

CITY COUNCIL
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

----- X

March 12, 2019
Start: 10:00 a.m.
Recess: 2:00 a.m.

HELD AT: 250 Broadway - Committee Rm, 14th
Fl.

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

COUNCIL MEMBERS:

Diana Ayala
Chaim M. Deutsch
Ruben Diaz, Sr.
Daniel Dromm
Mathieu Eugene
Deborah L. Rose
Mark Treyger
Paul A. Vallone

A P P E A R A N C E S

Caryn Resnick
Acting Commissioner, New York City Department
for the Aging

Bobbie Sackman
Radical Age Movement

Katie Foley
Selfhelp Community Service

Katelyn Hosey
LiveON New York

Molly Krakowski
JASA

Beth Finkel
AARP

Rocky Chin
AARP

Tara Klein
United Neighborhood Houses

Hillary Stuchin
UJA Federation of New York

Lindsay Goldman
New York Academy of Medicine

Christian Gonzalez-Rivera
Center for an Urban Future

Jose Guevara
Advocate for Stanley Isaac Center

Coco Culhane
Veteran Advocacy Project

Po Ling Ng
Chinese American Planning Council

Tiffany Chang
Asian American Federation

Karen Zhou
Homecrest Community Services

Selvia Sikder
India Home

Helen Ahn
Korean Community Services

Mohammad Razvi
Council of Peoples Organization

Rhonda Soberman
Visiting Nurse Services

Michael Schnall
New York Road Runners

Rachel Sherrow
City Meals on Wheels

Danielle Christenson
God's Love we Deliver

Juan Gonzalez
New York Road Runners

Lois Brown
Concourse Village

Debra Wimpfheimer
Queens Museum and Queens Community House

Lucy Sexton
New Yorkers for Cultural and Arts

Bonnie Lumagui
Educational Alliance Village NORC

Ximara Maldonado
Sirovich Center

Melissa Sklarz
SAGE

Gregory Morris
Stanley Isaac Neighborhood Center

Lori Avery
Queens Community Houses

Jose Guevara
Stanley Isaac Center

1
2 CHAIRPERSON CHIN: [Gavel] Good morning. I am
3 Council Member Margaret Chin, Chair of the Committee
4 on Aging. I am proud to be joined today by our
5 Finance Chair, Council Member Dromm, Council Member
6 Diaz, Council Member Vallone, and other Council
7 Members will be joining us.

8 Welcome to the Fiscal 2020 Preliminary Budget
9 hearing for the Committee on Aging. Today we will
10 hear testimony from the Department for the Aging on
11 it's proposed \$355.6 million budget for Fiscal 2020.
12 We will also examine DFTA's operation and related
13 performance indicators in the 2019 Preliminary
14 Mayor's Management Report.

15 I am honored to be serving as Chair for six
16 years. We have made tremendous strides for seniors
17 since 2014. DFTA's budget has grown by 50 percent.
18 Thanks to investments, the Council has fought hard
19 for. However, it seems that our seniors will
20 overlook once again in the Preliminary Budget which
21 include just one new needs for the citywide Thrive
22 initiative. This is alarming. Especially when core
23 senior needs continue to be underfunded and our
24 endangers of being cut. There are over 1.6 million
25 seniors in New York City. Over 18 percent of the

1
2 city's population yet DFTA's Budget only makes up
3 less than one half of one percent of the overall city
4 budget. We cannot afford to cut desperately needed
5 funding to an agency that has been neglected for so
6 long.

7 When it comes to senior centers, the average
8 participant is an older woman who lives alone and has
9 an annual income under \$20,000. We know that seniors
10 with greater access to government services today will
11 be healthier and will not have to rely on these
12 services as much as they age. If the city makes the
13 proper investment now, we can stand to save New York
14 and the country hundreds of millions of dollars in
15 the future. This is the kind of smart and meaningful
16 investment required to create a fair city for all
17 ages.

18 At this hearing, we demand a clear commitment on
19 how the Administration plans to support the growing
20 senior population in DFTA's Fiscal 2020 Budget.

21 At the Council, we understand the need to
22 recognize seniors for what they are. They're part of
23 our future and reinforce that need in the budget
24 process. We ask the Mayor to join us on this fight
25 to.

1
2 For most seniors, DFTA services are the only
3 source of nutrition, education and socialization with
4 their communities. DFTA and Fordham University 2016
5 study concluded what we all know. Those who attend
6 senior centers are healthier, happier, and more
7 productive. We need to get smart about our seniors.
8 They're not just the people who build New York's
9 neighborhood. Seniors today are today's caregivers
10 for children and other adults. They're volunteers in
11 our schools and communities and they are workers
12 adding experience and value to our businesses.

13 At today's hearing, I want to hear why the
14 addition of \$10 million for Phase 1 of the Model
15 Budget intended to support staff and programs at our
16 senior centers has been delayed. The Administration
17 has already made the promise to add funding years
18 ago. What steps has the Administration made to honor
19 that commitment this year?

20 The Model Budget was created to fully fund core
21 senior center services, instead only four our 51
22 programs funded by the Council in Fiscal 2018 was
23 served by the Model Budget. We've continued to
24 support the other 47 programs because the Model
25 Budget formula had failed them. But let's be clear,

1
2 Council money should focus on innovative programs,
3 not core services. The funding issues is all the
4 more concerning given the issue with Phase 2 of the
5 Model Budget process.

6 Last year, the former Commissioner announced that
7 long overdue help was coming for our fantastic senior
8 center kitchen staff and food program, but DFTA's
9 food analysis is running six months behind. A delay
10 that is simply unacceptable. All the more so when
11 private consultants have been brought in at tax
12 payers expense. The Committee needs to hear DFTA's
13 plan for completing the food analysis and adding
14 urgently needed funding for meals.

15 I'm glad to see that the Mayor's Preliminary
16 Budget include an additional \$1.7 million for the
17 Thrive Geriatric Mental Healthcare initiative. But
18 those seniors who have mental health issues, won't
19 attend our senior center unless we finish the job on
20 Model Budgets and meal funding. Many seniors from
21 low-income immigrant communities rely on their senior
22 center as a safe space and vital entry point to other
23 senior services. It's the same story for other vital
24 DFTA programs that needs our attention.

1
2 There are 1,000 senior languishing on case
3 management wait lists and another 100 waiting for
4 home care. I want to hear what the Administration is
5 doing to clear the wait list. Seniors should not be
6 on waiting lists. The performance indicators show
7 the funding we added has made an impact. Let's keep
8 going and serve the seniors who have served are city.

9 I also want DFTA to address the mushrooming
10 industry of social adult daycares across the city
11 which new data confirms a cluster in predominantly
12 immigrant communities who are vulnerable to illegal
13 inducement from SAC programs and sometimes outright
14 Medicaid fraud. In addition, we must discuss DFTA's
15 ten-year capital strategy, which budget a \$3.6
16 million annually for all buildings and reconstruction
17 need. This capital strategy is woefully inadequate
18 for seniors who are the fastest growing cohort of the
19 City's population.

20 I hope our discussion today clarifies the burning
21 need to add substantial resource to DFTA's budget for
22 senior centers, meals, case management, home care,
23 capital improvement and more and as I have said at
24 every budget hearing for the past five years, the
25 Administration should baseline Council funding for

1
2 core services instead of relying on us to fill the
3 gaps. The absent of a strong equal partnership
4 between the Administration and the New York City
5 Council will only leave our seniors behind.

6 Before I introduce the Acting Commissioner for
7 the Department of the Aging, I'd like to thank the
8 Committee staff their hard work in preparing for
9 today's hearing. Daniel Kroop our Finance Analyst,
10 Dohini Sompura, Unit Head, Council Nuzhat Chowdhury,
11 Policy Analyst Kalima Johnson and my Legislative and
12 Budget Director Marian Guerra and we've also been
13 joined by Council Member Rose. Oh, Council Member
14 Ayala and Council Member Deutsch. We got the full
15 Committee here.

16 Alright, so now we will hear from our Acting DFTA
17 Commissioner Caryn Resnick and the Council will swear
18 you in.

19 CLERK: Please raise your right hand. Do you
20 affirm to tell the truth, the whole truth and nothing
21 but the truth in your testimony before the Committee
22 and to respond honestly to Council Member questions?

23 CARYN RESNICK: I do. Good morning Chairperson
24 Chin and members of the Aging Committee. I am Caryn
25 Resnick Acting Commissioner of the New York City

1
2 Department for the Aging and I am joined this morning
3 by Sasha Fishman, Deputy Commissioner for Budget and
4 Fiscal Operations and thank you for this opportunity
5 to discuss DFTA's Preliminary Budget for Fiscal Year
6 2020.

7 DFTA's mission is to work to eliminate ageism and
8 ensure the dignity and quality of life of New York
9 City's diverse older adults and for the support of
10 their caregivers through service, advocacy, and
11 education. To accomplish this, the FY 20 Preliminary
12 Budget projects \$356 million in funding which
13 includes allocations of \$154 million to support
14 senior centers. \$39 million for home delivered
15 meals, \$37 million for case management, \$30 million
16 to support home care for homebound seniors who are
17 not Medicaid eligible, \$7 million for NORC programs
18 and \$8 million for caregiver services.

19 This Administration has made major investments in
20 aging services, which have helped rebuild critical
21 infrastructure within DFTA's programs. The agency's
22 budget has grown to address rising food costs for
23 congregate and home delivered meals, strengthen the
24 case management system to meet the needs of homebound
25 older adults, expand elder abuse services citywide,

1
2 increase respite care and services for unpaid
3 caregivers and enhance programming and staffing
4 within the Senior Center Network. These investments
5 include an increase of 60 percent in DFTA's city tax
6 levy baseline budget, an overall increase of more
7 than \$90 million. This infusion of funding resulted
8 in the following: To help create parity in our
9 senior center budgets and provide adequate funding to
10 achieve and expand in array of programming across the
11 system, we implemented senior center model budgets
12 with an additional \$10 million in new baseline funds
13 beginning in FY 18 for the DFTA portfolio.

14 To improve service delivery and help reduce high
15 turnover rates through the retention of
16 professionally qualified staff to ensure greater
17 continuity of care, we stabilize case management
18 staffing as a result of an investment of \$7.3 million
19 to provide more competitive salaries. In addition,
20 an increase of \$2.6 million for case management
21 services help bring case loads down to 65 per case
22 manager from nearly 80 per case manager.

23 To strengthen the city's ability to address
24 complex elder abuse cases in a coordinated fashion,
25 we expanded multi-disciplinary teams comprised of

1
2 professionals from Adult Protective Services, law
3 enforcement, medical centers, financial institutions
4 and community-based organizations through a \$1.5
5 million increase. Originally based in Manhattan and
6 Brooklyn, these teams were established in all five
7 boroughs. To provide more support to care givers and
8 care receivers with the creative flexibility they
9 need to access caregiver programs, we doubled DFTA's
10 existing allocation for these services to \$8 million.

11 To build upon the agency's efforts to address the
12 demand for mental health services for older adults,
13 we committed an initial \$3.2 million investment in
14 DFTA's budget to focus on geriatric mental health as
15 part of the suite of ground breaking initiatives
16 under ThriveNYC including one program that embeds
17 mental health practitioners in senior centers across
18 the city and another program that combats social
19 isolation among homebound older adults. DFTA is
20 grateful for the ongoing support of the City Council.

21 In FY 19, the Council allocated \$30 million to
22 DFTA programs. This level of support makes a
23 significant impact on the services that our
24 community-based partners in the DFTA network provide.
25 Through the close partnership of the administration

1
2 and the Council, DFTA has been able to successfully
3 respond to the needs of the growing population of
4 older New Yorkers.

5 As the largest area agency on aging in the
6 nation, DFTA currently funds senior centers at 249
7 sites across the five boroughs serving about 173,000
8 older New Yorkers in FY 18. Senior centers provide
9 meals at no cost to seniors. Though modest
10 contributions are accepted and are completely
11 voluntary in an environment where older New Yorkers
12 can participate in a variety of recreational, health
13 promotional, and cultural activities, as well as
14 receiving counseling on social services and obtain
15 assistance with benefits.

16 Each day, 25,000 older adults receive meals at
17 senior centers and another 5,000 participate in
18 activities without taking a meal. According to a
19 recent Fordham University study, commissioned by
20 DFTA which followed older adults who attended senior
21 centers and older adults who did not, the older adult
22 population served by senior centers are among those
23 with the lowest incomes, fewest resources, poorest
24 health, greatest social isolation and the most need
25 for services.

1
2 The findings of this study indicate that senior
3 centers are attracting this group that has multiple
4 needs and senior center members experience improved
5 physical and mental health, not only in the time
6 period after joining the senior center but maintain
7 or even continue to improve even one year later.

8 Maintenance of health and social activity rather
9 than a decline is a major benefit of senior centers.
10 The overarching goal of the senior center model
11 budget process is to fold. To increase resources to
12 ensure strong programming across the network of 249
13 senior centers and to increase equity among centers
14 by making more uniform the level of financial support
15 provide to each of them. As mentioned above, in line
16 with the broader vision of promoting fairness and
17 equity, the Administration added \$10 million in new
18 baseline funds for the senior center portfolio
19 starting in FY 18.

20 We are pleased to report that a large number of
21 providers have told us that the infusion of funding
22 has made a significant difference in the levels,
23 types, and quality of programming they can offer.
24 Various centers have used the funds to right size
25 salaries and hire one or more new staff members to

1
2 expand and enrich programming. At this time, we're
3 engaged in the second and final phase of the Model
4 Budget process which focuses on food. DFTA is
5 working with Mayor's Office of Management and Budget
6 to analyze our current system and evaluate how DFTA
7 can best provide high quality meals with cultural
8 diversity throughout the senior center network.
9 Though their effort centers on home delivered meals,
10 we've also engaged Guidehouse formerly Price Water
11 House Coopers to provide additional support to DFTA
12 and OMB's analysis.

13 As we referenced in our testimony before the
14 Committee last month, DFTA has been seeking
15 stakeholder input concerning their food programs.
16 The agency held a focus group with providers this
17 past January. We've received invaluable information
18 and insights from umbrella organizations involved in
19 aging services as well as seniors who attend centers.
20 Also, staff from our agency and OMB visited and
21 conducted outreach to senior centers to engage
22 directors, other staff and attendees about their food
23 programs including what works well, what needs to be
24 improved, and how to achieve those improvements.

1
2 The centers are a varied sizes and are located in
3 different boroughs. Some serve meals prepared on
4 site and others serve catered meals. The sites
5 include Brookdale Senior Center in Council Member
6 Eugene's district, KCS Flushing Senior Center in
7 Council Member Vallone's district, and West Brighton
8 Senior Center in Council Member Rose's district.

9 In addition, we have collected information
10 concerning efficiencies, innovations and practices in
11 other large cities, so we can learn from their
12 successes and challenges.

13 Similar to the initial phase of the senior center
14 model budget process, DFTA has been working with OMB
15 on an extensive data analysis. In this analysis, we
16 are evaluating many different factors that impact
17 cost and quality. Some of these factors include the
18 varying size of senior centers, whether centers cook
19 in their own kitchens or use caterers and what types
20 of ethnically diverse meals the center serves. We
21 expect to have the results of his analysis later this
22 spring.

23 According to the American Psychological
24 Association, prevalence estimate suggests that
25 approximately 20 percent of older adults throughout

1
2 the U.S. meet the criteria for a mental disorder and
3 in New York State, that number is expected to
4 increase by more than 50 percent by 2030. Accurate
5 prevalence rates are difficult to determine as many
6 older adults are not diagnosed or misdiagnosed or do
7 not seek treatment.

8 Older adults have high rates of late onset mental
9 health disorders and low rates of identification and
10 treatment. Mental illness and aging are often a
11 double stigma that older adults face. There's a
12 growing need for the provision of mental health
13 services for older adults. Stigma surrounding mental
14 illness and inability to recognize mental health
15 issues and a lack of available services and providers
16 continue to impede accessibility to needed mental
17 health services for older adults.

18 In light of the demand for geriatric mental
19 health programs, DFTA has engaged in various
20 initiatives through the years focusing on education
21 for both staff and older adults as well as screenings
22 and referrals for mental health services.

23 In 2015, Mayor de Blasio and First Lady McCray
24 released ThriveNYC, a mental health roadmap for all.
25 ThriveNYC is a plan of action to guide the city

1
2 toward a more effect and holistic system to support
3 the mental wellbeing of New Yorkers. Two ThriveNYC
4 initiatives focused on geriatric mental health are
5 led my DFTA. One initiative places mental health
6 practitioners in 25 centers across the city and the
7 second, addresses social isolation among homebound
8 older adults.

9 Through the DFTA Geriatric Mental Health
10 Initiative, mental health services are available on
11 site at 25 of the largest senior centers in the
12 agency's network. Mental health professionals assist
13 senior center members with issues ranging from
14 depression and anxiety to highly disruptive
15 behaviors.

16 In the FY 20 Preliminary Budget an additional
17 \$1.7 million was allocated toward the DGMH
18 initiative. The funding will expand the program up
19 to 25 additional senior centers allowing DFTA to
20 place more licensed clinicians in centers across the
21 city and help ensure older adults have access to
22 mental health services.

23 DFTA contracts with four mental health provider
24 agencies coving all five boroughs. JASA is the
25 provider organization for clinical services at four

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

senior centers in the Bronx, SPAP is the provider for six Manhattan senior centers including the Mott Senior Center and the Weinberg Center for Balance Living, both located in Chairperson's Chin district. Commonpoint Queens Cape provide services at six Queens locations and Weil Cornell covers eight senior centers in Brooklyn and one senior center in Staten Island. Two of the Brooklyn sites are the Jay-Harama Senior Center in Council Member Deutsch's district and the Coney Island Seaside Innovative Senior Center in Council Member Treyger' s district.

Individuals do not need to be a senior center member but must be 60-years of age or older to receive mental health services at these locations.

To destigmatize mental health among this population, clinicians conduct structured engagement activity such as formal presentations and unstructured activities such as informal conversations at each of the sites. The clinicians conduct mental health assessments as well as provide support and ongoing individual, group, family and couple psychotherapy to older adults and their families.

1
2 Mental health services are provided by bilingual
3 and mostly by cultural social workers who are fluent
4 in the major languages spoken at the centers. In
5 addition to English, the languages spoken include
6 Cantonese, Mandarin, Polish, Russian, Spanish and
7 Ukrainian.

8 The clinicians work both internal and external
9 support service to make referrals to social services
10 and other mental health services as needed.

11 As of January 2019, nearly 1,700 older adults
12 have been assessed by mental health clinicians and
13 almost 700 seniors have received mental health
14 treatment. Additionally, attendance for structured
15 engagement activities has totaled more than 20,000
16 thus far.

17 The Friendly Visiting Program focuses on isolated
18 largely homebound seniors who are served through
19 DFTA's 21 contracted case management programs which
20 cover all 59 community districts. The program was
21 designed to connect seniors facing the negative
22 effects of social isolation with well trained
23 volunteers who spend time with them in order to
24 provide social interaction.

1
2 As a result, Friendly Visiting serves as a mental
3 health intervention program. The program model
4 expands the older adult's connection to their
5 community and may prevent the isolated senior from
6 declining into depression and loneliness.

7 Additionally, all 16 Friendly Visiting program
8 coordinators have received mental health first aid
9 training. These coordinators have learned how to
10 recognize possible behavioral health issues so that
11 older adults in need can be immediately referred to
12 their case manager and linked to appropriate
13 services.

14 The program coordinator's recruit friendly
15 visitors who are matched with a homebound older
16 adult. Friendly visitors then visit the senior at
17 least two times per month. Any changes in
18 functioning including identified mental health issues
19 are referred to the case management agency for
20 appropriate referrals and follow up.

21 Since the program's inception, volunteers have
22 made nearly 35 visits to older adults in their homes
23 and have spent more than 52,000 hours with seniors.
24 As of earlier this year, 42 percent of seniors who
25 have been evaluating using standardized measures

1
2 throughout a six-month period have reported a
3 reduction in loneliness, and 51 percent have reported
4 a reduction in social isolation.

5 I want to thank you for this opportunity to
6 testify about DFTA's Preliminary Budget for FY 20.
7 Together we have made major investments in aging
8 services and have helped rebuild vital infrastructure
9 within DFTA's programs. I look forward to continuing
10 the partnership with the City Council in ensuring the
11 dignity and quality of life of New York City's
12 diverse older adults and supporting their care givers
13 through service, advocacy and education. I am
14 pleased to answer any questions that you may have.

15 CHAIRPERSON CHIN: Thank you Commissioner for
16 your testimony. I am going to start with some long-
17 term strategy and outlook. I want to begin by
18 looking at DFTA's vision for the future, as expressed
19 in it's Fiscal 2020 Preliminary Budget.

20 Around 19 percent of New Yorkers are seniors
21 today and the percentage will only rise. So, do you
22 believe seniors needs met by DFTA's current service
23 portfolio?

24 CARYN RESNICK: As I have just mentioned, and I
25 always appreciate your questions and your advocacy in

1
2 this regard. And I assure you that we are on the
3 same page and all we want is what's best for our 249
4 senior centers and ultimately of course, for the
5 seniors that they serve and we're doing a great job
6 and I've just testified to that fact. We're seeing
7 our numbers growing in our centers. Our outcomes are
8 growing, and I think seniors attending our programs
9 are flourishing.

10 CHAIRPERSON CHIN: But there is also, I think
11 there's another 38 that's not included in the 249.

12 CARYN RESNICK: Correct.

13 CHAIRPERSON CHIN: They're social clubs or they
14 weren't included in the 2012 RFP for whatever reason
15 and they were left out of the Model Budget. They
16 were like a stepchild, people forgot about them. And
17 at the same time, I know in my opening remarks, I
18 talked about social adult daycare. There are more of
19 those than our senior centers. So, these private
20 sector programs are providing a lot of services that
21 some seniors go to. So, that means there's need out
22 there that DFTA and the Administration has not been
23 able to meet. So, what is DFTA's long-term strategy
24 to address the need of seniors in the City? Which
25 program would be the agencies prioritize to expand or

1
2 create and how much more money will this agency need
3 to expand or create these programs?

4 CARYN RESNICK: So, let me first start with your
5 question regarding the 38 sites that are not included
6 in the 249 and we're going to share that list with
7 you. It is in the local law 1140 report, so you can
8 find them there or we will share it with you. But it
9 is an amalgam of all different programs. Not all of
10 them are actually senior centers. Some include
11 social services contracts. So, there kind of a
12 strange amalgam of different programs. Some don't
13 even have food on site or staff on site, so they
14 maybe meal drop off centers and because of that, they
15 really just didn't rise to the level of a Model
16 budget and what a center would look like. So,
17 infusing additional dollars would be in somewhat not
18 the best expenditures of dollars and we really need
19 to go in precisely and analyze those programs and see
20 who rises to the level. And certainly, when we have
21 the next RFP, they will have the opportunity to
22 compete if they are able to do so.

23 CHAIRPERSON CHIN: So, which programs would the
24 agency prioritize to expand and create and how much
25 more money would you need to do that?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CARYN RESNICK: So, most of our programs and services are mandated through the Older Americans Act and under regulation by the New York State Office for the Aging and our core services as you know, are our senior centers, the biggest part of our portfolio followed by our home delivered meals programs and services to the homebound. We have recently infused funds into caregiver services and those have become very important programs and services as the number of caregivers rise. So, we will continue to support all of our core services and of course, mental health which has been an unmet need. So, as additional funding is available, we've been able to provide some new programs and supports for areas where we've had unmet needs.

CHAIRPERSON CHIN: Well, the Council has been the one that's been doing some of the innovative stuff.

CARYN RESNICK: And we thank you for that support.

CHAIRPERSON CHIN: Like supporting the centers for senior centers for immigrant population, but as I mentioned in my opening, there's a thousand seniors waiting for case management and 100 waiting for homecare and there will be more than 100 waiting for

1
2 homecare if this program is publicized because even
3 in my district, I've gotten a lot of seniors who do
4 not qualify for Medicaid finally realize there is a
5 ISA program that can help them and they're very happy
6 about that. And more and more of them are coming in
7 to ask for that service. So, that wait list of 100,
8 it's going to grow and seniors, when they apply for
9 this service, they should not have to wait for a
10 couple of months to get this service and that's
11 what's happening now. It's not like you get assessed
12 and then you can get homecare help in two or three
13 weeks. Usually it takes a couple of months and
14 because of case management and they have to do the
15 home visits, sometimes the language is not available.
16 But when senior apply, means that they need it right
17 now. So, those are the programs that DFTA should be
18 looking at expanding because a lot of seniors who
19 work very hard throughout their life and contribute
20 to the city, they're not the very, very low income
21 but now they need help and there are programs to help
22 them thank goodness and so, we got to make sure that
23 they get the help in a timely fashion.

24 CARYN RESNICK: So, once again, I do want to
25 thank you and the Committee and the Council for your

1
2 support. That has helped us, particularly last year
3 address wait lists and as we've gotten that funding,
4 we are able to bring people onboard. We've hired new
5 case managers. We've been able to raise salaries.
6 So, we've done a tremendous amount to help support
7 our case management agencies and yes, we do now have
8 about a thousand people on our wait list. Part of
9 that is always point and time and as we clear wait
10 lists there are always new seniors coming onboard.
11 Some of that attests to the great outreach and
12 education we're doing that people are finding our
13 programs and services and trying to avail themselves
14 of those and we are constantly moving clients from
15 the wait list and filling vacancies as we have them
16 in our staff rosters in our case management agencies.
17 That's part of what creates some of the wait list and
18 we have the potential for some assistance from the
19 State Office for the Aging this year. We continue to
20 advocate with the state through their budget process
21 which can bring us up to potentially \$5 million that
22 would really help eradicate the wait lists. So,
23 we're very hopeful.

24 CHAIRPERSON CHIN: That's great because I heard
25 we are the only one that keeps a wait list. So, I

1
2 thank all the providers who are keeping those waiting
3 lists so that we can have something to show the
4 funding is needed.

5 I just wanted to ask one more question about it
6 and then I'm going to pass it on to my colleague.
7 About DFTA's ten-year capital strategy, right?

8 CARYN RESNICK: Yes.

9 CHAIRPERSON CHIN: During the budget hearing of
10 OMB, I was asking OMB to make a commitment to give
11 DFTA a capital budget and they told me that, oh yeah,
12 DFTA has a capital budget. \$3.6 million annually, I
13 mean that's not a lot of money for all the senior
14 centers and NORC programs and all the different
15 programs that's under DFTA's supervision.

16 CARYN RESNICK: So, we did have an entire hearing
17 on the issue of capital budgets, and it is quite
18 complex but actually, DFTA's five-year capital plan
19 is \$62 million 774 thousand of which \$34 million is
20 allocated by the Council or the Borough Presidents
21 and the rest is Mayoral. So, a tremendous amount of
22 capital money is actually assigned to our agency and
23 we talked through this a little bit at the last
24 hearing. We then assign those projects to either the
25 DDC or EDC and they become the project managers and

1
2 work directly with our provider network to bring
3 those **[inaudible 50:56]**.

4 Then we do have our own CDBG capital money which
5 we manage directly, that is the \$3.7 you are
6 referring to and in a more expeditious way, we're
7 able to make those capital improvements and then we
8 also use expense dollars to make those emergency
9 repairs in real time as they occur in our centers.

10 CHAIRPERSON CHIN: But DFTA should have its own
11 Capital Budget. I mean, that's why the centers have
12 to come to the Council to ask for funding to fix
13 their kitchen or I mean, during the hearing we saw
14 picture of blue plastic holding up water that's
15 leaking from the ceiling and that's unacceptable.
16 DFTA, as an agency should have a capital budget.
17 Other agencies have capital budgets. So, that's one
18 thing that we are going to meet with OMB to make sure
19 that is enough funding allocated to DFTA for your
20 capital budget because they told me you have one and
21 if it's only \$3.6 million, that's not enough.

22 So, we'll follow up on that question.

23 CARYN RESNICK: Okay.

24 CHAIRPERSON CHIN: I'm going to pass it on to my
25 colleague, Council Member Vallone.

1
2 COUNCIL MEMBER VALLONE: Thank you to our Madam
3 Chair, our super Margaret for everything she does and
4 thank you for the advocates for waiting. I know this
5 is a long day, but we appreciate you there having our
6 back as we fight for a larger budget. We have the
7 largest demographic in the City and it just does not
8 get the resources and the Commissioner and our
9 Committee have been battling for years to increase
10 that and there is so much here that we could break
11 this out to committee after committee and hearing
12 after hearing. I know Council Member Deutsch has
13 some questions that he wants to do, so I'm just going
14 to at this point make my statement and basically, our
15 position to a budget that doesn't reflect the proper
16 demographic status and growth of seniors and how we
17 have to piecemeal and how you have to piecemeal the
18 services based on a cut on a budget that only gets it
19 to last years numbers when the Council hopefully puts
20 in the same amount that we do. It's missing \$30
21 million from last year and that's the magic number
22 the Council put in last year. So, we will fight to
23 put that in but that just gets us to last year. That
24 does not get us to the numbers that we've talked
25 about for hearing after hearing. You just testified

1
2 about a capital budget of \$62 million that only \$3.7
3 DFTA puts in but yet, DFTA assigns all those
4 projects. That's an unacceptable number that our
5 Chair has mentioned when we're talking about NYCHA
6 senior centers and when we're talking about senior
7 centers across the city. When we're talking about
8 our meals that have been waiting for 2014 with a
9 quarter increase and I know that's the second phase
10 of the study that we're waiting for. When we talk
11 about programming and staffing and increases and
12 transportation and mental service and Thrive, there
13 is so much here, and I'll tackle a couple of these
14 but at this point I want to turn it over to Council
15 Member Deutsch who has to get to his next hearing.

16 COUNCIL MEMBER DEUTSCH: Thank you. Thank you
17 Chair and thank you for holding this important
18 hearing and I want to thank everyone who is here
19 today on behalf of our seniors. So, first and before
20 I get to my questions, I just want to mention that
21 there's a deadline to file for your property tax
22 exemption and this is for homeowners and that is
23 March 28th. So, if you are a senior 65 or older and
24 you combined annual income, it is \$58,399 or less
25 than you are qualified for a property tax exemption.

1
2 It is very important to pass this on to your centers,
3 to your colleagues, to your friends. Just last month
4 they had a property tax form with Department of
5 Finance and from the 200 people that attended we
6 found more than 50 people who are qualified on the
7 exemption and the property taxes and we saved them
8 anywhere between \$3,500 and \$6,500. Lets bankrupt
9 the city by getting the money that we deserve. So,
10 please make sure that you tell your friends and your
11 colleagues. So, the deadline is March 28th. It is
12 crucial that you get the message out and contact your
13 respective elected officials to make sure you get the
14 exemptions that you deserve.

15 So, thank you Commissioner. So, what is DFTA's
16 overall budget?

17 CARYN RESNICK: \$356 million.

18 COUNCIL MEMBER DEUTSCH: \$356 million, and you
19 mentioned that there are several mental health
20 initiatives at senior centers. Are these initiatives
21 included in DFTA's overall budget or are these coming
22 from additional funding through Thrive?

23 CARYN RESNICK: There added to our budget.

24 COUNCIL MEMBER DEUTSCH: So, part of the \$356
25 million is included in the mental health?

1
2 CARYN RESNICK: Right, I believe it was \$1.4
3 million and a total of \$3.2 million in geriatric
4 mental health.

5 COUNCIL MEMBER DEUTSCH: So, where does that
6 come? That comes from ThriveNYC?

7 CARYN RESNICK: Yes.

8 COUNCIL MEMBER DEUTSCH: So, the \$3.2 does that
9 come directly to DFTA or does it go to mental health
10 providers.

11 CARYN RESNICK: No, it comes to DFTA and then we
12 contract with mental health providers.

13 COUNCIL MEMBER DEUTSCH: And then DFTA contracts
14 with the mental health providers. How many mental
15 health providers does DFTA contract with?

16 CARYN RESNICK: Four.

17 COUNCIL MEMBER DEUTSCH: So, four for the entire
18 city?

19 CARYN RESNICK: Yes.

20 COUNCIL MEMBER DEUTSCH: How many seniors do you
21 have in the City of New York?

22 CARYN RESNICK: Over the age of 60, I believe
23 it's 1.56 million.

24 COUNCIL MEMBER DEUTSCH: 1.56 million seniors and
25 there's only four that you have contracts with for

1
2 mental health for over 1.5 million seniors. What is
3 the percentage of those 1.5 that may have a mental
4 health issue, I see you have some statistics here?

5 CARYN RESNICK: The national average is about 20
6 percent according to the CDC.

7 COUNCIL MEMBER DEUTSCH: So, that's pretty high.

8 CARYN RESNICK: I just want to remind you that
9 DFTA at our new geriatric initiative is a very small
10 piece of the mental health services that are
11 available throughout the City of New York. We're not
12 the only mental health provider. What's new and
13 exciting about this initiative is that we're able to
14 provide on site services in our senior centers and
15 we've never had the opportunity to do that before.
16 So, this was really two years of piloting that and
17 getting it embedded and we're extremely excited about
18 the additional \$1.7 million because we're going to be
19 able to expand two additional senior centers.

20 And it was a model that we thought would work but
21 here we finally had an opportunity to test it. But
22 please don't think of us as being the only provider
23 of mental health services in the City of New York.
24 We would never have adequate funding.

1

2

COUNCIL MEMBER DEUTSCH: No, I understand. Yeah, I understand. So, this is two years, do you recall if Thrive mental health services were mentioned in the last years budget hearing?

3

4

5

6

CARYN RESNICK: I would imagine that they were, yes, because we did have this funding since 2016 and I think they did an update on the pilot as well.

7

8

9

COUNCIL MEMBER DEUTSCH: Was that part of the testimony last year? Do you recall?

10

11

CARYN RESNICK: I would have to go back and check. I'm guessing that it would have been.

12

13

COUNCIL MEMBER DEUTSCH: Does DFTA follow up on the outcome of those services who receive mental health number one, and number two, does DFTA follow up on the motive of a senior having that depression. Is it like, maybe a lack of housing? A lack of providing food to the table, making ends meet? Does DFTA have follow-ups on why a senior who seek those services have depression or any other mental health disorder?

14

15

16

17

18

19

20

21

22

CARYN RESNICK: So, we have I think up to eleven different screening tools that we use when we're doing an assessment of the seniors and then there's both pre and post testing so that we can determine

23

24

25

1
2 outcomes and if through services we've been able to
3 reduce the incidents of anxiety or depression and of
4 course, in working with the clinician. If issues of
5 financial stress or emotional stress or potentially
6 physical abuse come up, then all of those referrals
7 are made to the appropriate agencies and part of the
8 beauty of being embedded in a senior center is then
9 being able to work with the staff on site. So, if
10 it's helping to get SNAP benefits or you mentioned
11 the home owner exemption. We have case assistance
12 workers there that can help bring those services to
13 the senior. So, does DFTA have a breakdown of all
14 those reasons you just mentioned of why a senior
15 reached out for those mental health issues, so this
16 way we could bring that information back to the
17 Council?

18 CARYN RESNICK: I think that information is most
19 likely HIPAA protected.

20 COUNCIL MEMBER DEUTSCH: The HIPAA protection, is
21 that with mentioning names or without mentioning
22 names. I would assume probably with mentioning names
23 but does DFTA have access to that information? Or is
24 the provider permitted to just give the reasons,
25 motives for the depression? So, this way we could

1
2 have that information to better sit down at a budget
3 hearing to decide what better resources we need to
4 give the seniors, like if it's senior housing or
5 other services?

6 CARYN RESNICK: So, I don't believe that we
7 collect that information. The information that we
8 look at is more based on a diagnosis. So, of
9 anxiety, of depression, of whatever the particular
10 mental health disorder is. We would have that data
11 but not sort of the underlying reasons for the mental
12 health problem.

13 COUNCIL MEMBER DEUTSCH: Do you believe it's
14 important to have the underlying reasons for the
15 issues that effect the seniors?

16 CARYN RESNICK: That's the clinician's job and
17 that's what we trust the clinician to do. To
18 understand and dig away at what are the underlying
19 reasons and then help the person.

20 COUNCIL MEMBER DEUTSCH: No, my question is, do
21 you think its important to have that information
22 aside from direct contact with the senior but for the
23 Council to have the information. This way we sit at
24 a budget hearing, we know how to better respond to
25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

the Administration regarding getting the resources for the seniors.

CARYN RESNICK: So, you know, we're going to engage Fordham University actually to do an evaluation of our program and we can ask them to take a look at that question.

COUNCIL MEMBER DEUTSCH: That's alright, thank you.

CARYN RESNICK: I can't really answer it.

COUNCIL MEMBER DEUTSCH: Yeah, that's why I wanted it, yeah. Thank you very much.

CARYN RESNICK: Thank you.

COUNCIL MEMBER DEUTSCH: Okay, going to the next topic. Now, if an elected official needs to reach out to DFTA regarding an issue with a senior, a senior issue, or senior services, how would one reach out to Department of Aging?

CARYN RESNICK: Well, you've reached out to me directly on many occasions.

COUNCIL MEMBER DEUTSCH: By email, right?

CARYN RESNICK: Or phone.

COUNCIL MEMBER DEUTSCH: Or phone. So, an elected official would call, would send an email or reach out by phone.

1
2 CARYN RESNICK: Or 311 and get connected to the
3 agency.

4 COUNCIL MEMBER DEUTSCH: So, it could be 311,
5 email, or by phone.

6 CARYN RESNICK: NYCWell if it's a mental health
7 issue.

8 COUNCIL MEMBER DEUTSCH: So, when someone does
9 call lets say, we'll go to 311. When someone does
10 reach out through the process of 311, now how does
11 that work? What is the process of after the call is
12 made and how does that go to Department of Aging and
13 how is it responded to and how long does it take for
14 someone to get responded to and do you feel that the
15 response time is adequate?

16 CARYN RESNICK: So, when a call comes through
17 311.

18 COUNCIL MEMBER DEUTSCH: And who monitors it to
19 make sure that the whole process is streamlined?

20 CARYN RESNICK: So, let's start with the 311
21 question. There are key words and depending if the
22 person calls and asks about caregiver or if its
23 mental health, they are then sent to the appropriate
24 division within the Department for the Aging. We are
25 all trained to respond in an appropriate length of

1
2 time. Many of our departments have the ability to
3 leave voicemail after hours or a way of tracking all
4 of those calls. We have a correspondence unit and
5 we're under guidelines to respond to all inquiries
6 within ten business days and that's all tracked.

7 We just set up an entire new correspondence
8 tracking system which I think is going to really help
9 us in our response times. So, we track all of the
10 calls and inquiries that come in.

11 COUNCIL MEMBER DEUTSCH: So, you mandate it like
12 before ten business days?

13 CARYN RESNICK: By ten business days.

14 COUNCIL MEMBER DEUTSCH: By ten business days.
15 So, if a senior should call 311 regarding a mental
16 health issue, how does that work ten business days?

17 CARYN RESNICK: Ten business days is for written
18 correspondence. A phone call that came in, if it was
19 a mental health issue, much of our staff is trained
20 in mental health first aid.

21 COUNCIL MEMBER DEUTSCH: No, would that get a
22 quicker response?

23 CARYN RESNICK: Yes. A phone call of course,
24 would get a much quicker response.

1
2 COUNCIL MEMBER DEUTSCH: So, lets through 311 and
3 you respond within ten business days, right? By ten
4 business days. So, if a senior should call 311, hi,
5 I feel kind of depressed. You know, I need to talk
6 to someone. What is the process then and is it
7 monitored by the nature of the call or does that
8 change the response time from 311?

9 CARYN RESNICK: If a call came in with a mental
10 health crisis issue, there would be an immediate
11 response and I can't speak to whether 311 operators
12 are trained in mental health first aid, but those
13 calls might automatically get referred to NYCWell. I
14 don't think they would wait to refer it to our
15 agency. So, of course, the calls as they come in are
16 triaged and we answer them as immediately as we can.

17 COUNCIL MEMBER DEUTSCH: Who would have the
18 information if the 311 operators are trained?

19 CARYN RESNICK: I want to add one other resource
20 which is New York Connects, which is relatively new
21 but we have contract agencies in every borough that
22 can handle calls for people of all ages and
23 abilities, not just older adults on anything
24 involving the long term care system and these are
25 highly trained workers that are knowledgeable in all

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

of the benefits and entitlements and can respond immediately to people who call in.

COUNCIL MEMBER DEUTSCH: Who would know if the 311 operators are trained?

CARYN RESNICK: Well, they have an emergency room where they go to 911. So, if somebody called and was having a crisis, they would immediately call 911.

COUNCIL MEMBER DEUTSCH: Now, my question is who would know if the 311 operators are trained on mental health first aid?

CARYN RESNICK: We have a liaison we can get that information for you.

COUNCIL MEMBER DEUTSCH: Okay, great, thanks.

Okay, so I just wanted to just reiterate if we could figure out the underlying reasons for seniors who face depression or mental health disorders or issues.

CARYN RESNICK: So, we'll look into that and find out between HIPAA if we can do that and we'll ask Fordham to take a look at that question as well.

COUNCIL MEMBER DEUTSCH: Great thank you very much.

CARYN RESNICK: Thank you.

1
2 CHAIRPERSON CHIN: We've been joined by Council
3 Member Eugene. Council Member Rose with some
4 questions.

5 COUNCIL MEMBER ROSE: Thank you, Chair Chin. I
6 equally share Council Member Deutsch's concerns about
7 mental health, geriatric mental health.

8 Unfortunately for me, he asked most of my
9 questions about Thrive, but I am concerned about the
10 changes in Thrive about, have you noticed that the
11 needs geriatric mental health, there's such a great
12 need. What are you doing to increase those services
13 and is Thrive a part of your budget? Do you actually
14 get a budget allocation from ThriveNYC and if you
15 don't are there efforts for you to request a direct
16 funding stream for mental health geriatric services
17 and to have it baselined? Because frankly, with all
18 of the publicity about Thrive, I don't know if its
19 going to be a sustainable entity and the need though,
20 however, is a growing need.

21 CARYN RESNICK: So, the funds have been put into
22 DFTA's budget and they are baselined in our budget.

23 COUNCIL MEMBER ROSE: They are baselined.

24 CARYN RESNICK: And we have an addition this year
25 which will be baselined, and they are moving forward.

1
2 COUNCIL MEMBER ROSE: Okay, in terms of caregiver
3 support, what are DFTA's performance goals for it's
4 caregiving program and you actually have an RFP out
5 right?

6 CARYN RESNICK: We do.

7 COUNCIL MEMBER ROSE: And what concerns or errors
8 led DFTA to issue, to addenda to it's original RFP
9 for caregivers?

10 CARYN RESNICK: So, in terms of performance
11 measures, all of our programs are assessed. We have
12 program officers that go out and do onsite
13 assessments and they are held to the term of their
14 contracts.

15 COUNCIL MEMBER ROSE: What are the performance
16 goals? What are you looking for?

17 CARYN RESNICK: We can get you that data
18 afterwards but when our funding was doubled, the
19 additional \$4 million was specifically allocated to
20 respite services. So, that would be one of those
21 indicators is to make sure that those funds are
22 getting spent on respite and supplemental services
23 for our caregivers and that can be buying diapers or
24 even furniture or clothing or whatever is the
25 specific special need that a caregiver maybe having.

1
2 COUNCIL MEMBER ROSE: So, what concerns weren't
3 covered before are looked at or measured that led you
4 to now go and add to addenda items to the original
5 RFP.

6 CARYN RESNICK: Part of issuing an addendum where
7 questions that came in from providers, if there were
8 things that were not clear from our original bidder's
9 conference and we were looking at different
10 geographies and the way in which we were approaching
11 the whole RFP and so, we made some changes midstream.

12 COUNCIL MEMBER ROSE: What metrics are you
13 looking at when you determine whether a person is
14 actually able to access caregiver services?

15 CARYN RESNICK: I believe that we have to have
16 one person in the caregiver dyad who is an older
17 adult and when they come to a caregiver program, the
18 case manager there will just asses to see that there
19 is an actual caregiver and a client in need, but
20 that's basically the criteria.

21 COUNCIL MEMBER ROSE: And there's a financial
22 criteria also?

23 CARYN RESNICK: No, there is not, no.

24 COUNCIL MEMBER ROSE: There is not.

25 CARYN RESNICK: No.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

COUNCIL MEMBER ROSE: Do you have a wait list for caregiver services?

CARYN RESNICK: I don't believe that we do, no.

COUNCIL MEMBER ROSE: Because my office receives complaints that people are not able to access caregiver services.

CARYN RESNICK: You should absolutely call my office. That should not be the case.

COUNCIL MEMBER ROSE: Okay.

CARYN RESNICK: You know one of the issues which at a caregiver hearing we've talked about is the fact that many people don't identify themselves as a caregiver or even understand that there are services available. So, you know the whole area of - and we did a big media campaign. Some of them I still see floating around in the subways, but you know, saying, are you a caregiver and lots of women for example, just thinks this is part and parcel of our role and don't know that they can get services for being a caregiver. So, that's a big piece of what we do and what we expect our contractors to do is raising awareness, doing the outreach but of course, if you're having issues, you should reach out to us directly.

1
2 COUNCIL MEMBER ROSE: So, there has been a
3 campaign, a public campaign?

4 CARYN RESNICK: Yes, we had a big public service
5 campaign in buses, subways, shelters, on the Staten
6 Island fair citywide.

7 COUNCIL MEMBER ROSE: Okay, and when will the RFP
8 or what is the deadline for the RFP?

9 CARYN RESNICK: So, we are in the process right
10 now of reading the responses and the contracts are to
11 begin July 1st and I'm not sure when we'll be able to
12 announce the awardees but soon. With a start date of
13 July 1st.

14 COUNCIL MEMBER ROSE: And so, there's like no
15 wait list and you believe that you'll be able to meet
16 the need?

17 CARYN RESNICK: Yes, we do.

18 COUNCIL MEMBER ROSE: Okay, thank you. Thank
19 you, Chair.

20 CHAIRPERSON CHIN: Council Member Vallone?

21 COUNCIL MEMBER VALLONE: Thank you, Chair. Let
22 me just tackle the meals question for now. So, let
23 me just ask the question. Are we paying when we go
24 to a food store the same prices for food one year ago
25 that we're paying today? Are we paying the same

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

prices that we paid four years ago, that we're paying today? No, right? That's clearly not, so the last time we've had an increase for any food budget in 2014 was 25 cents for regular meals, 50 cents for Kosher meals. 2014 we now have a study we really don't need to say that foods more expensive. That's hopefully going to result in a new RFP for food price increase. While we're waiting for that, could we not have added for the budget each year an incremental cost of living or a cost adjustment for food, so our providers could provide basic food and then obviously the increase cost of ethnic meals, whether it's Kosher or Asian or Italian or you name it prices. So, to this day we do not have any increase since 2014?

CARYN RESNICK: We are in the midst of analyzing not only the cost of food but also the way in which food is precured. That's part of the analysis that we're doing with OMB and one piece of that equation is looking at food costs and of course the other big piece in the centers are salaries of the cooks, the staffs, the kitchen aids. And so, we're looking at that holistically and taking it all into account and

1
2 we expect by late spring that we will have the
3 results of that analysis.

4 COUNCIL MEMBER VALLONE: So, then it's no. We
5 haven't had an increase since 2014 and we're still
6 doing a study. What I am saying is we need to do an
7 annual increase. Even if its not enough of even
8 minor portions just to help our centers and our
9 providers and our staff survive while they're
10 planning over - there's 30,000 seniors a day that
11 come into our centers and there's 11.7 million meals
12 served since 2018. I'd like to say that every one of
13 those meals, there is a shortfall of funding for and
14 it's putting an enormous burden on centers to provide
15 a daily basis meal and maybe it impacts programs,
16 staffing, overhead costs, and I know Chair Chin just
17 had a hearing last month on senior center costs which
18 we had to pass a bill on to get information on. This
19 is just one small segment of those daily costs and it
20 shows for everyone who's fighting for seniors how
21 important every dollar is in the DFTA budget.
22 Whether we're talking about capital expenses, right
23 down to meals. There has to be an immediate
24 allocation. We can't wait for a study on something
25 we all know that food costs more expensive since 2014

1
2 and 25 cents and 50 cents isn't doing anything. We
3 have to do better. Can we not make a prevision for
4 this year's budget for an incremental increase for
5 meal preparation while the study is being prepared?

6 CARYN RESNICK: Well, as a result of our data
7 analysis, and I can't speak to what's going to be in
8 the Executive Budget, but that's what the preparation
9 of all of this data is for.

10 COUNCIL MEMBER VALLONE: But Commissioner, we
11 have that information. We know what the meals cost.
12 We know what they're fighting for. We don't need a
13 study for that and even if we gave something but not
14 all of it, whether it's a **[inaudible 1:29:30]** or
15 small adjustment for that preparation, we will take
16 some of that burden that every one of our providers
17 off their shoulders. So, that's where I want,
18 whether it's executive budget and do we have an idea
19 for the RFP which would be for when that's going to
20 be issued?

21 CARYN RESNICK: When will the senior center RFP
22 be issued? In early to mid-calendar year 20.

23 COUNCIL MEMBER VALLONE: 20, well, I mean, we're
24 still in 19 and that's why it's so important for us
25 to advocate annual. I think there has to be an

1
2 annual increase whether Chair Chin is fighting for
3 our sixth meal, home meals, aggregate meals, meals
4 provided at the center. So much of that provides the
5 daily nutrition and mental health and daily health of
6 our seniors. The meal is so important. If anything,
7 it's the entire almost agenda of the day of how
8 transportation services are to and from our senior
9 centers to make sure we make our lunches, we make our
10 meal, we get back home in time, all of that. So, to
11 me, I think its so important that we can change the
12 daily impact of a senior's life by providing a
13 better-quality meal by giving that increase and we're
14 not talking about hundreds of millions of dollars
15 either. It's a way to help, so I employ you in the
16 Executive Budget to fight for an increase now, while
17 we determine what that proper number should
18 eventually be. Is that something we can fight for?
19 We want to fight with you on these things. So, we
20 can all say we need that money. I think that's what
21 Chair Chin has been doing so diligently over the last
22 five years has been fighting even though we're on the
23 same team, everyone e in this room. It's a matter of
24 reflecting that passion in a budget so that we can
25 get what we need for in our seniors. Then similar is

1
2 almost any one of these categories are capital
3 expenditures that Chair Chin and the other Council
4 Members have reflected on. Do you have a list of the
5 pending capital projects that are to be funded and
6 then a wait list of capital projects that have not
7 been reached?

8 CARYN RESNICK: We have a list of projects that
9 are in cue to be funded or to get started but we
10 don't have a wait list.

11 COUNCIL MEMBER VALLONE: Well, is the list that
12 is cue include 100 percent of the projects that have
13 been required of DFTA for capital repairs?

14 CARYN RESNICK: This is where we get into that
15 whole grey conversation about how many of the
16 projects are not actually capital eligible.

17 COUNCIL MEMBER VALLONE: But you testified that
18 DFTA is the agency responsible for assessing the
19 capital projects to be done, correct? You assign the
20 projects.

21 CARYN RESNICK: Improvement projects but there
22 are projects where capital money has been given for
23 the project and then in the end the project doesn't
24 meet all of the rules and guidelines about capital
25 eligibility.

1

2

COUNCIL MEMBER VALLONE: So, the funding comes from multiple sources correct? It can come from the Council Members, it can come from the Borough President, it can come from the Mayor, it can come from DFTA but when those resources are allocated, they're allocated to DFTA to make the capital repair or does it stay within that agency?

3

4

5

6

7

8

9

10

CARYN RESNICK: It's allocated to DFTA's budget but then the projects are managed by EDC or DDC.

11

12

13

14

15

COUNCIL MEMBER VALLONE: So, we can see a reflection in the budget then of each of those capital projects? Can we have that information provided to us at some point? Because I have yet to see that.

16

CARYN RESNICK: Yes, absolutely, yes.

17

18

19

20

21

22

23

24

25

COUNCIL MEMBER VALLONE: That will help us to see the breakdown per borough, per center, per where those funding are, and it will also show us who's doing better than others when it comes to distribution of those funds and how they are determined. We are of all one voice when we think that this is too much for DFTA to handle. I think capital repairs whether it's schools, parks, libraries, that's what we advocate for. To talk

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

about the crisis in NYCHA and the crisis in the repairs of senior centers and then say DFTA, you handle it, I don't think that's a fair responsibility for DFTA. I think it should be isolated, maintained, in a capital unit that can be overseen by DFTA, but I don't think you have the staff or the resources to handle the crisis that's there and I think that's something we need to advocate for together.

I remember one of our past conversations, I think there was six staff members underneath you that handle all of the capital projects in the city. I have a staff of six for just my district and it's not enough. I can't see how you can handle. Has anything changed in the resources allocated by DFTA for capital team? Is it still the same team in place or has there been an increase?

CARYN RESNICK: I believe the team is the same, yes.

COUNCIL MEMBER VALLONE: And I feel your pain in that. I think we all do, because it's not possible to handle the capital repairs, especially with NYCHA itself. I think NYCHA should be separated and handled in an emergency case basis for the repairs that are needed at NYCHA and which probably dwarfs

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

the needs of the remaining senior centers who are still waiting for their capital. So, I think what the Chair will advocate for is a future hearing on the capital side of this and whether we can separate, and I'll close with that Chair. I know you have many more questions. But these are two areas just off the top of the list of the five that you talked about.

CARYN RESNICK: So, after the hearing we are happy to share that list with you and we can sit down and go over it together.

COUNCIL MEMBER VALLONE: Well, not just me. I think we all want to see that list but thank you for that and thank you Commissioner.

CHAIRPERSON CHIN: Council Member Ayala.

COUNCIL MEMBER AYALA: So, my question is really -- so, I have a couple of questions regarding the Thrive program. So, yesterday there was an announcement. I believe we had 25 in 2016. The city announced 25 senior centers that had been selected for geriatric mental health services. Now, yesterday, there was an additional \$1.7 million announced for an additional 25.

CARYN RESNICK: Up to 25.

COUNCIL MEMBER AYALA: Up to 25.

1
2 CARYN RESNICK: And what that means is that we're
3 going to carefully asses the 25 existing programs.
4 If there are any wait lists or a particular real need
5 for additional services in any of those centers, we'd
6 like to take that into consideration. So, we might
7 not just open an additional 25. We're clearly going
8 to be additional centers but for example, if there's
9 a need for another day of a clinician. We were out
10 in Brooklyn yesterday, there seems to be really heavy
11 utilization in that center. So, we might allocate
12 some additional resources to some of the original 25.

13 COUNCIL MEMBER AYALA: So, how many days is a
14 social worker on site now providing those services?

15 CARYN RESNICK: Two days.

16 COUNCIL MEMBER AYALA: Two days a week? Do you
17 have a list of which senior center were selected to
18 be a part of the initial 25?

19 CARYN RESNICK: Yes.

20 COUNCIL MEMBER AYALA: Because I have asked for
21 that list repeatedly through several committees and I
22 haven't been able to yet obtain it.

23 CARYN RESNICK: Happy to share that with you.

24 COUNCIL MEMBER AYALA: Because I wonder what the
25 selection criteria is for these senior centers.

1
2 DOHMH released a report last year that ties, mental
3 illness to a person's social economic status, place
4 of residence, and so, I wonder, I have asked this
5 several times. In my district, my part of the
6 district in the Bronx, specifically which is the
7 poorest congressional district, no senior centers
8 were selected and I know that there is a certain
9 criteria that a center has to meet in order to
10 qualify but I wonder if there is any attempt to maybe
11 either circumvent or reinvent the wheel in those
12 communities where we know that there is a need and
13 we're not really providing those services.

14 As part of my Committee, I have a series of
15 initiatives and one of the initiatives on mental
16 illness is really placing those types of services in
17 the community and I struggled last year trying to
18 identify a group in the South Bronx that would
19 provide a similar service to that of what SPAP is
20 providing now. And so, we have a lot of referral
21 based programs but there's no metric for measuring
22 whether or not an older adult actually made it to the
23 mental health provider and that's a problem for me,
24 because I don't want to just invest public dollars
25 into a program that's going to be referring people

1
2 and we can assume that they want it, we hope that
3 they want it but there's no real way to measure that.
4 So, I would really love to see where the original 25
5 were placed and I would love a better understanding
6 of how those sites were selected because they don't
7 seem to really match what the DOHMH report kind of
8 highlighted as a means of really identifying a
9 location that would merit the need for this type of
10 service.

11 And then I think secondly, I wanted to ask about
12 the employment benefits. You have an \$8.8 million
13 contract for employment services, and I know when I
14 worked in senior services and even now, as a Council
15 Member and as a constituent services rep, we often
16 get visits from older adults that are looking
17 desperately, desperately to supplement their income
18 because their not making enough in Social Security
19 benefits and their rent continues to go higher and
20 higher and so, their looking for these opportunities
21 but the wait list continues to be longer and longer
22 because there really isn't a lot of opportunity
23 because we're underfunded. So, I wonder if there has
24 been a request for additional dollars for employment
25 services for older adults in the recent past?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CARYN RESNICK: The funding you're referring to is our Title 5 funding which is federal funding and it's a grant funding and it has gone up and down over the years. I don't know if this year I think we did have an increase. We've been cut in the past; we had an increase this year. We are not the only provider. There's another organization in the city that I think also has a Title 5 contract, and those are means tested. So, it is designed for lower income older adults who are 55 or older. So, please refer people to our program.

COUNCIL MEMBER AYALA: I do, but the wait list is just - it's excruciating to watch people wait and never be called. So, how long has it been \$8.8 million and when was the last time that you saw an increase?

CARYN RESNICK: I'm sorry.

COUNCIL MEMBER AYALA: No, I'm just trying to figure out when was the last time that that budget was increased?

CARYN RESNICK: I think the budget for this year represented an increase. So, we currently do have a wait list. You are correct. And the other program that we also have contract for the city for reserve

1
2 us which is another potential opportunity for older
3 adults to supplement their income.

4 COUNCIL MEMBER AYALA: I mean, I would love to be
5 helpful if I can in anyway shape or form to help
6 advocate for more dollars through the federal
7 government. I love the program. The seniors love
8 the program. I don't really hear a lot of chatter
9 around it even though it's budget season and I think
10 it's a disservice to the seniors in city especially
11 in communities that are struggling.

12 And then I think the last question, and I wanted
13 to thank you for coming to visit us in the South
14 Bronx at two of our senior centers where we were
15 actually looking at two new senior developments that
16 one, is actually already completed and the other one
17 is in the process of being completed and looking at
18 opportunities for bringing in maybe more senior
19 services or maybe better utilizing space and maybe
20 moving senior centers in NYCHA that are not in the
21 best of conditions or maybe a little bit over crowded
22 and I wonder has there been because we've had this
23 conversation also about the development of new
24 affordable housing for older adults and the
25 possibility that that brings of new spaces for senior

1
2 center programming. If the city is in any way
3 surveying where those possibilities exist currently
4 for new programming or for relocating of services?

5 CARYN RESNICK: So, thank you. We had a lovely
6 day.

7 COUNCIL MEMBER AYALA: Yes, we did.

8 CARYN RESNICK: In the Bronx and we are working
9 on figuring out how to make that possible and we have
10 been meeting with HPD to do mapping to look at where
11 we have senior centers and where there are new
12 housing, low-income affordable housing for older
13 adults that's being built and if we do have other
14 opportunities to relocate. So, we definitely want to
15 take advantage of those because we do have so many
16 facility issues.

17 COUNCIL MEMBER AYALA: So, with having those
18 conversations with HPD this year, are you also having
19 conversations with the Administration about possible
20 increases in funding for those services because
21 there's no money for new contracts yet.

22 CARYN RESNICK: Right, so not all of them would be
23 new funding. Some would be relocating in existing
24 center and they're resources if it's a nearby
25 facility but yes, that's all under discussion.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

COUNCIL MEMBER AYALA: Okay, thank you.

CHAIRPERSON CHIN: Okay, so I'm going to talk about Senior Center Model Budget. I was very pleased at the Fiscal 2018 adopted budget. Baseline \$10 million for Phase 1 of model budgeting, which is focused on programming and staff.

The Administration has promised that by Fiscal 2021, funding for the first phase will rise to a total baseline investment of \$20 million. Now, when should we expect to see this additional money in the baseline budget?

Now, provider has also informed us that the next \$10 million added for Phase 1 of the Model Budgeting is only for programming and staff and can you confirm if that is true?

CARYN RESNICK: Well, our expectation was to use the second installment of the Phase 1 money in the same way, which was for staff and for programming and that we took offline the food and food related costs to handle separately, so yes, it would be for staff and programming.

CHAIRPERSON CHIN: So, there will be a total of \$20 million that's going to be baseline for programming?

1
2 CARYN RESNICK: That was the projection, yes by
3 2021.

4 CHAIRPERSON CHIN: Okay. Now, due to the DFTA's
5 broken model budget formula, you know, the Council
6 continues to fund corps services at DFTA's contract
7 senior center, why didn't the formula work? I mean,
8 we had an enhancement pot and I think only four out
9 of 51 centers got taken care of by the model budget.
10 And DFTA told us that do not take that funding away
11 because the senior center still needs it.

12 CARYN RESNICK: I mean, I'd have to go back and
13 analyze this with my staff because I'm not exactly
14 clear what the four of the fifty-one are.

15 CHAIRPERSON CHIN: These are the ones that was on
16 our senior center enhancement list.

17 CARYN RESNICK: I don't know what the fifty-one
18 are either. Oh, your enhancement list.

19 CHAIRPERSON CHIN: Yeah.

20 CARYN RESNICK: I think the model budget took us
21 a long way in enhancing programming and services. It
22 was intended to create some equity and parity, so I
23 think that additional Council dollars are always
24 going to be welcomed by the community. I don't think
25 any of our stakeholders and partners would say there

1
2 is no longer a need for additional enhancement
3 funding from the Council.

4 CHAIRPERSON CHIN: They were supposed to be taken
5 care of by the model budget. I mean our enhancement
6 money was kind of like meeting the gap and if the
7 model budget was supposed to take care of that gap.
8 I think one of the big problems was because the food
9 budget wasn't taken care of. So, some of the centers
10 might have still needed that money that will be
11 helpful for their food budget. So, why didn't DFTA
12 put in, in the Preliminary Budget as a new need some
13 money for the food budget and kitchen staff worker?
14 You know you need money for that. Why didn't you put
15 a placeholder in the Preliminary Budget to show that
16 there is a need and we have to meet it?

17 CARYN RESNICK: As we headed into the Preliminary
18 Budget, there as you know, was an economic down turn
19 and in fact, resulted in requesting savings from
20 agencies, so it was not put in the Preliminary Budget
21 because of difficult budgeting decisions at that time
22 and the discussion was and still is about looking at
23 the food and food related costs for Executive Budget.

24 CHAIRPERSON CHIN: So, are you confident that its
25 going to be in the Executive Budget?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CARYN RESNICK: I really can't comment.

CHAIRPERSON CHIN: It better be. That's what I'm telling them. I'm telling the Administration, it better be in the Executive Budget because I am getting very, very frustrated on this. Because the need is there. I mean just like we showed earlier, 2014 was the last time there was an increase of .25 cents per meal and .50 cents for Kosher meal. That's five years ago. I mean, like come on. DFTA's budget is so tiny, how dare the Administration put in a \$2 million PEG. Excuse me, they should have put in \$2 million for the food. There better not be a PEG. Like, are you looking at meeting that PEG? I hope not. It is so ridiculous that the senior population is growing and DFTA has the smallest budget. I mean less than half a percent, maybe a quarter percent, I mean we got to calculate the budget is growing but DFTA's budget doesn't seem like it's growing. It's still less including Council money. It's still less than \$400 million. It's just so unacceptable and the senior's number is growing. It's going to surpass the kids.

We have to make that investment now and that's why I joined the OMB hearing. I asked them to do the

1
2 study to show that every dollar that we invest in our
3 seniors now is going to save us money later and
4 they're committed to work with us. Let's do that.
5 Let's really show how much money are we saving if we
6 invest in our seniors now. I mean, I was looking at
7 the Preliminary Budget. I said, just put in
8 something to show that we're committed to support our
9 senior because the seniors are part of our future.
10 Seniors are still going to be around because they're
11 healthy, they're stronger. Especially the one that
12 goes to our senior center.

13 So, how can we not increase the budget because in
14 your next RFP for senior centers, I hope it's going
15 to be more than 249 senior center because we have all
16 of these other centers that are serving immigrant
17 population. They need to get into DFTA's portfolio.
18 There's got to be an increase in the budget for that
19 and you have to prepare for that. That is new needs
20 that should have been put into the budget, instead
21 you got the \$1.7 for Thrive and you don't even have
22 the concrete information of where you are expanding
23 to senior centers, you're going to do an analysis.

24 I mean, I assume if you know you have done your
25 analysis and it shows that there is a greater need

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

and so, you ask for the money but it seems like the money we're just giving to DFTA and you just go and figure out how to use this funding. But meanwhile, the core service that is so critical needed in DFTA is not being taken care of.

Like, why wasn't there any new needs to take care of case management wait lists? We have that every year and right now, there's 1,000 people there. Why didn't you put in as part of the new needs to get rid of the waiting list?

CARYN RESNICK: I mentioned so one, I want to go back and reiterate that this Administration has made a \$90 million investment in our agency over the past five years. So, I can't repeat that strongly enough.

CHAIRPERSON CHIN: We twisted their arms, okay.

CARYN RESNICK: We always thank you for your advocacy and support but together, we've had really a significant infusion of funding. So, I do take issue with your stating that our budget has not increased over the years and I know there's going to be continued advocacy by you. I hear you loud and strong and the seniors in the room and we look forward to seeing what happens at the time of the adopted budget.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CHAIRPERSON CHIN: I didn't say that the budget hasn't increased. I mean in my opening I talked about at least an increase by 50 percent, but the senior population has also increased quite a bit. So, in terms of really trying to be a step ahead, that when I was asking in the strategic question. I mean what are you thinking in terms of programs that you want to expand, that you want to create? And in partnership with the Council, we can get that going. Just like the centers for immigrant population. We work together with DFTA and now we're supporting ten of them and there are going to be more. And we also are supporting a lot of the new NORC's and a lot of my colleagues are asking to do some creative neighborhood NORC combination and it's helping and reaching a lot of seniors.

Those are the programs that DFTA should really be looking at expanding and making sure there's funding available to support them.

Do you know how much money it would cost to clear the case management wait list?

CARYN RESNICK: I don't. We're working on it right now and again; I mentioned the potential

1
2 funding from the state that would definitely help us
3 eradicate the wait list.

4 CHAIRPERSON CHIN: So, by April 1st?

5 CARYN RESNICK: By April 1st we will know that,
6 yes.

7 CHAIRPERSON CHIN: And also, I know that right
8 now we have 100 people on home care, but we also have
9 heard from providers that there's a freeze on
10 allocating homecare hours to client in at least two
11 boroughs, is that true?

12 CARYN RESNICK: There is the wait list that
13 you're referring to but not a freeze, no.

14 CHAIRPERSON CHIN: Okay.

15 CARYN RESNICK: But let's talk about that offline
16 because we're not aware of that.

17 CHAIRPERSON CHIN: Okay, we just heard from a
18 provider that people are limiting the senior's hours.
19 I mean the program for the home care is such a
20 tremendous program. I think more and more seniors
21 and caregivers are going to find out about it and
22 we're going to help spread the word because it's a
23 great program. It really meets a lot of needs and in
24 my district, we were able to help a couple of seniors
25 who desperately need it at a time when they don't

1
2 know what to do. They could not qualify for
3 Medicaid, so they can't get home care and one of the
4 seniors has onset of dementia and the wife is also a
5 senior and she had to take care of him, but we were
6 able to help them. You know, get like ten hours a
7 week and this way, she can go to the bank. She can
8 go get a haircut. That makes a difference in peoples
9 lives.

10 CARYN RESNICK: Yeah, it's exactly what it was
11 intended to do. Those who are just above Medicaid
12 and otherwise can't access.

13 CHAIRPERSON CHIN: Yeah, but a lot of people
14 still don't know that these programs exist, and we
15 got to help spread the word and that budget is going
16 to keep on growing because the need is there.

17 Okay, on your headcount, you have several, seven
18 vacancy reduction all come from the contract
19 Administration program area. We often hear from
20 providers, the difficulty they have achieving timely
21 contracts. So, do you have enough people on staff to
22 make sure that contract gets out of the door as
23 quickly as possible?

24 CARYN RESNICK: Yes, and I noticed that in the
25 briefing. I mean, we do, and it's already been taken

1

2

out of our headcount, the seven vacancies. It was left to our discretion as to where those vacancies are taken, so we absolutely would not take them from direct contract management or from our AKO's office where we have increased staff actually over the past few years.

7

8

CHAIRPERSON CHIN: Okay, you know my favorite topic?

9

10

CARYN RESNICK: Oh, can, I guess? Is it social daycare?

11

12

CHAIRPERSON CHIN: Yeah, social adult daycare. Look at the Chart. I mean you look at it, there are more social adult daycares than senior centers.

14

15

CARYN RESNICK: Yeah.

16

17

CHAIRPERSON CHIN: Right, look at that, in Brooklyn 131, Queens 120. I'm glad in my district in Manhattan we don't have as much but they all cluster around immigrant community and they're taking away our seniors and their using Medicaid dollars. Is DFTA looking at this situation?

21

22

CARYN RESNICK: Every day.

23

24

CHAIRPERSON CHIN: When I spoke to the Mayor and OMEG about DFTA helping senior centers to provide some of the services, and unfortunately, what we hear

25

1
2 back from providers is that these long term manage
3 care are not referring clients to them. And that's
4 why one of the good ones had to close.

5 CARYN RESNICK: Yeah.

6 CHAIRPERSON CHIN: And that just shows that
7 something not right is going on. Have DFTA worked
8 closely with OMB to really look at the situation.

9 CARYN RESNICK: So, you know where we've had this
10 back and forth. So, you know where I stand on this
11 issue which is that this really is a state
12 responsibility. They have the oversight; we've had
13 multiple conversations over the years with the state
14 Department of Health and they have distributed
15 regulations. I think as a result of our advocacy,
16 the SOFA guidelines so they definitely have provided
17 more oversight, but ultimately, they gave all the
18 power to the managed long-term agencies to do their
19 own assessments and their own oversight. And I
20 maintain that the client case load that should be
21 served by regulation in social daycare is not our
22 senior center population. It is really intended for
23 people who are physically frail or have cognitive
24 impairment and although we do serve some of those
25

1
2 folks in our senior centers, they might be better
3 served in an appropriate social daycare setting.

4 So, we should not be competing for seniors but as
5 a result of your local law, we've set up an OMBUDS
6 Office which is now flourishing. We accept
7 complaints, where necessary, we do go in and
8 investigate. We do now have a website and where
9 people must register. So, at least we now and you
10 now know where the social daycare programs are and if
11 we suspect that there's fraud, abuse, violations of
12 health code, we make all those referrals to the
13 appropriate agencies and directly to OMEG.

14 CHAIRPERSON CHIN: Well, we're also going to
15 start inspection with the Department of Health this
16 year?

17 CARYN RESNICK: Yes, right, the Health and Safety
18 Inspections through the Department of Health.

19 CHAIRPERSON CHIN: We are also advocating with
20 the state for them to do more oversight but just
21 looking at the number, I mean, they just keep on
22 growing and so, we got to make sure that our senior
23 center gets the support that they need.

24 I mean, when I visited some of the centers, their
25 senior that come up to me and said, I come to this

1
2 senior center because I love the center. He said,
3 they keep trying to get me to go to social adult
4 daycare. I don't need that service. Even though he
5 probably could qualify. But they love our senior
6 center, so we got to also look at some of the senior
7 centers that might be able to create some small
8 program to help some seniors with special needs,
9 because the socialization is so important and usually
10 the food is better. Because all these social adult
11 daycares, they don't cook the food. They just order
12 from the restaurant. Every day they have a menu,
13 check what you want.

14 CARYN RESNICK: I think we have much more
15 rigorous nutrition standards and guidelines that they
16 would probably not -

17 CHAIRPERSON CHIN: But they're paying more for
18 the food that we do to our center, right? So, that
19 is still a very big issue.

20 So, have you promulgated the SCDC rule yet?

21 CARYN RESNICK: Yes.

22 CHAIRPERSON CHIN: When?

23 CARYN RESNICK: I have an amazing announcement to
24 make.

25 CHAIRPERSON CHIN: Okay.

1

2 CARYN RESNICK: Yesterday, the rules were
3 submitted through the portal, so we are in the
4 process of having them promulgated. So, we can all
5 celebrate. I will do this.

6

CHAIRPERSON CHIN: Finally, after how many years?
7 Alright, so we have one less issue to complain to you
8 about.

9

CARYN RESNICK: You can take that off the agenda.

10

CHAIRPERSON CHIN: Yes, I am so glad that we
11 finally got that together. Okay, any other? Because
12 we have a lot of people waiting to testify.

13

Okay, so DFTA is late in providing the Council
14 with a term and condition regarding Senior Centers
15 without air conditioning. So, how many senior
16 centers are without AC? I mean, because a lot of the
17 senior centers are also cooling centers. Last
18 summer, we heard from quite a number of senior
19 centers that do not have air-conditioning. We are
20 also joined by Council Member Treyger.

21

CARYN RESNICK: Hello. I believe that at the end
22 or during last summer, we had about 30 sites where
23 their air conditioning was either not sufficiently
24 working or out of service and we have a whole team
25 within our bureau of community services and it's

1

2 constantly monitoring our cooling centers and we make
3 repairs or help them get repairs made as quickly as
4 possible. So, we have not yet entered the cooling.
5 We're working on heating still, but we will make sure
6 that everybody is online come the beginning of the
7 summer and I'll have to look into the terms and
8 conditions piece. I'm not sure about what we owe
9 you.

10 CHAIRPERSON CHIN: So, do the centers know that
11 if the air conditioning breaks down that they have to
12 contact DFTA right away?

13 CARYN RESNICK: They do, and they contact the
14 Council right away and they make many phone calls and
15 the job gets done.

16 CHAIRPERSON CHIN: Do you have a timeline like to
17 get it fixed within a day, two days, within a week?

18 CARYN RESNICK: It completely depends on the
19 nature of the problem, but you know, we've had to in
20 emergencies bring in free standing air conditioning
21 and you know, put in window units. We do whatever we
22 can to make sure that there's at least some kind of
23 cooling in place while, if it's a major repair has to
24 get made.

25

1

2

3

4

5

CHAIRPERSON CHIN: So, DFTA does have an emergency plan so that you can bring in portable air conditioning so that the senior center will still be able to run and not be overheated?

6

7

CARYN RESNICK: Yes, and we work with the provider to make sure they can do that.

8

9

CHAIRPERSON CHIN: Okay. Council Member Treyger, do you have a question? More questions.

10

11

12

13

14

15

16

17

18

19

20

COUNCIL MEMBER TREYGER: Thank you, Chair and I just want to really publicly thank Chair Margaret Chin. She is a champion for our seniors. Am I right about that? But year after year, I have to tell you I have the honor of serving with the Chair as well in many of our budget negotiations and discussions as well, and everyone already knows the first word out of her mouth, seniors. And she will not stop until she gets what she needs for seniors. So, I just want to publicly thank her for her leadership and all of my colleagues, and I welcome the Commissioner.

21

22

23

24

25

I say this probably almost every budget season, you know, I am obviously disappointed and growingly concerned about this budget for our seniors. You know, as a former teacher, I used to have this graphic chart you know, like negotiable and non-

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

negotiables and we as a city have to really speak with one voice and say, do not mess with our seniors and their care and servicing them and making sure that they enjoy the golden years of their lives, that has to be a non-negotiable for us. It is non-negotiable and especially in my part of town.

I think we've discussed this quite a bit, where we have a growing flourishing immigrant community. The space is small in centers, the people are growing. It's only going to continue to grow and I'm not seeing a vision or a plan in how do we address and accommodate this growing, pressing need. I am concerned, forgive me if I missed this earlier because I was at an announcement at a hospital to fix an emergency room, but is there a commitment or is there any discussion on increasing the number of contracts for senior centers? Because we're seeing as the Chair noted many times, the emergence of the social adult daycares, which I think are a direct threat to the vitality of our centers but in neighborhoods in Southern Brooklyn and such as in Bensonhurst and Graves and in others, we're seeing huge growing needs, huge senior population emerging. The spaces are small. The amount of people is large

1
2 but they're not getting a DFTA contract. Only on one
3 of their spaces but their trying to open up more
4 spaces. Rather than go through a budget dance of
5 trying to fight to restore certain things, why cant
6 we work together, partner together and significantly
7 add to this critical budget to expand senior centers
8 and to contribute more money to existing contracts as
9 well because in addition to new centers, I'm sure
10 this comes up all the time. Many of the providers
11 are at the brink of losing key staff, already have
12 lost staff, because they just quite, frankly, can't
13 keep up with the costs of maintenance.

14 And so, I really believe in a budget. I think
15 the Chair has highlighted this in a budget of over
16 \$92 billion. I think it is really outrageous that
17 DFTA's budget from what I'm reading here, \$355
18 million. That really speaks volumes to me and so,
19 Commissioner, how can we work, and I believe that you
20 are partner. This is not us versus you, this is how
21 can we better work together to push this
22 Administration? To push folks at OMB and others to
23 make sure that we deliver for our seniors once and
24 for all and not go through this budget dance time and
25 time again?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CARYN RESNICK: So, yes, I do agree that we're partners and that we really share the same vision. That we provide the highest quality services that we can for the seniors in the City of New York and I think our provider and stakeholders are doing an absolutely amazing job in the community. We are in the process now along with all of the other things we're working on, doing a needs assessment. Looking at all kinds of community survey data to see where seniors are living, where they are migrating, what new immigrant populations are emerging. So that when we do our RFP, we can take all that into consideration as we do our planning. So, that is all happening now. We will be happy to share that with you as we get closer to that RFP timetable and we're very aware of the emerging populations. Those groups do come to meet with us quite frequently and we're going to include all of those neighborhoods and stakeholders into conversation as we plan for that upcoming RFP.

COUNCIL MEMBER TREYGER: And when is that RFP set to be released?

CARYN RESNICK: In 2020.

COUNCIL MEMBER TREYGER: In 2020.

1
2 CARYN RESNICK: Early to mid-2020 and that would
3 be the whole portfolio of our senior center network.

4 COUNCIL MEMBER TREYGER: And how are you
5 budgeting for that if DFTA is experiencing a cut, a
6 proposed cut right now in this prelim budget?

7 CARYN RESNICK: Well, we had the first Phase 1
8 model budget infusion of funding. There's an
9 expectation that by 2021, we'll have additional
10 dollars. There's the discussion of the food cost and
11 staffing allocation. So, it is our hope that by the
12 time of RFP, the portfolio will have grown of its
13 dollars.

14 COUNCIL MEMBER TREYGER: Commissioner, final few
15 questions. I thank that Chair for her time. When we
16 met with the Mayor before he released his Preliminary
17 Budget, he made it clear that he was speaking to
18 agencies about proposing what he calls savings, or we
19 call cuts to this budget. Can you share what your
20 conversations have been like with OMB and how can we
21 better effectively help you to make sure that hands
22 are off DFTA and that we actually increase, not just
23 play a game of catch up, but significantly increase
24 this critical social safety net for our seniors which
25 is s precious but very vulnerable population., which

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I don't think I have to preach to the choir here. But I think we have to declare with one voice that senior budgets, that's non-negotiable. I believe education, healthcare, seniors, these are areas that are just non-negotiable. And so, can you share what your conversations have been like with OMB? Are you getting push back? Are they asking you for more? Because in order for us to effectively advocate, we need to know where things stand because we're not shy here on the Council led by our Chair. Thank you.

CARYN RESNICK: So, I want you to be rest assured that our long terms goals are the same of supporting our centers and strengthening their ability to serve older New Yorkers. That the Administration shares that vision and has infused our agency with \$90 million. That's a 60 percent increase over these past five years. We were in conversation with OMB in the past week and they've asked our agency to take a \$2 million cut. We've not yet determined how and where we will take that. We're going to be looking at that carefully over the next couple of weeks.

COUNCIL MEMBER TREYGER: And Commissioner, what is the penalty if you don't submit a \$2 million cut to OMB? We have your back and I respectfully urge

1
2 DFTA, do not submit any cuts to OMB. We have your
3 back. This is a non-negotiable item for us. This is
4 a non-negotiable item and I think the Chair; I think
5 I could speak with one voice with you, hands off
6 DFTA. And so, I respectfully ask you, do not submit.
7 Send them to Chair Chin. Send them to Council Member
8 Treyger and others. We'll be happy to follow up. We
9 have your back. Thank you, Chair for your time.

10 CHAIRPERSON CHIN: Thank you, Council Member
11 Treyger. We said that earlier to. They better not
12 do the PEG to DFTA. Okay, I think Council Member
13 Treyger talked about it earlier, but we just want to
14 make sure that the center that serve immigrant
15 population, that extra funding will be in DFTA's
16 budget. So, when you do your RFP that you do have
17 sufficient funding to really expand the portfolio in
18 terms of the number of senior centers and centers
19 that serve all the different populations throughout
20 the city. Oh, we've been joined by Council Member
21 Rosenthal, she's visiting us, and she has a question.

22 COUNCIL MEMBER ROSENTHAL: Thank you. Good to
23 see everyone and obviously you've all been asking the
24 questions I want to ask, and I really appreciate the
25 focus here on making sure that our senior centers are

1
2 adequately funded. Commissioner, thank you so much
3 for being here. Don't go anywhere. Stay with the
4 City, you do a great job. It's been a pleasure
5 working with you. I want to drill down into one
6 specific aspect of the contracts and that is the
7 exempt employee overtime policy. This is the issues
8 of the state requiring that managers at certain
9 levels not be eligible for overtime because their
10 being paid managerial wages and yet we're not paying
11 them an adequate amount and I'm wondering how DFTA is
12 navigating that?

13 CARYN RESNICK: So, the model budget addressed
14 some of that in order to address wages and salaries
15 but honestly, we should have more dialog about what
16 the impact is. We have not heard a lot about this
17 from our community partners.

18 COUNCIL MEMBER ROSENTHAL: Okay, this is an issue
19 that the human services council which has many of
20 your community partners as part of its umbrella
21 organization being very concerned. So, I would love
22 more information if you could follow up on that. In
23 what way did the model budget address it?

24

25

1
2 CARYN RESNICK: Our provider community was able
3 to use some of that funding to address salary
4 increases for their staff.

5 COUNCIL MEMBER ROSENTHAL: Have you asked them to
6 track overtime?

7 CARYN RESNICK: No, I mean our contract agencies
8 all have their own personal policies and practices,
9 so we wouldn't really have any oversight over
10 overtime policy.

11 COUNCIL MEMBER ROSENTHAL: I think this is a new
12 rule you should go back and look at it. I think
13 they're required to track overtime now. So, let's
14 circle back to that once you guys have looked into it
15 a little bit more.

16 In your model budget, do you send that model
17 budget as part of the RFP, do you include something
18 like a sample budget in the RFP?

19 CARYN RESNICK: We did not. The \$10 million was
20 outside of an RFP process. We do have an upcoming
21 RFP that I mentioned we're beginning to do all of the
22 analysis for. So, we can take that into
23 consideration as to whether we would include a model
24 budget as part of the RFP.

1
2 COUNCIL MEMBER ROSENTHAL: Yeah, this is the
3 notion that the city should I think, the city should
4 think harder about what they expect a non-profit to
5 be able to do. So, in other words, if the city is
6 paying on a per case or per meal basis, how does the
7 math work? What is the city's expectation of what a
8 manager would be paid? What an assistant manager,
9 what a chef would be paid and that be part of the
10 RFP. This is how much we think food is going to
11 cost. So, that the non-profit organizations could
12 respond respectfully and not respond if they don't
13 think they can meet the requirements that the city is
14 laying out there. In other words, saying with this
15 understanding of how many staff you have and what the
16 cost of food is, we expect you to be able to serve
17 this many people and this way if a non-profit can't
18 do that, perhaps they wouldn't apply.

19 CARYN RESNICK: No, its an interesting concept
20 and we'll take it into consideration. You know, I
21 also know that our contract agencies also like
22 flexibility. So, the only downside would be not to
23 lock people into some kind of -

24 COUNCIL MEMBER ROSENTHAL: Just a sample, here's
25 what it would look like.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CARYN RESNICK: Yeah.

COUNCIL MEMBER ROSENTHAL: And you know if it's an orthodox community that's responding they might say we can't afford food at the level the city is paying perhaps we won't apply, which is something that I think the non-profit agencies are thinking very seriously about and I think we need to be honest with them about what we think we're paying for. Thank you very much. I appreciate it, thank you, Chair.

CARYN RESNICK: Thank you.

CHAIRPERSON CHIN: Thank you. A couple final questions. The NYCHA's Show Through Club. Every year the Administration throws in \$3 million in the Executive Budget. Is DFTA finally going to solve this issue? Like, how many of them should continue? How many of them should become senior center NORC? Are you going to get another \$3 million this year and just drag it on?

CARYN RESNICK: So, currently we have taken over about I think 17 programs from NYCHA and we get funding to help support those and there are still an additional 14 that are with NYCHA and there has been discussion about whether we can or would take them

1

2 over but now that NYCHA has a federal monitor, I
3 think some of those discussions are going to be put
4 on the back burner for the time being. So, we
5 continue to operate the 17 NYCHA social clubs.

6

CHAIRPERSON CHIN: So, that's part of the \$3
7 million that the Administration is going to give you
8 again, one shot every year.

9

CARYN RESNICK: It's baseline.

10

CHAIRPERSON CHIN: It's baseline?

11

CARYN RESNICK: I think so. Well, Daniel says
12 no, but Sasha says yes.

13

CHAIRPERSON CHIN: Okay, well we're going to have
14 to check on that one.

15

CARYN RESNICK: We will check on that one.

16

CHAIRPERSON CHIN: Yeah, we're going to have to
17 check on that one. We usually don't miss baseline
18 stuff.

19

CARYN RESNICK: My understanding is that the 17
20 that are in our portfolio are baselined and the NYCHA
21 14 are getting the one-shot money. We're in
22 agreement.

23

CHAIRPERSON CHIN: Oh, the 14 is the one-shot.

24

CARYN RESNICK: Yeah.

25

CHAIRPERSON CHIN: And the 17 is baselined?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CARYN RESNICK: Yes.

CHAIRPERSON CHIN: And that's the \$3 million together. So, how much does the 17 cost?

CARYN RESNICK: It's \$5.7.

CHAIRPERSON CHIN: \$5.7 million, so it's not \$3 million.

CARYN RESNICK: No. Yeah, \$5.7 million is added into our budget for the operation of those 17.

CHAIRPERSON CHIN: And \$3 million is for the 14?

CARYN RESNICK: It doesn't come into our budget. So, we don't see that money, that goes to NYCHA.

CHAIRPERSON CHIN: Oh, alright. So, \$5.7 million. I'm glad you're getting the money. Alright, one last question. We're all talking about the U.S. Census 2020. Is DFTA getting any extra funding to work on the Census?

CARYN RESNICK: Not that I'm aware of. I mean of course we all want to play our role and make sure that everybody participates in the Census, but we have not yet had discussions with Julie Menin, The Director of the Census for New York City.

CHAIRPERSON CHIN: Well, they can't expect DFTA and all the senior centers to do all this outreach and all this work for no funding. So, DFTA needs to

1
2 advocate to make sure that you get the allocation
3 just like everybody else is fighting for. We got to
4 make sure you don't get cut out of that. That's why
5 we're asking that question. We want to make sure you
6 get the resources so that you can go out and
7 publicize and also make sure that maybe some of the
8 seniors can participate in some of the jobs and help
9 do the outreach. So, we don't want to miss that
10 opportunity.

11 CARYN RESNICK: Absolutely, thank you.

12 CHAIRPERSON CHIN: Okay, so we have a lot of
13 people that want to testify so, we thank you
14 Commissioner.

15 CARYN RESNICK: I must compliment you on your
16 graphics. I am extremely impressed.

17 CHAIRPERSON CHIN: Yes, the staff has done a
18 great job.

19 CARYN RESNICK: I'm going to go back and talk to
20 my staff because I want graphics to.

21 CHAIRPERSON CHIN: Well it's good to have visual
22 and that's what our Speaker is pushing for and this
23 way the audience can see what we're talking about and
24 I look forward to continuing to work with you.

25

1
2 CARYN RESNICK: And I thank you for your
3 advocacy.

4 CHAIRPERSON CHIN: And make sure that those
5 initial money better be in the Executive Budget. The
6 money for the food and the food service worker.

7 CARYN RESNICK: Thank you.

8 CHAIRPERSON CHIN: I know you're going to have
9 someone stay behind to listen to some of the
10 testimony.

11 CARYN RESNICK: Absolutely.

12 CHAIRPERSON CHIN: Okay, so we are going to call
13 up the individual panel because we have so many
14 people that signed up to testify. We are going to
15 have to put a three-minute clock on. So, if you have
16 written testimony, please submit that and just tell
17 us the highlights and we can also follow up after the
18 Preliminary Budget hearing. We are all going to have
19 to work very hard to make sure we get a good
20 Executive Budget.

21 So, the first panel we have Bobbie Sackman
22 Radical Age Movement, Katie Foley Selfhelp Community
23 Service, Katelyn Hosey from LiveON New York and Molly
24 Krakowski from JASA.

1
2 I just want to thank a lot of the AARP members
3 for always being here and always supportive.

4 You can start. Welcome Bobbie, glad to see you.

5 BOBBIE SACKMAN: Hi.

6 CHAIRPERSON CHIN: We miss you.

7 BOBBIE SACKMAN: Ah, thank you. I don't know if I
8 could say I miss budget hearings, but I do, and I
9 want to thank you. My name is Bobbie Sackman. I am
10 now a starting committee member with a group called
11 Radical Age Movement. I have handed you testimony
12 about age discrimination in the work place and for
13 those of you who might not know Council Woman Chin
14 has now really stepped up as a leader in this issue
15 which is rampant and economically devastating to
16 thousands of older New Yorkers and people around the
17 country. So, what I thought I would do right now
18 with the little bit of time and after listening
19 today, I think your outrage about the lack of DFTA
20 funding as it goes on year after year and now a PEG,
21 I got to live through the Bloomberg years.

22 I want to tell you what was supposed to be a "5
23 percent cut to DFTA at one point turned out to be a
24 30 percent cut to homecare." Now, this was years
25 ago, but not one new client got homecare for two and

1
2 a half years. So, the devil's in the details and we
3 are hearing that there might be a partial freeze on
4 ICEP to homecare hours. I think more needs to be
5 looked into that.

6 So, I just thought I would throw out a few
7 slogans to maybe frame something differently and I
8 think this is where you are all heading today, at
9 least I hope so.

10 When it come to workplace discrimination, when it
11 comes to DFTA having less than half a percent of the
12 whole budget, whatever, we need age justice. We need
13 to start talking about age justice. This is a social
14 justice movement as we've done with gender, race,
15 homophobia, of course, we're not done with any of
16 those, but this is an age justice movement. As I was
17 so proud to hear you say Councilwoman Chin, we are
18 part of the future to. Enough which standing on our
19 shoulders, that means you're dead and you're gone.
20 My shoulders don't need that. I want to move forward
21 and use us in a good way but certainly don't push us
22 aside. I think it's time to call out elected
23 officials if budgets and policies are ageist.

24 This is an ageist budget; it is the Mayor's
25 Budget. It is OMB's budget. It is not City

1
2 Council's Budget; it is the Mayor's Budget. It is an
3 ageist budget and it's time to start using stronger
4 language. I know you did use ageism I think in your
5 remarks, but I think we have to start calling it
6 because as we know language matters and the other
7 thing I wanted to just mention quickly about the
8 food. So, for many years, my self and many
9 colleagues, some are here, have tried to get an
10 automatic inflationary increase based on the cost of
11 food for that year. So, that the budgets of the
12 senior centers and the meals and wheels programs
13 would just go up with inflation. So, here we sit
14 year after year, we're behind the eight ball and I
15 think there's a good way to change it. Thank you.

16 KATELYN HOSEY: Good afternoon. My name is
17 Katelyn Hosey. I am here representing LiveON New
18 York. Thank you, Council Member Chin, and to the
19 Committee for having us here today to testify.

20 With a base of more than 100 community-based
21 organizations, we represent throughout the five
22 boroughs that provide the services that allow seniors
23 to age in place with dignity and respect. These
24 services are senior centers, home delivered meals,
25

1
2 and the gamut of services that a senior might need to
3 grow old and thrive in their community.

4 We are encouraged by the investments that we have
5 seen you push for and have been successful in
6 receiving in the past years, but we know there is a
7 lot more that still needs to be done.

8 With the DFTA budget still accounting for less
9 than one percent of the total city budget, and a fact
10 that it's being exacerbated by the number of older
11 adults aging into poverty, we need to ensure that
12 more is done each year to support the system.

13 One example of the policies not reflecting what
14 is needed is the fact that New York City spends 20
15 percent below the national average on senior meals.
16 That is just not ever going to make sense in a high
17 cost area like New York City.

18 In order for New York City to truly be the
19 fairest big city, we need a fairer city for all ages.
20 Fairness does not have an age cut off.

21 I want to respond to something that Council
22 Member Treyger said. He said the fact that services
23 for seniors are non-negotiable. So, I'll put this
24 out there right away. The PEGs for DFTA are non-
25 negotiable. LiveON New York sees no reason for the

1
2 Department for the Aging's budget to do decrease in
3 any way for any of the core services that are
4 provided to seniors and that is something that I
5 think the City Council has shown here today and it's
6 really important to just not negotiate on that point.
7 So, moving forward, without negotiations happening,
8 we know that we need to push and ensure that seniors
9 needs are met and one of the most important ways of
10 that the Department for the Aging services provide
11 for is nutrition services, meals. We know that for
12 many of the seniors it's older woman living alone who
13 utilize the senior services and that the nutrition
14 services that they receive from a meal accounts for
15 half of their daily nutritional intake. That's
16 critical. We need to ensure that investments keep
17 pace with rising costs and that means a \$20 million
18 investment in senior service, for senior congregate
19 meals, and a \$15 million investment in home delivered
20 meals.

21 We also need to recognize that the fairness
22 aspect of this comes at a cost to the cooks, to the
23 senior center directors who need to be paid a livable
24 wage by the city contracts. That is what we believe
25 that these investment will help us go towards.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

We also just want to quickly note that LiveON New York is a member of the Human Services Council and we are really appreciative of all the contractual work that is being done under the Human Services Council and we are supportive of their recommendations that have been outlined in previous testimonies. I know Michele Jackson testified at the Finance hearing and we're supportive of all of those recommendations. So, we thank you for your time and we're excited to hear from a lot of our member who are in the room today. Thank you.

KATIE FOLEY: Hello, my name is Katie Foley and I am from Selfhelp community services. Thank you for the opportunity to testify today. We are grateful for the Councils ongoing support and I will focus quickly on a few of Selfhelp's priority that we hope the Council will highlight over the next few months.

Thank you for the ongoing commitment to the Senior Center Model Budget process. We request that the remaining \$10 million that's been committed to the model budget process be allocated this year instead of in Fiscal Year 2021 and that's critical before as we talked about the RFP for senior centers that's coming up.

1
2 We request the \$20 million to increase funding
3 for the reimbursement rate for meals adequately fund
4 staffing and address the underfunded cost of running
5 senior center kitchens so that seniors can access
6 culturally competent and nutritious meals such as the
7 Kosher meals provided at our Austin Street Senior
8 Center in Forest Hills.

9 We also urge the City Council to advocate for the
10 creation of a senior housing resident coordinator
11 program to invest \$5 million in senior centers and
12 social workers in new and existing senior affordable
13 housing. Research proves that Selfhelp's housing
14 plus services model has a significant impact on
15 health and can reduce healthcare costs.

16 This year we're urging the City Council to renew
17 the Holocaust Survivor Initiative with continued
18 support for self-help. Approximately 50 percent of
19 the holocaust survivor's served by Selfhelp are
20 living at or below the poverty line while 80 percent
21 of the survivor's from the former Soviet Union are
22 living in poverty.

23 As the largest provider of comprehensive services
24 to holocaust survivors, Selfhelp is uniquely
25 positioned to assist this last generation of

1
2 survivors, especially as their needs grow more
3 intense and more costly.

4 Our virtual senior center has proven to
5 effectively and profoundly impact social isolation
6 and reduce social isolation. And so, we have been
7 able to expand the VSC due to support from individual
8 members on the City Council and we ask DFTA and the
9 City Council to consider new investments in
10 technology services that can reduce social isolation
11 for homebound older adults.

12 With the support from the Queens delegation,
13 Selfhelp has been operating a senior transportation
14 program in Queens and due to the success of the
15 program and high demand, we're seeking to continue
16 this program across Queens to meet the needs of
17 seniors living there.

18 Selfhelp provides social services to more than
19 1,300 residents in NORC programs throughout Queens
20 and we ask the Council to restore the \$3.65 million
21 and the Administration to restore the \$1 million that
22 it previously supported. This funding is vital to
23 ensure the core programs continue.

24 And lastly, I mention that we support the
25 priorities of our partner organizations and the

1
2 continued investments in the Council initiatives like
3 support our seniors, the SU CASA program, Senior
4 Centers for Immigrant populations, Healthy Aging and
5 we appreciate the ongoing consistent support from the
6 City Council. So, on behalf of our 20,000 clients,
7 thank you for the opportunity today.

8 MOLLY KRAKOWSKI: Good afternoon. My name is
9 Molly Krakowski, I am the Director of Legislative
10 Affairs at JASA. Thank you, Chairperson Chin for
11 today's hearing and for members of the Committee for
12 being here for most of the hearing.

13 JASA is a non-profit agency serving older adults
14 in the greater New York City area. There mission is
15 to sustain and enrich the lives of older New Yorkers
16 as they age with dignity and autonomy and our
17 programs reach over 40,000 clients and really run the
18 full gamut of services for older adults.

19 JASA's budget requests and priorities for FY 20
20 are inextricably tied to fair funding of social
21 services contracts in New York City. We are looking
22 to the City to fully fund New York City contracts to
23 both cover the costs of service delivery and also
24 ensure that the staff in those contracts are paid a
25 decent and livable wage.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I want to first talk about the Inadequate funding for home delivered and culturally appropriate meals and congregate meals in general. We'll echo every one here and also, I thank Council Member Vallone for highlighting the need for an increase in the food delivery, the funding for food. 57 percent of our meals are Kosher meals. We have a massive deficit annually and it only grows because the cost of food is going up. We don't want to wait until FY 21 for the potential of additional money being infused. So, we're along with other advocates calling for \$20 million this year towards congregate meals and additional \$15 million to address the home delivered meals which would both address the cost of culturally appropriate meals but also food service delivery and staffing.

The Senior Center Model Budget, I won't go into a lot of detail. I will say that we are concerned about the sites that were left out of the initial model budget funding and I know that some of those sites are not classic senior centers but there are eleven that are formerly discretionary funded, Councilmanic centers and DFTA knows which centers are

1
2 centers and they need to look at those centers
3 quickly and rectify it before they go into Phase 2.

4 Fair Salaries, I've mentioned before but I'll
5 just highlight specifically NORC directors and NORC
6 programs need to have increases in their salaries.
7 They were left behind, case management got increases,
8 senior centers that were involved in the model budget
9 got increases. NORC's need increases as do some
10 other programs.

11 NORC's Nursing Services; the nursing component of
12 NORC programs is unfunded and we need additional
13 money to be infused into the nursing services so that
14 NORCs can continue to provide nurses within their
15 sites. We are also asking for funding from the state
16 to support nursing services, but this is becoming an
17 increasing challenge for NORC providers and partners
18 that we've relied on in the past who have provided
19 incredible nursing services, are no longer able to
20 continue providing services the way they once were
21 pro bono.

22 And finally, I will just end with Council
23 initiatives which of course we do heavily rely on
24 whether it's healthy aging, support our seniors,
25 they're a list in NORC initiatives to make sure that

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

the funding that all of our programs and services have relied on continue to get that funding, so thank you and thank you for being such a champion.

CHAIRPERSON CHIN: Thank you, thank you for all that you do and for coming today. The fight continues, so we got to make that we see increases in the Executive Budget. Thank you for being here.

Next, we want to call up Beth Finkel from AARP, Rocky Chin from AARP, Tara Klein from United Neighborhood Houses, Hillary Stuchin from UJA Federation of New York and Lindsay Goldman from New York Academy of Medicine.

Yes, please start.

Hello, oh, I feel like I'm in the hot seat here. So, first of all, I cannot thank you enough Councilwoman Chin. You have really led a new way for all of us to look at how we have to fight harder for seniors, and I can't thank you enough. We are in your debt, so thank you and thank you for being so expressive about how you're going to carry that on. So, AARP has almost three quarters of a million members in the five boroughs of New York City, 2.6 million across New York State. In good times and bad times New York City really has to support it's

1
2 seniors. We know that the population is growing very
3 rapidly, and I got some data in here. I'm not going
4 to read my testimony because I know you're definitely
5 going to take the time to read it. I do want to
6 highlight that the way that LiveON New York and our
7 other partners laid out the budget. In this piece
8 AARP is absolutely in agreement on and supports those
9 budget allocations. We are as shocked as you are
10 that the Administration would ask DFTA to make any
11 cuts at all in the Fiscal Budget.

12 All that while when we know that seniors are
13 increasing, and we did a recent study that we
14 underwent for Center for Urban future. I know
15 they're going to be testifying right after me and
16 give the actual data of the numbers but I'm just
17 going to throw a few out to you. Residents age 65
18 and older in New York City increased 12 times faster
19 than the cities under 65 population. And over the
20 past decade, that is now a record of 1.24 million
21 adults age 65 and older in the five boroughs.

22 I'm just going to throw one statewide number out.
23 One in every six New Yorkers across New York State
24 are 65 plus and in fact, you alluded to the earlier,
25 in New York State, there are now more people 65 plus

1
2 then 13 and under. So, that's back to the points
3 that you were making earlier. These are record
4 numbers and we really need to start looking at this
5 even more seriously because it's just appalling that
6 there would be any cuts suggested at all. We have to
7 keep people at home because number one, it's what
8 they want. We have to be respectful of them, but
9 number two, it's the fiduciary responsible thing for
10 a government and citizens to do because is people are
11 in their communities, they are contributing to the
12 local tax coffers and to the local economy. Across
13 New York State that means \$700 billion that older
14 adults contribute which by the way, is over half of
15 the GDP for New York State and those numbers are even
16 more significant here in New York City.

17 So, that longevity economy is something that we
18 really have to look at as we see that younger people
19 are leaving New York State and so, we have to support
20 the older people to stay in their homes.

21 Just really quickly, I want to just talk about
22 Age Friendly New York, because that hasn't been
23 touched on before.

24 Being an Age Friendly community is incredibly
25 important, but New York City was one of the first.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

We have been the shining light. AARP is very involved with Age Friendly; we were the ones that got New York State to become age friendly and that's all following in the work that New York City laid out originally with my partner here sitting next to me and I know she is going to address this more.

There are over 300 communities, cities, counties in the country that just recently signed on and all of them look at the model of New York City for how to be age friendly.

So, for New York City to have \$100,000, that's it, in the budget to say that we are age friendly is an incredible, incredible short sided thing to do. In fact, New York State became age friendly, Massachusetts and Colorado and more states are signing up all the time and when they look back at who was the shining beacon of Age Friendly, it was always New York City, but with \$100,000, what do you do with \$100,000, it's ludicrous. So, I can't stress that enough. I believe that they're asking for \$350, I actually think \$350,000 is not anywhere sufficient either but I thank you for your time and allowing me to run over. Thank you so much.

1
2 LINDSAY GOLDMAN: Thank you, good afternoon
3 Council Member Chin and again, thank you for your
4 leadership on aging issues here in New York City.

5 My name is Lindsay Goldman and I am the Director
6 of Healthy Aging at the New York Academy of Medicine
7 where we work to ensure everyone has the opportunity
8 to live a healthy life.

9 In 2007 we initiated Age Friendly New York City
10 as a public, private partnership with the Council and
11 the Mayor's Office to maximize the social, physical,
12 and economic participation of older New Yorkers.

13 Age Friendly New York City has resulted in over
14 80 improvements to City services and amenities across
15 22 different agencies as detailed in DFTA's 2017 new
16 commitments for a City for all ages.

17 To ensure accountability and compliment the
18 City's work with private industry investment, the Age
19 Friendly New York City Commission is approved by the
20 City Council, appointed by the Mayor and staffed by
21 the Academy. We are asking the Administration to
22 increase the annual funding to support the commission
23 to \$350,000 to ensure that we can all remain actively
24 involved in public life as we age.

1
2 The Commissions 2010 chart states that it will
3 quote establish topic specific work groups which will
4 develop action plans and promote their
5 implementation. Working groups strengthen the
6 commissions impact by elevating aging issues to new
7 audiences and providing these audiences with tools to
8 better serve a growing, aging demographic.

9 Over the years, the Academy has convened ten
10 working groups leveraging private dollars to produce
11 innovative products such as the image NYC interactive
12 map of aging which provides over 150 sociodemographic
13 characteristics of the current and projected
14 population age 65 and over with overlays of
15 resources, amenities and services by neighborhood
16 tabulation area.

17 The receding of the Age Friendly New York City
18 Commission later this spring, presents an opportunity
19 to convene new working groups to address pressing
20 challenges with greater intensity.

21 During the last meeting of 2018, the Commission
22 recommended working groups focused on optimizing 2020
23 Census participation leveraging the asset of the
24 Commission and the image NYC map to ensure accurate
25 representation of and resources for the increasingly

1
2 diverse older population and improving financial
3 health and wellbeing to promote economic security in
4 late life.

5 Since 2010, the Academy has received an
6 allocation of \$100,000 which supports 30 percent of
7 commission related activities. In the past, we've
8 provided all kinds of work for all working group
9 related expenses including staff time, developing
10 action plans and fund raising to implement action
11 items. Unfortunately, we are no longer able to offer
12 this support without added of funding.

13 An additional \$250,000 will enable us to staff
14 and convene two topic specific working groups with
15 subject matter and activity to be ultimately
16 determined by the Commission.

17 Age Friendly New York City generates
18 international acclaim and publicity for the City of
19 New York and amplifies the work of the Department for
20 the Aging. Adequate support for the Commission is
21 required to build on the momentum of the past ten
22 years to ensure that all New Yorkers experience our
23 collective commitment to an Age Friendly City. Thank
24 you.

1
2 HILLARY STUCHIN: Thank you, Chairperson Chin for
3 the opportunity to testify today. I am Hillary
4 Stuchin Director of Government Relations at UJA
5 Federation of New York. UJA is more than one hundred
6 years old and our mission is to fight poverty,
7 connect people to their communities and respond to
8 crisis both locally and around the world. We support
9 nearly 100 non-profit organizations that serve those
10 that are most vulnerable and in need of programs and
11 services. So, as you've heard and will continue to
12 hear from advocates today, fully funding senior
13 centers, providing adequate, support for nutrition,
14 mental health, other programming is of the utmost
15 importance and UJA is supportive of these requests.
16 However, I am here today to focus on funding for
17 NORCs as well as the Holocaust Survivor Initiative.

18 So, NORCs just briefly to overview, our housing
19 developments or neighborhoods that were not built
20 specifically for older adults but are now home to a
21 significant number of older people.

22 New York programs coordinate support for social
23 services, case management, activities and other
24 programming that promote health and stability among
25 older adults, so that they can remain living safely

1
2 in their homes. NORCs are funded through both DFTA
3 as well as City Council discretionary dollars and in
4 order to maintain the current level of service at all
5 of New York City's NORCs, we urge the Council to
6 support the following in this years budget.

7 The first is that we ask that the Council urge
8 the Administration to restore \$1 million invested in
9 FY 2019 for NORCs. This funding allowed some NORCs
10 that had been pretty easily Council funded to move
11 over to being DFTA funded and without this funding,
12 the future of those programs is quite uncertain.

13 Number two, is that we also hope to see the
14 Council restore its FY 19 NORC initiative funding at
15 \$3.65 million. So, that programs that are fully
16 reliant on these dollars can continue their services
17 to NORC residents. And separately, salary parity for
18 NORC contracts must also be considered. While we
19 appreciate the attention being given to other DFTA
20 contracted salaries in recent years like case
21 management and senior center staff, we request that
22 the City Council further advocate to implement salary
23 increases for NORC contracts which remain
24 significantly underfunded for staffing. Without
25 increases providers are left to wrestle with the

1
2 inequity of paying varying salaries to staff doing
3 vey comparable work and the inevitable recruitment
4 turn over morale as you've heard. I only have 30
5 seconds, so I'm going to move on. My colleague Tara
6 at UNH will talk about Nursing at NORCs.

7 Finally, the survivor funding request. UJA is
8 deeply committed to ensuring that the remaining
9 survivors of the holocaust are treated with care and
10 dignity and receive the support and services they
11 need. This year we are asking for \$4 million from
12 the Council for the Holocaust Survivor initiative
13 funding. We're very grateful for the increase that
14 we received last year of \$3.5 million but while the
15 number of survivors is decreasing, their needs and
16 the cost of care is certainly increasing. We hope
17 that that Council will continue to recognize this
18 need.

19 Thank you for the opportunity to testify.
20 Further, we also stand with our advocacy partners in
21 the various initiative requests as well as fair human
22 service contracting efforts. Thank you.

23 TARA KLEIN: Thank you, Chair Chin for giving me
24 the opportunity to testify today and for all you do
25 for New York's Aging population and to the entire

1
2 committee for their efforts. I am Tara Klein. I am
3 a Policy Analyst at United Neighborhood Houses. UNH
4 is a policy and social change organization. We
5 represent 40 settlement houses in New York City
6 neighborhoods and two in upstate New York. We are in
7 our 100th year. Our members provide a wide range of
8 services to support older adults including operating
9 senior centers, home delivered meal programs, NORCs
10 case management home care and others.

11 So, for this budget year, there are so many
12 funding needs that we know we need to support older
13 New Yorkers and to truly make this a fair city for
14 all ages. I want to quickly echo many of the things
15 we've heard already. First, is that we need that
16 second round of \$10 million in model budget funding.
17 This year it's so urgent. We need to make sure that
18 we are addressing senior nutrition by investing \$20
19 million to support congregate meals in senior centers
20 and \$15 million to support home delivered meals and
21 that will focus on the low reimbursement rates as
22 well as the kitchen staff salaries.

23 We know that we need to create an emergency
24 repair fund at DFTA for both capital and expense
25 needs. We think this should start with a \$10 million

1
2 investment. We are very supportive of restoring
3 Council initiatives, especially support our seniors
4 and healthy aging as well as the geriatric mental
5 health initiative. Restoring that and increasing it
6 up to \$2.5 million. This is under DOHMH and it is
7 distinct from the new Thrive money. So, it's
8 supporting existing programs that do need increases.

9 Again, we support fair contracts for the non-
10 profit human services sector as we've heard through
11 procurement reforms in funding and we know that we
12 can't have any PEGS in DFTA given our low budgets.

13 So, as Hillary from UJA mentioned, I want to
14 spend the rest of time talking about the NORC
15 program. I echo the asks that she mentioned, and I
16 wanted to cover a new need which is around nursing in
17 our NORC programs.

18 So, many NORCs are really struggling to meet the
19 requirements for onsite nursing hours which are
20 mandated in their DFTA contracts. Nurses provide
21 really critical services that wouldn't otherwise
22 exist in the community. Like, medication education,
23 diabetes testing, flu shots, mobility and balance
24 screenings, helping clients get in touch with their
25 doctors. They really value these services.

1
2 At many NORCs providers are securing pro bono
3 nursing services through hospitals, students, retired
4 volunteers and other means. But these arrangements
5 are now becoming unstable in the wake of recent
6 states Medicaid redesign and billing changes in
7 addition to the growing need for healthcare as the
8 state's population ages.

9 Many nursing services have been cutting back on
10 their pro bono hours and for those that remain,
11 nursing providers and NORC programs are worried about
12 being able to maintain these relationships.

13 So, consequently, NORCs are spending more to
14 maintain the same level of service they have
15 continuously been providing. Though these expenses
16 are not reimbursed in their contracts.

17 And very quickly, I wanted to mention a survey of
18 NORC programs conducted by UNH and UJA Federation in
19 November 2018. They found that four DFTA funded
20 NORCs, the 28 of them, that pro bono nursing hours
21 have been reduced by 38 percent over the last three
22 years. We know that while no two programs are
23 identical, the average NORC program currently uses 22
24 nurse hours per week, an average of 10 of which are
25 pro bono. We found through that survey that an

1
2 additional \$750,000 would cover that loss in pro bono
3 nursing hours over the last three years and I wanted
4 to just mention that this figure does not account for
5 future potential cuts to nursing hours.

6 Unfortunately, we saw this materialize last month
7 when one major nursing provider informed all of its
8 NORC Directors that their pro bono hours would be
9 terminated effective July 1st of this year. So, we
10 know that further analysis of these costs is needed
11 and there's a real urgency for the city to step in
12 and stabilize NORC nursing services and we are very
13 eager to work with the Council and with DFTA to help
14 stabilize these funds. So, thank you and thank you
15 for letting me go over my time.

16 CHAIRPERSON CHIN: Thank you. Thank you for all
17 you do. We're going to be advocating for those
18 nursing programs. Thank you.

19 Okay, the next panel, Christian Gonzalez-Rivera
20 for Center for an Urban Future. Thank you, thank you
21 for being here. I hope you are okay. Coco Culhane
22 from the Veteran Advocacy Project, Po Ling Ng Chinese
23 American Planning Council. Tiffany Chang Asian
24 American Federation.
25

1
2 Did you fill out a paper? Yeah, we have to fill
3 out the form. I think Po Ling you did it twice, your
4 name. I have two sheets with Po Ling Ng.

5 Alright, we can start. Tiffany, you want to
6 start.

7 TIFFANY CHANG: Thank you, Chair Margaret Chin so
8 much for having us today. I am Tiffany Chang,
9 Advocacy and Policy manager at the Asian American
10 Federation. We are here today to highlight the need
11 of Asian seniors. The fastest growing senior
12 population in New York City.

13 From 2000 to 2016, the Asian senior population
14 more than doubled. Growing faster than all of the
15 major race and ethnic groups. Now more than 150,000
16 seniors age 65 and up live across all five boroughs
17 and call New York City home.

18 Asian seniors are uniquely burdened by linguistic
19 and economic challenges. Overall, one in four Asian
20 seniors lives in poverty and of these, 83 percent
21 have limited English proficiency.

22 Moreover, Asian seniors are less likely to have
23 health insurance and Social Security benefits and
24 many count on social service organizations to meet
25 basic needs. Furthermore, fear of immigration

1
2 consequences as a result of enrolling in safety net
3 programs, also exacerbates these disparities.

4 Asian seniors need culturally competent services
5 in order to thrive. Asian seniors are more likely to
6 utilize programs reflecting their traditional values
7 and ethnic identities. Community based organizations
8 uniquely possess the experience, language skills, and
9 connections to reach seniors who otherwise may not
10 seek help due to cultural and generational barriers.
11 This is especially crucial when talking about mental
12 health services. 40 percent of Asian seniors report
13 experiencing depression and Asian women ages 65 and
14 up have the highest suicide rate across all groups.

15 The correlation between poverty and mental health
16 disorders also means that Asian seniors who
17 experience high rates of poverty are especially at
18 risk.

19 On behalf of our nearly 70 member agencies we
20 request the following. Firstly, increase funding to
21 expand senior services for the Asian senior
22 population. Including the senior centers for
23 immigrant populations initiative. Our members need
24 funding to expand existing senior centers and support
25

1
2 new programs in emerging neighborhoods. Not just in
3 historically Asian districts.

4 Secondly, ensure that DFTA receives the funding
5 they need to fully implement the citywide languages
6 covered in the new local law 30.

7 Thirdly, address the growing need for in language
8 culturally competent healthcare and mental health
9 services for aging seniors. Overcoming cultural
10 stigma surrounding mental health services requires a
11 multi-pronged approach to incorporating those
12 services into existing programs like homebound meal
13 delivery or adult social daycare to reach Asian
14 seniors where they are.

15 Next, establish protections for subcontractors or
16 restructure contracts to enable Asian senior centers
17 to contract directly with the city for homebound
18 meals. Currently, no Asian led homebound meal
19 provider has a direct contract with the city and
20 instead often find their programs are cut first when
21 the city's budget falls on the contracting agency.

22 And lastly, amend the contracting process itself
23 to acknowledge that Asian led agencies providing
24 services directly to Asian seniors are in the best
25 position to use additional dollars effectively.

1
2 Thank you very much for the opportunity to share
3 our thoughts.

4 COCO CULHANE: Hi, I am Coco Culhane the Director
5 of the Veteran Advocacy Project. We provide free
6 legal services to low income veterans and their
7 families.

8 The majority of New York City's veteran
9 population is actually people who served in the
10 Vietnam era and I just want to sort of summarize my
11 testimony that there are massive resources that are
12 being left on the table. There are so many different
13 veterans benefits, survivor benefits that no one is
14 screening for. We're not aware of any agency that's
15 really getting out and connecting seniors to this.
16 There's also specialized health care, there's aid and
17 attendance and just this past summer, the Mission Act
18 expanded the VA's caregiver program. So, that there
19 are stipends, trainings, respite care counseling for
20 caregivers and that's going to be eligible for
21 veterans who served before 1975. And then, I just
22 also wanted to point out that there are over 560,000
23 Vietnam veterans with less than honorable discharges
24 because PTSD, post-traumatic stress disorder did not
25 exist it when they were suffering from symptoms that

1
2 were viewed as misconduct. So, they were pushed out
3 of the military and their cut of from care and now,
4 in their elder years is when they need the VA the
5 most and they need those specialized services.

6 In addition to that, there are over 100,000
7 veterans particularly elderly veterans who were
8 pushed out of the military because of their sexual
9 orientation. We specialize in assisting those
10 veterans. So, we would just ask that you consider
11 funding efforts to connect all the veterans who
12 really are coming into their later years and need the
13 VA services that they earned. Thank you.

14 CHAIRPERSON CHIN: Can I just ask you a quick
15 question? Do you work with — because now the Council
16 helps advocate for setting up the Department of
17 Veteran Affairs.

18 COCO CULHANE: Yes.

19 CHAIRPERSON CHIN: Are you working closely with
20 them to make sure that veterans are being reached?

21 COCO CULHANE: So, we do work with them. They
22 refer cases to us, and we have reached out to them
23 about the elderly LGBTQ veterans issue and we're
24 waiting to hear back.

25 CHAIRPERSON CHIN: Okay, let's follow up.

1
2 COCO CULHANE: Yeah, because there are a lot of
3 other resources that are really being left on the
4 table, so to speak.

5 CHAIRPERSON CHIN: Thank you, thank you for being
6 here.

7 CHRISTIAN GONZALEZ-RIVERA: Hi, good afternoon
8 Chairperson Chin. My name is Christian Gonzalez-
9 Rivera. I am a senior researcher at the Center for
10 an Urban future. We're an independent non-profit
11 research organization based here in Manhattan that
12 generates sustainable policies to expand the city's
13 economy while expanding economic opportunity and as a
14 big part of what we do, we also analyze how
15 demographic changes effect the city's economy. And
16 we were writing about the aging of the population for
17 many years now, starting with the report that you
18 know well, the New Face of New York Seniors, which
19 found that half of New York City's older adult
20 population is actually immigrants and we are very
21 happy and thank you again as well for holding a
22 hearing right after that report was published and of
23 course since then investing in senior centers for
24 immigrant population. So, thank you very much for
25 that and also for the opportunity to testify today.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

So, the Center for an Urban Future published a study just this month entitled, *New York's Older Adult Population is Booming Statewide*, and that's the one that Beth Finkel was talking about. It was supported by AARP. And that brief showed that older New Yorkers are driving the cities and the states population growth. There are now 1.2 million New York City residents over the age of 65 and that number has increased by 237,000 people in just the last ten years. Meanwhile the number of New Yorkers under the age of 65 has increased by just 110,000 people. So, in the same time period, so it's just half of that increase of the older adult population which underlines what you were talking about before about how much more the older adult population is increasing.

The growth is happening across the five boroughs, but notably here in Manhattan there's been a 67,000 person increase among older adults in the last decade and a 23,000 person decrease in people under the age of 64. So, people under the age of 64 of leaving Manhattan but the number of older adults is actually increasing and there are more older adults in New

1
2 York City today then there are children under the age
3 of 13.

4 And despite that older adults are a large and
5 growing part of New York's communities; they don't
6 get the respect that they deserve in the budget. As
7 you've said well. As you've said I mean, DFTA's
8 budget is less than one percent of the total city
9 budget. To the Administrations credit, there has
10 been an increase in the budget since DeBlasio took
11 office. After inflation there's been a 26 percent
12 increase despite severe cuts in federal funding.

13 But the problem is that those increases are not
14 keeping up with the increase in the population as you
15 noted. New York City is home to 28 percent more
16 older adults today than when DeBlasio took office,
17 but the amount of DFTA funding per New Yorker age 60
18 and above has actually declined by one percent. So,
19 the budget per person has actually declined by one
20 percent overall, so, despite those increases.

21 In the meantime, of course, the needs have gone
22 up. So, just very briefly as well, that's not the
23 end of the story. I mean it's like not only is the
24 population much larger, but it's actually much more
25 diverse. This is actually the second time in New

1
2 York City's history that half the population is
3 immigrant but back in 1950, the last time this
4 happened, 95 percent of those immigrants here from
5 Europe. While today, just 26 percent here from
6 Europe while 46 percent are from Latin American, the
7 Caribbean and 23 percent are from Asian and Oceania.

8 Also, among U.S. born older adults, there has
9 also been an increase in diversity. In overall,
10 older adults are more likely to be immigrants and
11 more likely to be people of color which really
12 underlines the fact that services that are available
13 in language and they are culturally competent are
14 completely necessary for immigrants and also for U.S.
15 born people of color who want to see culturally
16 competent services.

17 As has been said before, older adults are part of
18 the present and also of the future and older adults
19 are one of New York City's most greatest untapped
20 resources and investing the services is the right way
21 to invest in that untapped potential. So, thank you.

22 **[INAUDIBLE 3:53:45]** Good afternoon. My name is
23 **[INAUDIBLE 3:53:49]** from CPC Open Door Senior Center.
24 I want to speak in Cantonese. I think that Chair
25 Chin will be able to understand. Thank you.

1
2 CHAIRPERSON CHIN: I would have to provide a
3 translation because I want to make sure that everyone
4 understands, everyone gets to hear what you are
5 saying.

6 **[INAUDIBLE 3:53:45-3:56:09]:** Speaking in
7 Cantonese.

8 CHAIRPERSON CHIN: So, Mr. Lee is from the CPC
9 Open Door and so he was talking about the food at the
10 center. **[Inaudible 3:56:33]** is now creating some
11 conflict or interference because he said that because
12 of DFTA's criteria, you have to have less salt, you
13 have to have less sugar and less oil making it not as
14 tasty as what he was trying to say as a social adult
15 daycare, because they just order from the restaurant
16 and they don't have to follow those rules.

17 **[INAUDIBLE 3:57:10-3:58:55]:** Speaking in
18 Cantonese.

19 CHAIRPERSON CHIN: So, Mr. Lee was talking about
20 the seniors, they want to improve they're lunch but
21 because the reimbursement costs from DFTA is so low,
22 it's less than \$3.00 per meal, that it increases
23 pressure on the kitchen staff. For them, you know,
24 for less than \$3.00 you got to provide the meal, the
25 fruit and the whole lunch and so they have to buy the

1
2 cheapest and it's very, very difficult to buy a
3 nutritious meal for that amount of money.

4 **[INAUDIBLE 3:59:52-4:01:04]: Speaking in**
5 **Cantonese.**

6 CHAIRPERSON CHIN: So, another issues is with the
7 kitchen staff. For example, he said that one staff
8 has to take off that deliver the food over. So, one
9 kitchen staff have to go and help and then another
10 kitchen staff have to take off because of illness and
11 then they have to rely on a volunteer whose over 80
12 years old and every morning this volunteer has to get
13 up at seven o'clock in the morning to show up to
14 volunteer with the kitchen staff.

15 **[INAUDIBLE 4:01:54-4:02:35]: Speaking in**
16 **Cantonese.**

17 CHAIRPERSON CHIN: So, to sum up Mr. Lee is
18 asking that the city should allocate for more funding
19 so that they can have a nutritious meal and also, to
20 enough to support kitchen staff so that they don't
21 have to rely on volunteers that are 80 some year old
22 to help out. Thank you, Mr. Lee.

23 PO LING NG: Good afternoon. My name is Po Ling
24 Ng. I am from the Chinese American Planning Council
25 Open Door Senior Center. First, I use this

1
2 opportunity to thank our lovely Chair, Margaret Chin.
3 She really gives us fully support and also, I feel
4 power of all the settlement houses because CPC is the
5 member of the UNH and the New York **[Inaudible**
6 **4:03:55]**, AARP, everything.

7 So, that's why so we really care for the citywide
8 senior. Right now, I am really talking about today,
9 why we come over here with our team. The point is,
10 first of all, talking about congregate meals. Every
11 day we provide more than 300 congregate lunch and
12 also, we provide take home Saturday meals. The Meals
13 on Wheels, we provide more than 100 meals a day, also
14 not including emergence food and the holiday food,
15 and the emergence package. So, we are there for
16 seven days a week but just like Mr. Lee our
17 Chairperson mentioned about it, we really have very
18 good service for our elderly person. But how,
19 without the man power. But these people that our
20 kitchen staff, only one system call and one kitchen
21 aid and one for temporary for kitchen but only one,
22 our call vacation, we could you know, everyone takes
23 their vacation, no serve.

24 So, how could we call every day about 600 meals
25 only for four staff.

1
2 The other things, you know, talking about the
3 Meals on Wheels. We are not only Meals on Wheels; we
4 are Meals on Heels. So, just something I missed
5 mentioned about, our meal deliverer most of them are
6 70 and older. Yes, we deliver meals to the needy
7 person, how about us? We are the senior to. Who
8 care for us? We still need two Meals on Heel to the
9 needy person. So, that's why I really need the City
10 Council to pay attention, give us the more money to
11 hire the personal. We want to do a great job.

12 Talking about Capital Budget, thank you the
13 Department for the Aging, chose us. Be the cooling
14 center, I'm sorry, we don't have money to repair and
15 replace anything. Summer time, I said that Open Door
16 is cooling center without the air conditioning,
17 because the air conditioner is broken, we don't have
18 money to fix. During the winter time, we don't have
19 enough heat. So, this really appeals us. I am not
20 complaining; I really thank the Department for the
21 Aging. They are fully supportive of us because they
22 don't have money. I have always talked to them.
23 Give me money, money, money. They said that no
24 money, no money, no money. How could they solve the
25 problem for us?

1
2 So, the one thing you know, I don't blame the
3 Department for the Aging. Department for the Aging
4 really need the City Council, need the [inaudible
5 4:08:51], need everyone. Give them more money to the
6 Department for the Aging. I'm thinking about they
7 are really capable; they are so smart; they have good
8 heart to care of us. So, that's why I also use these
9 **[inaudible 4:09:14]**. Give us more capital money.
10 Something like the **[inaudible 4:09:23]** could give us
11 the money to fix. But I talked to my boss, what my
12 said that Po Ling Ng, you open your mouth. Go to the
13 senior hall. I said, you know Margaret Chin. She is
14 a nice lady. If you ask, she should say Po Ling, I
15 have a good heart because I will help you to solve
16 the problem. So, that's why today I come over here.
17 I listened to my boss and he said, go talk to
18 Margaret Chin, go to talk to the City Council. Then
19 you will receive the money. It is necessary to us the
20 Department for the Aging because they always say no
21 money, money, money, no money. But I said that Red, I
22 talked to Margaret Chin. Margaret Chin said Po Ling,
23 I will solve the problem for you.

24 CHAIRPERSON CHIN: Po ling, you got to wrap up.
25

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

PO LING NG: Year of the center get the \$10 million Open Door did not get one dime. So, I'm ready stomp on that but this time, no excuse. You cannot say that no dime to Open Door. You should give 50 percent to Open Door for the budget. Then we could solve the problem.

I'm not selfish, I just make joke because I'm not a selfish person. I really want to use this opportunity to thank you the UNH, LiveON New York and the **[Inaudible 4:11:33]** and AARP. We are the good partner to provide great services to our needy person. All of us need Margaret Chin, our lovely Chair.

Fight more money, \$10 million is not enough.

CHAIRPERSON CHIN: We know that Po Ling.

PO LING NG: Because right now, citywide age 60 and older more than 1.6 million seniors. So, that's why \$10 million means nothing. Please talk to our President and **[Inaudible 4:12:32]**. Talk to Governor, talk to everybody possible, give us more money. We need your help. Thank you because I prepare so many speech, you only limit me three minutes. I cannot talk. Thank you but my goal is really just money,

1
2 money, money. If you give money, I can solve all the
3 problem. Thank you.

4 CHAIRPERSON CHIN: Thank you Po Ling. That's
5 what we're here for this budget hearing. We want to
6 makes sure that we get more funding for our seniors.
7 So, thank you to this panel for being here.

8 We're going to call up the next panel. Karen
9 Zhou from Homecrest Community Services, Selvia Sikder
10 from India Home, Helen Ahn from Korean Community
11 Services, Mohammad Razvi from Council of Peoples
12 Organization.

13 KAREN ZHOU: Good afternoon. Thank you for
14 today's hearing. My name is Karen Zhou. I am
15 representing Homecrest Community Services. We were
16 started 22 years ago to fill a gap in services that
17 was needed for the rapid growing and greatly
18 underserved Asian immigrant population in Brooklyn.

19 According to the most recent U.S. Census data,
20 the Asian population in New York City reached \$1.23
21 million in 2015 and that accounts for nearly 15
22 percent of the city's population. Of the five
23 boroughs, Brooklyn has the fastest growing Asian
24 population with a change of 43.9 percent according to
25

1
2 the New York City Department of Planning Research
3 from 2008 to 2012.

4 Today, you can see vibrant China Towns in Sunset
5 Park, Bensonhurst and Sheepshead Bay Brooklyn with
6 dozens of retail businesses. Homecrest Community
7 Services currently serves the Asian immigrant
8 population with an age range between 60 to 100 years
9 and up. More than two and three aging seniors in New
10 York City have limited English proficiency and
11 language barriers present a major problem in
12 assessing help.

13 According to the Asian American Federation
14 seniors study in 2017, more than one in three Asian
15 seniors live in a limited English-speaking household
16 where no one in the household, ages 14 or older
17 speaks English very well. These households often
18 rely on younger children to translate. To overcome
19 language barriers, Asian immigrant seniors need
20 programs that are linguistically and culturally
21 competent, so that they do not have to rely on young
22 children for translation. Instead, they can come to
23 a place like Homecrest Community Services or to Open
24 Door or to India Home where case workers can help
25 them through a Madrid of social services so they can

1
2 have a sense of independence, having things done
3 without having to burden their own families and
4 especially young children who do not know how to
5 properly translate and help.

6 Additionally, risk factors for social isolation
7 among Asian seniors are high. The Asian American
8 Federation of New York Study states that 55 percent
9 of Asian centers express some symptom of loneliness
10 or depression. When they come to a senior center, we
11 have found that that social activities like ESL,
12 computers, Tai Chi, music, dance and mahjong, they
13 really help provide some structure for seniors and
14 it's a place where they can meet friends and have a
15 safe and caring space to get through the day.

16 We believe that learning does not end after
17 retirement. It should be a continuous part of life
18 to grow and learn and it really warms my heart when
19 we have seniors that learn to dance and sing for the
20 very first time. It's that joy that comes from
21 giving that that space.

22 Homecrest Community Service currently operates
23 two community centers in Brooklyn. One of our
24 centers is funded through DFTA while our other center
25 located in Sheepshead Bay is not DFTA funded. As a

1
2 community service provider, this inequity and funding
3 has been hard on us. This is the stepchild that
4 Council Member Chin talked about, that we have been
5 left behind. It is like a parent having two children
6 and not being able to provide the same for each
7 because of resource constraints. For the non-DFTA
8 funded center we have, we've been surviving on year
9 to year in kind donations City Council discretionary
10 and private support to keep the doors open. It is
11 hard for any organization to turn anyone away. So,
12 we are thankful for our local elected officials for
13 their compassion and understanding of hardships of
14 our circumstances and providing local funding support
15 for our senior programs.

16 We are also thankful for the City Council for
17 continuing to support the seniors that are for
18 immigrant population initiative and now there are
19 essential senior related initiative which senior
20 centers like us desperately need in order to support
21 the abundance of programs and services we offer for
22 the community for free.

23 More recently, we had senior who was not feeling
24 well at our center. She told us she hadn't gotten
25 her heart medication and we asked her to show us her

1
2 medication. She has an empty pill container and it
3 showed that it had one refill. We asked what
4 happened, why she didn't get the refill and it turns
5 out that because of Chinese New Years her favorite
6 pharmacy which she goes to all the time was closed
7 for the holiday, so she didn't get it and we were
8 able to help her get the refill, get her home safely,
9 so she could rested. When she came back to the
10 center the following day, she told me how her kids
11 were very worried about her and they often call and
12 it's because the kids live out of state and mom is
13 home alone. So, it gives her reassurance when she
14 tells her children she is coming to a senior center
15 because they know that there is someone that can
16 watch for the mom and so, we really feel that it's a
17 huge responsibility on senior centers. We look after
18 the seniors everyday and we want the seniors to be
19 able to successfully age in place.

20 So, in short, I just want to emphasize the need
21 to continue the support for the senior centers for
22 immigrant population initiative because centers like
23 ours have demonstrated through our long-standing
24 track records that we have the capability of
25 providing culturally competent programs and services

1
2 for the immigrant population. We also want to
3 recommend having more budget for DFTA so it can fund
4 additional neighborhood senior centers. Thank you so
5 much for your time and consideration.

6 CHAIRPERSON CHIN: That's why we're pushing DFTA,
7 in terms of the next round of RFP was going to come
8 out next year and hopefully the centers that women
9 are supporting under the Center for Immigrant
10 Population will be able to get into the portfolio,
11 because that's where the money is. Because no matter
12 how much we advocate each year, discretionary funding
13 is not enough to really run a full senior center.
14 So, hopefully that we encourage all the senior
15 centers that are supported by the immigrant
16 population initiative should make sure that they
17 apply for the RFP. Thank you.

18 KAREN ZHOU: Thank you.

19 HELEN AHN: Hi, my name is Helen Ahn. I am a
20 Director of KCS senior centers. I am here today to
21 advocate for our unique Asian homebound meal delivery
22 program.

23 As you all may know, starting December in 2009,
24 DFTA removed the homebound meal delivery program from
25 their budget and we became a subcontractor from

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

contractor and at the time, cater the Chinese homebound meal was also discontinued because of the serious deficit and they cannot afford to continue this homebound meal delivery program. Fiscal Year 2018, we delivered 52,800 meals and this Fiscal Year our daily average is more than 200 meals. But what we are most frustrated about this is that people keep saying that oh, your program is so important. This is the essential lifeline to homebound seniors.

Currently, we are serving daily hot meals Monday through Friday covering Saturday and Sunday in Queens, covering Community Districts one through thirteen but no one is funding extra, and no contractors reimburse adequately. Due to high special food costs and also very low reimbursement rate which is under the below average and high special vehicle maintenance cost and also minimum wage increase, we are running this program on deficit. And this low reimbursement rate we have had for almost ten years. Our current rate the lowest, \$5.42 and \$6.45 is the highest. Comparing the national average is more than \$8.00 and \$11.00 and our meal costs per day cost \$8.78.

1
2 As a community service provider, we can make up
3 the deficit through all the fund-raising events
4 throughout the year, but our current deficit over the
5 \$60,000 is quite a lot and over time, our fund-
6 raising event through the fund raised about we cannot
7 cover this.

8 And as you all know the math, our program is very
9 successful but naturally we are just running no a
10 deficit regardless whether your being a self-
11 contractor or contractor, I don't know why we run
12 this program on deficit. Hope in Council money comes
13 to the home delivered meal program and more support
14 from DFTA, and the contractors should reimburse
15 higher then currently. Thank you for your time and
16 all of us at KCS really appreciate this opportunity
17 to share our story and also, we sincerely hope this
18 conversation shares light on the situation and lead
19 into the impact to all home delivered meal
20 subcontractors. Thank you.

21 SELVIA SIKDER: Good afternoon. Thank you, Chair
22 Margaret Chin and the rest of the Committee on Aging,
23 for covering this hearing. My name is Selvia Sikder,
24 I am the Program Manager at India Home.

25 India Home is a non-profit organization -

1
2 CHAIRPERSON CHIN: Can you put the mic closer so
3 I can hear you?

4 SELVIA SIKDER: India Home is a non-profit
5 organization founded by the Committee members to
6 serve the salvation older adults. The mission of
7 India Home is to improve the quality of life for the
8 older adults by providing culturally prepared
9 services. We have been on the forefront of
10 advocating for increasing your services and programs
11 and especially highlighting the use of immigrant
12 older adults. We believe that all service providers
13 need help keeping up with the large demand for our
14 senior services.

15 We are here today to advocate for a greater
16 increase to the DFTA budget in the coming years. We
17 must note that despite of our continued advocacy
18 grassroots community programs such as India Home has
19 only minimally received the benefits of the budget
20 increase.

21 India Home and other immigrant led organization
22 that serve seniors fill a critical gap in serving our
23 intersectional vulnerable populations who are
24 immigrants who has low English proficiency and are
25 low income. When laying the foundation for services

1
2 that will only be more in demand in the coming years.
3 Every week we receive a multitude of phone calls and
4 inquiries of behalf of seniors who are looking to add
5 in our senior centers and receive our services. The
6 demand is undeniable, and we are being creative to
7 best meet their needs. The City Council has been a
8 valuable partner in our efforts to provide these
9 critical services to immigrant older adults.
10 However, our community resources are running thin.
11 We have started in 2008 and we have like three senior
12 centers and our largest, most successful center is
13 the Davis Senior Center where we have more than 100
14 immigrant **[inaudible 4:32:26]** seniors a day, which
15 was started in 2010.

16 Each day we see our congregate meal programs fill
17 to capacity. We try to address the growing need for
18 case assistance and various one on one services.
19 However, we are understaffed and unable to meet the
20 high demand of cases that come to us. Furthermore,
21 even though we do not receive fully adequate support
22 to sustain all of our innovative programming, we are
23 expected to be compliant to DFTA standards and
24 regulations.

25

1
2 Since we received Grant, the capital grant in FY
3 2019, we will be starting our senior center
4 activities and social adult daycare program at our
5 new locations in Jamaica states. We ask increase
6 funding for this expansion for senior center
7 activities and to support our case management and
8 other program initiatives. This need is urgent and
9 the time to act now. We thank the Council for the
10 leadership in pushing the City Budget, the Council
11 Budget and DFTA and the other stakeholders for
12 listening to our needs and concerns. We want to make
13 New York City a better place to age for everyone and
14 we appreciate your support in our journey to do so
15 and I'd also like to add, like I have added the
16 request for the FY 2020 Budget at the end of my
17 testimony. Thank you very much for the time and
18 consideration.

19 MOHAMMED RAZVI: Thank you, Council Member Chin.
20 Thank you so much. I am with the Council of Peoples
21 Organization, COPO which is possibly the only Halal
22 senior center, which is funded with not \$1 million,
23 not \$4 million, not \$3 million but only a \$110,000 of
24 which is not DFTA contract. That is actually
25 discretionary funds. I want to make sure, but I do

1
2 want to recognize DFTA because it helped launce, and
3 this is on the website of DFTA which is Halal Meals
4 on Wheels program. Which actually is going to
5 request you to come at the ribbon cutting ceremony at
6 March 29th. This March 29th coming at 6pm in PS217.
7 So, my testimony I already have given you my
8 testimony, I really heard everyone, and I wanted to
9 go off this testimony, but I want to share with you
10 about something and it's about dignity.

11 I would request you to give the dignity to my
12 people, to these people, their representatives, their
13 seniors, our seniors, the new immigrants who do not
14 receive services fully. Because the people come to
15 us, oh, that senior center, they provide so and so
16 and so. Oh, you don't know how to do your job. This
17 is the look that we get. I am requesting you to talk
18 to not just DFTA but also the RFP that you were
19 talking about. Yes, please give us the dignity to
20 service our community members by ourselves. Because
21 everyone and while I was trying to open up Halal
22 Meals on Wheels, they said it is very difficult.
23 It's not possible. You don't understand. It takes a
24 lot of paperwork. Well, the paperwork is done and
25 honestly, I'm tired of being a subcontractor. I just

1
2 don't want to say anything to anyone. I think
3 they're doing wonderful. I think they're helping
4 their communities superbly. It took me seven years
5 to get to this point and it's taking me three years
6 already being a subcontractor. I would request the
7 RFP to give extra points to our community members
8 just because we are the new immigrant population.

9 There's over a million Muslims that are in New
10 York City and there is not one except maybe ours and
11 possibly in the country. I have been searching all
12 over. Google it, there is not one Halal Meals on
13 Wheels program throughout the country and other
14 community groups always fall short with resources.
15 It's unfortunate what's happening to our communities.

16 I understand, and I'm saying it, I know they want
17 \$1 million, they want \$3.4 million, one person wants
18 \$4 million for their groups, wow, the \$10 million
19 already gone. We're just asking support one of our
20 centers. That's all I'm asking. Thank you.

21 CHAIRPERSON CHIN: Thank you. I think it's so
22 important that before the RFP come out DFTA's going
23 to have concept paper and it's really important for
24 you to start engaging with them and we will also do
25 the same thing to make sure because the whole idea

1
2 with the senior center for immigrant population, that
3 was because of the growing population of immigrants
4 across the City and DFTA could not fund them because
5 they were not part of the RFP and that's why the City
6 Council took on the initiative to start supporting
7 the center and we are working to make sure that DFTA
8 include them. You know, whether extra points,
9 whatever, we got to make sure that these communities
10 are going to be represented. So, before the RFP come
11 out, this is where the work has to begin now. Same
12 thing with Meals on Wheels. We heard you year after
13 year. You got to be able to get in there and be and
14 be the contractor yourself and that should be part of
15 you know, when their doing their concept paper, you
16 need to engage with DFTA directly and let them hear
17 from you directly before they issue the RFP.

18 SELVIA SIKDER: For ten years, there is no any
19 additional funding, additional Council money, any
20 increase of reimbursement rate for ten years.

21 CHAIRPERSON CHIN: Yeah, the last time they did
22 increase \$0.25 cents was 2014.

23 SELVIA SIKDER: That actually exacerbate the
24 current home delivered meal program and also the
25 agency wellbeing.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CHAIRPERSON CHIN: And that's why we need to fix that situation.

MOHAMMED RAZVI: Yes, please, we look forward to work with you on this and especially we're going to work on this concept paper and thank you so much. Thank you.

CHAIRPERSON CHIN: Thank you all for your great work and thank you for being here.

Okay, next panel, Rhonda Soberman from Visiting Nurse Services, Michael schnall from New York Road Runners, Rachel Sherrow from City Meals on Wheels, Danielle Christenson from Gods Love we Deliver and also Juan Gonzalez from New York Road Runners.

Alright, some people probably left then and gave us their testimony on record. Lois Brown from Concourse Village, Debra Wimpfheimer from Queens Museum and Queens Community House, Lucy Sexton from New Yorkers for Cultural and Arts.

Okay, you can start.

RHONDA SOBERMAN: Good afternoon Chair Chin and member of the Aging Committee. My name is Rhonda Soberman. I am the manger of Program Development for the Visiting Nurse Service of New York and I thank you for giving me this opportunity to speak with you

1
2 today. VNS is the largest not-for-profit home and
3 community-based healthcare organization in the United
4 States, but our roots and our commitment are too
5 vulnerable New Yorkers ensuring that they have access
6 to cost effective healthcare services in the comfort
7 of their home and communities. Every day our
8 organization touches lives of more than 48,000 people
9 who are faced with a wide range of healthcare
10 challenges that are managed either through short-term
11 intervention, ongoing chronic care services, or with
12 end of life care support. We are also the sponsor
13 and front-line provider for the China Town
14 Neighborhood NORC, which provides interventions and
15 services for more than 800 non-English speaking and
16 low-income seniors living in tenement buildings in
17 China Town and are supported in part by your City
18 Council discretionary funds and we say thank you for
19 that.

20 We believe that the NORC programs provide
21 critical social services and healthcare linkages that
22 support successful community living. The NORC model
23 focuses on both the health and social needs of senior
24 residents in their housing community and is one of
25 the most effective ways of providing information,

1
2 education, access and leakage to health and social
3 services. For more than 20 years, the visiting nurse
4 services New York has successfully supported NORC
5 programs by providing in kind, uncompensated nursing
6 services at more than 20 NORCs in New York City.

7 Over the last eight years, VNSNY like other
8 healthcare organizations has been impacted by changes
9 in the healthcare system. These changes have led to
10 inadequate payments for services by managed care
11 plans resulting in major financial challenges and
12 losses for VNSNY.

13 As a result, over the years, we've had to reduce
14 our in-kind support and last month, we were the ones
15 who notified the 14 New York City NORCs who have
16 counted on us for in kind support that effective July
17 1, 2018, we will be unable to continue these
18 uncompensated services. I have to say this was a
19 very difficult decision for us. Since we remain
20 committed to the NORC model and we value the
21 relationships we had with our NORC partners and the
22 communities that they serve.

23 We know that our social service partners believe
24 in the importance of providing consistent nursing
25 services as NORC programs and share our concerns

1
2 about the potential gaps in care if the appropriate
3 funding is not made available. The Nurse is a
4 critical member of the NORC into disciplinary team
5 providing an important perspective on improving
6 health and addressing health disparities. These
7 efforts are aimed at positive health outcomes and
8 improving quality of life for reducing unnecessary
9 emergency room and hospitalizations.

10 In conclusion, we just urge the Council to assist
11 NORC programs in securing the necessary dollars that
12 they need to support consisting nursing service that
13 will stabilize the NORC team and support the health
14 needs of NORC residents and we thank you for your
15 continued investment and support of these programs.

16 LUCY SEXTON: Thank you Chairwoman Chin and the
17 entire Committee. My name is Lucy Sexton, in
18 addition to being a choreographer, director and SU
19 CASA teaching artist and a lifelong New Yorker, I am
20 the head of a cultural advocacy group, New Yorkers
21 for Cultural and Arts. We are a coalition of groups
22 and individuals across the five boroughs working to
23 ensure every New Yorker has the right and opportunity
24 to engage in culture, express their humanity and
25 strengthen their community. I am here at the hearing

1
2 on Aging because of the enormous and well documented
3 effect that cultural activities have on older adults.
4 Since a landmark study almost twenty years ago, its
5 been proven time and again, elder engagement in the
6 arts and cultural improves overall health, mental
7 acuity and mental health. It reduces falls, doctor
8 visits and the need for long term care, keeping
9 people independent, happy, healthy, and actually
10 extending longevity. In terms of how this relates to
11 our budget discussion, this is from a recent article
12 in Forbes Magazine. The study demonstrated the
13 dramatic benefits of arts and participation for
14 adults in lower socio and economic groups. Those who
15 do so are performing much better than their peers on
16 multiple wellness metrics.

17 Meanwhile, there is a clear gap in the U.S.
18 between low income and high-income households when it
19 comes to arts participation. The entire article is in
20 your pack in my printed remarks and I hope you have a
21 chance to look at it. So, there's much data but
22 equally powerful are the stories.

23 I was a SU CASA teacher at the CPC Open Door
24 Center. Those were my students there which it was
25 great to see them and Council Member Chin, you were

1
2 at the Gallo ware our story telling and movement
3 class of 25 seniors performed their work in their own
4 dialects telling their upbringing, immigration, and
5 their current lives.

6 In the class, the one day the prompt was to talk
7 about the time in your life you felt the most loved
8 and a gentleman in the class said, I've been working
9 in factory since I was 14. These past years, taking
10 these classes at the senior center is the happiest
11 time in my life. Tears ran down his cheeks as he
12 talked about the loving community he found in these
13 classes. Too often people talk about New York's
14 culture like, going to a museum or taking a dance
15 class for a senior like decorations we put on a tree.
16 But the truth is that culture is at the root of what
17 makes the lives of New York Citizens great and we
18 need to be assured that it's reaching all our
19 citizens. I ask you to continue to expand the SU
20 CASA program and to remember that culture is key to
21 better aging. By supporting culture, you're
22 supporting better aging, improved mental health,
23 stronger communities in a city that respects the
24 dignity and humanity of every one of its citizens.
25 Thank you for letting me testify today.

1
2 MICHAEL SCHNALL: Good afternoon Chair Chin. My
3 name is Mike Schnall, I serve as the Vice President
4 of Government Relation and Community investment at
5 New York Road Runners. I want to thank you for your
6 continued support. I'm going to introduce my
7 colleague in a second, but I just wanted to remind
8 folks that New York Road Runners mission is to help
9 and inspire people through running and walking.

10 And while we are best known for the TCS New York
11 City Marathon, we have a tremendous commitment to
12 keeping New York City's five boroughs healthy and
13 well, the races, community events, youth initiatives,
14 school programs, senior programs, and training
15 resources.

16 Most importantly, for this Committee are NYRR
17 Striders program is what we want to discuss. We have
18 a \$75,000 health and aging initiative application in
19 to support over 3,000 seniors who are at 36 Striders
20 sessions each week throughout the city and so, I want
21 to introduce probably one of the best examples of the
22 impact of a program like Striders can have for
23 seniors. One, Moose Gonzales who's from the Bronx.
24 He is our Strider of the year and his story is truly
25 inspirational and I want to yield my time to him so

1
2 that he can show you the impact of what we do in the
3 five boroughs.

4 JUAN GONZALEZ: Okay, good afternoon Chairperson
5 and panel as my college said, I lost my job in 2015.
6 I was 325 pounds, I was diabetic, hypertension, high
7 cholesterol, everything above. I was a walking time
8 bomb. I didn't know what to do, so I joined a senior
9 citizens center in the Bronx, I got familiar with the
10 Council people there advising me in what to do in my
11 financial ways and getting my life together to
12 support my family. Getting my 401 K involved,
13 getting my medical involved and it was working out
14 pretty good but I needed to do a little bit more of
15 my weight and the organization of the senior
16 citizens, I found the organization Striders and I got
17 involved with them. I lost about 50 to 55 pounds, my
18 health is excellent, my diabetes is practically down
19 to zero. I do up to every other day, seven miles a
20 day. I walk, I get involved with other programs and
21 all this due to the senior citizens and to the
22 foundation of Striders that have changed my life 100
23 percent and I thank you for making this possible for
24 me and my family. Thank you.

1

2

CHAIRPERSON CHIN: Great, it's so great to hear that you are healthy and strong and walking is good even though we don't have to run because it's walks right?

3

4

JUAN GONZALEZ: Walking is great, yes.

5

6

CHAIRPERSON CHIN: Thank you, thank you all for being here.

7

8

I know we called on so many people but please, identify yourself when you are giving testimony.

9

10

So, then we can add a couple of people. Bonnie Lumagui, Bonnie, I know Bonnie. Come on up Bonnie from Educational Alliance Coop Village, Ximara Maldonado from the Sirovich Senior Center. We have two more, we have Melissa Sklarz from Senior Government Relations SAGE and Gregory Morris from the Stanley Isaac Neighborhood Center.

11

12

13

14

15

16

17

18

19

So, Melissa, you can just grab a chair and stay with the panel. I think you're the last one. Anybody else want to testify that didn't sign up? Please fill out a form with the sergeant.

20

21

Okay, you may begin.

22

23

24

XIMARA MALDONADO: Hi, my name is Ximara Maldonado and I am the Director of program and operations at Educational Alliances Sirovich Senior

25

1
2 Center. We manage to pull off incredible programming
3 on a very limited budget every year, but we are in
4 dire need of additional support for our 2,000 members
5 and for our staff.

6 In our dining room last month, a member stopped
7 me to say how much she enjoyed our meals. I smiled
8 and thanked her. It always makes me really happy
9 when people enjoy our meals. Then she said, no, you
10 don't understand how much these meals mean to me.
11 The outlets in my kitchen haven't been working for
12 over a year and I only get hot meals when I come
13 here. I of course, referred her to our social
14 services team but it's stories like this one that
15 remind me just how important our nutrition program is
16 for our older adults. It is a lifeline for them.
17 Unfortunately, as you know, the meal reimbursement
18 rate does not cover the full cost for the kinds of
19 exciting nutritionally balanced meals that our
20 members crave.

21 Furthermore, we're struggling to keep up with
22 demand. We are contracted to serve 50 dinner meals
23 per night. We are actually serving between 80 to 110
24 dinner meals per night.
25

1
2 I'm sorry, I get emotional about these things and
3 we do the dinner program. So, we serve breakfast,
4 lunch and dinner. The dinner program is done with
5 only one full time kitchen staff person on site.

6 The new overtime exemption law is now putting us
7 in a pickle with our chef. He obviously feels he
8 does not have enough time to complete all of the
9 related DFTA paperwork in addition to running a
10 kitchen and we cannot afford to pay him overtime.
11 So, it's been stressful. We have a number of members
12 to serve and we don't have the funds to that.

13 As I'm running short on time, I'd like to share
14 very briefly an email that I received from a member
15 last December. These are her words. I would like to
16 let you know that I am feeling very happy and very
17 lucky to be a member of you Sirovich Center. I am a
18 visual artist and I lost my sculpture studio because
19 my landlord doubled my rent. Without a workspace, I
20 am not able to earn a living and buy food for myself.
21 Your Sirovich Center is a life saver for all of us
22 who come here every day. I am not only happy because
23 I get food here two or three times a day, but I
24 admire this place because you have so many great
25 fitness and arts classes. I consider this place a

1
2 miracle in NYC. Thank you for giving us life
3 sustaining food and the great programs which we would
4 never be able to afford without your help.

5 Thank you for working to invest in our congregate
6 meal programs and thank you for your passion for age
7 justice.

8 CHAIRPERSON CHIN: Thank you. I just ask a quick
9 question. So, in your dinner program, you over
10 serve, you double?

11 XIMARA MALDONADO: Yeah.

12 CHAIRPERSON CHIN: So, have you talked – have you
13 spoken to DFTA?

14 XIMARA MALDONADO: We have. We have been in
15 conversations with DFTA about this for the past three
16 years.

17 CHAIRPERSON CHIN: So, have they been able to
18 reimburse you at least by the end of the year?

19 XIMARA MALDONADO: So, they will only reimburse
20 up to about 25 extra meals and actually we were able
21 to further support our dinner program this year
22 because of City Council discretionary funding. So,
23 thank you.

24 CHAIRPERSON CHIN: Okay.
25

1
2 BONNIE LUMAGUI: Good afternoon. My name is
3 Bonnie Lumagui and I am the Director of Coop Village
4 NORC in lower east side Manhattan.

5 I want to thank you for allowing us to be here
6 today and going over a little bit and keeping in your
7 time. The NORC has been – Coop Village NORC has been
8 around since 1994 and it has worked with
9 approximately over 5,000 seniors in that time. We
10 are certain that the program has enabled hundreds of
11 seniors to avoid nursing homes, illness, isolation,
12 and alienation while filling nearly all participants
13 greater quality of life.

14 We are pleased to be a partner with the City
15 Government in operating this program and we look
16 forward to working together far into the future. In
17 that spirit, we offer a number of points and
18 recommendations. One that has been echoed here today
19 by some of my colleagues. A key component to the
20 NORC program model is the healthcare management and
21 assistance and most programs partner with healthcare
22 organizations to fulfil this requirement. Nurses
23 provides services to New York residence that might
24 not otherwise exist in the community and many
25 residents rely on these services as a main source of

1
2 healthcare and value the constant quality of care
3 they provide.

4 NORCs were previously able to secure these
5 nursing hours pro bono by partnering with hospitals,
6 visiting nurse services of New York, retired nurses
7 or supervised nursing students. However, in the wake
8 of recent Medicaid redesign and billing changes, in
9 addition to an aging population with increased needs,
10 these arrangements are becoming unstable and many
11 nursing providers are cutting back on their pro bono
12 hours. We were just informed that as of July 1st, we
13 will no longer be able to receive our pro bono hours
14 that we were getting through Visiting Nurse Service
15 of New York.

16 This is going to be huge impact on how we can
17 provide services to our seniors without additional
18 funding and I'm very alarmed that this was not
19 brought up in the testimony today that DFTA put
20 forth.

21 Our health partners Mount Sinai and Visiting
22 Nurse Service of New York are crucial components to
23 meeting the deliverables set forth by New York
24 Department for the Aging and state office for the
25 aging. Education Alliance needs a minimum of \$43,000

1
2 in additional funds to continue to provide the vital
3 nursing service we presently offer our clients.

4 These service enable fast or identification of
5 medical issues before it becomes critical and more
6 hospitalization and increased healthcare costs are
7 required. We are also struggling with the issue of
8 maintaining quality social work staff on site.

9 Our entry level is \$45,000 for a social work
10 position. We can not attract and retrain strong
11 candidates with this salary.

12 I am requesting starting salaries at \$50,000 for
13 entry level positions for MSW's which could help to
14 retain staff and improve how we meet older adults
15 social service needs. So, in sum, the points we most
16 want to convey, the Preliminary Budget cut in \$3.65
17 million to the NORC program which was previously
18 covered by the Council. It also fails to restore the
19 million on the Administration side that was added in
20 FY 2019. This funding is vital to ensure that
21 current programs can continue to provide the services
22 that are so greatly needed. Thank you.

23 CHAIRPERSON CHIN: Thank you. Do you know that I
24 assume that there has been advocacy also from the

1
2 state to really try to meet this need for the nursing
3 services?

4 BONNIE LUMAGUI: Absolutely, and the state has
5 increased their budget over in recent years, however,
6 the city has continued to not identify this need.
7 2013, I believe, more money was put in by the Council
8 for nursing service which was never baselined and
9 that's a real problem and its going to become a more
10 serious problem for the NORCs as we move forward into
11 FY 2020.

12 CHAIRPERSON CHIN: Thank you.

13 BONNIE LUMAGUI: Thank you.

14 DEBRA WIMPFHEIMER: Hi, good afternoon. Thank
15 you, Chair Chin for this opportunity to testify
16 today. My name is Debra Wimpfheimer. I am the
17 Interim Director of the Queens Museum and I'm here
18 today on behalf of the Museum and the Cultural
19 Institutions Group or the CIG.

20 I am joined by my colleague Mitra at the Queens
21 Museum and Lori Avery from Queens Community House.

22 We'd like to share our program, a unique example
23 of the work that cultural organizations are doing to
24 serve the city's aging populations. On behalf of the
25 CIG and in supportive programs like the one we're

1
2 focusing on today; we're requesting \$20 million in
3 the FY 20 budget for culture in New York City. This
4 funding help support our efforts providing critical
5 senior programming.

6 In 2015, together with Queens Community House, we
7 piloted a program called creative imagination to
8 offer a variety of workshops for aging individuals.
9 Because individuals with Alzheimer's and memory loss
10 do not have adequate opportunities to participate in
11 cultural activities outside of their homes and
12 clinical settings, especially in Queens. We offer
13 art therapy workshops at the Queens Community House
14 because living with cognitive impairment, not only
15 effects the individual but those closest to them. We
16 offer weekly workshops with trained art therapists
17 for caregivers. Because we want to be inclusive of
18 minority senior populations, we provide art
19 workshops, gallery tours and intergenerational
20 programs for LGBTQ senior groups at the Queens
21 Community House in Jackson Heights. And all of our
22 programs culminate with an exhibition in the museums
23 partnership gallery where participants and their
24 loved ones celebrate their work.

1
2 We believe our program results in increased self-
3 esteem, improved cognitive abilities and reduce
4 feelings of isolation but I can't speak to that quite
5 as well as my colleague here, so I have invited Lori
6 Avery from Queens Community House to join me and to
7 give her impressions of the program.

8 LORI AVERY: So, at Queens Community House, we've
9 been fortunate to benefit from this program. In our
10 social adult day lift program, which is almost 36
11 years old, I might add. I have attended many of
12 these workshops. It was heartwarming for me to see
13 just how this program has enabled our group members
14 to have a creative outlet to express their feelings.
15 I saw how some of our group members who are actually
16 non-verbal, express themselves through art.

17 These programs give these individuals the
18 opportunity to maintain their current strengths or
19 possibly find a new one. When talking with
20 caregivers who have also benefited from the program,
21 they express that the group helped them to reduce the
22 stress and anxiety associated for caring for someone
23 with a memory disorder. That is why it is imperative
24 that the funding for this cultural program continue.

1
2 Please give the CIG their Fiscal 2020 ask of \$20
3 million. Thank you.

4 DEBRA WIMPFHEIMER: Thank you for your time.

5 MELISSA SKLARZ: Good afternoon Council Member,
6 how wonderful to see you. Thank you for your amazing
7 fierce leadership on behalf of Aging New Yorkers.
8 So, my name is Melissa Sklarz. I am the Government
9 Relations strategist from Sage, advocacy and services
10 for LGBT elders. You have my testimony; I don't have
11 to read it. So, SAGE started a little over 40 years
12 ago. We provide services to LGBT elders throughout
13 the city. This year is the combination of a dream
14 with LGBT friendly housing that will be opening in
15 June. I can't wait to see you at the ribbon cutting.
16 You'll be great. It will be at the Ingersoll Houses
17 in Brooklyn and then at the end of the year and
18 beginning of next year, a second unit will be opening
19 in Crotona in Bronx. The Ingersoll Houses will have
20 145 units, Crotona will have 84. The Ingersoll will
21 be the largest LGBT friendly. The first in the
22 country, it will be the largest in the state. We'll
23 be providing our state-of-the-art SAGE centers in
24 both facilities. The Ingersoll will be six to eight
25 hundred square feet, the Crotona will be over ten

1
2 thousand feet. The largest SAGE center in New York
3 State. The data shows that as we provide services
4 for all elders, it cuts cost on Medicare and Medicaid
5 and cuts costs in ambulatory care. We currently have
6 five centers. We will be opening up an additional
7 two centers. All of our resources will not just be
8 for the people that live in the buildings but will
9 also be open to elders in the community. So, in
10 Brooklyn we're talking about not only in the
11 Ingersoll Houses but also Whitman and Farragut and
12 one third of the housing will be for chronically
13 homeless elders, one third will be open for Section 8
14 or NYCHA residents and then the rest will hopefully
15 be for our LGBT elders.

16 I'm here today just to ask for restoration, so it
17 would be a \$1.2 million Council initiative funding to
18 help bring these projects into **[inaudible 5:17:59]**.
19 These will be great opportunities for people here in
20 the neighborhood. We are also asking for restoration
21 of \$150,000 for capital expense on our SAGE centers
22 as we finish off the building. Ingersoll has been
23 topped off and we should be ready to open in
24 September.

1
2 And finally, we have a speakers initiative of
3 \$75,000 which will be navigation and outreach for
4 LGBT elders of color throughout New York City to make
5 sure that they are aware and have access so that they
6 to get access to this amazing state of the art
7 quality housing. Thanks for letting me testify
8 today.

9 CHAIRPERSON CHIN: Thank you, thank you all for
10 being here. Anybody else want to testify and didn't
11 sign up? Jose Guevara, Advocate for Stanley Isaac
12 Center. I think Stanley Isaac Center also submitted
13 testimony.

14 JOSE GUEVARA: Thank you. I was among ten people
15 from my tribe, which I call the Stanley Isaac Center
16 that came here. Most of them are in wheelchairs and
17 I thank you very much for the opportunity to speak
18 and to say was there any stragglers left behind and
19 unfortunately, I'm here.

20 We happen to have a situation over at Stanley
21 Isaacs where we actually have good people and we
22 happen to have Asian population, we have LGBT
23 community and also an A in there somewhere for like
24 people who are not sexually active, like myself. And
25 we happen to have a situation at this center where a

1
2 50-story building is being placed. Usually Lincoln
3 had this saying, you know, government of the people
4 for the people, by the people and for the people and
5 usually you don't really see that. Now you happen to
6 have a community that's struggling and an Asian
7 community that is struggling with the concept where
8 the values that we had before are not present there.
9 So, we happen to have Greg, who is a fabulous
10 Director but obviously he can't be here because he is
11 doing so many other things in that community.

12 As far as the money, the money issue is very
13 real. You know, there is more and more especially in
14 that community. There are more and more aging people
15 that are there. I am one of them. I am 65 years and
16 what else can I say? I'll say one other thing, let
17 me just say one other thing. That this is just me
18 speaking, not having to do with Isaac's. The
19 community there was hit by Hurricane Sandy and
20 obviously it was hit by other things, the second
21 avenue subway doing dynamite explosions. There's
22 actually a building that's leaning on, a high rise
23 building that's leaning towards if not in the
24 foreseeable future, that has to be looked into
25 because it is leaning. It's a Highrise building,

1
2 it's right at the corner of [inaudible 5:23:03] and
3 first. That's one thing, that's going to be an
4 issue. If its found out that it actually is leaning
5 or that it wasn't done on purpose, right, that's
6 going to be an issue in the future. One other thing
7 is that aging community happens to be a cumulative
8 recipient of fluoride water. Okay, fluoride water
9 puts deposits. Ah, my time is up. Anyway, you guys
10 are doing a fabulous job, but did you notice that the
11 person in here from the DFT was actually had bottled
12 water instead of regular drinking water? Okay,
13 enough said. Thank you all very much for giving me
14 this opportunity okay, thank you.

15 CHAIRPERSON CHIN: Thank you and the Stanley
16 Isaac Neighborhood Center did submit testimony for
17 the center and advocating for more resources for the
18 meal services and case management. So, thank you for
19 being here today and thank you to all of you. So, we
20 are adjourned for the Fiscal Year 2020 Preliminary
21 Budget hearing. [GAVEL]

22

23

24

25

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 April 1, 2018