



TESTIMONY

Presented by

Karen Taylor
Assistant Commissioner, Community Services

on

**Oversight: Strengthening NORCs and Exploring New Models for NORCs in
New York City**

before the

New York City Council
Committee on Aging

on

Tuesday, February 24, 2015
1:00 P.M.

at

Committee Room, City Hall
New York, NY 10007

Good afternoon, Chairperson Chin and members of the Aging Committee. I am Karen Taylor, Assistant Commissioner for Community Services at the Department for the Aging (DFTA). On behalf of Commissioner Donna Corrado, I would like to thank you for this opportunity to discuss Naturally Occurring Retirement Communities (NORCs) in New York City.

OVERVIEW

The term Naturally Occurring Retirement Community describes a demographic phenomenon. It was coined in the 1980s by a professor of architecture at the University of Wisconsin when he observed that certain housing communities had evolved into communities with a large concentration of older people. Definitions vary somewhat throughout the country, but Naturally Occurring Retirement Communities are defined in New York City principally through their geographic boundaries and their populations of seniors. As you know, the City has defined NORCs as residential locations – single buildings, housing developments, or clusters of buildings within a neighborhood – that are neither age restricted nor built specifically for seniors. Over time, as residents have aged in place, these housing locations have become home to significant concentrations of older adults.

Throughout the last two decades, a number of NORCs have received funding from City and State programs and private foundations to provide supportive services to senior residents. These programs are called NORC Supportive Service Programs (SSPs) or NORC programs. DFTA funded NORC programs are structured to promote shared responsibility and participation in program design and operation through a partnership among senior NORC residents, the NORC housing entity, a social services provider, and a healthcare provider.

NORCS IN NEW YORK CITY

Housing is a primary concern for seniors in New York City. Most older New Yorkers prefer to continue living in their present homes and communities as they grow older. As the population of older New Yorkers continues to increase, homes and communities become more and more important in the aging process as well. Ready access to a range of coordinated support services and opportunities is essential for successful aging in place. Furthermore, seniors benefit when these services and opportunities are an integral part of their surroundings and daily life, which is

one of the unique advantages of a NORC program. NORC SSPs address the preference of seniors to age safely in their own homes and communities and respond to their consequent support needs.

The NORC SSP movement began right here in New York City. In 1986, a consortium of UJA-Federation agencies established the first NORC SSP in the nation, the Penn South Program for Seniors. Throughout the 1980s and 1990s, the need for services in NORCs became more and more apparent as residents and housing management in other New York City developments began to realize that the older resident population in their community was growing, and that some elderly neighbors needed assistance with daily activities. Some of the early efforts to address this growing concern included on-site volunteer programs that gained a strong foothold in the housing community before public funding was available. Collaborations between forward-thinking housing entities and service providers also emerged, which often received needed support from philanthropic funders. In all cases, housing representatives as invested partners were fundamental to the success of on-site supportive service programs. These early efforts thrived and grew rapidly, and in FY 2000, the City appropriated funding for a New York City NORC Initiative.

One of the essential hallmarks of the City NORC is a match requirement, so public dollars leverage private funding and contributions from a number of committed foundations and organizations, especially from healthcare providers and the philanthropic community. This support has been critical in allowing NORC SSPs to flourish, enhance services, and complement City funding.

DFTA SPONSORED NORCS

There are five primary objectives for City funded NORC programs. All NORC programs should: 1) provide supportive environments that allow seniors independence as they age in place; 2) engage residents and facilitate linkages within the community; 3) assess the needs of senior residents; 4) offer supportive services based on assessments; and 5) build strong and meaningful communities that cultivate new roles for community members.

To strengthen the NORC network in providing supportive services and facilitating community linkages, DFTA issued a request for proposals (RFP) in June 2013. The RFP required that the NORC housing entity or entities must have a minimum of 350 seniors and/or at least 40 percent of the households in the NORC must include a senior. DFTA continues to fund the current NORC program model, described earlier in my testimony, which is referred to as a Classic NORC. In addition, under the RFP, DFTA expanded the NORC model to include the option of a Hybrid NORC, in which a Classic NORC establishes a formal relationship with a DFTA funded senior center located within the NORC property. The purpose of formalizing this partnership was to facilitate service coordination between the two programs, and to allow the NORC and the senior center to benefit mutually from resources such as space, staff, and programming.

In January 2014, DFTA awarded 28 NORC contracts in the Bronx, Brooklyn, Manhattan, and Queens for a term that began last July; the DFTA budget for NORC programs is \$6.5 million. These communities are located in public housing, low to moderate-income co-ops and low to moderate-income private rentals. The NORC contract awards included funding to enhance services such as case management for homebound and non-homebound seniors, assistance with accessing public benefits, and an increased emphasis on wellness, chronic disease risk assessments, and healthcare management.

COUNCIL INITIATIVES

As a growing number of older adults age in place and in response to broad based community efforts to meet the needs of this population, NORC models continue to develop and evolve. We are pleased that the Council allocated a total of \$2.5 million in the adopted budget for FY 2015 to fund NORC services, including \$1 million for a Neighborhood NORC initiative. Through a Council funded planning grant, DFTA is working with CRE to assess Neighborhood NORC opportunities in Far Rockaway and Staten Island. DFTA is supportive of the Neighborhood NORC model, while recognizing that these models require an infusion of resources.

CONCLUSION

Thank you again for this opportunity to testify on Naturally Occurring Retirement Communities in New York City. In partnership with the Council, DFTA looks forward to supporting the

overall NORC network and its capacity to enhance the lives of seniors. I am pleased to answer any questions you may have.

AGING IN PLACE at CADMAN TOWERS INC.

The construction of Cadman Towers was approved by the City of New York in August, 1968 and construction began in 1969. Cadman was designed to be a middle-income cooperative built in the Mitchell-Lama Housing program. It is managed by Tudor Realty Service Corp. and has an onsite Management Office that employs a property manager and an assistant property manager.

Cadman Towers Inc, is comprised of two buildings 101 Clark Street and 10 Clinton Street, Brooklyn, NY 11201 with 421 Apartments. Close to 68% of the apartments have a head of household over 60 years of age; the older adult age breakdown is as follows:

Age	# of cooperators as head of Household	# of Households with a cohabitant
90-100	9	
80-89	39	
70-79	105	13
60-69	134	54

The Cadman Towers Community is a diverse community that provides a sense of neighborhood, socialization activities and hospitality. Annually there are holiday parties and celebrations for children and grandchildren, tag sales, summer pot luck dinners, book clubs, and a Weight Watchers program.

However, as cooperators age and some become compromised by chronic illness or mobility issues we as a co-op are limited in our ability to offer assistance. For the past several months, Jewish Home Lifecare (JHL) has provided us with a nurse two mornings a week, at no cost as a trial, to help with health assessments and referrals. In this short time, JHL has become a lifeline to our cooperators in need. We are confident that working with JHL will help us to accomplish our goal of improving the quality of life by addressing the needs of our most vulnerable cooperators. Since 1848, JHL has provided elder care services in both NYC and Westchester.

We would like to continue using the services of the JHL nurse who provides health screenings and education on wellness topics, does health assessments for individual cooperators and provides referrals, advocacy and follow up, as needed. In addition to having the nurse on site one day a week, we would like to add a social worker also on site one day a week. This social worker would provide vital information to enable residents to remain in their home, would identify other care resources and would work with housing management to identify cooperators in need of assistance.

We are requesting financial support to help us fund vital services for our Naturally Occurring Retirement Community (NORC) or NORC-like program, and Supportive Services Program (SSP).

We see the immediate goals of Cadman's program as:

- Promoting a healthy lifestyle to enable seniors to remain in their homes.
- Providing better lines of communication between aging shareholders at risk and housing management.
- Increasing the sense of community at Cadman Towers.
- Identifying additional resources in our community.
- Providing knowledge of no-cost to low-cost city-run programs for the aged.

The **Budget** for our program is:

Nurse: \$41.03/hour x 7.5 hours (1 day) x 52 weeks=\$16,016 + fringe \$7,207 = **\$23,223**

Social Worker:\$30.77/hr x 7.5/hr (1day) x 52 weeks=\$12,000 +Fringe \$5,400 = **\$17,400**

Total initial expense: **\$40,623**

We respectfully ask you to support this endeavor by granting \$30,000 for the initial 2015 year. Cadman Towers as agreed to contribute \$10,000 towards this budget.

For any additional information and to advise Cadman Towers of your decision, please contact:

Shelley Holtzberg, VP Cadman Towers Board and
Chair of the Cadman Senior Committee
10 Clinton Street Apt 11N, Brooklyn, NY 11201



Chinatown Neighborhood NORC
7 Mott Street
New York, NY 10013

Testimony for the City Council Committee on Aging
February 24, 2015
Presented by Rhonda Karp Soberman, LCSW
Manager of Program Development
Visiting Nurse of New York

I would like to thank the members of the NYC City Council and Margaret Chin, Aging Committee Chair, for providing me with an opportunity to speak on behalf of strengthening NYC NORCs and new models of NORCs. More specifically, I would like to focus on the importance of expanding the current NORC funding stream to include Neighborhood Naturally Occurring Retirement Community Supportive Service Programs (NNORC-SSP).

Building on the partnership model of NORC-SSPs, Neighborhood NORC-SSPs have succeeded in their important work with community residents by empowering them to take an active role in their health and social needs, while supporting them to handle the many challenges they face daily as they age in place. Neighborhood NORCs are community-building programs, encouraging neighbors to help neighbors, while uniting agencies as partners to identify and act together in an effort to address the needs of individual residents as well as the community that make up the Neighborhood NORC.

For the past 6 years, The Visiting Nurse Service of NY has been the lead agency for a Neighborhood NORC in the Manhattan Chinatown Community, funded in part by the NYS Office for the Aging and several foundations. I want to thank the City Council for recognizing the important work of the NNORC in their 2014-2015 discretionary budget. These monies helped the program to fill the financial gap while allowing us to enhance our program and expand our reach into our community. While the program always seeks to find additional funding sources, we believe that enduring, consistent and sustainable funding is essential for a NNORC program to succeed and exceed in its mission to service its community. Without this financial foundation, the program is as fragile as the residents we serve.

VNSNY has also partnered with NORC programs since the inception of these special supportive service programs in New York City, in the 1980s. Our involvement over time has provided us with experience and perspective about what is required to promote and achieve the goals and objectives that lead to successful aging in place programs. We have had the opportunity to experience and understand the pitfalls, and use our experience to refine our approach. Thus, we have learned that:

- Funding must be available on an ongoing and consistent basis to provide the security and credibility of these programs in a given community.



- Each community must have time to conduct a baseline assessment of community needs, map the available resources, identify the important strengths and gaps within the community, and engage the community, both residents and providers, in designing a program that is culturally appropriate. The community should be assessed for their ability to financially support the program as well. Chinatown, for example, is considered very low income by HUD standards and thus is and should be exempt from any matching fund requirements.
- Successful NORC Programs are able to organize, collaborate, and integrate the resources and providers in their communities to address the identified needs in their community. This community organizing function is critical to the success of the program and leverages additional resources that without this collaborative, may not be available to community residents.
- Programs need to be appropriately staffed in order to effectively address the community needs.
- The approach needs to integrate both social services and health care, with appropriate funding to support this important interdisciplinary approach.
- These program must address the needs of a wide spectrum of seniors within the community; the most healthy with a preventive approach, and the frailest and homebound with supportive service integration.
- The core services which include case management, case assistance, health care management, health care assistance also include recreation, education (both health and social service), and should incorporate intergenerational programs.
- Volunteer support and empowerment link residents to their neighbors, providing an opportunity to harness "human capital" and wide expertise. Volunteers can also fill the gaps not available via other funding.

Currently, there are communities in need who would most certainly benefit from both traditional and NNORCs. For example, communities in Staten Island have not been able to take advantage of this important program initiative for their residents. As we move forward, the parameters of participation need to be closely reviewed to insure that opportunities are inclusive for all regions of our city.

As the senior and immigrant senior community grow each day, NNORCs provide a viable option to maintain residents in the comfort of their home and community. This long term perspective can serve New York City as it becomes known as a city where its residents can age successfully.

We urge the City Council to advocate for the incorporation of Neighborhood NORCs into the successful ongoing funding model of NORC SSPs, which have current oversight through the New York City Department for the Aged. This formalized process will insure that NNORCs are sustainable, provide continuity, and standardization of the successful NORC model.

Thank you for your time and attention!

Respectfully submitted by Rhonda Karp Soberman

**CITY COUNCIL COMMITTEE ON AGING
PUBLIC HEARING – NORC PROGRAM
COUNCILWOMAN MARGARET CHIN, CHAIR
FEBRUARY 24, 2015**

LiveOn NY, formerly Council of Senior Centers and Services (CSCS), thanks Councilwoman Margaret Chin, Chair, Committee on Aging, and committee members for the opportunity to discuss the NORC program. LiveOn NY is dedicated to making New York a better place to age. Founded in 1979, with a membership base of more than 100 organizations ranging from individual community-based centers to large multi-service organizations, **LiveOn NY** is recognized as a leader in aging. LiveOn NY's membership is comprised of organizations providing an array of services including NORCs, multi-service senior centers, congregate and home-delivered meals, elder abuse, affordable senior housing, case management and other services intended to support older New Yorkers in the community. LiveOn NY connects resources, advocates for positive change, and builds, supports and fosters innovation. Our goal is to help all New Yorkers age with confidence, grace and vitality.

To strengthen the NORC program, LiveOn NY recommends:

- ✓ **Funding to expand NORC programs citywide** – The strength of the NORC program is that it serves older adults with a range of incomes and housing situations – from NYCHA tenants to those living in co-ops, private homes and private rental buildings. The success of the model is seen by the fact that everyone wants a NORC in their neighborhood. LiveOn NY's Senior Housing Coalition, representing nonprofit providers operating 20,000 units of affordable senior housing citywide, recognizes the value of NORCs in preserving affordable housing. ***Given City Council and Mayor Bill de Blasio's priority of preserving affordable housing, NORCs can play a critical role in assisting seniors to age in place.*** An ongoing, baselined funding stream for the variety of NORC models is central to achieving this goal. It would also allow for NORC programs to better serve the growing immigrant populations across the city. The community-based aging services network is on the frontlines of serving thousands of elderly immigrants across the city.
- ✓ **Funding additional NORCs in NYCHA developments - \$1.5 million.** Given that NYCHA is the largest houser of low income elderly in the city, bringing NORC programs to these developments would be of great value to the thousands of older adult tenants. LiveOn NY's FY16 budget priorities include a request for \$1.5 million of new funding to target NYCHA buildings. In addition to the social services and health services provided, NORCs could assist in situations by providing transitional support where seniors living in large apartments are being asked to consider moving to an appropriate apartment and location.

- ✓ **Additional funding for current NORC contracts** – Due to increasing costs to meet the mandates of health related services within the NORC program, agencies are struggling to afford both the health related side and social services side of the NORC model. ***NORC budgets need a minimum 25% increase to keep pace with the increasing requirements of the program and growing need.*** In prior years, a nurse could come at no cost to the NORC through outside agencies, but that has ended for the most part leaving the health related requirements an unfunded mandate. This, in turn, decreases the amount of funds available for social services. Community-based organization want to provide a balance of both health related and social services support as they are required to do.

Additionally, we understand that DFTA increased the minimum requirement for Health Indicators Surveys after the new contracts had been registered. Agencies provided a number in their RFP that was originally accepted. DFTA raised the number significantly without increasing funds to meet these new requirements making it an unfunded mandate. The Health Indicators Surveys must be completed by June 30th while programs were only given these increased numbers in February.

As the aging population grows and seniors live longer, their needs are intensifying. There are more social service needs that must be met as well as mental health or health supports. To be asked to meet these new requirements in a short period of **time and without additional funding** will impact the care seniors receive because programs have to complete more surveys than many can handle. This is why the original numbers submitted by programs through the RFP were realistic given small staffs. NORCs value the Health Indicator model but it needs to be rolled out in a more realistic and supportive framework. This roll out is not conducive for meeting social service needs of NORC participants.

- ✓ **Review of NORC demographic requirements** – There were some existing NORCs that were unable to apply for the last RFP because the number of seniors in the housing development fell slightly under the required amount, yet the community would significantly benefit from a funded program. LiveOn NY advocates the development of a more flexible NORC program and further, that existing requirements should be reviewed and open to public comment and input going forward.

It is important to review the status of the existing NORC model to determine if additional resources or policies are needed. This will help inform planning for additional NORCs. LiveOn NY looks forward to working with City Council and the de Blasio administration to strengthen and expand the NORC program throughout the five boroughs.

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**Testimony from UJA-Federation of New York
Presented to the NYC Council Aging Committee
February 24th, 2015**

Thank you to Chair Margaret Chin and the members of the Aging Committee for the opportunity to testify today about *Strengthening NORCs and New Models for NORCs in NYC*. My focus will be on the need to create a NYC Neighborhood NORC Supportive Service Program Fund, modeled after the original NYC NORC Fund, which was established in 1999 as a result of this Council's leadership.

The community of NYC NORC supportive services programs is grateful for the generous support which the Council provided last year, enabling a number of programs which did not make the cut for funding through DFTA's NORC RFP to continue, but most especially for responding to the need for supplemental funding of the existing NYC Neighborhood NORC programs, established with support from New York State. Last year, these programs received much needed supplemental funds, which were used to support core nursing and social work services.

Unlike our Classic NORC programs, which are organized in housing with common ownership, (i.e., NYC Housing Authority, Mitchell-Lama or large privately owned housing developments), Neighborhood NORCs are significantly aged-in communities of unaffiliated housing, private homes and low-rise apartment

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buildings. These frequently are neighborhoods that are housing our rapidly growing foreign-born senior population. The majority of state-funded NNORC programs in fact have been organized in communities with large immigrant senior populations, in Chinatown, south Brooklyn and Washington Heights. We know that the demographics of NYC's aging population are changing with an increasing percentage of older immigrants, who currently constitute about half of our seniors. In fact according to a 2013 report on foreign-born elderly issued by the New School, "21 out of the city's 55 Census-defined neighborhoods, immigrants already account for a majority of the senior population; in Queens, this is true for ten out of 14 neighborhoods". These seniors are even more vulnerable, living in greater poverty and often ineligible for the programs like Social Security and Medicare, which provide a significant safety net for native born seniors. Nearly two-thirds have limited proficiency in English, and therefore linguistically isolated, greatly compounding the challenges of aging in this city. The existing NNORC supportive service programs are successfully helping to address their needs, providing culturally sensitive programs with staff who can speak their language.

We would like to work with the Council to create a NYC Neighborhood NORC-SSP comparable to our Classic NORC Fund. It needs to be a program of the Department for the Aging (DFTA), which would establish clear guidelines and requirements building on the state program and experience. Since it takes years to organize and develop these programs, there needs to be consistent and reliable funding. While the annual Council allocations have succeeded in sustaining a number of programs, they are not the basis on which a fully realized program can be organized and supported. These are complex programs to organize, and would greatly benefit from the technical assistance and support that DFTA can and should provide. That said, it will also be necessary to allocate funds to DFTA to cover their staff expansion made necessary if they are to oversee it.

NORC supportive service programs have proven to play an important role in New York City's aging services delivery system. We believe that now is the time to create a Neighborhood NORC Fund so that additional neighborhoods and communities have the opportunity to organize supportive service programs, helping enable their elders to remain living with greater security in their own homes.



Testimony from Selfhelp Community Services, Inc.
New York City Council Committee on Aging
February 23, 2015

Good Afternoon.

My name is Rose Aniano. I am the Program Director of the Selfhelp Northridge/Brulene/Southridge NORC Program.

As you may know, Selfhelp was founded in 1936 to help those fleeing Nazi Germany to maintain their independence and dignity as they struggled to forge new lives in America. Today, Selfhelp has grown into one of the largest and most respected not-for-profit human service agencies in the New York metropolitan area, with 26 sites throughout Manhattan, Brooklyn, Queens, the Bronx, and Nassau County. Selfhelp provides a broad set of important services to more than 20 thousand elderly, frail, and vulnerable New Yorkers each year, while remaining the largest provider of comprehensive services to Holocaust survivors in North America. Selfhelp offers a complete network of community-based home care, social service, and senior housing programs with the overarching goal of helping clients to live with dignity and avoid institutionalization.

Our services are extensive and include:

- Specialized programs for Holocaust Survivors;
- Nine affordable senior housing complexes;
- Four Naturally Occurring Retirement Community (NORC) programs;
- Two DFTA funded case management;
- Five senior centers including one of New York City's first Innovative Senior Centers;
- Home health care;
- Client Centered Technology Programs including the City's first Virtual Senior Center;
- Two Court-Appointed Guardianship programs; and
- The Selfhelp Alzheimer's Resource Program (SHARP).

Selfhelp Community
Services, Inc.
Queens NORC Programs

Big Six Towers
59-55 47th Avenue
Woodside, NY 11377
Tel. 718.565.6569
Fax 718.397.1070

Queensview / N. Queensview
33-34 Crescent Street
Long Island City, NY 11106
Tel. 718.278.4148
Fax 718.726.5576

Northridge/Brulene/Southridge
34-10 94th Street
Jackson Heights, NY 11372
Tel. 718.396.5425
Fax 718.396.5426

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In 1999, New York City Council members provided funding to initiate a new NORC at Northridge/Brulene/Southridge, with Selfhelp as the service provider. At first, only two co-ops were part of the NORC. As the program grew, four additional co-ops joined the NORC and, in the 2009, the last two joined.

As you know, in 2014, the New York City Department for the Aging did not renew the contracts of four NORCs, ours among them. The New York City Council responded, by allocating full funding so that these programs could continue to provide vital services to the residents of these NORCs.

This generous funding has enabled us to continue providing case management services, group programming to address issues of health and wellness, Personal Emergency Response Systems (PERS), transportation to medical appointments, entitlements application assistance, financial assistance and supportive counseling for the elders of this community.

It is hard to imagine what things would have looked like for the elders of this community, had the City Council not stepped in as it did.

As this new fiscal year approaches, we respectfully ask the City Council to advocate with the New York City Department for the Aging to restore baseline funding for these NORCs.

Thank you for giving us the opportunity to present this testimony.



New York City Council

Committee on Aging: February 24, 2015

Oversight: Strengthening NORCs and Exploring New Models for NORCs in New York City

My name is Molly Krakowski. I am the Director of JPAC and Legislative Affairs for JASA, Jewish Association Serving the Aging. On behalf of the Board of Trustees, staff, and the more than 43,000 older adults we help each year, JASA appreciates this opportunity to provide testimony on NORC Supportive Services Programs to the Aging Committee of the NYC Council.

JASA, established 47 years ago, offers a broad continuum of services to help and support seniors as they age in their homes and communities. The agency's mission, 'to sustain and enrich the lives of the aging in the New York metropolitan area so that they can remain in the community with dignity and autonomy,' promotes independence, safety, wellness, community participation, and an enhanced quality of life for NY City's older adults.

JASA is involved in providing social services through 10 NORC programs throughout the City and Long Island. JASA directly sponsors five (5) publicly funded NORC programs; one (1) in the Bronx and four (4) in Brooklyn. Four (4) programs (Trumps United, Warbasse Cares, Coney Island Active Aging and Co-op City Senior Services) are primarily funded by DFTA and NYSOFA and one (1) program (Bushwick-Hylan Family Friendly NORC-SSP) is solely funded by NYSOFA. JASA provides social services, health services and education/recreation/ group / socialization programs to approximately 6,000 senior community residents through these NORC programs.

The specific goals of JASA's NORC programs include:

- Improving senior residents' safety and well-being and supporting their continuing ability to age in place;
- Improving their opportunities for community engagement;
- Identifying and using all community resources and stakeholders' efforts to support effective aging in place;
- Creating a sustainable partnership model of local service delivery;
- Positioning the NORC-SSP as a key focal point in the community, to reduce a traditional, service silo approach;
- To continue to assess community assets and needs and provide opportunities for the program to evolve.

NORC supportive services programs are a uniquely comprehensive and flexible program type, offering multidisciplinary services, multiple portals for service entry and genuine opportunities for partnership-driven community building. They are community specific. Perhaps most significantly, service delivery is based on need *and* interest. That is, seniors are eligible to and do move in and out of the system, sometimes receiving services as 'traditional' clients and at other times functioning as program leaders and members. The partnerships - with funders, housing entities, health services providers, not for profit services providers, vendors, community

residents of all ages, religious leaders, etc., provide additional resources and promote the creation of an aging friendly community.

JASA has implemented several initiatives that underscore the unique opportunities that NORC programs offer:

- **Community Building:** As part of a JASA Bronx initiative, Co-op City NORC SSP staff created a 'Gatekeeper' training module to educate the Co-op City community at-large about the needs of older adults and promote an informed community response to the specific needs of frail elders. Trainings continue to be held for Co-op City public safety officers, lobby attendants, housing staff, tenant associations and staff of the local branch of the Amalgamated Bank. The project was presented at the 2011 Annual Conference of the American Society on Aging.
- **Partnership Development:** Resident seniors are core partners and powerful assets in NORC programs and they operate as a conduit between the program and the community. In 2010, JASA established the Senior Leadership Council for the presidents and other participant leaders of JASA's NORC programs. Activities of the Council were presented at the 2012 American Society on Aging Conference.
- **Emergency Response:** After Hurricane Sandy, the 2585 apartments in Warbasse Houses were without power for more than two weeks. Flooded out of the office, Warbasse Cares, Amalgamated Warbasse Management and VNSNY, immediately mobilized to operate out of a command center where FEMA and volunteers were based. Warbasse Cares staff identified apartments which were home to elderly tenants and arranged for those apartments to be the first ones checked, went door to door (with assistance from the security and maintenance staff), often climbing many dark flights of stairs, checking on residents, urging evacuation as possible, bringing meals and water and assisting in the resolution of on-going emergencies and facilitated responses from other agencies: A distraught family member explained that she called 911 for her Russian speaking disabled relatives, but that the call was refused as non-emergent. Warbasse Cares stepped in and facilitated a successful ambulance transport to the hospital, as was needed. Warbasse Cares staff continued to provide a calming presence and support during the extended crisis.
- **Integrated and Comprehensive Client Support:** Mr. B lives alone in an apartment in NYCHA's Bushwick Houses. In his mid-sixties, he suffers from diabetes and heart disease; he has had heart surgery and several toe amputations. When Mr. B initially visited JASA's new NORC program, Bushwick-Hylan Houses Family Friendly Seniors NORC-SSP, he inquired about home delivered meals services, reporting that he had difficulty shopping and preparing meals. During the assessment, he revealed that one of his 'close friends' managed his bill paying. He also said that he had just received an eviction notice. JASA's NORC program social worker confirmed that his rent hadn't been paid for three months. She became concerned about the possibility of financial exploitation and referred the situation to JASA's Brooklyn elder abuse program, LEAP. LEAP staff subsequently worked with Mr. B to remove the 'friend' from his accounts. (Mr.

B did not want to press charges against this woman). The NORC program social worker arranged for NYCHA to change Mr. B's door locks and helped him develop a budget to manage the rent arrears. The NORC program nurse is working with Mr. B in an ongoing way to help him maintain a healthy blood pressure and self-monitor his diabetes. He has been referred to the local home delivered meals provider for services. The program's social worker also provides counseling to Mr. B to reduce his vulnerability to repeat exploitation.

DFTA noted (2013 Annual Plan Summary) that 'Linguistic and cultural differences coupled with the challenges of aging and disability can have a significant impact on health outcomes.' Although this statement may refer primarily to difficulties in access to health services, JASA staff are also acutely aware of specific challenges to emotional well-being faced by individuals who immigrated to this country when they were middle-aged and older.

Trump's United NORC-SSP provides services to the residents of Trump Villages Section III Estate and IV Estate located in Coney Island Area of Brooklyn. A significant portion (approximately 60%) of the seniors in Trump III are immigrants from the former Soviet Union. Almost universally, they report that the experience of leaving home, family, familiar roles and expectations, exacts a painful cost. For most, the immigration process itself was fraught with uncertainty and, even danger. Although some Russian speaking elders have been in this country for more than 20 years, their experiences isolate them from their English speaking cohorts. The Trump III NORC program's professional social workers determined that therapeutic reminiscing could be a supportive counseling intervention to help Russian speaking elders improve their emotional well being. Reminiscence therapy has been demonstrated to improve the life satisfaction and self – esteem of older adults. It has also been suggested that it can be successfully used to reduce the symptoms of depression. Russian speaking participants in JASA's *Story Behind the Door* guided reminiscence group project reported that the group experience promoted a sense of mutuality with each other and subsequent improvement in self-acceptance. It is the type of project that may be replicated easily by other programs for other community resident groups.

Certainly, an important function of NORC programs is to address the health needs and interests of elder community residents. JASA partners with community nursing services providers for health services in its NORC programs. Because of limited program funding, these services are often provided generously by our partners, but donated as 'in-kind.' That is, JASA, like other NORC program sponsors, does not directly pay for nursing services. The new mandated (and unfunded) services in NORC programs include significant participation in the Health Indicators project.

It has been JASA's experience that the NORC Health Indicators program is an effective survey and health improvement effort but we are concerned about the unfunded mandate to implement it. Sometimes nursing vacancies in NORC programs remain unfilled for significant periods of time or the weekly commitment is reduced because our nursing services partners have internal fiscal priorities. Without additional funding to enable NORC program sponsors to pay for nursing services, we may have to choose between providing competing vital services. For example, the

1...

NORC RFP identified group services and activities as 'optional, - but they are essential for supporting social and community engagement and reducing isolation.

Another challenge is changing demographics. There is a trend toward longevity and one of the fastest growing cohorts throughout NY State is individuals aged 85 and older. For example, at Co-op City, one of the largest NORCs in NYC, of the approximate 12,000 individuals aged 60 and older, 3,000 are aged 85 and older. Another obviously emerging population is adults entering their senior years. The old-old and younger-old often represent different services interests and needs; these are not easily accommodated by current levels of NORC program funding.

JASA seeks strategies to maximize service opportunities and we were pleased that DFTA offered a new hybrid NORC service delivery model that promotes partnerships between NORC programs and senior centers. We also see opportunities to expand other service areas (e.g., case management) with an interdisciplinary approach. For example, those individuals who don't live in designated NORCs would benefit from community nursing services. Again, the lack of funding is an impediment.

We appreciate this opportunity to present information to the NY City Council and especially thank Councilwoman Chin and the members of the Committee on Aging for vigorously supporting JASA programs and improving the lives of NY City's older adults.

Joanne chu
for the
New York City Council Oversight Hearing
"Strengthening NORCs and Exploring New Models for NORCs in New York City"
February 24th, 2015
on behalf of
Hamilton Madison House/ Alfred E. Smith Houses NORC Senior Services

Introduction

Good afternoon and thank you. I am Joanne Chu, Director for Hamilton Madison House Smith Houses NORC Senior Services which is also funded by NYC Department for the Aging (DFTA). Hamilton Madison House appreciates the opportunity to present testimony this afternoon to the City Council regarding strengthening the impact of NORCs on New York City's senior population.

First, I would like to thank the City Council and the Committee on Aging for taking this time to highlight the particular issue of NORC program.

Hamilton Madison House Smith Houses NORC Senior Services which is located at NYCHA/ Alfred E. Smith Houses in lower Manhattan, works to support elder retired residents through a range of programs and services that increase access to health promotion, nutrition and social benefits empowerment with trilingual capacity (English, Spanish and Chinese). Smith Houses NORC serves approximately 100 senior members on a daily basis (75% are Chinese population; 20% Spanish population and 5% others) and distributes approximately 1,700 meals on a monthly basis for our elder members and home bond clients; provides social benefits assistance, food safety, networking and health promotion workshops; manages education programs for elders to live their life independently within community. Our program also conducts outreach and develops relationship with community and DFTA efforts to support NORC population in all perspective.

In my testimony today, I wish to provide a brief overview of recent poverty findings among New York City's senior population and the challenges faced by this vulnerable population.

Background

Census data demonstrates that almost one-fifth (19 percent) of the city's elderly population ages 65 and above live below the federal poverty level (approximately \$20,000 for a family of three). As the baby boom generation ages, the number of elderly New Yorkers is expected to rise dramatically.

As the population of NYC residents ages 65 and older rises, it becomes increasingly more urgent to address the challenges and hardships experienced by low-income elderly New Yorkers, who makes up the main population we assist on a daily basis since Smith NORC is located at one of the largest senior population NYCHA Complex. In collaboration with local, health and academic partners, reveals that many elderly residents are forced to make ends meet on low incomes and benefit amounts, as the costs of basic necessities rise, by turning to basic living cost. The existence of Smith Houses NORC provides them the environment with entertainment and interactions with others, furthermore the program empowers health awareness by providing variety of health promotion activities to keep elderly active within the community.

Recent challenges arise as we've experience sharp increase in nursing needs from our home bond clients. Our social workers provide weekly home visit but cannot manage to keep up with constant nursing/medical needs, such as blood pressure screening and medication supervision. In addition, we understand that recently DFTA increased the minimum requirement for Health indicators Surveys by more than double the number in our RFP that was originally accepted. In the past, the nurses assisted with the mandate of Health indicators Surveys now with reduced hours of the nurses that we need more support to complete all Surveys by June 30th.

Conclusion

Our goal is to recognize the connector role that NORC in communities throughout the city and developing service that satisfy the NORC residents' needs. For example:

- Supporting NORC in efforts to connect elderly residents to relevant social benefits, group activities and health promotion empowerment by professional bilingual social workers. (Chinese and English; Spanish and English).
- Developing local networking to help NORC connect elderly residents to other community services.
- Making funds available to support increased capacity of on-site health related screening services and homebound nursing services, including the home visit provided by bilingual RN. (Chinese and English; Spanish and English).

In the long term, serving elderly population requires expanding the discussion and addressing the myriad of hardships faced by low-income New Yorkers. That is also the main purpose of NORC. Bringing more voices to the table refocuses the issue of NORC and address how we strengthen NORC in New York City.



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Aging Committee, February 24, 2015 Oversight Hearing – Supporting NORCs

Chairperson Chin and members of the New York City Council Committee on Aging, on behalf of SAGE – Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders – and the older adults we serve, I would like to thank you for holding this oversight hearing on NORCs in New York City. My name is Christopher Jones, and I am the Site Manager for the NORC at SAGE Harlem. My colleague Greg Grinley, Director of SAGE Centers citywide, joins me.

SAGE is the country's largest and oldest organization dedicated to improving the lives of LGBT older adults and has provided comprehensive social services and community-building programs for LGBT older adults in New York City for more than 30 years.

Responding to an expressed need in the community, the SAGE Harlem NORC program launched in early 2004 and has been growing in the decade since. SAGE Harlem NORC and the SAGE Harlem Innovative Senior Center are completing a move from our small space in the historic Theresa Hotel to the Oberia Dempsey Multi Services Center (an HRA building) in the heart of Harlem. The new space is nearly three-times larger to accommodate increased demand and provide a greater array of Health & Wellness and Life Long Learning programs. The new space includes access to a full kitchen, and we are thrilled to now provide daily hot lunches to LGBT older adults in our NORC. The full time Center is open 10:00-6:00, Monday thru Friday with occasional special events and programs in the evening and on weekends.

As a Naturally Occurring Retirement Community, SAGE Harlem provides programs and services to residents right where they live—personifying the idea of "aging in place." As a NORC based on affinity and geography, SAGE Harlem primarily sees marginalized and underserved LGBT elders of color from Central Harlem, West Harlem and East Harlem. SAGE believes that elders of color living in Harlem deserve culturally and linguistically competent services in their home neighborhoods and that NORC programs and supportive services contribute to healthier aging.

The SAGE Harlem Program is a neighborhood NORC, and thus does not have a traditional housing partner. It covers an area where people live in many different types of housing and is not limited to a cluster of brick and mortar buildings, but rather, is defined by shared culture, identity, history and a desire for healthy, active aging in a community of peers.

SAGE Harlem provides a comprehensive array of services and programs for LGBT older people in the community and has grown into a trusted neighborhood resource attuned to community and participant needs. To strengthen service provision for LGBT older adults, SAGE Harlem regularly collaborates with neighborhood professionals, consultants and community stakeholders.

Through vigorous outreach, SAGE Harlem works to bring LGBT older adults in the community to the Center and to increase their access to resources and helping them age in place.

In collaboration with some of these community partners, SAGE Harlem provides increased access to quality healthcare through health presentations, health screenings, a daily meal program, nutrition workshops, and cohort exercise programs.

SAGE Harlem reduces isolation and increases social interaction for LGBT older adults in the community through a variety of support groups in English and Spanish. These programs include an HIV+ Men's group, Women's Discussion group, Fabulous Fridays social group and monthly HEAT (Harlem Elders Aging Together) meetings. SAGE Harlem is bustling with an ambitious schedule of diverse cultural programming. Some current events include a tour of the Schomburg Center for Research in Black Culture, Zumba Gold, Ask the Pharmacist presentations, an Apollo Theater History Tour, and Harlem Pride festivities.

Improved financial literacy and security is another focus area for SAGE Harlem. Case Managers and other staff organize financial literacy programs and help older adults one-on-one with their housing and finance concerns by securing access to SCRIE (Senior Citizen Rent Increase Exemption), Medicaid, Medicare, home care services, Veteran's benefits, SNAP and Health Bucks at farmer's markets to improve nutrition, and employment programs such as SCSEP. Staff accompanies clients to housing court, provide referrals to housing programs; and secure legal services and financial aid with the help of community partners. The need for these types of supportive programs has continued to grow by request from SAGE Harlem constituents since the program launched.

SAGE Harlem NORC brings together a diverse array of senior service providers, community-based organizations; local elected officials, communities of faith, and cultural institutions to help underserved older adults in Harlem. Where there was a dearth of known resources, there is now a strong network of support in Harlem that provides a vital safety net for LGBT older people in the area. The success of this program is seen in the faces of those who turn to SAGE Harlem for support each day and in the shared understanding that community is not necessarily a set of clustered buildings, but also the network of relationships that are being built and strengthened for LGBT older adults and lead to healthy, active aging in community.

We hope that the Committee on Aging and all members of the City Council will continue to support LGBT older adults in Harlem and prioritize these funding areas in the next budget. On behalf of the LGBT older adults who rely on SAGE Harlem NORC, your support is greatly appreciated.

Thank you for this opportunity.

Christopher Jones, Site Manager
SAGE Harlem NORC and Innovative Senior Center
SAGE Center Harlem
Oberia Dempsey Multi Services Center
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Testimony from Shorefront YM-YWHA of Brighton-Manhattan Beach Inc.

Presented to the NYC Council Aging Committee

February 24th, 2015

PRESIDENT

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Vadim Daynovsky

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DIRECTORS

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Marina Kovalyov

Boris Nelkin

Scott Schneider

Jessica Wilson

My name is Susanna Levit, Director of Immigrant and Family Services at Shorefront Y. Today, I stand before you to discuss the importance of NNORC in addressing the needs of the elderly immigrant population throughout NYC. I would like to express our sincere appreciation for the Council presiding over this meeting and for the commendable efforts made towards supportive services for the senior population. I would like to thank Chair Margaret Chin and the members of the committees for the opportunity to testify today.

Shorefront Y serves a predominantly immigrant community that has diverse cultures, ethnicities, and religions. Surrounding Shorefront is our Neighborhood Naturally Occurring Retirement Community, or NNORC. This Supportive services program enables hundreds of seniors, majority of who are Russian speaking immigrants from the Former Soviet Union, to have the ability to age in their community.

PAST PRESIDENT

Anna Rachmansky

Keith B. Stein

At our program, we have 970 members. The services we provide strengthen the fabric of the community because we help these seniors to maintain and improve their quality of life and protect their health and independence. This ultimately reduces unnecessary hospitalizations and nursing home admissions.

BOARD CHAIRPERSON

EMERITUS

Joseph S. Kaplan*

Immigrant elderly adults are even more vulnerable, living in greater poverty and often ineligible for the programs such as social security and Medicare. Nearly two-thirds have limited proficiency in English, and this continues to add to the already existing challenges elderly adults face in New York City. The NNORC supportive service programs at Shorefront Y successfully address the needs of our immigrant population by providing staff that can not only speak their language and are also sensitive to the cultural needs of our members.

EXECUTIVE DIRECTOR

Susan Fox, LMSW

*Deceased

In collaboration with our NNORC members, we continuously work on being able to provide new activities that encourage elders to be physically active and mentally engaged, a social support system to reduce and prevent isolation and depression, reliable information about health care and preventive health practice including health screenings, as well as mental health counseling and support. In

addition, we remain committed to educate and provide information about the aging process to our community members and NNORC participants.

We are able to continue our NNORC services and build a community for our seniors only through funding. For many of our seniors, NNORC continues to be their only access to supportive programming. We strive to ensure that our NNORC members have the ability to age in place, thrive to live on their own, establish and strengthen friendships with one another and essentially turn a neighborhood into a community.

Our staff members work hard to achieve these goals everyday and with your support, seniors that attend our center can have access to services that allow them to live independently in a way they never may have thought possible.

Mary Springer
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In order to secure future funding for NORCS and NNORCS, we should not only pursue our traditional funding sources, but we must also be creative in reaching out to sources that we have yet to tap that would benefit from this model.

Before I entered the nonprofit sector 15 years ago, I worked for a prominent New York state real estate firm that owned large midtown commercial high-rises along with residential buildings. I personally witnessed the challenges the owners wrestled with when a large percentage of seniors resided in their residential properties. The common issues arose in regard to: Dementia; mental/physical health issues; not paying bills; hoarding, safety issues (gas left on, water running) seniors who were unable to maintain the apartment and themselves. These particular owners had a tiny bit more compassion than some of their counterparts when dealing with these seniors since they had a very successful family business that was built and expanded upon by their older relatives, some of who were still living.

I firmly believe that these owners of the buildings would have been interested in learning more about and exploring the NORC model as a way to efficiently run these properties and resolve issues that were not only hindering their operations but adding to their expenses as well.

I currently work closely with KV management and am in regular contact with them usually on a weekly basis along with quarterly meetings. We work together to solve issues that arise with our senior population and how best we can utilize our combined resources for favorable short and long-term outcomes. **See testimony below from the manager of KV.**

To Whom It May Concern:

I am writing to inform you of the important services provided by the Knickerbocker Village Senior Citizen Center. The programs offered by this center and services proved to our residents are invaluable.

One of the most important benefits, however, is the work done to assist our residents in obtaining entitlements. Working in partnership with management, more than 350 residents or families receive SCRIE benefits, easing their financial stress in ensuring that they are able to pay their rent. KV senior center also provides support in Section 8 and social security matters as well. The total benefits received by our residents are nearly \$1 million annually.

Senior center staff also play a key role in providing assistance and support as our seniors suffer with onset of dementia and other such problems. They work closely with KV management and KV security to address issues and needs of our seniors, including families and relatives.

We strongly endorse an increase in funding to DFTA programs to enable such work to continue.

Vincent Callagy
General Manager ,
Knickerbocker Village.

I cannot say for sure whether real estate firms would partner with DFTA and/or an agency, but I cannot say that they wouldn't, nor if they would not also provide financial support towards the NORC model. Why do I think this should be explored? Because --

As of April 1, 2010, there were 40.3 million people who were 65 and older in the United States.

By 2050, the projected population of people 65 and older in the U.S. is 88.5 million.

How will we house these people? Who will be involved in doing so in the most efficient, safe and effective way? With our expertise and those of the real estate owners, landlords and managing agents, a partnership can be developed that will enable us to best support our agencies and those we serve. This is a conversation that I think should begin **RIGHT NOW** as it is a win/win for the aforementioned and for our agencies, but most importantly, for the welfare of our seniors and for the future of our aging population, which just happens to include me... and you.



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**New York City Council
Aging Committee
Oversight - Strengthening NORCs and Exploring New Models for NORCs**

February 24, 2015

Public Testimony by Janet Fischer, Chief Administrator, Senior Services at Henry Street Settlement

**Janet Fischer
Chief Administrator, Senior Services
Henry Street Settlement
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I am Janet Fischer, Chief Administrator for Senior Services at Henry Street Settlement, where we have been successfully operating Vladeck Cares NORC since 1994. On behalf of Henry Street I would like to thank the members of the City Council Aging Committee for providing us with an opportunity to share our experiences and vision at this hearing on New Models for NORCs.

Vladeck Cares is situated in the NYCHA Vladeck Houses in the Lower East Side, and was one of the first NORC program to be located in a low-income public housing project. Today we remain distinctive by serving one of the most racially and ethnically diverse populations in the city with direct supportive services infused with cultural, health, and wellness programming.

From the start, Vladeck Cares has provided free onsite nursing to our NORC clients. One of our founding NORC partners was Visiting Nurse Services (VNS) of New York who provided us with in-kind nursing support. These in-kind nurses have historically been an essential component of our

NORC program, providing daily health assessments and screenings, home health consultations, group health education programs, and specific in-home care services. Working in collaboration with our case management staff, these nurses coordinate assessments, services plans and also note health trends among our seniors. In addition NORC staff has used these nurses for in-depth nursing assessments to determine to what extent clients need additional in-home care and/or support to prevent their costly hospitalization or institutionalization. This service is particularly critical for our multi-cultural, low income, high risk seniors many of whom suffer from diabetes, hypertension, and obesity.

DFTA recognized the critical importance of nurses at NORC, when in their 2013 RFP they expanded the nursing requirement for our programs. This included an increase in the number of nursing hours and a more in depth health care management requirement. At Henry Street we welcomed these changes as a positive move that will benefit older adults in our community and fit perfectly into our holistic program model. Now the NORCs are required to create evidence based individualized health care plans for our NORC seniors. In our own NORC focus groups and clients surveys our seniors also repeated requested more onsite nursing services.

Unfortunately due to changes in the healthcare marketplace, the VNS has been forced to cut back their in-kind nursing hours at Vladeck Cares and at many other NORC sites around the City. Now we are forced to find a new way to get the critical nursing services to our seniors that meet the minimum of 21 hours per week set by DFTA, for which we were given no additional funding for. As we began the very challenging process of fundraising for the NORC nurse, we also used this as an opportunity to rethink how to most effectively utilize the nurses so we can maximize the services we offer to our NORC seniors. One concern with the in-kind nurses was that they are not directly

accountable to us and therefore were not fully integrated with our staff. Also as the in-kind nurses cutback on their hours, these services became more re-active than pro-active. For example, they no longer have the capacity to run health presentations, or create the DFTA mandated evidence based individual care plans. We became convinced that hiring additional nurses, who were part of our staff, should be a core component of Vladeck Cares NORC.

In response to this need, Henry Street chose to hire a one-day-a-week bilingual nurse, which we are temporarily paying for with our own general operating funds. This nurse has in a few months become instrumental in implementing our DFTA mandated Health Indicators Survey. She has been able to develop individualized health intervention plans with each client that includes goals, milestones and action steps. The nurse also follows up with clients once a month to monitor outcomes and /or modify goals, and is able to make recommendations for future health interventions based on her findings. The added value of having this nurse is that she is able to help clients establish health goals and follow through with them to achieve outcomes through consistent monitoring. She is also able to do this in large numbers by devoting 7 hours weekly direct service. Based on the success and enhanced services we have experienced from this new in-house staff nurse we definitely see the need and benefit to increasing the hours of this position.

Recently we reached out to our fellow NORC's and discovered that the vast majority of these programs are in the same position as Henry Street, in that they believe that their seniors would benefit substantially from more in-house nursing hours. A copy of the nursing survey is attached to my testimony so that the members of this committee can see the exact extent of this need. The one factor that is holding back all the NORCs in meeting their nursing needs is money. As I mentioned previously, currently there is no funding allocations from the city for nursing services. Without

additional support from the city it is going to be a tremendous challenge to meet the nursing and health goals set by DFTA. Also without these additional nursing hours we will be short changing our NORC seniors, especially the most vulnerable ones who depend on us for a whole range of health and social services.

We respectfully believe that supporting an expanded nursing role is essential for strengthening NORCs and should be included in any new models that are developed by this committee.

Thank you again for this opportunity to testify.

NORCS NURSING SERVICES SURVEY – JANUARY 2015

Program Name:	Responder:	Q1: Nursing Partner:	Q2: Hrs. Weekly Provided:	Q3: Partner Agreed Hrs.	Q4: Additional Hrs. Needed:
1199 NORC	Nicole Thomas	Mark-Viverito	0	0	0
Big Six NORC Program	Brooke Samuelson	Sellhelp Community Services	10.5	10.5	4
Chinatown NORC	Hing Lin Sit	VNSNY	14.5	14.5	21.5
Clearview NORC Director	Gary Barbad	VNSNY	20	10	10
Deerpdale CARES	Laura Greenblatt	North Shore/LIJ Health	8	8	24
Goddard Riverside West Side NORC	Kaitlin Nelson	VNSNY	6	6	6
Good Neighbors NNORC Jewish Community House of Bensonhurst	Faye Levine	MJHS (Metropolitan Jewish Health System)	17.5	17.5	4
Grand Street Settlement	Mei Guey Jan	ReServe	22	22	13
Hamilton Madison House	Isabel Ching	VNSNY	7.25	7.25	7.25
Hudson Guild	Cheryl Kamen	VNSNY	14	14	21
Isabella	Carol Ban	Isabella Home Care	13	13	15
Jasa Bushwick/ Hylan-Family Friendly NORC	Jean Dumay	ICS-Independent Care System	14	14	7
JASA Warbasse Cares	Karin Stieber	VNS and Prime Health	11.4	11.4	7
Northridge/Brulene/Southridge NORC	Patricia L. Kaufman	Sellhelp Community Services	10.5	10	0

Penn South Program for Seniors	Nancy Spannbauser	VNS/Jewish Home Lifecare	14	14	7
Phipps	Josephine Roman	RN Volunteer	6	6	8
POB Cares/Project PACE	Alana Rosenstein	North Shore LIJ Health System	17.5	17.5	0
Queens Community House Forest Hills NORC	Evelyn Gottlieb	North Shore Long Island Jewish Home	7	7	5
Queensview/ North Queensview	Donna DeCielo	Selfhelp Community Services	10.5	10.5	18
Riis Settlement	Robert Madison	VNSNY/Consultant	11	11	3
Rochdale Village NORC	Sherba Austin	VNSNY	15	10	8
SAGE HARLEM CENTER	Chris Jones	E-Line (Elder LGBT Interprofessional Collaborative Care Program)	2	2	2
Spring Creek	Theodora Ziongias	VNSNY/Partners In Care	14	14	21
Stanley Issac Center	Janet Conroy-Quirk	VNSNY	13.5	13.5	6.5
Vladeck Cares	Betsy Smith	VNSNY	12	12	23

**Statement from Isabella Geriatric Center / El Corazon Neighborhood NORC
to the NYC Council Aging Committee Hearing**

February 24, 2015

“Strengthening NORCs and Exploring New Models for NORCs in New York City”

On behalf of Isabella Geriatric Center and the El Corazon Neighborhood NORC, we want to thank Councilmember Margaret Chin and the other members of the Committee for the opportunity to make this statement in support of the creation of city funded Neighborhood NORC Supportive Services Programs under the oversight of the NYC Department for the Aging. We also want to thank the Council for the inclusion of discretionary dollars for the current NNORCs.

For the last eight years, Isabella has received SOFA funding to support the El Corazon (The Heart) Neighborhood NORC in the heart of Washington Heights. The SOFA funding, supplemented by additional funding from Isabella, and as of this year, NYC Council discretionary funding, has enabled us to serve a small catchment area in Washington Heights, comprised of 40 low rise tenement buildings, within six contiguous blocks and having no common ownership. However, this funding does not begin to put a dent in the growing need or services for the older adults in the Washington Heights community.

The Washington Heights area in Northern Manhattan is home to a very large Spanish speaking older adult immigrant community, whom for the most part came to the United States between the 1970's and 80's from the Dominican Republic and other Latin American countries, worked at low wage jobs and today are aging in place while striving to survive on incomes below the poverty line. The majority of these older adults never completed elementary education and face literacy challenges in both English and their native language. Most of them live in poorly maintained six story tenement walk up buildings in need of major repairs, resulting in vermin infested and structurally damaged apartments, unlit public areas, and uneven and broken flooring, in addition to inadequate heat in the winter. Because of high rents, many older adults share a room in a stranger's apartment, without access to cooking facilities, or share a small apartment with extended family members. Additionally, profound challenges in accessing quality health care, obstacles to leading healthy lifestyles, and a deficiency of affordable fresh food have led to high rates of diabetes, hypertension, and obesity, as compared to other aging communities.

Since its inception, El Corazon NNORC has served approximately 800 + seniors living within the funded catchment area and at present has over 400 members on the program roster with an average of three new intakes a month. From this we have learned that word of mouth in this community has been instrumental in identifying hard to reach seniors in need of support. Unfortunately, due to limited funding and concomitant limited staffing, as well as the rigid parameters of our catchment range, the El Corazon NNORC routinely finds itself unable to serve older adults living outside of the defined service area, begging the need for expansion of the development of services beyond the current program boundaries. At present, over the course of a year, our one full time social service worker is expected to provide case assistance and case management to upwards of 200 clients. The City Discretionary Council funding we received is being utilized, in part, to expand staff capacity by hiring an MSW social worker to focus on complex, high risk case management cases within our current case load and to aid us in integrating routine mental health screenings into our intake process. An additional social worker is a necessity, and something we hope to be able to continue beyond this year.

**Statement from Isabella Geriatric Center / El Corazon Neighborhood NORC
to the NYC Council Aging Committee Hearing**

February 24, 2015

“Strengthening NORCs and Exploring New Models for NORCs in New York City”

Moreover, the need for additional NNORC services has become increasingly more evident as major gentrification continues to spread across New York City and in particular in areas in Manhattan, such as Washington Heights, as more and more landlords, realizing they can get higher rents, use tactics to pressure older tenants, many whom have lived in their homes for over 30 years, to relinquish their apartments; at times offering them a small amount of money to move, that would not suffice to rent another apartment in the same community. The pressure and intimidation has been so pervasive that seniors find themselves living in unsafe and deplorable conditions which impact not only their quality of life but their mental wellbeing. We thank Mayor DeBlasio and Senator Schneiderman for recognizing the need to address these issues through the establishment of a Tenant Harassment Prevention Task Force.

Another outcome of gentrification has been the erosion of older adult support networks as younger family members are forced to move away. All in all, the immigrant seniors in Washington Heights face increasing risk of isolation and self-neglect; many struggle with incapacitating problems like dementia, depression and mobility challenges that prevent them from going outside to meet their basic needs, especially if they have to navigate multiple sets of stairs. All too often we hear of seniors that due to incapacitating conditions or economic factors have stopped paying bills, lose their government benefits, have no phone, and lack the ability to go to the doctor. These problems, coupled with the stressful impact of poverty, economic and housing insecurity, and magnified by a language barrier, make these seniors especially vulnerable to isolation as they age, putting them at extreme risk. Fear, anxiety and hopelessness tend to perpetuate further isolation, especially when elders don't know where to turn. An integral aspect of the El Corazon NNORC program has been to carry out ongoing and varied outreach initiatives, by both staff and members, aimed at identifying isolated seniors living in the NNORC designated buildings.

Relationship building is the cornerstone of the NORC model and provides the real value of the NORC structure that helps foster trusting relationships towards honest disclosure of personal information and concerns that enable NORC staff to provide support and effective assistance. For example, the trusted relationship a NNORC client forms with both the NNORC social worker and nurse often has an overwhelming impact on the individual's health. For an immigrant client with high medical risks and poor access to healthcare, the comprehensive and integrated NNORC approach that includes advocacy with providers, health coaching, escorts to doctor appointments, access to appropriate health insurance, linkage and psychosocial stabilization, are all critical to the individual's positive healthy outcome. Without this safety net, many older adults, already at risk for isolation, may further disappear into the shadows or fall between the cracks, becoming invisible as they age, only to be discovered after a crisis or tragedy.

Given our observations of the profound needs of New York City's low income senior population, and in particular that of the Washington Heights area, Isabella was grateful to the New York City Council this past year for responding to this growing need and allocating discretionary funding to city NNORCS in support of aging in place services throughout the city. Allocation of these funds moving forward will ensure sustained efforts to begin to truly and efficiently address the aforementioned issues facing many underserved older adult communities throughout the city of New York, and in

**Statement from Isabella Geriatric Center / El Corazon Neighborhood NORC
to the NYC Council Aging Committee Hearing**

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particular vulnerable immigrant older adults. It is important to note that simultaneously with baselining of NNORC funding, appropriate allocations must be committed to DFTA for the issuance of an RFP and the necessary ongoing support and oversight of NNORC's.

In the end, the Isabella El Corazon Neighborhood NORC has built the foundation for a strong presence within our community of older adults, and looks forward to doing more to meet the growing need. However this can only be accomplished with additional funding to support and sustain the Neighborhood NORC model, without which lead organizations, such as Isabella, will be hard pressed to continue to substantially sponsor these vital, successful, preventive and cost effective programs that save government dollars and allow New York City older adults to age in place with dignity, as is their wish.

For these reasons, we too urge the City Council to support annual funding for Neighborhood NORC Supportive Service Programs that will allow for the development of an enduring program of aging in place services, particularly for NYC's growing aging immigrant communities. Baselining this annual funding is critical if we are to develop long term realistic and practical solutions that have been proven to work to support the needs of the NORC communities throughout the city.

Thank you.

Carol Ban, LCSW
Director of Aging in Place Programs

and

Miriam Colon, MSW
NORC Programs Manager



Testimony for City Council's Aging Committee

Good afternoon. My name is Darlene Brennan, Director of NORC WOW a supportive service program of the Samuel Field Y and first neighborhood NORC which I believe represents one of the most revolutionary and effective models of providing service to our senior adults that has ever been developed.

The NORC WOW program was implemented 12 years ago in response to the very large concentration of seniors found to be aging in place in single family homes in north eastern Queens. With the support of UJA Federation of NY, it was initially funded by a 3 year grant from the Fan Fox Leslie R. Samuels foundation. Over the years we have evolved into a very successful program that has helped hundreds of seniors and served as a model for the other Neighborhood NORC's across the country.

Many of the elders in our program moved into their homes after the Second World War where they raised their families and helped build the community. Over the years they have "aged in place." The neighbors they moved in with are no longer there. They have become increasingly frail, more vulnerable, more isolated and more dependent. Many of their adult children have moved to different cities, started their own families and pursued their own careers. The goal of the NORC SSP model is to help these individuals stay in their own familiar homes, in the community that they love, maintaining their sense of independence and dignity. Our program not only provides case management, case assistance, health care management and health care assistance, but it serves as a place to call when they don't know where else to turn. This provides them with a tremendous sense of security and a feeling that they are not alone.

The NORC model has been very successful in assisting seniors who reside in large apartment complexes and we have seen how this same model can greatly assist those in one and two family homes as well. In fact, it is our belief that seniors in neighborhoods may be in more need of NORC help. Seniors in private homes tend to be more isolated. On a daily basis they do not encounter as many people and neighbors are not as easily accessible. For example, one 96 year old widowed man in our area slipped and fell on some ice. Injured and frail, he was unable to get up and remained on the cold ground for hours. Fortunately a car happened to pass by and the driver stopped to assist him. This man was terribly frightened and fearful living on his own. This same man became an active member of NORC WOW. He is visited by the NORC WOW social workers and nurse, he attends health chats, received help with snow shoveling services, friendly reassurance calls, and he attends board meetings. NORC WOW senior volunteers assist him with small chores and he has met fellow NORC members that help escort him to meetings and groups. He has found a friend. These supports have decreased his isolation and renewed his sense of community and well- being.



This is only one example. So many times we have heard from our members that they can remain in their homes because they know we are here and can assist them when needed.

Over the years we have personally witnessed the tremendous need for Neighborhood NORC programs. We are continually struck by the particular challenge of aging in a private home. The simple task of changing a light bulb becomes impossible because they cannot get up on a chair like they used to. There is no maintenance staff like you would find in an apartment building or coop. They struggle to find trustworthy service people. Snow shoveling is impossible. Because they are alone in their homes, they are more vulnerable to being taken advantage of. Seniors residing in private homes, become increasingly isolated as they age since it is harder to get about. Many have lost a spouse and therefore spend a significant amount of alone. In addition to the traditional case management services, we help to address the needs that are unique to those living in single family homes.

In 2005, with a bus filled with NORC WOW seniors, we testified in Albany and were instrumental in changing legislation to allow NNORCS to qualify for state funding. Our program is currently funded by the state funds that we fought so hard for, as well as city council discretionary funds.

The City Council on a yearly basis has supported NORC WOW, the first neighborhood NORC. I am here today to respectfully request and urge you to create a multi-year Neighborhood NORC supportive service initiative for communities, such as NORC WOW, that do not have housing management component so that the hundreds of seniors living in their own private homes can continue to age in place with dignity and security.

Sincerely

Darlene Brennan
Director NORC WOW

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: James Fiscior-Baish / Smith

Address: 265 Henry St

I represent: Henry Street Settlement

Address: 265 Henry Street

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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Date: 2-25-2015

(PLEASE PRINT)

Name: SUSANNA LEVIN

Address: 33 Waterview Ct. Staten Is, NY 10305

I represent: Shorefront YM-YWHA

Address: 3300 Coney Isl. Ave
Bklyn, NY 11235

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(PLEASE PRINT)

Name: ROSE AMUNO

Address: _____

I represent: Selfhelp Community Sucs

Address: 34-10 94th St. Jackson Hts NY

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**THE COUNCIL
THE CITY OF NEW YORK**

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(PLEASE PRINT)

Name: Maria Trinidad

Address: _____

I represent: NORC at Phipps Neighborhood

Address: heads

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: AIMA HODGE

Address: _____

I represent: None at Phipps

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rhonda Soberman

Address: _____

I represent: Visiting Nurse Service of NY

Address: 1250 Broadway NYC 10001

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Date: _____

(PLEASE PRINT)

Name: Sandy Myers

Address: _____

I represent: UJA Federation of NY

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: 2-24-15

(PLEASE PRINT)

Name: Karen Taylor

Address: Assistant Commissioner, Bureau of

I represent: Community Services

Address: DFTA

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Gregory GRINLEY

Address: 279 Henry St Brooklyn NY

I represent: SAGE HARLEM

Address: HARLEM

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Appearance Card

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☐ in favor ☐ in opposition

Date: 2/24/15

Name: Mary Springer (PLEASE PRINT)

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

Name: Jasmine GARCIA (PLEASE PRINT)

Address: 162ND AVE. #6 CITY NY 10033

I represent: Cooper Square Committee (SHARP GROUP)

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

Name: Glenn Altim (PLEASE PRINT)

Address: 125 E 4TH ST #8, NYC

I represent: Cooper Sq Comm (SHARP)

Address: 56-61 E 4TH ST

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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Lucille Carrasquero
Address: 56 EAST 4th ST. # BB NY. NY 10003
I represent: Cooper Square Committee (SHARP)
Address: 59-61 EAST 4th ST.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Shelley Holtzberg
Address: 10 Clinton St Brooklyn NY 11201
I represent: Cadman Towers Inc
Address: 101 Clark St Brooklyn NY 11201

**THE COUNCIL
THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Joanne Chu
Address: 50 Madison St.
I represent: Hamilton Madison House
Address: _____

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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: JOYCE BROWN

Address: 160 WEST 96TH ST NYC

I represent: senior activist

Address: _____

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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Christopher Jones

Address: 127 W 127th St. NY 10027

I represent: SAGE - Services & Advocacy for GLBT Elders

Address: 305 W 7th Ave

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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: 2/24/15

Name: Bobbie Jackson (PLEASE PRINT)

Address: _____

I represent: Live On NY

Address: 49 W 45 St, NY 10036

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: 2/24/15

Name: Molly Krakowski (PLEASE PRINT)

Address: _____

I represent: ASA

Address: _____

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