

COMMITTEE ON AGING

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CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

OF THE

COMMITTEE ON AGING

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Wednesday, April 16, 2025

Start: 10:05 A.M.

Recess: 12:16 P.M.

HELD AT: Committee Room - City Hall

B E F O R E: HON. CRYSTAL HUDSON, CHAIR

COUNCIL MEMBERS:

CHRIS BANKS

LINDA LEE

DARLENE MEALY

YUSEF SALAAM

LYNN C. SCHULMAN

SUSAN ZHUANG

Other Council Members Attending: Ayala

COMMITTEE ON AGING  
A P P E A R A N C E S

John Rojas,  
Chief Special Services Officer at New York City  
Human Resources Administration (HRA), New York  
City Department of Social Services (DSS)

Thomas Catapano,  
Deputy General Counsel, Office of Legal Affairs  
at New York City Human Resources Administration  
(HRA)

Gili (Galit) HersHKovich-Kim,  
Deputy Commissioner of Adult Protective Services  
(APS)

Eileen Mullarkey,  
Assistant Commissioner for Supportive Services  
Department for the Aging

Jeannine Cahill-Jackson,  
Director of Elder Law Civil Practice, The Legal  
Aid Society

Eric Lee,  
Director of Public Policy for Volunteers of  
America-Greater New York (VOA-GNY)

Marcus Jackson,  
Age Friendly Community Organizer at Encore  
Community Services

Sharon Brown,  
Self

Christopher Leon Johnson,  
Self

COMMITTEE ON AGING  
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SERGEANT AT ARMS: Good morning, and welcome to the New York City Council Hearing of the Committee on Aging. At this time, please place all electronic devices to vibrate of silent mode.

If you wish to testify, please go to the back of the room to fill out testimony slip. At this time, and going forward, no one is to approach the dais, I repeat, no one is to approach the dais.

Chair, we are ready to begin.

CHAIRPERSON HUDSON: [GAVEL] Good morning everyone; I'm Council Member Crystal Hudson, Chair of the Committee on Aging, and my pronouns are she/her.

Welcome to today's Oversight Hearing - *Adult Protective Services Referrals*.

We will also hear Resolution Number 16, sponsored by Council Member Vickie Palladino, calling on the New York State Legislature to pass, and the Governor to sign, State Legislation to increase personal needs allowance amounts for individuals who are deemed eligible.

We're joined today by Council Member Salaam and Council Member Schulman.

In New York, protective services for adults, known as Adult Protective Services or APS, are

provided to individuals 18 years of age or older who, because of mental or physical impairments, meet all of the following criteria. One, they are unable to meet their essential needs for food, shelter, clothing, or medical care, secure entitlements or protect themselves from abuse, active neglect or passive neglect by others, self neglect or financial exploitation, and two, are in need of protection from actual or threatened harm due to abuse or active or passive neglect by others or self neglect or financial exploitation or by hazardous conditions caused by the action or inaction of either themselves or other individuals. And three, have no one available who is willing and able to assist them responsibly.

In New York City, HRA operates an APS program designed to assist adults, regardless of their income who meet the state's eligibility criteria. Services provided through APS include case management, financial management, medical and psychiatric referrals, legal interventions, housing assistance, assisting clients and their families in navigating complex systems, and addressing personal challenges through counseling, ensuring that clients have access

to entitled benefits and services, and arranging cleaning services.

Along with community based elder justice programs operated by New York City Aging partners, APS is available to assist vulnerable older New Yorkers and protect them from unsafe situations.

Today's hearing serves as an opportunity to check on the program's recent performance and to see how APS can better serve older adults and their families.

APS faces significant challenges in meeting the needs of vulnerable adults, particularly in the context of housing instability and service eligibility. Despite a notable increase in referrals, the proportion of individuals deemed eligible for APS assistance has declined, raising concerns about the program's capacity and criteria.

Between July and October of 2024, APS received 1,668 more referrals compared to the same period in 2023. However, during this time, the number of individuals receiving APS services decreased by 32. This trend suggests that while more individuals are being identified as potentially in need, fewer are being approved for the necessary support.

In the first four months of FY25, the average number of days to initiate home attendant and housekeeper services through APS was 44 days, an increase of 14-and-a-half or 49.2% compared to the same period in FY24. Additionally, since FY22, both the total number of referrals and number of days APS clients must wait to receive housekeeping services have steadily increased. These indicators reflect a growing demand for APS services coupled with delays in service provision.

Staffing shortages within APS exacerbate these challenges. The number of employees specifically assigned to APS dropped from 469 at the end of Fiscal Year 2019 to 352 at the end of 2024, a roughly 25% decrease. This reduction in staff limits the program's ability to conduct timely assessments and provide necessary services, further straining its capacity to support our city's vulnerable adults, including older adults.

In addition, many low-income New Yorkers seek APS intervention as a pathway to obtain city funded housing vouchers, such as CityFHEPS, without first entering a homeless shelter. However, the requirement to demonstrate a specific impairment often results in

denial of services, leaving individuals at risk of homelessness without viable support options.

Before I close, I want to acknowledge the very real threat to federal funding for APS programs across the country. Prior to congressional passage of the most recent continuing resolution to fund the federal government, the US House version of the bill completely eliminated federal funding for APS programs. Ultimately, on March 14th, Congress agreed to preserve federal APS funding through September 20, 2025.

Cutting federal funding for APS would be devastating for vulnerable New Yorkers and their families. FY25 46% of the APS budget – or \$29.6 million – came from federal funding sources.

It is no exaggeration to say that APS's ability to serve our communities is heavily dependent on continued federal support. We must remain vigilant and ensure that federal funding for APS is guaranteed beyond September 30th, and we must also advocate for more resources at the state level to improve program performance and assist our city's most vulnerable residents.



Following this hearing, the Committee hopes to better understand the role of Aging Connect and other city agencies in supporting individuals who may not meet APS eligibility and whether greater interagency collaboration, transparency, and investment could strengthen New York City's safety net for at risk older adults.

I want to thank the representatives from the Administration for being here and testifying today. Thank you to the members of the Aging Committee who've joined us. I'd also like to thank my staff, Andrew Wright, Erika Ruintan, and Omar Richardson. And the committee staff, Christopher Pepe, Chloë Rivera, Julia Haramis, Saiyemul Hamid, and Elisabeth Childers-Garcia.

I will turn it over to the Committee Counsel to administer the oath to the Administration.

COMMITTEE COUNSEL: Thank you, Chair.

Good morning, could you all please raise your right hand? Now in accordance to the rules of the Council, I will administer the affirmation to the witnesses from the Mayoral Administration.

Do you affirm to tell the truth, the whole truth, and nothing but the truth, before this

committee, and to respond honestly to council member questions?

*PANEL AFFIRMS*

COMMITTEE COUNSEL: You may proceed.

CHIEF SPECIAL SERVICES OFFICER ROJAS: Good morning, Chair Hudson, and members of the Committee on Aging. My name is John Rojas and I serve as the Chief Special Services Officer at the Human Resources Administration (HRA) within the Department of Social Services (DSS). My portfolio, among other programs, includes oversight of Adult Protective Services Program (APS). I would like to thank the Committee for the opportunity to testify today on our work to deliver eligible clients the services and support they need to live independently and safely in their homes and our communities.

I am joined by my colleagues, Deputy General Counsel Thomas Catapano and Deputy Commissioner of Adult Protective Services Gili (Galit) HersHKovich-Kim, and from the Department for the Aging, Assistant Commissioner for Supportive Services, Eileen Mullarkey.

Adult Protective Services (APS) is a New York State-mandated program (New York State Social

Services Law Section 473) that helps New Yorkers 18 years of age and older, regardless of income and assets, who: Are mentally and/or physically impaired; and Due to these impairments, are unable to manage their own resources, carry out the activities of daily living, or protect themselves from abuse, neglect, exploitation or other hazardous situations without assistance from others; and have no one available who is willing and able to assist them responsibly.

Criteria, mandates, and timeframes, the rules and regulations, that govern how APS operates are dictated by New York State. The State sets forth the criteria to abide by. The New York State Office of Children and Family Services (OCFS) provide oversight and their guidance governs the APS referral process, eligibility criteria, and how APS works.

When someone makes a referral to APS, our Central Intake Unit asks a range of questions to gather an understanding of the risk factors present and whether the individual may be eligible for services.

If you or someone you know needs help, you can refer them to APS by calling 311, calling the DSS One

Number at 718-557-1399 – Monday through Friday from nine to five – or by completing a web referral at [nyc.gov/apsrefer](http://nyc.gov/apsrefer). APS does accept self referrals. If a situation is an emergency or life threatening, APS advises calling 911.

If the Central Intake Unit decides that the referred individual meets presumptive eligibility, he or she will be visited at home to initiate the assessment within 24 hours if the situation presents as life threatening, or within three business days in all other situations.

At an initial APS home visit, an APS caseworker will review an individual's physical and mental health living conditions, household budget and sources of income, status of rent and utility payments, ability to handle the activities of daily living, and any reported or unreported risk factors. The caseworker will evaluate if there is evidence of abuse and/or neglect, financial exploitation, or other potential hazards.

When an individual is determined eligible for APS services, the caseworker develops a service plan that can include any of the following:

- Referral for psychiatric and/or medical examination and ongoing care
- Assistance in obtaining and recertifying Medicaid and Home Care
- Applications for payment of rental and utility arrears
- Assistance in obtaining public assistance benefits and obtaining and recertifying Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits
- Petitioning Housing Court for a Guardian ad Litem to assist with eviction prevention
- Identification of alternative living arrangements
- Financial management of Social Security benefits
- Referrals to the NYPD and District Attorney to address allegations of exploitation and abuse
- Heavy-duty cleaning services
- Petitioning Supreme Court for Community Guardians to manage property and personal affairs

Returning focus to referrals now – APS receives referrals from a broad range of sources including but not limited to:

- Family, friends, concerned citizens
- Landlords and building managers
- Hospitals and medical personnel
- FDNY and EMS
- Housing Court judges and NYC Marshals
- Community based organizations
- Financial institutions
- Legal services providers
- Law Enforcement
- Self referrals
- Anonymous referrals

All information provided in an APS referral, including the identity of the referral source, is confidential pursuant to Section 473-e of NYS Social Service Law. The APS Central Intake Unit obtains information by phone, online, email, or by fax.

At intake, if the case meets presumptive eligibility, it is transferred to a borough field office. There is at least one APS office in each borough of New York City to complete a comprehensive assessment.

Alternatively, the Central Intake Unit may let a referrer know there is another social services program more appropriate to address the risks being reported.

Assessment determines eligibility. State law grants APS up to 60 days to determine eligibility. APS may or may not use all that time, one visit could be enough to determine eligibility.

Each time APS interacts with clients, we continue to assess if the client continues to meet the criteria State law sets out. During the course of putting a service plan forward, that may mean a case is eligible at one point in time and no longer eligible at another point in time, or vice versa. The criteria State law sets out answers why APS was unable to find an individual eligible for services or why a case did not remain with APS.

Again in brief, that is: (1) mentally and/or physically impaired and (2) due to these impairments unable to manage their own risks/resources and (3) has no one available who is willing and able to assist them responsibly. An individual must meet all three criteria State law sets out, not just one or two of the three.

APS serves clients aged 18 and older who meet the three-part eligibility criteria set forth in State law. An advanced age does not supersede the assessment caseworkers are obligated to conduct. While we recognize the unique challenges older adults face, the vast majority of older adults referred to HRA do not meet the APS standards New York State's definition directs us towards in assessing eligibility.

Our staff is trained to observe and be mindful of the vulnerabilities and risk factors, those associated with age among others, ask the appropriate questions, and make a holistic assessment guided by the laws and regulations the State Office of Children and Family Services sets forth.

\*Note also that the majority of APS services are on a voluntary basis; consent is a critical factor in the majority of cases and New York State Social Services Law requires APS to apply the least restrictive measures.

That said, the referral process is not an all or nothing enterprise. Staff pays attention to the needs of the individual concerned and the basis for the referral. At each point in the assessment



process, staff are trained to seek to connect individuals to the resources, social services programs, and community-based organizations that are suited to the needs of the individual. Those individuals who do not meet the APS eligibility criteria can be referred for other social services. That can take the form of referral to Homebase, an older adult center, home delivered meals, case management, NYC Aging, or any number of programs and services that assist individuals live independently. That kind of referral may occur early on in the process if it is clearly apparent that APS criteria are not met and APS is found to be the incorrect resource to meet the individual's needs.

With regard to other social service needs, APS clients are assessed in the round for the programs that best match their individual circumstances. Cash Assistance, one-shot deals, supportive housing, assisted living, NYCHA, and CityFHEPS all have eligibility criteria separate and apart from APS. There can be referral, guidance, and further assessment of eligibility insofar as the nature of different laws, regulations, and funding sources allow.

We endeavor to make the connections as seamless as possible for stakeholders and the communities we serve. There are a variety of venues through which that work takes place. One example, the Cabinet for Older New Yorkers serves as one venue for building connections between the 23 participating City agencies. We continue to think through how we can further connect intake, assessment, and case work across agencies – building more streamlined processes to deliver the appropriate help to New Yorker.

There is no doubt that APS serves as a crucial piece of our social services safety net. Guided by

New York State Social Services Law, APS has a distinct role to play in assisting some of the most at-risk individuals in our communities. Alongside the work of colleagues at HRA, DSS, NYC Aging, numerous sister agencies, and countless community organizations and stakeholders, we seek to ensure New Yorkers connect to the help they deserve.

Thank you for your attention to this topic. We welcome your questions.

CHAIRPERSON HUDSON: Thank you so much for that testimony.

I do want to acknowledge that we have also been joined by Council Member Banks.

And, then, I want to ask just, I think, two questions from your testimony specifically.

You mentioned home visits. Do you know how many home visits you've made this fiscal year so far?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Don't have the (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON HUDSON: Specifically in assessing whether or not somebody is eligible for APS?

CHIEF SPECIAL SERVICES OFFICER ROJAS: We do have the number of individuals who've been referred and assessed. We don't have the number of home visits, but it would be at least the number of folks who were referred who we assessed.

CHAIRPERSON HUDSON: Okay, and is that keeping up with... Is that the same rate, I suppose, of home visits that have occurred in other... in previous fiscal years?

Meaning, the number of people who are in the APS system have all had a home visit. Correct?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Gili, do you want to talk about...

DEPUTY COMMISSIONER HERSHKOVICH-KIM: The number of people that are in the our APS caseworkers conduct home visits on a monthly basis. There is a group of clients that are not required home visit on a monthly basis, but the majority of the APS case clients, either if they are clients or under assessment will have a monthly home visit. Sometimes the home visit is unsuccessful because of the availability of the client. Sometimes the home visit is unsuccessful and the client will meet the worker either in the office or in another safe location. But our case workers conduct home visits on a monthly basis to all of the APS clients.

CHAIRPERSON HUDSON: So is the caseworker the only person who would be visiting the client?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Not necessarily. Sometimes the case supervisor, if the situation is challenging, the supervisor will visit the client. We also have licensed social workers on staff and nurse practitioners on staff who will conduct home visits depending on the situation. If there is a need for a more clinical approach to engage with the individual, we will request the

assistance of either our nurse or our social work to work on the engagement process with the individual.

We also have access to visiting psychiatric services provided by the Department of Social Services where we can request a psychiatric evaluation to be conducted. So a psychiatrist or a nurse practitioner who conducts those psychiatric evaluations may be visiting the client as well.

CHAIRPERSON HUDSON: So what would be the causes for somebody not being at home and a home visit not being able to be completed?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: So Adult Protective Services, many of our clients have been unsuccessful receiving services from other entities, like community based organizations, and the assistance that they needed they may not have been receptive to.

Many of our clients are not necessarily receptive to our services and we have to really work on engaging with them. Again, most of our services are voluntary, uh, on a voluntary basis, but many of our clients do not necessarily, uh, are excited for our involvement with their case because oftentimes we

are the last resort referral for those individuals with the risk that they are facing.

CHAIRPERSON HUDSON: Okay. Thank you.

And then just going back to your testimony, you said that those individuals who do not meet the APS eligibility criteria can be referred for other social services.

Is there any required follow-up with that to confirm whether or not somebody has actually received the services that they might have been referred to?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: There is no required follow-up. We will make the connection with most of the cases that are not eligible for Adult Protective Services unless the client displays full capacity to manage their affairs and are not interested in additional referrals.

But we will make referrals, some referrals that are made for example for our partners at Aging Connect. We will have a communication prior to us closing the case or rejecting the case.

But in general, the clients have the right to accept or decline any referral that we either offer or make on their behalf when a case is rejected.

CHAIRPERSON HUDSON: Okay, thank you.

Can you please describe the current resources available to older adults, concerned family members, friends, and caregivers to report suspected elder abuse and get victims of elder abuse connected to support services?

DEPUTY COMMISSIONER HERSHKOVICH-KIM:

Absolutely. So APS is part of the... is a core member of the Enhanced Multidisciplinary Team, which is a team of... (CROSS-TALK)

CHAIRPERSON HUDSON: Sorry? The Enhanced what?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Enhanced Multidisciplinary Team.

CHAIRPERSON HUDSON: Thank you.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: We are a group of professionals from legal advocates, attorneys, physicians, community based organizations, APS, the New York Center of Elder Abuse. We meet on a regular basis for clients in each borough who are either victims or alleged victims of elder abuse, neglect, or exploitation. And we really utilize a collaboration approach to address their needs – if it's by referring them for legal services, providing them with an emergency placement in a elder abuse

shelter, assisting them with relocation, with order of protection, or any other variety of services that may be suitable for the situation.

CHAIRPERSON HUDSON: Thank you. And how does Aging Connect assist individuals seeking more information about elder abuse or referrals to support service for vulnerable older adults?

CHIEF SPECIAL SERVICES OFFICER ROJAS: I am going to ask our colleague from Aging to join us.

CHAIRPERSON HUDSON: Sure. Thank you. Okay, and counsel will just swear you in.

COMMITTEE COUNSEL: Good morning, please raise your right hand. In accordance with the rules of the Council, I will administer the affirmation to the witness from the Mayoral Administration.

Do you affirm to tell the truth, the whole truth, and nothing but the truth, in your testimony before this committee, and to respond honestly to council member questions?

ASSISTANT COMMISSIONER MULLARKEY: I do.

COMMITTEE COUNSEL: You may continue.

CHAIRPERSON HUDSON: Thank you. How does Aging Connect assist individuals seeking more information



about elder abuse or referrals to support services for vulnerable older adults?

ASSISTANT COMMISSIONER MULLARKEY: So Aging Connect receives referrals from a variety of sources, calls from individuals concerned on someone's behalf or their own behalf. And then their role is really to provide contact information, to provide resources to the people who were calling. And internally they also connect directly to our programs, uh, connecting the person who is in need of that help.

CHAIRPERSON HUDSON: Thank you. What resources or programming are available at older adult centers regarding elder abuse?

ASSISTANT COMMISSIONER MULLARKEY: So all of our programs are trained in understanding elder abuse and the resources that are available. And our programs know about our contracted elder abuse/elder justice programs that can provide the services that they need.

CHAIRPERSON HUDSON: So it's the folks running the older adult centers, are they all receive that training, you're saying?

ASSISTANT COMMISSIONER MULLARKEY: It's a requirement that staff receive training on elder

abuse at a certain cadence. I don't remember the exact cadence...

CHAIRPERSON HUDSON: Okay.

ASSISTANT COMMISSIONER MULLARKEY: But there is that training requirement.

CHAIRPERSON HUDSON: And is there anything is there any information provided directly to clients?

ASSISTANT COMMISSIONER MULLARKEY: Uhm...

CHAIRPERSON HUDSON: How they might be able to identify or recognize whether they might be...

ASSISTANT COMMISSIONER MULLARKEY: So for our elder abuse providers do, uh, not trainings, but they present at Older Adult Centers...

CHAIRPERSON HUDSON: Okay.

ASSISTANT COMMISSIONER MULLARKEY: you know, some number of them to talk about their services.

CHAIRPERSON HUDSON: Okay. Can you just describe NYC Aging's partner's role in reporting issues to APS?

ASSISTANT COMMISSIONER MULLARKEY: So our partners can make direct referrals to APS referring clients who are in need of their services. We also have a partnership with APS where they can refer to our partners, for example, to our case management

1 agencies. And case management -- our case management  
2 agencies are able to provide to eligible clients home  
3 delivered meals because there's no waiting list. And  
4 APS stays in contact with case management if there's  
5 any changes in the case. And in that scenario, APS  
6 remains the primary case manager.  
7

8 CHAIRPERSON HUDSON: And then just going back to  
9 the training for OAC staff, you'll get back to us on  
10 the cadence you said? And their trained by NYC Aging,  
11 or who are they actually trained by?

12 ASSISTANT COMMISSIONER MULLARKEY: My  
13 understanding is it's training New York City Aging  
14 has. I believe it's a virtual training, but we can  
15 get back to you on that.

16 CHAIRPERSON HUDSON: Okay, great, thank you.

17 What protocols are in place for responding to  
18 urgent or life threatening situations involving older  
19 adults?

20 DEPUTY COMMISSIONER HERSHKOVICH-KIM: For Adult  
21 Protective Services, if an individual, if a case  
22 worker or an APS staff member enters a situation  
23 where they feel that the client is at any type of  
24 risk, they will call 911 and address the issue.  
25

Also, it's important to note that APS is the only mandated reporting entity. So when we identify any type of elder abuse or we suspect that there is elder abuse or any crime committed against a referred person or a client, we are required to report it to both the DA's office and NYPD.

CHAIRPERSON HUDSON: And what are the specific eligibility criteria used by APS to determine whether an individual qualifies for protective services? Have these criteria changed over the past five years?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: There hasn't been any changes to criteria.

CHAIRPERSON HUDSON: Okay.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: The individual must be 18 or over. They have to have some sort of impairment. It could be cognitive, mental health, and or physical impairment. As a result of their impairment, they are unable to either manage their resources, carry out their activities of daily living, address the risk that they are facing, and in addition to that, have no one who is willing and or able to assist them responsibly.

The client, the individual must meet all three criteria and there has to be you know a correlation between the impairment and the risk.

CHAIRPERSON HUDSON: Thank you. And how does APS determine that an individual referred is not eligible? And is there any required documentation?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Absolutely. APS will determine that an individual is not eligible if they either if they do not meet one of the criteria. So for example, if they have sufficient capacity to manage their risk, their resources, their activities of daily living, or if APS identified that there is somebody who is willing and or able to assist them responsibly, APS will document their findings that are being reviewed by supervisory staff prior to the case being rejected or closed.

CHAIRPERSON HUDSON: How exactly do you make the determination that someone doesn't meet the criteria?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Our APS staff member will conduct home visit, will discuss the case with any collaterals, family members, community based organizations that are involved. We will search multiple systems to identify if there is

an eviction situation. We may contact landlords to identify if the client is compliant with their rent payments. We may contact utility companies to assure that the client is not in any type of arrears.

The assessment is really comprehensive to determine the risk, again, as related to the individual's impairment.

CHAIRPERSON HUDSON: Okay, thank you.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: And of course we may request, as mentioned before, we may request the assistance of our social work nurses or for a psychiatric evaluation if cognitive impairment is in question.

CHAIRPERSON HUDSON: Okay. In fiscal 2024, how many referrals were made?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: In fiscal 2024, we have 29,381 referrals.

CHAIRPERSON HUDSON: So 29,381?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Yes.

CHAIRPERSON HUDSON: Okay. And how many were found eligible for services?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Uh, 3,135 clients were found eligible for APS services.

CHAIRPERSON HUDSON: So, that's three-one-three-five?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Correct.

CHIEF SPECIAL SERVICES OFFICER ROJAS: Which is 11%.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Eleven percent.

CHAIRPERSON HUDSON: Eleven percent.

And how many have been eligible for services so far in Fiscal Year 2025?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: One second, please.

CHAIRPERSON HUDSON: Or the same questions for Fiscal 2025 so far, how many referrals were made, and, then, how many have been found eligible so far?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: One second...

CHIEF SPECIAL SERVICES OFFICER ROJAS: I have the data for calendar year 2025. I know that you asked for Fiscal, for calendar year 2025, to date as the end of March, we have 7,345 referrals made, and with a 5% acceptance rate.

CHAIRPERSON HUDSON: And that's for the calendar year, not the fiscal...

CHIEF SPECIAL SERVICES OFFICER ROJAS: January, February, March, the first three months of this calendar year.

CHAIRPERSON HUDSON: Okay. What do you all account for the huge discrepancy or or difference between referrals being made and folks being accepted into the APS program?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: So there are different reasons why we believe that there are more referrals, but also more referrals for clients who may not be eligible.

APS have put a lot of effort in outreach and educational events to really educate community based organizations, the public, clients, and other entities of APS and APS services. So that we believe that this is one of the reasons for increasing referrals.

In addition to that, during the pandemic, we have seen lower number of referrals for different reasons. In 2024 and 2025, year-to-date, seems like all of the community based organizations are back to pre-pandemic operation, as well as the housing court and marshals actions. So we see a lot of referrals that come to us with some type of eviction component.



1  
2 And to add to that, the education that APS is a  
3 CityFHEPS provider may contribute for an increase in  
4 referrals for us to assess if an individual may  
5 qualify for APS and potentially can be eligible for  
6 CityFHEPS subsidy.

7 CHAIRPERSON HUDSON: And then are you having  
8 conversations with with colleagues in your agency and  
9 other agencies around some of these trends and  
10 patterns, specifically around housing? If you're  
11 seeing an increased number of people who are being  
12 referred to you with eviction cases or housing court  
13 cases that aren't necessarily eligible for APS, what  
14 does that process look like in terms of getting them  
15 housing assistance specifically?

16 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So, again,  
17 if an individual is not eligible for APS services and  
18 in need for a subsidy, we will provide them with  
19 referral to either home based services, any type of  
20 applications that are available, if they need  
21 relocation like to NYCHA, to supportive housing. It  
22 wouldn't be really supportive housing, but any type  
23 of assisted living or any type of other case  
24 management agency that can assist them with  
25 relocation.



DEPUTY COMMISSIONER HERSHKOVICH-KIM: Referrals to APS are all treated the same. Of course, if there is an emergency, we react within 24 hours. We conduct our initial visits. But every referral that is made to APS goes through the same process of a comprehensive assessment to assess not only for the risk that is being the individual is being referred for, but any other risk. All of the referrals go through a review of systems for what services they might be receiving, really assessing their situation, their environment, their cognitive capacity, their cognitive ability, and really looking at the full picture of where the individual (sic) and what the situation is.

CHAIRPERSON HUDSON: What are the most common reasons cited for rejecting referrals?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: One second...

CHAIRPERSON HUDSON: And sorry, just before you answer, I do want to acknowledge that we've been joined by Council Members Zhuang and Ayala. Thank you. Thank you.

CHIEF SPECIAL SERVICES OFFICER ROJAS: So for the for the most common reasons we have, 44% is due

1  
2 to... the referred person retains decision making  
3 capacity and 22% is unable to locate. And then third,  
4 at 17%, someone else is willing and able to  
5 responsibly assist them.

6 CHAIRPERSON HUDSON: Sorry, what was the first  
7 one? The top one?

8 CHIEF SPECIAL SERVICES OFFICER ROJAS: The  
9 referred person has the decision making capacity.

10 CHAIRPERSON HUDSON: Got it, okay, thanks.

11 How are referrals triaged or prioritized based  
12 on need or vulnerability?

13 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So our  
14 referrals, all referrals are made through our center  
15 intake unit, regardless if you call us or if you make  
16 a web referral or if you contact us directly. They go  
17 through our central intake unit that will assess for  
18 presumptive eligibility. At that point, basically we  
19 will look to identify if there is an impairment and  
20 there is a risk. If it is identified that the  
21 individual meets presumptive eligibility, the case  
22 will then be transferred to one of our field offices  
23 to conduct a comprehensive assessment. The staff  
24 members will initiate the assessment by visiting the  
25 client within three business days for routine

referrals or 24 hours, if there seem to be an emergency such as food insecurity or any type of... no utilities or any type of emergency situation. From that point, we have 60 days to conduct our assessment, which we will go through the comprehensive process of really assessing the individual's impairment as well as the risk and there any person who is involved with the individual who may potentially be able to assist them and any other elements that are related to the to the client and their situation.

CHAIRPERSON HUDSON: Can I just go back quickly to the referrals and the statistics? I know you mentioned field offices— you have at least one in in every borough. Are you seeing any trends, or do you have numbers that you can share per borough in terms of the referrals and also the acceptance rate or those who are not being...

CHIEF SPECIAL SERVICES OFFICER ROJAS: Sure, I can share data for you on calendar year 2024 data on a current APS breakdown by borough, and then I can also do it by referrals.

So for a current APS cases by borough in calendar year 2024, 23% of cases were in the Bronx;

22% of the cases were in Brooklyn; 27% of the cases were in Manhattan; 23% were in Queens, and 5% were in Staten Island.

CHAIRPERSON HUDSON: And, sorry, just to be clear, those are referrals or clients?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Those are...

CHAIRPERSON HUDSON: In your...

CHIEF SPECIAL SERVICES OFFICER ROJAS: In 2024, the active cases that APS...

CHAIRPERSON HUDSON: Active cases...

CHIEF SPECIAL SERVICES OFFICER ROJAS: ruled where the client was found eligible.

CHAIRPERSON HUDSON: Okay.

CHIEF SPECIAL SERVICES OFFICER ROJAS: And a case was opened during... at least part of Calendar Year 2024.

CHAIRPERSON HUDSON: Okay.

CHIEF SPECIAL SERVICES OFFICER ROJAS: And then for referrals, it follows a similar trend for Calendar Year 2024 referrals by borough. Again, we see the Bronx at 23%; Brooklyn is 21%; Manhattan is 26%; Queens is 25%; and Staten Island stays at 5 percent.

CHAIRPERSON HUDSON: And then what about rejections?

CHIEF SPECIAL SERVICES OFFICER ROJAS: I don't have the breakdown by borough by rejections, but we can get that information for you.

CHAIRPERSON HUDSON: Okay, great, thank you.

The percentage of referrals that come from another agency, like NYC Aging versus private entities or individuals?

CHIEF SPECIAL SERVICES OFFICER ROJAS: So for referrals 83% of our referrals come from other city agencies or community based organizations; 5% of our referrals are anonymous; 9% of our referrals are from a family member, friend or neighbor; and 3% are self referrals.

CHAIRPERSON HUDSON: Are there any internal benchmarks or targets for referral review timelines?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: APS has 60 days to complete their assessment, and then we are required, our staff is required to conduct monthly visits and contacts with the individual. We review monthly reports to assure that the staff is in compliance with the requirement. Sometimes, as it was mentioned by Chief Rojas, there is no need for the 60

days to conduct our assessment, and we will complete our assessment in a lesser time.

CHAIRPERSON HUDSON: So you would say that these benchmarks are being met?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Yes.

CHAIRPERSON HUDSON: And how is APS ensuring that communities with limited English proficiency are aware of available services?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: We have access to translation services. All of our forms are translated to the required languages. We have brochures that are translated to various languages, and we assure that we distribute them to communities where English is not the first language.

CHAIRPERSON HUDSON: And what is the current staffing level of APS? Can you compare it to both fiscals 2024 and 2023?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Our current budgeted headcount is 486, and we have 404 staff on board, which is roughly around 84% with 80 vacant positions.

I don't have prior year headcount numbers with me, but of the 486 current headcount that we have, 387% (sic) of those, 387 of those staff around 80% are



case management staff. Either it be case workers and their associated supervisors. So almost all of our staff are direct service staff.

CHAIRPERSON HUDSON: Sorry, you said 387 are case managers and supervisors?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Case management staff, case workers or their supervisor, correct.

CHAIRPERSON HUDSON: Okay. What about social workers?

CHIEF SPECIAL SERVICES OFFICER ROJAS: The social workers? I did not include that in the case management staff, but we could pull that. Do you know how many social workers we have?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Yes. We current have six social work staff.

CHAIRPERSON HUDSON: And okay, sorry, active cases are 29,381 for right now? No those are the referrals...

CHIEF SPECIAL SERVICES OFFICER ROJAS:  
(INAUDIBLE) the referrals are...

CHAIRPERSON HUDSON: How many active cases...  
3,135?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Our caseload in the month of, ending March 31st, we have 9,105 cases. We should state that that number is inclusive of roughly 3,500 new cases that were either new either in the month of March or were currently in the assessment phase where we were determining eligibility. The remaining 5,600 were active cases which were assessed and already enrolled and accepted into APS.

CHAIRPERSON HUDSON: And do you think six social workers is an adequate number for that number of cases?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: So our social workers do not visit every client. Their scope is really to focus with the most challenging situations. If it's challenging for, uh, because of engagement issues or resistance to accepting services. So the scope of the Social Work Unit is not to conduct ongoing clinical intervention, but if there is a need for that they will refer.

We have at least one social work staff in each one of our boroughs, which seems sufficient to the number of interventions that are required by the social work staff.

CHAIRPERSON HUDSON: Okay. But I'm just gonna ask you the same question just a little bit more directly. Are six social workers adequate? I hear what you're saying that they're not making visits to every everybody, but do you think six is enough to even assess the most challenging cases that might need a social worker?

CHIEF SPECIAL SERVICES OFFICER ROJAS: I would respond that we haven't not serviced the client because of lack of social workers. If we come to that situation and if we need a higher level of care, we access our visiting psychiatric services through the DSS Office of the Medical Director. So we also access psychiatric nurse practitioners and psychiatrists through that office.

So, yes, have six social workers, but we also have the backing of our visiting psychiatric services, who really help us for those most challenging clients.

CHAIRPERSON HUDSON: Okay. And then the 486... well you have 404 current positions, 80 vacant positions. Are you actively trying to fill those 80 vacancies?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Yes, that's a great question.

We currently, of those 80, we have 14 case workers in the pipeline. And we're happy to report that in our collaboration with the Department of Citywide Administrative Services with DCAS, we have, or DCAS has established a case worker civil service list. So we've already attended two civil service pools to recruit case workers and we have another one coming up next Thursday, not this Thursday, next week Thursday.

So, since DCAS has established a (INAUDIBLE) pools, we can now quickly identify candidates and begin the hiring process.

Prior to the civil services, we were hiring provisionally, uh, case workers, but now there's there's a civil services that actually expedites our hiring process because we'll have a pool and we could have 50 candidates in one city and then do round robin interviewing and select the candidates that best qualify for APS. Not every person who comes to the pool is adequate for APS, and we try to do our best to verify those who we think are the best suited for this work.

1 CHAIRPERSON HUDSON: Thank you.

2 Thank you. And then can you just give me  
3 numbers for Fiscals 2024 and 2023 in terms of head  
4 count?

5 CHIEF SPECIAL SERVICES OFFICER ROJAS: I'm gonna  
6 have to get back to you on 23/24. I don't have that  
7 in front of me, I can provide that after the hearing.

8 CHAIRPERSON HUDSON: Okay.

9 CHIEF SPECIAL SERVICES OFFICER ROJAS: Thank  
10 you.

11 CHAIRPERSON HUDSON: Thank you. And can you  
12 share how caseload ratios have changed over the past  
13 three fiscal years?

14 CHIEF SPECIAL SERVICES OFFICER ROJAS: I have  
15 the average for calendar year, Council Member. I  
16 don't have it for fiscal year. Is that okay?

17 CHAIRPERSON HUDSON: I'll take that, yes.

18 CHIEF SPECIAL SERVICES OFFICER ROJAS: Sure, so  
19 for...

20 CHAIRPERSON HUDSON: And then maybe you can  
21 follow up with the Fiscal Year numbers?

22 CHIEF SPECIAL SERVICES OFFICER ROJAS:  
23 Definitely. And you may have that, Gili, my  
24 colleague will look that up. But for Calendar  
25

Year 2024, the caseworker caseload ration was 40 in 2024; in 2023 it was 43; and in 2019 we wanted to do a pre-pandemic reference, we had 39. And to date in Calendar Year 2025, it's 41, closer to 42.

CHAIRPERSON HUDSON: Thank you. Can you describe the training APS staff receive to evaluate complex elder abuse, mental health, and neglect cases?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Absolutely. So APS invests a lot in training. We acknowledge the importance of training the staff on an ongoing basis. When staff are onboarded, they go through two series of trainings. They go through a training that is provided internally by our training department to start the process of identifying their professional needs and training them on different modules that are required as part of their role as an APS caseworker.

In addition to that, we receive training funded through the Office of Children and Family Services that is a required training for any new staff member.

We provide our staff with ongoing training opportunities as it relates to elder abuse, engagement skills, safety in the field, various other trainings that are relevant for their for their role.

Just for a little bit of a number of preference, in 2024 we trained a 160 new hires for our new-hire training. We provide our staff with opportunities to attend trainings that are provided by other entities, like community based organizations, when they offer any type of training that relates to elder abuse, resources, or any other opportunities that are available.

CHAIRPERSON HUDSON: Thank you. And can you please describe current staff turnover rates?

CHIEF SPECIAL SERVICES OFFICER ROJAS: That data I don't have with me. We can get that information for you, particularly for case workers because I think that would be most relevant. But we can pull that information and get that to you.

CHAIRPERSON HUDSON: Okay. Yeah, because I'm just curious about retention and how you address retention.

CHIEF SPECIAL SERVICES OFFICER ROJAS: I can comment, one thing that we saw the reason Ms. Hershkovich-Kim talked about the over a hundred staff that we hired, and those are the provisional staff that we hired.

1  
2 Across HRA, and I oversee various programs, but  
3 particularly in the APS, we're lucky to have a lot of  
4 very dedicated employees who have been with HRA for  
5 many years. So a lot of our attrition has really been  
6 due to retirement. We have a lot of staff with thirty  
7 plus years commitment to HRA, it's amazing, and we're  
8 in awe of our staff and thankful to them.

9 We also, during the pandemic, lost a lot of  
10 staff to be quite honest. A lot of staff felt it was  
11 time to go during the pandemic So we had to replace a  
12 lot of staff, both due to the pandemic as well as  
13 retirement, leading us to hire the over hundred staff  
14 that we have hired provisionally.

15 But we can get the concrete numbers for you,  
16 but I would say, I would gather to say anecdotally,  
17 that a lot of our retirements were retirement-based.

18 CHAIRPERSON HUDSON: Thank you. That's helpful.

19 Has APS conducted any internal assessments on  
20 whether current staffing levels meet the volume and  
21 complexity of referrals received? I know you got a  
22 little bit to this before.

23 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Sure. So  
24 we monitor our caseloads on an ongoing basis. We work  
25 with our field offices to assure that distribution of



cases are as even as possible. We sometimes change the type of cases or case rotation to allow a more even distribution and to assure that there are more... that if there are more challenging cases, those caseloads will be a little lower.

It's important to note when you look at our caseload ratio, that once APS becomes involved with an individual, with a hope of course that we stabilize the situation, and the risk is eliminated or reduced, and the client's situation is now stable, they sometimes transition into a more preventive services approach. Those will be for clients who have supports in the community, and their involvement with them will be less intense as it is when there is an imminent risk that has to be identified. So we also take that into consideration when we discuss the ratio of the caseloads and really the case distribution.

CHAIRPERSON HUDSON: Thank you. And then what is the City's plan to address the potential increase in referrals due to the growing older adult population, housing instability, and mental health needs?

CHIEF SPECIAL SERVICES OFFICER ROJAS: So I think that's something we're looking at with our

partner agencies, as well as internally looking at what other resources we have.

Since we do see that a lot of the referrals we have currently, the 11% acceptance rate, how do we better triage our cases or work with our referring agencies— both sister city agencies as well as CBOs, to see how we could better educate them to connect the individual to the services that they need— rather than going through APS. Because APS actually, in many cases, may delay the process of connecting to the services that they need. So if they need a one-shot deal, coming to us, if they need the services, great, but if they don't necessarily need the services, they rather need someone in a system with a one-shot deal, Homebase might be a better fit for them or it might be case manager and program elsewhere.

So I think what we're looking at is how we triage our referrals, how do we work, who are the providers who are referred most to us? We have a lot of legal services providers referring to us, so we work closely with our Office of Civil Justice, our Right to Counsel to see how we can address that.

We also have services in the courts, many times either through us, or a judge will have a guardian ad

litem, to assist particularly with housing cases because we do see housing cases. And many times that is an avenue to a faster resolution to the housing crisis that an individual may be facing than coming through APS. Because as Ms. Hershkovich-Kim stated, the assessment process is very extensive, and having someone come into your home, talk to your neighbors, and your loved ones may actually delay you accessing services. Well, we could help you do that, but at the same time if you're not eligible, we would connect you to that.

So we want to make sure that the referrals that are coming to us are for those who most need them, but we will never not take a referral because we know that that's necessary. And we never want to take the risk of not assessing someone who may be at risk or who is eligible for our care.

CHAIRPERSON HUDSON: I appreciate all of that, and would just like to get a little bit more into the weeds on it. Because, what if somebody, you know, is being referred to you and may need a one-shot deal or a voucher or something? But, I guess what I'm trying to ask is, is there a chance that people who have those needs, and may also be eligible for APS

services, are being referred out elsewhere solely for the housing piece because it might...

CHIEF SPECIAL SERVICES OFFICER ROJAS: Oh, I see what you're...

CHAIRPERSON HUDSON: You know, are there people that you aren't catching who for a, you know, because they're...because you might be assessing the fastest way for you to get this particular assistance is to go through this other program.

CHIEF SPECIAL SERVICES OFFICER ROJAS: I see what you're saying, Council Member.

So I'll start, and I'll kick it over to my colleague. As Ms. Hershkovich-Kim stated, everybody is... the comprehensive assessment that comes when you refer to us is applied to all individuals. So we wouldn't fast triage, you only... and state, "Oh you only need this, so we're gonna refer you out." It may be a shorter assessment, it may not take all sixty days, but everyone receives an assessment of all their needs. I'll turn to you to...

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Yes, and if the individual is in need, they may need a voucher, and they may need other assistance.

1  
2 If the individual meets our criteria, which  
3 means that they have some sort of impairment that is  
4 related to their risk or inability to manage parts of  
5 their affairs, and they don't have somebody who is  
6 willing and able to assist them, regardless of what  
7 service they need, they will be accepted for  
8 services.

9 So we will not triage a case based on what is  
10 the need. We triage a case, we assess a case based on  
11 our criteria, and then we develop a service plan that  
12 can include voucher or any other, you know -  
13 honestly we don't only CityFHEPS, we also utilize  
14 other housing alternatives such as supportive housing  
15 when appropriate, referrals to rehabilitation or  
16 nursing home, when there is a need for that, assisted  
17 living, or any other entities that may be... senior  
18 housing, or any other entities that appropriate for  
19 that. We do have housing unit that works on  
20 identifying housing alternatives when that is the  
21 need. But we will not... our assessment will be on  
22 the eligibility, and then a service plan will be  
23 developed and not the other way around.

24 CHAIRPERSON HUDSON: Okay, thank you. And do you  
25 know how many people you've connected with CityFHEPS?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: I actually do. So this is only issues that... this is only for clients that we issued vouchers, so it doesn't include clients that have Shopping Letters or are in the process.

So in 2024, we obtained 656 vouchers for eligible APS clients. And we paid arrears close to \$20 million to ensure housing... that their housing is stable.

CHAIRPERSON HUDSON: That's \$20 million in arrears for clients, for APS clients?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Mm-hmm.

CHAIRPERSON HUDSON: Okay. Is that for the fiscal year, calendar year?

DEPUTY COMMISSIONER HERSHKOVICH-KIM:

That's for that is for Fiscal Year 2024... calendar in 2024.

CHAIRPERSON HUDSON: Calendar Year 2024? Okay, thank you. I have...

DEPUTY COMMISSIONER HERSHKOVICH-KIM: We can get you the fiscal year if you want.

CHAIRPERSON HUDSON: Either way is fine. Yeah, Fiscal Year additionally would be good. I would also

love to see, like, the last five years, if you can share that and how much you've paid in in arrears.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: It's important to note that APS became a CityFHEPS provider probably ,like, five or six years ago. So initially, the process was more of a manual process. So we have less data for the first few years then we do for the... I do have a 2023 and year-to-date if you want.

CHAIRPERSON HUDSON: Okay, yeah.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: For 2023 we have 315 vouchers, and we paid arrears of \$8,348,560.00. And year-to-date we obtained 152 vouchers and paid \$4,635,693.00 in arrears.

CHAIRPERSON HUDSON: Okay, thank you. I want to acknowledge that we have been joined Council Member Lee, and then I also have a couple of questions that I want to ask on behalf of Council Member Ayala, who has joined us online, but because we don't have a quorum in the room, unfortunately, she's unable to ask the question herself.

So, the first question is, when a referral is made to homebase, is the client expected to attend on their own?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: If a referral is made to homebase for CityFHEPS purposes, that means that either they're not eligible, they were found ineligible, or they are now no longer eligible, and they will be, according to the process of the home-based program...

CHAIRPERSON HUDSON: I think the...

CHIEF SPECIAL SERVICES OFFICER ROJAS:  
(INAUDIBLE)

CHAIRPERSON HUDSON: Mm-hmm? Go ahead.

CHIEF SPECIAL SERVICES OFFICER ROJAS: I was just going to add, for our services, for individuals that are homebound and have other disabilities, we have a HARU, which is our Homebound Assessment Referral Unit. So individuals who need extra assistance or can't come in, we do have a specialized center, Benefits Access Center (BAC90) that can assist with One-Shot Deals and other services if you're homebound or need additional services.

CHAIRPERSON HUDSON: Yeah, like, do you walk people through the process? Because ,you know, somebody may not be eligible for APS but they still have challenges.



CHIEF SPECIAL SERVICES OFFICER ROJAS:

Absolutely.

CHAIRPERSON HUDSON: Right? So then you're referring somebody to a program essentially with no advocate or assistance in trying to get them to...

CHIEF SPECIAL SERVICES OFFICER ROJAS:

Absolutely. I think my colleague hesitated because when you said homebased, most of our homebased services are contracted out with community based organizations. So each one of... (CROSS-TALK)

CHAIRPERSON HUDSON: And they provide the service...

CHIEF SPECIAL SERVICES OFFICER ROJAS: Yeah, so they provide the services directly, and that could take the form of either in person or ,you know, via telephone or electronically.

But if you're accessing services at HRA, if you're homebound, you can access service through our HARU unit, our Homebound Assessment Referral Unit where we can assist you with those services translation, et cetera. And if it's a homebased then they would follow the process of the community based organization.

CHAIRPERSON HUDSON: Okay, thank you. Second question from Council Member Ayala is, is according to City data and the MMR, the rate of rejections for CityFHEPS applications was significantly higher than those denied in 2023. Why are so many applications being denied, and how many of those who had their applications denied ended up being evicted?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Citywide or just (INAUDIBLE)?

CHAIRPERSON HUDSON: What was your question? Citywide or what?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Citywide or for APS clients?

CHAIRPERSON HUDSON: We can start with APS clients, since I would think you would have that.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Uh...

CHIEF SPECIAL SERVICES OFFICER ROJAS:

(INAUDIBLE)

DEPUTY COMMISSIONER HERSHKOVICH-KIM: I would have to get back to you on this data, because I can... Our acceptance rate for CityFHEPS vouchers, when the individual is APS eligible, is extremely high, unless the client does not meet the CityFHEPS

criteria. But I don't have the number of rejections to speak to it.

CHIEF SPECIAL SERVICES OFFICER ROJAS: Thank you for that question, Council Member Ayala.

I would say ,you know, that's a great point to further reinforce that. Although an individual may be APS eligible, the criteria for CityFHEPS is separate and apart from APS. So an individual will still have to meet the standard for CityFHEPS – including the income criteria. APS doesn't have any income criteria requirements, so you can have any income and be part of APS. But the requirements for CityFHEPS are different, and there are income requirements including, I think, more aligned to City to cash assistance.

So, but as Ms. Hershkovich-Kim stated, we can pull the data for APS specific, and most of the clients who do apply are granted CityFHEPS if they're deemed eligible and enrolled in the APS program.

CHAIRPERSON HUDSON: I think Deputy Speaker Ayala's case, she has had a different experience, in that people who are being referred to homebase or other services are not actually being... They're not receiving the type of care that they should.

And I wanted to share one example that she has here:

The case of an elderly woman with a serious mental health diagnosis who repeatedly came to her office and was having trouble communicating her needs. Upon further investigation, she found that she had been appointed a guardian but was in rental arrears of over \$30,000. And to add insult to injury, her CityFHEPS voucher was about to be terminated because the recertification had not been completed.

She personally worked with the DSS Commissioner. The rent was paid and recertification was completed, but then the woman showed up a few weeks later upset because she had no food stamps on her card. After reaching out to DSS, Deputy Speaker Ayala found that her case was closed because her recertification had also not been completed.

So she'd love to know how this is possible, because she's one of many older adults who are under guardian care who cannot access their workers who hide behind confidentiality rules when we reach out to try to be helpful?

CHIEF SPECIAL SERVICES OFFICER ROJAS: So we could definitely pull data for you and get more

1 information on home based. I'm not as familiar with  
2 homebased because when we process our CityFHEPS it is  
3 with APS. I can say if an individual needs help,  
4 that's the bread and butter of APS. They provide  
5 that, they visit the client monthly, they provide the  
6 case management services if there's a need for legal  
7 services...

9 CHAIRPERSON HUDSON: But I think this example  
10 was somebody who is in APS care. And, so, she was  
11 appointed a guardian, she was in rental arrears of  
12 over \$30,000; her CityFHEPS voucher was about to be  
13 terminated, because her recertification had not been  
14 completed. Then she had no food stamps on her card,  
15 and they found that her case was closed because her  
16 recertification had also not been completed.

17 So I think what Deputy Speaker Ayala is trying  
18 to figure out is how the recertification process  
19 happens; how somebody like this who was in APS care  
20 would not have their case recertified?

21 DEPUTY COMMISSIONER HERSHKOVICH-KIM: First, if  
22 it was... so APS is, uh, our most restrictive measure  
23 is to petition the court for guardianship. And we do  
24 have three vendors who provide Article 81  
25 Guardianship, but they are guardianship outside of

1  
2 APS. So if this individual, and I'm not, I don't know  
3 who the, of course, who the individual is, I would  
4 love to take a look at this case and review it. But  
5 if the individual is receiving services under one of  
6 our community guardian program vendors, they are  
7 required to recertify their benefits and they are  
8 required to recertify their CityFHEPS. If we identify  
9 that there is a concern or an issue with any of the  
10 clients under the guardianship program, we will work  
11 with the vendor to identify what the issues are. And  
12 when there is a need, we will place them under a  
13 corrective action plan to assure that there is no  
14 negative effect on the client.

15 I would have to take a look at this case to  
16 better understand what happened. But under... if the  
17 individual is under our guardianship, or to be honest  
18 with you any guardianship, even if it's not through  
19 APS, their benefits should be recertified. So that  
20 should not be an experience that the individual has.

21 CHIEF SPECIAL SERVICES OFFICER ROJAS: And we  
22 could work with our commissioner to get that  
23 information, because we definitely don't want this to  
24 repeat...  
25

DEPUTY COMMISSIONER HERSHKOVICH-KIM:

Absolutely.

CHIEF SPECIAL SERVICES OFFICER ROJAS:

(INAUDIBLE) this case.

CHAIRPERSON HUDSON: Okay, thank you. I have a few other questions.

Your agency has often referred older adults who are in eviction proceedings in Housing Court. Hold on one second.

(PAUSE)

What's the eligibility criteria for getting folks into... for referring them to suitable housing? A lot of the people that you talked about already that you refer, if they have a specific housing need, what's the eligibility requirement or criteria for such assistance?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: For assistance with referring for housing...

CHAIRPERSON HUDSON: Yeah.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: options?

CHAIRPERSON HUDSON: Yeah.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: If the individual is APS eligible, the APS staff member will work with the client to refer them to whatever

housing setting is suitable for them. If it's supportive housing there is requirement for a mental health diagnosis. If it's in assisted living, there is an age requirement. If there is a need for a more supportive environment, such as rehabilitation and a nursing home, they will have to have certain skilled nursing needs.

So we really tailor the service plan and the referrals to housing alternative based on the client's needs and based on the eligibility of the housing program.

CHAIRPERSON HUDSON: Okay. Advocates have been made aware of situations in which an older adult may be denied services due to the presence of another adult in the home – despite the fact that the other adult does not or cannot help the older adult in the areas that are the basis for the APS referral.

Can you please speak to how your agency assesses whether an older adult has assistance available to them such that it justifies the denial of APS services?

DEPUTY COMMISSIONER HERSHKOVICH-KIM:  
Absolutely.



CHAIRPERSON HUDSON: And specifically in that type of case where there might be another adult but an adult that's not capable of caring for the person?

DEPUTY COMMISSIONER HERSHKOVICH-KIM:  
Absolutely. There's oftentimes people in the household who are willing and not able or able and not willing. The APS staff member must assess to assure that the individual that they are referring to as willing is willing and able to assist them.

So throughout the assessment, there will be conversations with the individual who is identified as willing and able, and it will be determined how able the individual is to assist them.

Sometimes there will be a family member that through the referral, that seems to be appropriate to provide the support that there is a need, that the individual needs. And it could be that at a later time they demonstrate that they did not follow through and another referral will come, and this will be assessed as part of the assessment.

But in order for the individual to be rejected from APS services for someone who is willing and able, the ability, as well as the willingness of the

other person, are both assessed before making that determination.

CHAIRPERSON HUDSON: Okay. And then regarding financial management, we've also been made aware that after a determination is made that an older adult qualifies for this service, it can take upwards of six months for the actual management of their finances to occur even in situations of financial abuse.

Can you please explain the process for enrolling an older adult in the Financial Management Program from initial eligibility determination through the final implementation of their finances being fully managed by APS?

DEPUTY COMMISSIONER HERSHKOVICH-KIM:  
Absolutely. So Financial Management Services, so I just want to start and say that if there is financial exploitation, APS will alert any financial institution that the client is associated with, just to make sure that they are aware – if there are any suspicious withdrawals or the client is coming with somebody that is not related to them or any... or the alleged exploiter, which we will alert the financial institution.

1  
2 As far as Financial Management Services, we  
3 will we submit the applications to become the  
4 representative payee to Social Security within thirty  
5 days of acceptance. However, it does sometimes take  
6 Social Security Administration – it can take between  
7 three months, and we have seen even cases that it  
8 takes more than six months. And that's, uh, we  
9 follow-up regularly with Social Security  
10 Administration, but once the request is out of our  
11 hands, really the process is conducted by the Social  
12 Security Administration.

13 We will advocate and we will follow-up with  
14 them on applications that are pending. In addition to  
15 that, the client themselves receive notification from  
16 Social Security Administration that they do have the  
17 right to object the appointment of HRA as the  
18 representative payee. And the client may sometimes  
19 take action to prevent us from becoming the  
20 representative payee.

21 CHAIRPERSON HUDSON: Is there any expedited  
22 process or other protections that could be put in  
23 place when an older adult is being financially  
24 abused?  
25

DEPUTY COMMISSIONER HERSHKOVICH-KIM: So again, when an older adult is being financially exploited, we alert Social Security Administration and we alert all of the financial institutions that the client is affiliated with.

Sometimes the financial institutions will decide to freeze the client's account for APS to start services. But this is an ongoing advocacy, and we really do have ongoing communication with Social Security to alert them when there is a situation like that.

CHAIRPERSON HUDSON: Okay. How does NYC Aging's Aging Connect program coordinate with APS on referring individuals for assistance?

ASSISTANT COMMISSIONER MULLARKEY: So New York City Aging will directly connect APS... I'm sorry, I'm answering the wrong question — New York Aging Connects receives referrals from APS through calls from individuals, and they can also connect clients to APS by giving the contact info.

CHAIRPERSON HUDSON: Are there protocols for follow-up when Aging Connect refers an individual to APS, particularly if that referral is rejected?

1  
2 ASSISTANT COMMISSIONER MULLARKEY: They are the  
3 conveyor of the information to the person calling so  
4 they can connect. They don't then follow-up. That's  
5 not part of their protocol.

6 CHAIRPERSON HUDSON: Okay. And then what... so  
7 are there no services that someone would be referred  
8 to upon receiving a rejection?

9 ASSISTANT COMMISSIONER MULLARKEY: Can you say  
10 that again?

11 CHAIRPERSON HUDSON: There wouldn't be any  
12 services then that someone would be referred to upon  
13 receiving a connection I mean, a rejection? That's  
14 all done through APS?

15 ASSISTANT COMMISSIONER MULLARKEY: So...

16 CHAIRPERSON HUDSON: Somebody wouldn't come back  
17 to Aging Connect or NYC Aging if they've been  
18 rejected?

19 ASSISTANT COMMISSIONER MULLARKEY: I mean, if  
20 they do come back, they can be advised of...

21 CHAIRPERSON HUDSON: Go through the system...

22 ASSISTANT COMMISSIONER MULLARKEY: other  
23 services and also connected.

24 And I have clarification...

25 CHAIRPERSON HUDSON: Sure.

ASSISTANT COMMISSIONER MULLARKEY: on the question that you had about elder abuse trainings.

So for the staff at OACs, they get refresher courses every three years on elder abuse per the Local Law. And then there's training for the OAC clients twice a year.

CHAIRPERSON HUDSON: Got it, thank you.

Can you describe the information sharing protocols, if any, between APS and NYC Aging to ensure continuity of care?

ASSISTANT COMMISSIONER MULLARKEY: Sure. So currently, there's 371 case management clients, New York City Aging case management clients who are also known to APS. And that's out of nearly 3,200 unduplicated clients in a year that receive case management. And...

CHAIRPERSON HUDSON: Sorry, you said compared to how many?

ASSISTANT COMMISSIONER MULLARKEY: It's 32,000 annual clients.

CHAIRPERSON HUDSON: Thank you.

ASSISTANT COMMISSIONER MULLARKEY: And case management can refer to APS for services. And we also have a working relationship that APS refers directly

1  
2 to case management for clients who meet the  
3 eligibility criteria for home delivered meals. And  
4 those clients, as long as they meet the eligibility,  
5 they're authorized for meals while APS stays the  
6 primary case manager.

7 CHAIRPERSON HUDSON: What other city agencies,  
8 HPD, NYPD, DOHMH, coordinate with APS to prevent  
9 vulnerable older adults from falling through the  
10 cracks?

11 DEPUTY COMMISSIONER HERSHKOVICH-KIM: APS has a  
12 robust roster of city agencies and other entities  
13 that we collaborate with. We have relationship with  
14 NYPD. We're currently working on enhancing the  
15 workflow with NYPD on an ongoing basis when there is  
16 a need for NYPD intervention, when our staff goes to  
17 the field, or when there is a need to make a report.  
18 We have coordinators in each precinct that we  
19 communicate with. We have ongoing meetings with HPD  
20 to talk about individuals who are shared between the  
21 entities to assure housing stability. We collaborate  
22 with various community based organization and city  
23 agencies as well as the Department of Social  
24 Services, different programs within our agency to  
25

1  
2 assure that the clients are receiving the services  
3 that they need.

4 CHAIRPERSON HUDSON: Thank you.

5 Moving on to data, what trends have APS  
6 identified in referral sources and client  
7 demographics over the past five years?

8 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So we have  
9 identified an increase. I don't have the data for the  
10 last five years, but I do have the data for the last  
11 few years.

12 We identified an increase in of number between  
13 2024 and 2023 to referrals that are received through  
14 either the marshals, housing courts, and as well as  
15 referrals that are received from agencies.

16 CHAIRPERSON HUDSON: And you said that was from  
17 20...

18 DEPUTY COMMISSIONER HERSHKOVICH-KIM: That was  
19 from 23...

20 CHAIRPERSON HUDSON: from 2023 to 2024?

21 DEPUTY COMMISSIONER HERSHKOVICH-KIM: From  
22 calendar year 2023 to 2024, we had a 56% increase of  
23 referrals that came from the marshals and a 10%  
24 increase from referrals that came from other  
25 agencies.



CHAIRPERSON HUDSON: Sorry, 33...

DEPUTY COMMISSIONER HERSHKOVICH-KIM:

Increase...

CHAIRPERSON HUDSON: A 33% increase from other agencies?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: No 10% increase.

CHAIRPERSON HUDSON: Oh, 10% increase.

(PAUSE) Thank you. And then any other... those are just the increase, but any trends that you've observed? I know you we spoke earlier about the boroughs. It seems like more people are being referred and accepted from the Bronx and Brooklyn. Is it more financial, fraud, mental health? Like are there any trends or patterns that you've noticed?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: The majority of our... many of.... I don't have the exact statistics, but majority of our cases have some type of component of eviction. That's definitely a trend.

We have also seen 50... we've seen increase of referrals of the aging population in the in the last couple of years.

CHAIRPERSON HUDSON: Okay, thank you. How many substantiated cases of elder abuse or neglect were

identified in the past year and what were the outcomes?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: I have to get back to you with statistics for that.

CHAIRPERSON HUDSON: How do you measure the success of your interventions? What data can you share about client outcomes especially for older adults?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: So we conduct ongoing case reviews on different levels. We have different reviews by internal audits as well as OCFS conducts case reviews on a rotation basis to our cases and all of our field offices.

CHIEF SPECIAL SERVICES OFFICER ROJAS: I would also add, I mean, in those assessments what we're triaging is housing stability, income stability, and health stability. Those are three pillars for us to ensure someone is stably housed, they're able to pay for their bills either through themselves or through financial management, as well as health stability, are they accessing the care that they need?

CHAIRPERSON HUDSON: Thank you. What additional funding or policy changes at the state level would

APS need to expand services to a greater number of referred older adults?

CHIEF SPECIAL SERVICES OFFICER ROJAS: So currently, we're working with the state. On the federal level, they did pass a law to change APS regulations. I think, if I remember correctly, it takes effect in 2028. Calendar year 2028. So, we're working with OCFS.

There are changes pertaining to the ability to respond to referrals on a after hour basis, a sort of 24-hour to ensure that all counties, not just New York City, but all counties across the United States have access, immediate access to APS services in terms of referrals and I think more aligning services across localities. So if one person moves from one locality to other, it's more streamlined.

Since the changes were passed don't take effect in '28, OCFS has started a committee of basically a roundtable to discuss those changes. It's in its starting phase, it's in implementation phase, so Ms. Hershkovich-Kim is part of that as well as other colleagues from APS.

CHAIRPERSON HUDSON: Thank you. What specific eligibility guidelines are a barrier to serving more

older adults in need and what reforms would you like to see?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Our eligibility criteria is mandated by the Social Service Law. So our eligibility criteria is not a barrier. We assess every individual to determine their eligibility to assure to... and if they are not, again, if they are not, then we refer them to the correct entity that can provide the services that they need.

CHAIRPERSON HUDSON: Can you share how federal funding cuts would impact APS's ability to operate? What services would be impacted by any such cuts?

CHIEF SPECIAL SERVICES OFFICER ROJAS: So, sure, as I stated previously, 46% or 29 million or 46% of our annual budget is federal. Some primarily from the Social Services Block Grant.

SERGEANT AT ARMS: [ANNOUNCEMENT]

CHAIRPERSON HUDSON: Sorry, just a technical problem, give me one second. (PAUSE) All right, sorry.

CHIEF SPECIAL SERVICES OFFICER ROJAS: Sure. The 46% of our funding for APS is through the Social Services Block Grant, that's a passthrough through

1 the state, the Office of Child and Family Services.  
2 For HRA, APS services are critical. So holistically  
3 we're looking at all of our services at HRA and see  
4 how all the funding cuts would shake out for us, see  
5 what is more critical, what is, I don't want to say  
6 less critical, but what pecking order they would be,  
7 and then we have to make tough decisions.

8 So that assessment process is in play, our  
9 commissioner has convened already a brainstorming  
10 roundtable with our community providers, and other  
11 sister agencies, to try to assess what the highest  
12 level is – or what is the input from our community,  
13 and what are the most critical services that they're  
14 seeing. And then we'll look at our data.

15 And if we do get a cut, I mean tough decisions  
16 will have to be made, but we want to look at it  
17 holistically. What are all the services that are  
18 being offered, not just at HRA but across DSS and  
19 across the city to better leverage any cuts that we  
20 may get from the federal government?

21 CHAIRPERSON HUDSON: Okay, thank you.

22 Council Member Lee has a follow-up question.

23 COUNCIL MEMBER LEE: So you're talking about the  
24 CDBG money, the federal block grant? (INAUDIBLE)  
25

CHIEF SPECIAL SERVICES OFFICER ROJAS: This is a... it's Social Services Block Grant.

COUNCIL MEMBER LEE: Social Services Block Grant? Okay, because that's a lot of funding, and that included the passthrough, all of the money that is coming to your agency, correct?

CHIEF SPECIAL SERVICES OFFICER ROJAS: It definitely funds APS and other services, not solely APS, it applies...

COUNCIL MEMBER LEE: Okay...

CHIEF SPECIAL SERVICES OFFICER ROJAS: to other services as well.

COUNCIL MEMBER LEE: So, and forgive me for being late, and if you guys went over this already, sorry about this. So, because obverse you guys are facing a lot challenges, because you have the potential funding cuts, plus a lot of the challenges in terms of the state law. Which, correct if I'm wrong, but the biggest issue is that you're seeing an increase in need; however, due to staffing shortages, the state laws, it's really preventing you guys from enrolling the seniors into APS that need services, or no?

CHIEF SPECIAL SERVICES OFFICER ROJAS: So we did go through that a bit.

COUNCIL MEMBER LEE: Yeah...

CHIEF SPECIAL SERVICES OFFICER ROJAS: Luckily we've made great strides, we're hiring, we are at an 84% hiring rate for APS. Our vacancies for case workers, we already have 19 in the pipeline for the 60-odd staff, case manager staff, that we have vacant. And we're working with DCAS. They have already started civil service pools for case workers, we've already hired, uh, went to two pools and are attending one next week to pick up more staff.

So we're making really great strides on caseworker hires...

COUNCIL MEMBER LEE: Okay.

CHIEF SPECIAL SERVICES OFFICER ROJAS: Which is the bulk of our staff...

COUNCIL MEMBER LEE: Right.

CHIEF SPECIAL SERVICES OFFICER ROJAS: in APS.

COUNCIL MEMBER LEE: So obviously given the potential challenges, what is the coordination or is there potential coordination happening between other agencies through different programs whether it's through DFTA or even a lot of the adult programs,

adult day? And then I know a lot of the nonprofits are really awesome like BronxWorks, TSINY (Transitional Services for New York, Inc.) JASA (Jewish Association Serving the Aging).

So is there a way to maybe pull resources together or are those conversations happening where potentially if there is sort of a lack and a cut?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Most definitely. Through the leadership of our commissioner, we talk about this quite extensively. How do we coordinate services? How do we leverage existing services?

And again, as I stated to Council Member Hudson, DSS had basically a round table on this topic, try to strategize how to best prioritize and strategize in the event of cuts.

Since it's ever changing, know, one cut is proposed, there's a lawsuit, it's a little challenging, but we are strategizing and coordinating and that coordination is within DSS, HRA, DSS, DHS, as well as with our sister agencies. Because we serve the same clients at the end of day – Aging, ourselves, you know, our clients go through across



the spectrum H+H, DOHMH, so that coordination is ongoing.

COUNCIL MEMBER LEE: Because I know that one of the things I always talk about in my own hearings at DOHMH, because being on the nonprofit side before, I'm like silos are what I think... because ,you know, as an individual person that needs multiple services, it doesn't mean that it stops at one agency and then has to restart with another.

CHIEF SPECIAL SERVICES OFFICER ROJAS:  
Absolutely.

COUNCIL MEMBER LEE: So I'm glad to hear that you guys are having those conversations...

CHIEF SPECIAL SERVICES OFFICER ROJAS: Prior to DSS, I had the privilege and honor for over (TIMER) twelve years working at the Department of Health. So it's a, you know, the health perspective for me is very important, and particularly for this population that we serve, so we take that very seriously.

CHAIRPERSON HUDSON: Thank you, Council Member.

The Fiscal 2025 Preliminary Mayor's Management Report shows an increase of 17.5% for APS referrals and an increase of 14.9% in assessment cases in the first four months of Fiscal Year 2025.

How much of this increase is attributed to older adult clients?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: So, 51% of the increase is attributed to older adults, which is the 5,496.

CHAIRPERSON HUDSON: And what is driving these increases?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: So what's driving the increases in the referrals is, as I stated before, APS really puts a lot of efforts into enhanced outreach efforts within different communities, community based organizations, other city agencies to really assure that the public is educated about APS and when to reach out to APS and what services APS can offer. Also it attributed to resuming normal business by both the community based organizations, housing courts, and the marshals.

So many of those of those referrals have an aspect of an eviction. And of course being a CityFHEPS provider, uh, so for both the marshals, the housing courts, as well as the communities to attempt to make the referral to see if the individual will meet the APS criteria, and if so, will they be eligible for CityFHEPS voucher?

CHAIRPERSON HUDSON: As the older adult population increases over the next few years, are you making specific plans to address projected needs? And I guess in other words, are you using population data to inform decisions?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: So we serve individuals who are 18 and over. Age is not part of our criteria. Of course if there are any elements that are associated as they relate to age that affect the eligibility criteria they are taken into consideration. We've been consistent with the percentage of older adults who are part of our program. But again, the services that are being provided are based on the eligibility of the clients regardless of their age.

APS is part of the Aging Cabinet that focuses on planning for New Yorkers and aging New Yorkers in making sure that New York City is an inclusive city. And we have been part of the one of... one of our initiatives is to apply for SCRIE (Senior Citizen Rent Increase Exemption) benefits for all APS clients. We are in the process of assuring that all of our clients who are eligible for SCRIE benefits have an application that is being processed for them.

So the discussion is ongoing, and APS is always an active participant to assure that they are part of any services or any new needs that are being discussed.

CHAIRPERSON HUDSON: Okay. Do you know of the folks in your care... Sorry, let me just see if I can get to this number. You said you have 9,105 active cases currently. Do you know how many of those are for folks 65 years old and over?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: The percentage, for 66 and over for calendar year 2024 was 52%; 2023 was 54%; and year-to-date is 26%.

CHAIRPERSON HUDSON: Sorry, the 52% was for?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Fifty-two percent for 2024.

CHAIRPERSON HUDSON: Okay, 2024; 54% in 2023?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Yes, and year-to-date is 26...

CHAIRPERSON HUDSON: Year-to-date this year? Okay. So I mean, my argument would be you've got roughly half or just over half...

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Mm-hmm.

CHAIRPERSON HUDSON: Of the folks in your care are older adults. So I know that anyone over 18 is eligible...

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Right.

CHAIRPERSON HUDSON: and age is not specifically an eligibility requirement. But I guess my point is that the older adult population is growing exponentially. So if you know that at least half of the population you serve are older adults, then I would think that you should be planning to have perhaps an increased need as that population grows older.

Is that something that you all have been thinking about and preparing for?

CHIEF SPECIAL SERVICES OFFICER ROJAS: I mean, when we start... when we plan for AP services, we do focus on all our populations that we serve, since it's not specifically to senior. And the reason I think we pause is, because many times our program is, you know, thought as is exclusively for individuals who are older adults when it's not. So sometimes we hesitate, we just don't want (INAUDIBLE) to picture...

CHAIRPERSON HUDSON: Yeah.

CHIEF SPECIAL SERVICES OFFICER ROJAS: But we do serve a large number of older adults. I think we are that's ongoing. I think really the Aging Committee is where we're having those conversations and then bringing back to inhouse to have those discussions.

But as we spoke with Council Member Lee, we want to have that across the board, because we want to make sure we don't duplicate services particularly with Aging, DOHMH.

I think those conversations at a broader level citywide allow us to think more internally, a little more concentrated – what is our role in in as we plan for older adults as the number increases in New York City?

CHAIRPERSON HUDSON: Okay.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: And also just to add to what Chief Rojas has just stated, our services that we provide inhouse are limited to Financial Management and a few other services.

Most of the services that we provide to the APS client and oversee are from other entities. That's why the collaboration with other community based organizations, The Aging Cabinet, the New York City Elder Abuse Center, those collaborations are

extremely important especially in planning for the increase of the aging population.

COUNCIL MEMBER HANIF: Thank you, I can appreciate that.

And then also, just going back to the increases that you've seen, how has HRA been able to handle this additional caseload and referral volume?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: So we work again, we work very closely with our field offices to address the need of the of the offices. We offer overtime to our staff members while we still have vacancies. Our goal is that once we are fully staffed, the case loads will be reduced significantly. But we do offer extensive overtime to our staff members. We sometimes solicit the assistance of trained case workers, who may have been in the past APS staff members, uh, who are interested in assisting with different part, uh, of either visitation or other parts of the program.

But we are monitoring very closely the need for either overtime or shifting caseloads or the distribution of cases.

CHAIRPERSON HUDSON: And then just given that, is there like burnout that your staff is experiencing? Case management staff specifically?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: We don't have a... I don't have a study to present, but this APS is a very... it's a challenging program regardless, you know, it's the nature of the program. We invest a lot in communication with staff. We invest a lot of visiting, listening to staff, hearing their needs, implementing, you know, if it's discussions, or implementing new processes to help staff with different parts of their jobs to really to try to prevent the burnout of the caseworkers.

CHAIRPERSON HUDSON: And then has HRA added funding or headcount for APS in the preliminary plan?

CHIEF SPECIAL SERVICES OFFICER ROJAS: No, there was no additional funding or headcount in the preliminary plan.

CHAIRPERSON HUDSON: Is additional funding needed?

CHIEF SPECIAL SERVICES OFFICER ROJAS: With our current headcount, and if we fill our vacancies, I think we're adequately equipped to serve the clients that we have.



CHAIRPERSON HUDSON: Okay. What's the current average caseworker ratio for APS clients? These are the numbers you gave me before. Right?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Correct, it's about one to 41, one to 42...

CHAIRPERSON HUDSON: Well, yeah, 41 to 42 per one currently. Okay.

Is the current ratio addressing the increase in referral volume? And does HRA plan to add caseworker positions for APS beyond filling the vacancies?

CHIEF SPECIAL SERVICES OFFICER ROJAS: I think we're, we'll be good if once we fill all our vacancies, we'll be in a good place to have an adequate caseload ratio.

CHAIRPERSON HUDSON: Okay. What's the target caseworker ratio? So I know you were as low as 39 in 2019.

CHIEF SPECIAL SERVICES OFFICER ROJAS: So OCFS doesn't dictate our... (CROSS-TALK)

CHAIRPERSON HUDSON: And as high 43 and (INAUDIBLE)...

CHIEF SPECIAL SERVICES OFFICER ROJAS: oversight of the Office of Child and Family Services doesn't dictate. Ideally we would want to be in the 30s

range, in the mid-thirties. That's what our ideal would be (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON HUDSON: Mid-thirties?

CHIEF SPECIAL SERVICES OFFICER ROJAS: to 35, you know, usually, we...

CHAIRPERSON HUDSON: Thirty to 35? When was the last time your ratio was 30 to 35?

CHIEF SPECIAL SERVICES OFFICER ROJAS: We were 30 to 35... we were 39 in... I have the number...

DEPUTY COMMISSIONER HERSHKOVICH-KIM: We were 39 in 2018, I think.

CHIEF SPECIAL SERVICES OFFICER ROJAS: In 2019, we were 39. So...

CHAIRPERSON HUDSON: Yeah.

CHIEF SPECIAL SERVICES OFFICER ROJAS: (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON HUDSON: So when were you 30 to 35?

CHIEF SPECIAL SERVICES OFFICER ROJAS: I don't have numbers past 2019, but I could pull that for you. But I do think once we fill our vacancies, we will be at that number, in the 35 range.

CHAIRPERSON HUDSON: Okay. Could you provide information on the total headcount that relates to case management for Fiscal 2025? That was the 80?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Sure, yeah, of the 486 staff budgeted headcount, we have 387 case management staff that are of the... so basically 80% of our total APS headcount is for caseworker or other supervisors – of the 387 case management staff, 321 are on board.

CHAIRPERSON HUDSON: Okay. The PMMR stated that in the first four months of Fiscal 2025 the average number of days to initiate home attendant and housekeeper services for HRA clients was 44 days. This is a 51.7% increase from the same period last year. What is the reason for such a drastic increase in the average wait time for APS clients, and what's being done to address this?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Sure, I do wanna clarify that statistic is not specific to APS. It's the general home care rate.

CHAIRPERSON HUDSON: Okay.

CHIEF SPECIAL SERVICES OFFICER ROJAS: So just to clarify, it's not specific to APS. Although they may be APS clients, you are absolutely correct, but it's not specific to APS.

Thinking of a couple of things, there are some changes that are occurring, especially when we get immediate need cases.

First, the New York State Department of Health who's oversight for Medicaid and home care services, they introduced a new process, it's called the Independent Assessor. So for HRA cases, when we're initiating home care, we would do the assessment, but now the process goes through a third party vendor contracted with the state. So the third party contractor, a contractor with the state does the assessment, then it gets referred to us.

So the rollout, you know, it was a transition from our normal processes and it was a little bumpy at the start. I think that's one of the reasons in the increase and that happened this year. As well as the fact that when we get a particularly an immediate needs case, the client may come with no Medicaid. So we have to put up the Medicaid prior until we get the home care in place.

CHAIRPERSON HUDSON: How long do those assessments take, and which state agency is responsible for them?

CHIEF SPECIAL SERVICES OFFICER ROJAS: So a couple of things, if it's through HRA it's for clients who are enrolled in our managed long term care plan and if they're receiving services through our CASA offices. It's separate or a part if an individual is getting care through a managed care organization, that plan is responsible. So the bulk of the clients who are receiving homecare, it's usually through a managed care organization.

There are about anywhere on any given day between four to 7,000 clients who are carveouts, who come through HRA directly, who receive what we call cost of services community alternative services. And those services are processed through HRA. That changed when the independent assessor now does the assessment for those clients. So we no longer do the initial assessment, it goes through it, the third party vendor, Maximus, who is conducting that assessment.

CHAIRPERSON HUDSON: And did you mention how long it takes?

CHIEF SPECIAL SERVICES OFFICER ROJAS: It's supposed to happen within the first 30 days, it's supposed to happen fairly expeditiously. The rollout

for some of our clients has been a little more bumpy, but we have seen improvement in that process. I could pull numbers for you, I don't have them in front of me.

CHAIRPERSON HUDSON: Okay, if you could follow-up that'd be great and I'll go to Council Member Lee with some follow-ups.

COUNCIL MEMBER LEE: Yeah, sorry, so sorry if I misunderstood. So you used to do the assessments but no longer do? How long has it been since the state took that process over? So it's a similar...

CHIEF SPECIAL SERVICES OFFICER ROJAS: Yeah, that was implemented... (CROSS-TALK)

COUNCIL MEMBER LEE: If I'm under...

CHIEF SPECIAL SERVICES OFFICER ROJAS: in...

COUNCIL MEMBER LEE: Yeah...

CHIEF SPECIAL SERVICES OFFICER ROJAS: calendar year 2024 and then it got delayed.

COUNCIL MEMBER LEE: Oh...

CHIEF SPECIAL SERVICES OFFICER ROJAS: Yeah, in late 2024, and then it got rolled out. But it... they do the bulk of them, there's still some carveout like children we still do in certain case... some carveout

cases we still do, but the bulk of them are being done by Maximus.

COUNCIL MEMBER LEE: is it...

CHIEF SPECIAL SERVICES OFFICER ROJAS: The independent assessor hired by the state.

COUNCIL MEMBER LEE: Yeah, no, and just from what I understand, that process can take long depending on what the needs of the client is, right?

So if you need someone who has specific language needs or other cultural ,like, meaning, you know, it's not always a perfect sort of... like, it could take days, but it also could take a month or longer I'm understanding...

CHIEF SPECIAL SERVICES OFFICER ROJAS: I would also state that sometimes even if the assessment is done quickly and we identify the needs, sometimes the needs of the consumer are not met by the homecare provider for a certain... case in point, if somebody needs 24-hour care and they need split shifts – so finding someone who could do two 12-hour shifts is incredibly challenging.

COUNCIL MEMBER LEE: Right, exactly.

CHIEF SPECIAL SERVICES OFFICER ROJAS: So it's not as easy always. And also you put on– you lay on

1 top of that a language need. So you need somebody who  
2 needs (UNINTELLIGIBLE) shift, both individuals have  
3 to meet, ideally would speak the language of the  
4 person that you're serving. So sometimes it's more  
5 challenging than one would think to really coordinate  
6 that care.  
7

8 COUNCIL MEMBER LEE: Right. Because I know that  
9 when the state...also the state nurses, or whoever it  
10 is from Maximus, comes and does the assessment, it  
11 could take longer, and also, because it's a third  
12 party, I would imagine the coordination is a little  
13 bit more cumbersome?

14 CHIEF SPECIAL SERVICES OFFICER ROJAS: It's a  
15 little bit more cumbersome than us doing it  
16 directly...

17 COUNCIL MEMBER LEE: Right.

18 CHIEF SPECIAL SERVICES OFFICER ROJAS: but we  
19 follow the State Department of Health rules to use  
20 the IA to conduct the assessment.

21 COUNCIL MEMBER LEE: And how the new changes in  
22 the contracts with PPL and all of that, has that  
23 impacted you guys, or will that impact you all at  
24 all, or no?  
25



CHIEF SPECIAL SERVICES OFFICER ROJAS: So that's a great question. That's currently in place, that's for CDPAP (Consumer Directed Personal Assistance Program) that's specific, not just to general homecare, but who have individuals who... (CROSS-TALK)

COUNCIL MEMBER LEE: Oh, right, that's only C... Okay...

CHIEF SPECIAL SERVICES OFFICER ROJAS: have a family member or relative or friends who's providing the services for them. We, HRA, if again, if you're in that carveout population, not the general managed care organization, which is about 4,700 clients who receive CDPAP through HRA — they have to... we still continue to do the assessment and the care plan; however; the payments, the fiscal intermediary services... (CROSS-TALK)

COUNCIL MEMBER LEE: Right, yeah...

CHIEF SPECIAL SERVICES OFFICER ROJAS: are being paid through PPL.

So we will still say, you know, "John Rojas needs eight hours of homecare," but the aid will be paid through PPL.

COUNCIL MEMBER LEE: Mm-hmm

CHIEF SPECIAL SERVICES OFFICER ROJAS: And  
it's... there's been a couple of losses... (CROSS-  
TALK)

COUNCIL MEMBER LEE: Mm-hmm (INAUDIBLE)...

CHIEF SPECIAL SERVICES OFFICER ROJAS: and it  
was extended the end... of the end of this month, so  
we're currently in that transition.

It does require the consumer to sign  
authorization. And it also requires the aides to work  
with PPL (TIMER) to do all the tax forms and forms to  
get them on payroll basically.

COUNCIL MEMBER LEE: Mm-hmm. I don't know if  
this is a factor or an issue with the APS population,  
but has someone's immigration status been a factor in  
whether they disenroll in services? Because I know  
that that's true with some of the HRA, it may not be  
relevant to the APS, but I just wanted to know if you  
had seen anything around that?

CHIEF SPECIAL SERVICES OFFICER ROJAS: That's a  
great question. So for APS, immigration isn't a  
criteria, isn't a factor. Actually we don't even ask  
immigration status, we provide services regardless of  
immigration status... (CROSS-TALK)

COUNCIL MEMBER LEE: Sorry, sorry, uhm, I should clarify, what I meant was, uh, not on your end, but clients or families of clients wanting them to disenroll out of any sort of issues or fears around... (CROSS-TALK)

CHIEF SPECIAL SERVICES OFFICER ROJAS: Oh, I see what you're saying...

COUNCIL MEMBER LEE: Sorry, sorry, that's what I meant...

CHIEF SPECIAL SERVICES OFFICER ROJAS: Have we seen...

DEPUTY COMMISSIONER HERSHKOVICH-KIM: We haven't... we haven't encountered any issues related to that yet, but you know, things are changing, but we haven't encountered any issues related to that yet.

CHIEF SPECIAL SERVICES OFFICER ROJAS: For APS.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: For APS clients.

COUNCIL MEMBER LEE: (UN-MIC'D) Okay, perfect.

CHAIRPERSON HUDSON: No, no, you're good, thank you, thank you so much. Thank you all so much for your testimony. I am going to go to public testimony.

CHIEF SPECIAL SERVICES OFFICER ROJAS: Thank you so much.

CHAIRPERSON HUDSON: But, thank you, I appreciate your time.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Thank you.

(PAUSE)

CHAIRPERSON HUDSON: I now open the hearing for public testimony. I remind members of the public that this is a formal government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times.

The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table.

Further, members of the public may not present audio or video recordings as testimony, but may submit transcripts of such recordings to the Sergeant at Arms for inclusion in the hearing record.

If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant at Arms and wait to be recognized. When recognized, you will have three minutes to speak on today's hearing topic:

*Oversight: Adult Protective Services Referrals* – or  
on Resolution 16.

If you have a written statement or additional  
testimony you wish to submit for the record, please  
provide a copy of that testimony to the Sergeant at  
Arms.

You may also email written testimony to  
Testimony@council.nyc.gov within 72 hours after the  
close of this hearing. Audio and video recordings  
will not be accepted.

I'd like to call the first panel, Jeannine  
Cahill-Jackson, Eric Lee, and Marcus Jackson.

(PAUSE)

CHAIRPERSON HUDSON: We can start with Jeannine  
and then go down the line.

(PAUSE)

CHAIRPERSON HUDSON: You can start.

JEANNINE CAHILL-JACKSON: Okay, thank you.

Good morning, Council Member Hudson, and  
members of the Committee.

I'm Jeannine Cahill-Jackson, the Director of  
Elder Law with the Legal Aid Society. Our clients are  
often in need of Adult Protective Services assistance  
to prevent their eviction and remain in the

community. The assistance APS provides is crucial to so many older New Yorkers, but there are several areas where both we and our clients have experienced challenges.

The primary APS service that our clients are in need of is the CityFHEPS rental subsidy. A senior can qualify for CityFHEPS by having an active APS case. Many seniors depend on APS to submit these applications for the subsidy. However, in our experience, it can take from six to nine months for APS to complete the application and obtain an approval, which often places seniors at the precipice of eviction as the housing case moves far more quickly than that.

This could be prevented if APS gave Legal Aid permission to submit applications on behalf of these seniors. However, they often refuse to do so, leaving our hands tied and our clients at risk. Additionally, APS has refused to apply for CityFHEPS in some cases, despite extreme rent burden for the senior.

Another APS service that our clients are frequently in need of is financial management. This can be essential particularly for seniors experiencing financial abuse. However, in our

1  
2 experience, it can take over six months for financial  
3 management to start, often causing seniors to remain  
4 in unsafe circumstances for extended periods of time  
5 while waiting for the approval and management to  
6 actually take place.

7 In one specific case, the result is currently  
8 delaying in a senior in Brooklyn remaining with zero  
9 income because her son continues to take her social  
10 security checks that continue to be mailed directly  
11 to her. For the last six months, she's had her APS  
12 financial management pending and is left with no  
13 income. My staff has been told it could take up to a  
14 year for this to be completed.

15 Additionally, once financial management starts,  
16 it's not uncommon for rent or other bills to go  
17 unpaid for the senior at various times with no  
18 explanation. This again places the senior at risk.

19 Lastly, a need for many of our clients is unmet  
20 by APS, and any other community based organization to  
21 which they might seek to refer them, and that is to  
22 help them locate alternative housing and to move.

23 Specifically, APS may approve someone for a  
24 CityFHEPS voucher, they have the moving voucher, and  
25

then are left with no assistance to locate this other apartment that they might need to move to.

With the exception of one client in Brooklyn, who was eventually connected to an individual called a Housing Specialist, we have been told repeatedly that this is not a service that APS provides and they will only intervene moments before the eviction by filing an Article 81 Guardianship, seeking the appointment of a community guardian to be given the power over the senior themselves and their property, despite many less restrictive options to assist the senior (TIMER) and prevent their homelessness.

If I may continue, I just had two brief additional points.

CHAIRPERSON HUDSON: Sure.

JEANNINE CAHILL-JACKSON: Thank you.

Additionally, just in regards to the Article 81 Guardianship and finding an apartment, it actually remains unclear how this process would prevent their homelessness. And these cases I refer to are still underway with our office.

I just had two brief points to address testimony that was given before:



In our experience, and it's my understanding that APS, if they have just ongoing APS case management services, not a more restrictive community guardian through the Article 81 process, that APS does not do recertifications for CityFHEPS, SNAP or

public assistance – even if they initially helped the senior enroll.

Thank you very much for your time, and we'll also be submitting a written testimony. Thank you.

CHAIRPERSON HUDSON: Thank you so much.

ERIC LEE: Hi, good morning or good afternoon. Thank you, Chair Hudson and members of the Committee for allowing me to testify today.

My name is Eric Lee. (TIMER)

SERGEANT AT ARMS: Sorry.

ERIC LEE: Okay. Good afternoon, my name is Eric Lee; I am Director of Public Policy for Volunteers of America-Greater New York. We greatly appreciate the Committee for holding this hearing today on APS and ensuring that our vulnerable and aging New Yorkers are supported and protected.

My organization, VOA-GNY, is the fifth largest supportive housing provider in New York City. We have three residences dedicated to caring for older adults. In addition to these buildings, we also house a large number of seniors in our other permanent housing facilities – simply because the buildings, the longer they operate, the longer our tenants get to age in place within the buildings. And given that,

1 while these buildings have some supportive housing  
2 services and supportive services in place, the  
3 buildings were not initially designed for seniors  
4 when we created them or stood them up. Given that, we  
5 often look to partner with APS or other agencies to  
6 augment our services, and we encourage the Council to  
7 prioritize funding in next year's budget to expand  
8 headcount within APS.  
9

10 I know that the Agency said that they think  
11 that they're sufficient. But we really want to see  
12 the Agency have adequate staffing to proactively  
13 partner with clinical staff within buildings, so that  
14 we can implement service rich, progressive care  
15 models to ensure that vulnerable residents who are  
16 struggling to maintain their housing can get the  
17 services they need to stay there.

18 It can be extremely challenging currently to  
19 secure APS services for supportive housing residents.  
20 APS frequently does not open a case when the resident  
21 first does not answer the door – or if they refuse  
22 care within the first conversation with the APS  
23 worker – rather than the APS worker taking the time  
24 to fully assess the circumstances and the ability of  
25 the client to make decisions to maintain their

housing. Even if our clinical staff make the case that APS does need to intervene, we have had cases denied.

It's not clear to us if denials are based on the belief that supportive housing residents ought not to receive care from APS or if there's a skill gap in the assessment of the people that are doing the assessment — particularly in assessing the need whether someone lacks the insight to make decisions, or if APS simply doesn't have enough hands and are eager to try to just churn through the massive number of referrals — which they mentioned today.

It's critical that they have the sufficient staff at APS to handle the volume of cases being evaluated and that the staff in place take the time to meaningfully engage and encourage all persons referred. Because failure to act appropriately will result in more extremely vulnerable New Yorkers becoming street homeless.

When APS does open a case for our supportive housing residents, their involvement can be a very stabilizing force. For example, when it's challenging for building staff to gain entry or access to a unit within a hoarding situation with a resident, APS

1 acting as a (TIMER) neutral third party can work with  
2 the client to declutter and deep clean the unit as  
3 well as bring in exterminators.

4 And one final point, regarding the legislation  
5 heard today, we are in support of Resolution 16, by  
6 Council Member Paladino, which will call on the State  
7 to increase the personal needs allowance. We work  
8 with a number of veterans, as well as other people  
9 within institutional settings, and this would  
10 definitely help them to have more money in their  
11 pockets. Thank you.

12 CHAIRPERSON HUDSON: Thank you so much.

13 MARCUS JACKSON: Good afternoon, Chair Hudson,  
14 members of the Committee. My name is Marcus Jackson;  
15 I'm the Age Friendly Community Organizer with Encore  
16 Community Services. I would like to thank you for the  
17 opportunity for speaking today.

18 Encore has been serving older New Yorkers for  
19 nearly fifty years. Every day we see how  
20 affordability determines whether older adults can age  
21 with dignity or face instability.

22 At our Aging Through Art Center, and through  
23 our Home Delivered Meals program, we support  
24  
25

thousands of older adults with meals, housing, and connections.

I'm here today to talk about affordability on fixed incomes. As a part of my work, I partner with local businesses to create a more age friendly city, uh, recruiting them to offer discounts and other special benefits for older adults within our community to help stretch limited incomes and foster community connections.

Encore's Financial Case Management team help older New Yorkers apply for SNAP, SCRIE, rental assistance, fight medical billing issues, avoid eviction. These are lifelines, especially for older adults living on fixed incomes. But the need continues to grow so the City's investment in these services also needs to grow.

We also deliver over 750,000 meals a year, including to those who are homebound. For many, that meal is the only meal they receive for the entire day. We can and we should do more to ensure no older adult goes hungry, offering three nutritious meals per day, seven days per week.

We urge the City Council to do three things in this budget:

1                   The first is to protect and expand funding for  
2                   NYC Aging. This is not a place for cuts. Second would  
3                   be to invest in aging services workforce and family  
4                   caregivers. These are the people holding up our  
5                   system, and they need to be paid and supported like  
6                   they are. And lastly, to prioritize affordability  
7                   through case management, housing support, food  
8                   access, and community based solutions that meet older  
9                   adults where they are.  
10

11                  I'll share more details in the written  
12                  testimony I submitted today, and I appreciate you  
13                  guys for the time.

14                  CHAIRPERSON HUDSON: Thank you so much. Thank  
15                  you all so much for your testimony, I really  
16                  appreciate it, thank you.

17                  We will call up the next panel, Sharon Brown  
18                  and Christopher Leon Johnson.

19                  (PAUSE)

20                  CHAIRPERSON HUDSON: We'll start with you,  
21                  Sharon.

22                  SHARON BROWN: Hello, my name is Sharon Brown.  
23                  Before I begin, remember Israel, release the  
24                  hostages, let Yahweh's people go, defend Israel.  
25

1  
2           Okay. The adult protective services needs to  
3 respond quickly when they're dealing with seniors.  
4 These situations are very important. They need to  
5 meet with people who call and are referred promptly.  
6 There is a problem with them meeting with them when  
7 they're calling.

8           Seniors facing eviction should be prioritized  
9 and moved to the top of the list of what APS does.  
10 They should help seniors get lawyers that will help  
11 stop eviction and cure the initial problems and  
12 abuses that cause the evictions.

13           Instead of them looking for the Article 81s and  
14 trying to get guardianships, they need to cure what  
15 the problem was in the first place, not that there's  
16 some kind of problem with the senior that they can't  
17 handle themselves. Many a times they're being abused  
18 by their landlords, or whoever they are living with,  
19 and they need to either get out of the situation or  
20 the person be removed.

21           Some of the landlords need to be removed as  
22 owners of these buildings. APS needs to help out the  
23 seniors, and they should look for home ownership for  
24 seniors, vehicle ownership for seniors, business  
25 ownerships – instead of trying to put them into



guardianship. Many of them are well-capable of taking care of themselves, they are just in abusive situations. So we need APS to protect them and not just try to put them into guardianships. Thank you.

CHAIRPERSON HUDSON: Thank you. Next?

CHRISTOPHER LEON JOHNSON: Yeah, hello, my name is Christopher Leon Johnson.

My first question to this committee is, I want to know why the Speaker, or whoever does the committee council, why he didn't add the Committee of Mental Health to this committee, because when it comes to Adult Protective Services it defines when a person who has a serious mental health issue is in risk, too. I understand there's lot of physical, but people who have mental health issues, like serious mental health issues like schizophrenia and psychosis, they are eligible for Adult Protective Services, too.

So I want to know from the committee, can he add the... because she was here today, Mrs. Linda Lee, who's the Chair of the Aging Committee (sic). Can you make this a joint committee? There should be a joint committee instead of just, like, one standing committee. There should be a joint committee with

Aging and the committee of Mental Health instead of just Aging.

Let me keep this a 100% that, let me... let me say this right now that, look, the City needs to recognize all mental health issues as mental health issues that just recognize these as serious ones.

(sic) Why does a person have to have, like, schizophrenia or major mental health issues to be eligible for all these services in the city? There's people who have like what we call the DB-5 (sic) (\*Transcriber Note: DSM-5) as like not that serious mental health issues like bipolar disorder. They don't... they're not eligible to get the same services as the people who have schizophrenia and psychosis.

So what needs to start happening more, I know this is more federal, that the City Council needs to start advocate... need to tell the federal government to change the... and with the help of... with Social Security to define the lower level mental health diagnosis as serious mental health diagnosis. Because we have a big mental health problem in the city of New York. A big mental health problem in the City of New York. And these people, they need the same amount

1 of help as the people who are diagnosed with the  
2 major, serious mental health issues, especially  
3 schizophrenia and psychosis. Until this happens, this  
4 is... nothing's gonna change here. I think right now  
5 in 2025, mental health needs to be a priority in the  
6 City Council. They need to dedicate a whole month to  
7 Mental Health Awareness Month. Really,  
8 (UNINTELLIGIBLE) put in tweets and Facebook postings  
9 and photo-ops, they need to act on it. They need to  
10 act on what they saying, because it's not funny about  
11 mental health, until somebody that we all love or  
12 somebody that's well-connected in the city in... the  
13 City Council or in the New York City political world  
14 gets hurt by someone that's seriously mentally ill.  
15 It's not funny until that.

17 So like I said, until you're ready to go to the  
18 federal government, talk to your state, uh, your  
19 local, your state, and federal legislatures,  
20 legislators including the Governor of New York State,  
21 Kathy Hochul, to really help reform mental health  
22 laws in the city... for the City of New York. Because  
23 this Home Rule in Downstate, the Downstate area,  
24 (TIMER) nothing never is gonna change.

25 So thank you so much and enjoy your day.

CHAIRPERSON HUDSON: Thank you both for your testimony. Thank you to everyone who has testified today, and thank you again to the Administration.

I would like to call three names from Zoom, Reverend, Dr. John Udoonkon?

(NO RESPONSE)

SERGEANT AT ARMS: You may begin.

(NO RESPONSE)

CHAIRPERSON HUDSON: Okay, no, Reverend, Dr. John Udoonkon.

Moving on to Dr. Jonathan Akeen Jones?

SERGEANT AT ARMS: You may begin.

(NO RESPONSE)

CHAIRPERSON HUDSON: Dr. Jonathan Akeen Jones?

(NO RESPONSE)

CHAIRPERSON HUDSON: And, lastly, Steven De Castro?

SERGEANT AT ARMS: You may begin.

(NO RESPONSE)

CHAIRPERSON HUDSON: Steven De Castro?

If there is anyone else on Zoom that would like to testify, please use the Zoom Raise Hand Function.

Seeing no hands, again, I would like to thank everyone for testifying today. This is an important

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COMMITTEE ON AGING

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topic that we were able to get some more information from the Administration on. And I look forward to receiving additional information from them in their follow-ups.

Thanks, again, to everyone who joined us today. And this meeting is now adjourned. [GAVEL]

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 May 21, 2025