

COMMITTEE ON AGING

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CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

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November 19, 2021
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HELD AT: REMOTE HEARING (VIRTUAL ROOM 3)

B E F O R E: Hon. Margaret Chin, Chair

COUNCIL MEMBERS:

Diana Ayala
Selvena N. Brooks-Powers
Ruben Diaz, Sr.
Eric Dinowitz
Mathieu Eugene
Mark Treyger
Paul A. Vallone

COMMITTEE ON AGING

A P P E A R A N C E S

Lorraine Cortés-Vázquez,
Commissioner of the New York City Department for the
Aging

Jocelyn Groden,
Associate Commissioner for Social and Direct Services

James O'Neal,
Executive Council Member of AARP New York

Brianna Paden - Williams
Communications and Policy Associate at LiveOn NY

Tara Klein,
Senior Policy Analyst with United Neighborhood Houses

Jack Kupferman,
President at Gray Panthers NYC

Shehila Stephens,
Senior Director of Programs at Encore Community
Services

Wayne Ho
President and CEO of Chinese-American Planning
Council

COMMITTEE ON AGING

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SERGEANT SADOWSKY: Pc recording has started.

SERGEANT BRADLEY: Okay, cloud recording is up.

SERGEANT PEREZ: Back is rolling.

SERGEANT BRADLEY: Thank you, Sergeant Sadowsky, you may begin the opening.

SERGEANT SADOWSKY: Good morning, and welcome to today's remote New York City Council Hearing of the Committee on Aging.

At this time would all council members and council staff please turn on their video?

To minimize disruptions, please place all electronic devices to vibrate or silent mode. If you wish to submit testimony, you may do so at testimony@council.nyc.gov , once again that is testimony@council.nyc.gov.

Thank you, Chair, we are ready to begin.

CHAIR CHIN: Okay, thank you. (GAVEL)

Good morning, I am Council Member Margaret Chin, Chair of the Committee on Aging, and welcome to today's hearing.

The committee will conduct a hearing on home care and care giver strategy in the city, as well as two resolutions that I am sponsoring: Resolution Number 1783 in support of state legislation to create a long

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2 term care task force, and proposed resolution 1784 in
3 support of state legislation to place limits in the
4 maximum number of hours a home care aide may be
5 required to work.

6 Studies show that programs that support aging in
7 place, produce a host of benefits for older adults
8 including improving their health outcome, increasing
9 their financial savings, and helping decrease memory
10 loss as they age at home.

11 Last month this committee had a hearing on the
12 city's community care plan, which is a plan to
13 support older adults aging in place, and home care is
14 an essential part of aging in place.

15 New York City has an estimated 900,000 to 1.3
16 million unpaid care givers, also known as informal
17 care givers or family care givers, who provide
18 support for someone with whom they have a personal
19 relationship.

20 The paid home care workforce, which primarily
21 comprised of women and people of color, has doubled
22 in size over the past ten years, and has shifted from
23 institution and hospital-based settings towards
24 private homes and communities.

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2 While these services are needed now more than
3 ever, unpaid caregivers are often not provided with
4 the resources and programs that they need to provide
5 services while still maintaining their mental and
6 financial health.

7 Home health aides work long hours with little
8 pay. During this hearing, the committee seeks to
9 uncover DFTA'S plan for caregivers both paid and
10 unpaid to ensure that quality services are provided
11 while also protecting the caregivers who provide
12 these services.

13 In addition to this oversight topic, we will hear
14 two resolutions. The first resolution, number 1783
15 supports state 598B and the Senate version 3922A in
16 the state legislation to create a taskforce to study
17 the state of long term care services in New York.

18 The COVID-19 pandemic has hit long term care
19 service particularly hard in New York State.

20 In addition to the devastating death in nursing
21 homes, more than 2,700 home health aides had to
22 quarantine due to possible exposure to COVID-19. More
23 than 780 home health aides contracted COVID-19 and
24 sadly, 33 home health aides died of COVID-19.
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1
2 Senate bill 598B and Assembly bill 3922A, would
3 create a taskforce to examine the state of long term
4 care and the limitations that negatively affect the
5 quality of care of these services.

6 And, this taskforce would be charged with
7 examining COVID-19's specific challenges and
8 longstanding issues that make long term care systems
9 vulnerable to outbreak during the pandemic.

10 This legislation would help improve long term
11 care services provided to some of the most vulnerable
12 residents across New York State and would serve as an
13 initial step to protect them from future outbreaks.

14 The second resolution we are hearing today is
15 proposed resolution number 1784A, which supports, uh,
16 the Assembly bill 3145 and the Senate bill 359 in the
17 state legislature to place limits on the maximum
18 number of hours a homecare aide may be required to
19 work.

20 There is a substantial shortage of care workers
21 in the state of New York, as 17% of home care
22 positions are currently left unfilled according to
23 the City University of New Yorker and the Association
24 on Aging in New York.

1
2 It is well known that long hours and little pay
3 contributes to the shortage of home care positions.

4 New York labor laws as interpreted by the New
5 York Department of Labor, entitles care workers to
6 eight hours of sleep and three hours for meals during
7 a 24-hour shift under the "13-hour rule," and yet
8 many workers have reported that they do not always
9 receive these rights.

10 Placing limits on the amount of hours a home care
11 aide works ensuring that they are paid for the amount
12 of work that they are doing, are critical and
13 elemental to respecting the essential work of the
14 home health aides and increasing this much needed
15 workforce.

16 Thank you to all of the advocates and members of
17 the public who are joining us today. And, thank you
18 to the Commissioner and your staff, and
19 representatives from the administration for joining
20 us. And, I look forward to hearing from you on these
21 critical issues.

22 At this time, I'd like to acknowledge my
23 colleagues, as you are also here today, we are joined
24 by, uh, Council Member Diaz, Senior, uh, Council
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1
2 member Brooks - Powers, and Council Member Vallone,
3 and Council Member Rose. Thank you for joining us.

4 I would also like to thank my staff Kana Ervin,
5 and Aging Committee Staff Crystal Pond, Aliyah
6 Reynolds, and Daniel Kroop. Oh, Council Member Ayala
7 has also joined us.

8 So, now I am going to, uh, turn it over, uhm, to
9 our moderator, our Senior Policy Analyst Crystal
10 Pond, to go over some of the procedural items.

11 Thank you.

12 MODERATOR: Thank you, Chair.

13 I am Crystal Pond, Senior Policy Analyst to the
14 Aging Committee of the New York City Council.

15 Before we begin testimony, I want to remind
16 everyone that you will be on mute until you are
17 called on to testify; at which point you'll be
18 unmuted.

19 Members of the Administration who are testifying
20 will not be muted during the Q&A portion of the admin
21 testimony.

22 I will be calling on public witnesses to testify
23 after the conclusion of the administration's
24 testimony and council member questions, so please
25 listen for your name to be called.

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2 The first panelist to give testimony today will
3 be Lorraine Cortés-Vázquez, Commissioner of the
4 Department for the Aging, Associate Commissioner
5 Jocelyn Groden, who (INAUDIBLE 08:54) will be
6 available for questioning.

7 I will call on you shortly for the oath and again
8 when it was time for your testimony.

9 All hearing participants should submit written
10 testimony to testimony@council.nyc.gov if you have
11 not already done so. The deadline for submitting
12 written testimony for the record is 72 hours after
13 the hearing.

14 Before we begin testimony, I will administer the
15 oath to all members of the administration who will be
16 offering testimony or will be available questions,
17 please raise your right hand. I will read the oath
18 and call on you each individually for a response.

19 Do you affirm to tell the truth, the whole truth,
20 and nothing by the truth, before this committee, and
21 to respond honestly to council member questions?

22 (Cross-Talk)

23 COMMISSIONER CORTÉS-VÁZQUEZ: I do... (Cross-
24 Talk)

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2 MODERATOR: Uh, Council... Uh, Commissioner
3 Cortés-Vázquez?

4 COMMISSIONER CORTÉS-VÁZQUEZ: I do.

5 MODERATOR: Associate Commissioner Groden?

6 ASSOCIATE COMMISSIONER GRODEN: I do.

7 MODERATOR: Thank you.

8 Commissioner, you may begin your testimony.

9 COMMISSIONER CORTÉS-VÁZQUEZ: Alright, thank you
10 so much.

11 Good morning, Chairperson Chin and to the members
12 of the Aging Committee. Uhm, I am, as you've just
13 heard, The Commissioner of the New York City
14 Department for the Aging, and my name is Lorraine
15 Cortés-Vázquez.

16 I am joined today by Jocelyn Groden, The
17 Associate Commissioner for Social and Direct
18 Services. And, I am happy to discuss the topic of
19 Home Care and Caregiving Strategy, because it is
20 timely that we're this conversation in November,
21 which is National Caregiver Month.

22 Consistent with DFTA's overarching goal of making
23 New York City the model age-inclusive city in the
24 country, and to be recognized as such globally, we
25 issued a 5-year Community Care Plan that was

1 released earlier this year, and which the Council
2 Woman alluded to.

3
4 This plan provides innovative roadmaps for
5 meeting the needs of the growing, diversified older
6 adult population. And, as you know, this plan centers
7 on supports that allow older adults to safely age in
8 place, which includes homecare, caregiving, and
9 technology supports, as well as meals. We want to
10 focus on the homecare and caregiving supports, uh,
11 during this testimony.

12 We appreciate the past advocacy and support of
13 the council that has allowed us to expand services
14 and implement the first year of the Community Care
15 Plan. We look forward to your continued support to
16 realize the future goals and investments required,
17 uh, to fulfill the 5-year strategic plan.

18 New York City has a large and diverse unpaid
19 caregiver population as well as a growing population
20 of older adults.

21 In accordance with Local Law 97 of 2016, DFTA
22 conducted a survey of unpaid, informal family
23 caregivers in order to create a comprehensive plan to
24 address their needs. DFTA developed and administered
25 this survey in partnership with the administration

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2 for Children's Services, the Mayor's Office of People
3 with Disabilities, and their respective provider
4 networks, the Mayor's Office of Operations, and
5 Westat, which was a social research team

6 Based on this survey and the study, DFTA
7 estimated, as the Council Member mentioned, uh, and
8 the Chair mentioned earlier, that there are roughly
9 900,000 to 1.3 million New Yorkers, including those
10 who care for older adults, or someone with dementia,
11 disabled adults, or provide kinship care. Based on
12 this study of 2018 and revised in 2021, DFTA issued
13 "A Plan to Support Unpaid Caregivers in New York
14 City."

15 The plan also ran several citywide months-long,
16 multi-lingual 'Caregiving Support' media campaigns to
17 aid in the caregiver self-identification, learning
18 that personal care tasks performed, in fact, uhm, in
19 fact, caregiving, and that help is available to their
20 their community.

21 As you know, most people don't even consider
22 themselves caregivers, because it is part of family
23 responsibility or cultural norm. And, that's why
24 this caregiving campaign... Medial campaign was
25 essential.

1
2 This campaign ran in May 2018 and it ran again in
3 June 2021. This campaign has opened many doors for
4 the caregivers so that they know the resources
5 available to them.

6 Since the start of the campaign, there have been
7 over 2,800 calls to 3-1-1 regarding caregiver
8 support, which put them in contact with the
9 corresponding provider to address their needs. The
10 caregiver strain index is the one means that we use
11 to demonstrate, uh, it measures the level of stress
12 of a caregiver. And, as a result of these campaigns
13 and services, caregivers have been shown an
14 improvement of 15% in stress levels.

15 As a caregiver, I can tell you that the stress
16 level is quite high for caregivers, and, I'm one that
17 has support, and it is still high.

18 Through these programs, over 5,200 unduplicated
19 caregivers were served in 2021. That includes 2,100
20 who received virtual and telephonic training,
21 counseling, and group services. And, that is an
22 innovation and opportunity, and a gift, and a lesson
23 learned that we got during COVID.

24 DFTA and our providers have also been conducting
25 wellness calls throughout the pandemic to combat

1 social isolation and share information and,
2 resources. As of November 1st, over 6 million
3 wellness calls to clients have been conducted.
4

5 Regular technical assistance is provided to
6 caregiver programs to ensure the programs can pivot
7 and meet the changing needs of caregivers. And,
8 during the pandemic, DFTA conducted weekly call-ins
9 with program directors to offer support and
10 encouragement as they pivoted to virtual services.

11 Monthly meetings are also held with the
12 providers, as well as presentations by subject matter
13 experts, to increase awareness of caregiver related
14 topics and resources available. At the height of the
15 pandemic, program staff were struggling to help
16 caregivers cope with loss and grief. DFTA responded
17 by providing additional trainings, so more staff
18 could lead support groups to meet these new needs.

19 Uh, and later on, I will... I hope you ask me
20 about the virtual programming, Chairwoman Chin, so I
21 can tell you some of the innovations that happened
22 there. And, uh, it's a new technique and tool that's
23 available to us.

24 The programs also found innovative ways to
25 conduct virtual community outreach, virtual respite

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2 care, and joint social engagement events to target
3 social isolation among caregivers and their care, uh,
4 recipients.

5 Uhm, one program offered a virtual tour of the
6 Brooklyn Botanical Gardens and virtual concerts.
7 Another offered sign-a-long play written by the
8 program director which the clients performed, and
9 delivered pies during the holidays. DFTA worked
10 closely with the programs to ensure that these
11 innovations could be implemented while still adhering
12 to program standards.

13 Caregiver programs provide essential assistance
14 to caregivers struggling with their caregiving tasks.
15 For example, one program helped a caregiver purchase
16 a needed refrigerator, as it broke during the stay-
17 at-home order.

18 Several programs ensured that food and essential
19 services were delivered to the home of the care
20 receivers when caregivers were unable to drop off the
21 items themselves.

22 Urgent needs also arise, such as an inability to
23 cover the cost of durable medical equipment,
24 assistive devices, funeral expenses, or the need for
25 emergency respite care. DFTA promptly reviews these

1 client files in order to prevent delays in caregivers
2 receiving the needed support services.
3

4 DFTA also runs the Grandparent Resource Center,
5 which has over 1,000 kinship caregiver clients and
6 serves thousands of older adults and families across
7 the five boroughs.

8 The Caregiver Resource Center, provides a range
9 of resources including help in accessing benefits,
10 trainings, advocacy, and case assistance. The program
11 is currently operating, like everything else, on a
12 hybrid model, providing virtual and on-site
13 programming at 15 NYCHA public housing developments
14 and the surrounding communities.

15 And, you know that providing in home services is
16 essential to allowing older adults to age in place.
17 There are roughly 20,000 clients served through
18 DFTA's case management programs. Currently, DFTA
19 works with 21 case management and five homecare
20 agencies across the five boroughs. Once referred for
21 services, the case management agency conducts a phone
22 assessment and coordinates which services are to best
23 serve each client. For those who are identified as
24 homebound, a trained specialist will determine
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2 services to help those older adults remain safely in
3 their homes.

4 And, some of these services may include home-
5 delivered meals, home care, housekeeping and personal
6 care such as bathing and dressing.

7 Additional services may also include in-home
8 counseling and access to community resources,
9 friendly visiting, paying bills assistance, and other
10 supports.

11 DFTA currently has roughly 3,000 clients
12 receiving in-home care. Shifts for staff providing
13 these services are typically four hours long five
14 days a week. Given the current contracts, our
15 programs seem be allowed... aligned, I'm sorry, with
16 the intent of A315A, for which a resolution is being
17 heard today.

18 Finally, I would be remiss not to speak about all
19 the efforts that the administration and DFTA have
20 done on the vaccine front.

21 As we know, homebound individuals and older
22 adults are the most... have been and continue to be
23 the most vulnerable during this pandemic. Our
24 continuing engagement with clients, has included
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1
2 current information about COVID, vaccine access, such
3 as, assistance with scheduling appointments.

4 Additionally, as in-home vaccinations became
5 available, and then expanded eligibility, our case
6 management agencies and DFTA staff, have been engaged
7 with all homebound individuals to notify them of this
8 program and help them sign up for in-home vaccine
9 appointments as desired.

10 I want to remind all council members to remind
11 your constituents that in-home vaccination is
12 available for all, uhm, for older adults and their
13 family members, and others.

14 We continue to work with The Department of Health
15 and Mental Hygiene, as well as the Vaccine Command
16 Center on vaccine outreach and access.

17 Thirty-three older adult centers operate as
18 temporary vaccine hubs; and 36 centers hosted the
19 vaccine van over the summer.

20 Additionally, in partnership with the Vaccine
21 Command Center, we established temporary vaccine
22 distribution hubs at several, and participated in
23 collaborative initiatives to reach out to older
24 adults in underserved communities to schedule vaccine
25 appointments.

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2 According to the Vaccine Command Center, so far
3 30,000 New Yorkers have had 46,000 administered at
4 home in the at home vaccination program.

5 We are committed to doing our part to continue to
6 raise awareness about this benefit and about
7 services.

8 And, shortly, you will see a Public Service
9 Campaign that DFTA is engaging with to ensure that we
10 can get that, uhm, those older adults that are not
11 vaccinated. I believe the number is 20% of older
12 adults are still not vaccinated. And, the highest
13 percentage of those are those who attend senior
14 centers, which is a concern for us.

15 I would also again like to thank you for the
16 opportunity to discuss home care and caregiving in
17 celebration of National Caregiver Month.

18 I also want to thank our providers, for whom all
19 of these fundamental services would not be possible
20 if they were not engaged with the community every
21 day. They provide these essential services to older
22 New Yorkers in the language and cultural that is
23 appropriate.

24 And, as always, I'm especially appreciative of
25 the council's advocacy, support, and deep commitment

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2 to The Department for The Aging, but mostly to older
3 New Yorkers, and to increasing the resources and
4 benefits available to them.

5 CHAIR CHIN: Thank you, Commissioner. Thank you
6 for your testimony.

7 COMMISSIONER CORTÉS-VÁZQUEZ: Thank you.

8 CHAIR CHIN: Uh, we've also been joined -- Council
9 Member Treyger and Council Member Dinowitz.

10 Okay, so, I will, uhm, committee counsel, should
11 I pass it back to you?

12 MODERATOR: Thank you, uhm, before I turn it back
13 over to you, I'd just like to remind council members
14 to use the Raise hand function in Zoom to indicate
15 that they have a question for this panel. Uh, please
16 remember to keep questions and answers to five
17 minutes. Panelists from the administration, please
18 stay unmuted if possible during this Question and
19 Answer period.

20 And, I will turn it back over to you, Chair Chin.

21 CHAIR CHIN: Thank you.

22 I am going to start some questions, and I really
23 encourage my colleagues, uhm, let me know if you have
24 a question, and then I will defer.

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2 Uhm, so, the unpaid caregiver, uhm, the unpaid
3 care... There's a working group. The Unpaid
4 Caregiver Working Group, uh, suggested leveraging
5 several existing touchpoints within city agency not
6 overtly associating with caregiver to disseminate
7 such information or services such as, uh, The
8 Department for Education, Health + Hospitals. And,
9 in the progress report, DFTA stated it developed
10 ongoing relationships with hospitals for information
11 and referral purposes.

12 Uhm, can you explain what is that entail?

13 COMMISSIONER CORTÉS-VÁZQUEZ:

14 Sure, you know as you said and as some on the
15 bills that you are encouraging, uhm, we are servicing
16 5,200 caregivers. They are potentially 9,000 to 1.3
17 million.

18 CHAIR CHIN: Mm-hmm

19 COMMISSIONER CORTÉS-VÁZQUEZ: So, you see the gap
20 between the numbers, uh, and I'll just say that 25%
21 of them don't even know that... are caregivers, so
22 let's exclude that, because that's a different
23 outreach approach.

24 Like, we cannot narrow that gap and expand
25 services to that number unless we do that in

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2 partnership with other agencies. And, to also educate
3 other agencies.

4 So, I'm going to give you one example that we're
5 doing with Bellevue Hospital and their social work
6 staff as well as discharge planners, and their
7 gerontological fellows, and doctors, and nurses. We
8 have them... We present, uhm, them, uh, services,
9 and then help them how to identify individuals and
10 refer individuals to appropriate services. Because,
11 they are usually the frontline... (Cross-Talk)

12 CHAIR CHIN: Mm-hmm

13 COMMISSIONER CORTÉS-VÁZQUEZ: that can identify if
14 a family's in stress and caregiving is needed.

15 So, one of our contracted, uh, providers also is
16 building on relationships with local hospitals to
17 make them aware of their services.

18 Prior to the pandemic, some of our providers held
19 tabling events at hospitals to distribute program
20 information. Usually discharge planners and the
21 hospital social workers are key partners, so we have
22 to keep educating them.

23 And, then, uhm, Jocelyn, I going to turn it over
24 to you if you want to talk a little more about some
25

1
2 of the phenomenal partnerships that you've created
3 over the course of the year.

4 ASSOCIATE COMMISSIONER GRODEN: Thank you,
5 Commissioner, and thank you council for this
6 question. We're always looking to spread the
7 message, uhm, in terms of who caregivers are, that,
8 uhm, and what it means to be a caregiver, as well as
9 services and supports that are available to this
10 population.

11 So, for example, uhm, one of the things we've
12 recently been doing is working with DOHMH, uhm, to
13 look at training primary care physicians through
14 their network of providers and distributing
15 materials, uhm, that, uh, help them bring the message
16 forth.

17 We also work very closely with NYCHA, uhm,
18 housing networks to continue to push this message and
19 opportunities to access support and services.

20 CHAIR CHIN: So, uhm, in the 2020 progress report,
21 uh, DFTA stated that it trained agencies and
22 contract staff, uh, in The Mayor's Office for
23 Community Mental Health, formally known as ThriveNYC,
24 uh, in mental health first aid training. Is this
25 training, uh, available to informal caregivers?

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2 COMMISSIONER CORTÉS-VÁZQUEZ: Uhm, Jocelyn, I am
3 going to turn that over to you.

4 ASSOCIATE COMMISSIONER GRODEN: Yes. Yes, uhm,
5 thank you. Uh, thank you, Chair.

6 The intended audience for mental health first aid
7 training are frontline workers and gatekeepers and
8 not informal caregivers. So, no, uhm, this training
9 is not targeted to that population.

10 CHAIR CHIN: Uhm... (Cross-Talk)

11 COMMISSIONER CORTÉS-VÁZQUEZ: But, they do offer
12 trainings... (Cross-Talk)

13 CHAIR CHIN: Mm-hmm

14 COMMISSIONER CORTÉS-VÁZQUEZ: But, they do offer
15 trainings for caregivers that target caregiver
16 burnout, uh, feelings of anger and guilt, and
17 trainings that teach the caregivers. So, those
18 frontline workers to provide trainings to the
19 caregiver. Not the mental health first aid training,
20 but other trainings to teach them on coping
21 strategies and improving their mental health over all
22 well-being.

23 CHAIR CHIN: Okay, yeah, because, that's really
24 important. I mean, like, being a care giver, I mean,
25 at of times it gets very frustrating. And, you know,

1
2 we don't want any elder abuse, you know, issues
3 happening. And, so, I think that's... That's
4 important to make sure that they also get the
5 support.

6 Uhm, ,you know, The Unpaid Caregiver Plan
7 recommends continuing to offer information, referral
8 counseling, support group, uh, wellness, followup
9 calls, and virtual programming that you talked about,
10 uh, to reduce isolation among caregivers, and often
11 them a connection.

12 So, can you please help explain how DFTA
13 identifies individuals who are isolated? Uhm, in the
14 letter that, uh, to the council, uh, DFTA stated
15 that, uhm... and their provider has placed, as you
16 said, over six million wellness calls, uhm , to older
17 adults since the start of the pandemic.

18 So, with the call, how many individuals did DFTA
19 providers actually reach with this wellness call?
20 And, then, what kind of services are offered, uh,
21 during these wellness calls. And, do you also have
22 data in terms of how many individuals accept the
23 services through the wellness call?

24 COMMISSIONER CORTÉS-VÁZQUEZ: And, Jocelyn, did
25 you want to talk a little bit about what the wellness

1
2 call entails? Who provides it and how people can get
3 access to it -- including Aging Connect? Thank you.

4 ASSOCIATE COMMISSIONER GRODEN: Wellness calls are
5 conducting throughout our network, which includes
6 DFTA direct staff. For example, The Commissioner
7 spoke earlier about our Kinship Caregiver Resource
8 Center. So, all of the staff that work directly
9 there are conducting wellness calls as an example
10 with their, uhm, full network of clients. Uhm, also
11 most relevant, are the providers, uhm, and all
12 throughout the DFTA portfolio whether it's older
13 adult centers, caregiver services, case management,
14 and so on and so on, uhm, are all making these
15 wellness calls. As you've said, we've made over six
16 million wellness calls. The calls are rooted in
17 looking at things like -- do you need mental health
18 support? -- safety issues, immediate, concrete needs
19 like accessing food. Uhm, however, they're very
20 client centered and specific to the particular needs
21 of the clients. So, the people making these calls
22 have ongoing relationships with the clients and adapt
23 the call based on the frequency that they want. So,
24 it could be twice a week, or it could be every other
25 week. Uhm, again, client centered and, uhm, really

1
2 focused on the particular needs, referrals, supports
3 of that client. So, if someone who, uhm, for example
4 is feeling isolated or lonely, might be getting more
5 routine support of calls... (Cross-Talk)

6 CHAIR CHIN: And do you... (Cross-Talk)

7 COMMISSIONER CORTÉS-VÁZQUEZ: Chair (INAUDIBLE
8 32:23)

9 CHAIR CHIN: Mm-hmm

10 COMMISSIONER CORTÉS-VÁZQUEZ: I'll get you
11 information... We don't have it right now. But,
12 I... Of those six million, I will get you
13 information on how many of those are caregivers
14 immediately after this hearing. Okay?

15 CHAIR CHIN: Okay. And, I guess to the issue also
16 of how many people were actually, uhm, feel
17 connected, uh, in any... If it's the majority,
18 that's fantastic. Uhm... (Cross-Talk)

19 COMMISSIONER CORTÉS-VÁZQUEZ: Right.

20 CHAIR CHIN: To see them kind of like what the
21 success rate is, and making sure that ,you know,
22 people who are not connected then, how do we kind of
23 reach... reach them? Right... (Cross-Talk)

24 ASSOCIATE COMMISSIONER GRODEN: So, we'll get back
25 to you with that. But, I... (Cross-Talk)

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CHAIR CHIN: Mm-hmm

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ASSOCIATE COMMISSIONER GRODEN: I think an important, uhm thing... thing to, uhm, for context, is that we have made efforts to reach out to every, single one of our active clients... (Cross-Talk)

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CHAIR CHIN: Mm-hmm

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ASSOCIATE COMMISSIONER GRODEN: Uhm, however, some clients are doing really well, and they don't want these calls, and they have what they need through our services programs or their own support of family and friend network. Uhm, so, in some cases, the calls are one time. Uhm, and, then, uhm, for are clients with different needs or interest, uhm, we adapt accordingly.

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So, I do think that's an important consideration that not everybody wants to opt in.

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CHAIR CHIN: Yeah, I think with that though, is that... Because, you say, then, well, how many... How many individuals that actually were reached? I mean, I don't think we reached six million. Right? So... (Cross-Talk)

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COMMISSIONER CORTÉS-VÁZQUEZ: No, we have not reached six million. They're not six million... We made six hundred calls, but we will... We will get

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1
2 you what number that is or as close to that data as
3 we can. Alright? (Cross-Talk)

4 CHAIR CHIN: Yeah, that'll be good. You know they
5 all... Also, the unpaid care givers survey stated
6 that respite care was a major need that was not being
7 fulfilled. Uhm, the care giver program respite
8 budget was doubled in 2018 with the addition of four
9 million? So, what is the current status of, uh, this
10 program's budget? And, has respite service been
11 successful? And, how does DFTA measure the success
12 of this program?

13 COMMISSIONER CORTÉS-VÁZQUEZ: The respite care
14 program is a high demand program. It's an expensive
15 program, and it is in great need. And, I say it's
16 one of the most successful. We are very pleased that
17 we were able to double the money from, uhm, four
18 million to eight million, uhm... (Cross-Talk)

19 CHAIR CHIN: Mm-hmm

20 COMMISSIONER CORTÉS-VÁZQUEZ: uhm, yet, that...
21 The need is so... Uh, because that includes... May
22 include a weekend away, may include... (Cross-Talk)

23 CHAIR CHIN: Mm-hmm

24 COMMISSIONER CORTÉS-VÁZQUEZ You know, uhm,
25 transportation support. It's a myriad of programs.

1
2 But, what we've done was to ensure that the funding
3 allowed us to get two additional providers so that we
4 can then expand more... more access to respite care.

5 And, so now we have about 12 give... 12
6 caregiver programs throughout the city. And, at
7 least we also have, uh, three citywide programs,
8 which are serving special need populations. Uhm,
9 but, respite care is... Is high demand, high cost,
10 well deserved program. And, uhm, you know, and the
11 care... And, the respite care goes from, uh, one
12 hour, uhm, just entertaining the care recipient so
13 that the respite care person can move away to a
14 weekend if the person has had 24-hour... providing
15 24-hour care. Uhm... (Cross-Talk)

16 CHAIR CHIN: Mm-hmm

17 COMMISSIONER CORTÉS-VÁZQUEZ: for months. And,
18 so, the... the... The services are very, very
19 varied. (INAUDIBLE 36:17)

20 CHAIR CHIN: Yeah, and it's (INAUDIBLE 36:17) Mm-
21 hmm, yes? (INAUDIBLE 36:19)... (Cross-Talk)

22 ASSOCIATE COMMISSIONER GRODEN: Uhm, uh, just...
23 Just to highlight, uhm, in addition to what The
24 Commissioner said, uhm, some of the specialized
25 programs included in the expansion are LGBTQ,

1 supporting clients with significant visual
2 impairment, and, uhm, better reach in to Asian
3 communities in New York City, uhm, in addition to
4 the... The very important and critical respite
5 services that The Commissioner spoke about. It also
6 included an expansion of our supplemental service
7 dollars, which include money for transportation for
8 doctor's appointments, personal care items. So, uhm,
9 this increase is meant, uh, you know, a tremendous
10 increase in support to older adults.
11

12 And, you asked, uhm, about plan outcomes. So,
13 one of the ways we measure it, is to look at
14 reductions in caregiver stress. Uhm, and The
15 Commissioner said in her testimony, we've seen
16 significant reductions even during the pandemic,
17 which, I think is, you know, pretty... pretty
18 uh, profound. (Background Noise) (INAUDIBLE 37:22)
19 respite (INAUDIBLE 37:23)

20 CHAIR CHIN: Yeah, no, thank you. I mean, that's
21 what, you know, we want more people to know about
22 this. And, then we have to continue to advocate for
23 more services, because unfortunately a lot of people
24 don't know about it, uhm, a lot of caregivers. Same
25 thing with the... And, I have talked about it in the

1
2 past, you know, same thing with the, uh, homecare
3 programs. And, it's such a blessing. You know, when
4 people find out about it, and they're, just, like,
5 well, just so thrilled that they could take a break.
6 You know, somebody could take care their family
7 member, and they can go get a haircut, you know, or
8 go to the bank, go to a swim class just to destress.

9 So, we just want to make sure more people know
10 about, uh, these services, uhm that are available for
11 people. Uhm... (Cross-Talk)

12 COMMISSIONER CORTÉS-VÁZQUEZ: Which is why, uh,
13 Council Member Chin, I'm sorry... (Cross-Talk)

14 CHAIR CHIN: Mm-hmm?

15 COMMISSIONER CORTÉS-VÁZQUEZ: Which is why it's
16 been so important for these partnerships and
17 outreach. You know, because even the primary care
18 physician and the discharge planners, when they know
19 that this is available, it's... that is also an
20 opportunity. So, that has been... That's an
21 important, uh, part of this also... you know, is
22 getting more people to know, so that they can then...
23 (Cross-Talk)

24 CHAIR CHIN: Mm-hmm
25

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2 COMMISSIONER CORTÉS-VÁZQUEZ: have more people
3 accessing.

4 CHAIR CHIN: Yeah, I mean, that's why definitely
5 primary care doctors in the neighborhood, uh, I mean
6 everyone, uh, should know. And, then regulating to
7 that, is also ,you know, more public service
8 announcements or outreach ,you know, to ethnic
9 medial, community media, uhm, for people to hear all
10 these success stories, and then how to be able to...

11 (Cross-Talk)

12 COMMISSIONER CORTÉS-VÁZQUEZ: (INAUDIBLE 38:54)
13 Good idea... (Cross-Talk)

14 CHAIR CHIN: access it. I mean, that's... That's
15 something that we just want everyone to know. Uhm, I
16 mean, when you do your advertising, you know, on bus
17 shelters or subway, I mean, that's good, too. Uhm,
18 but, then there's so much, you know, other, uhm,
19 needs. And, especially free median, and ethnics, and
20 community media. Uhm, I mean, just like a Chinese
21 radio station that is like 24-hours, and everybody
22 listens to it. So, this is a... So, they have
23 stories, I mean, that's... That's really great.

24 Uhm... (Cross-Talk)

25 COMMISSIONER CORTÉS-VÁZQUEZ: Yep.

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2 CHAIR CHIN: Uhm, there is a... Can you also tell
3 us in terms of, uhm, the plan recommending
4 maintaining a working group similar to the one, uhm,
5 that was created... that was reported, uh, in 2021
6 plan, uhm, updating a caregiver working group to
7 continue to assist.

8 So, who... Who is, uh, on this working group,
9 and how often do they meet? And, what is the mission
10 of this working group?

11 COMMISSIONER CORTÉS-VÁZQUEZ: And, Jocelyn, you
12 can talk about that and the regular meetings we have
13 with the providers and the working group. Thank you.
14 I'm gonna go on mute, because I have a friendly
15 neighbor here who... (Cross-Talk)

16 CHAIR CHIN: Okay.

17 COMMISSIONER CORTÉS-VÁZQUEZ: needs to bark. And,
18 I need to get him to... (Cross-Talk)

19 CHAIR CHIN: Okay... (Cross-Talk)

20 COMMISSIONER CORTÉS-VÁZQUEZ: someplace else.
21 (INAUDIBLE 40:15)... (Cross-Talk)

22 CHAIRPERSON CHIN: Okay.

23 ASSOCIATE COMMISSIONER GRODEN: The working group
24 is made up of directors of our contracted caregiver
25 programs. The group continues to meet monthly to

1
2 talk about, uhm, things like we're talking about
3 here. How to, uhm... And continue to expand and
4 improve upon service delivery. Get the message out.
5 Uhm, they discuss various programmatic issues as well
6 as trends and data that we're seeing throughout the
7 city. And, DFTA provides... meets regularly with
8 the providers to provide technical assistance. And,
9 then, of course, uhm, the program officers, uhm, here
10 at DFTA are talking to programs regularly. Again,
11 looking at data, seeing, uhm, how we could continue
12 to, uhm, commit to continuous quality improvement,
13 and, uhm, solve client specific concerns or
14 challenges, uhm, and support the programs.

15 CHAIR CHIN: So, how many people on there? How
16 many?

17 ASSOCIATE COMMISSIONER GRODEN: Uhm, I am... I
18 would have to get back to you on that.

19 CHAIR CHIN: So, it's all the providers of the
20 caregiving program?

21 ASSOCIATE COMMISSIONER GRODEN: It's all of our
22 providers, uh, typically at the director level of
23 course... (Cross-Talk)

24 CHAIR CHIN: Mm-hmm

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2 ASSOCIATE COMMISSIONER GRODEN: Uhm, we engage
3 with the executive director level also. And, uhm,
4 there's certainly opportunity at these meetings for
5 directors at our provider agencies to bring in staff,
6 you know, who sometimes... (Cross-Talk)

7 CHAIR CHIN: Mm-hmm

8 ASSOCIATE COMMISSIONER GRODEN: have a different
9 lens and perspective on the (INAUDIBLE 41:52)

10 CHAIR CHIN: And, how often do they meet again?

11 ASSOCIATE COMMISSIONER GRODEN: They meet monthly.

12 CHAIR CHIN: Monthly? Okay.

13 ASSOCIATE COMMISSIONER GRODEN: So, they meet
14 monthly, and then, uhm, at that more granular program
15 level, uhm, the program officers are routinely
16 engaging with, uhm, all of the providers, and, uhm, a
17 regular opportunity to reach out with any emerging
18 issues, needs for technical assistance, case specific
19 challenges.

20 CHAIR CHIN: And, the... The non-day caregiver
21 plans also includes recommendations to encourage,
22 uhm, New Yorkers to identify themselves as
23 caregivers. And, in response to this recommendation,
24 uh, DFTA reported continue outreach to caregivers,
25 uh, to encourage them to call 3-1-1 and ask for

1
2 caregiving support? Uhm, so, how many people have
3 called 3-1-1 and identified as caregivers? Do we have
4 that data?

5 ASSOCIATE COMMISSIONER GRODEN: Uhm, I don't have
6 that piece of data right in front of me. I'll try to
7 get it for you during this conversation. Uhm, you're
8 right, uhm, certainly it is one of the things the
9 survey most critically showed, is that people
10 providing regular caregiver support are, uhm, often
11 non-identifying as... (Cross-Talk)

12 CHAIR CHIN: Mm-hmm.

13 ASSOCIATE COMMISSIONER GRODEN: caregivers. Uhm,
14 and to your earlier point, uhm, Chair, uhm, we did to
15 a campaign.... we've done a few campaigns. The most
16 recent one was in June... (Cross-Talk)

17 CHAIR CHIN: June, mm-hmm... (Cross-Talk)

18 ASSOCIATE COMMISSIONER GRODEN: of... Of this
19 year. Uhm, and, uh, focused very heavily on ethnic
20 median and getting the message out to different
21 groups and populations. And, the number... Uh,
22 thank you... Uhm, was over 2,800 calls to 3-1-1. As
23 a result of that... (Cross-Talk)

24 CHAIR CHIN: Mm-hmm

25 ASSOCIATE COMMISSIONER GRODEN: campaign.

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2 COMMISSIONER CORTÉS-VÁZQUEZ: Well, and then, in
3 addition to that, Chairwoman, in addition to the 3-
4 1-1 calls, we also get a number of calls through the,
5 uh, Aging Connect number... (Cross-Talk)

6 CHAIR CHIN: Aging Connect... (Cross-Talk)

7 COMMISSIONER CORTÉS-VÁZQUEZ: And, the... And,
8 the... Okay, so... So, that supplements the 3-1-
9 1... or augments.

10 CHAIR CHIN: Mm-hmm. Okay. Uhm, I gonna, uhm,
11 ask some questions about homecare.

12 So, according to the FY21 MMR, a total recipient
13 of case management service and hours of case
14 management service providers peaked in FY20, and then
15 level off again in FY21. Uh, are those numbers on
16 track to increase or decrease for the first of FY22?
17 And, what is the current waitlist for case management
18 services?

19 COMMISSIONER CORTÉS-VÁZQUEZ: Uhm, Jocelyn, do you
20 want to take the, uhm, do want to take this one?

21 Uhm, I can tell you that service... The need for
22 services did peak. And, but, we've seen, uh, it
23 leveling off back to, uhm, to pre-pandemic levels.
24 Uhm, and so when you look at the MMR, you know, the
25

1
2 period that the MMR's reporting, it was in the midst
3 of pandemic... (Cross-Talk)

4 CHAIR CHIN: Mm-hmm

5 COMMISSIONER CORTÉS-VÁZQUEZ: Uhm, and so, uhm,
6 so, if we're looking back to 9... Uh, to FY19 to get
7 a more, uhm, correct, uh, look at that.

8 Uhm, and we see a slow returning to these
9 numbers. Uhm, it, you know, but during the pandemic,
10 especially given the stay at home orders, they was a
11 hesitancy, uh, from older adults to receive in home
12 services also.

13 CHAIR CHIN: Mm-hmm

14 COMMISSIONER CORTÉS-VÁZQUEZ: You know, so there
15 was... There was a... Even though the demand was
16 higher, you know, we saw the demand, but there was
17 also a hesitancy to have someone in the home.

18 Uhm, but, I will... We'll... But, I... We'll
19 give you a sense of what those actual numbers are.
20 Because, we're looking at that very closely also, uh,
21 Chairwoman Chin.

22 CHAIR CHIN: Mm-hmm. So, is there a current
23 waitlist, uh, for case management and also, uh, for
24 homecare services?

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2 COMMISSIONER CORTÉS-VÁZQUEZ: There... You know,
3 in terms of a... of a waitlist, and we'll, you know,
4 depends on how... Yes, there is a waitlist. And,
5 uhm, and there... And... And, how we determine that
6 waitlist is... is very, uh, interesting, because
7 there is a waitlist for people who have not received
8 any services... (Cross-Talk)

9 CHAIR CHIN: Mm-hmm

10 COMMISSIONER CORTÉS-VÁZQUEZ: or who... For whom
11 the full assessment hasn't been done. And, then
12 there's a waitlist, uhm, for those clients ,you know,
13 we're waiting for that full assessment, and what we
14 do during that period, is every two months we go back
15 to make sure that the... at least what we've
16 assessed for is necessary.

17 Uhm, and then we are also... And, then we
18 distinguish those on the waitlist from those who
19 needs additional services. You know, some people
20 think... (Cross-Talk)

21 CHAIR CHIN: Mm-hmm

22 COMMISSIONER CORTÉS-VÁZQUEZ: of the waitlist of
23 everybody who's waiting. And, we really try to
24 distinguish those two. Uh, but, of course, yes,
25

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2 there is a waitlist, uhm, for both homecare and case
3 assistance. And, we... (Cross-Talk)

4 CHAIR CHIN: Yeah, I think for... Mm-hmm?

5 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah... (Cross-
6 Talk)

7 CHAIR CHIN: I think for homecare, I mean, that,
8 as you say, there might be also waitlist for, uhm,
9 increased... (Cross-Talk)

10 COMMISSIONER CORTÉS-VÁZQUEZ: (INAUDIBLE 47:23)...
11 (Cross-Talk)

12 CHAIR CHIN: Hours... (Cross-Talk)

13 COMMISSIONER CORTÉS-VÁZQUEZ: In addition hours...
14 (INAUDIBLE 47:24)... (Cross-Talk)

15 CHAIR CHIN: Additional hours, yeah... (Cross-
16 Talk)

17 COMMISSIONER CORTÉS-VÁZQUEZ: Exactly.

18 So, that, you know, that'll make a waitlist look
19 higher, but it's be... not that they don't have a
20 service, it's just that they want additional
21 services.

22 CHAIR CHIN: And, the great thing about the, you
23 know, the DFTA homecare, uhm, service programs, a lot
24 of people don't realize is that, because out in the
25 community, especially in ethnic communities...

1
2 immigrant communities, they just think about, oh, you
3 get homecare only if you have a Medicaid, uh, the
4 white card, or like you're really low, low income in
5 order to qualify. And, often times people don't know
6 that they can qualify for the DFTA homecare service
7 the (INAUDIBLE 48:06) program. And, once they find
8 out, they were just so thrilled that they're able to,
9 you know, get... whether it's 12 hours... (Cross-
10 Talk)

11 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah... (Cross-
12 Talk)

13 CHAIR CHIN: Or more... (Cross-Talk)

14 COMMISSIONER CORTÉS-VÁZQUEZ: And, yeah, and,
15 it's... It's... (Cross-Talk)

16 CHAIR CHIN: Mm-hmm

17 COMMISSIONER CORTÉS-VÁZQUEZ: You know, I think it
18 goes back to your earlier comment, which we're
19 totally in agreement with, and need to do more of is
20 this public education around both caregiving, but
21 also the non-Medicaid, uh, homecare. And, as I say
22 that, my stomach goes in to knots. Because, we also
23 need to make sure that we can continue that and
24 increase that in the years, you know, two, three,
25 four, and five of that strategic caregiving plan.

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2 So, you know, the... You heard... You've heard me
3 say this ad nauseam, you know, the... The demand
4 always out paces the resources. But, in this one, as
5 we're moving towards community care... (Cross-Talk)

6 CHAIR CHIN: Mm-hmm

7 COMMISSIONER CORTÉS-VÁZQUEZ: and living at home,
8 then that has to be an integral part of that
9 conversation. But, awareness also has to be an
10 integral part of that conversation.

11 CHAIR CHIN: Uhm, just, uh, one more thing on the
12 MMR. The FY21 MMR shows that, uh, the number of
13 people receiving information and supporter services
14 through DFTA'S caregiving program, has declined by
15 44% in the past two years from 11,399 on fiscal year
16 '19 to 6,368 in FY21. So, what... (Cross-Talk)

17 COMMISSIONER CORTÉS-VÁZQUEZ: (INAUDIBLE 49:44)
18 yeah...

19 CHAIR CHIN: What's all this decrease, uhm...
20 (Cross-Talk)

21 COMMISSIONER CORTÉS-VÁZQUEZ: I... You know, I
22 think... I'm... Jocelyn, correct me if I'm wrong,
23 uh, Sarah, help me with some information, this was
24 one of those situations where we created, uhm, Aging
25 Connect during that same period?

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CHAIR CHIN: Mm-hmm?

COMMISSIONER CORTÉS-VÁZQUEZ: And, it was some of the data was being captured in Aging Connect, which does not... Aging Connect data is not re... reflective in MMR. Uhm, so, it's... it's, uh, it's an operational brouhaha that we need to figure out internally to how keep... how to make the MMR reflect some of the data, uh, that, uhm, you know, going... How do we keep the data and the data going from the, uh, Aging Connect and the 3-1-1 -- and incorporating those in to the MMR? Currently it only reflects the 3-1-1 and not the... Am I confusing you? Uhm, it only... It's only one data source and not... (Cross-Talk)

CHAIR CHIN: Mm-hmm

COMMISSIONER CORTÉS-VÁZQUEZ: and not compiling the data of the information that we're getting in the... in Aging Connect. And, we need to figure that out internally with, uh, with city OPS and the MMR people.

CHAIR CHIN: I mean, the main thing is that we don't want that to effect the caregiver contract.

COMMISSIONER CORTÉS-VÁZQUEZ: Right. Right...
(Cross-Talk)

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2 CHAIR CHIN: Where there is a payment to the
3 provider only decreases your numbers. So, we're
4 going to have to... (Cross-Talk)

5 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah.

6 CHAIR CHIN: decrease your funding. We don't want
7 that to happen... (Cross-Talk)

8 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah, and we have...
9 We have the data... We have the data, but it's
10 not... Because, this other system was created, it's
11 not incorporate in it. But, you're absolutely right.
12 Now that you said it might be a funding question, I
13 will make sure that that gets corrected.

14 CHAIR CHIN: We just don't want those caregiver
15 programs to get less money, because... (Cross-Talk)

16 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah... (Cross-
17 Talk)

18 CHAIR CHIN: Of, yeah, a mix-up I the data.

19 Uhm, is there a plan to screen those in the 60+
20 recovering meals service meal service programs for
21 homecare services? (Cross-Talk)

22 COMMISSIONER CORTÉS-VÁZQUEZ: Absolutely...
23 (Cross-Talk)

24 CHAIR CHIN: Like... Mm-hmm... (Cross-Talk)

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2 COMMISSIONER CORTÉS-VÁZQUEZ: Absolutely, and,
3 uhm, we, uhm, right now we've identified... Of
4 those, you know, we're still waiting for complete
5 data for GetFood. And... (Cross-Talk)

6 CHAIR CHIN: Mm-hmm

7 COMMISSIONER CORTÉS-VÁZQUEZ: And, you know, we
8 thought we... We... We started a census on... for
9 November 1st on GetFood, and then we've gotten 700,
10 uhm, new clients that they've identified. And, now
11 we're saying that they're saying there's another one
12 -- another 700 possibly. So, uhm... (Cross-Talk)

13 CHAIR CHIN: Mm-hmm

14 COMMISSIONER CORTÉS-VÁZQUEZ: You know, we're
15 working with the data that we have. But, with the
16 data that we do have. As you know, or as I... Let
17 me recall... Let me remind of what we did with that.

18 We parsed them out in to three categories. First
19 were the legacy clients, and the legacy clients with
20 those older adults known to, uh, were Congregate
21 Meals programs -- the older adult clubs... (Cross-
22 Talk)

23 CHAIR CHIN: Mm-hmm
24
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2 COMMISSIONER CORTÉS-VÁZQUEZ: And, they've been
3 exceptional in reaching out to all of them and
4 letting them know... (Cross-Talk)

5 CHAIR CHIN: Mm-hmm

6 COMMISSIONER CORTÉS-VÁZQUEZ: Welcome back, come
7 back.

8 And, then we had that category that were the,
9 what we call the default home delivered meals
10 clients. Uhm, and there were anywhere between 788 to
11 2,000 in that category. Those have been, uh, in most
12 of those... About 800 of those have been
13 incorporated in to the home delivered meals program,
14 so that they can continue without, uhm, without, uhm,
15 without disruption. Uhm, thank God, we were able to
16 do that and the providers had the capacity.

17 And, then there... In that, there is this other
18 2,000 category, and now as we get more data, we
19 realize that there may be more. The case management
20 agencies are continuing to assess... (Cross-Talk)

21 CHAIR CHIN: Mm-hmm

22 COMMISSIONER CORTÉS-VÁZQUEZ: our clients who
23 fall... Who have been identified as possibly needing
24 long term care and home delivered meals, they're
25 assessing those so that we could appropriately

1 discharge them to the... to home delivered meals.

2 Alright? Hence our conversation about the increased

3 (INAUDIBLE 53:59) (Cross-Talk)

4 CHAIR CHIN: That's coming next.

5 COMMISSIONER CORTÉS-VÁZQUEZ: And, uhm, and then

6 we have the recovery. So, uhm, and so the short

7 answer to... to your question is, like, yes, we are

8 doing assessments for those may have identified that

9 they have additional long term care needs, and seeing

10 which would be the appropriate program for them.

11 Uhm, but, I just always want to go back to those

12 three buckets... (Cross-Talk)

13 CHAIR CHIN: Mm-hmm

14 COMMISSIONER CORTÉS-VÁZQUEZ: so that people do

15 not think that it's, uhm, the entire 19,000 pool.

16 CHAIR CHIN: Okay, I mean, with the... I mean

17 with the GetFood Program, we were able to capture a

18 lot more, uh, seniors, older adults, that were not

19 connected, uhm, to senior centers, which is great.

20 Uhm, so, we just want to make sure that we seize that

21 opportunity to provide... (Cross-Talk)

22 COMMISSIONER CORTÉS-VÁZQUEZ: Absolutely.

23 CHAIR CHIN: to provide services to these older

24 adults... (Cross-Talk)

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COMMISSIONER CORTÉS-VÁZQUEZ: Absolutely.

CHAIR CHIN: And... Mm-hmm? (Cross-Talk)

COMMISSIONER CORTÉS-VÁZQUEZ: And, particularly if they still... If they have beyond food insecurity, that they have long term care needs.

CHAIR CHIN: Mm-hmm

COMMISSIONER CORTÉS-VÁZQUEZ: You know, so that's what we want to capture. And, that we have, uh, a good population receiving the meals regularly, uhm, from recovery.

CHAIR CHIN: Yeah. I mean, that's the whole idea of the community care plan, right? We want the... (Cross-Talk)

COMMISSIONER CORTÉS-VÁZQUEZ: Right.

CHAIR CHIN: We want the older adults to be able to continue age in the community that they love. And, we want to make sure they get the services that they need.

So, previously DFTA talked about increasing the rate for home delivered meals to \$10.52. Now, will we see the funding for the rate increase in the November plan -- OMB's November plan? The 16.6 million?

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2 COMMISSIONER CORTÉS-VÁZQUEZ: What I can tell is
3 that the administration is seriously looking at that,
4 considering that, and is very committed to that.

5 Uhm, and, you know, we will all see, you know, there
6 are... there are so many needs out there. Uhm, but,
7 I can tell you in earnest, uhm that the city is
8 seriously looking at those two issues. And, you'll
9 know that the priority is increasing meals. Right?

10 Uhm, and, you know, hopefully we can also increase
11 food rate. But, the goal is to increase meals
12 precisely because of the conversation we just had a
13 few seconds ago.

14 CHAIR CHIN: Yeah. But, we also want to make sure
15 that the... the providers who are doing this work,
16 you know, get, uhm, the funding that they need. I
17 mean, and not... (Cross-Talk)

18 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah, we've been
19 in... (Cross-Talk)

20 CHAIR CHIN: short changed... (Cross-Talk)

21 COMMISSIONER CORTÉS-VÁZQUEZ: We've been in
22 contact with all of the home delivered meals
23 providers. I mean, I talked to Ben Thomas directly
24 about this, you know, uhm, and to the advocates.

25 Uhm, this is a priory. This is a concern. It has

1
2 not fallen on deaf ears. And, uh, we want to
3 continue the partnership and see how we can work
4 towards a resolution.

5 CHAIR CHIN: Yeah, and also the GetFood program,
6 they were able to, you know, improve the quality,
7 improve to diversity, the cultural sensitive meals,
8 and they've gotten, uhm, providers to be able to do
9 that and work with small businesses and the local
10 community, in the ethnic community. We want to be
11 able to continue some of those opportunities, uhm, so
12 that, you know, during pandemic we were able to save
13 them jobs. And, we want that to continue. Uhm, and
14 there were... You know, there were some good things
15 that came out the program. In the beginning it was
16 shaky, but, you know, after all the advocacy and
17 (INAUDIBLE 57:41)

18 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah, and I think...
19 And, I'm... I'm very proud. We are -- what? --
20 three weeks in to the GetFood program? And, I'm
21 really proud of the, uh, three providers that are
22 doing the recovery meals. They are, you know,
23 there's three providers, and soon we'll probably be
24 using a press release. Uhm, you know, we need to
25 keep getting accurate data from GetFood, so that they

1
2 can continue fielding their census. But, I can tell
3 you that we're very, very proud of the work that they
4 did... they're doing mostly because they are
5 familiar with this. These are members of the aging
6 network that are now directly involved in the
7 recovery meals.

8 CHAIR CHIN: Right now, DFTA currently received 4
9 million dollars in funding for unmet needs. What
10 program areas, uh, such as case management, home
11 care, uhm, would benefit from this funding?

12 COMMISSIONER CORTÉS-VÁZQUEZ: What... 4 million
13 dollars?

14 CHAIR CHIN: In unmet needs.

15 COMMISSIONER CORTÉS-VÁZQUEZ: I'm not sure which
16 is the 4 million dollars, uhm, you're referring to.
17 But, every dollar that has been granted to do DFTA is
18 allocated. It's allocated event to expansion of
19 mental health, or expansion of recovery, or the
20 expansion of the NORCS. So, I'm not... It... You
21 know, the senior centers, uh, the older adult club.
22 God, I can't even get it straight. Uhm, the older
23 adult clubs. Uh, but I... I don't know of any, uh,
24 of 4 million dollars labeled unmet needs. Because,
25 we have a lot of needs.

1
2 CHAIR CHIN: Okay, I mean, we can try to clarify
3 that. (Cross-Talk)

4 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah. (INAUDIBLE
5 59:37)

6 ASSOCIATE COMMISSIONER GRODEN: Uhm, Chair?

7 CHAIR CHIN: (INAUDIBLE 59:37) clarify that...
8 Yes?

9 ASSOCIATE COMMISSIONER GRODEN: The funding, uhm,
10 is, uh, supporting both case management and homecare,
11 and addressing the waitlist.

12 CHAIR CHIN: Oh, okay.

13 COMMISSIONER CORTÉS-VÁZQUEZ: Oh, that? Okay.
14 Okay, that's not un... Okay, that means unmet needs.
15 Got it.

16 ASSOCIATE COMMISSIONER GRODEN: Yes.

17 COMMISSIONER CORTÉS-VÁZQUEZ: Okay.

18 CHAIR CHIN: Alright. Okay. Alright. So, we
19 know that there's money in there.

20 Uhm, and then also the controller's office shows
21 there's a 35 million dollars in contracts in fiscal
22 year 2022 for 5 borough based homecare providers? Uh,
23 what is the DFTA'S plan to extend these contracts in
24 to fiscal year 2023 and beyond?

25 COMMISSIONER CORTÉS-VÁZQUEZ: Uhm... (Cross-Talk)

1 CHAIR CHIN: Or is there going to be a new RFP?

2 COMMISSIONER CORTÉS-VÁZQUEZ: There will be a new
3 RFP. Uhm, the RFP will be issued, uh, what's the
4 date, uh, Jocelyn?

5 It was originally going to be issued this month,
6 Chairwoman Chin. And, our goal was to, uhm, you
7 know, you've basically have told me that... delay
8 RFP's so that people could start up programs. And,
9 we're doing just that.
10

11 So, Jocelyn, you want to talk about when the RFP
12 is going to be issued?

13 ASSOCIATE COMMISSIONER GRODEN: So, we're going to
14 be extending the contracts for one year and issuing
15 the RFP for fiscal year '23.

16 CHAIR CHIN: Oh, okay.

17 Fiscal year '23? So, that we'd be '24, uhm, 22-
18 24? Okay... (Cross-Talk)

19 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah.

20 ASSOCIATE COMMISSIONER GRODEN: Right.

21 CHAIR CHIN: So, uhm, do you also support, uh, the
22 Fair Pay for Homecare Campaign in Albany -- which
23 would raise wages to 150% of the regional minimum
24 wage? Uh, is the budget, uh, pushed right now in
25 Albany? With the state senate bill 5374 and the

1
2 senate... and Assemblyman Gottfried 6329? It's to
3 increase the wages for homecare.

4 COMMISSIONER CORTÉS-VÁZQUEZ: What I can say to
5 you, is whatever will be the prevailing wage for
6 homecare workers, we will fully support. We have...
7 I'm not sure exactly what position, uh, the city has
8 taken on that just yet to be honest with you.

9 Uhm, but what I can tell you is, all of those are
10 along the lines of what we've always wanted to pro...
11 What we've always been promoting, which is... And,
12 Jocelyn can talk more about this, is getting more
13 people interested in the older adult part of human
14 services. Getting more professionals involved. And,
15 so to the extent that we can get wages that are
16 comparable to, uh, the services provided in another
17 part of the sector, uh, it's important to the aging
18 community.

19 You know that I've been talking for the longest
20 time saying that I'm very concerned that the salaries
21 in the aging network alone is lower than in some
22 other networks. And, so, we're always looking at
23 ways to equalize those as well as to professionalize
24 the network. But, also working with social work
25

1
2 schools to encourage more and more people to go in to
3 the aging network.

4 CHAIR CHIN: Yeah, definitely... (Cross-Talk)

5 COMMISSIONER CORTÉS-VÁZQUEZ: It's a viable
6 profession, but if it's not going to comparable
7 salaries, that's one of the best... You know, that's
8 one of the drawbacks. (Cross-Talk)

9 CHAIR CHIN: Definitely... (Cross-Talk)

10 ASSOCIATE COMMISSIONER GRODEN: Another thing...
11 (Cross-Talk)

12 CHAIR CHIN: Mm-hmm?

13 ASSOCIATE COMMISSIONER GRODEN: Another thing
14 we've been doing, and we're building upon our
15 existing work, as you know the homecare industry has
16 been challenged with workforce shortages for a very
17 long time, uhm, for things like wages.

18 And, uhm, so, as you know DFTA has a senior
19 employment unit, uhm, we've been, uhm, really ramping
20 up our existing capacity around training older adults
21 to become home attendants as well as supporting job
22 placement in to the homecare agencies in our network.
23 Uhm, even though those challenges still exist, you
24 know, we're seeing what capacity we can create

1 through our own infrastructure to help support the
2 needs of the clients.

3 CHAIR CHIN: Yeah, I mean, right now, as I said
4 earlier in my opening, ,you know, most of the
5 homecare workers are women and, uhm, ,you know,
6 people of color, and we need to sort of maybe help
7 attract a younger generation also to be interested...

8 (Cross-Talk)

9 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah, right...

10 (Cross-Talk)

11 CHAIR CHIN: Uhm, in working with... (Cross-Talk)

12 COMMISSIONER CORTÉS-VÁZQUEZ: Right.

13 CHAIR CHIN: with older adults and in caregiving.
14 Uhm, that's one thing we could really maybe work with
15 DOE and with some of those high school that have
16 career... (Cross-Talk)

17 COMMISSIONER CORTÉS-VÁZQUEZ: Vocational
18 programs...

19 CHAIR CHIN: Yeah, career technical programs to
20 see this, you know, as a, uh... It's a good
21 occupation to be a caregiver. Uhm, so we should
22 definitely continue to advocate on that.

23 Uhm, in terms of two resolutions that we are also
24 addressing, uh, do you have, uhm, do you have any
25

1
2 comments? Do you support, you know, creating a
3 taskforce to study the state of long term care
4 services in New York City? And also the issue of
5 homecare, our limiting the number of homecare hours
6 that a home and health aide should work?

7 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah, (INAUDIBLE
8 1:05:17)

9 CHAIR CHIN: Especially the 24-hour shift.

10 COMMISSIONER CORTÉS-VÁZQUEZ: Well, I gonna go to
11 the first one, uh, first.... (Cross-Talk)

12 CHAIR CHIN: Mm-hmm

13 COMMISSIONER CORTÉS-VÁZQUEZ: Is of course we
14 would, because that would be aligned with our
15 caregiving, uh, community care plan -- which is to
16 look at a taskforce. Because, we would hope that
17 that taskforce would look at increasing dollars and
18 services at the local level, and that's... you know,
19 institutional care is essential, but that we can have
20 some parity in terms of increasing services locally,
21 so that we can age in place. So, of course, uh, we
22 would want to have other voices on that task force
23 that had that prospective and not just an, you know,
24 a Medicaid institutional (INAUDIBLE 1:06:02)...
25 (Cross-Talk)

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CHAIR CHIN: Mm-hmm.

COMMISSIONER CORTÉS-VÁZQUEZ: care kind of approach. So, yes, we would support that, and we hope that we're asked to be part of that taskforce.

Uhm, as... In terms of, you know, fair wages and adequate work conditions and fair work conditions, the city has always been supportive of that. I'm sure they're studying that and looking at the implications. Uhm, but I know that the city has always been a fair labor, uh, advocate.

CHAIR CHIN: Well, I think we would also, you know, we've got to push forward with these resolutions. And, I hope the administration, uh, The Mayor and yourself, would also reach out to the state legislator and urge them, uh, to pass the bills, and, The Governor, you know, to sign, so that we can...

(Cross-Talk)

COMMISSIONER CORTÉS-VÁZQUEZ: Yeah.

CHAIR CHIN: Get it implemented as quickly as possible (INAUDIBLE 1:06:57) ... (Cross-Talk)

COMMISSIONER CORTÉS-VÁZQUEZ: Yeah, we'll talk to our state leg folks... (Cross-Talk)

CHAIR CHIN: Mm-hmm... (Cross-Talk)

1
2 COMMISSIONER CORTÉS-VÁZQUEZ: And, and see what
3 the strategy and approach is. Absolutely.

4 CHAIR CHIN: Yeah, that... That would be
5 appreciated. I mean especially the one of the
6 limiting the number. Because, we have, you know,
7 heard complaints on homecare workers about the 24-
8 hour shift. Even though the law says, "Oh, yeah, you
9 can sleep for 8 hours, and you have three hour
10 meal.... You know, it doesn't work that way. Uhm,
11 and only getting 13-hours worth of pay for the 24-
12 hour work, it doesn't make sense, and we need to get
13 that changed. Uhm, so, we welcome your support.

14 Uhm, Committee Counsel, I... I don't think I
15 have any more questions. Uh, so, we will, uhm,
16 continue to work together to make sure... (Cross-
17 Talk)

18 COMMISSIONER CORTÉS-VÁZQUEZ: Yes!

19 CHAIR CHIN: We increase that budget and to get
20 the home delivered meal increase money, uhm, in the
21 November plan. Now, we're in the middle of November.
22 We have hope to see that in there. And, we just we
23 just, uhm, we appreciate the partnership,
24 Commissioner, uh, with you.

1
2 And, we have one more hearing to go, and so,
3 we're going to... (Cross-Talk)

4 COMMISSIONER CORTÉS-VÁZQUEZ: I know, I can't
5 believe it... (Cross-Talk)

6 CHAIR CHIN: get it... Get as much done as we
7 can.

8 COMMISSIONER CORTÉS-VÁZQUEZ: I know. I... But,
9 before you go, or before you turn it over to our
10 colleagues, the one thing that I want to say is
11 that... And, this goes to, uh, Council Member
12 Vallone, but Chairwoman Chin, you have been one of
13 the strongest advocates. When I came to this agency,
14 uh, over three years ago... Oh, no, just... Just
15 barely three years ago, I don't even think I've
16 reached the third year, and what... And, 18-months
17 best (INAUDIBLE 1:08:42) I can say that regardless of
18 that pandemic, you had... Your steadfast advocacy
19 and your commitment to increasing the resources of
20 this agency have been realized. And, we are far...
21 We over 500 million. And, when I started here, we
22 were barely 400 million. So, that is a tribute to
23 you and your advocacy. Obviously The Mayor, and I
24 will I will, you know, the other partner in our crime
25 and our steadfast partner is Mel, you know? That

1 is... I'm sorry (INAUDIBLE 1:09:16) Mayor...

2 (Cross-Talk)

3 CHAIR CHIN: The Mayor... (Cross-Talk)

4 COMMISSIONER CORTÉS-VÁZQUEZ: (INAUDIBLE 1:09:18)

5 She has been a steadfast partner, and so the things
6 that we have been able to accomplish, it's because
7 this... The Three Amigas. You know, and, uh, and I
8 want to thank you from the... You know, just as a
9 long term advocate, uhm, this is how... this is how
10 government works.
11

12 CHAIR CHIN: Yeah, I was really happy that we had
13 a, you know, Deputy Mayor Herzog, when I heard that
14 she was appointed, uhm... (Cross-Talk)

15 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah, I'm telling
16 you, I'm... I'm labeling us the Three Amigas. We...
17 It's been amazing.

18 CHAIR CHIN: No, that's... That's great. And, of
19 course, we... We do thank The Mayor, because every
20 time he sees me coming he knows what I'm (INAUDIBLE
21 1:09:59) (Cross-Talk)

22 COMMISSIONER CORTÉS-VÁZQUEZ: I know, he's...
23 Yeah...

24 CHAIR CHIN: About to say. (INAUDIBLE 01:10:01)
25 (Cross-Talk)

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2 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah, and I know,
3 and he'll always say... You turn every hearing in to
4 a budget hearing. (LAUGHING)

5 CHAIR CHIN: Yeah, but we also want to thank all
6 of the providers. You know, some of whom will be
7 testifying later... (Cross-Talk)

8 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah, (INAUDIBLE
9 01:10:10)

10 CHAIR CHIN: They're the ones that keep on our
11 toes and make sure that we continue the advocacy on
12 the much needed (INAUDIBLE 01:10:17)

13 COMMISSIONER CORTÉS-VÁZQUEZ: Yeah, and I also,
14 you know... you know... You know, I'm going to take
15 the poetic privilege here, but advocacy is important
16 and united... And, united advocacy. Adversary
17 doesn't move us much. It's strong, united, focused
18 advocacy that gets the results that you and the
19 deputy mayor have been able to accomplish. So, I
20 thank you for that.

21 CHAIR CHIN: No, yeah, and the advocates have been
22 great. I mean, they have been supportive and worked
23 together with us. So, we really appreciate it.

24 (Cross-Talk)

25 COMMISSIONER CORTÉS-VÁZQUEZ: Yes.

1
2 CHAIR CHIN: So, thank you, uh, Commissioner, and
3 thank you, Jocelyn, Assistance Commissioner, uh, for
4 joining us today and answering all our questions
5 that... If there's anything that we missed, we will
6 let you know. But, we really appreciate, uhm, all of
7 you for being here. And, uh, have a wonderful, happy
8 Thanksgiving. Uh, before, I... I'll see you in
9 December. The whole time (INAUDIBLE 1:11:10)...
10 (Cross-Talk)

11 COMMISSIONER CORTÉS-VÁZQUEZ: We're going to
12 finally have a thanksgiving with family!

13 CHAIR CHIN: Yeah, uhm, so we'll... We'll do some
14 offline followup, you and I... (Cross-Talk)

15 COMMISSIONER CORTÉS-VÁZQUEZ: Okay, great, we'll
16 do that... (Cross-Talk)

17 CHAIR CHIN: Alright, thank you again.

18 So, I pass it back to our committee counsel,
19 Crystal.

20 MODERATOR: Thank you, Chair Chin and
21 Commissioner.

22 Uh, we will now begin public testimony. The
23 first panel of public testimony -- in order of
24 speaking -- will be James O'Neal, Brianna Paden-
25 Williams, and Tara Klein.

1
2 I'd like to remind everyone that I will be
3 calling individuals one by one to testify. Each
4 panelist will be given three minutes to speak.
5 Please begin your testimony once the sergeant, uhm,
6 has started the timer.

7 Council members who have questions for our
8 panelist, should use the Zoom Raise Hand Function,
9 and I will call on you in the order that you raised
10 your hand after the panelist has completed their
11 testimony.

12 For panelists, once your name is called, a member
13 of our staff will unmute you, and the Sergeant At
14 Arms will set the timer and then give you the go
15 ahead to begin.

16 Please wait for the sergeant to announce that you
17 may begin before delivering your testimony.

18 I will now call on James O'Neal.

19 SERGEANT AT ARMS: Time starts now.

20 JAMES O'NEAL: Good afternoon, Chairwoman Chin,
21 and members of The Committee on Aging. My name is
22 James O'Neal, and I am an Executive Council Member of
23 AARP New York representing the 7,500 members of the
24 50+ community in New York City.
25

1
2 Thank you for providing AARP with the opportunity
3 to testify at today's hearing to discuss the state of
4 caregiving and homecare in New York City, and to
5 provide our recommendations on how to help family
6 caregivers and their loved ones at the city and state
7 level.

8 As an organization representing the 50+ New
9 Yorkers, AARP has conducted extensive research in to
10 both informal and formal caregiving in New York and
11 across the county.

12 In our research on this topic, we have identified
13 a number of issues that have emerged in caregiving
14 that our elected leaders need to address in order to
15 improve the lives of older New Yorkers and their
16 caregivers moving forward.

17 According to a 2017 survey conducted by the New
18 York City Department of Aging, there were between
19 900,000 and 1.3 million informal, unpaid family
20 caregivers in New York City who provide nearly 13
21 billion worth of unpaid care per year. The majority
22 of the city's informal caregivers are women about the
23 age of 50. And, more than half of these unpaid
24 family caregivers provide at least 30 hour of care to
25 their loved ones each week.

1
2 While individuals can much meaning in providing
3 care to their loved ones, unpaid caregiving has
4 become and increasingly significant source of
5 financial strain for New Yorkers and other
6 individuals across the country.

7 In a research survey that AARP conducted in 2021,
8 we found that about 80% of unpaid caregivers reported
9 to have incurred routine, out-of-pocket expenses to
10 care for their loved ones. And, on average, those
11 out-of-pocket expenses totaled over \$7,000.00.

12 We also discovered that an average, unpaid family
13 caregiver were spending about 26% of their total
14 income on caregiving costs. And, Latinos and
15 African-American family caregivers face even greater
16 financial strains on their incomes than other groups
17 as they care for their loved ones.

18 Unpaid family caregivers have also suffered from
19 the added stress of balancing their work and
20 caregiving responsibilities amidst the pandemic.

21 AARP recommends that the mayor and city council
22 take the following steps to improve the state of
23 caregiving in New York City.

24 1. Introduce legislation in the city council
25 that would explore the feasibility in developing a

1
2 new common... Uh, a new caregiver tax credit for
3 residents providing direct care to a loved one to
4 address the common financial strain caused by
5 informal (INAUDIBLE 01:15:22) ... (Cross-Talk)

6 SERGEANT AT ARMS: Time expired.

7 CHAIR CHIN: Please continue, yeah.

8 JAMES O'NEAL:

9 2. Increase city funding of expanded availability
10 of in house respite services to provide family
11 caregivers with additional breaks, as well as to
12 expand the adult daycare services with improved
13 transportation options to and from such facilities
14 citywide.

15 3. Expand DFTA'S outreach efforts to caregivers
16 with more multi-lingual and culturally competent
17 materials to ensure that the city's network of
18 caregivers are aware and have access to DFTA'S
19 caregiving resources.

20 4. Urge you colleagues in the New York State,
21 uhm, legislature to pass a series of bills that would
22 help improve the lives of caregivers and the older
23 adults receiving care in New York City, which include
24 enacting a statewide family caregiver tax credit as
25 proposed in senate bill S620, uh, by May and assembly

1
2 bill A6932 Kim, to provide family caregivers with the
3 financial resources needed to safely care for their
4 aging loved ones in their homes.

5 And B) Passing and enacting senate bill S5988 and
6 assembly bill A3922A that would establish a long-term
7 care task force to examine the state of long-term
8 care both home and facility based across New York
9 State , while also considering potential models of
10 improvement.

11 We're eager to see Council Member Chin introduce
12 a resolution, resolution 1783-2021 calling on her
13 colleagues at the state level to pass this
14 legislation. We would urge the rest of the city
15 council to support this resolution and to call your
16 colleagues in Albany to ensure that this legislation
17 is passed in the next session.

18 Thank you for providing me the opportunity to
19 speak today.

20 CHAIR CHIN: Thank you, James.

21 JAMES O'NEAL: You're welcome.

22 MODERATOR: Thank you for your testimony.

23 I will now call on Brianna Paden-Williams
24 followed by Tara Klein, and then Jack Kupferman.

25 SERGEANT AT ARMS: Time starts... (Cross-Talk)

1
2 MODERATOR: Brianna?

3 BRIANNA PADEN-WILLIAMS: Hello, I am Brianna
4 Paden-Williams the Communications and Policy
5 Associate at LiveOn NY. Thank you for the
6 opportunity to testify today.

7 LiveOn NY's members include more than 100
8 community-based nonprofits that provide core services
9 which allow all New Yorkers to thrive in our
10 communities as we age.

11 Today, we have an opportunity to discuss a key
12 pillar in the continuum of care that enables
13 thousands of older New Yorkers and people with
14 disabilities to age in place and that is homecare.

15 In many ways home care, along with the entire
16 continuum of community-based services, are the
17 critical supports to ensuring individuals can age in
18 communities, rather than in institutional settings.

19 Unfortunately, like much of the network of
20 services that supports an individual's ability to age
21 in place, our home care system relies on a workforce
22 that is both underappreciated and underpaid.

23 Historically, and even more so during the
24 pandemic, the unmet need for home care for older New
25 Yorkers and people living with disabilities was

1
2 exacerbated by high turnover and staff shortages due
3 to low wages. Further, COVID-19 disproportionately
4 impacted older adults, and individuals of color,
5 revealing existing inequities and the overburdened
6 state of our long-term care system.

7 Evidence of the inequitable, underappreciated
8 nature of care work -- which is predominantly
9 provided by women in the BIPOC individuals -- the
10 median annual earnings of New York's home care
11 workers are only \$22,000. In comparison to other
12 industries, the homecare industry will require
13 significant resources and investments to ensure all
14 workers receive a livable and competitive wage.

15 Today, we have the opportunity to address the
16 challenges that arose during the pandemic to provide
17 improved and long-lasting care services for older
18 adults. And, in order tackle these important issues
19 LiveOn NY recommends the following:

20 1. Full funding and an outyear plan to
21 consistently eliminate home care and case management
22 waiting lists. The waiting list for homecare and
23 case management remains a chronic issue in New York
24 City, with waiting list for services existing for
25 years, despite modest investments.

1
2 2. The city should advocate to the State to pass
3 and fund Fair Pay for Home Care. And, the purpose of
4 this legislation is to establish a base wage for home
5 care workers at 150% of the regional wage and thereby
6 ensuring that the role of home care workers remains
7 competitive, at least in comparison to positions
8 funded at minimum wage.

9 And, third, A \$48 Million Cost of Living
10 Adjustment for essential human services workers,
11 including those that execute the DFTA caregiving,
12 case management and home care programs.

13 In addition, LiveOn NY strongly supports Council
14 Member Chin's Resolution in support of Senate Bill
15 598B, which seeks to create a taskforce to reimagine
16 long-term care and study the long run impacts of
17 long-term care services in New York State. And, we
18 join in echoing the Resolution's call for... (Cross-
19 Talk)

20 SERGEANT AT ARMS: Time expired.

21 BRIANNA PADEN-WILLIAMS: the Governor to sign this
22 important legislation into law. LiveOn NY has long
23 advocated for the emergence of a Task Force to seize
24 the opportunity to emphasize the cost-effective,
25

1
2 community-based long term care models that already
3 exist and could be further expanded.

4 Thank you for the opportunity to testify today.

5 MODERATOR: Thank you for testimony.

6 I will now call on Tara Klein, followed by Jack
7 Kupferman, and then Shehila Stephens.

8 Tara?

9 SERGEANT AT ARMS: Time starts now.

10 TARA KLEIN: Thank you, Chair Chin, for hosting
11 today's hearing.

12 Hi, my name is Tara Klein, a Senior Policy
13 Analyst United Neighborhood Houses.

14 UNH is a policy and social change organization
15 representing 40 neighborhood settlement houses.

16 Uh, my testimony focuses on the paid homecare
17 workforce and the economic crisis facing nonprofit
18 homecare providers due to state funding and policies
19 that perpetuate near poverty wages.

20 Three of our UNH member organizations provide
21 homecare services as state licensed home care
22 services agencies. Every year these settlement
23 houses provide services to over 4,500 individuals
24 with nearly 7,500 workers. While the home care
25 industry is comprised of both for-profit and

1
2 nonprofit home care agencies, these community-based
3 organizations serve distinct roles serving their
4 neighborhoods with culturally competent care and
5 offering many important wrap-around services and
6 programs beyond homecare.

7 With the demand for homecare increasing and with
8 the nursing home crisis in New York that escalated
9 during the pandemic, it's clear that the homecare
10 model should be preserved and elevated.

11 At the same time, homecare is at a crisis with
12 the workforce shortage brewing, that is expected to
13 grow in the next several years. This shortage is in
14 large part due to a systematically underpaid
15 workforce comprised largely of women of color and
16 immigrants.

17 These poor wages are predominantly due to state
18 policies including low Medicaid and MLTC reimbursement
19 rates and The State Department of Labor's 13-hour
20 rule of 13 hours of pay for a 24-hour work shift.

21 Nonprofit homecare providers are stymied by these
22 policies unable to pay the fair wages that they know
23 their workers deserve due to a lack of funds.

24 UNH has a number of policy recommendations to
25 stabilize and strengthen the homecare workforce while

1
2 ensuring nonprofit providers are able to remain
3 financially viable.

4 First, we support the state's Fair Pay for Home
5 Care Bill, which would ensure workers are paid
6 uniform and fair wages across the state at 150% of
7 the regional minimum wage. Critically, the bill
8 ensures that this higher pay is funded through
9 Medicaid reimbursement rates and does not unfairly
10 fall on providers.

11 Uh, next we support City Council Resolution of
12 1784-A in support of this legislation bill by Senator
13 Persaud and Assembly Member Epstein. This bill seeks
14 to rectify the unfair pay structures that result from
15 the 13-hour rule by capping the number of shift hours
16 at 12 hours in most cases. This would massively
17 reduce, if not eliminate, the number of 24-hour
18 shifts. We know that this bill is not feasible
19 without a significant financial investment of
20 parallel efforts to increase wages and mitigate the
21 worker shortage that this bill would otherwise
22 exacerbate, and a clear mechanism to fully pay for
23 the rare 24-hour cases that may occur. Uh, we know
24 that the bill sponsors share our concerns and are
25 working on strengthening the bill language right now.

1
2 Uhm, and while the state plays the largest role,
3 the city can play a role in alleviating the homecare
4 workforce shortage by focusing on recruitment...

5 (Cross-Talk)

6 SERGEANT AT ARMS: Time expired.

7 TARA KLEIN: training, and making homecare an
8 attractive career. This can include building on
9 existing workforce development and training programs
10 like one at HRA that works with cash assistance
11 recipients, and programs at CUNY and SBS.

12 Uh, further, many homecare agencies have employer
13 led training programs which are not supported by
14 government funding. And, a city in investment in the
15 programs could help them expand their work.

16 Uh, we have several other recommendations, uhm,
17 and more info is in my written testimony, and we're
18 more than happy to follow up any time.

19 So, thank you so much.

20 MODERATOR: Thank you for your testimony.

21 I will now call on Jack Kupferman, followed by
22 Shehila Stephens, and Wayne Ho.

23 SERGEANT AT ARMS: Time starts now.

24 JACK KUPFERMAN: Thank you so much for giving us
25 the opportunity to participate.

1
2 I'm Jack Kupferman, President at Gray Panthers
3 NYC, and we're honored to be able to provide a short
4 testimony.

5 It's indisputable that COVID-19 has opened every
6 wound in society, especially in America's long term
7 care systems. It's indisputable that reform and
8 systemic change for America's long term care system
9 is long overdue.

10 Gray Panthers NYC applauds the two resolutions
11 calling on The Governor to create an essential
12 vehicle for change - "reimagining long term care task
13 force act", and support limitations on home care aide
14 work. The emphasis must always be on the long term
15 care recipient. They are the beneficiaries of
16 legislative change - not just the facilities, not
17 just the providers, not just the staff. We must
18 always strengthen robust accountability, fully
19 enforce existing statutes and regulations, ensure
20 humane administration, and ensure proper provision of
21 long term care services. The human rights of every
22 person receiving long term care had not been
23 considered a policy priority until the past year and
24 a half. COVID-19 wreaks unimaginable waves of death
25 among long term care recipients. The pain of loss

1 among those without adequate outlets is staggering.
2 We urge you to ensure that these resolutions do not
3 become mere window dressing. During the pandemic,
4 windows to the outside world became portals to the
5 incarceration of too many long term care recipients.
6 Honor their lives, honor their families, honor their
7 memories by reimagining long term care in New York
8 State so that they can thrive. Gray Panthers
9 initiative - Honoring Nursing Home Lives - is
10 committed to ensure that the rights of those in long
11 term care are protected and that their individual
12 voices are the agent of change. And, to that effect,
13 we would encourage you to, uh, watch our award
14 winning documentary on just this topic. I just want
15 to say thank you for giving us the opportunity to
16 participate in today's session.

17 Thank you.

18 MODERATOR: Thank you for your testimony.

19 I will now call Shehila Stephens followed by Wane
20 Ho. (sp?)

21 SERGEANT AT ARMS: Time starts now.

22 SHEHILA STEPHENS: Good afternoon council members.
23 My name is Shehila Stephens, and the Senior Director
24 of Programs at Encore Community Services, a nonprofit
25

1
2 serving older adults on the Manhattan west side from
3 110th down to 14th Street.

4 We offer a range of services to help older New
5 Yorkers age successfully including operating an older
6 adult center in the theatre districting, providing
7 home delivered meals, and running two senior housing
8 buildings -- one affordable housing and one
9 supportive housing.

10 Uhm, as we continue to expand our services, we
11 are being called on more and more often to arrange
12 for home health aide services to navigate the long
13 term care system on behalf of our seniors, and also
14 working with home health aide staff within our
15 buildings who often are working in unsafe
16 environments. They don't have the proper resources,
17 and at times it seems like the overseeing bodies are
18 not aware of these issues -- including many of our
19 home health aides not being paid on a regular
20 schedule, or also additionally being asked to work
21 well past the limit of hours because of the vacancies
22 in staffing.

23 Uhm, through or work at Encore Community
24 Services, we also run in to extraordinary
25 difficulties with our older adults and their families

1
2 as they try to secure home health services, where
3 individuals who have significant needs have only six
4 hours a week of home health care services. And, they
5 are often left alone for more than 15 hours at a
6 time.

7 Older New Yorkers have provided countless
8 contributions to the city and their communities
9 through their lives, and then when they are in need
10 of care, they're often left to fend for themselves.

11 Finances are a primary obstacle, though as
12 mentioned before, the shortage of quality care
13 workers certainly contributes to the challenges. We
14 see this issue impact every kind of New Yorker,
15 except those who have significant wealth.

16 We've seen middle class individuals become
17 vulnerable, bedbound or homebound, and they struggle
18 for home health care because they're barely over the
19 cusp of income restrictions. They are on a fixed
20 income and can't afford to pay out-of-pocket for
21 these additional expenses, and they can't access the
22 benefits that they need and seem to fall through
23 those cracks -- where they're having to debate on
24 whether they should pay for additional hours or buy
25 groceries.

1
2 But, we also struggle to get services for older
3 New Yorkers who have already been identified by the
4 system as the most vulnerable. Our city funded
5 supported housing building, which is supposed to be
6 permanent supportive housing for older New Yorkers,
7 do not provide funding to the programs to arrange for
8 the appropriate home care services on site. And often
9 times, as an organization, we are either paying out-
10 of-pocket for these additional services for our
11 seniors or having to navigate this very difficult
12 system... (Cross-Talk)

13 SERGEANT AT ARMS: Time expired.

14 SHEHILA STEPHENS: We are able to provide many
15 services ourselves, but not this particular care
16 options, as it requires a skilled worker.

17 We are very focused on making sure that the care
18 needs, and medical needs, and the safety and security
19 of our seniors are addressed.

20 We'd like to hire a nurse to provide services,
21 uhm, for this care, but the terms of our city
22 contract does not allow us the funds for that
23 expense. And, it seems that they consider that an
24 extra support but not a necessary support.

25

1
2 At Encore, we do not believe that accessing home
3 care to live out your life with as much health and
4 dignity as possible is optional for our residents or
5 any New Yorker.

6 We urge the city to consider how it can improve
7 access to homecare services for aging residents. The
8 issues only become more urgent as our city
9 demographic continues to shift.

10 Over the past ten years, the number of older
11 adults in the city have skyrocketed. And, they're
12 important. The 65+ population increased 12 times
13 faster than the city's population for under 65 years
14 old. And, now they represent more than 1.24 million
15 people across the five boroughs.

16 It is critical that the city work to better
17 address the home care and caregiving needs of older
18 New Yorkers in the city. And, Encore whole heartedly
19 supports equal pay and improved pay for home health
20 aide and care giving agencies.

21 Thank you so much for your time today.

22 MODERATOR: Thank you, Shehila. And, I'm sorry
23 for butchering your name previously... (Cross-Talk)

24 SHEHILA STEPHENS: Oh, that's okay, it's a unique
25 name.

1
2 MODERATOR: Uh, I will now call on Wayne Ho.

3 SERGEANT AT ARMS: Time starts now.

4 WAYNE HO: UH, thank you very much. Uh, my name is
5 Wayne Ho, and I am the President and CEO of Chinese -
6 American Planning Council.

7 I want to thank the committee for giving me the
8 opportunity to testify today, as well as Council
9 Member Chin, who has been a staunch advocate for 12
10 years in her time in office for older adults and
11 immigrants and others.

12 Uh, CPC is the largest Asian-American social
13 services nonprofit in the country. And, amongst our
14 services includes providing a wide range of
15 culturally competent and linguist accessible programs
16 to seniors. We serve over 11,000 seniors per year
17 including 3,000 seniors through our subsidiaries The
18 CPC Home Attendant Program, which was licensed in
19 1998.

20 I am here today to speak in support in of the
21 resolutions to call on the state senate and the
22 governor to create a task force to reimagine long
23 term care as well as the resolution for the state
24 legislature and the governor to sign A3145, which
25

1
2 would mandate split shifts for our home care workers
3 with 24-hour shifts.

4 Uhm, (Muted) for years, uh, CPC HAP has been
5 advocating for the state of New York to invest
6 additional Medicaid funding to support our home care
7 workers and ensure better services. We are a 100%
8 Medicaid funded home care agency with contracts with
9 the New York City Human Resources Administration as
10 well as health insurance companies.

11 Uhm, because we have to follow all of these
12 regulations, one of the main issues that affects us
13 24-hour cases and specifically the 13-hour rule, uh,
14 where we're only allowed to compensate workers for 13
15 hours of care, uh, during a 24-hour live-in shift.

16 Uh, we have been in support of the workers who
17 have been calling for changes to this and mandating
18 12-hour split shifts, which is a reason why we stand
19 behind the resolution that's been introduced.

20 Uhm, while we actively try to avoid taking 24-
21 hour cases, our contracts HRA and with managed care
22 organizations mandates that we do that. We have to
23 comply with the patient's bill of rights, which
24 mandates 24-hour care. And, ultimately, uhm, all of
25 these efforts will not be supported unless we can get

1
2 state intervention to better support our consumers
3 and ensure that there's better compensation for our
4 workers.

5 Uh, while we have been for years advocating for
6 the Epstein and Persaud bill, as well as Fair Pay for
7 Home Care, we are delighted that the city council and
8 the city is going to try and do more to join us in
9 these advocacy efforts.

10 Uhm, we need to adjust the Medicaid rates. We
11 need to make sure that if the legislation is passed
12 it does not become an unfunded mandate.

13 SERGEANT AT ARMS: Time expired.

14 WAYNE HO: We also need to make sure that our
15 efforts are supplemented, uhm, with Fair Pay for Home
16 Care, which others who have testified today have said
17 that even if we have split shifts due to worker
18 shortages, we do not want to see more consumers go in
19 to long term care facilitates. We want them to age
20 in place in their homes safely.

21 So, in addition to creating a long term care
22 taskforce, passing the bill to mandate split shifts,
23 uh, for 24-hour cases, we also support fair pay for
24 home care.

1
2 Ultimately, while CPC HAP has been a highroad
3 employer and compensating our workers for overtime,
4 for interruptions, for transportation, uhm, we also
5 recognize that there must be systemic change. And,
6 that's why we are grateful for the support of Council
7 Member Chin, The Aging Committee, and the City
8 Council to pass this resolution, because it's not
9 just about CPC addressing our own 24-hour cases; this
10 is a systemic issue, and we need to make sure that we
11 get to the core.

12 So, we need to state intervention, and we thank
13 you for the opportunity to testify today.

14 And, thank you again, to Council Member Chin for
15 her long time leadership not only on aging issues,
16 but also all issues effecting vulnerable New Yorkers.

17 Thank you.

18 CHAIR CHIN: Thank you.

19 MODERATOR: Thank you for your testimony, Wayne.

20 At this time, if your name has not been called,
21 and you still wish to testify, please raise your hand
22 using the Zoom Raise Hand Function.

23 Seeing no hands raised, Chair Chin, we have
24 concluded public testimony for this hearing.

25

1
2 CHAIR CHIN: Thank you. Uhm, I just want to thank
3 this panel, uh, all of the people came to testify
4 today. And, thank you for your service, uh, to our
5 older adults.

6 And, we will definitely, you know, join in to
7 advocate with the state. Because, they have to
8 intervene and really help us solve this issue of, you
9 know, fair pay for our home care workers and support
10 services for our care givers.

11 Uhm, this is long overdue. I remember even
12 working with the home care union 1199. We were
13 demonstrating with workers trying to get an increase
14 in pay. And, I think the workers still are not even
15 getting, uh, the state minimum wage, and that is not
16 right. So, we have to really continue our advocacy.

17 And, I really want to thank, uh, all of the
18 providers, uhm, UNH (Background Noise) (INAUDIBLE
19 01:38:48) Tara, for your long term advocacy and
20 LiveOn NY, and all of the service providers, CPC,
21 Encore -- I know the Executive Director was at our
22 last hearing also.

23 Uhm, we just have to continue to advocate, uh,
24 for more funding for our older adult population.

1
2 And, uh, The Commissioner spoke earlier that we
3 have made some, you know, big strides in the last
4 eight years, uh, in terms of increasing the budget.
5 And, we will hope that the next administration will
6 continue, uh, to see older adults as an important
7 population, uh, in the city. Our number is growing.
8 So, we just need to amplify our voice and make sure
9 that the services are there for us.

10 So, thank you again for, uh, coming to testify
11 today. And, uh, I will call this meeting, uhm, to
12 its conclusion.

13 So, thank you to all the sergeants. Uh, thank
14 you to committee counsel, uh, and all the staff for
15 helping with this hearing today.

16 (GAVEL)

17 So, the hearing is now adjourned. Thank you.
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C E R T I F I C A T E

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



Date December 6, 2021