bay Ridge Center's programming
9 and will be a centerpiece of the Neighborhood NORC.
10 Our services have always included monitoring and
11 referral in collaboration with key community health
12 partners.

13 In addition, the Neighborhood NORC model
14 offers an ideal format for new retirees and other
15 local volunteers who want to be engaged with their
16 community and their peers. Bay Ridge Center
17 currently harnesses the talents of over 100
18 volunteers a year and a Neighborhood NORC platform
19 will open vital pathways to increase recruitment and
20 participation.

21 Thanks for your time and attention; we're
22 hoping that additional funds will allow us to expand
23 our NORC programming in New York and you will
24 consider granting additional funds to The Bay Ridge
25

1
2 Center so that we can move forward with our plans to
3 fully develop ad Neighborhood NORC. Thank you.

4 SASHA KESLER: Hi. My name is Sasha
5 Kesler and I work at Selfhelp Community Services. We
6 provide comprehensive social services to 20,000 older
7 adults in New York and including with that we have
8 four NORC programs that we operate in Queens.

9 We want to first thank you, Council
10 Member Chin and the members of the Aging Committee
11 and City Council as a whole for your strong support
12 in really championing this year to make sure it
13 became the year of the senior, with the new baselined
14 funding. However, the lack of consistent baselined
15 funding and adequate funding for the NORC program
16 continues to be a barrier to comprehensive success of
17 this program. With the flat funding that currently
18 exists, it doesn't then account for the increasing
19 costs of providing services that have left many of
20 these programs underfunded. Actually, one of our
21 NORCs is one of the ones that City Council picked up
22 because it was left out of the RFP; this is a NORC in
23 Danny Dromm's district.

24 We want to emphasize a few pieces that we
25 believe the City Council can work with DFTA to

1
2 improve the existing NORC program in addition to
3 obviously looking a more funding opportunities.

4 Since the NORC program was created, DFTA
5 and SOFA have shifted the programmatic expectations
6 towards evidence-based health and wellness
7 programming. In order to facilitate these programs,
8 NORC staff need additional training in the new
9 evidence-based programming. Currently the budget
10 does not provide sufficient funding to train full
11 [sic] staff while maintaining other vital NORC
12 services such as case management and transportation.

13 We are urging DFTA and SOFA to invest in
14 training to ensure that experienced NORC staff can
15 provide these innovative and new evidence-based
16 programs in the existing NORC program.

17 We also encourage City Council and DFTA
18 to explore other opportunities for increased
19 partnerships and shared best practices among the
20 NORCs in New York City. This could be accomplished
21 through a forum for NORC providers to discuss
22 effective programming and other strategies for
23 engaging external stakeholders.

24 Finally, in order to ease effectiveness
25 in reporting service units, we recommend that DFTA

1
2 provide additional training on unit definition
3 recording and reporting. So right now, as every
4 service that's provided, whether it be a meal
5 service, a social activity or some sort of case
6 management, the staff have to report on that unit and
7 there are different systems for both DFTA and SOFA
8 and they've also modified how the unit reporting has
9 occurred and this has become very burdensome and
10 comprehensive and difficult for our staff as they are
11 trying to just make sure they maintain the program,
12 which is really their highest priority, to provide
13 the services. And so training for them to understand
14 more about the unit reporting and requirements there
15 would facilitate an ease of this process and allow
16 them to dedicate more time to really managing the
17 programs themselves.

18 Our final thing is -- as reflected that
19 Molly spoke about before -- as a comprehensive social
20 service agency that provides multiple programs, we're
21 very grateful for the investment last in increased
22 salaries for case management providers and this year
23 for the Adult Protective Services Program, but this
24 still presents a challenge for an organization that
25 we have social workers that are essentially providing

1
2 similar services in multiple DFTA-funded programs but
3 can often be being paid significantly different
4 salaries; this creates an issue for staff retention,
5 for morale, and presents a problem for us in having
6 to figure out where within our budget we are going to
7 make up those salaries so that we can maintain an
8 overall happy and staff that feels appreciated for
9 the work they do.

10 In response to something the Associate
11 Commissioner said; they were encouraging that the way
12 that new NORC programs should come about is through
13 communities reaching out to DFTA or reaching out to
14 City Council, and ultimately there's a lot of seniors
15 in New York City who don't know about NORC, they
16 don't know that this program exists, so they don't
17 even have the connection to know that they even have
18 an opportunity for this funding that's already
19 limited, and so if that's really the strategy that
20 they see as the most effective to expand this
21 program, DFTA will need to take responsibility for
22 ensuring that seniors across New York City know that
23 this is an option so that they can then partner with
24 community-based organizations and work together to
25 create these new opportunities. Certainly as a

1
2 provider, we are there to facilitate that process,
3 but there really needs to be an educational campaign
4 to make sure that seniors even know about this
5 option, which right now many do not.

6 So again, we want to thank you all so
7 much for your support this year; it's really been a
8 tremendous year for investing in seniors and we look
9 forward to continuing in partnership in the future.

10 THOMAS WEBER: Hi, my name is Thomas
11 Weber; I'm Director of Care Management at SAGE,
12 Services and Advocacy for GLBT Elders), and also I
13 want to thank this committee for holding this hearing
14 on NORCs.

15 I'm going to spare you the SAGE
16 boilerplate, but just start with: services for older
17 New Yorkers are crucial and will become even more
18 important to a growing demographic in our city.
19 Every day in this country 10,000 people turn 65; this
20 gray tsunami will hit New York City. According to
21 LiveOnNY, 20% of New Yorkers will be over 60 by the
22 year 2030, couple this growing demographic with our
23 city's housing affordability crisis and it's no
24 wonder that so many of our elders are left with few
25 options where they can grow old safely. And the

1
2 population of elders who are LGBT will also skyrocket
3 proportionately; we have already seen a surge in the
4 number of LGBT people seeking our services; our
5 constituent population has more than doubled over the
6 last five years, and I think this is a testament to
7 the penetration of our five SAGE centers across the
8 city and also our NORC program in Harlem. We must do
9 more for our older members of our community, not
10 less. This city pioneered the NORC model,
11 recognizing a need for independent living for our
12 elders; our city knows that NORCs enable older people
13 to age in place safely, and that's even more true for
14 marginalized older people like LGBT older people.
15 LGBT elders face myriad challenges associated with
16 aging, declining health, diminished income, the loss
17 of friends and family, and ageism. LGBT older adults
18 also face invisibility, ignorance, and fear of
19 harassment, and poor treatment, yet they are far more
20 likely to live with these challenges in isolation,
21 twice as likely to live alone, half as likely to be
22 partnered, half as likely to have close relatives to
23 call for help, and more than four times more likely
24 to have no children to help, therefore, a reduced
25 caregiving network. As we a result of these thin

1 support networks, many LGBT older people have no one
2 to rely on; nearly 25% of LGBT older adults have no
3 one to call in an emergency. And proven
4 discrimination adds to the burdens. In a ten-state
5 housing study conducted by SAGE and the Equal Rights
6 Center, we found that same-sex couples face
7 discrimination in an alarming rate when seeking
8 senior rental housing and that study; in that study,
9 48% of same-sex couples were subject to at least one
10 form of discrimination and it's hard to believe that
11 lesbian and gay older couples were discriminated
12 against in at least half of these cases. A lifetime
13 of discrimination has reduced the support networks
14 and economic security of many LGBT older people,
15 leaving our LGBT elders even more vulnerable in
16 housing instability in their later years. LGBT older
17 people face profound challenges in obtaining LGBT-
18 welcoming housing, a problem that will increase
19 significantly as the elder population doubles in the
20 next few decades and more out and empowered LGBT
21 people age into their retirement years.

22
23 As the advocate for LGBT elders, SAGE is
24 working with cities and towns across the country to
25 encourage more LGBT-friendly developments, including

1 NORCs. Here in New York, SAGE receives NORC funding
2 that supports our SAGE Center Harlem, SAGE also
3 launched our five senior centers across the city to
4 reach more LGBT older people who are disconnected
5 from services but in great need of these services in
6 order to age in place, and we thank the City Council
7 very much for the funding for these centers and for
8 our NORC program. With the support of our
9 nontraditional NORC SAGE Center Harlem, LGBT elders
10 of color can access a continuum of care, from hot
11 meals, to fitness, to socialization and case
12 management that enables more LGBT elders in Harlem to
13 age in community and not have to enter long-term
14 care.
15

16 We must ensure that there are more
17 resources like more NORCs in this city so that New
18 York City is a place where people can grow old
19 gracefully in the city and in their communities. Our
20 city is aging and it's incumbent up on the City to
21 invest more in models like NORCs so that the
22 Department for the Aging is prepared for the aging of
23 the baby boomers, and it's crucial that the City
24 invest in services and supports specifically for
25 vulnerable populations like LGBT elders.

1
2 Thank you to the City Council for your
3 continued support of our LGBT older adult population;
4 your support has been instrumental and continues to
5 be instrumental in ensuring that SAGE is there for
6 them. As we look to a growing population of LGBT
7 older people, SAGE looks forward to working with the
8 members of the Council and the Department for the
9 Aging to ensure that more of our city's elders can
10 age in place. Thank you.

11 CHAIRPERSON CHIN: Thank you for your
12 testimony and thank you for raising the issue about
13 pay parity; I know that we took a step forward by
14 working with case management agencies, but we
15 definitely have to continue that for our senior
16 centers and for our NORCs. And I think with our
17 NORCs we have to let the Administration know that
18 this is a trend; we need to start more NORCs in our
19 city and we need to get the support there, and I'm so
20 glad to hear about the example of Bay Ridge -- I
21 forgot, but I'm glad you were here to remind us that
22 that was another one that the Council supported,
23 because the Council Member; I think Gentile,
24 [background comment] raised it that... [crosstalk,
25 background comment] yes. So **[inaudible]** council

1
2 members needs to be the ones who also come forward
3 and say hey, I can use a NORC in this part of my
4 district and also working with providers and really
5 get the word out there. I think the terminology
6 "NORC" is getting more familiar to a lot more people,
7 and we hope to see a growing number in the city and I
8 look forward to working with all of you doing that.
9 Thank you for coming come out today. [background
10 comment].

11 And our last panel -- we have Rhonda
12 Soberman from Visiting Nurse Service of New York and
13 Hillary Stuchin from UJA-Federation. Is there anyone
14 else that would like to testify? You can speak to
15 the sergeant there. Thank you.

16 [background comments]

17 HILLARY STUCHIN: Alright. Hi. Good
18 afternoon. I'm Hillary Stuchin; I'm the Associate
19 Director for Government and External Relations for
20 UJA-Federation of New York.

21 Established 100 years ago, UJA is one of
22 the nation's largest local philanthropies; we
23 identify and meet the needs of New Yorkers of all
24 backgrounds, we connect people to their communities,
25 respond to crises in New York and around the world,

1
2 and support nearly 100 nonprofit organizations
3 serving those that are vulnerable and most in need of
4 programs and services, and JASA and Selfhelp are just
5 two of them.

6 First, thank you for making this the year
7 of the senior and for the \$23 million that have been
8 baselined for DFTA, it's really vital, core services
9 that so many of our clients truly, truly need and to
10 the Council, thank you also for renewing the NORC
11 initiative, because without it, you know so many
12 would not have these programs available any more.

13 You've heard quite a bit about NORCs
14 today, so I'll just pull some requests or
15 recommendations from our testimony.

16 So I'd like to just echo the health and
17 nursing services and the funding needed for that and
18 the importance of it within a NORC. As you know,
19 they're among the most valuable to residents but also
20 the most expensive to provide, and the costs just
21 keep growing due to reimbursement rate changes and
22 other kind of complications within the health care
23 system; though all socialization and recreational
24 programs are important factors of overall wellness,
25 this small piece of the NORC program has a very large

1
2 impact in keeping people at home and really achieving
3 the goal of a NORC to connect them with their
4 communities; keep them out of hospitals and nursing
5 homes.

6 So for that, we would encourage that in
7 the next fiscal year the Council try to get \$1.12
8 million appropriated to just specifically health care
9 in NORCs. And also, further noting the success of
10 NORCs and Neighborhood NORCs as a whole, we would ask
11 the Council to enhance funding for the existing
12 programs and expand opportunities to offer more
13 programs citywide, because, as mentioned, we really
14 do need to keep pace with demographics of this aging
15 population in our city. We also encourage the
16 Council to pursue baseline funding for Neighborhood
17 NORCs and really kind of get that program established
18 within the City; there are areas, as you know, where
19 there are significant senior populations, but they
20 have lower density and the people are just as much in
21 need of services [sic].

22 So finally, as mentioned before, the
23 NYSOFA grant award should be announced very soon and
24 we would hope that the Council, in conjunction with
25 the Administration and DFTA, would coordinate and

1
2 streamline the reporting and programming requirements
3 that these varying grants have, because for those who
4 are duly funded, it's a very complicated process, so
5 say the least.

6 So that's very brief, but I thank you and
7 I look forward to working with you and the Aging
8 Committee, the Council, everybody, to try to make
9 this happen and work in the next coming year. Thank
10 you. [background comment] Oh goodness. [laugh]

11 RHONDA SOBERMAN: Hi. My name is Rhonda
12 Soberman; I'm from the Visiting Nurse Service of New
13 York and I want to thank you, Chair Chin, and
14 everybody else who's still here, so much for
15 providing us with the opportunity to again speak
16 about how we can improve Naturally Occurring
17 Retirement Communities -- I'll also make it brief and
18 skip through things, but it's all here in my comments
19 for today.

20 I'm speaking here on behalf of the
21 Chinatown Neighborhood NORC, which I'm sure you're
22 familiar with; the Visiting Nurse of New York has
23 sponsored this Neighborhood NORC since it's inception
24 in 2006. While we are very grateful for the City
25 Council for allocating needed funding for the

1
2 Neighborhood NORC and other NORCs and Neighborhood
3 NORCs through the city in Fiscal Year 2018, we want
4 to thank you so much for your vision and recognition
5 of the needs of the senior population in New York
6 City and for realizing that NORCs and NNORCs are a
7 viable strategy in addressing those needs.

8 The NNORC interdisciplinary approach,
9 which is a tenet of the NNORC model, where social
10 workers and nurses work collaboratively on resident
11 health and wellness, is really critical to the
12 success of community living. The inclusion of
13 community residents as volunteers and members of
14 numerous advisory committees provides residents with
15 a voice and keeps them engaged in this important
16 community program that is focused on their social and
17 health needs as well as their future aspirations
18 towards healthy aging in place.

19 Navigating the health and social service
20 world is a major challenge for our members at the
21 Chinatown NNORC who come to receive social services,
22 nonreimbursable health care, education, and the like.
23 We currently service more than 1,000 members and 800
24 of them are actively engaged seniors and they
25 participate in the activities that we provide, which

1
2 are nonreimbursable health education and screenings,
3 social services and recreation and support groups.

4 You know before you were asking -- how do
5 we measure success, well through the surveys and like
6 the health indicators and our Advantage survey, for
7 example, in Chinatown we identified that there was a
8 rise in colon cancer among the Asian seniors in
9 Chinatown and what we did was; we activated a colon
10 cancer task force where we worked with other members
11 of our community -- hospitals, clinics and all that -
12 - brought everyone together, brought the seniors in;
13 even the pharmacies and everything, and we helped
14 people to understand the importance of colon health
15 and getting screened. We had a navigator who helped
16 people go on the day of their colonoscopy and we were
17 able to show, from our outcomes, that we increased
18 peoples going for those types of tests. So all of
19 the NORCs find ways of understanding what those
20 specific health needs are in their community and
21 trying to find ways of engaging people so that they
22 can address them.

23 The next thing we worked on was health
24 decision-making, health care proxy, and we have an
25 ongoing health care proxy task force with members of

1
2 the expanded NORC community in Chinatown and the
3 Lower East Side. So this is the power of NORCs and
4 your community where we really can get together,
5 engage people, and make a difference in these metrics
6 in the community that are so important to promoting
7 good health. Okay.

8 Our community, as you know, is extremely
9 low by HUD standards, and 62% of our members are over
10 75 and 25% are over 85 who are really an aging
11 community with people who are extremely low income.
12 In terms of health status, people have mobility
13 issues and we know the challenges living in a
14 Neighborhood NORC in a tenement community where a lot
15 of our seniors are living on upper floors in sort of
16 substandard housing. We work very closely with the
17 landlords, and again, in a Neighborhood NORC there's
18 not one landlord that you deal with; you're dealing
19 with multiple landlords, but we go in and we try to
20 do housing evaluations and try to make the necessary
21 changes so that we can enhance successful community
22 living, because this is where our constituency wants
23 to stay, in Chinatown.

24 During Fiscal Year 2017, the City Council
25 funds were used to partially support all of the staff

1
2 that we have at our NNORC and without that funding we
3 would not be able to continue, so we are very hopeful
4 that in 2018 we will be able to continue to receive
5 that support.

6 As far as recommendations are concerned,
7 we are hoping that you continue to expand the
8 important work and the efforts of other successful
9 NORCs and NNORCs across New York City by:

10 1. baselining NNORC appropriate financial resources.

11 It is very upsetting to -- you know, June 30th is
12 coming up and I'm starting not to sleep at night,
13 waiting to find out what our allocation would be --
14 we really need to be able to, you know, be there for
15 our community and we have to know that we're funded
16 and we can do that as well, so baselining is really
17 very important.

18 Nursing services: I think everybody here
19 -- Visiting Nurse is in a unique situation, because
20 we are running a Neighborhood NORC, but we are also
21 the health partner in many of the NORCs that have
22 come to testify in front of you today, and
23 unfortunately, because of changes in health care
24 reimbursement, as I reported last year, we can no
25 longer provide those services without some form of

1 compensation, and we feel it's so critical and we see
2 such a difference when we have the nursing services
3 in place, because the nurses are there not only to
4 support the residents who live in a community, but
5 even the staff who are struggling with this; it's
6 really important to have this perspective. When
7 people get nursing services through Visiting Nurse
8 Service of New York, it's not only the nurse that's
9 there at their location; it's all of the services and
10 support and everything that comes from an
11 organization like us, so these services are really,
12 really important.
13

14 I attached for you to look at a letter
15 that we received from a family member of a member of
16 our Neighborhood NORC who went from an active and
17 involved member to having some difficulties and how
18 we navigated that person till the day that they died,
19 and the family lived far away and if it wasn't for
20 our involvement, it could have been a very different
21 story; the person ended up getting the services in
22 their home and community -- we took the liberty of
23 translating it for those who don't read Chinese --
24 and I think it's a compelling story, because this is
25 what all of my colleagues who are here do. We really

1
2 make a difference, we really help people to stay in
3 their home and community by being their family
4 member, and so these funds are so critical to our
5 being able to continue this mission.

6 The third thing that I'm asking that you
7 consider is to obviously expand this program as much
8 as possible within the confines of the finances that
9 are available, because we know, particularly in
10 immigrant and low-income and high-risk communities,
11 this is really critical to getting people on their
12 feet and maintaining them in the best way.

13 Communities fortunate enough to have NNORCs have an
14 anchor that supports successful aging in place
15 through the provision of a wide range of services at
16 critical moments in the lives of their members and
17 that's the letter to show you what that was all
18 about.

19 But there are many communities with a
20 significant aging population that don't have NORCs
21 for low-income and immigrant and frail population;
22 this can be the difference between living their
23 senior years engaged in a community that supports
24 them or deteriorating in isolation in apartments or
25 moving to costly nursing homes; we are committed to

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2 working with the City Council, DFTA and other
3 community partners to ensure that every community
4 that needs a NORC or an NNORC can successfully
5 support one. As I said before, we have been a real
6 -- we are so committed to the NORCs that we help a
7 lot of NORCs -- you asked before, well how do people...
8 does DFTA go out and look for places? Well a lot of
9 people in the community come to Visiting Nurse
10 Service to ask about it and we help and guide them
11 and help them to get grants so that they can do the
12 Advantage survey and these surveys are really
13 important because they help them to identify -- do
14 they have the right number of people in a community
15 to become a NORC; what kinds of needs does this
16 community have. Every community throughout the city
17 is different, their needs are different, their
18 priorities are different and we have to really make
19 these programs be responsive to what's going on, and
20 we work to help communities be able to do that.

21 So in conclusion, as we prepare to
22 celebrate the 150th anniversary of the birth of our
23 founder, Lillian Wald -- and also my colleague back
24 there from Henry Street Settlement; it's her founder
25 too -- her mission and vision to serve those in need

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2 in the comfort of their home and community is a
3 relevant and critical today as it was more than 100
4 years ago. NORCs and NNORCs are the natural
5 outgrowth of the longstanding commitment the City
6 Council has demonstrated to help our seniors live and
7 thrive in the communities they call home. We thank
8 you for your continued investment in the successful
9 NORC model and look forward to working with you to
10 ensure that our seniors have the appropriate nursing
11 and social services that they deserve.

12 CHAIRPERSON CHIN: Thank you. Thank you
13 for your testimony and thank you for your passion in
14 working in this area, and next year we're gonna have
15 to focus on NORC programs, making sure that every
16 neighborhood that wants one we can help them build.
17 It's so important to get the funding baselined so
18 that the Council, we can use our money to help do the
19 feasibility studies and that's why we were able to
20 get three NORC programs started, one in Staten
21 Island, Far Rockaway, and in Bay Ridge, but we need
22 the Administration to baseline the funding. So we
23 look forward to working with all of you... [interpose]

24 RHONDA SOBERMAN: Thank you.

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CHAIRPERSON CHIN: to make that happen.

And thank you to all of you for the great work that you do for our seniors and we look forward to working together.

RHONDA SOBERMAN: Thank you.

CHAIRPERSON CHIN: Thank you for coming out today.

RHONDA SOBERMAN: And just know that all of your investment really makes a difference; we're here to prove to you that this is worthwhile and that the money is very well spent.

CHAIRPERSON CHIN: We know. Thank you. With that, the hearing is adjourned.

[gavel]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date July 9, 2017