

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

Jointly with

COMMITTEE ON GENERAL WELFARE

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June 17, 2015
Start: 10:12 a.m.
Recess: 1:17 p.m.

HELD AT: Committee Room - City Hall

B E F O R E: Margaret S. Chin
Chairperson

Stephen T. Levin
Chairperson

COUNCIL MEMBERS:

Maria del Carmen Arroyo
Karen Koslowitz
Deborah L. Rose
Chaim M. Deutsch
Mark Treyger
Paul A. Vallone
Annabel Palma
Fernando Cabrera
Ruben Wills
Donovan J. Richards
Vanessa L. Gibson
Corey D. Johnson

COUNCIL MEMBERS:

Carlos Menchacca
Ritchie J. Torres

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

Daniel Tietz
HRA

Eileen Mullarkey
DFTA

Deborah Holt-Knight
APS

Caryn Resnick
Department for Aging

Benjamin Shipley
Manhattan Borough President Office

Florian Edwards
JASA

Andrea Cianfrani
LiveOn New York

Raymond Casma
Integrity Senior Services

Justin Lim
Legal Aid Society

Claudette Duff
Integrity Senior Services

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

Danielle Johnson
Integrity Senior Services

Victoria Mitchell
District Council 1707

G. L. Tyler

Beverly Campbell
Afro-American Parents

Monica Pringle

2 CHAIRPERSON CHIN: Good morning. I'm
3 Council Member Margaret Chin, Chair of the City
4 Council's Aging Committee. We are pleased to be
5 joined today by Council Member Steve Levin and
6 members of the General Welfare Committee, and I thank
7 Chair Levin for holding this important hearing with
8 us. Today, the Committee will discuss and hear
9 legislation to help address one of the most
10 tragically pervasive problems confronting our city.
11 As New York City's senior population continues to
12 grow, too many older New Yorkers find themselves
13 neglected, exploited or abused. For every case of
14 elder abuse that is reported, 24 cases are not. New
15 York City has the highest rate of documented elder
16 abuse in the State. This abuse can take many forms,
17 financial, physical, emotional, but the effect on the
18 individual is always devastating. Those adults with
19 mental and/or physical impairments and with no one
20 available to assist them in a responsible manner must
21 often face these situations alone unable to protect
22 themselves. I'm glad to see that the Administration
23 had agreed to put in 2.8 million for elder abuse, for
24 an elder abuse RFP to help address this problem
25 following the one million dollars that the Council

1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 6

2 added last year to enhance the elder abuse services.

3 Adult protective services, APS programs, are designed

4 to protect, to provide certain at-risk individuals

5 with the opportunity to live safely and independently

6 within their homes and communities. As seniors are

7 more vulnerable to social isolation and abuse, many

8 may be able to benefit from APS. In fact, the

9 majority of APS clients are 62 years of age or old.

10 APS can help connect clients to medical care,

11 eviction prevention and assistance in obtaining and

12 managing financial benefits. Unfortunately, APS does

13 not reach many of these individuals until they are in

14 danger of getting evicted from their homes or facing

15 other critical situations. In a situation like many

16 tenants are facing now with rent regulation expiring

17 and many fearful that their landlord will look to

18 remove them from their homes, it is important that

19 vulnerable seniors are not left to fight alone.

20 Clearly, we need to do a better job of proactively

21 identifying and assisting individuals before they are

22 faced with the threat of losing their homes. DFTA,

23 as the agency on the front lines of senior services

24 in New York City, has an important role to play in

25 working with APS to get eligible seniors the help

2 they need. I believe that the two APS related bills
3 that we will be discussing, Intro 89 and 830 are
4 important steps in making reforms to the ways we
5 provide essential protective services for adults in
6 New York City. In addition to these two bills, which
7 Chair Levin will discuss in more detail, today the
8 Committee will be hearing Intro 802 sponsored by
9 Council Member Vallone which would require DFTA to
10 develop a senior emergency information card for
11 seniors to carry with them and a placard for them to
12 display within the home. This would provide critical
13 emergency and medical information to first responders
14 when assisting seniors unable to communicate in
15 dangerous situations. Additionally, the Committee
16 will consider Reso 748, also sponsored by Council
17 Member Vallone, a Resolution calling upon the New
18 York State Legislature to introduce and pass and the
19 Governor to sign legislation requiring banking
20 organizations to provide at a minimum the immediately
21 preceding six months of financial documents following
22 a request for such financial documents to help fight
23 financial exploitation of older adults. Financial
24 abuse, the most prevalent self-reported form of elder
25 abuse in New York State is often difficult to detect,

1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 8
2 unless financial documents can be reviewed over a
3 period of time. However, according to APS, current
4 laws may be read very narrowly leading financial
5 institutions to minimize the amount of information
6 they provide. We urge the state legislation to
7 clarify these requirements so they authorities may be
8 better able to provide financial abuse and protect
9 victim. I thank Council Member Vallone for his
10 leadership and important work on this issue. I also
11 want to thank DFTA and APS for being here today. We
12 look forward to hearing about their collaborative
13 efforts to protect vulnerable senior and to ensure
14 that those eligible for protective services are able
15 to receive them. I'd also like to acknowledge Council
16 Member Debbie Rose from Staten Island and Council
17 Member Deutsch from Brooklyn who are on the Aging
18 Committee and to thank our Committee Staff, Eric
19 Bernstein [sp?], Committee Counsel, James Abudi [sp?]
20 Policy Analyst, and Doheni Sapora [sp?], Finance
21 Analyst, and I'd like to now turn it over to Council
22 Member Vallone to make some remarks. Thank you.
23 Council Member Vallone, for you to make some remarks.

24 COUNCIL MEMBER VALLONE: Alright. Thank
25 you Madam Chair Chin and Chair Levin. Today is a

2 good day. Today is one of those days where we come
3 together to unite to do the same thing, really is
4 make something better, and we have pieces of
5 legislation, three of them, and a Resolution that go
6 hand in hand with today's hearing. So, I couldn't be
7 more proud of everyone that has helped get us to this
8 point, and I would like to thank those who took the
9 time to part of the senior taskforce when we went to
10 the Speaker back in January, and she said she was all
11 supportive of this great idea to relook at a system
12 that hasn't been looked at in quite some time. There
13 was this unique partnership of private and public
14 that came together that led to today, and there was a
15 lot of hours put in between staff and those who came
16 to get to these Resolutions and legislation in
17 today's hearing, and it's really just the first step,
18 because you can't tackle this mountain in one hour.
19 So, and it's a partnership that's going to go forward
20 So the folks that were part of that taskforce I would
21 like to thank were, besides our Chairs here today,
22 obviously the HRA, Department of Aging, the Old
23 Timers Association, Live On, JASA, New York Legal
24 Assistance Group, New York City Elder Abuse, Self
25 Help, Heights and Hills, Ronald Fatula [sp?], one of

1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 10
2 the leading attorneys in the state for elder, Lisa
3 Borehenian [sp?] Associate Attorney at the Appellate
4 Division for MHOS, Creedmore [sp?] Psychiatric
5 Center, Kristen Cain the Deputy Borough Chief for the
6 Queens District Attorney's Office, Economic
7 Environmental Client's Borough Chief, and Queens
8 Elder Law Attorney Stephanie Goldstone, and of
9 course, our great Committee Staff, Eric Bernstein,
10 James Aduhi [sp?], Andrea Vasquez, and Tonya Cyrus
11 [sp?]. The taskforce was started with the help of
12 our Speaker as a partnership that I spoke about, and
13 we really wanted to focus on senior issues such as
14 elder abuse, judicial guardianships, landlord/tenant
15 hearings, those suffering from dementia, Alzheimer's,
16 existing as City and State laws and roles of APS
17 within all of that huge environment, and it's all
18 [sic] as a partnership with DFTA to how we face those
19 seniors and persons in critical need of services.
20 This glaring need to put in place the safety net that
21 we talked about so much across each agency will come
22 to the aid in people in crisis remains the primary
23 goal of the taskforce. One agency in particular,
24 APS, is burdened with providing all of these services
25 and needs. The taskforce looked at every aspect of

2 existing procedures when the first phone call comes
3 in from a concerned family member, neighbor or
4 healthcare professional when they believe someone is
5 in need. These concerns include issues with elder
6 abuse, dementia, Alzheimer's, failing health,
7 disability, economic crisis, financial abuse,
8 eviction, or the simple inability to care for
9 themselves anymore. As you can see from that list,
10 that is quite a task to be burdened with. Because of
11 these growing issues, the members discussed the
12 policy and legislation that we're going to hear today
13 and also ones that we're going to discuss in the
14 future. Because APS is also governed by the State, it
15 is important for us to determine what areas the city
16 could act in in order to create a more efficient and
17 effective APS program. I applaud our Speaker for
18 working with us from day one to create this taskforce
19 and my fellows Chairs, Levin and Chin, for allowing
20 this hearing to take place, along with our diverse
21 group of participants who every day helped us get to
22 this point. This collaborate effort of passionate
23 professionals will ensure that the city's able to
24 provide the highest level of care for its most
25 vulnerable residents. Thank you, Madam Chair.

2 CHAIRPERSON LEVIN: Thank you very much,
3 Council Member Vallone, and thank you for all of your
4 good work in getting this issue the attention that it
5 deserves at the New York City Council, and thanks to
6 the Speaker for supporting those efforts. Good
7 morning everybody. I'm Council Member Stephen Levin,
8 Chair of the Council's Committee on General Welfare.
9 As my colleagues have stated today, the Committee
10 along with the Committee on Aging will be examining
11 the adult protective services system in New York
12 City. I would like to thank Council Member Chin,
13 chair of the Committee on Aging and Council Member
14 Vallone, Chair of the Council's Subcommittee on
15 Senior Centers for joining me for today's important
16 hearing. Council Member Vallone has obviously taken
17 an active role in advocating for improvements of the
18 APS system, and I want to thank him for highlighting
19 this issue. As part of our hearing today, we will
20 also be considering several pieces of legislation. In
21 addition to the bills discussed by my Co-Chair, two
22 of the proposed pieces of legislation are part of the
23 General Welfare Committee. Intro Number 89, which I
24 have introduced at the request of Borough President
25 Gale Brewer, requires HRA to provide semi-annual

2 reports to the Council regarding referrals to APS and
3 Intro Number 830 sponsored by Council Member Vallone,
4 the Speaker, myself, and Council Members Chin and
5 Cohen requiring HRA to provide training to employees
6 of other city agencies on how to identify individuals
7 who may need APS services and what steps to take to
8 refer them for such services. In New York City, APS
9 is operated by the Human Resources Administration.
10 APS is mandated by New York State to serve persons
11 aged 18 and older regardless of income who are
12 mentally and/or physically impaired, unable to carry
13 out the activities of daily living or unable to
14 protect themselves from abuse or neglect and have no
15 one else available who is willing and able to help
16 and assist them responsibly. Although APS only
17 constitutes a small portion of HRA's purview and
18 budget, the services APS case workers provide are
19 essential. APS clients are often the victims of
20 elder abuse. They may be suffering from Alzheimer's
21 or dementia, and many are facing eviction. APS case
22 workers help keep people in their homes and provide
23 critical services, including referrals to medical and
24 psychiatric care, assistance in applying for public
25 benefits, rent and utility arrears payments, and

1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 14
2 petitions in Housing Court for guardian items [sic]
3 to assist with eviction prevention. At today's
4 hearing we are interested in learning more about the
5 range of services APS provides, what can be done to
6 better equip case workers to serve their clients and
7 what resources are needed to expand the scope of
8 seniors provided by APS. Many individuals are
9 referred to APS through the Department of
10 Investigation. Before conducting an eviction or a
11 legal possession at a residential premise, the City
12 Marshall must find out if the premises are occupied
13 by any individuals that are disabled, elderly or
14 infirm adults who are unable to fend for themselves.
15 If such a person occupies the apartment, the Marshall
16 must notify DOI who in turn notifies APS. The
17 Committee is extremely interested in learning how
18 many of these referrals APS receives and what steps
19 are being taken to prevent individuals from being
20 evicted and ultimately ending up in the shelter
21 system. Obviously, being so vulnerable within the
22 shelter system is a great source of concern for this
23 committee. I would like to thank the members of the
24 Administration that are here today to testify, Daniel
25 Tietz, Chief Special Services of Officer at HRA, and

2 Eileen Mullarkey, the Assistant Commissioner for Long
3 Term-Care at DFTA, and all the other members of the
4 Administration who are here to testify, and also the
5 advocates, providers and members of the public that
6 we look forward to hearing from. I also want to
7 thank committee staff, Andrea Vasquez, Counsel to the
8 Committee, Tonya Cyrus, Policy Analyst, and Doheni
9 Sampora [sp?], Finance Analyst. And I would also
10 like to note as another issue that we will be, the
11 committee will be considering a Resolution today
12 after the APS hearing by Council Member Ruben Wills,
13 Resolution 656 which calls on the State of New York
14 to raise the income eligibility for childcare
15 subsidies. Because this Resolution is on a different
16 topic than the overall hearing this morning, Council
17 Member Wills will gave a statement at that time and
18 we will hear testimony on that Resolution after the
19 APS portion of the hearing. And we've also been
20 joined by Council Member Karen Koslowitz of Queens
21 and Fernando Cabrera of the Bronx, and I will turn it
22 over now to the Administration for your testimony.
23 Thank you so much for being here.

24 COUNCIL MEMBER VALLONE: Counsel, you
25 want to swear them in?

2 COMMITTEE COUNSEL: Can you raise your
3 right hand, please? Do you affirm to tell the truth,
4 the whole truth and nothing but the truth in your
5 testimony before this committee and to respond
6 honestly to Council Member questions?

7 DANIEL TIETZ: Yes.

8 EILEEN MULLARKEY: Yes.

9 DANIEL TIETZ: Alright, very good. Good
10 morning, Chairpersons Levin, Chin, Vallone, and
11 members of the Committees on General Welfare and
12 Aging. On behalf of HRA Commissioner Steven Banks,
13 thank you for inviting us to participate in today's
14 hearing concerning adult protective services and the
15 legislation before you. I am Daniel Tietz. I am the
16 Chief Special Services Officer at HRA. I'm joined by
17 Deborah Holt-Knight, who is the Acting Deputy
18 Commissioner for APS. As you know, every day in all
19 five boroughs, the city's Human Resources
20 Administration is focused on carrying out the Mayor's
21 priority of fighting poverty and income inequity and
22 preventing homelessness. With an annual budget of
23 9.9 billion dollars and a staff of 14,000, HRA
24 provides assistance and services to some three
25 million low income children and adults, including

2 academic support and social services for families and
3 individuals through the administration of major
4 benefits programs such as cash assistance,
5 supplemental nutritional assistance program benefits,
6 Medicaid and child support, homelessness prevention
7 assistance, educational, vocational and employment
8 services, assistance for persons with disabilities,
9 services for immigrants, civil legal aid, and
10 disaster relief. And for the most vulnerable New
11 Yorkers, HIV/AIDS services, programs for survivors of
12 domestic violence, homecare, and adult protective
13 services. New York City's adult protective services
14 is the largest municipal adult protective services
15 program in the country. Mandated by New York State
16 Social Services Law Section 473, APS assists
17 individuals 18 years of age or older without regard
18 to income who are mentally or physically impaired,
19 due to these impairments are unable to manage their
20 own resources, carry out the activities of daily
21 living, or protect themselves from abuse, neglect and
22 exploitation or other hazardous situations without
23 assistance from others and to have no one available
24 who is willing and able to assist them responsibly.
25 The APS mission is to enable our clients to live

2 safely in the community with the greatest level of
3 independence possible. While APS has a wide range of
4 services available, the legislative mandate in every
5 case is to assist the client using the least
6 intrusive measures, which is critical to
7 understanding APS interventions and services.

8 Society carefully protects the rights of adults to
9 make their own decisions, and with very limited
10 exceptions, this right extends to APS clients. Adults
11 are permitted to make decisions that some may view as
12 ill-advised so long as the individual can appreciate
13 the risk involved and is not a danger to self or
14 others. APS clients are among the most debilitated
15 and neglected members of the community, New Yorkers
16 who are frail and elderly, mentally or medically ill,
17 have developmental disabilities, or have been abused
18 and exploited. They lack the ability to

19 independently meet their essential needs for food,
20 clothing, healthcare or shelter, are isolated and
21 have often refused services from others. Here are
22 some key data on current APS clients. Sixty-two
23 percent are age 60 or older. Clients younger than 60
24 are likely to have severe mental illness and/or
25 substance use disorder and often aggressively resist

1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 19
2 APS assistance. Fifty-eight percent are female, 71
3 percent receive Medicaid benefits, 68 percent receive
4 SNAP or food stamps, 38 percent receive SSI benefits,
5 and 13 percent receive cash assistance benefits,
6 primarily in the form of back rent grants. The total
7 APS case load over the past 12 months averaged 7,500
8 clients at any given time. This is an increase of 82
9 percent since January of 2002 when the case load was
10 4,100. As of the Executive FY 16 plan, the APS FY 15
11 budget is 46,450,000 dollars, which includes just
12 about 27 million for personnel services and just
13 about 20 million for OTPS, most notably the
14 contracted programs. The majority of APS staff
15 members work in seven field offices across the city
16 with offices in each borough. APS staff consists
17 primarily of case workers which number 225 and their
18 direct supervisors. Additionally, a portion of APS
19 work is provided through contracts with three
20 vendors, the Jewish Association for the Aging, known
21 as JASA, Village Care and Transitional Services for
22 New York, which jointly served a little more than
23 2,000 clients in all boroughs except Staten Island,
24 with a combined staff of approximately 100. APS is
25 also home to two additional programs, the Division of

2 Voluntary and Proprietary Homes for Adults that
3 oversees residential placement services and family-
4 type homes for adults, for single adults 18 years or
5 older who have physical or mental impairments. The
6 licensed providers receive an enhanced level of the
7 resident social security benefits as compensation for
8 their services. The other program is the Division of
9 Post-Institutional Services which provides follow-up
10 services to patients discharged from New York State
11 Office of Mental Health psychiatric facilities after
12 a minimum stay of five years. These two programs are
13 supported by 25 staff members. APS staff members
14 have a difficult and sensitive job, requiring
15 collaboration with referral sources, community
16 organizations, government agencies and other HRA
17 programs in order to accurately assess the risks
18 facing a client, determine the client's capacity to
19 appreciate and resolve those risks, and the most
20 appropriate manner and level of APS assistance. As
21 with all program areas within HRA, during the past
22 year we have been determining and implementing
23 reforms within adult protective services to better
24 serve our clients and ensure the best use of our
25 staff and resources. For example, during 2014 we

2 implemented phase one of APS Net, a new automated
3 case management system. APS Net was jointly
4 developed by HRA's Management Information Systems and
5 the APS Central Office with participation from line
6 staff and focus groups. APS Net assists staff in
7 determining APS eligibility, identifying risks,
8 completing service plans, tracking and implementation
9 of services, and scheduling visits to meet mandated
10 time frames. It also provides more detailed client
11 information and generates more extensive statistical
12 reports to assist the managers of the APS program.
13 Prior to August 2014, APS used an outdated customized
14 off the shelf software system that was limited in its
15 case management functionality and did not offer the
16 extensive report library needed by staff to manage
17 and monitor cases and address outcome measures. The
18 deficits of this system required the continued use of
19 paper case records. I think that's--the limitations
20 of that are obvious when you're trying to figure out
21 what's happening with someone. Additional
22 development beyond phase one of APS Net includes
23 electronic pre-populated versions of the many
24 detailed applications and forms used by APS so that
25 they are rendered automatically and without the

2 duplicative manual data entry currently required by
3 case workers, electronic transmission of applications
4 for services to make the process both more secure and
5 more efficient, mobile computing to allow for data
6 entry in the field while in transit on subways and
7 buses, scanning, indexing and storing of external
8 documents in an imaging repository to eliminate paper
9 files, and integration with other APS and HRA
10 software systems, in particular, HRA's customized
11 assistant services and the visiting psychiatric
12 service there and the office of legal affairs. These
13 improvements are part of phase two of APS Net and are
14 currently under development. We expect
15 implementation in the summer of 2016. Full
16 implementation of APS Net will substantially enhance
17 our operations and clients services and address staff
18 workload needs. Reforming the financial management
19 system: During 2014 we also expanded the use of the
20 automated accounting system, Financial Focus, which
21 we used to manage our role as a representative payee
22 for the Federal Social Security benefits of over
23 2,300 clients. Our new APS contracted provider
24 transitional services for New York is the first of
25 our three APS contracted providers to have their

2 financial management work done by HRA. The other two
3 providers will be transitioned over the next year.

4 This will provide more accountability and uniformity
5 to the management of client funds, a very important
6 aspect of our work given the increasing frequency of
7 financial exploitation. I know some management is

8 one of the strongest weapons APS has in the fight
9 against elder abuse. Multidisciplinary initiatives

10 to enhance efforts to stop abuse: The use of

11 multidisciplinary teams, which I think Chairman

12 Vallone mentioned, is a critical component of APS

13 efforts to stop the abuse of clients. During 2015,

14 APS has worked in partnership with the Domestic

15 Violence Unit of the NYPD to strengthen in

16 collaboration. Just yesterday, in celebration of

17 International Elder Abuse Awareness Day APS staff

18 were present at 18 different precincts to present

19 information to the police and public on APS and our

20 role in investigating and preventing elder abuse.

21 Elder abuse cases are extremely complex due to the

22 involvement of multiple response system, victims who

23 typically deny the abuse and the difficulty of

24 developing an effective service plan. APS as a

25 steering committee member of the New York City Elder

2 Abuse Center has worked in partnership since 2009
3 with the Weill Cornell Medical Center, the New York
4 City Department for the Aging, law enforcement
5 agencies and multiple not for profit organizations to
6 address adult and elder abuse. NYCEAC has
7 established an elder abuse multidisciplinary team in
8 Brooklyn and two such teams in Manhattan. These
9 MDT's which consist of members from the various
10 disciplines and organizations noted above meet to
11 discuss and develop case plans and conduct
12 comprehensive case reviews for these high risk cases.
13 NYCEAC is working to expand this model in additional
14 boroughs. In conjunction with the development of
15 the MDT's, APS has also focused on building elder
16 abuse expertise in house. Designated staff members
17 have received targeted training to develop
18 specialized skills for assisting victims of abuse.
19 As part of our reform process, we have recently
20 released a request for proposals for a case
21 management study of the APS program. In fact, I
22 think the closing date for proposals was yesterday.
23 We are seeking an evaluation of our service delivery
24 systems, our staffing patterns, and our work load
25 processes. As the needs of our clients and those

2 referred to us who may not be eligible for our
3 services under New York State law have been affected
4 by changed circumstances in our city over the past 20
5 years. We want to make sure that our systems,
6 services and staffing patterns are responsive to
7 those changes. The case management study will include
8 review of work flow and the resulting work load,
9 clarifying roles of supervisors, case workers and
10 liaisons, identifying special training and education
11 needs, identifying needs for specialization and/or
12 restructuring within APS, and utilization of
13 technology within case management to address work
14 load and enhance client services. As we proceed with
15 this evaluation we will be seeking input from
16 interested stakeholders, including members of your
17 committees. When the process has concluded, we'll be
18 happy to share any additional reforms with you just
19 as we have been reporting to the Council on our other
20 reforms. With regard to the proposed legislation
21 before the committees today, HRA appreciates the
22 Council's continued focus on vulnerable populations,
23 specifically those that fall under the purview of APS
24 as well as seniors across the city. Intro Number 89
25 in relation to requiring the Department of Social

2 Services to provide semi-annual reports to the
3 council regarding referrals to adult protective
4 services. HRA supports the concepts in Intro 89 and
5 is committed to providing reports concerning
6 referrals to APS. The bill ad written requires
7 reporting on the number of referrals as well as
8 reasons for ineligibility, disaggregated by the
9 reason such individual was determined ineligible.
10 The bill further requires reporting and a general
11 description of the source of the referrals, the
12 council district and Community Board and zip code for
13 the referred individual. The information required in
14 the bill can be obtained through APS Net as of the
15 beginning of 2015. So we could do this starting
16 January. Intro Number 830 in relation to training for
17 certain employees of the City of New York and City
18 contracted agencies on adult protective services:
19 HRA supports Intro Number 830 with regard to
20 providing biannual trainings in accordance with
21 Article 9S, the Social Services Law, in any
22 applicable rules and regulations thereunder on best
23 practices and identifying persons who may be eligible
24 for APS and how to refer such persons to adult
25 protective services. We also support the concept

2 that such change should be made available to partner
3 agencies and employees of any entity under contract
4 with such agencies, such as the Department for the
5 Aging, New York City Police Department, Department of
6 Parks and Recreation, the Department of Housing
7 Preservation and Development, the Department of
8 Homeless Services, and other agencies as the Mayor
9 may assign. At present, HRA provides training to
10 some of these agencies listed in the bill and
11 maintains strong relationships with those agencies.
12 This bill would expand the training services HRA
13 currently offers to agencies. With respect to HRA's
14 APS staff and APS vendors, HRA currently provides a
15 full range of training programs, including various
16 mandatory trainings. For example, the New Worker
17 Institute through Brookdale Center for Healthy Aging
18 provides New York State Office of Children and Family
19 Services mandated training for all new APS case
20 workers. The training is an eight-day interactive
21 learning experience that provides case workers with a
22 comprehensive understanding of the core fundamentals
23 of protective services for adult's case work.
24 Participants focus on knowledge and skill building.

25 The NWI curriculum includes a focus on assessment and

2 interviewing, legal aspects, aging, dementia, and
3 developmental disability, mental health, addiction
4 and deal with diagnosis assessments, investigating
5 adult abuse and financial exploitation, hoarding
6 [sic]. The Brookdale Center for Healthy Aging also
7 provides a special training program, the Fundamentals
8 of Supervision for APS Supervisors. The training
9 focuses on case work and personnel issues as they
10 related to the fundamental competencies of
11 supervision and leadership. All HRA/APS staff
12 members are trained on APS Net, which consists of a
13 four-day training program with one additional day for
14 supervisors. Staff and vendor staff are also
15 required to participate in a training program on
16 specific skills such as de-escalation, communication
17 and engagement skills. The training is continuous
18 and all new staff members are required to
19 participate. In addition, HRA's Office of Legal
20 Affairs attorneys trained APS case workers and
21 supervisors on the legal aspects of APS work in which
22 the following components are covered: Article 81
23 guardianships, orders to gain access, request for
24 guardians ad litem, testimony skills, documentation,
25 and court decorum. Further training areas cover a

2 range of topics to ensure APS staff and vendors are
3 appropriately trained for the circumstances and
4 situations they encounter in the day to day aspects
5 of their work including assessment, emergency
6 intervention, indicators of mental illness,
7 documentation skills, suicide intervention, referral
8 process, and field safety. Future trainings for APS,
9 both our workers and those of the vendors include
10 mental health first aid, which would be an internal
11 training, engagement training from Brookdale,
12 Alzheimer's training from the Alzheimer's
13 Association, and elder abuse training from the
14 Brooklyn DA. While not mandated, we have also
15 provided various trainings for external stakeholders.
16 In these trainings, HRA uses the standard Power Point
17 presentation that we adapt based on the agency being
18 trained. The training covers APS eligibility
19 criteria which are often the most important part of
20 the training, the intake process, field office
21 processes, and service delivery. HRA has conducted
22 trainings for managed care programs such as social
23 workers and nurses, multi-disciplinary teams, social
24 workers, prosecutors, DFTA physicians, aging
25 organizations, the NYPD, senior centers and others in

2 the aging community, healthcare facilities such as
3 social workers, physicians and nurses, NYCHA social
4 workers, nursing homes, court personnel, judges,
5 landlords, guardians ad litem, community based
6 organizations, and faith based organizations. Thank
7 you for including us in this hearing. Following
8 DFTA's testimony, we welcome your questions.

9 CARYN RESNICK: Good morning,
10 Chairpersons Chin, Levin, Vallone, and members of the
11 Aging and General Welfare Committees. I'm Caryn
12 Resnick, Deputy Commissioner for External Affairs at
13 the New York City Department for the Aging, and I'm
14 testifying today representing Commissioner Donna
15 Corrado and joined by Eileen Mullarkey, who is our
16 Assistant Commissioner for Long-Term Care. On behalf
17 of DFTA, Commissioner Donna Corrado, I'd like to
18 thank you for this opportunity to testify today and
19 to discuss Intro 802 in relation to a senior
20 emergency information card. As New York City HRA
21 Chief Special Services Officer Daniel Tietz
22 testified, adult protective services is mandated to
23 assist those who lack sufficient mental and/or
24 physical capacity to cooperate with efforts to assist
25 them. DFTA generally works with voluntary clients

1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 31
2 who seek services through the agency's Elderly Crime
3 Victims Resource Center or elder abuse service
4 providers that contract with the Department. HRA's
5 APS program plays an equally vital role in the city's
6 investigation and response to elder abuse. When
7 appropriate, DFTA and APS refer clients to each other
8 based on their respective program's criteria.
9 Further, DFTA and HRA's APS program are partners as
10 steering committee members of the New York City Elder
11 Abuse Center. As HRA referenced, NYCEAC utilizes a
12 collaborative multi-disciplinary team approach across
13 systems and disciplines to effectively and
14 efficiently respond to complex cases of elder abuse.
15 Also, together with HRA, DFTA participated in
16 outreach events in police precincts and police
17 service areas citywide to commemorate World Elder
18 Abuse Awareness Day yesterday. The city remains
19 committed to continuing the fight against elder abuse
20 through various efforts, including direct services,
21 research, education, outreach, and community
22 collaboration. Elder abuse is defined as a
23 destructive behavior that is directed toward an older
24 adult, occurs within the context of relationship
25 denoting trust and is of sufficient intensity or

2 frequency to produce harmful physical, psychological,
3 social and/or financial effects of unnecessary
4 suffering, injury, pain, and decreased quality of
5 life for the older adult impacted by the abuse of
6 behavior. This specificity of laws varies from state
7 to state, but elder abuse includes acts of commission
8 and omission, both intentional and unintentional.
9 Unfortunately, elder abuse is a crime of opportunity
10 that afflicts a vulnerable population. Recognizing
11 the seriousness of this crime among older New
12 Yorkers, DFTA operates the Elderly Crime Victims
13 Resource Center to provide direct resources and
14 referral services to elder abuse victims and older
15 adult crime victims in general as well as to
16 coordinate DFTA's education and prevention efforts
17 regarding this important agency mission. The center
18 can be reached by phone from 9:00 to 5:00, Monday
19 through Friday by dialing 311. After hours, callers
20 are instructed to contact Safe Horizon's hotline
21 which ensures that 24/7 telephone assistance is
22 available. The center receives daily referrals from
23 community social service agencies, hospitals,
24 physicians, attorneys, the New York City Police
25 Department, and the general public regarding elderly

2 victims. In FY 2014, the center provided services to
3 approximately 1,470 victims. DFTA also has been
4 training its senior center and case management staff
5 in elder abuse protocol since the passage of Local
6 Law 43 of 2008. In addition, DFTA contracts with
7 community based organizations to provide direct
8 services to victims of elder abuse, as well as to
9 develop prevention activities that include trainings
10 and outreach. The work of these contracted agencies
11 goes far beyond information and referral. Service
12 providers provide long-term case management services
13 to clients, many of whom present highly complex
14 cases. Providers may assist victims of elder abuse
15 by helping them secure orders of protection,
16 providing long-term counseling, accompanying victims
17 to court, working with police to place victims on
18 high propensity lists, and working closely with
19 District Attorneys to aid in the prosecution of
20 cases. In 2014, elder abuse services agencies
21 contracting with DFTA provided more than 17,920
22 direct service hours to clients. The city providers
23 also conduct trainings and workshops on elder abuse
24 for both seniors and staff including DA's, court
25 personnel, police officers, and social workers. In

2 2014, community based organizations conducted
3 workshops that were attended by approximately 2,840
4 seniors and 2,650 staffers. DFTA also requires case
5 management agencies and certain service providers to
6 screen for elder abuse during intake and assessments.
7 Case management agencies that provide services to
8 homebound clients ask many questions related to elder
9 mistreatment of all clients during the initial in
10 home assessment and at the time of each re-
11 assessment. DFTA's contracted caregiver programs
12 also pose questions regarding potential abuse.
13 Furthermore, DFTA's web-based client data system
14 known as Senior Tracking Analysis and Reporting
15 System or STARS includes a module comprised of a
16 comprehensive set of questions that DFTA developed in
17 consultation with elder abuse service providers and
18 criminal justice agencies to identify incidences of
19 abuse. In October 2014, DFTA issued a request for
20 proposals for elder abuse prevention and intervention
21 services. The elder abuse services program has a
22 dual mission, assisting and ensuring the safety of
23 older adults, age 60 and over who've been abused and
24 preventing further abuse by raising awareness of
25 these issues through outreach and educational

2 presentations to individuals and groups. The
3 selected providers are neighborhood self-held by
4 Older Persons Project for the Bronx, JASA for
5 Brooklyn and Queens, the Carda Burden [sic] for the
6 Aging for Manhattan, and CASK [sic] for Staten
7 Island. These providers will continue to offer
8 services such as case assistance, emergency shelter
9 referrals, safety planning, support groups, medical
10 referrals, financial assistance, and educational
11 workshops. The contracts are expected to start this
12 July. The Administration shares the concerns
13 prompting the introduction of Intro Number 802, as
14 ensuring the safety and wellbeing of older adults is
15 of paramount importance to all of us. As part of the
16 Take Care New York initiative, which is the city's
17 strategic plan led by the New York City Department of
18 Health and Mental Hygiene to improve the health of
19 all New Yorkers, personal health records for healthy
20 aging have been issued to older New Yorkers citywide.
21 The personal health record is a booklet that includes
22 the individual's contact information, translation
23 needs, advance directives, emergency contact
24 information, healthcare providers, pharmacies, health
25 insurance, and comprehensive medical information.

2 The booklet is portable and can also be displayed on
3 refrigerators so that family members, caregivers,
4 emergency responders and others can access the
5 information during emergencies. Issuing a senior
6 emergency information card and accompanying placard
7 will require resources outside of DFTA's capacity,
8 and the Take Care New York personal health record
9 encompasses the information that Intro 802 requires.
10 The personal health record can be updated by the
11 individual or an individual's caregiver as needed,
12 whereas, DFTA does not have the capability to
13 collect, manage and maintain the information mandated
14 by the proposed legislation. So, this is what the
15 health record looks like. We issued these a number
16 of years ago. We're ready and prepared to re-issue
17 it, and we prepared it especially for older adults so
18 that it's in much larger font and it's much bigger
19 than the one for the general population, and it
20 really has everything that you will ever need, and it
21 can be refreshed. Whereas, I think if we had to
22 maintain a database, and we know this about registry,
23 is that the minute we get the information it could be
24 out of date. Doctors change. Medications change.
25 So, this is something that a person can keep on their

2 refrigerator door. Many first responders are aware
3 of looking on the refrigerator door, and so we really
4 propose this as an alternative to Intro 802. I thank
5 you again for this opportunity to testify today and
6 pleased to answer any questions that you may have.

7 CHAIRPERSON CHIN: Thank you. We've been
8 joined by Council Member Arroyo, Palma, Richards, and
9 Wills. I'm going to start with a couple of
10 questions, and then I'm going to pass it over to my
11 colleagues. In your testimony, Mr. Tietz, that I
12 didn't hear about the language capacity of APS staff.
13 So, can you give us an idea of how many clients that
14 APS serve that does not speak English, and what
15 language capacity do the APS workers have?

16 DANIEL TIETZ: Yeah, I don't know off
17 hand, Chairman Chin. We can certainly get it for
18 you. I mean, I can--we collect a fair bit of
19 information and we can certainly see what we have
20 with regards to language capacity. Among the staff,
21 it's pretty extensive. Among HRA staff, broadly
22 speaking, there are hundreds of languages. We have,
23 of course, a capacity via a system to do the seven
24 required languages. So our seven standard languages,
25 we can do that. But among the staff there is--in

2 each office there are several languages. So, we're
3 happy to get you the information.

4 CHAIRPERSON CHIN: yeah. So, when the
5 APS worker goes out to visit a client, do they know
6 in advance if the client speaks English or not, or--

7 DANIEL TIETZ: [interposing] if it's told
8 to us in advance. So, when the referrals are made,
9 you can make a referral online or you can make a
10 referral via fax or via telephone to our central
11 intake. If we're told in advance, "Oh, I believe they
12 speak this language or only this language," then of
13 course we will send someone who speaks that language.

14 CHAIRPERSON CHIN: So, how many of the
15 referrals to you get from the Department for the
16 Aging directly? Because in the testimony I didn't
17 sort of hear that.

18 DANIEL TIETZ: Yeah, so one of our
19 challenges, and it's coming in a later module for APS
20 Net, is we don't--we can't always track. So if e
21 look just in the present data for the Department for
22 the Aging, it will be incomplete because it may be
23 one of their contracted case management agencies, and
24 so we don't' have a good way at the moment of knowing
25

2 just how many we get each month or each year from
3 DFTA, but in later module we will.

4 CHAIRPERSON CHIN: Okay. I mean, going
5 back to--

6 DANIEL TIETZ: [interposing] I mean, I
7 think it's fair to say that it's dozens, but I don't--
8 -I couldn't tell you right now with any reliable
9 accuracy on that.

10 CHAIRPERSON CHIN: Yeah. I think with the
11 language capacity, I think that's an important issue,
12 because when you go out and you talk to a, for
13 example, a senior, if you can't communicate--

14 DANIEL TIETZ: [interposing] Sure.

15 CHAIRPERSON CHIN: Right? And if you do
16 it through a language line it's just so impersonal--

17 DANIEL TIETZ: [interposing] Yes.

18 CHAIRPERSON CHIN: that it might not be
19 able to kind of assist the person.

20 DANIEL TIETZ: We also use--right. We
21 also use interpreters. So, if we know in advance, for
22 example, and we're going to go do an initial
23 assessment, and that office doesn't have someone on
24 staff, we won't use the language line for that, we'll
25 bring an interpreter. And of course, if you get

2 there and you find out, alright, so now we've
3 assigned someone to take this matter and they don't
4 speak the language of the person they're seeing, then
5 we'll make another visit with the interpreter.

6 CHAIRPERSON CHIN: Okay. Commissioner
7 Resnick, how does DFTA do the referral over to APS?
8 I mean, do you do any direct referral over there with
9 clients that you get, like from the agency that you
10 contract with? Is there kind of any direct link?

11 CARYN RESNICK: Our Elderly Crime Victims
12 Resource Center would make direct referrals as well
13 our case management agencies.

14 CHAIRPERSON CHIN: What about the contract
15 agency that you have working on elder abuse? I mean,
16 often times a lot of them do have the language
17 capacity.

18 CARYN RESNICK: The elder abuse agencies
19 would make direct referrals too.

20 CHAIRPERSON CHIN: Also to APS? Are you
21 able to track that in terms of like where the
22 referrals are coming from?

23 DANIEL TIETZ: You're asking me?

24 CHAIRPERSON CHIN: Yeah.

2 DANIEL TIETZ: Yes. So, if we--so, for
3 example, if we have the name and the organization, we
4 can find who referred. So we can run the list by the
5 name of the organization, but to the degree that it's
6 not--the refer doesn't say the Department for the
7 Aging, then we won't know that. All we have is the
8 data that gets collected. So, I think in the future
9 it will be a later phase of APS Net where we can
10 essentially plug in the information with oh, here's
11 all the names of DFTA's contractors or partners and
12 then track those, if you will, to DFTA, then we would
13 be able to give you that number.

14 CHAIRPERSON CHIN: Yeah, if you can
15 provide us, the Committee, with the information about
16 how many clients that you serve through APS that
17 have, that speaks another language besides English
18 that would be helpful.

19 DANIEL TIETZ: Yes.

20 CHAIRPERSON CHIN: I'll pass it over to
21 Council Member Vallone. I'll come back later.

22 COUNCIL MEMBER VALLONE: Thank you, Madam
23 Chair. Thank you Dan and Caryn for your testimony.
24 There's a lot there. It is impossible for us to
25 tackle it, but I implore my fellow Council Member and

2 our Chairs to readdress the many topics that were
3 addressed today, especially by you, Dan, on the role
4 of APS. And as recently as 2014, the major changes
5 that are coming and still coming, and I think it's
6 premature to really get a lot of the answers that we
7 need today based on you taking these undertake. So
8 the good things that we're hearing like today is that
9 these thing are happening. RFP was finished
10 yesterday. Training is coming. Upgrading of the
11 systems are coming, but also I think, Caryn, with
12 DFTA, I think there's a larger opportunity here for
13 both of the agencies, because on a lot of the matters
14 that we spoke about this morning, you're really doing
15 very similar work, but yet APS is mandated and DFTA
16 is voluntary. I think that's made quite clear on the
17 testimony, but I don't believe it is, and I think
18 that's part of the historical problem is that both
19 agencies are figuring out how to deal with this
20 overwhelming surplus of demand for help, increased
21 aging population as the aging tsunami, as we've all
22 heard. In 10 years, 50 percent of those over 62 are
23 going to double, and that's scary numbers, but yet
24 our budget remains the same. So, I think there's
25 many approaches we have to do. We have to fight

2 within the budget, because it's not prudent on any
3 level to have a stagnant budget. So, and I know this
4 is year late, but next year we have to make a full
5 out attack for APS to achieve your goals that you set
6 forward on a budget that doesn't increase is not
7 going to happen. And I think it's probably important
8 to note that the history here is not a good history.
9 You know, this goes back to 2001 where it became the
10 focus of council hearings, and then in 2006 Public
11 Advocate had special hearings, and 2007 was the last
12 time the Council addressed this, which is not
13 acceptable. And then in 2008 there was a lawsuit,
14 and then 2011 we had stipulations entered into, but
15 yet it took to 2014 for APS Net and some of these
16 things to come on board. What happened between 2011
17 and 2014 for the length of time it took to start
18 implementing these changes?

19 DANIEL TIETZ: Well, I'll acknowledge that
20 that's before my time, so in the prior
21 Administration.

22 COUNCIL MEMBER VALLONE: Or if that was
23 before my time, too.

24 DANIEL TIETZ: Yes, right, before the
25 current Administration. I mean, I can generally

2 speak to what we've done since. Certainly APS Net
3 has made a huge difference and will make a greater
4 difference going forward. So, for the very things
5 you just mentioned, just for the purposes of
6 efficiency or for determining eligibility,
7 essentially it asks a series of questions, and if you
8 answer them in one way and you get to the end, it
9 won't let you determine that somebody's eligible or
10 ineligible if it didn't all line up correctly. So,
11 it's a way of sort of assuring that we'd answered
12 every question we needed to answer, and the system
13 will stop if you've answered sort of out of order.
14 If you're leaning in the direction ineligible, but
15 then the system will say to you, "Oh, but you
16 answered this question this way. They can't be
17 ineligible." And the reverse is true as well. So, I
18 think there's a bunch of system changes which have, I
19 think, improved our efficiency, and I think--

20 COUNCIL MEMBER VALLONE: [interposing]
21 Well, that's the APS data. I mean, you brought it
22 up. I think it's important. It's applaud able. I
23 think it's an important step. I mean, the last
24 sentence of your testimonies scared the crap out of
25 me when it said, "The system required prior to 2014

2 the continued use of paper case records." So,
3 simply, one year ago we were still using paper. I
4 haven't used--

5 DANIEL TIETZ: [interposing] In part, yes.

6 COUNCIL MEMBER VALLONE: They go back to
7 my days on trial, when--today, I had paper all over
8 by my desk, but prior to that this has replaced that
9 quite some time ago. My kids are better at it than I
10 am. How did that happen?

11 DANIEL TIETZ: Yeah, I'm not sure that
12 I'm in the best position to answer it. I would say
13 that, you know, given the new Administration, and I
14 would, you know, the credit the previous one with
15 their development of this system. So, this largely
16 predates us. We brought it online and finished it in
17 early 2014, and it came online in August of last
18 year. I think everybody recognized for a while the
19 limitations of the prior system, and hence this got
20 developed. I don't think anybody was satisfied with
21 what we had. Certainly, by the time folks began to
22 think about creating APS Net.

23 COUNCIL MEMBER VALLONE: So, all that data
24 starts to come in now through APS Net. So, Caryn, is
25 there any interaction between the agencies, because

2 some of that information would be pertinent for DFTA
3 as well as it is for APS?

4 CARYN RESNICK: When there's cases that
5 are shared, then there's collaboration and sharing of
6 information.

7 COUNCIL MEMBER VALLONE: What triggers
8 that first point? When cases are shared, what
9 triggers that?

10 CARYN RESNICK: If a case management
11 agency had a client that was known to APS and say a
12 meal delivery happened and there was a concern about
13 the client, the case manager would reach out to APS
14 about this to convey this information. So, it's
15 scenarios like that, and then it's also scenarios
16 when a client is being referred to APS.

17 COUNCIL MEMBER VALLONE: So, those two
18 scenarios I think is something that, Dan, we need to
19 incorporate in this going forward. So a lot of my
20 evaluating is trying to stop the duplicative efforts
21 and trying to streamline it. So, you have two
22 agencies that both sometimes are doing very similar
23 things. They're taking a case intake. They're doing
24 a phone assessment, and they're doing a home
25 evaluation study, sometimes very completely dependent

2 of each other, but yet doing the same thing. So,
3 DFTA may have a scenario where they're doing a home
4 assessment. APS is having a scenario where they're
5 doing a home assessment. Is there coordination?

6 DANIEL TIETZ: Yes. So, the referrals
7 actually run in both directions. So, for some folks
8 that we may find ineligible or that we want, for
9 example, to get meals on wheels, we'll make the
10 referral to DFTA.

11 COUNCIL MEMBER VALLONE: And then what
12 happens then? So you've made--is your hands--is there
13 coordination back from DFTA to you as to what
14 happened?

15 DANIEL TIETZ: yes, absolutely. So, we
16 don't close a case until we're certain that they've
17 picked up--their case management agency has picked up
18 what they need to pick up. And similarly, they don't
19 close a matter that they refer to us until they're
20 certain that we have picked up and accepted the
21 person as ineligible and will provide them services.
22 So it's actually fairly well coordinated. We also
23 now have quarterly meetings by borough office. So,
24 DFTA and its case management agencies now meet
25 quarterly with--you know, their relevant agencies in

1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 48
2 each borough meet together to discuss how to improve
3 and streamline our services.

4 COUNCIL MEMBER VALLONE: Is that separate
5 from the MDT's?

6 DANIEL TIETZ: Yes, yes. I won't speak
7 for them with regards to their forms, although I can
8 tell you that for some purposes we can't actually use
9 the same data. So, for example, the meals on wheels
10 requires a certain bit of data that we don't
11 necessarily collect and that they would need to
12 collect, I believe, for their federal funding. And
13 for us, I would also note that the purpose is
14 somewhat different. So, yes, you've got folks on a
15 spectrum, right? So, you know, today's, you know,
16 80-year-old woman who lives alone, you know, may seem
17 to be doing okay with DFTA's case management and
18 meals on wheels, and she gets checked on, and at some
19 point, you know, turns a corner and deteriorates, and
20 then they make that referral to us. That's actually
21 fairly seamless. We don't--that referral process is
22 pretty straight forward, and we--

23 COUNCIL MEMBER VALLONE: [interposing] So,
24 what--how does DFTA know at that point you've gone
25 made your assessment--

2 DANIEL TIETZ: [interposing] Because we
3 tell them--

4 COUNCIL MEMBER VALLONE: and the matter's
5 closed out?

6 DANIEL TIETZ: Right, we tell the back.
7 We actually go back to the referring source and say--
8 we may not give details. Some of that's around
9 confidentiality. So not everybody gets to know
10 everything, but we do tell them back, "Here we've
11 accepted this client. Here's the service we're going
12 to provide them. We may still want meals on wheels
13 from you, but otherwise they're under care with APS
14 now." And then the case management they would have
15 had from DFTA will end.

16 COUNCIL MEMBER VALLONE: So, let me just
17 take a step back. I apologize for those who--

18 CHAIRPERSON CHIN: Eileen, when you talk,
19 please identify yourself for the record.

20 COUNCIL MEMBER VALLONE: In stepping
21 back, I just wanted to apologize for those who are
22 here. I mean, I spent 20 years going guardianship
23 cases in Queens County, so I have a type of outlook
24 at this that may not be, and I jumped right into
25 without going into the background on some of this.

2 But and I know that's part of APS, and I think we
3 bring that knowledge with us, that life knowledge,
4 that wherever someone winds up in a situation where
5 they have no help and the city has to provide that
6 safety net, that's what led to this taskforce. This
7 taskforce was put forth to help those who have no one
8 to help for them. It's wonderful when you have a
9 loving family. It's wonderful when you have someone
10 who was an aid there to step up, but there's often
11 many, many times there's no one there, and then the
12 city becomes the guardian or the caretaker for this
13 person. And the--anger's not the right word, but the
14 concern of what the city's response was in those
15 situations is why the taskforce was put together, and
16 what we're still finding out, and clearly you heard
17 from Dan Tietz's testimony, the overwhelming burden
18 on APS is not the answer, but it's a reality, and our
19 goal as the Council is to work with the
20 Administration to do our best to give you the tools
21 to alleviate that burden, have some of these big
22 sister and brother agencies work with that process.
23 So if we have a Ms. Rodriguez who winds up in a
24 Guardianship Court, how she got there is sometimes
25 the sad story of how we have to make this better. It

2 could have come through a DFTA phone call where
3 someone say Ms. Rodriguez two weeks ago and hasn't
4 seen her leave her apartment since. And now her
5 neighbor calls up and says, "I haven't seen Ms.
6 Rodriguez. She's 90 years old, and I don't know if
7 she has food. I don't know if she's taking her
8 medication. She has no family." So then for those
9 who are listening, what happens next? A phone call
10 is made, and I think if either one of you could take
11 us through that scenario then on the time constraints
12 because the state has imposed mandates of a three-day
13 visit, and then there's a 60-day--God bless you.
14 There's a 60-day follow-up assessment that has to be
15 made, and then there's a little bit of difference on
16 what DFTA has to do, on what APS has to do, but then
17 there's poor Ms. Rodriguez in the apartment that may
18 be failing, may have dementia, may have a physical
19 inability to get down the steps and get food. So,
20 I'd like to know is take that scenario and what APS
21 would do and a time frame to help Ms. Rodriguez?

22 DANIEL TIETZ: Right. So, if that referral
23 is made to us, so part of it turns on what questions,
24 you know, what information is provided in the
25 referral. So that can vary greatly. So to use your

2 example, if it's a neighbor who just knows what they
3 know, which is, "Oh, I haven't seen her in two weeks.
4 I haven't seen her come out of that apartment."

5 Obviously, we have very little to go on, but all of
6 those visits will happen within three days. It's
7 also the case that if someone gives us--

8 COUNCIL MEMBER VALLONE: [interposing] 100
9 percent of the time all those visits happen within
10 three days?

11 DANIEL TIETZ: I think--yeah, all of our
12 initial visits are within three days. And for urgent
13 matters, where someone actually suggest emergency or
14 an emergency, they happen within 24 hours, the
15 initial visit.

16 COUNCIL MEMBER VALLONE: So what is the
17 determining factor between a regular three-day visit
18 and an urgent visit that requires a 24-hour visit?

19 DANIEL TIETZ: If someone suggests that
20 someone is seriously at risk, it could be any number
21 of things, but it turns a little bit on--it turns
22 more than a little bit on the detail they can give to
23 us. If in your example, I would say that would be
24 three days. It wouldn't necessarily--there would be
25 nothing that would set off bells and whistles like we

2 have to go over there right now. But if somebody
3 suggests that someone may have fallen, someone's
4 hurt, someone they--you know, we will go within 24
5 hours.

6 COUNCIL MEMBER VALLONE: Is APS Net going
7 to make adjustments for the 24 hour versus the 72
8 hour window on what are some of the requirements that
9 may change in an emergency situation versus a three-
10 day?

11 DANIEL TIETZ: Yeah. I think generally
12 how that works is it's the intake staff who trying--
13 so if they're speaking to someone, say over the
14 phone, they try to get as many questions answered as
15 possible to try and figure out how urgent is the
16 matter and then if we should send someone within 24
17 hours versus 72 hours. So, there's a series of
18 prompts. In many instances, you know, the usual
19 caller, in your example a neighbor, may not be able
20 to answer much of that. So, again, I think it depends
21 a little bit on tone as well. If there's callers
22 suggesting that they're terribly concerned, we'll
23 send someone sooner.

24 COUNCIL MEMBER VALLONE: Is there a
25 requirement that if a call came in three months ago

2 and that case was closed out because it was
3 determined they didn't need services, but now
4 subsequent calls are coming in on that same person?
5 What happened to the data before?

6 DANIEL TIETZ: It's still there. We have
7 it, and we'll go back. Yeah, people can re-refer.

8 COUNCIL MEMBER VALLONE: Are those
9 trigger points that may rise the case?

10 DANIEL TIETZ: Yeah, it depends--I think
11 yeah.

12 COUNCIL MEMBER VALLONE: On an initial
13 assessment?

14 DANIEL TIETZ: If say--I'm just going to
15 set aside the eviction kind of story, so like which
16 would be dealt with somewhat differently. So if it
17 was again having concern about someone's ability to
18 care for themselves and not have anybody to assist
19 them and that the concern was with regard to our
20 criteria, we'll go back and see them, and we'll have
21 a look at what we set up for them if anything when
22 they were previously seen and determined ineligible.

23 COUNCIL MEMBER VALLONE: Who's going in
24 to make the visit?

25 DANIEL TIETZ: Case workers.

2 COUNCIL MEMBER VALLONE: And what are the
3 education? What are--who are these case workers and
4 were they trained?

5 DANIEL TIETZ: They're at a minimum a
6 Bachelor's Degree. It could be in any number of
7 subjects, and then they get the training that I
8 described earlier.

9 COUNCIL MEMBER VALLONE: Is there anyone
10 above a caseworker that would make a visit? Is there
11 anyone with a doctor degree or any type of social
12 worker or paralegal that would make a visit other
13 than a standard case worker?

14 DANIEL TIETZ: Not a paralegal. We have
15 supervisors who will also do sometimes join in field
16 visits.

17 COUNCIL MEMBER VALLONE: The supervisors,
18 are they--

19 DANIEL TIETZ: [interposing] And I'm
20 sorry, and nurses as well.

21 COUNCIL MEMBER VALLONE: So does a
22 supervisor handle a 24-hour emergency one or is that
23 a regular one?

24 DANIEL TIETZ: No, a case worker. The
25 case workers are actually pretty skilled. The folks

2 who go out and do those assessments are pretty
3 skilled at it.

4 COUNCIL MEMBER VALLONE: Does the case
5 worker stay with that case all the way through to the
6 culmination of it, or does it switch off?

7 DANIEL TIETZ: No, I think there's an
8 assessment team and then if they're found eligible
9 then they're referred to others in that office in the
10 under care's [sic] division.

11 COUNCIL MEMBER VALLONE: You can jump in--

12 DANIEL TIETZ: [interposing] Yeah.

13 COUNCIL MEMBER VALLONE: Well, there's a
14 process here that we're exploring, and it triggers so
15 many other things, whether it's evictions, whether
16 it's homecare, whether it's dementia. One of the
17 problems that we had in the taskforce was defining
18 dementia and how someone would be able to determine
19 if someone was suffering from Alzheimer's, dementia,
20 or someone was suffering from silent abuse. We had
21 District Attorney Cain [sic] there many times talking
22 about the most important or the most critical rise in
23 elder abuses with financial abuse, and sometimes
24 there's silent indicators there. What rises that
25 level? Is there anything at that point now that

2 would have someone other than a case worker handling
3 on that file?

4 DANIEL TIETZ: Yeah, so as I said, there
5 are nurses to assist with some of the--some of what
6 the assessments and case planning for those that we
7 have under care, but we also then refer internally to
8 our customized assistance services and notably the
9 visiting psychiatric service. So, excuse me, upon an
10 evaluation--

11 COUNCIL MEMBER VALLONE: [interposing] So,
12 the psychiatric services are a part of APS, or is
13 that a contracting out?

14 DANIEL TIETZ: No, it's a--no, no. it's
15 HRA staff.

16 COUNCIL MEMBER VALLONE: HRA staff.

17 DANIEL TIETZ: It's another division in
18 HRA. So there's a lot of back and forth between APS,
19 the visiting psychiatric service and our Office of
20 Legal Affairs. So--

21 COUNCIL MEMBER VALLONE: [interposing] How
22 much time goes by before a psychiatric visit is
23 conducted?

24 DANIEL TIETZ: It can vary. I mean, some
25 of this is, you know, I think our effort earlier to

2 try to take the least restrictive approach with
3 someone. So, often times there's an effort to first
4 figure out what the needs are, how much at risk they
5 are, the initial assessment piece. As you know, we
6 have under law up to 60 days to make a decision with
7 regard to eligibility. We often don't take 60 days.
8 And then--

9 COUNCIL MEMBER VALLONE: [interposing] Do
10 you think 60 days is too long or is that something
11 that we can--

12 DANIEL TIETZ: [interposing] I don't
13 think it's too long. I think that's a reasonable
14 period of time. The cases I should note, though, are
15 also triaged. So, where we see it's an emergency, so
16 a caller, the referrer may believe there's emergency.
17 We'll see those more quickly, or we think there's
18 emergency as well, or we think that to use your
19 example of dementia where we have some concerns,
20 we'll have the visiting psychiatric service push up
21 those cases. So, we triage in the visiting
22 psychiatric service as well.

23 COUNCIL MEMBER VALLONE: Well, back to
24 the psychiatric visit, is the determination made--is
25 the determination ever made if the--Ms. Rodriguez or

2 anyone is suffering from dementia without the
3 psychiatric evaluation?

4 DANIEL TIETZ: No. I think where the--
5 you know, if you think about the training experience
6 of the case workers, they can identify that there's a
7 problem. They can identify that there's a mental
8 health or a capacity problem, and pretty quickly will
9 refer and say, "We need a psychiatric evaluation."
10 Because I think their worry is obvious, which is here
11 as a result of the person's mental capacity, they may
12 not be able to care for themselves without additional
13 support in their home, and they quickly want to get
14 that assessment to figure out do we need to take
15 further action such as--

16 COUNCIL MEMBER VALLONE: [interposing] But
17 how long would that take? So if someone makes that
18 determination, "Hey, we need a psychiatric
19 evaluation." How much time? Is there a mandate
20 there? Is that just within your own policy before a
21 psychiatric visit?

22 DANIEL TIETZ: Yeah, we don't--there
23 isn't a mandate actually. But we work really closely
24 with--there's meetings every month to triage cases,
25 and then there's, you know, ad hock triage frankly

1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 60
2 daily as between the psychiatric service and APS on
3 who needs to be seen more quickly, who may need
4 something in terms of an Article 81 or, you know,
5 guardian ad litem. So we move pretty quickly on the
6 ones we see significant impairments and have
7 concerns.

8 COUNCIL MEMBER VALLONE: Do you have data
9 on how many cases that are requiring psychiatric
10 evaluations?

11 DANIEL TIETZ: Yes. I don't have it with
12 me, but I can get it for you.

13 COUNCIL MEMBER VALLONE: Could you provide
14 that? I'd like to see it.

15 DANIEL TIETZ: Sure.

16 COUNCIL MEMBER VALLONE: I guess, speaking
17 of data, do you have how many cases each case worker
18 is currently handling within APS?

19 DANIEL TIETZ: Yes, I can--we can get it
20 for you. It--

21 COUNCIL MEMBER VALLONE: [interposing]
22 Have you seen that rise over the years?

23 DANIEL TIETZ: I'm sorry?

24 COUNCIL MEMBER VALLONE: Has that risen
25 over the years?

2 DANIEL TIETZ: You know, it varies a bit.
3 I mean, sometimes it floats up in some of the offices
4 and then floats back down. We've, you know, we've
5 used our contracted vendors to help alleviate, you
6 know, when we've seen a spike. For example, like
7 there may be a spike in the Brooklyn office, and then
8 we say, "Alright, we're going to refer all of the
9 next set of Brooklyn cases to our vendors to address
10 this spike."

11 COUNCIL MEMBER VALLONE: No, I thought
12 everywhere within the testimonies and the documents
13 that there's been a steady rise on the demand for
14 APS. So, I mean, that--

15 DANIEL TIETZ: [interposing] Yeah.

16 [cross-talk]

17 DANIEL TIETZ: There's been an increase
18 certainly in the overall number, yes.

19 COUNCIL MEMBER VALLONE: Because last
20 year we fought for DFTA to have funding to reduce
21 case management, which they're able to bring down to
22 more manageable numbers from 85 per case to 60, and
23 now this year we're fighting in the budget with
24 Margaret Chin and I to keep that number at 60 so that
25 it doesn't go up above that. I'd like to have data

2 for APS to see if we have to have that battle for you
3 too to make sure that our case workers are not being
4 inundated with these critical phone calls and the
5 data. I think the APS Net is a wonderful step and a
6 critical step. The second phase of that you're
7 saying by next year this time?

8 DANIEL TIETZ: Yeah, in mid-2016, I
9 believe.

10 COUNCIL MEMBER VALLONE: And the legal
11 aspect you mentioned there on the last page, how many
12 attorneys are at APS?

13 DANIEL TIETZ: I don't know off hand. I
14 can certainly get it for you. There's a whole team
15 of attorneys who do pretty much only APS cases.

16 COUNCIL MEMBER VALLONE: And the teamwork
17 that's involved--I mentioned the attorneys because
18 with the psychiatric evaluations, you often have the
19 attorney, the psychiatric evaluation and the case
20 worker all involved with the guardianship case.

21 DANIEL TIETZ: That's right.

22 COUNCIL MEMBER VALLONE: And I think
23 that's something. Do you have the amount of time it
24 would take for once its determined that someone needs
25

2 a guardian, how long it takes for that case to get to
3 a guardianship hearing?

4 DANIEL TIETZ: We've, in the time--you
5 know, since this Administration came in, since we
6 started, we've I would say leaned in with regard to
7 guardianship applications, believing that we needed
8 to move more quickly than had maybe previously been
9 the case. I don't have the timeline. I mean, it can
10 be quite a spread in part because we may first--

11 COUNCIL MEMBER VALLONE: [interposing]
12 There's a lot of factors in it all.

13 DANIEL TIETZ: Well, and the--

14 COUNCIL MEMBER VALLONE: [interposing] The
15 judge's case load, the application, the petition.

16 DANIEL TIETZ: But also least restrictive
17 measures. So, I'll note that there's some
18 variability among judges about just what it is they'd
19 expect, and even from case to case what it is an
20 individual judge would expect. So, some would, you
21 know, conceivably be more quick to order a guardian
22 than another. And our staff in legal affairs are
23 familiar with that variability, and so the case
24 preparation can vary. So, in some instances, I'm not
25 necessarily arguing with their approach, but in some

2 instances we would have to demonstrate that we've
3 exhausted pretty much every least restrictive measure
4 we could come up with before we could approach them
5 for a guardianship.

6 COUNCIL MEMBER VALLONE: Is there any talk
7 of while we're making these evaluations at looking at
8 that process also, because from my understanding
9 there's an overwhelming burden in the courts today on
10 the rise and guardianships and the amount of folks
11 that are waiting for the guardianship cases to be
12 held, and the way our council has been advocating
13 under the Mayor and the Speaker, this wonderful
14 progressive agenda, to make sure those in court have
15 their day. This is the group that is sometimes
16 completely dependent on you or APS, not you, but on
17 APS to fight that case for them. Because what
18 happens is someone who's in the guardianship case
19 can't make their own decision more often than not,
20 and then the judge has to appoint the guardian, and
21 we're having a lack of guardians and we're having an
22 increased demand in guardianship cases. So, is there
23 talk about evaluating the judicial process of
24 guardianships within APS?

2 DANIEL TIETZ: I'm not sure I understand.
3 How do you mean about the traditional role of
4 guardians and APS?

5 COUNCIL MEMBER VALLONE: Well, increasing
6 the amount of resources applied for guardianships.

7 DANIEL TIETZ: Yeah. We definitely have
8 more staff resources committed to obtaining guardians
9 for clients.

10 COUNCIL MEMBER VALLONE: You have data on
11 how? These are thing we're going to need follow-up
12 on.

13 DANIEL TIETZ: Well, we can get you--

14 COUNCIL MEMBER VALLONE: [interposing] One
15 of them would be the increase in amount of
16 guardianship cases you handle by year and by county,
17 but I think that's critical.

18 DANIEL TIETZ: Yeah, we can do both.

19 COUNCIL MEMBER VALLONE: I think one of
20 the roles that DFTA can play, and I think with the
21 taskforce, and then I'll turn it over to my Council
22 Members, is the wonderful role of the MDT's. So
23 these multi-disciplinary taskforces that are
24 privately funded, but they're only in two boroughs.

2 So is there talk about maybe having a collaboration
3 of expanding that to the five boroughs?

4 DANIEL TIETZ: Yes.

5 COUNCIL MEMBER VALLONE: So how are those
6 talks going? I'm glad you're talking, but how are
7 they going?

8 DANIEL TIETZ: I don't know. I don't know
9 where we are in the process in terms of getting it to
10 the other five boroughs, but it is in fact our near
11 term goal.

12 COUNCIL MEMBER VALLONE: I think that
13 would be a priority coming out of this. I think
14 having that role between private and public which is
15 what this taskforce did so well, helping the intake
16 form, the case management, the professional services
17 that are out there for families all comes into the
18 role of these MDT's, and then it alleviates [sic] the
19 burden that both of you have to face. So, I would
20 like to see that expand to the five boroughs. So,
21 Madam Chair, turn it back over to our fellow Council
22 Members, and then I'll have a second round.

23 CHAIRPERSON CHIN: Thank you. Chair Levin
24 has a couple of questions.

2 CHAIRPERSON LEVIN: Thank you very much.
3 Thank you, Council Member Chair Vallone and Chair
4 Chin. Thank you, Mr. Tietz. I just have some
5 questions around APS and I apologize if I'm kind of
6 all over the place. First off, in terms of case load
7 ratio, what is the case load ratio right now in APS?

8 DANIEL TIETZ: I don't have a fixed
9 number. We can get it for you.

10 CHAIRPERSON LEVIN: It's my understanding
11 that there's state law that governs case load in APS,
12 is that not correct?

13 DANIEL TIETZ: There isn't actually, no.
14 All there is from New York State is a policy
15 statement that honestly no one has seen in writing
16 that the recommendation, reportedly, is 25.

17 CHAIRPERSON LEVIN: Twenty-five, okay. I
18 thought that there was somewhere that I read that
19 they said that 30 cases per--so there's nothing,
20 there's no State. This is an informal--

21 DANIEL TIETZ: [interposing] There's no--
22 there's neither law nor reg on the case load ratios.

23 CHAIRPERSON LEVIN: Okay. Is there, in
24 terms of the study that APS is doing right now,
25 that's the RFP, is there going to be a determination

2 or a recommendation around case load ratios in that
3 recommendation?

4 DANIEL TIETZ: I don't know that we'll
5 specifically ask for it. I think what--part of what
6 we're going to look for is so how does this work
7 elsewhere so New York City isn't living in a vacuum?
8 And it would be instructed for us to know what
9 happens in other places in both the state and the
10 country in terms of case load ratios, but I think,
11 you know, this is also looking at a whole host of
12 sort of interacting reforms. So, APS Net and that
13 bit of efficiency matters greatly to the staff and
14 their capacity to handle cases. So, for example,
15 having a mobile device that would let you do real
16 time entry as you're sitting with someone is a vast
17 improvement over what was just a year ago. So, it
18 matters a lot that we can--that we'll have some of
19 those systems in place. We're also going to look at
20 staff titles, staff training, whether we need some
21 different staff in APS. So for example, we have an
22 MSW in each office to consult with and advise the
23 staff with regard to some of the more challenging
24 cases. We have a paralegal in each office. So there
25 are so many things that we're thinking about in terms

2 of how we use staff, because that will matter greatly
3 than if you've taken off of the case workers some of
4 those, you know, more difficult tasks that take up
5 time, then it makes a difference with regard to case
6 load.

7 CHAIRPERSON LEVIN: With--sorry. If we
8 could just actually, I just want to drill down on
9 that for a second just to be clear. So, can you fill
10 us in a little bit maybe on the details of this issue
11 around state guidelines with caseload, because it was
12 our understanding that there was either state law or
13 state regs that said 30 to one? So, how did this--
14 how is this evolved? I mean, have you sought
15 verifica--has APS had clarification? Is there--fill
16 us in a little bit from the--

17 DANIEL TIETZ: [interposing] I shared with
18 you about the sum total of my knowledge on this, but
19 as best we know, it's just a recommendation.

20 CHAIRPERSON LEVIN: Coming from whom?

21 DANIEL TIETZ: From OCFS.

22 CHAIRPERSON LEVIN: OCFS, okay. And
23 that's been the policy for how long?

24 DANIEL TIETZ: Forever.

25 CHAIRPERSON LEVIN: Okay.

2 DANIEL TIETZ: I mean, you can see in part
3 why a mandate in that regard, given what I just said,
4 may not make sense, because so for example, obviously
5 some cases are more--have more needs than others.

6 And for those then you might decide to assign a case
7 worker. Here, you're going to have this set of acute
8 cases and you're going to get a shorter number of
9 those because they have a whole set of needs.

10 Somebody else may have a case load that runs higher,
11 because they have people who have less acute needs.

12 It's conceivable that because you've had systems in
13 place, say if you've got other services involved that
14 then you could carry a higher case load, or if we
15 relieved you of the burden of having to do, you know,
16 guardian applications with the Office of Legal
17 Affairs, and we've removed that now to a paralegal in
18 your office, you could have a different case load
19 because you're not taking time on that. So, there's
20 a bunch of intersecting parts, and I think OCFS
21 recognizes that you couldn't just say, "Oh, here's
22 the number and you should just do that number without
23 regard to any other factor."

24

25

2 CHAIRPERSON LEVIN: Okay. On average, how
3 long are cases open? What's the average length of a
4 case's duration?

5 DANIEL TIETZ: Yeah, we don't have a
6 median. We could have a look what the median is. I
7 can certainly, you know, try and pull the data from
8 APS Net and get back to you.

9 CHAIRPERSON LEVIN: What's the range? I
10 mean, what--do you get--is there kind of a, maybe if
11 you couldn't give a specific median, but like a sense
12 of--

13 DANIEL TIETZ: [interposing] From a few
14 months to a few years. Yeah, from a few months to a
15 few years. The financial management folks run the
16 longest for some obvious reasons.

17 CHAIRPERSON LEVIN: How is it determined
18 that a case or a client would receive the financial
19 management? Can you take us through that
20 determination process? And how many--there's--you
21 said in your testimony, 2,300?

22 DANIEL TIETZ: Yeah.

23 CHAIRPERSON LEVIN: Right. Take us through
24 that process of how is it determined that an

2 individual, and how does that differ from
3 guardianship?

4 DANIEL TIETZ: I'm going to let Deborah
5 answer that.

6 DEBORAH HOLT-KNIGHT: Thank you. Good
7 morning.

8 CHAIRPERSON LEVIN: Morning.

9 DEBORAH HOLT-KNIGHT: My name is Deborah
10 Holt-Knight, Acting Deputy Commissioner. So
11 financial management services is, as Dan Tietz
12 testified, 2,300 clients. We're actually the largest
13 in the nation in terms of rep payee. Our clients,
14 when we go out to assess and determine them eligible,
15 if we find that they're unable to manage their
16 finances, we contact our psychiatry. Psychiatry goes
17 out, assess their need. If they determine that they
18 need financial management, they give us a
19 recommendation. We have a financial management
20 service unit at APS. We request to be the payee
21 through Social Security Administration. For natural
22 management service unit only manages social security
23 benefits. We don't manage pensions or any other
24 private funds. So, in answer to your question how
25 does it differ from guardianship, financial

2 management would be considered a least intrusive
3 measure working our way to guardian. If we cannot
4 stabilize the client through financial management, we
5 might have to move towards guardianship. If a client
6 has a pension that needs to be managed, since
7 financial management cannot be a payee for a pension,
8 that case would be considered for guardianship.

9 CHAIRPERSON LEVIN: Okay. And how about
10 in other benefits other than social security? So,
11 public assistance or SSI?

12 DEBORAH HOLT-KNIGHT: SSI would be
13 considered social security benefit. We can do
14 anything that's distributed by social security, we
15 can manage.

16 CHAIRPERSON LEVIN: It's not benefits,
17 though?

18 DEBORAH HOLT-KNIGHT: No we cannot.

19 CHAIRPERSON LEVIN: And why? That's a
20 federal regulation on that?

21 DEBORAH HOLT-KNIGHT: There's no payee
22 structure--

23 CHAIRPERSON LEVIN: [interposing] Okay,
24 they'll just be receiving the SNAP benefits
25 themselves, or--

2 DANIEL TIETZ: [interposing] Under Social
3 Security Law, there is this representative pay--under
4 social security, you know, there's a representative
5 pay system.

6 CHAIRPERSON LEVIN: Okay.

7 DANIEL TIETZ: But there isn't under most
8 other, you know. So whether it's a pension or what
9 have you, there's no way to pay someone unless of
10 course, the guardian were appointed and then that
11 appointee would have--would stand in the shoes for
12 all purposes, for all financial management purposes.

13 CHAIRPERSON LEVIN: Okay. And how--

14 DEBORAH HOLT-KNIGHT: [interposing] I just
15 want to add one more thing. We also have the ability
16 to manage veteran's benefits.

17 CHAIRPERSON LEVIN: Veterans benefits.

18 DEBORAH HOLT-KNIGHT: Through the VA,
19 yes.

20 CHAIRPERSON LEVIN: How many--so there's
21 2,300 financial management clients in the system.
22 How many guardianship clients at any given time?

23 DEBORAH HOLT-KNIGHT: So our financial
24 management clients are never guardianship clients.

2 CHAIRPERSON LEVIN: No, no, no, I know.

3 But how many guardianship clients are there?

4 DEBORAH HOLT-KNIGHT: I'm sorry. Close
5 to 1,000.

6 CHAIRPERSON LEVIN: Close to 1,000. And
7 the guardianship is a generally permanent
8 relationship or is that something that people go in
9 and out of guardianship--

10 DEBORAH HOLT-KNIGHT: Guardianship is not
11 permanent. There are clients who will require
12 guardianships based on their circumstances will be
13 more long term. If we get a guardianship just for
14 the purpose of dealing with a hoarding situation, the
15 guardian can go in, take care of the hoarding
16 situation and potentially go and asked to be
17 discharged from the case. If a client moves out of
18 state, if the client--they're asking for discharge.
19 So, yes, clients go in and out.

20 CHAIRPERSON LEVIN: Sorry, jumping back
21 to the issue of the RFP, the study, are there any
22 preliminary findings that you're able to share with
23 us at this time?

24

25

2 DANIEL TIETZ: The closing date on
3 proposals was yesterday, so we don't yet have--we're
4 not even named any--

5 CHAIRPERSON LEVIN: [interposing] I see.

6 DANIEL TIETZ: individual organization to
7 do the study.

8 CHAIRPERSON LEVIN: Oh, okay, okay. So
9 what's the time frame then for the study?

10 DANIEL TIETZ: Our hope is that it'll be
11 done December, that once we name somebody, get the
12 contract out, they actually do it, we're hoping
13 December.

14 CHAIRPERSON LEVIN: So fairly short
15 turnaround in terms of--

16 DANIEL TIETZ: [interposing] Yeah, because
17 I think our thought all along was that the actual
18 context of the study shouldn't take more than three
19 months hopefully.

20 CHAIRPERSON LEVIN: Okay. What's the
21 contract amount in terms of cost?

22 DANIEL TIETZ: It's about a hun--I think
23 the maximum was 100,000 dollars.

24 CHAIRPERSON LEVIN: Okay. Has APS or HRA
25 considered the prospect of having a separate social

2 services title for an APS case worker? Or currently,
3 what's the social--what would be the category that an
4 APS case worker would be for civil service?

5 DANIEL TIETZ: Yes, exactly. They're
6 case workers like others. So, for example, HASA has
7 the same case worker title. You'll set it elsewhere
8 at HRA. So, you know, it's subject to civil service
9 rules. People can move among program areas at HRA,
10 you know, based on seniority.

11 CHAIRPERSON LEVIN: Okay.

12 DANIEL TIETZ: the answer to your
13 question, your initial question, is yes.

14 CHAIRPERSON LEVIN: Are you looking at a
15 separate civil service title for an APS caseworker?

16 DANIEL TIETZ: Potentially. It's a
17 question we're going to ask in the study.

18 CHAIRPERSON LEVIN: Okay.

19 DANIEL TIETZ: Which is ought we consider
20 such a title, and if so, what would be the
21 characteristics of that title. So for example, we
22 know that ACS there's a title for, you know, child
23 protective services.

24 CHAIRPERSON LEVIN: Right.

2 DANIEL TIETZ: So, we're contemplating a
3 similar title here.

4 CHAIRPERSON LEVIN: Okay. I don't know the
5 process of like how's that done, how is that created.
6 Is that through--

7 DANIEL TIETZ: So, it would require--I
8 can tell you they require DCAS's involvement.

9 CHAIRPERSON LEVIN: Okay.

10 DANIEL TIETZ: But, you know, certainly
11 when the study is completed, we're happy to share
12 with you. We're happy to come back and report on
13 what was in it, and some of our ideas for reforms as
14 a result of it.

15 CHAIRPERSON LEVIN: Right, because that
16 could lead to a greater, you know, kind of better
17 training or better peer to peer training or
18 relationship and greater expertise among the case
19 workers. Currently as it is--

20 DANIEL TIETZ: [interposing] I would say
21 yes, but we should also note that we have a very
22 committed core staff who--

23 CHAIRPERSON LEVIN: [interposing] Sure,
24 yeah.

2 DANIEL TIETZ: who've been in APS for a
3 long time and know the work well. And so I think
4 it's really more building on that.

5 CHAIRPERSON LEVIN: Yeah.

6 DANIEL TIETZ: And if you will,
7 appreciating that, that particular role and trying to
8 find a way to expand from there.

9 CHAIRPERSON LEVIN: Is there any--are
10 there any case workers that are kind of moving
11 across, you know, into APS from other positions, and
12 is there a certain amount of cross-over, or is it--if
13 you can characterize it. I don't need specific
14 numbers, but characterize kind of how the trajectory,
15 the career trajectory of an APS case worker, kind of
16 how that generally goes.

17 DANIEL TIETZ: Some of its choice, right?
18 So, if folks decide that they see open positions, you
19 know, in some civil service title for which they are
20 fed, they can of course move across programs, and the
21 same is true here. So, folks choose, you know, again
22 when there are civil service lists and there's a
23 title that's open and you qualify for that, you can
24 move into that position. So, otherwise, it's, you
25 know, its growing responsibility as well. So you

1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 80

2 could move from case worker to Sup 1, Sup 2, Sup 3.

3 There are those opportunities as well within the
4 program, within APS, or within HASA or what have you.

5 But the case worker is right now a title unto itself
6 and you can move across programs.

7 CHAIRPERSON LEVIN: Okay. From the
8 perspective of a case worker, what do you believe
9 the, you know, reforms in the services or kind of
10 reforms in the system, in terms of like what could be
11 done to support the work of case workers? Is there
12 anything right now that we're contemplating
13 independent maybe of the study that's going to happen
14 that could be done for case workers? I mean, from
15 the perspective of the case workers, I can't imagine
16 that everything is like rosy all the time. Are there
17 things that we're looking at right now and
18 contemplating--

19 DANIEL TIETZ: [interposing] None of have-
20 -

21 CHAIRPERSON LEVIN: [interposing] that
22 could make the situation better for them?

23 DANIEL TIETZ: a job that's rosy all the
24 time. I think there are two things in particular.
25 So, training and maybe three things then. So,

2 training, which we mentioned some of the testimony in
3 terms of the training they get to date and other
4 training that we're looking to offer. The second
5 thing, which was also mentioned in the testimony,
6 which is better supervision. So, additional training
7 for supervisors. And the third thing is APS Net,
8 because in the way in which it actually helps to make
9 the work more efficient, it helps to answer
10 questions. So, I almost wish we could do you a demo,
11 and I think we'll offer that to you. We can offer to
12 a demo at your convenience of APS Net so you can--
13 it's hard to describe, but essentially there are fail
14 safe measures depending on how you answer the
15 questions to get you to the right answer, and there
16 are now more supervisory sign-off. So there are more
17 obligations for supervisors in terms of overseeing
18 the work and signing off on determinations in APS
19 Net. So, those things matter. They're both
20 efficient, and they will get us to the right
21 conclusions and help us in terms of case planning and
22 service planning, and I think those things actually,
23 you know, are all moving in the direction of making
24 case worker's lives better. It makes this job if not
25 easier to do, at least it makes it, as you will,

2 saner to do. It makes it--there's, if you will, less
3 sort of independent judgement in helping to steer, if
4 you will, to the right conclusions.

5 CHAIRPERSON LEVIN: In terms of the
6 study, is there going to be room for case worker
7 surveys or is that part of--

8 DANIEL TIETZ: [interposing] Yeah,
9 there'll be focus groups in this and they'll be
10 interviewing case workers and supervisors and other
11 staff.

12 CHAIRPERSON LEVIN: Okay. Sorry, jumping
13 around here. It's been reported that the percentage
14 of cases of elder abuse that are occurring that are
15 actually reported in New York State are abysmally
16 low. I think the report that came out of Cornell in
17 2011 said one in 24 cases. Why is that so low?

18 DEBORAH HOLT-KNIGHT: So, that is the big
19 question, why is it so low. So what we're trying to
20 do is to go out and educate the community. I know
21 that we're partnered with DFTA and even with the
22 multi-disciplinary teams just trying to get the word
23 out there. Monday, we actually had a forum about
24 this at Fordham, and in that discussion we talked
25 about just getting the word out there so that people

2 know that they can report and what the challenge is
3 for those who do report, what the challenge is for
4 someone who has assumed the role as the caregiver. A
5 lot of times they don't know what's available to
6 them, so we have to get the word out there. I think
7 that I've seen DFTA out there. I know that we're out
8 there just getting the word out so that people know
9 that they have choices. They don't have to refer to
10 APS, because every case is not appropriate for APS
11 based on the voluntary and involuntary. Sometimes
12 it'll go to DFTA first and DFTA has a relationship
13 with us where it's no longer voluntary to hand it off
14 to us, and I think that's a relationship that's
15 really strong. And the multi-disciplinary teams in
16 the two boroughs that we have, they're very strong
17 teams.

18 CHAIRPERSON LEVIN: What's the process
19 for concerned, neighbor concerned child or relative
20 to report somebody for potential services whether
21 through DFTA or APS? What's--is it a 311 call? Is
22 it a hotline?

23 DEBORAH HOLT-KNIGHT: For APS we have a
24 centralized intake. They can make a phone call or
25 they can actually make an automated referral.

2 CHAIRPERSON LEVIN: Okay. in terms of
3 getting the word out there, so obviously we have our
4 DFTA system with our senior centers, our case
5 management providers who by the way obviously--I have
6 Heights and Hills in my district, and you know, I
7 know the challenges that they face in terms of case
8 load and in terms of, you know, the need for, you
9 know, greater resources to do that adequate case
10 management. I mean, I know that, you know, in terms
11 of just how often they're going to each individual
12 client, it's not frequent enough, and that's a big
13 challenge. Are we also looking at, you know, ads in
14 the subways and ads in the bus stops? I mean, I see
15 them out there for, you know, any dozens of different
16 services that the city offers. Does APS have an ad
17 campaign?

18 DANIEL TIETZ: We have brochures that we
19 updated last year that we widely distributed, and as
20 you've probably seen, we have other ad campaigns
21 going on right now for example with SNAP, which also
22 matters a great deal to this population, because we
23 know that a whole host of older New Yorkers in
24 particular may have for example Medicaid, but don't
25 have SNAP and we want to make sure that they get it.

2 So, we are happy to contemplate additional campaigns
3 and are looking at that question all the time.

4 CHAIRPERSON LEVIN: Okay. yeah, I mean, I
5 think that could possibly be effective is, you know,
6 say do you know--I mean, just to put the resource out
7 there to, you know, to concerned people, to concerned
8 neighbors, so on and so forth. In terms of that
9 percentage of clients that are receiving Medicaid,
10 SNAP benefits around 70 percent, 71 and 68 percent
11 Medicaid and SNAP benefits respectively. Do we know
12 how closely that aligns with their eligibility?

13 DANIEL TIETZ: I don't, be we can look.

14 CHAIRPERSON LEVIN: Okay. I would assume
15 that we'd be pretty close to--

16 DANIEL TIETZ: [interposing] Yeah, I mean
17 one of the things that--so anybody who's involved
18 with HRA in some way or another. I mean, one of our--
19 -just to look at SNAP for a moment is to figure out
20 who among our clients are eligible but aren't'
21 getting it and helping them to get it. So, we--

22 CHAIRPERSON LEVIN: [interposing] Sorry,
23 say it once more.

24

25

2 DANIEL TIETZ: You know, figuring out who
3 among our current clients are eligible and aren't
4 getting it and should.

5 CHAIRPERSON LEVIN: Right.

6 DANIEL TIETZ: So we're pitching and
7 helping them to do that. So, certainly in APS, where
8 we think that someone ought to be getting SNAP
9 benefits or for example Meals on Wheels, then we'll--
10 it's a key service.

11 CHAIRPERSON LEVIN: Sorry, I'm jumping
12 around here. What percentage of the referrals are
13 receiving the psychiatric evaluation?

14 DANIEL TIETZ: I don't know off hand, but
15 we can get you that information.

16 CHAIRPERSON LEVIN: Okay. Is it a high
17 percentage, or?

18 DANIEL TIETZ: It's a high percentage.

19 CHAIRPERSON LEVIN: A high percent.

20 DANIEL TIETZ: Yeah. I mean, the point
21 at which, you know, we're accepting someone as
22 eligible, there's often some mental health or
23 capacity issues. So, it's a substantial percentage.

24

25

2 CHAIRPERSON LEVIN: So they're deemed
3 eligible and then they get the psychiatric
4 evaluation?

5 DANIEL TIETZ: Yeah.

6 CHAIRPERSON LEVIN: Okay. Okay, I have one
7 more question for now and then I might come back for
8 another round. The MDT's, how is it determined when
9 a client is eligible for MDT services as opposed to
10 DFTA or, you know, I'm sorry, an APS case worker
11 services as opposed to contracted JASA or one of the
12 other contracted care providers?

13 DEBORAH HOLT-KNIGHT: MDT is not a
14 service.

15 CHAIRPERSON LEVIN: Oh.

16 DEBORAH HOLT-KNIGHT: So, it's not
17 service. It's a forum for agencies to get together
18 and talk about the situation. So--

19 CHAIRPERSON LEVIN: [interposing]
20 Individual situations or broader situations?

21 DEBORAH HOLT-KNIGHT: We are talking about
22 individual cases. So--

23 CHAIRPERSON LEVIN: [interposing] Okay.

24 DEBORAH HOLT-KNIGHT: The MDT's, they
25 have a case coordinator.

2 CHAIRPERSON LEVIN: Okay.

3 DEBORAH HOLT-KNIGHT: And the case
4 coordinator, if DFTA has a case that they want to be
5 heard at an MDT, and one of the criteria that the
6 client should be touched by more than one agency
7 because the goal is to bring all the agencies
8 together at the table.

9 CHAIRPERSON LEVIN: Okay.

10 DEBORAH HOLT-KNIGHT: And discuss the
11 dynamics of the case. So, it's not a service.
12 Usually when a case is brought to an MDT, either
13 DFTA's involved, APS is involved, a hospital is
14 involved, and we all get together and talk about the
15 services that the client will need. A prosecutor
16 might be involved. The prosecutor is sitting at the
17 table, and when we leave there, we leave with
18 assignments so that we can come back and report the
19 next time the case is heard regarding resolution or
20 moving towards resolution. So, you can't refer a
21 case to a MDT if it's not connected to an agency.

22 CHAIRPERSON LEVIN: Okay.

23 DANIEL TIETZ: The idea here is it's the
24 complex ones. It's the ones that have multi-agency
25 involvement. They have a host of needs. There may

2 be--it's a prosecutor, so there may be an abuser who
3 the DA is looking into. So, it's those cases that
4 are brought to this to try and figure out a sensible
5 coordinated way forward to serve them.

6 CHAIRPERSON LEVIN: How many cases at any
7 given time are being discussed in the MDT setting?

8 DEBORAH HOLT-KNIGHT: We try not to go
9 over four cases, because four cases it's an hour and
10 a half, the session. So, we try not to discuss more
11 than three to four cases every time we meet. The
12 Brooklyn MDT meets three times a month.

13 CHAIRPERSON LEVIN: Okay.

14 DEBORAH HOLT-KNIGHT: The Manhattan MDT
15 meets twice a month, and then they have another MDT
16 that meets once a month in Manhattan. So there are
17 three teams.

18 CHAIRPERSON LEVIN: And those are four new
19 cases or those four recurring cases?

20 DEBORAH HOLT-KNIGHT: So it can--it's a
21 mixture. It's always a mixture. To have four new
22 cases is a lot because a new case requires a lot of
23 summary. So most of the time it's two new cases and
24 some follow-up cases.

2 CHAIRPERSON LEVIN: So, this is like the
3 less than one percent toughest cases, is that--

4 DEBORAH HOLT-KNIGHT: [interposing] These
5 are the most complex cases, but what it encourages is
6 dialogue between the agencies.

7 CHAIRPERSON LEVIN: And so the lessons
8 learned by dealing with those cases can be taken and--

9 -

10 DEBORAH HOLT-KNIGHT: [interposing] That
11 is correct.

12 CHAIRPERSON LEVIN: used to address the
13 other cases.

14 DEBORAH HOLT-KNIGHT: And it's not
15 unusual for me to walk into a Brooklyn site and see a
16 DFTA case management agency worker working on another
17 case that was never even presented at the MDT.

18 CHAIRPERSON LEVIN: Right.

19 DEBORAH HOLT-KNIGHT: Because
20 relationships have formed.

21 CHAIRPERSON LEVIN: I see. Could you do
22 more with more resources?

23 DEBORAH HOLT-KNIGHT: We would be able to
24 have more teams in other boroughs.

25 CHAIRPERSON LEVIN: Would you want to do--

2 DEBORAH HOLT-KNIGHT: We would welcome
3 that.

4 CHAIRPERSON LEVIN: And they're not used.
5 They don't have--they're private funding, right?
6 They're not city funded is that right? The actual,
7 obviously, the agencies have city funding, but the
8 resources for the--maybe it's, I don't know, the
9 offices or?

10 DEBORAH HOLT-KNIGHT: New York City Elder
11 Abuse Center has gotten private funding from a donor.
12 We also have in-kind [sic] services. In Brooklyn, we
13 allow the team to operate out of the Brooklyn APS
14 Field Office. In Manhattan, one of the teams is
15 actually operating out of the district attorney's
16 office, and the other team is rotating. So most of
17 the people who are sitting at the table, there's only
18 one or two people sitting at the table. Everything
19 else is income [sic].

20 CHAIRPERSON LEVIN: Okay. Should we be
21 funding this with city dollars?

22 DANIEL TIETZ: I, you know, it wouldn't
23 be our place to tell you what you should fund with
24 city dollars.

2 CHAIRPERSON LEVIN: Okay, I think that
3 maybe we should explore that as something that we
4 talk about with the Administration in terms of budget
5 priorities, and maybe it's something that can be
6 looked as part of the APS study is whether or not it
7 would be advisable for there to be a city budget
8 line. It would be odd, because, right, because you
9 don't--you know, different agencies like how does the
10 funding work and who gets it, but--

11 DANIEL TIETZ: [interposing] Right. You
12 know, so there of course are, you know, as Deborah
13 noted there are our staff and other staff to attend
14 these. We--I mean, just in terms of the interactions
15 within the offices, it's useful in its own right just
16 for their relationship piece of this and that each of
17 the parties then know each other's work better and
18 then talk amongst themselves about other cases that
19 actually aren't presented to the MDT in a formal way.

20 CHAIRPERSON LEVIN: Yeah, right.

21 DANIEL TIETZ: So, I think it's useful
22 all the way around.

23 CHAIRPERSON LEVIN: Okay.

24 DANIEL TIETZ: You know, its part of the
25 study that it's impossible to imagine that this

2 doesn't come up as part of the conversation about
3 what works, what doesn't work, what should change,
4 what we should add to, etcetera.

5 CHAIRPERSON LEVIN: Yeah. Yeah, it might
6 be just worth thinking about how the city could
7 advance the work or make the work more effective or,
8 you know, duplicate it in a--kind of advance it in a
9 way that is effective reaching more cases through,
10 you know, through some city funding, whether it's
11 through a coordinator, you know, a paid position as a
12 coordinator or something like that or support staff.
13 With that, I'm going to turn it back to my Co-Chair.

14 CHAIRPERSON CHIN: Okay. We've been
15 joined by Council Member Menchaca, Treyger and
16 Gibson, and we have questions by Council Member Rose.
17 Sorry. Sorry. Council Member Rose followed by
18 Council Member Menchaca. You're next, and then
19 Council Member Treyger, okay?

20 COUNCIL MEMBER ROSE: I want to thank the
21 Chairs of the Committee, because I think they
22 thoroughly vetted, you know, many of the concerns and
23 questions that I had. Whenever I see anything that
24 eliminates Staten Island, you know, I'm compelled to
25 try to address it and the MDT was one such situation,

2 but Chair Vallone and Levin adequately addressed, you
3 know, addressed that concern as well as many of my
4 questions that I had about the financial documents.
5 I'm really interested to know what triggers the
6 request for the preceding six months financial, you
7 know, documents for a person. What situation
8 triggers this, and does this supersede a family
9 member's consent? I'm referring to Reso 748. Yes,
10 no?

11 DANIEL TIETZ: You're asking me or you're
12 asking your colleague?

13 COUNCIL MEMBER ROSE: No, I'm asking you.

14 DANIEL TIETZ: Yeah, the value, I mean,
15 from our perspective, the value of having that
16 information, as it stands right now, it can be
17 difficult to get financial institutions to cooperate
18 with us. So, there are--there's very limited State
19 law with regard to financial exploitation. There have
20 been some bills floating around. We've actually
21 recently suggested amendments to a bill by Senator
22 Velaski [sp?] that has a same as in the Assembly by
23 Assembly Member Simberwitz [sp?]. New York is an
24 outlier with regards to a lack of law with regard to
25 financial exploitation. So, there's nothing

2 particularly that compels the banks to share with us
3 data. So they may even send someone to us. They may
4 even suggest that there's some issue with financial
5 exploitation, but then we can't actually compel them
6 to give us some evidence of that. So, it's kind of a
7 problem.

8 COUNCIL MEMBER ROSE: But if someone has
9 a guardian, the guardian has access--

10 DANIEL TIETZ: [interposing] Are very
11 different.

12 COUNCIL MEMBER ROSE: to that, right?

13 DANIEL TIETZ: Of course. No issue if
14 there's a guardian.

15 COUNCIL MEMBER ROSE: okay, even if it's
16 an appointed guardian?

17 DANIEL TIETZ: They're all appointed. So--

18 COUNCIL MEMBER ROSE: [interposing] It
19 doesn't matter.

20 DANIEL TIETZ: So, a judge, you know,
21 upon our petition or that of somebody else, you know,
22 somebody has a guardian, that guardian stands in that
23 person's shoes for all purposes, including for the
24 purposes of banking and they can get the statements.
25

2 COUNCIL MEMBER ROSE: And that person
3 would be the only persons that would have access to
4 the acquired information?

5 DANIEL TIETZ: Yeah. I mean, they'll,
6 upon our request, they would share it with us. So
7 part of our purpose in getting a guardian is to try
8 and help someone manage their affairs broadly
9 speaking, including their financial affairs.

10 COUNCIL MEMBER ROSE: Thank you.

11 CHAIRPERSON CHIN: Council Member
12 Menchaca?

13 COUNCIL MEMBER MENCHACA: Thank you, Chair
14 Chin and Chair Levin. Hi.

15 DANIEL TIETZ: Hi.

16 COUNCIL MEMBER MENCHACA: Just thank you
17 so much for being here today, and it's been really
18 great to understand the APS system and really looking
19 at vulnerable populations. And so, as you know, I
20 represent Red Hook and Sunset Park. Red Hook
21 experienced Sandy. And my question really is on
22 several wave lengths, one training for APS combined
23 with collaboration with other agencies, HRA, DFTA,
24 OEM, NYCHA in moments of crisis. And really
25 understanding post-Sandy, I know there's a lot of

2 work and thought process on this, and so what can you
3 tell us today about what you're doing to align as we
4 talk about reform for this particular question? Not
5 just for a day to day crisis, but a moment where a
6 community in danger of say flooding or what we are
7 seeing more and more of is a possible power grid
8 failure for APS to be--and really kind of the support
9 system that we're talking about today can get
10 activated and trained and collaborated. I have some
11 more specific questions like data sharing, but if you
12 can kind of give us a sense about what you're
13 thinking about today.

14 DANIEL TIETZ: Sure. So, among the areas
15 that I supervise, so special services includes
16 everything that looks like a direct service at HRA as
17 opposed to a benefit. So, cash assistance, for
18 example, or SNAP or somebody else. So I have all of
19 the service parts, so, HASA, APS, homecare,
20 customized assistance, and I also happen to have
21 crisis and disaster.

22 COUNCIL MEMBER MENCHACA: Okay.

23 DANIEL TIETZ: And the logic for that,
24 the logic for the Commissioner in creating the role
25 as it is is that the folks who most need some

2 assistance in a crisis or disaster are those people,
3 the most vulnerable. So, I have essentially all of
4 the vulnerable populations. So, even as it stands
5 now, you know, we get a notice from OEM of, you know,
6 a building fire, and we run. They give us the
7 address. We run the address through homecare, HASA,
8 APS, the whole list and say, "Do we have any clients
9 there?" And then if we do, we send staff there. So,
10 you know, it just gets bigger from there depending on
11 how big the thing is, and we then pull staff, as many
12 as need to be pulled, from any of the program areas
13 to go do home visits to figure out if, you know, if
14 failing getting them on the phone or getting a
15 responsible party on the phone we send staff to their
16 door to find them and figure out what it is they
17 need.

18 COUNCIL MEMBER MENCHACA: Is this a new
19 process post-Sandy, or is this something that's
20 always been in effect?

21 DANIEL TIETZ: I don't know actually.

22 COUNCIL MEMBER MENCHACA: Okay.

23 DANIEL TIETZ: I mean, part of this I
24 know was there for Sandy, but I think I'm going to
25 let Deborah answer.

2 COUNCIL MEMBER MENCHACA: Thank you.

3 DEBORAH HOLT-KNIGHT: So, pre-Sandy we
4 actually had a system, but it wasn't an automated
5 system. APS Net actually has a way of tracking the
6 way the storm comes in so that we can set up our
7 zones so we know where our vulnerable clients are. I
8 was actually in Red Hook post-Sandy. I was climbing
9 the project steps--

10 COUNCIL MEMBER MENCHACA: [interposing]

11 Thank you for that work.

12 DEBORAH HOLT-KNIGHT: delivering--

13 COUNCIL MEMBER MENCHACA: [interposing]

14 You made a difference, as you know.

15 DEBORAH HOLT-KNIGHT: Yeah, delivering
16 ice for the clients that had insulin without a
17 refrigerator, flashlights, food for our vulnerable
18 clients. But now what we have in APS Net is we have
19 a way to sort these cases depending on which way the
20 storm is coming, and I think that's going to make a
21 big difference in the event something else happens.

22 COUNCIL MEMBER MENCHACA: That's great.

23 And in coordinator with OEM, for example, is there
24 any coordinator beyond, because it sounds like this
25 is an HRA operation that you're kind of dispatching,

2 but first responders and other kind of community
3 infrastructure that's building. For example, in Red
4 Hook we have a kind of new grid of community
5 infrastructure and what I see a big gap is in
6 connecting what's happening in the community to
7 agency work. And so that's something we're going to
8 be focusing on big time. And so how are you seeing
9 that connect, and as part of our reform conversation,
10 which it sounds like you're really excited about some
11 of the stuff that you're seeing, how do you see the
12 opportunities there with OEM?

13 DANIEL TIETZ: So, we have a lot of back
14 and forth at OEM. The newly hired Assistant Deputy
15 Commissioner for Crisis and Disaster is coming to us
16 actually from the Red Cross, and before that she was
17 at OEM. And the Deputy Commissioner for Crisis and
18 Disaster with me actually left for OEM in February.
19 So, but even apart from those individual staff,
20 there's a lot of back and forth. So, just to use your
21 example with Red Hook, so coastal storm planning, we
22 have hundreds of HRA employees trained in various
23 roles with regard to coastal storm. That's a process
24 that's driven by OEM, but it is carried about by each
25 of the agencies. I'm sure DFTA and--

2 CARYN RESNICK: [interposing] Yeah, we
3 have the parallel process.

4 DANIEL TIETZ: So there's a--there are a
5 whole bunch of goals and tasks. There's, you know,
6 kind [sic] of operations plans for all of the
7 agencies. So they are pretty detailed. So, our--the
8 Crisis and Disaster Assistant Deputy Commissioner
9 reports up through me actually, does the task for the
10 entirety of HRA, and then with our sister agencies
11 and OEM. So, there's a back and forth. It's pretty
12 extensive.

13 COUNCIL MEMBER MENCHACA: Got it. And so
14 I'll leave it there, because I think we can continue
15 this conversation, and I know our Chair here, our
16 Chair Treyger and I will continue to kind of think
17 about this and the entire committee, but it's an
18 important piece of the entire landscape of work, and
19 so if there's anything else that you want to say that
20 can kind of point to us.

21 DANIEL TIETZ: If anything, I would add
22 is that, you know, the Mayor's NYCHA related
23 initiative, you know, some of the buildings in Red
24 Hook are included, and there are additional services
25 there. So, from my area, for example, there's some

2 additional domestic violence related services that
3 are there. So there's an intensive focus on some of
4 those areas.

5 COUNCIL MEMBER MENCHACA: Great. Well,
6 it's great to hear that there's a lot of
7 collaboration, that there's a lot of conversation,
8 and I think we can come back to this in a different
9 light and understand how we kind of cut it up. What
10 we don't want is duplication of services. What we
11 don't want is no connection with community. We know
12 that community responds first, and as we look at the
13 reform, we have to take all of that into
14 consideration. And I know Chair Chin talked a little
15 bit about language access and the moments of crisis.
16 You kind of want to send anybody, but you can't send
17 anybody because you need to have that language at the
18 front end. So, let's just continue this conversation
19 and thank you for all the work you've done so far.

20 DANIEL TIETZ: Thanks.

21 COUNCIL MEMBER MENCHACA: Thank you.

22 CHAIRPERSON CHIN: Council Member Treyger
23 questions? And we're joined by Council Member
24 Johnson.

2 COUNCIL MEMBER TREYGER: Thank you to all
3 the Chairs for holding this very important hearing.
4 So, I'm reading here that, you know, APS assists
5 individuals 18 years of age or older without regard
6 to income who are mentally and/or physically
7 impaired, and due to these impairments are unable to
8 manage their own resources, carry out activities of
9 daily living, and have no one available who is
10 willing and able to assist them responsibly. That's
11 correct, right? Is that fairly accurate?

12 DANIEL TIETZ: Right, that's the
13 eligibility.

14 COUNCIL MEMBER TREYGER: So, there seems
15 to be very often we're hearing about another case in
16 the city and even beyond the city where someone who
17 is suffering from mental illness is either hurting
18 themselves or hurting others. I know in my district
19 and other districts we have sometimes these state
20 licensed adult home facilities, but one of the
21 biggest concerns I get from constituents and from
22 residents, even my own observations, is the
23 supervision, the compliance with State Federal
24 mandates, and the general wellbeing of these
25 residents, making sure that they don't do harm to

2 themselves and to others. So, the question I have is
3 what jurisdiction if any does the city have in making
4 sure that these adults are safe even when they step
5 outside the facility, they're walking on city
6 streets, and sometimes they are doing harm to
7 themselves and to others. Sometimes they--I get
8 reports from residents that there's issues sometimes.
9 So, I need to hear what is the city's role? I know
10 the state certainly has a lot to do with this and
11 they have a lot more work to do with this, but what
12 can we do at the local level to address what we hear
13 and what I believe is a broken mental health system?

14 DANIEL TIETZ: This may get beyond our
15 purview, but I'll--so we--so APS serves those who are
16 domiciled, who have a home, but not those who are in
17 a program. so for example, in supportive housing
18 operated by, you know, funded by say DOHMH or OMH,
19 we, APS has no role, because in fact they wouldn't
20 meet eligibility, and they don't meet eligibility
21 because of the last item of the eligibility which is
22 there is somebody else responsible. It's the
23 provider who's there staffing the supportive housing
24 that they're in. So, APS actually wouldn't have a
25 role because they have a provider. You know, more

2 broadly speaking, you know, HRA works with our sister
3 agencies here in the city in addition to DFTA, of
4 course DOHMH with regards to a whole host. I mean, we
5 have a mental health piece. We have the visiting
6 psychiatric service for our purposes, right, in
7 serving HRA clients, and we weigh in with our sister
8 agencies in terms of the kinds of services and the
9 best ways to meet the needs of a whole host of New
10 Yorkers, but specific to APS, we don't actually have
11 a role in those sorts of places. So, if it's a
12 residential program that's funded by someone or, you
13 know, by some city or state agency, by definition the
14 residents wouldn't be APS eligible.

15 COUNCIL MEMBER TREYGER: What we hear is
16 when you speak to organizations that run, many of
17 them are private and they get funded by the state and
18 others, but they're very--they like to draw their
19 line and say, "Well, our job is just to give them a
20 bed, and we'll give them a meal, and you know, we'll
21 offer them their medication." But the system is
22 broken because we keep seeing and hearing about cases
23 on an ongoing basis where residents are harming
24 themselves and others, and I think that we have to
25 re-examine this. As we respect the State's role in

2 this, but we as a city cannot continue to close our
3 eyes and to say, "Well, it's just a state problem or
4 it's a Federal Government problem." Because that
5 seems to be happening in many issues in city life,
6 but we need to do something about this, because
7 they're posing harm to themselves and to others, and
8 sometimes there are individuals who are not in these
9 adult homes. They could be living with a relative,
10 or you know, living in a building where they are not
11 getting the proper treatment and help and services.
12 So, I believe that we need to do a lot more on this
13 issue of mental health. I think this is one of the
14 biggest issues that is a moral crisis, a public
15 safety issue, and I think, Chairs, I think, you know,
16 working together I think we need to examine and not
17 accept the excuse of that's state, that's federal.
18 We need to see what we can do as a city to not accept
19 this situation anymore, because I quite frankly I've
20 seen enough and I've had enough, and we need to do
21 more to protect them and those around them. Thank
22 you very much, Chairs.

23 CHAIRPERSON CHIN: Thank you. We have a
24 follow-up question by Council Member Vallone and then
25 Chair Levin.

2 COUNCIL MEMBER VALLONE: Just quickly,
3 and thank you. Dan, maybe we can at the next
4 taskforce meeting have that demonstration. I think
5 that would be a perfect way to talk about the case
6 management, the changes with APS Net, the future of
7 what's coming. I think there's a lot of information.

8 DANIEL TIETZ: Yeah, we can. It would
9 take about an hour maybe. We could do--we could
10 bring you a Power Point and show it to you.

11 COUNCIL MEMBER VALLONE: Well, the good
12 thing about our taskforce is the first citywide, I
13 guess, MDT that we're going to try to expand. We
14 will continue with Chair Levin and Chair Chin on
15 trying to have the city enhance and embrace what
16 we're already doing on the private level and try to
17 bring that to all five boroughs. But what Chair
18 Levin brought up was very--

19 DANIEL TIETZ: [interposing] If I may, I
20 might even offer that you meet next then at our
21 office, because it will be easier for us to show it
22 to you. So, we can make that arrangement.

23 COUNCIL MEMBER VALLONE: As long as
24 you're providing coffee, then I'm coming.

2 DANIEL TIETZ: I wish they provided us
3 coffee.

4 COUNCIL MEMBER VALLONE: We will be there.
5 But I think one of the things that came out was
6 expanding the city's ability to not so much advertise
7 but make people know that these services are aware.
8 So I go to you, Caryn, on my Intro 802. I think the
9 senior emergency card was a call for action. So, if
10 we were to include both agency's critical contact
11 information, whether it's financial abuse as well as
12 somebody putting the information about the person in
13 concern, you're really reaching the entire population
14 and giving them an opportunity to voluntarily provide
15 that information. Now you have first responders
16 relying on that, and I think the argument of the data
17 being out of date within two or three years is not
18 enough not to do it. I think it's important to have
19 and get people thinking about that they need to get
20 this information about somebody in need to put that
21 information down, have it accessible whether somebody
22 walks in the doors, somebody who's visiting, whether
23 it's 911 or for a database to be kept by the city
24 that now we have these folks with some basic
25 information. Now you can say we gave them the APS

2 hotline. We gave them the DFTA hotline, and we asked
3 them to put that information down. It's a further
4 progressive approach instead of a reactionary
5 approach on trying to reach people before they need
6 that help. So, I really implore all of us to look at
7 that card and whether we keep a database with that
8 also, I think it'd be important. What did--how many
9 years ago did that one go out that you brought today?

10 CARYN RESNICK: I think it was in 2008--
11 2009.

12 COUNCIL MEMBER VALLONE: Yeah, so we need
13 a revamp. We need a redo.

14 CARYN RESNICK: Okay.

15 COUNCIL MEMBER VALLONE: I think that
16 would be a perfect way to start on it. Thank you,
17 Chairs.

18 CHAIRPERSON LEVIN: Thank you, Chair
19 Vallone. I just had a couple of other questions about
20 housing and Housing Court. First, does NYCHA alert
21 APS when a senior is at risk of being evicted that
22 lives in a NYCHA development?

23 DANIEL TIETZ: I'm not sure. You know, to
24 the degree that we have staff in the Housing Courts
25 and we regularly get referrals from the judges and

2 the court personnel. So we are present in each of
3 them, and our--in fact, making improvements in
4 staffing changes and additions in each of those. So,
5 we actually did notice often times now earlier than
6 we had in the past. So, we have a fair bit of back
7 and forth with NYCHA once we know of the matter.

8 CHAIRPERSON LEVIN: Right, but would you
9 like--I guess, would you like to receive a
10 notification from NYCHA if it's--

11 DANIEL TIETZ: [interposing] I couldn't
12 tell you that--

13 CHAIRPERSON LEVIN: a senior that's being
14 evicted, you know, someone over the age of 62 is
15 being evicted?

16 DANIEL TIETZ: It isn't so much in my
17 area, so I couldn't answer the question, but we can
18 get you the answer to the question. It may be the
19 case that we already know that. I just don't know
20 that.

21 CHAIRPERSON LEVIN: Okay. Right, because
22 you're not doing the referrals, but I'll have to ask
23 NYCHA that.

24 DANIEL TIETZ: Yeah.
25

2 CHAIRPERSON LEVIN: It should be
3 happening that at least it's flagged that--there's no
4 reason why a senior citizen should be being evicted
5 from NYCHA, and if that's happening, obviously it may
6 require some intervention of some sort. At the very
7 least, APS should know about it.

8 DANIEL TIETZ: Yeah, for the APS cases,
9 it's very--I mean, obviously we have a--there's a
10 system for that and they know it certainly as well as
11 anybody. The NYCHA social worker as well will of
12 course refer folks to us, both those that they
13 believe could be APS eligible as well others who have
14 needs.

15 CHAIRPERSON LEVIN: Right.

16 DANIEL TIETZ: And in most--and I believe
17 that we're hearing about anybody who's above 60/62,
18 but I just have to confirm it since it's actually not
19 in my area, and I don't--

20 CHAIRPERSON LEVIN: [interposing] Okay, I
21 mean, I would press. I mean, I will press for NYCHA
22 to have a policy about it, because I don't--you know,
23 there are some very good social workers at NYCHA.
24 There are some that are not as good, and I wouldn't
25 want to leave it to an individual's discretion

2 whether or not it's getting to the right people. In
3 terms of Housing Court, how many individuals in the
4 last year has APS petitioned for our guardian ad
5 litem in Housing Court, in any of the Housing Courts
6 throughout the five boroughs?

7 DANIEL TIETZ: I'd have to get you the
8 data. I can tell you that we get a fair number of
9 referrals, and I just don't have all of them. I don't
10 have all that data in front of me. Again, it'll be
11 easier for us to do it from the beginning of this
12 calendar year because of APS Net than it would have
13 been previously, but we can certainly look.

14 CHAIRPERSON LEVIN: And then what are the
15 challenges that APS faces particularly with an
16 eviction proceeding when they apply for guardianship?

17 DANIEL TIETZ: So, it depends on where it
18 is in that process. Our goal at HRA, broadly
19 speaking, with regard to homelessness prevention is
20 to get the landlord/tenant cases for folks who look
21 like they may be at risk and in generally speaking
22 for seniors as soon as possible upon filing. So, one
23 of the purposes of having HRA staff in the Housing
24 Courts is to see those matters, to see those
25 individuals, to hear about those cases sooner rather

2 than later. We think its bad news for us to get them
3 at the point at which a Marshall is now referring a
4 matter to us. That's the end of the process. The
5 eviction's already been ordered, and we're, you know,
6 the Marshall's asking us to take a look at those
7 cases to determine whether or not they're APS
8 eligible. Many, in fact, most are not. Most are not
9 APS eligible. They have an arears problem or they
10 have some issue with regard to their housing, but
11 it's actually not an APS matter. Now, that doesn't
12 mean that we don't assist them. As you know, we're
13 doing a great deal more rental assistance in the last
14 nine months.

15 CHAIRPERSON LEVIN: But then is that
16 coordinated through a Home base provider? Is it
17 coordinated through an HRA social worker that's
18 helping with LINK?

19 DANIEL TIETZ: Yes, yes. Yep. Every
20 option you can imagine. So, there's a bunch of
21 things. So, for example, if the referral was made by
22 DOI to APS and then we went and had a look and said,
23 "Oh, they're not eligible, but they need some
24 assistance with regard to their rent." We initiate
25

2 the application for the public assistance to get them
3 the arears, to get the arears paid. So--

4 CHAIRPERSON LEVIN: [interposing] It
5 should be like for arears, for like the City FEPS or
6 something like that?

7 DANIEL TIETZ: We may use City FEPS. We
8 may use one of the LINK programs. With seniors LINK
9 IV probably is the most--

10 CHAIRPERSON LEVIN: [interposing] Right.

11 DANIEL TIETZ: likely fit. And in other
12 instances it may simply be an emergency, you know,
13 one shot deal. So, and then we'll also assist them.
14 So this is now more not on APS. APS may have
15 initiated the process to do that, but because they
16 are not otherwise eligible, their issue was they had
17 an arears problem and they're facing eviction, not
18 that they had the other criteria with regard to APS
19 eligibility. So, APS won't keep those cases, they'll
20 pass them off to elsewhere in HRA and then
21 homelessness prevention. So, Bruce Jordan's [sic]
22 area then will then further assist them with regard
23 to paying the arears and helping them if not to
24 relocate, then how do we figure out a plan for the
25 way forward for you pay your rent going forward. And

2 we may be a piece of that paying your rent and going
3 forward. So, again, LINK IV or City FEPS, what have
4 you?

5 CHAIRPERSON LEVIN: Right. Do we have a
6 latest kind of year to date on LINK IV?

7 DANIEL TIETZ: I don't--you know, LINK IV
8 is actually DHS, but we can get it for you.

9 CHAIRPERSON LEVIN: Okay. I'd be
10 interested to see that relation, you know, how the
11 mechanics of that relationship and making sure that
12 that is happening seamlessly. And then with regard
13 to the petition for guardianship, we've heard from
14 advocates that it would be preferable to have a stay
15 on proceedings in Housing Court once APS, HRA has--

16 DANIEL TIETZ: [interposing] There is.

17 CHAIRPERSON LEVIN: There's a total? SO
18 that's the case now, there's a stay?

19 DANIEL TIETZ: You know, we--obviously,
20 there's, you know, judges are individuals too.

21 CHAIRPERSON LEVIN: Right.

22 DANIEL TIETZ: And there's variability,
23 but as a general rule, if APS says that we're
24 assessing a case or we're in some fashion involved,
25 there's a stay.

2 CHAIRPERSON LEVIN: Okay.

3 DANIEL TIETZ: It's very--I mean, it's
4 exceedingly rare that a judge doesn't like let us
5 finish our work.

6 CHAIRPERSON LEVIN: Even after the
7 Marshal's notice, the marshal is involved? This is--

8 DANIEL TIETZ: [interposing] Yes, yes.

9 CHAIRPERSON LEVIN: well under way.

10 DANIEL TIETZ: If we inform the court
11 that the marshal has referred the matter to us and
12 we're having a look at it, usually that's--it's
13 stayed until we come back to them.

14 CHAIRPERSON LEVIN: It's at the judge's
15 discretion, but it's the common course of action?

16 DANIEL TIETZ: Yes.

17 CHAIRPERSON LEVIN: Okay. Okay. You
18 know, ultimately, I want to see more funding for APS.
19 I want to see lower caseloads. I want to see more
20 resources. We want to see as much collaborative
21 training as possible. We're hoping that that's some
22 of the recommendations that are coming out of this
23 study. Obviously, as much coordination and
24 communication between DFTA and APS, but ultimately I
25 think that resources need to be there, and that

1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 117
2 requires a commitment by City of New York to provide
3 those resources. I'll turn it back over to my Co-
4 Chair.

5 CHAIRPERSON CHIN: We will follow up with
6 questions that we've asked to make sure that we can
7 get those statistics that we asked for.

8 DANIEL TIETZ: Yes, absolutely.

9 CHAIRPERSON CHIN: And we thank you very
10 much for testifying today.

11 DANIEL TIETZ: Thank you.

12 COUNCIL MEMBER VALLONE: Thank you very
13 much.

14 CHAIRPERSON CHIN: We're going to follow
15 with an opening statement from Council Member Wills
16 on your Resolution.

17 CHAIRPERSON LEVIN: So, we'll hear an
18 opening statement from Council Member Wills on the
19 Resolution 656, and then we'll hear public testimony
20 on both matters.

21 COUNCIL MEMBER WILLS: For some time now
22 the committee has heard about many systemic issues
23 plaguing the city's childcare providers that offer
24 Early Education services to the children of working
25 families which include among them inadequate

2 reimbursement and impractical 100 percent enrollment
3 requirement and pay disparity and lack of benefits.

4 After months of calling upon the Administration to
5 remedy these issues, the Mayor's Early Care and

6 Education Taskforce recently submitted a [inaudible
7 02:13:04] series of recommendations designed to

8 tackle these problems and his members are to be
9 applauded for their work on the report. As we wait

10 to hear from the Administration on how exactly it
11 would be implemented in the taskforce

12 recommendations, the Council has taken action to
13 shore up the city's providers. We continue to falter

14 under the rigid constraints of our Early Learn NYC
15 system. As a means of bullying these providers and

16 expanding access to subsidized childcare, we have

17 sponsored a Resolution 656 that calls on the State to
18 modestly raise the income eligibility threshold for

19 such care to levels that would exceed the current
20 guidelines and allow a greater share of our working

21 families' children to receive these services. I

22 thank Chair Levin for both calling this hearing and
23 for his co-sponsorship of this resolution as well as

24 the support we have received from many other members
25 in the council. This legislation is not a cure-all.

2 The problems affecting our city's providers run much
3 deeper than this resolution is intending to address,
4 but it is a testament to our continued commitment to
5 achieve a comprehensive solution to this crisis. I
6 would like to thank Andrea Vasquez, the Counsel,
7 Tanya Cyrus [sp?], Policy Analyst, Brittany Moressi
8 [sp?], Finance Analyst, Paul Stromm [sp?], and my
9 Legislative Director, Brandon Clark for bringing this
10 to a reality today. Thank you.

11 CHAIRPERSON CHIN: Thank you, Council
12 Member Wills. We're going to call up the next panel,
13 Benjamin Shipley [sp?] from the Manhattan Borough
14 President's Office, Florian Edwards from JASA Adult
15 Protective Services, and Andrea Cianfrani from LiveOn
16 New York.

17 BENJAMIN SHIPLEY: Good afternoon. My
18 name is Benjamin Noah Shipley and I'm here
19 representing the Manhattan Borough President Gale A.
20 Brewer. I'd like to thank Chair Levin and the
21 Council Members on the Committee of General Welfare
22 for the opportunity to testify today. With Chair
23 Levin, we are proud to have introduced Introduction
24 89-2014, which would require the Department of Social
25 Services to provide semi-annual reports to the

2 Council setting for certain specific information. I
3 believe that it is the government's responsibility to
4 address the needs of everyone, especially our most
5 vulnerable populations. Adult Protective Service, or
6 APS, is a crucial part of the system designed to
7 provide such protection. This bill is designed to
8 provide the body of information necessary to make
9 sure it is fulfilling its role. Specifically, Intro
10 89 would require the Commissioner of the Department
11 of Social Services and Human Resources Administration
12 send the Council semi-annual reports regarding the
13 status of applicants who are denied eligibility for
14 APS services. These reports would include total
15 referral numbers, the source of each referral, the
16 number of referrals deemed ineligible for service,
17 and the reasons why each case was deemed ineligible,
18 as well as other important tracking information.
19 This information would enable the council to identify
20 where geographically and otherwise the most
21 vulnerable populations are growing and what problem
22 stand between those New Yorkers and the assistance
23 that they need. These adults, many of whom are older
24 with a range of disabilities are in a especially
25 vulnerable and often overlooked part of our

2 neighborhoods and communities. Susceptible to both
3 mental and physical health problems, they are often
4 the target of unfair business practices, abuse and
5 harassment, and their conditions often make it
6 difficult for them to fight back. The right to live
7 safely and independently in one's home provides
8 stability without the risk of eviction. Over the
9 years, my City Council and Manhattan Borough
10 President staffs have worked collaboratively with APS
11 to help many constituents stay in their homes.

12 Otherwise, they may have become dependent on the
13 shelter system. For example, three days before he was
14 to be evicted from his apartment, a man I'll call
15 Vincent was referred to my office by Pelante [sic]
16 Harlem, a nonprofit neighborhood housing assistance
17 organization. Vincent had previously sought
18 assistance from Peladia [sic] and One Shot, two
19 alternative HRA emergency aid services, and had been
20 denied assistance by both. Within a day, Resalbo
21 [sic] Rodriguez of my office reached out to the Human
22 Resources Administration and APS on his behalf. With
23 the financial management and assistance that Vincent
24 receive from APS, he was able to avoid eviction and
25 he is still living in the same apartment today.

2 Vincent's story is a great example of the critical
3 services that APS can provide to our most vulnerable
4 New Yorkers. But it also highlights the fact that
5 without the collaborative efforts of APS, my office
6 and Pelante [sic] Harlem, Vincent would almost
7 certainly have been evicted after having been denied
8 assistance by two other HRA programs. I recommend
9 that for the Intro 89 be amended to include reporting
10 on referrals to these programs and outcomes. This
11 bill provides data necessary to the Council's
12 oversight role in assessing how effectively our city
13 programs are working together under the same agency
14 umbrella. By reviewing the Commissioner's report,
15 the City Council can ensure that APS receives the
16 funding that it needs and that it is providing the
17 services those funds were allocated for. As I stated
18 earlier, the tracking data related to each case would
19 garner important information that could reveal at-
20 risk neighborhoods or trends that may necessitate a
21 broader policy review. The reporting required by
22 this bill would go a long way to help improve the
23 lives of one of New York's most vulnerable and
24 overlooked populations. Thank you again for the
25 opportunity to testify. We are honored to have

2 introduced Intro 89 with Chair Levin, and I urge the
3 committee to vote in favor of the bill.

4 CHAIRPERSON CHIN: Thank you. Next,
5 Andrea?

6 ANDREA CIANFRANI: Thank you. My name is
7 Andrea Cianfrani. I'm the Deputy Director of Public
8 Policy at LiveOn New York. We are a membership
9 organization that represents over 100 members that
10 serve over--programs that serve over 300,000 seniors
11 annually. I'm sorry I stepped out for a moment. I
12 was--you probably saw several of our seniors here
13 from one of our senior centers in Brooklyn, so I
14 wanted to make sure they were--said goodbye and they
15 were very happy to be here to show support for the
16 initiatives put forth today that support many of our
17 seniors in New York. I'd also like to mention LiveOn
18 New York has an elder abuse coalition. So we're very
19 focused on these issues, and thank you so much to
20 Council Member Vallone for bringing this to a
21 taskforce and inviting us to be a part of it. We're
22 very happy to be a part of this. We also are very
23 proud to have been asked very recently by the NYPD to
24 help produce a training video on elder abuse that
25 will be shown to officers during roll call. So we

2 have been very involved in putting together that
3 video and are in the--moving into the production
4 stage of that. So, it's very exciting, which we'll
5 continue to share that information with you as part
6 of that taskforce. We've involved many members
7 across the board as far as elder abuse providers,
8 DA's offices and everybody that should have a voice
9 in that video. So, I just wanted to let you know
10 about that. We're very pleased that the City Council
11 is making a very serious investment as well as the
12 Administration in both funding for elder abuse
13 services as well as meaningful policy reforms to take
14 a look at this issue. I know that the under the radar
15 study has been cited many times and it's a very
16 helpful study. You know, a few things I wanted to
17 highlight from that study is, again, one out of 24
18 cases is reported on elder abuse, but if you look
19 more closely at financial elder abuse, that number
20 rises to one in 44. So it's a really important issue
21 as far as looking at serious reforms to address
22 financial elder abuse. Another note that the MDT's
23 and others will be able to speak more specifically on
24 is that the financial elder abuse cases and
25 exploitation cases are extremely hard to both prove

2 and to recover funding on. So, while they might
3 proceed through the channels, the older adult is
4 often left with really nothing left, and it's very
5 hard to recover funds. The other final thing I'd
6 like to highlight on data is in addition to that
7 under the radar study, which is very important, the
8 State has also very recently undertaken a study, it's
9 the Office of Children and Family Services of the
10 State. They released some preliminary data back in
11 September. We're waiting for the final study, but
12 the main point is that it places the cost of
13 financial exploitation to the state at a much, much
14 higher rate than had previously been estimated. The
15 Met Life study that's commonly looked at as far as
16 putting a price on the cost of financial exploitation
17 is 2.9 billion nationally. Preliminary results that
18 they discussed was 1.7 billion to the State per year.
19 So, I see my time is out, and I'm glad I got that
20 information out. We have some specifics on the
21 initiatives that is in our written testimony, but we
22 would just like to support an investment in
23 meaningful policy and these initiatives, and our
24 specific support and recommendations are a part of
25 our written testimony. So, thank you.

2 COUNCIL MEMBER VALLONE: Just a quick
3 question if I could. Would you see anything that was
4 said today that you would recommend that would be
5 proactive that APS could do and based on policies
6 you've done to reduce increasing demand that's
7 flowing to APS now?

8 ANDREA CIANFRANI: I think one of the
9 things that you look at in the Res regarding the
10 financial records, we actually are supporting very
11 broader--a little bit of a broader state policy or
12 state legislation that Commissioner Tietz actually
13 mentioned in his testimony. It was sponsored by
14 Senator Valesky. It also--it creates a more open and
15 streamlined protocol for the sharing of records from
16 financial institutions to APS. I think that that is
17 a very important part of both addressing and being
18 more proactive. A lot of times the APS workers are
19 unable to get the records that they need to actually
20 push forward with a case, and it's kind of a circular
21 problem that they can't get the records, and
22 therefore, they can't prove the case, but they can't
23 prove the case because they can't get the records.
24 So, I think that would help in a proactive
25 environment. I think training is always welcomed as

2 well, you know, if it's funded. I think that training
3 needs to be culturally sensitive. It's something
4 that we find a lot in elder abuse situations, and it
5 really needs to be targeted at the relevant audience.
6 So, I think that those are two key initiatives that
7 you've put forward that could be very helpful in
8 increasing the amount of reporting and helping people
9 understand what to look for. Again, with the work
10 that we've been doing with the NYPD that's--and the
11 funding that's both City Council has put forward as
12 well as the Administration in the elder abuse
13 contracts is vital to be able to have case workers
14 and trained individuals out there working with the
15 seniors to be able to understand the signs, not just
16 the fact that this is under-reported crime. It's
17 different. People need to understand how to look for
18 it and what to see. Sometimes it's looked at as
19 just, you know, something that's happening. So
20 that's part of actually just recognition.

21 COUNCIL MEMBER VALLONE: That's why we're
22 very happy our Public Safety Chair is sitting here to
23 listen to this, because I know she's a big advocate
24 on making sure we spread these type of services and
25 informational programs out there to reduce senior

2 abuse. And thank you also for helping out on the
3 taskforce and this committee. We appreciate it.

4 ANDREA CIANFRANI: You're welcome. Thank
5 you for having us.

6 CHAIRPERSON CHIN: Andrea, can I just ask
7 you a question? In terms of the video that you are
8 working on, has APS or DFTA also provided some
9 technical assistance, or?

10 ANDREA CIANFRANI: The NYPD came to us
11 through our work with Deputy Commissioner Herman as
12 part of her taskforce, and they came to us and we
13 worked with our elder abuse coalition. DFTA is part
14 of that taskforce. APS is part of that taskforce.
15 So what we do is we pull together our elder abuse
16 providers, the DFTA-funded contractors. We pulled
17 together people from APS and we meet regularly to
18 develop the--right now, we're in the middle of
19 developing that content. It was an eight minute
20 video which now seems like it's being toned down to a
21 three minute video. So you can imagine, we started
22 out with about 25 pages of content and worked very
23 closely with the production team at the NYPD who's
24 been wonderful saying, "That's probably a little long
25 for eight minutes, let alone three." So we are

2 working through that, but we've had input from all
3 the possible audiences, and we were very focused on
4 making sure we were working with the end user, which
5 is the NYPD to make sure that it was relevant to the
6 audience that we will be preparing it for. So we
7 tried to be very thoughtful about how we're putting
8 together that, and have been very fortunate to work
9 with DFTA and HRA on that as well.

10 CHAIRPERSON CHIN: Good. We look forward
11 to the screening.

12 ANDREA CIANFRANI: Thank you.

13 CHAIRPERSON CHIN: Thank you for
14 testifying today. We'd like to call up the next
15 panel. Raymond Casma [sic] from Integrative Senior
16 Services, Claudia--is it Ott [sp?] or Dott [sp?]?
17 Justin Lim from Legal Aid Society. If you're
18 testifying, make sure you've filled out a slip,
19 because I only have three names, Justin, Claudette
20 and Raymond. Okay, you may begin.

21 [off mic]

22 JUSTIN LIM: Good morning. My name is
23 Justin Lim. I'm a Staff Attorney at the Legal Aid
24 Society's Brooklyn Office for the Aging, and I'm here
25 to deliver testimony on behalf of the society with

2 regards to the proposed reforms to APS. These
3 reforms are a welcomed development for legal service
4 providers for the senior population, and I want to
5 thank the Council Members for their efforts in
6 finding protective measures for those who are most
7 vulnerable to the devastating impacts of evictions
8 from ones homes, financial and emotional abuse at the
9 hands of third parties, and the lack of access to
10 necessary health services and government benefits.
11 The Legal Aid Society is the nation's oldest and
12 largest not for profit provider of legal help for
13 vulnerable low income children and adults. The
14 society handles over 300,000 individual cases and
15 legal matters each year with the focus on enhancing
16 family stability and security through a network of
17 neighborhood offices and citywide special projects
18 operating in all five boroughs of the city. The
19 society's civil practice helps vulnerable families
20 and individuals with an expansive variety of
21 problems. As the legal services office, we have
22 limitations in place that can prevent us from
23 addressing deeply entrenched and complicated
24 challenges faced by vulnerable seniors without the
25 assistance of APS. For example, our office could not

2 provide deep cleaning services or long-term financial
3 management. We often cannot petition for an Article
4 81 guardianship on behalf of our clients, and these
5 limitations require us to rely on and work with APS
6 on the most vulnerable of cases. Unfortunately,
7 despite the need for APS services on many of the
8 cases that we see, these services are often not
9 forthcoming or are poorly or inadequately delivered,
10 and in some cases we have observed APS involvement
11 worsen a situation. The most frequent complaint we
12 hear among our staff is APS's refusal to get involved
13 in a case if legal services are already being
14 provided without consideration for the dire need of
15 other services that cannot be provided by a legal
16 services agency. It is these services that will
17 ultimately provide long-term stability to a client.
18 We also see APS mistake the sources of instability
19 such as financial or emotional abusers as responsible
20 persons in a senior's life. As a result, APS
21 abandons these individuals when they are in most need
22 of their services. Based on our experiences with APS,
23 it often seems as though APS will not get involved in
24 a case until a client is on the brink of eviction
25 forcing the expenditure of months, if not years, of

2 wasted resources. To illustrate the problems we've
3 seen with APS, I'd like to describe a recent case our
4 office worked on so to highlight how critically
5 important it is for reforms to be put in place. Mr.
6 S's case was referred to us through the Assigned
7 Counsel Project. Mr. S was a frail 81-year-old
8 veteran with significant memory problems and no
9 family or support networks. He faced eviction based
10 on the nonpayment of rent from a very affordable
11 senior housing apartment. When we investigated his
12 case we were surprised to learn that APS had been
13 involved for a year and a half, and there had been
14 two separate Housing Court cases commenced against
15 him. It took until June of this year for financial
16 management to be taken place, and you know, during
17 the cleanup--during this time there were other church
18 members of Mr. S who were getting involved when APS
19 wouldn't. It took a lot of advocacy on the part of
20 Legal Aid Society, but finally in this month, more
21 than two years after APS initially opened the case,
22 financial management was put in place. We commend
23 the council's efforts in drafting laws that will
24 assist in reforming APS services so that seniors like
25 Mr. S are provided with needed services in an

2 effective and cost-saving manner. Thank you for your
3 time.

4 CLAUDETTE DUFF: Good afternoon. My name
5 is Claudette Duff. I'm the founder and director of
6 Integrity Senior Services. I begin by thanking
7 Councilwoman Chin and Vallone for leading this effort
8 and to all the Council Members who are present today
9 for bringing this very, very important issue to the
10 floor. Also, I acknowledge and thank the brave men
11 and women case workers who work for APS who goes out
12 into the field each days at times encountering
13 dangerous and unhealthy condition and how try to help
14 us seniors the best they can with what many describe
15 as their hands tied behind their backs. Our agency,
16 Integrity Senior Services, was founded in 2004 to
17 meet the needs of the then emerging homebound
18 population's need for in-home mental health services.
19 We started--sorry. We started in Staten Island and
20 recently has grown to include all five boroughs and
21 we have outer counties. From the beginning, it did
22 not take long for us to realize that we had our job
23 cut out for us, because mental health was only one
24 part of the big problem that we were to encounter.
25 We frequently encounter seniors living in deplorable

2 conditions, deplorable and unhealthy conditions,
3 elders who are being exploited and abused by family
4 members, friends, neighbors, and mail/phone scams.
5 What was even more surprising was that almost all of
6 these elders had a history with APS, and were deemed
7 to have capacity and therefore not eligible for their
8 assistance. It did not take long before our agency
9 started taking on many of these issues. First,
10 hoarding and hoarding clean-up, then case management,
11 and more recently Article 81 guardianship. Ms.
12 Danielle Johnson at my right will give an example of
13 a case in which I ended up sacrificing my own liberty
14 to rescue a senior. Yes, I was arrested and sent to
15 jail overnight. And to my left, Raymond Casma will
16 give an example of some possible solutions to the
17 problem.

18 DANIELLE JOHNSON: This client was
19 diagnosed with vascular dementia and was engaging in
20 risky behaviors and being financially exploited for
21 over a year. The weeks leading up to Ms. Duff's
22 arrest by the police were the most frightening to
23 everyone concerned about the client's wellbeing.
24 This included two social workers making weekly
25 visits, adult protective services, longtime friends,

2 her landlord, and her neighbors. The client was
3 hospitalized four weeks prior and Ms. Duff was
4 contacted by the hospital social worker who expressed
5 concerns about sending the client back into the
6 community to live on her own.

7 CHAIRPERSON LEVIN: Sorry to interrupt.

8 Can you intro--

9 DANIELLE JOHNSON: I'm sorry.

10 CHAIRPERSON LEVIN: Can you say your name
11 for the record, please?

12 DANIELLE JOHNSON: Danielle Johnson from
13 Integrity Senior Services. Ms. Duff had received--
14 I'm sorry. However, the client was discharged back
15 into the community on her own without a discharge
16 plan. Ms. Duff had received a call from one of her
17 social workers stating that the client was discharged
18 home with a young woman that she had met in the
19 hospital waiting room. A few days later, Ms. Duff
20 was informed by a social worker that the client's car
21 was stolen three days prior by that same young woman
22 who was staying at the apartment. Realizing that the
23 client was at risk, Ms. Duff immediately went to the
24 client's apartment. When she arrived, she was told
25 that Adult Protective Services was there the day

2 before. She contacted the APS worker who came to the
3 house. The APS worker stated that the client was
4 already evaluated by them and was deemed to have
5 capacity, and therefore not eligible for Adult
6 Protective Services. Following this, Ms. Duff
7 contacted the police who came to the home to take a
8 report. However, because the client was deemed to
9 have capacity when she gave the young woman her car
10 keys three days prior to go and buy a cup of coffee,
11 the charge was for unauthorized use of the vehicle
12 instead of theft. That night, Ms. Duff received
13 several calls from the client stating she didn't feel
14 safe at home and she was afraid that the young lady
15 and her male friend would return home and hurt her in
16 some way. Ms. Duff got into her car, drove the
17 client to a safe house where she stayed for two
18 nights. Two days later the young woman contacted the
19 client on her cellphone, promised to return the
20 client's car if she returned to her apartment. The
21 client returned to the apartment on her own and
22 waited all day for her car. The car was not
23 returned. The client received a 2:00 a.m. phone call
24 instructing her to take a cab from Staten Island to
25 Brooklyn. When she arrived in Brooklyn, the client

2 was robbed of all of her cash that she had had before
3 the car was even returned to her, and then she drove
4 back to Staten Island on her own at 4:30 a.m. During
5 the two days that the client spent in the safe house,
6 Ms. Duff had petitioned the courts to appoint an
7 emergency temporary guardian for the client. The
8 court had agreed the client had in fact lacked
9 capacity and appointed a guardian. This guardian
10 then requested that Ms. Duff call 911, have the
11 client taken to the hospital. So when the client had
12 returned home with her car, Ms. Duff went to the
13 client's home with court papers and called 911 to
14 escort the client in the ambulance as per the request
15 of the guardian. When the ambulance and the police
16 officers arrived immediately--sorry--the police
17 officers arrived. They immediately became hostile
18 towards Ms. Duff questioning her legitimacy and
19 immediately decided they were not going to take the
20 client to the hospital. Ms. Duff presented her
21 business cards, explained that she was the client's
22 social worker and was sent to the house as per the
23 request of the guardian. Ms. Duff tried to explain
24 to the police officers and the EMT's what had been
25 going on, but they refused to cooperate despite the

2 request form the guardian. The police officers
3 continued to question Ms. Duff's legitimacy for
4 several hours and subsequently arrested her on the
5 scene. She was taken to the precincts holding cell
6 for the night and the client was left alone and was
7 continued to be abused by individuals in the
8 community for several months until this guardianship
9 was actually recognized.

10 RAYMOND CASMA: My name is Raymond Casma.
11 I'm one of the counselors working with Claudette at
12 Integrity Senior Services. Given the growing size of
13 the elderly population and the declining mental and
14 physical functioning that accompanies aging, and
15 given the growth and cognitive impairment among the
16 elderly due to Alzheimer's or other dementias making
17 them even more frail and more limited in functioning,
18 and given that the cognitively impaired elderly are
19 at more risk of suffering abuse, neglect and/or
20 exploitation, we have three recommendations that we
21 suggest. The first, that protective services be
22 expanded to include a separate division for those
23 over the age of 65, a Senior Protective Services,
24 SPS, if you will. Such a separate specialized
25 division will best provide the needed protection for

2 those elderly who are unable to meet their essential
3 needs who are in actual threat and harm. The second
4 suggestion going along with that is that specialized
5 training be provided to these workers so that they
6 will fully understand the difficulties and problems
7 faced by the elderly, especially those suffering any
8 cognitive impairment from Alzheimer's or other
9 dementias. Such training will best ensure a proper
10 sensitivity to the conditions of the person, allow
11 for respectful interaction with each person, and
12 provide the best possibility for the care and
13 protection of any at-risk seniors. And the third is
14 concerned with how to actually determine the capacity
15 of the individuals. And we think that determining
16 the decision-making capacity of the frail elderly
17 should best follow the guidelines described in
18 Article 81 of the New York Mental Health Hygiene Law,
19 namely that the "determination of incapacity shall be
20 based on clear and convincing evidence and shall
21 consist of a determination that a person is likely to
22 suffer harm because one, the person is unable to
23 provide for personal needs and/or property
24 management, and two, the person cannot adequately
25 understand and appreciate the nature and consequences

2 of such inability." So, in closing, we thank the
3 Council for giving us this opportunity to make this
4 presentation, for allowing us to add our voices to
5 this important discussion. We see the topic of
6 today's council hearing as a wonderful opportunity to
7 enlarge and refine the workings of protective
8 services for all in need, especially the vulnerable
9 senior population of our city. Thank you.

10 CHAIRPERSON LEVIN: Thank you very much
11 for this testimony, and I just have a--obviously,
12 that was a disturbing story. So, I just want to ask
13 about this. So, when did this occur, this incident?

14 CLAUDETTE DUFF: March 15th, 2013.

15 CHAIRPERSON LEVIN: Okay. March--sorry.
16 Can you say that again for the record?

17 CLAUDETTE DUFF: March 15th, 2013, a day I
18 will never forget.

19 CHAIRPERSON LEVIN: Subsequent to that,
20 has there been any follow-up interaction with APS
21 over how this case was handled both on the APS side
22 and obviously in what happened within the EMT and the
23 Police Department?

24 CLAUDETTE DUFF: Yes, I have a very good
25 relationship with the case workers in my communities,

2 the APS case workers I mean, and they are just as
3 frustrated as the rest of us. Due to the assessment
4 that's done, I think--

5 CHAIRPERSON LEVIN: [interposing] Capacity
6 assessment?

7 CLAUDETTE DUFF: Huh?

8 CHAIRPERSON LEVIN: The assessment of
9 capacity.

10 CLAUDETTE DUFF: The capacity assessment.
11 I think that there's a lack of understanding of the
12 nature of dementia. I think the criteria in which
13 they are basing dementia does not fit all people with
14 dementia. We now know that there are over 100
15 different types of dementia. For instance, most of
16 the clients that we have the most difficulties with
17 are people with vascular dementia, which can be
18 called frontal lobe dementia, which means that they
19 might know who the President is, they might know
20 their social security number, they might know a lot
21 of numbers, but those numbers were prior to the
22 stroke they had or a TIA, because their long-term
23 memory is still intact. So if you ask them, "What's
24 the name of the President?" they might be able to
25 tell you right away and run off other numbers. But if

2 you asked them what happened two minutes ago, they
3 might not be able to tell you that. So, I think that
4 that whole evaluation system needs to be revamped to
5 include people with different types of dementia and
6 what those entail in terms of functioning.

7 CHAIRPERSON LEVIN: I'm sorry to go back
8 to the individual incident, but this is an obviously
9 very disturbing. What was then the dis--I don't
10 understand how the Police Department or the officers,
11 police officers then arrested you of all people in
12 this equation, the one that's out there trying to
13 help this senior citizen. So was there a--I'm
14 assuming the charges were eventually dropped, and--

15 CLAUDETTE DUFF: [interposing] The
16 following day.

17 CHAIRPERSON LEVIN: Following day, and
18 were you--did they apologize, the Police Department,
19 for--was there a--

20 CLAUDETTE DUFF: [interposing] There was
21 no apologies. They stated that I was the mistake,
22 but I know that it was not a mistake, it was
23 deliberate, and by the way, that was the Friday
24 before this Council voted on oversee for the NYPD.
25 So, I think they were particularly angry that day

2 because the City Council office had also become
3 involved and was instructing them to take this lady
4 to the hospital, and I think that's when they decided
5 to put me in jail rather than taking the lady to the
6 hospital.

7 CHAIRPERSON LEVIN: I mean, obviously this
8 is a real injustice and I feel for the senior citizen
9 who was robbed. Was there ever--was the young woman
10 who had taken her car and had robbed her of her
11 money, was she ever prosecuted, or was there every
12 any follow-up on that?

13 CLAUDETTE DUFF: The police were also
14 aware of all of these crimes, but they were never
15 charged.

16 CHAIRPERSON LEVIN: Very disappointing.

17 COUNCIL MEMBER VALLONE: Thank you,
18 Chairs. You highlight--before you go. There are
19 thousands of stories like that, and they're all sad
20 and tragic because there's such a long process from
21 the time the first call was made to APS to the time
22 there's a guardianship determination, minimum six
23 months, and during those six months, the person's
24 life is in danger.

25 CLAUDETTE DUFF: Yes.

2 COUNCIL MEMBER VALLONE: So, you heard the
3 questions before when we trying to determine the
4 difference between a 24-hour emergency situation and
5 a 72-hour regular determination. I think more has to
6 be done to reclassify emergency situations, and I
7 think just for all of us there's always that balance
8 though between taking away someone's liberty and
9 giving an agency too much power, versus identifying
10 an emergency situation where they need that power.
11 So, on that line of reasoning, would you suggest or
12 embrace some type of additional tool that we could
13 create or legislate for APS upon an emergency
14 situation to give additional powers prior to the
15 determination of the guardianship?

16 CLAUDETTE DUFF: Absolutely.

17 COUNCIL MEMBER VALLONE: I think that's
18 critical. See, we're going to need your help,
19 because so few embrace that process. I mean, we can,
20 but beyond that it's very hard to explain why that's
21 necessary, but just like you gave a great expl--
22 possibility of the SPS, the Senior Protective
23 Services, I think this is something else I'd like to
24 work with you on creating or expanding emergency
25

2 services prior to a guardianship determination when
3 it's determined an emergency has been.

4 DANIELLE JOHNSON: And actually
5 establishing the criteria for the emergency. I was--
6 I found it very vague as to the--

7 COUNCIL MEMBER VALLONE: [interposing]
8 Yes.

9 DANIELLE JOHNSON: phone call has to
10 sound frantic for it to be an emergency. That's
11 actually extremely disturbing. There needs to be
12 actual guidelines what constitute the emergency, and
13 in my opinion, if APS is being called, it's an
14 emergency.

15 COUNCIL MEMBER VALLONE: I agree. Thank
16 you very much.

17 CHAIRPERSON CHIN: I have a question for
18 Mr. Lim. Thank you for your testimony. I was a
19 little surprised to hear that APS would not take
20 cases if the client have legal representation?

21 JUSTIN LIM: Yeah. So, often we hear
22 from an APS worker that they close cases because they
23 know that Legal Aid's involved, but then we have to
24 fight with the supervisor or someone to get the case
25 reopened because, you know, we can only provide a

2 limited amount of legal services, and there are all
3 these additional services that we can't provide. So,
4 we see that a lot, actually.

5 CHAIRPERSON CHIN: I would expect some
6 collaboration that if Legal Aid provide the legal
7 services, then they should work in partner with you
8 to access the other services.

9 JUSTIN LIM: Yeah, I mean, that's what we
10 try to do, but often times we're met with a lot of
11 resistance, more resistance than, you know, we
12 expect, because we want everyone to be working
13 together, you know. Financial management is
14 obviously something that, you know, we can't do, and
15 so that's one of the easiest ways we see it. But you
16 know, in that case with Mr. S, it really took over
17 two years for that to happen.

18 CHAIRPERSON CHIN: Okay. So I think maybe
19 the taskforce, Council Member Vallone, the taskforce
20 should look into this and see how we can really
21 improve that collaboration, because that should not
22 be, and they don't work with the Legal Aid.

23 COUNCIL MEMBER VALLONE: And those are
24 part of the things that we were really flushing out,
25 but I think I was pretty happy with how today started

2 with the legislation resolutions and brining this
3 after seven years back up to the forefront, and
4 that's--trust me, that's not going to go away. So, I
5 think we could all use your help in expanding this on
6 the taskforce for the next hearing that we'll have,
7 and we're going to keep these going until APS gets it
8 right. Thank you.

9 JUSTIN LIM: Thank you.

10 CHAIRPERSON CHIN: Thank you very much for
11 coming to testify today. Next, I'd like to call up
12 the next panel, Victoria Mitchell from District
13 Council 1707. G. L. Tyler [sic], Beverly Campbell
14 from Afro-American Parents, and also Monica Pringle
15 [sp?]. Oh, okay. Florian Edwards. Okay. Oh, okay,
16 well you still want to testify, I guess you can sit
17 out [sic]. Thanks. Ms. Mitchell, you can begin.

18 VICTORIA MITCHELL: Yes. Good afternoon.
19 Chairwoman Chin and Chairman Levin is not here.
20 Member of the Committee on General Welfare and Aging,
21 I thank you for continuing your stand on the
22 expansion of Early Childhood Education for children.
23 My name is Victoria Mitchell. I'm the Executive
24 Director for District Council 1707 ASME [sic], which
25 represent daycare workers across the city. I'm

2 speaking today in support of Resolution 656. On
3 behalf of District Council 1707, we thank the Council
4 for its stand on expanding members of the working
5 family eligible for safe, quality and affordable
6 childcare. This expansion will help New Yorkers
7 whose work keep our neighborhoods striving on our
8 economy growing. These parents are proud New Yorkers
9 who do not look for a handout by habit. We know they
10 need assistance to keep the children properly fed,
11 clothed and housed in one of the most expensive
12 cities in the nation. District Council 1707 supports
13 Resolution 656 amend the social service law in New
14 York State to raising the income eligibility for
15 childcare subsidies because that is the fix these
16 parents need. In order for New York City Early
17 Childhood Education to grow and to reach more
18 children, parents of limited means should not be
19 penalized because of artificial barriers in place,
20 which limit access and increase the private and for
21 profit childcare while public center offer in many
22 cases superior education and affordable childcare.
23 The savings from childcare will allow parents to
24 redirect their expense other family expenses.
25 Increasing the state income standard for subsidized

2 care, we have a tremendous effect on the number of
3 children served in communities across the city. Most
4 eligible parents will spend their income in areas
5 more necessary and discretionary. This is ultimate
6 to keep some centers open in communities that public
7 centers need assistance in recruitment. The
8 importance of Early Childhood Education is noted
9 across the globe. Now more people understand the
10 necessity of sharing young mind early, particularly
11 children who live in community of need. studies
12 confirm that Early Childhood Education provide a
13 greater took and skill to children who will go on to
14 graduate from high school, avoid incarceration and
15 are less likely to repeat grades in school. As the
16 City Council continue to innovate and grow, we must
17 continue to provide Early Childhood Education to our
18 children. They will live in a city which will look
19 very different than 20 years from now. As we engage
20 in the world economy, we should prepare our children
21 even in this early stage of phase of more
22 interconnected, innovative and intricate [sic] world.
23 This starts with life quality and affordable Early
24 Childhood Education. Thank you.

25 CHAIRPERSON CHIN: Thank you. Next?

2 BEVERLY CAMPBELL: Good afternoon. My
3 name is Beverly Campbell. I'm the Executive Director
4 of Afro-American Parents Educational Center
5 Incorporated. I just want to thank my councilman
6 Ruben Wills and the rest of the City Council for
7 bringing this resolution forward. Subsidized
8 childcare is a critical component to the survival of
9 working families in the lower income levels. It is
10 incumbent upon legislators, educators and working
11 parents to advocate for raising the poverty level in
12 order to ensure that low income families have equal
13 access to high quality subsidizes childcare programs.
14 Raising the poverty level would also benefit a
15 greater percentage of working families to become
16 eligible for subsidized care. Each year, I am forced
17 to turn away working families who do not qualify
18 under the current income guidelines. Parents who
19 receive subsidies also have advantage of supporting
20 their families by working instead of receiving
21 welfare. In New York City, one of the eligibility
22 requirements for a subsidized childcare is parental
23 employment. Raising the poverty level would certainly
24 benefit families who in the past exceeded the income
25 guidelines and therefore were denied the opportunity

2 to enroll their children in an affordable subsidized
3 program. Ultimately, all parents desire affordable,
4 accessible, high quality care for their children, and
5 I strongly support raising the poverty level in order
6 to have accomplished this. Subsidized childcare for
7 working families in the lower income levels must be
8 regarded as a high priority. Together, we can make
9 the difference by raising the poverty level and
10 employing low income families to become more self-
11 sufficient. Imagine a single mother with one child.
12 She works fulltime making 2,300 dollars a month
13 before taxes. The eligibility subsidy for a family
14 of two is 1,743. So she has to pay the full cost of
15 childcare for her three-year-old daughter. The cost
16 of her childcare amounts to approximately 592 dollars
17 a month, which is standard for a high quality run
18 childcare program and is equal to 25 percent of her
19 total income before taxes. After paying rent,
20 utilities, food, possibly car payment, and other
21 expenses, she has nothing left. Childcare and rent
22 now takes up the majority of her income, leaving her
23 without a safety net, a savings, or an emergency
24 fund. This only leaves her family vulnerable to
25 unexpected expenses that could catapult them into

2 utility disconnection, food insecurity or even
3 homelessness. Her risk of diving into poverty has
4 now increased. Thank you.

5 CHAIRPERSON CHIN: Thank you. We got your
6 message loud and clear. Thank you. Next?

7 MONICA PRINGLE: My name is Monica L.
8 Pringle. I'm the Montessori Education Director for
9 Saint Albin's [sic] Montessori Daycare Center, and my
10 daughter Vanessa Pringle, who is one of my many
11 students who attended my daycare center and school is
12 now the Executive Director. I would like to thank the
13 Chair, the honorable Stephen Levin and the General
14 Welfare Council Members for giving me the opportunity
15 to voice my gratitude on behalf of the working
16 parents who are not here today. It is refreshing to
17 see that this committee truly understands the
18 significance and reason why New York City has the
19 only childcare agency in the country. The saying
20 goes, "In order to achieve your future, you must know
21 your past." These young ladies. These young ladies
22 have given you a lot of information, but I guess I'm
23 here because I've spent more than 40 years and
24 therefore I'm here to share with you just a bit of
25 your destiny in the future timeline of the New York

2 City childcare history. You have and you will have
3 the opportunity to right so many errors for the
4 people that need you the most, our young scholars.

5 In 2012 you took a giant step of faith in your
6 commitment for your districts to maintain funding of
7 those programs that were only able to continue
8 operating through access to discretionary funds.

9 People were still able to continue to work, afford
10 childcare services, go to work, or still have a place
11 to work. You kept your communities intact and stable.

12 You are true representatives of the people that you
13 serve. You did what 46 young daycare boards and two
14 New York State legislators had to do on their own in
15 1976 through a protest and rally. To you, I say
16 thank you. Your innate understanding of the need for

17 childcare goes back further than that. In New York
18 City, Administration for Children Services, ACS, plan
19 March 15th, 2001 it states, "A brief history in 1941,

20 Mayor La Guardia educated, established the Mayor's
21 Committee on war time care for children to meet the
22 needs of working families." However, in my slate

23 [sic] the 1995 Sponsoring Board Guide, it states
24 that, "New York City was expanding as women joined
25 the workforce to increase the numbers." With these

2 changes, the numbers of public funded programs in New
3 York City increased and the total number of children
4 served increased as well. This committee understands
5 that the word family as referred to in March 2001
6 also symbolizes a family of a mother and child and
7 children referred to in 1995. I applaud you for
8 understanding the true meaning of family and that
9 working single mothers as well as some fathers are
10 among the large population of people who need quality
11 childcare education. Thank you. I'm glad I was here
12 to see this again.

13 CHAIRPERSON CHIN: Thank you for being
14 here today. Next?

15 G. L. TYLER: Good afternoon. My name is
16 G. L. Tyler, Political Director for District Council
17 1707. Since my Executive Director has already spoken
18 and my remarks will only mirror that, for expediency,
19 I'll go to the next speaker.

20 CHAIRPERSON CHIN: I thank you for being
21 here, and I thank District Council 1707 for taking
22 great care of our children. Florian Edwards from
23 JASA?

24 FLORIAN EDWARDS: Hi, good morning. Good
25 morning, Council Member Chin and Council Member

2 Vallone. My name is Florian Edwards. I'm JASA's
3 Senior Adult Protective Services program director.
4 For over 45 years JASA has provided programs and
5 services to improve the lives of older adults
6 throughout New York City. I would like to thank the
7 New York City Council, the Committee on General
8 Welfare and the Committee on Aging for providing the
9 opportunity to present testimony on reforming Adult
10 Protective Services in New York City. JASA is a
11 publicly funded not for profit agency serving the
12 needs of older adults in the greater New York City
13 area. Its mission is to sustain and enrich the lives
14 of the aging in the New York metropolitan area so
15 that they can remain in the community with dignity
16 and autonomy. JASA has developed a comprehensive
17 integrated network of services that provides a
18 continuum of community care including case
19 management, housing, licensed mental health services,
20 legal services, adult protective services, homecare,
21 senior centers, social adult daycare, and special
22 services for caregivers and victims of elder abuse.
23 An integral component in its continuum of community
24 based programs is JASA's Adult Protective Services
25 which was initiated in 1989 through a contract with

2 the New York City Human Resources Administration.

3 Today, JASA provides adult protective services

4 throughout Manhattan, Brooklyn, Queens, and the Bronx

5 and serves approximately 2,400 vulnerable New York

6 City residents every year. JASA supports the

7 proposed amendment to the administrative code of the

8 City of New York to provide training to New York City

9 employees and city contracted agencies on adult

10 protective services. The proposed trainings will

11 raise awareness of the needs of the vulnerable

12 adults, and as a result lead to increased

13 identification of individuals at risk in the

14 community. It has been JASA's experience that many

15 community service providers are neither aware of APS

16 eligibility criteria, nor of the program scope of

17 services. This can lead to frustration for the

18 referral source when ineligible individuals are

19 rejected for protective services. As noted, JASA

20 provides adult protective services to an average of

21 2,400 individuals every year. Approximately 25

22 percent of the APS referral sent to JASA include an

23 allegation of financial exploitation. Financial

24 records play a key role during the investigation of

25 these situations. Unfortunately, JASA APS staff are

2 frequently unable to access a client's financial
3 records, and their efforts to successfully resolve
4 the exploitation are severely hampered. JASA commends
5 the New York City Council for introducing a
6 resolution to the New York City legislature requiring
7 banking organizations to provide six months of
8 financial documents to help fight the financial
9 exploitation of older adults. We support this
10 resolution and anticipate that it will contribute to
11 the protection of vulnerable adults. Thank you again
12 for the opportunity to testify.

13 COUNCIL MEMBER VALLONE: And thank you to
14 this panel for your patience for making it to the
15 end. And as always with JASA it was my first job, so
16 I'm very well aware of the great work JASA does.
17 Thank you.

18 FLORIAN EDWARDS: Thank you.

19 CHAIRPERSON CHIN: Alright. We want to
20 thank everyone for being here and thank you for your
21 testimony. Anyone else waiting to testify? Okay,
22 hearing is adjourned. Thank you.

23 [gavel]

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1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 158

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1 COMMITTEE ON AGING JOINTLY WITH COMMITTEE ON GENERAL WELFARE 159

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C E R T I F I C A T E

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



Date June 24, 2015