COMMITTE ON AGING JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

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November 19, 2018
Start: 10:13 a.m.
End: 1:00 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: Margaret Chin
Chairperson

COUNCIL MEMBERS:
Diana Ayala
Chaim M. Deutsch
Ruben Diaz, Sr.
Daniel Dromm
Mathieu Eugene
Deborah L. Rose
Mark Treyger
Paul A. Vallone

COMMITTE ON AGING JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

A P P E A R A N C E S

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Commissioner of the New York Department of Aging

Dr. Jackie Berman
Deputy Assistant Commissioner for Research

Toby Abramson
Director of the Geriatric Mental Health Program

Myla Harrison
Assistant Commissioner of the Bureau of Mental Hygiene of the City Department

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Samuel Molik
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COMMITTE ON AGING JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

Po-Ling Na

Chinese American Planning Council

CHAIRPERSON CHIN: Good morning. I'm Council Member Margaret Chin, Chair of the Committee on Aging. Thank you all for joining us today for our oversight hearing held jointly with the Committee on Mental Health Disability and Addiction.

Today, we are opening up an important conversation on emotional and mental wellness in older adults. A topic that holds such enormous weight in this community but its to often overlooked and under detected.

I want to thank Chair Ayala for Co-Chairing this hearing and demonstrating such fierce commitment to our city senior's well-being.

When it come to the topic of mental and emotional wellness, older adults face their own unique challenges. These challenges can include coping with illness and physical decline, the loss of loved ones, adapting to a new lifestyle after retiring, or even the loss of a job.

Together, these factors increase the risk for older adults to struggle with mental stressors and feelings of sadness, anxiety, and stress.

Unfortunately, many of them do not have anyone to turn to during these difficult times. There is

research that shows that social isolation and loneliness have a huge adverse impact on the physical and mental well being of seniors and according to the United Neighborhood Houses, New York City has a greater percentage of seniors living alone than the entire country.

Furthermore, older adults face an increasing array of mental health challenges because of their advance age and life experience, this population may face depression, anxiety, substance, and prescription drug abuse and addiction, post-traumatic stress disorder, and even scarier, increasing rates of suicide.

When it comes to investing in the mental healthiness of our seniors, and breaking down the road blocks to affordable, compassionate, and culturally competent mental health care, the stakes have never been hirer.

This is why it is so vital that the Department for the Aging, also known as DFTA, and the Department of Health and Mental Hygiene, also know as DOHMH make every effort to ensure that our seniors understand that they do not have to suffer in silence all alone.

And it is just as urgent that both agencies coordinate strategically to provide effective mental health services that are easily accessible and reach all seniors, especially the most vulnerable ones.

In December 2016, as part of the ThriveNYC, DFTA launched the Geriatric Mental Health Initiative to make mental health services more accessible for older adults at 25 senior centers.

Under this initiative, mental health clinicians evaluate older adults with depression, provide them with relevant referral, and offer on-site counseling. Additionally, under ThriveNYC, the administration expanded DFTA's older adult visiting programs with launch of the Friendly Visiting Program. This program provides much needed visiting services to the older adults who live alone and are prone to social isolation.

The Friendly Visiting Program seeks to connect Clients who are identified by their visitors to meet mental health services to appropriate services.

DFTA also operates programs that support vulnerable groups such as lesbians, gays, bisexual, and transgender LGBT older adults and older adults grappling with a history of abuse.

Research shows that LGBT older adults are among the most at risk population for isolation, and that they are more likely than their heterosexual peers to rely on service providers for help.

Over the year, we have seen the City take huge strides in addressing the unique needs of this group. DFTA sponsored the nation's first senior center focus on LGBT older adults.

DFTA also provides training for senior centers, case management and naturally occurring retirement community staff to work with LGBT seniors. In partnership with the Weill Cornell Medical Center, DFTA offers the providing options to elderly clients together Protect Program, which help victims of abuse improve their mental wellness.

Today's hearing will provide an opportunity for DFTA and DOHMH to speak more about its current mental health programs and a chance for the advocates program providers and constituents to share their concerns and recommendation on how we can strengthen senior mental health care and programing.

Our Committee seeks to learn more about what programs are out there, how these programs work, who is accessing them and how to get more seniors

connected to these services.

Finally, the Committee will also be hearing Intro 1180, which I am proud to Co-Sponsor with Council Member Ayala. This important legislation would require caseworkers providing services in DFTA senior centers to be trained in DOHMH mental health first aid course for older adults.

For too many seniors especially emergent seniors, not only have to struggle with lack of access to health care but are discouraged from coming forward with the mental health challenges due to cultural stigma and shame. Together we can break the stigma around mental health and craft a new narrative that prioritize mental health care services for our seniors.

I'd like to thank the Committee's staff for their help in putting together this hearing. Our Counsel, Nuzhart Chowdhury, Policy Analyst, Kalima Johnson, Finance Analyst Daniel Kroop, and my Legislative Director, **Mariam Gera**.

Lastly, I'd like to like to take a moment to acknowledge and thank DFTA Commissioner, Donna Corrado for being here with us today.

You know, after serving nearly five years at DFTA as our Commissioner, this will be her last hearing. The work that we do requires strong allies at every level of government to lead the charge in their respective spaces to fight to give seniors the support they deserve.

Under Commissioner Corrado's leadership, we have strengthened and grown the citywide movement to ensure that every single older adult has a real opportunity to age in place in the neighborhoods they have helped build.

Over the years, the city has secured a historic increase in permanent funding for DFTA services and expanded the senior service network across our city.

Donna, we wanted to thank you as our Commissioner for standing with us every step of the way and it was a pleasure working with you, even though sometimes you know, its hard to fight OMB, but we were able to secure historic funding in a year of the senior and I wish you all the best in your new adventure, but I hope that you'll keep in touch, alright?

DONNA CORRADO: I would like to say that its kind of bitter sweet in my last testimony here but

this always has been one of the highlights of my Commissionership, is coming to these hearing and working with you and bantering back and forth because I always knew that whatever we do, we do it for a common purpose and that's to make lives better for our older New Yorkers and I thank you for the work that you do and I know, and I would be remised to say, it hasn't necessarily always been easy, but its always been a privilege and I thank you for all you do and no, I'm not going to far, so its not goodbye, but thank you for those lovely remarks. Thank you.

CHAIRPERSON CHIN: Oh, thank you Commissioner. Now, I'd like to turn the floor over to my Co-Chair Council Member Ayala for some opening remarks and to speak on her bill.

COUNCIL MEMBER AYALA: Thank you Chair Chin. I will try to read this, I need some bifocals, so please bear with me. Thank you.

I'm Council Member Diana Ayala, Chair of the Committee of Mental Health, Disabilities and Addiction, and I would like to thank all of you for being here.

According to the New York City Department for the Aging, New York City's older adult population includes 1.5 million people over the age of 60.

While many of these individuals lead happy, health and active lives, over the past ten years New York City has seen an increase in the number of older adults who are poor and living alone.

Both of these factors serve to increase a severity of mental illness in this population. The Geriatric Mental Health Alliance of New York has predicted that over the next 25 years, the number of older adults with mental illness in the U.S. will double from 7 to 14 million, including and increase of more than 50 percent in New York State alone from 500,000 to 780,000 individuals.

Today, we hope to examine and learn more about existing programs to help serve to support mental wellness in older adults in New York City. Additionally, we seek to identify gaps and services so that we may be able to provide additional support to those who need them the most. It is our belief that by illuminating barriers to service and providing support and training to care givers and advocates of this population, New York's older adults

will be able to flourish and enjoy a happy, health, and quality of life.

We look forward to hearing from all of the stakeholders here today in order to work towards building a better mental health system for older adults that are holistic, comprehensive, culturally competent, and accessible for all.

I would like to thank my Committee staff, Counsel Sara Liss, Policy Analyst Cristy Dwyer, Finance Analyst Jeanette Merrill, my Chief of Staff, **[inaudible 13:44]**. My legislative Director Bianca **[inaudible 13:48]** for making this hearing possible. Thank you.

CHAIRPERSON CHIN: Thank you and we've been joined by Council Member Dromm and Council Member Holden and now, in accordance with the rules of the Council, the Council will now administer the affirmation to the witnesses from the administration. Can you please identify yourself, the first panel?

DONNA CORRADO: I'm Donna Corrado.

MYLA HARRISON: Myla Harrison, Assistant Commissioner with the Bureau of Mental Health and the Department of Health and Mental Hygiene.

JACKIE BERMAN: Hi, I'm Jackie Berman. I am Deputy Assistant Commissioner over a Research and part of the Thrive Initiatives.

TOBY ABRAMSON: I'm Toby Abramson. I'm the Direct of Geriatric Mental Health at the Department for the aging.

COUNCIL: Please raise your right hand. Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony before these committees and to respond honestly to Council Member questions?

DONNA CORRADO: I do. Okay, good morning Chairperson Chin, Ayala, Dromm, and Holder and members of the Mental Health Disabilities and Addiction Committees. I am Donna Corrado, Commissioner of the New York City Department for the Aging and from DFTA, I'm joined by Dr. Jackie Berman, who's Deputy Assistant Commissioner for Research and Dr. Toby Abramson, Director of the Geriatric Mental Health Program.

I'm also joined on my right by Dr. Myla Harrison, Assistant Commissioner of the Bureau of Mental Hygiene of the City Department of Health and Mental Hygiene.

I would like to thank you for this opportunity to testify on the topic of Mental Wellness in older adults as well as Intro 1180, in relation to mental health first aid training for senior center caseworkers. DOHMH will provide testimony on Intro 1180.

According to the American Psychological Association, prevalence estimates suggest that approximately 20 percent of older adults throughout the U.S. meet the criteria for a mental disorder, and in New York State, that number is expected to increase by more than 50 percent by 2030. Accurate prevalence rates are difficult to determine, as many older adults are not diagnosed, or are misdiagnosed, or do not seek treatment. Older adults have high rates of late onset mental health disorders and low rates of identification and treatment. Mental illness and aging are often a double stigma that older adults face. There is a growing need for the provision of mental health services for older adults. Stigma surrounding mental illness, an inability to recognize mental health issues, and a lack of available services and providers continue to impede

accessibility to needed mental health services for older New Yorkers.

In light of the demand for geriatric mental health programs, the Department for the Aging has engaged in various initiatives throughout the years focusing on education for both staff and older adults, as well as screenings and referrals for mental health services. Some of these efforts and initiatives include, DFTA and DOHMH co-sponsored called EASE-D and this is an evidence-based program where workshops on depression were conducted within DFTA sponsored senior centers. Depression screenings and follow-up were done to assist with connections to care. To maximize sustainability, a train-the-trainer approach was developed so that staff learned how to facilitate workshops about depression on their own, and how to conduct screenings and follow-up. In addition to senior centers, the depression workshops were facilitated over the phone for homebound older adults through our contracted case management agencies. Follow-up calls were made to the homebound clients to screen them for depression and make referrals to services.

Another initiative was called SMART-MH and it stands for Sandy Mobilization, Assessment, Referral, and Treatment for Mental Health.

Through the SMART-MH program, approximately 2,000 older adults living in areas devastated by Hurricane Sandy were comprehensively assessed for mental health needs, including depression, suicide risk, anxiety, and alcohol misuse. Individuals in need of services received the evidence-based treatment Engage from licensed counselors at senior centers, NORCS and where necessary in their home. SMART-MH services were provided in Spanish, Russian, Mandarin, Cantonese, and English.

Another program at our NORCs was the NORC Health Plus program and was created to provide older adults who are aging in place with educational interventions aimed at improving their ability to self-manage their physical and mental health needs. Four of our NORC program located in Bronx, Brooklyn, Manhattan, and Queens are participating in this initiative. The goals of NHP, the NORC Health program plus include encouraging the implementation of two evidence-based programs within the NORC communities: The Chronic Disease Self-Management Program and the mental health

intervention called Behavioral Activation. Case assistance staff within the four NORC programs were trained to identify seniors with depression and to implement Behavioral Activation, which is a sort-term technique that has shown to reduce depression among older adults.

Mental Health Services for DFTA's Long-Term Care Clients included an assessment process for Case Management, Elder Abuse, and Elderly Crime Victims Resource Center Program, and our clients are screened for depression. Homebound older adults within DFTA's case management network in need of mental health interventions receive referrals for in-home services provided by Weill Cornell Medical Center clinicians. Services include a range of both evidence-based short-term and long-term interventions. In addition, the services are available in Spanish and English. In-service trainings on mental health are provided to case management staff through Weill Cornell Medical Center, which are tailored to meet the needs of the individual providers, the provider agencies.

As you mentioned Council Member Chin, DFTA also conducts what we call PROTECT, which is an evidence-based program.

With 1 in 10 older adults experiencing elder abuse, rates of anxiety and depressive symptoms are high among this vulnerable population. Elder abuse victims suffering from anxiety and depression may face even more obstacles in taking the necessary steps to protect themselves and obtain assistance. To address this, DFTA partnered with Weill Cornell Medical Center to develop a program PROTECT, a mental health program to be integrated into their elder abuse agencies. The program combines training to conduct routine screening for mental health concerns and integration of a brief psychotherapy by a mental health clinician. The Problem-Solving Psychotherapy is offered in conjunction with elder abuse services and depending on the needs of the clients, services are provided in the community, in the victim's home, or in the office. Weill Cornell also provides in-service trainings on mental health to elder abuse program staff and as you know, we have a full network of elder abuse programs in every borough.

DFTA has provided various trainings on older adult mental health to hundreds of participants throughout the years. Topics include depression, alcohol abuse, anxiety, dementia, suicide prevention,

and elder abuse. DFTA is also planning an upcoming training on trauma informed care for elder abuse service staff.

In partnership with DOHMH, DFTA conducts Mental Health First Aid trainings. Mental Health First Aid is an evidence-based training program designed to equip non-mental health professionals with the knowledge needed to identify potential mental health issues among clients, so that they can be linked to services. DOHMH has trained four DFTA staff in this technique and in turn, the DFTA staff provide Mental Health First Aid training to its case managers, senior center staff and to volunteers. To date, 400 individuals within DFTA network have received Mental Health First Aid training.

In 2015, Mayor de Blasio and First Lady McCray released ThriveNYC: A Mental Health Roadmap for All. ThriveNYC is a plan of action to guide the City toward a more effective and holistic system to support the mental well-being of New Yorkers. Two THriveNYC initiatives focused on geriatric mental health and are led by the Department for the Aging. One initiative embeds mental health practitioners in 25 senior centers across the City, and the second

initiative combats social isolation among homebound older adults.

Through DFTA's Geriatric Mental Health initiative, mental health services are available on-site at 25 of the largest senior centers in the agency's network. Mental health professionals assist older adults with issues ranging from depression and anxiety to highly disruptive behaviors.

DFTA contracts with four mental health provider agencies covering all five boroughs. JASA is the provider organization for clinical services at four centers in the Bronx. SPOP is the provider for six Manhattan senior centers, including Mott Street Senior Center and the Weinberg Center for Balanced Living. Samuel Fields-CAPE provides services at six Queens locations including Sunnyside Senior Center and Peter Cardella Senior Center. Weill Cornell covers eight senior centers in Brooklyn and one senior center in Staten Island. Two of the Brooklyn sites are the Jay Harama Senior Center and Coney Island Seaside Innovative Senior Center. Individuals do not need to be a senior center member but must be over the age of 60 to receive mental health services at these locations.

To de-stigmatize mental health among this population, clinicians conduct structured engagement activities, such as formal presentations, and unstructured activities, such as informal conversations, at each of these sites. The clinicians conduct mental health assessments, as well as provide support and ongoing individual, group, family, and couples psychotherapy to older adults and their families. Mental heath services are provided by bilingual and mostly bicultural social works who are fluent in major languages spoken at the center. IN addition to English, the languages spoken include Cantonese, Italian, Mandarin, Polish, Russian, Spanish, and Ukrainian. The clinicians work with internal and external support services to make referral to social services and other mental health services as needed. Through DGMH, nearly 1,500 older adults were screened for mental health needs and more than 17,500 older adults participated in structured engagement activities and approximately 40,000 have been in contact with on-site clinicians.

The Friendly Visiting Program focuses on isolated, largely homebound seniors who are served through DFTA's 21 contacted case management agencies

covering all 59 Community Districts. The program was designed to connect seniors facing the negative effects of social isolation with well trained volunteers to spend time with them in order to provide social interaction. As a result, Friendly Visiting serves as a mental health intervention program. The program model expands the older adult's connection to their community and may prevent the isolated senior from declining into depression and loneliness. Additionally, all Friendly Visiting Program coordinators have received Mental Health First Aid training. These coordinators have learned how to recognize possible behavioral health issues, so that older adults in need can be immediately referred to their case manager and linked to appropriate services. The program coordinators recruit friendly visitors who are matched with a homebound older adult. Friendly visitors then visit the senior at least two times per month. Any changes in functioning, including identified mental health issues, are referred to the case management agency for appropriate referrals and follow-up. Since the program's inception, just a few short years ago, volunteers have made more than 17,170 visits to older

adults in their homes and have spent a total 27,200 hours with seniors.

Thank you for this opportunity to provide testimony on the various DFTA programs that address mental wellness in older adults and following testimony from my colleagues from DOHMH, I am pleased to answer any questions that you have. Thank you.

MYLA HARRISON: Good morning, Chairs Chin and Ayala, and members of the committees, [Inaudible 30:28] Holden. I am Dr. Myla Harrison, Assistant Commissioner of the Bureau of Mental Health at the New York City Department of Health and Mental Hygiene. On behalf of the Acting Commissioner Barbot, thank you for the opportunity to testify on mental health for older New Yorkers.

Older adults face unique challenges that impact their mental wellness. Physical health conditions, living on a fixed income, loss of loved ones, increased risk for social isolation; and unstable housing all impact the overall health of individuals and the ability to receive proper mental health care. Social isolation is one of particular concern for older adults as it can lead to declines in physical, mental, and cognitive health.

The most common behavioral and neurological disorders among those 65 and older are depression and dementia, but anxiety, psychosis, and substance use disorder are also prevalent.

In 2017, 11 percent of adults aged 45-64 and 9 percent of adults over 65 reported symptoms of depression. Depression is even more prevalent among older adults who are homebound or who have chronic physical health conditions, such as heart disease, stroke, cancer, lung disease, arthritis, dementia, and neurodegenerative disorders. Older adults also have higher rates of suicide than younger populations. In 2015, New York City suicide rates were highest among men over 65 at 15.5 per 100,000 people.

Furthermore, older adults most often seek mental health care through their primary care provider rather than mental health providers. Mental health services are often not well integrated into primary care, which leads to missed prevention and treatment opportunities.

To address this concern, the Health Department is increasing access to mental health care by reaching older adults where they access care, promoting

awareness of mental health concerns in the community, and working with communities to ensure cultural and linguistic competency of the services we provide. Examples of this work include:

The Mental Health Service Corp initiative has placed early career behavioral health clinicians in 224 practices throughout the city including 134 primary care practices and 90 behavioral heath practices. Given the diversity of the city, we are matching bilingual clinicians to practices that request certain languages wherever possible. Since 2017, our Program to Encourage Active and Rewarding Lives for Seniors or PEARLS has worked throughout the 5 boroughs and has screened 8,770 homebound older adults for depression. Of these, 638, individuals with depression have completed treatment with PEARLS.

Over 16 percent of residents in the over 8,000 Supportive Housing units that DOHMH oversees are age 65 and older and are aging in place. This provides an important opportunity to provide supports for individuals and families in permanent housing who have a mental illness and/or substance use disorder.

To increase depression screening in primary care settings the Health Department is conducting public

health detailing campaigns, comprised of one-on-one visits with more than 160 primary care practices in East and Central Harlem, North and Central Brooklyn, and the South Bronx to help educate providers to integrate depression screening and treatment into routine primary care.

Through the City Council Geriatric Mental Health initiative, we support 22 community-based organizations that serve older adults in improving their capacity to identify depression and alcohol/substance use disorders and connect those in need with support and treatment services.

For older adults with serious mental illness whose needs have not been met by traditional outpatient mental health services, the Bronx based Geriatric Assertive Community Treatment Team delivers comprehensive and flexible treatment, support, and rehabilitation services to individuals in the community.

And as always, older adults, their caregivers, and providers can contact NYCH Well for connection to mental health resources and support. From the start of the program in 2016, 7.7 percent of callers identified that they were over the age of 60. NYC

Well can be accessed in over 200 languages, and counselors match clients to services that meet the individual's cultural needs.

I will now turn to the bill being heard today, Into 1180. Mental Health First Aid is and evidence-based curriculum that teaches participants how to recognize the signs and symptoms of mental illness and substance misuse. The curriculum, licensed by the National Council on Behavioral Health, also provides trainees with the skills to respond when someone close to them is experiencing a mental health or substance use crisis. The training is free for New Yorker and is offered six days a week in all five boroughs and available in multiple languages.

As pat of ThriveNYC, the Administration has committed to train 250,000 New Yorkers by 2021. This is a massive and unprecedented effort to provide New Yorkers with the skills needed to identify, understand and respond to signs of mental health challenges, including anxiety, depression, psychosis, suicidal behavior, overdose and withdrawal.

The Administration shares the Council's goal of training all front-line staff to recognize mental health issues and we look forward to discussing with

the Council the best ways to accomplish that goal in the long term. As part of the Administration's 2021 training goal, the Helth Department has prioritized training front-line city workers and social service providers that interact with the public. Our dedicated team of 39 trainers work with 15 outreach staff to deliver over 60 all day trainings each week. To date, we have trained over 41,000 city staff and service providers in Mental Health First Aid, across 14 city agencies, and are working to reach many more.

In collaboration with the Department of the Aging, we are delivering a Mental Health First Aid module that focuses on older adults. So far, we have trained over 400 staff providers, and older adults at Department for the Aging-run senior centers and aim to reach a total of 1,000 front-line and service provider staff. This training supplements the more intensive training in specific behavioral health issues that the Department of the Aging provides its staff and providers.

I want to thank the Mayor and First Lady for their unprecedented support for improving mental wellness in New York City and thank you to Chairs Chin and Ayala and the members here today for your

partnership and voices. We look forward to our continued collaboration as we improve the health and well-being of older New Yorkers and we're happy to take your questions.

CHAIRPERSON CHIN: Thank you for your testimony and we've also been joined by Council Member Vallone and Council Member Rose.

Okay, I will start with a couple of questions and then I will pass it on to colleagues and also Chair Ayala.

Commissioner, so in your testimony, you have listed a lot more programs that works with you know, providing mental health services, which is great. This is also the first time I've heard about some of them. So, how does DFTA reach out for mental wellness purposes to seniors outside of the senior center? I know that you mentioned about NORC, but I think there's only four NORC's in the program.

DONNA COLLARD: For that specific intervention, but all of our case managers are trained mental health workers to some extent which is by virtue of the fact that they are licensed social workers and MSW. So, we have a certain level of professional staff in all of our programs, so, I'm not assuming, I

know that we screen and assess for mental health issues with every senior that we touch in our case management program. We do an extensive bio cycle social assessment and that's part of their regular assessment and their reassessment every six months. So, you know, we have some degree of confidence that we can identify mental health issues and identify the resources in the community.

For example, we developed a special program and I'll hand it over to Dr. Jackie Berman to go into greater detail, after Super Storm Sandy to address the mental health needs of the general community in South Brooklyn. So, that's just one example of how we will also do things as needed and I can remember and not necessarily DFTA initiated, but sometimes our sponsoring agencies also do mental health services and they work and integrate programs within their own settlement houses.

For example, in terms of crisis intervention, if there's something happening. If there's a natural disaster or if there's something we routinely did in our senior centers when a long-term senior center member passed away, we would do bereavement groups and things like that. So, we're pretty nimble in

terms of the addressing mental health needs our senior centers members. So, that's case management senior center members and then addressing on an at hawk basis, whatever the community needs at that given moment, but there's generally and I can say this with great confidence, our senior centers have connections with mental health providers in their community and they work with their hospitals, with psychiatric nurses, and other mental health programs. And of course, they always have at their ready through the connections that we have a department for the aging and our connections with the Department of Health, we try to get them what they need.

CHAIRPERSON CHIN: Yeah, in my district, I mean just this year, there were two suicides. Two seniors who killed themselves in one development and it really sent a shock wave and unfortunately, we had a NORC in the development and Hamilton Madison house, they also provide mental health services and they were able to come in and do a series of workshops for the seniors living in the building and its really, very, very needed and helpful. Its just that, we're looking at all these programs and you talk about case management. That touches seniors mainly who are

homebound and that's why in the legislation 1180, we're looking at to make sure that every senior center have that capacity and right now, I don't think every senior center you know, has a trained social worker or even if they do, In terms of the capacity — I mean you have a few hundred seniors, we have one social worker, you're not going to be able to sort of take care of all of them.

One thing I really wanted to hear also was that — have you heard from some of the senior centers in terms of some of the best practice. Especially in combating the stigma and being culturally competent. To really deal with the specific culture and how to get the senior to sort of come in and chat in that way to be able to identify what services they may need.

DONNA CORRADO: So, I'm going to hand the mic over to Dr. Toby Abramson whose been doing the actual work in the senior centers in terms of engagement because it's a very structured approach and one that we insist on using evidence-based models to do engagement activities and we've done an extensive amount of work. And you know, while people have rapport with seniors in a senior center and many of

our senior center directors and staff are very competent, we want this program to go above and beyond that and really do evidence-based intervention so that we know at the end of it that its effective. So, with that —

TOBY AMBRAMSON: Thank you, Commissioner. So, engagements been a very central part of engaging older adults in mental health services. We know its very important to destigmatize mental health and by imbedding a social worker several days a week on site in the center, two things happen. We can do structured very formal presentations, we can engage them in DFTA's development of Age-Tastic which is a health promotion program which touches on all different areas of physical and mental health functioning.

We have structured activities that can range from talks on decluttering. We're very careful not to call it hoarding.

We have programs that really meet the need of the senior center. Topics are generated in combination by me, the clinician, as well as the senior center staff. What resonates in a particular center? So,

we don't just say this is the topic every senior center clinician will talk about.

So, we really try to meet the need of the center. So, we have those very formal structured engagement activities which have been hugely successful. Not only because the people who actually physically sit in a space, but everybody else around in the center, hears, touches on it, sees the clinician in action. And one of the things that I think has been really effective is the unstructured, that informal engagement activities. Where the clinician may go and sit and have a cup of coffee with somebody or cup of tea. Because we know what happens when you sit down at a table with somebody, you start to talk, or the senior center staff may pinpoint and say, you know, I'm really concerned about so-and-so, can you have lunch with them today. And through that informal networking and conversation, the clinician has the ability to identify whats happening, what they can offer, and say, would you like to move this into my office where we can continue to talk more privately.

So, we really engage them in where the senior is at based on starting with some formal conversations. So, this time of year we may start talking around

holiday blues. We come up with topics that resonate. So, for example, in our Polish community, we may not do a one time or one-off topic, we may do a three-part series and we put it in a name that sounds comfortable to the center.

So, for that group, we're talking about where do you find a good pierogi in New York City? And what that does is it allows them to talk about acculturation, the differences with family members, the stresses and strains that come when you are from a different generation then your children and so, it opens up.

Within our Chinese communities, both in the Mandarin and Cantonese speaking communities, we have found that problem solving, very concrete approaches to engagement through Age-Tastic, through other types of clinical sessions have been really helpful in generating and destigmatizing the mental health and engaging them and we have had huge successes with our bilingual bicultural clinicians in engagement and then transferring them over to Mental Health Services.

Of the people we've identified, with Mental Health Services, 54 percent have a mental health need

and of those, we've had a 76 percent connection rate into clinical services and we really are starting to look deeply at the value of engagement. Because I think without that, our success numbers would not be as great.

CHAIRPERSON CHIN: So, is that services available? You do that to all your senior centers?

TOBY ABRAMSON: That is part of the model and whats unique about it in the mental health clinic, just going in and doing mental health services is through the ThriveNYC support. We're able to support he clinician taking the time to do engagement. We fill that's such a very valuable part that we emphasize that. Once the clinician is really embedded in clinical service, we encourage them still once a week to do some type of engagement and if they're really busy, then we scale it back a little bit but that's always an ongoing part of the process. So, every center has engagement activities that are happening every time the clinician walks in the door.

CHAIRPERSON CHIN: But with the ThriveNYC program initiative, you only have that service in 25 senior centers.

TOBY ABRAMSON: Yes, actually I was going to clarify. So, that is available in the 25 senior centers that are funded under the ThriveNYC initiative. Howsoever, as the commissioner pointed out, every older adult anywhere in the community are encouraged and free to come and attend any of those programs. You don't even have to be a member of a senior center to avail yourself of those activities and services.

CHAIRPERSON CHIN: So, is there any plan to expand the ThriveNYC program to other senior centers? Because that's a more in-depth program, right?

DONNA CORRADO: So, it's the 25 centers that we're basically housed in and we also serve neighboring centers. So, it's the 25 centers and then we have outreach to nearby centers. So, its many more than the 25 and it's the initial stages of thrive New York City and I think we've made a tremendous accomplishment in the last couple of years.

It's a very involved process in terms of making that relationship with a formal aging service provider and a mental health provider that also has an article 31 clinic in establishing a satellite

program. There's a process involved in that and its quite lengthy and cumbersome. Although, to the credit of DOHMH, we've streamlined that process considerably. It's taken a long time.

So, we're in the process of assessing what that next iteration looks like. Of course, we'd like to expand the future, but right now, we're getting it up and running and having large success and its astounding how many lives we've touched, it really is.

CHAIRPERSON CHIN: Also, Commissioner you list a lot of programs in your testimony, how many of them are still ongoing and how many of them — has any one of them ended or they're still ongoing?

TOBY ABRAMSON: So, many of the programs that the Commissioner noted are no longer being provided. They were sort of short-term grant programs. But it was to show sort of our long-standing involvement, commitment to mental health services within the departments. So, the services that are currently being provided are the ones under the ThriveNYC initiative that the Commissioner talked about.

CHAIRPERSON CHIN: So, all the other programs, like the Sandy Program, the PROTECT Program, all of that is done?

TOBY ABRAMSON: No, so the SMART-MH, yes, that was a program that was funded through FEMA and that is no longer. Howsoever, PROTECT services for elder abuse victims is currently in operation, as well as providing services for homebound older adults that are connected through our Friendly Visiting Program. So, those are two that are still in operation in addition to the DFTA's Geriatric Mental Health Program in our senior centers and our Friendly Visiting Program.

CHAIRPERSON CHIN: Okay, I'm going to pass it on to Chair Ayala to ask some questions. Thank you.

COUNCIL MEMBER AYALA: Do you happen to have a list of which 25 senior centers are selected to provide this service?

DONNA CORRADO: I do. I have the list here. Would you like me to read it to you?

COUNCIL MEMBER AYALA: Yes.

DONNA CORRADO: So, in Brooklyn, the main agency is Weill Cornell. That's the mental health provider and they serve eight sites in Brooklyn. Amico,

Borinquen Plaza, Council Center, Jay-Harama, JCC Coney Island, The Krakus Lunch and Club, Ridgewood Bushwick and United Neighborhood.

In the Bronx, JASA is the provider and they serve Bay Eden, Casa Boricua, Bronxworks, and Presbyterian Senior Services Davidson Center.

In Manhattan, SPOP is the provider and they serve the Ed Alliance Weinberg Center, Lenox Hill ISC, Mott Street Senior Center, Project Find at Hamilton House in the Riverstone Senior Life as well as the Center at Red Oak.

In Queens, CAPE at the Samuel Field Y is the provider, and they serve Theodore Jackson, Selfhelp Benjamin Rosenthal, Regal Park Neighborhood Senior Center at Queens Community House, the Sunnyside Community Services, Peter Cardella, and Hanac Harmony ISC.

And in Statin Island, Weill Cornell is the provider and they service the JCC of Statin Island.

COUNCIL MEMBER AYALA: And how exactly were these 25 senior centers selected as opposed to —

DONNA CORRADO: That’s a very good question and we did a great deal of research and ground work from the very beginning and I set the criteria because I

think its very important that it be an aging service provider. So, that they have expertise in Geriatrics services in general and also, that they have a licensed mental health clinic. So, that weeded out many of our providers throughout the network, but we have a fairly decent subset of providers that fit that criteria and then from there, we looked at capacity issues because you know, not every senior center for example, has private space that lends themselves to counseling.

A willingness on the side of the provider to actually accept a new program and a new initiative and work with us quite extensively. And something I think which is more anecdotal but certainly, I get calls every day from senior center directors that have a preponderance of very disturbed senior center members for what ever reason that really change the culture and the flavor of the senior center and they're crying for help.

So, it was a combination of both those things and other criteria that we looked at, but we did a great deal of thought to where those 25 centers will be located, and we tried to do an equal distribution as well in different areas with different cultural

groups. So, we came up with 25 and now we're in the process of assessing if we were able to roll out to more centers, what that would look like, but its an involved process and I think a quite extensive one.

COUNCIL MEMBER AYALA: I ask because I know in none of the identified senior centers are in communities that are necessarily impoverished.

The South Bronx for instance, I seen a spike in depression, specifically in older woman and I don't see any where its reflected what additional resources have been kind of steered in that direction.

DONNA CORRADO: So, I can answer that in a question that we also looked at where were there currently mental health resources in the community? And mental health, as you know, it does not discriminate between a wealthier neighborhood or not or wealthier person and a poor person.

In many of the poor communities, there are mental health clinics that are prevalent and very entrenched in the community, so that's not necessarily the criteria that we looked at. But certainly, we're looking to grow the program in the future. So, if its something that you think we should look at and

there's a particular subset, we'll work with you to try to address that.

COUNCIL MEMBER AYALA: I mean I think that the data, right? And DOHMH's own studies reflect that there is a significant need in the Bronx, right? But we're not servicing the entire Bronx, we're servicing primarily the North Bronx.

I represent the poorest congressional district. 138 Street is practically a naturally occurring community because of the abundance of senior housing and senior centers that are concentrated in a specific area and I had difficultly finding a mental health provider when we were allocating funding this year for referral-based programming.

I wish that we had a SPOP, who I love, and I think does a spectacular job and JASA, does a great job, I mean they all do. But I had a very difficult time identifying a provider to provide this service for us in the South Bronx and I don't understand why because the data's there. I mean, we know that we need it which makes it more important to train as many case workers and individuals that are coming in contact with seniors that are frequenting our senior centers day in and day out.

So, out of the 400 plus, I believe was the number of individuals that were trained. How many of those were case workers? The person that is responsible for doing the intake screening for new members at each senior center?

TOBY ABRAMSON: I don't have that off the top of my head and I'm not sure if we're tracking to that level, but we can go back and look into — I mean, quite a few of the people trained were the staff working in the senior centers.

COUNCIL MEMBER AYALA: Is the training mandatory, or is it voluntary?

TOBY ABRAMSON: Training is voluntary at this point.

COUNCIL MEMBER AYALA: What part of DFTA's budget is dedicated to mental health?

DONNA CORRADO: Through the ThriveNYC Mental Health Initiative, its approximately $1.3 million.

COUNCIL MEMBER AYALA: Okay, and does DFTA have staff dedicated specifically for mental health programs in response?

DONNA CORRADO: So, we do have staff that are dedicated. Dr. Toby Abramson is our Director of Geriatric Mental Health. So, she's our primary

person throughout and we do train existing staff. So, they are in our case management programs and they are existing staff, but Toby's been coordinating this effort and we've done a tremendous job and have a tremendous reach actually and its only a couple years old.

COUNCIL MEMBER AYALA: I could imagine, and I appreciate the efforts, but when I worked in senior services, we were required annually to go in and do training for CPR, right? Is that still a mandatory requirement for DFTA?

DONNA CORRADO: So, I have our DFTA learning center director here and we have a number of mandatory trainings. Both for the city and then for every person that has a social work license. As you know, they have **[Inaudible 1:04:57]** that they must get as well, and we have an extensive curriculum for any new case worker that comes on and works in a DFTA program. So, between the mandatory DCAS trainings, and now this mental health trainings, and Margaret **Rife [SP?]** can attest to, we spend an extraordinary amount of time training staff and mandatory trainings, you know, every time we turn around, its another mandatory training.

COUNCIL MEMBER AYALA: But CPR is mandatory?

DONNA CORRADO: Senior Center staff it is, yes.

COUNCIL MEMBER AYALA: Exactly, so and that's the point. Is that we're trying to make the correlation. If CPR, right? And I think that the First Lady has been saying this time and time again, that in the same way that we train for CPR, we should be training individuals on first aid, on mental health and we're not doing that at the senior center level and so, that's concerning to me. Because we're not getting to every senior center quickly enough and so, we need to train the trainer basically at this point.

I you know, have a multitude of senior centers in my district and we tried to do senior health first aid training just a few months ago and it was like, nearly impossible. We actually had to cancel it because we could not get seniors — we were actually specifically targeting older adults and individuals that were working with elder population in the district, and nobody could come to this training. It was not a priority, right? It was not a priority. It's the last thing that we think about. Senior center staff is pretty — I mean, their underfunded,

their over worked often and so, this is not something that they're necessarily thinking about.

So, we need to make it a part of that conversation.

I'm going to have some of the members who have some questions and I'll get back.

CHAIRPERSON CHIN: Okay, we've also been joined by Council Member Rivera, Van Bramer, Council Member Rodriguez was here earlier and Council Member Ampry-Samuel.

I just wanted to do a quick follow-up. For ThriveNYC programs with the 25 senior centers, and Commissioner you were talking about $1.3 million, budget time is coming up again. So, has DFTA interacted with the First Lady, ThriveNYC leadership to look at expanding funding? So, that we can expand this program that is doing so well?

DONNA CORRADO: It's doing so well, and we've engaged in not only conversations with the First Lady and the First Lady staff, but also, I think it's very important to do the evaluation piece.

You know, I can say its wonderful, wonderful, wonderful, but we really need the evidence to show that the investment is worthwhile.

So, we've been engaged in that process and yes, we're always in ongoing conversations with the First Lady and the ThriveNYC staff.

CHAIRPERSON CHIN: What about some of the other programs that you have mentioned. Are there evaluations done for some of the other initiatives that you deal with in mental health that you feel that we should be asking for more funding to expand those programs?

DONNA CORRADO: So, a lot of these programs were pilot program. For example, that we engaged with Weill Cornell and a great example is Age-Tastic, where we worked with the researchers in Weill Cornell and the clinicians and we developed the evidence to make evidence-based programing.

So, I think that was an important pilot and we participated in that and now we have the evidence as you know, it's a very long involved process. Some of it, we're half way there. Some of it, we're all the way there but with that we're always looking to replicate good programs. So, if they pass the litmus test for an evidence-based program and they're published, we certainly would like to replicate some of those programs and a perfect example, is Age-

Tastic and we're now using that in our centers and to our ThriveNYC.

That becomes the main vehicle, it has become the main vehicle by which we do those engagement activities and the First Lady herself, came to a center and played — I wouldn't say play the game, its more than a game, but she participated in that activity at one of our centers and found it very engaging.

TOBY ABRAMSON: Yeah, I just wanted to add to that because the department is often an incubator of some of these really exciting evidence-based programs that then are expanded.

For example, with SMART-MH where we worked with Hurricane Sandy victims, that was you know, part of — it was incubated and developed as a partnership with Weill Cornell and the Department for the Aging and it was part of the Spring Board as well as some of our other prior initiatives for which our DJMH was born.

Also, PROTECT, the really exciting mental health program for elder abuse victims really one of the — the only one in the country was developed again, within the department for the aging with our elder

abuse staff and evaluated found so successful and now rolled out into our community.

CHAIRPERSON CHIN: Yeah, I mean, it would be great if you could share some of the results with us and see how we can be helpful in terms of advocating, expanding those programs to senior centers and other senior services providers in the city.

We've also been joined by Council Member Deutsch. Council Member Vallone for some questions.

COUNCIL MEMBER VALLONE: Thank you to Chairs Ayala and Chair Chin. Good morning everyone. Commissioner, I guess since the official memo went out, let me congratulate you.

DONNA CORRADO: Thank you.

COUNCIL MEMBER VALLONE: And its been an honor to work with you over the last four or five years with Chair Chin and me. We've been fighting for seniors.

DONNA CORRADO: The feeling is mutual.

COUNCIL MEMBER VALLONE: It has been a great lesson on one of the best battles we could have as we always fight for our seniors and I think Chair Ayala and Chair Chin have hit it right on the head.

These are topics that we're always trying to learn and grow, and It think each one of our

districts as always, a very unique and ethnic backgrounds on the competition of the seniors, we have one of the largest groups of seniors in Queens. The Asian Community is bursting at the seams at our senior centers.

With these programs and you mentioned numbers with the total numbers reached in percentages. You had said there was 54 percent identified and of that 75 percent have been worked with. What do they come out to? What do those number actually entail?

DONNA CORRADO: Toby can address that.

TOBY ABRAMSON: So, of the 1,500 screened, 805 have had a positive mental health screen.

COUNCIL MEMBER VALLONE: And the screening occurred where?

TOBY ABRAMSON: We use 14 different scales; depression, anxiety, cognitive function, are absolutely required on each person and then we ask the clinicians to do a leading question on all of the other scales ranging from alcohol use, other substances, hoarding, elder abuse, gambling, psychosis, social isolation, loneliness, caregiver stress, and —

COUNCIL MEMBER VALLONE: No, not the categories, but how did the 1,500 — where were they identified and targeted? Where did they occur?

TOBY ABRAMSON: Where are they coming from?

COUNCIL MEMBER VALLONE: Hmm, hmm.

TOBY ABRAMSON: Their coming from our senior centers or the communities around the senior centers. The mental health programs that are in the 25 centers are open to everybody in the community, whether you're a senior center member or not. You just hear about it and you are 60 and over, you can come in for services.

COUNCIL MEMBER VALLONE: So, its based on as Chair Ayala was saying, on those 25 centers alone?

TOBY ABRAMSON: There are 25 centers where the clinicians are located, but we're open to everybody.

COUNCIL MEMBER VALLONE: So, the 1,500 of the 25 centers, is that the total number of seniors that were identified or total number of seniors that they just managed to start the program?

TOBY ABRAMSON: Those are the 1,500 that were screened. Those are people who were willing to come —

COUNCIL MEMBER VALLONE: That's giving me the same answer. How many actually applied and were actually identified that could be part of the mental health initiative? It can't be 1,500, it's got to be more than that.

TOBY ABRAMSON: So, what happens when a clinician is onsite, they offer the screening to every senior. Seniors have the ability to say, no, I'm not interested in being assessed. I really don't want to sit down the clinician. So, we've had 1,500 people since we've started that are willing to sit down with the clinician.

COUNCIL MEMBER VALLONE: Are the clinicians — which goes to the heart of part of this also, is are they trained bilingually?

TOBY ABRAMSON: Are they trained?

COUNCIL MEMBER VALLONE: Bilingually.

TOBY ABRAMSON: Yes, the clinicians actually are bilingual and bicultural. So, they speak a variety of different languages. They are embedded in the center that —

COUNCIL MEMBER VALLONE: Are they sent specifically to centers with that language knowledge? Because if you go to Whitestone, they better speak

Italian. If they go to Flushing, they better speak Korean and Chinese.

TOBY ABRAMSON: Correct.

COUNCIL MEMBER VALLONE: Do they have that because that is the number one —

TOBY ABRAMSON: Yes, they do.

COUNCIL MEMBER VALLONE: Complaint that we get is that there is a lack of —

TOBY ABRAMSON: So, the languages that we are providing are English, Spanish, Mandarin, Cantonese, Polish, Russian, Ukraine.

COUNCIL MEMBER VALLONE: Are we planning on hiring more, because I'm sure we don't have enough?

TOBY ABRAMSON: Are we planning on —

COUNCIL MEMBER VALLONE: Hiring more.

TOBY ABRAMSON: That would be great.

COUNCIL MEMBER VALLONE: I want to help you on those battles. Those are the budget battles Chair Chin is always fighting for.

TOBY ABRAMSON: One of the challenges that we have as a field in the aging field are finding licensed clinicians who are interested and willing to work with older adults. There is a huge workforce shortage across the country. So, finding bilingual,

bicultural clinicians is probably one of our challenges.

COUNCIL MEMBER VALLONE: I would have to agree.

TOBY ABRAMSON: So, the answer is, we would love to have more in more languages.

COUNCIL MEMBER VALLONE: Well, how about expanding partnerships with organizations that already have that ability with the non-for-profit status? Is that something that we can expand or talk about?

TOBY ABRAMSON: We are already connected to mental health provider organizations who do the hiring of the bilingual, bicultural clinicians.

So, with the workforce shortage, is great as an organization can be, we still are limited by how many professionals we have. They have to be licensed.

COUNCIL MEMBER VALLONE: I know, you have contracts already with already licensed non-for-profits that are doing that service now. I think one of the quicker ways to address this would be to increase that.

DONNA CORRADO: So, Council Member, before you came in, we sort of explained the structure of the geriatric mental health program and one of the

initial criteria was it had to be an article 31 licensed mental health clinic and also an aging service provider. So, they had to have those two competencies and naturally, there embedded in the communities in which they serve so it was the mental health clinic that hired the licensed professional.

So, some of them actually may have had somebody on staff already and that they assigned to the Geriatric Mental Health Program and they did some mixing and matching and as Toby was saying, it is a difficult and a challenging exercise to hire competent, licensed, mental health workers in any language and in any culture.

COUNCIL MEMBER VALLONE: So, maybe with the ones that are existing, that have met both of those criteria, maybe there's an opportunity here to work at an increased pace with the groups that have already met those criteria to give them the ability to do even more casework/ management for you. CASE ES is a prefect example, the only Korean provider of mental health services in Queens.

So, to me, that would be an area that we could look to quickly expand without having to compete with

the rest of the country for clinicians that are bilingual. Something in that order.

DONNA CORRADO: And their a valuable resource for sure. I think it's really important to know that although its only two geriatric mental health programs, very important, very successful, in a short period of time the Department of Health and Mental Hygiene also services senior's as part of their general population interventions and senior specific programs. So, I think we'd like to talk a little bit about those programs as well.

COUNCIL MEMBER VALLONE: Well, thank you Chairs for the time and those are all noble causes and I think we're only touching the tip of the iceberg here. I think that when we're talking about mental health and seniors, and the amount of seniors per day, it's just going to continue to grow. So, whatever we can do to try to extend the tide and work with that, I fully support. Thank you both Chairs.

CHAIRPERSON CHIN: Council Member Holden.

COUNCIL MEMBER HOLDEN: Thank you Chairs and thank you Commissioner for your testimony. This is a topic, mental health for seniors is very close to me. As a caregiver, I'm a part-time caregiver for my mom.

She is 94-years-old, you take her to health centers a lot, I take her around. Usually the mental health part of it is always left off. My mom's battling dementia and it's a very frustrating topic because the doctors, the caregivers, medical centers, they only care about her physical well-being. They don't really focus on the mental part, the mental health and its frustrating for me to try to — because they're asking her questions, she can't give them, and I can see the depression. I can see how she reacts. I can see — she'll talk like, all my friends are gone. You know, that kind of thing and you want to spend time with her, but she really rejects that to.

So, it's very frustrating for seniors and the senior centers. I can't get her to go to the senior center anymore. I can't get her to do it.

So, you know, visiting the floating hospitals by the way, the last few months, which they work with the homeless a lot and they said that they have trouble holding on to their mental health workers and that they will hire them and then they leave for better pay and also their budget gets cut in the mental health area.

So, I'm glad we're doing it in the senior centers. I'd like to see it get to the frontlines of the emergency rooms more often, because we don't see that. I just had my mom in the hospital and again, no questions on the mental health and I tried to explain to the doctors, I think it's more than just physical. That we need to focus something you know, on the other side, the mental health.

So, I love this idea. I would like to see all over in the health area to really expand in the mental health because we're seeing that just in caring for the homeless also, the cuts.

DONNA CORRADO: So, there are many resources available to you. So, we'd be happy to meet with you, Council Member Holden privately and see what we can do for you and your challenges with your mom. There is an effort afloat which is very exciting about age friendly health systems and although that's not the primary role of DFTA, there are many wonderful foundations in other areas and DOHMH and health and hospitals working towards age friendly health systems.

So, that's something that will be a topic in the future and its very exciting because I can't agree

with you more. Emergency rooms need to be more cognoscente of people mental health issues and certainly how best to deal with seniors. Both in how they care for them, and how they build their physical environments in emergency rooms.

COUNCIL MEMBER VALLONE: Yes.

DONNA CORRADO: All noted.

TOBY ABRAMSON: I just also want to add, some of the work that we're doing at the health department along the primary care side, there's a number of initiatives. So, right now and I mentioned it in my testimony. Right now, we are doing public health detailing to primary care practices in some select areas of high need in New York City so that they are more comfortable as primary care practitioners in screening for depression and doing treatment themselves.

That's not necessarily just age specific but lots of the people that go to primary care are older adults.

We also, as I mentioned, have a program, called Mental Health Service Corp, where early career clinicians are placed in primary care settings and behavioral health settings and we've got over 200

clinicians in over 200 practices right now as another way to reach people where they go for care which is frequently not behavioral health but primary care.

In addition, with the health department, we have a program called PEARLS. Which is the program to encourage active and rewarding lives for seniors. Its for folks who identify positive as depression. They're most likely homebound and we offer care short-term treatment for them in their home.

And the folks that go through that program, we have screened over 8,770 people already in just two years. So, it's a pretty wide-reaching program across the city and it's a way to get people care in their homes. They do much better when they get through our program. They are more likely to be less depressed. Rate their health as improved and are engaging in positive activities.

So, its another potential resource for folks as well.

COUNCIL MEMBER HOLDEN: Thank you.

CHAIRPERSON CHIN: Thank you, Council Member Rose.

COUNCIL MEMBER ROSE: Thank you Madam Chair. I'm really concerned about senior citizens and mental

health and I'm really concerned about what is the entry point for senior citizens who are experiencing mental health episodes? Do they have to be members of senior centers and if not, when and where do you actually interface with them? How do they then access those services?

DONNA CORRADO: So, we're talking about multiple points of entry, and certainly you know, this is a very good start and one that I think is successful. So, they can be a member of the community and come to a senior center and participate in our ThriveNYC initiative. There's also multiple points of entry and we can hand the mic over to the Department of Health to talk about other ways to do that.

But certainly, this is one way. Another way is through our case management programs. When they do their assessments, their annual assessments, which are quite extensive, and they can be referred to either a ThriveNYC mental health counselor or to the resources in the community, because there are other mental health resources as well and every case management program should know what those mental health resources are.

A part of the focus of the ThriveNYC initiative, is really to break down the stigma, so people; a. through the mental health first aid recognize the larger community recognize when somebody has a mental health issue and more importantly, that the senior gets to a point where that the mental health is destigmatized and getting help is destigmatized to the point that they would accept that help.

So, they can get help in many ways and you know, they may come to your office. So, we know that many times that we get calls from our Council Members that there's this senior, that senior, where should they send them?

So, there's many places that they can go and receive that help, but the first point is that they know that they need help.

COUNCIL MEMBER ROSE: So, I'm really glad to hear you say that because my frustration has been the fact that I have a senior who has had multiple, many mental health incidents, my office, I have personally gone to the emergency room. I've called on mental health services and she is admitted — she'll go into the emergency room and they will release her, never without any other services being applied. To the

point where she's disappeared. Her health has been impacted. She is now being abused in terms of her SSI, is being coopted by people who are abusing drugs and are using her money to get high and have now addicted her to heroin, it's a repeat cycle. When does someone say that here's a senior who has chronically showed up at the emergency room in need of services and isn't getting it.

I have personally gone and said to healthcare professionals, please don't release her. Please do something. Please contact — do something and it hasn't happened. It just took her physically, her body giving out, where she had to be hospitalized and then, you know, they released her again.

I need to know, there has to be some other annexes for seniors, for people who have seniors who are mentally or experiencing mental health crisis to get services because its not happening. It really is not happening, and she is just I guess, my most — it's a personal thing for me now, because of the lack of services she's been able to get, but she's not unique. I have other people who have not been able to get the services and she doesn't go to a senior center, and she would not.

So, help me with this because I'm really frustrated that this senior — and she has now subsequently lost her apartment because she's been in this emergent state since June. So, she has now lost her apartment and she now have physical elements as well as, now she's dealing with opioid abuse.

TOBY ABRAMSON: Though it sounds like a very, very challenging situation and we hear you on that. Very frustrating, very challenging, individually, I would be happy to take off line some other thoughts for the group. Someone like this sounds like she needs connection to a health home, which is someone that might be able to help navigate and coordinate her care, but also —

COUNCIL MEMBER ROSE: Flag somewhere in the system — something should have flagged that she needed more than to you know take the emergent situation care for it and put her back out on the street.

TOBY ABRAMSON: Right, I agree with you and so, if these situations are coming up and you don't know where else to turn, please let us know so we can help navigate and negotiate with you and help connect the people you are seeing to the services that are there,

when there are services there. So, we do have health homes. We do have programs, we do have a single point of access where we can get somebody who can't access a health home. They don't have Medicaid, we can get them non-Medicaid care coordination, because somebody does need to help take some responsibility here. I agree, it sounds like lots of missed opportunities with this particular person.

So, we'd be happy to talk off line about other ideas.

COUNCIL MEMBER ROSE: Thank you. Have you noticed an increase in seniors who are battling with the opioid epidemic? Have you seen an uptake in seniors who are battling opioid addiction and have those numbers increased? Are there specialized services to help work with them?

TOBY ABRAMSON: So, overdose is a concern among older New Yorkers. As you know, older New Yorkers not only have chronic medical issues, they take prescribed medications, their more sensitive to the effects of drugs, so they are more likely to have overdoses.

If there using subsidence's, alcohol, or other pills and they're more likely to have overdose deaths as well.

In particular in 2016, among New Yorkers aged 55-84, heroin was the most common drug involved in overdose deaths for that group. We frequently collaborate with Department for the Aging on getting information out there to providers, to the community, and what to do around medications and prescriptions.

We've been doing work with healing NYC and a lot of work around judicious prescribing. So, doctors aren't over prescribing the kinds of medications that contribute to somebody's overdose death.

COUNCIL MEMBER ROSE: So, is there any special program for that? Other than, I appreciate the education and I'm sure you're telling them about **[inaudible 1:38:03]** but is there a special program that if someone new of a senior that was abusing drugs that could be directed to?

TOBY ABRAMSON: There are some programs, but it's also the case that the general substance use treatment programs can manage the substance use of the older adults as well.

COUNCIL MEMBER ROSE: But just not as specialized, okay.

TOBY ABRAMSON: There are some, I don't have that in front of me though.

COUNCIL MEMBER ROSE: Thank you.

CHAIRPERSON CHIN: Thank you, Council Member Deutsch questions?

COUNCIL MEMBER DEUTSCH: Thank you Chair and thank you for holding this important hearing. I just want to say to you Commissioner, congratulations. Like they say in my language, mazel tov and I just want to say thank you for over the last four years, for your sensitivity, for your caring, and your legacy will continue with the people you're surrounded by here in the Department of Aging and I have to apologize on behalf of Paul Vallone for always asking a hundred question, a hundred and one.

But I just want to say thank you for everything that you do. So, if you have any issues in the future, you could always call on us, we'll try our best and it's just really amazing to see how members here on the committee and members in the Council always bring up their personal stories with you in the district, because they know they can count on

you. So, thank you for everything and thank you in all your future endeavors.

DONNA CORRADO: Thank you Chaim. We're just a phone call away and as you said, we help Council Members every single day with their personal issues and the issues of their constituents and we're more than happy to do that. Thank you.

CHAIRPERSON CHIN: Thank you, Council Member Deutsch. Commissioner, I just want to go back to the one budget question about the ThriveNYC.

The $1.3 million, can you give us a specific breakdown in terms of how much of that money go to the providers, the 25 providers and also all that money goes to DOHMH and then they give it out to the providers?

DONNA CORRADO: So, I'm going to get back to you with that specific information, but essentially most of it goes to the provider network and we have Toby on the staff at DFTA, so part of her salary is covered through that.

CHAIRPERSON CHIN: How many staff are in DFTA — Toby, how many staff do you have that work with you on this Geriatric Mental Health or the mental health programs?

TOBY ABRAMSON: So, I oversee the program. I collaborate with all of the mental health provider organizations but at DFTA, I'm the primary staff person responsible for this initiative.

I work very closely with Jackie Berman and the rest of the DFTA staff to support it, but I am the primary designated person for this initiative.

JACKIE BERMAN: And we also staff at the department that work on the Family Visiting Program as well, one of which is here today.

DONNA CORRADO: Right, so we have a long-term care department at DFTA with the Friendly Visiting Program as lodged. So, we have a Deputy Assistant Commissioner that's assigned to oversee the Friendly Visiting Program, which is a big piece of it and has a tremendous reach. So, we've embedded it into case management and into a long-term care division, so that it becomes one of the many services that we offer to our clients and our homebound seniors.

So, I think we can say that Toby is the one dedicated staff person that's actually on this budget, but it really impacts us across the department.

Everybody has their hand in it somehow whether it's the evaluation in the planning office that are looking at the statistics and the assessments and gathering the information. Our research department in the executive office, we're all committed to seeing this through and it's been a priority of this administration and we want it to be successful. So, it's all hands-on deck.

CHAIRPERSON CHIN: So, in terms of the adding on to the case management program, the Friendly Visit, do they get additional funding to provide that component.

DONNA CORRADO: They did. That was also part of the $1.3 million.

CHAIRPERSON CHIN: That's part of the $1.3 million?

DONNA CORRADO: Well, this is the model that we used. Its essentially a volunteer model and so, each case management program that participated got funding for a volunteer coordinator. So, that volunteer coordinator recruits the Friendly Visitors and we use internal resources at DFTA to actually do the Mental Health First Aid training and other training and

subcontracting with another organization that trains friendly visiting.

So, this was a model that we piggybacked on that's already existed in the community and we got the experts to come in and train these volunteer coordinators on how best to run a Friendly Visiting Program.

So, its quite extensive and they're very well-trained volunteers and we felt that the key ingredient to the success of this program was funding the case management agencies to have a dedicated person on staff that's coordinating the program and recruiting the volunteers.

CHAIRPERSON CHIN: On your Friendly Visiting Program, do you —

DONNA CORRADO: I stand corrected. The DGMH is $1.3 and there's an additional $1.8 million for the Friendly Visiting Program.

CHAIRPERSON CHIN: Okay, so how many seniors are served on the Friendly Visiting Program and is there a waiting list?

TOBY ABRAMSON: So, the Friendly Visiting Program — the Commissioner said that we've served approximately 500 to 600 older adults. Volunteers

have made more than 17,000 visits, 27,000 hours for those older adults and just so you know, when looking at the data, its really exciting. This is what we consider a social isolation and loneliness prevention program and we found that over 50 percent reduction in social isolation and loneliness for older adults that have participated in the program, so that's quite significant and we're really excited.

In addition, we are offering mental health services for those homebound older adults that could use additional care.

CHAIRPERSON CHIN: I mean I have an organization in my district, Visiting Neighbors. They used to get funding for DFTA and they do a wonderful program working with older adults providing not just a friendly visit, but they go with them to doctor's visits and we've been supporting them with discretionary funding from the City Council.

DONNA CORRADO: Right, so they are a wonderful program and one that I know very well and its one of these village to village models that I encourage the proliferation across the city, government cannot do it all and they have wonderful programs like that that choose not to apply for funding when the RFP

comes but they're welcome to do that because they want to for what every reason, it's easier to have discretionary money or raise money privately, so that they don't necessarily have to you know, pencil in between the lines and they can be flexible in what they offer their constituents.

But its certainly a wonderful program and the Aging in New York fund tried to periodically support them with a discretionary grant as well.

So, there are many villages to village models throughout the city and I really commend the work that they do.

CHAIRPERSON CHIN: But its not the model. I mean, the Friendly Visit, its attached to the case management.

DONNA CORRADO: Right, we had to scale up right? That's a small program in a small geographic location.

We're trying to develop a model citywide. I mean, that's not the model that we used. We used a [inaudible 1:48:51] model. It's a program in the city that's well established and we scaled up their particular model and we developed it ourselves and it's easier to leverage an existing resource, there's

wonderful case management programs that are throughout the city in every borough to build capacity within the case management programs to expand their portfolio of services that they can offer their clients, including home delivered meals and home care. This is another thing in their bag of tools and its, I think, a wonderful resource.

CHAIRPERSON CHIN: Thank you. We've been joined by Council Member Diaz. Council Member Ayala, you have a few more questions?

COUNCIL MEMBER AYALA: Yeah. So, this is a question for DFTA. Can you tell us how the mandatory trainings that are currently being provided funded?

DONNA CORRADO: Of the mandatory trainings?

COUNCIL MEMBER AYALA: Yes, how are they funded?

DONNA CORRADO: They're a part of the Departments budget.

COUNCIL MEMBER AYALA: It's part of the DFTA budget?

DONNA CORRADO: Yes.

COUNCIL MEMBER AYALA: Okay, and can you tell us how the city is targeting seniors who may not necessarily be connected to senior centers? Who are not connected to service, how are we doing that?

DONNA CORRADO: So, we do that periodically through announcements that I do on the radio and also through campaigns. Some of them are public relations campaigns that we do. We recently did one for caregivers and we have a considerable reach throughout the city but we're always looking on how we can continue to do that outreach.

COUNCIL MEMBER AYALA: Do you ever coordinate with NYCHA? I'm curious because Wagner, for example, in my district has like the largest concentration of older adults of any other public housing development. Is there any coordination between the department and the New York City Housing Authority to bring information? I know once a month when the rent is do, they send out a mailing, right? Maybe you could include something.

DONNA CARRADO: So, we have 95 senior centers located in NYCHA development. So, we have quite an extensive reach and DFTA's not the sponsor, they're community-based organizations that sponsor this program and my experience and I can't speak exclusively for every single one of these sponsors but many of them have relations with their tenant organizations within the NYCHA center. Certain

relations with the NYCHA management. Some good, some not so good, but certainly that's a part of their everyday operations are to coordinate with the tenants in their buildings.

COUNCIL MEMBER AYALA: Yeah, I have noticed that there is kind of a disconnect. I have a couple of those and while the senior center staff is great, I'm not complaining about them. I think that their limited in staff and so, they focus on the seniors that are coming in and not necessarily the seniors — for instance, like I have senior centers that have a senior building directly above and they're not necessarily coordinating with the leadership in those buildings because they're so consumed with the daily —

DONNA CORRADO: So, part of the program officer's assignment and responsibilities is providing technical support and assistance to their sponsor agencies. And one emphasis is always on how you are doing that outreach to other seniors in your community, not just in the specific building where its located but the community at large.

So, that's something that we emphasize a great deal and certainly when we read proposals because

there all going to go up for RFP in a couple of years. How they integrate into the greater community and how they do outreach and how they have those connections is certainly a very highly rated part of the proposal. Something we look at, its very important.

COUNCIL MEMBER AYALA: I appreciate that. So, Council Member Rose brought up the increased number of older adults that are falling victim to the opioid crisis, is the Naloxone trainings, or are Naloxone trainings being offered at the local senior centers? I don't recollect having heard of any.

TOBY ABRAMSON: Yeah, so the city is distributing over 100,000 Naloxone kits per year. It's part of Healing NYC and this year, the health department collaborated with Department for the Aging to provide two opioid overdose prevention education seminars at senior centers in Brooklyn and in the Bronx and in those seminars, about 225 participants came and 133 of those took home a Naloxone kit. So, there has been some efforts for that specifically.

COUNCIL MEMBER AYALA: Okay, can you tell us if DOHMH is tracking th number of older adults that are presenting to ER with mental health symptoms?

TOBY ABRAMSON: We are not tracking that specific bit of information, we do have surveillance from emergency rooms, but its more focused on suicide attempts and suicidal behavior.

So, that a health department surveillance function that we have, and age is part of that, but again, it's not just age that we're collecting. We're collecting suicide related behavior specifically.

COUNCIL MEMBER AYALA: Okay, and last question. Do you know if hospitals are required to inform patients that mental health issues may arise with the use of certain medications?

TOBY ABRAMSON: I mean, side effects from medications is something that the prescriber is supposed to review with every patient. They're not just supposed to tell you the good stuff, their also supposed to reveal to you the side effects of the medications. Do we know that that's happening you know, consistently 100 percent of the time, I don't know that anybody is able to track that?

COUNCIL MEMBER AYALA: Alright, thank you.

CHAIRPRESON CHIN: I think that in today's hearing — I mean we heard about the need for more

bilingual clinicians and I'm sure we also can use more bilingual and bicultural social workers and our senior centers and other providers, organizations, and also, I think that the concept of Geriatric care — because I think a lot of the primary care doctors, physicians, they're not focused on seniors. I mean, they're not trained that way.

So, what is the Department of Health and DFTA kind of look at how do we work towards increasing the personal. The bilingual, bicultural, condition and also, promoting more geriatric practice? Maybe we could start with health and hospital and our local clinics because same thing with Council Member Holden, I have an elderly mother whose 88 years old. Luckily my brother helps out as caregiver, but one of the complaints I just heard from my brother recently was you know, the primary doctor that we take her to are not asking the right questions. They don't deal with seniors. So, right now, I have to go find a geriatric doctor that can provide that service.

DONNA CORRADO: We certainly can help you with that because we work very closely with a number of geriatricians and that's a problem across the country in terms of there's just not enough geriatric

physicians and something that — you know there is a big push to recruit more people, medical students into the field and we recently met with a number of directors of hospitals that have a geriatric program and hearing the tales of woe as well, but its certainly something that is at a critical point and I'm going to hand it over to the Department of Health to address this.

CHAIRPERSON CHIN: And also, nurse practitioners. I mean, nurses, because you require nursing services in a lot of our NORC and what we're hearing back is that a lot of them cannot afford it and they're not getting the volunteer service that they used to get from nurses that can come and visit. So, that's something that we should look at as career opportunities for our young adults that are bilingual and bicultural.

DONNA CORRADO: Yeah, absolutely, I think the workforce issues in mental health care are really significant and that there are huge gaps. The gaps are cultural, their linguistic. There just work force in general. We really don't have enough people entering into he behavioral health field. So, with our mental health service corps program, one of the

thrive initiatives, we make great concerted effort to hire multi-cultural, multi-lingual early career clinicians, behavior health clinicians. Generally, social workers, but we also have mental health counselors and psychologists that get hired through that program and then they are placed ideally in settings to match the needs of the setting. The primary care setting, or the behavioral health setting.

So, we are making great efforts to do that and through that program, since hiring is a big part of what we're doing in Mental Health Service Corp. We are also in conversations and engaging other sorts of community members, provider members, that are also thinking about meeting the needs of various culturally and linguistically significant population.

So, we are engaging in that work right now. We agree with you, it is a significant issue that needs to be addressed.

CHAIRPERSON CHIN: And one final question Commissioner. On this model budget, the senior center model budget. Did that model budget take into consideration of bilingual or a social worker to be

included in the staffing of every single senior center?

DONNA CORRADO: I would be happy to say that in every program that we've developed since I've been Commissioner that we've budgeted for as part of our modeling exercise, whether it be a new program or an existing program enough money to pay a well-qualified, culturally competent social worker and that's something that I hope will be part of my legacy at the Department for the Aging, because I am a social worker, a very well trained and very serious social worker. I'm proud of being one and I don't think that people should work for so little money when they have to go to school for so many years and work as hard as they do to become a professional.

So, that's something that you have my word, yes. Its part of all of our contracts and our planning and anything going into the future. I hope that that will continue.

CHAIRPERSON CHIN: Thank you. That's a good start and hopefully —

DONNA CARRADO: It's a good Swan statement, right?

CHAIRPERSON CHIN: Yes. Now we got to work on the other part of the model budget to take care of all the meals, and the meals service workers, so that's something that we have to continue to advocate in this year's budget.

I want to thank the panel for being here today and I'm really looking forward to continuing to work with all of you because mental health wellness for our seniors — a growing population in our city and such an important issue that we have to continue to work at. Thank you and we're looking forward to hearing from our advocates and the providers.

So, we're calling up the next panel. We have Molly Krakowski from JASA, Chris Widelo from AARP, Juliana Leach from LiveON NY, Tara Klein from United Neighborhood Houses.

You may begin.

CHRIS WIDELO: Good morning Chairpersons Ayala and Chin. Thank you very much for the opportunity to be here today. My name is Chris Widelo and I'm the Associate State Director for AARP here in New York City and on behalf our 800,000 members across the five boroughs, I'd like to speak today on Intro 1180.

This legislation would require senior center case workers to receive mental health first aid training.

I don't think its any secret, the aging statistics across the city, I don't need to brief you too much on those, but they're growing incase you were not aware, which I now you are and we know that you know, with an aging population there is a need for more supports and mental health counseling is certainly one of them and being able to identify when someone is in decline or has behavior that may signal a mental health related issue.

Depression is one example of a serious medical illness that often goes unrecognized and untreated among older adults, and according to the National Institute of Mental Health. Its normal for an older person to feel sad every once and awhile or frustrated by health problems or financial concerns, but if it persists and interferes with daily life it could be sign of depression and if left untreated and undiagnosed, depression can affect one's physical health and quality of life.

The National Institute of Mental Health also estimates that nearly two million Americans age 65 and older suffer from some type of depression.

Furthermore, depression in older adults is a significant predictor of suicide. Comprising only 13 percent of the U.S. population, individuals aged 65 and older account for 20 percent of all suicide deaths, with white males being particularly vulnerable. Suicide among white males aged 85 and older is nearly six times the suicide rate in the U.S.

Our New York City Senior Centers are an important resource in our community to help the city's older residents age. The caseworkers at these facilities are on the front lines for recognizing mental health issues with their clients and referring them to the appropriate services. Having proper, up-to-date training, is essential to ensuring that the over 300 caseworkers in DFTA funded senior centers are prepared to recognize symptoms of mental health decline or illness.

AARP Does believe that Intro 1180 needs to be strengthened a little bit. First, it should stipulate that mental health training will be free and caseworkers will not incur any expenses to complete the training. Secondly, the legislation should direct the Department of Mental Health and

Hygiene to provide additional training options specifically for senior center caseworkers and to make these trainings available throughout the five boroughs to accommodate their time, their schedules and also the logistics of attending one of these trainings.

So, we do applaud the intent of this legislation to further identify mental health issues in the aging community and to ensure that senior center caseworkers receive regular trainings to do their job effectively and we hope that this legislation can be further strengthened. Thank you.

TARA KLEIN: Hi, good morning. Thank you for convening today's hearing. My name is Tara Klein and I am a Policy Analyst at United Neighborhood Houses or UNH. UNH is New York's association of settlement house. Our membership includes 40 New York settlement houses as well as two upstate affiliate members. We collectively reached 765,000 people across over 680 sites throughout the city.

So, thank you again to Council Members Chin and Ayala for convening today's hearing and for your attention to the mental health challenges facing the older adult population in New York City. With the

growing older adult population in New York, its more important than ever that we focus on the mental health needs of this population.

UNH supports Intro 1180, which would require mental health first aid training for caseworkers and we would like to share some implementation concerns about the legislation. We also support and appreciate the Councils Geriatric Mental Initiative and encourage the Council to expand the program in Fiscal Year 2020 to more communities.

So, first on Intro 1180, again we support the bill by Council Member Ayala. Many of our members' staff already received this training from the Department of Health and speak very highly of its usefulness. Refreshing the training every three years is also an important component of the bill, as the mental health field evolves quickly, and staff can use a refresher.

While the bill is straightforward and positive, there are several factors that we think will strengthen its implementation. First, the Department of Health should continue to be flexible in where and when they offer these trainings, as my colleague just mentioned. So, for example, they should provide the

trainings both directly at senior centers and periodically at their own centralized office space. The should also consider an option where the training, which currently lasts 8 hours, is spread out over several weeks, at different times of the day to provide flexibility.

The trainings should continue being offered in English, Spanish, and Mandarin with options available for other languages upon request. Again, these options will provide flexibility for staff to ensure they can easily participate in the trainings.

Additionally, the City needs to be cognizant to ensure the training does not detract from caseworkers' work responsibilities in any significant way. While a one-day training is not a major new work demand, leaving seniors unattended during the training could have consequences for them in the case of an emergency, like a deadline for a benefits application or a mental health crisis.

So, the city needs to work with seniors and to just make sure there are no such unintended consequences or costs to the program.

Next, UNH is a long-time supporter of the Geriatric Mental Health Initiative and we appreciate

the City Council for consistently supporting the program.

The Geriatric Mental Health Initiative funds mental health services in community spaces where older adults gather, like senior centers, and also supports in-home services for homebound seniors. The initiative increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in these non-clinical settings, the imitative providers are able to improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma.

Staff within these programs are often the best resource for detecting mental health issues in seniors, as they work with seniors on a regular, even daily, basis. Symptoms of depression and anxiety in older adults frequently coincide with other illnesses and life events like mourning the loss of loved ones, or coping with the onset of disabilities, which can cause these mental health issues to go undetected.

Increasing awareness and access to services within the places that seniors frequently attend ensures that people are receiving depression and substance abuse screenings and are being connected to appropriate interventions as needed.

So, the City Council should ensure that at a minimum, the Geriatric Mental Health Initiative is restored at $1.9 million in the upcoming budget cycle to continue these services for older adults. We also recommend that the Council consider a higher investment to expand this crucial program to additional sites.

So, thank you for your time. My contact info is in the testimony for questions. Thank you.

JULIANA LEACH: Good morning. Thank you, Council Member Chin and Council Member Ayala, for holding this hearing. My name is Juliana Leach. I'm a Social Work Intern testifying on behalf of LiveON NY. LiveON NY represents 100 community-based organizations that serves over 300,000 older New Yorkers annually. LiveON NY supports continued investments in DFTA funded senior services and continued investments for older adults through ThriveNYC. Further, LiveON NY supports the general

intent of Intro 1180 and has a few recommendations to strengthen the bill. But to start I would just like reiterate the importance of investing in mental health services for older adults.

It is estimated that 20 percent of older people ages 55 and older experience some type of mental health concern, one of the most prevalent being depression. Older men, particularly those over 85, have the highest suicide rate among any age group. According to the World Health Organization, the normal process of aging also brings additional risk factors that can affect mental health. Some of these stressors experience at an older are loss of capacities and independence, health concerns, reduced mobility, as well as experience life events such as bereavement or changes in economic status related to retirement. The combination of all these stressors can lead to additional distress and isolation and notably social isolation and loneliness has been shown in recent research to surpass obesity as an early predictor of death.

That's why strengthening supports targeted specifically at older adults is critical. In fact, the recent DFTA Senior Center Evaluation showed 1/3

of senior center members who attended the center at least twice a week, self-reported an improvement in their mental health after a 12-month period, and more than 66 percent noted that socialization and avoiding isolation was the reason for attending. As with all senior serves and particularly with the complexity surrounding mental health stigma and issues, it is critical that all services must include additional funding and support for culturally competent staff; both to provide outreach as well as direct services. The lack of multilingual staff and budgets for outreach into communities is an absolute barrier to accessing services and must be addressed and funded.

LiveON NY also recognizes the important work through ThriveNYC, which has continued to build up geriatric mental health services in senior centers. We recognize other city-funded programs such as Friendly Visiting and mental health services for elder abuse victims and we hope this work continues so that many more senior centers can be served through multiple access points.

LiveON NY thanks lead bill sponsor Council Member Ayala, a former senior center director herself, for Intro 1180. We support the intent of the bill and we

offer the following two recommendations to strengthen it.

The first being the training must be free of charge as well know, senior center budges are very limited and without it being free, this will be an unfunded mandate on the senior centers.

And secondly, we must ensure training is offered often and accessible citywide as my colleagues already mentioned. The reference in the bill through DOHMH is a minimum 8-hour training and it has attendee space limit but nearly 300 staff citywide would be subject to the training requirement, and likely more if more than one staff per center is required to take the training. Senior centers are already understaffed, and its unrealistic for every worker at each senior center to take the training on the same day, because there would be no one to run the senior center. The city must ensure additional trainings are added and published on a training schedule far in advance, so centers have the flexibility to plan and attend. Further, the city should offer trainings on site at senior centers themselves or at the very least in the boroughs, and that the training should be offered at many times

during the year, because new staff are added periodically.

Thank you for the opportunity to testify today. LiveON NY looks forward to working with DFTA, the Administration, City Council and our members to make New York a better place to age.

MOLLY KRAKOWSKI: Hi, good morning Council Member Ayala and Council Member Chin. Thank you for today's hearing. My name is Molly Krakowski, Director of Legislative Affairs as JASA. Since 1976, JASA has offered Geriatric Mental Health Services in recognition that older adults have unique psychological needs. Today, JASA provides a variety of services to support older adults with behavioral health issues, helping them to lead healthier and more fulfilled lives. Among our key services is our Geriatric Mental health Clinic in the Bronx. The clinic provides a range of treatment options for older adults including individual and group treatment, pharmacological therapy, in-home counseling and assistance in accessing a broad range of community based social services.

JASA is also part of DFTA's new initiative to bring mental health professionals into senior

centers. On site clinician support mental health and overall wellbeing of participants by providing information — I'm going to give you a written cap of it, that I don't have today — participants by providing information, treatment and referrals to other community based mental health services. Participating sites include neighborhood shop, Casa Boricua, Innovative Senior Center, JASA Bay Eden Center, PSS Davidson Senior Center, and Bronxworks Morris Innovative Senior Center.

JASA operates two unique programs which we call Friendship Houses in Brooklyn and the Bronx. Friendship Houses are a supportive environment that welcome seniors who are recovering from mental illness and the programs also include therapeutic, recreation, health related services and social activities designed to encourage positive community living.

Friendship Houses also provide New York State licensed adult behavioral health home and community-based services including psychosocial rehabilitation, family support and training. We have rehabilitation services and empowerment services and peer supports.

Another exciting program JASA is engaged with is the Program to Encourage Active Rewarding Lives for seniors, also called PEARLS, it was mentioned earlier. This collaboration with Montefiore Home Care which is funded by the New York City Department of Health and Mental Hygiene, targets areas of the Bronx to reduce depression symptoms and improve the quality of life for older adults. PEARLS is an evidence-based problem-solving therapy model, which uses short-term in-home sessions focused on behavioral techniques to empower individuals to take action and make lasting changes.

For today's hearing JASA welcomes Intro 1180 which would require caseworkers providing services at senior centers to complete mental health first aid training course for older adults, which is offered by the Department of Health and Mental Hygiene. Staff would also be required to attend refresher courses every three years. Senior center staff are in many ways the frontline workers with a range of issues impacting older adults including mental health concerns. Many staff members feel unprepared to deal with the situations their confronted with and would welcome an opportunity for additional training. In

fact, JASA is hosting a full day training on mental health first aid the first week in December for staff. We're anticipating a packed room.

With that being said, I'm just going to basically reiterate many of the things that were already mentioned. With the requirement for training, we ask that the city also make these trainings widely available across boroughs. As you are aware, the staff is very limited as is their time. They should also be as convenient as possible with the ultimate goal of increasing awareness and skills in people who are working with mental health concerns.

Additionally, if it's possible, we would encourage the City to find a way to give continuing education credits for social workers who are participating.

This doesn't apply to everyone, but certainly to those who have an MSW or an LCSW. A 2015 New York State Education Law requires licensed social workers to complete 36 hours of continuing education every three years, providing credits as part of this required training would increase participation annually and it would also allow staff to complete some of the hours that are necessary without the

financial burden that often comes with continuing Ed credits.

And finally, we would ask the New York City Council to consider advocating — this is on a separate note, for the expansion of Medicaid coverage to include reimbursing mental health home visits. We know that home visits are successful in reaching hard to reach individuals and provide a level of care that's not easily attained in a clinic setting for all clients. In home mental health care should be treated no differently than a visiting podiatrist and so, we would encourage the City to start advocating in the state for that kind of coverage.

We thank you for the opportunity to testify today.

CHAIRPERSON CHIN: Thank you. Thank you for your testimony. Can you make sure you provide us a copy of your testimony?

MOLLY KRAKOWSKI: Yes, okay.

CHAIRPERSON CHIN: I know that you also heard from the testimony from DFTA and the Department of Health and Mental Hygiene. Do you have any suggestions for some of the programs that they were talking about in terms of advocating for more

resources? I know you talk about the Geriatric Mental Health making sure that we restore the funding because its not baseline. So, that's something that we can advocate to get the administration to pick it up and really baselining so that it become permanent funding and not a year to year, but what about some of the other programs that DFTA talked about in terms of expanding — remember the one about expanding it to more than 25 centers. JASA runs one of the —

MOLLY KRAKOWSKI: Runs some of the ones in the Bronx, but yeah, I think she mentioned 25 centers.

CHAIRPERSON CHIN: And we have 249 senior centers?

MOLLY KRAKOWSKI: I mean, I think that additional funding is always welcome and it will easily and very quickly be put to good use in terms of expanding current existing programs for mental health services within senior centers but also you know, some of the other traditional or untraditional models that are out there because as mentioned I can't remember the exact numbers that were said in the testimony, but just because there's somebody in the senior center doesn't meant that everybody at the senior center who

needs these services is comfortable sitting down in that setting.

I think it's important to have and I think its something that we're obviously working with the city to do and hopefully we're able to capture some of the people who are anyway attending senior centers and are comfortable to come into a separate area and meet with the clinician but we need to continue having opportunities to reach people in their homes and in other settings that maybe able to capture more of the individuals who are in need of services clearly, there are a lot of people in need of services.

?: To Molly's point about finding people that are not going to the senior centers, I think and at least in our opinion, one of the shortcomings of ThriveNYC is that there's really not a specific piece that's focused on senior mental health. You know, their certainly welcome to use the program, but there's not a — I think it needs to be recognized in the same way that we do for some of our youth programs but also, you know, for age groups that may need extra help and that are more you know at risk given the statistics that we see. That within Thrive, there is another way for older adults to feel

secure in accessing these services or to how we do the outreach to make sure that we're finding people that are not coming to a senior center but are certainly in need of some type of mental health counseling.

CHAIRPERSON CHIN: Yeah, because there are a lot of seniors that are not going to our senior center and at the same time, one of my issue is that the social adult, they get programs. Right now, we have more of those than senior centers and definitely, I don't think they're providing all these services. I think that's something that we also have to look at to see how we can make sure that the seniors who do attend those programs **[inaudible 2:30:19]** daycare program that they are also getting these mental health wellness program. But thank you very much for your testimony and for being with us here today.

Next, I'm going to call up the final panel. You might have to add a chair okay. Sasha Greene, a Social Worker, Samuel Molik, from New York City Veterans Alliance. If I pronounce your name incorrectly, please correct me later. Joy Luangphaxay from Hamilton-Madison House, Joo Han from Asian American Federation, and also, Margaret Lai

from Low Eastside Service Center. Okay, and bullying Director of Project Open Door Senior Center. Okay, we'll just add another chair. Please begin.

SASHA GREENE: Alright, good morning Council Members. My name is Sasha Greene. I'm going to sort of make this shorter because you've heard about depression all morning. So, I'll make it a little shorter. My name is Sasha Greene. I am a Geriatric Social worker with 30 years' experience in the field of aging. Up until two years ago and for the past 28 years prior to that, I was the Director of Retiree Social Services for the United Federation of Teachers, we served 60,000 members. I am currently working as a consultant and the Director of Social work for the United Federation of Teachers staff and I also maintain a private practice.

Over the years while working in my profession I have come to understand that depression is far more common among older adults that may be understood by the general public. Its not a matter of an older adult being difficult which some equate with the coming of age or as a natural condition of old age. Very often this is generated by the loss of spouse, family member, or close friend, isolation or some

form of elder abuse or serious chronic health condition which effects individual's outlook and relationship and interaction with others.

This certainly affects and degrades the quality of life of this population to the point that it can lead to suicide in affected individuals. According to the Center for Disease Control and Prevention, older adults are at increased risk; 80 percent of older adults have at least one chronic health condition and 50 percent have two or more.

Depression is often very subtle and difficult to detect in the older population with I think it makes it important that healthcare professions become aware of this possibility in persons with whom they work.

IN my counseling with senior clients many were eager to discuss their feelings and their situations. Others, however, were not. They masked their responses with I'm ok, everything's fine, nothings wrong. With some probing, I would learn they rarely left their homes, lost interest in previous activities or hobbies, often complained of fatigue or decreased energy beyond what one would normally expect in persons of similar age and in similar circumstance.

During counseling sessions, I would discover that some older victims were victims of Elder abuse. And here we are not referring to simple physical abuse, but also psychological abuse restricting outside contact, compelling control over finances. According to the Wright' Center on Aging report, one in six older adults have experienced some form of elder abuse.

According to the report from AARP more than one third of people with dementia suffer some sort of psychological or physical abuse at the hands of people caring for them.

So, some recommendations: Health care professional should be aware of the possibility of depression in persons they work with; they are not just being difficult but in fact, being depressed. In this connection, health care professionals should be made aware of the board range of resources at their disposal to deal with this issue. My philosophy is a holistic approach. I know its different, but in my practice and the way I dealt with the United Federation of Teacher Retiree's if there was a person show was not able to leave their home, we identified that. We bring outside services

to them as per, what you just said, Councilwoman Chin about your parent and the other Council Member, this is huge. So, what I would do, what we would do is we would bring a medical team to the house. Nurse practitioners, therapists, podiatrists, physical therapists, occupational therapists, the whole team comes in and we do this for a variety of reasons. Why? We identify depression. We also deal with medical and that's very important. We have found people who are depressed just do not go out, do not see the doctor. So, that's the philosophy I have head to toe, identifying the person and Medicare pays for all of these services and there are many more out there if a person would want to pay privately. For instance, the nurse practitioner and the doctor can take x-rays in the house, and other professionals also order medications which is huge if a person is homebound and can't get out.

I'll skip the rest of my report, its already been discussed. Thank you so much for this presentation. I have to leave, I'm so sorry.

JOO HAN: Thank you Chair Margaret Chin, Chair Diana Ayala and Committee on Aging and the Committee on Mental Health, Disabilities, and Addition for

convening this hearing today. I'm Joo Han, Deputy Director at the Asian American Federation. Our mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We come to you today representing over 60 of our member and partner agencies that support our community through health and human services, education, economic empowerment, civic participation and social justice.

We are here today to highlight the mental health needs of our Asian seniors, who are the fastest-growing among the senior population in New York City. From 2000 to 2016, the Asian senior population in the city more than doubled, growing faster than all the major racial and ethnic groups. There are now over 150,000 Asian seniors ages 65 and older living in New York City. Whats also significant is that Asian seniors have the largest increase in poverty rates from 2000 to 2016, from 23.5 percent to 24.8 percent due to an exacerbate mental health challenges faced by our community.

After the tragic October incident which an Asian worker at a Queens maternity center stabbed three

babies and herself, the Federation worked with The New York Times and the Wall Street Journal to highlight the need for mental health service in the Asian community. As the stabbing demonstrated, the signs of mental illness are often overlooked by Asians, and even when signs are, and needs are identified, there is a dearth of in-language and culturally competent services for the Asian community. The fact that Asians are the only racial group for which suicide was consistently one of the top ten leading causes of death in New York City from 1997 to 2015 only underscores this point.

Also, among the senior population, Asian women ages 65 and older have the highest suicide rate across all racial and ethnic groups.

As the committees consider the proposed legislation, we recommend that you take into account the systemic gaps that exist in accessing mental health services for Asian seniors. While mental health first aid is an important first step to identifying Asian seniors with mental health needs, there is just not enough in-language and culturally competent mental health services to serve the entire Asian community.

Our October 2017 report titled Overcoming Challenges to Mental Health Services for Asian New Yorkers highlighted the increasing visibility of mental health needs among Asian New Yorkers and we provided recommendations to address the major challenges impacting the Asian community, which includes increasing access to linguistically and culturally competent mental heath services.

We identified four major challenges to mental health services for Asian New Yorkers. The first is the scarcity of community education programming that is linguistically and culturally competent to build awareness and acceptance of mental health as a health concern, as mental illness is deeply stigmatized in many Asian communities and mental health care is viewed as a Western concept. Two, the shortage of linguistically and culturally competent mental health practitioners and services, which is particularly egregious in areas of specialty, such as drug or alcohol abuse, gambling addiction, domestic violence and LGBTQ topics of concerns.

Three, access to mental health care services, as there are few entry points beyond individualized

therapy and the cost of services is a deterrent for those without mental health insurance.

And four, the lack of research into the mental health needs and service models that work best for the Asian community.

To address these challenges, the Federation plans to launch a program next year to enhance mental health services for the Asian community. We will take the lead on designing and implementing programs based on our research, which will help to reduce stigma and other barriers to mental health services, increase awareness of the mental health needs of Asian American residents in the City and foster greater collaboration between formal service systems and community resources to reach these residents.

We ask the City Council to make an initial investment of $1 million in pan-Asian nonprofit organizations to develop community wide capacity for mental health services. As linguistic and cultural competency increases the utilization and effectiveness of senior services, Asian-led agencies providing services directly to Asian seniors are in the best position to use additional funding most effectively. This investment would support the

following services: One to develop a training program for Asian-led social service organizations using models of non-clinical service delivery that utilize existing services and programs. These models would integrate mental health concepts into existing programs or services, such as youth leadership programs, parenting skills workshops, and senior wellness activities.

We would also incorporate culturally competent mental health first aid for key touch points in the Asian communities where people seek help, such as social service front-line staff, religious leaders, primary care physicians, home care attendants and the like.

We would also create a network of non-clinical mental health service providers serving the Asian communities of New York City in order to share resources and knowledges about best practices and available services.

We would also develop a shared database of mental health service providers.

And lastly, we would provide cultural competency training for mainstream mental health service providers.

This comprehensive program will aim to increase access to and the capacity of mental health services for the Asian Community and, concurrently, will address the needs of Asian seniors who are often the most adverse to talk about mental health needs and the least likely to seek out service. Thank you for your time.

SAMUEL MOLIK: Good afternoon. I apologize that I didn't have copies, although your Legislative Director has a copy of my testimony. Thank you to Chair Chin and Chair Ayala and the committees for the opportunity to testify today. My name is Samuel Molik and I am the Director of Policy and Legislative Advocacy for the New York City Veterans Alliance. We are a member driven Grass Routes policy advocacy community building organization that advances Veterans and their families as civic leaders.

On behalf of our members and supporters, we state our strong support for requiring case workers providing services at senior centers to complete the mental health first aid training courses for older adults offered by the Department of Health and Mental Hygiene.

To complete a refresher training course, once every three years. We do, however, urge this committee to further include in the language of Intro 1180, referral and specialized veterans specific training to address the fact that veterans and especially elder veterans are dying by suicide at nearly twice the rate of their civilian counterparts and have specific needs and indicators requiring this focus and attention.

The New York City Veteran population is particularly vulnerable to suicide and substance abuse compared to there civilian counterparts.

A high prevalence of substance abuse 5.7 percent, and alcohol disorders 5.4 percent, in older veterans, were found in the elderly veteran population according to a recent study and according to the United States Department of Veterans Affairs own reporting, the suicide rate of veterans is nearly twice that of civilian counterparts in New York. At particular risk, as I said, is the elder population.

Currently, 53 percent of all veterans living in New York City are over the age of 65 and the largest proportion of veterans' suicides in New York are among veterans over the age of 55. At the same time

there is data available on effective ways to mitigate this crisis. Specifically, veteran suicide and mental wellness for the elder veteran community.

In particular it is well established that nationwide 70 percent of veterans who die by suicide were not receiving VA health care treatment which suggests that health care intervention mitigates suicide risk for elder veterans.

In addition to VA health care, we see programmatic approaches such as community-based surveillance and case management as proven mitigating strategies for suicide prevention.

We applaud the committee for being proactive in their approach to helping mitigate this crisis. It is also well documented that effective suicide prevention training is essential for achieving and eventually maintaining a near nonexistent suicide rate. For these reasons, we at the New York City Veterans Alliance urge the inclusion of veteran specific language, reporting, referrals and coordination particularly with the department of veteran services prior to that passage of Intro 1180.

On behalf of New York City Veterans Alliance, I thank you for the opportunity to testify today and

pending any of your questions, this will conclude my testimony.

JOY LUANGPHAXAY: Good morning. My name is Joy Luangphaxay. I am the Assistant Executive Director of Behavioral Health at Hamilton-Madison House. We are a non-profit settlement house located in the Lower East Side. We are also the largest outpatient mental health provider for Asian Americans on the East coast. Currently, we operate an addiction recover program, five outpatient mental health clinics, a PROS program and a Supported Housing program for individuals with severe mental health in both Manhattan and Queens. Our staff are all bilingual and we provide services of the Chinese, Korean, Japanese, Cambodian, and Vietnamese community.

In the last decade, Asian Americans continued to be one of the fastest growing populations in the New York metropolitan area. We at Hamilton-Madison House have worked to increase the capacity to this underserved population through active education, prevention projects, and providing culturally specific services. We do this because suicide is the

tenth leading cause of death in the United States and eighth among Asian American.

Elderly Japanese, Korean and Vietnamese women living in the United States have the highest incidence of suicide attempts and their minority group. This is a crisis that cannot be ignored.

Research shows that the majority of older Asian Americans seniors do not have access to mental health services during the period prior to their suicide or suicidal behaviors. This id due to many cultural factors including: There is lack of knowledge about mental health services and options due to isolations, recent immigration status and language barriers.

Two, a cultural lack of recognition of mental health problems.

Three, their own attitudes toward self-worth and that they do not want to be a burden to their family members.

Four, the feelings of stigma and fear inherent with mental health and depression.

In New York City, there is only a few psychiatric units in public hospitals and fewer than a dozen mental health clinics that provide linguistic services to meet the needs of the growing Asian

community. In a recent study on suicide attempts among Chinese immigrants, local PCPs were the most common providers for which the suicide attempts sought advice for their mental health and yet the providers failed to provide psychoeducation and referral services.

By providing vital service to these underserved populations in the Tri-State area, Hamilton-Madison House is often looked upon as a mental health safety net for the Asian American community.

Currently, in our mental health program, the seniors are the most vulnerable making up over 10 percent of our client population but have the most severe symptoms with high risk factors including passive suicide ideations. The seniors are often the most difficult to engage in services due to the stigma associated with seeking help and lack of culturally competent providers. Many admit to having thoughts of suicide or have attempted suicide in the past.

In order to address these challenges and increase mental health services for the older Asian community, providers like Hamilton-Madison House and the Asian

American Federation makes the following recommendations to the City, State, and funders:

One, please provide funding support and investment to Asian led and Asian-serving organizations to hire culturally competent mental health providers and train mainstream mental health providers to develop their cultural competency.

Number two, support programming and collaboration that integrates mental health services through other services.

Number three, increase funding research opportunities to obtain data and increase access for the Asian community.

The Asian population of New York deserves better. They came to this country and specifically to this city, seeking a better life for themselves and their families. I am here today to help ease unnecessary suffering and deaths of the Asian community.

MARGARET LAI: Yeah, my name is Margaret Lai. I'm working at Lower Side Service Center CDT program for a group of serious mentally ill patients.

Because I got this message very late, that's why I planned not to come here, but just 30 minutes before, I said, I have to go because I have to voice

our need and voice the problem being [inaudible 2:54:34] in our community.

One thing is that right now we are facing a very difficult time with my program because the deaths are very high. Since 2015, we have a big deficit and gradually getting bigger and bigger because of the managed care problem and the Department of **[inaudible 2:55:21]** is about to close, but we are dealing with this very serious matter here in Chinese patients. They come **[inaudible 2:55:32]**, they come from South Beach, Bellevue. For example, seven hospitalizations, seven tried to commit suicide. This is serious, mental patients need help because right now, we have the problem is that always focus on high functioning patients, not low functioning patients. That's why we have to really seriously target this problem because right now, focus on **[inaudible 2:25:28]** Program. Every time when I hear this, I feel pain and sadness here. How come they come there for four-hour service [inaudible 2:56:58] our program. Serious focus on how to help them to function. Different kinds of groups in the session help them to go through these difficulties and how come we are going to close. We don't have enough

money to support these programs. I have been fighting around in the community. Help to write letters. I really hope that at that time we really have some help but unfortunately, from the newspaper how they respond is only less than $5,000, our deficit is $15,000.

This is not a big amount. It's a small amount but without this money, we will be closed. Where am going to send them to? I already spread the news to them already two patients already are hospitalized in Bellevue. Why? Because they don't see any hope there. They are helpless. They are so scared. I am happy to hear that so many services, so many services for the New York City people. How much money that's spent on our community. How much help that we can get. They are sent over there, and they voice help us. I hope that really this problem, mental health is very serious, very, very serious. We have to do something about that. Right now, this program — this program, all the people — we suggest this Council, this kind of service yes, but this is the immediate services that we want help.

I'm sorry that I'm crying, but I really work with my heart and together is that I feel angry. I really

feel angry and sad because the program, we work with our hearts. With our everything but we have a chance to close. This is something that happed, but I really bring the attention to you people, right? We need help. How, please let us know? I'm sorry.

CHAIRPERSON CHIN: No, thank you. Thank you for coming to testify. Chair Ayala, we will continue to see how we can help the program to continue. Unfortunately, the organization that wants the program did not alert us, but we are working with some other non-profits to see if somehow, we can save your program. We can talk more about it off line, because I visited that program to and we will continue to work on it to make sure that it will continue because the clients that you service really need your program. So, thank you for being here.

PO-LING NA: Good afternoon. First of all, you know, I really want to share with you how Chinese American Planning Council, you know, services for our immigrant low income DT person.

I get a sample, and Chinese American Planning Council open doors Senior Center, to celebrate 46th anniversary.

CHAIRPERSON CHIN: Identify yourself for the record. Your name and title.

My name is Po-Ling Na. I'm from the Chinese American Planning Council. It's a huge non-profit social service organization not only in citywide, in the countrywide. I feel part of the Chinese American Planning Council. This is my first job, last 50 years, I wish this is my last job. Why I'm thinking about the people — everyone thinks I'm crazy why I enjoy this job for 50 years and never retire. Because something **[inaudible 3:03:56]**. We have a really good heart, really good mind and really good mouth and culture the person.

Without good heart, how could you help the people? Later on, I tell you how is our good heart. Good mind, if you don't have planning, a plan, how to get the money. I really know the Department for the Aging get the very tight budget. How could you provide the 1.6 million peoples age 60 and older? I read the record every day they just provide service for the 300 elderlies. But totaling in New York City had 1.6. That's impossible because I don't want to bring on the Commissioner. Commissioner is very wonderful lady. Why I come here today because I know

today is the last that's why. I want to meet her and say thank you to her. But the one thing that made us already — Ladies up there, I'm small potato. You should listen to my voice. How could you know, you just give the money to the department for the Aging? How could you stand to walk by wonderful perfect services for 1.6 elderly? So, you can not blame the department of the aging. Defiantly you can not blame all of us.

My philosophy, why do I say? Because I care of the little person. Something I open door and CPS do not get even one dime for the mental health budget. Does this mean we should give up? Never care of our mental clients, no. We really provide really good thing. Right now, I just tell you, you have a good mind, good mouth and good heart. Even if you don't have money, no skills and let the little person die in their apartment and die on the street. That is our responsibility because we are the social worker. So, we should care of the little persons that their alive. Okay, get a sample, open door. We pay the Family visiting all the time. We train our care, we train our staff and go to family visiting. Even we don't have credit. Even we don't have money. SO,

that's why that's one thing. The second, the [inaudible 3:08:29] is coming right now. In light of our clients leave along, leave alone. They really feel suffering. This is really the season a lot of seniors commit suicides. They feel lonely, nobody cares of them. Specially if they're sick, at home. Nobody helps them. So, that's why, right now its very important time. We should pay attention to that. Not only family visiting and also, we open our mouth and raise the money because the Department for the Aging give us little money. No money for the parking, no money for this and that but I want my seniors to get together. Invite them to come to our center for free. How I do it, I just ask the renter, give me the floor. I ask the **[inaudible 3:10:02]** and good people give me some money. You know, to a wonderful, wonderful party. Get a **[inaudible 3:10:16].** You know whats the weather for the last Thursday? Very serious problems. But I pay because Friday I had two Thanksgiving parties. I provided more than 1,000 seniors in my center because in the morning one party, and afternoon one party, for free. But they are so happy. I provide the food for them. I provide the performance to them, not only provide

performance to them, I ask them to perform by themselves on the stage.

So, this is why I just said that money is very important but sometimes if you don't have money or you don't have enough money you should open your mouth and go to and reach people and ask money.

So, that's why the people are scared of me. Special Department for the Aging. They said that when I see Po-Ling Na, she doesn't know anything just say money [Inaudible 3:12:03] and the last one is money. I just said that no money, no honey. No money how could run the good program. Even we have a good heart, very well, but I want to use these abilities. I feel power of city, we provide the great services for persons. So, we save their life. I also just talked to my lovely wonderful Chairperson Margaret Chin. She always finds the money for the senior. She listens at the good heart and listen and talk and not only listen, asking is very important. So, that's why I thank you Margaret Chin and all of you. She said that she feels power of City Council District one. The CBC feel power of Margaret Chin because most of our programs in the District one. Her district. If no Margaret Chin, I don't come here

today because I know I don't have money. You know, I don't get even one dime for the mental health. Why I come here, I still want to use this opportunity to thank you Margaret Chin and thank you Department of the Aging give us very good facility and give us very good heart.

My sister don't cry. You should learn from me. Good heart, not only good heart. Good mind also has a good mouth. Everyone gives you money. You [inaudible 3:14:40]. Thank you. Thank you everyone but I tell you The Department for the Aging give me very tight budget, no money, I still do wonderful job.

CHAIRPERSON CHIN: You do Po-Ling. Thank you.

PO-LING NA: Okay, thank you. Thank you.

CHAIRPERSON CHIN: Thank you and thank you for being here. They won one of the best programs in my district and in the model budget, she did not get a dime. You know, she was one of the — her center was one of the 26 centers that did not get any increase, but we're going to change that this year and the budget year, we will definitely advocate for more funding for mental health services and working with Council Member Ayala. We're going to work on the

legislation but at the same time, we're going to work on more funding. So, thank you for being here today.

COUCIL MEMBER AYALA: I just wanted to thank you all for being here. This has actually been a subject matter that's been on my mind for many, many years. As the Director of Senior Services, many moons ago, this was something that I faced every single day. I was a case worker and so, it's pretty cool to be here today standing up for other case workers because I know that they desperately need you know, the training and they need to be able to identify but you know, the funding is equally important and I recognize that even in communities like mine, where we have a huge and continuously growing Asian population specifically you know, in the elderly population that we're not necessarily servicing them in the way that they deserve to be serviced and so, that is something that we will definitely be considering in the next budget cycle and seeing how collectively we can advocate to address that void and that need.

Thank you all for coming here today.

CHAIRPERSON CHIN: Yeah, thank you again for being here today. The hearing is adjourned at one o'clock. [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 April 1, 2018