



**AARP Testimony - City Council Committee on Aging - FY23 Preliminary Budget Hearing**

Wednesday, March 23, 2022 | 10:00 AM | **Subject:** DFTA - FY23 Preliminary Budget

Good morning Chair Hudson and members of the Committee on Aging. My name is James O'Neal and I am the Volunteer President of AARP New York, representing 750,000 members of the 50+ community across New York City. Thank you for providing me with the opportunity to testify at today's hearing to highlight the need to protect and expand the City's aging-related services for older New Yorkers in the FY23 Budget.

Older adults are one of the fastest growing demographics in New York City and will continue to make up a larger portion of the City's entire population in the future. In New York City today, there 1.7 million are above the age of 60, of whom 141,000 are over the age of 85, 136,000 are homebound, and about twenty percent are living below the federal poverty line. Despite this demographic shift and the growing demand for aging-related services and programming, New York City continues to chronically underfund critical services for older adults as the Department for the Aging makes up **less than half of 1% of New York City's entire budget.**

Over the course of the past two years, we have witnessed the horrific impact that the COVID-19 pandemic has had on the health and wellbeing of older adults as New Yorkers above the age of 65 have made up the majority of deaths and cases of severe hospitalizations from COVID-19. The continued presence of this virus in New York City has also created incredibly difficult challenges for the livelihoods of older New Yorkers.

With the onset of the pandemic in March of 2020, older New Yorkers have faced barriers to accessing critical resources, including food, groceries, healthcare, and medications. They have also faced significant challenges to accessing their healthcare providers and have had to forgo seeking medical treatment at times because of the strains that COVID-19 has placed on the City's healthcare network. Additionally, our older adult population has suffered from unprecedented levels of social isolation as a result of the necessary restrictions placed on gatherings and critical community spaces, such as religious institutions and older adult centers, combined with a lack of sufficient access to the technological infrastructure and literacy needed to remain connected to friends and family remotely.



As our local leaders plan for New York City's recovery from COVID-19, and as the City's population continues to become increasingly older in the years ahead, the Mayor and City Council will need to respond to the immediate needs of our older adult population and meet the growing demand for aging-related services. We need our City to invest more into the health and wellbeing of our older adults to ensure that every older New Yorker has the ability to age with dignity in their own communities.

We recommend that the Mayor and the City Council commit to several critical aging-related investments in the FY23 Budget, including:

1. **Exempt the NYC Department for the Aging (DFTA) from the proposed 3% Program to Eliminate the Gap (PEG) budget cut.** We believe that it is imperative for New York City to invest in expanded aging-related services and the community-based organizations who provide such services to improve the wellbeing of older New Yorkers as more individuals decide to age in place.
2. **Increase the City's funding allocated in the Home Delivered Meals program to combat hunger among older adults, specifically by investing:**
  - a. **\$3 million** to support weekend home-delivered meals, and
  - b. **\$4 million** to support the growing demand for the home-delivered meals program.
3. **Protect and expand upon the investments made into DFTA's Community Care Initiative by allocating:**
  - a. **\$5 million** to support the growing demand for the case management program,
  - b. **\$28 million** to support the demand for the home care program, which includes expanding the hours of home care services available to older adults who need additional support,
  - c. **\$1 million** to expand the caregiver program, and
  - d. **\$5 million** to expand access to virtual programming and to support technology expansion
4. **Establish, fund, and enforce an automatic annual cost-of living adjustment (COLA) for all human service workers.**
5. **Fully fund all of the Aging Related Discretionary Funding Initiatives, including:**
  - a. **\$7,140,000** for Support our Seniors Initiatives,
  - b. **\$1,500,000** for Immigrant Senior Centers,
  - c. **\$6,400,000** for Naturally Occurring Retirement Communities,
  - d. **\$4,376,000** for Senior Center Programs and Enhancements,
  - e. **\$3,300,000** for the SU-CASA community arts initiative,



- f. **\$2,000,000** for Case Management Services,
  - g. **\$3,405,000** for the Geriatric Mental Health Initiative,
  - h. **\$1,500,000** for LGBTQ+ Community Services,
  - i. **\$1,129,000** for Borough Presidents' Discretionary Funding Restoration,
  - j. **\$335,000** for Elder Abuse Prevention Services,
  - k. **\$1,505,000** for the Social Adult Day Care initiative, and
  - l. **\$407,811** for Information and Referral Services.
6. **Establish a series of new discretionary funding initiatives in the FY23 budget, including:**
- a. **\$2,700,000 for Technology**, which would support high-quality technology-based programming for older New Yorkers.
  - b. **\$1,500,000 for Transportation**, which would provide for operational and programmatic transportation support, and
  - c. **\$1,200,000 for a Social Isolation Initiative**, which would be used to support programs and services that combat social isolation.

Thank you for providing me with the opportunity to testify today. I am happy to answer any questions as needed.



## **Asian American Federation**

### **Testimony to the New York City Council Committee on Aging**

*March 23, 2022*

#### Written Testimony

I want to thank Chair Hudson and the Council Members of the Aging Committee for holding this hearing and giving the Asian American Federation (AAF) the opportunity to testify on the needs of our senior community and service providers. I'm Dorothy Jiang, Membership and Capacity-Building Coordinator at AAF. Our organization represents the collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers.

We're here today because we convene the Seniors Working Group, the first and only Asian senior-focused advocacy coalition in New York. This group is made up of 12 Asian-led, Asian senior-serving AAF member organizations who served nearly 250,000 Asian seniors in 2021, 87,000 of whom were low-income. Asian seniors comprise 13.9% of the city's senior population, and the number of Asian seniors in poverty increased by 63.4% between 2010 and 2019, the largest percent increase of any major racial group. Of our seniors in poverty, 29% live alone and 80% have limited English proficiency (LEP).

In Fall 2021, the Seniors Working Group surveyed over 150 Asian senior clients about their greatest challenges and needs. From this survey and our group's convenings, we have narrowed down our seniors' needs to four main categories:

1. Safety from anti-Asian violence,
2. Access to direct services at senior centers,
3. Access to food programs, and
4. Combating mental health and social isolation.

As you know from the news, anti-Asian violence against our seniors shows no signs of slowing down. We all have read articles and been exposed to videos of brutal attacks on people who could be our parents and grandparents. So, it comes as no surprise that many of our seniors are still anxious, fearful, and on high alert, so much so that seniors are afraid to leave their homes for food or vital senior center programs. And as our partners in the Asian community can attest, the dual crises of COVID and anti-Asian violence are fundamentally changing the behavior of clients as they seek out senior services. Our CBOs have been creative in continuing virtual programs and making sure each touchpoint they have with seniors provides as many services as possible. But, they are stretched beyond capacity with few staff members and limited funding. The City must be sensitive to the dire needs of our seniors and adapt in support of our senior service providers. Our elders need more support that fully addresses their needs, physically and emotionally.

Much of that support is already being provided by our member agencies at senior centers. Senior centers are our seniors' second home—it's often where they eat their meals, see their friends, and spend a majority of their waking hours. This is because our CBOs provide linguistically, culturally, and financially

accessible resources that Asian seniors can actually take advantage of. Culturally competent meal programs have become our seniors' lifeline because they not only give them an opportunity to pick up food or eat together, but also to participate in social activities, receive assistance applying for services, and access health and mental health care.

However, our CBOs are overworked, understaffed, and underfunded. CBO staff members are still doing double the work for programs by conducting them in-person and virtually, which requires one-on-one technology assistance. CBO staff members are the ones helping seniors apply for social services when the government offices, themselves, do not speak their language. Asian seniors from different ethnic communities have different language, culture, and food needs that our CBOs match. All this physical, emotional, and financial toll throughout the pandemic has led to more burnout among staff who are stretched to their limits with too much work and not enough support.

In our Seniors Working Group, CBO staff members say meeting our most vulnerable where they are with culturally-competent, effective senior services requires systemic change. This includes the City supporting, reinforcing, and building capacity for programming by and for marginalized communities by prioritizing cultural competency and language access in contracting processes. It also means focusing more funding on smaller contracts so the organizations providing care to our most marginalized communities have access to funds they can spend down at their size. For example, among our 12-member Seniors Working Group, only about half the organizations even had the capacity to apply to last year's RFP, when we know for a fact each of them is doing indispensable work in their communities that 87,000 low-income Asian seniors literally depend on.

## **Recommendations**

For all the work our senior service agencies are doing, from Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts, a reflection of a broader, long-term trend. Our CBOs already have Asian seniors' trust through culturally competent programming, and they consistently lead by example in the provision of direct services, including providing meal programs, safety reporting programs, and mental health support. But, this work depends on the support of our elected officials. We recommend that the City:

1. Increase funding to Asian-led, Asian-serving senior service providers, and expand this funding to include time and expenses spent on case management and digital literacy devices and training. Even though funding has historically prioritized mainstream organizations, our marginalized elders have always first come to our CBOs to access services they can actually take advantage of; these providers deserve easier access to funds as they provide irreplaceable services.
2. We're calling on City Council to increase funding for the AAPI Community Support Initiative in order to sustain and expand direct services that are seeing increased demand as well as fund critical anti-violence programming in our Hope Against Hate Campaign. This includes safety ambassador programs that match seniors with volunteers providing physical protective accompaniment when they go outside, upstander and anti-violence trainings, as well as victim support services across the City.
3. Expand funding to include culturally competent, in-language, and senior-focused non-traditional mental health service models. This includes prioritizing CBOs that have a history of providing free or subsidized nontraditional, culturally competent services for funding opportunities.

Asian-led, Asian-serving CBOs have been Asian seniors' primary support since day one of the pandemic, and long before that, too. These same CBOs are the key to restoring trust between our most vulnerable populations and the City. We at the Asian American Federation thank you for allowing us to testify and

look forward to working with all of you to make sure our senior communities get the support they deserve.



## **TESTIMONY OF CITYMEALS ON WHEELS**

**Before the New York City Council Aging Committee  
Honorable Crystal Hudson, Chair  
Fiscal Year 2023 Preliminary Budget Hearing  
March 23, 2022**

**Submitted by:  
Jeanette Estima  
Director of Policy and Advocacy  
Citymeals on Wheels**

### **Overview**

My name is Jeanette Estima, and I am the Director of Policy and Advocacy at Citymeals on Wheels. Thank you for the opportunity to testify today. Citymeals was established in New York City in 1981 as a unique public private model to fill a critical gap in the City's home delivered meal program, which provides only one meal per day, five days a week, excluding weekends and holidays. More recently, Citymeals has emerged as *the* emergency responder for homebound older adults, beginning with 9/11 and continuing throughout the pandemic.

We are thrilled to see that the preliminary budget includes funding to increase per-meal reimbursement rates for home delivered meals (HDM) providers; this funding is critical to ensure that they can operate sustainably and continue to serve their current clients. However, the need for this program has increased over the past two years, and even as we begin to emerge from the Covid-19 pandemic, we expect that many older adults will continue to need meals delivered to them. At the very least, we believe that

a significant number of older adults currently receiving meals through the City's Recovery Meals program (created during the pandemic) will need to transition to the City's regular home delivered meals rolls when the temporary program expires at the end of this fiscal year. Moreover, as the number of climate related emergencies has grown, we must ensure that our emergency response infrastructure is adequately funded. Therefore, we respectfully request the following investments:

- **\$1 million** through the Senior Centers, Programs, and Enhancements Initiative to fund Citymeals' emergency meals program
- **\$1.4 million**, which is the amount that the Department for the Aging (DFTA) receives through the federal Department of Agriculture's Cash in Lieu of Commodities program *for food provided by Citymeals*
- **\$12.7 million** to support the growing need for home-delivered meals:
  - \$9.7 million for DFTA-contracted community-based meal providers; and,
  - \$3 million earmarked for Citymeals' weekend and holiday meals

Moreover, older New Yorkers rely on a robust network of community-based services in order to age in place safely and with dignity. This is especially true in a post-Covid-19 world, where the virus may be endemic, but its impact will continue to be felt for years to come. Therefore, we stand with our partners in the aging services sector in asking for the following:

- **Full funding of all council initiatives** supporting older adults
- **Restoration of the \$1.365 million** PEG to DFTA's Geriatric Mental Health program.

Finally, to shore up the nonprofit providers that implement the City's critical human services programs, we stand with our sector partners in requesting that the City:



- **Provide a cost-of-living adjustment (COLA)** across all human services contracts
- **Boost salaries of nonprofit employees** on human services contracts with a floor of no less than \$21 per hour
- **Create and fund a comprehensive wage & benefit schedule** as exists for government employees

### **The Citymeals on Wheels Model**

Citymeals on Wheels was founded forty years ago to fill a significant gap in city services, securing funding to provide weekend and holiday meals to those homebound older adults unable to shop and cook for themselves. While the Department for the Aging funds the one daily meal that homebound older adults receive Mondays through Fridays (excluding holidays), Citymeals funds the same network of providers to deliver weekend, holiday, and emergency meals. *Without Citymeals, the most vulnerable older adults would not receive a meal 115 days each year.* On a 3-day holiday weekend, the most isolated older adults could go 3 straight days without a meal; and, in times of emergencies, they could go even longer without food or contact with another person. To bridge this gap, Citymeals raises over \$20 million to fund about 2 million weekend and holiday meals annually.

In addition to providing food on weekends and holidays, Citymeals has become the emergency responder for older adults, beginning with 9/11. In 2018, the opening of our Bronx warehouse solidified this role by giving us the capacity to keep at least 100,000 shelf stable meals on hand, with the ability to quickly package more meals to assist the older adults we normally serve and those in temporary need. With this level of inventory, we can pre-supply existing clients and senior center members with shelf stable food in

the event of an emergency closure or a suspension of meal delivery service. We can turn on a dime to reach large numbers of older adults in senior housing facilities, NYCHA housing, or Naturally Occurring Retirement Communities (NORCs), as well as individuals living across the five boroughs. We have stepped up during citywide emergencies like Superstorm Sandy, the Covid-19 pandemic, and Hurricane Ida, as well as more localized emergencies such as a power or gas outage. Time and again, we have illustrated the value of our agile and resourceful model.

Nowhere was this more clearly demonstrated than the Covid-19 pandemic, which rendered thousands of older adults effectively homebound when it very suddenly became unsafe for them to be in most public spaces. They were no longer able to access their usual food programs, such as having lunch at an older adult center, using their EBT cards at a local grocery store, or stocking up at a food pantry. We delivered our first emergency meals on March 5, 2020, at least a week before the city shut down, because we anticipated that something could happen which would leave older New Yorkers without enough food on hand. Between March 1, 2020, and March 31, 2021, Citymeals delivered more than 4 million meals to 50,000 older adults throughout NYC, a 112% increase from the year prior. This is what we do, and what we hope to keep doing. Citymeals has the infrastructure and stands ready for the next emergency, provided we can access the additional funding that makes our nimble model possible.

### **More than a Meal**

Community-based meals on wheels providers ensure that older New Yorkers have nutritious meals that support their health and that they are checked-in on most days. The check-in can be almost as important as the meals. The pandemic exacerbated social isolation for this population who could not

participate in many of the alternative ways we all stayed connected, like picnicking in parks or zoom parties. Unable to socialize or see family, or even risk a trip to the doctor, for two years has been devastating and added another layer of stress for these older adults who were already coping with health issues, income insecurity, and hunger.

Meals are brought to homebound older adults by volunteers and paid staff—some of whom have been on the same route for many years. They come to know the older adults on their route, they know their routines, and often they can tell if something isn't right. This is a strength of the Citymeals model: by funding the same community organizations who deliver meals during the week, we maintain a continuity of service that allows connections and trust to develop. These relationships are a critical component of our city's care infrastructure.

For the most isolated older adults, their meal deliverer is a lifeline. If a person does not come to the door, deliverers will call them and/or notify program directors, who in turn ensure that the person's case manager follows up with them. The sense of security that this check-in can bring to someone who otherwise feels alone and invisible cannot be overstated. That knock on the door and the ensuing chit chat provides a sense of connection to the outside world, and the comfort of knowing that someone is looking out for them.

## **The Need**

There are over 1.7 million New York City residents over the age of 60—that's one in five New Yorkers. Increased life expectancy is a testimony to the achievements of modern science, technology, and even the social safety net. Living longer and on a fixed income presents a wide-ranging set of needs

from healthcare to mobility restrictions to food insecurity. For our clients this could look like not being able to see well enough to cook their own meals, being unable to safely walk to the store or carry groceries home, or not having someone who can come by regularly to help with these tasks. Being unable to shop for groceries or prepare your own meals does not warrant institutionalization; these needs can be effectively managed through a network of community services and supports. And remaining at home is not only the overwhelming preference of older adults, it's also better for their overall wellbeing, and of course, much more cost effective—for both the person and the City—than moving into a nursing home.

It is clear to us that the need for an expanded home delivered meals program is not waning, for two reasons. First, there are over 11,000 older adults in the City's Recovery Meals program, a temporary program created during the pandemic when thousands of people were suddenly unable to access food through their usual channels. This program is currently set to end on June 30, 2022, and *we believe that thousands of Recovery Meals recipients will need to transition to DFTA's home delivered meals (HDM) program next fiscal year.* Secondly, older adults are among the fastest growing populations in this country, and thankfully, we are all living longer than ever before. We can confidently predict, then, that more and more people will be coming onto the HDM rolls in the years to come—indeed we have already been seeing a steady increase for years.

However, there is no additional funding in the Mayor's preliminary budget to support this transition from Recovery Meals, nor a broader plan for investments that would enable HDM to keep up with the rapidly growing number of New Yorkers in need of meals.

Citymeals applauds the Mayor's increase in reimbursement rates for HDM providers, a longstanding ask from the sector that is necessary to continue to provide the *current* level of services. However, without additional funding for the thousands of new clients that will be coming into the HDM program, providers will not be able to meet the increased demand, and older adults with little or no other recourse will go hungry. Therefore, Citymeals respectfully requests the full funding of programmatic and infrastructure investments required to expand the HDM program to meet a significant and persistent growth in demand. **We estimate that a programmatic investment of \$12.7 million will be needed. Capital needs must still be assessed.**

Because DFTA is currently assessing the number of people who will need to transition to HDM, we worked with our coalition partners to develop an estimate. **The \$12.7 million estimate includes: \$9.7 million for HDM providers, to serve roughly 3,100 new clients at the \$11.78 reimbursement rate; and, to ensure that these new clients receive weekend and holiday meals, an additional \$3 million earmarked for Citymeals.** Weekend and holiday meals are not provided through existing City contracts, and therefore Citymeals did not receive the same investment to address reimbursement rates in the Preliminary Budget. This is a critical point: Citymeals fundraises to fill the gap in the City's HDM program, and we cannot reasonably expect to raise an additional \$3 million to cover this new need. Therefore, without *both* investments, new HDM clients will only receive one meal a day, on weekdays only, and excluding holidays.

While the focus of HDM investments is usually on food costs, the infrastructure of such a program is significant and maintenance costs are high. During our site visits with HDM providers, we are often told about vans

that have been sitting in parking lots because they need costly repairs, old refrigerators or stoves that should be replaced, cramped kitchens with no space for storage or additional equipment that would allow them to cook and store more food, etc. **DFTA must evaluate the infrastructure needs of these programs and ensure that there is sufficient capital funding to address them.** This is a critical aspect of ensuring that this program will be able to keep up with the increasing demand for home delivered meals.

Moreover, the pandemic has only highlighted the need for emergency, supplemental food for our recipients. This will not change just because the pandemic is abating. For example, the number of climate events that create enough damage that people become unable to leave their homes to get food, whether due to power outages or unsafe streets, has grown. *The homebound older adult population is not served by any other emergency feeding groups.* Therefore, it is critical that Citymeals can provide supplemental food that can be stored in a cabinet for minor emergencies or bigger emergencies that may last a couple of days. **We respectfully request \$1 million through the Council's Senior Centers, Programs, and Enhancements Initiative to fund Citymeals' emergency meals program.**

Citymeals as a not-for-profit will continue to raise private dollars in order to meet the needs of homebound older adults in the years to come. However, we also need the support of our partners in city government to help us reach all of those in need consistently and without a disruption in service, especially as costs and demand continue to rise. The exponential growth of the older adult population means there are more people needing meals—and needing them for many years—than ever before. This growth is happening at a scale that private fundraising simply cannot match. DFTA reports the

meals provided by Citymeals in its estimate to the USDA's Cash in Lieu of Commodities program and receives 67 cents per meal (about \$1.4 million) for them each year. **We respectfully request that the administration instead pass this \$1.4 million federal reimbursement directly through to Citymeals** so that we can continue to close the gaps in the City's HDM and emergency food programs as the need increases.

### **Sector-wide Needs**

Citymeals joins our partners across the network of older adult service providers in advocating for a city where we can all safely remain in our communities and continue to contribute to its diverse social and economic fabric as we age. To achieve this vision, we must build a robust infrastructure of community-based services such as older adult centers, mental health care, transportation, homecare, and caregiver support.

Due to the chronic underfunding of services for older adults, any cuts to these programs must be avoided. Each year, the Council adds millions in funding for discretionary initiatives, in addition to individual member items, and FY23 can be no different. Whether held virtually or in-person, these programs are crucial to preventing isolation and supporting the wellbeing of older adults. As such, **we urge the council to not cut the nearly \$32 million in funding for these discretionary initiatives**, including Support Our Seniors, Immigrant Senior Centers, NORCs, LGBT Senior Services, SU-CASA, Healthy Aging Initiative, and Case Management. Additionally, **the \$1.365 million PEG to DFTA's Geriatric Mental Health program must be restored.**

Finally, it cannot be overstated that nonprofit human services providers are a lifeline for the City and its residents of all ages; the sector's tenacity,

resourcefulness, and expertise was on full display during the pandemic. Yet the City continues to underfund the services it relies on nonprofit providers to deliver, harming not only the programs but also the workers whose low wages fail to reflect the essential nature of their work. Therefore, we stand with the Human Services Council's #JustPay campaign and request the following investments:

- **Provide a cost-of-living adjustment (COLA)** across all human services contracts
- **Boost salaries of nonprofit employees** on human services contracts with a floor of no less than \$21 per hour
- **Create and fund a comprehensive wage & benefit schedule** as exists for government employees

We thank the City Council and the Department for the Aging for your continued partnership in ensuring that homebound older New Yorkers have food to eat 365 days a year and are not forgotten during emergencies. This new administration has an important opportunity to take a step back and consider how we can best support New Yorkers aging in place. We look forward to working with you to build a bold new vision for the services and supports that will make New York City a place where older adults can thrive.





*Preliminary Budget Hearing - Aging*

March 23, 2022

Chair Hudson and distinguished members of the City Council, thank you for the opportunity to provide testimony today. I'm Amy Dorin, CEO of The Coalition for Behavioral Health. The Coalition represents over 100 community-based mental health and substance use providers, who collectively serve over 500,000 New Yorkers annually.

The City's FY23 budget must provide a robust investment in geriatric mental health and substance use services. The stress, isolation, loss, and anxiety generated by the COVID-19 pandemic have had a terrible impact on the mental health and wellbeing of New Yorkers. Older adults were the most vulnerable to serious illness, hospitalization, and death. Older New Yorkers lost friends, spouses, and relatives. Many older adults struggled to maintain connections with family and friends through technology that they were not comfortable using. Since March 2020, about one in five older adults indicated that their mental health worsened and half of adults, aged 50–80, reported feeling regularly stressed and isolated from others.<sup>i</sup>

Alarming, the behavioral health sector has been unable to keep pace with the increasing demand for services. New York is facing an access to care crisis, as staff leave the field for higher salaries and easier work while older New Yorkers reach out for services. Programs are operating with staff vacancy rates as high as forty-eight percent. Providers are being forced to pause intakes and open waitlists, both unprecedented actions. It is critical that the City invest in mental health and substance use treatment services for older adults and take immediate action to ensure that these programs are backed by a robust workforce now and in the future.

**Maintain Behavioral Health Services for Older Adults**

The Geriatric Mental Health Initiative (GMHI), a joint program through the Department for the Aging and the Office of Community Mental Health, provides critical mental health services to seniors. Mental health providers create satellite mental health clinics at senior centers, engaging older New Yorkers in services without requiring them to travel or find other service providers. Seniors receive mental health screenings, on-site counseling, and referrals, as needed. The program has been successfully transitioned to telehealth, as providers trained program participants in how to use remote services. Providers also expanded their offerings during COVID to connect recipients to home-delivered meals, medical care and other essentials. Services are culturally and linguistically responsive.

GMHI is a successful program, serving more than 3,300 older adults with over 17,000 clinical sessions in just the past 18 months. Recent data shows clinical improvement rates of 62% for depression and 57% for anxiety after three months of treatment. The program improves the overall health of older adults and helps keep older New Yorkers in their homes, not in hospitals or nursing homes.

GMHI has also reduced the stigma surrounding mental health care for older adults. Seniors are more likely to hold negative assumptions about mental health care, which, unfortunately, deters people from seeking treatment. Through this initiative, older adults are connected with mental health services outside of traditional clinical settings which lower the barriers to care and expands access to individuals who may not have otherwise sought treatment.

Last year, this program was significantly expanded to serve senior centers in TRIE neighborhoods. However, the City has recently cut funds for the GMHI expansion for the current fiscal year. We oppose this cut and urge the City to restore these funds to allow the expansion of this service to be rolled out quickly. The City must maintain its \$3,405,540 funding for this initiative for FY23 and future years, which will continue the current program and fund the expansion to additional locations.

### **Invest in Solutions to Strengthen the Behavioral Health Workforce**

For years, behavioral health has been inadequately funded and this has catalyzed an access to care crisis. Staff have left the field for higher paying positions in other sectors, such as retail and restaurants, while record numbers of New Yorkers seek help. The shortage is particularly acute for older adults who need care as there has been a chronic shortage of geriatric behavioral health professionals. The City must take the following steps to ensure that the behavioral health workforce can provide quality mental health and substance use services to older New Yorkers who need them.

- **Establish, fund and enforce an automatic, annual cost-of-living adjustment (COLA) on all human services contracts.** Without this, providers will be placed in an untenable situation of being able to give raises to some staff who work on state contracts, while keeping salaries flat for staff on city contracts. This will lead to increased turnover and a decreased ability to recruit staff on city contracts.
- **Create, fund and incorporate a comprehensive wage and benefit schedule for contracted mental health workers comparable to the salaries made by City employees.** Currently, the City pays social workers, mental health counselors, psychiatrists, psychologists, and other mental health professionals a significantly greater amount than the funds it provides for salaries for these same professionals who work for community-based organizations on city contracts. The City must increase funding for salaries and benefits on city contracts to be competitive with city employees.
- **Build the pipeline of mental health professionals through tuition assistance, loan forgiveness, and internship funding.** The City plays a key role in educating mental health professionals, but the costs for entering this field remain far too high. This is a particular barrier to increasing the diversity of the mental health workforce. It is incredibly difficult for providers to recruit multilingual staff and this is of particular concern for older adults, many of whom seek care in languages other than English. Similarly, Black and brown communities are underrepresented among mental health

professionals. To build a more robust and diverse workforce, we recommend the City fund the following initiatives:

- **Provide Funding for 225 Clinical Internships - \$5,000,000:** a key part of the education of social workers and mental health counselors are supervised internships that occur as part of the master's degree process. These internships are critical to providing students with the first-hand experience they need to become successful clinicians. These internships are not paid, however, and they limit the ability of students to work while going to school, adding yet another financial barrier to this field. Additionally, supervision of interns is uncompensated, making many staff reluctant to take on this additional duty. The City should provide funding to providers for interns that they host, pay a robust hourly wage to interns, and cover the agency's supervision costs. A successful internship can be the key to having new graduates enter the public mental health field and work in community-based agencies.
  - \$5,000,000 would fund up to 225 internships annually. Agencies should be able to apply for up to \$30,000 per intern, depending on the length of internship (typically 9 months, sometimes 12), the agency's fringe and administrative costs, and the supervisor stipend.
- **Expand the Human Services Career Advancement Scholarship:** this scholarship currently only covers 50% of the cost of tuition, which is simply insufficient. It should cover the full cost of school. The City should also work proactively with service providers to ensure that staff are aware of this opportunity before application deadlines – recently, one of our providers was not informed of the deadline for this program until after the deadline has passed. A scholarship cannot help anyone if staff are not aware of it. Additionally, the master's degree scholarship should include mental health counseling, which is offered by several CUNY schools.
- **Provide Loan Forgiveness:** the City should provide direct funding to staff on City contracts who have outstanding student loans. Our workforce often takes on significant student loan debt on the path to becoming a mental health professional and needs assistance from the City to be able to afford to work in the public mental health system.

As the population of New York continues to age, it is critical that the City fund programs that support older adults and invest in strengthening the behavioral workforce now to care for individuals in the future. Thank you for the opportunity to testify today. We look forward to working with the City Council to ensure robust mental health and substance use services are accessible to all New Yorkers.

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<sup>i</sup> University of Michigan. "National Poll on Healthy Aging" (2021) <https://www.healthyagingpoll.org/reports-more/report/mental-health-among-older-adults-and-during-covid-19-pandemic>

**Chinese-American Planning Council, Inc.**  
**Testimony at the New York City Council Committee on Aging**  
**Honorable Hudson, Chair**  
**March 23, 2022**

Thank you Chair Hudson and the Members of the City Council for the opportunity to testify today. The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC was founded in 1965 as a grassroots, community-based organization in response to the end of the Chinese Exclusion years and the passing of the Immigration Reform Act of 1965. Our services have expanded since our founding to include three key program areas: education, family support, and community and economic empowerment.

CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 60,000 people per year through more than 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities.

Asian Americans are the fastest growing population in New York State, and seniors are the fastest growing subset. Over 1 in 3 Asian American seniors lives under the poverty line, and over 2 in 3 are Limited English Proficient (LEP). These community members rely on community services like CPC for everything from adequate nutrition to mental health provisions. This makes the issue of aging in place of particular concern to CPC.

Throughout the pandemic, CPC senior services and CPC Senior Centers continued to operate and provide essential services to community members. Keeping health and safety as a priority, we conducted all classes in our senior programs in a remote setting. We utilized phone, Zoom video conferencing, and Wechat to communicate with our senior members.

To that end, we are grateful to testify about issues that impact the individuals and families we serve, and we are grateful to the Council for their leadership on these issues.

**CPC Brooklyn Senior Services**

CPC Brooklyn Senior Services was established in 2001 and operates out of CPC Brooklyn Community Center. Since the founding, more than 1,000 older adults aged 60 and above have participated in our activities and classes. There are currently 233 older adults enrolled at CPC Brooklyn Senior Services through our DFTA program in FY22. There are also about 180 older adults on a waiting list for enrollment. Through the pandemic, CPC Brooklyn Senior Services provided a blend of recreational and educational activities to support seniors; seniors that utilized our services experienced immeasurable improvements in their physical, social, spiritual, emotional, and mental well-being. Many of the members enjoy the curriculum and continue to be dedicated in attending the virtual yoga class, singing class, ESL class, I-pad class, I-phone class, computer class, Tai-Chi class, art painting class, Chinese brush calligraphy class, monthly birthday celebration event, holiday event, and health educational workshops. In

addition to hosting classes and events for members, CPC staff also assisted members in a hybrid model with entitlement/ benefits application assistance, information referrals, and advocacy work.

Despite the pandemic's interruption with in-person services, CPC Brooklyn Senior Services maintained constant communication with senior members through different means of communication. We ensured our members had access to activities and events to keep themselves physically and mentally healthy. Our senior services team routinely engaged community members in workshops and developed new and exciting activities and classes to benefit our seniors.

#### 1. Virtual Classes

On average, about 50-60 seniors attend our virtual and in-person services. 99% of our seniors participate in at least one virtual class a week. 30% of active members or 60 active members learned how to use Zoom on a computer and/or on their phone and participate in virtual workshops. We hosted 20 virtual workshops related to health, nutrition, and education topics since July 2021.

#### 2. Virtual and In-person Holiday Events and Birthday Celebrations

We hosted seven major virtual and in-person holiday events during the year for over 150 members. In addition, our program provided monthly virtual birthday celebrations since May 2020.

#### 3. Outdoor Activities

We hosted four outdoor activities in partnership with other community organizations and elected officials.

- Two GrowNYC Sunset Park green market tours (55 members participated).
- Senior Picnic Day hosted by community elected officials.
- CaringKind Walk and Donation, where we raised \$2,537 to support families with Alzheimer in September 2021.

#### 4. Fresh Produce and Meal Distribution

During the pandemic, seniors were greatly affected. As a vulnerable population, food scarcity was a huge concern. Many were afraid to leave their homes because of COVID-19 and the rise in anti Asian violence. In response, CPC partnered with various groups to provide fresh produce, hot meals, and pantry items to community members in need. We collaborated with GrowNYC to distribute fresh produce bags to older adults weekly. There are 70 members who receive half-priced or subsidized bags every week. We partner with Heart of Dinner (HoD) to provide and deliver hot meals to seniors.

#### 5. Case Assistance

Along with providing group activities and events, the senior service team also assists seniors with their individual needs and cases (senior benefits, letters translation, benefit apply and application assistance and follow up, referrals, etc). We have on average 32 older adults who receive assistance per month. We make about 200 wellness calls a week to check-in with our members and ask about their well-being.

**CPC urges the Council to increase funding for senior programs because this is an extremely vulnerable population and without the support of senior centers, they are often left in the dark.** We must protect our most vulnerable and ensure that they are properly supported as the City rebuilds from the pandemic.

### **Testimony from a member of CPC Brooklyn Senior Services**

Mr. Wang, a 64 year-old senior, first immigrated to the United States in 1999. As a new immigrant lost in a foreign country, he was homeless and had difficulty overcoming language barriers. This prevented him from seeking eligible benefit resources. Extremely unhappy with his situation, Mr. Wang came to CPC Brooklyn Community Services with hopes of finding options for a better life.

Worker met him at CPC Brooklyn office on November 2018 He was one of our senior members. He lived in man shelter since 2018, which is only a temporary residence for him. He could not stay there during the day, which made him upset. CPC staff notified him he can apply a senior house or NYCHA house, which is an ideal place for him due to his limited income.

After understanding the status and needs of Mr. Wang, CPC staff assisted Mr. Wong to complete several housing applications. He was eligible on the waiting lists of 3 senior housing. Meanwhile the social worker from the man shelter assisted him applied the CityFHEPS Rent Supplement for him. Due to the language barrier, CPC staff kept in touch with Mr. Wong to encourage him to speak up his feeling and concerns about the housing status. CPC staff assisted him by translating and preparing documentations for the interview. Almost every week Mr. Wong met with CPC staff at the CPC Brooklyn office. He trusted the services that CPC provided. CPC staff followed up his case very closely. Step by Step through, CPC staff assistance led to Mr. Wong finally receiving the approval letter for CityFHEPS Rent Supplement in September, 2019. In January 2020, Mr. Wong moved into a staple place that provided by CityFHEPS.

Recently, Mr. Wong also received mail from NYCHA about the housing interview. That will a hope for Mr. Wong to have a long term place to live. Mr. Wong was very thankful to share it with CPC. CPC staff will continue to assist Mr. Wong with housing interview, and hoping him to move into a NYCHA housing sooner.

The current life of Mr. Wang is very fulfilling. In addition to participating in ESL and Ipad classes, he also participates in sports. As he said, "CPC is like his family; the same care and warmth he received made his life change for the better. He does not feel lonely anymore.

### **CPC Nan Shan Senior Center**

At Nan Shan Senior Center, we distributed food to seniors every Thursday. COVID-19 has severely impacted our seniors. Food insecurity has been a growing issue for seniors and the pandemic aggravated this issue. Since March 2020, CPC has distributed over 108,000 pounds of food to community members across the five boroughs. At Nan Shan, there is always a long line of older adults waiting for meals. For some seniors, the meals provided by senior centers are often their only reliable source of nourishment. Congregate meals are developed to be 70% of daily nutritional value for this purpose. **In order to address the growing food insecurity in**

**our communities, CPC urges the Council to increase funding for food access to vulnerable populations.** Centers like CPC are great locations to distribute meals and produce because we are known in the community and community members come to us with their needs and concerns.

Secondly, as a vulnerable community, seniors struggle to find the support they need. Many seniors are concerned about the spread of COVID-19 and are afraid to leave their homes. This isolation causes several emotional mental health concerns. Therefore, it is vital for organizations like CPC to conduct wellness checks and provide online opportunities for seniors to engage with one another and not feel as isolated. While mental health is often seen as a taboo in the Asian communities, it is nonetheless important to have these resources readily available for seniors to access. **We urge the Council to provide a mental health counselor at every DFTA operated senior centers so seniors who have these concerns can get them addressed.**

Furthermore, there has also been an uptick in elder abuse cases during the pandemic. Unfortunately, many of these cases go unreported. There are many forms of abuse and many seniors are not even aware of the abuse. In addition with mental health traumas, this abuse makes it increasingly difficult to speak out. **We urge the Council to fund elder abuse prevention and fund new initiatives around elder abuse prevention in order to educate the community on elder abuse, how to prevent it, and how to stop it from happening.**

Thank you again for giving us the opportunity to speak about issues that impact the seniors we serve. We are grateful to your leadership on these issues and look forward to working with you on them.

If you have any questions, please contact Carlyn Cowen at [ccowen@cpc-nyc.org](mailto:ccowen@cpc-nyc.org)



**New York City Council Committee on Aging  
Fiscal Year 2023 Preliminary Budget Hearing Testimony  
March 23, 2022**

Speaker Adams, Majority Leader Powers, Chairperson Hudson and Members of the Committee, thank you for your time and the opportunity to provide testimony in support of New York City's over 1.7 million seniors.

For over twenty six years, Dancewave has played an integral role in our community, serving over 6,000 New Yorkers annually through supportive, high-quality dance and whole-person development programs at the Dancewave Center in Gowanus, Brooklyn, and in public schools, community centers and senior centers across all five boroughs. With an overwhelming majority of program participants (75%+) demonstrating positive social and emotional learning growth, data proves that our work is not only powerful, but necessary, to support a vibrant and healthy community - fully inclusive of our city's seniors.

In the face of the global COVID-19 pandemic, Dancewave remains committed to ensuring uninterrupted access to the many important services we provide the NYC community, despite facing a near-60% loss in revenue, including a full elimination of SU-CASA funding to serve our city's seniors. With the Department for the Aging facing substantial funding cuts as part of the *Program to Eliminate the Gap*, I write to implore the Committee to protect funding for programs that enrich the quality of life for our city's growing senior population. This is a critical moment to advocate for our city's most vulnerable residents, whose not only care and basic needs, but also well-being and quality of life, deserve to be prioritized.

Dancewave's Dance for Life Program is one such program that prioritizes the well-being of our city's seniors. Providing safe, inclusive and engaging opportunities for hundreds of older adults to remain physically and mentally active in support of their overall health, wellbeing, and quality of life, Dance for Life is a well-designed and impactful program. Participants benefit from focused physical activity that enhances their motor functions, range of motion, and cognitive function; all while increasing their sense of inclusion and belonging - especially after a prolonged period of isolation and uncertainty associated with the global COVID-19 pandemic. With over one-third of NYC seniors reporting some level of disability, and one-third living in social isolation, the need for programs like these is both real and demonstrable.

Community based organizations like Dancewave provide cost-effective and impactful programming for our seniors. As such, I urge the New York City Council to fully and wholeheartedly advocate for the protection and continuation of these essential programs that enhance the quality of life for our city's seniors.

Thank you,  
Nicole Touzien  
Executive Director

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Founded in 1995 by Diane Jacobowitz





New York City Council  
Committee on Aging  
Hon. Crystal Hudson, Chair  
Preliminary Budget hearing  
March 23, 2022

Thank you Chair Hudson and members of the Committee on Aging for the opportunity to testify today.

My name is Elizabeth Bird and I am the Director of Public Policy at Educational Alliance.

For more than 130 years, Educational Alliance has brought together and partnered with diverse communities in Lower Manhattan, offering individuals and families high-quality, multi-generational programs and services that enhance their well-being and socioeconomic opportunities.

Today I would like to highlight several aspects of the preliminary budget that have particular importance to the work of Educational Alliance.

Educational Alliance offers a number of innovative programs and services to aging adults through our Weinberg Center for Balanced Living located in our flagship building on the Lower East Side and our Sirovich Center, operated in conjunction with the 14th Street Y, another of the Alliance's community sites. Between the two sites, we offer a range of meals, arts and exercise classes, education, health and nutrition programs, case work, mental health counseling, and civic engagement opportunities to over 7,000 older adults annually.

Membership in our programs has expanded exponentially in the past eight years, and our direct service staff is working harder than ever to provide new and expanded services for our clients to meet the enormous needs facing older adults due to the pandemic. Yet funding for the services we offer has not kept pace with demand. **We need the DFTA budget to adequately support the work we do.** We call on the City to make the following investments to fund critical aging support services in the FY23 budget:

- **Restore the \$10.2 million PEG to Department for the Aging's budget, including a \$1.3 million PEG to the Geriatric Mental Health program.**
- **Invest \$12.7 million to respond to increased demand for Home Delivered Meals.**
- **Build upon DFTA's Community Care initiative with an additional \$40 million.**

Annual discretionary funding helps us pay for senior meals, culturally competent services, mental health and case management, and other basic needs that keep seniors safe and engaged in their communities. This year, we ask City Council to renew this support and **restore \$7.14 million for aging services programs in every district**, along with an additional **\$2.6 million to provide better support for transportation, technology, and to address social isolation.**

You belong here.

We believe that investments in robust and innovative services for the aging will ensure that every neighborhood in our City continues to be one of the best places in the country for older adults to live and thrive.

Thank you for the opportunity to testify.

March 23, 2022

## **Testimony of Judith Castillo, Encore Community Services**

*New York City Council Committee on Aging — **Recovery Meals & Home Delivered Meals***

*Contact: [coo@EncoreNYC.Org](mailto:coo@EncoreNYC.Org)*

Good afternoon council members. My name is Judith Castillo and I am the Chief Operating Officer at Encore Community Services.

**Encore is the lead Home Delivered Meals Contractor for the Westside of Manhattan; where we deliver about 10,000 meals a week. We are also the lead Recovery Meals Contractor for The Bronx, Brooklyn, and Staten Island, where with our Partners DFTA and Green Top Farms we are responsible for delivering about 42,000 meals a week and we operate senior centers and senior housing.**

**The Department for the Aging remains one of the most chronically underfunded agencies, receiving less than half of one percent of the budget. If a budget is a reflection of priorities, this budget does not show that New York City prioritizes Older Adults.**

**I want to commend the Commissioner and the Department for the Aging for its continued advocacy for increase funding for the agency and specifically the increased rate for Home delivered meals.**

\$11.58 is a great start and DFTA is doing everything they can with the money the city allocates, but it's simply not enough for the unfunded mandates. The HDM rate doesn't address the capital needs around infrastructure, rent and occupancy costs, new vehicles, higher transportation costs –especially true for a provider like Encore that operates in midtown Manhattan. On the senior center front, case managers are booked up to 8 weeks out and simply cannot keep up with the demand. We'd like to see additional funding for additional case managers.

We are also happy to see that the city is continuing the Indirect Cost initiative. I did want to make this committee aware of some glitches we like hundreds of other organizations experienced the first time around. Currently it is not clear if all organizations are eligible to apply, especially those that did not receive approved ICRs in the first round,

organizations who don't have the resources to begin with and found themselves denied due to trivial errors.

Despite our best attempts to request technical assistance from MOCS around this initiative, it was simply not been productive and frankly not in good faith. Before the initial deadline, I made attempts to receive additional technical assistance on completing the delta template, specifically I asked that someone from the MOCS team reach out via telephone in order to more efficiently address my concerns. Those concerns were never addressed, and I was simply referred back to the instructional video and my ticket was closed.

While Encore met the deadline for submission, MOCS' communications to us that a reply could be expected within 24 hours (which in turn would have allowed us to make the necessary corrections by the initial 12/31 deadline), we did not receive communications until January 7<sup>th</sup>, informing us that our submission was not deemed acceptable.

Organizations were harshly penalized for something that required a simple excel fix that took me all but 5 minutes is irresponsible and unfair and just another example of nonprofits being nicked and dimed. In Encore's case, this blow totaled over \$1M over three years- funding critical to support our programs and staff salaries.

In closing, we urge the committee to look into oversight of the ICR application process, especially for those hundreds of organizations that were left out, and ensure it's equitable and fair.

I know this great Council has particular interest in this, so I Urge City Hall to consider our plea.

Thank you to council members for your time today.



Fulfilling the promise of opportunity

**TESTIMONY of FPWA**

**Presented to:**

**New York City Council Committee on Aging  
Preliminary Budget Hearing  
Hon. Chair Crystal Hudson  
Wednesday, March 23<sup>rd</sup>, 2022**

**Jennifer Jones Austin  
Executive Director/CEO**

**Prepared By:  
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Good morning committee members and Chair Hudson. Thank you for hearing testimony on the Home Delivery Meals program and food insecurity.

My name is Jessica Cinque, and I am a Policy Analyst at FPWA. FPWA is an anti-poverty, policy, and advocacy nonprofit with a membership network of 170 human service and faith-based organizations. We have been a prominent force in New York City's social services system for nearly 100 years, advocating for fair public policies, collaborating with partner agencies, and growing our community-based membership network to meet the needs of New Yorkers. Each year, through our network of member agencies, FPWA reaches close to 1.5 million New Yorkers.

In order to continue reaching those New Yorkers, FPWA's fiscal team conducted in-depth research into federal funding mechanisms in New York City, and calls attention to the looming federal fiscal cliff faced by the human services sector. The city's eight human services agencies took in \$5.3 billion in federal funding in fiscal year 2021, a 22.7 percent increase from the prior year. Just two programs—epidemiological capacity and emergency shelter grants—more than account for the total federal funding increase across human services. Without Covid-19 relief funding for the six programs that received the highest sums, total federal grants these to human services agencies would have fallen by 5.7 percent from last year. As temporary emergency relief spending begins to expire in the coming years, these declines in baseline federal funding may become more acute. Without longer-term baseline funding solutions, this trend is likely to place greater strain on community-based programs, negatively affecting the millions of New Yorkers they support. For further analysis, please refer to our [Federal Funds Tracker Report](#).

As a result of COVID-19, older adults became invisible overnight with the City's stay-at-home order, creating barriers to access critical community-based services that enable older New Yorkers to age in place. The pandemic also exposed some of the most pressing challenges facing older adults, namely: an over-reliance on institutionalization, a chronic rise in social isolation, and an inequitable care system. To confront these realities, the human services sector has stepped up to provide critical services for older adults. And yet, the Department For The Aging (DFTA) budget that supports these services continues to make up less than 1% of the overall City budget. We believe that every New Yorker deserves the ability to age in community with access to services regardless of one's zip code or background.

To that end, we respectfully urge the City to:

- Pay Human Services Workers Adequate Wages
- Restore Cuts to DFTA
- Expand DFTA's Home Delivered Meal Program (HDM)
- Build on DFTA's Community Care Initiative, and
- Invest in Affordable Senior Housing

These measures will ensure that older adults receive the culturally competent services they need in a safe environment while building a viable model for continued partnership and coordination between the City and CBOs. This testimony seeks to address each request in brief detail to give the committee a contextualized understanding of the imperative of these needs.

### **Pay Human Services Workers Adequate Wages**

- Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.

- Set a living wage floor of no less than \$21 an hour for all City and State funded human services workers.
- Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

### **Restore DFTA Funding**

- Restore the \$10.2 million Program to Eliminate the Gap (PEG) to DFTA's budget, including a \$1.3 million PEG to the Geriatric Mental Health program.

### **Expand DFTA's Home Delivered Meal Program**

- \$8 million to support continued growth in demand for HDM, including Recovery Meal clients transitioning to traditional home-delivered meals
- \$3 million to support weekend and holiday home-delivered meals not provided by current contracts

### **Build on DFTA's Community Care Initiative**

- \$7 million to expand DFTA virtual programming accessibility through an online database, devices, and connectivity, as well as technology support provided by community-based organizations
- \$5 million to support continued growth in demand of the case management program
- \$28 million to support continued growth in demand of the home care program, including expanding the hours of home care service available to older adults requiring additional support.

### **Invest in Affordable Senior Housing**

- Allocate capital funding to develop 1,000 units of affordable senior housing per year
- Increase the per unit reimbursement rate for SARA services from \$5,000 to \$7,500 per unit, allowing for increased staff to more adequately address social isolation and significant case assistance needs.

### **Conclusion**

With all of these things in mind, we humbly request the City prioritize the needs of older adults when planning for the fiscal year ahead.

Thank you for the opportunity to testify. FPWA hopes that you will consider our recommendations, and we look forward to working closely with you to ensure that New Yorkers of all ages receive the services they need in order to thrive.

# Goddard Riverside

INVESTING IN PEOPLE, STRENGTHENING COMMUNITY



## **FY23 Preliminary Budget Hearing Testimony for Committee on Aging March 23, 2022**

I'd like to thank Council Member Hudson for her leadership and the opportunity to provide testimony. I'm Aaron Rooney, Associate Deputy Executive Director for Goddard Riverside, a multi-service organization with over two dozen programs that impact the lives of more than 20,000 New Yorkers annually. Goddard Riverside's programs range from early childhood to older adult programming in areas of homeless services, housing, education, and community development. In late 2021, Goddard Riverside announced its new strategic alliance with its east side partner – Stanley Isaacs Neighborhood Center (Isaacs Center), which has provided critical services for older adults, at-risk youth, and families residing in public housing for sixty years. My testimony for today's hearing will focus on Aging Services and our programs that cover both the west and east side of upper Manhattan and includes Isaacs Center NORC & Older Adult Center, Goddard Older Adult Center, the West Side NORC, Lincoln Square Neighborhood Center, and Taft Senior Center in East Harlem.

We are thankful that with the new DFTA contracts for NORCs and Older Adult Centers, many of our programs received increases in base funding for our programs. This was a step in the right direction for providing adequate funding for these programs. But it did not go far enough, and our programs still increasingly rely on council discretionary funding through member awards and Citywide Initiatives to close gaps in funding and assure quality programming. Throughout the last two years, the essential work of Older Adult Centers and NORC programs has only grown, as has the number of older adults we are serving. Our work related to food insecurity, health access, and socialization for older adults who have been cut off from much of society has kept people safe and connected. We must now figure out a way to move forward in a reality where choice is going to be essential. Choice between in-person and remote/virtual services, choice in meals and pantry offerings, and choice about how to access the healthcare system. **We look to the city council and our partners at DFTA to help us secure the support we need, and the funding that we need to meet these new challenges.**

For Isaacs Center and Goddard Riverside programs, we have submitted our applications for discretionary funding. This funding is crucial to support program personnel, health and wellness activities (virtual and in-person), much-needed trips, recreation, and outings, food security programming including grab-and-go/congregate meals and food pantry programs, as well as technology initiatives.

I would also like to speak specifically about Taft Senior Center, which has been operated by Isaacs Center since January 2020, and funded with a \$150k amendment on the Isaacs NORC contract. We took on oversight of the space and developed a robust case management focused program with a focus on food security, health & wellness, housing stability, and socialization. With a strong team of providers in place, the program quickly expanded in participation, largely through word of mouth. We now serve over 400 participants a year, but the funding has not changed, and it is not secure year to year. Because East Harlem was not a targeted neighborhood for new programs, our RFP applications for full contracts for the program were denied last year, and we continue to function on a small contract amendment. This is not adequate to



# Goddard Riverside

INVESTING IN PEOPLE, STRENGTHENING COMMUNITY



provide the services our clients need and deserve. **We are in need of baseline funding of \$300k for this program. In addition, we ask that the council consider fully funding our discretionary requests (\$50k in Senior Center Programs and Enhancements, and \$40k in Support Our Seniors).** This support will be crucial in continuing to serve this community.

We ask the Committee to consider the following recommendations in support of the older adults we serve.

1. We request that the council consider our full funding applications for the following Citywide Initiatives for the Goddard and Isaacs Center programs:
  - a. Naturally Occurring Retirement Community (NORC)
  - b. Senior Center Programs and Enhancements
  - c. Support Our Seniors
  - d. Case Management
2. Support in securing adequate funding for Taft Senior Center, underfunded and now serving over 400 older adults. We request the council's support in securing baseline funding of \$300k for this program, an increase from the current \$150k year-to-year amendment.

A new Mayoral Administration and new City Council present multiple opportunities to lay the foundation for a more age-friendly city; one that is better prepared for crisis and leaves no one behind. We at Goddard Riverside and Isaacs Center look forward to working with the Committee to make that a reality.



**TESTIMONY BY LAURA MARCECA, GREENWICH HOUSE**

**CITY COUNCIL COMMITTEE ON THE AGING**

**March 23, 2022**

Good afternoon Chair Hudson and members of the City Council Committee on Aging.

My name is Laura Marceca, and I am the Associate Director of Older Adult Services at Greenwich House, where we serve about 2,000 adults a year.

I've spent my entire professional life helping New Yorkers age with dignity. Never have I seen a challenge more pressing than our current need to keep older adults connected to friends, doctors, and work using the technologies and tools that drive almost every aspect of our days and nights.

But, one-quarter of New Yorkers ages 60-79 do not have internet access at home and nearly half a million older adults are disconnected from the internet. Additionally, according to a 2017 Pew Research study, three-quarters of those older than 65 said they needed someone else to set up their electronic devices.

The good news is that there are many groups doing good work to close the older adult digital divide— Senior Planet, AARP, OATS, JCC - but much more is needed. And we have no time to waste.

With research and evidence filling our sails, and the opportunity presented recently when the city invited every Older Adult Center (OAC) to reimagine their services, Greenwich House set out to establish a new Intergenerational work and skills development center. At our newly created Workforce Center, we'll help fill the digital gap and connect older adults to the technology they need to continue to adopt to and thrive in the changing work world.

I'm here to ask the Council to do its part and fund the technology, social isolation and community-based services older adults need, especially coming out of the pandemic.

The pandemic showed us how fragile is the system of support for older New Yorkers and how great the need is. My staff and I worked relentlessly over the past two years to ensure older adults had food on the table, had access to social activities that kept their mind and body

LETTER

active, and received counseling and case management services to address service, housing, benefit and health needs.

The staff at Greenwich House and across the older adult field didn't let down our older residents during the darkest days; now with brighter times ahead, they deserve our support and have earned #JustPay. We hope to see the Council support pay increases for social services employees.

And, finally, with a boom in the older population, now is not the time for cutting back on DFTA's budget – which was insufficient to start with. I'm here to ask that you eliminate the PEG to DFTA's budget, including funding for geriatric mental health services.

Thank you.

# # #

**TESTIMONY BY LAURA MARCECA, GREENWICH HOUSE**

**CITY COUNCIL COMMITTEE ON THE AGING**

**March 23, 2022**

Good afternoon Chair Hudson and members of the City Council Committee on Aging.

My name is Laura Marceca, and I am the Associate Director of Older Adult Services at Greenwich House, where we serve about 2,000 adults a year.

I've spent my entire professional life helping New Yorkers age with dignity, and I can honestly say that I have never seen a challenge more pressing than our current and rapidly growing need to support aging and older adults.

To be sure, there *have* been some recent steps towards reorienting and rethinking our spaces and networks of senior serving organizations. I'm proud to be with a team at Greenwich House who are building off current research and evidence in our expansion of older adult services including a new Intergenerational work and skills development center.

But too many of the investments made have not been "baselined in our city's budget", they don't actually reflect the needs we see right now, and we only see that need expanding – particularly if we don't make some smart investments now.

While core needs include meals, general case assistance, and housing and support services, we are seeing a foundational need to keep older adults better connected in general, to friends, and doctors, social services and the workforce.

One-quarter of New Yorkers ages 60-79 do not have internet access at home and nearly half a million older adults are disconnected from the internet. Additionally, according to a 2017 Pew Research study, three-quarters of those older than 65 said they needed someone else to set up their electronic devices.

The good news is that there are many groups doing good work to close the older adult digital divide— Senior Planet, AARP, OATS, JCC, as well as Greenwich House and many others - but much more is needed. More financial supports are needed. And we have no time to waste.

I'm here to ask the Council to do its part and fund the technology, social isolation and community-based services older adults need, especially coming out of the pandemic. At spaces such as our emerging Workforce Center, we can help connect older adults to the technology they need to continue to adopt to and thrive in the changing work world.

Beyond these broad and specific needs, I need to add that

LETTER

the staff at Greenwich House and across the older adult field didn't let down our older residents during the darkest days; now with brighter times ahead, and we believe they are, they also deserve our support, we hope to see the Council support pay increases for social services employees.

Thank you.

###

# FY23 EQUITY FOR AGING

As a result of COVID-19, older adults became invisible overnight with the City’s stay-at-home order, creating barriers to access critical community-based services that enable older New Yorkers to age in place. The pandemic also exposed some of the most pressing challenges facing older adults, namely: an over-reliance on institutionalization, a chronic rise in social isolation, and an inequitable care system. To confront these realities, the human services sector has stepped up to provide critical services for older adults. And yet, the DFTA budget that supports these services continues to make up less than 1% of the overall City budget. **We believe that every New Yorker deserves the ability to age in community with access to services regardless of one’s zip code or background.** It’s time for #EquityforAging and to make New York a better place to age.



## #JustPay human services workers

- Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.
- Set a living wage floor of no less than \$21 an hour for all City and State funded human services workers.
- Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.



## Restore Cuts to the Department for the Aging (DFTA)

- Restore the \$10.2 million PEG to DFTA’s budget, including a \$1.3 million PEG to the Geriatric Mental Health program.



## \$12.7 Million in New Home-Delivered Meal Funding to Combat Hunger

- \$9.7 million to support continued growth in demand for the home-delivered meal program, including Recovery Meal clients transitioning to traditional home-delivered meals.
- \$3 Million to support weekend and holiday home-delivered meals not provided by current contracts.
- DFTA should assess and fund the capital and infrastructure needs for HDM providers including van purchases and kitchen investments such as refrigerators and other items.



## \$40 Million to Build Upon DFTA’s Community Care Initiative

- \$7 million to expand DFTA virtual programming accessibility, through an online database, devices and connectivity, as well as technology support provided by community-based organizations
- \$5 million to support continued growth in demand of the case management program
- \$28 million to support continued growth in demand of the home care program, including expanding the hours of home care service available to older adults requiring additional support



## Invest in Affordable Senior Housing

- Allocate capital funding to develop 1,000 units of affordable senior housing per year.
- Increase the per unit reimbursement rate for SARA services from \$5,000 per unit, to \$7,500 per unit, allowing for increased staff to more adequately address social isolation and significant case assistance needs.



Photo Credit: Greenwich House



Photo Credit: Lenox Hill Neighborhood House



Photo Credit: Selfhelp Community Services

# Full Funding For All Aging Related Discretionary Initiatives

Examples of these key initiatives are listed below



## Support Our Seniors

Restore  
\$7,140,000

Support aging services programs in every district

Add an additional  
\$2.6 million

This would provide \$50,000 per district on average to better support older New Yorkers, particularly given the needs, such as transportation, social isolation, technology, and others, experienced during COVID-19

*This would bring total Support Our Seniors funding to: \$9.74 million*

## NORCs



Restore  
\$6,400,000

Support NORCs throughout the City, including funding for on-site nursing services.



## \$3,405,000 for Geriatric Mental Health Initiative

Expand mental health services for older adults.



## \$2,000,000 for Case Management

Support case management services for older adults



## \$4,376,000 for Senior Center Programs and Enhancements

Support for senior centers, meals, homecare, transportation, and other senior services programs



## \$3,300,000 for SU-CASA

Support community arts initiative serving older adults

**Plus full funding for all initiatives that support older New Yorkers, including: Immigrant Senior Centers, LGBTQ+ Community Services, Borough Presidents' Discretionary Funding Restoration, Elder Abuse Prevention, Social Adult Day Care, and Information and Referral Services**

## Questions?

Katelyn Andrews, LiveOn NY, [kandrews@liveon-ny.org](mailto:kandrews@liveon-ny.org)  
Tara Klein, United Neighborhood Houses, [tklein@unhny.org](mailto:tklein@unhny.org)  
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## Commitment to Improve Quality of Life

**To: Committee on Aging**  
**From: India Home, Inc.**  
**Re: Culturally Competent Senior Support Services for Older Adults**

Thank you for providing us this opportunity to speak in front of the City Council Committee on Aging. I am here today on behalf of India Home, a non-profit organization founded by healthcare professionals dedicated to serving South Asian older adults in New York.

India Home leads the city's largest senior center programs aimed at empowering and improving the quality of life of diverse South Asian and Indo-Caribbean immigrant seniors residing across Queens and beyond. Since our inception, we have touched the lives of over 5,000 older adults through our holistic and culturally competent programs such as congregate meals, senior center services, case management, mental health services, advocacy, and educational and recreational activities.

We also pivoted into delivering a robust and multitargeted COVID19 Relief & Recovery program at the onset of this unprecedented global pandemic and, with the hard work of our passionate staff and volunteers, we were able to provide essential services to over 2,000 vulnerable seniors in high-risk communities through home-delivered meals and groceries, virtual programs, wellness check-up calls, virtual case management, and COVID-19 Test & Trace outreach.

Since the onset of the pandemic, we have provided over 30,000 culturally competent Halal/ vegetarian meals tailored to the dietary restrictions of our seniors (who practice diverse faiths), over 1,200 grocery packages, more than 35,000 service units of virtual programming, and over 30,000 wellness check-up calls - and we are continuing to provide these much-needed services to our seniors and the communities we serve as our city attempts to return to normalcy.

Food insecurity, lack of culturally competent and multilingual case management services, chronic physical health issues such as high blood pressure and diabetes (which are highly prevalent in South Asian communities), and mental health stressors such as depression, dementia, prolonged social isolation, and loneliness continue to pose some of the most critical challenges that our seniors face.

51% of Asian Americans have reported needing help with access to food during the COVID19 pandemic, and South Asian older adult populations struggled even more since many of our seniors are at-risk and homebound, unable to go grocery shopping or prepare nutritious meals themselves as well as have limited options for culturally appropriate meals that meet their dietary restrictions and needs. We also saw a major increase in our seniors' need for in-language wellness checkup calls and culturally competent case management, healthcare, and housing assistance services compared to before the pandemic. Many older API adults living alone are at high risk of feeling socially or linguistically isolated. Among API adults, 48% reported getting together with family and friends a few times or less in the past 30 days. Due to a lack of services addressing the diverse language needs and low digital literacy skills of this population, South Asian older adults have been particularly adversely affected during this pandemic. Thus, the in-language support, wellness check-up calls, and dedicated care that we were able to provide in these unprecedented times (and which we continue to provide in addition to our in-person programs) is very important for our seniors.

Health disparities have also been evident, especially in regards to knowledge on getting vaccinated and how to start that process. The vaccine appointment procedure, specifically, is complicated and it's very difficult for seniors who lack digital literacy and have language problems to access online services. Many of our

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## Commitment to Improve Quality of Life

seniors do not have access to a reliable internet, smartphone/other device, or even an email address to be able to navigate the system. This represents a broader issue of the lack of cultural competent and quality language interpretation services that seniors face across various sectors including healthcare, social benefits, housing, and more and indicative of the gaps that nonprofits like India Home step in to fill, with limited resources and funding.

We are grateful for our partnership with government agencies to serve our clients and having gotten the older adult center contract for one of our centers. However, this is just one of our centers, and budget cuts and limited access that APA organizations like ours face are barriers in being able to meet the needs of our devastated community in this time. We have worked hard and have had to think creatively to provide these services to the South Asian community in this pandemic. But we need more partnership and collaboration with government agencies to be able to sustain and stabilize the future of South Asian older adults.

We ask that the Committee on Aging support increased funding and the expansion of culturally competent Halal/vegetarian meal programming, case management, and creative aging services for CBOs like ours that are serving vulnerable immigrant aging populations in the API community. We ask that you support funding to connect food insecure older adults to food services provided by nonprofits like India Home with in-language support and culturally appropriate foods. Given the growing case management and housing assistance needs of our older adults, we also ask that there is increased funding allocated towards supporting in-language services and resources that can help our organization better assist every senior effectively and thoroughly with the assistance and support they seek from us.

**Thank you for your time and cooperation!**

Sincerely,

Vasundhara D. Kalasapudi, M.D.  
Executive Director



## New York City Council

### Committee on Aging Preliminary Hearing FY23

The mission of JASSI is to improve the quality of life for people living in the New York metropolitan area by providing quality social services at the local community level. For the past 40 years, JASSI has been providing services to people who face problems resulting from language barriers, cultural differences, and/or differences in the services systems, and JASSI has been providing these services regardless of age, income, gender, race, ethnicity, or immigration status. All services are provided without any charge. JASSI provides an array of social services through the Hotline Program, the Senior Program, the Caregiver Support Program, and the Community Outreach Program.

JASSI made over **2,883 contacts to assist 432 senior clients** in FY2021. Our services for senior clients include but are not limited to; case assistance, information and referrals, interpretation/translation, friendly visits (home visits to home-bound seniors by trained volunteers), social events to provide seniors with social interaction to maintain mental health, publication of newsletters and e-newsletters with information tailored to senior citizens, and more.

#### Importance of JASSI's Senior Program

- **91%** of JASSI's senior clients require assistance in Japanese.
- **77%** of JASSI's Senior Program members have low-to-moderate incomes.

The JASSI's Caregiver Support Program provides services to those who care for people over 60 years old. We received 521 contacts from 8 caregiver clients in FY2021. This is an average of 47 contacts needed per caregiver client, which is many more contacts than other clients because Caregiver clients have complicated issues including financial and health/mental problems. Therefore, it is important for JASSI to continue providing services free of charge, in both Japanese and English.

#### Household Composition

Approximately half of JASSI's Senior Program members live alone. Some of them have dementia and/or are homebound. Those senior members are often concerned about their safety and wish to have someone check in on them.

#### Strengthening the Program

JASSI has launched a new service in late 2018, the Senior Assurance Call, which offers regular telephone calls to senior members who live alone to check on their safety and well-being. In the fiscal year 2021, we made 272 assurance calls. We believe that this service has been providing much needed social contact and emotional support for seniors during the COVID-19 pandemic. We plan to further strengthen this service as a way to keep our seniors feel connected, safe and secure by recruiting and training Japanese speaking volunteers.

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Although the Senior Center and JASSI's office have been closed since March 16, 2020, JASSI wanted to make sure to provide support to our senior members in order to ensure their safety and well-being during the lockdown. JASSI started a weekly remote social gathering "tea party", hosted every Monday since the end of March in 2020. The participants enjoy conversations with other members in Japanese without worrying about infection. JASSI aims to increase the number of events and social interactions for its senior members both in person and online depending on the Covid-19 situation in order for them to remain positive in this difficult time.

### **Budget Request**

JASSI would like to request **\$9,000** for FY 2023 to strengthen the senior program further to meet the needs of Japanese senior members living alone. The expanding costs of the project will be for staff training and community outreach.

JASSI wanted to make sure to provide support to our senior members in order to ensure their safety and well-being under the continued anti-Asian crime wave targeting women and senior of Asians.

Thank you for your understanding and support.

Sincerely,

Hiroko Hatanaka  
Member of the Board of Japanese American Social Services, Inc.



**March 23, 2022**

**New York City Council FY 2022 Preliminary Budget Hearing  
New York City Council Committee on Aging  
Honorable Crystal Hudson, Chair  
Testimony of Korean Community Services of Metropolitan New York, Inc.**

Hi, my name is Helen Ahn, Director of KCS Older Adult Centers.  
Thank you for your time and the opportunity to speak today.

Founded in 1973, KCS Older Adult Centers have provided culturally appropriate “Grab & Go” and in person congregate meals, ethnic home-delivered meal services, case assistance, information & referral services, education & recreation classes, technology classes, transportation, food pantry, health screening services and etc. Monday through Friday. During the start of the pandemic, our biggest fear was the stoppage of services for community members who depend on our daily services. Although the COVID-19 pandemic has forced one of our centers to physically close on March 23, 2020, our centers have never stopped providing services remotely, addressing the needs of our older adults.

Our culturally appropriate meal programs, especially our ethnic home-delivered meals, serve as a lifeline of nutrition for home bound immigrant older adults and is therefore a crucial service in maintaining and ensuring the improvement of the mental and physical health of older adults.

The Home-Delivered Meal Program (HDML) allows us to provide balanced and nutritious meals to our elderly community members so that they can age healthily in their own homes and not be forced to move into an institution. Under the current system in place since 2009, our existing HDML program provides nutritious meals along with social connection. Our dedicated program staff, delivery crew and volunteers visit homes with full gear of COVID safety not only to deliver meals, but also to provide daily wellness checks and social interaction, which in-turn helps the isolated, monolingual homebound community members to interact with our staff and feel a sense of security, all while receiving balanced meals.

However, during the pandemic, the sudden freezing of raw food of our congregate meal program has impacted and exacerbated food insecurity. The meal programs at Korean Community Services of Metropolitan New York (KCS) focus on under-served homebound seniors and adults in-need who do not have immediate family or caretakers to provide them with balanced and nutritious meals. Homebound Asian American immigrant clients are particularly in need of help, suffering from isolation, anxiety, insecurity due to the lack of

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caregivers, existing language barriers, and lack of social contact, which has increased due the pandemic.

As our needs grow every day, our unique HDML program faces the daily challenge of delivery due to the increasing number of clients, lack of staff and vehicles, high maintenance of old vehicles and gas, and the rising cost of raw food.

For our senior centers/older adult centers, we face daily difficulties working with non-resumed services of government agencies. The lack of in-person services of Social Security Administration, Medicaid, SNAP, and FDNY, has made accessing services more difficult for service providers and clients, developing a new norm of utilizing automated telephone services and online resources. Our centers have also adapted most services into hybrid services, providing a mixture of “Grab & Go” and congregate meals, and virtual, in person, or hybrid education classes. Besides these changes, we are also facing difficulties with the lack of leadership of DFTA in launching the new DFTA RFP awarded contract.

Data shows that without our older adult centers and Home-Delivered Meal Program, 370 home-bound seniors of the community would lose their lifeline and over 62,000 Korean “Grab & Go” and in person meals would not have been provided from July 2021 to February 2022 for older adult members suffering from food insecurity. Over 147,000 Korean and Chinese home-bound meals, including 1,700 special meals in Manhattan were provided since FY21. Now, since the outbreak of the COVID-19 pandemic, we have experienced a 30% increase in older adults who need our services.

However, our cost for every face to face home-delivered meal is \$10, meaning that we run the program on a deficit of \$2.60 per meal due to insufficient reimbursement from the city. Also, the NYS compliance rule of 3-hour delivery is never possible with current conditions of old vehicles, staff shortage, and poor senior housing conditions with broken elevators. Hundreds of peoples’ lives depend on our program, which further emphasizes the need in addressing these issues.

To solve and improve the problems and difficulties not only for us but also for all service providers, 12.7 million for home-delivered meal funding should be fully allocated. Also, restoring budget cuts to DFTA should be made, so that we may retain and hire adequate staff, launch the DFTA RFP awarded contract, provide geriatric mental health services, reduce food insecurity among older adults and home bound seniors, and secure new vehicles for home-delivered meal services and other capital and infrastructure.

Lastly, we believe that more senior housing within the community should be invested and that all government offices such as Social Security, Medicaid/SNAP, and FDNY should be opened for in-person services instead of automated message teleservices as we provide services 5 days a week for the community.

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**KCS**  
WWW.KCSNY.ORG

THE KOREAN COMMUNITY  
SERVICES OF METROPOLITAN  
NEW YORK, INC.

뉴 욕 한 인 봉 사 셴 터  
*Since 1973*

Thank you

Sincerely,

Helen Ahn, MPH  
Director of KCS Older Adult Centers

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**New York City Council  
Committee on Aging  
Chair, Council Member Hudson  
March 23, 2022  
Oversight - Preliminary Budget Hearing - Aging**

Thank you for the opportunity to testify.

LiveOn NY's members include more than 110 community-based nonprofits that provide core services which allow all New Yorkers to thrive in our communities as we age, including older adult centers, home-delivered meals, affordable senior housing, elder abuse prevention, caregiver support, NORCs, and case management. With our members, we work to make New York a better place to age.

**Background**

As a result of COVID, older New Yorkers became invisible virtually overnight, with stay-at-home orders creating barriers to accessing critical services that enable older adults to age in community. The pandemic also exposed some of the most pressing challenges facing older adults, namely: an over-reliance on institutionalization, a chronic rise in social isolation, and an inequitable care system.

To confront these realities, the aging services sector has stepped up to provide support to older adults in new ways, shifting to reaching clients via phone, setting up zoom classes, enrolling clients in emergency food systems, navigating vaccine systems, and remaining a resource for older adults across the City.

And yet, aging services remain chronically underfunded, with the DFTA budget making up less than 1% of the overall City budget despite a rapidly increasing older adult population. Most recently, DFTA has experienced cuts in the Preliminary Budget under the Program to Eliminate the Gap (PEG), including a \$1.3 million PEG to the Geriatric Mental Health program.

**Rather than cuts, it's time for equity for aging and for the City to just pay.** We believe that every New Yorker deserves the ability to age in community with access to services regardless of one's zip code or background. It's time for the City to enact a more equitable budget that holistically supports these professionals that work tirelessly to ensure that no older New Yorker falls through the cracks.

Given this, the following investments are critical to building a truly equitable City for all ages.

**Critical Investments in the Department for the Aging (DFTA) Services**

*Support the Workforce*

**The City must just pay all essential human service workers a liveable and equitable wage.**



Throughout COVID-19, human services workers across sectors have stepped up to provide critical services in new ways, including to keep older New Yorkers fed, assist older adults in receiving vaccinations, and combating the life-threatening effects of social isolation. Despite this, the wages of these workers, the majority of whom are women and Black and brown individuals, are slated to remain stagnant, at near poverty levels, in a City where costs are notoriously high.

To address this crisis, the City must implement changes that address the inequitable pay of human services workers, including:

- Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.
- Set a living wage floor of no less than \$21 an hour for all human service workers.
- Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

### *Reverse Cuts*

**Restore the \$10.2 million cut** to the Department for the Aging (DFTA).

The budget cut to DFTA under the PEG puts a further strain on the future of aging services. The City should restore the \$10.2 million PEG to DFTA's budget, including the \$1.3 million PEG to the Geriatric Mental Health (GMH) program that provides critical mental health support to older adults. Moreover, as the City looks to continue to recover from COVID-19 it should look to bolster all human services, which have been leaned on so heavily over the past two years.

### *Combat Hunger*

**LiveOn NY requests \$12.7 million in additional funding to meet the home-delivered meal demand** that will result from the termination of the GetFood Recovery Meals Program in June.

As the Recovery Meal program is set to end in June, many clients will continue to need nutritional support – support for which there is currently no funding allocated to provide. Ideally, these clients will transition to the HDM program, which already serves approximately 20,000 older New Yorkers.

This investment would include \$9.7 million to support continued growth in demand for the HDM program, equating to funding to serve roughly 3,100 new clients at the \$11.78 reimbursement rate, as a conservative estimate of the number of clients that might need meals beyond the Recovery Meal clients transition. Additionally, this would provide \$3 million to support weekend





and holiday home-delivered meals, which are not provided through current contracts, and did not receive the same investment to address reimbursement rate as weekday meals received.

**DFTA must assess and invest in home-delivered meal provider’s capital needs**, including van purchases and other infrastructure needs.

LiveOn NY recently surveyed providers and found an estimated 65 replacement or new vans are needed to support the home-delivered meal program. This, in addition to consistently hearing of capacity concerns due to needs for larger kitchen spaces, new refrigerators, and other infrastructure investments. Further compounding this need, we have recently learned that the majority of our members who provide home-delivered meals have had their delivery vans vandalized in recent weeks, with the majority having had their catalytic converter stolen from their vehicle, a part that takes both time and money to replace.

By working with providers to more formally survey and understand the needs, DFTA would be well positioned to make an investment that would, quite literally, put the wheels in motion towards expanded capacity for this mission driven system.

### *Promote Community Care*

#### **Allocate an additional \$40 million to build upon DFTA’s Community Care Initiative**

The Community Care Plan, initiated by DFTA, works to expand investments in critical services to support an older adult’s ability to age in place. Building upon this plan, LiveOn NY recommends:

- An additional \$7 million investment to expand DFTA virtual programming accessibility, through an online database, devices and connectivity. This technology investment would also create a new program to promote tech literacy among older adults by funding community-based organizations to offer this support.
- \$5 million to support continued growth in demand of the case management program to ensure all clients can be screened and receive this critical service should they be eligible. Exacerbated by the long-term health impacts of isolation and other stressors experienced during COVID, many older adults will require some level of case management to remain independent in their communities. In a recent survey, LiveOn NY estimated that more than 1,000 clients are currently on waiting lists for case management. This comes on top of consistent demand increases for case management that have historically led to waiting lists, requiring additional funding each year, and indicating a need for early and significant investments to avoid the continued cycle of recurring waiting lists.



- \$28 million to support continued growth in demand of the home care program, including expanding the hours of home care service available to older adults requiring additional support.

### *Address the Housing Crisis*

#### **Allocate funding to develop 1,000 units of affordable senior housing with services per year.**

LiveOn NY joins the United for Housing Coalition in calling for a \$4 billion annual investment to fund a comprehensive affordable housing plan that must include a minimum target of 1,000 new units of affordable senior housing with services per year, as part of a total target to construct no fewer than 8,000 new units of housing dedicated to serving extremely low income and homeless households annually. As waitlists and limited housing stock pose an acute challenge for older New Yorkers, a considerable investment and consistent unit targets per year will be critical to paving a pathway out of this crisis.

This investment would build upon the clear success of the City's Senior Affordable Rental Assistance (SARA) program, which has created community assets in every borough, including examples such as WSFSSH's Tres Puentes in the Bronx and HANAC's Corona Senior Residences in Queens. These two buildings are examples of what is possible through housing, with Tres Puentes not only offering 175 new units of affordable senior housing, but providing space for a new Older Adult Center, health center and pharmacy on site, and the Corona Residences offering 67 affordable senior units built to the environmentally friendly Passive Housing standards and a new Pre-K on the ground floor.

**LiveOn NY also recommends the City increase the per unit reimbursement rate for SARA services from \$5,000 per unit, to \$7,500 per unit, allowing for increased staff to more adequately address social isolation and significant case assistance needs.**

This increased reimbursement rate would make services better available to support an aging and formerly homeless tenant population, in turn enabling more older New Yorkers to age in place and avoid institutionalization.

### *Support Local Needs*

#### **Fund an additional \$2.6 Million for Support our Seniors and continued full funding for all discretionary initiatives.**

Many programs, particularly smaller, hyper-local nonprofits that serve hard-to-reach senior populations rely on discretionary funding to ensure their communities can be served. Therefore, it is critical that all aging services discretionary are fully funded in the Fiscal Year 2023 budget.



In addition, LiveOn NY is requesting an additional \$2.6 million for the Support Our Senior Initiative that would provide an additional \$50,00 per district on average to better support older New Yorkers, in particular for services or programs including transportation, social isolation, technology and more.

### **Conclusion**

To truly make New York a better place to age, where we can all thrive in community, we must build a caring economy that supports all older New Yorkers regardless of their background. From a livable and competitive wage for *all* human services workers to equitable policies and programs that support all New Yorkers, New York can become a more equitable place to age.

**Thank you for the opportunity to testify.**

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*LiveOn NY's members provide the core, community-based services that allow older adults to thrive in their communities. With a base of more than 100 community-based organizations serving at least 300,000 older New Yorkers annually. Our members provide services ranging from senior centers, congregate and home-delivered meals, affordable senior housing with services, elder abuse prevention services, caregiver supports, case management, transportation, and NORCs. LiveOn NY advocates for increased funding for these vital services to improve both the solvency of the system and the overall capacity of community-based service providers.*

*LiveOn NY also administers a citywide outreach program and staffs a hotline that educates, screens and helps with benefit enrollment including SNAP, SCRIE and others, and also administers the Rights and Information for Senior Empowerment (RISE) program to bring critical information directly to seniors on important topics to help them age well in their communities.*

Lucy Sexton

New Yorkers for Culture & Arts

[lucy@ny4ca.org](mailto:lucy@ny4ca.org)

646-662-6890

City Council Committee on Public Safety hearing on  
preliminary budget March 18, 2022

Thank you Chair Rivera and members of the City Council for this important and urgent hearing. My name is Lucy Sexton and I am with the cultural advocacy coalition New Yorkers for Culture & Arts.

While I realize we are talking about the budget, and you may be wondering why a cultural coalition is testifying at this hearing, I think we need to talk about a radical reimagining of NYC---one that respects the dignity and humanity of every neighborhood and every New Yorker.

What is at the core of public safety----strong vibrant connected communities, who know each other, who have programs for

young people, and engaging activities for their seniors. Data has shown that neighborhoods with cultural assets have improved outcomes in education, aging, mental health, community strength and safety, and decreased engagement with the criminal justice system. Every one of these areas will have hearings during this budget season. I ask you to remember the role culture plays in each area—so when you think of schools remember strong arts programs lead to student success; when you think of safety, remember that community centers with cultural programs can gather neighbors, increase street traffic, and provide a space for connection, expression, joy, and healing.

Let's talk specifics. You have heard about the NeON program today, and remember that NeON Arts is a key part of that work. It provides youth 16-24 in neighborhoods with highest rates of probation, in cultural classes and workshops----chosen by members of the community. The courses range from dance to photography to graphic computer arts, not only engaging them in rigorous and rewarding classes, but providing training for jobs in the creative economy. Now is not the time to be cutting NeON Arts but expanding that work exponentially!

There are so many ---underfunded--- cultural groups working with incarcerated and recently decarcerated people, from the Public Theater's successful partnership with The Fortune Society to the tiny but powerful Ritual4Return program providing theater workshops for people reentering their communities. Participants have the opportunity to dig deep into years of trauma, to tell their stories, to create and connect with family members, friends and members of their community. These programs are enormously successful, leading to successful reentry and reducing recidivism.

As we know too well, mental health is a huge part of public safety. I want to point to a past city program, originally called Hospital Audiences and then simply HAI. It provided arts and culture programs to people in shelters, at drop in centers, addiction centers, prisons, and an array of public health facilities. Psychiatric studies were done showing the power of providing a place to safely express and process emotions to marginalized clients. It was defunded and disbanded for a

variety of reasons in 2018, and its clients and the city has suffered.

Finally I want to talk about the recent tragedy of the deaths of Officers Rivera and Mora. I was in East Harlem the next day, visiting the dance troupe KR3TS. Their leader Violeta Galagarza works with young talented dancers, many of them former gang members or kids otherwise at risk. One of their choreographers is a cousin of Jason Rivera, and within a few hours they choreographed an extraordinary dance of pain, and grief. They performed it for members of their precinct and posted it online mourning the officers and calling for an end to gun violence. This is the story we want to tell about our city. Officers are members of the community, the community holds them in time of tragedy, and everyone works together toward a safer future.

It's no secret that the pandemic has been brutal on the cultural sector. And the organizations most at risk are organizations disproportionately led by and serving BIPOC communities that have been hardest hit by all aspects of this crisis. I am asking the

Council to break with conventional patterns of cutting arts and culture as some sort of amenity. I am asking that we invest more robustly in culture for every New Yorker in every neighborhood in every public school and senior center in prisons in shelters, giving people invaluable tools to connect and heal and grow.





**New York City Council Committee on Aging**

**Wednesday, March 23, 2022**

**Committee on Aging- Preliminary Budget Hearing**

**Sherrise Palomino, Director of Advocacy and Programs**

Good afternoon, my name is Sherrise Palomino, and I am the Director of Advocacy and Programs at New Yorkers for Parks (NY4P). We are a founding member of the Play Fair Coalition, which includes over 400 organizations from across the five boroughs. Thank you to the Committee on Aging for the opportunity to speak about the value of our city's parks and recreation centers on seniors. I also want to thank Chair Crystal Hudson for her leadership. Members of this committee have a unique opportunity to push for adequate funding for our parks systems as it is a meaningful component of supporting NYC seniors.

The United States Center for Disease Control and Prevention recommends that older adults get 30 minutes of moderate exercise 5 days a week. Our parks and recreation centers mean health equity access for seniors. Parks are critical infrastructure that should be a driver of social equity. Many nonprofit partners offer free programming and social services to seniors in parks and recreation centers.

The NYC Parks Department operates and maintains 59 recreation centers across the city to serve a population of over 1.1 million seniors. Of the 59 community board districts, 26 don't have a NYC Parks recreation center. These recreation centers provide critical opportunities for senior's physical and mental health and space for seniors to socialize and be valued. While NYC's recreation centers are essential to seniors' overall well-being and longevity; they are also chronically understaffed and badly in need of repairs, with roughly one third of them closed at any given time.

We are overdue for transformative investment in our parks system – 1% of the city budget for parks could ensure that recreation centers are fully staffed and functioning to provide the programming that seniors and families alike need. This is one of the many reasons why NY4P and the Play Fair Coalition are calling for an increase in the Parks budget to 1% of the city's budget.

*For over 100 years, [New Yorkers for Parks](http://www.ny4p.org) (NY4P) has built, protected, and promoted parks and open spaces in New York City. Today, NY4P is the citywide independent organization championing quality parks and open spaces for all New Yorkers in all neighborhoods. [www.ny4p.org](http://www.ny4p.org).*



Testimony by the New York Legal Assistance Group,

Caregiver Legal Assistance Project,

New York City Council Committee on Aging Hearing

March 23, 2022

Thank you so much for giving me time to speak with you today. My name is Stuart Sherman and I'm a senior staff attorney at the New York Legal Assistance Group. I work in the LegalHealth division which provides free legal assistance to New Yorkers who are experiencing serious or chronic health problems and financial hardship.

Founded in 1990, New York Legal Assistance Group (NYLAG) is a leading civil legal services organization that combats economic, racial, and social injustice by advocating for New Yorkers experiencing poverty or in crisis. Our work includes comprehensive, free civil legal services, financial empowerment, impact litigation, policy advocacy, and community partnerships. NYLAG exists because wealth should not determine who has access to justice. We aim to disrupt systemic racism by serving individuals and families whose legal and financial crises are often rooted in racial inequality. NYLAG goes to where the need is, providing services in more than 150 community sites in New York (e.g. courts, hospitals, libraries) and in our Mobile Legal Help Center. During COVID-19, most of our services have been virtual to keep our community safe. NYLAG's staff of 3050 impacted the lives of nearly 90,000 people last year.

In Legal Health, we bring together legal and medical professionals to improve the lives of clients and their families where and when they need it most – in the healthcare setting. We have a network of onsite clinics at 36 hospitals across the city, including all public hospitals. In 2021, LegalHealth assisted over 7,400 low-income New Yorkers on over 9,200 new legal issues. In the last year, we have helped many clients attain legal immigration status, gain access to Medicaid and Social Security benefits, and avoid eviction. Our services also help our clients to improve their financial security; in 2021, LegalHealth reported attaining over \$2,300,000 in total annualized financial benefits as a direct result of the legal assistance provided.

I'm here today to discuss a new project we have developed, the Caregiver Legal Assistance Project to address a major unmet need. A need that has only increased because of the COVID-19 pandemic. New York City is home to an estimated 900,000 to 1.3 million family caregivers. A majority of whom are women over the age of fifty and more than half of them provide at least 30 hours of care each week to their loved ones. Even though caring for a loved one is a full-time job, it's not a job that pays, which is why most caregivers for older adults also work outside the home. On top of the struggle they face to provide the best care for their loved ones, many of them also struggle to keep their own jobs often and are barely able to earn enough to get by. Three in four caregivers have found that caregiving has negatively impacted their ability to work

The burden of caregiving takes an enormous physical, emotional, and financial toll. They struggle to find support for their unpaid work and rarely have any time left at the end of the day to seek out assistance. In a 2017 survey by the city Department of the Aging unpaid caregivers

consistently cited legal services as one of their top needs. Yet many of these caregivers, especially those for older adults, are unable to find free legal services. Currently, there are no legal services organizations in the city, or units within organizations, dedicated to serving the needs of caregivers. In addition, because many caregivers don't have formal authority to represent their loved ones, they are unable to retain legal services.

Legal services can empower caregivers and help ease their burden by providing them with access to needed benefits and services. Many caregivers do not have the means to retain legal counsel. Through our work at LegalHealth with low-income patients and their caregivers around the city, we have consistently found that caregivers for adults without capacity who suffer from conditions like Alzheimer's and dementia, have nowhere to turn for legal assistance. They often spend hours fighting with insurers, benefits agencies, and banks. Precious time that they do not have. If these caregivers had proper legal assistance, they would be better able to advocate for their loved ones and themselves, instead of having their efforts frustrated by bureaucracy and other barriers.

The Caregiver Legal Assistance Project will be able to assist caregivers with immigration matters, housing, public benefits, disability appeals, insurance disputes, and healthcare access, thus increasing their financial and housing stability, and decreasing stress. In addition, it will assist them with employment law matters, to protect them from being penalized at their jobs or fired because of their caregiver work. We will also be able to provide free civil legal services to caregivers that allow them to better care for their older family members with decreasing capacity, including assistance with advance directives and guardianship petitions. One of our primary goals is to get older adults the home care services they need, including sufficient hours to alleviate the strain on caregivers and keep older adults in the community.

We have already begun to offer support to caregivers through a project focused on getting them proper legal authority or guardianship to advocate for their loved ones. This project has aided 202 caregivers since January 2020. However, our services are currently limited to caregivers whose loved ones receive care at one of our existing partner facilities. This excludes a large community of caregivers who are unaware of these services or don't have a connection to one of our existing partners. With support from the City Council, we can expand this program first through a Brooklyn-based pilot program which would provide direct onsite services to caregivers through existing caregiver service providers, like Heights and Hills and JASA, and through a citywide intake line to answer question arising from senior centers throughout the city.

By assisting family caregivers with legal assistance, we will lessen the burden they carry in caring for their loved ones. It will also help to keep older adults in their homes and out of institutions. During the pandemic we all witnessed how dangerous institutional housing for seniors, like nursing homes and assisted living facilities, could become. We must do anything we can to support caregivers in keeping their loved ones in the community. No one wants to send their parent to a nursing home, but without legal services and support, many are forced into that decision. By supporting the Caregiver Legal Assistance Project, you can help provide caregivers with the services they need to care for their loved ones, and care for themselves. Most of us have or will become caregivers one day, a task that is difficult for anyone. Coupled with a lack of resources and it can be overwhelming. It is our hope that with your support this project can help ease the burden.

**Testimony before the NYC City Council  
Committee on Aging**

**Preliminary Budget Hearing**

**March 23, 2022**

Wendell Walters, Senior Policy Associate  
Osborne Center for Justice Across Generations  
Osborne Association  
[www.osborneny.org](http://www.osborneny.org)



Thank you for the opportunity to speak with you today. My name is Wendell Walters and I am a Senior Policy Associate in the Center for Justice Across Generations at Osborne Association. Osborne is a criminal justice service organization that provides a wide range of diversion and reentry programs at sites in the Bronx, Brooklyn, Harlem, Buffalo, and Newburgh, as well as services at thirty-two (32) New York State prisons and six (6) New York City Jails including Rikers Island.

For nearly nine decades, our organization – founded by a former prison warden and led for 40 years by a former Commissioner of the NYC Department of Correction under Mayor Fiorello LaGuardia – has been committed to transforming prisons and jails for the people who live in them, work in them, and visit them. Today we offer a wide range of diversion and reentry programs at sites in the Bronx, Brooklyn, Harlem, Buffalo, and Newburgh, as well as services at more than thirty New York State prisons and New York City jails including Rikers Island. As a member of the ATI/Reentry Coalition, we have been fortunate to have received discretionary Council funding for several years that has enabled us to support our Court Advocacy Services, as well as programs focused on elders in jail and reentry, video visiting that enables families to stay connected to loved ones in upstate prisons as well as Rikers Island, and a range of employment services citywide. We appreciate the Council's support in the past and look forward to working with new Councilmembers alongside longtime colleagues.

I want to congratulate the new Aging Chair and new members. Welcome Councilmember Hudson. I hope that your tenure as the chair of this important committee is a successful one as the aging population in our city steadily increases. As has been the case over several fiscal years, we support the Department for the Aging (DFTA) and its need for additional funding to provide the necessary services for this community. My testimony focuses on the aging population that so often goes unrecognized. I'm speaking of the older adults returning from incarceration. Today there are approximately 8,000 people over age 50 in New York State prisons. They now represent 25 percent of our State's prison population. At the time of the latest report from state corrections, there were more than 1000 men and women aged 50 and over who leave state prison and return to New York City each year.

These individuals have a unique set of challenges as they reintegrate themselves back into our communities. In many cases, they have been away for a very long time and during this time the world has changed in so many ways. There are recurring challenges with technology, transportation, banking, proper identification, navigating the complex world of public benefits, and of course finding an affordable place to live. We at Osborne applaud the City Council for recognizing this increasingly important issue when it passed a resolution several years ago to create the Compassionate Assistance for Returning Elders (CARE) Taskforce. This inter-agency task force, led by DFTA and the Mayor's Office for Criminal Justice (MOCJ) and included Osborne and other criminal

justice advocates and service providers, was charged with compiling a set of recommendations to provide support to previously incarcerated older adults. Although the Taskforce has not been able to consistently meet due to the COVID crisis, a list of elder reentry recommendations was finally created at the end of the year and council session to address housing, mental health counseling, healthcare, and the expansion of existing services. These recommendations now sit with MOCJ and the current administration. We call on the administration to make the recommendations public and continue the admirable and commendable efforts of the Taskforce to help implement its recommendations. We also call on the Council and this committee to support the Osborne funding request of \$150,000 for dedicated staff to advance this work.

Osborne has been a leader in the field of elder reentry. Our Elder Reentry Initiative (ERI) program provides case management and support for elders returning to New York City from city jails and state prisons. Since FY 2017, ERI has helped more than 400 elders with transition planning, referrals to health services, housing, peer mentoring, social isolation support, and a wide range of other support in the community, while maintaining a recidivism rate for those released from prison of less than 2 percent. The program which works within the spectrum of jail and prison-based Osborne programs improves community receptivity and access to responsive geriatric services for our elders. We also partner with senior centers to increase referrals, cross-train service providers in healthy aging and corrections to ensure City agencies and providers are better able to address these co-occurring challenges. We have submitted a funding request in the amount of **\$150,000** to continue this important work and we ask for the committee's support.

Primary to reentry challenges for all those returning to their communities is a place to reside for those with nowhere else to go upon release. More than half of those returning from state prison enter the shelter system. Older adults who are previously incarcerated and away for many years – too often decades - have a particular set of reentry challenges. They generally no longer have relationships in their community and need time to transition back into society. With that in mind, Osborne is developing our own model of reentry housing for this community. Targeted to open in June, the Fulton Community Reentry Center will provide 135 beds to those leaving a correctional facility, with an emphasis on older returnees. The building will include space to share meals, foster community, and hold classes, training sessions, support groups, events, and private counseling. Most importantly, we will work to reunify people with loved ones. As we have in previous fiscal years, we are requesting funding to support the operation of this facility and hope for the support of the council and this committee.

And lastly, in our continued advocacy for this so often forgotten population, much has been said about the minimum age of 55 years of age that is the target of this work. The previously incarcerated older adult who is 55 years of age and spent 15 plus years in state prison has been

subject to a condition in our field that is called “accelerated aging.” Acute mental trauma, poor healthcare, poor nutrition, and disconnection from family and community advance the aging process. Even the commissioner of the state Corrections Department is quoted as saying, “[people] 65 and older in a community translates to 55 and over in prison.”

Save for DFTA’s Foster Grandparent and Senior Employment programs, those younger than 60 will generally not be able to access senior center services that include meals and congregate programming, and also homebound services for case management and home-delivered meals. These programs are essential to re-integration for previously incarcerated older adults. We call on DFTA and the administration to grant eligibility to this population for these programs that are 55 years of age. It is these services to which they generally need the most access. Accelerated aging is a condition that should be recognized by the city when it comes to providing services to the aging community of the previously incarcerated.

For nearly 90 years, Osborne has been working at the intersection of policy and practice. All of our work is grounded in an understanding of people's capacity to change, and in the importance of relationships, across generations, and we build our programs and services to ensure individuals and their families have the right and the opportunity to heal from and repair harm, restore their lives, and thrive. We support robust efforts to provide people who come home from jail and prison with housing, a connection to healthcare, and access to the kind of opportunities we all need to survive and live our best lives.

We believe public safety includes investing in and strengthening communities, expanding alternatives to jail and prison, and implementing pre-trial reforms and measures to expedite court processes. Achieving public safety requires creative, data-informed approaches to reducing the number of people detained in the city's jails, and closing Rikers Island (a commitment the City has made with the support of the Council) where people are currently spending unprecedented amounts of time, with dire consequences to their health, families, and long-term wellbeing. We call on you to stand strong in affirming current bail and pre-trial reforms and Raise the Age, and oppose the governor’s 10 point plan, a reactive, damaging approach that will bring us backwards into the era of mass incarceration from which we were finally emerging.

We hope that the Council will favorably consider our funding requests and recognize the importance of our work with the aging community that has been affected by incarceration. Our expertise and programming in this field has proven to be successful. More and more individuals of advanced age are coming home to New York City after being away for many years. The challenges

they confront each day should be addressed by our city and Osborne is here to help them. Thank you.





**Testimony for the NYC Council  
Preliminary Budget Hearing, Aging**

Crystal Hudson, Chair

Members: Eric Dinowitz, Linda Lee, Christopher Marte, Darlene Mealy,  
Kristin Richardson Jordan and Lynn C. Schulman

**Wednesday, March 23, 2022**

**Submitted by Kimberly George, President and CEO, Project Guardianship**

Thank you, Chair Hudson and Committee members, for allowing me the opportunity to present testimony today. I am Kimberly George, President and CEO for Project Guardianship.

Project Guardianship was founded in 2005 as a social justice initiative of the Vera Institute of Justice (Vera). In partnership with the New York State Office of Court Administration (OCA), Vera launched a pilot program called The Guardianship Project to fill a gap in the guardianship and elder services safety net for New Yorkers. In 2020, The Guardianship Project became Project Guardianship, Inc., an independent non-profit organization providing comprehensive, court appointed guardianship services to hundreds of limited capacity New Yorkers citywide. We serve clients regardless of their ability to pay and provide services for some of the most compelling and complex cases in the city. We also share research and recommendations for a better guardianship system and advocate for a more equitable response to providing services for people in need of protective arrangements.

New York's aging population is growing rapidly. Across the state more than 3.2 million New Yorkers are over the age of 65, and by 2030, nearly one in four New Yorkers will be an older adult. In NYC alone, older adults are projected to reach 1.86 million - or 20.6 percent - of the City's population by 2040. One-third of older adults identify as Black, Latinx, Asian or non-white, and the number of older immigrants statewide is growing at nearly double the rate of U.S.-born older adults. At the same time, nearly 1 in 7 older New Yorkers is living in poverty. Older, lower income adults are at the center of the housing affordability and homelessness crises, especially older adults of color. These older, vulnerable adults are disproportionately impacted by abuse, neglect, and financial exploitation.

Despite increased state and federal investments directed towards care for aging and disabled New Yorkers, far too many will be denied the opportunity to benefit from these programs because they are physically or cognitively unable to navigate our complex social service network. This is where legal guardianship often steps in. Nonprofit guardianship programs work to secure the public benefits, housing, healthcare, and other supports that this population needs to improve outcomes and promote safety and stability. Our clients include older New Yorkers, those living with serious disability, physical impairments, mental health issues, dementia, substance abuse, Traumatic Brain Injury, and other conditions that negatively impact their ability to make decisions. Our model has



demonstrated how a good guardian can prevent institutionalization and support these populations right in their own communities. Not only do these efforts stimulate the local economy by redirecting this funding back into the community, but guardianship also saves public dollars by decreasing Medicaid spending on unnecessary hospital and nursing home stays.

Mayor Adams has indicated he is committed to reducing ageism and making New York City as age inclusive as possible. As our city recovers from the Coronavirus pandemic and looks to rebuild for the long term, supporting our most vulnerable should be at the top of the priority list in our local budget. As you know, the Council has been critical in supporting guardianship services across our city for years, and we are grateful for that support. As we look ahead to a post pandemic future, we not only seek to restore the current funding, but to partner with you, the larger Council and the administration to shine a spotlight on guardianship and the need for quality guardianship services citywide.

We also hope to deliver more services to the most vulnerable among us, securing positive outcomes for our older neighbors in housing, healthcare, public benefits and more. The time is now; we must stand ready for the increased need as our city ages. With your continued support, we will be able to meet that need and make New York City the equitable place it strives to be, where everyone can fulfill their potential regardless of functional limitations or other challenges.

Thank you.

Please contact Kimberly George at [kgeorge@nycourts.gov](mailto:kgeorge@nycourts.gov) with any questions or requests for additional information.



**The New York City Council  
Committee on Aging - Preliminary Budget Hearing  
Wednesday March 23rd, 2022 2:30 P.M.**

**TO:** The Committee on Aging  
**FROM:** Kathleen DiPerna, Rethink Food NYC, Inc.  
**DATE:** Wednesday March 23rd, 2022

Good Afternoon Chair Hudson, Commissioner Cortés-Vázquez, Council Members and Staff,

Thank you for the opportunity to testify today on behalf of Rethink Food, a New York City-based nonprofit with the mission to create a more sustainable and equitable food system - one where every New Yorker has access to dignified, culturally responsive, nutritious food. My name is Kathleen DiPerna, the Director of Government Relations for the organization.

Rethink currently operates in 35 council districts across all 5 boroughs and has plans to expand to 40 districts by Fiscal Year 2023. I come to you today to discuss how our services have supported food insecure seniors across the City, and how together we can continue to support them through our citywide discretionary funding requests through the Speaker's Initiative, Food Access and Benefits, Food Pantries, Access to Healthy Food and Nutritional Education and A Greener NYC Initiatives.

Rethink was founded in 2017, and started with a commissary kitchen, with the goal of transforming excess food from restaurants, corporate kitchens, and grocery stores into healthy meals that could be provided – at no cost – to communities in need. The kitchen prepares an average of 8,000 meals per week, which are distributed to 8 CBOs in Queens, Brooklyn and Manhattan, and last year, recovered nearly 500K pounds of excess food.

At the height of the pandemic, Rethink leveraged its experience to address the dual challenges of escalating food insecurity rates and restaurants facing widespread closures, to launch Rethink Certified. Through this program, we partner with local restaurants to prepare delicious, culturally responsive meals that are provided free of charge to CBO's. In exchange, Rethink provides small grants to offset food, operating, and staffing costs. In 2021, we delivered nearly 3.3M meals to 88 CBOs and invested more than \$15M dollars into 76 restaurants, three quarters of which were minority- and/or women-owned.

Rethink responded to the need for at-home meals for seniors at the height of the pandemic in partnership with the Chinatown Strong Initiative, by providing nearly 14,000 culturally relevant meals per week, delivered door to door to Chinatown/Lower East Side seniors and residents. In the Bronx in partnership with BronxHouse, we provided on average 700 kosher meals per week for over a year to its seniors while their senior center was closed. Today, the need still exists, and we continue to provide on average 5,000 meals per week to Chinatown/Lower East Side seniors and residents through 5 restaurant partners.

# rethink<sup>®</sup>

Looking ahead, we cannot let our seniors wonder where their next meal will come from, nor allow restaurants to close when they are a viable conduit for feeding the community, especially while perfectly edible food is being wasted. Thank you for the opportunity to testify before you today, and we look forward to discussing how in partnership, we can work together to feed aging New Yorkers.

Respectfully Submitted,

Kathleen DiPerna

**TESTIMONY**

New York City Council  
Committee on Aging  
FY23 Preliminary Budget Hearing  
Wednesday, March 23, 2022

Delivered by:

MJ Okma

Senior Manager of Advocacy and Government Relations

Good afternoon, Chair Hudson and members of the New York City Council Committee on Aging. My name is MJ Okma and I am the Senior Manager of Advocacy and Government Relations at SAGE, the country's first and largest organization dedicated to improving the lives of LGBTQ+ older people.

SAGE has been serving LGBTQ+ elders and HIV-affected older New Yorkers for over four decades. With the support of the New York City Council, we provide comprehensive social services and community-building programs through our network of six LGBTQ+ older adult centers along with extensive virtual programming, and services for homebound LGBTQ+ elders and older New Yorkers living with HIV. SAGE also made history for our city in 2020 and 2021 when we opened New York's first LGBTQ+ welcoming elder housing developments located in Brooklyn and The Bronx along with our developer partners.

Services for older New Yorkers are more crucial than ever as the population of New Yorkers age 60 and older is growing five times faster than those under 18, with LGBTQ+ elders making up a significant part of this rapidly growing older population.<sup>i</sup> However, LGBTQ+ elders are often invisible, disconnected from services, and severely isolated as they are far more likely to live alone and less likely to rely on adult children or other family members for informal caregiving.<sup>ii</sup>

Because of these thin support networks, LGBTQ+ older people need to rely more heavily on community service providers for care as they age. Yet, they're often distrustful of government and other institutions based on historical and current discrimination and mistreatment.<sup>iii</sup> The services, community, and support system provided by SAGE are designed to address these gaps and serve as a lifeline for LGBTQ+ elders in New York City.

SAGE operates a network of LGBTQ+ friendly older adult centers, called SAGE Centers, across NYC located in The Bronx, Brooklyn, Harlem, Staten Island, and Midtown. SAGE Centers are a crucial access point for care and support for LGBTQ+ elders who may need assistance. The SAGE Center network includes two brand new SAGE Centers located on the

ground floor of our City's very first LGBTQ+ welcoming elder housing developments: SAGE Center Brooklyn at Stonewall House and SAGE Center Bronx at Crotona Pride House. These two developments with their co-located SAGE Centers help to alleviate poverty and improve housing security and overall health outcomes for New York City's low-income LGBTQ+ elders. Many of the LGBTQ+ elders who SAGE serves in these residences and through their co-located SAGE Centers struggle with mental illness, substance abuse, and homelessness and require intensive care management and social service support. Because of this, there has been a higher demand for SAGE's care management services. SAGE is further responding to the needs of these community members by expanding multi-lingual programming and services in Spanish, Mandarin, and Cantonese.

SAGE has also seen a groundswell of demand for our services due to the COVID-19 pandemic, which disproportionately impacts LGBTQ+ elders not only because of their age, but also the effects of compounding discrimination including increased underlying health conditions like HIV and diabetes; higher levels of poverty, food, and housing insecurity; and lower access to health care and supportive services.<sup>iv</sup> All these challenges are even further exacerbated for transgender elders and LGBTQ+ older people of color.

Throughout the pandemic, our SAGE Centers provided over 100 virtual programs each week, along with technical support and education, and supported thousands of elders through compassionate weekly phone calls. SAGE Center and care management staff also assisted elders with a variety of emergency needs including addressing social isolation; screening and enrollment in benefits; Medicare, Medicaid, and prescription drug assistance; access to caregiver respite; financial assistance; housing advocacy and navigation; and more. SAGE also developed new programs to ameliorate challenges that arose during the ongoing pandemic. One such example is SAGECents, a program developed specifically to improve LGBTQ+ elders' financial stability and reduce economic stress to combat growing financial insecurity among LGBTQ+ elders. We also launched SAGEConnect, a phone-buddy program to match LGBTQ+ elders with volunteers for weekly calls to help address social isolation. More recently, in latter 2021, following clearance from the New York State Department for the Aging, SAGE continues to redesign our program and services delivery to provide a variety of in-person, virtual, and hybrid options. Wider access to services under this delivery model has also increased demand by providing more opportunities for LGBTQ+ elders who are employed, disabled, or who might not be comfortable being seen accessing LGBTQ+ services in person.

These vital services are made possible from the partnership of the New York City Council and have been funded by the LGBTQ Senior Services in Every Borough Initiative since FY15. Since the creation of this program, SAGE has partnered with GRIOT Circle, New York City's only community-based organization specifically serving LGBTQ+ elders of color, through our joint SAGE-GRIOT Center on Flatbush Avenue to provide services in Brooklyn. With the recent opening of SAGE Center Brooklyn at the Stonewall House, LGBTQ+ elders in Brooklyn now have more options for services and supports, and enhanced funding is needed to address the growing demand among this population. An enhancement of \$300,000 to the LGBTQ Senior Services in Every Borough Initiative would maintain steady funding levels for SAGE and Queens Community House and allow GRIOT Circle to apply for

\$300,000 directly to fund their services to LGBTQ+ elders of color in Brooklyn and across New York.

The New York City Council has also been an instrumental partner of our SAGEVets program, the only program in New York City and New York State designed to address the unique needs of older LGBTQ+ veterans. SAGEVets helps older LGBTQ+ military service veterans improve their access to Veterans Administration (VA) benefits, supports their overall health and wellness, and provides referrals to counsel regarding discharge status upgrades – all while improving veterans-serving organizations’ LGBTQ+ competency. The needs of this population are deep, New York City is among the top ten cities in the nation with the highest concentrations of LGBTQ+ veterans, and over half of veteran New Yorkers are over the age of 65. The military’s long history of enforced anti-LGBTQ+ policies followed by the discriminating Don’t Ask Don’t Tell policy mounted many barriers between older LGBTQ+ veterans and their Federal VA benefits, resulting in a disproportional amount of LGBTQ+ older veterans not accessing the services that they need and deserve. As New York’s only program specifically serving LGBTQ+ veterans, SAGEVets also plays a large role in assisting older veterans who were discharged due to their sexual orientation or gender identity with discharge upgrades under the New York Restoration of Honor Act and recently enacted city legislation, Int. 479-A.

In FY23, SAGE requests restoration of our New York City Council funding, commensurate with City FY22 levels. Support from the City Council fuels our services for the residents in Stonewall House and Crotona Pride House and the surrounding communities; sustains our citywide network of SAGE Centers and their robust virtual programming and complimentary case management; reinforces services to LGBTQ+ older veterans; and supports our mental health services for homebound LGBTQ+ and HIV-affected elders.

Specifically, SAGE requests:

- Restoration of \$1,200,000 in Council Initiative LGBTQ Senior Services in Every Borough funding to support our expanded network of LGBTQ+ older adult centers in The Bronx, Harlem, Brooklyn, and Staten Island, where LGBTQ+ and HIV-affected elders can receive the full array of services as mentioned.
- Restoration of \$150,000 through the Senior Centers, Program and Enhancement Initiative to support care management and social services for LGBTQ+ elders and older New Yorkers living with HIV.
- Restoration of \$100,000 from the Council’s LGBTQ Caucus will allow SAGE to provide culturally and linguistically competent experienced care management at our expanded SAGE sites, in Harlem, Brooklyn, the Bronx, and Staten Island including the continued expansion of services into Spanish, Mandarin, and Cantonese.
- Restoration of \$125,000 from the Citywide Initiative of Veterans Community Development to fund SAGEVets programming, outreach, and support among our City’s older LGBTQ+ veterans.
- Restoration of \$100,000 under the Geriatric Mental Health initiative to support crucial mental health services to LGBTQ+ and HIV-affected elders who are frail and homebound including comprehensive screening for mental health and substance

abuse issues, home visits and support groups, and referral to partner health care and substance abuse programs.

- Restoration of \$57,000 from the Council’s NORC Initiative to support LGBTQ+ and age-competent services for LGBTQ+ elders of color offered at SAGE Center Harlem.
- Member support under the Support our Seniors initiative to help provide safe transportation options to transgender and non-binary elders in response to a pattern of harassment on public transportation.

SAGE, along with our partners at GMHC, also respectfully requests the New York City Council’s consideration to create a new city-wide initiative to support the growing population of New Yorkers aging with HIV. More than 50% of people living with HIV in the United States are age 50 or older, and by 2030, that is anticipated to rise to 70%.<sup>v</sup> Older adults living with HIV require more service provision because they must navigate a continually more challenging, complex, and siloed health and social service environment while dealing with an expanding range of compounding challenges including poverty, unstable and inadequate housing, isolation, discrimination, and stigma. The NYC Council can lead the way by creating a pilot project for a new, city-wide “HIV and Aging Initiative” to support increased collaboration, case conferencing between HIV services providers and aging services providers, as well as the expansion of existing, industry-leading programs and services.

SAGE deeply values our partnership with the Council. I look forward to working with members of the Committee on Aging and the entire New York City Council to address the needs of LGBTQ+ elders in every district. Thank you, Chair Hudson, for your leadership and for providing me with the opportunity to testify.

MJ Okma

Senior Manager for Advocacy and Government Relations, SAGE

[mokma@sageusa.org](mailto:mokma@sageusa.org)

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<sup>i</sup> LiveOn NY, “Aging is Everyone’s Business: Policies for Building a New York for All Ages,” August 2021 <https://static1.squarespace.com/static/562a3197e4b0493d4ffd3105/t/6113ce58c3617a75b357ad4c/1628687962789/Aging+is+Everyones+Business+FINAL+FINAL-min.pdf>

<sup>ii</sup> AARP NY, “Disrupting Disparities: Solutions for LGBTQ+ New Yorkers 50+,” January 2021 <https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4.pdf>

<sup>iii</sup> Movement Advancement Project, “LGBT Older People & COVID-19,” May 2020 <https://www.lgbtmap.org/file/2020%20LGBTQ%20Older%20Adults%20COVID.pdf>

<sup>iv</sup> AARP NY, “Disrupting Disparities: Solutions for LGBTQ+ New Yorkers 50+,” January 2021 <https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4>.

<sup>v</sup> Grantmakers in Aging, “Moving Ahead Together: A Framework for integrating HIV/AIDS & Aging Services,” November 2020 [https://www.giaging.org/documents/201116\\_GIA-HIV\\_Moving\\_Ahead\\_Together\\_Full\\_Framework\\_FINAL.pdf](https://www.giaging.org/documents/201116_GIA-HIV_Moving_Ahead_Together_Full_Framework_FINAL.pdf)



**Testimony before the**  
**New York City Council Committee on Aging**  
**Crystal Hudson, Chair**

March 23, 2022

presented by

Nancy Harvey, LMSW  
Chief Executive Officer  
**Service Program for Older People, Inc.**  
[www.spop.org](http://www.spop.org)

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I want to thank Committee Chair Crystal Hudson and members of the City Council Committee on Aging for holding this hearing on the Preliminary Budget for Fiscal Year 2023.

I am Nancy Harvey, Chief Executive Officer of Service Program for Older People, or SPOP. SPOP is the only agency in New York City exclusively dedicated to community-based mental health care for older adults; the agency offers services via telehealth and in person at its Manhattan offices and 19 satellite locations throughout Manhattan, Downtown Brooklyn, and the Bronx. We serve over 2,000 adults annually and provide individual and group therapy, psychiatry, medication management, specialized counseling for substance use disorders, and linkages to other community-based services to support aging in place. Our overarching goal is to enable older adults to live independently as long as possible, and we partner with hospitals, older adult centers, and dozens of community-based organizations to coordinate supports and reach out to those who are most vulnerable.

The Department for the Aging is an essential partner for SPOP, and we are especially proud to have served as the Manhattan provider for the DFTA Geriatric Mental Health (DGMH) program since its inception in 2016. Through this program SPOP provides mental health services, including screenings, counselling, referrals, and structured engagement at nine high-need older adult centers in Manhattan. We have provided uninterrupted service throughout the pandemic using telehealth and we plan to continue with a hybrid of in-person and remote sessions going forward.

City-wide, the DGMH initiative has been remarkably successful. Over the past five years it has reached more than 6,000 adults through structured engagement activities designed to address stigma and create pathways to professional care. Last fiscal year the program provided direct

services to more than 2,600 individuals and completed over 17,000 clinical sessions. Most important, the program is effective, and recent data indicate clinical improvement rates of 62% for depression and 57% for anxiety after three months of treatment. The program has improved the overall health of older adults, helped reduce premature institutionalization, and decreased demand on the City 911 system.

As you know so well, the pandemic has taken a terrible toll on older New Yorkers, with many experiencing prolonged isolation, loss and grief, depression, increased alcohol consumption or substance misuse, trauma, anxiety, or financial hardship. Prior to the pandemic the Mayor's Office of Community Mental Health reported that fewer than 25% of older adults with mental illness received professional mental healthcare, and I expect that the gap between need and access to treatment has only increased during the pandemic.

Given an urgent and growing need for mental healthcare for older adults and the demonstrated success of DGMH, I urge the Committee on Aging to renew funding for the DGMH program for FY2023 and to restore all funding cuts made in FY2022.

I thank Chairperson Hudson and each member of the Committee on Aging for your support and your work on behalf of older New Yorkers.

# STUDIO MUSEUM HARLEM

Good morning, Chair Hudson and members of the Committee. Thank you so much for the opportunity to testify here today. My name is Shanta Lawson. I currently serve as Director of Education at The Studio Museum in Harlem, an organization that for over fifty years has been the nexus for artists of African descent locally, nationally, and internationally, and whose history is intertwined with ongoing efforts to increase access to the arts. The Studio Museum is also a proud member of the Cultural Institutions Group and is deeply grateful to partner with and receive support from the City.

At the time of its founding in 1968, the Studio Museum sought to enable people in Harlem to visit a museum without having to leave our neighborhood. Our founders envisioned an institution that would connect directly with its community and facilitate experiences with art for audiences of all ages. Throughout our history, we have welcomed older adults to a variety of programs including conversations with curators and scholars, intergenerational dialogues with youth, and gallery discussions with museum educators.

Since 2010, a cornerstone of this work has been our partnership with Arts & Minds, an uptown organization committed to improving quality of life for all people living with Alzheimer's disease and other dementias, as well as their caregivers, through engagement with art. Arts & Minds programs invite participants to engage in new ways of experiencing art through dynamic discussions and art-making. These programs create positive emotional and cognitive experiences, enhance verbal and non-verbal communication, reduce isolation, and build social networks. At the onset of the pandemic, our work with Arts & Minds shifted entirely online as we aimed to mitigate the loss of access to culture that immediately affected our program participants. In FY21, we hosted 65 virtual sessions, with each focusing on a different work of art from the Studio Museum's permanent collection. Our work as an anchor partner for Arts & Minds is just one of the ways in which we regularly create opportunities for meaningful engagement with art by artists of African descent for older adults.

The City's support of its older residents is more urgent than ever as we respond to the effects of the pandemic and strive to create programming that is accessible to all. We recognize that you are making thoughtful budget decisions as you work to revitalize our City's economy, and I ask you to remember that the pandemic severely limited and continues to curb access to culture for older adults. The CIGs

and cultural community as a whole serve as points of access, inspiration, and celebration for all generations of New Yorkers. Investment from the City in these endeavors will help us to make culture available to all older adults living in New York.

Thank you again for your support of the cultural community and the opportunity to testify at this hearing.

Testimony of Sunnyside Community Services

New York City Council Hearing

Aging Committee-Crystal Hudson, Chair

Presented by: Lauren Wade, LMSW Assistant Division Director for Senior Services

Prepared by: Shyvonne Noboa, LMSW Division Director for Senior Services

Date: 3/23/2022

Good Morning. My name is Lauren Wade and I'm the Assistant Division Director for Senior Services at Sunnyside Community Services (SCS). Thank you Chair Hudson, for your leadership and the support of the entire Aging sector in NYC. At Sunnyside Community Services we envision a diverse, inclusive, and caring community where all people thrive and reach their fullest potential and it's with your partnership that we are able fulfill that vision.

Through our services for older adults, we offer a continuum of vital services that help them remain in their homes through our Center for Active Older Adults, Friendly Visiting, Caregivers, Case Management, Social Adult Day programming and Home Care. We also provide Geriatric Mental Health, Long Term Care (including Medicaid Enrollment) and all screening, referrals and connections for older adult services are assessed via our centralized intake, Care Connections team. This in addition to our programming serving youth and immigrants.

Two years ago, when COVID thrust us into uncertain times, our teams that include case managers, intake workers, cooks, drivers and all human service workers across our continuum rose to meet that challenge and adapted how they provided services to continue supporting thousands. We provided counseling and support groups via phone, critical activities to caregivers and older adults via zoom. We had staff on site providing hot food and nonperishables from our pantry, getting PPE ready for our Home Health Aides and were a site for ongoing covid testing and vaccines.

As we continue to make investments across NYC toward recovery, in today's testimony, I will highlight our priorities areas that necessitate action and investments to our human services sector so that together, we can continue to support not just those olde adults we serve, but to those who work in their service.

**Fair Pay**

I can't think of a better time to offer testimony advocating on behalf of overdue investments to the human services sector than during National Social Work month. I'd like to share with you the dauntless efforts carried out by human service professionals at SCS over the past two years. We have received over 5,000 calls from individuals seeking food, mental health services, case assistance, home care and case management through our centralized intake. Our team of nine in the Center for Older Adults connected over 2,500 members to case assistance, food and wellness activities. Years of underfunding of the sector have resulted in the entire human services workforce

being some of the lowest compensated workers in New York City's economy. We support United Neighborhood Houses, LiveOn NY, CityMeals, FPWA and other umbrella advocates in the following investments:

- Establishing, funding, and enforcing an automatic annual cost-of-living adjustment (COLA) on all human services contracts.
- Set a living wage floor of no less than \$21 an hour for all City and State funded human services workers.
- The creation, funding, and incorporation of a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

### **Investment in Combating Hunger and Home Delivered Meals**

In our case management program, our staff of 18 case managers, four supervisors, and two home delivered meal aides serviced over 2,500 homebound older adults during the pandemic. Food and access to a home health aide were coordinated by our case managers to help older adults remain out of the shadows and aging in place with dignity. We support the following investments to our partner organizations who provide meals with:

- \$9.7 million to support continued growth in demand for the home-delivered meal program, including Recovery Meal clients transitioning to traditional home-delivered meals.
- \$3 Million to support weekend and holiday home-delivered meals not provided by current contracts.
- DFTA should assess and fund the capital and infrastructure needs for home delivered meal providers including van purchases and kitchen investments such as refrigerators and other items

As I close, I remind us that we hold a very powerful secret that most don't know. And that secret is: when those aging around us are able to do so with the respect, dignity, and compassion that everyone deserves, they can continue to lead meaningful lives, active lives as vibrant individuals contributing back to their community. **Equity for aging can't happen however without pay equity for every human service worker who works tirelessly to make sure all older New Yorker's are supported.** Thank you for the opportunity to testify here today and your continued commitment to our programs that support our work and the needs of older New Yorkers.



## **TESTIMONY: UJA-FEDERATION OF NEW YORK**

### **New York City Council Budget and Oversight Hearings on the Preliminary Budget for Fiscal Year 2023**

**New York City Council Committee on Aging  
Honorable Crystal Hudson, Chair**

**Submitted by:  
Hillary Stuchin, UJA-Federation of New York**

**March 23, 2022**

Thank you, Chair Hudson, and members of the Committee on Aging for holding this hearing and for the opportunity to submit testimony. My name is Hillary Stuchin, and I am the Director of Government and External Relations at UJA-Federation of New York.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is to care for those in need—identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA has more than 50 thousand engaged donors in the New York area, supports an expansive network of nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services, and allocates over \$150 million each year to strengthen Jewish life, combat poverty and food insecurity, nurture mental health and well-being and respond to crises here and across the globe.

UJA submits the following recommendations for the FY 2023 budget:

#### **NONPROFIT HUMAN SERVICES PROVIDERS**

##### **Nonprofit Contracting**

New York City provides a wide range of human services to low-income and vulnerable individuals and families to address a myriad of needs including but not limited to, early childhood education, afterschool and summer programs, older adult services, fighting food insecurity and behavioral and mental health care services. These services are provided by nonprofits and managed through contractual relationships that dictate who is eligible for the services and how the services will be administered. However, the ability of nonprofit organizations to provide the services required by their contracts is challenged by a host of issues that can jeopardize service delivery, including late registration and inadequate and delayed reimbursement for services rendered.

According to the recently released *A Better Contract for New York*<sup>1</sup>, more than 75% of contracts were registered after the contract start date in FY22. Additionally, a survey by the Human Services Council of its membership indicated that 70% of organizations reported delayed payment from the city in the last year. Nearly 46% of respondents were forced to take out loans or draw on a line of credit due to withheld or delayed payments—sometimes at significant cost. The average annual cost of interest for those loans is reported as \$223,000. Late registration forces nonprofits to begin service delivery without startup costs or payments covered. UJA participated in Mayor Adams and Comptroller Lander’s Joint Task Force to Get Nonprofits Paid on Time, which produced *A Better Contract for New York*. **UJA encourages the Administration, with support from the Council, to implement these reforms promptly, which will directly support human services organizations and the communities they serve.**

### **Increase Wages for Human Services Workers**

UJA is also a member of the #JustPay campaign, a campaign dedicated to increasing wages for human services workers. Despite the essential services that they provide their communities, human services workers are some of the lowest paid workers in New York’s economy. UJA is urging the City to adopt three core reforms:

- 1. Establish, fund, and enforce an automatic annual cost of living adjustment (COLA) on all human services contracts.**

Investing in the COLA is the most impactful action the City Council can take to support the human services workforce. City contracts have not included a COLA for two years. Ideally, human services workers could benefit from a multi-year COLA agreement. In the absence of this, the City should include a 5.4% COLA based on the Consumer Price Index and mirroring the COLA included in the FY23 State budget for human services workers. **UJA is urging the City Council to include \$108 million in the budget to provide a COLA for human services workers.**

- 2. Set a living wage floor of no less than \$21 an hour for all City and State funded human services workers.**

There is longstanding underinvestment in the human services sector, making it difficult for providers to keep up with the demand for services or holistically raise wages across all staff lines without increased funding. The average human services contract in New York pays only 70 cents on the dollar for direct program expenses. This chronic underfunding puts providers in the impossible position of taking contracts that neither pay fair wages nor fully fund services or turn down those opportunities—resulting in laying off employees and closing vital community programs. A living wage floor of no less than \$21 an hour is vital to helping retain and recruit a committed and talented human services workforce.

However, not all employees at human services nonprofits are paid 100 percent through City contracts. When salaries are increased for contracted workers, there is an unintended spillover effect that must be addressed. If a higher wage floor were put in place, providers would have to find the funds to increase wages for workers not paid through City contracts, which would create

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<sup>1</sup> <https://comptroller.nyc.gov/reports/a-better-contract-for-new-york/>



undue burden, particularly at time when nonprofits are struggling more than ever. We implore the Administration and Council to not overlook these workers and consider ways to support the full workforce.

**3. Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.**

Because Government is the predominant funder of human services, they are also the primary driver of human services salaries. Under this system, it is the workers themselves who have borne the brunt of decades of chronic underfunding all while ensuring programs with inadequate funding meet their targets. Government contracts either directly set low salary levels or do so indirectly by establishing low rates for services along with required staffing levels on a contract. This creates low starting salaries that are often stagnant because human services contracts last five to seven years (or more) with no opportunity for cost-escalators to allow for raises. A comprehensive wage and benefit schedule is needed as workers, advocates, providers, and elected officials continue to work together to ensure that human services workers finally earn fair pay for their labor.

## **OLDER ADULT SERVICES**

### **Elie Wiesel Holocaust Survivors Initiative**

New York City is home to an nearly 30,000 Holocaust survivors, with roughly 40% living in or near poverty. A survivor is an individual, Jewish or non-Jewish, who experienced persecution at the hands of the Nazi regime. They were targeted due to race, religion, ethnicity, sexual orientation, physical or mental disabilities, or political ideology. They survived concentration camps or were forced to flee their homes and countries. More than sixty percent of Holocaust survivors emigrated from the former Soviet Union before coming to the United States; they receive little-to-no Social Security income and are extremely poor.

Today, the youngest survivors are in their mid-70s, and as they age, require even more care. The terrible trials and traumas they suffered in their earlier years show dire effects with age. While every year the number of Holocaust survivors decline, the cost of care significantly increases.

Covid-19 has been particularly painful for Holocaust survivors, many of whom already suffer from post-traumatic stress, anxiety, and other mental health complications, and the trauma Holocaust survivors experience due to their childhoods has only been exacerbated by the pandemic. With each new variant and surge, survivors feel they are being locked up in their homes. They feel cut off from their social supports and lifelines. An increasing number of survivors are suffering from Alzheimer's and other dementias. Their family caregivers or professional home health aides' access to their homes is further complicated by Covid-19 precautions, and many of them have experienced the sudden loss of family and friends.

Over the past two years, survivors have turned to social service providers more than ever to support their physical, emotional, and financial needs. Similarly, providers have had to quickly pivot to provide survivors with programming and resources they can access from their homes, while still feeling the support of their communities.

**An investment of \$5 Million will support case management services for Holocaust survivors and help provide access to:**

- **Benefits and support** through Case Managers who are specially trained in the psychological impact of the Holocaust.
- **Mental Health Services** including home visits to help survivors work through the traumas that now manifest in sleep disturbance, anxiety, depression, and inability to trust
- **Trauma Informed Care** provided by professionals who recognize and avoid possible triggers, thereby reducing the potential for re-traumatization
- **Crisis Prevention** to help stave off eviction and hunger
- **Legal Services** and entitlement counseling
- **Emergency Financial Assistance** for food, housing, prescriptions, medical and dental care
- **Socialization Programs** to reduce isolation
- **Training & Support** for Caregivers and home health aides working with survivors
- **End of Life Care** including hospice and ethical wills

New York City must continue its commitment to Holocaust survivors. It is crucial to provide specialized care and support programs for survivors to enhance their quality of life and allow them to live out their remaining years with dignity. **UJA requests the Council to increase its investment in the Elie Wiesel Holocaust Survivors Initiative to \$5 million in FY23 to support Holocaust survivors living in poverty.**

### **Home Delivered Meals (HDM)**

Beyond simple meal provision, the HDM program provides important supports for homebound older adults. New York City's approximately 20,000 recipients of home delivered meals are chronically disabled due to heart disease, mobility challenges, diabetes, arthritis, or severe vision impairment and are reliant on these supports that throughout the pandemic have served as a critical lifeline for older adults. Regular meal deliveries also provide health and psychological benefits beyond nutrition and can act as an access point for other critical support services, which help older adults continue to live healthily and safely in their homes.

The DFTA Recovery Meal program, which was erected in the fall to replace the DSNY GetFood program, is set to end in June, and many clients will continue to rely on nutritional support. However, there is currently no funding allocated to expand HDM to meet this demand.

**UJA requests the following investments to support the Home Delivered Meals Program:**

- **\$12.7 million in new Home-Delivered Meal funding to meet the home-delivered meal demand that will result from the termination of the GetFood Recovery Meals Program in June.**
- **\$9.7 million to support continued growth in demand for the home-delivered meals program, including roughly 3,100 Recovery Meal clients transitioning to traditional home-delivered meals.**
- **\$3 million to support weekend and holiday home-delivered meals not provided by current contracts.**

- **DFTA should also assess and fund the capital and infrastructure needs for HDM providers, including van purchases and kitchen investments, such as refrigerators and other items.**

### **Naturally Occurring Retirement Communities (NORCs)**

Classic and Neighborhood NORCS are multi-age housing developments or neighborhoods, respectively, that were not originally developed for older adults, but are now home to a significant number of older people. Throughout the Covid-19 health crisis, NORCs have provided vital response services to thousands of older New Yorkers, making continued investment in this program critical. NORC staff provide wellness checks to address mental health and social isolation; assist seniors in accessing food and other supplies, coordinate services in residential buildings not developed specifically for seniors, and now, help older adults navigate New York City's complicated vaccine process. These activities were crucial prior to Covid-19 and have become even more important since.

Without the support of the City Council, many NORC programs would not be able to continue to provide critical services to so many older adults in New York City. **In order to sustain and strengthen the NORC program, the FY23 budget must include \$6.4 million to the NORC City Council Initiative, including \$1.3 million to support health and nursing services.** The FY22 final budget included these funds for the City Council NORC Initiative funding to support dozens of NORCs and Neighborhood NORCs. This included \$1.3 million to fill a funding gap for health and nursing services in NORCs. The Council must restore these funds to ensure these programs can continue to provide services to NORC residents.

### **Older Adult Initiatives**

In addition to fully funding all Council Initiatives that support older New Yorkers, UJA requests the Council to consider restoring or increasing investment in the following Council Initiatives:

- **Increase funding for Support Our Seniors**  
UJA supports an increased investment of \$2.6 million for the Support Our Seniors Initiative. This would provide \$50,000 per district on average to better support older New Yorkers, particularly given the needs, such as transportation, social isolation, technology, and others, experienced during COVID-19. This would bring the full Initiative investment to \$9.74 million.
- **Restore \$4,376,000 for Senior Center Programs and Enhancements**, which provides support for senior centers, meals, homecare, transportation, and other senior services programs.

### **CONCLUSION**

Thank you for the opportunity to provide testimony. Should you have any follow up questions please contact [stuchinh@ujafedny.org](mailto:stuchinh@ujafedny.org).



**Testimony of United Neighborhood Houses  
Before the New York City Council**

**FY 2023 Preliminary Budget Hearing: Committee on Aging  
Council Member Crustal Hudson, Chair**

**Submitted by Tara Klein, Senior Policy Analyst  
March 23, 2022**

Thank you for convening today's Preliminary Budget hearing. United Neighborhood Houses (UNH) is a policy and social change organization representing 45 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers. UNH leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development. We also provide customized professional development and peer learning to build the skills and leadership capabilities of settlement house staff at all levels.

Older adults are the age group most vulnerable to COVID-19, and settlement houses have been on the frontlines in meeting their emergency needs over the last two years, providing them with food, financial benefits, mental health supports, social activities to reduce social isolation, and support in getting COVID-19 tests and vaccinations. UNH members provide a wide variety of services to over 80,000 older New Yorkers each year by operating programs such as senior centers, Naturally Occurring Retirement Communities (NORCs), home delivered meals, case management, home care, geriatric mental health, and others, often funded by New York City's Department for the Aging (DFTA) and the City Council. UNH and its settlement house members employ the philosophy that older adults are valued members of our neighborhoods, whose wisdom and experience are important to the fabric of our communities.

While we are grateful for an increase to the DFTA home delivered meals program in the FY 2023 Preliminary Budget, we are disappointed to see DFTA receive Program to Eliminate the Gap (PEG) reductions, as DFTA already receives one of the smallest agency budgets in the City despite growing needs. Additionally, there are key areas where the aging services network needs additional investments in order to address new demand, keep pace with inflation, and rectify years of systemic underinvestment. We need #EquityforAging.

**Overview**

In FY 2023, there are a number of funding needs to support older New Yorkers. UNH urges the City to take the following actions:

- Increase investments in new Older Adult Center/NORC contracts
- Invest at least \$12.7 million in Home Delivered Meals

- Invest \$40 million to build upon the DFTA Community Care Plan, including:
  - \$7 million for technology enhancements
  - \$5 million for Case Management
  - \$28 million for DFTA Home Care
- Reverse PEG Cuts Including \$1.365 million to the DFTA Geriatric Mental Health Program
- Support Council Aging Initiatives, including:
  - Increase Support Our Seniors - \$9.7 million
  - Restore NORCs - \$6.4 million
  - Restore DOHMH Geriatric Mental Health Initiative - \$3.4 million
- Support cost of living adjustments for all human services workers

### **Increase investments in new Older Adult Center/NORC contracts**

Senior centers, now known as older adults centers (OACs), and Naturally Occurring Retirement Communities (NORCs) serve as crucial supports for older adults. OACs provide social services, case assistance, socialization opportunities, activities, and a daily congregate meal for older adults. NORCs are multi-age housing developments or neighborhoods that were not originally designed for older adults, but are now home to a significant number of older people. NORCs help older adults remain healthy, stable, and able to age in place by offering health care, social services, and socialization opportunities right at home. Both have served as crucial partners to support older adults throughout the COVID-19 pandemic. Settlement houses operate at least 50 OACs and 22 NORCs across the City, serving tens of thousands of older adults in these programs.

Over the last few months, OAC and NORC providers have been in negotiations with DFTA to finalize their new contracts, which were re-procured for three-year terms in late 2021. Through this process and with the funding support included as part of the City's Community Care Plan, DFTA has indicated that 31 new programs will be added to the portfolio that currently consists of 249 OACs and 28 NORCs, and an additional 5 programs are expected to be added from a recent supplemental RFP for 36 new programs total. Most providers now have signed contracts but a few remain unsigned. Despite signed contracts, many still need to go through approvals across City agencies to be registered and paid. In the meantime, programs have been operating without registered contracts, since DFTA has said new contracts are retroactive to December 2021. This has been a prolonged and confusing process, and the City must fix the contracting process to ensure proper procurement timing, funding, registration, and on-time payments.

Significantly, UNH has been told by several providers that during their negotiations, DFTA instructed them to do the same amount of proposed service units from their RFP bid (providers often proposed an increase over their current service levels), but with significantly less money than the providers requested. This is simply unacceptable. DFTA has said publicly that they intend to hold programs harmless financially in these new contracts, but requiring more work for less money is out of sync with that guiding principle. Notably, this is not true across the board, and new programs in particular appear to be more satisfied with their contracts.

The new funding included in the Community Care Plan seems to have gone predominantly toward creating new programs; and while we applaud the creation of new programs, particularly in neighborhoods where there have been few services before, this expansion cannot come at the expense of existing programs. We do not yet have a full picture of the needs, and we hope to be able to analyze the system over the next several weeks and months before the budget is due. We do anticipate there will be many outstanding funding needs system-wide, and the City budget will have to address this. The City Council will likely play a role in funding these gaps this year through shifting and increasing Council Initiative funding, which will be discussed in a later section.

## **Invest at least \$12.7 million in Home Delivered Meals**

Nonprofit home delivered meals (HDM) providers deliver a daily nutritious meal to homebound older adults who are unable to prepare their own food, while also providing case management and regular in-person wellness checks for those at risk of social isolation. HDM is a key service to support older adults, and it has become even more crucial throughout the pandemic. Nine UNH members currently provide home delivered meals, either as lead contractors or subcontractors. Unfortunately, the program faces long-standing underfunding, and as our City recovers from COVID-19 the program faces numerous additional funding challenges.

***Maintain Reimbursement Rate Increase in Preliminary Budget:*** Despite its overwhelming success in maintaining health and nutrition throughout the pandemic and beyond, the home delivered meals program has been significantly underfunded for years, with DFTA contracts failing to cover the full cost of providing meals. Nonprofit providers persistently struggle with rising costs for purchasing raw food, maintaining competitive wages for delivery staff, and dealing with unplanned expenses like vehicle maintenance. This causes significant financial damage to providers, with many incurring deficits to meet the demands of their communities and ensure older adults receive meals. Ultimately this can impact the quality and availability of services for the older adults who rely on these meals. Long-standing underfunding has only been made more acute by the increased demand during COVID-19, as demand has risen and funding has remained flat.

UNH has advocated for years to raise per-meal reimbursement rate for HDM, with a goal of bringing programs up from \$9.58 per meal to \$11.78 per meal, to meet true costs and match the national average cost of a home delivered meal.<sup>1</sup> We are thrilled to see that the FY 2023 Preliminary Budget includes additional funding for HDM programs to support increased contract reimbursement rates, with \$2.338 million added for FY22 and \$9.41 million added for FY23 and beyond – to bring rates up to \$11.78 per meal. We thank the Adams Administration for delivering on this need. That being said, there are many additional funding needs for the HDM system.

***Plan for the End of DFTA Recovery Meals and Include at least \$12.7 million:*** As we learned at the March 11th Aging Committee hearing, the City has only just begun to plan for the end of the DFTA Recovery Meals program (former the GetFood emergency feeding program), which is ending in July as federal funding expires. DFTA indicated that 11,400 people still receive these meals. Of these, they were able to reach about 3,100 who said they would like to receive HDM, though that analysis was incomplete and this figure could be much higher. To serve approximately 3,100 additional individuals each year at a rate of \$11.78 per meal, the City must invest at least \$9.7 million, plus \$3 million to support those weekend and holiday meals, for a total of \$12.7 million. It is alarming that there is nothing budgeted for this additional capacity in the Preliminary Budget.

***Invest in Capital and Infrastructure Needs:*** HDM programs currently have significant capital and infrastructure needs, and these needs will grow as system capacity grows with the end of Recovery Meals. Needs include kitchen equipment, storage space, building repairs, new vans, and van repairs. Though last year DFTA indicated in budget hearings they were requesting several new vans from the City, they said during the March 11th hearing that these were no longer active requests due to the

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<sup>1</sup> The average cost for a home delivered meal for urban areas in the United States in 2015 was \$11.78, according to a report by Mathematica Policy Research. Under new contracts that began on January 1, 2021, DFTA implemented a new across-the-board rate of \$9.58 per meal. An independent analysis of true costs by UNH and LiveOn NY, assisted by SeaChange Capital Partners, confirmed \$11.78 as close to the actual true cost of a home delivered meal in 2020, though rates varied by provider.

Mayor's PEG. This is an unacceptable response and the City must accelerate these capital requests, and provide funding for other capital needs.

**Additional Needs:** There are many additional funding needs for the HDM system due to a legacy of long-standing City underfunding. The Case Management program that refers people to HDM is overburdened and will need additional funding, especially with the end of Recovery Meals (this will be described more in a later section). Programmatic changes to HDM in 2021 now require more meal choices, but rates were not increased and providers lost some economies of scale with this requirement. Providers that spend more on specialized cultural and therapeutic meals should also be paid higher rates as appropriate. New inflation rates including higher gas prices and raw food costs are hitting HDM providers hard, and contracts should be amended to include appropriate cost escalators each year. And finally, wages remain untenable with enormous difficulty recruiting and retaining staff across the system, so raises and cost of living adjustments will be crucial.

### **Invest \$40 million to build upon the DFTA Community Care Plan**

In 2021 the City released a Community Care Plan for DFTA<sup>2</sup>, setting forth a “broad, ambitious, and progressive plan to address the changing needs of older adults” by building upon current services and supports for older adults. This plan was accompanied by additional funding in the FY 2022 budget, most of which was allocated this year toward expanding the number of OACs and NORCs following the new procurement. While this plan is an ambitious effort, more targeted funding is needed to realize its vision. In addition to addressing issues with the new OAC/NORC contract values as described earlier, the City should make the following three targeted investments:

- 1) **\$7 million for technology enhancements:** The pandemic has changed the way older adults access services in New York City. Nonprofit providers offered virtual programming and services while buildings were closed to in-person activities, and given their success many continue to provide hybrid services and leverage technology as an important component of running a successful older adult program. However, older adults face a digital divide with a steep learning curve and accessibility issues. This funding would help to expand DFTA's virtual programming accessibility, through an online database, devices, and connectivity, as well as technology literacy support provided by community-based organizations.
- 2) **\$5 million for Case Management Agencies:** Case Management Agencies refer older adults to benefits and services, including to the home delivered meals program, as described earlier. This program is already overburdened and maintains lengthy waiting lists, and with the influx of thousands of HDM screenings anticipated from the end of DFTA Recovery Meals it is urgent to increase funding support for Case Management Agencies. A \$5 million investment will support continued growth in demand for this program and ensure all individuals can be screened and referred appropriately.
- 3) **\$28 million for DFTA home care:** While most home care in New York is offered by State-licensed home care services agencies (LHCSAs), there is also DFTA home care that supports qualifying individuals who are not on Medicaid. A \$28 million investment would support continued growth in demand in the DFTA home care program, including addressing waiting lists and expanding the hours of home care service available to older adults requiring additional support. In addition, to support the overall home care workforce we must pass the State's Fair Pay for Home Care bill (S.5374A (May) / A.6329A (Gottfried)), which would ensure home care workers are paid uniform

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<sup>2</sup> <https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/DFTACommunityCarePublicVisionFinal040221.pdf>

and fair wages across the State. City Council Resolution 24 (Hudson) is currently being considered to support this legislation and the Council should vote in support.

### **Reverse PEG Cuts Including \$1.365 million to the DFTA Geriatric Mental Health Program**

Though the City is facing an uncertain financial future with mixed signals coming from the market and geo-political challenges, this is not the time to divest from the safety net programs that support neighborhoods. Mayor Adams' Program to Eliminate the Gap (PEG) has sought to identify efficiencies without interrupting services while also avoiding layoffs of municipal employees. Unfortunately, the budget cut to DFTA under the PEG hits an already-underfunded agency hard and includes a service reduction. The City should restore the \$10.2 million PEG to DFTA's budget, especially the \$1.365 million cut to the DFTA Geriatric Mental Health Program.

Before the pandemic, we knew that older adults had an escalated risk for depression and suicide, brought on in part by high levels of social isolation, and in today's world those concerns are even stronger. With a growing older adult population in New York, it is more important than ever to focus on the mental health needs of this population as the City recovers from the COVID-19 pandemic. The Office of Community Health hosts the Department for the Aging (DFTA) Geriatric Mental Health program (DGMH), which contracts with a handful of borough-based providers who place mental health clinicians in dozens of senior center host sites. By placing mental health services in nonclinical settings, DGMH providers are able to improve access to mental health services in the community without stigma. Several UNH members serve as host sites for this program and report very positive outcomes. The program has undergone several expansions since its launch along with Thrive in 2015 and has been highly valued. (Note that DGMH is distinct from the Geriatric Mental Health Initiative (GMHI), which is a City Council-funded initiative under DOHMH that provides mental health funding directly to senior centers, NORCs, and others.)

The most recent DGMH expansion was funded in FY22. New sites were selected and contractors began setting up operations, including many that hired new staff. It was disappointing to see the FY 2023 Preliminary Budget, where as part of the PEG the DFTA budget included a \$1.365 million cut in DGMH for the current fiscal year (FY22). The funding reappears in FY23 and beyond. However, the City cannot afford any delay in implementing mental health services for older adults. This cut must be reversed immediately so DGMH providers can proceed to get new programs up and running.

### **Support Council Aging Initiatives**

UNH greatly appreciates the Council's long-standing support for aging through funding invested in Citywide Initiatives, which provide enormous support for older adults and the programs that support them. Aging in particular benefits from a large share of Council funding that the network relies on to carry out essential services, with initiatives such as Support Our Seniors, NORCs, Senior Centers for Immigrant Populations, and Senior Centers, Programs & Enhancements. Some Council funds support entire programs that do not have other state or city contracts, and others pay for entire staff lines, or give programs the flexibility to hire consultants and fill programmatic gaps.

In FY 2023, the Council must restore funding for all of its Citywide Initiatives for aging to at least FY 2022 levels, representing a total of \$31.7 million. This year, several of the programs that were fully supported by the Council for many years received baselined contracts through the DFTA OAC/NORC procurement. As a result, we expect many of the awards will shift around, but we hope the total investment will not be reduced given the enormous value of these funds to the aging network. We also



urge a targeted increased investment to Support Our Seniors, maintaining funding for NORCs, and maintaining the DOHMH Geriatric Mental Health Initiative.

- **Increase Support Our Seniors - \$9.7 million:** Support Our Seniors provides flexible funding to each Council District to support local aging services. Unfortunately, we anticipate there will be unmet needs and programmatic gaps in many of the new DFTA contracts for OACs and NORCs, given anecdotal evidence from our members about the contract negotiation process as laid out earlier. An additional \$50,000 per Council District, amounting to \$2.6 million and a total initiative value of \$9.7 million, would allow Council Members to respond to those local needs and continue to support efforts that address transportation issues, social isolation, technology needs, and more.
- **Restore Naturally Occurring Retirement Communities (NORCs) Initiative - \$6.4 million:** As described earlier, NORCs help thousands of older adults remain healthy, stable, and able to age in place by offering health care, social services, and socialization opportunities right at home. For the last several years, the City Council has included \$6.4 million in Council funding to support the City's NORCs. Because of the Council's enthusiasm for this program, we have been able to bring resources and attention to the needs of a large and rapidly growing older adult population.

For the last three years, this funding has included about \$1.3 million to support nursing services in DFTA-contracted NORCs. This funding fills a gap left by the reduction of pro-bono nursing services that are required by NORC contracts. It is unclear if this funding was filled in as part of the new NORC contracts, but given the preliminary concerns mentioned earlier it likely was not fully addressed and will still be needed to be funded by the Council. Council funding also goes to some state-contracted Neighborhood NORCs, and serves as a required matching fund grant for these contracts that providers rely on. Finally, Council funding has gone toward building new NORCs, some of which were awarded multi-year contracts in the recent DFTA procurement and now will receive baselined funding. Given the new DFTA contracts, there will naturally be some re-shuffling of these NORC Council funds. However, we urge the Council to maintain the overall funding level of \$6.4 million the same, given the needs of the overall system.

- **Restore DOHMH Geriatric Mental Health Initiative (GMHI) - \$3.4 million:** UNH is a long-time supporter of the Geriatric Mental Health Initiative (GMHI), a Council Initiative funded under DOHMH. (Note that this program is distinct from the DFTA Geriatric Mental Health Program.) GMHI funds mental health services in community spaces where older adults gather, such as senior centers, NORCs, and food pantries. GMHI increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary.

Even before the pandemic hit, the aging services network expressed an overwhelming demand to expand mental health services for older adults, especially at senior centers and NORCs and in multiple languages. Given patterns of increased demand since the start of the pandemic, we are thrilled that the Council funded a significant expansion to this program in FY22, allowing the program to reach 13 new sites and supporting long-needed increases for existing providers. GMHI currently supports 35 organizations total, 18 which are UNH members.

While contract registration and payment have been delayed – a systemic problem across human services contracts across the City that must be addressed – providers report very positive results from this new funding. One new GMHI recipient uses the funding across their aging services programs to screen, identify, and refer seniors to mental health services. Another

new recipient notes that they used the funds to bring on a bilingual worker, and trained case workers across their senior centers to conduct mental health and substance abuse screenings. A long-time GMHI recipient will be using their funding increase to strengthen individual and group mental health programming, and to expand training opportunities for staff and clients. Given the vast success of this program, we urge the Council to restore full funding to GMHI of \$3,405,540 in FY 2023.

### **Fund a Cost of Living Adjustment and Raises for Human Service Workers**

UNH was disappointed to see that the Mayor's Preliminary Budget proposal failed to offer any meaningful investments in the human services workforce that has been on the frontlines of the pandemic, which includes many community-based mental health workers. Last year, UNH and our partners advocated for \$48 million in the adopted budget to pay for Cost of Living Adjustments (COLAs) for human service workers. Instead, we received \$24 million to pay for one-time bonuses. These essential workers deserve better, and UNH supports the #JustPay campaign's three-pronged ask for investments for the human services workforce that includes:

- 1) Automatic COLAs for all human services contracts to help wages keep pace with inflation;
- 2) A living wage floor for human services workers of no less than \$21 per hour; and
- 3) The creation and funding of a comprehensive wage and benefit schedule that is compatible to similarly-qualified City and State government employees.

Human service workers were there for the City when we needed them most, and the City should be there for them now. Low wages for human service positions have contributed to a staffing crisis, and without increased budgets for City contracts to cover wage increases, nonprofits will be unable to recruit and train the next generation of human service workers, setting future New Yorkers up for significant barriers to accessing services. We urge the Council to emphasize the needs of the human service workforce in budget negotiations.

Thank you. To follow up, please contact me at [tklein@unhny.org](mailto:tklein@unhny.org).



## NEW YORK CITY COUNCIL COMMITTEE ON AGING

**Monday, March 23, 2022, 2:30 p.m.**

**SUBJECT: Oversight – Preliminary Budget Hearings – Aging**

Good afternoon, Chair Hudson and members of the Committee on Aging. My name is Peter Kempner. I am the Legal Director and Senior Law Project Director at Volunteers of Legal Service (VOLS). VOLS was established in 1984 and our purpose is to leverage private attorneys to provide free legal services to low-income New Yorkers to help fill the justice gap.

For over 20 years, the VOLS Senior Law Project, formerly known as the Elderly Project, has provided free civil legal services to New York City seniors aged 60 and over with incomes up to 200% of the Federal Poverty Level, a universe of 541,000 older New Yorkers. We operate a free legal hotline, hold in-person and virtual legal clinics in collaboration with our community partners, produce know your rights guides, hold educational workshops, and provide free legal services to New York City seniors and their caregivers on over 1,600 matters each year.

The core work that the VOLS Senior Law Project does is the drafting and execution of life planning documents which include Last Wills and Testaments, Powers of Attorney, Health Care Proxies, Living Wills, and other advance directives. We help ensure that our clients have the right plan in place in the event of incapacity or death. In addition to this primary work, the VOLS Senior Law Project also provides representation and advocacy on housing issues, benefits access, and other legal issues seniors face.

The critical documents we draft for our clients make certain that their wishes are clear and are carried out by the people they love and trust the most. They also ensure that seniors can live in the community for as long as possible and help to avoid costly and intrusive legal proceedings like guardianships. These documents enable older New Yorkers to maintain income, avoid homelessness, they safeguard that dying wishes are fulfilled, unnecessary medical treatments are avoided, and ensure caregivers can provide the needed support so seniors can age in place with dignity and respect.

As they age, many seniors become incapacitated and reliant on caregivers. If seniors do not have their documents in place, caregivers will be unable to pay rent or utility bills. This could result in homelessness or placement in a nursing home. A caregiver without power of attorney may be forced to file for guardianship through the courts. Guardianship proceedings are costly and can be exploited by predatory caregivers and often can be avoided with the right future planning.

Avoiding premature institutionalization and the ability remain in their homes for as long as possible, is the desire of 76 percent of Americans over the age of 50, according to

a 2018 survey by AARP. Seniors who engage in advance care planning will be less likely to die in a hospital or to receive futile intensive care. Seniors will attain a better quality of life knowing they have appointed individuals they know and trust to make decisions on their behalf should they become incapacitated. Seniors will receive medical and end of life care that is in sync with their values and personal goals. Seniors are empowered to gain control of their care when they record what they want and don't want at the end of life.

The Senior Law Project reaches out to underserved subsets of New York' City's aging population where poverty is more concentrated and additional barriers to accessing services exist. We serve older veteran, immigrant, and LGBTQ New Yorkers through partnerships with the organizations serving them. Immigrant seniors are twice as likely to live in poverty as their native-born counterparts. Many low-income and senior individuals of color have lacked access to quality healthcare prior to and during the pandemic, while their communities have been particularly vulnerable to COVID- 19, with Black or African American, Non-Hispanic persons dying at 1.7 times the rate of their White, Non-Hispanic persons counterparts, and Hispanic or Latino persons at 1.9 times the rate.

The devastating impact of the pandemic on vulnerable seniors, who have suffered 80% of the COVID-related deaths in New York City, has only reinforced the urgency and importance of planning for disability and end of life. Sadly, too few seniors have properly planned for the future. Among the U.S. population, it is estimated that only one-third have completed an advance directive. Many low-income seniors think that because they do not have resources or wealth to pass on to the next generation, they do not need to have advance directives in place. They are wrong.

There are many examples of why low-income seniors experiencing cognitive or physical decline would need to have the right documents in place to stabilize their lives. A senior who has executed a Power of Attorney authorizes their agent to seek government benefits to pay for housing costs, to sign leases, to do their annual recertification for their NYCHA tenancy, to apply for and recertify for SCRIE benefits and to deal with any issue that may arise with their apartment. Without this tool a caregiver may find themselves powerless and the senior at risk of eviction because rent is not being paid and benefits recertifications have lapsed.

This is why the New York City Council's financial support for our program is so crucial and we thank the Council for the funding you have given to our work for aging New Yorkers. Volunteers of Legal Services looks forward to working with the members of the City Council and the administration to ensure that New York City can best support our seniors in need.

Peter Kempner, Esq.  
Senior Law Project Director and Legal Director