CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON VETERANS
JOINTLY WITH
COMMITTEE ON AGING

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HELD AT: 250 BROADWAY – 8TH FLOOR – HEARING ROOM 3

B E F O R E: Robert F. Holden, Chairperson of the Committee on Veterans

Crystal Hudson, Chairperson of the Committee on Aging

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Chris Banks
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Michael Bocchini, Senior Advisor for Intergovernmental Affairs of the New York City Department of Veteran Services

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Ellen Davidson, Staff Attorney at the Legal Aid Society

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Vanessa Gibson, Bronx Borough President

Katy Bordonaro, Secretary of the Mitchell-Lama Residents Coalition

SERGEANT-AT-ARMS: Mic check, mic check, mic check. This is a mic check. Committee on Aging and Veterans. Today's date is October 23, 2025, recorded by Walter Lewis in Hearing Room 3.

SERGEANT-AT-ARMS: Good afternoon, and welcome to today's New York City Council hearing for the Committee on Veterans joint with Aging.

At this time, I ask that you please silence all electronic devices, and at no time are you to approach the dais.

If you would like to sign up for in-person testimony or have any other questions throughout the hearing, please see one of the Sergeant-at-Arms.

Chair Holden, we're ready to begin.

CO-CHAIRPERSON HOLDEN: [GAVEL] Good morning. I’m Council Member Robert Holden, Chair of the Committee on Veterans, and welcome to our joint hearing with the Committee on Aging, Chaired by Council Member Crystal Hudson.

Today's oversight hearing is on supporting New York City's older veterans, and additionally we'll be hearing two resolutions, which

Council Member Hudson will introduce in her opening remarks.

But first, let me say a few words about why this hearing is so important to our city's veterans. The population of veterans skews even older than the overall population of New York City, which you will hear more about during this hearing. The City's Department of Veterans Services, or DVS, estimates that the veterans' community in New York City numbers more than 200,000 veterans, not counting veteran family members who are also served by DVS. Looking at an approximate breakdown of the New York City veteran population by age, about 71 percent of our veterans fall in the 55 or older category, and about 53 in the 65 or older category, and a remarkable 32 percent in the 75 or older category, making even our oldest veterans a much, much larger and a more important group to be served in New York City.

But let me turn it over to my Colleague, Council Member Hudson, for her opening remarks.

CO-CHAIRPERSON HUDSON: Thank you so much, Chair Holden, and good afternoon, everyone. I'm

Crystal Hudson, Chair of the Committee on Aging. My pronouns are she/her.

I want to thank Chair Holden and the Committee on Veterans for joining us for today's very important hearing on how we can better support older New Yorkers who have served our country. We're also considering the following legislation today. Resolution Number 850, sponsored by myself, calling on the United States Congress to pass and the President to sign legislation that would expand Medicare to include long-term services and supports for seniors and individuals with disabilities. And Resolution Number 985, sponsored by Council Speaker Adrienne Adams, calling on the New York State Assembly to pass A7851 and the Governor to sign S2534, which retroactively freezes the rent at which a SCRIE or DRIE enrollee pays at the level it was when they first became eligible, or at the level it was two years before they entered the program, given that entrance into the program occurred more than two years after they first became eligible.

As we've heard, the majority of New York City's veterans are now older adults and, like the broader aging population, they face growing

challenges around housing stability, health, isolation, and economic security. But aging veterans also carry distinct experiences, sometimes of trauma or service-connected disability, that require a more intentional and coordinated City response. Veterans over 65 make up more than half of the city's veteran population and nearly a third are over 75. That means tens of thousands of New Yorkers who served their country are now confronting the same affordability and access barriers that define aging in this city, often while also managing chronic health conditions and limited mobility that can make even basic services harder to reach. Veterans experience roughly twice the rate of food insecurity as non-veterans, and many report deep loneliness tied to mobility limitations, mental health struggles, and the erosion of community ties. These are not side issues, they are health issues. Programs like NYC Aging's Friendly Visiting Initiative and Home Delivered Meals are lifelines, but we must ensure they reach veterans in culturally competent and inclusive ways, especially for veterans of color and LGBTQ-plus veterans. This is particularly urgent at a time of continued anti-trans and anti-LGBTQ-plus rhetoric from the federal

government, including the dismissal of transgender and non-binary service members. Many of our veterans and participants in SAGE Vets, who we will hear from when we turn to public testimony, are reporting increased mental health needs and growing concerns about their access to VA services. Only about one in four veterans in New York City self-identify to government agencies positioned to help them. Most first come to the City's attention at a moment of crisis, a housing emergency, a hospice admission, or a sudden loss of income, and often through a caregiver, which can complicate service delivery. We need to reach veterans earlier in ways that don't depend on digital platforms and in languages other than English. Our focus today is on how well the City is meeting those needs, especially for veterans who never present through veteran-specific systems. We must meet veterans where they are and ensure our systems are structured to serve those who have served for us.

With regard to my Resolution Number 850, expanding Medicare to include long-term services and supports would close one of the most glaring gaps in our country's aging and disability policy, ensuring

that older adults and people with disabilities can receive essential daily care without facing financial ruin or relying on overburdened family caregivers. Shifting the responsibility for long-term care from the patchwork of state Medicaid programs to a universal federal framework that would promote equity, consistency, and dignity. For New York City's growing older population, it would mean greater independence, reduced strain on families, and the ability to age safely at home rather than in institutional settings.

Resolution number 985, sponsored by Speaker Adams, seeks to strengthen critical rent protections for low-income older adults and people with disabilities by ensuring they are not penalized for delays in learning about or applying to SCRIE and DRIE. Freezing rent at the level it was when the individuals first became eligible, not when they happened to enroll, closes a long-standing gap that has allowed vulnerable tenants to fall into deeper rent burden. In a city where more than half of older renters already spend over 30 percent of their income on housing, this measure is a matter of fairness,

stability, and dignity for those aging and living with disabilities in New York City.

I want to conclude by thanking the Committee Staff for their work on this hearing, Christopher Pepe, Chloë Rivera, and Saiyemul Hamid. I would also like to thank my Staff, Andrew Wright and Elika Ruintan.

And I'll now pass the mic back over to Chair Holden.

CO-CHAIRPERSON HOLDEN: Thank you, Council Member Hudson.

Today, our Committees look forward to hearing about the needs of older veterans and how those needs are currently being met, particularly by New York City agencies and organizations, and about what else should be done to make sure that our older veterans are getting the services they need and have earned.

At this time, I would like to acknowledge my Colleagues who are here. We have on Zoom Council Member Ariola, Council Member Nurse is here, Council Member Banks, and I did see Council Member Lee.

And I would also like to thank the Committee Staff who worked on this hearing, Alejandro

Carvajal, our Legislative Counsel to my right; Regina Paul over to my far right, our Senior Policy Analyst; and Phariha Rahman, our Financial Analyst; and, of course, Daniel Kurzyna sitting in the back, my Chief-of-Staff.

Now I'd like to turn it over to the Legislative Counsel to administer the oath to witnesses from the administration.

COMMITTEE COUNSEL CARVAJAL: Good afternoon. Now, in accordance with the rules of the Council, I will administer the affirmation to the witnesses from the Mayoral Administration.

I will call on you each individually for a response. Please raise your right hands.

Do you affirm to tell the truth, the whole truth, and nothing but the truth before these Committees, and to respond honestly to Council Member questions?

Commissioner Hendon.

COMMISSIONER HENDON: I do.

COMMITTEE COUNSEL CARVAJAL: Lauren D’Mello.

EXECUTIVE DIRECTOR D’MELLO: I do.

COMMITTEE COUNSEL CARVAJAL: Michael Bocchini.

SENIOR ADVISOR BOCCHINI: I do.

COMMITTEE COUNSEL CARVAJAL: Jennine Ventura.

ASSISTANT COMMISSIONER VENTURA: I do.

COMMITTEE COUNSEL CARVAJAL: Thank you.

COMMISSIONER HENDON: Good afternoon, Chair Holden and Members of the Committee on Veterans, Chair Hudson and Members of the Committee on Aging, Members and Staff of the City Council, and members of New York City's veteran community who are joining us today. My name is James Hendon, and I have the privilege of serving as Commissioner of the New York City Department of Veterans Services. I'm joined by Michael Bocchini, our Senior Advisor for Intergovernmental Affairs, and Dr. Lauren D'Mello, our Executive Director of Community Mental Health, who sits on the NYC Cabinet for Older New Yorkers. Also joined by Jennine Ventura from the Aging team, your exact title again.

ASSISTANT COMMISSIONER VENTURA: Assistant Commissioner for Interagency Collaboration at NYC Aging.

COMMISSIONER HENDON: Thank you.

Thank you for convening this oversight hearing on supporting New York City's older veterans.

At its core, today's discussion is about improving the lived experience of aging New Yorkers who served across war and peace and of their families. The test for us is simple. Policies that work at street level, policies we can fund, measure, and sustain. More than half of New York City's veteran population is older. According to the 2023 American Community Survey, five-year estimates, 70.7 percent of New York City veterans are 55 or older, 50.5 percent are 65 or older, and 31.8 percent are 75 or older. Since 2017, DVS has served this population in partnership with city, state, and federal agencies, and with non-governmental partners from traditional veteran service organizations to community non-profits and private sector allies.

When it comes to addressing the needs of aging veterans, when we speak about these needs, we're often speaking about the needs of all older New Yorkers with one key difference. DVS can leverage unique federal, state, and non-profit resources reserved for those who served. Drawing from the NYC

Department for the Aging's Service Needs Assessment, the most salient needs include affordable and accessible housing, caregiver supports, social connection, mental health, and financial stability. What follows is how DVS is engaging on each front in coordination with our partners.

For affordable and accessible housing. Housing is part of DVS's DNA. The agency launched with a housing mission intact, built in response to the Mayor's Challenge to End Veteran Homelessness, a Joining Forces initiative led by former First Lady Michelle Obama. New York City Aging's study found that more than one in four older adults report unstable housing or fear of losing housing, and over 30 percent report at least one barrier to accessing or using rooms in their homes. Nationally, the U.S. Department of Veterans Affairs warns of a growing crisis amongst older veterans. The VA's Homeless Programs Office reported that the number of homeless veterans aged 55 or older rose 150 percent from 2010 to 2023, with elevated health risks, including cardiovascular disease, dementia, orthopedic issues, and dental problems. The VA's strategy emphasizes prevention, medical respite and hospice, affordable

housing tailored to aging veterans, enhanced legal services, and data-driven decision-making. In New York City, our goal is to move aging veterans experiencing homelessness into supportive and permanent housing, matching each veteran to the right resource. Our Veteran Housing Ladder is a step-by-step guide for every stage of the housing journey. We also maintain resource guides for utility assistance, donation centers, clothing and household goods, and eviction prevention, and frequently asked questions. DVS works closely with VA, NYC Department of Housing Preservation and Development, and the NYC Human Resources Administration to connect veterans to housing and urban development, Veterans Affairs supported housing, HUD-VASH, vouchers, City Fighting Homelessness, Eviction Prevention Supplements, CityFHEPS, vouchers, and other affordable housing pathways. During FY 2025, DVS interacted with 1,045 veterans aged 55 or older across our platforms and outreach initiatives. Of these interactions, 360 requests were directly related to housing services or aftercare support. This data demonstrates not only the growing needs of our aging veteran population, but also the tireless dedication of DVS staff to

ensure that older veterans are connected to stable housing, healthcare, and long-term support. A case example about a veteran's journey to stability and dignity. I want to share one case offered here in general terms with the Veterans Privacy Protected that captures what our housing team strives to do every day. Our team met a 64-year-old woman veteran who had just returned home after incarceration. She entered the shelter system carrying two heavy loads, the immediate fear of not knowing where she would live and the longer shadow of trauma from sexual abuse in her past. The very first step was not paperwork. It was safety. We slowed down, explained each choice, and earned consent at every turn because trust is the groundwork for any progress that lasts. Her biggest practical barrier was deceptively simple. No identification. Without a New York state ID, doors stayed shut, benefits, healthcare, housing programs, all of it. For four months, our housing team did the quiet, unglamorous work that systems too often leave to the individual. We combed records, called offices and compared notes across city and state agencies. The breakthrough was a single document, an old marriage license that gave us the verification needed

to rebuild her identity. With that, we secured a New York state ID and a Social Security card. The stack of can't began to turn into can. Once identification was restored, momentum followed. We issued a collaborative case management voucher and she signed a lease, her place with a key of her own. Our claims team helped her obtain 100 percent disability compensation from the U.S. Department of Veterans Affairs, replacing uncertainty with a stable monthly income. We connected her to the visiting nurse service for home-based care and wellness followup so support would not end at the front door. None of this erased the past, but it changed the present and it gave the future a different shape. She moved from homelessness and vulnerability to stability and improvement. This is what we mean when we say person-centered, trauma-informed cross agency work. It is housing and healing at the same time. It is government, non-profits and health partners, each doing their part in sequence until the whole is stronger than any one piece. And this case is not an outlier. It is one of many. For our older veterans, especially those 55 and up, this is how we honor service in practical terms. Restore identity,

stabilize income, secure housing and surround the person with care, safety, dignity, independence. That is the standard we hold ourselves to case by case until no one left behind is not a slogan, but a lived reality in New York City.

Now to caregiving. NYC Aging reports a unique burden on younger caregivers under 60 who are often caring for both an older adult and a minor child. 86 percent are employed full time. Over half spend 15 or more hours per week on caregiving. Among older caregivers, 60 or older, roughly 40 percent, are also receiving help with daily tasks. Caregivers who are simultaneously care receivers. Nationally, a VA-ran military and veteran caregiver study estimates that there are more than 14 million military and veteran caregivers, nearly three quarters of whom care for someone who's 60 years old or older. Caregivers, especially for post 9/11 veterans report high stress, 84 percent, depression, roughly 33 percent, and financial strain. DVS has hired a veteran specialist who will specifically work with caregivers and dependents. This population includes survivors. Upon being accredited by the New York State Department of Veteran Services as a veteran

service officer, this specialist will be given a single point of contact for caregiver and dependent claims. The specialist will help DVS identify unmet needs and service gaps citywide. Separately, nyc.gov/vetcaregivers conveys resources and information specific to the veteran caregiving community.

Now to financial insecurity. NYC Aging found that more than 40 percent of older adults struggle to pay at least one regular bill and roughly 30 percent face difficulty accessing affordable, healthy food, primarily due to cost DVS partners with HRA to connect older veterans to SNAP and cash assistance. One example of a connection is rent relief. nyc.gov/vethousing. We connect eligible older veterans to emergency rental assistance and one-shot deals. The homeowners, we support the Cold War Veterans' Property Tax Exemption and Intro. 740. This represents meaningful relief for older homeowners who served between 1945 and 1991 but did not serve during the recognized dates of the Korean and Vietnam Wars.

For food insecurity, nyc.gov/vetfood. We link older veterans to local food programs and home delivered meals. Our partnership with Hello Fresh has

delivered 2 million free meal kits to military and veteran families, including many older veterans.

For utilities, nyc.gov/vetenergy. We connect older veterans to heap and to utility provider assistance with entities, entities such as National Grid, Con Edison and PSEG of Long Island.

We also recognize that many older veterans supplement income through street vending, nyc.gov/vetvendors. As previously testified, DVS supports increasing veteran representation on the Street Vendor Advisory Board to ensure veteran entrepreneurs have a formal voice.

Now to medication and medical appointments. Enrollment in VA healthcare reduces out of pocket costs and improves access. Service-connected conditions are covered at no cost. Speaking of care and prescriptions, non-service-connected care and prescriptions are available at low costs. DVS veteran service officers, or VSOs, assist with VA healthcare enrollment and disability compensation claims at our veteran resource centers in all five boroughs, nyc.gov/vetresourcecenters. The Council-supported (INAUDIBLE) veterans initiative funds Department of New York Veterans of Foreign Wars,

accredited VSOs in all 51 City Council Districts. This expands access to the communities where older veterans live. DVS and VSOs guide older veterans and their families through the claims process. Submitting an intent to file, evidence gathering, generating an original claim, and appealing the claim where necessary, nyc.gov/vetclaims.

Now to social isolation. NYC Aging reports that approximately 22 percent of older adults are not socializing as often as they would like and that 17 percent experience high levels of loneliness. DVS addresses isolation through the Private First-Class Joseph P, Dwyer Veterans Peer Support Program, nyc.gov/vetdwyer. In partnership with diverse community organizations, we deliver free peer led offerings that build connection and wellbeing, including, but not limited to animal assisted wellness, somatic and movement-based healing, expressive arts and creative workshops, culinary instruction, educational programming, and volunteerism and community building. Older veterans are welcomed and encouraged to participate. Anecdotally, one senior veteran joined the veteran pickleball team at Fordham university and has found

deep joy playing alongside veterans of many generations. Other Dwyer programming is offered in-person and virtually with new activities added regularly.

Now to mental health. Mental health remains a critical, a critical concern for older veterans, nyc.gov/vetmentalhealth. According to NYC Department for Aging data, nearly 18 percent of older veterans screen positive for possible anxiety and/or depression. Research specific to veterans shows elevated rates of mental health disorders, substance use disorders, post-traumatic stress disorder, and traumatic brain injury relative to civilian peers. Against that backdrop, the Department of Veteran Services maintains a network referral pathway to culturally competent mental and behavioral health providers so that older veterans can be matched to the right level of care quickly. As many older New Yorkers face mobility and transportation barriers, we are expanding home and community-based access and partnership with providers who can deliver confidential counseling and crisis intervention where veterans are, at home, in trusted community settings or via telehealth. The aim is simple, reduce

friction, cut isolation and intervene early so conditions like PTSD or depression do not escalate and so independence and quality of life are protected. We're also investing in clinical literacy across the ecosystem. Through the Veterans Mental Health Coalition and in partnership with the Alzheimer's Foundation of America, we hosted a session on the two-way link between PTSD and dementia, reinforcing trauma-informed care as a baseline. The session highlighted risk factors that are more prevalent among veterans, PTSD, TBI, military sexual trauma, and chemical exposure. NYC Aging added practical guidance on Medicare Parts A through D and navigation resources, while MJHS covered end-of-life care, burial and indemnity benefits, and available home and facility-based services. The objective is an integrated support pathway, clinical care, benefits navigation, and family education moving in concert. Finally, DVS participates in the NYC Cabinet for Older New Yorkers to ensure that the veteran voice is embedded in citywide policy and program design. We will brief the Cabinet on military cultural competency and the specific mental health profiles of older veterans,

prolonged stress, trauma-related conditions, and environmental exposures so that City systems can tailor interventions and prioritize access where the needs are greatest to improve quality of life.

And now to outreach. Digital outreach alone will not reach many older veterans. As reported earlier, DVS mailed 52,000 postcards to veterans, to veteran households at Chair Holden's suggestion. Within one week, we received 400 plus calls. We will continue to blend traditional touchpoints, mail, phone, in-person events with digital channels so that every veteran has a workable on-ramp to services. Our Mission Vet Check Initiative extends that on-ramp with proactive human contact, nyc.gov/vetcheck. Trained volunteers make regular check-in calls to older veterans offering thanks, a listening ear, and direct connections to services when needs surface. These calls build trust and rapport, chip away at stigma and often serve as the first step towards mental health support, benefits enrollment, or social connection. It's simple, it's scalable, and for many older New Yorkers, it's the difference between not asking and finally getting help.

In conclusion, serving New York City's older veterans is a team effort. Our shared purpose is clear. Make New York City a place where veterans can live, learn, work, and thrive. For upcoming events, the Veteran Advisory Board's final session of the year will be held on Wednesday, October 29th at 6 p.m. at the Brooklyn VA Medical Center, 800 Polly Place, Brooklyn, New York, 11209, with hybrid participation available. Details can be found at nyc.gov/vetboard. And then please join us for the Mayor's Veterans Day Breakfast to be held at the Metropolitan Museum of Art our first time, hosting at the Met on Wednesday, November 5th from 10 a.m. to 2 p.m. The address is 1000 Fifth Avenue, New York, New York, 10028. Our program will be held in the Temple of Dender, followed by gallery visits as we look ahead to the Veterans Day Parade on Tuesday, November 11th. The RSVP page can be found at met.org/veterans-day-breakfast. One more time, it's met.org/veterans-day-breakfast. It can also be found on the main tile of our website, nyc.gov/vets. Finally, DVS can be reached via telephone at 212-416-5250, email at connect@veterans.nyc.gov, social media using the

handle @NYCveterans, and online through our website, nyc.gov/vets.

Thank you for the opportunity to testify. We look forward to your questions.

CO-CHAIRPERSON HOLDEN: Thank you so much, Commissioner. Again, record time. That was 10 pages. So thank you, you're a great speed reader.

We're joined by Council Member Felder, and Council Member Paladino is on Zoom. I already announced Council Member Lee when you were out, but she's here again, so I'll announce her again.

Let me just jump right in. And none of the other panelists are giving testimony? We're good?

Okay. So you're here for support and to answer questions. So, I mean, you went over the individual that you couldn't get an ID or it was difficult, she had no ID cards or anything. Did she self-identify initially on any forms?

COMMISSIONER HENDON: Good question. When we first made contact with her, she was incarcerated at the time. She was in Bedford Hills. So we tie in with the State's Incarcerated Veterans Program, so we can put hands on folks who are, you know, about four or fewer months prior to coming home, and so that's

how we made contact with her. So as soon as she hit the ground, we were able to start working with her.

CO-CHAIRPERSON HOLDEN: Which is something DVS has been doing for, you know, since you took over. Outreach in the jails, which is good. And, you know, I've been there, and to talk to the, in this case it was the men, but it is a very valuable outreach and it does help the people that need help the most.

COMMISSIONER HENDON: And we tie in with the Veterans Wing at Rikers also so the same thing for the Rikers detainees and for folks who are in the penitentiary.

CO-CHAIRPERSON HOLDEN: Yeah. It’s very impressive, the amount of people, the staff members that are doing that.

So, you know, with all that you've mentioned, what are the top three most pressing unmet needs of older veterans in New York City, based on your experience? And then what is your evidence of that?

COMMISSIONER HENDON: I want to reference in this response our survey, our 2024-2025 Veteran and Military Family Survey. I want to reference the

survey we did of the Veteran and Military Family Community. It's our 2024-2025 Veteran and Military Family Community Survey. It can be found at nyc.gov/vetsurvey.

There are two questions I think kind of get at what you're asking. One was, what one thing could New York City government do to most improve your quality of life in New York City? Top of that list was increase affordable housing, 35 percent. Next on that list was improve public safety, and that was 24.6 percent. Next on that list was make it easier to access services/resources, and less bureaucracy/red tape, 12 percent. So once again, increase affordable housing was 35 percent; improve public safety, let's call it 25 percent, 24.6 percent; make it easier to access services/resources, less bureaucracy/red tape, 12.1 percent. That's page 28 of the report findings. You can find it at nyc.gov/.vetsurvey.

Next one, question that kind of gets at this, which single veteran service is most important to you? Healthcare access was top. That's 25.4 percent said healthcare access. Let me walk this back. Monetary benefits was top at 26.4 percent.

Monetary benefits. Next was healthcare access at 25.4 percent. Next was housing assistance at 20.4 percent. So monetary benefits, then healthcare access, and housing assistance were all kind of coupled very close to each other. And that's page 27 of the survey findings.

CO-CHAIRPERSON HOLDEN: So when we ask, and it depends on the population of veterans with these surveys so, certainly with the homeless veterans, when we visited the Borden Avenue shelter, the main thing was they felt they weren't getting enough mental health treatment so these are the obstacles we face, and it's a daunting task many times, especially given the very complicated system that we live under today. But how does DVS define success in meeting those needs and challenges? And how are you measuring your progress in the amount of people that you're helping? But I could see that many times this goes on for weeks, if not months, to try to solve an individual's situation, especially older New Yorkers.

COMMISSIONER HENDON: I'd say right now for us, as far as how we are measuring it, the MMR data is like the publicly available place we measure

this. As far as veterans and families served, that metric, that number, and then the number of requests for assistance that have been fulfilled, that's one piece. That's specific in general for DVS. Then the housing, it's the homeless, for those with housing insecurity, homeless veterans and their families who receive housing through DVS. And then the veterans and their families who receive homelessness prevention and aftercare through DVS. I'd argue those are two different metrics through which we try to get at this.

CO-CHAIRPERSON HOLDEN: Are.

COMMISSIONER HENDON: For the elder piece, we have just rolled out our new services platform, the technology behind VetConnect, that contract just got underway this fiscal year. We'll be able to, moving forward, tease out with greater accuracy, let's break out by age whom we're assisting so we can be able to say for that group, 55 or older, 65 or older, 75 or older. So that's moving forward where we'll be able to really narrow down and piece things out. But I have to say, so many of our veterans are older. Remember, 70.7 percent of our population is 55

or older so a lot of our work already organically touches our older veteran community.

CO-CHAIRPERSON HOLDEN: Right. But it depends on the City's administration being sensitive to that, that these are older New Yorkers. I remember during the pandemic, I don't know if everybody remembers this, but during the pandemic, in the opening days and the vaccine, the way to get your vaccine was you had to go online only. There wasn't a phone number to call. And we objected to that because I said, well, older New Yorkers don't have access many times, especially veterans don't have access to a computer, and it's a challenge, and so finally, the de Blasio Administration, after we objected, put a hotline phone number, but that took weeks, and so these are obstacles you face with older New Yorkers. And I know my Colleague, Council Member Hudson, faces that every day in her Committee. And it's a daunting task, but especially if when you couple that with the fact that many of our veterans don't self-identify and so it's another hurdle.

So, let's talk about the mechanisms that exist between DVS and New York City agencies like Housing, Preservation and Development, Human

Resources Administration, and the Department for the Aging to ensure older veterans don't fall through the cracks, such as the veteran identification at intake, which I just mentioned. How are we checking on that, first of all, if they're not self-identifying? I mean, you have to go through a whole, again, several calls to try to see when they served. Is that relatively easy to do, to talk to the VA?

COMMISSIONER HENDON: I want to level set too, just before answering this, just to call it out. Nationwide, it's 34.3 percent that self-identify. In the state, it drops down to 29.8 percent, drops down to 24.1 percent that self-identify. So we all agree as far as what we're dealing with right now. We've been trying to get at this every which way, because I tell myself every one I see, that means there are three we don't see. And so we try to leverage, you know, Mission Vet Check is us making buddy check wellness calls, just reaching out to our brothers and sisters to try to get more folks to come into the light. We have volunteers who get together every Wednesday on that, and Lauren leads that effort, Dr. D'Mello. That's one. You know, another thing as far as there's Local Law 37, having that form, that

voluntary question on the client intake forms, you know, have you or a member of your household served in the armed forces? Would you like to be put in touch with DVS? That's something else we're trying to get at. Another way we're trying to attack this, we have a list of about 300 different community benefits organizations in the city. We've been reaching out to them lately too, so we want to think outside of the box, not just work with government partners, but many of our non-profit partners in the hopes that if someone is going to that CBO, that if the CBO is also asking the question, that might be another way for us to make contact. I'm always asking our elected officials, I know a lot of the Council Members received the email I sent saying, hey, for your constituent services on your intake form, please ask this question. We're happy to help. So these are ways we're trying to attack as far as having the folks self-identify. Once they self-identify, we can help them if it's about next steps and confirming veteran status. It's just getting you to step up and say, I'm in the tribe.

And I want to defer if there's anything that Lauren or Mike or, you know, yeah, Jennine, you want to add to this? I'm sorry.

EXECUTIVE DIRECTOR D'MELLO: Yeah. I just want to add that we utilize our partners to help with outreach. We have military cultural competency training that we offer everyone. So, some of the examples of who we've trained, we've trained all 50 family justice centers through the Mayor's Office to End Gender-Based and Domestic Violence. We've trained the Bureau for Alcohol, Drug Use, Prevention, Care and Treatment through the Department of Health and Mental Hygiene, New York City Park Rangers. We're working with Department of Parks for our homeless veterans, Department for the Aging staff we have trained. We've trained clinical staff, social workers, parent coordinators in both districts 20 and 31 which surround our military bases. We will have a presentation next month for the Cabinet for the Aging. And we're working with H plus H, Health and Hospitals Corporation to have separate trainings for clinical staff as well as their administrative and intake staff.

ASSISTANT COMMISSIONER VENTURA: I just wanted to add in addition to what Commissioner Hendon just mentioned and what Dr. D'Mello just said, so all the agencies that you just mentioned, HPD, HRA and of course CVS, all three are founding members of the Cabinet for Older New Yorkers that's been in place since September of 2022 under this Administration. And thank you, Chair Hudson, it also has been codified by this Council as part of Local Law 64 last year. And so there's ongoing partnership that happens, especially now that we've just surpassed the third anniversary of the Cabinet and we have been working closely with DVS and as mentioned in Commissioner Hendon's testimony as Dr. D'Mello, we are doing a military cultural competency training for all the liaisons, and what we hope to do is in addition to that, we'll build off of an initiative that would be specific between DVS and NYC Aging to really provide that cultural competency training to the service network providers within the NYC Aging Network too.

CO-CHAIRPERSON HOLDEN: So how closely does DVS work with the Department for the Aging to integrate veterans into senior center programming,

let's say, or case management or meal delivery? Is there kind of a seamless communications that you're seeing?

EXECUTIVE DIRECTOR D'MELLO: Yes, we do. We work very closely with Department of the Aging. I'd like to give an example. So, through our military family advocate program, we have a military family advocate in schools. Right now, we work with 228 schools and through that partnership, we identified an 87-year-old veteran, through some very unfortunate circumstances, got custody of his 5-year-old grandchild and was really lost so we were able to connect him to a grandparent program at Department of the Aging who really provided support and education for his new role. We were additionally able to connect him to our benefits coordinators who were, I believe, working on getting him additional financial benefits.

CO-CHAIRPERSON HOLDEN: That's good to hear. I need these stories, first of all, so we can identify the help that they're getting and push for more funding. We talked about this over and over again. 200,000 veterans that we have in New York City, and you can only communicate with a small

percentage. You did a mailing of 52,000 and we got how many?

COMMISSIONER HENDON: A little more than 400. People called right as a result and told us.

CO-CHAIRPERSON HOLDEN: Again, it has to be difficult with your budget because the budget is just over 5 million which is by far the smallest agency and we keep hitting that home. Unless we can continue to do that mailing, that was a one-time thing, right?

COMMISSIONER HENDON: Mm-hmm.

CO-CHAIRPERSON HOLDEN: If we don't follow up with that, they'll fall by the wayside. We could bring more money, certainly a lot more money to New York City if our veterans got the benefits they deserve. I would say most New York City veterans don't get, it's safe to say if only 24 percent identify most don't get the services that they should get.

What cross-agency initiatives could improve services for older veterans? That could be anybody on the panel for that question.

SENIOR ADVISOR BOCCHINI: As I mentioned, beginning with Dr. D'Mello's conduct of the training

on military cultural competency. Also familiarize in terms of the structure of the Cabinet. The full Cabinet with agency heads and liaisons meet on a quarterly basis and that was also provided in the legislation. Of course, it's important to have work groups and having working meetings in addition to those quarterly meetings that happen with agency heads and liaisons. There is an additional meeting with Cabinet liaisons including Dr. D'Mello where we have updates and break down to work groups, and DVS is part currently of the outreach and engagement work group. Part of that is stemming from the cultural competency training that will be conducted next month at the next liaison meeting that we have in November. Our hope is also that we have data on the service providers in our NYC Aging network that serve a high number of self-identified veterans. Working with that, that is a cultural competency training that we expect that other liaisons may also do the same thing. For us, we are starting with working with service providers that serve a high number of that population. They will also receive the cultural competency training.

COMMISSIONER HENDON: Something we need to do better and I commit to, Mr. Chair, we need to make a better connection between folks we engage from Mission Vet Check and NYC Aging. Now there's Mission Vet Check, this is when we are just calling people, we see you, we appreciate you, we love you, do you have any needs? We have to do better to try to tease out, are there needs that fit within what DFTA is offering so we can make those connections? Our bread and butter is services. We do referral synergies, but it's really services. Housing, VA claims, employment, those are things we do very well. When we are talking to a client about being able to try to ask the right things to tease out, because I think DFTA's primary super strength, it's connection. It's making sure folks don't feel social isolation. If we have a client that we are engaging, even if it starts out with them saying we need these things with service, etc., to ask the right questions to tease out, are there other needs you've got that make sense for us to push over to NYC Aging? Anything that involves elder abuse, things that involve geriatric mental health, a lot of things they do amazingly, that we just need to be more sensitive to when we engage our

clients so we can make those referrals when we see them.

SENIOR ADVISOR BOCCHINI: Sorry. I would just like to add that in addition to what Commissioner Hendon just mentioned, we've had other cross trainings in addition to this cultural competency training that's happening next month. Under Dr. D'Mello, NDVS has a veterans mental health coalition which we are plugged into and part of, and we have also presented to the members of that coalition on all the services that are available in NYC Aging, including our geriatric mental health initiative that, of course, anyone can be connected to.

CO-CHAIRPERSON HOLDEN: So, do you see veterans facing eviction, and do you get involved in that? Obviously you do, but what success rate are we seeing? Because veterans don't get any special treatment in evictions, do they?

COMMISSIONER HENDON: I can't speak to it in the context of evictions… (CROSS-TALK)

CO-CHAIRPERSON HOLDEN: (INAUDIBLE) because you're a veteran, we're going to give you an

additional time or anything else. I see people shaking their heads in the audience.

COMMISSIONER HENDON: I can't speak to it in the context of evictions as far as the legal aspects of eviction. I can speak to it in the context of when veterans have needs where there's an involvement where you need to go to either the Human Resources Administration, we act as a conduit oftentimes working with our veterans as they navigate those HRA systems, or if there's veterans where there's eligibility for other programs, so the VA's Supportive Services for Veteran Families program, for instance, to help someone with certain rent relief, or if they have utility issues so we try to take advantage of veteran programming that is available. At the same time, if it's an HRA fit, we'll get them there too. So, a lot of it is our housing team working closely with that veteran, side by side, to make sure they can get to a good place on it.

CO-CHAIRPERSON HOLDEN: So I guess, how is DVS addressing accessibility and aging in place in veteran housing programs because there's not enough of them, we know that in New York City, but how do you address that, getting them into these programs?

COMMISSIONER HENDON: One thing that we do is we tie veterans into the VA's Adaptive Housing Program. When you have a situation where there's a need to have certain modifications made to the home, that's one thing. Another one is that we do have, and I wouldn't be surprised if she's behind me right now, but we do have the folks from Homes for Veterans that do work on these types of issues as far as adaptive housing development, capital improvements for the veterans who have those types of needs.

CO-CHAIRPERSON HOLDEN: Okay. I'm going to turn it over to my Co-Chair. I have a few more questions on mental health that I want to get to, but I'll let Council Member Hudson talk about her needs and questions about the bills. Thank you.

CO-CHAIRPERSON HUDSON: Thank you, Chair.

How does DFTA identify veterans among the older adults it serves and what share of clients have self-identified as veterans?

ASSISTANT COMMISSIONER VENTURA: During our intake process for any of our services ranging from, as you know, older adult centers, case management, etc., through that intake process there is a voluntary question for anyone who would like to

self-identify as a veteran. Of those, to answer your question, more than 5,500 total current clients or older New Yorkers that we serve have self-identified as a veteran. In addition, we also have information on those who self-identify as being a family member of a veteran as well, and of those we also have nearly 2,300 of people we serve that have mentioned that they are a family member of a veteran. Of course, caregiving is very important to us, as mentioned in Commissioner Hendon's testimony, and if you're thinking about something that is unseen, caregiving, of course, is something that we try to ask other questions to understand the unmet need. So that's our information in terms of those who have self-identified.

CO-CHAIRPERSON HUDSON: Thank you for that. And can you just share that's 5,500 plus 2,300 family members of veterans out of how many total clients?

ASSISTANT COMMISSIONER VENTURA: Annually, we serve about 220,000 to 230,000 older New Yorkers, unduplicated.

CO-CHAIRPERSON HUDSON: Thank you.

And can you disaggregate veteran data by age, gender, race, ethnicity, and LGBTQ-plus identity?

ASSISTANT COMMISSIONER VENTURA: We don't have information on LGBTQIA-plus identity. I can say of those who identified as being a veteran that we serve through our network, almost 4,700 self-identified veterans identified as male, and then almost 750 identified as female. In the age ranges, from 60 to 69, about 870 have identified as a veteran; from 70 to 79, almost 1,800 have identified as a veteran; 80 to 84 is almost 950; and then 85 and older is more than 1,900.

CO-CHAIRPERSON HUDSON: More than 1,900. Can you just run those numbers one more time?

ASSISTANT COMMISSIONER VENTURA: Sure. And I'm just approximating. So from 60 to 69, almost 870 have identified as a veteran; 70 to 79, almost 1,800; 80 to 84 is almost 950; and then 85 and older is a little more than 1,900.

CO-CHAIRPERSON HUDSON: That's significant, especially in that last category.

ASSISTANT COMMISSIONER VENTURA: Yes. The largest category, obviously, is 85-plus. If you think

about in terms of service and those who were born, that's about people who were born 1940 and older. And then also from 70 to 79, those who are almost 1,800 so that's the second largest.

CO-CHAIRPERSON HUDSON: And how does DFTA coordinate with Department for Veterans Services to facilitate referrals and what privacy or data use agreements govern that process?

ASSISTANT COMMISSIONER VENTURA: So, I think previous to even the Cabinet, we've always done cross-referrals as needed through our Aging Connect and also even any referrals that are needed that are specific to a population that we serve or a need that emerges from a service area or older adults that are survivor providers. But through the Cabinet, now we have more formalized networks in addition to those referral processes, and so now what we're trying to do is formalize it even further with cultural competency training as well, and then there's also cross-information. We also do cross-presentations and training as much as possible.

CO-CHAIRPERSON HUDSON: And then have you conducted or planned a needs assessment that's focused on older veterans in New York City?

ASSISTANT COMMISSIONER VENTURA: So right now, as you know, we've recently released a State of Older New Yorkers report, and now we're working on separate issue briefs that come out of that State of Older New Yorkers report. Right now, it's just been an overview of the information that we've collected, a lot of which was, Commissioner Hendon mentioned in his testimony, and so our hope is to continue to dive and also further tailor that information so we can let you know if there's more information in relation to that for those who are self-identified.

CO-CHAIRPERSON HUDSON: Great. Thank you so much.

What proactive outreach does DFTA conduct to reach older veterans who are not already engaged with older adult centers or case management agencies? And I know you don't necessarily do direct outreach to veterans specifically, but…

ASSISTANT COMMISSIONER VENTURA: Yes. So, but through Dr. D'Mello including us in the Veterans Mental Health Coalition, that is one important aspect. We were definitely plugged into many providers that we do not have a pre-existing relationship with, and also those who are not

familiar with the services that are available through the NYC Aging Network, and so that's one of the ways. Also, DVS has also mentioned if there are housing, etc., or other groups of veterans that would benefit from NYC Aging Services, and that's something that we also arrange presentations and outreach to. But what we're hoping is also doing it from the NYC Aging Service side, not only from DVS telling us where we should be going or they're identifying populations that we should reach out to. So, the hope is after this training that we would be able to do more through the NYC Aging Service Provider Network.

CO-CHAIRPERSON HUDSON: And for the folks who self-identify during the intake process, how do you ensure equitable access for veterans who are not necessarily digitally connected?

ASSISTANT COMMISSIONER VENTURA: All of our service providers definitely ensure that the multi-modes that are necessary in order to make sure that older adults receive the services that are available to them, and I think that's part of our procurement and contracting process and I think we also understand that you couldn't just do things solely digitally. We have to do in-person or physical

copies, or all the intakes are generally in-person anyway. There isn't really a digital intake that we do. It's something that we sit down with an older adult who is enrolling into our services and really asking these questions directly of them. And even when we conduct surveys similarly, it's not something that we just solely use an online platform. If we know we want to serve a population that we know that not everyone has the same level of connectivity and, of course, access to Wi-Fi, etc., and also just navigating websites and, you know, having technological access, that we ensure that even to make sure that the data that we're even reporting is accurate because we had a large outreach in-person, community, on-the-ground operation to also supplement the information that we were receiving online so that is pretty much the case with our services in general.

CO-CHAIRPERSON HUDSON: Okay. And are older adult centers or NORCs encouraged to require or include veteran-specific programming such as peer support groups or recognition events?

ASSISTANT COMMISSIONER VENTURA: So, specifically for naturally occurring retirement communities?

CO-CHAIRPERSON HUDSON: Yeah, or older adult centers. Basically, in any of your physical locations, are you requiring folks to include veteran-specific programming or any kind of recognition events for Veterans Day or anything like that, for example?

ASSISTANT COMMISSIONER VENTURA: So, we don't require our service provider network to do any of the recognitions.

CO-CHAIRPERSON HUDSON: Do you encourage them?

ASSISTANT COMMISSIONER VENTURA: We definitely encourage them. And I think even part of our contracting process is, any of the providers, to be a successful proposer and to be able to receive an award would be, you would have to demonstrate experience and being able to, in the cultural competency of the population that you're wishing to serve, and that's something that happens, like, across the board. So, if you're serving a community that is largely Asian population, events like Lunar New Year, etc., you know, we don't require it, but it's something that would be expected if you, and also in terms of meals, all of that comes within

cultural competency. So, each service provider makes a decision in terms of what makes sense for their population, ranging from activities to, and case referrals are across the board, but in terms of activities or celebrations, that's all very specific to the community that the older adult center serves. So, I'll even say from older adult centers that are even, four of them within a block radius, they each have a very different, as many of you know, could have very different focus. They could be right across the street, and one will be very focused on a community that belongs to a church, and then another will be very focused on, like, Zumba, creative aging, etc. So similarly, that's what we expect from our service provider to really have being tuned into that and having celebrations and cultural activities that are reflective of that.

CO-CHAIRPERSON HUDSON: Are there any older adult centers or NORCs that you're aware of that have particularly high concentrations of veterans?

ASSISTANT COMMISSIONER VENTURA: I don't have that information on me right now, but we do know that at least the top three services that we know

within our network that serve a high population of veterans are older adult centers, our case management, as you can imagine, supporting those who are homebound, and then also our home-delivered meals programs.

CO-CHAIRPERSON HUDSON: And would you happen to know where, like, for example, the OACs might be that have higher rates of veterans, or for example, with the home-delivered meals programs? I'm just trying to figure out, are they concentrated in any particular area or borough?

ASSISTANT COMMISSIONER VENTURA: What I can give you is I have a borough breakdown by veterans who self-identify.

CO-CHAIRPERSON HUDSON: That'd be great.

ASSISTANT COMMISSIONER VENTURA: And it looks, with the exception of Staten Island, but I think it's just the number of the population are pretty close to each other. So in the Bronx, it's about more than 1,000. For Brooklyn, it's more than 1,200. For Manhattan, it's almost 1,350. And then Queens is more than 1,250. And for Staten Island, it's more than 540.

CO-CHAIRPERSON HUDSON: 500, you said?

ASSISTANT COMMISSIONER VENTURA: 540.

CO-CHAIRPERSON HUDSON: Okay. Thank you.

And then, is there any training or guidance that DFTA-funded providers receive in order to identify and refer veterans to DVS or the VA?

ASSISTANT COMMISSIONER VENTURA: So, we do our cross-referrals already, but with the cultural competency training, we're hoping that would be a way that providers would be able to help identify veterans and connect them to services so that training would be the start that's very specific to this topic and to this population.

CO-CHAIRPERSON HUDSON: Thank you so much.

Okay. I'm going to skip around and ask a few more questions before I turn it back over to Chair Holden.

How is DFTA ensuring that LGBTQ-plus, veterans, women veterans, and veterans of color are reached and served equitably in its programs?

ASSISTANT COMMISSIONER VENTURA: For our intake process, we also have voluntary questions about those who identify as LGBTQIA-plus and, again, it's not required. But as part of the cultural competency, that's definitely part of it, of course.

And for programs that do have a higher number that self-identify as being part of the LGBTQIA-plus population, we definitely expect that there are services in place to meet that need. And of course, as we know, the veteran population, also the LGBTQIA-plus population, but part of that cultural competency is what we're expected when providers already propose for serving this population.

CO-CHAIRPERSON HUDSON: And can you share how many DFTA meal program clients identify as veterans and what portion still reports food insecurity despite participation?

ASSISTANT COMMISSIONER VENTURA: I don't have that information on me, but we can get that back. We can come back to you with that information.

CO-CHAIRPERSON HUDSON: Okay. And how are you coordinating with DVS and HRA to help eligible older veterans enroll in or maintain SNAP benefits given persistent under-enrollment among older adults?

ASSISTANT COMMISSIONER VENTURA: Actually, I'll go back to your previous question. I do have more than 1,800 we have veterans that are enrolled in home-delivered meals, but not the food insecurity aspect. If you're talking about congregate

programming and not everyone who participates in older adult centers, as we know, only go for meals. Some go just for activities and not meals and meals and not activities, so that's also more than 3,100.

For your question that you just asked in terms of SNAP and access, we understand that obviously the federal landscape, of course, in terms of SNAP and WIC is up in the air. And the positive part with this is that while that's in existence, the programs that we serve mainly for our congregate and our home-delivered meals are largely City tax levy funded so at least our meal programs that are going to older New Yorkers are not affected by the federal landscape, and that's always been the supplement. We're not a main way to address food insecurity in addition to these federal programs that exist. So at least the City tax levy programs that are funded and that are really some of the core programs that we have at NYC Aging, those have not been affected by the federal landscape and will continue even in light of the federal environment.

CO-CHAIRPERSON HUDSON: Thank you for that.

And then what portion of DFTA's budget or contracts directly benefits veterans and how is that spending evaluated for impact?

ASSISTANT COMMISSIONER VENTURA: That I think we would have to get follow-up with information.

CO-CHAIRPERSON HUDSON: Okay. Great.

I'll turn it back over to Chair Holden. Thank you.

CO-CHAIRPERSON HOLDEN: Thank you. Thank you, Chair.

And I'm going to go back to DVS now. So I just have a question on visits to the home. Veterans who are homebound. DFTA is handling that part because we don't have the personnel at DVS. But how many, so when a veteran, let's say, and it doesn't have to be a veteran, but in this case, let's say a veteran is going to get services of meals, do you send somebody out before it starts, before the meals start and see the situation? Because sometimes we can uncover so much more if you visit. So does that start first, before the meals?

ASSISTANT COMMISSIONER VENTURA: You're speaking specifically about home-delivered meals?

CO-CHAIRPERSON HOLDEN: Yes, the home meals. And also when you go into the situation, you see we need more than just the meals here so that gets the ball rolling. But which starts first, the meals or the interview?

ASSISTANT COMMISSIONER VENTURA: Sure. So, for our home-delivered meals programs, home-delivered meals programs are actually, you are connected to case management, but it is not necessary for you to be connected to case management before receiving your meals. So, usually the order is if we have someone that is requesting connection to home-delivered meals, there will be a schedule for an assessment through our case management agency. But even if it takes perhaps like a week or so for a case manager to come and do an assessment, the home-delivered meals can be turned on right away. I mean, this is something that I know some Council Members that are part of the panel definitely are familiar with. So, the meals can start right away, even in advance of a full assessment. And then after the assessment happens, in addition to the meals that they already received, then other services are provided, whether

that's home care or other needs or other connections and cross-referrals.

CO-CHAIRPERSON HOLDEN: So who visits though? Is it a nurse that would come out?

ASSISTANT COMMISSIONER VENTURA: It's a case manager from a case management agency.

CO-CHAIRPERSON HOLDEN: And then they'll recommend, let's say, a nurse or other medical care because many times they're not checked out, and I've discovered that in my District visiting some homes. You could see the outside is a little run down, so we do a wellness check and we find out the person needs a lot of help. And many of that generation, I guess you could speak to that, Commissioner, especially veterans, probably don't think they need the help or they think they're self-sufficient and they don't want to ask for help. They don't feel that they should or they don't deserve it. I've seen that with the greatest generation, my parents. They didn't want help. They would feel embarrassed to get help. So, do we see that on veterans that feel they can just make it without any help?

COMMISSIONER HENDON: What we'll often see is a caregiver will come to us as far as if it's to

that point where that veteran may be denying certain things, then it'll be that child or that grandchild or the, you know, I know we had a situation with Council Member Paladino where one of her members brought someone from his synagogue, you know, from his congregation in for us to help. And so oftentimes it'll be somebody else who will kind of bring it to the case when you have someone who's not willing to just come to us themselves, as we found. It's so hard for us as far as just getting the word out because we're not just going after the veterans. It's the loved ones as well. It's key to kind of get that word out to that loved one or that key person in the veteran's life so they can reach out to us.

CO-CHAIRPERSON HOLDEN: So, let's go back to the health, you know, and mental health. What is being done to ensure older veterans can access geriatric care specialists familiar, and this is what I was trying to get to, familiar with military and trauma backgrounds because not everybody's equipped to do that, and that's a person that could fall through the cracks.

COMMISSIONER HENDON: I'm going to throw to Doc on this, but I feel like one thing that comes

to mind for me is we're trying our best to do this cultural competency training everywhere to as many people as possible so that we can get more folks into this as far as knowing how to deal with our people and how to touch with us if they encounter something. I'll defer to Doc.

EXECUTIVE DIRECTOR D'MELLO: Yeah. We have a large network of providers that are cultural competent, specifically with the military. Their population, they specialize in veterans, so they know about different service areas. They know about common concerns. They speak the language of veterans. They build the trust. They build the rapport. They…

(CROSS-TALK)

CO-CHAIRPERSON HOLDEN: Give me one provider that…

EXECUTIVE DIRECTOR D'MELLO: SAGE Vets.

CO-CHAIRPERSON HOLDEN: Okay.

EXECUTIVE DIRECTOR D'MELLO: We work with SAGE Vets, Stonewall, Department for the Aging for our older veterans. We work with the Alzheimer's Foundation of America. We've had a presentation for them through the Veterans Mental Health Coalition. We try to instill as much awareness and clinical

literacy through all of our providers through our Veterans Mental Health Coalition. As you mentioned before of inclusivity, we've had presentations for the LGBTQ community prior to this administration to anticipate the foreseeable changes that might come about and to let our constituents know that we're trying to fill in the gaps.

CO-CHAIRPERSON HOLDEN: How is DVS dealing with this social isolation? One of the solutions would be the posts, the veteran service organizations, which we want to keep alive and recommending that they go there. There's a resistance many times, especially either with the younger veterans or the older veterans that have tried it and maybe they didn't hit it off with the VSO. Is there a mentorship program that you can recommend or that would help them with the isolation?

COMMISSIONER HENDON: A couple of different things, and I'll throw to anybody else to add here. One piece of it is we got to keep in mind 75 percent of our people are in the dark and not coming to us. There's so many different things we're trying to do there. Then once we identify them, then we can go try to triage that social isolation. One

piece of it is to be very attractive with our offerings. We do a lot of things on the housing side to make sure folks know we're here for you, whatever your housing state is, come, let us help you. Same thing with claims where we are working to make sure veterans know that 10 percent claim, that's roughly 200 dollars tax-free for the rest of your life. 100 percent claims, roughly 3,500 dollars or more tax-free the rest of your life to make sure folks know this is here. Please come to us so we can help. There's some examples. Even employment piece, in addition with our older veterans, to make folks know if you need help on the job front, reach out. Let us help you or you want to set up a small business. We try to be attractive as far as what is the honey attracting the bees on one side.

Another side of this is the straight offense of things like the mailings, things like Mission Vet Check. Just going out, another one we mentioned was the on-your-block effort the City's been doing in certain neighborhoods. DVS has gotten involved in that too as far as just being on offense to be present in places so folks know they can find us. Then the other piece is this Joseph P. Dwyer

program. We've got 31 different organizations funded with State money we've taken and said we want to make a grant-style program out of this within the contours of City contracting and put it out there for our veteran-serving groups who are doing anything to help our veterans to be able to receive those funding and do it. You've got golf through Dwyer. You've got this pickleball through Dwyer. There's filmmaking as far as making your own short film. There's chair yoga. There's so many other efforts amongst those 31 as other ways to bring our people.

When you mention the posts, we've talked about this at other hearings. We work with DOD right now to get the data for the veterans who are leaving the military so we know who they are as they're coming out. We get all those DD-214s. We get another form called a DD-2648 which is what that service member fills out before they leave the military. We reach out to them and we say several different things. One of the things we ask these folks is here are our veteran service organizations. Would you like for us to connect you to any of them? If so, we make that introduction. We have a citywide liaison for Veterans of Foreign Wars, citywide liaison for the

American Legion, for example. We tie in where if someone says I want to join the Legion, we'll put you in touch with that person who's that Legion rep. They will identify which post to connect that young person to. Same thing at VFW. We tie in with that rep to identify which post to put that young person to. We're working to push new young bodies into these posts. I tell the commanders to say look, let's say you wind up getting five to ten new referrals per year and only two or three work out. You're getting five to ten per year. With two to three firm leaders per year coming in, we can slowly reconstitute you.

CO-CHAIRPERSON HOLDEN: I just want to see what the process is at DVS in dealing with older veterans and navigating the complex VA benefits. I guess this is on the phone, right? When you're trying to access, you're talking to the veteran on the phone most likely, right?

COMMISSIONER HENDON: I'm going to defer to Mike to speak to that because Mike is running our claims team.

CO-CHAIRPERSON HOLDEN: I just want to know how it works in filling it out or do you ask

them to come into your office? If you could just talk to that.

SENIOR ADVISOR BOCCHINI: If a veteran called us and they indicated that they wanted to file a claim, we could start that process over the phone. You can call the VA and over the phone submit what's called an intent to file. Then we would schedule a follow-up appointment either at our office here at 1 Center Street or at one of our veteran resource centers around the city. That's the point where we start gathering the evidence, and the most important thing there is that DD-214 to confirm their veteran status. If the veteran has separated within the last 25 years, because we're accredited by the New York State Department of Veteran Services, we actually have access to the Department of Defense records. We can submit that request and get it right away. For an older veteran who served prior to 2000, we're going to have to write to the National Archives. There's a way to submit an electronic request for that but you need an ID.me account. For some of our veterans who are a little technologically challenged, that's not going to be the best route. We just do the old-

fashioned paper, pen, and fax machine and then we're able to get those.

CO-CHAIRPERSON HOLDEN: I guess that takes a little longer though.

SENIOR ADVISOR BOCCHINI: It does.

CO-CHAIRPERSON HOLDEN: What are we talking about, months?

SENIOR ADVISOR BOCCHINI: Not months, but it could take weeks. For some of our specific programs, we do have faster access. For determining eligibility for VA housing programs, we have access to the SQUARE system. That's almost instantaneously. Then also for our indigent veterans who passed away and they don't have any family, we're able to contact the VA and usually within a week we can verify their eligibility for a VA program so that we can get them buried with honor out at Calverton National Cemetery.

CO-CHAIRPERSON HOLDEN: Great.

Council Member Lee has some questions.

COUNCIL MEMBER LEE: Hello. How are you all?

Just really quickly, and forgive me if you all went over this already, but in terms of the homelessness that's happening amongst the veterans,

do you all partner with any of the IMT or ACT teams that do the mobile outreach for the homeless community or population who may have other mental health or substance use needs?

EXECUTIVE DIRECTOR D'MELLO: Yes. We've had trainings provided to all of our housing teams including DHS on the services specifically provided by the mobile outreach teams. We use them actually quite frequently. We have a Veterans Complex Case Review where we go over specific cases that are more challenging and oftentimes we need to rely on those teams.

COUNCIL MEMBER LEE: Then my second part was how many of those touches on the community where you interact with folks? What percentage of that would you say have been veterans?

EXECUTIVE DIRECTOR D'MELLO: What touches exactly do you mean?

COUNCIL MEMBER LEE: Meaning folks that they come into contact with, right? So if they get a call and you guys go out and the IMT or ACT team goes out to do some outreach there, what percentage of the folks that they encounter are veterans.

COMMISSIONER HENDON: I don't know exactly the number that their teams do. I think they're part of the Department of Health.

COMMISSIONER HENDON: One thing to say as far as the street homeless piece, what we can say from the HUD data, we know that the most recent point in time count was 624 veterans in the shelter system. Of that 624, four were street homeless. So, to give it some perspective as far as the number of times these things, we're standing by if it occurs, but we don't know if it is occurring a great deal given the low numbers from the HUD count.

COUNCIL MEMBER LEE: Great. Okay.

And then also, I only bring this up because this was something that we had a hearing on recently about 9-8-8. So, addressing sort of like the isolation, lonely piece for a lot of the elderly or older adults. Just wondering if there's a connection there with your services to 9-8-8 directly, specifically, because I know that you all have a unique perspective in addressing folks maybe are experiencing a mental health issue who are veterans, right, that maybe perhaps someone who's answering a 9-8-8 call may not have the expertise in, so is there

a way for those call centers to link up directly with your services?

EXECUTIVE DIRECTOR D'MELLO: So we sit on the Suicide Prevention Council for New York State so we work very closely with them. They created a new policy and we were part of that. But we also, if you dial 9-8-8 and hit 1, it's the veterans line so you can be transferred to veterans services.

COUNCIL MEMBER LEE: Perfect. Okay. Which by the way, actually a lot of folks still don't realize that 9-8-8 exists, and so whatever we can do to continue that outreach, you know, it would be wonderful because a lot of folks, when I ask random people, they're like what's 9-8-8, so I think it'd be great for us to partner together on getting more outreach out there.

And just one comment, finally, is that, you know, as you guys know, I have Creedmoor in the middle of my District and we fought really hard to get veterans supportive housing in there as part of the housing that is going to be built in that development so excited about that.

COMMISSIONER HENDON: Thank you. Thanks for that.

CO-CHAIRPERSON HOLDEN: We've been joined by Council Member Schulman.

And just a couple more questions, and I'll turn it back over to my Co-Chair.

I fund transportation to medical appointments for seniors, and it's very popular. We usually run out of money halfway through, so I have to keep putting more money into it. But I get the most thank yous on the street from that program that'll pick up seniors and it goes through the senior centers, self-help. But what does DVS do to address the transportation barriers for older veterans attending medical appointments or social programs, even?

COMMISSIONER HENDON: For medical appointments, I know that the Disabled American Veterans, or DAV, has a separate program and network where they have drivers who help veterans, you know, go to the VA for their various appointments and whatnot… (CROSS-TALK)

CO-CHAIRPERSON HOLDEN: So they have to go to the VA. They can't go through DVS?

COMMISSIONER HENDON: It's not something that works through us. Yeah, it's not routed through

us, Mr. Chair. It's more of a program that's tied… ctxc

CO-CHAIRPERSON HOLDEN: (INAUDIBLE)

COMMISSIONER HENDON: I wouldn't say it's going through VA for it, either, as much as that Veterans Service Organization, or DAV, has a driver's network where they will help get those veterans to their appointments when needed.

CO-CHAIRPERSON HOLDEN: And that program works, or it's usually reliable?

COMMISSIONER HENDON: I have to get back to you about that. It's a national initiative… (CROSS-TALK)

CO-CHAIRPERSON HOLDEN: (INAUDIBLE)

COMMISSIONER HENDON: From DAV as far as having, that's something that is one of their bedrocks, is the driving of veterans to these appointments. But we've got to get back to you about what it's doing here and how effective it is.

CO-CHAIRPERSON HOLDEN: You know, we even go out to the Queens border and even over the border into Long Island because that's where many of the doctors are for our seniors. And that's why we had to put more money into it, but it's a very valuable

program because it does get the seniors the help that they need. Otherwise, many of them are shut-ins and they just kind of give up. So, I think let's check on the VA if you can, because that's very important to me.

Are there initiatives to honor and engage older veterans as mentors or community leaders for younger veterans? I know we talked about that a few times. And vice versa.

COMMISSIONER HENDON: I'll say a little bit and then throw it to Dr. D'Mello. I feel like we've been focusing like a laser on trying to get more of these young transitioning service members into the posts. That's been a lot of the energy. Meanwhile, there is a program, an external program that we partner with. It used to be called the ETS Sponsorship Program. Now it's known as Onward Ops, where they train mentors as far as folks who work with transitioning service members, and that is something that is available for our older veterans if they'd like to serve in that capacity.

EXECUTIVE DIRECTOR D'MELLO: Yeah. So, we've been making a certain push. We have a person on our team who's going to start on Monday whose job is

to recruit volunteers for Mission Vet Check with a specific push on engaging with our veteran population to be these volunteers for these check-in calls. The peer-to-peer model works the best, so that's our focus in obtaining new volunteers.

CO-CHAIRPERSON HOLDEN: And you're starting with the VSOs? You're starting with them?

EXECUTIVE DIRECTOR D'MELLO: We can start with VSOs. We can go to American Legion posts. Whoever wants to make calls to veterans, we'll take you.

CO-CHAIRPERSON HOLDEN: All right. Because I think you'll get a lot of volunteers if there's a coordinated followup because I know veterans want to help. They want to help each other so the mentorship program is so important.

This is my last question. What's one thing that the City Council can do right now beyond advocating for a DVS larger budget, which we are broken records on it and trying to get that. We did make some headway, but what's one thing we can do right now, the City Council, that would most improve the lives of New York City older veterans? Besides putting more money into it. We know about that. We

know that we have to do that. Outreach is very, very important. And I know outreach is lacking in DVS because of the budget. But we talked about other ways to do it. Through advertising, through the city. Maybe DFTA could help get the word out. What do you suggest?

COMMISSIONER HENDON: I always start with, this is just in general, every hearing, if every elected official put that question and those questions in their intake forms. Have you or a member of your household served in the U.S. Armed Forces? Would you like to be put in touch with DVS? That would be a game changer because it amplifies. Because all of you have constituent services operations that are powerful so that's one thing. A separate one, I've said this before too, and I feel like what I've mentioned with VetConnect and how with this new technology for us with VetConnect we can better tease out the older populations and different groups, demographics. Any organization that is receiving money from the City of New York and providing some form of veteran services, that they tie in with us, with DVS. There's nothing that compels a group to tie in. If you tie in with us, we can do better at

promoting what those offerings are, which is a benefit to all, but also in cases where it touches VetConnect, once it's in the VetConnect system, we can better track things too so we can say, here's the number of older veterans impacted by this effort from what we've seen of it, etc., so I think that can be a powerful tool too to really give you more clarity on how much of the investment made is hitting these populations.

CO-CHAIRPERSON HOLDEN: I lied about my last question. I have another question. This is something I think you'll appreciate. The veteran resource visits that each Council Member has now one veteran's resource person in an office. How are you looking at that? Is trying to expand it, trying to maybe just instead of once a month, twice a month, three times a month for every…

COMMISSIONER HENDON: I think long-term it'll get there. Right now, we're in a place where as of earlier this week the count was 36 offices as far as already setting up where you've got that veteran service officer on that monthly cadence so we're still working with various offices to get to a place where…

CO-CHAIRPERSON HOLDEN: We can't evaluate it. It's still premature to evaluate.

COMMISSIONER HENDON: We see ourselves promoting this heavily next month, working in concert with the Speaker's team too to let folks know the Vallone Veterans Initiative is here. You can go to your Council Member's office on this particular day once a month and there will be a veteran service officer that will serve you so we're hoping to get the word out. So over this fiscal year, we are just promoting it where it becomes just the known thing that on say the third Tuesday of each month for instance someone will be in this particular Council Member's office, on the second Wednesday of this month they'll be in that Council Member's office to get to that place.

CO-CHAIRPERSON HOLDEN: By the way, it's very involved because sometimes they'll be sitting with the veteran resource person, the veterans and their families many times, three hours, three and a half hours I've seen that so it's quite involved but it is… I just think that we're… it's a good giant step forward on this.

COMMISSIONER HENDON: I do believe the next step once it gets its legs underneath it and we're in all 51 offices on a regular cadence then it will really be to us to all collectively discuss do we think we need to up the cadence from once per month to two times per month. That's going to be a collective decision where I think the Council will drive that as well as far as based on what you'll see. I love this program because you can see in real time efficacy as far as what's going on back in your District office and who's coming.

CO-CHAIRPERSON HOLDEN: That's real outreach and again that's something we could do. Absent a larger budget in DVS, we still can do some outreach from our local offices. Council Member Paladino and myself we were the first two and then it grew so I'm glad that happened.

Thank you so much Commissioner. That's all the questions I have but I want to kick it back to my Co-Chair.

CO-CHAIRPERSON HUDSON: Thank you so much. Are Friendly Visiting or case management staff trained in trauma-informed or veteran-specific practices including PTSD awareness?

ASSISTANT COMMISSIONER VENTURA: For Friendly Visiting, what we hope to do after this training that will be conducted next month is to do that with other providers and we can do that in house with Friendly Visiting, but right now we would have to follow up with the specific training that they receive but I don't think it's specific to military cultural competency as of yet.

CO-CHAIRPERSON HUDSON: Okay. Thank you.

ASSISTANT COMMISSIONER VENTURA: Sure.

CO-CHAIRPERSON HUDSON: Have you integrated screening for extra help or Medicare savings programs into your case management or benefits checkup tools?

ASSISTANT COMMISSIONER VENTURA: We do have a robust health insurance information counseling and assistance program that does a lot of support with Medicare and everything related to that in terms of extra help, etc., and that, of course, is happening currently but also year round that is something that… and also in addition to that through our high cap program they also provide support in various communities year round and then that's something that is also connected to the case and

information referral and case assistance that happens at older adult centers but we do have a specific team at NYC Aging that does focus on that.

CO-CHAIRPERSON HUDSON: And what outreach is DFTA doing to inform older veterans about recent Medicare changes such as the 2,000-dollar annual part D cap and expanded extra help eligibility?

ASSISTANT COMMISSIONER VENTURA: So as Dr. D'Mello mentioned in terms of the Medicare overview that our agency provided, that person definitely provides presentations to as many coalitions and organizations as possible including veterans organizations and also labor, a lot of non-traditional spaces that might not be exclusively veterans but we know that there could be a large population of veterans that are captured and just older adults in general and also any changes in Medicare that would affect older adults that we might not know where to exactly find them so he definitely casts a wide net in terms of presentations and outreach, and he's a member of that health insurance information counseling and assistance program team and that's his main focus so he definitely presented to the Veterans Mental Health Coalition and also

accepts referrals and presents regularly to different types of organizations to reach as many people as possible.

CO-CHAIRPERSON HUDSON: Great. Thank you.

ASSISTANT COMMISSIONER VENTURA: Sure.

CO-CHAIRPERSON HUDSON: Has DFTA identified barriers that prevent veterans from participating in its employment or volunteer programs, like disability stigma, anything like that that would prevent them from participating?

ASSISTANT COMMISSIONER VENTURA: We have not and actually, even though obviously these are some programs that are subject to the federal landscape, what's happening right now, but veterans are one of the priority populations for these workforce programs. So, under the Senior Community Service Employment Program, veterans, people with disabilities, also people who are unhoused, those are three priority populations under that program so obviously that's a program that is being subject to federal changes and but previously, when it was enacted in legislation, it was meant to also ensure that these particular subpopulations of older adults are served through the workforce program.

CO-CHAIRPERSON HUDSON: And how does NYC Aging ensure that veteran renters and homeowners are aware of and enrolled in aging in place supports such as SCRIE and DRIE?

ASSISTANT COMMISSIONER VENTURA: So, currently through the Cabinet, and it's not specific to veterans, but through the cabinet we have a partnership with Adult Protective Services but also HRA in general, with the Public Engagement Unit that does the tenant support outreach and so that they are constantly in communication in terms of helping to support SCRIE and DRIE enrollment and also renewals and so that's one of the initiatives that we have through the Cabinet that is supporting that.

COMMISSIONER HENDON: Also we include information about SCRIE and DRIE on our website as well for our vets.

CO-CHAIRPERSON HUDSON: Okay. Great. Thank you.

How is NYC Aging supporting caregivers of older veterans, whether it's through respite care services, counseling, or coordination with VA caregiver programs?

ASSISTANT COMMISSIONER VENTURA: So, our caregiver services providers are also obviously like part of the network of service providers that we want to reach with the military cultural competency training so currently I don't think that there's training that's specific to that, but we're hoping that following this training that we can provide that to those caregiver providers as well.

CO-CHAIRPERSON HUDSON: And then as far as partnerships are concerned, are there any that exist or could be developed with LGBTQ-plus affirming older adult centers like SAGE or culturally specific organizations?

ASSISTANT COMMISSIONER VENTURA: So we also through a different formation through the Advisory Council, we've had SAGE serve on the Advisory Council and that's something that we're looking to also update since I think the previous representative had left SAGE, and so that's really how those connections happen through SAGE. We've also had some internal discussions with people in our agency that are also very familiar with what has happened to the experiences of LGBTQ-plus-identified veterans with discharge, etc. so that is also

something that we've been discussing on how to rectify and work with SAGE closely on that, but that is just a preview of that opportunity.

CO-CHAIRPERSON HUDSON: That's good to hear.

COMMISSIONER HENDON: I have to add just looking at Local Law 4, we report out the number of discharge upgrade work we do with members of the LGBT community that FY ’23, ’24, ’25, this is a number of veterans we've worked with on these discharge upgrade issues where it was specifically LGBTQ issues. 2 FY23, 14 FY24, 52 FY25, so there's been an uptick.

CO-CHAIRPERSON HUDSON: Thank you. And can I just ask you are there any specific, or I guess I should say unique challenges or barriers to serving veterans that are identified as LGBTQ-plus that you've experienced or found?

COMMISSIONER HENDON: I think the key piece is to get our folks to come into the light. I think that's the key piece to kind of get somebody to self-identify as having served as been a veteran. There are many reasons why someone may not identify. One piece could be just outright cynicism or anger with their experience and how they were treated. If

we see what's going on as far as the story of many of our LGBTQ brothers and sisters, especially what's going on now with trans veterans, so for us it's how do we break through a message in a way where people feel comfortable coming to us. And that's why it may not just be that veteran. It may be I need to reach out to your spouse, reach out to your sibling, reach out to your child, reach out to your parent to kind of get them to get you to come to us.

EXECUTIVE DIRECTOR D'MELLO: I think there's a mistrust with the federal government, and people associate us with the federal government so we have to explicitly say that we're not part of the federal government. Also, we have programs that aren't affected by those cuts that we can fill in those gaps, so I think we explicitly have to say that because of the lack of trust.

CO-CHAIRPERSON HUDSON: Have you found any particular language that's helpful or have you done case studies? Are you speaking to every veteran the exact same way or are you tailoring your communication and outreach for particular communities?

EXECUTIVE DIRECTOR D'MELLO: I can speak to Mission Vet Check. So we use a lot of empathy. It's strength based. It's trauma informed. We train our volunteers every single session so the information's fresh. It's new. If we have any changes, they're updated immediately. So, I think we approach it with empathy. We build conversations around rapport. We build a rapport. That way, they feel comfortable that we're not judging them. We're here for them. We're here to provide the services we have their best interest in mind.

CO-CHAIRPERSON HUDSON: Thank you.

COMMISSIONER HENDON: What's tough about it, Chair Hudson, is we have a small budget and a small team. Our authorized strength is 49 as far as our authorized headcount and the most recent approved budget is 7.6 million for the agency so it's small. So for us, it's been trying to tie in with the local community organizations and faith centers, another group we didn't speak of as far as other groups and working with our elected officials so I think folks here received it, emailing individually every city, state and federal elected official to try to just have as many allies as possible in this fight to

reach out, be it through a hyper local geographic perspective, through a demographic perspective, sociographic, to try to just get in front of our people.

CO-CHAIRPERSON HUDSON: Thank you for that.

How many NYC Aging staff or contractors receive veteran specific training annually and is that tracked as part of contract compliance?

ASSISTANT COMMISSIONER VENTURA: I think as of now, we have not provided military cultural competency training to our service provider network, but after November, we plan to change that. And it isn't part of contract compliance because the contract compliance is very specific to a catchment area, etc., but hoping that this would be a proactive way that service providers would have that competency in addition to the competency of the area that they serve.

CO-CHAIRPERSON HUDSON: And what, if any, measurable outcomes does NYC Aging use to evaluate its impact on veterans' well-being beyond service counts, and what additional Council actions would strengthen these supports?

ASSISTANT COMMISSIONER VENTURA: I think I would have to just review with our service needs assessment and what was included in that data collection. So that's one aspect.

And then I think as part of it, just to support and similar to what Commissioner Hendon mentioned earlier, it's just about self-identification. I mean, it's something that obviously is among the veteran population. Because of ageism, it’s also among the older adult population. So those are two things that I think, especially through constituent services or what have you and your ongoing and in reach with your communities that you serve, to raise that awareness. And it's something that sometimes people feel like, oh, I'm familiar with these services, but I'm not eligible or I don't feel comfortable or I don't think that that service would serve someone like me, and I think that's not true. These services are for anyone, regardless of your socioeconomic status. None of our for-older adult centers and the service that we have are not means tested, and I think that is the idea where those -isms start coming in. So I think that's

something that elected officials can be supportive of in that realm.

CO-CHAIRPERSON HUDSON: Great. Thank you.

I'll turn it over to Council Member Schulman for a question.

COUNCIL MEMBER SCHULMAN: Thank you. Thank you very much, and thank you, both Chairs, for this important hearing today.

So my question is, in terms of the LGBTQ-plus veterans, do you have a liaison in your office that people can reach out to if they need something?

COMMISSIONER HENDON: We don't have an appointed liaison.

COUNCIL MEMBER SCHULMAN: Okay.

COMMISSIONER HENDON: Yeah.

COUNCIL MEMBER SCHULMAN: Maybe you should, especially given the issues around what's going on with the federal government. I know you said it's a little bit difficult because people don't want to identify, but at least if they do want to reach out and take that step, I think somebody should be there to get their questions and help them.

COMMISSIONER HENDON: We can definitely do that. Thank you for that suggestion. Thank you.

COUNCIL MEMBER SCHULMAN: Okay. That was all I wanted to point out.

CO-CHAIRPERSON HUDSON: Thank you.

And I'll turn it back over to Chair Holden. Thank you.

CO-CHAIRPERSON HOLDEN: Thank you so much for that.

So, I want to thank the panel. I know my Co-Chair appreciates this. It was a very, very good session, and I loved the answers so I think we've learned a lot today. But again, thank you so much for all of the testimony and all the great answers. Appreciate it.

CO-CHAIRPERSON HUDSON: Thank you.

CO-CHAIRPERSON HOLDEN: Okay. I'm going to now open the hearing for public testimony.

I remind members of the public that this is a formal government hearing, and that the public will be allowed to participate in proceedings and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times.

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

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

If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant-at-Arms and wait to be recognized. When recognized, you will have three minutes to speak on today's hearing topic, Supporting New York City's Older Veterans. I want to reinforce that this is the topic, so if you go off topic, we're going to interrupt you.

We will hear all in-person testimony first, and then we're going to turn to testimony on Zoom.

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

I'll now call our first panel. Brian Ellicott-Cook, Ellen Davidson, and Genesis Aquino.

CO-CHAIRPERSON HUDSON: You can all come up to the table.

CO-CHAIRPERSON HOLDEN: Yeah, all three.

Ellen Davidson. I'm sorry? Oh, she stepped out, but she's coming? Okay.

All right, we can start. Go ahead, Brian.

BRIAN ELLICOTT-COOK: Good afternoon, Chairs Hudson, Holden, and Members of the City Council Committees on Aging and Veterans. My name is Brian Ellicott-Cook. I use they/he pronouns, and I serve as the Director of Government Relations at SAGE, the nation's oldest and largest organization to improving the lives of LGBT-plus older adults.

On behalf of SAGE, I submit this testimony in support of Resolutions 850 and 985. These Resolutions address the urgent needs facing older adults, individuals living with disabilities, and vulnerable New York City tenants. Additionally, I wish to elevate the concerns raised by the LGBTQ-plus veterans during these challenging times across our country, particularly for LGBTQ-plus people. The SAGE Vets program started in 2014, and to date we currently serve 550 self-identified veterans who are also LGBTQ. SAGE continues to hear from LGBTQ-plus veterans, particularly older adults who are not only burdened by the historical injustices they endured, but also by the ongoing effects of exclusionary

federal policies and rhetoric today. These veterans, many of whom served during eras of overt discrimination, still face systemic boundaries, barriers to recognition, respect, and equal accessibility to benefits. The emotional toll is unbearable. I've heard stories from our SAGE Vets program manager and coordinator of participants who are avoiding going to the VA. Completely. Because of the removal of LGBTQ-plus coordinators and the overall growth in our support group's attendance has grown because of policies of the federal government and cutbacks on DEI. The continued denied dignity and support is compounded by President Day challenges, including navigating complex bureaucracies and confronting biases while institutions to meet where they're served. These realities underscore the urgent need for inclusive and affirming policies, and we commend the New York City Department of Veteran Services for their leadership in offering discharge upgrade assistance, connecting with LGBTQ-plus veterans to caregiver support, VA support groups, medical care, and survivor benefits. And we applaud the New York State Department of Veteran Services for its committed diversity, equity, and inclusion, and

for implementing the Restoration of Honor Act, an essential measure that restores access to state benefits for veterans discharged because of sexual orientation, gender identity, or trauma. And SAGE Vets is thankful to both these agencies for funding us, and more broadly, helping our program serve those deeply impacted. However, we urge both Departments to go further, to stand with us, to speak out, and to actively advocate alongside our community. LGBTQ-plus veterans not only need acknowledgement, but unwavering support and action. We need our government partners to be more vocal on what's happening to LGBTQ-plus veterans and service members, and to say with the deepest of convictions that they are still valued, respected, and worthy of dignity, despite what's being said about those people in Washington. We want to be sure that any LGBT veteran liaison is in the office of a Council Member is not only competent in military cultural competency, but LGBTQ-plus cultural competency, regardless of how that Council Member feels about our community. And I'm happy to answer any questions you have further on this subject. Thank you.

CO-CHAIRPERSON HOLDEN: Thank you.

GENESIS AQUINO: Good afternoon, Committee Members. Thank you for the opportunity to testify, and for supporting this important issue. I am Genesis Aquino, the Secretary Director of New York State Tenants and Neighbors Information Service and New York State Tenants and Neighbors Coalition. We are two organizations unified with a common mission to empower, educate tenants, preserve affordable housing, diverse communities, and strengthen tenant protections in New York. I'm here on behalf of our members to say that we are strongly supporting Resolution 0985 2025, and urge City Council to firmly call New York State Assembly to pass Bill 7851 and for the Governor to sign it. Retroactively freezing the rent at which SCRIE and DRIE enrollees pay at the level it was when they first became eligible, or at the level it was two years before they entered the program, would ensure that vulnerable seniors and tenants with disabilities stay housed. New York State Tenants and Neighbors has been a strong supporter of the SCRIE and DRIE programs since their inception, and we fought for these programs back in 1970, and have remained steadfast with our commitment to protect the most vulnerable New Yorkers. The ability

to age in place has never been in more danger than it is today, since our federal government has made it their agenda to eliminate all possibilities of housing justice to our most vulnerable populations. And while we support this Resolution, it is not the only reform that we need to modernize SCRIE and DRIE and ensure that seniors remain in their homes. Tenants and Neighbors organizes with low- and moderate-income rent-regulated tenants and Mitchell-Lama residents throughout the city, many who we have helped enroll in the program. The story is almost always the same. When tenants apply, the rent is frozen at a level that they cannot afford. However, because there is no assessment at the time of the application as to the affordability of the rent, the amount the tenant is paying may already be a substantial rent burden for the person on a fixed income. There is no option under the current law for this frozen rent to be lower, despite severe rent burden. Additionally, when (TIMER CHIME) someone becomes ineligible, the program's… I ran out of time, but I wanted to say that we appreciate that the Council supported a resolution to increase the income limit for eligibility for SCRIE and DRIE. We would

like the Council to also support and introduce legislation to support Assembly Bill 7729 and Senate Bill 2451, which will freeze the rent at one-third instead. Retroactively freezing the rent is good, but we want the rent to be frozen at one-third. That would be more efficient and would support more people who are impacted by the unaffordability of the rent. It is extremely essential. There are other bills that I put on the testimony. You can read on your own, but it also includes excluding veterans' benefits and Medicare premiums from income calculations because we know that this is not money that they get to seek cash. Maybe these are things that can be solved at the City level. That's what the State Legislature is telling us. I'm urging you to create regulation language and change the way income is calculated. Also, we need municipalities to require language justice so that more people can receive information about SCRIE and DRIE programs in their language and also include for the DRIE program specifically include the guardian or parent of the person with a disability so that they can also qualify for the program. If I'm the guardian and I'm the leaseholder

or someone who has a disability, they cannot apply for SCRIE.

CO-CHAIRPERSON HOLDEN: Okay. Thank you very much.

GENESIS AQUINO: (INAUDIBLE)

CO-CHAIRPERSON HOLDEN: Ellen, go ahead.

ELLEN DAVIDSON: Good afternoon. My name is Ellen Davidson. I'm a Staff Attorney at the Legal Aid Society. I want to thank the Chairs for holding this hearing, the Speaker for her Resolution 985 on the SCRIE and DRIE program. I am also grateful for the opportunity to come here and talk about SCRIE and DRIE and the needed reforms. I will acknowledge that it's the State that actually needs to make the reforms, and I assume that were the City Council to have the power to make these reforms, you would have already made them. Part of the reason that I think it's important to come to the City Council and ask for your help and partnership in getting these needed reforms done in Albany is that I know from spending a lot of time lobbying in Albany that our elected officials often care deeply what their City colleagues think about these programs since this is a City program. There have been a couple of resos

supporting this. We're going to be needing more help in the upcoming session if we want to finally get the SCRIE and DRIE program done. I will say I think in particular raising the income eligibility would be essential to make sure that older veterans get access to these programs. Lucky for them, they often have incomes that are higher than people in social security and SSI and welfare. That often cuts them and leaves them out of programs that they really need to afford their housing. The Council last year did pass a Reso in support of the bill that would increase the income eligibility to 67,000 and then index it for inflation. The problem with the way that the SCRIE and DRIE program currently works is that you get your rent frozen at the moment that you apply, not the moment you're eligible. If at the moment you learn about the program and I've heard a lot of talk about how people don't know what programs that exist that can actually help them and sometimes they wait too long to get access to programs that can help them. With SCRIE and DRIE, if a veteran who would have been eligible waits until they're paying 90 percent of their income toward their rent, their rent gets frozen at 90 percent of their rent. The

bill to freeze people's rents at a third of their income and have the landlord get tax breaks for the rest of the money, it seems like a really important (TIMER CHIME) program for our older New Yorkers, our veterans, and our disabled New Yorkers.

CO-CHAIRPERSON HOLDEN: That's critical, by the way.

ELLEN DAVIDSON: Yes. Absolutely.

CO-CHAIRPERSON HOLDEN: Otherwise, we're spinning our wheels.

ELLEN DAVIDSON: Yeah. Absolutely. Thank you so much for the opportunity to testify.

CO-CHAIRPERSON HOLDEN: Thank you for this, too. I was trying to read it between your testimony. It's great. Thank you so much.

ELLEN DAVIDSON: You’re welcome. Thank you so much for the opportunity.

CO-CHAIRPERSON HOLDEN: Our next panel, Ashton Stewart, Nathaniel Washington, and Joe Bello.

ASHTON STEWART: Good afternoon, Chair Holden, Chair Hudson, and Members of the New York City Council Committee on Veterans and Committee on Aging. Thank you for holding this joint public hearing to discuss how we can work together to

support New York City's older veterans. My name is Ashton Stewart. I am a Navy veteran who served in the Gulf War and currently serving as Veterans Program Manager at the MJHS Health System. Prior to that, I worked and managed the SAGE Vets Program for four years.

Among the complex challenges that we see as a healthcare provider in helping veterans navigate a complex VA system, that is the number one issue. To better support veterans and their families, it is important to raise awareness about how service in the military affects veterans and their families historically, depending on the era in which they served. Health literacy is getting more difficult for veterans and their families. The introduction of the Mission Act in 2018 designed to expand healthcare to veterans enrolled in the VA to community providers and navigating Medicare benefits. While care options for veterans were expanded by this legislation, navigating them is another story. Education is critical, and MJHS has been a leader providing forums and resources to better equip veterans and advocates on what support is available and how to obtain it. Through our MJHS Veteran Resource Guide, our

quarterly Vet-to-Vet Cafe, and veteran-themed continuing education credit courses, we have helped bridge this gap for hundreds of veterans and community partners. MJHS continues to increase in the volume of veterans and their spouses seeking hospice care and palliative care over the past three years, and as of June 2025, the numbers are already trending higher than last year. I am an accredited veteran service officer, and I've worked with dozens of veterans and their families to recognize when their disabling injuries are service-connected and help them enroll in the VA to access additional benefits. These outcomes provide much-needed relief during difficult times. Despite these successes, there are still many missed opportunities to connect veterans to the benefits they have earned. Despite a short timeline to put a claim together because many veterans referred to us don't last for more than a month, we still have had some great success putting in a substitution for surviving spouses through DIC. The challenge is empowering veterans sooner before they get to hospice. There was a study in 2018 called Assessing the Capacity for New York State Health Care Providers to Meet the Needs of Veterans, and the

study showed less than 3 percent of health care providers in New York State meet all the cultural competency criteria needed to support veterans and their families. To address this, MJHS and the State Department of Veterans Services collaborated on the development and dissemination of a military cultural competency toolkit intended to help medical providers gain awareness of military culture, to overcome barriers to care, to connect veterans to available services and benefits. And after much planning and coordination, this resource along with an implementation guide will be launched this November in a hybrid CME webinar offered through the MJHS Institute for Innovation. Benjamin Pomerantz, Deputy Counsel for the State, and myself will present (TIMER CHIME) may I just finish, a few more things, address the gaps, and we hope that this will also address the challenge of veterans not self-identifying.

Another powerful way MJHS supports aging veterans and their families is our acute awareness of how military service has historically shaped a veteran experience. When assisting a World War II veteran enroll in the VA for additional benefits, we discovered that he was a Montfort Point Marine, one

of the first African Americans to enlist in the U.S. Marine Corps. We connected the family to the National Montfort Point Marine Association Incorporated, who are planning a posthumous ceremony to present the family with a Congressional Gold Medal in his honor. When sharing this great news with a veteran's daughter, she said, I think I'm going to faint. He would be so proud to know that he will be honored in this way. And MJHS also assisted a World War II Women Army Corps veteran who lives in Council District 19, and she just turned 108 years old. Upon admission into our hospice program, we learned from the family that she was denied VA health care, and we fought the VA decision reminding them that in 2023, the VA announced that all World War II veterans are now eligible for no-cost VA health care. She was quickly admitted and received additional benefits, and we also helped her obtain her medals almost 80 years after she earned them.

CO-CHAIRPERSON HOLDEN: You had to remind the VA? You just said that?

ASHTON STEWART: A policy that they put out in 2023. They didn't know about it. I told them about it, and they said, well, she didn't fight in

combat. I said, excuse me, she served during World War II. She's eligible, and so they fixed it. The plight of aging veterans is significant, and this population is surging. With so many uncertainties at the federal level in supporting aging veterans and their families, it's imperative that we ensure safety nets are at the local and state level, and they're in place and secure. In 2024, the We Honor Veterans contract with the VA ended, and it was not renewed. And thankfully, this program, under the watchful eye of the Alliance for Care at Home, has committed to make all VA resources available to the community because of its significant impact and effectiveness. We are thankful for their partnership.

MJHS is an innovative leader in our field, and our goal with our We Honor Veterans program is to never leave anyone behind or completely alone, and it's not easy work. It's so painful to encounter a veteran living in isolation and suffering, and so far in 2025, we've helped close to 50 percent of our veteran patients receiving hospice care navigate benefits that they did not know were available to them. There are more veterans that we want to help, and with additional staffing, we will

be able to do so, but we have limited funding. We're actively seeking external resources to expand our work, and we thank you, Chair Holden, Chair Hudson, and Members of the New York City Committee on Veterans and Committee on Aging for hosting this hearing to discuss how collectively we can support older veterans, and we look forward to future conversations and collaborations. Thank you.

CO-CHAIRPERSON HOLDEN: Your organization is terrific, and what you just said today is amazing. The 108-year-old is amazing.

ASHTON STEWART: And we're still trying to get more services from the VA for her.

CO-CHAIRPERSON HOLDEN: You should put that out there.

ASHTON STEWART: I got them to sign a consent form so I could share it because it's so important, and the daughter was like, by all means, share the gaps. It's just tremendous, and she's still alive. She's been on hospice since June 2024.

CO-CHAIRPERSON HOLDEN: Well, thank you. Thank you for all your testimony over the period for this Committee. Very valuable.

ASHTON STEWART: Thank you so much. It’s been… (CROSS-TALK)

CO-CHAIRPERSON HOLDEN: Joe Bello.

JOE BELLO: Chair Holden, Chair Hudson, members of the Veterans and Aging Committee, thank you for holding this important hearing. New York City's aging population is substantial and growing, with approximately 1.43 million residents aged 65 and older as of 2023, which is a 53 percent increase since 2000. According to data and media reports, the city is home to roughly 138,000 veterans, 70 percent of whom are 55 and older, more than half 65 or older, and about one-third 75 or older. Yet our systems remain poorly equipped to meet their needs. As noted in this hearing's report, many older veterans come into contact with the Department of Veterans Services during moments of crisis, a housing emergency, a lack of food, a hospice admission, or a loss of income. That is not proactive outreach. That is crisis management. Despite the passage of Local Law 37, which requires City agencies to ask residents about military service, implementation remains complete, and there is no publicly available data on DVS's or the City's website. The Commissioner testified in

September 2024 that DVS is now receiving DD214 data from the U.S. Department of Defense for veterans transitioning to the city. While this is a start, it is far from sufficient. As a result, many senior veterans remain unidentified and unsupported. The City Council 2025 Report Card on DVS highlighted the disconnect between how DVS measures success and how veterans, especially older veterans, experience services. For example, while DVS promotes its new online portal, VetConnect, many older veterans do not use the Internet or smartphones the way younger veterans do. And I have personally heard stories of veterans and their families who actually needed DVS personnel or outreach personnel that they have to help fill out the VetConnect request form or they would not have completed it at all. The Council's report also recommended non-digital outreach, recurring mailings, phone calls, and community events to engage veterans. As the Committee report notes and the Commissioner himself stated, DVS mailed 52 postcards at the behest of Councilman Holden in 2025, reaching less than half of the city's veterans population. This one-time effort is insufficient and I understand the budget concerns. Our oldest

veterans, many in their 70s, 80s, and 90s, must not be left out simply because they are not online. The report also found that DVS has no publicly available long- or short-term strategic plan and few measurable goals. Without age-specific metrics, it is impossible to determine whether older veterans are being effectively reached or helped. Accountability and data transparency are essential if we are to improve services and earn all veterans' trust.

Many older veterans suffer from social isolation, particularly those who are homebound or disabled. Programs like the Department of the Aging's Friendly Visiting Help, but they are not veteran-specific. Additionally, while DFTA partners with DVS through the DVS Ambassadors Initiative intended to employ veterans age 55 and older to conduct outreach and connect the veterans' community, there is little evidence out (TIMER CHIME) there of the program's viability or impact. This raises concerns about whether it is being effectively implemented or adequately supported. DFTA's budget has grown significantly, increasing 8 percent from 282 million in Fiscal Year 2010 to 509 million in Fiscal Year 2024, outpacing overall citywide growth. Older

veterans need culturally competent, veteran-specific programs that recognize military experience and the stigma many feel in seeking help. Stronger collaboration between DVS and DFTA could make a real difference. Even with SCRIE and DRIE, many older veterans remain rent-burdened and spend more than half their income on housing. Reso. 985, which supports retroactively freezing rents for seniors and disabled tenants, is an important step. Unfortunately, awareness is low and only nine Council Members have signed on to that Reso. Similarly, Reso. 0850 has limited support. While I personally support it, without broader backing, meaningful progress and implementation from the current federal administration is unlikely.

In close, I have my recommendations to better help senior veterans, which you can read. I would say data from both Committee reports and the Council's report cards show the same pattern. The outreach is insufficient, digital dependence excludes many, and older veterans are too far off and being left behind. The next Administration and Council will need to address the loss of federal funding with City funds or risk-cutting services that all seniors,

including senior veterans, rely on. Older veterans answered the call to serve this nation. Many saw combat. They now face unique challenges. Aging bodies, fixed incomes, housing instability, social isolation, and health issues. With New York City's aging population, systematic gaps cannot persist. Thank you, Council Members, for the opportunity to testify.

CO-CHAIRPERSON HOLDEN: Thank you, Joe, again for a great testimony. We appreciate your insight and continuous advocacy.

JOE BELLO: Almost 30 years.

CO-CHAIRPERSON HOLDEN: Persistence. Thank you again.

Just last call for Nathaniel Washington. Okay. I don't see Nathaniel.

That concludes the in-person portion of our public testimony.

We will now move to remote testimony. If you are testifying remotely, please listen for your name to be called. Once your name is called, a Member of our Staff will unmute you. You may then start your testimony once the Sergeant-at-Arms sets the clock

and cues you to begin. You may begin once you are unmuted and the Sergeant-at-Arms, like I said.

Our first witness is Bronx Borough President Vanessa Gibson.

BRONX BOROUGH PRESIDENT VANESSA GIBSON: Hi, Mr. Chair. Good afternoon.

CO-CHAIRPERSON HOLDEN: Nice to see you again.

BRONX BOROUGH PRESIDENT VANESSA GIBSON: So good to see you all. The Hearing Room looks beautiful. Not the way I remember it.

CO-CHAIRPERSON HOLDEN: You have to come down and see this. Go ahead.

BRONX BOROUGH PRESIDENT VANESSA GIBSON: Good afternoon, ladies and gentlemen, my fellow Colleagues in the City Council, Chair Bob Holden and Chair Crystal Hudson, certainly Members of the Committees on both Veterans and Aging. Thank you for hosting a very important hearing this afternoon on supporting New York City's older veterans. I appreciate the opportunity to testify. I am thankful for all of your great work as a former Member of the Body. I know the value of the work you do and I want to acknowledge that.

I want to thank you for allowing us to recognize the entire month of November as Veterans Appreciation Month. It certainly speaks volumes to your commitment and your dedication and making sure we lift up all the voices of our veterans and our military families. As we approach November, right around the corner, this is an important opportunity to highlight the sacrifice that veterans have made, as well as our military families, our Gold Star and our Blue Star families. It also allows us a chance to say thank you, recognizing the 50th anniversary of the ending of the Vietnam War. My uncle proudly served and is a Vietnam War veteran, so I want to say thank you to all of our veterans, past and present.

We know the data, and I just want to recognize that we have looked at federal data from the Department of Veterans Affairs and there are certainly millions of veterans across the country over the age of 65 that identify and are veterans, a majority of whom have served in the Vietnam War. And as our veterans get older, we know that they have to deal with many similar issues that other older adults, I often call them senagers, that they have to deal with. We must work to ensure that all of our

older adult veterans are able to take full advantage of all the programs that they are offered through the VA. Our VA is the James J. Peters Veterans Hospital in the Kingsbridge community, as well as making sure that they are given sufficient and affordable housing, health care, mental health services, wraparound services, and dealing with social connections.

Additionally, family members, our military families must be informed about additional benefits and services, such as the VA Survivors Pension and as well as burial benefits also. According to the census, a majority of our older veterans and veterans as a whole are not enrolled in any military or veterans' health care benefits. Instead, many may have private insurance or Medicare. Our City must do more to work together to make sure that veterans are able to check their eligibility and get enrolled if they are eligible as well as interested.

There are a number of important opportunities to continue with our innovation and creative work, working with the VA (TIMER CHIME) and many other health care providers. Advances in

telehealth, as we all know, home-based opportunities and non-traditional facilities can really provide alternatives to care for many of our veterans who may have disabilities, mobility issues, and just simply not being able to access services in an office setting where they have to travel. There are also opportunities to build greater partnerships and relationships with all of our veterans' offices as well as our service providers and CBOs on the ground, the mobile health care facilities who are often physically closer to many of our residents. Expanding the way we serve veterans is our effort to provide access and opportunity and connect our veterans to critical services that they are all entitled to.

Our City must redouble our efforts to engage our veterans. I'm very proud that we have reopened our Bronx Borough Hall Veterans Resource Center here in the Bronx in partnership with the New York City Department of Veterans Services, working with our very own Commissioner James Hendon and his team at DVS. Every Tuesday from 10 a.m. to 4 p.m. we have a DVS staff member that provides services to all of our veterans in the Bronx. I'm proud of that. I'm proud to have a Veterans Advisory Council. We meet

every month in our office. We host events all year round. I'm very proud to also have a partnership with the New York State Department of Labor called Future Forward Bronx. And in my tenure as BP, we have held several dedicated job and career fairs for only veterans at Borough Hall, and that matters when you show up for veterans in a real way. We've been able to partner with the State Department of Veterans Affairs, James J. Peters, providing access to housing, permanent housing that is, health care, mental health. We have a mental health court here in the Bronx. We've been able to try to serve so many veterans because we have 15 American legions in the borough, and we work with all the commanders during the holidays, but all year round because we recognize that there are many unsheltered veterans that need permanent housing, those that are disabled, those that identify as LGBTQIA-plus, those that are disabled. We want to make sure that they get services. And so I recognize the City Council. I recognize all of our partners like MetroVets and Black Vets for Social Justice. We've done tremendous work on the ground to not only improve the system, but to do more education and outreach. And so the

bills and the resos on today's agenda speak volumes to your commitment. And as a former Member of the New York State Assembly, you all know, I know that we also need our Colleagues in Albany in the Senate and the Assembly to also follow suit because a lot of the programs will come from the State of New York. So even in the midst of so much challenge right now when we're not seeing programs sufficiently funded, we cannot give up on veterans. We will not give up on veterans. And we will keep showing up for them all year round, not just the month of November.

So I want to thank you again, Council Members, for your leadership, for your support. And please know that you have a partner in the Bronx Borough President. I'm here to work with you.

CO-CHAIRPERSON HOLDEN: Yeah, and it sounds like it. Thank you for… That's amazing testimony. You're a pro, but 15 American Legion VSOs you have, that's amazing. And how are they doing? How are they holding up? Because the challenges that they all face with the building and so forth.

BRONX BOROUGH PRESIDENT VANESSA GIBSON: Yeah. That's another conversation we'd love to have with you, Chair, because when it comes to the

physical infrastructure of their locations, they need capital funding, and not everyone is eligible. Not everyone has the capital up front with the reimbursement process. So that's something I would love to work with the Committee on, how we can look at creative, maybe grant opportunities for our Veterans Affairs and our American Legion… (CROSS-TALK)

CO-CHAIRPERSON HOLDEN: Or even Member initiatives that each Council Member will have a pot that they could give to VSOs to try to keep them above water because many of them are facing not only building issues, boiler issues, flooding, you name it, and then trying to come back from that is a challenge. But thank you, Borough President, again for the amazing testimony.

BRONX BOROUGH PRESIDENT VANESSA GIBSON: Thank you.

CO-CHAIRPERSON HOLDEN: And we'll be in touch, definitely. Thank you.

BRONX BOROUGH PRESIDENT VANESSA GIBSON: Yes. Thank you. Thank you, Council Member. See you soon.

CO-CHAIRPERSON HOLDEN: Okay.

Our final, so far we have only one more remote. Katy Bordonaro.

SERGEANT-AT-ARMS: You may begin.

CO-CHAIRPERSON HOLDEN: I hope I got the name right.

KATY BORDONARO: Second try was perfect, so thank you so much, Council Member.

Thank you to both of the Committee Chairs today for holding this hearing, and thank you to Speaker Adams and to Gale Brewer, a longtime ally of the Mitchell-Lama community, and the six other City Council Members who are Co-Sponsors of Resolution 985 to date. My name is Katy Bordonaro, and I serve as Secretary of the Mitchell-Lama Residents Coalition, a grassroots, all-volunteer organization, working since 1972 to represent the interests and needs of Mitchell-Lama renters, co-operators, and residents living in former Mitchell-Lama developments. The MLRC has long advocated for changes in the SCRIE/DRIE Program to allow the program to keep up with inflation and expand the number of beneficiaries. Such modifications will keep more New Yorkers in their homes for a longer period of time. There are several pieces of legislation we are boarding in the

New York State Legislature right now to enhance SCRIE and DRIE, and the Mitchell-Lama community is very grateful that the City Council is sending a strong message to the Legislature to retroactively freeze the rent which a SCRIE/DRIE enrollee pays at the level it was when they first became eligible or at the level it was two years before they entered the program, given that entrance into the program occurred more than two years after they first became eligible. Sorry, it's so complicated. We are grateful also that in 2024 the City Council sent a complimentary message to the Legislature to make an automatic annual increase in the income cap for eligibility. This increase would equal any increase in the Consumer Price Index, and that legislation passed the Senate last year. Hopefully it will pass both houses in the next session, along with this legislation. These improvements to SCRIE and DRIE will allow our most vulnerable citizens to stay in their homes. Passing this resolution, as you know, tells the State Legislature that the City Council is ready to approve the funds needed to strengthen the SCRIE/DRIE program.

On a personal note, I just want to say in listening to the testimony today, I am the spouse of a disabled Vietnam-era veteran, and anything you can do to help veterans is so important, and the SCRIE/DRIE measure that you're considering is part of that helping of veterans, in addition to all the other seniors and disabled that are eligible. I didn't realize how personally important today might be, and I've learned a great deal from the testimony. So thank you for that, in addition to making the future of SCRIE and DRIE a priority in your efforts.

CO-CHAIRPERSON HOLDEN: Great. Thank you, Katie, so much for your testimony. Thanks for waiting around, too.

KATY BORDONARO: No problem.

CO-CHAIRPERSON HUDSON: Thank you again.

The following witnesses were also signed up to testify remotely.

Alex Stein, if you are online or here in person, please raise your hand. Alex Stein.

Seeing no one else.

CO-CHAIRPERSON HOLDEN: All right. So, if there's anyone else present in the room who has not

had the opportunity to testify but wishes to do so, please raise your hand.

All right. Seeing no one else who wishes to testify, this hearing is adjourned. [GAVEL] Thank you, everyone.

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 October 27, 2025