

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

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

COUNCIL MEMBERS: Diana Ayala
Chaim M. Deutsch
Ruben Diaz, Sr.
Mathieu Eugene
Deborah L. Rose
Mark Treyger
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A P P E A R A N C E S (CONTINUED)

Lorraine Corte Vazquez, Commissioner, New York
City Department for the Aging, DFTA

Catalina Soros (sic?) Director of our Caregiving
Services Unit, New York City Department for the
Aging, DFTA

Chip, Mayor's Office for People with Disabilities

Joey Costello, Assistant Director of Case
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Mark Schulte, Staff Attorney, Mobilization for
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Tiffany Wilson, Deputy Director, Mobilization for
Justice.

(sound check) (pause)

CHAIRPERSON CHIN: Good afternoon.

FEMALE SPEAKER: Good afternoon.

CHAIRPERSON CHIN: Thank you for being here. I am Council Member Margaret Chin Chair of the Committee on Aging. Thank you for joining us for today's follow-up hearing on supporting unpaid caregivers. Caregivers make up a crucial part of our aging community. Citywide there are more than 900,000 caregivers providing critical support of a loved one, including children caring for parents, grandparents caring for grandchildren, and spouses and partners caring for loved ones. These caregivers help their loved ones in daily tasks from buying groceries to cooking, cleaning, providing transportation, helping care recipients bathe and dress and take medicine. They help the loved ones handle their finance and other legal affairs, and simply at the end of the day provide them with companionship. Most of these caregivers are women, an at 50 years old and over 50% of the caregivers provide at least 30 hours of care each week, and most of them are unpaid. While providing care for a loved one can be self-fulfilling for caregivers, research

shows that the stress and demand of caregiving can also have negative impact on their mental, emotional and physical wellbeing. Moreover, caregivers experience higher levels of depression, and mental health issues than non-caregivers, and they have a higher likelihood to develop serious sickness. Caregivers are also more likely to struggle financially than non-caregivers. With all of these challenges and the rising demand for caregivers, it is imperative that caregivers are supported both on the state level and the on the city level. I will soon be introducing Resolution to support the New York State Senate Bill 5100 sponsored by Senator Rachel May and Assembly Bill A-7209 sponsored by Assembly Member Harry Bronson, which will allow for a tax credit for qualified caregiving expenses. A tax credit for caregiving is certainly not enough to compensate caregivers for their tireless and often thankless work, but it is a step in the right direction for New York State. On the city level, the Council and the Department for the Aging have been working to examine and better the conditions for unpaid caregivers. In 2016, the City Council passed Local Law 97, which required the Department for the

Aging, DFTA, to develop and conduct a survey of unpaid caregivers and providers offering unpaid caregiving services in the city. After DFTA was required to look at the result of the survey and create recommendations on how city can better help address caregivers' needs. In 2017, DFTA submitted the survey of informal caregivers in New York City and based off those results, in 2018, the agency submitted to the Council a plan to support unpaid caregivers in New York City. In November 2019, two years after the initial survey, DFTA submitted to the Council a caregiver survey progress report to outline what the agency has done to better server caregivers base on their past survey and recommendations.

Today, the Council wants to look at and thoroughly discuss all three reports: the initial survey, the findings, the recommendations, and the Progress Report itself. Importantly, DFTA's 2019 Caregiver Survey Progress Report highlights steps the Administration have taken to address the needs of caregivers. This includes doubling DFTA's caregiving-Contracting Caregiver Program Budget, administering a caregiving support media campaign, and testing new transportation models in partnership

with the Mayor's Office for People with Disabilities.

While these steps are in the right direction, I'm

still concerned about the agency's reach and impact

when it comes to ensuring that caregivers are aware

of the services available to them. According to the

Fiscal Year 20 Preliminary Mayor's Management Report,

less than 11,500 people receive information and/or

support services through DFTA's Caregivers Program.

In a city with more than 900,000 caregivers, 11,500

is not enough. This is even 2% of the city's

caregiving population. DFTA clearly has more work to

do. The city clearly has more work to do. Today, I

look forward to learning more about DFTA's strategy

to expand its outreach, and broaden its impact. I

also would like to highlight my concern about DFTA's

2018 Comprehensive Plan Follow-Up Report. The report

with just six pages, four short of being

comprehensive. I look forward to learning more about

the agency's process for developing its reports and

how the agency plans to move its recommendation

forward. I would like to thank the committee staff

for their help in putting together this hearing, our

Counsel Nuzak Tadari (sp?); Policy Analyst Colima

Johnson; Finance Analyst Daniel Kroop; and Finance

Unit Head Dohini Sompura. I would also like to thank my Deputy Chief of Staff, Marian Guerra, and I'd like to thank the members of the Committee who have joined us today, Council Member Diaz, Council Member Ayala, and Council Member Eugene. So, now I would ask our Counsel to administer the affirmation to the witness from the Mayoral Administration. Thank you.

LEGAL COUNSEL: Please raise your right hand. Both of you. Sorry. Do you affirm to tell the truth, the whole truth and nothing the truth in your testimony before this committee, and to respond honestly to Council Member questions? (off mic/pause)

CHAIRPERSON CHIN: Welcome, Commissioner, and happy new year, because I haven't seen you at the hearing. This is our first of the year. (background comments/pause)

COMMISSIONER VAZQUEZ: Oh, happy new year, and it's great to be here again. Good afternoon Chairwoman Chin and members of the Aging Committee. As you know, I am Lorraine Cortes Vazquez, Commissioner of the New York City Department for the Aging, and I'm joined today at this important hearting by Catalina Oros, (sp?)the Director of our

Caregiving Services Unit. I also have some colleagues from sister agencies, the Mayor's Office of-for people with Disabilities as well as the Agency for Children's Services have joined us as well as two other DFTA colleagues who are involved with this program, our Assistant Commissioner Eileen, and, um, and, um, our Chief Executive Officer Michael Ognibene. Alright, um, so I will go back to my testimony. As you well stated, there was an estimated 1.3 million caregivers called-who called home, New York City their home, and given the current data compounded by the segment of the population who do not self-identify themselves as caregivers, it is likely that the total population of caregivers in our city is far greater. Thus, I am incredibly grateful to Chair Chin and the entire Aging Committee for its continued advocacy and partnership and support for this important community in New York City. Chief among the many achievements together is the passage, and you say-well said, of Local Law 97 of 2016. This law empowered DFTA to develop a comprehensive survey in partnership with our other colleagues in government including the New York City's Administration for Children's Services, the Mayor's

Office for people with disabilities, and the Mayor's Office of Operations. This thorough going citywide survey endeavored to better understand the needs of these 1.3 million New Yorkers, examine the extent to which unpaid caregivers' needs are met by existing services, and to identify areas for improvement. It ultimately yield significant—a significant findings which through the support of a diverse work group resulted in the total of seven recommendations, and this work group consisted of the sister agencies that I've—I referenced earlier. The recommendations are: Leverage and expand awareness about existing resources for caregivers; encourage New Yorkers to identify as caregivers; educate caregivers about best practices and techniques for providing care; help caregivers access affordable transportation; support legislation that benefits unpaid caregivers; continuing a work group focused on caregivers; and communicating affordable housing efforts and opportunities to caregivers. In January 2018, DFTA produced and released a plan to support unpaid caregivers in New York City. Detailing these recommendations and in our ongoing efforts to raise awareness and inform best practices for the caregiver

community, and those who serve them. The findings and recommendations continue to guide DFTA's efforts as well as directly inform our programs, which support the caregiver community. For instance, (coughs) a lack of awareness among New Yorkers to self-identify as a caregiver and limited access to available resources are the most cited concern of our survey respondents. As a direct result, DFTA launched a public outreach and advertising campaign, which included advertisements in subway lines, on buses and bus shelters, the Staten Island Ferry, and on billboards across the city including a billboard at Times Square. Our primary message was twofold: (1) To help caregivers recognize that, in fact, they are caregivers; and (2) to encourage them to seek assistance through the Department for the Aging by simply dialing 311 and asking for Caregiving Support. According to 311, the City received 1,600 caregivers inquiries following that campaign. This represented a significant increase relative to the prior years—to prior to the campaign being launched, which only saw a fraction of those numbers. Moreover, DFTA conducts direct outreach by way of participation in various panels or public speaking opportunities. In FY19,

DFTA and Bellevue Hospital (coughs) joined forces to conduct presentations about DFTA funded services to doctors, nurses, social workers and case managers, and we have held similar presentations at Lincoln Hospital in the Bronx, Harlem Hospital in Upper Manhattan, and the New York City Health and Hospital Case Managers and social workers. In addition to offering direct support and assistance, DFTA funded caregiving programs across the city are also contracted to identify and locate isolated caregivers, and provide information about available services. Also guided by our survey findings DFTA's network of contracted caregiver providers meet regularly and as often as necessary by the program needs of the industry design—demands. These meetings have included discussion on industry specific challenges such as the increasing costs of respite care, and the overall shortage of home health aids. Meeting discussions also identified trends impacting the need for caregiver supports such as long-term care planning--although we always advocate living in your community and aging in place—and specific needs of immigrant caregivers including language needs and immigration status related challenges. Additionally,

our providers receive technical assistance and directives regarding documentation and tracking of service units and funding. Periodically, expert guest speakers are invited to the guests—to discuss norms or cutting edge information, resources and programs related to issues from Alzheimer's and dementia care to legal assistance, to case management support. These meetings provide the opportunity to improve service provision, enhance practices and techniques, and elevate the caregiver service industry in New Yorkers overall. These are just a few examples of the ways in which our survey informs our recommendations, and were put into direct practice by our staff, and continue to inform the work and that of our contracted providers. I would be remiss, however, not to mention the incredible investment made by the city of New York and the Mayor's in this space. This administration added \$4 million in baselined funding that enabled us not only to advance our survey recommendations, and expand services to address newly identified unmet needs including one of our greatest challenges, which is respite related support. This Administration's commitment to caregivers is further reflected in the

city's unprecedented investment in the prevention of services to help support and strengthen families caring for children. ACS has naturally recognized a broad array of contracted prevention services. I've served almost 20,000 families with more than 4,000-45,000 children in FY19. These services are free for New York City children and their caretakers and offer a broad range of supports including in-home counseling, referrals, assistance with accessing benefits and homemaking. Our outreach efforts and media campaign encourage many New Yorkers to self-identify as caregivers, which in turn resulted in more caregivers seeking specific support as respite and supplemental services. As noted during the Aging Committee's last caregiver hearing in November 2017, which I was not present at, DFTA projected doubling respite service goals to caregiver clients by the end of 2019, and in 2017, the year prior to the Mayor's investment, there was a total of 37,089 hours of some type of respite care. This included individual home care, group respite, overnight and other respite, and supplemental services. In FY19 the combined hours of respite care supplemental services provided were 1,118,843, far exceeding our expectations only

further encouraging us to continue our efforts within this community. As noted earlier, DFTA contracts with several community based caregivers providing a total of 12 caregiver programs across the city. We have two per borough in the Manhattan—I mean in the Bronx we have Presbyterian Senior Services and Neighborhood Shop. In Queens we have Sunnyside Community Services and SNAP. In Brooklyn we have JASA and Heights and Hills, and in Staten Island we have the Jewish Community Center and in Manhattan we have Lenox Hill and Hamilton House. In addition to the program's based geographic, on geographic catchment areas, we also have SAGE, Hamilton House, Hamilton-Madison House, and Visions, which serve targeted communities such as LGBTQ caregivers, Chines-Korean and Japanese Speaking caregivers, and the visually disabled caregivers respectively. The population of 1.3 million caregivers is undoubtedly reflective of the ethnic and culture composition of the city as a whole. Therefore, the area of diversity inclusion was not only a recurrent scene in our survey findings, but in the outgoing work in general. The intersection between caregivers and immigrant—and the immigrant population is broad, and

language barriers severely impact access to caregiver services. Accordingly, DFTA addresses culture and language based barriers directly through the procurement process for our caregiver contracts. Specifically stated in the latest RFP-RFP for instance, contractor to interact and provide services to the clients in a culturally and linguistically competent manner. That is in all of our contracts now. Additionally, outreach efforts are expected to be culturally competent, linguistically appropriate, and sure that those being sought out represent the economic and social cultural diversity of the program's service area. Community linkages targeting an outreach remain important qualifications for our contracts, and are—and are heavily weighted in consideration in our evaluations of all proposals. DFTA imposes this expectation directly on ourselves as well. Our caregivers—our caregiver services are provided to individuals who speak Spanish, Russian, Polish, Ukrainian, Filipino, Greek, Mandarin, Cantonese, Korean and Japanese. Additionally, DFTA has developed e-learning videos specific for caregivers, which have been translated into Spanish, Chinese, Russian, Italian, French Creole and Greek,

and are available on DFTA's website 24 hours a day.

These efforts remain a priority for DFTA because

services must reflect the rich cultural and

linguistic diversity of New York City. There are,

however, attributes specific to New York City, which

are less celebrated and much more difficult to

address. These include housing affordability—

affordability, and access to affordable

transportation, which are surprisingly also among the

top concerns of our survey respondents. (pause)

Excuse me. Many caregivers particularly those caring

for older adults have expressed dissatisfaction with

the limited and sometimes impractical options

available to them track—traveling across every

borough. If you live in the Bronx it can be a

challenge, and continue to be a challenge if you

don't live near a bus or a subway station.

Fortunately, DFTA Caregiver Programs are able to

reimburse or arrange for transportation services to

caregivers, which is among the various supplemental

services made possible with the addition of \$4

million funded in FY18, which has been baselined.

Further, DFTA has a total of eight stand-alone

transportation programs across the city to provide

van and private care services for New Yorkers over the age of 60. Transportation services can include trips to and from an older adult center, medical appointments and others as needed trips. Finally, several of our 249 older adult centers also provide services, and these are available for the caregiver community. Accessible and affordable transportation is one of the greatest needs that transcends the caregiver community, and the older population. Similarly, housing affordability is a major concern for all New Yorkers. Caregivers and non-caregivers alike that exceeds DFTA's reach. Nevertheless, the Administration remains committed to increasing the amount of affordable and accessible housing for everyone including older adults. The city has made an unprecedented commitment to the creation and preservation of affordable units for older New Yorkers. A total of 30,000 units are to be developed and preserved between 2014 and 2026 targeting people age 65 and older. DFTA will continue to advocate for these important efforts and undoubtedly we count on the Council as well. Thanks to Local Law 97 the de Blasio Administration's deep commitment to this work, and the ongoing advocacy of this Committee on Aging,

we have covered many great concerns specific to the caregiver community, and more importantly have identified ways to address them. We look forward to our continued dialogue and partnership with City Council centered around how to better understand and serve the needs of this caregiver community in New York. I am pleased to answer any questions that you may have at this moment.

CHAIRPERSON CHIN: Thank you, Commissioner, and thank you for your testimony, and yes, you know, we're very happy to see some progress, and also thanks to the advocates especially AARP for helping us advocate for that \$4 million back 2017. I think that was part of--

COMMISSIONER VAZQUEZ: (interposing)
And we're grateful, too.

CHAIRPERSON CHIN: I think that was part of the Year of the Senior.

COMMISSIONER VAZQUEZ: (laughs)

CHAIRPERSON CHIN: Great. So, um, I'm just going to start with a couple of questions, and I'll turn it over to my colleagues. You did talk about some of the-the challenges that caregivers face, the challenges, and you were talking about

your--the media campaign. Is that campaign continuing, or it was just for that one year?

CATALINA SOROS: We--

COMMISSIONER VAZQUEZ: Go ahead Catalina.

CATALINA SOROS: So the media campaign continues in different ways. During Fiscal Year 18 it was in the buses, subway trains in the Staten Island Ferry. We have the billboards in the Grand Concourse. We had it in Coney Island. We had it on the Lower East Side, and in Times Square as the Commissioner mentioned, and we also have ongoing on DFTA's social media. We also have printed material that continues to year to date, which encourages caregivers to respond by calling to 311 and asking from caregiving support, and at that time they are then connected with one of our 12 caregiver service providers depending in the area that they reside. So, if they call from Staten Island, and they say that to 311, 311 will transfer them to the Jewish Community Council Center, and they will be able to start talking about their caregiving needs with that program.

COMMISSIONER VAZQUEZ: So, continuous outreach and education continues in a variety of

forms. The billboards are not—are no longer in existence, and that part of the campaign has terminated.

CHAIRPERSON CHIN: What about this on the subways and the bus? I mean what we want to track is the—the caregiver's family. If they see some information, then they might be able to kind of let their parents know that oh I saw something on-on-in the subway that can provide, you know, resources to help with grandma, right? So, I think that's something that is—we should figure a way of--

COMMISSIONER VAZQUEZ: Yep.

CHAIRPERSON CHIN: --working with the MTA to continue.

COMMISSIONER VAZQUEZ: Thank you for that. That's—we'll take the under very serious consideration to figure out a way to continue our robust outreach efforts.

CHAIRPERSON CHIN: Yeah, it's one—one of the things that was identified in the report and also from your testimony. People don't identify themselves as caregivers until something happens, and so, I think that, you know, the—the organization that provide the services are great, but how do we reach,

you know the--more than 900,000 to more than a million caregivers and also some of the programs like the Transportation program, like the respite care. Every year we still have waiting lists for the Homecare Program, right, and I know that we've been advocating for more resources for that because that is such a wonderful program to give the unpaid caregiver some relief, and a lot of people still don't really know that that program is available, and for the--the families that we're able to help just an example from my district office, it makes such a big difference in the caregiver's lives. I mean one elderly senior, you know, take care of her husband. She said now she can go swimming three times a week or she can go to the bank. Another one said I can go get a haircut--

COMMISSIONER VAZQUEZ: Yeah.

CHAIRPERSON CHIN: --and not worry about my husband alone, and these are the people who actually work very hard, and they might have a pension and they don't qualify for Medicaid, right? And here we have a program that can offer these caregivers some relief, and we really need to make sure that resources are available, and also to make sure they know about it.

COMMISSIONER VAZQUEZ: So, I—I'm going to ask for your forgiveness if I gave the impression that continuous education and outreach is not going on. It is going on extensive. What we don't have is a subway and bus campaign. So, I want to make sure so there is constant reaching out to communities to help people identify as caregivers, and that happens both through the eight providers as well as our efforts to inform other communities such as hospitals and other service providers outside of this network So that they're familiar with the services. So, the is an extensive effort that we have that is an ongoing effort. In addition, I would like to say that there is—I'm very pleased to say that there is no waiting list for respite care right now in our Grandparenting Program. So, that is something that we've been monitoring very carefully.

CHAIRPERSON CHIN: In the Grandparenting Program?

COMMISSIONER VAZQUEZ: In the—in the—in the caregiving part, in the Caregiving Program.

CHAIRPERSON CHIN:

COMMISSIONER VAZQUEZ: In the—in the caregiving part in the Caregiving Program.

CHAIRPERSON CHIN: So there is—right now there is no waitlist for home health aids, the home care, the EISEP Program?

COMMISSIONER VAZQUEZ: For respite care.

CATALINA SOROS: So, for respite care EISEP is not connected with the caregivers Programs. So, with the respite services that are accessible to family caregivers in New York City through our 12 providers, there's no waitlist for the Respite Care, which can be in-home respite. It could be group respite or it could overnight respite at a skilled nursing facility or an assisted living facility.

CHAIRPERSON CHIN: So, the in-home respite is where there is a home health aid that comes?

CATALINA SOROS: Yes. So, in the Caregiver Programs in-home respite is when a home health aid come in to offer respite to the caregiver by caring for that care receiver, and the Caregiver Programs have funding available to serve different types of respite requests that are received from caregivers reaching out to them from the community.

CHAIRPERSON CHIN: So with that program how many hours or it just happens this one day. I'm not available. You know, I have an important

appointment, and I'm not going to be available, and then I call this program and they have someone there for a couple of hours?

COMMISSIONER VAZQUEZ: Uh-hm. So, it's based on their assessment and their discussion with the caregiver. It's on a case-by-case basis. So, if I'm a caregiver in that situation, and I call the program and I say, you know, every Thursday I have to physical therapy for my knee, and I cannot leave my husband alone. The Caregiver Program will conduct a caregiver assessment, and they will talk with the caregiver to determine for how long they're going to need the respite. Let's say she says two weeks or a month, and then what they do is they make the arrangement with the contracted homecare provider. They're all licensed homecare providers that the Caregiver Programs contract with, and so they arrange for a home health aid to appear at the caregiver's home on the dates that she has physical therapy so that she can go ahead for appointment and someone will be able to husband-with the spouse and be able to make sure that their needs are met.

CHAIRPERSON CHIN: So are there any coordination between that and, um, the Homecare

Program, the EISEP program? Because most of the people who apply, I mean some of them maybe, they need the home health aid, and in some of those families, they all have like spouse taking care of another spouse or a child—I mean an adult child taking care of an older parent, and that program is more regular. I mean once you assessed and they say okay, we can provide 12 hours a week so you know that these 12 hours will be ongoing for a while and then you can kind of plan your schedule. You could either work during those times or you, you know, or you can do other things. So, I mean I don't know why it's not, you know, connected because those are the caregivers.

COMMISSIONER VAZQUEZ: (interposing)
They're not—they're not disconnected.

CHAIRPERSON CHIN: Yeah.

COMMISSIONER VAZQUEZ: Alright, so, when we look at provision of service we look at its very client-centric, right, and I wanted to also address an earlier statement, which is as you—as you're maybe aware, we've received state funding to address the—the wait list for homecare, and that's ongoing and that—the waitlist has been addressed, and we're not—

we're—I mean it's—it's not an issue for us any more and it's a continuous thing that we're monitoring, but it is ongoing, and they're not—they're not totally a siloed programs.

CHAIRPERSON CHIN: Yeah, I meant that might have been a lot of the—the unidentified--

COMMISSIONER VAZQUEZ: Yes.

CHAIRPERSON CHIN: --caregivers who might be—who should know about this program, too. (laughs) Yeah, because the people that we work with they did not identify themselves as caregivers, but they were really happy to hear about the program, and then now because they are connected, so now they know more what other resources are available.

COMMISSIONER VAZQUEZ: vnd that's what this Local Law and this additional service provision that we've done together has enabled. Um, it's--so not only are you—you're getting and entry point. What is that we say? No door left unopen. You have an entre into a wider array of services that you may not have even known that you were eligible for or entitled to.

CHAIRPERSON CHIN: I mean one of the things that—I mean one of the programs that the

Council support with discretionary funding is the nine Social Adult Daycare Programs that we provide discretionary money every year so that they could provide more services to seniors who don't have Medicaid because the private one only takes seniors with Medicaid. So, but that is also another program that's supposed to be able to be available to help caregiver, and it makes such a big difference to the caregiver that you put your parent, you know, in a facility where you know that they are going to have activities, they're going to be taken care of for a couple of hours, and then you can do your-whatever you need to do, and they are in a safe place or when they-and they also provide transportation.

COMMISSIONER VAZQUEZ: Yeah, there's a close collaboration with those programs, a very close collaboration, as we have a close collaboration with two of the sister agencies who are very much invested in this area also.

CHAIRPERSON CHIN: Yeah, and that's why, you know, that's why it frustrates me when a lot of the private ones-I mean they don't provide this resource, um, to our, you know, caregivers, their family, the seniors, and that's the frustration. We

only have nine in the city that the government support so we really need to look at how do we, you know, expand the services, which is so critically needed for our seniors who needs the caregiving. So, and--

COMMISSIONER VAZQUEZ: (interposing) And-- and you know that we're pleased that the laws, the Ombudsman Law to Local Law 9 for social adult daycare. It's--they get promulgated in just a matter of days, and so we're really pleased to have-to have that fully operational soon.

CHAIRPERSON CHIN: Good and I hope you have enough staff (laughter) that you're able to like work on this so to make sure that good programming are available to our seniors. Just a little bit on the--Council Member Ayala, do you have a question? You have some questions before I go to--

COUNCIL MEMBER AYALA: I do, but to ahead. Don't worry.

CHAIRPERSON CHIN: I was just, um, just on the, um, the 2018 Comprehensive Plan Follow-Up Report. You talked about all the recommendations, but the--the Comprehensive Report was very short. (laughs) So, um, maybe you could go into a little

bit of that. Maybe you just kind of like just sum it up and this is what needs to be done because we were sort of surprised that it, um, the, um..

COMMISSIONER VAZQUEZ: This is the 2018?

CATALINA SOROS: No.

COMMISSIONER VAZQUEZ: No. Um, I'm not sure, and please correct me if I'm wrong that the 2018 report was issued prior to the \$4 million infusion. Is that accurate?

CATALINA SOROS: The report was submitted in the beginning of Fiscal Year 18, and so the infusion came later that year, later in 2018.

COMMISSIONER VAZQUEZ: So, some of the-- some of the progress that we've talked about--

CHAIRPERSON CHIN: Aright.

COMMISSIONER VAZQUEZ: --is post that report.

CHAIRPERSON CHIN: Okay, to it's--

COMMISSIONER VAZQUEZ: (interposing) And some of the enrichments and the continuous work is post that report, and the expansion of service providers is post that report.

CHAIRPERSON CHIN: Okay. So, I know the \$4 million is great, but are we advocating for more? I know it's baselined, which is great--

COMMISSIONER VAZQUEZ: Yes.

CHAIRPERSON CHIN: --but \$4 million more doesn't cover--

COMMISSIONER VAZQUEZ: So, I'm going==

CHAIRPERSON CHIN: --the caregivers that are in the city or even increase the percentage of caregivers that we will be able to reach.

COMMISSIONER VAZQUEZ: That with the additional \$4 million that we get from the state Title 3 money brings our resources to \$8 million, and as we all talk, we also know always, and I will, you know, my answer is: Needs always outpace resources, and we will continue to work with you and this administration. It was a strong commitment to make sure that we can provide services that are required.

CHAIRPERSON CHIN: Because I think that they'll think that we're neat because one, you know, we do extensive outreach, more people know about the program. They're going to start applying, and you're going to need--we're going to need more funding to accommodate, right? That--that's the purpose of--for

the outreach, and the other question I have is that is it part of them, um, the contract with the providers to do training for caregivers to be able to take advantage of all the--the training programs that we have, you know, like their eyes and mental health so that they are more--

COMMISSIONER VAZQUEZ: There is a strong tie with the Geriatric Mental Health Program. There's--there's various trainings that we do for caregivers particularly in appropriate ways to provide care to prevent harm or damage of injury. There is also the, um, the four monographs, videos that we provide for caregivers. Some of the duties and responsibilities around caregiving. We also provide training on legal and financial supports for caregivers, more information on how to address some of those issues.

CHAIRPERSON CHIN: Those are the videos that are on your website?

COMMISSIONER VAZQUEZ: Yes.

CHAIRPERSON CHIN: Right?

COMMISSIONER VAZQUEZ: Yes--

CHAIRPERSON CHIN: So how do we--

COMMISSIONER VAZQUEZ: --in the multiple languages.

CHAIRPERSON CHIN: So, how do you sort of circulate those and let people know that those are the--do you send--do you actively send it out to providers and also I mean like all the people that you outreach to?

CATALINA SOROS: That's a good question, and the way that--that training videos are being shared is that the providers are aware of it. It's accessible via You Tube so they are able to send them, send the links. Also play them at their locations. The Caregiver Programs are also contracted to offer trainings as the Commissioner stated And so they offer trainings based on the feedback that they're receiving from the caregivers in their community regarding financial and legal, a lot of the planning around finances of the person they're caring for. We also partner with our sister agency from Department of Mental Health and Hygiene, and had the directors and staff of our Caregiver programs trained in Mental Health First Aid for Veterans in order for them to assist the caregivers.

CHAIRPERSON CHIN: So we have 51 Council Members so I think that we should figure out a way of getting that information, you know, the--so that we--each of us can help circulate to people on our e-Blast lists, service providers, our constituents. I mean that is really a good way to really get the word out, too, because you have providers from different boroughs. So, we could focus on those and citywide, I think that's something we can be helpful with getting the information out throughout city.

COMMISSIONER VAZQUEZ: Thank you for that recommendation. Okay. Oh, I was just informed that--thank you for that, Hector. I was just informed that we also have issued press releases around the video, and the availability of the video to--to enhance the public's knowledge.

CHAIRPERSON CHIN: Okay. Also can you provide the Council, the Committee with the contracting agencies and the services that they should be providing?

COMMISSIONER VAZQUEZ: Sure. We can give you a list of the agencies and the contracted services, the eight geographically based as well as the three citywide, and we'll provide that for you by

the end of this week. No later than close of business.

CHAIRPERSON CHIN: Okay. I mean we want to be a partner. We want to be helpful to get the program out. Personally for me, my family, my brother we benefitted when we were referred by Hamilton, and we talked to the Caregiver Program and they were really helpful.

COMMISSIONER VAZQUEZ: Glad to hear that. I'm pleased.

CHAIRPERSON CHIN: So, that we want to make sure that everyone who needs the service because the aging population is growing--

COMMISSIONER VAZQUEZ: Yes.

CHAIRPERSON CHIN: --and, um, we want to make sure that people can access resources and information. I'm going to pass it onto Council Member Ayala with some questions.

COMMISSIONER VAZQUEZ: I just wanted to just augment something that you said. We are partners in this, and so not that we want to be, but we are. Alright, great.

COUNCIL MEMBER: AYALA: (laughs) Good afternoon, Commissioner.

COMMISSIONER VAZQUEZ: Good afternoon.

COUNCIL MEMBER AYALA: So, as part of the, um, as part of the survey that was inspired by Local Law 97 one of the seven recommendations included communicating affordable housing efforts and opportunities to caregivers. Does this—did that in any way include any technical assistance to individuals residing within public housing that was serving as a caregiver? Because we often see through Constituent Services displacement of individuals that moved in where the parent or a family member that was suffering from some sort of ailment, and then the person passes away. They didn't realize that they were supposed to be on the lease or didn't realize they were supposed to be on the lease for a year, and end up, you know, evicted. So, is that part of the recommendations that you know of?

COMMISSIONER VAZQUEZ: What I can tell you is the recommendation was to just—was mostly centered around any kind of modification a caregiver may have needed for their home. Alright, and so how is it that you make your house ready for— Um, so, what we did was we helped them and some of the services for ramps and additional spaces and things

that they may need. So, that's what it really centered around. As it evolved, it was real clear that housing information was necessary, and one of the things that there is a close linkage as there is a close linkage with all of the DFTA programs, the DFTA Map Program is also very closely linked to this program, which is the--where we have contractors and staff working directly with NYCHA residents and in NYCHA high identified need of public housing.

COUNCIL MEMBER AYALA: Yeah, I just--I feel like that should be--they--they go kind of hand-in-hand because unfortunately a lot of these unofficial caregivers, you know, leave their place of employment because--

COMMISSIONER VAZQUEZ: (interposing)
Absolutely.

COUNCIL MEMBER AYALA: --they can't afford to work and take care of, you know, family members and then end up now without a job and without a place to--to live.

COMMISSIONER VAZQUEZ: That's--that's really a--

COUNCIL MEMBER AYALA: (interposing) It's a huge problem.

COMMISSIONER VAZQUEZ: --a great, great recommendation--

COUNCIL MEMBER AYALA: Yeah.

COMMISSIONER VAZQUEZ: --issued that we'll look into deeper.

COUNCIL MEMBER AYALA: Now as part of the--the public outreach and advertising campaign, my mom who is at home now with probably three home attendants because the home care agency has some sort of mix up going on, and so her home attendant is there. My father was sent two home attendants three days consecutively. She's probably going mad, but prior to her getting the home attendant of her own, she served as my father's primary caregiver. She cannot, you know, for physical reasons. She--she just can't physically get in and out of the subway. She does not travel via public transportation at all. How does, you know, what would--what's the strategy for communicating the efforts of DFTA Caregiver Program and the services available to individuals that are that isolated?

COMMISSIONER VAZQUEZ: Great. Alright.

CATALINA SOROS: So, one of the things that we work with are providers when we meet

regularly is being able to address strategies in regards to outreach and presentations, and now to reach folks through word of mouth. That is the big focus on also the, um, presentations with doctors, nurses and social workers because where are most caregivers? They are in hospitals and they're in medical appointments, and so if the physician, if the nurse and the social workers are aware of the DFTA services, then they're able to say why didn't you make your last visit? Oh, well, it's because I couldn't find transportation . I had a difficult time getting there. So, a lot of the outreach efforts are focused on working with medical professionals because that's the professionals who are coming in most contact with the caregivers that are not accessing the interned who are not on social media, but they're able to be seen on a follow-up basis during their medical appointments.

COUNCIL MEMBER AYALA: I think—I think that that actually is an excellent way of communicating, and I have been hearing more and more lately of how individuals are inadvertently connected to, you know, somebody at the clinic that recognized that they were, you know, showing signs of, you know,

of stress and just, you know, feeling overwhelmed, and if somebody was actually paying attention and picked up on the que that, you know, this person was a caregiver and probably was, you know, also now experiencing some sort of, you know, of burden that was manifesting physically and mentally and were able to connect them. So, I'm really excited about that. However, is that a service that's extended also to the senior center staff because, you know, senior center staff are very overwhelmed. Usually one case worker that's working with, you know, God knows how many people are coming in with a multitude of issues. Often times, you know, you have time for lunch and maybe you can, you know, have a bathroom break, and we're not always the most informed because I mean listen, I'm a Council Member and I often have to catch up on the news because I'm so busy doing this that I don't have time to catch up on what's going on in current events, right? So, it's very similar for them. They don't really always have the information that they need to better assist their clients. Not because they don't want to, but because they're overwhelmed. So, is there an opportunity to may be present? Does DFTA have like workshops or

presentations similar to that with the care—with the doctors that Bellevue and at Lincoln to better inform senior center staff, which are front line on the services that, you know, are provided through this—this program?

COMMISSIONER VAZQUEZ: We have started at DFTA and along with our partner Live On mostly through Live On--

COUNCIL MEMBER AYALA: Great partner.

COMMISSIONER VAZQUEZ: Great partner, but we also are looking at constant ways to train and bring new skills to older adult center staff, and that is a strong commitment, but I can tell you that given the collaboration around transportation, and some of those respite services, that kind of cross-collaboration and cross-fertilization of services and knowledge is occurring, but I totally agree with you in a more structured fashion is something that we would look to, and one of our partners in training that network and that industry would be Live On.

COUNCIL MEMBER AYALA: And—and I think just piggybacking off of what Council Member Chin was saying even as it relates to our own staff, each community is outfitted with, you know, an abundance

of constituent services' staff, you know, in the local, you know, State Senator's Office, the State Assembly Member's Office, the City Council Member's Office that are, you know, also points of contact with individuals coming in. If there was an opportunity to host something like that at DFTA, we do it as City Hall all of the time. Some other agencies, you know, do something similar where they would invite them to come in for, you know, a morning an hour or two where they, you know, just to kind of brief them on those services so that when they're providing, you know, information to the public, they have all of the information that they need.

COMMISSIONER VAZQUEZ: You know, we've done that on a request basis.

COUNCIL MEMBER AYALA: Okay.

COMMISSIONER VAZQUEZ: I think what we will do based on this conversation is that we will issue from Government Affairs Operation the opportunity to extend that to-to the City Council Members who may have not, and some of the Assembly Members who may have not requested or availed themselves of that service. And the other thing that I wanted to say because I felt the eyes burning on me

from this side of the room (laughter) that Department for the Aging also has an extensive training program for all of our service providers, and some of the state of art issues and needs that we've identified through other programs, and that we have a Training Academy.

COUNCIL MEMBER AYALA: That's wonderful. Congratulations on that.

COMMISSIONER VAZQUEZ: (Laughs)

COUNCIL MEMBER AYALA: I have two more questions, and I'll rest. I figure that I could pickup for Eugene and the--and the rest of them. That I'm taking up their time. So, when--when mounting the public awareness campaigns are you specifically targeting or is there any attempt to specifically target communities that have seen a significant growth in the older adult population?

COMMISSIONER VAZQUEZ: That means every community in New York City. No. We--obviously we are focusing where we identify the greatest needs occur.

COUNCIL MEMBER AYALA: I think they're all in East Harlem. (laughter)

COMMISSIONER VAZQUEZ: There's some in the South Bronx and (laughter) and a few in the Lower East Side. (laughter)

COUNCIL MEMBER AYALA: Uh-hm, uh-hm, and finally I just out of curiosity because when I did work on our Senior Services, there was a risk program that was being that was offered. It was an overnight program for individuals suffering from Alzheimer's and it allowed families and overnight kind of, you know, breaks. So they would come and pick them up. I believe it was in Yonkers. They would pick them up at around 5:00 or 6:00 and then they would spend the night at this program because, you know, most of them did not sleep through the night and so they offered activities, and then brought them back in the morning, and it didn't conflict with homecare services being rendered. So, during the day they had the home care services, and at night they had the opportunity to-to go do-- Do you know of any such similar program or similar mode in New York City because I'm not familiar.

COMMISSIONER VAZQUEZ: Yes. Vision Program who has-it's one of our premier partners, but maybe I shouldn't say that we have too many of the.

That is an exceptional partner. It has a respite program where they will take individuals to Rockland County I believe is where their facility is, to just give them the respite, and then make provisions for the care of the other individual, but they do have these respite facilities, and it's an amazing program.

COUNCIL MEMBER AYALA: So, the services are at Rockland? They're not--there's nothing in--

COMMISSIONER VAZQUEZ: No.

COUNCIL MEMBER AYALA: --the five boroughs?

COMMISSIONER VAZQUEZ: They give them respite, real respite.

COUNCIL MEMBER AYALA: Yeah.

COMMISSIONER VAZQUEZ: The send them away so that they can have some time good. I'll let you now.

CATALINA SOROS: The providers also partner with assisted living programs, some skilled nursing facilities and other organizations that run overnight respite, and with the, um, infusion of this Administration of the \$4 million that's been a possibility because the cost hub is nor being able to

2 be covered through that additional funding that was
3 provided.

4 COUNCIL MEMBER AYALA: Thank you. Thank
5 you so much.

6 CHAIRPERSON CHIN: Can you also talk to us
7 about the other agency? What is the—what is HRA
8 doing in terms of helping caregivers? Like do they
9 help them with, you know, applying for benefits like
10 SNAP and what other agencies?

11 COMMISSIONER VAZQUEZ: We work most
12 closely in the caregiving arena with the Mayor's
13 Office for People with Disabilities, and with the
14 agency for ACS, our Agency for Children Services, and
15 those are the two primary partners as well as the
16 Department of Health and Mental Health around
17 caregiving. Are there any other that I'm missing,
18 Catalina?

19 CATALINA SOROS: So, sure. Thank you,
20 Commissioner. Also that Department of Veteran
21 Services. We're also partnering with them and making
22 them aware of DFTA funded services as well as DCAS
23 making them aware.

24 CHAIRPERSON CHIN: I guess what HRA is
25 like helping the caregivers who are, you know,

spending most of their time doing caregiving, and they may not be working full time. So, now their income is lower, and they might be able to access some of the benefits like food stamps and other benefits.

CATALINA SOROS: So, one of the things that we've done as part of the outreach with other sister agencies is we did conduct several presentations with the Department of Social Services, which includes HRA, and we did presentations about DFTA funded services, and provide information of who the providers are throughout the city so that if they're in the process of working with caregivers that may need services or information, they would have that information available. So, we did several presentations to that department, that city agency.

CHAIRPERSON CHIN: To HRA?

COMMISSIONER VAZQUEZ: To the Department of Social Services.

CHAIRPERSON CHIN: part of Social Services.

COMMISSIONER VAZQUEZ: Yes, which included some staff from the Human Resources Administration.

CHAIRPERSON CHIN: So are the partners—I mean are they working with you to sort of identify certain staff that these providers can reach out? You know, because often times, we want to get, you know, helping a caregiver to get benefits as quickly as possible, it's good to have a direct line. So, is this going through--?

COMMISSIONER VAZQUEZ: We collaborate in the sense that they often reach out to us when they find caregivers in need. Um, and so because they have a contact at the Department for the Aging, they know that if they come across then they can reach out. So, often we'll have folks not only from HRA, but from the Department of Veteran Services identify caregivers that they're coming into contact with, and say, you know, we realize this person may benefit from your programs. Can DFTA reach out? And DFTA does reach out, discusses what the need is with that caregiver and then connects them to our providers to be able to continue the assistance that's needed.

CHAIRPERSON CHIN: Can you also tell us a little bit more about the Transportation Program? How many—do we know how many caregivers are using the

Access-A-Ride Pilot Program? I mean that's a great program. You don't have to—

COMMISSIONER VAZQUEZ: We—we can't give you that level of specificity, but what I can provide you by week's end with the—with the other—with the other information that we have to give you is the number of transportation services that are being offered to caregivers and the type of car— transportation. Is that possible, Catalina?

CATALINA SOROS: Yes, we can give you information on the transportation. It's called Supplemental Transportation that is available caregivers through the Caregiver Program.

CHAIRPERSON CHIN: So you can give us the number of requests and how many--?

CATALINA SOROS: We can give you the number of service units. Yes, after.

COMMISSIONER VAZQUEZ: The number—the number of services provided.

CHAIRPERSON CHIN: Uh-hm. Okay, okay. Oh, Council Member Deutsch, welcome.

COUNCIL MEMBER DEUTSCH: Thank you.

CHAIRPERSON CHIN: Do you have any questions?

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2 COUNCIL MEMBER AYALA: [off mic] Not yet.

3 CHAIRPERSON CHIN: Well, we have to figure
4 out how long we're going to keep the Commissioner
5 here.

6 COMMISSIONER VAZQUEZ: So you--do you want
7 (off mic background comments) Alright. So you want
8 to say that?

9 Sure. Hi designate (sic). So for the
10 exiting programs--

11 CHAIRPERSON CHIN: (interposing) You have
12 to say your name.

13 CHIP: Sorry. Chip. Go ahead.

14 CHAIRPERSON CHIN: Are you from MOIA?

15 CHIP: The Mayor's Office for People With
16 Disabilities.

17 CHAIRPERSON CHIN: Okay, so the counsel
18 will have to swear you in.

19 CHIP: Sure.

20 CHAIRPERSON CHIN: Thank you.

21 LEGAL COUNSEL: I will swear you in. Do
22 you affirm to tell the truth, the whole truth and
23 nothing but the truth in your testimony before this
24 committee and to respond honestly to Council Member
25 Questions?

CHIP: Yes I do.

LEGAL COUNSEL: Thank you.

CHIP: So, just wanted to clarify on the Access-A-Ride program. As you know, Access-A-Ride is a safe program that's run by the MTA. So, they would have the data on that for people who are caregivers that use that, but it's primarily for folks with disabilities. So, obviously the person with the disability has a caregiver a PCA as part of that program. That's data the MTA would have, but we could circle back with you if that's something you're finding out.

CHAIRPERSON CHIN: Good. I think that's-- that would be good if you could help us get that data, and also on the, um, you know, the, um, the Pilot Program. We're interested in that, too, because that's --that's something that we heard a lot of great stories about it really change people's lives. So, we want to be able to see how that has been utilized.

CHIP: Yeah, I believe there an oversight hearing a few--

CHAIRPERSON CHIN: Yes.

CHIP: --months about that. So, the MTA has certainly been in communication with the Council and we—we certainly share the Council's goal of expanding transfer rights to those that need it.

CHAIRPERSON CHIN: Yeah, but we want to know like how many caregivers actually have already—were involved in using that program.

CHIP: Yep, um, we will certainly circle back with our partners at the MTA, but it's not a city program. So, I just want to clarify that it's the MTA that would have the data, not the city.

CHAIRPERSON CHIN: Okay, thank you. So, you can help us get it let's say. (laughs)

CHIP: We'll—we'll work with you to get that data.

CHAIRPERSON CHIN: Okay. Thank you.
Council Member Deutsch.

COUNCIL MEMBER DEUTSCH: Hi. Good afternoon Commissioner.

COMMISSIONER VAZQUEZ: Good afternoon.

COUNCIL MEMBER DEUTSCH: So, I just have one question. Do you follow—do you follow any new construction for senior housing that is being built throughout the city?

COMMISSIONER VAZQUEZ: (paus) Do follow--
?

COUNCIL MEMBER DEUTSCH: Yeah. Do you
know--like do you follow like if there's any senior
housing being built throughout the city, do you like
follow to see like where these--

COMMISSIONER VAZQUEZ: Oh.

COUNCIL MEMBER DEUTSCH: --these new
buildings are being built--

COMMISSIONER VAZQUEZ: Okay.

COUNCIL MEMBER DEUTSCH: --because I--I'm
-what-what I'm seeing in my district is that many of
the seniors they're looking for housing, affordable
housing, and we have to navigate and to try to find.
It's-it's even difficult for us to know, um, you know
where these, where this housing is being built
throughout the--throughout the five boroughs, and so
it takes-it's very time consuming for my office when
we-when a senior comes in looking for housing. So, I
want to know that number is if you do follow to see,
you know where the-where these senior housings are
being built, and also how you get the information
out, and-and if you can share that information with
the elected officials so this way we know how to

better respond to constituents who may, um, be--end up being homeless if they don't find housing?

COMMISSIONER VAZQUEZ: We have some knowledge of some of development that's going on, and we also have knowledge of some of what we call the NORCs. You're quite familiar with those--

COUNCIL MEMBER DEUTSCH: Yes.

COMMISSIONER VAZQUEZ: --which are areas, and so what we can do is provide you a list of what those services are, and use it as a springboard to--to discuss how we can share information on current housing.

COUNCIL MEMBER DEUTSCH: Are there any availabilities like currently in the five boroughs that you know of?

COMMISSIONER VAZQUEZ: No, I--I--I can't speak to that, sir.

COUNCIL MEMBER DEUTSCH: You can't speak to that, but it's something that I think that DFTA should follow right and--and know like what availabilities are available for seniors. Do you think it's something that--that DFTA should do?

COMMISSIONER VAZQUEZ: I am--I am--I am confident that our network of agencies, and I'm

confident that our Case Management Agencies are well aware of what the availability is of housing for seniors. I'm also quite pleased, as I reported earlier that this Administration has made a commitment to have 30,000 units dedicated to people over the age 65 by 2026, but I am confident that those housing programs or those housing services, affordable housing services available to elderly-to older New Yorkers are known by this network of agencies.

COUNCIL MEMBER DEUTSCH: Okay, so, I-I would ask you, um-I'd like to ask you if your office could reach out to my office if we-if I could have a, um, a, you know a workshop in my office where I can invite seniors for them-for your office and these agencies and these not-for-profits whoever is handling this to help them navigate for those who are seeking affordable housing.

COMMISSIONER VAZQUEZ: We would be more than happy-we would be more than happy to contact your office, and to look at that as a service training, and also in other areas in terms of caregiving specifically if you're interested.

COUNCIL MEMBER DEUTSCH: Okay, yes.

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2 COMMISSIONER VAZQUEZ: We'll reach out to
3 your office.

4 COUNCIL MEMBER DEUTSCH: Okay, great.
5 Thank you so much.

6 COMMISSIONER VAZQUEZ: You're welcome.

7 CHAIRPERSON CHIN: I know that Council
8 Member Deutsch we need a lot more affordable housing
9 for seniors because I know that DFTA does have a list
10 of senior housing with waiting lists (laughs) and we
11 know there are a lot of seniors throughout the city
12 according to the report done by Live On. It says
13 over 200,000, and a new building going up. It's—we
14 can find some on Housing Connect, but obviously it's
15 not enough and we have to really continue to
16 advocate. I'm glad that you--

17 COUNCIL MEMBER DEUTSCH: (interposing)
18 Yes. I just want to mention, Chair.

19 CHAIRPERSON CHIN: --are supporting
20 minorities.

21 COUNCIL MEMBER DEUTSCH: Yes. So, I'm
22 looking at a property in my district. It's about
23 50,000 square feet. It's owned by DOT, and I'm
24 already speaking to City Planning, and I want to
25 develop there strictly as senior housing. It's right

at the--right at the Coney Island, Brighton Beach Boardwalk.

CHAIRPERSON CHIN: That would be great. we can all work together and work together with DFTA to make it happen. We are always looking for sites to build senior housing.

COMMISSIONER VAZQUEZ: As my earlier portion of my testimony, Council Member, we talked about housing is one of the biggest challenges we have for caregivers as well as non-caregivers in New York City.

CHAIRPERSON CHIN: So, thank you Commissioner--

COMMISSIONER VAZQUEZ: Yes.

CHAIRPERSON CHIN: --for being here. Thank you and we look forward to continue to work with you, and your department and especially around budget time. Make sure that we get more funding (laughter) for the Department for the Aging for all the good work that you have done and will be doing.

COMMISSIONER VAZQUEZ: I want to thank you for your continued support and your strong advocacy. We can't do this without you. Thank you all.

CHAIRPERSON CHIN: So, we're going to call up the next panel. Antonio Coppolla from AARP; Joey Costello from SAGE; Mark Solty from Mobilization for Justice and Gina Glaselta from Live On New York.

(background comments/pause) Did everyone fill out a slip?

FEMALE SPEAKER: Somebody is missing here. There is an extra body there. I think that she had somewhere to go. Four, yes. (background comments/pause)

CHAIRPERSON CHIN: Oh, okay, so—oh, you're just going to help answer questions? Okay. Alright. Thank you. You may begin whoever wants to go first.

JOEY COSTELLO: Good afternoon, Council Members. Thank you for holding this committee hearing. My name is Joey Costello. I am the Assistant Director of Case Management at SAGE. As many of you know, LGBT elders face a myriad of challenges associated with aging: Declining health, diminished income, the loss of friends and family and ageism. LGBT older adults also face invisibility, ignorance and fear of harassment and poor treatment. Compounding their challenges LGBT elders are far more likely to live in isolation. In fact, LGBT older

people are twice as likely to live alone, half as likely to be partnered, half as likely to have close relatives to call for help, and more than four times more likely to have no children to help them. In fact, nearly 25% of LGBT elders who SAGE serves have no one to call in case of emergency or a caregiver if needed. In absence of their families or origin to rely on for care and support, for many LGBTs both families of choice are their cornerstones of caregiving. These chosen families provide social, emotional and physical support and often serve as advocates with medical—when medical needs arise. As an L—as an LGBT person ages, they turn to their family of choice to help them care for their needs. Because of their lack of family caregivers, their need for respite and supplemental services is greater. The act of providing physical and emotional and perhaps financial support to an ill or aging person can lead to isolation, stress and eventually caregiver burnout. All caregivers are susceptible to caregiver burnout. LGBT caregivers experience some additional factors that can increase caregiver burden and lead then to burn out more quickly. Whether an LGBT person caregiver is providing care for a member

of their family or of origin or a family of choice, it is apparent that this population needs meaningful and approachable direct services and support for LGBT caregivers. To better serve LGBT elders and their caregivers, SAGE's Caregiving Program offers a safe, welcoming community that help caregivers navigate their current and future needs. As they provide care for a loved one, SAGE's caregiving program cares for them, and in turn helps them prepare for the time in their life when they need care—they may need care themselves. Through this program SAGE offers one-on-one counseling, group counseling, weekly caregiver support groups, educational seminars and online resources. Information on benefits, respite care and help for caregivers planning for their future needs. SAGE's program is the city's only dedicated LGBT caregiving program, supporting LGBT caregivers through programs and services such as SAGE's Caregiving Program is one of the best ways for the Council to have a positive impact on the lives of both LGBT caregivers and LGBT elders receiving care. Caregiver support will save money on costly long-term care, and will keep care recipients in their homes. Thank you to the Council for your continued

commitment to our city's LGBT older people and caregivers. Your support has been instrumental in ensuring that SAGE is there for them. SAGE looks forward to working with the members of the Council to support LGBT caregivers and ensure that more of our city's LGBT elders can engage and age in place. Thank you.

ANTONIO COPPOLA: Good afternoon Chairwoman Chin and members of the Aging Committee. My name is Antonio Coppola, and I am the Associate State Director for AARP here in New York. On behalf of our 750,000 members age 50 and older here in New York City, some of which have joined us this afternoon, I want to thank you for the opportunity to testify today on the topic of unpaid family caregivers. Family caregivers provide an invaluable resource many are on call 24 hours a day 7 days a week. This labor of love is worth \$31 billion in unpaid care each year statewide and more than \$13 billion here in New York City. Thanks to family caregivers' commitment hundreds of thousands of older people are able to live at home rather than in my much costlier and most taxpayer funded institutions like nursing homes. I personally have heard directly

from unpaid family caregivers about the many services they provide, and the frustration that they feel when they do not have access to the resources or support they need to successfully meet the responsibilities they have undertaken. Adding to this stress, many caregivers have neither the time nor the resources to care for themselves. It is heartbreaking. I invite you to visit AARP's iheartcaregivers.com website to read real first hand stories of unpaid family caregivers here in New York. I want to applaud the City Department for the aging for their survey of informal caregivers in New York City. It is a great first step in addressing the needs of New York City's unpaid caregivers. There are more than a few highlights that AARP would like to underline at this moment. There are an estimated 900,000 to 1.3 million unpaid caregivers in New York City. A majority of caregivers are women at least 50 years old. More than half of caregivers provide at least 30 hours of care each week. At least one-third of each caregiver group struggles financially. Information about the available services is the top three most needed services for all caregiver types. One of the services with the highest levels of unmet

need was respite care. At least 1 in 4 caregivers from each group need but do not receive it, and lastly two of the most prevalent barriers to obtaining services are lack of knowledge regarding available services and income limitations. Because so much has been said regarding services I want to focus in more on the financial strain on paid family caregiver experience. A 2016 AARP report on family caregiving and out-of-pocket costs found that family caregivers not only spend time and energy, but also a significant amount of their own money on caregiving. The overwhelming majority of caregivers almost four out of five incur out-of-pocket costs as a result of caregiving. In 2016, family caregivers spent roughly \$7,000 per year accounting to 20% of their income on average. It also impacts their future income. Many family caregivers are also dipping into their savings and one in six has come-cut back on retirement savings. In addition to out-of-pocket costs, many caregivers experience strain that affects their professional and personal wellbeing. More than half of the caregivers in the study reported at least one work-related strain such as change in work hours taking paid or unpaid time off and others. Many are

cutting back on their own personal spending to accommodate for caregiving costs with roughly half cutting back on leisure spending. These findings demonstrate the importance of not only education and assistance for caregivers, but the need for financial assistance such as Family Caregiver Tax Credit that would help address the financial challenges of caregiving. In 19-excuse me. In 2019, AARP commissioned a report with the Center for and Urban Future, which revealed that the number of older adults in New York City residents age 65 and over increased 12 times faster than the city's under 65 population over the past decade. There are now a record 1.24 million adults age 65 and older living in the five boroughs. Between 2007 and 2017 the city added over 237,000 older adults, an increase of 24%. By comparison the city's under 65 population increased by just 2%. There has never been a more crucial time for us to focus on the needs of family caregivers. Now more than ever we need to ensure that family members have access to the services and resources they need to allow their older loved ones to age at home with dignity. Support for unpaid family caregivers is a priority for AARP both

nationwide and here locally in New York City. We applaud the City Council and the Mayor for taking on this issue, and we look forward to continuing the work together on finding solutions that will best support the lives of our city's family caregivers. Thank you so much.

JENNAGOD BOTTER: Sorry about that. Alright. Hi. My name is Jennagod Botter. I'm a public policy Associate at Live On New York. Thank you, Chair Chin and the full committee for the opportunity to testify today. Live On New York's members include more than 100 community based organizations that provide more than 1,000 programs serving over 300,000 older New Yorkers annually. These core services include senior centers, caregiver supports, home delivered meals, affordable senior housing with services, NORCs case management and home care. Through policy efforts Live On New York advocates to increase funding and capacity for our members to meet the needs of older adults in their communities and enable them to thrive. All of the Community based organizations who contract the Department for the Aging, DFTA, to provide caregiver support services all within Live One New York

membership. For that reason, we wish to provide testimony today. We are incredibly to the de Blasio Administration for its increased investment in this important program. New York City has one of the most concentrated populations of older adults in the nation, and with comes a significant amount of people caring for loved ones. DFTA's Caregiver Supports program offers assistance to many types of caregivers from those caring for an aging loved one who may or may not have dementia to grandparents raising grandchildren to caregivers of adults with disabilities. According to DFTA's latest progress report, there are 1.1 million caregivers in New York City many of whom are women and people of color. For many caregivers one of the biggest issues they face is financial. Many caregivers simply cannot afford to hire full-time care for a loved one, nor can they afford to stop working to provide full-time care themselves. In a number of ways they find themselves stretched thin, financially, physically, and emotionally. Fortunately, DFTA's Caregiver Program is able to look at each case holistically, and determine where support is needed most. Time and time again, we hear from our members about the

critical impact this program has on both caregivers and care receivers in New York City. Between providing respite, transportation, combatting isolation and promoting self care, these programs are concretely improving the lives and mental health of its participants. Our members are uniquely poised to offer hyper local caregiver support services and they are proud to meet the needs of their communities to create a programming and strategic partnerships. DFTA's report shows that caregivers in New York City are a diverse group of people and our members are again uniquely poised to provide culturally competent services to the city's unpaid caregivers and shape their programs with sensitivity. Moving forward Live On New York would love the city's support in responding to the state's forthcoming proposals through the second iteration of the Medicaid Redesign Team or MRT-2, which has the task of cutting \$2.5 billion in Medicaid spending. It is likely that the proposals that come out of MRT-2 could impact Medicaid recipients, which in turn could affect both caregivers and care receivers. Live On New York encourages the city to join us in calling on the state and MRT-2 to ensure future cuts do not lead to

adverse health impacts nor should they disproportionately affect low-income seniors and their caregivers or put community based non-profits financially at risk. I conclude Live On New York wishes reiterate our continued support of the New York-of New York City's Caregivers Program and we commend DFTA for launching multiple citywide outreach campaigns, and hope that these efforts can continue as many individuals find it difficult to self-identify as a caregiver and are still unaware of the impactful resources offered through the city. Live On New York remains committed to working with our city and non-profit partners to make New York a better, fairer place to age. Thank you for the opportunity to testify.

MARK SCHULTE: Good afternoon. My name is Mark Schulte. I'm a Staff Attorney at Mobilization for Justice and the Kinship Caregiver Law Project. Mobilization for Justice or MFJ envisions a society in which there is equal justice for all. Our mission is to achieve social justice, prioritizing the needs of those who are lower income, disenfranchised or have disabilities. We do this through providing the highest quality direct civil legal assistance

providing community education, entering into partnerships, engaging in policy advocacy and bringing impact litigation. We assist with more than 25,000 New Yorkers each year. Our Kinship Caregiver Law Project helps stabilize families by providing civil legal assistance to caregivers raising children who are not their biological sons and daughters. This is thousand of grandparents, other relative and fictive kin to take over children whose birth parents are deceased, incarcerated or otherwise unable or unwilling provide a stable home. MFJ works to prevent these children from entering the traditional foster care system by representing caregivers in custody, guardianship and adoption proceedings. Research has demonstrated the number of clear benefits of kinship care over the traditional foster care system including improved academic performance, lower incidence of mental illness, lower teen pregnancy rates and improved self-esteem. MFJ's Kinship Care to the Law Project is the only program in New York City serving the legal needs of kinship caregivers. Last year thanks to a Speaker initiative MFJ was awarded funding to support our Kinship work wherein we served over 500 families the vast majority

of whom are working poor women of color. We appreciate the opportunity to share with the Committee on Aging information about the free legal assistance that we provide to the unpaid caregiver population thanks to Speaker Initiative support as well as the support of this committee. So, I did want to just highlight a few of the things that we do, and the legal obstacles that face our clients. As you may know, grandparents and other kinship caregivers do not have the right to a court appointed attorney in Family Court proceedings. However they are often asked to intervene in Family Court proceedings in order to stabilize their own families. For instance, we receive calls each week from prospective caregivers who have reached to that end. They know that a child they love has entered the traditional foster care system, but they cannot get the child into their care. In these cases the prospective kinship caregivers are anxiously seeking advice and assistance, and they often tell us that they've called agency after agency to no avail. In such a circumstance, often the only legal option for them is to intervene in an ongoing child protective proceeding in Family Court. However, doing so can be

quite daunting without an attorney. These proceedings involve many parties. They involve ACS, which is represented in court by Counsel. They involve sometimes both parents who are often represented by separate counsel in Family Court, and they also involve a court appointed attorney for the child. These cases often involve 10 to 20 court appearances over the course of several years, and so navigating this process without an attorney can be quite daunting, and can also often mean that their issues don't get before the judge at all.

Mobilization for Justice is the only organization that is dedicated providing free legal services to this population. Under such circumstances, research shows that kinship care is overwhelming better for children and for families as a final result.

However, without legal intervention at the appropriate stage often this is not possible. I also wanted to highlight some of the other work that our organization does outside the Foster Care System. We also provide representation and private adoptions, and so these are situations in which a caregiver is caring for a child through a private arrangement with the parent, typically a grandparent or a great aunt.

These—often in adoption through Family Court, is the only way for caregivers to ensure that benefits through Social Security actually get to the children in their care. However, filing an adoption in Family Court is virtually impossible without an attorney. It requires about 20 or 30 forms, and random affidavits, and so we try to fill that gap by providing adoptions for those families. We also work with families to ensure that they're receiving appropriate public benefits. The vast majority of our clients live at or near the poverty level and under the Federal Guidelines that amounts to an annual income of less than \$24,000 for a family of four. The unanticipated cost of caring for one or more additional children with such limited funds places an enormous financial strain on our clients. In some circumstances, foster care funding may be available. However, in many circumstances it's not. In such a circumstance their only recourse is to apply for a Special Non-Parent Cash Assistance Grant through HRA. Particularly ironically in our experience it's often the most vulnerable clients that are not eligible for foster care subsidies, and they're forced to rely on this non-parent grant,

which is unfortunately much lower than the foster care funding that they would receive if they were actually certified or approved as a foster parent. Accordingly, we do advocate for the Non-Parent Grant through HRA to be equitable to the Foster Care Subsidy, which is again much higher than the grant that they receive through HRA. We also provide representation in custody and guardianship cases. These are also cases that are private arrangements not involving ACS intervention in which a grandparent or any other kinship caregiver has taken over care of a child in need. In our experience under these less formal transfers kinship caregivers often don't—can't—kinship caregivers cannot afford to go to court often do not do so until there's an actual emergency demanding emergency assistance. Under these circumstances, they often find themselves unable to make a significant medical or psychiatric decision. They need to request a child's birth certificate. They, um, require a child's Social Security Card of to obtain a passport for a child or any number of needs in which they might actually suddenly need a legal order for the child. We provide representation to caregivers in these circumstances to make sure

that they are filing the right things, serving the right people and they're formally establishing their legal rights in an appropriate way and in a timely way. We also provide services to special immigrant-to recipients of a special immigrant juvenile status. This is a type of immigration that we've—in which an abused or abandoned child who is being taken over—whose care has been taken over by an adult. In the United States can obtain immigration benefits for that child. It does require Family Court intervention, and we provide representation in those cases. Finally, we also provide representation in cases involving visitation. Maintaining kinship ties creates a sense of stability for children in foster care, but often those children are cut off from grandparents. MFJU provides advice and representation to grandparents who have been separated from their grandchildren in foster care cases, and also in cases where their own children have died, where the—the parents are victims of domestic violence or where the children have actually been adopted out of the Foster Care System. To assist our clients we collaborate with services organizations, community groups and other advocates to provide holistic services to

kinship caregivers. Clients access our services through a walk-in clinic at the Bronx Family Court, a telephone hotline and know your-through Know Your Rights trainings throughout the city, and also through a clinic at Bridge Builders in the South Bronx. Our attorneys chair the New York City Kinship Task Force and are leaders within the New York State Kincare Coalition. Our attorneys educate the legal community about caregivers need by providing continuing legal education programs for advocates, courthouse staff and pro bono attorneys. We engage in legislative advocacy to promote the interests of caregivers and their families and attorney also coordinate with MFJ's other projects to assist caregivers with issues related to other things that we do within our organization such consumer protection, foreclosure protection, housing and other needs. By providing meaningful access to legal services for kindship caregivers, families become stabilized if they access benefits to which they are entitled, secure their legal relationship to the children and in some cases secure immigration status for the children ensuring caregivers rights are not only known but enforced makes for a more effective

and safe system and better outcomes for all. Thank you.

CHAIRPERSON CHIN: Thank you for your testimony. Do you-how do you do outreach? I mean like in terms of providing the information to the Council Members to the community organizations because, you know, I mean we have constituents that needed this service, and so do you provide outreach material in different languages? Before you answer we were earlier joined by Council Member Treyger. Because the service you provide sound great, and I know we have constituents that really can use them. So do you provide outreach material in different languages and I mean simple enough that people can understand that if they are in this situation they have this right or like they are facing this problem that there are resources to help them.

MARK SCHULTE: So, we do have outreach materials in English and Spanish and French. We do provide access to all of our services through a Language Line as well so if somebody calls our, um, hotline they can communicate with an attorney through an Language Line, and we do have Spanish speaking attorneys as well. The most common way for people to

get into contact with us is actually through a court referral. So, often a caregiver will go to court and the clerk will tell them we're recessed.

CHAIRPERSON CHIN: Yeah, but I'm--what I'm asking is that people don't even know that they have to go to court, right?

MARK SCHULTE: Correct.

CHAIRPERSON CHIN: So, that early part I think that the outreach material to really give to people that are--don't even know that what the procedure is, and they're--I mean we have such--I mean in my office we had a tragic case where a mother died fighting for her child, and the child just got into the foster care system, and there were other relatives that could have intervened that ACS and--and the agency. It just--they just couldn't--they just couldn't help them or whatever, and now the child has lost the connection. So I mean from my listening to your testimony, maybe there's a chance for the grandparents to figure out visitation rights, and for the father who was asked to abandon his parental right, and it was so hard to find, you know, legal representation in the early stage. So, I'm just, you know, my thing is like if there are like information

that we can let the community know that these options are available.

MARK SCHULTE: I mean—

TIFFANY WILSON: I have not been sworn in. Can I—can I answer?

CHAIRPERSON CHIN: Yeah, you can answer questions.

TIFFANY WILSON: Okay.

CHAIRPERSON CHIN: And identify yourself.

TIFFANY WILSON: Tiffany Wilson. I'm Deputy Director at Mobilization for Justice. So, we try to address this problem specifically. I've been going around with the Executive Director to as many constituent offices as I can, elected offices to send around this information. We have Kinship Care one pagers. We have—we get on our hotline. So, we're trying to reach as many constituents as we can. We're happy to send it to your office or to any other offices. We've also been in touch with ACS, and so they have a resource guide where we've provided our information. We've been promised that we are—that our information is being given out there as well, but we are—we continue to look for other opportunities to circulate our information. They're on our website,

we're giving them out but like, you know, different CBOs, but we're--we're interested in the same efforts as well.

CHAIRPERSON CHIN: Well definitely send it out to our Council Office. You know, the link and the one-pager--

TIFFANY WILSON: Yep.

CHAIRPERSON CHIN: --and like in different, you know, languages. I think that--that would definitely go a long way so that we can, you know, better serve the--the constituents.

TIFFANY WILSON: Will do.

CHAIRPERSON CHIN: Mr. Costello, I know that you got--SAGE got the citywide contract for caregiving program. Do you reach out to senior centers to sort of start giving out information? Because what it--like the centers in my district like for example Center on the Square and Centers that actually could use some of those information because they're elderly seniors, and I know that, you know, they don't support services, but they probably could use some of the caregiver service. They themselves need the caregiver, and they probably have friends

that they can call upon. So are you sort of also going out to some of these senior center?

JOEY COSTELLO: We have--so we have five senior centers as well that are--are, you know, in the five boroughs that are, you know, basically they're

CHAIRPERSON CHIN: (interposing) Well, those--those are the senior centers. I assume they get the information.

JOEY COSTELLO: They do, they do, um--

CHAIRPERSON CHIN: But I'm talking about all those senior centers.

JOEY COSTELLO: Right.

COUNCIL MEMBER CHIN: Um--

JOEY COSTELLO: Right. Each time you know have a lot of tabling events, right. A lot of like where the community comes and so, you know, we're always trying to share and we'll go to presentations, you know, to inform people, but often times people will just call or, you know, it's sort of a more of a network thing, but I--I don't have the answer for you that we've like gone directly to other senior centers to be like this is what SAGE does. It's very similar, right because we have our own.

2 CHAIRPERSON CHIN: Well, I would
3 encourage you to come to some of mine--

4 JOEY COSTELLO: Oh, absolutely.

5 CHAIRPERSON CHIN: --and also the
6 Speaker's District. (laughs)

7 JOEY COSTELLO: Yeah.

8 CHAIRPERSON CHIN: Because they're located
9 in the, you know in the Village and--and I know some
10 of my constituents I mean we will let them know
11 because we also are getting the information from the
12 Department of Aging. We'll send it out because I
13 know some, you know, active constituents that
14 probably could use some, you know, support services.

15 JOEY COSTELLO: Absolutely.

16 CHAIRPERSON CHIN: Um, so definitely this
17 is really good that--that you were able to--that we're
18 able to provide the funding so that you can provide
19 these services citywide.

20 JOEY COSTELLO: Yes. We're very grateful
21 so thank you.

22 CHAIRPERSON CHIN: Yes. So thank you to
23 all of you for your advocacy, and we've just got to
24 continue to have this issue very visible so that
25 people can come forward and identify themselves as

caregivers and also be able to find the resources that they need because the number is growing, and we're still not, you know, touching a large portion of this, you know, unpaid caregivers. So thank you again for being here today and for all your great work and I just wanted to thank everyone for coming here and help us spread the word that there are resources available to caregivers especially the unpaid caregivers, and we'll see you at that next hearing. Right? Thank you.

COUNCIL MEMBER DEUTSCH: Oh, I had a comment.

CHAIRPERSON CHIN: Oh, Council Member Deutsch.

COUNCIL MEMBER DEUTSCH: Yeah, thank you very much, Chair. So, although I'm sure you all do great work, but I just want to single out SAGE for the work they do on behalf of the veterans. So, I want to thank you, Joey and for all the--all the work that you do, and I'm proud that the New York City Council funds SAGE a substantial amount of funding for the older adults. So thank you.

CHAIRPERSON CHIN: Great.

JOEY COSTELLO: Thank you.

1 COMMITTEE ON AGING

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2 CHAIRPERSON CHIN: Alright, the hearing is
3 adjourned. (gavel)

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C E R T I F I C A T E

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



Date February 9, 2020