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11		October 18, 2021 Start: 11:03 a.m.	
12		Recess: 1:38 p.m.	
13	HELD AT:	REMOTE HEARING - VIRTUAL ROOM 2	
14	BEFORE:	Margaret S. Chin,	
15		Chairperson	
16	COUNCIL MEMBERS:		
17		Diana Ayala Daniel Dromm	
18		Selvena N. Brooks-Powers	
19		Ruben Diaz, Sr. Eric Dinowitz Mathieu Eugene	
20		Mark Treyger	
21		Paul A. Vallone	
22			
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1	COMMITTEE ON AGING 2	
2	APPEARANCES	
3	Lorraine Cortés-Vázquez Commissioner of the Department for the Aging	
4	Michael Bosnick	
5	Deputy Commissioner from DFTA	
6	Erin Drinkwater	
7	Deputy Commissioner from the Department of Social Services	
8	Kevin Jones Associate State Director for Advocacy at AARP Nev	
9	York	
10	Brianna Paden-Williams Communications and Policy Associate at LiveOn Nev	
11	York	
12	Jeremy Kaplan Executive Director at Encore Community Services	
13	Philip Chong	
14	President & CEO at Quincy Asian Resources, QARI	
15	Peter Kempner	
16	Legal Director and Elderly Project Director at Volunteers of Legal Service, VOLS	
17	Gil Bloom New York Pest Management Association	
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2 SERGEANT SADOWSKY: PC recording is started.

SERGEANT BIONDO: Recording to the cloud has begun.

SERGEANT POLITE: Thank you. Sergeant Biondo, you may begin with your opening statement.

SERGEANT BIONDO: Good morning everyone and welcome to today's New York City Council Committee on Aging. At this time, will all panelists please turn on their video for verification purposes. To minimize any disruptions, please place all electronic devices to vibrate or silent mode.

If you would like to submit testimony, please do so via <a href="mailto:testimony@council.nyc.gov">testimony@council.nyc.gov</a>. Again, that is <a href="mailto:testimony@council.nyc.gov">testimony@council.nyc.gov</a>. Thank you for your cooperation. Chair Chin, we are ready to begin.

CHAIRPERSON CHIN: Good morning. I'm Council

Member Margaret Chin, Chair of the Committee on Aging

and I want to welcome you to this hearing of the City

Council's Committee on Aging. Today, the Committee

will conduct a hearing on the Community Care Plan, as

well as Intro. Number 1219, sponsored by Council

Member Danny Dromm to provide assistance to seniors

with bed bugs in their homes.

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Allowing older adults to remain at home in their community as long as possible while having access to critical services, resources and opportunities that will support them with their daily living activity is an essential responsibility of the city. In April 2021, Mayor Bill de Blasio announced that the city will invest \$58 million in a five year community care plan for older New Yorkers.

This plan would increase services in underserved and historically excluded communities to help older New Yorkers age in place across the five boroughs. The plan also includes the release of an RFP to create 25 new centers OAC or naturally occurring retirement communities NORCs with investment towards expanding outreach and increasing transportation option, staffing and virtual programming.

In the Plan, DFTA states its aims to increase the diversity of its portfolio of providers to address historically funding in equities and include multicultural programming to appeal to the interest of varied groups including immigrants. DFTA's plan to expand the continue of services including case management, home delivered meals, home care, care giver support, connectivity needs and transportation.

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While all of these are noble goals that I share, we must ensure that the plan includes concrete action and measurable follow through. The Committee would like to explore what metrics they will use to progress of the Community Care Plan Initiative.

Specifically, the Committee will seek clarification on how the RFP will increase provider diversity and address historically funding and equity. How the promise flexibility to reprogram funds to support more popular senior programs work in practice. And how DFTA will reach these older adults who are not currently connected to services.

The Committee would like to investigate how existing older adult centers are being impacted. I have heard from providers that they have been giving proposed budget much less than their RFP application proposed. And they have only given seven days' time period to negotiate these contracts. Asking providers to do more with less will not help the city reach the goals laid out in the Community Care Plan. As the aging population continues to grow, we need to ensure that the services they need expand as well.

In addition to this oversight topic, we will hear a bill on providing assistance to older adults who

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are struggling with bed bugs. Seniors are often unable to carry out the physical tasks necessary to prepare for exterminators to rid their homes of the infestation. This bill would enable seniors to receive the help they need to ensure that the exterminator can do their job properly, so that the bed bugs are eradicated from the seniors home.

Thank you to the advocates and members of the public who are joining us today. Thank you to representative from the administration for joining us and I look forward to hearing from you on these critical issues. At this time, I would like to acknowledge my colleagues who are here today.

We are joined by Council Members Powers, Louis,
Council Member Treyger and Council Member Vallone. I
would like to also thank my staff Kana Ervin and
Aging Committee Staff Crystal Pond, Aliyah Reynolds
and Daniel Kroop.

I will now turn it over to my colleague Council Member Dromm, to discuss this Bill. Thank you.

Council Member Dromm.

COUNCIL MEMBER DROMM: Thank you very much Chair Chin. With the city's investment in the Community Care Plan, a greater number of older New Yorkers will

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be able to age in place. By creating a network of support services, we can help our family, friends and neighborhood keep their independence, self-reliance and wellbeing all while remaining in their homes.

Such services run the gamut from delivering nutritious meals to maintaining vital social connections. It is important to be aware of all the challenges that face older New Yorkers and then to

Intro. 1219, which is being heard today, highlights one of the ever vexing problems that is often compounded for older adults, bed bugs.

Thoroughness is key to successful eradication but this often entails moving furniture and heavy equipment. Without assistance, many seniors would never be able to rid their homes of stubborn infestations.

deploy city resources to address those challenges.

I have constituents who have described how chemical treatments applied in their homes by landlords and others, were effectively useless because they could not take the other necessary steps. My bill would require the city to institute a program to help senior citizens eradicate bed bug

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2 infestations, including the moving of furniture and

3 heavy equipment if necessary.

I want to thank the advocates for being here today and I look forward to hearing your testimony.

I want to thank Chair Chin for hearing this legislation as you did in 2017 and for your leadership on the aging issues, all aging issues throughout the years. And for the fantastic job that you have done since we have been in the City Council.

Chair Chin, you're leaving a very big shoes to fill and a fantastic legacy. Thank you very, very much.

CHAIRPERSON CHIN: Thank you Council Member

Dromm. I'm not sure about the big shoes. I have very small feet.

I will now turn it over to our Moderator Senior Policy Analyst Crystal Pond to go over some procedural items.

MODERATOR: Thank you Chair. I am Crystal Pond,
Senior Policy Analyst to the Aging Committee of the
New York City Council. Before we begin today, I want
to remind everyone that you will be on mute until you
are called on to testify. At which point, you will
be unmuted.

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Members of the Administration who are testifying, will not be muted during the Q&A portion of Admin testimony. I will be calling on public witnesses to testify after the conclusion of Administrations testimony and Council Member questions, so please listen for your name to be called. I will be announcing in advance who the next witnesses will be.

The first panelist to give testimony today will be Lorraine Cortés-Vázquez, Commissioner of the Department for the Aging, Deputy Commissioner Michael Bosnick from DFTA and Deputy Commissioner Erin Drinkwater from the Department of Social Services will be available for questioning.

I will call on you shortly for the oath, then again when it is time to begin your testimony.

During the hearing, if Council Members would like to ask a question of the Administration or a specific panelist, please use the Zoom raise hand function and I will call on you in order. We will be limiting Council Member questions to five minutes, which includes time to answer questions.

Please note, for ease of this virtual hearing, we will not be allowing a second round of questions for each panelist outside of the Committee Chair. All

that Crystal Pond. Good morning, Chairperson Chin

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2 and members of the Committee on Aging. As you know,

3 I am Lorraine Cortés-Vázquez, I am the Commissioner

4 of the Department for the Aging and I am very happy

5 to have this opportunity to talk to you about the

6 | five year Community Care Strategic Plan.

I am joined by Michael Bosnick, the Department for the Aging's Deputy Commissioner for Planning,
Research, Evaluation and Training who will be available with me for questions and answers following my testimony. Additionally, I am joined by Erin Drinkwater, who is the Deputy Commissioner of Intergovernmental Affairs and Legislative Actions at the New York City Department of Social Service who can answer questions regarding Intro 1219.

As Chairwoman Chin just stated so aptly, that in April 2021, the Mayor released the Community Care Plan for an Age-Inclusive New York City. The groundbreaking five year plan to guide the expansion of aging services to meet the needs of a growing and diversifying New York City older adult population. Through this plan, the City outlines our vision to support older adults to age in place. And according to AARP, we know that roughly 90 percent of Americans expressed a desire to remain living at home.

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2 But to do so, many need additional supports.

Community care has been shown to keep people healthy longer and to help them avoid institutional care. I know that personally as a caregiver of my 92-year-old mother. When people remain at home, they are more likely to physically thrive for a longer period than if they are in institutional care. Their mental health also remains stronger when receiving services and supports in the community rather than in institutions. The community benefits also by having older adults aging in place. Remaining at home allows older adults to continue to be socially connected and to bolster their communities through their high levels of faith-based and civic engagement.

Moreover, there is a financial benefit to community care. While living in the communities they helped build, older adults spend their money locally. They have investing in these communities all their lives and they will continue to do so. They will remain in their communities and the communities should reinvest in them. Supporting an older person at home also helps decrease avoidable rehospitalization, emergency visits, unnecessary

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nursing home stays. Overall, the investment of

3 community care, including in-home services, and

4 transportation, as well as recreation services is

5 about \$32,000 per older adult per year. While

6 institutional care is about \$154,000 annually. So,

not only does it make social but it also makes

8 | economic sense.

elements already in place in order to promote independence, self-reliance, and well-being for the aging population. This plan supports the growing number of older New Yorkers, most who wish to stay at home. But mostly, we build it on this 30 year experiment we call Social Service Aging Network that has been there consistently providing supports and encouragement to older adults in their community.

As outlined, the Community Care Plan endeavors to phase in essential care components, including the expansion of case management, home delivered meals, home care, and caregiver support. This is particularly important with the anticipated growth in the older adult population. More people are living longer and the planned increase in marketing and outreach as a result of the Community Care Investment

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People need to know that they can stay in the communities and that there is a network there to support them. That is why the future plans of the year call for increased homecare average weekly hours per client, which is one of the biggest demands that we have seen. As well as additional caregiver supports, which I value greatly. And funding to assist them as they support older adults aging in place. We appreciate the advocacy of the Council. You have provided in the past and even today, support for the expansion of services in this Administration. Thank you for that. When we started this Department for the Aging, had cut, had lost \$110 million. Through the support of Chairwoman Chin, the Council and others, that \$110 million has been restored and much more that I will talk about in a few seconds.

So, I really want to thank you for your support and I'm not saying that gratuitously, that comes from a longstanding community advocate. It is important to establish linkages with neighborhood resources to build service synergies across the network of programs serving older people in a community. Some of these connections were encouraged in the recent Older Adult Center and Naturally Occurring Retirement

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Communities RFP. And we are optimistic that soon there will be an increased intentionality in developing relationships across community services and providers. Access to services across the community as I've said over and over and as you have said Chairwoman Chin, are essential.

For in-person services, the Community Care Plan outlines better use of transportation to reach older people isolated in service deserts or transportation deserts. Yes, in New York City with the best transportation system in the world, it is — there are still transportation deserts. These include areas where it is difficult to connect with essential services due to lack of easy and affordable access to public transport.

One thing we did learn from the pandemic, virtual programing can also serve individuals living in hard-to-reach deserts, as well as to be more attractive to those individuals who prefer this option over inperson services.

One thing that we've known is that we've seen the benefits of virtual services during this pandemic.

It helped reduce social isolation and it also increased services, including medical appointments.

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But one thing that we can — we have also seen, is that we can provide state-of-the-art quality services virtually to older adults at their — meeting their scheduled needs. Increased programming also requires that older adults have access to critical services. Currently, we are in the process of distributing 10,000 tablets through older adult centers to New Yorkers who live alone. This program includes a data plan as well as technology support and education. We are building on the model that we had with the NYCHA, with the public housing tablet program last year.

Finally, it is imperative that services reach across all five boroughs, expansion to underserved areas, including TRIE neighborhoods, which is a priority. TRIE neighborhoods are those neighborhoods that were most impacted by the pandemic, which were usually the racial communities where there was racial and economic inequity, historic racial and economic inequity. Within the provider network, expanding to the local, independent providers that are rooted in the community is also important to ensure the highest quality of services for that community.

Additionally, more multi-cultural and more multilanguage programs, including immigrant services is

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shortly.

important. I remember in one of my first hearings both you, Chairwoman Chin, and Chairman Dromm, had asked that we make an investment in those providers, those multiethnic providers, that you provided discretionary funds to. We did for the last two years; we've been providing supports and some technical assistance and we will see the results very

As you know, the first year of this plan was a \$48 million invested in this new RFP, and it was to increase services. That is one of the main goals, was to make sure that we could increase and expand services. The submission deadline was in June and we are thrilled by the enthusiastic, high quality responses we received from providers, new and current. I am pleased to report that the conclusion of the RFP is imminent. At this time, all proposers have been notified if their submissions have been determined eligible or not.

Those who have been deemed eligible are in the process of contract negotiations, as you stated

Chairwoman Chin. One of the goals of this RFP was to adjust services to reflect the changing demographics of this city, as well as encouraging further

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innovation and collaboration. And when I say

changing demographics, I want to impress the

magnitude. The African American community increased

by 75 percent. The Latino community doubled by 108

6 percent. The Asian American community tripled. It

7 | went from 60,000 to 180,000. That is the diversity,

the magnitude that we are speaking about. And that

9 | trend will continue into 2030.

We think the providers deemed eligible will be allowed to realize and to support these changing demographics and we're really pleased by that. Once the public notice of awards is complete, we can share an official list of awardees publicly. In the meantime, I can offer some highlights of what we expect following contract negotiations. Overall, as you well said earlier, we expect to increase the number of older services providers significantly. the Community Care Plan, we committed to 25 new centers or NORCs and we are on track to exceed that. The Committee will be particularly pleased to also hear that we anticipate that many current discretionary-funded sites will be baselined, as well as adding new providers to the DFTA network.

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Many of these sites are in underserved communities and are served by the smaller ethnic based organizations. Those that you and Chairperson Dromm were citing early on. I hope that the Council will continue to use that base of discretionary funds towards services for older adults. We need additional services, such as creative aging arts programs. We have found this program to be extremely a successful evidence-based success and we would love to expand that. We could do that with your support.

Overall, with these investments, we expect the capacity of our centers and NORCs to grow. The RFP embodies the goal of the community care plan, all are centered on keeping the older New Yorker in good physical and mental health, and in a strong state of well-being, in order to live safely in their communities and homes.

Several key goals are innovative programming with an emphasis on collaboration with other neighborhood and community resources. Increased marketing and outreach to connect people. The one thing we learned during this pandemic and Chairwoman Chin; you've cited it. Was that many older New Yorkers who were not affiliated with any program, raised their hand

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and said, I am in need of services. And that is why
we've built outreach efforts into this RFP. And it

4 was also to reach outreach and do outreach in

5 different languages. And the languages of those

6 communities that I just told you were increasing.

7 Virtual programming also is able to be increased and

to reach those who are reluctant to travel to

9 physical sites.

Additionally, in the first year of the Community Care Plan saw the fulfillment of the model budget, which was a previously made through the commitment of city funds much with the advocacy of the Council to begin to right-size center contracts and eliminate inequities across the system. The final \$10 million infusion of funds, which was strongly advocated by our Chairwoman, was infused into this model budget and was included in the FY 2022 budget.

But I also want to say, to build out the first year of the communities of Care Plan, we also were very mindful as I said before, it was the mental health and the state of wellbeing of older adults, that we have also increased mental health services.

When we started, there were 25 mental health services. In the last two years, it has grown to 44

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and now, because of some additional funding from both
the city as well as the state, we are able to
increase that to 88 centers. Using the hub with the

goal that every older adult will have access to

6 mental health services.

And then finally, the Introduction to 1219 which is also being heard today, which will require the Department for Social Services to work in coordination with the Department of Health and Mental Hygiene to establish a program to assist low-income older adults with preparations necessary to eradicate bed bug infestations in their dwellings.

DSS would also be required to work with the Department for the Aging to encourage outreach to eligible older adults regarding the availability of the program. Relevant agencies look forward to further discussions with the sponsor.

In conclusion, I would say that many components of the community care vision that are required for it to be successful long term are being built in the first year. We've accomplished a foundation, a strong foundation in the first year and this would not have been possible without the Council's advocacy, support, and dear commitment to older New

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Yorkers. Strategic investments must be made going
forward to continue to support this targeted
expansion of services. And thank you for the
opportunity to speak to you about a Community Care
Plan. The Community Care Plan and all its
components. Older adult centers, expansion of
services, dealing with the transportation services,
outreach. Together we are transforming the older
adult service network because our goal is to ensure
that everyone who want to be in their home, can age
in place with dignity and the proper support. Thank
vou verv much.

MODERATOR: Thank you Commissioner.

LORRAINE CORTES-VAZQUEZ: You're welcome.

MODERATOR: I will now turn it over to questions from Chair Chin. Panelists from the Administration, please stay unmuted if possible during this question and answer period. Thank you. Chair Chin please begin.

CHAIRPERSON CHIN: Thank you. Thank you

Commissioner and thank you for your partnership

throughout all these years. We have made big

progress with our friendship and I'm really proud of

that. We have also been joined by Council Member

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Ayala and Council Member Diaz. I would like to turn over to Council Member Dromm to ask some questions about Intro. 1219. Council Member Dromm, do you want to do that first? If not, I guess I will — when Council Member Dromm comes back, I will turn it back

I'm going to start with some questions on the COUNCIL MEMBER DROMM: I am here.

CHAIRPERSON CHIN: Oh yeah, yeah, okay. We want

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to him.

COUNCIL MEMBER DROMM: I'm just having trouble getting — I just had some trouble getting with the video.

CHAIRPERSON CHIN: Okay.

COUNCIL MEMBER DROMM: Thank you very much and Commissioner, I didn't hear a clear idea of what it is — are you supporting the legislation or I'm sorry, I wasn't really sure what your position was on the legislation?

LORRAINE CORTES-VAZQUEZ: Uhm, what I can tell you is that we have an education program as part of our education program for older adults. We include information including bed bug protocols and uh, and uhm care services through our senior centers, as well

as in our care. So, one of the things that we know that education is a big part of this and that we are already doing that with the respective agencies through our network of agencies.

COUNCIL MEMBER DROMM: Commissioner, I appreciate the education component of it. I think that is an important part of it as well, particularly because these bed bug infestation can be very long lasting and you know they can jump from window to window actually in apartment buildings. And so, it doesn't only just affect the seniors, it effects everybody who happens to live in the building. But what I've come across now on a number of occasions are older seniors who cannot move the furniture to get behind you know the furniture. A dresser let's say or they can't lift a mattress or they can't get the you know the couch out the door. And there's no program to assist them with that.

So, that's why this legislation is something that I'm really trying to push for because there needs to be a way that we can help these seniors with those tasks. And often times Supers uhm, you know are not willing or required actually to move furniture when you have an exterminator come in. So, I think it

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goes beyond uhm just education and that's why I continue to press for this.

Uhm, is there any existing program right now that would help seniors with the moving of furniture and discarding of items from the apartment that uhm, you know may be infested?

specifically for that Chairman. What we do have is, we have two programs that probably provide some limited support but with that said, I want to say that it's not been a problem that we've heard of you know extensively or widely. But what I will say is we have the Minor Repairs program that can help with some of that mitigation and we also have the program that we provide for individuals with mental health and other issues or what we call the heavy duty cleaning for people who have hoarding issues in their life and need their apartments cleaned and vacated.

So, those are two possible limited, very limited resources that could be provided towards this to mitigate this situation.

COUNCIL MEMBER DROMM: And I've been told —

Commissioner, I'm sorry. I've been told that in the past uhm that even with those programs, they've been

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turned down, specifically because it is bed bug infestation. And it's not specific to those programs.

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LORRAINE CORTES-VAZQUEZ: I can look into that further Chairman and get you some clarity on that.

But it is not a program — it is not a need that has risen uhm to the level you know that would deem some kind of a response. So, I will look into what the limitations are in those existing programs and get back to you on that.

COUNCIL MEMBER DROMM: Okay, let me just say it is an issue that has risen to a very large issue in my district.

LORRAINE CORTES-VAZQUEZ: Oh.

COUNCIL MEMBER DROMM: Particularly because I think we have a lot of low income seniors who have come to the office and who have brought this issue to my attention.

LORRAINE CORTES-VAZQUEZ: Right.

COUNCIL MEMBER DROMM: So, I would really like to have the opportunity to further discuss this with you and to try to figure out you know if there is some way that we could include this in an existing program. You know, it is just, I have tried, I have

2 researched and tried to really get these seniors

3 help, short of me going to their apartment. And

4 actually, when a friend has brought this issue to my

5 attention, that's exactly what we did do. Myself and

6 my legal counsel actually was to go there and to try

7 to help move the furniture for this person but we've

8 had a number of cases with this. And we've had a

large issue, we've had a number of issues just with

10 bed bug infestation.

So, I would really like -

12 LORRAINE CORTES-VAZQUEZ: Yeah, I totally respect

13 | that and Deputy Commissioner Erin Drinkwater is here

14 | to answer any other questions on the actual bill and

15 | its implementation or the movement. Uhm, but I give

16 you my word that we will look into those two

17 | mitigation programs that we have and see how and if

18 | they can be extended alright.

19 COUNCIL MEMBER DROMM: Yes, thank you and

20 | Commissioner, Deputy Commissioner Drinkwater, first

21 | of all congratulations. I didn't realize that you

23 back many years and as my friendship with

24 | Commissioner Vazquez as well.

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2 But has your agency taken any position on the

3 legislation as well?

to see you. I hope all is well. In regards to the legislation, we have taken a look at it, similar to what the Commissioner has indicated. I think we look forward to learning a bit more from what your experience is with the constituents that you've been working with on this issue.

In respect to just building off of what the

Commissioner said in terms of not hearing this as an
issue, this is not something that our agency is
hearing. We do have uhm, limited information for
slightly different client population, so the HRA
Adult Protective Services client population provides
services for adult New Yorkers with physical or
mental impairments.

This state mandated program has a variety of services for those individuals who are eligible and one of the things can be extermination for bed bugs. So, again, this is a slightly different universe but in 2019, there is 177 bed bug exterminations among that client population. So, we are certainly interested in understanding a bit more about those

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2 constituents that you're hearing that this is a

3 problem for and then working you know with DFTA to

4 build off of their programs around education and that

5 sort of thing to be able to work to come to a

6 solution to address the problem.

know just uhm, even with the repair program, the home repair program, I've been told that it's not eligible for that. So, uhm, you know — and also, yes, they are eligible for the extermination but the problem is that when the exterminator comes, the exterminator can't get to certain sites. Because when you do bed bug extermination, you have to do everything or they will survive. I mean, one bite from a bed bug lasts a bed bug a year. You know, they don't have to eat anymore for a whole year. So, that's why I'm really pushing on this but uhm, I look forward to having further discussions with you.

20 ERIN DRINKWATER: Thanks so much.

LORRAINE CORTES-VAZQUEZ: Thank you.

CHAIRPERSON CHIN: Thank you Chair Dromm. Uhm,
Commissioner, does DFTA have any estimate of how many
senior cases of bed bugs infestation? Does DFTA come
with that data?

LORRAINE CORTES-VAZQUEZ: We don't have that data. We will be dependent on our sister agencies for that data but I can get back to you and see if that data is disaggregated by age. If it is, we can give you that data following this hearing.

CHAIRPERSON CHIN: Also, do you collect data from the older adult centers and other programs?

LORRAINE CORTES-VAZQUEZ: Regarding?

CHAIRPERSON CHIN: Like bed bugs. I mean like, we hear it you know from our constituents.

not. What we do have is we have you know we have contracts through a run education program through our networks regarding bed bugs, hoarding, dispelling myths. You know, it's that kind of programming that we do but no, we're not collecting data on people impacted by bed bugs or it's not one of the things that we've done.

CHAIRPERSON CHIN: Yeah, that's something that
maybe through your education program you should
really get some more statistics. Because
constituents that we hear from, some of them are in
senior buildings, which they're in a better situation
because there are more services provided. But if

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they are an individual, it's really a big hassle for the seniors and a lot of them just cannot handle it.

4 So, we just want to make that there are programs

So, we just want to make that there are programs and it's good that you look at all the programs that we have funded to see if there could be some expansion of services.

LORRAINE CORTES-VAZQUEZ: Yeah, as Deputy

Commissioner Drinkwater and I both are aligned in

looking into this more closely and uhm, getting back

to you as soon as we can about it. Thank you.

CHAIRPERSON CHIN: Thank you. Uh, so Commissioner?

LORRAINE CORTES-VAZQUEZ: Yes.

CHAIRPERSON CHIN: I mean, we're very excited about you know the RFP but providers are reporting that they are given a seven day turn around time to negotiate a contract for the older adult center and the RFP. Can this timeline be extended?

LORRAINE CORTES-VAZQUEZ: You know, every time we talk about — I have to chuckle because of my great love and admiration for you but it's like, all we ever talk about is extensions. You know, we've been talking about this RFP since last June you know, last June, not this past June last June. And uhm, we uhm

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expansion.

of course we will you know, our plan as you well know is to get this done in November. We have to. It's for a variety of reasons. You know, we can't wait any longer to have this kind of you know historic

And so the goal is to get this done in November.

I've heard some of the same issues that you've heard.

You know, it's like, you know I don't have time. You are asking me to reevaluate my model budget and all of those things and of course we're taking that into account. But our goal is to get this done in November sometime and definitely before the end of this calendar year.

So, but we have been talking about extensions and expansions and you know -

CHAIRPERSON CHIN: But it was supposed to start  $\hbox{October $1^{\rm st}$ and October $1^{\rm st}$ has passed.}$ 

LORRAINE CORTES-VAZQUEZ: And people wanted more time you know of course. You know, it's always, you know we had to read. We were impacted by the benefit and the gift of a lot of proposers you know and we had to read that. You know, remember every body was concerned. Was anybody going to apply? Well, many, many people applied and many rich proposals.

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So, yes, it was supposed to start October 1<sup>st</sup> and had we not had so many delays and extensions it may have. And we're well on our way and we're close to the end of this and yes, we're also obviously being mindful of those who need legitimate extensions and additional time.

CHAIRPERSON CHIN: So, also they have the providers saying that they are asked to negotiate contracts with a network older adult centers and NORCs but they haven't even gotten the budget for the older adult, the standalone older adult center.

LORRAINE CORTES-VAZQUEZ: That — with all do respect, that might be old information because they have received their older adult — all contractors have received their budgets and are in contact negotiations now, alright? And I think that happened late last week.

CHAIRPERSON CHIN: Okay because alright.

LORRAINE CORTES-VAZQUEZ: Yeah, yeah, yeah.

CHAIRPERSON CHIN: I'll get back to you because we met with the provider I think in the middle, in the middle of last week.

LORRAINE CORTES-VAZQUEZ: Yeah.

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2 CHAIRPERSON CHIN: I think right after we met 3 then you gave them the contract.

LORRAINE CORTES-VAZQUEZ: No, we were on schedule. We needed to get some of the more you know, I'm going to — we needed to get you know the NORCs out. You know, the number was smaller, the networks the number was smaller. We wanted to finish those so that we could spend the bulk of our concentration and effort and dedication to those standalone senior centers.

CHAIRPERSON CHIN: Well, I guess the issue was that some of the providers, they have all of them.

You know, they have the standalone and they have the network. So, without the standalone —

LORRAINE CORTES-VAZQUEZ: Yeah, no, let's be clear. Some people responded as standalone and some people responded as a network and some did both. So, if you did both, you know we let you know which one — I mean, we selected the network let's say and then that's the one you provide. We don't do it individually.

If you provided a network proposal, then we evaluate you as a network. I just want to clarify

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2 that. You don't get looked at twice you know.

You're not negotiating twice.

CHAIRPERSON CHIN: So, if you have, oh, so if you have a network then you cannot have a standalone?

LORRAINE CORTES-VAZQUEZ: No, because in your network more than likely, I've not thought of one network that did not submit everybody that was a standalone for them. But they did it as a network so that they could have more synergy and collaboration across their programs and more funding ability. More collaboration across funding.

CHAIRPERSON CHIN: Okay, yeah that was not clear to me because uh  $-\$ 

that. I'm sorry about that. For example, I'm going to give you JASA. JASA chose to provide it all as individuals but PSS Presbyterian Senior Services.

The submitted as a network and they also submitted individually. They were funded as a network rather than funded as individual but in their funding, all of their individual programs are being addressed, alright.

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2 CHAIRPERSON CHIN: Okay, so you're letting me 3 know that all the providers has gotten all their

4 | budgets negotiated.

LORRAINE CORTES-VAZQUEZ: Unless something miraculous happened between Thursday or Wednesday night and today, uhm, yes.

CHAIRPERSON CHIN: So, how many new standalone older adult centers is created and could you just give me the breakdown in terms of how many standalone, how many networks and how many NORCs?

LORRAINE CORTES-VAZQUEZ: Okay, uhm, in the older adult centers, we went from 249 to 272 and Michael Bosnick, correct me if I'm wrong. Of that 272, 12 are networks, right? Are in networks and we went from 28 NORCs to 36 NORCs. Michael, please make me honest and correct my numbers if I'm wrong.

MICHAEL BOSNICK: Yes, just as you said from 28 to 36 NORCs and then the standalones. And I'm just checking the networks now but what you said is either correct or very close to the number. I'll get that.

LORRAINE CORTES-VAZQUEZ: I think it's 12. It's 12 or 11.

MICHAEL BOSNICK: Okay.

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2 CHAIRPERSON CHIN: So, there are like, okay,

3 | about 12 networks?

LORRAINE CORTES-VAZQUEZ: Yes.

CHAIRPERSON CHIN: And within the 12 networks, there are standalone  $-\$ 

LORRAINE CORTES-VAZQUEZ: They are composed of senior centers that you and I are very familiar with in their communities, yes.

CHAIRPERSON CHIN: So, what would be included in a network?

LORRAINE CORTES-VAZQUEZ: Well, a network might have included another site or a social club that they didn't have before. A network might have been the exact programs that they had. I'm just giving you some you know —

CHAIRPERSON CHIN: Hmm, hmm.

LORRAINE CORTES-VAZQUEZ: A network might have been you know like PSS included. All of its programs right. What they did was then they used the opportunity to collapse all those budgets and have greater flexibility and what we call fungibility between budget items and budget lines across programs.

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CHAIRPERSON CHIN: So, do you also have — how many existing programs that would renew as a result of the RFP?

LORRAINE CORTES-VAZQUEZ: I, you know, we're still in the middle of contract negotiations and as I said in the testimony, I can't uhm, do a listing of who uhm, of individuals. But I can say is that with minor exceptions, I'm talking about minimal exceptions, everyone whose existing program will continue providing services. Alright, I can't until the public notice comes out, until the public hearing, uhm I'm restricted from sharing that kind of detailed information.

CHAIRPERSON CHIN: Okay, can you also share with us how many programs that the Council funded through discretionary got into the RFP or got awarded?

LORRAINE CORTES-VAZQUEZ: Oh yeah, you know I do have that number and I believe it's about seven and what I'm pleased about with that Chairwoman Chin and Michael, again make me an honest woman and tell what the number is. But I believe that what the great news about that is that — I can give you the details but I can never give you the exact numbers. What I can say is that many of those that were ethnic groups

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and some of those groups that you asked me to — both you and Chairman Dromm asked me to consider, many of those have now been uh are fully engaged and have baselined funding and that's very gratifying.

And the same thing happened with NORCs. Not so much that it was some of the ethnic ones but they were also some of the NORCs that were discretionary funding are now baselined. Which is why I asked in the testimony for you not to take away those dollars that have been dedicated to older adults and to keep them in the older adult network, so that we don't make an advance and then lose. You know go backwards because you have worked so hard for this budget to increase that if we lose the discretionary dollars to the network, it would be a major loss. Am I supposed to say that at a hearing?

But anyway, uhm, I'm just asking -

CHAIRPERSON CHIN: So, the money is here in this years budget.

LORRAINE CORTES-VAZQUEZ: Yeah.

CHAIRPERSON CHIN: I mean, this year's budget, I think it was increased.

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2 LORRAINE CORTES-VAZQUEZ: And I'm asking for your 3 support and influence to make sure that in perpetuity

4 it continues.

CHAIRPERSON CHIN: Well Commissioner, you know I'm term limited. So, hopefully we're fighting to get a good Chair for the Committee on Aging.

LORRAINE CORTES-VAZQUEZ: So am I.

CHAIRPERSON CHIN: So that they can continue to build on this budget. Oh yeah definitely, every dollar that we allocated in the discretionary funding, we're not giving back. We're going to increase that.

LORRAINE CORTES-VAZQUEZ: That to me is so important. It's to all of us. It's to the network it important that we maintain a level of support and continuity.

CHAIRPERSON CHIN: So, in the \$229.8 million in annual funding between all these types of programs, do you have a breakdown in terms of how much is for the older adult center? How much is for the network and how much for the NORC?

LORRAINE CORTES-VAZQUEZ: Uhm, I don't think we broke it down that way. I don't think we have that.

Jose Mercado is not with us today and I will get you

to share the official number, November 1st, October

25 31<sup>st</sup>?

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LORRAINE CORTES-VAZQUEZ: Somewhere around there. I'm not, I'm not, I'm not in no disrespect meant at all but we are in the middle of negotiating and trying to get as — uh, to get you the information that you want as soon as we can go public with it.

CHAIRPERSON CHIN: Okay. Uh, now how does the Community Care Plan interact with a privately run network of social adult daycare that has grown substantially in the past decade?

LORRAINE CORTES-VAZQUEZ: It's interesting that you ask that question because one of the things that we did encourage and we saw some of it, was to help to make sure that there was no prohibition or barriers if a center wanted to include more social adult daycare services in the proposal and uh in their current proposals. And to the extent that we can provide quality community care plan is to the extent you know that we either lower the number of social adult daycare centers or you know this is vision you know looking in the future to see how we can tap into some of those dollars to support more community care and that's what I can say. Michael, is there anything you want to add to that?

MICHAEL BOSNICK: No, I actually think that covers it well and uh it will be interesting when we have all the results in from the negotiations because we'll be able to see how all these different pieces have fit together precisely and be able to have a profile we can share with the Council and publicly.

LORRAINE CORTES-VAZQUEZ: Yeah and Councilwoman Chin. I'm sorry.

CHAIRPERSON CHIN: Yeah, I think part of that is that it would be interesting to hear like how many of the providers that submitted network RFP included a social adult care component.

MICHAEL BOSNICK: Hmm, hmm.

LORRAINE CORTES-VAZQUEZ: Yeah, yeah, that would be and then the other thing is, I know I'm only supposed to answer questions that you asked but on a related topic to, social adult daycare centers, the Ombudsman program has been very, very active even during the pandemic. And so, we're looking forward to giving you that data.

CHAIRPERSON CHIN: Good, yeah, we wanted to really hear how many of them were open and what they did during the pandemic because we know a lot of them shutdown and abandoned all the seniors and that's why

you know DFTA providers have to pick them up or help them — connect them to the Get Food programs and connect them to services. And we don't even know how many of them has reopened or are they following the you know the city's guideline in terms of COVID and uhm, so it will be good to hear the report back.

LORRAINE CORTES-VAZQUEZ: Yes.

CHAIRPERSON CHIN: Uhm, now DFTA provides an example in the Community Care Plan of offering joint programming between a nearby older adult center and NORC, so that the older adult members and NORC resident can both benefit. How will this pulling of resources between programs work in practice? And what's the budget impact on the providers?

LORRAINE CORTES-VAZQUEZ: So, it's interesting because that — without giving you details of who and where, we did see some closer collaboration in a community between a NORC and an older adult center. To the point that we thought let's create a funding synergy between them. You know particularly if it was a single sponsor. And so, we saw more and more of that.

And as I said, there was more fungibility being built in so that if the services that a NORC

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2 provided, we encourage you know the health services

and the nursing review that NORCs provide to be built

4 into senior centers. Because we encourage them to

5 have collaborations with local health providers. And

6 so, it's going to be fascinating to start assembling

7 all of that data and seeing where that was realized.

And one of the things you mentioned in terms of your opening statement was metrics. Uhm, one of the things that we're looking at, we're coming up with a very, very first year baseline review of the comparison between what we had hoped in the proposal. What we saw in some of the proposals and start documenting that, so that we can evidence based information. You know, two years down the road to show the impact of community care and its prevention of institutionalization.

And so, it's one of the areas and Michael, you may want to speak a little more to that. You know with whatever we can share at this point but its been a goal that we are aligned with Chairwoman. Which is let's look at this. This is an expansion. This is an opportunity. This had a goal of community care. Is it realizing that down the road and if so, how?

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So, Michael, if there's anything you want to add to that, it would be helpful.

MICHAEL BOSNICK: Yes, thank you Commissioner.

Just a couple of things very briefly. One is that,
as you said upfront and what I alluded to a moment
ago is while we do want to profile what has come out
of this RFP. How are these collaborations set up and
innovations? Who is coming together in different
ways.

So, as you just said, an upfront profile of that and then we're also building into our annual program assessments, how have the sites done related to collab when you ask about metrics Chairwoman? How have they done with collaborations, with innovations, with marketing and outreach, virtual programming and reaching people in transportation and service deserts?

We're especially focused on those areas. We have our developing metrics in those areas tied to the annual program assessment system. So, they become just a natural part of the way we look at those centers and measure how they're doing. So, that will come over the next year. So, an upfront profile of

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what's come in and then to see how that plays out
over the first year in calendar '22.

LORRAINE CORTES-VAZQUEZ: Michael and what's the timing of that upfront profile?

MICHAEL BOSNICK: Yes, we want with the upfront profile as soon as the negotiations are done and the contracting takes place to do the profile. So, we want to do that by the end of this calendar year.

LORRAINE CORTES-VAZQUEZ: So, it would be something that we can share with you Chairman Chin as your still in your role as Chairperson.

CHAIRPERSON CHIN: Good, yeah, it's be great to uh, I guess we still have hearings in November and December, so we can get that information.

LORRAINE CORTES-VAZQUEZ: No

CHAIRPERSON CHIN: Yes, I'm going to work until the very last day. I'm going to give an opportunity for my colleagues to ask some questions. Uh, so, if any other Council Members that want to ask questions, please use the raise hand function and I see that we have Council Member Brooks-Powers who has a question. Council Member.

SERGEANT AT ARMS: Starting time.

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COUNCIL MEMBER BROOKS-POWERS: Thank you so much Chair Chin for the opportunity. Thank you also the agency representatives for testimony and being on today's oversight hearing. I just had a few questions.

One, in Queens Community Board 13, the demand for DFTA funded older adult centers is projected to surpass current capacity by over 75 percent by 2030. Queens Community Board 14 is expected to experience more moderate growth. How is DFTA prioritizing areas of the city where older populations are expected to grow significantly in the Community Care Plan? Has DFTA begun identifying sites for new senior centers or naturally occurring retirement communities?

Also, interested in knowing uhm, the senior centers and providers in my district have reported concerns about the OAC NORC RFP earlier this year, which in past oversight hearings as mentioned also.

And I recall sending a letter to you as well Commissioner about requesting to extend the deadline. Has DFTA received a sufficient number of application? Does DFTA feel confident that the providers will have - excuse me, that providers have enough time to initiate the contracts and deliver uhm services?

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Particularly interested in the response to those
questions. I do have a follow up on another program
with DFTA but I want to take a moment to answer those

5 | few questions.

LORRAINE CORTES-VAZQUEZ: So, first of all thank you and welcome Council Member. Welcome to the Committee. It's important to know that when we set out the Community Care Plan, we did precisely what you are asking for. We looked at each community district. We looked at its growth and we looked at what we considered service deserts and we started identifying which are the best ways to do that. And it was either establishing looking at where services were now and how could we expand those services and how could you mitigate some of those gaps you know with transportation or other services.

So, we did exactly that, we started planning based on growth. Current but based on projected growth as to where those service gaps were. And that how we identified where new programs should go. With a particular attention to what we called were historically underfunded communities and looking at those precisely to make sure that the ethnic and cultural diversities were being addressed.

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COUNCIL MEMBER BROOKS-POWERS: So, just wanting
to still understand a bit more. Particularly the

expected to respond to this RFP.

to still understand a bit more. Particularly the Community Board that I mentioned and the concerns that have been raised, my understanding is that the concerns that were lifted in the letter I sent you were not necessarily addressed. You know we were in the midst of a pandemic and the affiliates were

So, that's why I wanted to know if there were sufficient applications submitted because I also want to make sure that we are truly given opportunity to the providers that are serving our communities to be able to take part in this. And that we are given an opportunity for submissions to be provided in a real intentionally way, not just responding to respond.

So, I would like to know if you have the information now we're able to share uhm, how DFTA has moved to address these concerns in an intentional way, so that the facilities in my community feel comfortable.

LORRAINE CORTES-VAZQUEZ: Yeah, thank you so much. The intentional way we did that was we provided I believe five extensions to this RFP. That was very intentional and that was based on

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conversations with individuals in the City Council, as well as advocates and others. So, we extended this RFP several times throughout the process.

In addition to that, and did we get an adequate number of respondents who were very deliberate about their responses and taking into account some of the innovations. We've got well over 355 respondents.

SERGEANT AT ARMS: Time expired.

LORRAINE CORTES-VAZQUEZ: Alright, I'm sorry, what were you saying? Oh, we had gotten over 355 respondents to the RFP. So, we had more than enough respondents, an overage of respondents to address not only current state but also to help address the expansion.

COUNCIL MEMBER BROOKS-POWERS: Thank you

Commissioner and Chair, if I could just ask one last
question?

CHAIRPERSON CHIN: Yeah, sure.

COUNCIL MEMBER BROOKS-POWERS: Thank you. Uhm, also, I know DFTA recently accepted applications for the DFTA My Ride, the pilot program serving as an alternative to the MTA's Access A Ride and my office has been getting inundated with complaints about

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Access A Ride and much of my district is a transportation desert.

So, these on demand car service options are a key part of filling the transportation gap that we have for our older adult. And so, uhm, just wanting to understand how DFTA plans to administer the program in terms of meeting the demand for the rides and providing the services.

I know in the oversight hearing; you spoke about it but I just wanted to use this opportunity to speak to the need. Emphasize the need rather but also to see how DFTA plans to administer the program because we really need to build a gap. I get calls about Access A Ride. Even before I was a Council Member, when I worked in government, I got called almost 20 years ago about the gap.

LORRAINE CORTES-VAZQUEZ: Well, it is a concern and as I would always say to Assemblyman Comrie, that uhm, it's amazing that with the best service system in the world, the best public transportation system you know, we have such big transportation gaps. But we know that our system was designed 100 years ago and communities have changed since them and we need to be more responsive. Which is why these pilots are

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2 so important, so we share that. That's a common 3 cause we have.

As you know, this is a pilot. It's for three years. Older adults are selected randomly through a lottery system you know for them to apply to this pilot. It's the way it was designed. You know it's done in partnership with Department of Transportation and federal government.

And we had 14 targeted communities. Of those 14, five of them are in Queens. That goes to show you that we understand where the transportation deserts are.

COUNCIL MEMBER BROOKS-POWERS: What part of Oueens?

LORRAINE CORTES-VAZQUEZ: Queen six, seven, ten, twelve and fourteen. In the Bronx it's four, five, eight and ten. So, that there are four in the Bronx and there are six in Brooklyn. One, two, three, four, five. Five in Brooklyn, excuse me. There are five in Brooklyn, so this is really targeted to the outer boroughs. Precisely to address transportation deserts and they were devised. These communities were targeted based on demographics including accessibility. And hopefully we can expand this in

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the future. It's a three year pilot. Selected older adults receive a monthly allowance for eight months, so that they can have on demand rides and transportation to wherever need to go. It's not limited to medical appointments. We wanted to make sure because recreation and shopping are just as important to breaking your social isolation as

So, uhm, that's what we're trying to do and each year, we hope to bring a new cohort of older adults into the program.

COUNCIL MEMBER BROOKS-POWERS: Thank you.

medical appointments are.

LORRAINE CORTES-VAZQUEZ: You're welcome.

CHAIRPERSON CHIN: Thank you Council Member.

Uhm, I also wanted to just to follow up on that in terms of transportation, uhm, before COVID, DFTA's \$5 million transportation program has eight providers and it provided about 300,000 trips, one way trips annually. And then 82 senior centers provided an additional 400,000 trips. Is DFTA going to improve transportation service to reach older people in isolated server desert or transportation desert, who

LORRAINE CORTES-VAZQUEZ: Well, we hope that -

are unable to use the center service?

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2		CHAIRP	ERSO	N CHIN	1:	Besides	this	pilot	program	n,
3	are	there	any	plans	to	expand	other	trans	portatio	on?

LORRAINE CORTES-VAZQUEZ: Right now, what we've done is, we are looking at the target areas of the transportation programs and uhm, it is something that we're constantly you know trying to mitigate.

Because we know particularly in the outer boroughs, that is a great concern. So, My Ride is looking at those communities but it's also looking at new individuals within those communities every year, so that we can do a better assessment as to — we know exactly where the transportation desert exists.

That's not our issue. Our issue is how is it that we could match them to the services? And one of the ways we're looking at that is some of the target areas of the transportation programs.

CHAIRPERSON CHIN: Do you know the cost per ride?

And how does that compare to the Access A Ride?

LORRAINE CORTES-VAZQUEZ: Uhm, I don't have that information but I will definitely get that. That's an excellent question. I would venture to say that we are less expensive than Access A Ride because it's a centralized system and ours are more locally based.

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2 But that is — Michael, do we have a cost per ride 3 for transportation?

MICHAEL BOSNICK: I don't have it here with me but it's less than Access A Ride and for the reason that you just mentioned.

LORRAINE CORTES-VAZQUEZ: Yeah, okay. Chairwoman Chin, we'll get you that exact data. I don't have that.

CHAIRPERSON CHIN: Yeah, I mean that will be great because I mean, unfortunately the pilot program as you said earlier Commissioner is by lottery. So, I mean, there are a lot of seniors who are in need who did not win the lottery and they get left out of the program and we want to make sure that every senior who needs this service gets it. And if it's better than, cheaper than Access A Ride, than we should get the resources from Access A Ride to expand this program, I think yeah.

MICHAEL BOSNICK: Oh, I'm sorry Chairwoman. I just wanted to mention one part of our evaluation of DFTA. My Ride is cost effective. We are hypothesizing that it's going to be less expensive to have this door to door ride for several reasons and we're doing an evaluation and hope to — we'll see

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what the results are but we're expecting that it will show it to be more cost effective. Which will be very important for advocating for -

CHAIRPERSON CHIN: Oh, yeah.

MICHAEL BOSNICK: Yeah.

CHAIRPERSON CHIN: Yeah, that would be great.

So, we're looking forward to that. Uhm, now

Commissioner, in your testimony you did talk about

the Taskforce on Racial Inclusion and Equity or the

TRIE.

LORRAINE CORTES-VAZQUEZ: Yeah.

CHAIRPERSON CHIN: And identified a range of neighborhoods that needs additional support in light of the COVID-19 pandemic. So, how many of these TRIE neighborhoods will benefit from this new senior Community Care Plan? And what will be the percent increase in services across these neighborhoods?

LORRAINE CORTES-VAZQUEZ: Uh, first of all, thank you for the question because we targeted this RFP, especially those service gaps to those 33 neighborhoods that were identified as TRIE neighborhoods and uhm, we can comfortably say that we've addressed the service gaps in many of those communities. Michael, is there any data that we

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could have on the TRIE communities and the increase
in services there? Or the proposed increase in

services given the first lush of contract responses.

MICHAEL BOSNICK: Right, from the responses again, we can't give specific data during negotiation but along the lines of what you're saying Commissioner, there is a substantial increase in the number of CD's with TRIE neighborhoods that are getting additional capacity and additional sites. And of course, it's because we really targeted those areas as you were describing.

And then also, overall the percentage of total sites, if our negotiations hold out as expected, we'll have a majority of our services in CD's with TRIE neighborhoods through this RFP and we'll be providing that data as part of our profile once the negotiations are done.

LORRAINE CORTES-VAZQUEZ: So, that, I mean those were all some of the basic goals that we were going for and fortunately given the response we were able to realize a lot of those.

23 MICHAEL BOSNICK: Hmm, hmm.

CHAIRPERSON CHIN: In the Community Care Plan, you also included \$2 million in funding for expanding

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see moving forward?

market and outreach by senior programs, both citywide and in catchment neighborhoods. And this is a key to restoring the utilization of our senior centers after the pandemic. So, what's happening now to expand marketing and outreach? And what should we expect to

LORRAINE CORTES-VAZQUEZ: Well, I think there's a two-pronged answer to that. First, is as you have well reminded all of us, uhm that many older adults showed up during this pandemic, who were you know not affiliated at all with — and you've always told us in the last 14 hearings, that we need to make sure that they are not excluded or banded right?

And so, that is precisely why we built in an outreach program. Uhm, and an outreach opportunity in uhm, in the network. Because one, it's — the goal is to bring in those individuals who did raise their hand and say, I need services and to see if they continue to need those services. But it's also because of what we just said earlier. These are — we've made an effort in TRIE neighborhoods that may have not been uhm, certain populations in those TRIE neighborhoods might not have been aware of what

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2 services existed. And so, the goal is to also reach

3 out to those individuals in that community.

CHAIRPERSON CHIN: So, I guess one of the questions that we talked about in the last hearing about food insecurity and the need for home delivered meals. So, are providers going to be getting more money for a home delivered meal Commissioner? Are we successful in getting more funding on that front?

LORRAINE CORTES-VAZQUEZ: What I will tell you is uhm, how do I say this? The commitment to home delivered meals clients has been incredible by everyone in the network. Case management agencies and home delivered meals. And as you know that one of the things that we did was uhm, provide additional increase in home delivered meals during the pandemic. Because we knew that there was a great demand and we did that during the RFP process of home delivered meals and what we've also done is make sure that home delivered meals programs have absorbed many of the clients that were not receiving home delivered meals that were receiving Get Food. And the network has been extremely responsive, responsible in making sure that we have case management assessment as well as absorbing those individuals.

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But that being said, uhm, home delivered meals is going to be the area with the greatest growth and that needs attention, given post pandemic but also given this commitment to aging in place. You know people will need two services and you said that quite aptly in your introduction, which was additional homecare hours, additional homecare meals. People can then live more independently. And so, we're very mindful of that. And so, the first three years of the plan recognizes that and addresses some of that but the growth is something that we all as public servants and as public servants committed to community, uh, to aging in place have to keep an eye towards that.

CHAIRPERSON CHIN: So, we have to — we have to continue to advocate for more funding.

LORRAINE CORTES-VAZQUEZ: Yeah.

CHAIRPERSON CHIN: Home delivered meal and homecare services and we know that there is definitely going to be an increase and hopefully that will carry you know that message to the next administration. That that is something that is really, really needed.

qualify to be a NORC.

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LORRAINE CORTES-VAZQUEZ: Yeah, Chairwoman Chin and this was a line and I was interviewed and someone was asking like, how many NORCs do we anticipate in New York City in the future? And what I said to them was, given the population growth and that this will be one in five New Yorkers will be over the age of 60, there will not be one neighborhood that doesn't

So, there will many, many NORC neighborhoods throughout the City of New York and we need to be mindful of that moving forward.

CHAIRPERSON CHIN: Yeah and I hope that you know my colleagues who are on the committee, who will be here in the next term will continue to advocate for that and as you said earlier, we want to make sure that the discretionary funding stay in place and increase. Because we have shown by example that the you know the center for Immigrant Population and the NORC that we have created in the Council, some of them has been baselined. They were successful in the RFP. But we can continue to build more new centers and new NORCs with discretionary funding, just to get them started and then get them into the DFTA portfolio.

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LORRAINE CORTES-VAZQUEZ: And just remember, every neighborhood will be a NORC neighborhood in the future.

CHAIRPERSON CHIN: So, every Council Member will be advocating for their district. Uhm, so on the budget question, now, the RFP was for 25 new older adult centers or NORC but more programs seem to be receiving awards. So, has DFTA increased total contract funding since more NORC and older adult centers now appear to be included?

the contract level by 48 million. And so, we made a commitment to 25 new. We think we were well on the way of exceeding that number. We're very pleased by that. By the response and the support of the network, so uhm, that money is being used for that expansion. The goal here was expansion and making sure that we could realize the model budget, so that more programs, you know especially those that were historically underfunded were able to meet the needs you know as you well designed and together well designed that model budget.

CHAIRPERSON CHIN: But you're exceeding that number right? From your testimony, so.

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2 LORRAINE CORTES-VAZQUEZ: Yeah, yup, yup, yup.

CHAIRPERSON CHIN: So, you're exceeding that number, it seems like more money is needed or otherwise some programs might get shortchanged. So, we just want to be mindful of that.

LORRAINE CORTES-VAZQUEZ: Yeah, there is no program that's being shortchanged. I want to be clear about that. Uhm, there is no program being shortchanged. Uhm, and you know that is a real clear statement that I feel I stand behind. This was not to increase peoples budget; this was you know that wasn't the goal. The goal here was to expand the network and make sure that we have sufficient funding for all of those innovations that we were all working towards.

CHAIREPRSON CHIN: Okay, I know that Council Member Vallone has a question. Welcome Council Member Vallone.

SERGEANT AT ARMS: Starting time.

LORRAINE CORTES-VAZQUEZ: Hi, how are you? I don't hear you.

COUNCIL MEMBER VALLONE: There.

LORRAINE CORTES-VAZQUEZ: Hi.

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2 COUNCIL MEMBER VALLONE: There we go.

Commissioner, how are you my dear?

LORRAINE CORTES-VAZQUEZ: I am fine. I am fine.

COUNCIL MEMBER VALLONE: So, I see our two amazing Chair's doing wonderful today, so I just wanted to follow-up on what Margaret said on with the next Council, we hope they follow because Margaret and I will always be watching.

LORRAINE CORTES-VAZQUEZ: And you will be watching from a bench, which gives even more authority.

COUNCIL MEMBER VALLONE: Yes, hopefully God willing after November  $2^{nd}$ , I can come back as a judge and gavel my hammer and say I request a hearing on our amazing Aging Committee.

Thank you for all your hard work and I know this has been a labor of love for everyone on this panel and that is what we are always doing, advocating for our amazing seniors. You know that I've always said Northeast Queens is the true definition of a transportation desert. We have no transportation, so please don't forget Northeast Queens after I leave this area. And we really need — we have that one gigantic NORC that we've always been fighting and

2	working with the Clearview Gardens and that really is
3	an example of a wonderful residential NORC that is
4	the last bastion for seniors. You know if that
5	wasn't there, there isn't another affordable housing
6	option. Especially out here, so those are wonderful
7	examples of how it works and why we need to define
8	and expand those NORCs. So, it's just a couple of
9	really good points on things that both of you have
10	been saying today and me advocating and always
11	working with Mighty Margaret. I've been happy to be
12	here in all these years and I wouldn't want to be
13	anybody else's right hand but Margaret's. But thank
14	you Commissioner for all your help.
15	LORRAINE CORTES-VAZQUEZ: Thank you and we
16	couldn't have a better right hand man than you
17	Council Member Vallone.
18	COUNCIL MEMBER VALLONE: I got to tell my brother

CHAIRPERSON CHIN: Yeah, thank you Council Member Vallone.

COUNCIL MEMBER VALLONE: Thank you too.

CHAIRPERSON CHIN: You're a great partner in advocating for our seniors.

that.

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	COMMITTEE ON AGING 6/
2	So, along with the budget question, now how will
3	the recent enhancement in the model budget,
4	budgeting, you know the extra \$10 million and then
5	money for kitchen staff and congregate meal further
6	support the Community Care Plan investment of \$179.2
7	million over four years. Is DFTA following the same
8	criteria across the board for example, funding,
9	recreation, education units in a standardized way?
10	And also, staff salary in the RFP looked kind of low.
11	Was this meant to address the \$20 million model
12	budget? Are there minimum salaries for the older
13	adult center and NORCs staff title? Like Directors,
14	Program Management, Program Manager, Case Manager?
15	Can you share those with us?
16	LORRAINE CORTES-VAZQUEZ: There are some staff
17	salaries that we have uh, carefully monitored to make
18	sure. They don't fall in the administrative

categories that you're talking about but in some of the other service areas, we've been carefully monitoring that to make sure. And in terms of  $-\ \mathrm{I}$ want to just respond to that. The model budget was the bases by which we used to analyze what was submitted between what should be required. And the one thing that I can say comfortably without you

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2	know, until we get the public notice, we really
3	narrowed the gap. There were some programs that had
4	been historically over - not over funded. No one is
5	ever over funded. But historically funded at a very
6	rich level or a richer level. Uhm, than others and
7	what we've done is really worked hard to narrow that
8	gap and lift some of those that were historically

underfunded to levels of, of, of uh, that really

reflected the model budget.

And so, uhm, when we look at the profile before the end of December, we will be able to show you exactly what that trajectory was. Where we narrowed that gap and where people have moved up in terms of their funding level and you will — uh, we will all be really proud of the work that was done in that area.

But you know, we've had a funding gap
historically for the last 30 years in this agency.

And so, we've been working hard to bring some equity
funding into this network.

CHAIRPERSON CHIN: Okay, I will follow-up with these questions but I saw that Council Member Dinowitz has a question, so I'm going to call Council Member Dinowitz.

SERGEANT AT ARMS: Starting time.

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that?

thank you for all the work you do for our older adults. I just want to quickly ask about the transportation services. You said that those are being expanded to include more. I just, I just was wondering what factors went into the decision of by how much they would be expanded and to where they would be expanded. Can you talk a little more about

in broad terms about one of the things that we did
was when we did DFTA My Ride, we looked at Bronx
eight and ten and four and five because we knew that
those were service deserts. You know transportation
deserts uhm and so, you know we particularly targeted
those. In terms of what we're talking about
expanding them was to might expand the community area
that a particular transportation program was serving.

Michael, is there anything you want to add to some of the dimensions of the transportation program that were included in the RFP and in our considerations.

MICHAEL BOSNICK: Right, uh with the allocation that came from the Community Care Plan, one of the

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elements was in fact transportation and we're going to be dealing with that in a couple of ways. The RFP itself was the key way in which we dealt with it and which we asked proposers to take the service desert data and the transportation desert data that we presented to them. So that it would help them along in their analysis and say, look at this data and you use as well your own knowledge of your community as to where these deserts are and then when you're proposing for the older adult center and for the older center, uhm, build in money to reach people in those deserts. And of course, we don't have unlimited funds but the Community Care Plan did allow for the \$48 million investment.

Plus as the Chairwoman said, we added in the additional \$10 million from the senior center model budget. So, there was a you know a large amount of money and some of that has been meant for transportation and we do know from getting the proposals in that many proposers did exactly what we asked them to do. To really zero in on where the deserts are. How to reach people in those deserts. How transportation supports can fit into that and budget for it.

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So, during negotiations, we'll be nailing that down and then profiling that by the end of this year as part of our profile of how everything is played out including on transportation through the RFP.

COUNCIL MEMBER DINOWITZ: That's very appreciated and important that Community District eight was included, especially as mentioned it is a I guess a desert and a lot of the centers are actually on very steep hills where you have to walk over very steep hills. Which as we know for older adults can prove a challenge.

So, you know I appreciate that expansion and looking forward to more transportation being available. I would add that in District 12 in my Council District, there is another senior center that is also on a hill, which is you know makes it's also on a hill which makes it quite challenging.

So, I appreciate you looking at all of the different aspects of a community district in proximity to public transportation but also, topography and things of that nature as barriers for older adult accessing our centers.

MICHAEL BOSNICK: Yes, and certainly when we did the desert analysis that I mentioned, we actually did

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2 it as sort of a — well not sort of, as actually a
3 spatial analysis. And as part of the spatial

4 analysis considering things like topography as well

and highways cutting through neighborhoods, that sort

6 of thing.

COUNCIL MEMBER DINOWITZ: I appreciate that holistic approach. It's not one that I think everyone takes every time, so I do appreciate you taking that approach and understanding that there's more than just you know a birds eye view distance from a bus stop. So, thank you for including that.

LORRAINE CORTES-VAZQUEZ: Yeah, thank you for that acknowledgement because from an older adult perspective, topography is just as important as distance.

COUNCIL MEMBER DINOWITZ: Yes, yes, it's uh, to me it resembles a crack in the sidewalk right? A hill.

LORRAINE CORTES-VAZQUEZ: Yup.

COUNCIL MEMBER DINOWITZ: But that's important. So, it's good to know that people who you know understand and value those differences in the different community districts uh are in charge of making these decisions, so thank you.

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2 | SERGEANT AT ARMS: Time expired.

CHAIRPERSON CHIN: Thank you Council Member.

COUNCIL MEMBER DINOWITZ: Thank you Chair.

CHAIRPERSON CHIN: Commissioner, uhm, following

on the budget question, uh, you know senior center receives the model budgeting but the NORCs did not. So, is DFTA working to make sure that you know because now NORCs and older adult centers are in the same contract universe. So, is DFTA going to address the salary disparity between senior center staff and

NORCs staff? Are they standardized now?

LORRAINE CORTES-VAZQUEZ: Uhm, particular salaries are standardized now. It is the professional salaries are not standardized. As you may remember, one of the things that I first started advocating for was more of a professionalization and an equity of the salaries of the aging network because it becomes a barrier for a social worker to come to a senior center versus a hospital or a health center.

So, one of the things that we have been trying to do is to figure out ways how we can have more alignment in some of those professional uh, salary rates and that we can do by making sure that the

aging network is seen as a uhm, a profession of choice and working with social work schools to get and encourage them that aging is a good place. That as long as they could — it's hard, your heart might be there but the salary disparities are so great that it's a disincentive.

So, it's one of those longer, broader conversations that we need to have which influences recruitment. Which influences you know all of those issues. But I do believe that an elevation and I think — and this is conjecture on my part as an advocate and also as an older person, and also as your ally that to the extent that we professionalize this and give more credibility to this aging network and the profession and resource it and have a stronger budget to the extent that people would gravitate towards it more and more.

Uhm, but yeah, that's a concern that we all share you know it's that competition in that particular service network between the salaries of an aging network, an aging service network versus others. The same thing happens by the way in youth communities.

CHAIRPERSON CHIN: Yeah. And in terms of the budget I mean, we heard from one provider, a provider

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2 in the Bronx that is slated to receive \$1 million

3 less than their current contracts. But they're doing

4 more work. Why are providers seeing across the board

5 cut instead of despite of all this increase in

6 funding?

LORRAINE CORTES-VAZQUEZ: So, I can't answer a particular question but we were surprised also by some of the budget submissions we saw Councilwoman. We saw programs doubling the budget with the same number of service units on average daily attendance and we couldn't see a marginal difference in the service profile that would warrant that kind of a massive increase in the budget.

So, we've seen it on all sides. I can't address — no one has been shortchanged. I can say that comfortably and I can say that with full transparency. Uhm, what we have done is narrow the funding gap. What we have done is elevated some programs who are historically underfunded and programs who were fully funded at higher levels have not been damaged or impacted negatively, not damaged, alright?

CHAIRPERSON CHIN: Okay, I mean, we look forward to seeing the actual funding and the groups that were

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funded. Uhm, we've learned last week that inflation rose 5.4 percent from a year ago. So, are there any costs escalator in the RFP that account for the

5 rising prices as the City Council have called for?

LORRAINE CORTES-VAZQUEZ: I Believe we had some in there. Michael, can you address that for me or do we wait for Jose and get back to the Councilwoman? I believe that we had some cost escalators in there but Michael.

MICHAEL BOSNICK: Yes, you're right Commissioner. Along the lines you were describing a moment ago, with the principles guiding our budgeting, we did use model budget principles and that included with salaries to begin with, so that we asked proposers to actually look at market conditions. What are MSW's getting in New York City and so on. So, that we wanted them to build in enough money to actually pay market, competitive market rate. So, that was kind of the foundational principle as you were suggesting.

And then in addition to that, we did a model budget for small, medium, large size NORCs building in that same principle of look at market forces and make sure you're not shortchanging your staff. The result is that, again, we can't give specific data

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but we can really say two things. One, the majority,
the actual majority of older adult centers actually
would be receiving increasing greater than ten

5 percent in their budget.

So, we do see that shift as you were saying Commissioner towards more funding for more centers. And then secondly as you also just said, we did build in a cost escalator coming into the RFP period of three years. We don't build individual annual increases but we do show and did take into account when you look at our baseline budget that we used of FY21, what we expect inflation to be and let's take that into account when we're factoring salaries.

CHAIRPERSON CHIN: So Commissioner, in your testimony you were citing a figure of \$32,000 per older adult per year in terms of overall services for each adult in the Community Care Plan. Did DFTA consider using a per head payment to programs for each senior served since you cited that number?

LORRAINE CORTES-VAZQUEZ: No, we did that in comparison to the cost of institutionalization versus — no but we have not done that. What we did was we took the number of dollars that we spent in each one of the particular service areas that build the

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Community Service Plan and then looked at the number of adults that that budget serves and that's how we came up with our cost estimate of an annual cost for keeping — And of course, we built in some cost

6 escalators and population growth in there. And

that's who we came with the cost per adult.

But no, we did not use it as a funding formula, we used that as a comparison for the difference between keeping someone at home versus institutionalized.

CHAIRPERSON CHIN: Well, with DFTA — you said for the senior center and NORC I mean, as their budget, would that make any difference?

LORRAINE CORTES-VAZQUEZ: That's an interesting question. We could probably do that calculation and see how does that materially differ but I think that's more of a — if I'm understanding you correctly. I think that's a great analysis for moving forward in terms of really building and supporting a Community Care Plan. I think you're giving us a pathway there to look at this differently and to build on what we've looked at already.

CHAIRPERSON CHIN: Yeah, I mean similar to DYCD for youth program right?

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2 LORRAINE CORTES-VAZQUEZ: Right, right.

CHAIRPERSON CHIN: They have uh, a certain amount of money per youth and that's how -

LORRAINE CORTES-VAZQUEZ: Yeah, and the Board of Education does that and what we've done traditionally, I'm intrigued by this. I'll put it forth in the transition plan. But what I'm intrigued by this is that uh, we have always used cost center analysis rather than individual person analysis and you know we looked at cost per meal. Cost per transportation unit. We've looked at that rather that — So that's a cost analysis rather than total cost of keeping this person in this particular service. So, I'm intrigued by that.

CHAIRPERSON CHIN: Well, going forward I think it would be good to take a look but that's what you know other for youth services they do that. You know DFTA has the RFP in the pipeline for elder justice and transportation. You know, given with all the delay and issues with the recent RFP, is DFTA still planning to push through those two RFP?

LORRAINE CORTES-VAZQUEZ: Yes, and they will not be completed in this administration. They will be going — first of all, I want to bring some discussion

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about scale. Which is we're talking about five elder

abuse programs alright throughout the entire city.

CHAIRPERSON CHIN: Very small.

thing for transportation, it's eight and given the conversation that we've had around transportation and making sure that there is an expansion of those transportation deserts and looking the topography issues that we were just discussing with Councilman Dinowitz. Those are the things that we need to kind of like build in. So, yeah, but they're very small in scale. You know, we're talking about eight to ten providers, five to six providers, you know.

CHAIRPERSON CHIN: So, you're saying that you're still going to be able to take care of that in the next two months or just leave it to the next administration?

LORRAINE CORTES-VAZQUEZ: No, we will draft the RFP and issue them because it is based on the thinking of the Community Care Plan. And so, we want to make sure that that's integrated into that and it will be realized in I believe they will become effective next June, okay?

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2 CHAIRPERSON CHIN: Okay. I guess just a couple
3 of follow-up questions on the technology. You talked
4 about the addition 10,000 new tablet for the seniors.
5 So, when will they expect to receive that? The

so, when will they expect to receive that? The

6 | 10,000 seniors?

LORRAINE CORTES-VAZQUEZ: Uh, from your lips to their hands. They are — right now we've just, I think Michael, correct me if I'm wrong. We've notified the senior centers of what their individual allocations are and we've also given them a profile of who would qualify for that because someone has to live alone, not have access. Uhm, and uhm, and then where are we in that process Michael?

MICHAEL BOSNICK: Right, it's uhm, the centers right now are actually contacting the list of people that we gave to them, so that they can compile the list of people who indeed are proven to be eligible because they live on their own. They don't have a device and that information is due to us this week, actually Wednesday. So, after that we can then compile the results and start to give the devices out.

CHAIRPERSON CHIN: Okay, that's good. So, yeah, so please provide us with an update on that. And

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2 also during the preliminary budget and executive

3 budget hearing, uh we talked about the in growing

4 senior in the \$3.2 billion emergency broadband

5 benefit. That was in the December 2020 Stimulus

6 Packet and uh has DFTA planned to - what's DFTA's

7 | plan to enroll these seniors and do we have any

number of how many seniors have been enrolled in this

9 discount plan?

LORRAINE CORTES-VAZQUEZ: That has been such a challenge. That whole discount plan has been such a challenge. Michael, you want to add to that. We can tell you that we have a range for the 10,000 who — two things that I think are good news in terms of internet access.

Of the 10,000 million, excuse me, I wish it were 10 million. Of the 10,000 of tablets that went to NYCHA, the broadband was extended for another year. I believe that happened last June, so following June and we have built in a cost for a network or it's part of this particular roll out plan.

Michael do you have — I don't have uh any more information on the broadband, except that it has been a challenge to figure out who is eligible. How to

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get access to it and Michael, can you elaborate on that?

MICHAEL BOSNICK: Sure, as we know it's a federal program and it's based on individual eligibility.

So, individual people actually have to apply for it.

So, we did advertise that and give information to each of our older adult centers and as part of the wellness calls, we have — we're asking them to make each week for people that they're not seeing at the center. That they advertise this to the individuals and offer to provide some assistance if they need to fill out the application.

So, we don't have data on that now but we did get that word out to the centers and some information on how to apply and to help the individuals apply.

CHAIRPERSON CHIN: So, would you be able to get the data from the centers in terms of how many seniors actually were able to benefit from this program? I guess that would be helpful.

LORRAINE CORTES-VAZQUEZ: Yeah, I think we should.

CHAIRPERSON CHIN: Hmm, hmm. Uh, my last question is going to focus on the case management and homecare.

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2 LORRAINE CORTES-VAZQUEZ: Yes.

CHAIRPERSON CHIN: I know that we talked about there is going to be an increase demand for case management and homecare service in the Community Care Plan. You noted that future steps along with additional funding are needed. So, what new funding has been allocated to meet this need?

LORRAINE CORTES-VAZQUEZ: I wish Jose were here so I could tell you what we have had increased in home delivered meals. I know that there has been some adjustment and some increases but I know my OMB people are going to be like, you should know that. I don't remember it right now. Uhm but let me see.

CHAIRPERSON CHIN: If not then send it to us.

LORRAINE CORTES-VAZQUEZ: I'll send it to you because I don't want to overstate or understate but I know that a lot of good work and thinking has been done in partnership with City Hall, our Deputy Mayor and OMB and obviously with you in your offices on this whole home delivered meals program.

And uhm but as you know in year two, home delivered meals increases, the goal is to increase them and also, in year two of the plan, case management also increases because you cannot handle

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2 home delivered meals without attending to case
3 management.

CHAIRPERSON CHIN: But is that also going to include an expansion in the EISEP, the Enhanced In-Home Service for the Elderly Program?

LORRAINE CORTES-VAZQUEZ: Uh, I believe it does Councilwoman and I'll get — I will get back to you with the details on that. Unless Michael, you can answer that right now.

MICHAEL BOSNICK: I think you're right. It's best that we just gather that data and send it in.

LORRAINE CORTES-VAZQUEZ: Okay, yeah.

CHAIRPERSON CHIN: Yeah, because that is such a great program. A lot of people don't even know about it because you know a lot of seniors always think that oh, I have to be on Medicaid to qualify for homecare. And the EISEP program, even though it's not a lot of hours, it just uh, we have seen you know that it's such a great benefit to seniors who are living alone or they have a spouse that needs extra care. So, we just want to make sure that's included.

LORRAINE CORTES-VAZQUEZ: Most of the DFTA homecare program is funded through the EISEP program.

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CHAIRPERSON CHIN: Yeah, and then New York State
allocated \$8 million for unmet needs including
waitlists for these services. Do you know how much
of this money that New York City received and what
did we use it for?

LORRAINE CORTES-VAZQUEZ: Uhm, what funding Councilwoman?

CHAIRPERSON CHIN: This is New York State allocated \$8 million for unmet needs including wait lists for like homecare and case management service.

LORRAINE CORTES-VAZQUEZ: I'm not aware of anything that we've gotten to date on that. Uhm, Michael, are you aware of anything? Any allocation that we've gotten specific to that? I know we received uhm some emergency care money but are you aware of anything yet?

MICHAEL BOSNICK: That was a discussion from the state several months ago and again, I think when Jose does the you know summary of funding for homecare and for home delivered meals, he could provide that.

LORRAINE CORTES-VAZQUEZ: Yeah but I don't believe that we've received an allocation. I know we received an earlier allocation for meals but I don't

81 days left. We are going to pack it in. Look at

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CHAIRPERSON CHIN: So, I'm going to pass it back to our Committee Counsel to call the public panels. Take care Commissioner.

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MODERATOR: Thank you. We will now begin public testimony. The first panelist in order of speaking will be Kevin Jones, Brianna Paden-Williams and

LORRAINE CORTES-VAZQUEZ: Bye, thank you so much.

19 Jeremy Kaplan.

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I'd like to remind everyone that unlike our typical Council hearings, we will be calling individuals one by one to testify. Each panelist will be given five minutes to speak. Please begin your testimony once the Sergeant has started the timer. Council Members who have questions for a

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particular panelist should use the Zoom raise hand
function and I will call on you in the order you
raised your hand after the panelist has completed

5 their testimony.

For panelists, once your name is called, a member of our staff will unmute you and the Sergeant at Arms will set the timer then give you the go ahead to begin. Please wait for the Sergeant to announce that you may begin before delivering your testimony. I would like to now welcome Kevin Jones to testify.

After Kevin Jones, I will be calling Brianna Paden-Williams and then Jeremy Kaplan to testify.

SERGEANT AT ARMS: Starting time.

KEVIN JONES: Thank you. Good morning Chair Chin and members of the City Council Committee on Aging.

My name is Kevin Jones and I am the Associate State

Director for Advocacy at AARP New York, representing

750,000 members of the 50 plus community across New

York City.

I want to thank you for providing us with the opportunity to testify at today's oversight hearing to discuss the Community Care Plan and the city's investment in helping New Yorkers age with dignity in their communities. As many of you participating

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already know, older adults are one of the fastest growing populations in New York city and will continue to make up a greater portion of the city's total population in the years ahead.

New York City's older adult population is also becoming increasingly diverse as the city has seen the most significant growth of adults above the age of 65 in Black, Hispanic, and Asian/Pacific Islander communities over the past 20 years, and it is anticipated immigrant New Yorkers will make up more than half of the city's older adult population very soon. In addition to the growth in New York city's older adult population, we have witnessed a growing desire among New Yorkers and others across the country to remain in their communities as they age.

In a national survey that AARP conducted back in 2018, we found that 76 percent of Americans above the age of 50 said that they would prefer to age in their current home, and 77 percent stated that they would like to continue living in their community as long as possible. However, we found that only 59 percent of those believed that they would be able to remain in their communities as they grow older.

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These demographic shifts and changing sentiments among older New Yorkers will require the city to adapt to the growing needs of this population, as well as ensure that older adults have access to high quality services and a continuum of care that will allow them to age with dignity in their homes.

However, the city's budget for aging-related services continues to remain woefully underfunded as the Department for the Aging's budget remains about half of a percentage of the city's total budget through FY22.

We also know that many of the city's neighborhoods that are witnessing the fastest growing older adult populations lack access to a nearby older adult center or NORC. Additionally, the OACs and NORCs that operate in low income communities of color have historically suffered from inequitable funding allocated by the city, and therefore their impact and ability to deliver comprehensive and quality aging-related services to their clients diminished.

We commend the city for their recognition of these issues and for their recent efforts to address them with the launch of the Five-Year Community Care Plan, along with their initial investment of \$39.4

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million in the FY22 budget. We are eager to see the opening of 25 additional older adult centers/NORCs focused in historically underserved communities of color, as well as the expansion of community-based aging services to meet the needs as the city's older populations as it continues to grow. We believe the city's expansion of community-based services and programming for older adults is a critical step toward helping more New Yorkers remain in their homes and age with dignity in their own communities, which has been shown to often improve both physical and mental health outcomes, as well as avoid stays in nursing homes and related facilities.

These investments into community-based care and services have also been proven to save taxpayers money as these services can reduce the frequency for older adults to be hospitalized or placed in a nursing home. However, as the city begins to allocate the Community Care Plan funding to providers in the coming months, we encourage the Mayor and DFTA to ensure that these funds are distributed equitably and involve the city's full network of local community-based organizations in the process.

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During the COVID-19 pandemic, we witnessed how the city's network of local nonprofits and community-based organizations went above and beyond to meet the increased demand for meals, health services, and other vital programs among the city's population of older adults. These organizations are a key piece to ensuring that older New Yorkers are provided with the culturally competent and high-quality services in their communities in the years to come.

In addition to the funding that has already been allocated under the Community Care Plan, we urge the city to set aside funding in the next budget cycle to provide older adult centers and NORC providers with additional funds that they can use to invest in technology and technological literacy services, excuse me, in order to help address the digital divide and improve access among older adults.

Thank you for giving me the time to testify today and I'm happy to take questions.

MODERATOR: Thank you Mr. Jones. I would like to now welcome Brianna Paden-Williams to testify.

SERGEANT AT ARMS: Time starts now.

BRIANNA PADEN-WILLIAMS: Hello, I am Brianna
Paden-Williams the Communications and Policy

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2 Associate at LiveOn New York. Thank you for the opportunity to testify today.

LiveOn New York's members include more than 100 community-based nonprofits that provide core services which allow all New Yorkers to thrive in our communities as we age. As the city works to build back a better future for New Yorkers, the stakes have rarely been higher to ensure older New Yorkers have the support they need to safety age in their communities.

The Community Care Plan works to recognize these stakes investing in funding and articulating the increase and demand for services that is likely to be experienced in the coming years. However, implementing a five year vision amidst a global pandemic and which providers are struggling to stay afloat and which the uncertainties of the new normal has largely made it clear that there is still work to be done.

Today, providers have begun receiving award

letters for the older adult center and NORC RFP and

are starting the negotiation process prior to

contracts going into place. Unfortunately, initial

reports on this process have raised significant

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concerns on if investments made in the care plan are
sufficient to fully fund the number of contracts it
seeks to execute. Representative of this, you are
hearing of the city urging providers to enter into

6 contracts upwards of \$1 million less than was

7 proposed within the providers application.

In response to these challenges and others that we have heard throughout the RFP process, LiveOn New York recommends DFTA must extend the timeline given to RFP award winners to review and enter into contracts. Currently, DFTA is giving providers just five business days to submit budget documents and scopes of work. This is in response to budgets and units that are vastly different from what was originally proposed.

Second, the city must retract its position that providers enter a ten percent de minimis indirect cost rate when finalizing contractual budgets and instead commit to entering into contracts with each providers indirect cost rate.

Third, given the diverging bottom line budgets between award and proposal, the Department for Aging must provide further contacts and justification when responding to award recipients in a way that

2 significantly alters the proposed budgets or units.

3 And beyond the RFP, the Community Care Plan

4 articulates growing demand for services critical for

5 | older New Yorkers living in communities including

6 case management, home delivered meals, homecare and

7 more. And to truly address these increases and

8 demand, LiveOn New York recommends the following: An

9 investment of \$16.6 million to serve existing clients

10 | within traditional home delivered meal program;

11 | invest the required funding to the GetFood client

12 | transitioning to the home delivered meals contracts

13 | at a higher rate; as well as expand investments in

14 | case management to ensure all clients can be screened

15 | for case management eligibility and receive the

16 critical services they should be eligible for.

In addition, LiveOn New York strongly supports
the Bill 1219, that would provide assistance to older

19 adults with bed bugs in their homes. Everyone should

20 be able to safely age in their homes without the fear

21  $\parallel$  of bed bugs infesting their homes and this act would

22 provide older adults living in housing residences

23 | with the necessary support and services to eradicate

24 bed bug infestations in their home.

Thank you for the opportunity to testify today.

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MODERATOR: Thank you. I would like to now welcome Jeremy Kaplan to testify. After Jeremy Kaplan, I will be calling on Philip Chong and then Peter Kempner.

SERGEANT AT ARMS: Time starts now.

JEREMY KAPLAN: Thank you and good afternoon

Council Members and thank you Chair Chin. My name is

Jeremy Kaplan, I am the Executive Director at Encore

Community Services. A nonprofit serving older New

Yorkers on Manhattan's westside from 110<sup>th</sup> Street all

the way down to 14<sup>th</sup> Street. We offer a range of

services to help seniors age successfully, including

operating an older center. We were just approved for

an older adult network in the theater district and we

also provide home delivered meals in residential

buildings and more.

Over the past ten years, the number of older adults in the city has skyrocketed. The 65 plus population has increased 12 times faster than the city's under 65 population and now represents 1.24 million people across the five boroughs and these numbers are only continuing to grow.

We were thrilled by the announcement of the Community Care Plan this spring and we applaud the

2 city for beginning the rollout. The plan is an

3 important step for our city in expanding services

4 that support the health and wellness of older adults.

5 Services including older adult centers in NORCs with

an emphasis on community partnerships, continuity of

7 care, virtual services and congregate programming are

key to successfully aging and avoiding institutional

care.

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With that said, as the plan takes shape we do have a couple of concerns. I could not agree more with the Commissioner when she said that strategic investments need to be made going forward. While the Community Care Plan represents a sorely needed boost to senior services. Our city must consider long term needs of older New Yorkers.

In the November budget modification, the

Administration must fully allocate outyear budgets
that are needed to sustain these contracts. For
which funds are not currently in place.

Without proper outyear projections the contracts will face a fiscal year cliff in 2023. Furthermore, in order for the Community Care Plan to be one that is truly comprehensive, the long term food security needs of seniors must be factored in. Many of the

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HDM and older adult center contracts interact with one another. Our kitchens, our facilities are inextricably linked. We need better infrastructure.

The reimbursement rate for the home delivered meals contracts are capped at \$2.20 below the national average for urban areas. New York City can do so much better by our older New Yorkers. We urge the city to invest \$16.6 million to serve existing clients within the traditional home delivered meals program.

Increasing the HDM rate will also demonstrate foresight to the fact that many recovery meal participants will qualify for home delivered meals past 2022 and right now, there is absolutely no plan for them. The program will require critical infrastructure enhancements reflecting the rising costs of food, changes in the labor market, and heightened cost of insurance, gas, packaging and storage. It is critical that we build on the good work of the Community Care Plan and create a strategy for addressing the needs of older New Yorkers for many years to come.

Thank you to the Council. Thank you Chairperson and members for your time today.

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2 MODERATOR: Thank you for your testimony. 3

would like to now welcome Philip Chong to testify.

SERGEANT AT ARMS: Time starts now.

PHILIP CHONG: Thank you Chair Council Member Chin, Speaker Johnson, members of the Aging Committee, and Commissioner Lorraine Cortez Vazquez for your time and the opportunity to speak to you.

My name is Philip Chong, President & CEO at Quincy Asian Resources. We call ourselves QARI with the acronym, a non-profit immigrant social service agency based in New York City and Massachusetts. we've serving the Asian and immigrant communities since 2001. We provide wrap-around services in youth development, family support, food security, uhm social justice, adult education, and workforce development.

So, during the pandemic, QARI has been working tirelessly to help support our clients to access food, vaccination, comfort, and important information to navigate the unprecedented challenging time. 2020, QARI was awarded as the anchor Pan Asian meal provider to prepare and deliver culturally sensitive meals to elders and vulnerable families across all five boroughs.

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In the past twelve months, we have delivered over

1.8 million meals to the people in the New York City.

4 As we all know, the pandemic has created many

5 barriers and challenges in all aspects of our lives.

6 We faced as many challenges as you can imagine from

7 limited resources, supply chain disruption, labor

8 | shortage, and increasing food prices. As an

9 | immigrant and Asian American myself, like many other

10  $\parallel$  immigrants and refugees, we fight for our

11 survivorship and advocate for others to ensure they

12 | are being taken care of.

For the silver lining, through this program, the GetFood Program, our immigrant restaurant owners could reopen and provide hundreds of employment opportunities to the immigrant communities; and elders showed their appreciation and call us to say how much they enjoyed the Pan Asian meal that we provide especially during the winter time when the major snow storm made our door-to-door delivery to become extremely challenging.

But we know we cannot give up because the elders have been counting on us. Unfortunately, we faced even more challenges when we witnessed increasing

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2 Asian hate crime in the city and across the country 3 in the last 20 months.

Elders that we serve continue to raise the question to us whether they made the mistake to move to this country. In May, QARI worked with two community members, Julianna Lee and Oanh Nguyen, to distribute whistles to the elders in New York City, Los Angeles, and Massachusetts. In thinking about how they could help support vulnerable elders, they connected with QARI and the Whistle Against AAPI Hate project was born.

In New York, QARI partnered with City Harvest at its mobile food pantries, Charles B Wang Community Health Center, New York Chinese Consolidated Benevolent Association, Protect Chinatown, and NY Visiting Nurse to distribute these whistles to the elders.

As we think of many of our parents and grandparents and their vulnerability as AAPI elders, we hope that the whistle will provide a sense of protection from potential harassment and harm, and a reminder that the community is standing with them.

Given the little control we hold over random acts of violence and hate, even small things can have a big

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families.

impact. Each whistle is accompanied by a note in

Chinese, Vietnamese, Korean and English to share our

message to the elders that their community is

5 listening and standing by with care and support for 6 them.

We know our work cannot stop here when the GetFood program is coming to an end in November.

With the track records that we have, we developed a multilingual digital platform for SNAP recipients to purchase fresh produce from the local farmers. In the meantime, we are planning to launch the nation's first clean energy powered mobile food distribution network, focusing on plant-based in New York City to provide access to fresh produce and culturally sensitive meals to our elders and the vulnerable

What the pandemic has taught us is the importance of distributing timely and effectively to our clients. As the Department for the Aging and the New York City Council work together to devise a strong vision and Community Care Plan that will determine for our city innovates the senior service system to be more responsive to the needs of our immigrant seniors. We ask you to keep immigrant-centered

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providers and voices at the table. We are looking
forward to collaborating with DFTA in different
innovative ways to help support our elders and their

5 family members.

As the QARI slogan says, we are immigrants supporting immigrants. We are strong  $-\$ 

SERGEANT AT ARMS: Time expired.

PHILIP CHONG: And we're immigrant strong. Thank you so much.

MODERATOR: Thank you for your testimony. I would like to now welcome Peter Kempner to testify.

After Peter Kempner I will be calling on Alexander Ryley and then Gil Bloom to testify.

SERGEANT AT ARMS: Time starts now.

PETER KEMPNER: Thank you very much. My name is

Peter Kempner and I am the Legal Director and Elderly

Project Director at Volunteers of Legal Service.

VOLS was established in 1984 and our purpose is to leverage private attorneys to provide free legal services to low-income New Yorkers to help fill the justice gap. Our Senior Law Project focuses our services on helping low-income New York City seniors plan for the future by obtaining wills and other advance directives. This planning allows seniors to

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ultimately make their wishes clear, empower their chosen caregivers, and allows them to age in place in the community for as long as is feasible.

In addition to our life planning services we operate a legal advice hotline for seniors. Legal issues related to eviction and homeless tops the list of questions we hear about from our clients. While both New York City and New York State have taken significant steps to protect the rights of low-income tenants in recent years, landlords continue to push forward with their efforts to force out long-term tenants in rent regulated housing, many of whom are seniors.

The Housing Stability and Tenant Protection Act of 2019, eliminated many of the perverse incentives landlords had to force long-term tenants out, such as high vacancy rent increases and high rent deregulation. The Universal Access to Counsel program now ensures that seniors at or below 200 percent of the federal poverty level receive free representation in eviction proceedings.

But even as these reforms and programs represent progress in reducing evictions and homelessness amongst New York City seniors, many threats remain

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2 unaddressed. One of the most challenging situations

3 a senior can find themselves in, is a bed bug

4 infestation. Beyond the bites, property damage, and

5 the trauma that an infestation can cause, this is a

6 situation that can put a senior at risk of eviction

7 and homelessness.

Many landlords are eager to bring holdover proceedings based on a nuisance claim where a senior tenant is the victim of a bed bug infestation. In fact, one of the few types of eviction cases that have been allowed to move forward in the face of recent and current pandemic related eviction moratoriums are hold over proceedings where the landlord is alleging a tenant is causing a nuisance.

Many seniors who are fully willing to comply and cooperate with their landlords in taking the necessary steps to treat and hopefully eliminate a bed bug infestation, may find themselves unable to do so because of physical limitations or disability.

Intro. 1219 clearly recognizes, that for a bed bud infestation to be properly abated the tenant must declutter, bag personal items, move heavy furniture and appliances. Otherwise, the efforts will be in vain. Seniors with able bodied friends and family

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members or those who have the financial resources to

hire help will be able to properly prepare an

apartment for bed bug remediation.

Sadly, this leaves behind the most isolated seniors who have the least resources. These are the very seniors who if evicted will face homelessness because they don't have anyone to take them in, nor will they have the financial wherewithal to find safe and affordable alternative housing.

I have seen bed bug related nuisance hold over cases play out repeatedly in Housing Court. The parties reach an agreement or the Judge orders access for bed bug treatment and the senior tenant is unable to comply because they cannot properly prepare their apartment for remediation. Too often this spirals out of control ending with a frustrated Judge letting an execution of a warrant of eviction go forward.

Legal services attorneys are often able to tap into some resources from non-profit agencies or government agencies to avoid this outcome, but these resources are scarce and difficult to locate. The mandate in Intro. 1219 that the services be the subject of educational and outreach campaigns, will

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2 ensure that seniors in need and their advocates will 3 be able to avail themselves of the program.

Beyond the human toll of homelessness resulting from a bed bug infestation, from a cost-benefit perspective it is clearly preferable to invest taxpayer dollars in a program like the one outlined in statute or the bill, than to pay much more to house a senior in a shelter or other type of transitional housing.

In addition, homelessness leads to deteriorating health outcomes for seniors resulting in increased costs in Medicaid, Medicare, they may find themselves in a nursing home or other facility, most often at taxpayer expense. Our hope is that the assistance and support outlined in Intro. 1219 will save disabled New York City seniors from eviction, homelessness, and the spiraling negative impact that this will have on their health and wellbeing.

Thank you for allowing us to submit this testimony today.

22 | SERGEANT AT ARMS: Time expired.

PETER KEMPNER: And for supporting the needs of New York City's seniors.

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MODERATOR: Thank you Mr. Kempner. I would like to now welcome Alexander Ryley to testify. After Alexander Ryley, I will be calling on Gil Bloom.

SERGEANT AT ARMS: Time starts now.

ALEXANDER RYLEY: Good afternoon. Thanks very much for the opportunity to testify about this proposed legislation and uh, well, before I talk about how much I agree with everything Pete Kemper just said, I will say that I am Alex Ryley, Director of the Elder Law Practice at the Legal Aid Society.

The Legal Aid Society is the oldest and largest nonprofit public interest law firm in the United States. We work on more than 300,000 individual legal matters annually for low-income New Yorkers with civil, criminal, and juvenile rights problems in addition to law reform representation. So, I am within the civil practice where we have various practices not just elder law but employment law, immigration health law, homelessness rights, practices.

So, yes, I agree with and support everything that Pete Kempner just said and we very much support this legislation. What I wanted to contribute is just a couple of suggestions on the subject first of all of

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public awareness. So, even if this were to be implemented, well, first I should say that in my recollection of the original version of this legislation, called for DFTA to implement this program and the present version calls for DSS I think to do it with the assistance of DFTA in terms of outreach.

If this program were to be in effect, it wouldn't work if people don't know about it and obviously that's why DFTA is being called upon to help with outreach but in addition to DFTA's assistance, one possibility would be to require landlords, property owners to notify DFTA or whatever administering agency there is, DSS of a bed bug infestation where there is known to be an older person in the dwelling. Just as a landlord is required to notify a marshal if there's an older person in an eviction situation and the marshal is required to notify APS. That's one thing, and then also, it would be worthwhile for DFTA to coordinate with other agencies. For example, Department of Finance which administers the SCRIE and SHIE programs to include mailings of the various documents that Department of Finance sends to older people in relation to those programs.

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Its certainly been my experience and I'm sure Mr.

Kempner's too, that uh, that older people are often

hesitant to report bed bug infestations to their

landlords, partly because they think they are going

to get in trouble or the landlord is going to get

mad. So, if they were to know that this program

exists and that there is support for them out there,

then I think this would also lead to more timely

reporting which would be terrific for everyone.

The last thing I wanted to mention is that the problem of older people not being able to make necessary preparations in their apartments for bed bug eradication, is identical to the problem of the rises in relation to other housing code violations. So, before bed bugs reemerged in New York City a number of years ago, we would still see many instances where there were housing code violations in older peoples apartments that need to be corrected but landlords would say, well, we can't do that because you know the dresser is in the way. Or the armoire is in the way or whatever it is and you know our people are not going to move those items because we don't want the liability. All that kind of thing and then, there would be a stalemate because the

older person can't do it. They have no one in their family who can help. There's no service in the city available for this.

So, we're hoping that in addition to this legislation, there could be legislation that would also require an agency to provide this additional, really identical sort of service with respect to other housing code violations. And then actually it would be a much simpler service. It would be a matter of just moving a couple of things as opposed to the very labor intensive work needed to prepare for bed bug remediation. Thank you very much.

MODERATOR: Thank you for your testimony. I would like to now call on Gil Bloom to testify.

SERGEANT AT ARMS: Time starts now.

GIL BLOOM: Hello, good day, my name is Gil
Bloom, I am representing the New York's Pest
Management Association. I'm also the owner of
Standard Pest Management, a New York based firm doing
business since 1929. I served as one of the
entomologists members on the New York City Bed Bug
Advisory Board and subsequently conducted training to
a number of New York City agencies and authored bed
bug manuals for NYCHA and HPD.

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I've also provided in-service bed bug training to New York City DOA, several social service agencies including SAGE, Heights and Dora and Carter Burden. With this extensive background, I would like to offer the following knowledge for consideration: I would add that bed begs can be especially problematic for seniors as they tend to react less to bites and they may not see them as well.

Furthermore, they may become reservoir units effecting other units and in addition, they may be denied health and other aids due to the presence of bed bugs. Perhaps the single most important aspect of addressing bed bugs is that successful management lies in the details. And that a macro level of threat needs to be addressed, such as limited moving of furniture and in some cases deep cleaning, it is frequently the lack of microlevel assistance that results in lacking bed bugs an inevitable reinfestation. Much to the dismay of all concerned, residents, neighborhoods, pest management and property management alike.

The second biggest issue I've observed over the years is the lack of bed bug knowledge and basic preparation protocols among the assorted vendors and

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ad-hoc prep persons. I have seen and reviewed successful cases of assistance but far too often am aware of situations that leave much to be desired.

And that they exacerbate the situation through unintentional spread overlooking the important basic best practices thereby providing for a false sense of required preparation. The unnecessary discarding of items and at worst, illegal unsuccessful and dangerous placement of items in plastic bags with insecticide strips.

If this proposed legislation is going to have a measurable positive outcome on bed bug management for those in need of assistance, it must be guided by sound entomological protocol and best practices.

Which should be consistent but evolving in accordance with new bed bug control practices. The goal is not to make pretreatment assistance more difficult but rather have it provide for truly effective steps in regard to the nonchemical aspects required for successful bed bug remediation.

As an example, I have attached a recent research which I was in review it for, which addresses the occasional extent to which the assistance may be needed. The link is included on the document I

provided. It's out to get bed bugs out of your belongings by Cornell Community IPM Program. Ergo, I recommend the establishment of a limited oversight group comprised of health, aged, pest management, a representative of Cornell Community IPM Program and a social work practitioner.

The goal of this group would be to establish base guidelines and best practices to which all funded services would have to abide by. In addition, this information to be made available to all New Yorkers and stakeholders regardless of socioeconomic status as bed bugs do not discriminate.

Our concern is that misguided attempts at assisting people only exacerbates and spreads the problem. The inaccurate information such as bed bugs jumping, which they do not. They do not jump; they do not fly. You know, only creates a worse scenario. It's important to deal with a bug you have to deal with it at the bug level to begin with and then move up through the different agencies. Thank you.

MODERATOR: Thank you for your testimony. At this time, if your name has not been called and you wish to testify, please raise your hand using the

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Zoom raise hand function. Seeing no raised hands,
Chair Chin.

CHAIRPERSON CHIN: Yeah, I wanted to thank all the panelists. Yeah, I wanted to really thank all the panelists for testifying, especially the three panelists that talked about the bed bug legislation. And thank you for your suggestions and hopefully we can incorporate you know some of your suggestions into the legislation and get it passed.

I think for uhm, for Peter and uh, and uh, let's see Alex Ryley, great to see you guys. If you could provide us some data in terms of cases, I think that would be helpful. Because from the testimony you know you heard earlier from DFTA and there is no statistic. I mean, they're not gathering information about seniors that had to go through the bed bug situation.

So, if there were like court cases that you are familiar with or clients that you have helped with this situation, please you know provide us with some data so that we can strengthen the legislation. And also, when you talk about you know in terms of uhm, you know outreach, education that is needed. More than just giving it to the senior center and allowing

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senior centers to do a workshop with two. That's not sufficient. So, I think we can definitely you know expand on that process.

And also, thank you to uhm, Mr. Bloom for your technical you know expertise and we can see how we can incorporate some of that also to strengthen the legislation. So, thank you again on that.

Uhm, is the other panelist uh, is it from Encore, is it Jeremy Kaplan, are you still on? I think he's still here but I just had a question for him.

JEREMY KAPLAN: Hi.

CHAIRPERSON CHIN: Hi Jeremy, great to see you again.

JEREMY KAPLAN: Hi, Chair Chin.

CHAIRPERSON CHIN: I know I saw you last month on the GetFood part. Uhm, could you just like give us because I know you heard from DFTA that your network was funded. Do you want to share some — what was your experience in terms of the contract negotiation, the timeline? Uhm, was there any obstacle that you had in terms of with the RFP?

JEREMY KAPLAN: Sure, uhm, well, we received our notification, our formal notification middle of last week. We had applied for — we had applied for a

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back to you yet?

2 network which in our case it was a small network of

3 two centers. That included our existing center.

Uhm, and an additional one for an expansion to launch

5 a lifelong learning center.

We were approved for the network which essentially included the renewal of our additional center and the lifelong learning center. So, we were very, very happy with that. Uhm, the budget that we received was lower than the budget that we had submitted for. With that said, so was the proposed contracted units. You know again, just you know having just gotten the notification uhm later last week, having dug into whether or not that was proportional. You know I hope it was. Uh, uh, but uh we were asked to turn things around in seven days and we told our friends over at DFTA that we would definitely need more time. Uhm particularly around some of the facilities and leasing issues that we're looking into related to this expansion. We are hoping that we will be afforded that additional time.

JEREMY KAPLAN: Well, I just, I just put in the request earlier this morning.

CHAIRPERSON CHIN: Oh, so they haven't gotten

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2 CHAIRPERSON CHIN: Oh, okay.

JEREMY KAPLAN: I think our seven days is up on Wednesday or something of this week, so.

CHAIRPERSON CHIN: Well, the Commissioner said that she will grant extension you know when it is needed.

JEREMY KAPLAN: I'm very hopeful. I'm very hopeful that we'll get some more time to deal with those negotiations.

CHAIRPERSON CHIN: Okay, so that's good. So, you said that the budget is less but you also, the contract the number?

JEREMY KAPLAN: Yeah, the budget was less but the units, it appeared to me we're less proportionately in our case. Uhm, again, I need to dig into the numbers to verify that.

CHAIRPERSON CHIN: Okay, I think one of the questions that I asked the Commissioner earlier, I don't know if a provider would think about in terms of budget that would calculate as a per person pause, versus you know like what the Commissioner was talking about. Right now they use like cost for meal, cost for this and that but like, with DYCD and you know for youth programs or — they have a per

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2 student cost. Like for after school program and

3 summer programs. I guess in the future they will

4 look at to see whether that is also feasible.

Feasible for seniors like per cost per seniors.

JEREMY KAPLAN: I think that would be super helpful and in fact, in the RFP there was a reference to an average cost per senior, which is what we use to base our budget off of.

CHAIRPERSON CHIN: Hmm, hmm.

JEREMY KAPLAN: You know the RFP also made it clear that that was just the average uhm, and that some awards may you know may be above or under that but we found that super helpful when constructing our budget for the RFP.

CHAIRPERSON CHIN: Okay great. Thank you.

JEREMY KAPLAN: Thank you.

CHAIRPERSON CHIN: Is Philip Chong still on? If not, yeah, because I just wanted to — a question about the GetFood Program transition. But we can follow-up with him.

So, once again, I really want to thank all the panelists, everyone for joining us today and for your testimony and we really look forward to you know strengthening the Community Care Plan and fight for

1	COMMITTEE ON AGING 121
2	additional resources for our older adult population.
3	We still haven't given up on the home delivered meal,
4	the \$16.6 million. Hopefully uh, that will be in the
5	November plan budget because we know that there will
6	be an increase cost for that.
7	So, I wanted to thank all the Committee Staff
8	that helped put together you know today's hearing and
9	all the Sergeants for organizing the hearing. I'll
10	pass it back to our Committee Staff, Crystal.
11	MODERATOR: Well, that concludes this hearing.
12	Thank you everyone.
13	CHAIRPERSON CHIN: Okay, so this hearing is now
14	adjourned at 1:38. [GAVEL] Thank you.
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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 15, 2021