

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEES ON AGING AND SENIOR CENTERS

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December 14, 2011

Start: 1:07 p.m.

Recess: 2:29 p.m.

HELD AT: 250 Broadway
Hearing Room, 16th Floor

B E F O R E:

JESSICA S. LAPPIN
DAVID GREENFIELD
Chairperson

COUNCIL MEMBERS:

James Vacca
Peter Koo
Maria del Carmen Arroyo
Vincent J. Gentile
Melissa Mark-Viverito
Helen D. Foster

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

Lilliam Barrios-Paoli
Commissioner
Department for the Aging

Michael Bosnick
Assistant Commissioner, Planning and Research
Department for the Aging

Nancy D. Miller
Executive Director/CEO
VISIONS Services for the Blind and Visually Impaired

Catherine Thurston
Senior Director of Programs
SAGE

Laura Lazarus
Chief Program Officer
Lenox Hill Neighborhood House

Priscilla Maysonet
Managing Director of the Senior Communities
Selfhelp Community Services

Bobbie Sackman
Council of Senior Center & Services of NYC, Inc.

Orit Lender
Program Director
Jewish Community Center of Staten Island

CHAIRPERSON LAPPIN: Hello? There we go. Okay. Good morning, everyone.

FEMALE VOICE: Good morning.

CHAIRPERSON LAPPIN: Good afternoon. I'm Jessica Lappin, Chair of the Aging Committee, joined today by Council Member David Greenfield, Chair of our Senior Center Subcommittee, who is co-chairing the hearing today, and Council Member Jimmy Vacca. And people will be coming out. As you can see, there are other hearings happening at the same time.

But I want to thank everyone who is here today for joining us to discuss this important issue. Today, we're going to talk about the history and the progress of our Innovative Senior Centers. And I think the timing of this hearing is perfect since the Innovative Senior Centers are supposed to open their doors at the end of this month or the very beginning of next year. I think we all know very well the important role that senior centers play in our city, just how important they are to the fabric of our communities. And they do provide a very wide range of service, including, obviously, the meals,

1 but in addition to that, health care, leisure
2 activities, places for people to come together,
3 make new friends, and find companionship.

4
5 There are a number of people who
6 will be running these new innovative centers who
7 are here today, we're going to be hearing from
8 them: Selfhelp, the Staten Island Jewish
9 Community Center.

10 And by the way, Councilwoman Rose
11 broke her leg? Or what did--something? Something
12 happened to Councilwoman Rose, so she apologizes
13 that she's not here

14 SAGE and other--VISIONS, and other
15 contract awardees and advocates. And, of course,
16 we have the Commissioner here from the Department
17 for the Aging and she's going to speak as well on
18 this topic.

19 But before we turn it over to the
20 Commissioner, I wanted to ask Council Member
21 Greenfield if he had any opening remarks he'd like
22 to give.

23 CHAIRPERSON GREENFIELD: Thank you.
24 Thank you. Good afternoon, my name is David
25 Greenfield, I'm the Chair of the Subcommittee on

1
2 Senior Centers. I want to thank Chair Lappin for
3 her collaboration on this joint hearing. Today
4 we're here to examine the topic of Innovative
5 Senior Centers.

6 With the rapidly growing senior
7 population, combined with the struggling economy,
8 it's critical that seniors have greater access to
9 and awareness of city services like Innovative
10 Senior Centers. Many older adults rely on senior
11 centers and other parts of the city's aging
12 service network for their basic needs to maintain
13 their health and independence and to lessen the
14 negative effect of social isolation.

15 DFTA has stated its commitment to
16 enhancing the senior center system--and we thank
17 the Commissioner for that--and to addressing the
18 service gaps, improving the integration of
19 multiple services, and better meet the needs of
20 New York's growing senior population.

21 In 2009, Innovative Senior Centers
22 were announced to meet the needs of a diverse
23 population of older New Yorkers, as well as the
24 need to tap into providers' expertise and
25 experience. Thus, Innovative Senior Centers will

1
2 be a new model of seniors center to provide a
3 leading edge senior service programs that
4 complement the extra ordinary diversity of the
5 city's adults aged 60 and older.

6 Today we'll be hearing from
7 advocates and service providers whose daily work
8 is to maintain a high-quality of life for seniors
9 in New York City. We will also be hearing from
10 the Administration represented by our favorite
11 Commissioner who will speak to the efforts being
12 made to broaden access for seniors and highlight
13 the greater opportunities to service prevented by-
14 -presented by the Innovative Senior Centers.
15 Thank you.

16 CHAIRPERSON LAPPIN: Great, I
17 wanted to note we've been joined by Councilman
18 Peter Koo. And with that, Commissioner?

19 LILLIAM BARRIOS-PAOLI: Thank you.
20 Okay. Good afternoon, Chair Lappin, Subcommittee
21 Chair Greenfield, and Members of the Committee on
22 Aging, I am Lilliam Barrios-Paoli, I am the
23 Commissioner of the Department for the Aging.
24 Thank you for the opportunity to discuss a very
25 exciting topic at DFTA: The establishment of our

first Innovative Senior Centers.

Mayor Bloomberg announced the award of eight Innovative Senior Centers in October to nonprofit sponsoring organizations. These awards represent the first infusion of new dollars into DFTA Senior Center Network in at least ten years. After a competitive process, the agency identified the most qualified sponsoring organizations to enhance and transform the Senior Center Network, including Lenox Hill and the YMYWHA of Washington Heights in Manhattan, BronxWorks in the Bronx, Selfhelp and SNAP in Queens, and the JCC of Staten Island, as well as two citywide organizations for special populations, VISIONS and SAGE.

The establishment of Innovative Senior Centers is the cornerstone initiative of Age-Friendly New York City, a collaboration with the City Council and the New York Academy of Medicine aimed at making New York City a more livable place for its 1.4 million older adults.

Let me just say just in the interest of the history, the idea of the innovative centers came to us from the advocacy community--Bobbie Sackman was particularly

instrumental in, sort of--I don't know if she dreamt it or she thought of it, but in either case, one or the other--

MALE VOICE: Both.

LILLIAM BARRIOS-PAOLI: Both. But the idea was brought to us by CSCS--Bobbie--and it was in collaboration with them that the concept was, you know, was developed. So I wanted to acknowledge that and thank them for it.

DFTA recognizes that innovation is not the exclusive property of the eight selected agencies for this initiative. The name Innovative allows the programs and DFTA to experiment much more freely than has ever been before possible. It gives the City's blessing to being innovative and makes the centers incubators for new ideas about practices and programs. We recognize that many high quality creative programs already exist throughout DFTA Senior Center Network.

The Innovative Senior Centers will complement these centers in several distinct ways. First, additional funding will permit significant program enhancements. ICS will also operate under greater operational flexibility and will feature

greater linkages with a wider community. DFTA will closely monitor the centers' performance and hold them accountable for the delivery of innovative services. DFTA also fully expects the ICS to provide support, mentorship, and identify best practices for the wider senior center community.

Innovative Senior Centers will be required to address five key areas: Nutrition, socialization, benefits, and entitlement assistant, linkages to community resources, and health and wellness programming. ICS will incorporate comprehensive and preventive health services across multiple domains, such as physical health, health management, health education, and mental health. Providers will use their own extensive knowledge of their communities to design a comprehensive and targeted health promotions program. All ICS will offer a minimum of ten fitness programs per week and at least five health management programs and six nutritional educational programs annually. All ICS will incorporate an array of unique programming that will greatly benefit older adults in their

respective communities.

Programming highlights among the first eight where these include: Lenox Hill in Manhattan will offer vegetarian options at every meal and two locally-sourced organic meals each week, as well as watercize and underwater photography classes. The YMYWHA of Washington Heights will offer a dinner café and a self-service option in addition to the traditional lunch, as well as classes on Skype communication and bird watching. BronxWorks will offer a chronic disease self-management program in both English and Spanish, as well as geriatric mental health screenings. Selfhelp in Queens will feature telehealth kiosks that will help members monitor their own health and virtual senior center programming that will enhance seniors with mobility challenges to participate in a senior center classes and activities through two-way video. SNAP in Queens will offer a Guest Chef program where prominent members of the Queens community will prepare favorite meals, as well as a cognitive wellness program known as Breakfast for Your Brain. The JCC of Staten Island has the

benefit of a fully equipped and staffed fitness center and Olympic size swimming pool and will offer exercise programs. VISIONS will utilize adaptive technology, Braille, and various education programs to serve the visually impaired, and also offer meal vouchers that can be used in restaurants in the community. And SAGE will operate the nation's first senior center for members of the city's LGBT community and will feature mental health programming designed specifically for the LGBT elders.

DFTA will allow greater operational flexibility as a key component of the ISC initiative, including flexible and expanded hours, as well as enhanced transportation options that will permit seniors of all ages to utilize the facilities. Expanded hours will allow centers to reach older adults who are still in the workforce.

Some ICS will offer dinner meals, evening and weekend hours, café style flexible meal times, and meal vouchers. Other centers will feature vegetarian, dietetic, or locally-sourced meals to allow for greater participation for seniors with particular dietary needs.

Extensive transportation services, particularly in areas such as outer Queens and Staten Island, will encourage older New Yorkers from nearby communities to partake in the ISC's programming. Indeed, transportation is a key piece of the ISC design in communities with less access to public transportation. I am confident that this will allow ISCs to expand their reach, market their services to more seniors with mobility impairments, and ultimately serve a greater number of older adults.

All innovative centers must make linkages to community resources as a core part of their programming. Linkages will provide seniors with additional access to health care services, arts and cultural opportunities, technology, and volunteer opportunities, to name a few. Some examples include: BronxWorks will partner with Fit to the Core, a local fitness promotion company to provide yoga classes; Lenox Hill will partner with NY Sun Works to construct hydroponic systems and grow plants indoors; SNAP will partner with North Shore LIJ Hospital to provide 15 hours per week of health screenings and health care

1 assistance from registered community health
2 nurses; and SAGE will seek support from the New
3 York City Department of Health Bureau of Tobacco
4 and Control to implement an evidence-based smoking
5 cessation program in 2012.
6

7 All ISCs will use their resources
8 to participate in cross-training and sharing of
9 best practices to the Neighborhood Centers
10 Network, as well as offer these centers additional
11 program and opportunities. In order to build
12 support for senior centers, it is critical to
13 demonstrate the important role that the senior
14 centers play in promoting the health and wellness
15 of older adults. Funding for social services
16 programs in the current economic environment is
17 extremely competitive. If our network can provide
18 evidence that it produces measurable improvements
19 for older New Yorkers, it will be better
20 positioned for additional funding. At the same
21 time, healthcare reformers are focused on the
22 importance of home and community-based supports as
23 a way to avoid costly institutionalization and
24 hospital readmissions. If we can demonstrate the
25 important impacts that the Aging network has on

the health of older adults through home and community-based programs, we'll be in a much stronger position to tap into additional public funding streams that have been previously unavailable to our network.

Consequently, DFTA will measure ISC service levels in nutrition, benefits, socialization, health promotions, and transportation. Previously, DFTA was primarily able to capture unduplicated counts for meals only. On an annual basis, programs will be expected to exceed 85 % of the service levels agreed to in four of the five categories of services that I have listed. If the service levels are not attained, program reimbursement will be reduced by 5 % or more.

ICS will also use indicators to measure health and other outcomes for participating seniors. DFTA is seeking grant funds to assist ISCs in working with individual senior center participants to obtain baseline health information and track participant's health outcomes over time, empowering clients to work more effectively with their health providers.

DFTA is also pursuing grant funding to engage a researcher to more comprehensively measure the impact of Innovative Senior Centers and participants. We expect that this work will help ISCs in designing localized health and wellness and other programming going forward and will permit easier dissemination of best practices to the larger senior center provider network.

Actually, the conversations with private funders is pretty well advanced and we have had reassurances from a consortium of funders that got together specifically to fund this effort that we will be hearing shortly of their decision.

CHAIRPERSON LAPPIN: Great.

LILLIAM BARRIOS-PAOLI: It's a group of about five foundations and I think it looks pretty good. The framework for innovative centers was largely informed by an extensive consultative process with stakeholders, including advocacy groups and service providers. The ISCs were procured through a new streamlined process that is the first of its kind in city government.

The method differed significantly from the traditional request for proposal process

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2 by shortening processing time, reducing the volume
3 and complexity of paperwork, and promoting
4 innovation in the development of program services.
5 Specific community districts were targeted for the
6 ISCs based on the need to resource ratio. During
7 the first round, none of the organizations that
8 submitted proposals for Brooklyn filed successful
9 bids. DFTA recognizes the importance of
10 establishing innovative centers in the city's most
11 populous borough, and it will re-issue the
12 solicitation for Brooklyn and open bidding to the
13 entire borough, rather than to specific community
14 districts.

15 We eagerly anticipate the opening
16 of the innovative centers in January, followed
17 thereafter by up to two more in Brooklyn. We're
18 hopeful that funding will permit the release of a
19 second round of solicitations for innovative
20 centers in the coming year. I will now take your
21 questions.

22 CHAIRPERSON LAPPIN: Thank you very
23 much, and it's great to hear that the discussions
24 have gone so well with the private funders. So I
25 did want to ask, you know, I think originally

envisioned this was--or is to be 50 innovative centers, is that right? Okay.

LILLIAM BARRIOS-PAOLI: Yes, yes.

CHAIRPERSON LAPPIN: So this is phase one, is it still the plan to do 50?

LILLIAM BARRIOS-PAOLI: Yes, we would like certainly to do as many as we can until the end of the Mayor's term. We're hoping to do at least one more round, we hope for two more rounds, and, hopefully, they will have enough momentum that the next mayor will feel committed to continuing it.

CHAIRPERSON LAPPIN: And do you have a sense of how many would be in the next round or where they would be located?

LILLIAM BARRIOS-PAOLI: You know, we started with ten because we weren't sure exactly how everything was going to happen and what was going to be the process. I think going forward I will try to do 15 if possible or more, and then the next round the same thing. So hopefully--it's more than anything governed by the budgeting process, but I think we were pretty successful in this first round and I think that

OMB will be supportive.

CHAIRPERSON LAPPIN: No, certainly some of the things you mentioned are very fun, cool things to be doing that aren't happening now. And so my other question is, you know, there's a little bit of a mix in this round, although it's mostly existing centers that are doing new things with sort of one--you know, the LGBT center being brand new--so sort of how do you decide, as you look forward, how to do that? Are they going to be existing centers or new centers or a mix again?

LILLIAM BARRIOS-PAOLI: I think it's going to be a mix. I think what we did with the so-called special populations is try to address populations that were really underserved in our present system, and I think we'll continue to do that mix to allow new members into the fold.

The JCC was a brand new center as well. So we had three new brand new centers and the rest were existing centers with big enhancement. I think the premise was--and what I felt very strongly about--was that even our best funded centers did not have budgets that enabled them to be really creative because a lot of it was

going just to very basic things, so the idea was if you had a better budget--and by no means are we saying that even the innovative centers are funded at a maximum or optimum level--but if you had a better budget, what could you do that would enable you to attract seniors, serve seniors better, and so on. So in excess, we were really happy that the majority of centers were existing centers that just, with some more money in their budget, could really prove to us how much better the services could get.

CHAIRPERSON LAPPIN: And then presumably--and we'll hear from them--but do outreach--

LILLIAM BARRIOS-PAOLI: Yes.

CHAIRPERSON LAPPIN: --to try and capture people who are not currently using the neighborhood centers.

LILLIAM BARRIOS-PAOLI: Right.

CHAIRPERSON LAPPIN: Okay.

LILLIAM BARRIOS-PAOLI: And we're hoping that the programming would be exciting enough that it would appeal to different ages. I mean, one of the things that we had been talking

1 about for a long time is that, you know, when you
2 talk about children, you never think of doing the
3 same programming for 4-year-olds and put them in
4 the same classroom with 18-year-olds or 15-year-
5 olds. I mean, you have very age--you know, so we
6 put people 60 and 95 in the same programs and
7 expect them all to enjoy it. So we want to have a
8 much more nuanced programming so that seniors that
9 are much more able--not so much age determined,
10 but ability determined and health determined--to
11 participate in different kinds of activities that
12 would appeal to them. And I think that way we
13 could attract people that, heretofore, have not
14 been coming for whatever reason.

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16 CHAIRPERSON LAPPIN: Great.

17 Council Member Greenfield?

18 CHAIRPERSON GREENFIELD: Thank you.

19 Thank you, Commissioner, I think we're all very
20 excited about the Innovative Senior Centers, I
21 think it shows that, despite the tough economic
22 realities, we're committed in this city to
23 ensuring that our seniors are living life to their
24 fullest. And, of course, I also thank Bobbie for,
25 I guess, conceiving, dreaming, and advocating the

issue, so we appreciate that as well.

I'm just wondering about a couple of things. How many applications did you receive for Innovative Senior Centers?

LILLIAM BARRIOS-PAOLI: We received--Michael?

MICHAEL BOSNICK: I think it's 22.

LILLIAM BARRIOS-PAOLI: Okay. Twenty-two applications. And I think part of it was that we were trying to do two things--create the innovative centers, we were also trying to address the underserved areas of the city, which with seniors is sort of counterintuitive in many ways. So there were areas of the city, we created--let me backtrack, we created a Persons In Need index and we looked at indicators, such as the absolute number of seniors, the number of frail seniors, seniors that are above a certain age, and seniors in poverty, and then we looked at the investment that the department had in that particular community district or community districts, and realized that there were many of them--if one is an equilibrium of matching resources to need, there were many centers that

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LILLIAM BARRIOS-PAOLI: Yes.

3

CHAIRPERSON GREENFIELD: Okay.

4

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LILLIAM BARRIOS-PAOLI: And it's
going to happen, the solicitation should be going
out in the next couple of weeks or so, right?

7

8

MICHAEL BOSNICK: For Brooklyn,
we're going to do it by March 1st 'cause we
didn't--we want to--

10

LILLIAM BARRIOS-PAOLI: But--

11

12

MICHAEL BOSNICK: --have it coming
after the neighborhood center.

13

14

CHAIRPERSON LAPPIN: We're going to
have to ask--you want to come sit with
Commissioner--

16

[Crosstalk]

17

CHAIRPERSON GREENFIELD:

18

[Interposing] Yes, step right up.

19

20

LILLIAM BARRIOS-PAOLI: This is
Michael Bosnick, he's the Assistant Commissioner
for Planning and Research and he was sort of like
the father of the RFP. Do you want to claim
paternity?

24

[Crosstalk]

25

CHAIRPERSON GREENFIELD: I'm going

to decline from commenting on that one.

LILLIAM BARRIOS-PAOLI: He won't
get sued--

[Crosstalk]

MICHAEL BOSNICK: [Interposing] The
proud father. Yeah, so--

LILLIAM BARRIOS-PAOLI: Go ahead.
Well I think--

CHAIRPERSON GREENFIELD:
[Interposing] So we were trying to find out why
you hate Brooklyn, if you can just sort of--

MICHAEL BOSNICK: Right.

CHAIRPERSON GREENFIELD: --
elaborate, yeah.

MICHAEL BOSNICK: We want to make
sure we get the strongest proposals from Brooklyn,
so we thought that we would like to release
Brooklyn as soon as possible, but we're going to
be releasing in the next two or three weeks a
neighborhood center solicitation. We're
soliciting our whole system, and we didn't want
Brooklyn respondents to have to make a choice
between neighborhood centers and innovative
centers so that we're going to do the neighborhood

centers and then the innovative. So innovative, we're planning on releasing on about March 1st.

CHAIRPERSON GREENFIELD: Okay. But those would be two that would be exclusively for Brooklyn among whoever the applicants happened to be.

[Crosstalk]

CHAIRPERSON GREENFIELD: And well you mentioned some of the matrixes you looked at in terms of trying to decide where. Can you sort of elaborate in terms of what the decision-making process was; how you chose these particulars centers and what you're looking for in future centers, at least for the first group?

LILLIAM BARRIOS-PAOLI: Well in terms of geography we had predetermined the geographic areas--

CHAIRPERSON GREENFIELD: Yeah.

LILLIAM BARRIOS-PAOLI: --based on the needs index that I said to you.

CHAIRPERSON GREENFIELD:
[Interposing] No, you explained that, but I mean that--

LILLIAM BARRIOS-PAOLI: Right.

CHAIRPERSON GREENFIELD: --from the 22 applicants, what was the decision-making process in terms of who got it and who didn't get it?

LILLIAM BARRIOS-PAOLI: Okay. So we developed a scoring sheet that essentially gave points in the proposal, and we had three readers-- why don't you describe the process?

MICHAEL BOSNICK: Oh, okay. We had review teams of the three and, as the Commissioner said, we looked at different factors on a score sheet, which included background experience, a program design section, those were the major sections, and we scored one to five in terms of the strength of answers on various questions related to those sections.

LILLIAM BARRIOS-PAOLI: So for example, in the west side of Manhattan we had several very good proposals so we re--you know, we had a different set of readers read it again so that we were sure that--and it was very tough because we had some really strong proposals in all the areas. In other areas, we certainly, you know, had fewer--you know, less competition, but I

1 think all of the proposals were really, really
2 strong. And we were looking for innovative
3 thinking, we were looking for really out-of-the-
4 box programming, we're looking for capacity
5 because we knew that, you know, just because you
6 say you're going to do it doesn't mean you can do
7 it. And so we feel comfortable that the people
8 that were selected, not only, you know, could
9 think outside of the box, but could deliver
10 whatever they promised.

12 CHAIRPERSON GREENFIELD: Sure. It
13 seems like that some of the components of the
14 Innovative Senior Centers system are still sort of
15 being worked out. I'm wondering what's your plan
16 in terms of monitoring and evaluating this first
17 group of Innovative Senior Centers?

18 LILLIAM BARRIOS-PAOLI: So we've
19 developed a series of outcome measures and we are
20 going to be using the next year to really,
21 together with the providers, you know, sort of
22 finalize what the measurements will be. Go ahead.
23 So we're going to tell you exactly what we're
24 going to be measuring.

25 MICHAEL BOSNICK: Right, so to

begin with, there are just--we want to make sure that the basic output measures that we have asked of the senior centers that they're doing that, as was mentioned in the testimony, and so we listed those for you--you know, nutrition and benefits, counseling, and so on. But we also talked about bringing on board, a researcher and, as the Commissioner mentioned, the several grant makers have said that in January they'll be able to give us a final decision and they were very positive about it. That research is going to allow us over the next two years to be working on every senior center with an academic researcher, focusing on the totality of senior center programs. So we know from historically that certain individual programs, like chronic disease self-management, we know from evidence-based research that they work, but there's no research showing how overall innovation works. So we'll be measuring outcomes through that research over two years that include improved physical health, improved mental health, improved quality of life, strengthen social networks we want to see, overcoming social isolation, and then also use of City resources,

benefits, entitlements. So those are more outcome measures than we've had previously.

LILLIAM BARRIOS-PAOLI: So the idea is that we would take baseline measurements and then figure out if our programs are indeed improving those indicators that we found were problematic for particular seniors so that at the end of the day we could say, you know, by doing these programs we were able to improve the quality of whatever indicator we're measuring.

CHAIRPERSON GREENFIELD: And will that information then be utilized in terms of determining what Innovative Senior Centers you approve in the future and, sort of, how does that all, sort of, work into the mix? And I mean, this is sort of a grand experiment of sorts, right?

[Crosstalk]

CHAIRPERSON GREENFIELD: So I imagine some things hopefully will work and some things may not work, and so will you utilize that information and sort of set up a long-term process? 'Cause, obviously, we're coming to the close of this particular administration, so is that something you have in mind in terms of, sort

of, setting up some sort of standards down the road?

LILLIAM BARRIOS-PAOLI: Well see our hope is that if we find that certain programs work particularly well for the seniors, then we would go systemically with those programs so that the neighborhood centers would be able to establish the same kinds of programs to benefit their seniors. My sense is that, given that the, you know, resources are not unlimited, every neighborhood will have one or two innovative centers and two or three or four neighborhood centers that could use the programming of the innovative center, but that the best of the programs could be instituted in all of the centers. I mean, that would be the, I think the--

[Crosstalk]

CHAIRPERSON GREENFIELD:
[Interposing] And so there'll be some sort of report or a metrics or--

LILLIAM BARRIOS-PAOLI: Yes.

CHAIRPERSON GREENFIELD: --some sort of a follow-up on that as well.

LILLIAM BARRIOS-PAOLI: Yes.

CHAIRPERSON GREENFIELD: All right, I'm going to allow some of my other colleagues to ask questions, 'cause I'm going to be here all day.

LILLIAM BARRIOS-PAOLI: Our goal is that eventually we could have a report card that could be shared with everybody, it could be put on our website--

CHAIRPERSON GREENFIELD: Okay. Great.

LILLIAM BARRIOS-PAOLI: --that everybody can judge.

CHAIRPERSON GREENFIELD: Terrific, I mean, no pressure for the eight Innovative Senior Centers, but you don't want to get an F, that would look very bad for you.

CHAIRPERSON LAPPIN: And it's so nice that we'll be looking at things beyond just meals, it's really, you know, 'cause everybody knows that they do a lot more than that.

I wanted to note, we've been joined by Councilwoman Maria Arroyo and Council Member Vinnie Gentile. And I don't think we have any more questions for this panel, since Peter Koo had

to go vote next door, but we have an exciting group coming up next right behind you. Thank you.

Nancy Miller from VISIONS, Catherine Thurston from SAGE, Priscilla Maysonet from Selfhelp, and Laura Lazarus from Lenox Hill Neighborhood House.

SERGEANT-AT-ARMS: If you have any copies of your statements, please bring them up--

[Off mic]

SERGEANT-AT-ARMS: I have another chair here--

[Off mic]

LAURA LAZARUS: We have three minutes.

CATHERINE THURSTON: Hmm.

LAURA LAZARUS: We have three minutes.

CATHERINE THURSTON: I think so, I'm a fast talker. It's only two pages.

[Off mic]

CHAIRPERSON LAPPIN: All right, hit it.

NANCY MILLER: Hi, good afternoon, I'm Nancy D. Miller, and I'm the Executive

1
2 Director CEO at VISIONS Services for the Blind and
3 Visually Impaired. And before I give my written
4 testimony, I would like to ask each of the Council
5 Members if you could take the vision simulator
6 just to get a sense of who is it that we're
7 talking about. I have given it to the--

8 CHAIRPERSON LAPPIN: Sergeant?

9 NANCY MILLER: --security, yes.

10 CHAIRPERSON LAPPIN: And I should
11 say before everybody testifies, we don't have a
12 clock in here, we're not going to do that, but if
13 you brought 15 pages of written testimony, please
14 don't read it, but, you know, just spend three or
15 so minutes giving us the heart of it. Thanks.

16 NANCY MILLER: Great. So the way
17 to use the simulator is close one eye and bring
18 the simulator open to the open eye and look
19 through each of the ovals and it simulates
20 different eye diseases. The reason I bring the
21 simulator is when you say somebody is blind or
22 visually impaired, you don't always realize how
23 severe that impairment is. And the people that
24 VISIONS serves are either totally blind, legally
25 blind, which is a Social Security definition, or

1
2 severely visually impaired, meaning that it's
3 difficult for that senior to do activities of
4 daily living, there's a functional impairment.

5 So we're celebrating 85 years of
6 service. We serve approximately 5,000 people a
7 year, almost all of whom are low income, and about
8 half of that 5,000 are seniors. We're primarily
9 serving the New York City area, although some of
10 our services are so popular that we have people
11 who come from Long Island, Westchester, and New
12 Jersey, although our priority is really for New
13 York City residents.

14 We receive dozens of calls a day,
15 we operate a call center called Blindline and I
16 urge you to let your constituents know about it.
17 It's staffed by blind volunteers and they take
18 calls and they update a website. So any question
19 about blindness or vision impairment or resources
20 or services are answered by the Blindline interns.
21 If you want to know, does McDonald's have a
22 Braille menu, yes. You can ask where do you get
23 vision rehab; you can ask questions about does a
24 theater have large print programs; is there a
25 verbal description or narration at the movie

1 theater.

2
3 So we are an information and
4 referral network already, so the idea of having an
5 Innovative Senior Center now is very exciting to
6 us because now we will be able to answer the
7 question when people say I'm a blind senior, where
8 can I go for help, we'll be able to say, you can
9 come to our center. We're opening on January 3rd,
10 you are all invited.

11 Our meal is a dinner meal. It will
12 be served between 3:30 and 5 p.m. And the reason
13 we're serving a dinner is we asked the 250 seniors
14 that we're currently serving now in other programs
15 and we said, what meal would you like, we can
16 serve breakfast, lunch, or dinner. What they told
17 us was we almost never eat dinner with another
18 person, we are eating dinner by ourselves every
19 day, so serve us an early dinner meal so we can be
20 with other people. The amount of social isolation
21 amongst blind seniors is very, very high, as well
22 as clinical depression. So we asked the seniors
23 and this is what they told us.

24 Our target population are the
25 87,000 New York City residents who report being

1
2 blind who are age 65 and over. People don't
3 realize how many blind seniors are in New York
4 City.

5 We are serving people with all
6 types of eye disease--macular degeneration,
7 diabetes related eye disease, complex cataracts,
8 and glaucoma. And in fact, our population on our
9 own agency demographics, more than half of the
10 seniors we serve are non-white and are
11 representative of all of the communities of color
12 throughout New York City.

13 So what makes us innovative? Well
14 since we haven't opened yet, we can just tell you
15 what we plan--and this is the very first senior
16 center adapted for blind seniors, not only in New
17 York City, but in the country. So it is the first
18 time that our entire program is geared to somebody
19 who can't see. So what does that mean? You walk
20 into our computer lab and you sit down at the
21 computer and the computer talks. You sit down and
22 you can magnify it to whatever level if you have
23 partial vision. You walk into the center and you
24 can get the menu in large print, Braille, on an
25 audiotape, or on electronic disk, or we can e-mail

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17 In addition, all of the health and
18 wellness classes, including a walking club, and
19 you have be very careful when you start a walking
20 club for blind seniors 'cause the evidence shows
21 if people aren't used to walking, you have more
22 falls and fractures when you start a walking club.
23 So you have to make sure that you're providing the
24 right guidance, that you're walking in a place
25 where there's a less tripping hazard, that you

In addition, all of the health and wellness classes, including a walking club, and you have to be very careful when you start a walking club for blind seniors 'cause the evidence shows if people aren't used to walking, you have more falls and fractures when you start a walking club. So you have to make sure that you're providing the right guidance, that you're walking in a place where there's a less tripping hazard, that you

1
2 have escorts if you need them, and we're using
3 that evidence base to form our walking club.

4 We have a managing chronic disease
5 program, but we had to adapt all the material so
6 blind people could access it. So if you hand out
7 a flyer, it's not going to help them. So what we
8 did is we translated that flyer into the format
9 that they're requesting--again, Braille,
10 audiotape, whatever is needed.

11 We have intergenerational services
12 where high school youth assist the blind seniors
13 in classes. We have a ceramics class with a kiln,
14 volunteer readers and escorts so when they come to
15 the center, if they want to do a little shopping
16 around 23rd Street, which is where the center is
17 located, the volunteer can help them shop and they
18 can bring their groceries back in Access-A-Ride
19 back to wherever they live. We have seniors,
20 we've signed up 100 blind seniors pre-registered
21 in the last two weeks, we have 150 waiting to be
22 registered in the next two weeks. So the demand
23 is out there.

24 We also have an employment service.
25 We actually in the building that VISION's office

1 is located, our super is blind, we got him the
2 job, he is 69 years old. He didn't want to stop
3 working when he lost his vision, he had been a
4 nurse's aide and a super his entire life and we
5 taught him how to be a super again. So age is no
6 deterrent and neither is blindness, so we have job
7 placement.
8

9 We also have quilting, we have
10 traveling accessible touch exhibits from all the
11 museums in New York City. We work collaboratively
12 with DNS to do blood pressure screenings. And all
13 of our services are not only accessible to people
14 who are blind, but also people who are wheelchair
15 users, and we have quite a few blind seniors who
16 also use wheelchairs.

17 CHAIRPERSON LAPPIN: I'm going to
18 ask you just to kind of--

19 [Crosstalk]

20 NANCY MILLER: [Interposing] Wrap
21 up.

22 CHAIRPERSON LAPPIN: --up.

23 NANCY MILLER: Wrap up. What else
24 does VISION's do that blind seniors will be able
25 to access? We're one of the few overnight respite

1 programs, so if a caregiver needs a break we have
2 an overnight respite center where the blind senior
3 can stay for anywhere from 3 to 12 days. We have
4 caregiver support groups and services; we have
5 residential vision; rehab training; we have
6 professional social work counseling by LMSWs. We
7 train the community aging network on how to make a
8 referral; we do outreach; I mentioned Blindline.
9 And we do benefits assistance so every senior who
10 comes through our doors is screened for what
11 benefits they're not getting right now. So we're
12 filling out food stamps, SCRIE, DRIE, all of the
13 benefits that are entitled to, but even more, we
14 send a volunteer to the home to take the boxes out
15 of the closet with all the documentation--because
16 blind seniors don't know what's in their mail, so
17 they put in a box. Our volunteers help them
18 collect the data they need to document their
19 eligibility.
20

21 So thank you so much for the
22 opportunity to testify.

23 CHAIRPERSON LAPPIN: No, you're
24 doing great things, as you know, I've been there
25 before, but this is an exciting new twist.

NANCY MILLER: Thank you.

[Off mic]

CATHERINE THURSTON: There you go.

Chairs Lappin and Greenfield, members of the Committees, my name is Catherine Thurston and I am the Senior Director of Programs for SAGE--Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders. Thank you for holding this oversight hearing on the City's new Innovative Senior Centers.

With support from the Administration, the New York City Council, the Manhattan Borough President, and in partnership with the New York City Department for the Aging, SAGE will proudly open the nation's first full-time senior center for LGBT older adults in January. The SAGE Center plans to offer a wide variety of innovative programs in all five boroughs of New York City related to arts and culture, physical exercise, health management and education, as well as food and nutrition. Our programming is modeled on a holistic approach that considers the wide range of needs and services of an individual needing support.

As with older adults in general, LGBT older adults face many challenges associated with aging: Declining health, diminished income, the loss of friends and family, and society's ageism. However, LGBT older adults often face the added burdens of invisibility, ignorance, heightened social isolation, and discrimination related to their sexual orientations and gender identities when accessing health care, social services, and most aging programs.

To address these challenges, the SAGE Center will offer diverse programming that will support LGBT elders in a culturally competent and integrated manner. To address the increased levels of poverty experienced by an estimated 12,000 to 24,000 LGBT older adults living in New York City, many educational programs will focus on increasing financial preparedness and security among center attendees. Programs will include employment assistance, benefits counseling, as well as legal and financial planning.

To address LGBT health disparities, such as delayed care seeking from health providers, the SAGE Center will have robust health

1
2 and wellness offerings that will include HIV and
3 aging education, breast and prostate cancer
4 support, a nutrition program, and congregate meals
5 that, like VISIONS, will include an early dinner
6 for constituents--also keeping in mind that many
7 of our constituents may still be working and can
8 come after work to get a meal.

9 The center will also feature
10 cultural and educational offerings that highlight
11 the knowledge and expertise of LGBT older adults
12 themselves. LGBT history will be celebrated in
13 our educational and recreational activities, which
14 will include an LGBT history track, often led by
15 our constituents who helped form that history, and
16 book readings by renowned LGBT authors.

17 To help overcome the isolation and
18 marginalization experienced by LGBT older adults,
19 SAGE will continue to integrate technology access
20 and education into our programs. Technology
21 education will support and complement other
22 components of the center by connecting
23 constituents to technology-based resources on
24 nutrition, health promotion, and socialization.

25 We will also reach homebound LGBT

1
2 elders through telephonic and online support
3 groups.

4 Our ambitious programming schedule
5 will reach LGBT elders in all five boroughs of the
6 city through partnerships with community
7 organizations rooted in these neighborhoods.

8 Onsite programming and services offered in outer
9 borough partner sites will allow constituents to
10 access services in their communities and provide
11 connection to other local LGBT-supportive aging
12 services and providers.

13 Further, to help ensure that LGBT
14 older New Yorkers in the outer boroughs have
15 access to the SAGE Center's programming and
16 services, SAGE will hire a citywide outreach
17 coordinator who will create linkages and build
18 collaborative relationships between the SAGE
19 Center and aging providers throughout the city.
20 The citywide outreach coordinator will also
21 provide wellness, socialization, and educational
22 programming to older adults at all partner sites
23 in the Bronx, Brooklyn, Queens, and on Staten
24 Island.

25 It is our hope that with the

1 historic creation of this center, the estimated
2 100,000 LGBT elders living throughout New York
3 City will be able to access a space that
4 encourages all LGBT older adults to live healthy
5 and dignified lives. We know from years of
6 experience that LGBT older people with access to
7 vital affirming programs, services, and sensitive
8 providers, and a broad network of friends in their
9 community will be better able to face the
10 challenges that can come with aging.
11

12 Having personally worked in aging
13 services for 23 years, 7 of those years at SAGE, I
14 cannot overstate how important it is for older
15 adults to be able to live out this chapter of
16 their lives being out and honest about who they
17 are. This lived authenticity has profound
18 implications for improving emotional and physical
19 well-being.

20 For over 30 years, SAGE has offered
21 groundbreaking programs and services that reduce
22 isolation and improve the health and well-being of
23 thousands of LGBT older adults across the city.
24 The SAGE Center hopes to build on that experience
25 and ensure that LGBT older adults have a space to

call their own.

I thank you for your time and attention to these important concerns.

[Off mic]

LAURA LAZARUS: Thank you, Council Members Lappin and Greenfield and the Members of the Committee on Aging and the Subcommittee on Senior Centers for the opportunity to testify today. My name is Laura Lazarus and I am the Chief Program Officer at Lenox Hill Neighborhood House, a 117-year-old settlement house located in the East Side of Manhattan.

CHAIRPERSON LAPPIN: Woohoo, Lenox Hill.

LAURA LAZARUS: We are thrilled to have been selected--

[Crosstalk]

CHAIRPERSON LAPPIN: --shut up.

LAURA LAZARUS: --by the Department for the Aging to operate an Innovative Senior Center, which will run out of our existing center located at 70th Street and 1st Avenue in Manhattan, which we have operated for the past 40 years. DFTA's exciting new initiative has allowed

us to create a program with the underlying premise that our center at Lenox Hill Neighborhood House will serve older adults of all abilities, from the most active to the most frail. We are developing a robust program to incorporate many of the already excellent offerings and facilities available to our seniors. We will be making extensive use of our settlement house resources, such as our strong legal advocacy program, our fitness and aquatics expertise, and our visual and performing arts experience, and access those resources to create a great program for 400 older adults every day of all ages, ethnicities, and abilities.

In addition to a wide-range of activities, we are committed to increasing access to our center. We will be open 12 hours a day, from 8 a.m. to 8 p.m., every day of the year, including all major holidays. Additionally, the center will be open ten Fridays in the summer until 10 p.m. With extended days and hours open, we will provide an unparalleled service to older adults who, for example, might still be working and want a place to go after business hours or who

1
2 might not have family or friends and seek a
3 community of people in a celebratory atmosphere on
4 the holidays. We will be kicking off with a New
5 Year's Day party this year on Sunday January 1st
6 from 12:30 to 5 with a live band and food, and you
7 are welcome to join us.

8 To ensure high quality programming,
9 we have developed an innovative organizational
10 structure. We will have four exceptional
11 assistant directors, all of whom have been hired,
12 each with a specific focus and specialty. Our
13 Assistant Director for Real Arts and Education has
14 a doctorate in music and is a trained oboist,
15 among her many qualifications; and our Assistant
16 Director for Health and Wellness is trained in
17 yoga and pilates and is also a dancer who has been
18 a member of our visual and performing arts staff.
19 They will both be providing programming themselves
20 and also coordinating outside people and
21 volunteers to bring in programs. We have a social
22 worker with a master's degree to provide case
23 assistance, and our Assistant Director for
24 Administration has a Master's in Public
25 Administration.

1
2 awesome. Could you give us--

3 LAURA LAZARUS: Thank you.

4 CHAIRPERSON LAPPIN: --sort of the
5 highlight reel--

6 LAURA LAZARUS: Sure.

7 CHAIRPERSON LAPPIN: --of the next
8 few pages?

9 LAURA LAZARUS: So we're going to
10 be offering breakfast, lunch, and dinner every
11 day; we're going to be offering two organic meals
12 every week; we're going to be starting out with
13 breakfast and lunch. We're going to be probably
14 providing 135,000 meals a year, that's what we
15 expect to offer. We're going to be offering a lot
16 more vegetarian, healthy food options, but we're
17 going to have a lot more options in general.
18 We're going to be using our new green roof that
19 was actually funded through New York City DEP,
20 which we're going to be building next spring, so
21 we're going to be incorporating programming there
22 with intergenerational programming with some of
23 our kids and our after school and our preschool
24 programs.

25 And then we're going to really be--

1 we've already put together a bunch of programming
2 for January. So some of the highlights are, in
3 the arts, we are adding courses or programs such
4 as a choral music group, a creative writing class,
5 a music appreciation class, drawing and
6 illustration, a percussion circle, a Saturday film
7 forum, a play reading workshop, a masters of fine
8 arts class, and a digital photography class.

10 Our underwater photography will be
11 in the spring because it's associated with a water
12 photography program so they can take pictures of
13 the East River, go to Central Park Zoo and take
14 pictures there, and then they're going to go in
15 our pool and take pictures in the pool.

16 We've put together a, you know, a
17 tremendous number of additional exercise classes,
18 other than what we've already provided--we already
19 provide. We're going to have a ballet basics
20 class, a body toning class, chair yoga, mobility
21 and flexibility pilates, Zumba, and watercize five
22 days a week.

23 Our health and wellness programs
24 are going to include a falls prevention class led
25 by a doctor at Cornell Weill, a meditation

1
2 program, Reiki, tai chi, and a men's discussion
3 group, and we're going to put together computer
4 classes, ESOL is going to start in January, and
5 we're going to have a lot of--all of our legal
6 services, and our Economic Security Initiative
7 clinic will continue.

8 We've put together some
9 partnerships that are, again, going to start in
10 January. Radiant Health NYC is going to offer
11 healthy cooking classes, we're going to
12 horticultural therapy with the Rusk Institute of
13 NYU, the Visiting Nurse Service will be on site
14 every week for individual assistance, as well as
15 more general education for our members, and then
16 we also have Weight Watchers starting next month.

17 [Off mic]

18 LAURA LAZARUS: Exactly, exactly.
19 So thank you again for the opportunity to testify.
20 As a committed provider of older adult services in
21 New York, we are grateful and enthusiastic about
22 this opportunity; we're excited to experiment with
23 the programming that DFTA is working with us on.
24 We're going to see what works, we're going to see
25 what doesn't work, and we're going to modify what

we're doing to make it work. So thank you again,
all of you.

CHAIRPERSON LAPPIN: You have quite
a few Council Members who are interested in
signing up.

LAURA LAZARUS: Excellent.

[Crosstalk]

CHAIRPERSON LAPPIN: But to be
clear, the seniors won't be swimming in the East
River.

LAURA LAZARUS: No, they will not,
they will be taking photos of the East River.

CHAIRPERSON LAPPIN: Okay. Council
Member Greenfield and I just wanted to be sure.

LAURA LAZARUS: No, that maybe next
year.

CHAIRPERSON GREENFIELD:
Underwater.

LAURA LAZARUS: Maybe next year,
scuba diving.

CHAIRPERSON LAPPIN: Before we hear
from the last panelists, I wanted to mention we've
been joined by Councilwoman Melissa Mark-Viverito
and Councilwoman Helen Diane Foster.

PRISCILLA MAYSONET: Is? Okay.

All right, thank you for the opportunity to testify at this meeting. My name is Priscilla Maysonet, and I am the Managing Director of the Senior Communities for Selfhelp Community Services.

The Selfhelp Benjamin Rosenthal Prince Street Senior Center is in Flushing, Queens, and it's honored to be an awardee of the Innovative Senior Center grant from the New York City Department for the Aging. The ISC is a prominent feature of the Age Friendly New York City Blueprint aimed at making New York City a more vibrant, healthy, and livable place to grow old in.

Selfhelp, celebrating our 75th anniversary in 2011, is committed to enabling seniors to remain in their homes and age with dignity and respect. Selfhelp operates five DFTA-funded senior centers and strongly believes that robust senior centers can be a critical component in ensuring that elderly New Yorkers remain active participants in their communities.

For many years, senior centers have

are isolated or at risk for social isolation. Our Virtual Senior Center program originated at the site of the ISC and is aimed at introducing socialization opportunities and new social work networks to both homebound elderly and senior center members.

The foundation of our Innovative Senior Center revolves around several unique geographic and demographic factors. The new Innovative Senior Center expands an existing senior center in response to the complex and interrelated needs of the community. It will offer a diverse web of programming that acknowledges and treats these overlapping issues with a strong set of interrelated programs.

Fifty-five percent of the senior population in Flushing is foreign-born and speaks limited English. Their lack of English presents many barriers, including difficulty accessing medical care, obtaining entitlements or benefits, finding employment, and handling financial matters. Screening for over 25 benefits will be done for every registered member. Our social workers are culturally sensitive and speak a

1
2 variety of languages and dialects. Participants
3 may also use various computer programs to conduct
4 self-screenings. Social workers will assist
5 clients in completing the appropriate paperwork,
6 and will follow up with agencies as needed. To
7 address the vast cultural diversity of the
8 neighborhood, a Saturday program will be offered
9 twice a month that will be made up of 50 % Hindu
10 population.

11 As you can imagine, health issues
12 relating to these barriers include nutrition
13 deficiency, diabetes, arthritis, heart disease, et
14 cetera. The senior population's tremendous
15 poverty and isolation increase the severity of
16 these conditions. Many seniors in the area do not
17 have a primary care physician and do not access
18 medical care until they are very sick,
19 particularly since local hospitals do not always
20 have staff who speaks their language. CD 7, where
21 the ISC is located, is home to the largest cluster
22 of low income seniors in all of Queens.

23 The ISC will staff a health and
24 wellness specialist. We will be focusing a lot on
25 providing health services to the members that come

1
2 to the senior centers as a result of the inability
3 for them to access healthcare because of lack of
4 language or just fear of going into a hospital and
5 not receiving the services--excuse me--or not
6 being able to communicate their needs. The ISC
7 will--a wealth of physical activities will be
8 offered. Wellness coaches will be available to
9 guide seniors toward appropriate activities and
10 monitor their results. The center will also
11 provide evidence-based wellness programs to
12 support participants with heart disease and
13 diabetes in appropriate lifestyle changes.

14 In keeping with our mission--so
15 that, you know, that has to do a lot with health
16 and wellness--but in keeping in our mission to be
17 innovators in technology, in connection with the
18 health needs, we have a telehealth kiosk that
19 we'll be able to make available to the
20 participants to self-monitor their vital signs.
21 The kiosk will be used to measure vital signs,
22 track trends, and identify health indicators, and
23 then transmit them instantly and securely to a
24 telehealth nurse, who monitors the information and
25 initiates appropriate action when a potential

problem is indicated.

Similarly, to address cognitive stimulation, we offer the use of Daikim Brain Fitness machine. If you've ever seen one of these, you would probably spend a lot of time playing on this game. It--excuse me--it gives the next question related to the answer that you gave prior, so depending on your answer, you move forward to more difficult questions and it's completely directed by the senior. So it really helps with cognitive stimulation.

Finally, our new cyber classroom--

CHAIRPERSON LAPPIN: [Interposing]
You know, I'm going to ask you just to conclude 'cause we know, you know, we had Milton participate via Skype--

PRISCILLA MAYSONET: Oh, okay.

CHAIRPERSON LAPPIN: --at a hearing already so we know a lot about what you're doing in that area.

PRISCILLA MAYSONET: Okay. So we're going to be putting in a cyber classroom that will encourage another senior center to participate with us from outside of our building

1
2 so that, not only with our senior center members,
3 but with homebound clients. And so I would again,
4 like most of us, we're going to have linkages
5 throughout the city to help us do this, we've been
6 working with hospitals and recreational facilities
7 in our area. We have a swimming pool at Corona
8 that we provide swimming classes.

9 I would like to stress how excited
10 Selfhelp is to be an awardee of the Innovative
11 Senior Center. We look forward to the
12 implementation of our program after the start of
13 the new year and encourage the City Council to
14 monitor the success of all the ISCs so that, in
15 the future, funding can be found to establish more
16 of them throughout the five boroughs.

17 Thank you for your attention.

18 CHAIRPERSON LAPPIN: Great, thank
19 you. Go ahead, Council Member Greenfield.

20 CHAIRPERSON GREENFIELD: We want to
21 thank you all--whoo--want to thank you all for
22 coming out here and to congratulate you, and we're
23 all very excited about the terrific work that
24 you're doing. You know, we've heard through the
25 grapevine that some folks are concerned about some

1
2 Access-A-Ride doesn't come, or they're held up for
3 hours, or they are told, yes, we'll come and pick
4 you up, but you're going to have to go to the
5 Bronx and Queens before you get to Brooklyn. So
6 we have a very small pot of money for what we call
7 emergencies. If a senior gets to us, we guarantee
8 we will get them home safely using a car service.
9 We contract with Minuteman, so they're going to
10 take the same car service that the executives from
11 all the corporations would take, but that's
12 expensive.

13 Unfortunately, when we proposed our
14 budget, DFTA would not give us all of the money
15 that we thought we needed, and the one thing that
16 got cut out of our budget was \$50,000 for
17 transportation. So we now have \$2,000 a year,
18 that's all we have for transportation, and we're
19 looking for other resources to supplement it.
20 Because blind seniors often have other chronic
21 health conditions that make it difficult for them
22 to sit in Access-A-Ride all those hours, we wanted
23 to have alternatives.

24 One of the goals we have as
25 Innovative Senior Centers is to work with the

1 funding consortium that Lilliam referred to and
2 see if those private foundations can work with us
3 to find out about resources that are currently
4 underutilized--vans that are empty during certain
5 hours of the day--and have a citywide
6 transportation coordinator for the centers so that
7 we can access those resources for the seniors at a
8 lower cost than what it would take to put every
9 senior in a private car service back-and-forth.

11 So we're worried, but we also know
12 that we have a very energetic senior population
13 and they are so anxious to get to us that we're
14 convinced they're going to find a way. A lot of
15 our seniors are using escorts, family members.
16 Because our meal is offered after school, some of
17 the seniors are telling us they're going to get
18 there with their grandkids because it enables them
19 to have somebody come at 3 o'clock, meet them, and
20 bring them to the center.

21 But it's a real concern and I think
22 it's a concern, not just for innovative centers,
23 we don't have enough coordinated inexpensive
24 transportation for seniors in New York City.
25 Bobbie Sackman and CSCS have fought for years to

get more transportation infrastructure.

CHAIRPERSON GREENFIELD: Sure, it's a bigger concern for Innovative Senior Centers because the senior center model currently is spread out across the city, right, so the idea is that you should have a senior center close enough to you to visit that senior center. Whereas, if it's Innovative Senior Center, it's one of a kind.

Catherine, I saw you nodding as well, and do you have some issues here as well?

CATHERINE THURSTON: I'm nodding, we absolutely do, and in a lot of ways, our scenario kind of parallels Nancy's in that we understand that there is limited funding and that we have to do the best with what we have, and SAGE is one of the few centers that did not exist before the Innovative Senior Centers, so everything we're getting is new and we're starting from scratch. We actually proposed to DFTA a model that we learned from Nancy--she's really been a mentor to me in this process--and we also have been using economies of scale with VISION, we're sharing our caterer, because we're five blocks away from them.

1
2 We proposed a very, very small kind
3 of car service emergency-based plan--it's not the
4 best, but it's all we had--and their response was,
5 this is so small it's really not going to work so
6 we're just going to cut it in its entirety, so we
7 have no budget.

8 CHAIRPERSON GREENFIELD: This was
9 for return trips?

10 CATHERINE THURSTON: This was for--
11 [Crosstalk]

12 CATHERINE THURSTON: Exactly, the
13 same idea that if people could get there, we could
14 get them back in a car service--

15 CHAIRPERSON GREENFIELD: Yeah.

16 CATHERINE THURSTON: --and we were
17 going to use the same car service. So now we have
18 absolutely no transportation budget, other than to
19 assist through social service ways to help people
20 access Assess-A-Ride if they're appropriate.

21 The difference between our citywide
22 center and VISIONS is that VISIONS is bringing
23 people in from all over the city to one site, and
24 we recognize that, in order to really find people
25 where they are, we have to have sites in each of

the boroughs. And I've heard repeatedly when I travel to the outer boroughs, you know, I don't leave Staten Island, I cannot leave Staten Island and--

CHAIRPERSON GREENFIELD:

[Interposing] It's very unfortunate for those people.

CATHERINE THURSTON: --I've heard it in Brooklyn, I grew up in--I live in Brooklyn--

CHAIRPERSON GREENFIELD: Oh, there's no reason--

CATHERINE THURSTON: --I grew up in Queens--

CHAIRPERSON GREENFIELD: --let's be honest, there really is no leaving--

[Crosstalk]

CATHERINE THURSTON: [Interposing] There's no reason to leave Brooklyn? I--

CHAIRPERSON GREENFIELD: Unless you have to come to City Hall to testify.

CATHERINE THURSTON: Or go to work, in my case.

CHAIRPERSON GREENFIELD: Yes, yes.

CATHERINE THURSTON: Absolutely.

1
2 And certainly yesterday I was at SAGE Queens,
3 which is a program of Queens Community House,
4 which is going to be our Queens partner, and
5 people in the room told us, we want to have a
6 meal, but we are not able to come to Manhattan for
7 a variety of reasons.

8 So transportation is clearly an
9 issue, as Nancy said, we're hoping that the
10 funders collective can help us kind of brainstorm-
11 -

12 CHAIRPERSON GREENFIELD:
13 [Interposing] Is that what DFTA has told you or
14 that's sort of, like, you know, the great hope?

15 CATHERINE THURSTON: Of the
16 funders?

17 CHAIRPERSON GREENFIELD: When you
18 say we hope, meaning that's an internal hope or
19 DFTA has said, don't worry, we're going to work
20 with you and the funders to try to figure this
21 out?

22 CATHERINE THURSTON: The funders
23 are apart from DFTA, these are--

24 CHAIRPERSON GREENFIELD: Yeah.

25 CATHERINE THURSTON: --meetings

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that we've had as--

CHAIRPERSON GREENFIELD: Yeah.

CATHERINE THURSTON: --the innovative center awardees with the funders and they've asked us to isolate the top few issues that we have as a group and transportation is certainly one of the top, if not the top.

CHAIRPERSON GREENFIELD: Well if you can keep us updated on that, I think it's helpful. And if for whatever reason it doesn't work, we can try to go back to DFTA and try to see if we can work it out in a combination. What do they expect you to do with \$2,000?

NANCY MILLER: Not much.

CHAIRPERSON GREENFIELD: Got it.
All right, thank you, folks.

NANCY MILLER: Thank you.

CATHERINE THURSTON: [Off mic]
great, thanks.

CHAIRPERSON LAPPIN: I am going to hand the meeting over to Chair Greenfield, but before I did, I wanted to make sure I on the record thank Bobbie Sackman, really, for having this idea and for pushing it and advocating to get

us to where we are, which is eight opening in the next month, which is very exciting.

CHAIRPERSON GREENFIELD: Thank you, Chair Lappin. I believe our next panel is Orit Lender and Bobbie Sackman.

[Off mic]

MALE VOICE: --I'm not there--

[Crosstalk]

CHAIRPERSON LAPPIN: That's what I'm going to tell them.

MALE VOICE: There we go.

[Off mic]

FEMALE VOICE 2: You got to push back on Staten Island.

ORIT LENDER: Yeah, I know, I didn't appreciate that comment.

FEMALE VOICE 2: I wouldn't either. And you're living proof.

ORIT LENDER: I know.

CHAIRPERSON LAPPIN: I have to say one more thing, I almost forgot, Brian Footer, as some of you may know--

FEMALE VOICE: Yes.

CHAIRPERSON LAPPIN: --is leaving

the City Council family.

[Crosstalk]

CHAIRPERSON LAPPIN: And today is his last hearing as the Policy Analyst for the Aging Committee, so I really wanted to thank him for all of his excellent work for the Aging Committee and for the Council, and we wish him very well. And of course, we always thank Matt Hickey too for his great work.

ORIT LENDER: From Staten Island.

CHAIRPERSON GREENFIELD: Well then you're going second. Bobbie, please.

ORIT LENDER: Oh, no.

BOBBIE SACKMAN: You sure?

CHAIRPERSON GREENFIELD: Yeah, absolutely.

[Crosstalk]

CHAIRPERSON GREENFIELD: One of the few fringe benefits of being in charge.

BOBBIE SACKMAN: I tried, okay. I'm not going to, you know, read my testimony, I just want to do a few quick things. What I attached to the testimony--by the way, you know, they may never let you on Staten Island now so....

CHAIRPERSON GREENFIELD: I can't afford to go there with the cost of the bridge anyway.

BOBBIE SACKMAN: The ferry is free I think.

CHAIRPERSON GREENFIELD: I know, but no ferry from Brooklyn.

BOBBIE SACKMAN: Right. I have attached the original concept paper--that's in the back of this--from August 2009. Just as, you know, to see what was written and to see where we're at or headed and well what I wanted to say, first of all, 'cause I actually think there was a correlation, is I want to thank City Council because the fact that--excuse me, sorry--\$14 million was baselined for senior centers beginning in next July--and I have a feeling a couple of staff people sitting here were very responsible for that too, so thank you very much--not only stabilizes all senior centers across the city and helps in a great way, but obviously, adding money to start Innovative Senior Centers on a very destabilized budget would not be a good start, either, so I think there is very much a

1 connection. And I think it made total sense, from
2 our opinion, that the Administration agreed to
3 both the 14 million and the Innovative Senior
4 Centers.
5

6 This was the number one
7 recommendation, the innovative centers, in the
8 senior center study that CSCS did--which, by the
9 way, has now won a national award for which we're
10 going to receive it in March at the national
11 conference in Washington.

12 CHAIRPERSON GREENFIELD:
13 Congratulations.

14 BOBBIE SACKMAN: Thank you, we're
15 thrilled. And the Commissioner mentioned an
16 evaluation by an academic institution and
17 outcomes, and that was one of the basic principles
18 of this concept, and so of course, CSCS would like
19 for advocates and service providers, you know, to
20 be involved in the outcome measures, especially
21 the providers since they're the ones who are going
22 to be sort of the end users of this and need to be
23 there from the beginning.

24 I added something that might seem a
25 little bit of a stretch, but somebody mentioned in

1
2 you'll that in my testimony there's the Enterprise
3 Foundation, which is key in giving out millions of
4 dollars worth of tax credits--they're a national
5 group, they have a New York office--for affordable
6 housing. They are seriously looking at the need
7 for affordable senior housing now because of the
8 demographics and particularly with services. So
9 I've included a statement from them, and I found
10 it very interesting that they had on their radar
11 screen Innovative Senior Centers and, as it says
12 in here, they think that this could be a hub for
13 service delivery.

14 So what I'm pointing out is--

15 CHAIRPERSON GREENFIELD: And we
16 have--

17 BOBBIE SACKMAN: --if you look at
18 page three in here, the third paragraph down, it's
19 part of the Enterprise quote. We applaud the
20 latest efforts to create Innovative Senior Centers
21 in New York City and it fits well into positioning
22 independent housing as a hub for service delivery
23 and keeping seniors living independently longer
24 for longer in their homes. And so we don't know
25 everybody looking at this right now and I think

1
2 that's the point I'm trying to make. We're in a
3 world of senior centers and Department for the
4 Aging, but I think there are other real
5 opportunities out there for bringing in funding
6 and expanding services. And of course we would
7 love to work with City Council and DFTA to move
8 this forward.

9 And I wrote that we want at least
10 ten more centers next year. Well if the
11 Commissioner says 15 this year, than 15, I'm
12 following her lead. Thank you very much.

13 CHAIRPERSON GREENFIELD: Thank you,
14 Bobbie. And, Orit, before you begin, just so you
15 know, I actually have family who lives out in
16 Staten Island so we always have a little bit of a
17 rivalry going on there. But I've been out to the
18 JCC and it's a beautiful JCC and we're very
19 excited that you were awarded the Innovative
20 Senior Center. So tell us please some more about
21 what you're going to be doing.

22 [Off mic]

23 ORIT LENDER: Hello?

24 BOBBIE SACKMAN: You want to try
25 this one?

[Off mic]

ORIT LENDER: Hello? Okay. So good afternoon, my name is Orit Lender and I am the JCC of Staten Island's Program Director. We are very proud to be selected one of the eight Innovative Centers and the only one to service Staten Island.

The JCC is non-for-profit, nonsectarian and one of the largest social service agencies in the borough serving a diverse population of over 30,000 Staten Islanders.

Our vision for the Innovative Senior Center, which will be called the Center for Lifelong Development, is to create a culture of empowered participants ages 60 and up who are dedicated to doing and creating enjoyable experiences for lifelong wellness. It is designed to maximize participant and community involvement in an empowerment model.

In addition to establishing our own board of directors, there will be numerous working committees to actively engage members in shaping, operating, and assessing the initiative to meet their needs. The CLLD will offer six Centers of

1
2 Excellence: Life Long Learning Center, computer
3 technology, fitness wellness and sports, arts and
4 entertainment, social action, and
5 intergenerational. Our Centers of Excellence will
6 have committee chairs and representatives from
7 various backgrounds, and a community advisory
8 board with our linked partners.

9 The CLLD will partner with
10 organizations throughout Staten Island to broaden
11 the scope of programs and services. Partners
12 include the College of Staten Island, Snug Harbor
13 Cultural Center, Staten Island Physicians
14 Practice, and the Beatrice Victor Senior Olympics,
15 and many more. We will be hiring MSWs, case
16 managers, health and wellness specialists in order
17 to ensure the success of the Center for Life Long
18 Development.

19 We will be offering a flexible
20 schedule, including evenings, as well as day time
21 activities on an ongoing basis, and providing
22 social service outside of our normal operating
23 hours. In keeping with our empowerment and self-
24 determination model, at each meal, clients will be
25 offered a variety of food in a café style

environment within a two-hour time period for each program. Programs and activities will be scheduled along meals.

The JCC's integrated transportation model will have three dedicated buses to provide transportation for individuals that have the need to go to and from programs, neighborhood senior centers, and shuttle services for educational and cultural experiences.

In conclusion, we will be offering an average of 72 socialization and health promotion activities weekly. We'll be providing numerous opportunities for participants to assume meaningful leadership roles in program planning and implementation and partner with highly skilled and committed professionals. We envision the JCC's ISC as a resource to fulfill the desire of adults for respect and dignity, supporting their lives for independent living in their own community and opportunities for growth and social engagement.

The JCC is proud to be part of this new concept in enhancing the adult population in an effort to live longer, healthier, more

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meaningful lives.

Thank you for the opportunity to
speak today.

CHAIRPERSON GREENFIELD: Thank you,
Orit. Are you having similar transportation
issues? 'Cause I know Staten Island, of course,
has much more--

ORIT LENDER: Yeah.

CHAIRPERSON GREENFIELD: --limited
transportation.

ORIT LENDER: We definitely have
transportation issues throughout Staten Island,
which is why we've dedicated those three buses to
kind of help that. We're also looking--

CHAIRPERSON GREENFIELD:
[Interposing] And DFTA was okay with that in your
case?

ORIT LENDER: Mm-hmm.

CHAIRPERSON GREENFIELD: Okay.

ORIT LENDER: Yeah, in our case,
they left it in our budget.

CHAIRPERSON GREENFIELD: Yeah.

ORIT LENDER: And it is--

CHAIRPERSON GREENFIELD:

1 [Interposing] I told you Staten Island is special.

2 ORIT LENDER: Well not so special
3 when it comes to public transportation. But we
4 are definitely looking to our partners as well to
5 look and see what kind of arrangements we can make
6 with them as far as transportation.
7

8 CHAIRPERSON GREENFIELD: I
9 appreciate it. Bobbie, just have a quick question
10 for you, you mentioned some of the housing. We
11 had a recent hearing actually talking about the
12 Section 202 housing and one of the things that the
13 HPD focused on is the fact that the funding has
14 sort of dried up. So when you talk about the
15 housing--which we all agree, there needs to be
16 more senior housing in the hub model--any thoughts
17 on how we're going to get the shekels [phonetic]
18 to pay for it?

19 BOBBIE SACKMAN: I think that where
20 the opportunities are--and housing is very complex
21 so I'm not going to pretend that I know all the
22 ins and outs 'cause it's tax credits and bonds and
23 all that stuff. When I see an organization like
24 Enterprise, which is really one of the leading
25 national groups that works on affordable housing,

1 they sat down a month or so ago with a dozen or so
2 people in the room saying, we've got to build
3 affordable senior housing with services because of
4 the demographics are so compelling. That, to me,
5 is some light. I can't begin to explain to you
6 where they're going to get all the tax credits and
7 the bonds and all 'cause I just don't know that
8 kind of stuff, but I know that they are bringing
9 the right people into the room.
10

11 And so I think what's happened over
12 the years is that the city, rightfully or
13 wrongfully--if that's a word--always said, we
14 don't have to do senior housing because there's
15 the 202 program. Now in more recent years, I
16 think they did--Linda, you would know this--so I
17 think they did some subsidy 'cause the money
18 wasn't enough. They didn't do any, okay.

19 [Off mic]

20 LINDA: --but the Enterprise
21 Foundation piggybacked onto 202 funds because they
22 were insufficient--

23 [Crosstalk]

24 BOBBIE SACKMAN: [Interposing]
25 Okay. So there were some subsidizing through

Enterprise and some City dollars.

CHAIRPERSON GREENFIELD:

[Interposing] Yeah, but the bulk of it, if I remember correctly, is was 202 funding that was then subsidized by the City--

BOBBIE SACKMAN: Right.

CHAIRPERSON GREENFIELD: --my concern is that now the 202 funding is drying up, it seems to be difficult.

BOBBIE SACKMAN: Well--

CHAIRPERSON GREENFIELD: But I, no, I think it's--

[Crosstalk]

BOBBIE SACKMAN: No, but where I'm going and--

CHAIRPERSON GREENFIELD: Yeah.

BOBBIE SACKMAN: --I'll finish in a moment, is for good or for bad, the City--which I'm sure is not really for good--but the City can no longer say we have 202. So the City--

CHAIRPERSON GREENFIELD: That's worse.

BOBBIE SACKMAN: Well it's worse in a way, but the City now, I believe, has to come up

1 with a plan for senior housing. Now, if one of
2 the things is that maybe there'll be some Medicaid
3 dollars allowed to flow in for affordable house,
4 it'd be sort of--we have no affordable assisted
5 living and if you can sell your house and your
6 kids have money, you'll go into assisted living,
7 which is fine, but most people can't afford that.

8 CHAIRPERSON GREENFIELD: Sure.

9 BOBBIE SACKMAN: So there may be
10 other pots out there 'cause we're going to be
11 forced to be creative that way. And I think there
12 should be more pressure on the City that they
13 cannot just depend on 202 any longer.

14 CHAIRPERSON GREENFIELD: I agree
15 with you. My point was that we share the same
16 concerns, if you have more information about what
17 Enterprise is doing, if we have some other ideas,
18 I'd love to sit down and chat with you because,
19 especially now that the 202--

20 BOBBIE SACKMAN: Okay.

21 CHAIRPERSON GREENFIELD: --I think
22 quite frankly, what the City is going to do is the
23 opposite, they're going to say, well, no more 202
24 so what do you want us to do, right? Because
25

they're not used to the model of where they invest resources. One of the ideas that we came up with--but of course, it came from us so they pooh-poohed it--was that there is literally thousands of units of housing that are brand new units that are in foreclosure, they could negotiate with the banks to purchase at literally pennies on the dollar, and then they could then turn that into affordable senior housing. Of course, because it came from this side of City Hall, they don't like it.

But my point is that it's a serious concern and if there is work that you're doing in that realm, we'd like to be supportive--

[Crosstalk]

CHAIRPERSON GREENFIELD: --and work with you because we, obviously, share those concerns as well.

BOBBIE SACKMAN: Well actually DFTA is at the table, Karen Taylor was at the one meeting a month or so ago. So if you want, I could ask them about it, it's their meeting but I could ask them about inviting somebody from City Council staff.

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CHAIRPERSON GREENFIELD: Okay.

Great.

BOBBIE SACKMAN: And yeah, so,
okay.

CHAIRPERSON GREENFIELD: Very good.
Well thank you, Bobbie; thank you, Orit. And this
actually concludes the Committee on Aging and
Subcommittee on Senior Center's hearing oversight
on Innovative Senior Centers. We'd like to thank
Matt Hickey, our Counsel; Pakhi Sengupta, who is
our terrific Finance Analyst; my personal
Legislative Director, Doug McPherson. And of
course, we're all going to miss Brian Footer, we
know he's going to do bigger and better things and
he'll make us proud. So thank you and good luck
to you, Brian.

[Off mic]

C E R T I F I C A T E

I, Tammy Wittman, certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature *Tammy Wittman*

Date January 10, 2012