

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

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FEBRUARY 24, 2015

Start: 1:18 p.m.

Recess: 3:52 p.m.

HELD AT: Committee Room - City Hall

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

COUNCIL MEMBERS:

Maria del Carmen Arroyo  
Karen Koslowitz  
Deborah L. Rose  
Chaim M. Deutsch  
Mark Treyger  
Paul A. Vallone

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

Karen Taylor  
Assistant Commissioner  
Bureau of Community Services  
Department for the Aging (DFTA)

Shelly Holtzberg  
Vice President, Board of Directors  
Cadman Towers, Brooklyn

Jasmine Garcia  
Board of Directors, Cooper Square Committee  
Member, Senior Help and Advocacy Program (SHARP)

Lucille Caracara [sp?]  
Board of Directors  
the Cooper Square Committee  
Member, Senior Help and Advocacy Program (SHARP)

Bobbie Sackman  
Director of Public Policy  
Live On New York  
f/k/a Council of Senior Centers and Services

Rhonda Silverman  
Visiting Nurse Service of New York  
Representative for the Chinatown Neighborhood (NORC)

Molly Krakowski  
Director of Legislative Affairs  
Jewish Association for Services for the Aged (JASA)

Rose Ariano  
Program Director  
Selfhelp Northbridge/Brulene/Southbridge NORC  
Program

Sandy Myers  
Advocacy Advisor  
UJA-Federation of New York

Janet Fischer  
Chief Administrative Senior Services  
Henry Street Settlement

Betsy Smith  
Director of Vladeck Care  
NORC's Supportive Service Program

Christopher Jones  
Site Manager  
NORC at Sage Harlem

Greg Greeley  
Director  
Sage Centers Citywide

Suzanna Levitt  
Director  
Immigrant and Families Services  
Shorefront YM-YWHA  
Brighton Beach - Manhattan Beach, Inc.

Joanne Chiu  
Director  
Hamilton-Madison House

Joyce Brown  
Retired Community Health Nurse

Mary Springer  
Director  
Hamilton-Madison House-Knickerbocker-Village (NORC)

2 [sound check, pause]

3 CHAIRPERSON CHIN: Good afternoon. I'm  
4 Council Member Margaret Chin, the Chair of the Aging  
5 Committee. I'm pleased to be joined today by my  
6 colleagues on the Aging Committee. They'll be  
7 joining us shortly, but we have a visiting council  
8 member, Council Member Helen Rosenthal from the Upper  
9 West Side joining us today. Today, the Committee  
10 will explore the city's natural--Naturally Occurring  
11 Retirement Communities better known as NORCs. The  
12 AARP has found that almost 90% of older adults prefer  
13 to live in their home as long as possible aging in  
14 place in their communities. NORCs play a significant  
15 role in allowing older New Yorkers to age comfortably  
16 and with the supportive services necessary to promote  
17 independent aging. NORC Supportive Services Program,  
18 NORC-SSPs provide health and case management  
19 services, and are specially tailored to the residents  
20 of the particular community. New York City has long  
21 been at the forefront of these programs with the  
22 country's first NORC program having been developed in  
23 1986 at the Penn South Houses right here in  
24 Manhattan.

2 Today, NORCs and New York City serve  
3 communities in the Bronx, Manhattan, Brooklyn, and  
4 Queens. These include the 28 NORCs funded through  
5 DFTA's latest RFP as well as those NORCs that have  
6 received additional support by the Council.

7 [background comment]

8 CHAIRPERSON CHIN: Technical  
9 difficulties.

10 [pause, background comments]

11 CHAIRPERSON CHIN: And if you want to  
12 testify today, make sure you fill out a form, okay?

13 [pause]

14 CHAIRPERSON CHIN: Hello, everybody heard  
15 me earlier. [laughs]

16 [pause, background comments]

17 CHAIRPERSON CHIN: All right, we're  
18 having a problem with the audio. They can see us,  
19 but they couldn't hear us, but we're all right. So  
20 we're like we're going to have to do sign language.

21 [background comments]

22 CHAIRPERSON CHIN: I know we already have  
23 a lot of people sign up to testify. So if anyone  
24 else wants to testify, make sure you fill out one of  
25 the slips with the sergeant.

2 [background comments]

3 CHAIRPERSON CHIN: All right. So we're  
4 waiting for a technical problem to resolve with the  
5 sound system. So I guess we'll take a break for ten  
6 minutes. Thank you.

7 [pause]

8 CHAIRPERSON CHIN: Okay. We're good to  
9 go. [laughs]

10 [background comments]

11 [gavel]

12 SERGEANT-A-ARMS: Quiet please.

13 FEMALE SPEAKER: Quiet please.

14 CHAIRPERSON CHIN: Good afternoon again.

15 I'm Council Member Margaret Chin, the Chair of the  
16 Aging Committee. I'm pleased to be joined today by  
17 my colleagues on the Aging Committee Council Member  
18 Arroyo, Council Member Treyger, and Council Member  
19 Rosenthal who's visiting us. [laughs] Today, the  
20 Committee will explore the city's Naturally Occurring  
21 Retirement Communities better known as NORCs. The  
22 AARP has found that almost 90% of older adults prefer  
23 to live in their own homes as long as possible aging  
24 in place in their communities. NORCs play a  
25 significant role in allowing older New Yorkers to age

2 comfortably and with the support services--supportive  
3 services necessary to promote independent aging.  
4 NORC Supportive Services Program, NORC-SSPs provide  
5 health and case manager--case management services,  
6 and are specifically tailored to the residents of a  
7 particular community. New York City has long been at  
8 the forefront of these programs, with the country's  
9 first NORC Program having been developed in 1986 at  
10 the Penn South Houses right here in Manhattan.

11           Today, NORCs in New York City are serving  
12 communities in the Bronx, Manhattan, Brooklyn and  
13 Queens. These include the 28 NORCs funded through  
14 DFTA's latest RFP, as well as those NORCSs that have  
15 received additional support by the Council. While  
16 these programs have been successful in benefiting  
17 those seniors who live in those particular  
18 communities, it is important that we build on the  
19 success of this--of these existing NORCs and ensure  
20 that they can expand to other neighborhoods. This  
21 means looking beyond the existing NORC model and  
22 aiming for flexibility in defining a particular  
23 community as a NORC. New York City already provides  
24 a more flexible definition of a NORC than the federal  
25 and state government. Yet, there are still



2 communities that are left out. It also means looking  
3 at expanding the partnership between DFTA and NYCHA  
4 to provide services to those seniors living in public  
5 housing. New York City can continue to lead the way  
6 in this area, and provide all seniors the chance to  
7 age in place comfortably. The Committee looks forward  
8 to hearing from DFTA, NORC providers and advocates on  
9 the successes and challenges of the current NORC  
10 program, and how we can support the growth of NORCs  
11 in New York City.

12 We've also been joined by Council Member  
13 Vallone from Queens, Chair of our Subcommittee on  
14 Senior Centers. And I want to especially thank our  
15 committee staff, Eric Bernstein our Counsel; James  
16 Subudhi, our Policy Analyst, and welcome back Dohini  
17 Sompura our Finance Analyst. So we will start with  
18 our representative from the Department for the Aging,  
19 Karen Taylor the Assistant Commissioner for the  
20 Bureau of Community Services. And the General  
21 Counsel will swear you in. Thank you.

22 COUNSEL BERNSTEIN: Can you raise your  
23 right hand, please? Do you affirm to tell the truth,  
24 the whole truth, and nothing but the truth in your  
25

2 testimony before this committee, and to respond  
3 honestly to Council Member questions?

4 ASSISTANT COMMISSIONER TAYLOR: [off mic]

5 Yes, I do.

6 [pause]

7 ASSISTANT COMMISSIONER TAYLOR: Okay, I  
8 think it's on now. Can you hear me? Good afternoon  
9 Chairperson Chin and members of the Aging Committee.  
10 I'm Karen Taylor, Assistant Commissioner for  
11 Community Services at the Department for the Aging or  
12 DFTA. And on behalf of Commissioner Donna Corrado,  
13 I'd like to thank you for this opportunity to discuss  
14 Naturally Occurring Retirement Communities in New  
15 York City. The term Naturally Occurring Retirement  
16 Community describes the demographic phenomenon. It  
17 was coined in the 1980s by a professor at the  
18 University of Wisconsin when he observed that certain  
19 housing communities had evolved into communities with  
20 a large concentration of older people. Definitions  
21 vary somewhat throughout the country, but Naturally  
22 Occurring Retirement Communities are defined in New  
23 York City principally through their geographic  
24 boundaries and their population of seniors. As you  
25 know, the city is defined in NORCs as residential

2 locations either single buildings, housing  
3 developments, or clusters of buildings within a  
4 neighborhood that are neither age restrictive nor  
5 built specifically for seniors. Over time as  
6 residents have aged in place, these housing locations  
7 have become home to significant concentrations of  
8 older adults. Throughout the last two decades, a  
9 number of NORCs have received funding from city and  
10 state programs and private foundations to provide  
11 support services to senior residents. These programs  
12 are called (beep) or SSPs. DFTA funded NORC programs  
13 are structured to promoted shared responsibility, and  
14 participation in program design and operation.  
15 Through a partnership among senior NORC residents,  
16 the NORC housing entity, a social service provider,  
17 and health care provider at a minimum. A little bit  
18 about NORCs in New York City

19           Housing is a primary concern for seniors  
20 in New York City, as we all know. Most older New  
21 Yorkers, as you mentioned earlier, prefer to continue  
22 living in their present homes and communities as they  
23 grow older. As the population of older New Yorkers  
24 continues to increases, homes and communities become  
25 more and more important in the aging process as well.

2 Ready access to a range of coordinated support  
3 services and opportunities is essential for  
4 successful aging in place. Furthermore, seniors  
5 benefit when these services and opportunities are an  
6 integral part of their surroundings and daily life.  
7 Which is one of the unique advantages of a NORC  
8 program. NORC-SSPs address the preference of seniors  
9 to age safely in their own homes and communities, and  
10 respond to their consequent support needs. NORC-SSP.  
11 The NORC-SSP movement began right here in New York  
12 City.

13 As was mentioned earlier, in 1986 the  
14 Consortium of UJA-Federation agencies established the  
15 first government supported NORC-SSP in the nation,  
16 the Penn South Program for Seniors. Throughout the  
17 1980s and '90s, the need for services and NORCs  
18 became more and more apparent as residents and  
19 housing management in other New York City  
20 developments began to realize that the older resident  
21 population in their community was growing. And that  
22 some elderly neighbors needed assistance with daily  
23 activities. Some of the early efforts to address  
24 this growing concern included on-site volunteer  
25 programs that gained a strong foothold in the housing

2 community before public funding was available.  
3 Collaborations between forward thinking housing  
4 entities and service providers also emerged. Which  
5 often received needed support from philanthropic  
6 funders. In all cases, housing representatives as  
7 invested partners were fundamental to the success of  
8 these on-site supportive service programs. These  
9 early efforts thrived and rapidly, and in fiscal year  
10 2000, the City appropriated funding for its first New  
11 York City NORC initiative. One of the essential  
12 hallmarks of the City's NORC program is the match  
13 requirement so that public dollars leverage private  
14 funding, and contributions from a number of committed  
15 foundations and organizations especially from health  
16 care providers and philanthropic community. This  
17 support has been critical in allow NORC-SSPs to  
18 flourish, to enhance services and complement city  
19 funding.

20 For DFTA Funded NORCs, There are five  
21 primary objectives. All NORC programs should provide  
22 supportive environments that allow seniors  
23 independence as they age in place. But they should  
24 engage residents and facilitate linkages within the  
25 community. A need to assess the needs of the senior

2 residents, and offer supportive services on those  
3 assessments, and build strong and meaningful  
4 communities that cultivate new roles for community  
5 members. To strengthen the NORC network in providing  
6 supportive services and facilitating community  
7 linkages, DFTA issued a Request for Proposals in June  
8 2013. The RFP required that the NORC housing entity  
9 or entities must have a minimum of 350 seniors and/or  
10 at least 40% of the household in the NORC with a  
11 senior in residence. DFTA continues to fund the  
12 current NORC program model described earlier in  
13 testimony, which is referred to as a classic NORC.  
14 In addition, under the RFP, DFTA expanded this  
15 classic NORC model to include the option of a hybrid,  
16 which establishes a formal relationship between a  
17 DFTA funded senior center located within the NORC  
18 property. The purpose of formalizing this  
19 partnership was to facilitate service coordination  
20 between the two programs and to allow the NORC and  
21 senior center to benefit mutually from resources such  
22 space, staff, and programming.

23 In January of 2014, DFTA award 28 NORC  
24 contracts in the Bronx, Brooklyn, Manhattan, and  
25 Queens for a term that began last July. The DFTA

2 budget for NORC programs is \$6.5 million. These  
3 communities are located in public housing, low to  
4 moderate-income co-ops, and low to moderate income  
5 private rentals. The NORC contract awards included  
6 funding to enhance services such as case management  
7 for homebound and non-homebound seniors; assistance  
8 with accessing public benefits; and an increased  
9 emphasis on wellness, chronic disease, risk  
10 assessments, and healthcare management.

11           As a growing number of older adults age  
12 in place and a response to broad based community  
13 efforts to meet the needs of this population, NORC  
14 models continue to develop and evolve. We are  
15 pleased that the Council allocated a total of \$2.5  
16 million in the adopted budget for FY15 to fund NORC  
17 services including a million dollars for neighborhood  
18 NORC initiatives. Through a Council funding planning  
19 grant, DFTA is working with community resource  
20 exchange to assess neighborhood NORC opportunities in  
21 Far Rockaway and Staten Island. DFTA is supportive  
22 of the neighborhood NORC model while recognizing that  
23 these models require an infusion of resources.

24           In conclusion, I want to thank you again  
25 for this opportunity to testify on Naturally

2 Occurring Retirement Communities in New York City.

3 In partnership with the Council, DFTA looks forward

4 to supporting the overall NORC network and it's

5 capacity to enhance the lives of seniors. I am

6 pleased to answer any questions you may have.

7 CHAIRPERSON CHIN: Thank you. We've also  
8 been joined by Council Member Koslowitz from Queens;  
9 Council Member Rose from Staten Island; and Council  
10 Member Rose from Queens. We just--yeah, we can start  
11 off with a couple of questions, and I'll pass it over  
12 to my colleagues. I know that we talked about--in  
13 your testimony last year we were very excited that we  
14 were able to allocate more funding to the NORC  
15 program especially \$2.5 million for the Fiscal Year  
16 2015. And with that money, and the million dollars  
17 for Neighborhood NORC program, we were able to fund  
18 more NORC programs that didn't get funded through the  
19 RFP process, right?

20 ASSISTANT COMMISSIONER TAYLOR: Yes.

21 CHAIRPERSON CHIN: So the whole--so how  
22 many more NORC programs were you able to fund with  
23 the additional funding? Is that included in your 28?  
24 I don't think so, right?



2 ASSISTANT COMMISSIONER TAYLOR: No, the  
3 28 are the recipients of the contracts through the  
4 RFP process. Bear with me. I just need to count.  
5 [laughs] I believe there are 13 classic NORC  
6 programs that were funded through the Council. The  
7 \$1.5 million and there are I believe nine that were  
8 funded through the Neighborhood NORC Initiative.  
9 Actually, one of those was I think funded on both  
10 lists. So NORC--that would be NORC as well. So it  
11 was a substantial number.

12 CHAIRPERSON CHIN: Yeah, I know for this  
13 year if we're able to get more money from the  
14 Administration--I hope the representatives are  
15 sitting here--then we can actually go further down  
16 the list, right. Because there were other NORC  
17 applicants that applied?

18 ASSISTANT COMMISSIONER TAYLOR: There  
19 were some--there were some additional applicants.  
20 Yes, I guess that would be discussed later. Should  
21 funding become available, we'd be happy to discuss  
22 that.

23 CHAIRPERSON CHIN: Yeah, so that's where--  
24 -that's where we're really looking towards because as  
25 the aging population grows, there is such a great

2 need. And it is a very successful program, and we're  
3 looking at, you know, the model that you're talking  
4 about the classic NORC and the Neighborhood NORC.  
5 Can you elaborate a little bit more on the hybrid  
6 version to see how we can do that to really create  
7 more NORCs, but also provide more resources--

8 ASSISTANT COMMISSIONER TAYLOR:

9 [interposing] Yes.

10 CHAIRPERSON CHIN: --with the--with the  
11 hybrid model of the senior center and-- So how many  
12 hybrid models do we have?

13 ASSISTANT COMMISSIONER TAYLOR: Oh, you  
14 know, I didn't bring the exact number. I would say  
15 it's probably about half a dozen, about six or so.  
16 And these were programs where the NORC program was  
17 actually--in some cases actually located in the same  
18 building in some developments as a senior center.  
19 And in other cases in the same development, but maybe  
20 in another location. But we do have some, and we're--  
21 --we're working with those program. The contracts  
22 just started in July and so we're working with them  
23 as they develop their own relationship with each  
24 other. So we're hoping that that will also help  
25 boost both types of programs.

2 CHAIRPERSON CHIN: Okay, I think we would  
3 love to have more up to date reporting on the hybrid  
4 model. But also, we've been joined by Council Member  
5 Deutsch from Brooklyn. I know Council Member Rose is  
6 going to ask this question because we--because last  
7 year, we also included Staten Island, right? Because  
8 Staten Island was indeed served. So put aside money  
9 for the planning grant especially for Staten Island,  
10 and then later on another council member--I think it  
11 was Council Member Richards, "What about Far  
12 Rockaway." So we were able to utilize the resource  
13 that we were able to get to do that. So do you have  
14 any update for Council Member Rose of what's going on  
15 with that planning grant? Are we going to be able to  
16 start a NORC in Staten Island? So that we could,  
17 right? I'm asking this question, right, Council  
18 Member Rose? Is that we want to make sure that when  
19 we fight for more funding that we will be fighting  
20 for funding to begin to run a NORC in Staten Island.

21 ASSISTANT COMMISSIONER TAYLOR: We have,  
22 as we said earlier, been working with CRE. It's been  
23 very, very interesting. They have been doing  
24 extensive data analysis of the demographics in both  
25 communities. And have also been interviewing and

2 meeting with various stakeholders. They've met with  
3 existing NORC programs. They've met with and are  
4 still in the process of meeting with community  
5 organizations throughout Staten Island in this case.  
6 They will probably be contacting your offices. They  
7 do plan to have a conversation with at least the two  
8 Council people that are representing those areas.  
9 And coming up with some--like a full picture of where  
10 in the--in the area are the ideal, perhaps ideal  
11 places to start. Because beyond the demographics, it  
12 also requires a community investment--an investment  
13 from the community. And so, we want to make sure  
14 that there are energy and stakeholders and, you know,  
15 organizations that can support the--you know, the  
16 program.

17 CHAIRPERSON CHIN: You know, I think the  
18 other question that I have or the last question  
19 before I pass it on, is that I mean looking at the  
20 different models, right--we have a classic NORC, we  
21 have Neighborhood NORC. But in areas where we might  
22 not have the conditions to meet those requirements,  
23 I mean we're looking at another, you know, another  
24 hybrid model where you can kind of combine high-rise  
25 with the low-rise within the same geographic area.

2 Where you might not have enough seniors in the high-  
3 rise building, but you have senior living in the  
4 homes and surrounding areas. So that a combination  
5 of another hybrid model can work because I think as a  
6 city as the older population grows, we have to be a  
7 little bit more creative in terms of how do we--

8 ASSISTANT COMMISSIONER TAYLOR:

9 [interposing] Right.

10 CHAIRPERSON CHIN: --get this going.

11 Because I have a similar situation in my district  
12 where the largest complex in Chinatown they don't  
13 have-- This is true, they don't have enough  
14 population to qualify as a NORC within its own  
15 complex. But there is a neighborhood NORC so there's  
16 a way to--for them to collaborate and share  
17 resources. That would be a model that the other  
18 communities can also follow.

19 ASSISTANT COMMISSIONER TAYLOR:

20 Absolutely.

21 CHAIRPERSON CHIN: Next, I'd like to call  
22 on Council Member Koslowitz for questions.

23 COUNCIL MEMBER KOSLOWITZ: I-- Thank  
24 you. I know NORC was started in the 1990s when we

2 first started talking about NORCs. How many NORCs  
3 are three throughout the entire city?

4 ASSISTANT COMMISSIONER TAYLOR: How many  
5 NORC programs are funded or how many communities?

6 COUNCIL MEMBER KOSLOWITZ: How many  
7 communities, NORC communities are there?

8 ASSISTANT COMMISSIONER TAYLOR: We really  
9 don't have that data. I mean it's a-- A number of  
10 demographic analyses have been done in just where the  
11 concentrations of seniors are. Throughout the city  
12 there are--

13 COUNCIL MEMBER KOSLOWITZ: [interposing]  
14 I know but some areas have more than others.

15 ASSISTANT COMMISSIONER TAYLOR: Right.

16 COUNCIL MEMBER KOSLOWITZ: Like I have.

17 ASSISTANT COMMISSIONER TAYLOR: We can--I  
18 can certainly get back to you with some data on  
19 where, you know, the largest concentrations of  
20 elderly are throughout the city. Whether, you know,  
21 if you're a-- Whether they need the definition of  
22 our previous RFP criteria or not, I mean that would  
23 depend on specific communities in the housing  
24 institutes. But there are clearly many, many areas

2 throughout the city where the concentrations of  
3 seniors are very significant.

4 COUNCIL MEMBER KOSLOWITZ: I have NORC in  
5 my community that's a housing project.

6 ASSISTANT COMMISSIONER TAYLOR: Uh-huh.

7 COUNCIL MEMBER KOSLOWITZ: And, you know,  
8 that's fine. It does very, very well, but I know  
9 there were times when they talked about it when NORCs  
10 were first--they were coming into being is that they  
11 were going to take buildings-- Like I live in a very  
12 high density area. It's Forest Hills I'm talking  
13 about in Rego Park and Kew Gardens, and it's mostly  
14 apartment buildings. And they talked about joining  
15 those buildings. For instance, if you took four  
16 buildings in my community where I live, you would  
17 have enough seniors to create a YORK--a NORC. So,  
18 have we been trying to bring this to fruition talking  
19 to the landlords because, of course, you're doing  
20 with four different landlords.

21 ASSISTANT COMMISSIONER TAYLOR: We  
22 actually a NORC in Manhattan that follows that model.  
23 We call it a Cluster NORC.

24 COUNCIL MEMBER KOSLOWITZ: Right.

2 ASSISTANT COMMISSIONER TAYLOR: It's  
3 three buildings on the Upper West Side that together  
4 form a NORC program, and serve those seniors and  
5 those residents. So, yes, that's possible.

6 COUNCIL MEMBER KOSLOWITZ: How come it  
7 hasn't been done? I mean we talked about this in the  
8 '90s. How come it has not been done, you know,  
9 reaching out to different communities to see where--  
10 where it can happen?

11 ASSISTANT COMMISSIONER TAYLOR: To  
12 landlords you mean or to--?

13 COUNCIL MEMBER KOSLOWITZ: To landlords.  
14 Yes.

15 ASSISTANT COMMISSIONER TAYLOR: Well, we  
16 have been fairly public about our funding  
17 opportunities. We don't-- You know, through the RFP  
18 process we do let people know when there's an  
19 available funding and tell people about that. We  
20 also have-- Anyone who contacts us, we have  
21 resources that we can offer you. We have other  
22 organizations that have a lot of information on how  
23 to start preparing for a NORC program. It takes--it  
24 takes preparation, and it takes sometimes some  
25 advance work. But, both the Department for the Aging



2 and some philanthropic organizations have a number of  
3 resources. So we would be happy to share that with  
4 anybody who reaches out.

5 COUNCIL MEMBER KOSLOWITZ: But you don't  
6 reach out to anybody? You don't like look for places  
7 to build NORCs.

8 ASSISTANT COMMISSIONER TAYLOR: We do  
9 when we have funding. When we have funding  
10 available, we will reach out to everyone and let them  
11 know.

12 COUNCIL MEMBER KOSLOWITZ: How much have  
13 you lost in funding?

14 ASSISTANT COMMISSIONER TAYLOR: I'm  
15 sorry, what?

16 COUNCIL MEMBER KOSLOWITZ: How much have  
17 you lost in funding?

18 ASSISTANT COMMISSIONER TAYLOR: Lost. We  
19 have--for the NORC programs we have not lost funding.  
20 What?

21 [background comment]

22 ASSISTANT COMMISSIONER TAYLOR: No, we  
23 haven't lost any funding.

2 COUNCIL MEMBER KOSLOWITZ: But you  
3 haven't gotten any funding. You know, you haven't  
4 gotten any funding.

5 ASSISTANT COMMISSIONER TAYLOR: We--it's  
6 been stable.

7 COUNCIL MEMBER KOSLOWITZ: [Coughs] Like  
8 how much do you get for the program? How much--

9 ASSISTANT COMMISSIONER TAYLOR: \$25  
10 million for 28 program plus the Mayor's Council money  
11 that's--that's added, but our--the DFTA budget for  
12 the NORC programs is \$6.5 million for 28 program.

13 COUNCIL MEMBER KOSLOWITZ: And it's  
14 filled and \$6.5 million is spent on the programs that  
15 you have?

16 ASSISTANT COMMISSIONER TAYLOR: Yes, yes.

17 COUNCIL MEMBER KOSLOWITZ: What are some  
18 of the programs?

19 ASSISTANT COMMISSIONER TAYLOR: I wish  
20 there was more, but--

21 COUNCIL MEMBER KOSLOWITZ: What are some  
22 of the programs that you offer?

23 ASSISTANT COMMISSIONER TAYLOR: I can  
24 give you a list of all 28 if you'd like them?

2 COUNCIL MEMBER KOSLOWITZ: [interposing]  
3 I would appreciate that.

4 ASSISTANT COMMISSIONER TAYLOR: If you  
5 are-- I mean I don't know if you want me to read off  
6 the list.

7 CHAIRPERSON CHIN: No, we also have the--  
8 the Neighborhood NORCs--

9 ASSISTANT COMMISSIONER TAYLOR:  
10 [interposing] Right.

11 CHAIRPERSON CHIN: --that are funded by  
12 the State.

13 ASSISTANT COMMISSIONER TAYLOR:  
14 [interposing] Uh-huh.

15 CHAIRPERSON CHIN: And this year, I mean  
16 last--the last Fiscal 15 we were able to put extra  
17 money because they have lost funding. The State and  
18 Neighborhood.

19 ASSISTANT COMMISSIONER TAYLOR:  
20 [interposing] Neighborhood.

21 CHAIRPERSON CHIN: The Neighborhood NORC  
22 is funded by the State. They have lost funding. So  
23 we were able to fill some of the gap, but that's why  
24 we need to fight for more money. I mean \$6.5 million

2 is--isn't a drop in the bucket, you know. I mean if  
3 we asked any council member we would--

4 [applause]

5 SERGEANT-A-ARMS: [interposing] Quiet in  
6 the Chambers, please.

7 CHAIRPERSON CHIN: --we would--all of us,  
8 all of us would have proposals for where we want to  
9 have NORCs. And one of the interesting things in  
10 preparing for this hearing --And I urge my colleagues  
11 to also reach out to NYCHA if you have public  
12 development in your district, to find out the aging  
13 population, the senior population in those buildings.  
14 Every single one of my developments they're not  
15 senior housing. Some of them have 60% and some of  
16 them have 40 some percent. They have a large number  
17 of seniors living in those buildings because a lot of  
18 them moved in them when they were young or when they  
19 had children, and now they are seniors. They're  
20 living in NYCHA developments. And it would be great  
21 that if we could have a NORC in every single one of  
22 those developments. And that's something that we can  
23 all work together on, and we've got to increase the  
24 budget for DFTA. So Karen, we're going to have to  
25 work on that together.

2 COUNCIL MEMBER KOSLOWITZ: Okay. I'm in.

3 [laughs]

4 CHAIRPERSON CHIN: Okay.

5 COUNCIL MEMBER KOSLOWITZ: Thank you.

6 ASSISTANT COMMISSIONER TAYLOR: Great.

7 CHAIRPERSON CHIN: Council Member Rose.

8 Oh, yeah, Council Member Vallone. Okay.

9 COUNCIL MEMBER VALLONE: [off mic] Okay.

10 CHAIRPERSON CHIN: Sorry. So, we're  
11 skipping you.

12 COUNCIL MEMBER VALLONE: No, no skipping  
13 with me. Thank you for your testimony. Thank you,  
14 Madam Chair. I also echo, you know, the \$6.5 million  
15 and how much that Margaret and I and the rest of the  
16 Council fought last year to get the extra funding is  
17 a step in the right direction. But it's a direction  
18 we need to go much more. As we've all heard many  
19 times from all the advocates sitting behind you and  
20 those in our community, the senior community is  
21 rising faster than any. And I don't think we're  
22 doing enough to address that. We need to take the  
23 steps now to prepare for that, and I think NORCs play  
24 a critical role in that process. And I think our  
25 neighborhood in Queens is a very good representative

2 of what the future of a lot of senior communities are  
3 going to look like as seniors fight to stay home.

4 ASSISTANT COMMISSIONER TAYLOR:

5 [interposing] Uh-huh.

6 COUNCIL MEMBER VALLONE: The dignity of  
7 staying in their own home is the lack of having  
8 affordable housing to use and to go to doesn't really  
9 give a lot of options. So the expansion of a  
10 Neighborhood NORC or a Hybrid NORC. You have given a  
11 sentence here at the end, and it's almost like it's  
12 cursory, but I'd like you to go more into it. It  
13 says, "DFTA is supportive of the Neighborhood NORC  
14 while recognizing that these models require an  
15 infusion of resources." Could you expand on that?

16 COUNCIL MEMBER ROSE: [laughs] Well, we-  
17 -the Neighborhood NORC model is new to New York City.  
18 The State has been funding Neighborhood NORCs for a  
19 while. I'm not really sure what their budget is for  
20 the NORCs that they provide. I can certainly find  
21 out. So part of the planning grant that we're  
22 working on, which will focus on Staten Island and Far  
23 Rockaway will also-- they'll be looking at kind of  
24 what it takes to run and operate these kinds of  
25 programs. Currently, in the DFTA funded New York

2 world, the classic NORCs, the largest DFTA allocation  
3 is \$275,000. That's the max, and there are some  
4 programs that funded considerably at lower levels.  
5 So this is a very modestly funded initiative  
6 altogether. So, we will need to-- And I--but I do  
7 think one of the things to keep in mind is that NORCs  
8 are partnerships, and they do require other  
9 stakeholder's contributions. And this is really one  
10 of the reasons it's been so successful. It's not just  
11 putting a program with some money in a community.  
12 It's actually getting the community to be involved in  
13 helping to really drive the program, and of course,  
14 you need as much support as you can get. But you  
15 also need input and commitment, and investment from  
16 the community itself.

17 COUNCIL MEMBER VALLONE: So, will we see  
18 a change maybe in the next RFP on the type of NORCs  
19 that will be solicited or reached?

20 ASSISTANT COMMISSIONER TAYLOR: You know,  
21 we just finished an RFP, and we just started the  
22 contracts. We will definitely be learning as we go  
23 for the next RFP. Should we get additional--

24 COUNCIL MEMBER VALLONE: [interposing]  
25 Which will be when?

2 ASSISTANT COMMISSIONER TAYLOR: --  
3 baseline funding, and, you know, we'll be rethinking  
4 whatever we need to do. But, yes, we certainly  
5 welcome your thoughts and your comments on that.

6 COUNCIL MEMBER VALLONE: So, when we went  
7 through the budget last year, Margaret and I and the  
8 rest of the committee for increased funding-- Of  
9 course, a lot of it went for case management, which  
10 we're thankful for, but a lot of it didn't go to  
11 anything else. The operating costs and all of the  
12 actual programming, and things that were cut or to  
13 shift around. Is there any talk about allocating  
14 resources this year for those that weren't picked up  
15 last year?

16 ASSISTANT COMMISSIONER TAYLOR: I really--  
17 -I'm not sure about the budget process or the new  
18 needs. Is there a--

19 [background comment]

20 ASSISTANT COMMISSIONER TAYLOR: Yeah,  
21 nothing at this point that I could--

22 CHAIRPERSON CHIN: It's up to us.  
23 [laughs] When the Mayor was doing the preliminary  
24 budget, right--

25 COUNCIL MEMBER VALLONE: Yeah.



2 CHAIRPERSON CHIN: --when I asked him,  
3 did you baseline everything that we wanted last year,  
4 and he did kind of hedge and say, Well, the--it might  
5 be in the Exec Budget. Because we weren't going to  
6 fight for more because I mean we were very happy that  
7 we're able to supplement some of the Neighborhood  
8 NORCs, and do the planning grant. But we want to do  
9 more planning grants. We want to really start more  
10 NORCs throughout the city, and we want to be able to  
11 support them. And as you said the model is very good  
12 because you bring in the community partnership. And  
13 I think every council member will want to do that. I  
14 remember last year people were asking me, you know,  
15 what about my district? [laughs] So, we're going to  
16 get a lot of interest, and we definitely will--will  
17 do that. And there were also people-- I mean NORCs  
18 that apply for funding for the RFP that didn't get it  
19 because there was not enough funding. They went down  
20 the list a little bit more with the \$2.5 million that  
21 was added. But definitely we will have to push more  
22 on this. Now, when you talked about the Cluster NORC  
23 in the Upper West Side, was that also funded by the  
24 RFP, the one that you were--?

2 ASSISTANT COMMISSIONER TAYLOR:

3 [interposing] The one that--the Cluster NORC, yes.

4 Uh-huh.

5 CHAIRPERSON CHIN: Okay, that's--

6 ASSISTANT COMMISSIONER TAYLOR:

7 [interposing] It has been funded through the City  
8 since the early days, 2000. You know, for quite a  
9 while.

10 CHAIRPERSON CHIN: So some of the model,  
11 Council Member Koslowitz, like we already have those  
12 models so--

13 ASSISTANT COMMISSIONER TAYLOR:

14 [interposing] Uh-huh.

15 CHAIRPERSON CHIN: --we just have to get  
16 the funding to be able to start one in her district.

17 ASSISTANT COMMISSIONER TAYLOR:

18 [interposing] And this is the first one and I think,  
19 you know, there's another one on the Lower East Side  
20 that over time has also become the same sort of  
21 situation where you have several housing entities  
22 that are not necessarily owned by the same  
23 organization. But they've come together and they--  
24 they make a NORC.

25

2 CHAIRPERSON CHIN: Next, we want to call  
3 on Council Member Rose.

4 COUNCIL MEMBER ROSE: I want to thank  
5 Chair Chin for, you know, for really spearheading the  
6 additional funding for the planning grant for Staten  
7 Island and Far Rockaway. I know everybody is tired  
8 of hearing that Staten Island doesn't have--

9 COUNCIL MEMBER VALLONE: [interposing]  
10 People and programs. [sic]

11 COUNCIL MEMBER ROSE: [laughs] --the  
12 issue [sic]. It's the reality, and I want to thank  
13 you for all your efforts on behalf of, you know, my  
14 constituents. And I want to thank you for starting  
15 the conversation about Staten Island. And just to  
16 follow up on Chair Chin's remarks, when you said that  
17 all NORCs have to have resources, what kind of  
18 resources are you looking for? I know you do an  
19 assessment, and you assess the demographics. But you  
20 also said that there has to be resources or  
21 stakeholders.

22 ASSISTANT COMMISSIONER TAYLOR:  
23 [interposing] Within the community, right.

24 COUNCIL MEMBER ROSE: What are they?  
25

2 ASSISTANT COMMISSIONER TAYLOR: For the--  
3 for the Classic NORCs, and sort of what we're  
4 learning from the Neighborhood NORCs, there needs to  
5 be-- Well, in the Classic NORCs it's a little  
6 simpler because you have a housing development or a  
7 housing entity whether it's NYCHA or whether it's  
8 Mitchell-Lama or whatever. And you also have--you  
9 have the housing entity, but you also have the  
10 seniors. That's a really important component  
11 [laughs] to the NORC program to make sure that you  
12 have a senior--the seniors represented in the process  
13 as well. There's social service provider, and the  
14 way we have our--structured our NORC programs is a  
15 social service provider as well as a healthcare  
16 partner. Some of the NORC programs over time have  
17 increased that to more than one healthcare partner,  
18 or more than one service provider. This is sort of  
19 really the minimum model, so to speak.

20 With the Neighborhood NORC it's a little  
21 more complicated because you don't have one housing  
22 entity. You might have single-family homes, or a mix  
23 of the different kinds of housing. In some cases, I  
24 think they've--they've worked with block associations  
25 or neighborhood committees to try to help organize on

2 that end. But again, you would also need social  
3 services, a social service provider as well as a  
4 healthcare partner, which will really come together,  
5 and other community stakeholders. This is the  
6 minimum. You really want to engage as many entities  
7 in the community as possible, your businesses, the  
8 other city-funded resources, the libraries or  
9 whoever. It really can be as creative and as, you  
10 know, extensive as the community can--

11 COUNCIL MEMBER ROSE: So, on--with the  
12 Neighborhood NORC model the study that you're doing  
13 on Staten Island what type of NORC are we looking at  
14 developing?

15 ASSISTANT COMMISSIONER TAYLOR: Okay,  
16 what we're looking at is where in Staten Island--  
17 First of all, there are concentrations--

18 COUNCIL MEMBER ROSE: [interposing]  
19 Right.

20 ASSISTANT COMMISSIONER TAYLOR: --of  
21 older people. Where there are--and we're looking at  
22 that in relation to what kind of housing is there.  
23 We're looking at that in relation to income level.  
24 And other kinds of factors that might indicate the  
25 need for a program. On top of that, we're going to

2 be looking at the various stakeholders in each of the  
3 communities. We're going to be looking--we're  
4 probably going to try and identify a few communities  
5 that we can really drill down into to do an analysis  
6 of who's there, who's-- What does the community  
7 want? I think that's one of the things that we also  
8 have to remember is that these programs need to  
9 really tap into the community to find out what it is  
10 they want. This is all a model. We have a model,  
11 but ultimately it's the users of the services, and  
12 the community itself that designs the specific  
13 program.

14 COUNCIL MEMBER ROSE: So, we're looking  
15 at possibly more like a hybrid, a HYBRID NORC or--

16 ASSISTANT COMMISSIONER TAYLOR:  
17 [interposing] It could be. I mean, we're not--

18 COUNCIL MEMBER ROSE: --where we have a  
19 concentration or a development, it would be more like  
20 a Classic NORC?

21 ASSISTANT COMMISSIONER TAYLOR: Well, I  
22 think in Staten Island the Classic NORC has not  
23 really, at least based on the RFPs that we've issued,  
24 we've never received a Classic NORC proposal from  
25 Staten Island. But it may be that that borough is

2 better suited to the neighborhood model just because  
3 of the geography, and perhaps the way the population  
4 is dispersed. So that's a very good--

5 COUNCIL MEMBER ROSE: [interposing] With  
6 the Classic NORC help me understand, that's usually a  
7 high-rise building or like a senior complex--

8 ASSISTANT COMMISSIONER TAYLOR:  
9 [interposing] Or a development.

10 COUNCIL MEMBER ROSE: --is there. Right.

11 ASSISTANT COMMISSIONER TAYLOR: Not a  
12 senior complex.

13 COUNCIL MEMBER ROSE: Okay.

14 ASSISTANT COMMISSIONER TAYLOR: No, it  
15 can't be a senior complex or a development.

16 COUNCIL MEMBER ROSE: Okay.

17 ASSISTANT COMMISSIONER TAYLOR: It could  
18 be a, you know, Stapleton Houses or-

19 COUNCIL MEMBER ROSE: [interposing]  
20 Right.

21 ASSISTANT COMMISSIONER TAYLOR: --it  
22 could be that, or it could a Mitchell-Lama middle-  
23 income kind of thing.

24 COUNCIL MEMBER ROSE: But a senior  
25 residence is not--it would not qualify--

2 ASSISTANT COMMISSIONER TAYLOR:

3 [interposing] No.

4 COUNCIL MEMBER ROSE: --to be.

5 ASSISTANT COMMISSIONER TAYLOR: No.

6 COUNCIL MEMBER ROSE: Okay. Do you have  
7 a timeline for when our assessment will be done, and  
8 we can start the next phase of our process?

9 ASSISTANT COMMISSIONER TAYLOR: I don't  
10 have an exact date, but by--we will certainly need to  
11 get the Council some results of this planning grant.  
12 We're hoping by late spring probably--

13 COUNCIL MEMBER ROSE: And--

14 ASSISTANT COMMISSIONER TAYLOR: --or June  
15 or before they've taken a vote.

16 COUNCIL MEMBER ROSE: [laughs] And my  
17 last question really is about cultural competency.

18 ASSISTANT COMMISSIONER TAYLOR: Oh, yes.

19 COUNCIL MEMBER ROSE: Are we looking at  
20 cultural competency when we're--we're assessing and  
21 developing a model?

22 ASSISTANT COMMISSIONER TAYLOR:

23 [interposing] Yes, certainly.

24 COUNCIL MEMBER ROSE: Because I have  
25 large populations of West African immigrants, and



2 Latino, you know, immigrants. So, I'm really  
3 concerned and most of them don't have access to  
4 services.

5 ASSISTANT COMMISSIONER TAYLOR: Right.

6 COUNCIL MEMBER ROSE: So, I'm really  
7 interested in--

8 ASSISTANT COMMISSIONER TAYLOR:  
9 [interposing] It's really a spiritual kind of thing.  
10 [sic]

11 COUNCIL MEMBER ROSE: --in the cultural  
12 competency in the--of this process.

13 ASSISTANT COMMISSIONER TAYLOR: Yep.  
14 Yes, absolutely. I couldn't agree more, but the  
15 Neighborhood NORC model especially it's--it's very--  
16 Well, it's important for all programs, but certainly  
17 the Neighborhood NORC model is something we're  
18 looking at.

19 COUNCIL MEMBER ROSE: So those  
20 communities will also be a part of the assessment  
21 process?

22 ASSISTANT COMMISSIONER TAYLOR: All of  
23 the communities in the Island are a part of the  
24 assessment process and then we'll, you know-- And as  
25 I said, I believe the Community Resource Exchange

2 researchers will probably be wanting to talk further  
3 with you and, you know, your staff to get a better  
4 idea of what you're looking to do. [sic]

5 COUNCIL MEMBER ROSE: [interposing] We  
6 have had a preliminary discussion. Yes. So, thank  
7 you. Thank you, Chair.

8 CHAIRPERSON CHIN: Council Member  
9 Treyger.

10 COUNCIL MEMBER TREYGER: Thank you,  
11 Chair, and kudos to you as well as the Subcommittee  
12 Chair, Council Member Vallone. You've done really an  
13 outstanding job in advocating the needs of more NORCs  
14 and funding NORCs and the needs of seniors. Thank  
15 you and kudos to both of you. So just a couple of  
16 questions. I appreciate your testimony here today,  
17 and I agree with 100% that we need a lot more than  
18 \$6.5 million. First of all, I want to--I want to  
19 commend the NORC that I have in my district is  
20 Wabasse.

21 COUNCIL MEMBER ROSE: Oh, yes.

22 COUNCIL MEMBER TREYGER: Their job is  
23 outstanding. I mean the work they do is so critical  
24 and meaningful. My first question relates to as part  
25 of the list of services I've been very concerned

2 about making sure that our city is working with  
3 partners, and emergency planning and preparations.

4 Can you speak to how you utilize NORCs to turn key in  
5 the way critical information for emergency readiness  
6 in the event of any type of emergencies?

7 ASSISTANT COMMISSIONER TAYLOR: That  
8 became, you know, incredibly apparent during the  
9 Sandy and the post-Sandy periods of time. And some  
10 of the NORC programs were really the big stars of  
11 some of their communities--

12 COUNCIL MEMBER TREYGER: [interposing]  
13 Yes.

14 ASSISTANT COMMISSIONER TAYLOR: --in  
15 reaching out to residents and binding together  
16 everyone in the community. So definitely. We  
17 haven't-- There are-- I guess there are several  
18 initiatives that have come up. It wasn't really a  
19 part of the RFP, but something our Emergency  
20 Management Unit is certainly looking at, and not just  
21 NORCs but all of our community based programs. But I  
22 think NORCs are in a particularly unique position  
23 because of their location in the housing itself, and  
24 working so closely with Housing Management. Unlike  
25 the news, [sic] we do feel it's very important. I

2 don't have a lot of specifics on what's being done,  
3 but I can certainly get back to you--

4 COUNCIL MEMBER TREYGER: [interposing]

5 All right.

6 ASSISTANT COMMISSIONER TAYLOR: --and we  
7 can, you know--

8 COUNCIL MEMBER TREYGER: [interposing] I  
9 think it might be--

10 ASSISTANT COMMISSIONER TAYLOR: --  
11 probably go into that a little bit further.

12 COUNCIL MEMBER TREYGER: I think it might  
13 be meaningful for the RFPs as well because Council  
14 Member Rose and Council Member Richards represent  
15 areas that certainly need NORCs.

16 ASSISTANT COMMISSIONER TAYLOR:  
17 [interposing] Uh-huh.

18 COUNCIL MEMBER TREYGER: But also, we're  
19 also affected by--

20 ASSISTANT COMMISSIONER TAYLOR:  
21 [interposing] Right.

22 COUNCIL MEMBER TREYGER: --coastal  
23 events. So, I think it's--it's really important that  
24 we, you know, cover that and--

2 ASSISTANT COMMISSIONER TAYLOR:

3 [interposing] I think some of the other  
4 organizations that are going to be testifying today  
5 may also be able to speak to that. They have--

6 COUNCIL MEMBER TREYGER: [interposing]  
7 Right.

8 ASSISTANT COMMISSIONER TAYLOR: --first  
9 hand experience.

10 COUNCIL MEMBER TREYGER: And I think as  
11 part--as we enter the budget process here, and I  
12 think these are conversations we should have about  
13 making sure that our district as well as the Chair  
14 who is impacted. You know, NORCs play a critical  
15 role, and I think in also streamlining key  
16 information--

17 ASSISTANT COMMISSIONER TAYLOR: Uh-huh.

18 COUNCIL MEMBER TREYGER: --more so--more  
19 so than others can. Secondly, let me also advocate  
20 for another part of my district that I think needs  
21 greater attention as far as the communities in  
22 Southern Brooklyn, Bensonhurst and Gravesend. We  
23 have seen a tremendous, tremendous boom in the  
24 immigration in the past decades, but the past decade  
25 in particular. Being a public school teacher I saw

2 first hand the wave of immigrants coming into our  
3 community. There's a booming, growing Asian-American  
4 community in the Gravesend-Bensonhurst part of  
5 Brooklyn, and almost-- And the Chair has been around  
6 my district as well. She can speak to that. I see  
7 at every event I go to a packed house. Everything.  
8 And I just think that we need to kind of look at that  
9 as far as how can we connect the dots there as well.  
10 Because NORCs play a critical role in helping  
11 families, seniors, you know, get streamlined  
12 services, have a chance to socialize and get  
13 meaningful services. But I think that this is a  
14 critical thing to do in areas that are seeing an  
15 influx of immigration as well as Council Member Rose  
16 mentioned in her district. So I would like to work  
17 with DFTA in assessing the needs of the Gravesend-  
18 Bensonhurst communities as well. There is a  
19 tremendous boom in the senior citizen population with  
20 immigrant influx. And to see what we can do to  
21 expand the program there as well.

22 ASSISTANT COMMISSIONER TAYLOR: And many  
23 of our providers in that area, you know, we've spoken  
24 with them as well. And we're very pleased that we  
25 were able to open some new senior centers. So with

2 the last senior center round RFP--round of RFPs for  
3 the Asian community--

4 COUNCIL MEMBER TREYGER: [interposing]

5 And I'll tell you almost--

6 ASSISTANT COMMISSIONER TAYLOR: --more  
7 needs to be done.

8 COUNCIL MEMBER TREYGER: --every center  
9 there is standing room only.

10 ASSISTANT COMMISSIONER TAYLOR: Yeah.

11 COUNCIL MEMBER TREYGER: It is  
12 tremendous.

13 ASSISTANT COMMISSIONER TAYLOR: True.

14 COUNCIL MEMBER TREYGER: Thank you.

15 Thanks, Chair.

16 CHAIRPERSON CHIN: Thank you. Yeah, in  
17 our briefing paper, the staff also talked about, you  
18 know, a report that was done by the Center for Urban  
19 Future saying that there is not really enough  
20 resources to serve all the population, especially the  
21 immigrant population. And the neighborhood that  
22 you're talking about, Council Member Treyger, is that  
23 we might really want to look at, and also in Council  
24 Member Deutsch's district. To really look at our  
25 NORC model because I don't think the city is--the

2 city is just with the senior center RFP. So there  
3 might be a way of doing a NORC model there to service  
4 those communities. Because I know you've put a lot  
5 of discretionary funding to really help them. But  
6 that might be a way to sort of develop a Neighborhood  
7 NORC or a Hybrid NORC or whatever to really serve  
8 that population.

9 One of the follow-up questions that I  
10 have is the-- Oh, Council Member Deutsch, you have a  
11 question?

12 COUNCIL MEMBER DEUTSCH: [off mic] Yes.

13 CHAIRPERSON CHIN: Why don't you go  
14 first.

15 COUNCIL MEMBER DEUTSCH: Thank you,  
16 Chair. Thank you very much. Yes, I'm looking to be  
17 a model to that entire city so we could use all the  
18 funds. I think we're \$60 million. [laughter] But  
19 anyway, I do have a very high population of senior  
20 citizens in my district. And first I want to ask you  
21 Commissioner if we could get a--if I could get a  
22 list, an updated list of all the NORCs in my  
23 district. It doesn't have to be now. If you could  
24 send it, if you wanted to have your staff send it to  
25 my office. I fund many programs that assist. During



2 the summer I had a trip through NYAM Age-Friendly New  
3 York. We had the trips to Governor's Island.  
4 Tonight I'm hosting an elder care forum in my  
5 district. Many people are not aware of the services  
6 the city has to offer. My question is when you have--  
7 --when you've got an RFP, how many years is that RFP?

8 ASSISTANT COMMISSIONER TAYLOR:

9 [interposing] Our usual--

10 COUNCIL MEMBER DEUTSCH: How long is it  
11 for?

12 ASSISTANT COMMISSIONER TAYLOR: --it's  
13 usually three years with the option to renew for  
14 three years, and we almost always renew. So it's a  
15 six-year cycle.

16 COUNCIL MEMBER DEUTSCH: It's a six year.  
17 So--

18 ASSISTANT COMMISSIONER TAYLOR:

19 [interposing] And if we get an infusion of new  
20 funding, and then we would do another RFP. But these  
21 contracts that were--that just started in July are  
22 probably set for six years.

23 COUNCIL MEMBER DEUTSCH: Yeah, because I  
24 would--I would love to see when--when there's an RFP  
25 for NORCs that it should be less than the six years.

2 It should be like a type of time to re-evaluate to  
3 make sure that the NORCs are doing the jobs for all  
4 the senior, every single senior in that area. But if  
5 you have it for six years straight, then, you know,  
6 we don't know what happens over the six years. We  
7 need to make sure that our senior citizens are well  
8 taken care of all around.

9 ASSISTANT COMMISSIONER TAYLOR: Well,  
10 there are--there's ongoing evaluations, assessment  
11 evaluations throughout this whole period almost  
12 constantly. But certainly officially at least once a  
13 year every program is evaluated. And, if there are  
14 nay real, you know, problems those are addressed.  
15 And we give assistance with the programs to make sure  
16 that they're meeting the--

17 COUNCIL MEMBER DEUTSCH: Yeah, one  
18 example in my district we have the NORC, which is  
19 they have the programs let's say in a building where  
20 senior citizens may have to cross the street and they  
21 have to walk. So it should be rotated, and we have  
22 to make sure that every--every building gets an  
23 equal amount of services and older seniors are happy.  
24 And they even have a forum to speak with the senior  
25 citizens to get feedback. It's not only--it's not

2 just speaking to the provider, but also listening to  
3 the senior citizens by having outreach, but doing  
4 outreach. And just by listening, are you satisfied  
5 with the NORC in this district because it's coming up  
6 to the time for re-evaluation. We want to know. We  
7 want to get feedback. So I think the outreach is  
8 extremely, extremely important--

9 ASSISTANT COMMISSIONER TAYLOR:

10 [interposing] Uh-huh.

11 COUNCIL MEMBER DEUTSCH: --to get the  
12 feedback from the people, and to have a forum within  
13 the districts, within the NORC communities. So I  
14 strongly--I strongly recommend this. Also, when you  
15 have a private--private property owners are very able  
16 to start a NORC being the process of an RFP. So,  
17 what type of incentive and why should a private--a  
18 private land owner--a building owner have to come out  
19 and say, you know, I want to start a NORC?

20 ASSISTANT COMMISSIONER TAYLOR: Well, in-  
21 -we have a couple of NORCs where the housing entities  
22 actually are contractors. They have formed their own  
23 501(c)(3). This is the case of Penn South and-- Oh,  
24 I'm blanking on a--on recalling another one. But  
25 it's certainly possible. It's an advantage to the

2 housing entity in that if-- First of all, it's a good  
3 thing for their community. It's a community asset to  
4 have a NORC program onsite. And if they are  
5 experiencing an increase in the number of older  
6 adults that are living in their housing community,  
7 the NORC program can-- First of all, it can save  
8 time for their maintenance staff, their--their  
9 building staff. Many of our NORC programs work very  
10 closely with the Housing staff to-- You know, to try  
11 to identify problems with specific tenants or  
12 residents before they get too serious. There are--  
13 It's interesting and some of the housing providers  
14 are very invested.

15 COUNCIL MEMBER DEUTSCH: Do you have  
16 literature for property owners to let them know what  
17 the incentives are for them that we could--that we as  
18 elected officials can go around and publicize this.  
19 And let property owners know that yes, you know,  
20 these are the incentives. We want you to be part of  
21 it. We have a very large senior population, and we  
22 encourage you to be part of the NORC.

23 ASSISTANT COMMISSIONER TAYLOR: We can do  
24 that. We don't have funding right now to--available  
25 to put out for that, but we can certainly talk

2 further about working with landlords and property  
3 owners about resources for their seniors in the  
4 community. For sure, that's a very important--

5 COUNCIL MEMBER DEUTSCH: You don't have  
6 funding for--

7 ASSISTANT COMMISSIONER TAYLOR:  
8 [interposing] Well, but we don't funding--

9 COUNCIL MEMBER DEUTSCH: --literature or  
10 for the--?

11 ASSISTANT COMMISSIONER TAYLOR: --you  
12 know, for a new program, a NORC.

13 COUNCIL MEMBER DEUTSCH: Oh, but there's  
14 not an RFP? There's RFPs available. So one should  
15 be equal to--

16 ASSISTANT COMMISSIONER TAYLOR:  
17 [interposing] When it's-- yes.

18 COUNCIL MEMBER DEUTSCH: --the selected  
19 RFP so when the time comes.

20 ASSISTANT COMMISSIONER TAYLOR: We can  
21 definitely talk more about that.

22 COUNCIL MEMBER DEUTSCH: So, let's--you  
23 know, there's different areas that you have many  
24 seniors concentrated in certain areas. So if we do  
25 the outreach to the property owners and we give them

2 the equal opportunity to be part of the RFP, I think  
3 it's--it's crucial--

4 ASSISTANT COMMISSIONER TAYLOR:

5 [interposing] Uh-huh.

6 COUNCIL MEMBER DEUTSCH: --because in my  
7 district sometimes I have to take the Belt Parkway to  
8 get from one end of my district to the other. So--

9 ASSISTANT COMMISSIONER TAYLOR:

10 [interposing] Yeah.

11 COUNCIL MEMBER DEUTSCH: --we want to  
12 make sure everyone has the services that--that they  
13 deserve. So thank you very much.

14 ASSISTANT COMMISSIONER TAYLOR: Uh-huh.

15 CHAIRPERSON CHIN: I think it would be  
16 helpful maybe in this year's--in the budget process  
17 to really get some one-page information. Maybe  
18 working together with the advocates, we can sort of  
19 let the council members know what's the basics of the  
20 NORC services that they provide. So this way people  
21 can seriously look at how to help create some of that  
22 in their district. The other question I have is that  
23 does DFTA collect any data to see whether there are  
24 overlaps of seniors that participate in NORC and  
25 senior centers?

2 ASSISTANT COMMISSIONER TAYLOR: We are  
3 able to do that now with our new STARS system. It's  
4 been terrible from one behind me. But, yes, the  
5 data--the programs all are on the same data system.  
6 So we may not be able to do that today, but as the  
7 programs, you know, are getting more familiar with  
8 the database, we will be able to get that information  
9 for sure.

10 CHAIRPERSON CHIN: I think that's  
11 important. I mean--I mean once again the number of  
12 seniors that participate in senior centers, right. I  
13 remember from all the hearings that I've been here in  
14 the last five years, it's a very small number, a  
15 small percentage of seniors, right. I mean right  
16 now--

17 ASSISTANT COMMISSIONER TAYLOR: The  
18 percentage just seems like a big number, but it's--

19 CHAIRPERSON CHIN: [interposing] It's  
20 still a very small--

21 ASSISTANT COMMISSIONER TAYLOR: --  
22 percentage wise I guess we should--we should call it.

23 CHAIRPERSON CHIN: --rate. But I mean  
24 the percentage is what about 10% or even--of the  
25 senior population?

2 ASSISTANT COMMISSIONER TAYLOR: Is it--  
3 [background comment]

4 ASSISTANT COMMISSIONER TAYLOR: Ten  
5 percent. Okay, about ten percent yes.

6 CHAIRPERSON CHIN: Yeah, about ten  
7 percent of the senior population. I remember the--  
8 the first year.

9 ASSISTANT COMMISSIONER TAYLOR: It's  
10 8,000 people but it's--

11 CHAIRPERSON CHIN: Yeah, they're  
12 whispering that I was on the Aging Committee last  
13 term. I remember the first time from the previous  
14 commissioner when she said five percent I was  
15 shocked. So a lot of seniors are not really  
16 participating in the senior centers.

17 ASSISTANT COMMISSIONER TAYLOR: Right.

18 CHAIRPERSON CHIN: So it would be  
19 interesting to see are they participating in the NORC  
20 or if there's overlap, then we're still not serving  
21 the senior population enough so--

22 ASSISTANT COMMISSIONER TAYLOR:  
23 [interposing] We can definitely look at that. Yeah.

24 CHAIRPERSON CHIN: Yeah, those data would  
25 help us to see how we can provide more services like



2 through the Age-Friendly District, and then maybe  
3 other types of initiatives to really reach out to as  
4 many seniors as possible.

5 ASSISTANT COMMISSIONER TAYLOR: Uh-huh.

6 CHAIRPERSON CHIN: So thank you for  
7 coming in today, and we're going to call up the next  
8 panel. Thank you. So we're going to hear from some  
9 local community folks. Shelly Holtzberg from the  
10 Cadman Towers in Brooklyn. And then from the Lower  
11 East Side we have Jasmine Garcia from Cooper Square  
12 Committee. Come on up to the front.

13 SHELLY HOLTZBERG: Oh, let me give you  
14 something. I'm sorry.

15 CHAIRPERSON CHIN: Lucille Caracaro--caro  
16 [sp?]. Is she here.

17 [background comments]

18 CHAIRPERSON CHIN: And then also Gloria  
19 Whitman. [sic]

20 SHELLY HOLTZBERG: They're both here.

21 CHAIRPERSON CHIN: Okay.

22 [background comments]

23 SHELLY HOLTZBERG: Can I get started?

24 CHAIRPERSON CHIN: Yes, yes.

2                   SHELLY HOLTZBERG: Okay, I'm Shelly  
3 Holtzberg from--

4                   CHAIRPERSON CHIN: [interposing] Oh, make  
5 sure that the-- Press the button on the bottom.

6                   SHELLY HOLTZBERG: I need the button,  
7 too.

8                   CHAIRPERSON CHIN: Is it on?

9                   [background comments]

10                  SHELLY HOLTZBERG: Yeah. I'm Shelly  
11 Holtzberg. I'm Vice President of the Board of  
12 Directors at Cadman Towers, and I'm the head of the--  
13 I'm probably the only member of the senior committee,  
14 even though I do have a committee. I look around and  
15 I don't see my councilperson. So I don't have an  
16 advocate. So I'm going to be that advocate even  
17 though he directed me to come to this meeting.

18                  CHAIRPERSON CHIN: [interposing] Yeah,  
19 because not every council member is on this  
20 committee.

21                  SHELLY HOLTZBERG: All right.

22                  CHAIRPERSON CHIN: So count on your  
23 council member being an advocate.

24                  SHELLY HOLTZBERG: Okay.

2 CHAIRPERSON CHIN: Who's your Council  
3 Member?

4 SHELLY HOLTZBERG: Steven Levin.

5 CHAIRPERSON CHIN: Oh.

6 SHELLY HOLTZBERG: But he suggested I  
7 come.

8 CHAIRPERSON CHIN: Oh, yes.

9 SHELLY HOLTZBERG: So I'm here.

10 CHAIRPERSON CHIN: That's good. You're  
11 in good hands.

12 SHELLY HOLTZBERG: I handed out some  
13 demographics of our building. I'm very different  
14 than anybody who is probably going to speak, or did  
15 speak or who has spoken. I thank you for listening  
16 to me, and giving me the time. I want to talk about  
17 what we're doing, and I don't know if this the right  
18 arena, but you can listen and tell me that. We're a  
19 Mitchell-Lama building. We have quite a senior  
20 population. The building is aging both physically  
21 and structurally. If you look at those numbers,  
22 we've had a 100th birthday party and the whole co-op  
23 came out for that lady. Over the last five years, I  
24 and the president of the board have arranged for the  
25 visiting nurse to come in free. And that program

2 kind of ended. Recently, I got Jewish Home Life Care  
3 to give us a nurse one day a week, and that program  
4 seems to be shaky. He was with us for six months. I  
5 have brought in speakers, JASA, Jewish Home Life Care  
6 and Heissom Hill [sic] are coming to talk to us about  
7 the resources. But with a building that needs some  
8 sort of work that was described we need some sort of  
9 health service. We need some sort of social. I've  
10 given you a budget. It's nominal. It's a beginning.  
11 It's the beginning of a NORC. I'm not sure I want to  
12 call it a NORC, and I've listened to this room. And  
13 one of the drawbacks is that older people don't want  
14 to be called older people. But they need the  
15 services. So I call it a NORC like program, and what  
16 I'm asking for is about \$40,000, part for a nurse,  
17 and part for a social worker. And my co-ops and some  
18 on the board has agreed to kick in \$10,000. And I  
19 think that's about it unless you have questions of  
20 me, and I thank you.

21 CHAIRPERSON CHIN: Thank you for coming  
22 here. We will be talking with your council member,  
23 Council Member Levin because part of this is how this  
24 will related to what we're talking about today. It

2 is sad. Our intention is we want to create more  
3 NORCs in the city, and right now we do not have one.

4 SHELLEY HOLTZBERG: Right.

5 CHAIRPERSON CHIN: Right? So you have to  
6 start one because the funding has to go--it cannot  
7 just go to the development.

8 SHELLEY HOLTZBERG: No, no--

9 CHAIRPERSON CHIN: [interposing] So we  
10 will have to talk about how we'll help you start one  
11 in your building, and we'll talk to the council  
12 member to do that. And I also urge you to come back  
13 when we have our budget hearing.

14 SHELLEY HOLTZBERG: Because it will help  
15 our cause. [sic]

16 CHAIRPERSON CHIN: Yes.

17 SHELLEY HOLTZBERG: [laughs]

18 CHAIRPERSON CHIN: Okay. Thank you.

19 SHELLEY HOLTZBERG: Thank you.

20 CHAIRPERSON CHIN: Next. Who wants to go  
21 first? Jasmine.

22 JASMINE GARCIA: It doesn't matter to me.

23 CHAIRPERSON CHIN: Uh-huh.

24 JASMINE GARCIA: Okay. Excuse me, ma'am.

25 Good afternoon all--

2 CHAIRPERSON TREYGER: Could you turn on  
3 the mic?

4 SERGEANT-A-ARMS: Turn on the mic.

5 JASMINE GARCIA: Good afternoon all.  
6 Thank you for the opportunity to testify on behalf  
7 of our increasing senior needs for service. I'm  
8 Jasmine Garcia and I am on the Board of Directors of  
9 the Cooper Square Committee. I'm a member of our  
10 Senior Help and Advocacy Program known as SHARP. At  
11 present, SHARP is a committee led by seniors living  
12 in our section of the East Village in the Lower East  
13 Side. And lots of our members live between Stanton  
14 Street and East 5th Street east of the Bowery.  
15 Senior at age 60 and over comprise 30% of the heads  
16 of households in the six-block area totaling over 500  
17 senior heads of household in this densely populated  
18 area.

19 We started SHARP two and a half years ago  
20 because we recognize that growing number of seniors  
21 are aging in place in our community, me being one of  
22 them. [laughs] And the Cooper Square Committee did  
23 not have a program specifically designed to address  
24 the needs of seniors. Seniors stated meeting to  
25 discuss issues we are facing from the difficulties

2 dealing with rising cost on a fixed income. And  
3 needs for more social connections and activities to  
4 prevent feelings of isolation. And in the case of  
5 some [sic]seniors help with daily tasks like grocery  
6 shopping, doing laundry and keeping our apartments  
7 free of clutter and managing health issues.

8           Since forming, we have held many social  
9 gatherings from potluck dinners to movie and game  
10 nights. Over a year ago, the Cooper Square Committee  
11 got a one-year grant to hire a program coordinator  
12 for SHARP. And she organized a series of workshops  
13 about topics like fall prevention, medication,  
14 safety, the Affordable Care Act, creating health  
15 directives, and last wills and testaments and more.  
16 SHARP members have benefitted a lot from these  
17 workshops. For example, when we did a workshop on  
18 advanced health directives or a health proxy, we  
19 found that only one-third of seniors have one. As a  
20 result of the workshop, a lot of SHARP members felt  
21 one out. It's been shown that these events help  
22 directives save Medicare a lot of money. A small  
23 investment in empowering seniors to programs such as  
24 SHARP can help improve the quality of life for  
25 seniors, and would be money well spent.

2                   We are in need of more services for  
3 seniors in our part of the neighborhood because we  
4 really don't have a senior center between East  
5 Houston Street and East 10th Street. We encourage  
6 the city to look for ways to fund programs that help  
7 seniors live independently at home for as long as  
8 possible instead of an assisted living. Because I  
9 believe this type of funding would cost effect--would  
10 be cost-effective. Thank you.

11                   CHAIRPERSON CHIN: Thank you.

12                   JASMINE GARCIA: Do you have any  
13 questions for me?

14                   CHAIRPERSON CHIN: We have Jasmine and we  
15 heard her testimony. Anybody want to say a few  
16 words? Let them do that first.

17                   JASMINE GARCIA: Let them do that first,  
18 but I-- Okay. I'm sorry. What would you do that  
19 first?

20                   CHAIRPERSON CHIN: Oh, it doesn't matter.  
21 Push the mic over. Yes.

22                   LUCILLE CARACARA: Oh, thank you. Thank  
23 you. I'm-- [laughs] Thank you. I'm Lucille  
24 Caracara [sp?], and I'm on the Board of Directors of  
25 the Cooper Square Committee. I'm also 88 years old,



2 and I'm a member of our Senior Health and Advocacy  
3 Program. We're known as SHARP. SHARP is a committee  
4 led by seniors living in our section of the East  
5 Village and the Lower East Side. A lot of our  
6 members live between Stanton Street and 5th Street  
7 east of the Bowery. We started SHARP two and a half  
8 years ago because we recognized that a growing number  
9 of seniors are aging in place in our community, and  
10 the Cooper Square Committee did not have a program  
11 specifically designed to address the needs of the  
12 seniors. Seniors started meeting to discuss issues  
13 we're facing from the difficulties of dealing with  
14 rising costs on a fixed income. The need for more  
15 social connections and activities. Since forming, we  
16 have held many social gatherings from potluck dinners  
17 to--

18 JASMINE GARCIA: [interposing] That's  
19 right.

20 LUCILLE CARACARA: --to movie and game  
21 nights. Some of our members including myself host  
22 events for seniors in their apartments. I'm a big  
23 opera buff, and every month, once a month SHARP  
24 members are invited to my apartment to listen to a  
25 recorded opera. One of our other members has a great

2 deal of British comedy programs. These types of  
3 events have helped to build stronger connections  
4 among our seniors. And with more resources we could  
5 build upon this model. Over a year ago, Cooper  
6 Square Committee got a foundation grant to hire a  
7 program coordinator for SHARP. And she organized a  
8 series of workshops about topics like fall  
9 preventions, medication safety, the Affordable Care  
10 Act, creating health directives and last will and  
11 testaments. And we had essential case management  
12 assistance. However, that grant ended, and Cooper  
13 Square Committee has not found a replacement for the  
14 funding. Though SHARP is operating as a volunteer  
15 led effort at present. We are in need of more  
16 services for seniors in our part of the neighborhood  
17 because we really don't have a senior center between  
18 East Houston Street and East 10th Street. We  
19 encourage the city to look for ways to fund programs  
20 that help seniors live independently at home for as  
21 long as possible instead of an assisted living.  
22 Because I believe that type of funding will be cost-  
23 effective, and I thank you for listening to me.

24

25

2 CHAIRPERSON CHIN: Thank you, Lucille.  
3 Thank you for coming out. And Jasmine, do you want  
4 to talk about your experience?

5 JASMINE GARCIA: Oh, no.

6 CHAIRPERSON CHIN: No, Jasmine already  
7 did. Gloria. Gloria. Sorry.

8 GLORIA WHITMAN: [off mic] My name is  
9 Gloria--

10 CHAIRPERSON CHIN: You have to turn on  
11 the mic, Gloria. They have to turn on the mic for  
12 you.

13 You can't hear me?

14 CHAIRPERSON CHIN: No, we can't.

15 LUCILLE CARACARA: Gloria, we hear you  
16 now. [laughter]

17 GLORIA WHITMAN: Well, that's the first  
18 time that's ever happened. [laughter] Okay, I will  
19 speak up a little more. I'm the member of the Cooper  
20 Square Committee, and have been most of the time that  
21 I-- The 25 years that I have lived on East 4th  
22 Street. I am also 85 years old, and a member of the  
23 SHARP committee, which you've heard all about. I  
24 think I started working with them pretty much as they  
25 began. And have been involved in many of their

2 programs, and it has been very helpful. I have  
3 gotten to know many of my neighbors, which I never  
4 would have before. So, I feel infinitely more  
5 connected to my neighborhood. If there were more  
6 possibilities for things like this, we would all be  
7 much more connected. The more connected we are, the  
8 more we are aware of what is happening with everyone.  
9 And we can help them if need be. I think you've  
10 heard also pretty much all the reasons that there are  
11 to fund--help fund services for this group of people.  
12 More and more people in our neighborhood are aging.  
13 They aren't all 30-year-old business people. There  
14 are many people who staying on in their apartment  
15 after they retire because they can't afford to move.  
16 There is no place any cheaper anywhere in the city.  
17 They would have to leave. Occasionally, they do  
18 leave the city. But many of us would prefer to stay  
19 here, but in order to do that, we are going to need  
20 some help from city services. Thank you.

21 CHAIRPERSON CHIN: Thank you and thank  
22 you all three of you for being here. My suggestion  
23 is that start working together with your Council rep  
24 and also-- Because what you're talking about is  
25 really a Neighborhood NORC. You want to fit into

2 that category. But this is what we're talking about,  
3 the services, the program. So we have to put  
4 together a program so that we can help develop one of  
5 those Neighborhood NORCs in your--in your area.

6 JASMINE GARCIA: [off mic] I wanted to  
7 add that--

8 SERGEANT-A-ARMS: Go to the mic, please.

9 JASMINE GARCIA: Oh, sorry. [on mic] I  
10 wanted to add that in our community we are in  
11 desperate, desperate need of a social service  
12 provider. You know for--in the office of the Cooper  
13 Square Committee. It's desperately needed. Thirty  
14 percent of our--of our tenants-- While I worked with  
15 the Mutual Housing Association, the--the people that  
16 we service I--I had to do--provide service for them  
17 as a building manager because there was no other  
18 where--no other place. Yeah, a retirement person  
19 would be referred to--downstairs to the Cooper Square  
20 Committee where I'm--where I'm a member but--

21 CHAIRPERSON CHIN: What I would recommend  
22 is that we will have budget hearing starting to come  
23 back to do that. Especially look at the different  
24 topics where it is the aging or social service.  
25 Because we have to fight for more funding, but we

2 have to hear from the community. So the program that  
3 you're talking about, that you have started at Cooper  
4 Square you sound like you could develop a  
5 Neighborhood NORC. So we can work on that with you.  
6 Okay.

7 JASMINE GARCIA: Thank you.

8 CHAIRPERSON CHIN: Thank you for coming  
9 in today.

10 JASMINE GARCIA: I thank you. We really  
11 need it.

12 CHAIRPERSON CHIN: And we're going to  
13 call up the next panel.

14 JASMINE GARCIA: Thank you much.

15 CHAIRPERSON CHIN: Thank you. Bobbie  
16 Sackman from Live On New York. It sounds so good,  
17 Bobbie.

18 [background comments]

19 CHAIRPERSON CHIN: Molly Krakowski from  
20 JASA; Rose Ariano from South Health Community  
21 Services; and Rhonda Silverman from Visiting Nurses.

22 [background comments]

23 CHAIRPERSON CHIN: Oh, that's UJA.

24 [background comments]

2 CHAIRPERSON CHIN: Do you want to grab  
3 one of those folding chairs, Andy. Bobbie, you can  
4 start.

5 BOBBIE SACKMAN: Okay. My name is  
6 Bobbie Sackman, Director of Public Policy of Live On  
7 New York formerly Council of Senior Centers and  
8 Services. We're proud to have a new name, and I  
9 think the testimony you heard today shows you why we  
10 changed it to Live On New York because people are  
11 living on and that's what it's about. So in terms of  
12 the NORC program first I do want to thank the Council  
13 for adding additional funding. I join your sentiment  
14 that it would be nice to see money baselined, and  
15 additional money so that the needs of other parts of  
16 the city can get met. Obviously, this is a  
17 successful model. So we should all work together to  
18 make sure that this is sufficient funding for NORCs.

19 So Live On New York was looking at you  
20 need NORCs everywhere. That's clear. We were  
21 looking in particular at NYCHA developments just  
22 because the needs are so great there. It's the  
23 largest houser of poor elderly in the city. And I  
24 was thinking when you were talking about Staten  
25 Island, someone mentioned Stapleton Houses. And we

2 were thinking that as you know it's been an issue  
3 that there are thousands of older adults who live in  
4 large apartments. And if NYCHA came up with a humane  
5 policy, not to just push them, that actually NORC  
6 could be very helpful in terms of any kind of  
7 transition. Because one, this has worked  
8 successfully. It's usually because there are social  
9 services that come along with it. And so, we would  
10 like to-- We have a budget priority list, and among  
11 it is asking for a million and a half dollars for  
12 NYCHA/NORC development.

13           The thing I also want to add is about the  
14 current NORC contracts. My understanding, and this  
15 is not an exact number, but they're approximately 25%  
16 underfunded. Because what's happened over time,  
17 especially with the health indicator side, is that  
18 groups like the DNS [sic] and MLTCs, which provided  
19 free nursing services or health related services,  
20 they've pulled out. And so, the funding hasn't kept  
21 up with the loss of that. I also understand that  
22 after the new RFP and all the contracts were signed I  
23 guess in February recently, DFTA has asked all the  
24 programs that by June they have to do a whole slew of



2 other health indicator surveys. And this is a non-  
3 funded mandate without additional staff.

4           So the biggest concern that comes is that  
5 you want to keep that balance of the health side and  
6 the social service side as one of the strengths of  
7 this model. And it's going to get imbalanced with  
8 the lack of funding, and it's not cheap to bring in  
9 nursing or health related services. So I just wanted  
10 to raise that. I don't have an exact dollar figure  
11 of what is needed. We can certainly take a look.  
12 The largest contract was \$275,000, as Karen  
13 mentioned, so that would be \$70,000, but that's the  
14 largest contract apparently that exists. And then  
15 just finally I agree with everything that's been said  
16 about how we need a more flexible model. We can't  
17 move forward. Even an existing NORC can't apply for  
18 an RFP because they're slightly below a certain  
19 percentage or something to that effect. Which is  
20 what happened last time. So the more flexible we can  
21 be with this program I think we'll serve older adults  
22 better throughout the city. Thank you.

23           [pause]

24           RHONDA SILVERMAN: Hello, my name is  
25 Rhonda Silverman. I'm from the Visiting Nurse

2 Service of New York, and I also represent the  
3 Chinatown Neighborhood NORC. I'd like to thank the  
4 members of the New York City Council, and Margaret  
5 Chin, the Aging Committee Chair, for providing me  
6 with this opportunity to speak on behalf of  
7 strengthening New York City NORCs and new models of  
8 NORCs. More specifically, I'd like to focus today on  
9 the importance of expanding the current NORC funding  
10 stream to include our Naturally Occurring Retirement  
11 Communities' supportive service programs. Building  
12 on the partnership model of NORCs' supportive service  
13 programs, Neighborhood NORCs have succeeded in their  
14 important work with community residents by empowering  
15 them to take an active role in their health and  
16 social needs. While supporting them to handle the  
17 many challenges they face daily as they age in place.  
18 Neighborhood NORCs are community building programs,  
19 encouraging neighbors to help neighbors while uniting  
20 agencies as partners to identify and act together in  
21 an effort to address the needs of individual  
22 residents as well as the community that make up the  
23 Neighborhood NORC.

24 For the past six years, the Visiting  
25 Nurse Service of New York has been the lead agency

2 for a Neighborhood NORC in Manhattan's Chinatown  
3 community. Funded in part by the New York City--New  
4 York Office for the Aging, the State Office for the  
5 Aging, and several foundations. And I want to take  
6 this moment to thank the City Council for recognizing  
7 the important work that we did, and for allocating  
8 discretionary money from the budget in 2014 to June  
9 30th, 2015. These monies were really instrumental in  
10 helping us to fill some financial gaps while allowing  
11 us to further enhance our program and expand our  
12 reach in the community. While the program always  
13 seeks to find additional funding sources, we believe  
14 that enduring, consistent and sustainable funding is  
15 truly essential for a Neighborhood NORC program, and  
16 really any NORC for that matter to succeed and exceed  
17 in its mission to service its community. Without  
18 this financial foundation, the program is as fragile  
19 as some of the residents that we serve.

20 Visiting Nurse Service of New York has  
21 also partnered with NORC programs since the inception  
22 of these special supportive programs in New York City  
23 as Bobbie has noted, and with changing and funding  
24 and reimbursement there has been some withdrawal of  
25 our ability to continue to provide our nurses at the

2 same level that we did in the past. Our embarkment  
3 over time has provided us with the experience and  
4 perspective about what is required to promote and  
5 achieve the goals and objectives that lead to  
6 successful aging in place programs. We've had the  
7 opportunity to experience and understand the  
8 pitfalls, and use our experience to refine our  
9 approach. And this is what we have learned:

10           Firstly, funding must be available on an  
11 ongoing and consistent basis to provide security and  
12 credibility of these programs in a given community.  
13 Next, each community must have time to conduct a  
14 baseline assessment of community needs, map the  
15 available resources. Identify the important  
16 strengths and gaps within the community and engage  
17 the community both residents and providers in  
18 designing a program that is culturally appropriate.  
19 The community should be assessed for their ability to  
20 financially support the program as well. For  
21 example, in Chinatown, which is considered a very low  
22 income by HUD standards, they need to be exempt  
23 because they don't have those financial resources  
24 provide matching funds, which are critical in some of  
25 the Class NORCs.

2           Successful NORC programs are also able to  
3 organize, collaborate and integrate resources and  
4 providers in their communities to address the  
5 identified needs in their community. This community  
6 organizing function is critical to the success of the  
7 program. And leverages additional resources that  
8 without this collaborative may not be available to  
9 community residents. Programs also need to be  
10 appropriately staffed in order to effectively address  
11 the community needs. And I think what Bobbie said  
12 about the balance between healthcare and social  
13 services is really critical because you can't do one  
14 without the other.

15           The approach needs to integrate not only  
16 those services, but the funding of those services  
17 through NORC programs traditionally have not funded  
18 nursing services and that's where the problem  
19 started. These programs must also address the wide  
20 spectrum of seniors within their community, the most  
21 healthy with preventative approach, and the frailest  
22 and homebound with supportive service integration.  
23 The core services that the program provides, which  
24 includes case management, case assistance, healthcare  
25 management, healthcare assistance and other. It also

2 includes recreational services and education in both  
3 health and social services. And should incorporate  
4 intergenerational programs. And obviously volunteer  
5 support and empowerment link residents to their  
6 neighbors providing an opportunity to harness human  
7 capital and a wide expertise. Volunteers can also  
8 fill the gaps that are not available when funding is  
9 a challenge. Currently, there are communities in  
10 needs who would most certainly benefit from both  
11 traditional and Neighborhood NORCs. And I want to  
12 mention Staten Island in particular because we've  
13 been lobbying to try to get something in State Island  
14 for a very long time. As well as Far Rockaway, and  
15 have spoken with community in those districts to try  
16 to see what we can do to help.

17           As we move forward, the parameters of  
18 participation need to be closely reviewed to ensure  
19 that opportunities are inclusive for all regions of  
20 our city. As the senior and immigrant senior  
21 community grow each day Neighborhood NORCs provide a  
22 viable option to maintaining residents in the comfort  
23 of their home and community. This long-term  
24 perspective can serve New York City as it becomes  
25 known as the city where its residents can age

2 successfully. We urge the City Council to advocate  
3 for the incorporation of Neighborhood NORCs into a  
4 successful ongoing funding model of NORC-SSPs, which  
5 have current oversight through the New York City  
6 Department for the Aging. This formalized process  
7 will ensure that NNORCs are sustainable, provide  
8 continuity and standardization of the NORC model. In  
9 addition, obviously the Department for the Aging will  
10 need additional funds to support the monitoring and  
11 oversight of that program as well. I thank you so  
12 much for giving me this opportunity and for your  
13 attention today.

14 MOLLY KRAKOWSKI: Hi, my name is Molly  
15 Krakowski. I'm the Director of Legislative Affairs  
16 at JASA, and on behalf of the Board, the staff, and  
17 the 43,000 older adults we thank the Chair and we  
18 thank the Council and the Committee for holding the  
19 hearing today. JASA is involved in providing social  
20 services to ten NORC programs throughout the City and  
21 Long Island. We directly sponsor five public funded  
22 NORC programs, one in the Bronx, four in Brooklyn.  
23 The four in Brooklyn are TRUMPS United, Warbasse  
24 Cares, Coney Island Act of Aging, Co-Op City Service  
25 Center in the Bronx. So they're primarily DFTA and

2 NYSOFA. One program, Bushwick Hylan in Williamsburg  
3 is solely funded by NYSOFA. And JASA provides social  
4 services and health services and educational,  
5 recreational and group services to 6,000 senior  
6 community residents through these NORC programs.

7           We have heard a lot obviously about  
8 NORCs. I'm not going to go into all the details of  
9 what our goals are. NORC goals I think are commonly  
10 shared. I do want to highlight some of the  
11 initiatives that we've worked on in the various  
12 NORCs. Community building. As part of the Bronx  
13 Initiative in Co-Op City, we initiated a program  
14 called Gate Keeper Trainings, and this is really to  
15 educate the Co-Op City community at large about the  
16 need of older adults, and accretive public safety  
17 officers, lobby attendants, housing staff. Really  
18 everybody that comes into contact with the people  
19 living in that NORC. The partnership development,  
20 which really got stated in 2010 where we created  
21 senior leaders in the various NORCs. There's Senior  
22 Leadership Council for the presidents and participant  
23 leaders of all the JASA and NORC programs. We do the  
24 specific trainings with those leaders within the  
25 NORCs.



2           Emergency Response. And I know that  
3 Council Member Treyger spoke about this earlier. But  
4 in the aftermath of the hurricane, there were 2,585  
5 apartment and Warbasse houses that were without power  
6 for more than two weeks. We worked very closely with  
7 FEMA. We worked closely with the city. We worked  
8 closely with management. We had volunteers, hundreds  
9 of volunteers working, walking up staircases,  
10 bringing services. Knocking door to door. Really  
11 doing everything possible, and provided really the  
12 contact that the family needed in order to make sure  
13 that the family members were safe. We were really  
14 seen I think as a resource within the community.  
15 This is something that we've continued doing, and  
16 continued building within the NORCs, specifically to  
17 make sure that we have a very intact emergency  
18 response program. Integrate in--

19           CHAIRPERSON CHIN: [interposing] Excuse  
20 me. In that program, is there a NORC in that  
21 building?

22           MOLLY KRAKOWSKI: Warbasse. No.

23           CHAIRPERSON CHIN: Oh, okay.

24           MOLLY KRAKOWSKI: Yeah. Sorry. Yeah,  
25 Warbasse is one of the NORCs that we--that we have

2 responsibility for, integrated and comprehensive  
3 client supports. And there's a case here that I put  
4 in, which I think is a good sense of what it is that  
5 can be done. So, in this particular case in Bushwick  
6 Houses in the NYCHA Bushwick Houses, somebody in his  
7 mid-60s suffering from diabetes and heart disease  
8 had heart surgery, several toe amputations, visited  
9 JASA's new NORC program. And inquired about home  
10 delivered meal services. So it sort of starts this  
11 chain reaction of an interface with social services  
12 with our provider, you know, of these types of  
13 services. So during the assessment he said something  
14 about a close friend who pays--helps pay his bills.  
15 You know, once we dug deeper it seems that there is  
16 actually an elder abuse situation. And so we were  
17 able to refer him to Brooklyn LEAP Staff, JASA's  
18 Legal Elder Assistance Program. And so, really by  
19 having this type of service in house and where you  
20 have this contact. And somebody who is actually  
21 checking in and getting a little bit more of a sense  
22 of who these people are within a massive NYCHA  
23 setting. We were able to really get a lot of the  
24 situations that this particular client was facing

2 under control. And I think it's a good example of  
3 that integrated client support.

4 I want to just highlight a few of the  
5 challenges that I think that we and others are facing  
6 and that have been mentioned. We're participating  
7 obviously in a Health Indicators Program, which we  
8 think is very valuable, and obviously there's both  
9 social service and health concerns. And that's a  
10 direct part of the model of the NORCs. But one of  
11 the things that is challenging is the unfunded  
12 mandate to implement this Healthy Indicators Program.  
13 And so, as Bobbie mentioned, and you'll see in the  
14 testimony, one of the things that can cause some  
15 challenges is that we have these visiting nurses or  
16 various programs that we work with to provide the  
17 nursing in kind. But that means that it's not steady  
18 always, and sometimes we need to fill in blanks in  
19 different ways. And if we were to really be able to-  
20 -to handle the needs of that Healthy Indicators  
21 Project that may come as a result of reducing some of  
22 the other programs that we actually feel are really  
23 crucial to providing some of the social service end  
24 of what a NORC provides. In order to make sure that  
25 meet all of the requirements. Another challenge is

2 the changing demographics where you have, as you  
3 know, and there have been many hearings about it,  
4 this disparate in aging cohorts. So you have a lot  
5 of people who are the older old as we call it. So in  
6 Co-Op City where there are 12,000 individuals age 60  
7 and older, 3,000 are 85 and older. So the services  
8 and the needs of the 85 plus are very different than  
9 the service needs of those other individuals. And  
10 with limited budgets, it's really challenging to  
11 serve everybody.

12 JASA seeks to strategies to maximize  
13 service opportunities, and we're very pleased that  
14 DFTA offered the new Hybrid NORC service model  
15 promoting the partnerships between NORCs and senior  
16 centers. And we also see a lot of opportunities to  
17 expand service areas with interdisciplinary  
18 approaches. So, for example, individuals who don't  
19 live in a designated NORC, but are in the community  
20 and need those services, should be somehow able to  
21 access some of those services. Again, lack of  
22 funding is the impediment to do doing that. And we  
23 appreciate this opportunity. We'd be happy to talk  
24 more about anything having to do with NORCs. Funding  
25 is always the key. Thank you.

2 CHAIRPERSON CHIN: Thank you.

3 ROSE ARIANO: Good afternoon. My name is  
4 Rose Ariano. I'm the Program Director of the Selfhelp  
5 Northbridge/Brulene/Southbridge NORC Program. In  
6 1999, the New York City Council Members provided  
7 funding to initiate a new NORC at  
8 Northbridge/Brulene/Southbridge with Selfhelp as the  
9 service provider. At first, only two co-ops were  
10 part of the NORC. As the program grew, four  
11 additional co-ops joined the NORC and 2009 the last  
12 two joined. As you know, in 2014 the New York City  
13 Department for the Aging did not renew the contracts  
14 of some of the NORCs, ours being among them. The New  
15 York City Council responded by allocating the funding  
16 so that these programs could continue to provide  
17 vital services to the residents of these NORCs. I  
18 would especially like to thank my Council Member  
19 Danny Dromm and also Julissa Ferreras, for all of  
20 their efforts in getting us funding.

21 The strenuous funding has enabled us to  
22 continue providing case management through  
23 programming to address issues of health and wellness,  
24 personal emergency response systems, transportation  
25 to medical appointments, entitlement application

2 assistance, financial assistance, and supportive  
3 counseling for the elders of this community. It's  
4 hard to imagine what things would have looked like  
5 for the elders of this community had the City Council  
6 not stepped in as it did. As this new fiscal year  
7 approaches, we respectfully ask the City Council to  
8 advocate with the New York City Department for the  
9 Aging to restore baseline funding for these NORCs.  
10 Thank you for giving me the opportunity to present  
11 this testimony.

12 CHAIRPERSON CHIN: Can I just want to ask  
13 you a brief question. Did Selfhelp apply through the  
14 RFP?

15 ROSE ARIANO: Yes, we did. We did apply.  
16 We did receive funding. Selfhelp has four NORCs. So  
17 we did receive funding for three of the four NORCs.

18 CHAIRPERSON CHIN: Oh, and then the City  
19 Council stepped and--

20 ROSE ARIANO: Yes.

21 CHAIRPERSON CHIN: [interposing] --funded  
22 the other one.

23 ROSE ARIANO: Correct.

24 SANDY MYERS: Hello, everyone. Good  
25 afternoon. Thanks for sticking around. So my name

2 is Sandy Myers. I'm testifying on behalf of UJA  
3 Federation of New York. I also want to focus on the  
4 Neighborhood NORC structure. But before I delve into  
5 that, and I know we've heard a lot about it so I'll  
6 be brief and just highlight a couple of things. I do  
7 want to thank the Council for their leadership last  
8 year in supporting NORC. It really allowed a lot of  
9 the programs within the UJA Federations Network as  
10 well as the NORCs at large to support core nursing  
11 and social work services. So we're really grateful  
12 for that support. So as you started hearing about,  
13 Neighborhood NORCs are certainly another model that  
14 would be worth looking at. We know that the  
15 Neighborhood NORCs are housed, and those communities  
16 are housing the rapidly growing foreign born senior  
17 populations. And the majority of State funded  
18 Neighborhood NORC programs have been actually  
19 organized in communities where large immigrant senior  
20 populations live such as Chinatown, South Brooklyn,  
21 and Washington Heights. Also, we know more that the  
22 demographics of the city's senior populations are  
23 changing with an increasing percentage of older  
24 immigrants constituting about half of the senior  
25 population in the city. There's a report by the New

2 School a couple years ago that found that 21 out of  
3 the city's 55 census defined neighborhoods immigrants  
4 already accounted for a majority of the senior  
5 population. And in Queens, which will be of interest  
6 to Council Member Vallone, it's true for 10 out of  
7 the 14 neighborhoods. The seniors are more  
8 vulnerable, as we know. Often times living in  
9 greater poverty, and are sometimes unable to take  
10 advantage of the other safety net services that are  
11 accessible to other seniors who may have been born  
12 here. Additionally, many of them might lack English  
13 proficiency. So it poses another barrier to  
14 accessing these services, and will be beneficial if  
15 they were--came to them where they lived.

16           So we would really like to work with the  
17 Council to form a similar program to the traditional  
18 NORC model structure around the same way as the  
19 Classic NORC fund. But we would like to underscore  
20 that as much as we appreciate the Council's support  
21 in creating the initial fund, the initial program we  
22 want this to be housed within DFTA. We know that  
23 these programs take a long time to be built and  
24 created, and you need the stability of consistent  
25 funding and the technical assistance that DFTA can



2 provide in creating such a program. So we want to  
3 work with the Council as thought partners in this,  
4 and definitely want the support. And since it's  
5 definitely of interest to the three of you up there  
6 as well as the Council at large, we want the Council  
7 to be involved. But we do want to underscore that  
8 given the complexity of these programs and the need  
9 for continued funding, it's important that it also be  
10 housed within DFTA. With that, I'm happy to take any  
11 questions, and thank you again for listening and  
12 hosting the hearing.

13 CHAIRPERSON CHIN: Thank you. Council  
14 Member Vallone.

15 COUNCIL MEMBER VALLONE: I just wanted to  
16 give a general thank you to this panel for guiding us  
17 this past year. And I know that the Chair and I have  
18 listened to you on numerous occasions. In fact, the  
19 task force that we put together is based on Mr. B and  
20 all of the things that he has to face. So we look  
21 forward to working with you, expanding the world of  
22 NORCs and getting them funded. Thank you.

23 SANDY MYERS: Thank you.

24 CHAIRPERSON CHIN: I concur. I mean  
25 there is just so much experience. The suggestion

2 you're talking about creating a New York City  
3 Neighborhood NORC, now the way that they exist now  
4 are funded by the State, right.

5 ROSE ARIANO: Correct.

6 CHAIRPERSON CHIN: You also have to go  
7 through an RFP process, right?

8 ROSE ARIANO: We did go through an RFP  
9 process. For the State?

10 CHAIRPERSON CHIN: Yes.

11 ROSE ARIANO: Yes.

12 CHAIRPERSON CHIN: So how long--how long  
13 is the State funding? Is it a three-year program  
14 also?

15 ROSE ARIANO: It was also an extended,  
16 several-- You know, more than three years. It's an  
17 annual renewal but it's from longer than--

18 RHONDA SILVERMAN: [interposing] Six  
19 years.

20 ROSE ARIANO: I think it's--it was six  
21 years for sure, but they haven't come out with a new  
22 RFP yet.

23 SERGEANT-A-ARMS: Quiet please.

24

25

2 CHAIRPERSON CHIN: Well, the State with  
3 the NORC, what is the baseline funding that they have  
4 for each Neighborhood NORC.

5 ROSE ARIANO: Well, you're asking about  
6 the baseline funding?

7 CHAIRPERSON CHIN: Yeah, whatever the--  
8 the amount of funding that is in the RFP?

9 ROSE ARIANO: It was--I don't know  
10 exactly what it was, but varies. It's not a  
11 consistent--

12 CHAIRPERSON CHIN: [interposing] It's  
13 not like--Because New York right for the Classic NORC  
14 the maximum is the largest contract. It's up to  
15 \$275,000. Right, that's the New York City Classic  
16 NORC. That's the highest amount.

17 ROSE ARIANO: Okay.

18 CHAIRPERSON CHIN: So the State is there  
19 like--

20 ROSE ARIANO: We have to get that later.

21 CHAIRPERSON CHIN: Yeah, if you can give  
22 us that information to look at. And also like in  
23 recreating a New York City program, how does fit in  
24 with the State because we don't want to lose the  
25 State funding.

2 ROSE ARIANO: Well, even in the Classic  
3 NORCs, there are NORCs that get State and City  
4 Funding. So they--it's definitely we don't lose  
5 that. We're trying to maintain that by using both of  
6 those resources.

7 RHONDA SILVERMAN: I think it's to be  
8 really clear that you don't want the city. You don't  
9 want to supplant the State funds with the City funds.  
10 So when you're negotiating with the City it's we want  
11 more money for NORCs, but don't-- You know, if we  
12 get the State funding, we don't want you to take the  
13 State funding and supplant it over city funding.

14 CHAIRPERSON CHIN: Well, I mean we, like  
15 for example, we started last year where we put in a  
16 million dollars for the Neighborhood NORC to  
17 supplement some of the Neighborhood NORCs. So  
18 whether you--what you're looking is to increase that  
19 pile of money and looking to get a baseline--

20 ROSE ARIANO: Right.

21 CHAIRPERSON CHIN: So that down the road  
22 we could RFP out Neighborhood NORCs, right.

23 ROSE ARIANO: Right exactly. And the  
24 State has not opened up the RFP process so there--  
25 there hasn't been any opportunity for more

2 Neighborhood NORCs through the State or even  
3 additional funding. They have actually reduced  
4 funding over time. And that's causes some of the  
5 Neighborhood NORCs great hardship in being able to  
6 manage.

7 CHAIRPERSON CHIN: Okay. I mean  
8 definitely we're going to look at that. I mean last  
9 was really getting the funding to help supplement the  
10 Neighborhood NORC that we have. And from your  
11 testimony you've heard and also Council Members'  
12 interest. There is a lot of interest in creating  
13 more Neighborhood NORCs throughout the city. So we  
14 need a funding stream for that. So the Council could  
15 start-

16 ROSE ARIANO: Yep.

17 CHAIRPERSON CHIN: And then get the  
18 Administration to do the right thing after we start  
19 it. [laughs] So thank you to this panel.

20 ROSE ARIANO: Thank you very much for  
21 your support and advocacy. Thank you.

22 CHAIRPERSON CHIN: The next panel is a  
23 Janet Fischer from--Janet your last name is so long  
24 [laughter] Industry Settlement; Christopher Jones,  
25 Sage Service; and also Gregory Greeley from Harlem

2 Sage; Joanne Chiu from Hamilton Madison House; and  
3 Suzanna Levitt for Shorefront NYWHA.

4 SERGEANT-A-ARMS: Quiet please.

5 [background comments]

6 JANET FISCHER: This is on? Okay, I'm  
7 Janet Fischer, Chief Administrative Senior Services  
8 at Henry Street Settlement and I'm with my colleague  
9 Betsy Smith who is the Director of the Vladeck Care  
10 NORC's Supportive Service Program.

11 SERGEANT-A-ARMS: Quiet please.

12 JANET FISCHER: We've been successfully  
13 operating Vladeck Care's NORC since 1994. On behalf  
14 of Henry Street, I would like to thank the members of  
15 the City Council Committee for providing us with an  
16 opportunity to share our experiences and vision at  
17 this hearing on new models for NORCs. Vladeck--our  
18 Vladeck Care is situated in NYCHA Vladeck Houses on  
19 the Lower East Side. And it is one of the first  
20 NORCs to be located in low-income public housing  
21 projects. Today, we are being distinctive by serving  
22 one of the most racially and ethnically diverse  
23 populations in the city. With direct supportive  
24 services infused with culture, health and wellness  
25 programming. I'd also like to comment that we are

2 one complex. But within the same street, Madison  
3 Street, there are other NYCHA facilities that do not  
4 have NORCs and many of the seniors will come to the  
5 Vladeck Car's NORC asking for assistance. And by  
6 contract we're limited to just information referral.  
7 So again, there's a tremendous inequity.

8           We're in one corner where the NYCHA  
9 facility has a NORC, and then halfway down the block  
10 they do not have NORCs. Basically what we're going  
11 to say is going to reinforce and piggyback some of  
12 the wonderful points that were made by the last  
13 panel. From the start Vladeck Care has provided free  
14 on-site nursing to our NORC clients. One of our  
15 founding NORC partners was the Visiting Nurse Service  
16 of New York, who provided us with in-kind nursing  
17 support. This in-kind nursing has historically been  
18 an essential component of our NORC program providing  
19 daily health assessments and screenings, home health  
20 consultations, group health education programs. And  
21 has assisted in home care services. Working in  
22 collaboration with our case management staff, these  
23 nurses make assessments, service plans and also not  
24 health trends among our seniors. In addition, NORC  
25 staffing use these nurses for in-depth nursing

2 assessment to determine what extent clients need  
3 additional home care and/or support to prevent their  
4 costly hospitalization or institutionalization.

5           This service is particularly critical for  
6 our multi-culture low-income seniors many of whom  
7 suffer from diabetes, and potential obesity. DFTA  
8 recognized the critical importance of nurses at NORCs  
9 when in their 2013 they expanded their requirements  
10 for our programs. This included an increase in the  
11 number of nursing hours, and a more in-depth care  
12 management requirement. At Henry Street we welcome  
13 these changes in a very positive--we feel it's a very  
14 positive move that will benefit older adults in our  
15 community and fit perfectly into our holistic program  
16 model. Now the NORCs are required to create  
17 evidence-based institutionalized healthcare plans for  
18 the seniors. In our NORC focus groups and client  
19 surveys, our seniors also request many, many more  
20 nursing services. This is absolutely wonderful, but  
21 unfortunately due to the changes in the healthcare  
22 marketplace, the Visiting Nurse Service of New York  
23 as well as other nursing care providers have been  
24 forced to cut back their in-kind nursing hours for  
25



2 Vladeck care, and many other NORC sites around the  
3 city.

4           Now, we are forced to find a new way to  
5 get the crucial nursing services to our seniors that  
6 meet the minimum of the 21 hours per week set by  
7 DFTA, for which we will give them no additional  
8 funding. As we began this very challenging process  
9 of fundraising for the NORC nurse, we also used this  
10 opportunity to re-think how to most effectively  
11 utilize the nurse so we can maximize the services we  
12 offer to another--to other NORC seniors. Another  
13 concern we have with the in-kind nurse was that they  
14 were not directly accountable to us and, therefore,  
15 were not fully integrated with our staff. Also, as  
16 the in-kind nurse cut back on their hours the  
17 services became more reactive than proactive. For  
18 example, they no longer have the capacity to run  
19 health presentations or create the DFTA mandated  
20 evidence based individualized care plan. We became  
21 convinced that hiring an additional nurse, who was  
22 part of the our staff would be a core component to  
23 the Vladeck Care's NORC.

24           In response to this need, Henry Street  
25 chose to hire a one day a week bilingual nurse, which

2 we are temporarily paying for out of our own general  
3 operating funds. This nurse has in just a few months  
4 become instrumental in implementing our DFTA mandated  
5 Health Indicator Survey, which, of course, is not  
6 funded. She has also been able to develop  
7 individualized health intervention plans with each  
8 client that includes goals, milestones, and action  
9 steps. The nurse also followed up with clients once  
10 a month to monitor outcomes and/or to modify goals  
11 and able to make recommendations for further health  
12 interventions based on her findings. The added value  
13 of having the nurse is that she is able to help  
14 clients establish goals, and follow through with them  
15 to achieve outcomes through consistent monitoring.  
16 She is also able to do this in a large number by  
17 devoting seven hours weekly direct service. Based on  
18 the successes and the enhanced services we have  
19 experienced from this new in-house nurse, we  
20 definitely see the need and benefit to increasing the  
21 hours.

22                   Recently we reached out to our fellow  
23 NORCs and discovered that the vast majority of these  
24 programs were in the same position as Henry Street.  
25 In that they believed that their seniors would

2 benefit from more in-house nursing hours. Attached  
3 to your testimony, there is a copy of the survey that  
4 we did. It was a pretty lengthy one. A copy of this  
5 survey is attached to the testimony so that the  
6 members of this committee can see the exact extent of  
7 the need. The one factor that is holding back all  
8 the NORCs in meeting their nursing needs is money.  
9 As I mentioned previously, currently there is no  
10 funding allocations from the city for nursing  
11 services. Without additional support from the city,  
12 it is going to be a tremendous challenge to meet the  
13 nursing and healthcare goals set by DFTA. Also,  
14 without these additional nursing hours we will be  
15 short changed by--short changing our NORC clients  
16 especially the most vulnerable ones who depend on us  
17 for all range of health and social services.

18 We respectfully believe that supporting  
19 an expanding nursing role is essential to  
20 strengthening NORCs, and can be included in any new  
21 models that are developed by the committee. Thank  
22 you again for the opportunity to testify. I'd just  
23 like to add a couple of adlib comments to this. We  
24 think NORC is the best thing since white bread. We  
25 think they're fabulous. They answer all kinds of

2 social, psychological issues and they're wonderful.  
3 And we endorse expanding them to every possible  
4 arena. But if current NORCs aren't properly funded  
5 and we just take the pot and stretch it out, many  
6 NORCs will not be successful because if a NORC--  
7 Each NORC they're built on the same foundation. So  
8 it's very diverse communities with diverse needs, and  
9 if you don't have sufficient staff, especially within  
10 the immigrant population, bilingual staff. And you  
11 don't have proper nursing staff that's funded in the  
12 contracts, and you cannot be dependent in this age on  
13 in-client, although it sounds beautiful and  
14 idealistic, it's not going to work. So thought we  
15 want to expand NORCs, we want current NORCs to be  
16 properly funded as well as new NORCs.

17 The other comment I want to make is about  
18 the Hybrid NORCs. We at Henry Street we have a  
19 senior center, we have Meals on Wheels, and we have  
20 NORC, which works beautifully in tandem with each  
21 other to create the most--to maximize services for  
22 seniors in needs. The Hybrid enables us to really  
23 open up resources in both directions. So if a NORC  
24 client comes to see a case manager, and we feel the--  
25 You know, they have diabetes or they're not eating

2 properly, we refer them to the senior center for a  
3 good nutritious meal. We create many programs  
4 jointly, which Betsy could talk about and so forth.  
5 The problem the city has one definition of a hybrid,  
6 which is a wonderful definition. We love it. But  
7 the State says, Uh-uh. If you even mention using  
8 State funds for anything but your NORC, you will be  
9 penalized. And in reality it's very confusing. It's  
10 schizophrenic. That's what it is because when you do  
11 a report to the State, which is all the time, if you  
12 even mention the relationship to a senior center you  
13 will be penalized. But on the other hand, in the  
14 city a hybrid is a very successful combination and  
15 model. So again, there's a lot of confusion going on  
16 about what is the definition of a NORC. And there  
17 should be better communication between State and City  
18 to come up with a beautiful working model. So we  
19 need more funding. We need nurses to be accountable  
20 to the program, be part of the budget, and we'd love  
21 to see it expanded especially in NYCHA facilities and  
22 the immigrant population.

23                   And again, I think as someone said  
24 before, there are so many different groups of  
25 seniors. There are young seniors. There are frail

2 seniors, in between seniors. So programming is very  
3 complex, and again funding is three.

4 CHAIRPERSON CHIN: Yeah, what I would  
5 urge all the advocates here is that when we have the  
6 preliminary budget hearing, I would urge all of you  
7 to attend, but also bring some concrete suggestions.  
8 Because when you're talking about the need for  
9 including the nursing service, how much does it cost,  
10 right? And also the other aspect of the essential  
11 service part--service that you have to provide is the  
12 NORC. So that we have a better picture in terms of  
13 what is the funding request that we're asking for.  
14 And I think that will be the most appropriate place  
15 to really come, and to testify. And so that we can  
16 start working on in terms of increasing the money.  
17 Last year the Neighborhood NORC Initiative was  
18 something that we were pushing for. We were happy,  
19 very happy that we were able to get a million  
20 dollars. But it was--it was not organized in a way  
21 that we sort of know what to put in. We just know  
22 that we have to fill some gaps. So I think in this  
23 budget hearing, I really urge all of you to make  
24 sure.

2           BETSY SMITH: And we do have those  
3 figures. We do have those figures to provide to you.

4           CHAIRPERSON CHIN: Yeah, share with us in  
5 advance, but definitely come to the budget hearing,  
6 okay? Thank you.

7           JANET FISCHER: [off mic] And the  
8 survey, should we give you a copy of it also?

9           CHAIRPERSON CHIN: Yeah, we--we have the  
10 copy of the survey. We'll look at it and if we have  
11 questions, we will reach back.

12           JANET FISCHER: And we'll send some  
13 financial information also.

14           CHAIRPERSON CHIN: Yeah, sure. I mean,  
15 any--any information that you can send to us to help  
16 us make some strong case for more funding is  
17 appreciated. Next. Take the mic. [coughs]

18           CHRISTOPHER JONES: Good afternoon.  
19 Chairperson Chin and members of the New York City  
20 Council Committee on Aging on behalf of Sage Services  
21 and Advocacy for Gay, Lesbian, Bisexual, and  
22 Transgender Elders, and the older adults we serve, I  
23 would like to thank you for holding this oversight  
24 hearing on NORCs in New York City. My name is  
25 Christopher Jones, and I'm the Site Manager for the

2 NORC at Sage Harlem. My colleague Greg Greeley,  
3 Director of Sage Centers Citywide joins me. Sage is  
4 the country's largest and oldest organization  
5 dedicated to improving the lives of LGBT older  
6 adults, and has provided a comprehensive social  
7 services and community built-in programs for LGBT  
8 older adults in New York City for more than 30 years.  
9 Responding to an express need in the community, the  
10 Sage Harlem NORC program launched early in 2004, and  
11 has been growing in the decades since. Sage Harlem  
12 NORC and the Sage Harlem Innovative Senior Center are  
13 completing a move from our small space in the  
14 historic Teresa Hotel to the Oberia Dempsey Multi-  
15 Service Center and HRA Building in the heart of  
16 Harlem.

17           The new space is nearly three times  
18 larger to accommodate increased demand and provide a  
19 greater array of health and wellness and lifelong  
20 learning programs. The space includes access to a  
21 full kitchen and we are thrilled to now provide daily  
22 hot lunches to LGBT older adults in our NORC. The  
23 full-time center is open 10:00 a.m. to 6:00 p.m.  
24 Monday through Friday with occasional special events  
25 and programs in the evening and on weekends. As a



2 Naturally Occurring Retirement Community, Sage Harlem  
3 provides programs and services to residents right  
4 where they live personifying the idea of aging in  
5 place. As a NORC based on affinity and geography,  
6 Sage Harlem primarily sees marginalized and under-  
7 served LGBT elders of color from Central Harlem, West  
8 Harlem and East Harlem. Sage believes that elders of  
9 color living in Harlem deserve culturally and  
10 linguistically competent services in their home  
11 neighborhoods, and that NORC programs and supportive  
12 services contributed to their healthier life--  
13 healthier aging.

14           The Sage Harlem program is a Neighborhood  
15 NORC, and thus does not have a traditional housing  
16 partner. It covers an area where people live in many  
17 different types of housing, and is not limited to a  
18 cluster of brick and mortar buildings, but rather is  
19 defined by shared culture, identity, history, and the  
20 desire for healthy active aging in a community of  
21 peers. Sage Harlem provides a comprehensive array of  
22 services and programs for LGBT older adults in the  
23 community and has grown in to a trusted neighborhood  
24 resource attuned to community and participant needs.  
25 To strengthen service provision for LGBT older

2 adults, Sage Harlem regularly collaborates with  
3 neighborhood professions, consultants and community  
4 stakeholders. Through various outreach, Sage Harlem  
5 works to bring LGBT older adults in the community to  
6 the center, and to increase their access to resources  
7 and helping them age in place. In collaboration with  
8 some of these community partners, Sage Harlem  
9 provides increased access to quality healthcare  
10 through health presentations, health screenings, a  
11 daily meal program, nutrition workshops and cohort  
12 exercise programs.

13           Sage Harlem reduces isolation, and  
14 increases social interaction for LGBT older adults in  
15 the community through a variety of support groups in  
16 English and Spanish. These programs include an HIV  
17 positive men's group; women's discussion groups;  
18 Fabulous Friday Social Groups; and month HEAT, which  
19 stands for Harlem Elders Aging Together meetings.  
20 Sage Harlem is bustling with an ambitious schedule of  
21 diverse cultural programming. Some current events  
22 include a tour of the Schomburg Center for Research  
23 in Black Culture; ZoomBigo, Alice the Pharmacist  
24 presentations, an Apollo Theater History Tour and  
25 Harlem Pride Festivities.

2 Improved financial literacy and security  
3 is another focus area of Sage--for Sage Harlem. Case  
4 managers and other staff organize financial literacy  
5 programs and help older adults one-on-one with their  
6 housing and financial concerns by security an access  
7 to SCRIE, which stands for Senior Citizens with Rent  
8 Increase Exemption; Medicaid, Medicare, home care  
9 services, veteran's benefits, SNAP and health books  
10 at Farmer's Markets to improve nutrition. And  
11 employment programs such as CCEP. Staff accompanies  
12 clients to Housing Court; provide referrals to  
13 housing programs; and secure legal services and  
14 financial aid to help--with the help of community  
15 partners. The need for these types of supportive  
16 programs has continued to grow by requests from Sage  
17 Harlem constituents since the program launched.

18 Sage Harlem NORC brings together a  
19 diverse array of supportive services providers,  
20 community based organizations, local elected  
21 officials, communities of faith, and cultural  
22 institutions to help under-served older adults in  
23 Harlem. Where there was a dearth of known resources,  
24 there is now a strong network of support in Harlem  
25 that provides a vital safety net for LGBT older

2 adults, older people in the area. The success of  
3 this program is seen in the faces of those who turn  
4 to Sage Harlem for support each day. And in a shared  
5 understanding that community is not necessarily a set  
6 cluster of buildings. But also the network of  
7 relationships that are being built and strengthened  
8 for LGBT older adults, and need to help the active  
9 aging and community.

10 We hope that the Committee on Aging and  
11 our members of the City Councils will continue to  
12 support LGBT older adults in Harlem and prioritize  
13 these funding areas in the next budget. On behalf of  
14 LGBT older adults who rely on Sage Harlem work, your  
15 support is greatly appreciate. Thank you for this  
16 opportunity.

17 CHAIRPERSON CHIN: Thank you. I just  
18 have a quick question. So the--you do have a NORC  
19 program--

20 CHRISTOPHER JONES: Uh-huh.

21 CHAIRPERSON CHIN: --right? It started  
22 out as a NORC program. Now, when you talk about  
23 innovative center, senior center, that is--is that  
24 the program that was funded last year in the last  
25 budget for Sage to open up centers in all five

2 boroughs? So that's not the Innovative Center  
3 because you're getting a-- The Innovative Center is  
4 in Manhattan in the Chelsea area.

5 CHRISTOPHER JONES: Right so--

6 CHAIRPERSON CHIN: [interposing] So  
7 that's the Innovative Center that's funded by DFTA.

8 GREG GREELEY: [off mic] They--they  
9 actually all so we consider it one-- [on mic] I'm  
10 sorry. We consider it one large center with multiple  
11 delivery sites. So it is all--it's different  
12 contracts through--but they're all through DFTA.

13 CHAIRPERSON CHIN: But then we see the  
14 discretionary--the initiative that was in last year's  
15 budget--

16 GREG GREELEY: [interposing] Correct.

17 CHAIRPERSON CHIN: --was to start centers  
18 in all five boroughs.

19 GREG GREELEY: Yes.

20 CHAIRPERSON CHIN: The other boroughs  
21 like Sage Harlem.

22 GREG GREELEY: Yeah, Sage Harlem has  
23 existed as a NORC program for a number years, but  
24 this is--that additional funding is making it a  
25 senior center like Midtown.

2 CHAIRPERSON CHIN: Okay, but you also  
3 have to have started one in Queens and another one in  
4 Brooklyn, right? That was the--that was the whole  
5 initiative.

6 GREG GREELEY: Yes.

7 CHAIRPERSON CHIN: I just want to make  
8 sure because my colleagues could be expecting that--

9 GREG GREELEY: Yes, they could.

10 CHAIRPERSON CHIN: --for the other  
11 boroughs.

12 GREG GREELEY: So Staten Island,  
13 Brooklyn, Bronx and the expanded center in Harlem.

14 CHAIRPERSON CHIN: Okay. All right,  
15 thank you.

16 [pause]

17 SUZANNA LEVITT: Hi. My name is Suzanna  
18 Levitt. I'm the Director of Immigrant and Families  
19 Services at Shorefront Y. And today I stand before  
20 you to discuss the important of NORC in addressing  
21 the needs of the elderly immigrant population in New  
22 York City. I would like express our sincere  
23 appreciation for the Council presiding over this  
24 meeting, and for the commendable efforts made toward  
25 supportive services for the senior population. I

2 would like to thank the Chair of the Aging Committee  
3 Margaret Chin, and the members of the committee for  
4 this opportunity to testify.

5           Shorefront Y serves a predominantly  
6 immigrant community of diverse cultures, ethnicities  
7 and religions. Surrounding Shorefront Y is our  
8 Neighborhood Naturally Occurring Retirement  
9 Communities, or NORC. This supportive services  
10 program enables hundreds of seniors, the majority of  
11 whom are Russian speaking immigrants from the former  
12 Soviet Union who have the ability to age in their  
13 community. At our program now we have 970 members.  
14 The services we provide strengthen the fabric of the  
15 community because we help the seniors to maintain and  
16 improve their quality of life and protect their  
17 health and independence. This ultimately reduces  
18 unnecessary hospitalizations, and nursing home  
19 admissions. Immigrant elderly adults are even more  
20 vulnerable living in great poverty and often  
21 unreachable for the problems such as Social Security.  
22 Nearly, two-thirds have limited proficiency in  
23 English, and this continues exacerbate already  
24 existing challenges elderly adults face in New York  
25 City.

2           The NORC supportive services problems  
3 that shorten while it successfully addresses the  
4 needs of our immigrant population by providing staff  
5 that can not only speak their language, and also  
6 sensitive to the cultural needs of our members. In  
7 collaboration with our partners with our NORC members  
8 we continuously work on being able to provide more  
9 activities and encourage elders to be physically  
10 active and mentally engaged. A social support system  
11 to reduce and prevent isolation and depression,  
12 reliable information about healthcare and  
13 preventative health practices including health  
14 screenings as well as mental health counseling and  
15 support.

16           In addition, we remain committed to  
17 educate and provide information about the aging  
18 process to our community members and NORC  
19 participants. We are able to continue our NORC  
20 services, and build a community for our seniors only  
21 through funding. For many of our seniors, NORC  
22 continues to be the only access to supportive  
23 programming. We strive to ensure that our NORC  
24 members have the ability to age in place, try to live  
25 on their own, establish and strengthen friendship



2 with one another, and essentially turn a neighborhood  
3 into a community. Our staff members work hard to  
4 achieve these goals everyday, and with your support  
5 seniors that return to our center can access to  
6 services that allow them to live independently in the  
7 way they never may have thought possible. And the  
8 last year discretionary funds helped us to continue  
9 our NYSOFA funding because we lost our nursing funds.  
10 And also through discretionary funding we were able  
11 to prolong our services. And to serve more and more  
12 and more community members.

13 CHAIRPERSON CHIN: Thank you and thank  
14 you for your testimony. I mean the oversight  
15 hearing will give us some more information. So  
16 during the budget time we can also continue to  
17 advocate for more funding, not just for the  
18 traditional classic NORC, but also for the  
19 Neighborhood NORC. And I really wanted to thank you  
20 all for your advocacy, but remember to come to the  
21 budget hearing because everyone needs to get it on  
22 the record and to make sure the Administration also  
23 hears the needs in our community.

24

25

2 SUZANNA LEVITT: Also you asked the  
3 question about baseline for NYSOFA NORC, we have  
4 NYSOFA NORC for six years. It was \$129,000.

5 CHAIRPERSON CHIN: Okay. Thank you.  
6 Joann Chiu from Hamilton Madison House.

7 JOANNE CHIU: Good afternoon and thank  
8 you Chair Chin and Committee Council. I'm Joanne  
9 Chiu, Director for Hamilton-Madison House. This is  
10 house is NORC Senior Services, which is funded by NYC  
11 Department for the Aging, DFTA. Hamilton-Madison  
12 House appreciates the opportunity to present  
13 testimony this afternoon to City Hall Council.  
14 Hamilton-Madison House and this house is NORC, which  
15 is located in NYCHA Upper East and Houses in Lower  
16 Manhattan. It works to support elder retiree  
17 residents. Through a range of programs and services  
18 that increase access to health promotion, nutrition  
19 and service benefits empowerment with tri-lingual  
20 capacity; English, Spanish, and Chinese languages.  
21 Smith Houses NORC [sic] serves about 100 senior  
22 members on a daily basis. Seventy-five percent are  
23 Chinese populations; 20% are Spanish population; and  
24 5% are others. And it is through this it brings  
25 about 1,700 meals on a monthly basis for our elder

2 members and homebound clients. It provides social  
3 benefits assistances through safety networking and  
4 health promotion workshops. Manage education  
5 programs for elders to lead their lives independently  
6 within the community is our goal. Our program also  
7 conducts outreach and develops relationships with  
8 community DFTA efforts to support NORC population in  
9 old perspective.

10           In my testimony today, I wish to provide  
11 a brief overview of recent property finding among New  
12 York City's senior population, and the challenges  
13 faced by this vulnerable population. Since this data  
14 demonstrates that almost one-fifth or 19% of the  
15 city's elderly population ages 65 and above live  
16 below the Federal Poverty level. As the Baby Boom  
17 Generation ages, the number of elderly New Yorkers is  
18 expected to rise dramatically. As the population of  
19 New York City's residents age 65 and older rises, it  
20 becomes increasingly more urgent to address the  
21 challenges and harsh experiences by low-income  
22 elderly New Yorkers who makes up the main population  
23 we assist on a daily basis since the Smith NORC is  
24 located at one of the largest senior populations in  
25 NYCHA developments. In collaboration with the local

2 health and economic partners, reveals that many  
3 elderly residents are forced to make ends meet on low  
4 incomes and benefits as the cost of basic necessities  
5 rise by turning to basic living cost. The assistance  
6 of Smith Houses NORC provides them the environment  
7 within entertainment and interaction with others.  
8 Furthermore, the program empowers the help and  
9 awareness by providing a variety of health promotion  
10 activities to keep the elderly active within the  
11 community.

12                 Recent challenges rises as we experience  
13 a sharp increase in nursing needs for our homebound  
14 clients. Our social workers provide weekly home  
15 visits, but cannot manage to keep with constant  
16 nursing medical needs such as blood pressure needing  
17 medication supervision. In addition, we understand  
18 that recently DFTA increased the minimal requirement  
19 for health indicators base by more than double the  
20 number in our RFP contract that was originally  
21 accepted. In the past, the nurses assisted with the  
22 mandate of health indicators surveys. Now with the  
23 reduced hours of our nurses, that will need more  
24 support to compete--to complete all surveys by June

2 30th of this year. Like Bobbie and Molly and Janet  
3 mentioned before.

4 Our goal is to recognize the connector  
5 with NORC and the communities throughout the city and  
6 developing service that satisfies the NORC's  
7 residents' needs. For example supporting NORC's  
8 efforts to connect elderly resident to relevant  
9 social benefits, group activities, and health  
10 promotion empowerment by professional bilingual  
11 social workers, Chinese-English and Spanish-English.  
12 Developing the old code [sic] networking to help NORC  
13 connect elderly residents to other community  
14 services. And also making funds available to support  
15 increased capacity of onsite related screening  
16 services and homebound nursing services. Including  
17 the home visits provided by bilingual RN nurses;  
18 Chinese-English and Spanish-English. In the long  
19 term, serving the elderly population requires  
20 expanding with caution in addressing a myriad  
21 cautions faced by low-income New Yorkers. That is  
22 also the main purpose of NORC. Thank you again for  
23 your time.

24 CHAIRPERSON CHIN: Thank you. I want to  
25 really thank the panel for all the great work that

2 you do, and thank you for testifying to day and  
3 giving us more information that we can use to  
4 advocate for more funding. And I invite you back to  
5 our budget hearing. I think we have the last panel.  
6 Okay. Maria Chenoweth [sic] the NORC at the Folk  
7 Houses, the Folk Neighborhood. Iman Hatch; Mary  
8 Springer, and Joyce Brown.

9 [pause, background comments]

10 JOYCE BROWN: Should I begin?

11 CHAIRPERSON CHIN: Yes, please identify  
12 yourself. Press the button.

13 JOYCE BROWN: Where's the button. Happy  
14 New Year. My name is Joyce Brown, and I'm who the  
15 meeting is about. I am a senior citizen who is a  
16 little old community health nurse. So I'm two in  
17 one. I'm glad to hear that the panel, the last panel  
18 considered nurses so important because they are.  
19 They provide the care to the seniors, and it's not  
20 just physical care, it's emotional. The seniors know  
21 that someone cares for them, and that alleviates a  
22 lot of pain. Okay, I don't want-- I'm tired of  
23 hearing people talk so I'll take just five minutes to  
24 tell you what I have to tell you. One is that NORCs  
25 are important because they're where the seniors live,

2 and they are an important resources for emergencies  
3 such as Super Storm Sandy. You know the snow, where  
4 no one--there wasn't anyone who knew where the  
5 seniors were and how to get to them. And they are  
6 also a source of mobilization for emergencies. Now,  
7 I have some solutions, which I think may help you  
8 with the problem with NORCs. There doesn't seem to  
9 be too much transparency. Who knew that there was  
10 going to be a Request for Proposals from DFTA? No  
11 one I knew. How was that information transmitted? I  
12 suggest the City Council Members include what a NORC  
13 is and when the agencies that will be transmitted--  
14 transmitting these proposals. So that I can, the  
15 senior citizen who knows nothing about NORCs, but  
16 would like to be in one can get the information. And  
17 if necessary start talking to the City Council person  
18 in order to get one for me and my neighbor. Well, my  
19 building is a mess, and we're not going to have a  
20 NORC. I know that for sure because it's so  
21 fragmented. But others will be able to get NORCs  
22 because there is a necessity, because you Committee  
23 Council will be aged, and you will want someone to  
24 care for you and make sure that you're in good  
25 condition. As well as you and me. You and me.

2 You're not always going to be so young. So, believe  
3 I was your age. [laughter] So, let your  
4 constituents know what a NORC is and its importance  
5 and how to get it.

6           Secondly, inform the public about the  
7 agencies that fund the NORC programs. I thought it  
8 was just DFTA, but apparently there are a number of  
9 other agencies that also fund. And, that's not  
10 transparent or nor is it broadcast to members of the  
11 community. Third, inform the public of the elements  
12 involved with the NORC. What is the cost. How many  
13 people have to be part of it. Like in my  
14 neighborhood the Upper West Side between you and me I  
15 think it was ridiculous because you had to have so  
16 many seniors in just one area in order to be funded  
17 for a NORC. And not many buildings have that many  
18 seniors that live in one building. And the seniors  
19 are constantly dying or going to assisted living  
20 facilities. So the number decreases. Fourth, have a  
21 coordinating agency to assist those who want to start  
22 a NORC. Show them. The agency should be able to  
23 tell them how to do it, the intricacies and--and the  
24 intricacies so that it is transparent and not a few  
25 agencies like DFTA who didn't spread the word or



2 other agencies that didn't spread the word. Measures  
3 such as these would allow a more equal distribution  
4 of NORCs including places like Staten Island and all  
5 New York City communities and boroughs. Thank you.

6 MARY SPRINGER: Thank you. Thank you for  
7 allowing me to testify today. My name is Mary  
8 Springer, and I'm the Director of the Hamilton-  
9 Madison House Knickerbocker-Village, Senior Citizen  
10 Center, NORC. In order to secure future funding for  
11 NORCs and Neighborhood NORCs, we should not only  
12 pursue our traditional funding sources. But we must  
13 also be creative in reaching out to sources that we  
14 have yet to tap that would benefit from this model.  
15 Before I entered the non-profit sector 15 years ago,  
16 I worked for a prominent New York State real estate  
17 firm that owned large midtown commercial high-rises  
18 along with residential buildings. I personally  
19 witnessed the challenges that owners wrestled with  
20 when a large percentage of seniors resided in the  
21 residential properties. The common issues arose in  
22 regard to dementia, mental or physical health issues,  
23 not paying bills, hoarding, safety issues. The gas  
24 was left on, water running. Seniors who are unable  
25 to maintain their apartment for themselves. These

2 particular owners had a tiny bit more compassion than  
3 some of their counterparts when dealing with these  
4 seniors. Since they have a very successful family  
5 business that was built and expanded upon by their  
6 older relative some of whom are still living. I  
7 firmly believe that these owners of the buildings  
8 would have been interested in learning more about and  
9 exploring the NORC model as a way to efficiently run  
10 these properties. And resolve issues that were not  
11 only hindering their operations, but adding to their  
12 expenses as well. I currently work very closely with  
13 the Knickerbocker Village Management, and I'm regular  
14 contact with them usually on a weekly basis along  
15 with quarterly meetings. We work together to solve  
16 issues that arise with our senior population and how  
17 best we can utilize our combined resources for  
18 favorable short and long-term outcomes.

19 I have testimony from Vincent Callagy who  
20 is the General Manager of Knickerbocker. And this is  
21 what he says:

22 I'm writing to inform you of the  
23 importance of services provided by Knickerbocker  
24 Village Senior Citizens Center. The programs offered  
25 by the center and services prove to our residents are

2 invaluable. One of the most important benefits,  
3 however, is the work done to assist our residents in  
4 obtaining entitlements. Working in partnership with  
5 management, more than 350 residents or families  
6 receive SCRIE benefits, easing their financial stress  
7 and ensure that they are able to pay their rent.  
8 Knickerbocker Village Senior Center also provides  
9 support in Section 8 and Social Security matters as  
10 well. The total benefits received by our residents  
11 are nearly \$1 million annually.

12           Senior Center staff also play a key role  
13 in providing assistance and support as our senior  
14 suffer with onset of dementia and other such  
15 problems. They work closely with Knickerbocker  
16 Village management and Knickerbocker Village security  
17 to address issues and needs of our seniors including  
18 families and relatives. We strongly endorse an  
19 increase in funding DFTA programs to enable such work  
20 to continue.

21           So in closing, I cannot say for sure  
22 whether real estate firms will partner with DFTA  
23 and/or an agency, but I cannot say that they  
24 wouldn't. Nor, if they would not also provide  
25 financial support towards the NORC model. Why do I

2 think this should be explored? Because as of April  
3 1st, 2010, there were 40.3 million people who were 65  
4 and older in the United States. By 2050, the  
5 projected population of people 65 and older in the  
6 United States is 88.5 million. So this just  
7 translates into New York City numbers as well on a  
8 smaller scale. Obviously not in the United States.  
9 How will we house these people? Who will be involved  
10 in doing so in the most efficient, safe and effective  
11 way? Without expertise and those of the real estate,  
12 landlords, NYCHA, managing agents a partnership can  
13 be developed that will enable us to best support our  
14 agencies and those we serve. This is a conversation  
15 that I think should begin right now as it is a win-  
16 win for the aforementioned and for our agencies. But  
17 most importantly for the welfare of our seniors, and  
18 the future of our aging population, which just  
19 happens to include me and you.

20 CHAIRPERSON CHIN: Thank you for your  
21 testimony. And I would love to say that we all get  
22 there. Some of us are already there, but others are  
23 getting there. So this population is going to  
24 continue to grow. And I think that's why we're  
25 really taking a serious look at this model. How do

2 we expand that so that building, every neighborhood  
3 would have a service. Because senior center is not  
4 enough, and NORC is right there where they live.

5 MARY SPRINGER: Right.

6 CHAIRPERSON CHIN: So we are going to  
7 continue to advocate for funding. I know the model  
8 and I know the program. It can do very well, and I  
9 think they were really helpful especially during the  
10 Super Storm Sandy work at that time. So we have to  
11 continue to do that, and we'll try get information  
12 out to the community, Joyce from your recommendation.  
13 so people know what a NORC is about, and we have a  
14 more creative model. It doesn't have to be the same  
15 traditional model that we have.

16 JOYCE BROWN: [off mic] No.

17 CHAIRPERSON CHIN: So, going forward we  
18 can really do some different types of models, that  
19 we're going to get everyone involved.

20 JOYCE BROWN: [off mic] Not every one  
21 fits the-- Every area has various cultures, and  
22 whatever fits the culture you should be able to adapt  
23 that yourself.

24 MARY SPRINGER: And what was brought up  
25 previously is that there has to be education. At

2 least landlords they should have a pamphlet or  
3 something or form to highlight the benefits to these  
4 landlords. Not just to the service to the tenants,  
5 but for them to be able to work more efficiently  
6 because that's what they're really more interested in  
7 that way. And to be able to run the programs.

8 CHAIRPERSON CHIN: We'll definitely-- On  
9 that I mean immediately I think we're looking at I  
10 mean some of the testimony earlier, and to really  
11 look at all the NYCHA, the public housing  
12 developments that are not senior buildings to make  
13 sure that we could start doing some NORC centers  
14 right there in those developments.

15 MARY SPRINGER: Obviously, they're very  
16 limited funding, but they don't supply any fund  
17 interest for them for our NORCs.

18 CHAIRPERSON CHIN: So we will continue to  
19 explore it to get more funding, and you-- I encourage  
20 you to come back during the budget hearings to really  
21 stress the importance of this issue. So thank you  
22 again.

23 MARY SPRINGER: Thank you.

24 JOYCE BROWN: [off mic] Can I bring up--

25 CHAIRPERSON CHIN: [interposing] Yeah.

2 JOYCE BROWN: --one further thing.  
3 Council Member Rose.

4 CHAIRPERSON CHIN: You have to speak at  
5 the mic. Use the mic, Joyce.

6 JOYCE BROWN: Council Member Rose said  
7 that-- I mentioned this to her. About issuing the  
8 information about NORCs in her newsletter. She said  
9 yeah. I got the impression that she said yes, and  
10 she also said that she would follow up with meetings  
11 in various neighborhoods to discuss the NORCs, which  
12 I thought was a good idea.

13 CHAIRPERSON CHIN: Yeah, well, stand on  
14 them. We're creating the first-- But she needs to  
15 do that.

16 JOYCE BROWN: I felt so bad when I saw  
17 that program. It was a panel [sic] only vote that  
18 didn't have enough.

19 CHAIRPERSON CHIN: Well, we're going to  
20 make that change. So that's why we have a planning  
21 grant, and hopefully they will get their very first  
22 NORC very soon. So thank you again to everyone for  
23 coming.

24 JOYCE BROWN: Thank you.

2 CHAIRPERSON CHIN: And the hearing is  
3 adjourned. [gavel]

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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 February 26, 2015