

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

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HELD AT: Council Chambers - City Hall

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

COUNCIL MEMBERS: Karen Koslowitz  
Deborah L. Rose  
Chaim M. Deutsch  
Mark Treyger  
Paul A. Vallone  
Rafael Salamanca, Jr.

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

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Paula Marcelli, Chief Executive Officer  
Services Now for Adult Persons, SNAP

Linda Hoffman, President  
New York Foundation for Senior Citizens

[sound check, pause]

CHAIRPERSON CHIN: Good afternoon, everyone. My name is Margaret Chin. I am the Chair of the Committee on Aging. I would like to thank my Co-chair Council Paul Vallone as well as committee members who will be joining us later, and Council staff for coming together to hold this hearing. Today's hearing will provide the committee with an opportunity to discuss and evaluate the core services offered by the City's Department for the Aging also known as DFTA. The committee's efforts to promote Fiscal Year 2018 as the Year of the Senior would not be possible without DFTA's social programs and offerings many of which we plan on discussing today. In our efforts to ensure the city's seniors are afforded basic care, the Committee successfully lobbied the Administration to create DFTA's total funding to over \$330 million in joint Administration and Council funding, an increase of \$20 million over last year. These additional funds support the Elder Abuse Program, increased pay for case manager and supervisor and for the placement and expansion of DFTA's Senior Center. While the committee is proud of these accomplishments, we are consistently

1  
2 striving to expand the services available to the  
3 City's seniors and to increase the participation  
4 among seniors in the many DFTA programs. DFTA has  
5 increased funding while impressive, still makes up  
6 less than half of one percent of the city's \$82.1  
7 billion budget. Imagine the programs DFTA could  
8 provide if it was allotted just one percent of the  
9 city's budget. Just imagine, one percent. DFTA's  
10 Caregiver Support Service could be expanded to  
11 accommodate additional caregivers and more  
12 effectively promote their program. We can eliminate  
13 the waivers, the case manager for homecare once and  
14 for all because no senior should have to wait for  
15 services. DFTA could increase staffing to further  
16 expand its homecare service hours, senior center  
17 programs and outreach could be expanded to provide  
18 innovative programming alongside basic services. And  
19 the quality of home delivered meals could be improved  
20 and tailored to meet senior's nutritional and dietary  
21 needs. As the city's population ages, it is our  
22 responsibility to ensure that government agencies are  
23 adequately prepared to provide services to our  
24 growing senior population. This hearing will provide  
25 the committee with an opportunity to understand and

1  
2 evaluate DFTA's existing services, and to identify  
3 areas for improvement in the future. With that said,  
4 I would like to turn the floor over to the Chair—  
5 Chair of the Subcommittee on Senior Centers, Council  
6 Member Paul Vallone to say a few words and we've also  
7 been joined by Council Member Rose.

8           COUNCIL MEMBER VALLONE: Thank you, Chair  
9 Chin and Council Member Rose, welcome. These are the  
10 hearings that we always look forward to because we  
11 always put our vision forward, and we like to share  
12 ideas, and I think if we don't have a town budget  
13 plan, then really it puts so much more effort on our  
14 providers to kind of make up the difference. So  
15 these are critical hearings. We talk about them all  
16 year long. So we're excited to hear Karen, your  
17 testimony, and some of the ideas that always come  
18 from DFTA. I'm always excited to hear from everyone  
19 that comes to the hearings. These are critical  
20 times. So there's not one of us that doesn't go back  
21 to a district and doesn't hear from the overwhelming  
22 demand at our senior centers, and that are—that are  
23 facing our seniors today. So I'm very excited to  
24 hearing about today's hearing, and what we can do to  
25 plan for the future. Thank you, Madam Chair.

CHAIRPERSON CHIN: Thank you. So, we'll invite up Karen Taylor, the Assistant Commissioner for Community Services, Eileen Mullarkey, Assistant Commissioner for Long-Term Care, and, of course, Caryn Resnick, Deputy Commissioner for External Affairs, and counsel will swear you in.

LEGAL COUNSEL: Please raise your right hand. Do you swear or affirm to tell the truth, the whole truth, and nothing but the truth in your testimony today?

DEPUTY COMMISSIONER RESNICK: I do.

LEGAL COUNSEL: Thank you.

DEPUTY COMMISSIONER RESNICK: Good afternoon, Chairperson Chin and members of the Aging Committee. I'm Caryn Resnick, Deputy Commissioner for External Affairs at the New York City Department for the Aging, and I'm joined today by Karen Taylor, Assistant Commissioner for Community Services, which oversees our senior centers among the many other programs, and Eileen Mullarkey, Assistant Commissioner for Long-Term Care. On behalf of Commissioner Donna Corrado, I'd like to thank you for this opportunity to discuss DFTA's core services including senior centers, congregate meals, case

1 management, homecare and home delivered meals.  
2  
3 According to the 2014 American Community Survey, New  
4 York City's older adult population includes 155  
5 million people over the age of 60, which represents  
6 more than 18% of the city's total population. By  
7 2040, that number—the number of New Yorkers age 60  
8 and older will significantly increase to a projected  
9 1.86 million, a 48.5% increase from 2000. The New  
10 York City Center for Economic Opportunity reports  
11 that the poverty rate among those age 65 and older is  
12 23% as compared to the official federal poverty rate  
13 of 16.7%. This represents a major difference of 38%  
14 due primarily to the high cost of housing and  
15 extensive medical costs for older New Yorkers.  
16 Poverty increases with age, and older adults who are  
17 frail or disabled are more likely to be poor than  
18 those who are not. Nearly 32% of all older New  
19 Yorkers report challenges with mobility and self-care  
20 placing them at risk of becoming socially isolated.  
21 Over the next 20 years issues of poverty and frailty  
22 will increase with the expected major rise in the  
23 older adult population. Furthermore, approximately  
24 165,000 New Yorkers over the age of 60 reported  
25 suffering from food insecurity between 2012 and 2014



1 according to the New York City Coalition Against  
2 Hunger. Central to DFTA's mission is to ensure the  
3 dignity and quality of life of New York City's  
4 diverse older population. DFTA realizes its mission  
5 through community-based and in-home programs for  
6 older New Yorkers such as senior centers, case  
7 management, homecare and home delivered meals. DFTA  
8 currently sponsors 275 senior centers though the five  
9 boroughs, which are funded at \$125 million. These  
10 centers include 17 senior social clubs previously  
11 operated by NYCHA and eight former discretionary  
12 programs that were baselined. Senior centers provide  
13 meals at no cost to participants so modest voluntary  
14 contributions are accepted. At senior centers, older  
15 New Yorkers can participate in a variety of  
16 recreational, health promotional and cultural  
17 activities as well as receive counseling on social  
18 services and obtain assistance with benefits. In  
19 FY16 nearly 30,000 older New Yorkers participated in  
20 activities and received meals at DFTA's sponsored  
21 senior centers each day, which is an increase of  
22 approximately 7% compared to last year. In addition,  
23 senior centers serve the total of 7.6 million  
24 congregate meals including breakfast, lunch and  
25

1  
2 dinner, which is an increase of almost 3% compared to  
3 last year. In FY15 and additional \$3.3 million s  
4 baselined to address rising food costs, a congregate  
5 and home delivered meals, and in FY17, an additional  
6 \$800,000 was baselined for senior center rent.

7 DFTA's network of senior centers includes 16  
8 innovative senior centers, the addition of ISEs to  
9 the senior center network has provided a tremendous  
10 enhancement to the infrastructure of community-based  
11 senior services. ISEs have demonstrated the capacity  
12 of the senior center system to meet the demand for  
13 robust programming within the communities they serve.  
14 With additional hours, expansion of programming, use  
15 of technology, community partnerships and shared  
16 resources, senior center services have reached a  
17 broader more diverse audience of older New Yorkers  
18 including those of a younger cohort. An additional  
19 \$2.3 million for ISEs was based on in FY15. DFTA  
20 engaged Fordham University to conduct an analysis of  
21 the impact of participation in senior center  
22 activities on the overall health and wellbeing of  
23 older New Yorkers. The study followed older adults  
24 who were participating in innovative and neighborhood  
25 senior centers, and as well as older adults who had

1  
2 not participated in the senior center for at least  
3 one year. Findings indicated that both ISE and MC  
4 members are achieving positive outcomes. Senior  
5 center participants recorded improved physical and  
6 mental health, increased participation in health  
7 programs, frequent exercising, and positive behavior  
8 change in monitoring weight and keeping physical  
9 active. Participation in the senior center also  
10 helped to reduce social isolation. The older adult  
11 population served by senior centers are among those  
12 with the lowest income, the fewest resources, the  
13 poorest health, the greatest social isolation, and  
14 the most need for services. The findings of this  
15 study indicate that senior centers are attracting  
16 this group that has multiple needs, and senior center  
17 members experience improved physical and mental  
18 health not only in the time period after joining the  
19 senior center, but maintain or even continue to  
20 improve even one year later. This is a very  
21 important finding given the decline in health and  
22 social activity in this age group especially among  
23 those with income. Maintenance of health and social  
24 activity rather than a decline is a major benefit of  
25 senior centers. [coughs] Case management funded at

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2 \$30 million is the entry point for DFTA funded in-  
3 home services such a home delivered meals, and  
4 homecare. All clients receiving an in-home service  
5 funded by DFTA receive a comprehensive assessment  
6 from a case management agency. Case managers  
7 provide assessment to identify the strength and needs  
8 of older persons and work with clients to plan and  
9 coordinate services and resources on their behalf.  
10 In FY16 nearly 33,000 older New Yorkers received  
11 535,000 hours of case management, an increase of 17%  
12 compared to the prior year. This was the result of  
13 investment in expanded case management staffing in  
14 order to meet the high demands for case management  
15 services. Reducing high-high case management case  
16 loads has been a priority to the Administration. An  
17 additional \$2.6 million was baselined in FY15 to  
18 strengthen the case management system and to support  
19 the reduction of caseloads. This funding has helped  
20 bring caseloads down to 65 per case manager on  
21 average. Previously, caseloads were nearly 80 per  
22 case manager. Also, the Administration added \$4.8  
23 million in FY17 and \$7.3 million starting in FY18 to  
24 stabilize staffing for case management programs by  
25 significantly raising salaries of case managers and

1  
2 their supervisors. [coughs] This increased funding  
3 has resulted in more competitive salaries, which help  
4 reduce our turnover rates and improve service  
5 delivery by hiring and retaining professional  
6 qualified staff to ensure greater continuity of care.  
7 DFTA-DFTA's expanded In-Homecare Services for the  
8 Elderly Program known as EISEP, is designed for low-  
9 income seniors 60 years and older that have met-that  
10 have unmet needs in activities of daily living and do  
11 not qualify for Medicaid funded homecare. The goal  
12 of this program is to help clients achieve the  
13 greatest level of comfort I the friendly and familiar  
14 environment of his or her own home for as long as  
15 possible. Homecare Services are provided to help  
16 functionally impaired older adults remain safely at  
17 home who need assistance with at least one activity  
18 of daily living such as dressing, bathing and  
19 personal care, or two instrumental activities of  
20 daily living such as shopping, cooking and house  
21 cleaning. As part of the Comprehensive Assessment,  
22 case managers assess senior needs and if homecare is  
23 needed and there are available hours to provide,  
24 clients are authorized for homecare. In general,  
25 housekeeping services are limited to four hours

1  
2 weekly and homemaker personal care services are  
3 limited to 4 to 12 hours weekly. Client income and  
4 housing expenses are considered when determining if a  
5 client requires a full share or is it just his  
6 contribution for their homecare. This calculation is  
7 based on a formula provided by the New York State  
8 Office for the Aging, and the number of hours of  
9 homecare provided increased by 21% in FY16 in  
10 comparison to the previous year. Approximately, 1.1  
11 million hours of homecare services were provided to  
12 more than 3,800 homebound older adults during this  
13 period. Homecare is funded at \$19 million.  
14 Additional funding of \$4.3 million in FY16 address  
15 the waiting list for DFTA's Homecare program. In  
16 FY15, DFTA case management agencies reported 500  
17 clients on the waitlist for DFTA funded homecare  
18 services. After a concerted effort on behalf of  
19 community providers to enroll new clients and to  
20 expand the hours for existing homecare clients, there  
21 was no longer any waitlist for homecare services in  
22 FY16. This was a great accomplishment considering  
23 the process to refer clients for homecare is  
24 comprehensive and client intensive. The Home  
25 Delivered Meals program provides nutritious meals to

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2 older New Yorkers while creating greater choice to  
3 address the future needs of the growing homebound  
4 population. All home delivered meals continue to  
5 meet prescribed dietary guidelines. Those older  
6 adults assessed by their case manager are capable of  
7 re-sending (sic), have choice in flexibility between  
8 choosing twice weekly delivery of frozen meals or  
9 daily delivery of a hot meal. The selection of  
10 frozen meal deliveries provides the option to decide  
11 when clients are ready to eat and which means they  
12 wish to eat that day. In FY16, more than 26,400  
13 homebound seniors received nearly 4.5 million home  
14 delivered meals representing an approximate 4%  
15 increase from 4.3 million meals last year. Home  
16 delivered meals are funded at \$36 million. In  
17 addition to the \$3.3 million that was baselined in  
18 FY15 to address the rising food costs, the congregate  
19 in home delivered meals, the Administration added  
20 baselined funding of \$1.8 million in FY16 to expand  
21 the capacity of the home delivered meals network by  
22 5%. This funding resulted in 200,000 addition home  
23 delivered meals for the seniors in need. Given that  
24 case management is the entry point to in-home  
25 services such as home care and due to an increase in

1  
2 demand for these services, currently there are  
3 waiting lists for case management and homecare. The  
4 number of case management clients grew from  
5 approximately 17,600 in July 2015 to more than 19,100  
6 in September of 2016. About 15% of case management  
7 clients are in need of homecare services, and the  
8 waiting list for an in-home-in-home case management  
9 assessment is 1,710. The homecare, there are 386  
10 clients who have been assessed at home and are on a  
11 waitlist as of the end of 2016. All of the clients  
12 on the case management waiting list have received a  
13 phone assessment, and nearly all of these clients  
14 have been authorized to receive home delivered meals.  
15 Clients with an urgent need for an in-home assessment  
16 such as the change in availability of a caregiver or  
17 difficulty managing at home, are prioritized for an  
18 in-home assessment without the wait. At a minimum  
19 clients are polled every two months to see if their  
20 needs are being adequately met until the case manage  
21 agency conducts an in-home assessment. I thank you  
22 again for this opportunity to testify on behalf of  
23 DFTA's core services, and I'm pleased to answer any  
24 questions that you may have.



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CHAIRPERSON CHIN: Thank you. Thank you for your testimony, and we also have been joined by Council Member Salamanca, and Council Member Deutsch, too. Welcome. [pause] We're all here. [laughs] Good, we're going to start with—let's see, I'm going to start with a couple of questions, and then I'm going to pass it onto my colleagues. Now, in your testimony when I was listening all of a sudden I heard there was no waiting list for homecare. [laughs] And then I said, that cannot be, and then okay then you fixed it a little bit at the end. So realistically right now from DFTA, how many people—how many seniors are on waitlists for case management right now, and homecare because we're getting—just in your own words.

DEPUTY COMMISSIONER RESNICK:

[interposing] So I'll—I'll just explain what you heard, which is that when we had an infusion of home base to address the waitlist a year ago, we did and we were very happy and proud to be able to eliminate the waitlist, and then as we began to spend that money, we kept bringing on clients, and so lo and behold we again had the waitlist, and the waitlist today stands at—

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FEMALE SPEAKER: [off mic] 386.

DEPUTY COMMISSIONER RESNICK: 386, as I testified.

CHAIRPERSON CHIN: Yes. So, if Mr. Fuleihan, our—the budget, the OMB Budget Director has he heard about this layaway that's been going on? [laughter?] And I know that the November Plan is coming out or it's been out. The Administration put more funding in there to address the wait list as we've been telling him about.

DEPUTY COMMISSIONER RESNICK: I don't think we know if we have additional funding for homecare. The waitlist has been discussed. I think everybody is aware that we have a waitlist, and—perhaps. I know you can help me in explaining that in—as case management we believe stabilizes and we're able to recruit and bring the full complement of workers with better salaries, we think the capacity to be able to do assessments and in-home services is going is going to increase, and it will help we believe with reducing the case management wait—caseload and may or may not help with reducing the homecare wait list, but I think we've come to the realization that a lot of this is a balancing act,

1  
2 and given the demographics I think we're going to  
3 always have a waitlist.

4 CHAIRPERSON CHIN: Yeah, I think that  
5 officially the homecare that we kind of keep it up  
6 because right now in--in your testimony you're saying  
7 that in case management you have over 17, you know,  
8 1,700 waitlist, and as I said in my, you know,  
9 earlier remarks, seniors cannot be on any waiting  
10 list. They shouldn't be waiting for services. But  
11 you're saying at least minimum wage that they are  
12 getting--

13 DEPUTY COMMISSIONER RESNICK:

14 [interposing] An emergency services. [coughs]

15 CHAIRPERSON CHIN: Services.

16 DEPUTY COMMISSIONER RESNICK: And it's  
17 sort on the meal and in an emergency also homecare.  
18 So we really try to manage so that nobody is in a  
19 crisis for services.

20 CHAIRPERSON CHIN: [interposing] So how  
21 do you quantify [coughing] an emergency service? Also  
22 qualify there like emergency homecare?

23 DEPUTY COMMISSIONER RESNICK: Well, for--  
24 when a client calls up and is on the intake on the  
25 phone, the case management agency can authorize them

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2 for a meal, and the majority of our clients like 95%  
3 of our clients end up getting a meal, and they have  
4 a--some sort of investment on the phone to figure out  
5 if they have really pressing needs. So, if they did  
6 instead of being put on the waitlist for an in-home  
7 assessment, they would be seen at home and they would  
8 be helped in terms of whatever their needs are. In  
9 terms of homecare, it's really up to case management  
10 to look to see if there's other resources in the  
11 community that could help them. If they have a  
12 caregiver involved that there be caregiver funds used  
13 for that. Are they eligible for Medicaid? There's  
14 also some reduced care--reduced price homecare. So  
15 they try to help them fill the gap while they wait  
16 for hours through our programs.

17 CHAIRPERSON CHIN: So for the 1,710  
18 people that you said are on the waitlist the  
19 minimally have gotten--somebody has talked to them  
20 intake over the phone and has gotten an--an emergency  
21 new--

22 DEPUTY COMMISSIONER RESNICK:  
23 [interposing] They've gotten--

24 CHAIRPERSON CHIN: -to fill the void.  
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DEPUTY COMMISSIONER RESNICK: --they've gotten a meal, and they're called every two months. So at that two-month checking call [coughs] if their needs have changed, that could, you know, escalate them to need a home visit. So clients who have, you know, good supports in the community, and they really were calling for a meal, and when they've had somewhat of an assessment on the phone, it really-- that is their main need at the time. Case management is like they're okay waiting until there's an available worker to go out to see them.

CHAIRPERSON CHIN: Okay, and that's-- that's good to know. So we still have to work on the homecare visits. And we are going to go back to call on the directors that I see. You're telling me these was a waitlist, and hopefully we'll see some additional funding in the November plan, I'm hoping, and you guys haven't seen it. [background comments] Okay, I mean how if we logically there should be some extra funding for it because this told them that there was going to be a waitlist, and now it's--it's there. I'm going to pass it over to my colleagues to ask another question regarding our senior centers.

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2 COUNCIL MEMBER VALLONE: Thank you, Chair  
3 Chin. Good afternoon. Hi, Deputy Commissioner.

4 DEPUTY COMMISSIONER RESNICK: Good  
5 afternoon.

6 COUNCIL MEMBER VALLONE: I mean there's  
7 so many parts and components of today's hearing, we  
8 could actually have second hearings for each one of  
9 them. So it's almost a disservice, but we try our  
10 best to kind of get to each one. We have senior  
11 centers themselves, and the cost involved, case  
12 management, homecare, home delivered meals, and then  
13 there's a variety of questions you can tackle on  
14 each. But I [coughs] I think for myself the senior  
15 centers become such the focal point for—I can't say  
16 for every district that fits in, but when you have a  
17 Northeast Queens and Queens Community like ours that  
18 is so difficult to address the patient issues. The  
19 senior center becomes the focal point of the day  
20 because there is no way to get in protest because the  
21 transportations were there, another home and that's  
22 it. So, for me, making sure that our senior centers  
23 have the funding that they need to operate the  
24 staffing, salary parity, overhead costs, well then we  
25 could as council members supplement and grow. (sic)

1  
2 So I would think can-can we just talk a little bit  
3 about what are the different categories that DFTA  
4 sees for a senior center's overhead? How are the  
5 costs broken down? What's the general—because I know  
6 we had an allocation for rent, but there are many  
7 other different allocations besides that.

8 DEPUTY COMMISSIONER RESNICK: Let me--  
9 I'll answer, and then Karen can help me out, but as I  
10 recall from when I ran senior centers, pretty much  
11 it's—it's a line item budget, and there is personnel  
12 expense, and then there's other than personnel  
13 expenses, which would include all of the landfill and  
14 overhead and other things I guess that you have  
15 around various, and I think that's pretty much it.  
16 [laughs.]

17 COUNCIL MEMBER VALLONE: So, what—what do  
18 you consider overhead? How does that overhead—my  
19 overhead in the house is very different than an  
20 overhead from a senior center.

21 DEPUTY COMMISSIONER RESNICK: So I know  
22 I—we should clarify what you mean by overhead but  
23 [coughs] the city actually allows a certain  
24 percentage of overhead, which is based on sponsoring  
25 organization actually approves overhead rates. They

1  
2 have to show on them by 90 how much is actual  
3 programs, and ow much is overhead. So if any were up  
4 to 10%. So that's the pure overhead. Then there are  
5 things you might be thinking of such as rents and  
6 operating expenses that are not overhead. They are  
7 part of day-to-day operations.

8 COUNCIL MEMBER VALLONE: So with the fear  
9 of [coughs] of when the provider shows the amount,  
10 what-what is the city's reimbursement for that?

11 DEPUTY COMMISSIONER RESNICK: The city-we  
12 were reimbursed on a-on a cost basis. So, for the  
13 senior centers they are not reimbursed by the  
14 service. They're reimbursed by what they spend.  
15 Some of this kind of fits into the different  
16 categories, are included in an indirect or an admin  
17 rate. Not all providers have that rate. Some will  
18 charge off for instance portions of a bookkeeper or  
19 some of the back-back office functions to the  
20 contract if they don't have any direct rates, and  
21 we're reimbursed for that. I think the biggest  
22 pitfalls--

23 COUNCIL MEMBER VALLONE: [interposing]  
24 Now, when you say just--just going step by step--

25 DEPUTY COMMISSIONER RESNICK: Yes.



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COUNCIL MEMBER VALLONE: --to produce that. So when you say reimbursed for that, how does that work?

DEPUTY COMMISSIONER RESNICK: The program every month submits an invoice also line-by-line that matches their line-by-line budget saying what they had spent in each category, and also they report on how many service units they've provided during the month. Some, you know, every--every month. And then we review the invoice, and we reimburse the program for what they--that they spent.

COUNCIL MEMBER VALLONE: Is that dollar for dollar?

DEPUTY COMMISSIONER RESNICK: Uh-huh.

COUNCIL MEMBER VALLONE: So is there an average amount of reimbursement?

DEPUTY COMMISSIONER RESNICK: To--?

COUNCIL MEMBER VALLONE: Is there an average cost to estimate for their senior center?

ASSISTANT COMMISSIONER TAYLOR: You mean an average budget size? [background comments] So that's a--it's a little bit of a different question, but the--the answer is that there's a very wide range in our budget from senior centers, and the majority

1  
2 of that is historical. We have been taking a very  
3 close look at that, and it's a place that we would  
4 like to focus this coming year. It's very  
5 challenging because these dollars were allocated so  
6 many years ago in certain communities, it's very  
7 connected to a contract? So you can't just really  
8 throw the whole thing up I the air, and because  
9 you're trying to realign them all at once. So it's—  
10 it's complicated, but we're doing a lot of work. I  
11 would say the average budget is somewhere between \$4  
12 and \$500,000 and then our innovative centers were  
13 funded up to a million dollars, and then our others  
14 can go from a very tiny center over 200 or something  
15 up to, you know, 800, and they're connected to units  
16 of service, and whether you're serving 20 people or  
17 200 people. So in that way there's, you know,  
18 obviously a correlation with how many meals, and  
19 activities you're providing.

20 DEPUTY COMMISSIONER RESNICK: We also  
21 want to correct something I said earlier when—as I  
22 said we reimburse dollar for dollar. The seniors  
23 centers all do collect contributions from seniors,  
24 which and they project when they set up their budget  
25 so when they do a proposal they project how much

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2 they—they anticipate collecting in contributions that  
3 it's folded back into the budget. So when they  
4 submit their invoices they do also report how much  
5 they've collected, and usually this is for the meals  
6 and contributions. And so we reimburse for  
7 everything that y spent minus whatever they collected  
8 in contributions. Because I know that they're  
9 providers and they are linked. So they're going to  
10 correct me if I don't correct myself. [laughs]

11 COUNCIL MEMBER VALLONE: Yeah, I know.  
12 That's why we depend on that.

13 DEPUTY COMMISSIONER RESNICK: And then  
14 just to add that it further complicates the—the  
15 picture is that even if you're looking at two equal  
16 size—centers in size so they're in the same unit we  
17 have things that are completely out of whack such as  
18 rent, and we know that we have been—do add onto the  
19 rent that's going to continue to be a problem. So  
20 you may have somebody that's in a church basement  
21 paying nothing, or several thousand dollars a year  
22 and somebody else in a retail space that's paying up  
23 to \$400,000 a year in rent. So, that's, you know,  
24 completely makes the picture more lopsided.

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COUNCIL MEMBER VALLONE: So how do we—how do we handle that if—if that style is to borrow, then if someone is on Fifth Avenue at a senior center or someone is in a basement of a church, it's being 100% reimbursed?

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DEPUTY COMMISSIONER RESNICK: It's part of their budget. I mean—

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ASSISTANT COMMISSIONER TAYLOR: Yep. I mean these—the sponsoring agency gets the bottom line, and you're told you have \$500,000. In that, you said you're going to provide 100 meals and X activities and then [coughs] basically you have to build your program around that or at least around the staff and personnel, and frames and overhead if there's any room left for overhead expense.

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COUNCIL MEMBER VALLONE: And I think that's always been part of Margaret and I trying to champion the overhead expense because it gets a loss I the equation and then either a program or staffing or something. It's got to be an adjustment. So we always are glad to see that, an increase to that including and also not—

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ASSISTANT COMMISSIONER TAYLOR:  
[interposing] I—we—we—

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COUNCIL MEMBER VALLONE: --come out of Council.

ASSISTANT COMMISSIONER TAYLOR: --we would not disagree that our budgets are quite lean, and--

COUNCIL MEMBER VALLONE: And it's also dependent on our Council--

ASSISTANT COMMISSIONER TAYLOR: --this is also an advantage (sic) and our providers do a great job with--with limited resources.

COUNCIL MEMBER VALLONE: I think part of the cry that we hear is that so much is undetermined because it's been provided by the Council, budget if they can't project the budget going forward past June you know.

ASSISTANT COMMISSIONER TAYLOR: Getting one-time expense money does complicate it.

COUNCIL MEMBER VALLONE: So last year we took a good step with some salary increases, but now we've been talking about salary parity and expanding that. Is there any hope or talk about expanding that?

ASSISTANT COMMISSIONER TAYLOR: I know that the applicants and the community are expressing

1  
2 that. Of course, we would love to see parity as  
3 well. So perhaps that's a priority area that we can  
4 work on together.

5 COUNCIL MEMBER VALLONE: And I think we  
6 spoke not too long ago about an RFP for meals, and  
7 where we are on the next time we'll-

8 ASSISTANT COMMISSIONER TAYLOR: The home  
9 delivered meals.

10 COUNCIL MEMBER VALLONE: The home  
11 delivered meals. Tell me about this.

12 ASSISTANT COMMISSIONER TAYLOR: We have  
13 recently engaged a consultant and we've engaged that  
14 consultant to help look at ways--the way in which  
15 meals are delivered throughout the country, and to  
16 look at new models. There has been so much, and our  
17 Commissioner I know you've heard her talk about the  
18 new technology that we're trying to utilize in  
19 whatever way we can with our new Transportation and  
20 Freedom Grant. So we want to look again at are there  
21 better ways to provide more choice, more flexibility,  
22 perhaps be able to provide more meals because we know  
23 those numbers are growing, and so, you know, do that  
24 in a more economical way. So we're going to be  
25 spending the next year or so really studying that

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2 ,and then I don't know when we're due for an RFP if  
3 it's in one or two years but--

4 COUNCIL MEMBER VALLONE: Well, I mean the  
5 study some of these things--

6 ASSISTANT COMMISSIONER TAYLOR:  
7 [interposing] Even down the pipe it will be an RFP  
8 again for home delivered meals.

9 COUNCIL MEMBER VALLONE: But is there  
10 anything we can do now while the study is being  
11 prepared for maybe working with new or different  
12 entities that could apply looking at the type of  
13 ethnic meals that are being provided, and the  
14 reimbursement costs? I mean those are some of the  
15 things that we can do while we're looking at these  
16 great new ideas, but I mean for the--during the  
17 existence of the current RFP, those has been the  
18 cries from just about every different community  
19 whether it was Korean, Chinese, Jewish, Italian and  
20 these are all the terrorists are fighting for, but  
21 there's [laughter] there's always something there.  
22 How about in the--what we can do now because they're  
23 waiting for the study?

24 ASSISTANT COMMISSIONER TAYLOR: Well, we  
25 had an increase that was a great victory a number of

1  
2 some years back to both increase the reimbursement  
3 rate and for provide a differential to kosher meals.  
4 That was a hard fought battle, and we could always  
5 use additional funding to be able to provide a  
6 greater reimbursement pay. And I want to, of course,  
7 give a shout out to City Meals in the room who's our  
8 partner in all of this, and is part of how we are  
9 able to provide meals seven days a week and on  
10 holidays and—and with the infusion of a very large  
11 sum that's still in process dollars. So this was  
12 very much a public/private partnership.

13 COUNCIL MEMBER VALLONE: Oh, no, we won't  
14 hold the partners at any of this, but it's---you are  
15 working with them to hand-in-hand and then really  
16 guiding us as individual council members on—on what  
17 the needs in each particular community. So, we thank  
18 them and the community—you know they can keep it up.  
19 But a concern and I'll—I'll turn it over to some of  
20 the council members who have questions. Because of  
21 districts like ours, it's very difficult for staff to  
22 get there, and a common cry I have in Northeast  
23 Queens and what do my public needs as far as you  
24 could get, and we don't have trains. So, when I have  
25 [coughing] case management of a worker coming for a



1  
2 10 o'clock. Appointment for one of my constituents,  
3 it never happens, unless I leave at 6:00 in the  
4 morning to get there. It—I think what—I won't say  
5 it's crisis based, but it's certainly meritorious in  
6 discussing what we can do to better provide the city  
7 workers and staff to get to places within the city  
8 that are very difficult to get to. And then what  
9 happens is a senior guy rushes. A senior or someone  
10 in need may just give up, but I can't—I can't wait  
11 like Mrs. Chin and Mrs. Smith waited for two hours on  
12 the corner. My neighborhood I had to pick up her  
13 worker from--from the 7-Train on Main Street, which  
14 is nowhere near where she was living because she  
15 couldn't get her worker to get to the house. I  
16 wanted--

17 ASSISTANT COMMISSIONER TAYLOR: That's—I  
18 mean that's a newish issue for me to be hearing. I  
19 don't know if my staff hear that same complaint, but  
20 I mean I—I—I could understand that that would be the  
21 case. But I don't know about really his boss before.

22 COUNCIL MEMBER VALLONE: Yeah, what I  
23 would suggest is maybe take a look at the outer  
24 boroughs.

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2 ASSISTANT COMMISSIONER TAYLOR: Yeah,  
3 absolutely.

4 COUNCIL MEMBER VALLONE: --the outer  
5 boroughs and the staffing time it takes to get there  
6 and what they have to do but, of course, staff  
7 workers stopped taking two buses, two trains to try  
8 to get to where they have to go or just give up and  
9 take a cab because it's very difficult to get to all  
10 these other places, and--and that's become more and  
11 more as my seniors are homebound. They are not  
12 making it. That is going to expand the need to get  
13 staff and workers to these individual locations. So,  
14 we're very appreciative--

15 ASSISTANT COMMISSIONER TAYLOR: Just as a  
16 reminder, you know, we contract out to sponsors, and  
17 in general those sponsoring agencies are located  
18 within the community. So it's not so much of getting  
19 city workers out to locations, but, you know, our  
20 not-for-profits getting workers out. So I'm not sure  
21 but we--we'll take a look at that issue.

22 COUNCIL MEMBER VALLONE: Thank you very  
23 much. Thank you, Madam Chair.

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2                   CHAIRPERSON CHIN: Thank you. We're also  
3 joined by Council Member Treyger and Council Member  
4 Salamanca with some questions.

5                   COUNCIL MEMBER SALAMANCA: yes, thank  
6 you, Madam Chair. Good afternoon. I have a question  
7 in terms of the senior centers. How often are the  
8 seniors—are there work being done in the senior  
9 centers or inspections done to—to ensure that the  
10 infrastructure is in good condition and no cap to the  
11 needs are immediate?

12                   DEPUTY COMMISSIONER RESNICK: We monitor  
13 and access he senior centers at least annually, and  
14 that involves several visits by our program officers  
15 and our nutritionist. Those are not facility  
16 assessments, although during that process we look at  
17 certain facility items such as place for assembly  
18 permits and the approvals and certifications of Fire  
19 Department, any violations from the Fire Department  
20 and that sort of thing. We also look at the  
21 conditions in—in a very generic sense of floors and  
22 ceilings to make sure that there's nothing that leaks  
23 out as being particularly dangerous or a safety  
24 hazard. In terms of a structural or architectural  
25 kind of evaluation, we don't really have the capacity

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2 to do that. So we do take a look, and then we hear a  
3 lot from our providers who will inform us when there  
4 are issues that they see because they're there  
5 everyday, and we're there a few times a year. So we  
6 hear a lot from the as well.

7 COUNCIL MEMBER SALAMANCA: So these  
8 inspections are done yearly, you say?

9 DEPUTY COMMISSIONER RESNICK: Uh-huh.

10 COUNCIL MEMBER SALAMANCA: And who has  
11 access to these inspection documents?

12 DEPUTY COMMISSIONER RESNICK: They're  
13 just our assessments that we have at the Department  
14 for the Aging and then we share the results and the  
15 findings with the providers.

16 COUNCIL MEMBER SALAMANCA: Okay.

17 ASSISTANT COMMISSIONER TAYLOR: [off mic]  
18 The results--[on mic] the results are in the Vindex at  
19 the end of the year, which are a couple of records.

20 COUNCIL MEMBER SALAMANCA: And--

21 ASSISTANT COMMISSIONER TAYLOR:  
22 [interposing] The assessment informs the scoring that  
23 you get typically on your Vindex rating at the end of  
24 the year.

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2 COUNCIL MEMBER SALAMANCA: And these  
3 findings and these inspections how-how-how all-how  
4 soon are they addressed?

5 DEPUTY COMMISSIONER RESNICK: It really  
6 depends on what they-what they are. We've had a very  
7 wide variety of as we heard in testimony there are  
8 275 sites that have a senior center or a senior  
9 center type program. The sites in general I think  
10 about 85 to 90 of them now are in public housing  
11 locations. Others are in a wide variety of types of  
12 facilities and buildings. So, it's, you know, the-  
13 the circumstances in-in addition to this we have  
14 other agencies that are also inspecting. The  
15 Department of Health and Mental Hygiene goes out, and  
16 inspects the kitchens because there's a nutrition  
17 program. They notify us immediately if they have  
18 found that there is a-if-if the program did not pass  
19 their nutrition or their-their kitchen inspection.  
20 We-the have a facilities unit. That we work very  
21 closely with to try to stay on top of where programs  
22 are having difficulty getting places within these  
23 permits or getting corrections to violations. If we  
24 find that there's something critical that is-happened  
25 at a senior center, we will address it right away.

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2 COUNCIL MEMBER SALAMANCA: Okay, my next  
3 question is has to do with your case management. Is  
4 there a quality assurance or some type of peer review  
5 process has done for your case managers?

6 ASSISTANT COMMISSIONER TAYLOR: Similar  
7 to what happens at the senior centers we also have  
8 program officers that will review records, and they  
9 do a program assessment to see if the case management  
10 agencies are abiding by the standards that we have,  
11 and they get the correspondence. If there's anything  
12 that was lacking, and they have—they can return a  
13 correction action plan to us in three weeks, and then  
14 we monitor to see if whatever the item was actually  
15 corrected.

16 COUNCIL MEMBER SALAMANCA: And these—  
17 these assessments are they accessible to the public?

18 ASSISTANT COMMISSIONER TAYLOR: I don't  
19 believe they are. We have them at their site. We  
20 send a copy to the provider, and like Karen Resnick  
21 was saying it does inform their Vindex score.

22 COUNCIL MEMBER SALAMANCA: Is there a  
23 grade system for senior centers to see how well  
24 they're doing compared to other senior centers?  
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ASSISTANT COMMISSIONER TAYLOR: A grade system?

COUNCIL MEMBER SALAMANCA: A grade system, you know, yes.

ASSISTANT COMMISSIONER TAYLOR: Well, the grade system really is only in the Vindex where you get basically a good, a far, a 4 or satisfactory.

COUNCIL MEMBER SALAMANCA: Good. Alright, my-my-

ASSISTANT COMMISSIONER TAYLOR: [interposing] I--I also just wanted to add that we do customer surveys, that satisfaction surveys, and the De--and the Department actually since Commissioner Corrado is with us, has developed a quality assurance unit to begin monitoring and looking at all of our--of all of our programs in the agency.

COUNCIL MEMBER SALAMANCA: Alright, then my final question has to do with adult day care centers. I have quite a few of them in my council district. Does DFTA have any oversight over them?

ASSISTANT COMMISSIONER TAYLOR: Well, as a result of the piece of legislation that Chair Chin and others passed, we now have an ombudsperson and we do have oversight of daycare programs, which is

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2 complaint driven. So we don't, as we said go in and  
3 monitor in the same way that we with our contracted  
4 programs but as we get complaints from the community  
5 or anybody if it rises to the level that requires a  
6 visit, we do go out and--and survey and can find  
7 actually day care programs.

8 COUNCIL MEMBER SALAMANCA: Well, one of  
9 my--

10 ASSISTANT COMMISSIONER TAYLOR:  
11 [interposing] And when I refer them back to the state  
12 and to the State Department of Health who can  
13 actually close them down.

14 COUNCIL MEMBER SALAMANCA: And these  
15 adult day care centers they're for-profit businesses?

16 ASSISTANT COMMISSIONER TAYLOR: They can  
17 be for-profit. I think probably the ones you're  
18 talking about and the ones that we sometimes have  
19 concern about are for-profit, there are non-profit  
20 daycare programs. The Department used to fund a  
21 number of them, and many of those still continue to  
22 operate.

23 COUNCIL MEMBER SALAMANCA: One of the  
24 concerns that I have at least in my--my council  
25 district, is that I have these for-profit daycare



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2 centers who refuse to see clients that do not have  
3 Medicaid. If they have Medicare, they will not be  
4 seen, and I think that's an inconvenience for them  
5 because a lot of these seniors for example—excuse me.  
6 I have a senior's adult daycare center in Hunts  
7 Point. [coughs] I have a senior who is about 80  
8 years old. He has a pension. He—he—he receives  
9 Medicare, and they refuse to provide him with  
10 services there. Is this a—is there anything in the  
11 works with DFTA to address these concerns in terms of  
12 refusing to see seniors because they do not have  
13 Medicaid?

14 ASSISTANT COMMISSIONER TAYLOR: No, and  
15 it's—it's—it's, you know, what's complicated is as we  
16 had Medicaid reform in the State of New York, we had  
17 the proliferation of managed long-term care, and that  
18 allows for, which is a good thing, reimbursement to  
19 social daycare. So, the clients that are being seen  
20 in those for-profits are really clients that are  
21 connected to a managed long-term care, and that's  
22 their reimbursement, and that's how they're in  
23 business, and that's how they are making money. I  
24 would imagine if somebody could pay privately they  
25 would take that person as a private pay client. Our

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2 not-for-profits providers do take people on a sliding  
3 scale or sometimes it's covered through other funding  
4 that they can take people who are not on Medicaid.

5 COUNCIL MEMBER SALAMANCA: So there is no  
6 plans from DFTA to create a program to ensure that  
7 non-Medicaid clients could have access to the adult  
8 daycare centers.

9 ASSISTANT COMMISSIONER TAYLOR: We did  
10 have a small program. I think maybe at the most we  
11 were funded at about \$2 million. We still do, but  
12 isn't through discretionary funds? And the State  
13 Office for the Aging also continues to fund directly  
14 social day presence, and we can get you a list and  
15 see if there are programs in your district where you  
16 can refer [pause] If they don't have real physical  
17 needs, they could go to a senior center. It depends  
18 on how frail the client is.

19 COUNCIL MEMBER SALAMANCA: Alright, thank  
20 you, Madam Chair.

21 CHAIRPERSON CHIN: Thank you Council  
22 Member. I think that's an-an issue that we have to  
23 continue to pursue because there are a lot of these  
24 social adult daycares in all our districts, and  
25 making a lot of money and are not really providing

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2 the services. Even with the legislation I still  
3 think that DFTA needs to go and inspect every single  
4 one of them that's registered with the City to set a  
5 date by the service. So, we'll have to see if  
6 there's a way of getting me the details here so that  
7 we can do that because we're still hearing a lot of  
8 funny business going on there and so how they attract  
9 clients. And it's really a disservice to the  
10 providers who provide to our seniors benefits because  
11 those kinds they come back with the social service.  
12 Next, we have Council Member Rose for some questions.

13 COUNCIL MEMBER ROSE: Thank you, Chair  
14 Chin. I'm excited that we're having this—these  
15 conversations because my chair has decided that this  
16 is going to be the year of the senior, and I am  
17 backing her up. And so, we need all of the figures  
18 that we can, and we need DFTA to aggressively pursue  
19 funding. My concern is with the caregivers and the  
20 home care, and in the—in your testimony there was an  
21 anticipated decline of caregivers such as relatives  
22 and neighbors. I'd really like to know sort of what  
23 you think is—is attributed to, you know the decline  
24 and does DFTA have any plans to coordinate with the  
25 private sector on creating the jobs. For example, in

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2 nursing homes or agencies that provide seniors with  
3 home health aids, and that can help the senior meet  
4 the demands for these services. And are you a part  
5 of any private sector groups that provide consumer  
6 directed personal assistance programs?

7 ASSISTANT COMMISSIONER TAYLOR: Okay. So  
8 you'll have to help me, remind me because--

9 COUNCIL MEMBER ROSE: Okay.

10 ASSISTANT COMMISSIONER TAYLOR: --I've  
11 already forgotten the question at the point.

12 COUNCIL MEMBER ROSE: So the question is  
13 I wanted to know is something that you--

14 ASSISTANT COMMISSIONER TAYLOR:  
15 [interposing] One of the first things of the question  
16 is we were not saying that we're seeing a decline in--  
17 I caregiver services. We were saying that if that  
18 were the case, and somebody is on a wait list for  
19 homecare, that might push them up to the top so that  
20 they would get services if they were somehow at risk  
21 because their caregiver was no longer available. And  
22 you should also know that we are at the beginning of  
23 putting together our survey because another piece of  
24 legislation has asked us to survey caregiver needs  
25 throughout the City of New York, and we are beginning

1  
2 to put all that together. And so we will be  
3 conducting a survey about who are our caregivers and  
4 what are their names.

5 COUNCIL MEMBER ROSE: So there are enough  
6 [coughing] enough caregivers to meet the needs even  
7 those of the wait list?

8 ASSISTANT COMMISSIONER TAYLOR: No.

9 COUNCIL MEMBER ROSE: No. Okay, so  
10 that's—Okay, what are we doing to increase the number  
11 of caregivers for the—the people who homecare?

12 ASSISTANT COMMISSIONER TAYLOR: It's an  
13 interesting question. We're not really working  
14 toward increasing—caregiving, as you know, is  
15 primarily done by family, friends, relatives, and  
16 without that, we would—there's an—there's an  
17 estimate. I don't know the number. It's in the  
18 billions of dollars of what it would cost if we had  
19 to go out and purchase those services.

20 COUNCIL MEMBER ROSE: [interposing] But  
21 you provide--

22 ASSISTANT COMMISSIONER TAYLOR:  
23 [interposing] So, yes, we're heavily reliant in our  
24 society on family caregiving, but in our homecare,  
25 these are paid homecare workers going into their

1  
2 home, and so yes with additional dollars we could  
3 bring more hours and--and services into provide more  
4 homecare services. So it's not that we're looking to  
5 grow the informal caregiver of net worth.

6 COUNCIL MEMBER ROSE: And these homecare  
7 workers that you work with are--you--are they  
8 affiliated with private sector groups?

9 ASSISTANT COMMISSIONER TAYLOR: I believe  
10 one of our--how many homecare? [background comments]  
11 So of our five homecare providers, three are not-for-  
12 profit and two are for-profit.

13 COUNCIL MEMBER ROSE: And is there a need  
14 for more homecare providers?

15 ASSISTANT COMMISSIONER TAYLOR: I don't  
16 think we have a need for more providers. I think  
17 we're talking about the need for more hours,  
18 additional funding that would allow more hours so  
19 that we--

20 COUNCIL MEMBER ROSE: [interposing] So,  
21 it's--it's strictly a funding issue? It's a funding  
22 issue?

23 ASSISTANT COMMISSIONER TAYLOR: Yes.  
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COUNCIL MEMBER ROSE: Are any of the funds that you use for homecare providers provided by the federal government from the federal government?

[background comments]

DEPUTY COMMISSIONER RESNICK: Our overall homecare program EISEP is a state funded program and it's state funded at not a very large amount. Maybe it's up to \$16 million, our share, and our older Americans that money comes from the federal government to the state to the city.

COUNCIL MEMBER ROSE: And of the budget categories, homecare seems to have the least amount of appropriated, which obviously is insufficient. What measures are you taking to get more funding for homecare providers?

DEPUTY COMMISSIONER RESNICK: Well, we work with you. We advocate with the-with our Administration with the State, and with the federal government.

COUNCIL MEMBER ROSE: What is that such a sig-why is it significantly different? Why is that amount so different from the other budgeted categories?

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DEPUTY COMMISSIONER RESNICK: I'm not  
sure how to answer the question.

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COUNCIL MEMBER ROSE: Okay.

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DEPUTY COMMISSIONER RESNICK: The—the  
majority of homecare that people have access to in  
the city is Medicaid homecare. I mean this program  
was never intended to provide all of the necessary  
homecare, and it's for people who are just above the  
Medicaid eligibility, and that fit within a certain  
income bracket and then it's cost sharing based on a  
sliding scale fee, and it has been a very limited  
program. We do not seek to provide all of the  
homecare needs for everybody in the city.

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COUNCIL MEMBER ROSE: And so you have a  
wait list, yes?

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DEPUTY COMMISSIONER RESNICK: Yes, we do.  
We talked about the wait list, and we would refer  
them.

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COUNCIL MEMBER ROSE: What would it take  
to at least address your wait list?

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DEPUTY COMMISSIONER RESNICK: What would  
it take in terms of dollars?

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COUNCIL MEMBER ROSE: Funding, what—yes. What amount of funding would it take to address the wait list?

DEPUTY COMMISSIONER RESNICK: We'd have to really go back and—and analyze that. I mean we knew what it took last year to address the wait list. So we'll have to take another look, and as I—we talked about earlier, it's quite fluid and it depends on the capacity around case management agencies to move people off those wait lists.

COUNCIL MEMBER ROSE: Okay. I'm really trying to get from you that there is a intention to address—an—an intention to address this wait list to provide services in the home for people who are on your wait list. I—I—I don't hear a plan. I don't hear that it is—it's something that you were talking about addressing.

DEPUTY COMMISSIONER RESNICK: We are attempting to manage the client's who are on the wait list to make sure that there were no emergencies. We are trying to manage our case management caseload and see how bad those are.

COUNCIL MEMBER ROSE: [interposing] Yes, you are attempting to meet in the average.

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DEPUTY COMMISSIONER RESNICK:

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[interposing] And yes we need additional dollars as

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we're going to completely eliminate the wait list,

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and as I said earlier, I think as soon as we

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eliminate the wait list, we're going to start

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accruing a new wait list.

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CHAIRPERSON CHIN: I think Council Member

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Rose [laughs], the point is that we've got to--

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DEPUTY COMMISSIONER RESNICK:

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[interposing] I-I understand what she's saying.

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CHAIRPERSON CHIN: --get that funding

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baselined so that the providers can count on it and

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the city can count on it. The problem with the money

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that we fought for that helped--eliminated the wait

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list, it's not baselined.

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DEPUTY COMMISSIONER RESNICK: Okay.

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CHAIRPERSON CHIN: So, that's now they're

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--more will be going on the wait list. So we have to

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convince the Mayor and the OMB Director Mr. Fuleihan,

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that there will always be a wait list if we don't

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baseline the funding. So we--that's what we got to

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work on.

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COUNCIL MEMBER ROSE: Okay, and then

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just, you know the study conducted by AARP and the

1  
2 New York Times Center College Survey found that 73%  
3 of the gen extras (sic) could no longer afford long-  
4 term care. What are the suggested costs for  
5 providing services to this population?

6 DEPUTY COMMISSIONER RESNICK: [pause] I-  
7 I-I don't have an answer to that question.

8 COUNCIL MEMBER ROSE: Okay. Let's-let's  
9 just try this one. There are complaints sometimes  
10 about the variant of care within the-the industry.  
11 What oversight of the homecare agencies, the people  
12 who help provide the in-home care, what oversight  
13 exists for-for them?

14 DEPUTY COMMISSIONER RESNICK: The DFTA  
15 oversight includes similar to the senior centers and  
16 case management that references are reviewed and it's  
17 a problem assessment every year if there's any  
18 compliance items, the programs are notified and they-  
19 in three weeks they submit a class of action plan and  
20 then we review that. They also have a something  
21 because they have to do under DOHMH and part of the  
22 assessment is to make sure they're up-to-date on that  
23 whether it be training for their work or different  
24 kinds of house plans (sic) that their workers have to  
25 do.

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COUNCIL MEMBER ROSE: Okay, thank you.

DEPUTY COMMISSIONER RESNICK: Thank you.

CHAIRPERSON CHIN: Thank you, Council Member Rose. Council Member Deutsch questions?

COUNCIL MEMBER DEUTSCH: Thank you, Madam Chair. I just want to give a shout out to the Lenore Friedman [laughter].

CHAIRPERSON CHIN: Yay.

COUNCIL MEMBER DEUTSCH: The best of the best. [laughter] He runs a--to me a very well run group of seniors, and it's always a pleasure to visit her, always a smile on the face, and even now looking at her--

LENORE FRIEDMAN: [off mic] Thank you.

COUNCIL MEMBER DEUTSCH: -- she's smiling. You're a little embarrassed, but smiling. Yes. [laughter] Yes. So thank you, Commissioner, thank you for coming here this afternoon and testifying here in the City Council. I just--you did mention that in--for unpaid caregivers if the city would have to pay those unpaid caregivers it will cost the city billions of dollars, and--and that's-- that's a lot of money, and we need to do everything possible to decrease the amount of unpaid caregivers

1  
2 or even caregivers. So if there's any ways that what  
3 we can do working with the city agencies and others  
4 to see how we could eliminate some of those high  
5 numbers of volunteers of those caregivers that are  
6 family members who need to get to work and to go to  
7 work, and they need to have a life of their own that  
8 take care of those—that of the seniors that—that—that  
9 need their assistance. So I know throughout the City  
10 of New York and probably throughout the world, there  
11 is an issue with parking, the parking when a senior  
12 has a vehicle and they cannot find a parking spot  
13 because of all the congestion and all the vehicles  
14 and all—all around the city and everywhere that.  
15 That, and if they have to park, let's say it's four  
16 blocks away from their—from their house, then and  
17 they have an issue with—with walking and they have a  
18 problem walking, then they would have to rely on a  
19 caregiver, a family member or friends to drive them  
20 around to go shopping, coming home and so on and so  
21 forth. So one of the things I, which I probably had  
22 to do was to try to increase parking throughout—  
23 throughout my district. And I'm thankful to DOT who  
24 were able to take one block in my district that it  
25 had about eight parking spots, and increased it to 21

1  
2 parking spots by putting in angled parking on that  
3 block, and also at my request, Batrellia Street  
4 between Y and D, which is heavy populated area of  
5 seniors, they eliminated approximately about 15 spots  
6 and they just installed angled parking on-on-on a  
7 temporary basis I believe over 50 parking spots,  
8 angled parking. There is another location that I  
9 would love to get, Commissioner, I would love to get  
10 your support, and that is in Brighton Beach. In  
11 Brighton Beach we have many high-rise, a few high-  
12 rise developments that are coming up, and that is a  
13 very high senior population. And right now, many-  
14 because of that-of those developments, there is a  
15 parking lot with hundreds of spots that will be  
16 eliminated. So many of the seniors there would have  
17 to rely on a caregiver because it will be almost  
18 impossible to find a parking spot there. But  
19 fortunately, there is a train trestle, which is  
20 called the-the Brighton Q-Line, and underneath the  
21 Brighton Q-Line there is empty space, and overgrown  
22 weeds, and so on and so forth. And my request to  
23 the MTA, this is about a year and a half ago, and  
24 there was an issue with whose jurisdiction under the  
25 MTA train trestle belongs-it belongs to DOT or does

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2 it belong to the MTA? Finally, after a year and a  
3 half thanks to legal and everything, it came back  
4 that the DOT it's anything under the train trestle  
5 belongs to DOT, but they would need the MTA to grant  
6 them permission to park underneath the train trestle.  
7 So after making my request to the MTA, they—they  
8 replied to me that there was a Harlem fire underneath  
9 the train trestle, and because of that, which we had—  
10 we passed legislation yesterday on—on the—on some gas  
11 oversight and other things, but there was a fire  
12 underneath the train trestle in Harlem, and actually  
13 it was the Bronx, and—and that was the fire started  
14 because of improper storage of fuel. So I replied to  
15 the MTA that the reason, the cause of the fire was  
16 improper storage of fuel, and we cannot compare the  
17 Brighton Q-Line to what happened in the Bronx. And  
18 in addition to the, throughout the city and  
19 throughout Brooklyn, people park under the train  
20 trestle on Brighton Beach Avenue. People park on  
21 McDonald Avenue. People park under the train trestle  
22 on 86<sup>th</sup> Street, and I could go on and on and on. And  
23 in addition to that, I told MTA that they have—they  
24 have their employees that are currently parking  
25 almost two or three dozen cars of their own under the

1  
2 train trestle. So if it's good for them, why  
3 shouldn't it be good for us? And my concern is—is  
4 that MTA turned me down because of what they told me,  
5 and I just discussed, but I want to see if they, the  
6 MTA, will turn down our seniors because I would like  
7 to put disability parking underneath the train  
8 trestle for the seniors. So this way they do not  
9 have to rely on a caregiver. Then when they come  
10 home, it's only like a block away from where they  
11 reside, and this is the thousands of senior residents  
12 who reside in this area of Brighton Beach. So, I  
13 would love your support working with other agencies.  
14 We all know that because of the lack of parking for  
15 those that have vehicles would not have to rely, and  
16 do rely on a caregiver to drive them around. So  
17 that's number one. I was lucky to get your support  
18 on this, and number is also to—more streamlined, the  
19 DOT parking disability permit process. Sometimes a  
20 senior has to wait a long period of time before they  
21 get the disability parking permit, and during that  
22 time it could be two, three or four weeks, they would  
23 need to rely on a caregiver. So these are ways  
24 working. These are just two examples of working with  
25 other agencies to see if we could try to decrease the



1  
2 amount of volunteer caregivers in this process. And  
3 I would love to see DFTA to, you know, we come up  
4 with more ways, and maybe have a hearing on this, and  
5 how we could decrease the amount of caregivers  
6 especially volunteer community caregivers where  
7 family members have—they don't have to take off of  
8 work, and others area.

9 DEPUTY COMMISSIONER RESNICK: So I'm—I'm  
10 not a parking or MTA expert, but we do have a very  
11 good working relationship with DOT, and the Mayor's  
12 Office for People with Disabilities, and this falls  
13 under our Age-Friendly Rubric. So I'd be happy to  
14 help facilitate meetings and--

15 COUNCIL MEMBER DEUTSCH: Yes, so I'd also  
16 love if you could give me a letter of recommendation  
17 that that the seniors it's important to have parking,  
18 and I would submit that letter to the MTA.

19 DEPUTY COMMISSIONER RESNICK:  
20 [interposing] I think we can talk offline.

21 COUNCIL MEMBER DEUTSCH: Yes.

22 DEPUTY COMMISSIONER RESNICK: We can help  
23 you.

24 COUNCIL MEMBER DEUTSCH: I just wanted to  
25 bring that up for the record and thank you,

1  
2 Commissioner, for everything you do and my seniors  
3 really love you. Thank you.

4 DEPUTY COMMISSIONER RESNICK: Thank you.

5 CHAIRPERSON CHIN: Thank you, Council  
6 Member Deutsch. I know you're always out there  
7 fighting for your seniors. That's great. Thank you.  
8 Council Member Treyger.

9 COUNCIL MEMBER TREYGER: Thank you, Chair  
10 Chin, and welcome Deputy Commissioner. In your—in a  
11 testimony we have some general information that we  
12 received but it's—it—it's—it matches the information  
13 we received from the Council and that—

14 DEPUTY COMMISSIONER RESNICK: That's a  
15 really good thing.

16 COUNCIL MEMBER TREYGER: That's good,  
17 yes. Sometimes it does not match up, but there's  
18 approximately over 1.5 million seniors over the age  
19 of 60 living in New York City. Would you say that  
20 that's information that is accurate, it's correct?

21 DEPUTY COMMISSIONER RESNICK: I think so.

22 COUNCIL MEMBER TREYGER: Yes, that's what  
23 we have here. Do you have data on of that number,  
24 how many speak another language other than English at  
25 home?

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DEPUTY COMMISSIONER RESNICK: Yes, actually on our website is what we call the profile of older New Yorkers I think, and it has by—I forget what the new terminology is. It's smaller than an NDA. It's block by block almost, and you could certainly look up in your district, and we have really everything, language, ethnicity all kinds of demographic data.

COUNCIL MEMBER TREYGER: But is there any information that you have with you that

DEPUTY COMMISSIONER RESNICK:  
[interposing] Oh, of the--

COUNCIL MEMBER TREYGER: --of the 1.5 million, how many don't speak English at home or have difficulty speaking English at home?

DEPUTY COMMISSIONER RESNICK: I don't.

COUNCIL MEMBER TREYGER: So, the reason why I ask--

DEPUTY COMMISSIONER RESNICK:  
[interposing] It could be as high as 45%. It's a big number.

COUNCIL MEMBER TREYGER: Yeah, it could be even higher.

DEPUTY COMMISSIONER RESNICK: Yes.

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2 COUNCIL MEMBER TREYGER: The reason why I  
3 ask is because I'm just trying to, you know, get a  
4 better sense of some of the--the data that we're  
5 seeing in the testimony that with increased funding  
6 in the last year's budget, you're saying that the  
7 case management caseloads are down to about 65 senior  
8 per case manager, is that correct?

9 DEPUTY COMMISSIONER RESNICK: On average.  
10 Yes, some are that.

11 COUNCIL MEMBER TREYGER: I'm--I'm just--I  
12 am concerned that not every senior is aware of the  
13 types of services that they are entitled to and  
14 allowed to--to receive, are not getting them. And  
15 always have to navigate the system only during--  
16 through times of crisis or word of mouth or someone  
17 happens to see them or run into them, or if they  
18 happen to run into their local council member--

19 DEPUTY COMMISSIONER RESNICK:  
20 [interposing] Right.

21 COUNCIL MEMBER TREYGER: --and find out  
22 about it. I'm not sure if this is an accurate  
23 mapping because I--I--I really believe that there a lot  
24 of immigrant seniors that are not getting the type of  
25 help that they need. And so that's information that

1  
2 I would-- You know, an issue I could work closer  
3 with the DFTA on, and it's evident that we have not  
4 caught up to the immigrant senior population by the  
5 fact that we have not really seen many new DFTA  
6 contracts for immigrant senior centers. And so  
7 that's evident already right there that not everyone  
8 is getting the types of resources and help and  
9 attention, which they deserve, and this is only going  
10 to become increasingly bigger and a larger issue in  
11 New York. So, I-I-I know the chair has been very  
12 much active on this issue. The Council has forwarded  
13 an initiative to deal with this, but I do think that  
14 we need more than Council action. The Administration  
15 really needs to step up because the message that  
16 we're hearing from the Mayor is that this is a city  
17 that welcomes immigrants, and we are, but we need to  
18 care for them more than just with words and pledges  
19 and promises. We have to deliver and make sure that  
20 they're getting the type of help and quality of life  
21 that they rightfully deserve. And so that means  
22 issuing more DFTA contracts to immigrants and senior  
23 centers because many of these providers are really  
24 struggling to make ends meet, and the population is  
25 only growing. And so it's just not right to

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2 constantly have them really try to figure things—  
3 figure things out, rely on us for discretionary  
4 grants that one year they're here, one year they may  
5 not be here. And so I—I really—I join the chair's  
6 call and my other colleagues' call to—to really have  
7 a stronger commitment to provide services to all  
8 seniors in—in New York. Another piece of information  
9 I'd be curious about is that we heard about the  
10 number of homeless in New York City that has risen.  
11 Is there data on how many have of them are over 60  
12 years old and what type of services are we providing  
13 from DFTA's end?

14 DEPUTY COMMISSIONER RESNICK: I—there—yes  
15 there is a data about seniors homeless. It's a small  
16 number but nevertheless that's not good, and it's  
17 really Department of Homeless Services. Some of our  
18 centers are now serving some homeless folks that—that  
19 come in for a—a hot meal. We have had conversations  
20 with DHS about ways in which we can help serve  
21 elderly homeless people, and I think now there's  
22 maybe one, if not two, shelters that are specifically  
23 for older adults, and we've talked to Linda Hoffman,  
24 and connected her to talk to potentially about home

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2 sharing or other ways that we can try and help get  
3 senior homeless people off the streets.

4 COUNCIL MEMBER TREYGER: Right, but does  
5 DHS coordinate and work with you when they identify  
6 seniors that are on the street?

7 DEPUTY COMMISSIONER RESNICK: We have.  
8 Yes, we've done case management and other services as  
9 they refer them to us.

10 COUNCIL MEMBER TREYGER: So—but is there  
11 data on that? Do we have that? Are we seeing an  
12 increase? Are we seeing nil?

13 DEPUTY COMMISSIONER RESNICK: I don't  
14 think so. I mean the numbers are quite small, but I  
15 can go back and see if we can collect any data. If  
16 DHS for sure has data about elderly homeless.

17 COUNCIL MEMBER TREYGER: Right because  
18 this data is critical especially after this Council  
19 approved one of the Mayor's signature initiatives ZQA  
20 to try to spur senior housing developments for  
21 homeless vulnerable seniors. I want to make sure  
22 that these policies are—are working and actually  
23 making a difference. So I guess that's information  
24 that I greatly appreciate. Also, just an issue  
25 that's very close to home from my district, we are

1  
2 starting to see some Sandy recovery work begin on  
3 some of our public housing developments, some, not  
4 all, but I am concerned about what happens to those  
5 seniors receiving care in those centers that are  
6 going to see work done to their buildings, and--and  
7 seniors that receive care and the buildings in  
8 general. I--I would really appreciate close  
9 coordination with the local providers. In--in this  
10 case Rabbi Weiner and--

11 DEPUTY COMMISSIONER RESNICK:

12 [interposing] Yes.

13 COUNCIL MEMBER TREYGER: --the Jewish  
14 Community Council of Greater Coney Island. There--  
15 there are concerns amongst the seniors there of what  
16 happens to them when they're building under those  
17 renovations, where do they go? How do they still  
18 receive the types of services and care, which they--  
19 which they deserve?

20 DEPUTY COMMISSIONER RESNICK:

21 [interposing] Yes, we are aware of the problem. We  
22 have been in touch with Rabbi Weiner. We are talking  
23 to NYCHA, and we're trying to help negotiate.

24 COUNCIL MEMBER TREYGER: Yes, well I want  
25 to be very much involved in those discussions.



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DEPUTY COMMISSIONER RESNICK: I would imagine.

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COUNCIL MEMBER TREYGER: Yes, that is something that we have fought for these funds to—to come to fruition, but we don't want it to negatively impact those who have already gone through so much. So I look forward to partnering with DFTA, and NYCHA and—and also organizations to make sure that we don't see any types of negative impacts done. And—and again, I just want to close by going back to my initial point with DFTA Chair, and I echo the call, and—and I back the measure making it the Year of the Senior. I would just add that it's the year of all seniors. We really need to step up to make sure all seniors are care for. Thank you very much.

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DEPUTY COMMISSIONER RESNICK: To special?

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2 CHAIRPERSON CHIN: Yeah, a special group  
3 population whether it's like seniors with medical  
4 tailored needs and also like with these meals.

5 ASSISTANT COMMISSIONER TAYLOR: We have  
6 23 home delivered meal contracts. In Queens all the  
7 Queens home delivered meal programs subcontract with  
8 Queen American Services or Queens Style Meals. In  
9 Manhattan we have a program that offers Chinese style  
10 meals.

11 DEPUTY COMMISSIONER RESNICK: It's about  
12 Kosher Meals.

13 ASSISTANT COMMISSIONER TAYLOR: Kosher  
14 meals, regular meals, vegetarian meals, and depending  
15 on the—the program, some programs can be more  
16 specialization than others. DFTA requires the—like a  
17 regular meal and a kosher meal, hot and frozen. But  
18 many of our providers go beyond that.

19 CHAIRPERSON CHIN: what about medically—  
20 medically tailored meals for seniors.

21 DEPUTY COMMISSIONER RESNICK: Yeah, we  
22 are not currently doing therapeutic meals, although  
23 our meals are low in sodium and low in sugar, but  
24 specifically tailored to an individual. We don't  
25 have the capacity yet to do that, although we've been

1  
2 working on it. But that's something absolutely that  
3 we would like to do in the new design for the future.

4 CHAIRPERSON CHIN: So when is—when is  
5 the—an RFP anticipated when you move forward on the  
6 home delivered meals program?

7 DEPUTY COMMISSIONER RESNICK: I'm not  
8 sure of the date, but probably it's—it's at least two  
9 years out.

10 CHAIRPERSON CHIN: Okay. So what about  
11 for homecare? In 2015 in the hearing that we had,  
12 there was an issue about providing services over the  
13 weekend that some of the agencies were not able to do  
14 that service?

15 ASSISTANT COMMISSIONER TAYLOR: The last  
16 year some of the agencies asked if they could provide  
17 the service on the weekend, and we gave them the  
18 authorization to do that. We generally contract for  
19 Monday to Friday, but since there's always someone on  
20 call at the homecare, we thought that was fine if  
21 that's what the senior had wanted. So that—that did  
22 change last year.

23 CHAIRPERSON CHIN: Okay. I mean that  
24 would make sense. I mean it's kind of like a  
25 thinking group, congregate meals. I mean that's over

1  
2 the course of the six meals. It should be all week.  
3 I mean like seniors, they--you need it everyday. I  
4 mean how could you guys just decide they didn't need  
5 that on the weekends? So I think we need to really  
6 expand on all that. And also the question that my  
7 colleague has asked about senior centers, does DFTA  
8 consistently break down? Like if we don't--if we step  
9 way out of the rent (sic) like what is the--the real  
10 cost of running a senior center in terms of like-like  
11 every senior center they have a director, an  
12 assistant director, a social worker. Like what is  
13 really the ideal budget and staff--staffing?

14 DEPUTY COMMISSIONER RESNICK: Our  
15 Planning Unit is currently dissecting to their center  
16 budget and contract in that way. So we are taking a  
17 look at the data.

18 CHAIRPERSON CHIN: And also I guess  
19 looking at the costs right?

20 DEPUTY COMMISSIONER RESNICK: Yes,  
21 absolutely.

22 CHAIRPERSON CHIN: Because we want to  
23 make sure we're working up to at least, you know,  
24 minimum wage up to \$15.00. How much, you know, would  
25 that be an increase, and also if we're able to get

1  
2 additional funding in the Year of the Senior, is  
3 DFTA--would be able to ramp up RFP to take in new  
4 senior centers, especially the ones that like serve  
5 the different populations, would we have the  
6 initiative for the last two years. If we are able to  
7 get additional funding, would DFTA be able to gear up  
8 to issue an RFP?

9 DEPUTY COMMISSIONER RESNICK: Well, an  
10 RFP probably takes, you know, from beginning to end  
11 probably a year, but yes, it's our hope that we can  
12 do that, and particularly for new immigrant groups.

13 CHAIRPERSON CHIN: I mean at DFTA I mean  
14 you're prepared, and you probably could I assume cut  
15 back the timeline because we already know some of the  
16 centers that already is in the community, they've  
17 been provided services, and they're the ones that you  
18 recommended to us--

19 DEPUTY COMMISSIONER RESNICK: Right.

20 CHAIRPERSON CHIN: --that they need extra  
21 help because they have no DFTA funding or any kind of  
22 government funding. So they already sort of have a  
23 track record. In the last two fiscal years, they've  
24 gotten support from the Council. So that kind of  
25 like sets the date. So I hope that we were able to

1  
2 get more funding, and we could really gear up as  
3 quickly as possible to serve these communities.

4 DEPUTY COMMISSIONER RESNICK: Well, we  
5 will try our hardest. There are many other pieces of  
6 the contracting process beyond our control, but--

7 CHAIRPERSON CHIN: [interposing] Well, no  
8 the

9 DEPUTY COMMISSIONER RESNICK: --I hear  
10 you.

11 CHAIRPERSON CHIN: I mean another issue  
12 with all the providers is that we want to make sure  
13 the funding gets out to the providers as quickly as  
14 possible. So if it is extra personnel that DFTA to  
15 process these contracts, let us know, and I think  
16 that we want to make sure that money gets to the  
17 providers as quickly as possible, right. I know DFTA  
18 staff work very hard. We want to get them the  
19 support so that when we negotiate this year with the  
20 Mayor and with OMB when I talk about the Year of the  
21 Senior that all my colleagues support us on and the  
22 advocates. We want more funding. So when I--earlier  
23 when I said imagine what we could do with at least  
24 one percent. That's more than double DFTA's budget.  
25 Great. So we got to get the money out. We got to get

1  
2 that money out to the providers as quickly as  
3 possible. So we want to partner with you, and work  
4 with you to make that happen. So it's like we'll  
5 just go after OMB together. [laughs] Okay. So  
6 let's work together and make sure that Fiscal 18 is  
7 going to be the year of the senior. So we're  
8 starting already, and we will work to make that  
9 happen.

10 COUNCIL MEMBER VALLONE: [interposing]  
11 Madam Chair, just--just a couple of quick follow-ups.  
12 We were talking about the costs. So do we know what  
13 the annual cost of the increase, the health insurance  
14 is these days? Because as we're all being tackled  
15 with health insurance costs, something is going be-

16 DEPUTY COMMISSIONER RESNICK:  
17 [interposing] No, and it varies by every one of our  
18 providers who has the different carrier, and  
19 different, you know, staff mix. So there's not, you  
20 know, fixed across the board number.

21 COUNCIL MEMBER VALLONE: But is that  
22 something that it's--

23 DEPUTY COMMISSIONER RESNICK:  
24 [interposing] But it's fair to assume that people's  
25 healthcare premiums are going up.

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CHAIRPERSON CHIN: But there was some talk about going back to the subsequent (sic) health insurance?

DEPUTY COMMISSIONER RESNICK: No, there isn't—it might have been a hope that that was happening, but no there is no talk about it on our end.

CHAIRPERSON CHIN: Okay, there was some discussion--

DEPUTY COMMISSIONER RESNICK:  
[interposing] No.

CHAIRPERSON CHIN: --before.

DEPUTY COMMISSIONER RESNICK: Not that I'm aware of.

CHAIRPERSON CHIN: The—I mean the centers they also need—need those supports, and also the—the salary—salary parity. We want to make sure that there is enough funding, you know, to pay the care director. It should be on the same level, not one center pays a little more than some at another center. I mean that's not—and then also I think on the issue of the innovative centers, their budget their average budget is a million dollars.

DEPUTY COMMISSIONER RESNICK: Up to.



1

2

CHAIRPERSON CHIN: Up to a million, five-

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DEPUTY COMMISSIONER RESNICK: [off mic] I

4

don't know if it's the average. [on mic] I don't

5

know if it's an average. I'm not sure if it's the

6

average. It's probably—I don't know. We'd have to

7

get back to you on that. \$750.

8

COUNCIL MEMBER VALLONE: Well, round it

9

off to a million, right?

10

CHAIRPERSON CHIN: Yeah, and the thing is

11

that a lot of our senior centers they're like

12

innovative. They—they do great things. So they need

13

more funding there.

14

COUNCIL MEMBER VALLONE: [interposing]

15

But those are not real senior centers.

16

DEPUTY COMMISSIONER RESNICK:

17

[interposing] No question.

18

CHAIRPERSON CHIN: Yeah, it's not like

19

you have the category that is so special they get

20

extra funding. When you get, if we give the extra

21

funding to our regular centers, they could just be

22

spectacular, they—and they already are doing with the

23

little funding that they have. So I think we really

24

want to give everyone the resources they need so they

25

can do the best for our city. So we look forward to

1  
2 continuing to work with you to make this happen. So  
3 thank you for--

4 DEPUTY COMMISSIONER RESNICK:

5 [interposing] Well, thank you for your support.

6 CHAIRPERSON CHIN: --coming today to  
7 testify, and we're going to call up the next panel.

8 COUNCIL MEMBER VALLONE: Thank you.

9 CHAIRPERSON CHIN: Bobby Sackman from  
10 Live On New York, Alyssa Wassung from Gods Love We  
11 Deliver; Rachel Sherrow, City Meals on Wheels, Sandy  
12 Myers, Self-Help Community Services.

13 COUNCIL MEMBER VALLONE: [off mic] That's  
14 a power group.

15 CHAIRPERSON CHIN: Yeah.

16 COUNCIL MEMBER VALLONE: It's a power  
17 group coming up here. [background comments, pause]

18 CHAIRPERSON CHIN: Alright, so Council  
19 Member Vallone has to pick up his daughter from  
20 school, and so he wants to--

21 COUNCIL MEMBER VALLONE: [interposing] I  
22 really want to hear you guys.

23 CHAIRPERSON CHIN: -- listen to you guys.  
24 So can you sum up--

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COUNCIL MEMBER VALLONE: I just have to get to--

CHAIRPERSON CHIN: --and keep one. Thank you. [background comments]

ALYSSA WASSUNG: Who should start? Should I start? Okay. My name is Alyssa Wassung and I am the Director of Policy and Planning at God's Love We Deliver. Many thanks to the committee for the opportunity to speak today. God's Love We Deliver is New York City's leading not-for-profit provider of medically tailored home delivered meals, and nutritional counseling for people living with life threatening illnesses. Over 30 years ago, God's Love began with one person's simple compassionate response to hunger. From the humble beginning of delivering one meal to one dying man, we have delivered over 18 million meals to one of the most underserved and isolated populations in our city, those who are sick and unable to take care of their most basic need, the need for food and nutrition. God's Love is an integral part of the city's safety net. As a key service agency within the local care continuum, we maintain relationships with over 200 community-based providers. God's Love has a network

1  
2 and a reach and a program that greatly benefits  
3 coordination of care for the elderly. We believe  
4 that being sick and hungry is a crisis that demands  
5 an urgent response. When someone calls us for help,  
6 we deliver their first meal on the next delivery day.  
7 We never charge clients for their meals, and we have  
8 never had a waiting list. Staying true to these  
9 principles has led to tremendous growth in our  
10 programs. In just the last nine years, we have seen  
11 an over 100% increase in demand for our services, and  
12 this last year we delivered over 1.5 million meals to  
13 6,600 men, women and children throughout the New-New  
14 York City Metropolitan Area. As New York City's  
15 population ages, senior New Yorkers are increasingly  
16 turning to God's Love We Deliver for meals to meet  
17 their specific medical needs. Recognizing this, we  
18 also feed the senior caregivers of our senior  
19 clients. The seniors we serve live with complex  
20 illnesses that can only be addressed by the tailored  
21 nutritious meals that are not available from DFTA  
22 contracted meal providers. As s a result, seniors  
23 are regularly referred to God's Love from DFTA  
24 contracted meal providers who cannot address the  
25 client's complicated nutritional needs. These

1  
2 factors have contributed to an enormous increase in  
3 demand for our services for seniors. Over the last  
4 five years, we have seen a 50% growth in seniors  
5 alone and currently 63% of the people we serve are  
6 seniors. At God's Love nutrition is our signature  
7 difference. Although some seniors are able to  
8 tolerate regular food, aging and illness can lead to  
9 a variety of complications that require a specialized  
10 diet. We are able to meet this need as part of our  
11 commitment to food as medicine. God's Love clients  
12 receive services from our seven registered dieticians  
13 who tailor each meal to meet each client's specific  
14 medical needs including texture restrictions since as  
15 minced and pureed diet, and renal diet. Based on the  
16 client's nutrition assessment with a registered  
17 dietician, additional restrictions may be added to  
18 the client's diet for medical, nutrition and cultural  
19 reasons. Our goal is to provide clients with the  
20 least restrictive meal as possible that meet their  
21 medical needs and nutrition requirements. The DFTA  
22 Annual Plan Summary acknowlegest the important role  
23 of good nutrition, and what-how it plays a role in  
24 maintaining the health for seniors, and the plan goes  
25 as far as to call for greater availability of

1  
2 nutritional services for seniors. I'd like to take a  
3 moment to amend what is stated in the Birefing Book.  
4 God's Love is listed on the DFTA website as a meal  
5 delivery resource, but we do not receive  
6 reimbursement for meals. However, despite this  
7 acknowledgement of the importance of services like  
8 ours, as I just mentioned, we do not have a  
9 contractual relationship with DFTA, and we do not  
10 receive funding support form the Administration for  
11 our services. To date, New York City Council, thank  
12 you, and the Manhattan Borough President's Office  
13 have been responsible for any city funding to support  
14 our work. While we greatly appreciate their support,  
15 the cost of meeting the need for our services for  
16 seniors far exceeds discretionary funding available  
17 from these resources. Last year, 4,265 New York City  
18 seniors received over one million meals from God's  
19 Love. That's one million meals beyond the 4.2 million  
20 delivered by DFTA. Over 70% of these services were  
21 supported with private funding, and for certain  
22 populations that percentage is higher. For seniors  
23 with end-stage renal disease, which disqualifies an  
24 individual from eating a meal from a DFTA funded  
25 agency, over 93% of those meals, which is over

1  
2 900,000 meals are funded through private donations.  
3 Sorry, 90,000, not 900. We are grateful to have long  
4 enjoyed a productive partnership with DFTA, and  
5 deeply appreciate the work that DFTA funded agencies  
6 do for hungry seniors in New York. Yet, there is a  
7 service gap in the DFTA mundle-model for serverly ill  
8 seniors who need customized nutrition and, therefore,  
9 we strongly urge DFTA to make funding available for  
10 providers and medically tailored for at-risk seniors  
11 who need specialty diets. We understand that DFTA's  
12 current contracts for home delivered meals are set to  
13 expire at the end of FY17, and we ask specifically  
14 that medically tailored home delivered meal services  
15 are included both in the consideration of the scope  
16 of DFTA services through the new consultant hired to  
17 do so, and that DFTA issue a sepatate RFP  
18 specificallyh for the provision of medically tailored  
19 home delivered meals. Thank you so much for your  
20 time, and your consideration, and I'm happy to answer  
21 questions if you have them. Thank you.

22 CHAIRPERSON CHIN: Next.

23 BOBBIE SACKMAN: My name is Bobbie  
24 Sackman, Director of Public Policy with Live on New  
25 York. I'm not going to read my testimony. So, I

1  
2 think some of the best questions asked today are when  
3 Councilwoman Rose was here is what is DFTA doing to  
4 address homecare waiting lists? According to our  
5 statistics, it's—it's over 500, and if—if they can't  
6 give you a cost of what this would take to wipe it  
7 out, it tells me they haven't gone to OMB and asked  
8 for money. So, I think that with 1,700 that are now  
9 on case management waiting lists, even if we ever get  
10 to some magical day where the salaries are high  
11 enough to keep people, you know, in place in their  
12 jobs, which is going to take a while, there's still  
13 going to—there's still going to be waiting lists, and  
14 it's not good enough that we have somehow normalized  
15 policy to have waiting lists. So that's just not  
16 good enough. And in terms of—of senior centers, I  
17 think some of the questions that have asked today in—  
18 in terms of looking at the fixed costs and the  
19 infrastructure and how that could be broken down.  
20 You started to ask, Councilman Vallone, about the  
21 healthcare costs. I also think the fact that DFTA  
22 didn't seem to have any information—I don't if that's  
23 true for real—but they didn't have any information  
24 about what it's costing agencies for homecare. I  
25 mean they do have their budgets. So, I think if we



1  
2 can look at the fixed costs and break down the  
3 budgets that way, maybe that's a way to go for more  
4 funding for senior center budgets. We also have in  
5 our testimony of having around a \$750,000 bottom line  
6 budget for senior centers. It's sort of based on  
7 size, and Councilman Salamanca had asked about adult  
8 day. Obviously, he wasn't in office yet when we went  
9 through so many hearings [coughing] and—and years of  
10 angst about adult day. And yeah, almost a decade ago  
11 there was \$2.3 million in adult day services. It got  
12 wiped out. We've scratched back \$950,000 and none of  
13 that comes from Mayor. The Mayor's side cut \$600,000  
14 that was baselined two years ago that you all picked  
15 up. So, there you go, and so this is still— You  
16 know, one of my dreams in terms of aging services is  
17 that we have as many adult day services programs in  
18 neighborhoods as we have after-school programs and  
19 childcare programs, daycare programs. Just imagine  
20 having that safety net. It's not competition. Just  
21 imagine having that safety net across the lifespan  
22 that caregivers would have somewhere to have their  
23 older, you know, relative be—you know, spend their  
24 day and seniors that have a place to go that's a safe  
25 haven. And we need to talk more about salary parity,

1  
2 and that's what we're hoping can come out of the  
3 senior center budgets. DFTA not only gets less than  
4 1% of the city's budget, it receives only 2% of all  
5 human services funding. I think what underlies all  
6 of this, you know, we keep calling this our Fair  
7 Share Budget Campaign and the Year of the Senior, and  
8 I thank you for that is ageism. I think it's a live  
9 and well in city policy. This is what happens with  
10 isms. It's how decisions get made whether it's  
11 conscious or not, and these seniors are very  
12 obviously way down the list of--of this  
13 Administration. And let me see if there's anything  
14 else I--I'm sorry, I'm just looking quickly. I think  
15 that that's--that really takes in the--the crux. One  
16 more thing just back to homecare for one second.  
17 Under Bloomberg there was \$10 million cut to homecare  
18 and for 2-1/2 years not one new client got service.  
19 Just imagine that happening under Medicaid. That's  
20 one of the reasons we're so far behind, and if you  
21 have a waiting list for case management, they can't  
22 turn on the homecare. So DFTA in August in the  
23 second month of the fiscal year froze any additional  
24 homecare hours. How could that be a policy of New  
25 York City? That's not--that's not a decent policy.

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CHAIRPERSON CHIN: Thank you Bobbie.

Next.

RACHEL SHERROW: Hi, Rachel Sherrow, City Meals on Wheels. I will not bore you with my usual story. You know who we are and what we do, and I will quote you. Councilwoman Chin, you said earlier that everybody eats everybody. Without City Meals our home and elderly, over 18,000 throughout the five boroughs would not eat on weekends, holidays or during emergencies. We are stressing that baselining the core services, which is what we're talking about today, through the spectrum of-of DFTA is really the basic request of us, and-and what would really help our recipients most. Case management is the gateway to in-home services like Meals on Wheels, and there are 1,710 people on the wait list, as we heard today. Those folks are fast tracked through the presumed eligible clients program for meals, which is fantastic, but they could be getting a meal and not be able to eat it or not-ore need deeper and more intensive services. So we need to make sure that we get rid of that wait list. We are asking for the baselining. We're asking to continue the-the Council's supportive funding of City Meals in order

1  
2 to make sure that all of our homebound get food 365  
3 days a year. Thank you.

4           SANDY MYERS: Thank you. I'm Sandy Myers  
5 from Selfhelp Community Services. I will also just  
6 be brief and highlight three main priorities and  
7 points we wanted to raise. So first is around salary  
8 parity. It's like we have a broken record with my  
9 colleagues and my own testimonies over the last  
10 couple of months, but now we've been lucky enough to  
11 receive the funding from DFTA for case management and  
12 our special effort changing and modifying those  
13 budgets. We're really seeing impact to cover other  
14 DFTA contracted programs that are the seniors and  
15 works as well as some of our programs, but that is a—  
16 a major priority for this year that we would urge the  
17 City to address. In the same—in the same line with  
18 that, we would also like to baseline all the core  
19 funding. You know, we have one program in particular  
20 a sharp (sic)program, which is explicitly through  
21 City Council dollars and it's a year-to-year wait and  
22 see. It's—it's certainly problematic and not the way  
23 that we like to plan our programs. And the last  
24 piece I'll mention is just to add to a new layer to  
25 the conversation. You know the State is going

1  
2 through the transition with value based payments when  
3 we're talking about social determinants of health,  
4 and as a community based provider we see first hand  
5 the value of these programs, and positively  
6 addressing these social determinants of how or  
7 whether it's access to food, like Rachel was  
8 mentioning, access to a healthy environment of  
9 housing, reducing social isolation and accessing  
10 health and wellness services. We see the impact of  
11 that on our clients, and we think that robust  
12 investment from the city in supporting these core  
13 services especially as the state is undergoing this  
14 transition, and this is kind of how everything is  
15 being aligned and paid for would be alive in that-in  
16 that process.

17 CHAIRPERSON CHIN: Thank you very much  
18 for your testimony. I mean this is very-it's so true  
19 that whatever we invest now, if the seniors are  
20 healthy and stronger the government is going to save  
21 tax dollars. It's going to save government money.  
22 So it is a great investment, and we've just got to  
23 get-convince the city to start doing that, and  
24 certainly baselining these core services to that you  
25 could expect the funding. I mean the Council we see

1  
2 our role to be innovative. We want to use Council  
3 money to kind of start new programs, but the  
4 baselined core services actually it's in place. So  
5 we just thank you for all the great work that you do,  
6 and we will continue the advocacy. We're starting  
7 now, right? We are the seniors. We want to make  
8 that we get the funding that we need. Thank you.

9 COUNCIL MEMBER VALLONE: And just  
10 quickly, Sandy and Rachel and Bobbie also, thank you,  
11 thank you, thank you, thank you. You guys make us  
12 better council members. We advocate better for our  
13 seniors because of your testimony, your ideas. But  
14 just real quick, you mentioned that service gap.  
15 Could you explain that? That was pretty  
16 disheartening.

17 ALYSSA WASSUNG: Sure. So--

18 COUNCIL MEMBER VALLONE: As to what's  
19 happening there and what we can do about it.

20 ALYSSA WASSUNG: Sure, when we say a  
21 service gap, that means that there is a portion--there  
22 is a portion of the city safety net the city is not  
23 paying attention to potentially or it's not funding  
24 directly. That's what guides ourselves. For the  
25 service gap I'm articulating is critically all

1  
2 seniors that can't get services who were currently  
3 DFTA funded agency or organization, an organization  
4 providing meals for seniors. So there's a subset of  
5 the senior population that could potentially just  
6 fall through the cracks. Right now that subset is  
7 being referred to God's Love, which is our mission  
8 and we're happy to do that and happy to be there, but  
9 it's a huge burden as the senior population continues  
10 to increase, as I said 5%--in five years, there's  
11 been a 50% increase. So that's a guess.

12 COUNCIL MEMBER VALLONE: 50%?

13 ALYSSA WASSUNG: Uh-huh. Did that help?

14 COUNCIL MEMBER VALLONE: Steadily  
15 increasing?

16 ALYSSA WASSUNG: Steadily, absolutely.  
17 As we all know at this table is steadily increasing,  
18 and just to give you some context, about 90% of  
19 people in our program are living with two or more  
20 chronic illnesses. So it's not just cardiovascular  
21 disease or Alzheimer's. They have Alzheimer's and  
22 Diabetes or they HIV and cardiovascular disease. So  
23 we're talking about very much the sickest of the sick  
24 in our society, and there has to be a resource those  
25 people as well.

1  
2 COUNCIL MEMBER VALLONE: Thank you very  
3 much.

4 ALYSSA WASSUNG: Uh-huh.

5 CHAIRPERSON CHIN: Thank you again for  
6 coming today. I'm calling up the next panel. Thomas  
7 Weber from SAGE, Janette Estima from FPWA and Elaine  
8 Rockoff from JASA. [background comments, pause] You  
9 may begin.

10 JANETTE ESTIMA: Hi. My name is Janette  
11 Estima, and I'm a Policy Analyst at FPWA, anti-  
12 poverty of policy and advocacy non-profit with a  
13 membership network of nearly 200 senior service and  
14 faith-based organizations. Thank you Chairperson  
15 Chin and members of the Committee on Aging for the  
16 opportunity to testify. The City's budget for aging  
17 services has not kept up with either the increasing  
18 number of older adults or the wide ranging needs that  
19 come with a longer life span. At \$330 million,  
20 DFTA's budget is woefully inadequate to serve such a  
21 significant portion of the city's population. The  
22 city's FY17 Budget included \$16.73 billion in funding  
23 for human services, about 20% of the overall city  
24 budget. Yet, DFTA's budget accounts for just a tiny  
25 fraction of these dollars, only 1.98%. Not only is



1  
2 DFTA's budget inadequate, it's also unstable residing  
3 (sic) from \$250 million to today's \$330 million for  
4 the past 20 years. Any increases from year to year  
5 have been wiped out by significant cuts in the  
6 following years stifling much needed growth and  
7 attempts to innovate and improve services. Gaps in  
8 funding have been filled by Council initiatives,  
9 which have also ranged—ranged widely. The deep  
10 instability of this funding environment is crippling  
11 to organizations that must provide consistent quality  
12 services year after year. We thank the committee and  
13 Commissioner Corrado for your recent leadership and  
14 successfully baselining \$1.8 million for case  
15 management securing wage increases for the case  
16 managers at the forefront of the city services, and  
17 finally pushing DFTA's backup to a pre-recession  
18 level. We now ask that the Council fight to stabilize  
19 funding in order to meet current needs and push for a  
20 significant investment in the future of the city's  
21 seniors. To do this, we encourage the Council to  
22 seek the following: First, baselining approximately  
23 \$9.4 million in funding for core services that are  
24 currently provided through council initiatives.  
25 Council initiatives should fund innovations and

1  
2 enhancements, not core services. Senior centers and  
3 more social adult day care and elder abuse prevention  
4 are critical in supporting the needs of older adults  
5 aging in place. These services keep seniors healthy  
6 and out of poverty, but only if they're consistently  
7 maintained. When programs lose funding from year to  
8 year it destabilizes organizations, which must—must  
9 cut staffing and limit the reach of their services.  
10 Secondly, eliminate the wait list of approximately  
11 1,700 people waiting for case management services by  
12 baselining an additional \$1.6 million plus fringe.  
13 In FY16, \$3 million was provided to address that  
14 year's waiting list for case management through a  
15 one-year Council initiative of which 8— \$1.8 was  
16 baselined. This was effectively a \$1.2 million cut  
17 in services. As a result, the wait list has grown  
18 from 1,500 in that year to 1,700 now. Given DFTA  
19 recommended caseloads of 65 and older adults per  
20 social worker and one supervisor for every five case  
21 workers, a minimum of \$1.6 million excluding the  
22 fringe is necessary to address the current wait list.  
23 And finally, we would like to see the push for making  
24 all senior centers innovative senior centers. Senior  
25 centers provide such an important support for older

1  
2 adults, and they are often the first line of contact  
3 for people seeking help for older adults and for  
4 neighbors or concerned caregivers. Unfortunately,  
5 many senior centers are currently operating at a bare  
6 minimum level of service and drab uninviting spaces  
7 with inadequate staffing to meet the diverse array of  
8 needs that older adults present to them. But the  
9 city's 16 innovative senior centers provide a model  
10 for vibrant, inspiring community centers. The—the  
11 budget for such a center is typically about 750,000  
12 per center each year, and this could serve as a  
13 guideline for all senior centers with the  
14 understanding that individual budgets would vary  
15 based on size, center size, the number of  
16 participants, and location and other factors. FPWA  
17 is currently working with other advocates to  
18 determine an appropriate funding structure to enhance  
19 all of the city's senior centers. So thank you very  
20 much to the committee for the opportunity to testify.  
21 We look forward to working closely with you to ensure  
22 that older New Yorkers and their families receive  
23 sufficient services needed for them to live and  
24 thrive in place. Thank you.

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2

ELAINE ROCKOFF: [off mic] Hi. Good

3

afternoon. My name is Elaine Rockoff. I'm JASA's

4

Director-- [background comments, pause]

5

MALE SPEAKER: You okay?

6

ELAINE ROCKOFF: Yes. I'm the JASA--my

7

name is Elaine Rockoff and I'm JASA's Director of

8

Community Based Programs. I want to thank

9

Councilwoman Chin, and the members of the New York

10

City Council for having this test-hearing today and

11

I'll just touch on some of the issues that we already

12

spoke about that are in my testimony as well. One of

13

them is in terms of the inadequate funding for case

14

management and for EISEP and homecare. JASA has five

15

case management programs in Queens and in Brooklyn,

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and each one of them has a waiting list for EISEP

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homecare services. Our high quality service delivery

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for the growing number of older adults is dependent

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on the robust not-for-profit sector, but our DFTA

20

contracts neither fully pay for direct services nor

21

the indirect costs that are required to support

22

programs' operations. Services funding has not kept

23

up with expenses. So as an example, JASA project

24

FY17 deficit for the 600,000 individual meals

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delivered to homebound elderly each year is \$200,000.

1  
2 Now this will be partially mitigated by a grant of  
3 \$75,000 from the New York City Council that we are  
4 very grateful to have received, but unfortunately  
5 year-to-year allocations targeting structural funding  
6 gaps are not a sustainable, reliable strategy, as  
7 we've already discussed, and really we need full  
8 baselined funding with recog-recognition for  
9 documented cost increases year-to-year. Senior  
10 centers or the lack of appropriate funding for core  
11 services means that community agencies are forced to  
12 devote more and more staff time to fundraising and  
13 then any dollars raised must be-must be allocated to  
14 address operational deficits rather than innovations.  
15 JASA has 22 DFTA funded community senior centers.  
16 They are hubs of activity, socialization, learning  
17 and dining, but due to limited funding, most of our  
18 senior centers operate with the most bare bone  
19 funding. The average center has a director, a group  
20 work assistant, which often is not even full time; a  
21 part-time kitchen technician; and a part-time  
22 community aid, and that's usually 14 hours a week.  
23 And yet, our senior centers ran a combined deficit of  
24 approximately \$250,000 in FY16, approximately 3% of  
25 its annual budget of \$7.8 million, and this is not an

1  
2 administrative cost deficit. This is the deficit of  
3 directly running the centers, paying staff,  
4 utilities, rising food and rent costs. Regarding the  
5 administrative cost deficit, even with an  
6 infrastructure, too lean to fully support our  
7 operations. Our administrative costs are estimated  
8 at 14% of the current services budget, clearly  
9 exceeding the 10% reimbursement rate that we do  
10 receive. We talked about salary parity, and so I'll  
11 just mention that it's in the testimony, and I think  
12 a few more things. To maintain the vitality of the  
13 service delivery sector, contracts should be right  
14 sized to reflect contract delivery of those that are  
15 paid in full. We recognize this is likely to reduce  
16 services availability, but it is unfair to place the  
17 burden of full services costs on the community based  
18 organization. The program model should incorporate  
19 flexibility for responsiveness to population and  
20 community interests. For example, early evening  
21 meals should be permitted across the senior center  
22 network to address changing needs and preferences of  
23 older adults some of who may still be work. Just as  
24 an example, last year we were advised to implement  
25 evening meals—meals in addition to the lunch

1  
2 congregate meal at a couple of our senior centers  
3 that were underserving. We did so once or twice. We  
4 brought in a lot of people. It-it-it served-clearly  
5 there was a need, and hen we were told that DFTA  
6 fiscal was not approving it and we had to stop, and  
7 it was really a shame because we had really seen  
8 people coming in, working people, people over the age  
9 of 60 that are still in the workforce who appreciated  
10 getting that meal in the evening, and we weren't able  
11 to offer it any more. And lastly, tying attendance  
12 to meal consumption requires that older adults fit  
13 themselves into an outdated service model. I cannot  
14 tell you how many times we hear that participants  
15 just want to come for Yoga or drama or current events  
16 or Zimba, whatever it is, a discussion group. Being  
17 able to count the attendance even if the individual  
18 doesn't eat the meal promotes services utilization.  
19 The community partners would eagerly join in an  
20 advocacy effort to promote greater flexibility and  
21 service delivery, and I thank you again for the-for  
22 this opportunity and for your ongoing support.

23 [pause]

24 TOM WEBBER: Thank you, Council Members.

25 On behalf of SAGE, Services and Advocacy for GLBT

1  
2 Elders, thank you for holding this Aging Committee  
3 hearing on the Department for the Aging support  
4 services. My name is Tom Webber. I'm Director of  
5 Care Management at SAGE, and I'm also here with Sarah  
6 Savino who is the Director of the SAGE Centers. I'm  
7 going to spare you a little bit of our boilerplate,  
8 but I will say a few words about our LGBTQ elder  
9 adults who remain one of the most invisible and at-  
10 risk populations among our nation's elders. LGBT  
11 older people are twice as likely to live alone, half  
12 as likely to be partnered, half as likely to have  
13 close relatives to call for help and more than four  
14 times more likely to have no children to help them.  
15 In fact, nearly 25% of LGBT older adults have no one  
16 to call in case of an emergency. They are more  
17 likely to face discrimination around their sexual  
18 orientation and gender identity when accessing health  
19 care, social services our mainstream senior centers.  
20 Yet, they are among the most in need of care as they  
21 have few places to turn. In addition to the  
22 traditional challenges associated with aging  
23 including declining health, diminished income in  
24 ageism. LGBT older adults also face invisibility,  
25 ignorance and discrimination. Our LGBT elders say



1  
2 should be a positive experience based —experience  
3 compounded clear judgment and discrimination due to  
4 their sterile (sic) status. As of 2015, half of all  
5 Americans diagnosed with HIV are 50 or older, and  
6 that proportion will rise to more than 70% by 2020.  
7 So as LGBT and HIV older adults are more likely to  
8 need services and programs, but clear discrimination  
9 keeps them from accessing them. SAGE is one of the  
10 few places literally they can turn for help that they  
11 trust. So, and also with the new Untreated Waters  
12 (sic) in Washington, a non-profit community and  
13 social service providers have a duty to continue  
14 working alongside city government to ensure delivery  
15 of services and supports to our aging LGBT New  
16 Yorkers. We are—at SAGE we are doubling down on our  
17 commitment to serve our vulnerable LGBT Elders. So  
18 probably many of you know the SAGE launched the  
19 nation's first full-time LGBT senior center, the SAGE  
20 Center Midtown in 2012, and we have been able to  
21 since then with the help of the City Council and  
22 support of City Council launched four other sites  
23 around the city. We're very grateful for that.  
24 Those farther sites are not baselined programs. We  
25 also have a baseline—we do have a baseline caregiving

1  
2 program, and I want to say that they levels of  
3 caregiving in the LGBT community are higher than in  
4 the public at large, and that is an important  
5 program, and then we have a range of programs that  
6 actually are due to the support of City Council for  
7 which we are very grateful, including a NORC program  
8 in Harlem and also more case assistance. So we are  
9 able to provide case assistance as opposed to case  
10 management to our different centers and previous  
11 discretionary contract that we have. Case assistance  
12 is supposed to be a very low level—level of  
13 assistance as—as opposed to case management, but  
14 actually because of the needs of our clients, and the  
15 fact that we're the trusted provider, we go way  
16 beyond the call of duty in terms of supporting them  
17 through that contract. We're not qualified for a  
18 DFTA baselined case management grant. Cases are  
19 awarded geographically, and cover mass areas.  
20 Organizations like SAGE that serves special  
21 populations and their other clients from across the  
22 city are not eligible for grants of that size. That  
23 would require us to serve people who are not part of—  
24 who are not part of our mission of serving LGBT older  
25 adults. And as a result of that, an unfortunate

1  
2 consequence of that is that we're ineligible for  
3 Thrive NYC and funds that are going to care  
4 management programs or case management programs for  
5 funded visiting programs to reduce social isolation  
6 and social isolation is an even bigger problem in the  
7 LGBT community and we have a—one of the visiting  
8 programs that we've had for many years without any  
9 kind of government support and—and we're not eligible  
10 to receive any kind of support from—from NYC Thrive  
11 because we don't have a case management program, and  
12 that's where those dollars are going. I want to echo  
13 all of my colleagues' and coworkers in terms of  
14 salary parity. It was wonderful that the case  
15 managers got a raise. They deserve it, but now for  
16 everybody across the aging network to be able to get  
17 a raise, as I said, our case managers actually  
18 perform what DFTA calls case assistance. They didn't  
19 get a raise. So, that's a concern of ours as well.  
20 Let's see. [pause] Oh, and here's another thing I  
21 want to just highlight is that we are currently not  
22 and through—through DFTA programs we're not  
23 collecting any information on sexual orientation or  
24 gender identity. This is something we've been  
25 advocating for with DFTA for a long time. We think

1  
2 it is a huge blind spot in terms of data collection,  
3 and—and yet it is still not part of our systems,  
4 although I know Council Member Dromm is—has  
5 championed that cause. I'm over. [laughter]

6 MALE SPEAKER: Just keep talking.

7 [background comments]

8 TOM WEBBER: Okay. Thank you. I think—  
9 can I add just one last thing. I have been involved  
10 in a statewide effort to end the HIV epidemic in New  
11 York State, and one of the recommendations—there's a  
12 range of recommendations for older adult services to  
13 address that, and one of them has to do with the fact  
14 that people with HIV 50 and over are part of that  
15 group, and yet they cannot be served by our senior  
16 services as they currently stand. So I just wanted  
17 to highlight that. Thank you very much.

18 CHAIRPERSON CHIN: Well, thank you very  
19 much for your testimony and for all the great work  
20 that you do for our seniors. I'm going to call up  
21 the last panel. Anyone else that wants to speak you  
22 have to sign up with the sergeant any time. Linda  
23 Hoffman from New York Foundation for Senior Citizens;  
24 Paula Marcelli from SNAP; Dr. Annafidelia Tavares  
25 from Alzheimer Association; Karen Dahl from Home

1  
2 Press Community Service; and last is Lakshman  
3 Kalasapudi from India House. If I pronounce your  
4 name incorrectly, please correct me. [laughs]  
5 [background comments, pause] You may begin.

6 DR. ANNAFIDELIA TAVARES: Good afternoon,  
7 Chairwoman Chin and members of the Aging Committee.  
8 My name is Dr. Anafidelia Tavares I'm the Director of  
9 Programs for the Alzheimer's Association, New York  
10 City Chapter, and a physician with more than 10 years  
11 of experience in public health previously leading the  
12 Women's Health Initiative with the New York City  
13 Department of Health and Mental Hygiene. I'd like to  
14 begin by applauding Chairwoman Chin together with  
15 Speaker Mark-Viverito and the New York City Council  
16 for their commitment and support for the city's aging  
17 community and for working to enact the Caregiver Law,  
18 which will help to assess and respond to the needs of  
19 unpaid caregivers. The Alzheimer's Association is  
20 the leading voluntary health organization in  
21 Alzheimer's advocacy, research and support. Our  
22 mission is to eliminate Alzheimer's disease through  
23 the advancement of research, to provide care and  
24 support for all affected, and to reduce the risk of  
25 dementia through the promotion of brain health.

1  
2 Approximately 390,000 people in New York State have  
3 Alzheimer's with the majority residing in New York  
4 City. More than one million New Yorkers provide  
5 unpaid care for people with Alzheimer's and other  
6 dementia. Caring for these loved ones can take a  
7 severe emotional, physical and financial toll on the  
8 individuals providing it. At the Alzheimer's  
9 Association we've faced this public health challenge  
10 head-on by providing interventions that address the  
11 continuum of care. We provide education, care and  
12 support to New Yorkers affected by Alzheimer's and  
13 other dementias through our free in-person and online  
14 programs for caregivers, professionals, the public on  
15 a wide range of topics such as diagnosis, early  
16 warning signs and the need for caregiver support and  
17 respite. We have a diverse and bilingual staff of  
18 specialists and masters level clinicians that can  
19 work with New Yorkers in need, in person or over the  
20 phone and through our free 24/7 help line. We  
21 advocate for the needs and rights of those facing  
22 Alzheimer's disease, helping to educate policymakers  
23 on the Alzheimer's crisis, and engage them in our  
24 efforts to fight the disease. We appreciate the  
25 opportunity to testify today on the core services of

1  
2 the Department for the Aging. We recognize and  
3 applaud the critical work of DFTA in the capacity to  
4 provide essential services to seniors. By  
5 contracting the community based organizations to  
6 provide programs to citywide, such as serving up  
7 meals and activities at senior centers, providing  
8 homecare and case management, these are the essential  
9 psychosocial support services needed by aging elders  
10 in New York City and making them capable of aging in  
11 place. By providing services to address the needs—  
12 the needs of elders like the Alzheimer's and  
13 Caregiver Resource Center, the Elderly Crime Victims  
14 Resource and the Health Promotions Unit, DFTA acts as  
15 a critical lifeline to make sure that elder New  
16 Yorkers including frail elders with Alzheimer's and  
17 their caregivers receive the critical social services  
18 they need. By 2030, the segment of the population  
19 age 65 and older will increase substantially, and  
20 older Americans will make up approximately 12–20% of  
21 the total population. As the number of older  
22 Americans grows rapidly, so, too will the number of  
23 people with Alzheimer's. The progression of  
24 Alzheimer's disease is slow and debilitating, and as  
25 such, contributes to the public health impact of

1  
2 Alzheimer's Disease because much of that time with  
3 the disease is spent in disability. As such, the  
4 growing elder population as well as the growing  
5 population of New Yorkers will rely on the critical  
6 services provided by DFTA and its city-funded  
7 subcontractors. City funding for aging services does  
8 not reflect the need for services citywide given the  
9 growing older adult population, nor does the funding  
10 level reflect the acute needs of people with  
11 Alzheimer's. And so I echo other community based  
12 organizations and advocates. For instance, case  
13 management services provided by DFTA funded agencies  
14 though free are not staffed enough to meet the demand  
15 for individualized case planning and moderating. In  
16 many cases as we've heard, there are waiting lists  
17 and backlogs for DFTA services. For example, seniors  
18 in need of mental health services could wait up to  
19 one month to be seen by a professional, and programs  
20 through which case management are available are  
21 limited to traditional working hours, limiting the  
22 level of intensive care, and management that can be  
23 provided. For those in need of additional services,  
24 they are available for non-profit providers that are  
25 not funded by DFTA, and as such, have their own



1  
2 payment policies as well as capacity. For the  
3 specialized needs of Alzheimer's this pattern is  
4 repeated. The increasing demand of services by the  
5 dementia care community can make it difficult for  
6 DFTA to respond to the demand. Though the  
7 Alzheimer's and Caregiver Resource Center is a  
8 critical resource, the current staffing levels do not  
9 reflect the comprehensive care management needs of  
10 people affected by Alzheimer's. We're encouraged by  
11 the review of DFTA's 2016-2017 Summary Plan, and more  
12 specifically the programming of the Bureau of  
13 Healthcare Connections as well as the Bureau of  
14 Community Services. Both bureaus will strengthen  
15 linkages between the healthcare and aging service  
16 systems for better coordination of assessments,  
17 referrals to medical care, community services,  
18 education and training for family caregivers,  
19 entitlement counseling, assistance with nursing home  
20 placement, and providing information on housing  
21 alternatives. We encourage the City Council to  
22 support increased funding for DFTA and in par-  
23 particular increase personnel lines to provide the  
24 comprehensive case management and services that aging  
25

1  
2 New Yorkers so urgently need. Thank you for your  
3 time and attention.

4 KAREN BELL: Good afternoon, Council  
5 Member Chin. My name is Karen Bell, and I'm  
6 representing Home Press Community Services, a multi-  
7 social service agency serving the Asian community in  
8 Brooklyn. I'm going to keep it short. I know that  
9 we have a time constraint. I really want to urge the  
10 City Council to make more of an investment in the  
11 immigrant senior population. It's traditionally been  
12 marginalized. There's a great need to serve  
13 immigrants particularly the population that we're  
14 serving in Brooklyn. It's growing rapidly. Brooklyn  
15 is one of the fastest growing Asian populations. I  
16 want to address that we have two community senior  
17 centers in Brooklyn. One is funded through the  
18 Department for Aging. That's in Bensonhurst. Our  
19 Bensonhurst Senior Center was the first Asian senior  
20 center to get DFTA funding. Our other center in  
21 Sheepshead Bay is still waiting. We have been around  
22 for 19 years. We have a proven track record working  
23 with the community, and that particular senior center  
24 is currently being operated through volunteers, and  
25 in kind and private donations, and as well as

1  
2 discretionary. And we hope that we can provide  
3 baseline funding to help DFTA provide more  
4 neighborhood senior centers to serve this particular  
5 population. It is greatly underserved. Thank you.

6           PAULA MARCELLI: Good afternoon,  
7 Councilwoman Chin. Thank you very much for giving us  
8 all this opportunity today. Core services have  
9 always been a major focus of the senior center or  
10 senior service delivery system.

11           CHAIRPERSON CHIN: [interposing] Can you  
12 identify yourself-

13           PAULA MARCELLI: [interposing] Oh, I'm  
14 sorry.

15           CHAIRPERSON CHIN: --for the record.

16           PAULA MARCELLI: My name is Paula  
17 Marcelli and I'm the CEO of Services Now for Adult  
18 Persons also known as SNAP, and we are located in  
19 Queens. The organization has been around for 36  
20 years and has grown substantially over the years and  
21 does provide most of the core services that we are  
22 talking about today. All are very important  
23 transportation as Councilman Vallone alluded to. In  
24 the section of Queens and the communities that we  
25 serve, we are not adequately served by public

1 transportation so paratransit becomes a major need.  
2 Unfortunately, the Access-A-Ride Program does not  
3 adequately serve the senior population. At best,  
4 they're unreliable, and they have stranded many of  
5 our seniors at our centers on a daily basis. So  
6 without our transportation programs the seniors would  
7 have no way of getting home safely. So we're very  
8 pleased that we're able to fill that need, and also  
9 to provide transportation to senior centers of which  
10 we have two, medical appointments, shopping and other  
11 errands that are important to our population. So the  
12 geographic area is always the major challenge, the  
13 lack of accessible transportation adds to that. Home  
14 delivered meals are also a key component of the  
15 services that SNAP delivers. We provide or we're  
16 contracted to provide through our DFTA contracts 325  
17 home delivered meals a day. However, that number has  
18 been steadily rising, and although the funding for  
19 the food is not the issue because as a performance  
20 based contract, we will get reimbursed for the amount  
21 of meals that we provide. However, if it's necessary  
22 for us to increase the routes to enable the  
23 deliveries to be made, there's no infrastructure  
24 support for the additional vehicle, the additional  
25

1  
2 fuel, the insurance, the maintenance. All of that  
3 then becomes an issue. So although we are committed  
4 as an organization to never turn anyone away, and one  
5 of the last things that I will want the agency to  
6 ever do is—is to establish a waiting list for home  
7 delivered meals. So we will continue to meet the  
8 demand, but it is becoming ever so more increasingly  
9 difficult to do that based on budget constraints.  
10 And, of course, with the projections of the  
11 demographics of the aging population we know that the  
12 fastest aging—the fastest growing age cohort those 85  
13 and older will demand more services in the home.  
14 Just based on their frailties both physically as well  
15 as cognitively, they will need more support in the  
16 home, and we need to make sure that we're developing  
17 an infrastructure that will be able to support that  
18 now and going forward into the future. We also have  
19 a case management agency that actually serves  
20 Councilman Vallone's district, and when he alluded to  
21 the difficulties that staff have in getting to  
22 client's home, in our experience the difficulty has  
23 been on the side of the homecare worker not for the  
24 case management staff. Actually, because of our  
25 geographic limitations or challenges, we make it an

1  
2 agency requirement that all of our case managers have  
3 a license and are able to drive, and have access to a  
4 vehicle. And if at times, you know, because of  
5 circumstances that vehicle is not available to them,  
6 we do have an agency car that we can let them use to  
7 go out to a homebound client. But as an agency we've  
8 also experienced difficulty with our homecare vendors  
9 and getting their homecare attendants out to the  
10 clients especially in the communities of Little Neck,  
11 Douglaston, Floral Park, Bellerose. You know that  
12 whole Eastern Queens area, and that is an issue that  
13 we deal with on a daily basis. Also regarding  
14 homecare, as has been said before, the—in August of  
15 2016 the Department for the Aging notified all case  
16 management agencies that there was a freeze on  
17 homecare hours. So that has also created a  
18 tremendous challenge. Other than that, I think, you  
19 know, mostly everything has been said. We have a  
20 caregiver program that also works very closely with  
21 the informal caregivers that really save the City a  
22 tremendous amount of money because of the services  
23 that they provide to their receiver that we don't  
24 have to. But we then support the caregiver because  
25 keeping them healthy and keeping them stable is as

1  
2 important as keeping their receiver in the same  
3 condition. So again, thank you very much for this  
4 opportunity.

5 CHAIRPERSON CHIN: Thank you very much.  
6 Linda.

7 LINDA HOFFMAN: Good afternoon. Excuse  
8 me [coughs] I am Linda Hoffman, President of New York  
9 Foundation for Senior Citizens. I really want to  
10 thank you, Chair Chin, for committing an entire City  
11 Council for all of your enormous support of seniors,  
12 for all of these years in the past, and certainly  
13 it's obvious today what you're doing now and for the  
14 future. And one of the supports that you have  
15 provided and on behalf of our Board of Directors I  
16 want to request again, and we deeply appreciate an  
17 allocation from each of the individual council  
18 members and their delegations of discretionary funds  
19 plus your support of the provision of a minimum of  
20 \$150,000 from the Speaker's citywide fund within the  
21 city's 2017-2018 Budget in order to ensure the  
22 continuation of our citywide home sharing program  
23 throughout the next fiscal year, the only one of its  
24 type of services we're offering them of its kind in  
25 the city, and the premises is the state. Our free

1  
2 home sharing program, and I know I'm preaching to the  
3 choir because most of you, if not all of you, know  
4 about it, but we match adult hosts who have extra  
5 space in their apartments or houses to share with a  
6 responsible, compatible adult guest in need of  
7 affordable housing. One of the match mates must be  
8 over the age of 60, and during the past three decades  
9 we have successfully matched 1,804 persons in 902  
10 shared living arrangements. Respite Care provides  
11 affordable short-term in-home care at the low cost of  
12 \$9.00 an hour, soon to be \$11.00 an hour, and when  
13 that minimum goes up at the—the end of December for  
14 frail elderly who are attempting to manage at home  
15 with the help of others and thereby preventing the  
16 need for their premature institute—  
17 institutionalization. The program's Respite Care  
18 service also provides three temporary free,  
19 underscore, temporary homecare for caregivers of the  
20 frail elderly who experience a sudden inability to  
21 provide care on weekdays after 5:00 p.m. weekends,  
22 holidays and in emergencies. Priority for this  
23 service is given to caregivers who are providing  
24 assistance to frail elderly with incomes of under  
25 \$40,000. During the past three decades, we have



1 provided over 7,348 frail elderly and many more or  
2 thousands of their caregivers with respite care  
3 services. Our program's home sharing and respite  
4 care service takes-cares for all seniors who require  
5 it, of all ethnic, racial, religious, and income  
6 backgrounds and sexually-sexual orientations. We  
7 help them maintain their independence, alleviate the  
8 stress of financial hardship and prevent isolation  
9 and institutionalization. A recent foundation  
10 benefit analysis for the last six-year period between  
11 October 1, 2010 and June 30, 2016 has shown that our  
12 program saved New York City and State over \$48  
13 million in Medicaid expenses. And in terms of the  
14 amount of funding we received over that period of  
15 time, it's a little-it's about \$3 million six. Over  
16 the years, the New York City Department for the Aging  
17 has stressed the vital need for and importance of  
18 both home sharing and respite care services.

19 Therefore, on behalf of New York Foundation for  
20 Senior Citizens Board of Directors I urge you to  
21 provide allocations from each of your individual and  
22 borough delegations discretionary funds plus support  
23 for the provision of a minimum of \$150,000 from the  
24 Speaker's Citywide Fund towards this program. By so  
25

1  
2 doing, you afford the foundation's home sharing and  
3 respite care program the ability to continue to  
4 provide these desperately services that prevent  
5 homelessness, and institutionalization while ensuring  
6 essential saving on Medicaid expenses for New York  
7 City and State throughout the next fiscal year.  
8 Thank you so very much.

9                   LAKSHMAN KALASAPUDI: Hi. My name is  
10 Lakshman Kalasapudi. I'm Deputy Director for India  
11 Home. We provide senior services for South Asians  
12 Queens. So core services are very important to all  
13 seniors across the city, and unfortunately many South  
14 Asians—South Asian older adults aren't able to access  
15 them because of the English—the English proficiency,  
16 cultural barriers, lack of community, and so on. And  
17 India Home incidentally provides a number of these  
18 services such as a meal program, a physical exercise  
19 program, help promotion, a link to public benefits, a  
20 link to community resources, opportunities for  
21 socialization and more. But I—I'd like to remind  
22 you, as you're all aware, that we're not in the  
23 projected baseline in the Mayor's baseline budget,  
24 and we'd very much like to be, and I'd like to echo  
25 our colleague from Home Press that it's really

1  
2 important for DFTA and the City to pay attention to  
3 immigrant older adults and invest in our programs.  
4 Technically, we—we—I just testified at the—DFTA's  
5 annual time on Raffman (sic) and, you know, per the  
6 older Americans Act of 1965, state agencies and local  
7 area agencies on aging are supposed to plan for  
8 trends, changing trends in the community. And so, I  
9 understand what Ms. Karen Resnick said earlier in the  
10 morning and the afternoon that, you know, there's a  
11 whole contract system. You can't break it up, you  
12 know, it—it takes time, but if you have so much time  
13 planning years in advance for the changing  
14 demographics, then you're going to find yourself in a  
15 situation where a number or older adults or people  
16 who are just becoming older adults who need core  
17 services aren't able to access them because providers  
18 and institutions that come from their own communities  
19 where they feel most comfortable with are not—don't  
20 have the contract and the support to provide these  
21 core services. So, we're definitely echoing—echoing  
22 our—our colleagues from Home Press, and then echoing  
23 our colleagues from SAGE. We would very much like to  
24 do case management as well, and there's a great  
25 demand in terms of many of our seniors are old—new

1  
2 immigrants, and they are still navigating the whole  
3 system of public programs of—of what kind of homecare  
4 they need, and so on. And again, they feel more  
5 comfortable with us for the language purposes, the  
6 cultural purposes, and we—even though we don't have  
7 the—the official contract and we're not in the  
8 budget, we hired someone who we call a case manager,  
9 and she is taking on cases. And so, you know,  
10 whether we have the support or not, we are going to  
11 try and steam through, but we'd very, very much like  
12 to support these. And so, yeah, going forward, I—I  
13 do request the—you to advocate on behalf of  
14 institutions that come from immigrant communities.  
15 We are new to the game. We need help filling out the  
16 RFP contracts some kind—like, you know, some guidance  
17 together to be successful in that entire competitive  
18 process. So, that's one thing that we're asking for,  
19 and another thing is that we provide services at a  
20 number of different locations, and as I understand  
21 it, the—the process—the DFTA RFP only supports one  
22 location in a typical five-day senior center model,  
23 but we're pretty much revolving and locating across  
24 Queens, and so we're asking DFTA and the Committee on  
25 Aging to be innovative in their thinking of how we—

1  
2 where and how we provide these services. Depending  
3 on the language we speak, our center in Sunnyside  
4 gets members from Eastern Queens, Brooklyn. Our  
5 center in Jamaica gets people, some people from  
6 Westbury, Flushing, Brooklyn. And so, we're trying  
7 to be innovative, and we're hoping that you can also  
8 be innovative with us. Thank you.

9 CHAIRPERSON CHIN: Thank you very much  
10 for your testimony. I mean the City Council we're  
11 the ones that's being creative and innovative, but we  
12 want to make sure that the core services are  
13 baselined, and the resources are there. So we look  
14 forward to continue to working with you, and  
15 especially in the next two years, for fiscal year 18,  
16 for the year of the senior. We need all of you to  
17 work with us to make that happen. So thank you again  
18 for being here today, and thank you to everyone for  
19 joining us today, and the hearing is adjourned.

20 [gavel]

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23  
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C E R T I F I C A T E

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



Date December 7, 2016