



TESTIMONY

Presented by

**Lorraine Cortés-Vázquez
Commissioner**

on

FY 2022 Preliminary Budget

before the

**New York City Council
Committee on Aging**

on

**Wednesday, March 10, 2021
10:00 A.M.**

Good morning, Chair Chin, Chair Dromm, and members of the Aging and Finance Committees. I am Lorraine Cortés-Vázquez, Commissioner of the New York City Department for the Aging (DFTA). I am joined this morning by Jose Mercado our Chief Financial Officer. Thank you for this opportunity to discuss DFTA's Preliminary Budget for Fiscal Year 2022.

In addition to working to eliminate ageism and ensuring the dignity and quality of life of older New Yorkers, providing high quality services and resources are among the Department's top priorities. To support this important work, our FY '22 Preliminary Budget projects \$383.6 million in funding, of which \$264.8 million is in City funds; which includes allocations of \$173.4 million to support older adult centers, \$41.8 million for home delivered meals, \$38 million for case management, \$34.4 million to support home care for homebound seniors who are not Medicaid eligible, \$8 million for NORC programs, and \$8.1 million for caregiver services. In addition to supporting these services, the Administration has invested heavily in responding to the continued pandemic.

Through the support and advocacy of important stakeholders we have also advanced many of our efforts to help older New Yorkers in the midst of a pandemic.

Some notable successes include:

- A pivot to online services, with 259 senior centers providing such services since from March 2020 to January offering over 87,000 sessions of virtual events;
- A collaboration with the New York City Housing Authority and the Mayor's Office of the Chief Technology Officer in which 10,000 laptops, along with a year of internet, were provided to older adults living in New York City Housing Authority (NYCHA) developments;
- Case management clients increased by the highest annual amount for which data are available, from 34,937 annually in FY '19 to 40,347 in FY '20, or +15%;
- In the first half of FY '20, our home-delivered meals program served just under 23,000 individuals. That enrollment spiked to roughly 27,000 during the start of the pandemic, but has returned to just over 24,000 individuals in the first six months of FY '21;
- Over 3.3 million wellness calls to approximately 200,000 clients have been conducted since March 2020, reducing social isolation, providing important information and linking clients to vital resources and supports.

We're also incredibly grateful for the ongoing support of the City Council, which in FY '21 awarded DFTA with over \$38.1 million in discretionary funding, allowing us to make even greater investments in often unserved or underserved communities. While recognizing all these important external partnerships, I would be remiss not to mention that this Administration has over the years consistently made major investments in aging services, including an overall increase of \$100 million in baseline funding.

The last year has challenged us to do more with our limited resources, but I continue to be proud of the work that DFTA has done, including in partnerships with other agencies. The last year has allowed for deepened collaboration between DFTA and other agencies, such as the Department of Health and Mental Hygiene, the Vaccine Command Center, NYC Emergency Management, and the Fire Department (FDNY). Older adults are fundamental stakeholders in the response to the pandemic and as such, DFTA has brought this lens and advocacy to our sister agencies as they deepened their focus on older adults. We appreciate these collaborations and look forward to maintaining these strengthened relationships even after the pandemic is behind us.

Service Pivots

As you know, FY '21 did not unfold the way we had initially planned. Starting three months into a pandemic which disproportionately impacts Black, Brown, and Asian communities as well as older adults, DFTA and our providers had to quickly shift services, adapt to emerging needs while remaining accessible despite Executive Order 100. This Executive Order mandated the closure of multiple businesses throughout New York City during the state of emergency, including the closure of all older adult congregate centers. Through these pivots, we are reminded of the strength and resilience of older New Yorkers while also highlighting areas that need further investment, such as technology access and increased supports for seniors who choose to age in place.

DFTA Services

Over the last year, DFTA and our providers have transitioned programs and services to be virtual or telephone based. These include, Friendly Visiting, Geriatric Mental Health, Caregiver Support, Case Management, and HIICAP webinars and the development of new programming such as Fraud Prevention and Empowerment series through our Elder Justice group. Virtual programs provide older adults with flexibility to join when they can at their convenience and not have it interfere with their schedules. It fosters community, connection, wellness, and intellectual, creative and physical engagement. We have increasingly seen the value in this delivery method and are working on ways to ensure that virtual programming continue post-COVID to provide older adults with more choices and flexibility.

Senior Centers

Older adult centers, many of which offered some virtual programming, pivoted quickly in order to increase virtual program offerings in areas such as social engagement. Prior to the pandemic, 47 senior centers and sites affiliated with those centers were providing virtual programs. That number has grown throughout the pandemic and as of this January, 259 older adult centers and their affiliated sites have offered over 87,000 sessions of free programs that include fitness classes, arts & crafts, music, and socialization programs online and via Zoom and other apps. As a result, older adults now have a wider range of options and fewer barriers to attend. Centers are providing virtual programming in over a dozen languages. Virtual programming is one example of adapting to the changing needs of our older adults. We have learned the benefits of this option and look forward to continuing to offer increased virtual program in the future.

At the start of the pandemic, congregate meals at older adult centers were transitioned to grab-and-go meal provision service, and then a NYC DFTA Direct Meal Delivery Program in March and April of 2020, resulted in the successful provisioning of 1.7 million meals to older adults and 75% greater meal service participation compared to 2019. Since late April of last year, GetFood NYC has been responsible for filling the gap for unmet food needs for all New Yorkers. We also know the suspension of congregate meals at senior centers has had a great impact on older adults and the centers themselves. For older adults, the absence of congregate meals results in reduced social activity and engagement with the center itself. We are eager to see senior centers continue to increase their engagement with their seniors as we await a full re-opening of senior centers.

Social Isolation

Social isolation occurs when a person has little to no contact with anyone else. In older adults, it can be harmful to their wellbeing and lead to a variety of serious health problems, including depression, cognitive decline, and heart disease. Combatting social isolation has always been a top priority for the agency, and these efforts have increased over the last year.

During the pandemic, DFTA and our providers have been conducting thousands of daily wellness check-in calls. These calls serve an essential purpose to not only to check-in on the older adults, but to provide referrals to services – like food, Friendly Visiting, elder abuse programs, mental health, and other services the City has set up during the COVID-19 pandemic. To date, more than 3.3 million calls have been placed since last March, with almost 200,000 older adults reached.

Friendly Visiting and Friendly VOICES

The Friendly Visiting Program focuses on isolated, largely homebound seniors who are served through DFTA’s 21 contracted case management programs, which cover all 59 Community Districts. The program matches older adults facing the negative effects of social isolation with well trained volunteers who spend time with them in order to provide social interaction. As a result, Friendly Visiting serves as a mental health intervention program. The program model expands the older adult’s connection to their community and may prevent the isolated senior from declining into depression and loneliness. During the last year, these visits have been conducted virtually.

To address the social isolation and loneliness of active older adults, DFTA also launched the Friendly VOICES program in October 2020. This program is set up to remain virtual, even after the pandemic is over, and eligibility is open to a wide range of older adults. Friendly VOICES offers older adults the option to be matched with a volunteer, a peer or a small virtual group. The Friendly VOICES program currently has openings for older adults to join. To sign up as a volunteer or an older adult, individuals can call Aging Connect at 212-244-6469.

Aging Connect

In February 2020, DFTA launched our Aging Connect hotline, 212-244-6469. Through this program, we have ensured that older adults have immediate, direct access to information and referrals. The line is staffed by 5 full-time trained aging specialists and operates weekdays from 8:30am – 5:30pm. All of the staff speak at least one language other than English including Spanish, Mandarin, Japanese, Cantonese, and Haitian Creole. The top call categories include: benefits and entitlements, housing, meals, and general information about DFTA funded programs and services. In the first year, Aging Connect received 79,000 calls, which is an average of 302 calls per day. The annual budget for this program is \$3.1 million.

Home Delivered Meals

Our home-delivered meals (HDM) program is another vital component in DFTA’s network of services. Not only do HDMs provide sustenance to homebound older adults across the five boroughs, the interaction with the delivery person—which for many of our clients may be the only direct human interaction for the day—support our ongoing effort to combat social isolation which was exacerbated during the pandemic. The number of meals delivered to homebound older adults increased by 5% between FY ‘19 and FY ’20. In 2020, a total of 4,950,426 meals were delivered by our providers.

In the Spring of 2020, DFTA consolidated 23 contracts into 15 contracts, giving the providers more flexibility on how they manage the expenses of these contracts. The total budget for this program is \$41.8 million. Through the contracts, DFTA funded programs that are able to address the most critical overarching goals of the HDM program, including increasing meal options for recipients, embracing the diversity of our City by increasing the availability of culturally aligned meals, such as vegetarian, halal, kosher, Latin, and pan- Asian, and promoting uniformly high-quality meals made from good food.

Social Adult Day Cares

Per Local Law 9 of 2015, all social adult day cares operating in the City are required to register with DFTA and DFTA also serves as the ombudsman for any complaints against these facilities. In FY '20 DFTA received registrations from 262 out of 347 centers. From January to December 2020, there were 140 distinct allegations received. Thirty six percent of the allegations were related to potential Medicaid Fraud, such as: SADCs used cash and/or goods as incentive to enroll potential older adults into the program, and/or billing for services not rendered. This year, centers have remained closed to in person gatherings, but there have been 11 complaints filed so far, many for failure to comply with Executive Order 100 which bans congregate gatherings during the pandemic.

COVID-19 Vaccine Support

In addition to the pivots made to address the pandemic itself, DFTA has been happy to support the efforts of the Vaccine Command Center (VCC) in the COVID-19 vaccine roll out with our existing resources. Upon the expansion of vaccine eligibility to older adults, we immediately activated our providers to start contacting our older adult clients to distribute information about the vaccine as well as assist folks in scheduling their appointments. DFTA and its providers are currently making thousands of calls a day in which we share information about vaccines, making appointments, and available transportation options. We have also sent robocalls in several languages directly to older adults as part of our outreach. In partnership with the VCC, we worked with City Meals-on-Wheels to place printed collateral about what older New Yorkers need to know about the vaccine in their home-delivered meal boxes to approximately 20,000 clients. To supplement the free ambulance and taxi services offered by the City, many of our senior centers have made their vehicles available to support older adults' access to vaccination appointments.

DFTA is supporting the plan to vaccinate individuals who are homebound as well. For those who have limited mobility, bringing vaccine centers as close to them as possible is essential. With a focus on the 33 neighborhoods identified by the Taskforce on Racial Inclusion and Equity, the City has set up temporary vaccine clinics at many NYCHA senior and community centers as well as within NORCs. Now that a vaccine is available that is more easily transported, the City has started a door-to-door campaign with FDNY and soon will incorporate healthcare providers experience in home-based care, such as visiting doctors and nurses, as well as larger providers including Northwell, Mount Sinai, and Montefiore, to provide in-home vaccination to those who are unable to leave their homes. DFTA and providers are reaching out to clients who are known or likely to be homebound within our programs, to confirm they would like an in-home vaccine. Currently in its initial phase, the program should scale up in the coming weeks as supply of the Johnson & Johnson vaccine increases.

In support of the direct vaccine distribution, DFTA staff are signed up to volunteer weekends at the City-run vaccination distribution centers ensuring that those with appointments have a seamless process upon arrival.

I cannot reiterate enough how important our provider and community partnership network has been through this process—from calling older adults, to helping schedule appointments, disseminating information, and advocating for local sites—our partners have continued to advocate for and provide support to their communities. We appreciate their efforts.

Conclusion

We will always have more ideas than for which there is funding, but I continue to be proud of the great work that DFTA and our providers accomplish with our resources. Despite difficult financial times, we have been able to meet the needs of older adults across the city, develop new programs and expand our

reach to older adults who were not previously known to DFTA. The last year has highlighted the resiliency of older adults, as well as the system gaps that should be strengthened in order to fully allow people to live in community as long as they desire. As we look towards the future, I look forward to continuing to explore ways to match services to the increased demands. We are excited to continue to innovate services, not just as the pandemic lessens, but as we look towards the future and the changing needs of our city.

As always, we are grateful to the Chairs and the Committees for your advocacy and continued partnership to support our older New Yorkers. Thank you.



**Testimony of
Beth Finkel
AARP New York**

**New York City Council
Committee on Aging**

Preliminary Budget Hearing

March 10, 2021

**Remote Hearing
New York, New York**

Contact: Kevin Jones (646) 668-7550 | kjones@aarp.org

Good morning Chair Chin and members of the City Council Committee on Aging. My name is Beth Finkel and I am the State Director of AARP New York, representing 750,000 members of the 50+ community in New York City. Thank you for providing me with the opportunity to testify at today's preliminary budget hearing in order to outline our priorities and concerns related to the Department for the Aging's budget for Fiscal Year 2022.

As many officials and advocates at this hearing already know, older adults in New York City are one of the fastest growing demographics in all five boroughs and will continue to make up a greater share of the City's population in the coming years. Despite this trend and the growing need for aging-related services across New York City, the Department for the Aging's budget continues to remain chronically underfunded, as it makes up merely ***less than half of 1%*** of the City's total budget.

The onset of the COVID-19 pandemic and its persistence has dramatically driven the demand for aging-related services as our members and older New Yorkers across the City now face new challenges in their everyday lives, whether it is accessing meals, critical healthcare and medications, groceries and other vital services. These issues have also been compounded by the fact that a large portion of the City's older adults do not have sufficient access to technology, as well as the technological literacy needed to remain connected to vital services and loved ones, which has only worsened incidents of social isolation among this population.

Despite the challenges presented by this past year, the local network of senior service providers and aging-related nonprofits have risen to the occasion in order to continue serving our City's older adults, and their work remains critical as we continue to combat the spread of the COVID-19 virus. However, many of the City's providers are suffering from severe financial constraints as the operational costs to provide these critical services continue to climb while the City's funds for aging-related services continue to face cuts. This stark financial reality has jeopardized the future of many of these organizations.

Therefore, AARP calls upon the City to make the following investments to fund critical aging-related services in the FY22 budget:

- 1. First, we join the City's network of senior service providers in calling upon the City to invest \$16.6 million in additional funding for home-delivered meals in order to better support providers offering meals, as well as to increase the per-meal reimbursement rate in New York City.** As COVID-19 has dramatically increased the demand for home-delivered meals among older adults, the City needs to ensure that providers have sufficient funding to meet the heightened need for meals through the current crisis, as well as guarantee that providers are being adequately reimbursed for preparing culturally competent home-delivered meals.
- 2. Second, we call on the City to allocate the promised \$10 million in funding for Senior Center staffing, as well as \$5 million in funding for Senior Center kitchen staff in the FY22 budget.** Prior to the COVID-19 pandemic, the City promised these funds in an effort to help ensure that senior center staff are paid fair and competitive wages for their work and guarantee that the City's aging population continues to receive high quality care and services from providers. However, these funds were neither included in last year's FY21 budget, nor in the Mayor's preliminary budget. As the demand for high quality aging-related services continues to increase amid COVID-19 and in years beyond, AARP calls on the City to make these funds available in the FY22 budget.
- 3. Third, we call on the City to expand funding for Senior Centers and other DFTA providers to improve their technological infrastructure.** As mentioned earlier, the COVID-19 pandemic has shone a spotlight on the digital divide in New York City, especially demonstrating how a significant population of older adults have struggled to remain connected to vital services and their communities as a result of inequities in accessing technology. AARP urges the City to set aside funding for Senior Center providers to improve their

technological infrastructure in order to better serve their clients and help bridge the digital divide.

- 4. Fourth, we recommend that the City continue to preserve discretionary and one-time executive funding in the FY22 budget.** Throughout the pandemic, AARP has heard about the incredible work that the City's network of local nonprofits and community based organizations have had in taking care of the City's aging residents throughout this crisis, especially in immigrant and historically marginalized communities. However, many of these nonprofits have faced significant financial hardship through this pandemic and rely on discretionary funding to continue providing these vital services. Therefore, it will be critical to ensure that all discretionary and one-time executive funding is restored and fully funded in the FY2022 budget.

Last, we wanted to voice AARP's concerns surrounding the City's chronic underfunding of its human service contracts with nonprofit providers, especially with regards to providers of aging-related services. Over the past number of years, the City has continued to cut and insufficiently fund the human services sector, which has caused significant financial hardship for the City's network of service providers and their staff.

Although the City's human service providers have stepped up amid this time of increased need for such services, the City has taken a number of steps over the past year that have affected the financial stability of these nonprofits, including by retroactively cutting the Indirect Cost Rate Funding Initiative, allowing the Cost of Living Adjustments (COLA) for human services employees to expire and not renewing it in the FY21 budget, and failed to provide comprehensive emergency pay for low-wage City contracted frontline workers.

AARP New York urges the City to protect the financial futures of these nonprofits by making a number of investments in the FY22 budget, including by sufficiently funding the Indirect Cost Rate Funding Initiative for FY20, FY21 and future years for all human service contracts, restoring Cost of Living Adjustments on the personnel services line of

all human services contracts at a rate of 3% or more, and providing comprehensive emergency pay for human service workers retroactive to March 23, 2020.

We believe that these investments in the FY22 budget will help New York City's 50+ residents recover from the current crisis and improve their livelihoods, as well as ensure that the City's network of aging-related nonprofits and senior center providers will have the financial ability to continue providing such critical services through the end of the pandemic and for years to come.

Thank you for the opportunity to testify today. I am more than happy to answer any questions.



Asian American Federation

Testimony to the New York City Council Committee on Aging

March 10, 2021

Written Testimony

I want to thank this Committee for holding this hearing and giving the Asian American Federation (AAF) the opportunity to testify on the needs of our senior community and our senior service providers. I'm Ravi Reddi, the Associate Director of Advocacy and Policy at the Asian American Federation. AAF represents the collective voice of more than 70 member nonprofits serving 1.3 million Asian New Yorkers.

If anything, the FY2022 budget will need to support a city that is at once in the grips of a pandemic and simultaneously recovering from it. And the dollars should first flow to the communities and the populations most vulnerable and most impacted in both. That's why we're here today.

We're here because 13% of the city's senior population are now Asian. Among our seniors, one in four Asian New Yorkers lives in poverty and 72% of Asian seniors have limited English proficiency (LEP) and comprise more than two-thirds of the senior population in many neighborhoods across Brooklyn and Queens. Additionally, one in four LEP-Asian seniors in the city do not have access to the Internet at home.

This budget must address the importance of increasing direct service capacity in our community during the pandemic. We are seeing challenges because of the sheer number of languages spoken in our homes, and the accompanying lack of accessibility to vital information. Considering the high poverty and LEP rates among our seniors, having access to services is extremely difficult and compounds the existing isolation that many are already struggling with.

The COVID-19 crisis has exacerbated challenges for our already vulnerable seniors with widespread food insecurities, mental health issues from social isolation, and now confusion about how to sign up for vaccines. The emergency among our community's seniors is occurring behind closed doors, where basic needs aren't being met.

This budget can be used to address immediate needs, as well as structural needs, that have long been festering and have only been further exposed by the pandemic. The City must increase investment in safety net programs, such as culturally competent senior centers and food programs.

Asian seniors, many of whom are immigrants, have a greater need for access to these programs in part due to the continued aftereffects of the previous administration's public charge assault that resulted in immigrants disenrolling from public benefits out of fear that it would affect their and their family's chances of pursuing a path to citizenship. In addition, the City must fund an emergency network of linguistically and culturally competent food service programs and connect Asian seniors to these alternative food benefits in order to begin to address the harm inflicted on this population by the loss of access to traditional government assistance programs.

While Asian New Yorkers comprise at least 10% of the population in more than half of the city districts (with the other half having some of the fastest-growing Asian populations), from Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts, a reflection of a broader, long-term trend.

Our senior-serving member agencies are working beyond capacity to support our elders, and they're creating and innovating processes to make sure our seniors are getting the services they need, as efficiently and safely as possible. One example is using meal delivery service to conduct mental wellness checks with trained volunteers in Queens or sourcing culturally competent food from local farmers growing Asian vegetables in Brooklyn. From May to November alone, AAF helped six senior-serving organizations to serve almost 3,000 seniors with nearly 20,000 food services and 8,500 assurances calls.

Nevertheless, as City Council works on this year's budget, Council members must keep in mind the persistent inequities in city contracting practices and the systemic barriers facing our community-based organizations (CBOs) seeking the dollars the Council is allocating for this year. Contracting processes must prioritize the CBOs that have the expertise needed to make the most of every dollar in our communities, by giving greater weight to organizations with a demonstrated track record of serving low-income, underserved immigrant communities with linguistic and cultural competency. Our CBOs are leading by example in the provision of direct services, from providing wrap-around services that include mental wellness checks, to allying with food suppliers that provide culturally competent food. And it'll be our CBOs that will be instrumental in restoring trust between our most vulnerable populations and the City.

With the looming budget cuts, our advocacy efforts and budget ask is that our nonprofits be provided enough resources to protect essential services to support our elders. We understand that the City is in dire financial straits. But CBOs have led by example in how to spend city dollars effectively, and this moment presents an opportunity for this City Council to show that New York City can still lead by example in protecting its most vulnerable. We at the Asian American Federation thank you for allowing us to testify and look forward to working with all of you to make sure our senior communities get the support they deserve.



**Preliminary budget and oversight hearing for the Department for the Aging
Aging Committee
March 10, 2021**

**Testimony submitted by: Rachel Sherrow
Associate Executive Director
Citymeals on Wheels
355 Lexington Avenue, NYC 10017
(347) 242 7716
Rachel@citymeals.org**

My name is Rachel Sherrow and I am the Associate Executive Director at Citymeals on Wheels. I would like to begin by thanking the Council, and especially Chair Chin, for her compassionate dedication to advocating for dignity and greater support of senior services, and for Citymeals on Wheels as well. Thanks to generous New Yorkers and with the support of City Council, Citymeals was able to deliver nearly 3 million meals in FY 20, to over 20,000 homebound elderly receiving meals on wheels, and 25,000 formerly congregate and newly homebound citywide due to COVID-19, an increase in our distribution of food of 25%.

I would like to begin by reflecting on the anniversary of the pandemic and describe what we did; we know Citymeals on Wheels was prepared and ready. We delivered our first emergency meals on March 5, 2020, at least a week before the city shut down, because we were concerned something might happen which could

necessitate having food on hand for our most vulnerable older adults already unable to shop and cook for themselves. This is what we do and what we want to be able to continue to do, now and in the future regardless of the emergency or crisis.

I would also like to state the fact that Citymeals along with our partners and advocates, have been consistently lobbying for the support of aging services, which are continually underfunded and under-supported. Despite the growing population of older adults, *and* especially while we are in the midst of a pandemic while money has been found for other services, aging funding has been held stagnant or worse. In addition, this pandemic has disproportionately affected our population doubly, regarding their health and by being forced to isolate for an unforeseen amount of time.

Citymeals on Wheels was founded forty years ago to fill the gap in city services, helping to provide weekend and holiday meals. In more recent years, Citymeals has become the emergency responder for older adults beginning with 9/11, and proven time and again over the years and especially during Superstorm Sandy, when we delivered hundreds of thousands of meals, working twenty-four hours a day to package and deliver throughout the city. During the current crisis, we have once again illustrated how resilient focused and productive we know we are, by securing, packaging, and delivering nearly 900,000 emergency meals IN ADDITION TO OUR

REGULAR WEEKEND AND HOLIDAY MEALS, to those older adults in need of food.

While the Department for the Aging funds the meals that homebound elderly receive Mondays through Fridays, Citymeals on Wheels funds the same network of providers to deliver weekend, holiday and emergency meals. On the days the city does not provide a meal, Citymeals steps in to prevent our aging neighbors from being without food or human company. In fact, Citymeals, as an added benefit generates revenue for New York City through the federal government's cash in lieu of commodities program which reimburses DFTA approximately 67 cents for every meal funded by Citymeals. All of this money goes toward the city-funded weekday meals program, bringing in over \$1.4 million last fiscal year and an additional 180,000 home delivered meals for those who need it. Studies have shown that access to food and better nutrition, is an effective way to cut medical costs and improve overall health, especially for older adults, thus making meals on wheels an incredibly vital program and Citymeals essential to the continuation of meals for those unable to shop or cook for themselves.

The daily Home Delivered Meals program throughout the city, along with support from Citymeals, remained seamless even when the city shut down services throughout because of COVID-19. As a sector, aging providers have always known how critical our services are,

but not more so than in the current environment when meals on wheels staff are essential workers, making sure their recipients don't go without food and a friendly face, risking their own lives to maintain a lifeline for our elderly neighbors. The check-in can be almost as important as the nutritious meals. The social isolation which was an issue before the pandemic, has nearly devastated this population. Unable to socialize or even see family, or risk a trip to the doctor, afraid of infecting those in the most vulnerable group, has been very difficult and added another layer of stress for older adults already coping with health issues, income insecurity and hunger.

Most crucial is the situation we currently find our vulnerable and hungry older adult neighbors. We know that our population is needy and hungry throughout the year, many of whom normally live on the edge. Home delivered meals is essential in ensuring at least one nutritious meal a day is available to consume. Now, there is a growing need for supplemental food as well, since accessing additional supplies has become an almost daunting if impossible task. Reliance on home delivered meals has only increased since the pandemic and has reassured many new recipients that they are not forgotten and will have food.

Pre-COVID, most of our home delivered meal recipients were unable to walk to pantries, or wait in line and carry the bags home, and as we know, 40% of our meal recipients are unable to leave their

homes due to physical restrictions, and many do not have support to help them.

We also know that older adults are the fastest growing demographic, and 1 in 7 older New Yorkers lives in poverty. Living longer, and on fixed incomes means more struggle over access to food for this vulnerable group under NORMAL circumstances.

Home delivered meals are integral to their survival and part of the larger safety net that has been under-funded and under- invested in over the years. Ensuring that our meal recipients have food throughout the week is what the partnership between Citymeals and the meals on wheels provider network does. Without Citymeals, tens of thousands of (currently over 20,000) homebound older adults would no longer receive meals on weekends, holidays or in times of emergency. And now when the meals on wheels rolls have increased by over 20%, it is imperative for those in need to receive extra, supplemental food in addition to their daily meals because accessing other means of nutrition is less possible now for most of them.

Therefore, we are requesting \$500,000 for emergency supplemental meals for FY 22 to ensure older homebound adults have enough food on hand in case of a disruption in service. We are also looking out to at least another year or so of the pandemic's isolation

continuing for our population, especially as we wait to get these vulnerable folks vaccinated, mostly in their home due to their inability to leave. Citymeals has always known there is food insecurity and a need for additional food among our recipients and the pandemic has only highlighted it. This will not go away once we stop wearing masks.

Mary S. says: "I enjoy the meals because I don't have anyone to fix my food. My meal deliverer is Terry. He's a senior himself. Terry has been dropping meals on the doorknob since the start of Covid-19. He treats me like family. But he treats everyone that way. He's a people person."

Mary P also agrees: "I really appreciate the meals at this time. And more than one is coming to my door at a time."

Fred tells us: "If I didn't have Meals on Wheels, I don't know how I'd survive. Thank god for Meals on Wheels. What a godsend it is." He also explains how eager he is to talk to someone and how lonely he feels.

Citymeals as a not-for-profit will continue to raise private dollars in order to meet the needs of our partners in the years to come. However, we also need the support of our partners in city government to help us reach all of our recipients consistently and without a disruption in service. This kind of partnership is even more crucial in times of uncertainty or when facing potential crises like the COVID-19. Citymeals, through our Bronx warehouse, has the capacity to pre-supply both meals on wheels clients and senior center members with shelf stable food in the event of an emergency closure of centers or a suspension of delivery services. We keep 100,000 meals on hand and can package more quickly, if

necessary, to assist those we normally serve and those who are older and in temporary need.

Citymeals on Wheels together with the Department for the Aging, and The New York City Council, are determined to keep older adults living safely in their own communities and at least 20,000 elderly New Yorkers who receive meals on wheels, fed 365 days a year plus some extra. We hope you, our partners in city government, will help us to continue to advocate on behalf of those who are often forgotten and marginalized and support solvency for senior services and emergency meals funding for Citymeals on Wheels.

As we move through our incredible 40th year, we thank you for consistently working with us and I hope we can count on your support once again this year.



Fulfilling the promise of opportunity

TESTIMONY of FPWA

Presented to:

**New York City Council Committee on Aging
Fiscal Year 2022 Preliminary Budget Hearing
Hon. Chair Margaret S. Chin
Monday, March 10th, 2021**

Prepared By:

**Jessica Cinque
Human Services Policy Analyst**

**Jennifer Jones Austin
Executive Director/CEO**

40 Broad Street, 5th Floor
New York, New York 10004
Phone: (212) 777-4800
Fax: (212) 414-1328

My name is Jessica Cinque, and I am the Human Services Policy Analyst at FPWA. I would like to thank Chairperson Chin and the members of the Committee on Aging for allowing testimony on the Fiscal Year 2022 Preliminary Budget.

FPWA is an anti-poverty, policy, and advocacy nonprofit with a membership network of 170 human service and faith-based organizations. We have been a prominent force in New York City's social services system for nearly 100 years, advocating for fair public policies, collaborating with partner agencies, and growing our community-based membership network to meet the needs of New Yorkers. Each year, through our network of member agencies, FPWA reaches close to 1.5 million New Yorkers.

As New York City is facing an exceptionally challenging budget year and alarming revenue shortfalls, we at FPWA urge the City to solemnly consider and center the needs of the city's most vulnerable during this year's budget negotiations. At a time of unprecedented crisis and need for human services, programs that support older adults cannot be eliminated or reduced without further pain and loss.

Covid-19 has endangered the lives of older adults who are among the most susceptible to contracting the virus. Coupled with that increased susceptibility is the increased risk of isolation, which is recognized as a social determinant of health and predictor of morbidity. Historically and currently, the City has relied on community-based service providers to form a network that supports improved health outcomes for seniors.

Unfortunately, this network operates with chronic underfunding, and senior service providers have faced burdensome additional cuts to the much-needed Indirect Cost Rate (ICR) initiative and model Senior Center budget reforms made in recent years. To come back from this devastating year stronger than before, the City must move away from underfunding our communities and move towards building an equitable budget that supports both human service providers and New Yorkers of all ages.

As such, FPWA encourages the City to fund several initiatives that will ensure older adults have access to the support they need to be healthy and safe, and aging-services nonprofits are stable and strong enough to continue to provide these services at the exact time they are needed the most.

We urge the City to:

- **Invest in Department for the Aging (DFTA) Services:**
 - Add \$16.6 million in funding for home-delivered meals to increase capacity to meet new demand and increase the per-meal reimbursement rate.
 - Fully allocate the promised \$10 million in funding for Senior Center Staff, and \$5 million in funding for Senior Center kitchen staff.
 - Continue discretionary and one-time executive funding.

- **Invest Across Human Services Contracts:**
 - Fully honor the Indirect Cost Rate (ICR) Funding Initiative by providing adequate investments for FY20, FY21, and future years.
 - Restore the Cost of Living Adjustment (COLA).
 - Provide comprehensive emergency pay for human services workers.

Invest in Community-Based Services Funded by DFTA

Community-based nonprofits funded through DFTA have been on the front lines addressing the needs of the diverse population of older New Yorkers for many years and particularly through this crisis. The disproportionate mortality rates and risks that older adults face due to Covid-19 mean that investments in services for older New Yorkers are a matter of life and death.

1. Home-Delivered Meals

In FY20, over 4.6 million meals were delivered to over 31 thousand homebound adults across NYC¹. Unfortunately, Covid-19 has driven significant increases to the demand for home-delivered meals, and thousands of new clients have been added to the service since March. However, many of the community-based organizations who serve these meals lose thousands of dollars every year on the program due to low reimbursement rates that do not cover the full cost of the meals. In FY21, despite the higher need for culturally competent home-delivered meals, the City continues to pay inadequate reimbursement rates that are below the national average by approximately \$2 per meal.

FPWA respectfully requests an additional \$16.6 million for the home delivered meals program in FY22, including \$13.6 million for weekday meals and \$3 million for weekend and holiday meals.

2. Funding for Senior Center Staff

Funds for Senior Center staff, including kitchen staff, were promised to organizations prior to the Covid-19 pandemic but were not included in the Mayor's preliminary budget. This funding is particularly critical to ensure that wages for senior service professionals, a workforce made up of predominantly women and people of color, are paid competitively for their work, rather than exacerbating existing inequities. Without resolution, the City will continue to underpay this workforce, which will heighten the risk of more New Yorkers aging into poverty and relying on these same underfunded programs.

FPWA urges the City to allocate the promised \$10 million in funding for Senior Center staff, and \$5 million in funding for Senior Center kitchen staff.

3. Continued Discretionary and One-Time Executive Funding

Many programs, particularly those provided by smaller, hyper-local nonprofits that serve hard-to-reach senior populations, rely on discretionary funding to ensure their communities can be served. Without these services, many older adults in New York will fall between the cracks with no way to be found through other programming.

Therefore, it is critical that all aging services discretionary and one-time Executive funding be restored in the Executive, and subsequent Adopted Fiscal Year 2022 budget.

¹ <https://www1.nyc.gov/assets/operations/downloads/pdf/pmmr2021/dfta.pdf>

Invest Across All Human Service Contracts

The human services sector has continued to rise to the occasion to ensure the needs of New Yorkers are met and met reliably. Continuing to underfund nonprofit human services providers at a time when their services are so critical to the City's recovery harms the sector's workers who are paid very low wages that are determined by these funding contracts. Moreover, such underfunding pushes community-rooted nonprofits towards failure during a time of increased need.

1. Indirect Cost Rate Funding Initiative

Nonprofits across New York have been facing a funding crisis long before Covid-19. Recent additional cuts to the ICR Initiative have significantly threatened the viability of New York City's nonprofit human service providers, including aging services providers. To truly support nonprofits through Covid-19 and beyond, the City must fully fund the ICR initiative so providers can keep their doors open, and all New Yorkers can obtain the critical services they need.

FPWA stands with the sector in strongly urging the City to reverse course and fully implement the ICR Initiative, including full funding of ICRs within all human services contracts.

2. Cost of Living Adjustment (COLA)

The need for human services increased exponentially during the pandemic as residents from across New York struggled with profound uncertainty and extreme isolation due to mandatory shutdowns. During this time, direct service providers adapted to a changing world and immediately made moves to ensure they could continue to provide their services.

These heroic human services workers are overwhelmingly women, and chiefly women of color. Since nonprofit contracts remain underfunded, these workers were already suffering from subsisting below a living wage. By not renewing the COLA for human services contracts in the middle of a pandemic, the City inadvertently institutionalizes the practice of underpaying women of color, often to the point of poverty.

Moreover, withholding the COLA is an ineffective way to reduce costs to balance the budget. Since approximately 60 percent of those working in New York's nonprofit human services sector are utilizing (or have a family member utilizing) some form of public assistance benefit such as Medicaid or food stamps², keeping wages this low will only increase the need for, and costs of, these public assistance programs.

FPWA joins the human services sector in requesting the restoration of the COLA on the personnel services line of all human services contracts at a rate of at least 3%.

3. Retroactive Emergency Pay

Over the last year, service providers across the human services sector stepped up when they were needed most. They put themselves and their families at risk to ensure that the most vulnerable members of their communities had what they needed to be healthy and safe. Given the already low wages paid to human service workers, additional expenses incurred because of their selfless risks could be catastrophic to them and their families.

² <http://www.fpwa.org/wp-content/uploads/2017/03/Undervalued-Underpaid-Workforce-Report-March-2017.pdf>

This has been a challenging time for us all, and the contributions made by the sector and by individual low-wage City-contracted frontline workers are of incredible value to those receiving them and to the City. A just recovery from this pandemic requires that we equitably pay for essential labor across all sectors.

Because of these factors, it is vital that comprehensive emergency pay for human services workers be retroactively awarded to March 23, 2020, when non-essential workers in New York were ordered to stay home.

Conclusion

The FY22 budget will be a determining force in how our city recovers. This budget can either ensure that New York City's recovery from this crisis is equitable or it has the potential to deepen and further entrench the inequities laid bare by this pandemic.

Thank you for the opportunity to testify. We hope that you will consider our budget priorities and recommendations during this year's budget negotiation process and we look forward to working closely with you to ensure that older New Yorkers and their families receive the necessary services that enable them to live and thrive in their communities, and that the city can come back stronger and more equitable from this crisis.



**GOD'S LOVE WE DELIVER
TESTIMONY FOR NEW YORK CITY COUNCIL'S COMMITTEE ON AGING
MARGARET S. CHIN, CHAIR
MARCH 10, 2021**

God's Love is New York City's leading not-for-profit provider of medically tailored meals and nutrition counseling for people living with life-threatening illnesses. We are dedicated to cooking – and delivering – the specific, nutritious meals a client's severe illness and treatment so urgently require. We support families by providing meals for the children and senior caregivers of our clients. All our services are provided free of charge, and we are proud that in our 35-year history, we have never had a waiting list. Illness knows no boundaries, and the diversity of our client population bears that out. We serve every demographic in all five boroughs of NYC, and a many of our clients live at or below the Federal Poverty Level.

As an essential service provider in New York City, God's Love We Deliver has remained open and delivering throughout the pandemic. With the adoption of COVID-19 safety protocols and the closure of congregate meal sites and food distribution sites, the need for medically tailored meals exponentially increased. As a provider with many years of experience home delivering meals to people living with serious illness, **God's Love We Deliver has seen a 30% increase in referrals to our program.** Committed to our mission of serving those who are most vulnerable in our city, God's Love leadership and staff stepped up to meet the demand while keeping our clients, volunteers, and staff safe. **As the pandemic continues in our city, we ask for the Council's assistance in our efforts to serve those in need.**

God's Love fills an important gap in the City's current food response, if you are an older adult living with cardiovascular disease and severe diabetes and are unable to shop or cook for yourself due to mobility limitations, the only provider who can meet your complex needs is God's Love We Deliver. **To date, the New York City Council and Borough President's offices have been responsible for any City funding to support our work.** While we greatly appreciate their support, the cost of meeting the need for our services for seniors far exceeds discretionary funding available from these resources. Last year 6,663 New York City seniors received over 1.6 million meals from God's Love. Over 50% of these services were supported with private funding, which gets harder and harder to raise each year. For certain populations, this percent is higher. For seniors with end stage renal disease, which disqualifies individuals from eating meals from DFTA-funded agencies, over 82% of the meals we deliver to this population (about 140,000 meals last year) are funded through private donations.

Research has shown that food and nutrition services are key to accomplishing better health outcomes, lower cost of care and improved patient satisfaction, especially for the elderly. When people get access to medically tailored meals like those provided by God's Love We Deliver, they are more likely to stay in care, manage their medications successfully and remain in their homes and out of institutions, resulting in significant cost savings to the healthcare system.

There is a service gap in the DFTA model for severely ill seniors who need customized nutrition. **Chronic illness is on the rise for older adults: 80% of seniors in the United States are living with at least one chronic illness, 77% are living with more than one chronic illnessⁱ.** Individuals with chronic health conditions count for approximately 75% of all health care spending.ⁱⁱ Combined with the fact that 75% of seniors were unable to shop for food on their own and 58% were unable to prepare their own food, means risk factors align for malnutrition.ⁱⁱⁱ



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In addition, half of seniors recently discharged from the hospital are malnourished, and hospitalization within the previous six months is a risk factor for malnutrition in some seniors.

Of the 1.1 million older adults living in NYC, **93% report not having enough food to eat and 32% indicate that they live alone**. In addition, people are also getting sicker, **28% report having diabetes, 12% indicate that they are living with COPD, and 65% report having high blood pressure**. These factors, combined with the increasing amount of ADL limitations that occur as a person ages, demonstrates a current and increasing need for medically tailored food and nutrition.

Despite receiving referrals from the Department for the Aging, **we have no direct contractual relationship with DFTA and are not reimbursed for the meals we provide to those that they refer to us**. Furthermore, despite our advocacy efforts, **DFTA did not include medically tailored meals in its 2020 RFP. Accordingly, we are respectfully asking that the Department of the Aging issue a separate RFP specifically for medically tailored meals for older adults living with life altering illnesses.**

Thank you for your time and consideration.

For further information please contact:

Alissa Wassung

Senior Director of Policy & Planning

awassung@glwd.org



**GOD'S LOVE WE DELIVER
TESTIMONY FOR NEW YORK CITY COUNCIL'S COMMITTEE ON AGING
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ⁱ According to the National Council on Aging. Available at <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/>. Accessed July 24, 2017).

ⁱⁱ According to 2010 data. *Chronic Disease Overview*, CTRS. FOR DISEASE CONTROL & PREVENTION. Available at <https://www.cdc.gov/chronicdisease/overview/>. Accessed Mar. 28, 2017.

ⁱⁱⁱ Ibid. Phipps et al.



**New York City Council Budget and Oversight Hearings on
The Preliminary Budget for Fiscal Year 2022**

March 10, 2021

Thank you Chair Chin and members of the Aging Committee for the opportunity to testify today on the preliminary aging budget for FY22.

JASA is a not-for-profit agency that honors older New Yorkers as vital members of society, providing services that support aging with purpose and partnering to build strong communities. For over 50 years, JASA has served as one of New York's largest and most trusted agencies serving older adults in the Bronx, Brooklyn, Manhattan, and Queens. JASA has a comprehensive, integrated network of services that promotes independence, safety, wellness, community participation, and an enhanced quality of life for New York City's older adults. These programs reach over 40,000 clients and include home care, case management services, senior centers, NORC supportive services, home-delivered meals, caregiver support, continuing education, licensed mental health, senior housing, advocacy, legal services, adult protective services, and guardianship services.

We are very appreciative to the Council, and Council Member Chin, for your continued support of aging services, and the needs of the human services sector. Your leadership in budget negotiations last year and your continued focus on the needs of older New Yorkers this year have been critical in the City's response to COVID-19. The spotlight on aging services and the needs of older New Yorkers must remain as the Council negotiates the FY22 budget. While vaccinations are now taking place and there is a light at the end of the tunnel, COVID-19 will remain with us for the foreseeable future and adequate funding for vulnerable populations is necessary in order to safely resume in-person services and programming.

JASA's budget requests and priorities for FY22 are tied to fair funding of social services contracts in New York City. We are looking to the City to fully fund NYC contracts and to honor the indirect rates approved prior to the FY21 budget. We are distressed that the City is breaking faith with the human services community by failing to fulfill its promise to fund certified indirect costs which are the backbone that support direct service delivery staff in providing essential care to New Yorkers in need.

COVID-19: Social Isolation, Digital Access and Food Insecurity

In order to support client and staff safety during the pandemic, JASA pivoted last March to virtual programming and remote work in most programs. JASA's Adult Protective Services and Community Guardian staff continued to meet in person with their clients, home-delivered meals staff provided daily deliveries, and homecare workers continued providing in-home care to their clients. As an example of this effort, from March, 2020 through the end of January 2021, JASA APS staff managed 4,400 referrals and conducted almost 9,700 face to face visits.

In other programs, JASA services have continued seamlessly, with program oversight and service delivery managed virtually. Individual assistance and wellness checks are primarily conducted by phone. The calls have offered an opportunity to connect with many isolated members of the community, while simultaneously addressing individual concerns and providing critical services.

The realities of food insecurity were brought to the forefront this year; with many more people finding themselves in need of assistance than had previously been recognized. JASA has worked closely with DFTA to continue serving meals to senior center members, first in a grab-and-go model, and ultimately enrolling older New Yorkers in the Get Food program. JASA facilitated emergency meals for people who had not previously been enrolled in home-delivered programs and responded to community needs as they arose with support from philanthropic sources.

JASA programs began offering more remote programs beginning in March and by June nearly 3,000 senior center and NORC members had already participated in virtual programs and activities. These numbers have continued to grow and programs have expanded to include exercise and art classes, holiday celebrations, musical concerts, tours, and more.

JASA's elder abuse support groups meet regularly on zoom (with some participants calling in), as do caregiver support groups, NORC program advisory committees and senior center leadership committees. JASA conducted dozens of Census 2020 workshops, election day updates, and voter registration events. Information sessions were hosted throughout the summer and early fall in preparation for elections, and special training sessions were hosted on Ranked Choice Voting for special elections this winter. JASA members participated in an Access-A-Ride presentation on zoom about changes taking place in paratransit in the City. In addition, programs have met remotely with their NYC Council Members and NYS representatives to share concerns regarding their communities.

Notwithstanding, this year has been extremely isolating for many older New Yorkers. Social isolation, already a concern in the aging services community prior to the pandemic, has been

exacerbated by the significant COVID-19 health concerns that overwhelmingly impact older adults and people with underlying conditions.

The pandemic clearly revealed a technology gap, with older adults at risk of not having equipment, Wifi access, or adequate training. The vital need for access to technology has never been more clear and significant investment is needed to fill the existing and widening gap. Without thoughtful investment in technology and resources to fully engage, physical distancing translates into social isolation.

COVID-19 Vaccine Efforts

JASA is working closely with the City and DFTA to reach out to all JASA clients and program participants and assist with vaccine appointments, education and transportation to/from appointments as necessary. JASA is also reaching out to/and identifying homebound older New Yorkers in need of vaccinations, as part of the latest vaccination campaign initiative for homebound individuals. JASA has hosted a number of vaccination clinics in senior centers and NORC programs and is eager to continue assisting in all efforts to reach older New Yorkers.

In addition to JASA services, JASA manages ten HUD Section 202 affordable senior housing buildings. In the fall, JASA was able to register for a federal vaccination initiative developed in collaboration with CVS. Since the beginning of January, JASA has hosted vaccination clinics at each of the housing sites. To date, more than 1,000 older adults have been vaccinated. We are looking to help all 2,200 JASA tenants get vaccinated.

New York City Council Initiatives

JASA is very appreciative of the generous support provided to senior programming through the City Council Initiatives each year. This funding provides essential support, which allows programs to flourish and serve older adults throughout the City. City Council Initiatives are unique in their flexibility and the degree to which they impact programs and services in the community; without the Council's support, many programs would cease to exist. I'd like to highlight how some of these Initiatives support JASA clients:

- The NORC Initiative provides ten NORC programs with the funding necessary to help older adults age in place. JASA provides social services through the NORC Initiative at 1199 Plaza NORC, Manhattan; and the Roy Reuther Neighborhood NORC program in Far Rockaway. Without continued funding of the NORC Initiative, these programs will close. Although the NORC programs were moved to the Administrative budget in FY21, funding was not baselined and must remain a priority.

- The Support Our Seniors Initiative is integral to many of JASA's senior centers and NORC programs, especially with the cessation of funding for the Healthy Aging initiative in FY21. The funding supports programs that promote healthy behaviors such as physical activity, smoking cessation, and nutrition programs that may delay the onset of chronic diseases such as diabetes and hypertension; strength training to prevent falls and other injuries through education or exercise; and daily living skills instruction to help older adults manage the pain of arthritis or deal with fatigue and stress.
- DOVE Funding supports victims of domestic violence and elder abuse. JASA is at the forefront of elder abuse prevention and intervention. There is a significant under-reporting of elder abuse by older victims, and this funding is essential to help address the unique needs of the community.
- Digital Inclusion has never been more important. As we have noted, the pandemic has highlighted the vast digital divide - between generations, economic classes, and communities. As the City and much of the world went remote, programs and services closed their physical doors, and many people, but particularly older adults, were left behind. To work, learn, engage with healthcare professionals, socialize, or shop requires access to technology and being comfortable utilizing it. Access to reliable internet connections and knowledge of how to navigate government websites, obtain critical information and resources is no longer a privilege but is essential.
- SU-CASA has provided incredible arts programming and opportunities at senior centers throughout the City. The funding significantly impacts program participation levels. Arts programming has continued and thrived. It is yet another lifeline to individuals joining their senior centers remotely this past year.

FY22 Need for Investment

In planning for the future, we need to think about services in terms of broader delivery strategies. For example, the City should be focused on ensuring that older adults secure devices, internet access, and technology instruction. Contracts for senior services should include targeted funding for bridging the technological divide. At this time, we recommend that the City focus its efforts on the goal of increasing access to technology. This would open opportunities for socialization (virtual, email, and text) with families and friends; participation in social, cultural, educational, exercise, and health-related programming; accessing tele-health; participation in religious services; and translation services. Technology opens the door to home delivery of groceries, prepared food, and household supplies, offering convenience in ordinary time and a safe alternative in times of crisis. Of course, greater access also requires heightened attention and support around financial management (for those not used to doing everything cashless) and protection from scams. New York City Council funds cannot be used for devices, the City needs to make that commitment.

Beyond the funding for technology for older adults, agencies require full funding of their indirect costs. JASA had been approved for a new indirect rate. Like others in the sector, however,

JASA received a significant reduction in FY20 (nearly \$500,000) and, although we are in mid-March, we still do not know what our indirect rate is for the current fiscal year. The pandemic has only served to highlight the importance of indirect personnel. Indirect funding supports our IT department, human resources, finance and facilities support. As examples, throughout COVID-19, our human resources department has followed and provided updated safety and other guidelines on working in offices, program sites and remotely. JASA's IT department is supporting hundreds of remote workstations, troubleshooting for online course offerings, and support groups in addition to monitoring servers and providing network safety and security. JASA's accounting department has submitted and resubmitted numerous budgets, and modifications this year, in order to keep up with changing City requirements and updates regarding PPE, COVID-19 expenses, and shifts to remote activities. Indirect services are essential to daily and long term agency operations.

We are experiencing an extraordinary level of uncertainty related to the course of the pandemic, but our current experience also informs our vision about the needs and preferences of the City's older adults. The priority for senior services now is to ensure the safety of clients, including access to vaccines, and provide them with the tools necessary for safe and appropriate housing, food security and social connectedness to the people and communities of importance to them.

Thank you for the opportunity to offer this testimony on issues relevant to supporting New York City's aging population. JASA looks forward to working with the City Council, the Mayor, and DFTA in implementing a FY22 senior-friendly budget.

Molly Krakowski, LMSW
Senior Director of Government Affairs
JASA
212-273-5260
mkrakowski@jasa.org



**Preliminary budget and oversight hearing for the Department for the Aging
Aging Committee
March 10, 2021**

**Testimony submitted by: Rachel Sherrow
Associate Executive Director
Citymeals on Wheels
355 Lexington Avenue, NYC 10017
(347) 242 7716
Rachel@citymeals.org**

My name is Rachel Sherrow and I am the Associate Executive Director at Citymeals on Wheels. I would like to begin by thanking the Council, and especially Chair Chin, for her compassionate dedication to advocating for dignity and greater support of senior services, and for Citymeals on Wheels as well. Thanks to generous New Yorkers and with the support of City Council, Citymeals was able to deliver nearly 3 million meals in FY 20, to over 20,000 homebound elderly receiving meals on wheels, and 25,000 formerly congregate and newly homebound citywide due to COVID-19, an increase in our distribution of food of 25%.

I would like to begin by reflecting on the anniversary of the pandemic and describe what we did; we know Citymeals on Wheels was prepared and ready. We delivered our first emergency meals on March 5, 2020, at least a week before the city shut down, because we were concerned something might happen which could

necessitate having food on hand for our most vulnerable older adults already unable to shop and cook for themselves. This is what we do and what we want to be able to continue to do, now and in the future regardless of the emergency or crisis.

I would also like to state the fact that Citymeals along with our partners and advocates, have been consistently lobbying for the support of aging services, which are continually underfunded and under-supported. Despite the growing population of older adults, *and* especially while we are in the midst of a pandemic while money has been found for other services, aging funding has been held stagnant or worse. In addition, this pandemic has disproportionately affected our population doubly, regarding their health and by being forced to isolate for an unforeseen amount of time.

Citymeals on Wheels was founded forty years ago to fill the gap in city services, helping to provide weekend and holiday meals. In more recent years, Citymeals has become the emergency responder for older adults beginning with 9/11, and proven time and again over the years and especially during Superstorm Sandy, when we delivered hundreds of thousands of meals, working twenty-four hours a day to package and deliver throughout the city. During the current crisis, we have once again illustrated how resilient focused and productive we know we are, by securing, packaging, and delivering nearly 900,000 emergency meals IN ADDITION TO OUR

REGULAR WEEKEND AND HOLIDAY MEALS, to those older adults in need of food.

While the Department for the Aging funds the meals that homebound elderly receive Mondays through Fridays, Citymeals on Wheels funds the same network of providers to deliver weekend, holiday and emergency meals. On the days the city does not provide a meal, Citymeals steps in to prevent our aging neighbors from being without food or human company. In fact, Citymeals, as an added benefit generates revenue for New York City through the federal government's cash in lieu of commodities program which reimburses DFTA approximately 67 cents for every meal funded by Citymeals. All of this money goes toward the city-funded weekday meals program, bringing in over \$1.4 million last fiscal year and an additional 180,000 home delivered meals for those who need it. Studies have shown that access to food and better nutrition, is an effective way to cut medical costs and improve overall health, especially for older adults, thus making meals on wheels an incredibly vital program and Citymeals essential to the continuation of meals for those unable to shop or cook for themselves.

The daily Home Delivered Meals program throughout the city, along with support from Citymeals, remained seamless even when the city shut down services throughout because of COVID-19. As a sector, aging providers have always known how critical our services are,

but not more so than in the current environment when meals on wheels staff are essential workers, making sure their recipients don't go without food and a friendly face, risking their own lives to maintain a lifeline for our elderly neighbors. The check-in can be almost as important as the nutritious meals. The social isolation which was an issue before the pandemic, has nearly devastated this population. Unable to socialize or even see family, or risk a trip to the doctor, afraid of infecting those in the most vulnerable group, has been very difficult and added another layer of stress for older adults already coping with health issues, income insecurity and hunger.

Most crucial is the situation we currently find our vulnerable and hungry older adult neighbors. We know that our population is needy and hungry throughout the year, many of whom normally live on the edge. Home delivered meals is essential in ensuring at least one nutritious meal a day is available to consume. Now, there is a growing need for supplemental food as well, since accessing additional supplies has become an almost daunting if impossible task. Reliance on home delivered meals has only increased since the pandemic and has reassured many new recipients that they are not forgotten and will have food.

Pre-COVID, most of our home delivered meal recipients were unable to walk to pantries, or wait in line and carry the bags home, and as we know, 40% of our meal recipients are unable to leave their

homes due to physical restrictions, and many do not have support to help them.

We also know that older adults are the fastest growing demographic, and 1 in 7 older New Yorkers lives in poverty. Living longer, and on fixed incomes means more struggle over access to food for this vulnerable group under NORMAL circumstances.

Home delivered meals are integral to their survival and part of the larger safety net that has been under-funded and under- invested in over the years. Ensuring that our meal recipients have food throughout the week is what the partnership between Citymeals and the meals on wheels provider network does. Without Citymeals, tens of thousands of (currently over 20,000) homebound older adults would no longer receive meals on weekends, holidays or in times of emergency. And now when the meals on wheels rolls have increased by over 20%, it is imperative for those in need to receive extra, supplemental food in addition to their daily meals because accessing other means of nutrition is less possible now for most of them.

Therefore, we are requesting \$500,000 for emergency supplemental meals for FY 22 to ensure older homebound adults have enough food on hand in case of a disruption in service. We are looking out to at least another year or so of the pandemic's isolation continuing for our population, especially as we wait to get these vulnerable folks vaccinated, mostly in their home due to their inability to leave.

Citymeals has always known there is food insecurity and a need for additional food among our recipients and the pandemic has only highlighted it. This will not go away once we stop wearing masks. We would also like to support the \$25million in reauthorized emergency meals funding, of which Citymeals gratefully received \$2 million, in order to continue the work we do with a population not served by any other emergency feeding groups.

Mary S. says: "I enjoy the meals because I don't have anyone to fix my food. My meal deliverer is Terry. He's a senior himself. Terry has been dropping meals on the doorknob since the start of Covid-19. He treats me like family. But he treats everyone that way. He's a people person."

Mary P also agrees: "I really appreciate the meals at this time. And more than one is coming to my door at a time."

Fred tells us: "If I didn't have Meals on Wheels, I don't know how I'd survive. Thank god for Meals on Wheels. What a godsend it is." He also explains how eager he is to talk to someone and how lonely he feels.

Citymeals as a not-for-profit will continue to raise private dollars in order to meet the needs of our partners in the years to come. However, we also need the support of our partners in city government to help us reach all of our recipients consistently and without a disruption in service. This kind of partnership is even more crucial in times of uncertainty or when facing potential crises like the COVID-19. Citymeals, through our Bronx warehouse, has the capacity to pre-supply both meals on wheels clients and senior center members with shelf stable food in the event of an emergency closure of centers or a suspension of delivery services. We keep 100,000 meals on hand and can package more quickly, if

necessary, to assist those we normally serve and those who are older and in temporary need.

Citymeals on Wheels together with the Department for the Aging, and The New York City Council, are determined to keep older adults living safely in their own communities and at least 20,000 elderly New Yorkers who receive meals on wheels, fed 365 days a year plus some extra. We hope you, our partners in city government, will help us to continue to advocate on behalf of those who are often forgotten and marginalized and support solvency for senior services and emergency meals funding for Citymeals on Wheels.

As we move through our incredible 40th year, we thank you for consistently working with us and I hope we can count on your support once again this year.



PROJECT GUARDIANSHIP

Changing the way we care for people.

**New York City Council Hearing
Committee on Aging
March 8, 2021**

Subject: NYCC FY2022 Budget Support for Vera Institute, Project Guardianship

Testimony: Kimberly George, Project Guardianship

I am Kimberly George, President of Project Guardianship, founded by the Vera Institute of Justice in 2005. Project Guardianship serves as legal guardian under Article 81 of the NYS Mental Hygiene Code and provides comprehensive care management for older adults and individuals living with physical, mental health, or cognitive disorders, such as Alzheimer's, who have limited capacity and need help making decisions and caring for themselves.

Since March 2020 when the COVID-19 pandemic began, we have continued to be on the frontlines providing services to keep our clients safe and ensure that our clients, who are at extremely high risk for serious illness and death from COVID, are provided with uninterrupted service, and interceding on their behalf with medical providers, nursing homes, and home health care agencies during the very challenging circumstances of their isolation, both in their own homes and in institutional settings.

We make sure that clients in the community have all the vital basics – food, money, medicine, supplies, housing security, home health care, and medical and mental healthcare. For clients in nursing homes, we oversee their care, medical interventions and surgeries, and end-of-life decisions in line with their wishes. Unfortunately, Project Guardianship has lost 29 clients to COVID (and all but three were living in nursing homes).

At Project Guardianship, every client has a dedicated team consisting of an attorney, case manager, and finance manager, with additional property management and benefits administration support, who work together to ensure that our clients live safely and with the greatest quality of life.

We serve clients in the five boroughs of NYC and we are available to all clients 365 days a year, 24 hours a day. All of our clients have some form of limited capacity – they are: older adults (76% are 61 or older) and those with disabilities for whom we have been appointed guardian; most of our clients are low-income and live below both the federal poverty and NYC median income thresholds; and all are without anyone to care for them.

There is a great need for Project Guardianship to serve this population. Courts have difficulty finding private guardians willing to serve low-income clients who have little or no ability to pay for the guardianship. This is especially true for the court's hardest-to-serve clients with complicated issues that require a great deal of time, effort, and expertise – for example, clients with multiple health challenges along with issues of elder abuse, housing insecurity, eviction proceedings, deed theft, foreclosure and difficult family dynamics. Project Guardianship accepts cases regardless of the ability to pay or complexities of the case.

While we understand the economic impact of the COVID pandemic on government budgets, protecting and caring for people in need of protective arrangements, who cannot survive and certainly cannot thrive without support, as they have no other family or friends looking out for them, needs to be a top priority. Our request for continued support from the NY City Council, for FY 2022, from both the Support our Seniors (SOS) and Speaker's Initiatives, will be used to maintain and hopefully increase the number of clients we serve (unfortunately, we lost 30% of our City Council funding in 2021) by supporting direct service staff salaries.

I want to thank the New York City Council for its support over the years and for being a champion for guardianship through the funding it allocates to Project Guardianship. City Council support is critical for Project Guardianship because other funding sources for this service are scarce. The guardianship system relies on the person under guardianship having the assets to pay their guardian. The publicly-funded guardian programs in NYC are only accessible for people in the Adult Protective Services system. People without resources for whom a hospital, nursing home, neighbor, or friend make the petition have no public guardian option.

We therefore respectfully request that our funding be restored to FY 2020 levels. Funding will provide benefits to the community as PG specializes in helping clients remain in their community housing, or return home from a nursing home or institutional setting often after a prolonged stay. Nearly 60% of clients live in their own residential homes and apartments.

Funding will also support our property management program for emergency repairs and the replacement of appliances and furniture (e.g. boilers, beds, air conditioners) in client homes. Without this support, some clients would lose their homes and need to be relocated to an institutional setting.

Funding will also support the investigation and resolution of elder abuse cases --by unscrupulous guardians, family members, and friends -- a pervasive problem that causes much harm to New York's aging population.

Funding will also support our policy and legislative efforts to transform the support systems for individuals like our clients; to educate, train, and provide better resources for lay guardians and family caregivers; and to promote alternatives to guardianship.

Thank you to the Council Members and the Committee for inviting me to testify today.

TESTIMONY FOR A HEARING ON:



**New York City Council Budget and Oversight Hearings on
Fiscal Year 2022 Preliminary Budget**

PRESENTED BEFORE:

NEW YORK CITY COUNCIL
COMMITTEE ON AGING

SUBMITTED BY:

KARLA JOHNSON
SENIOR STAFF ATTORNEY
MOBILIZATION FOR JUSTICE, INC.

March 12, 2021

MOBILIZATION FOR JUSTICE, INC.

100 William Street, 6th Floor
New York, NY 10038
212-417-3871
kjohnson@mfjlegal.org
www.mobilizationforjustice.org

I. Introduction

Mobilization for Justice, Inc. (MFJ) envisions a society in which there is equal justice for all. Our mission is to achieve social justice, prioritizing the needs of people who are low-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. MFJ assists more than 25,000 New Yorkers each year.

MFJ's Kinship Caregiver Law Project helps stabilize families by providing civil legal assistance to caregivers raising children who are not their biological sons or daughters. Thousands of grandparents, other relatives, and fictive kin¹ take care of children whose birth parents are deceased, incarcerated, or are otherwise unable or unwilling to 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. MFJ's Kinship Caregiver Law Project is the only program in New York City serving the legal needs of kinship caregivers.

MFJ appreciates the opportunity to share with the Committee on Aging information about the free legal assistance MFJ provides to the kinship caregiver community to ensure family stability for some of the City's most vulnerable and at-risk children and families.

II. Support Legal Services for Kinship Caregivers

1. Lack of Right to Counsel: Legal Challenges Faced by Kinship Caregivers

Grandparents, siblings, and extended family members stepping in to meet the needs of children whose parents are no longer present to provide daily care and support is not uncommon. However, kinship caregivers are not provided with an attorney or invited to court proceedings to determine a child's placement once that child has been removed from their parent(s) care.

MFJ receives weekly calls from prospective caregivers who have reached a dead end: they know that a child they love has entered foster care, but they cannot get the child into their care. In these cases, the prospective kinship caregivers anxiously seek advice and assistance. Clients often tell us that they have called agency after agency, to no avail. They are not able to get information about how to bring the child into their homes. Most of these individuals are completely new to the complexities of the family court and foster care systems and cannot afford to hire a private attorney. Legal resources are severely lacking for people seeking to care for their loved ones who are in foster care, and MFJ has the only program focused on meeting the legal needs of this community without cost.

As noted above, kinship caregivers generally do not have a right to assigned counsel in family court proceedings. Section 262 of the Family Court Act specifies who is entitled to

¹ Fictive kin are forms of kinship or social ties that are based on neither blood ties relation nor marriage ties.

assigned counsel, and for what proceedings. In an abuse or neglect proceeding in family court, parents, subject children, and the Administration for Children's Services (ACS) are all represented by counsel. Unfortunately, kinship caregivers and prospective caregivers are often left out of the process. Family members or friends who would like to care for a child placed in the care of a stranger are also not entitled to an attorney and are often excluded from court proceedings. Kin and fictive kin who should be considered as placement resources for children are overlooked or disqualified as a resource for reasons that are not relevant to their ability or desire to care for a child.

Yet it is well documented that kinship care is better for the child, the family and long-term results. Research demonstrates 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.

This credible and positive data, however, has not always result in needed change nor court accessibility for low-income New York families. Without legal assistance, prospective caregivers are forced to complete petitions alone, with no advice as to what information is most pertinent to the case. Prospective caregivers then have to navigate service of process, which is impossible at times, particularly in a pandemic, and advocate for themselves in a space filled with legal professionals.

Ms. M is just one example of a kinship caregiver who faced this problem. Ms. M contacted MFJ for assistance when her niece was placed into foster care. Ms. M, a woman of color, was not initially certified as a kinship foster parent due to her estranged husband's prior involvement with the child welfare system. Despite assuring ACS that her husband no longer resided in the home, Ms. M was penalized and not allowed to care for her niece. Ms. M was permitted only supervised visits with her niece until she sought legal assistance. MFJ represented Ms. M in family court and assisted her in navigating the complex child welfare system. Ms. M was ultimately successful not only in taking over care of her niece, but also in being certified as a kinship foster parent. Without an attorney, Ms. M may never have had the opportunity to care for her niece or access the resources that only come with being certified as a foster parent.

There are countless other kin or fictive kin who are overlooked as foster placement resources. Without additional legal assistance, those families will never have the opportunity that Ms. M and her niece have been given.

Last year, thanks to a Speaker Initiative MFJ was awarded funding to support our kinship work, wherein we served over 400 families, the vast majority of whom are working poor women of color.

2. Mobilization for Justice is the Only Program in New York City Assisting Kinship Caregivers with Their Legal Needs

To date, there is a dearth of legal resources for people seeking to care for loved ones in foster care. MFJ stands alone in serving this community without cost. As noted, kinship

caregivers generally do not have a right to assigned counsel in family court proceedings, have limited access to the courts and face a myriad of obstacles when they assume the responsibility of caring for a relative child, often with little to no notice. MFJ served over 400 kinship families facing a variety of issues but there are five key areas:

Adoption – MFJ helps caregivers to adopt children who, in most cases, have been abandoned by their biological parents and left in the caregivers’ care for many years. Adoptions are the final step in achieving permanency for a child and awards the caregiver permanent legal rights.

Access to Public Benefits – The vast majority of MFJ’s clients live at or near the poverty level. Under federal guidelines, that amounts to an annual income of less than \$ 26,500 for a family of four. The unanticipated cost of caring for one or more additional children with such limited funds places an enormous financial burden on our clients. When kinship caregivers are denied foster parent certification, their only recourse is to apply for a special “non-parent” cash assistance grant, the Temporary Assistance for Needy Families (TANF) Child-Only grant. In our experience, it is our most vulnerable clients who are denied foster parent certification and are forced to rely on TANF grant funding alone, which is significantly less than a foster care subsidy. Accordingly, MFJ advocates for the “non-parent” cash grant to be equitable to a kinship foster care subsidy.

Custody & Guardianship – In our experience, kinship caregivers often do not establish a legal relationship to the children in their care until a crisis arises. Under these circumstances, caregivers frequently find themselves unable to make significant medical or psychiatric decisions; request a child's birth certificate; request a child's social security card; obtain a passport for the child; add a child to household composition/lease for subsidized housing; or make decisions or provide input regarding education, including special education needs and disciplinary/suspension issues. MFJ helps caregivers to establish legal rights to protect the child’s best interests.

Special Immigrant Juvenile Status – Many of our kinship families also are in need of immigration relief, including Special Immigrant Juvenile Status, a remedy available in Juvenile Court proceedings to address the needs of undocumented children who cannot be returned to their parents. Today, as an integral part of its family stabilization effort, MFJ assists caregiving families in obtaining adjustments of status, work authorizations, and lawful permanent residence for qualified children who otherwise would be at risk of deportation.

Visitation – Maintaining kinship ties creates a sense of stability for children. MFJ advises grandparents who have been separated from their grandchildren when their own children have died, are the victims of domestic violence or when the children have been placed in the homes of unrelated foster parents. MFJ is also available to help siblings enforce their right to visit brothers and sisters.

Foster Care Advocacy – As noted above, kinship caregivers denied foster parent certification do not receive the full range of available supportive services – including the

foster care subsidy – and instead are only eligible to apply for the TANF Child-Only grant. MFJ advocates for kinship caregivers to be a placement resource when there is a child in traditional or non-kin foster care.

3. Supporting Accessibility and Partnerships to Maximize Resources Available to Kinship Caregivers

MFJ collaborates with social services organizations, community groups, and other advocates to provide holistic services to kinship caregivers. Prior to the pandemic, clients accessed MFJ’s services through a walk-in clinic at the Bronx Family Court, a telephone hotline, and “know your rights” trainings that MFJ conducts around New York City. Today, clients continue to be served through existing community-based partnerships and organizations and our telephone hotline. MFJ’s attorneys chair the New York City Kincare Task Force and are leaders within the New York State Kincare Coalition. MFJ attorneys educate the legal community about caregiver needs by providing continuing legal education programs for advocates, courthouse staff, and *pro bono* attorneys. MFJ engages in legislative advocacy to promote the interests of caregivers and their families. Attorneys from the Kinship Caregiver Law Project also coordinate with MFJ’s other projects to assist caregivers with consumer, tax, foreclosure prevention, housing, education, and other needs.

III. Kinship Caregiving in a Pandemic

1. In the Wake of COVID-19 and the Ongoing Pandemic, the Need for Kinship Caregiving has Increased

Children who have lost a parent to COVID-19 reportedly “wish they were in heaven with their parent[.]. Some struggle to eat or concentrate in school. Some have started therapy at only 2 years old.”² Experts have found that losing a loved one to the coronavirus brings “a unique grief that can be particularly confusing for children.”³ For those children who have no surviving parent or guardian, and are also low-income, and racial minorities, the circumstances are all the more precarious, and challenges abound. For example, this month, a client reached out to the Kinship Caregiver Law Project seeking help with gaining legal guardianship of her three nephews, ages: 3, 7, and 10, whose parents passed away from COVID-19 days apart.

At the height of the pandemic, each day, upwards of 600 New York City residents lost their lives to COVID-19.⁴ Statewide, the number of lives lost daily to the virus swelled well over 1,000.⁵ As we have reached the pandemic’s anniversary and New Yorkers are being inoculated against the virus, we continue to have daily statewide case counts in the

² *The Youngest Mourners: These are the Children who have lost a Parent to Covid-19*, NBC News, January 23, 2021, available at: <https://www.nbcnews.com/news/us-news/youngest-mourners-these-are-children-who-have-lost-parent-covid-n1254683>.

³ *Id.*

⁴ NYC Health, COVID-19: Data, NYC.gov (Oct. 21, 2020), available at: <https://www1.nyc.gov/site/doh/covid/covid-19-data.page>.

⁵ *New York Covid Map and Case Count*, N.Y. Times, updated October 21, 2020, available at: <https://www.nytimes.com/interactive/2020/us/new-york-coronavirus-cases.html>.

thousands. Research has yet to fully reveal the devastating effects of COVID-19 on our city, state, and national economies, as well as our communities. Yet, we are well aware of the disparities that persist for certain New York residents and families: from point of exposure to access to testing, treatment, and vaccinations, as well as resources and jobs.

We now know that Black and Latinx individuals, including children, contract the virus at disproportionately higher rates than White individuals – this is evident across all national regions⁶ as well as throughout New York counties and boroughs. Research has also shed a light on the collateral effects of COVID-19 on children and families that lose a parent, guardian, or caregiver to the disease.

A study conducted by the United Hospital Fund (UHF) and Boston Consulting Group found that 4,200 children in New York state had lost a parent or caregiver to coronavirus between March and July 2020, exceeding the number of children who lost parents in the wake of 9/11.⁷ When further extrapolated by race, Black and Latinx children experienced the death of a parent or caregiver due to COVID-19 at double the rate of their White and Asian peers.⁸

A parent’s or caregiver’s death by COVID-19 engenders even greater hardships, adding to existing trauma, stress, and need for low- and no-income New York families. For many families, guardianship planning and arrangements were not in place prior to a parent or guardian’s passing. Families also often lack strong support networks and may not have extended family who can assist with the care of additional children.

A particularly acute need is the provision of care for children who have lost a parent to the virus. The UHF study found that “[u]p to 23% of children who lost a parent or caregiver due to COVID-19 may be at risk of entry into foster or kinship care,” and “[a]pproximately 50% of children who lost a caregiver due to COVID-19 may enter poverty.”⁹

Court closures, including family courts, due to the pandemic, have also made it challenging for kinship caregivers to navigate the process of formalizing care.¹⁰ “Closures from coronavirus have wreaked havoc in courts across the city and state, including in Family Court,”¹¹ and “‘highly disruptive’ temporary assignments on the Family Court bench are

⁶ Richard A. Oppel Jr. et. al, *The Fullest Look Yet at the Racial Inequity of Coronavirus*, N.Y. Times (Jul 5, 2020), available at: <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html>.

⁷ Suzanne Brundage & Kristina Ramos-Callan, *COVID-19 Ripple Effect The Impact of COVID-19 on Children in New York State*, United Hospital Fund (Sept. 2020), available at: https://uhfnyc.org/media/filer_public/b3/50/b3504a0d-44cb-44a4-80df-95a3ab2f7497/covid_ripple_effect_part_1_final.pdf.

⁸ *Id.*

⁹ *Id.*

¹⁰ Eli Hager, *Coronavirus Leaves Foster Children With Nowhere to Go*, The Marshall Project (Mar. 24, 2020), available at: <https://www.themarshallproject.org/2020/03/24/coronavirus-leaves-foster-children-with-nowhere-to-go>.

¹¹ *NYC Dad Says Coronavirus-shuttered Family Court Failed Him as Mom Took Kids*, N. Y. Post, July 12, 2020, available at: <https://nypost.com/2020/07/12/dad-says-coronavirus-shuttered-nyc-family-court-failed-him/>.

taking a heavy toll on children.”¹² Consequently, children and youth, already grieving the loss one or both parents due to COVID-19, remain in limbo while waiting for legal matters to be resolved.

During the current pandemic, it is critically important that all children in need of love, protection, and stability be provided continuity of their care and without unnecessary delay.¹³ Kinship caregivers are positioned to meet these needs with the guidance and assistance of MFJ attorneys and the support of key stakeholders, including the New York City Council’s Committee on Aging.

IV. Conclusion

Providing meaningful access to legal services for kinship caregivers allows families to stay together, children to have a stable home environment, and caregivers to access benefits to which they are entitled and which help prevent minor loved ones from falling into poverty. Moreover, such access secures kinship caregivers’ legal relationship to the children, and in some cases secures immigration status for the children. Ensuring that caregivers’ rights are not only known, but preserved and enforced, will make for a more effective and equitable system.

Thank you for the opportunity to provide this written testimony. For more information or if you have any questions, please contact Senior Staff Attorney Karla Johnson at (212) 417-3871 or kjohnson@mfjlegal.org.

¹² *Family Court’s ‘transient bench,’ inefficiencies take heavy toll on kids: report*, Queens Daily Eagle, March 3, 2021, available at: <https://queenseagle.com/all/family-courts-transient-bench-inefficiencies-take-heavy-toll-on-kids-report>.

¹³ *‘Essential’ Matters Too Narrowly Defined by Family Court*, N. Y. Law Journal, November 3, 2020, available at: <https://www.law.com/newyorklawjournal/2020/11/03/essential-matters-too-narrowly-defined-by-family-court/?slreturn=20210209141208>.



New York Road Runners
156 West 56th Street, 5th Floor
New York, NY 10019

Tel (646) 758-9732
Web www.nyrr.org

**TESTIMONY BEFORE
NEW YORK CITY COUNCIL 'S COMMITTEE ON AGING**
FISCAL YEAR 2022 PRELIMINARY BUDGET
WEDNESDAY, MARCH 10, 2021

PREPARED BY: WESLEY DAVIS, MBA
REPRESENTING: THE NYRR STRIDERS PROGRAM OF NEW YORK ROAD RUNNERS

Please see additional testimony from NYRR Striders Coach, Renee Gilbert, prerecorded and viewable here:
<https://vimeo.com/521651393>

Good morning Chair Chin. My name is Wesley Davis and I manage the NYRR STRIDERS senior walking and fitness program at New York Road Runners. Thank you for this opportunity to testify before the Committee on Aging on the FY 2022 Preliminary Budget.

INTRODUCTION

New York Road Runners' (NYRR) mission is to help and inspire people through running. We achieve our mission by creating running and fitness opportunities and programming for people of all ages and abilities.

NYRR demonstrates its commitment to keeping New York City's five boroughs healthy through races, community events, senior walking programs, youth initiatives and school programs, and training resources that encourage over 600,000 people each year to run, move, walk, and build physical and mental strength. NYRR's premier event, the TCS New York City Marathon (the largest marathon in the world), is not only a celebration of New York City but is a powerful contributor to its betterment: each year, 10,000 charity runners raise \$40 million on behalf of hundreds of nonprofit organizations in New York City and across the nation. The Marathon generates \$415 million each year for New York City, significantly boosting tourism, tax revenues, and the economy.

While NYRR is best known for producing the TCS New York City Marathon and our free school-based programs, our organization is **also a dedicated provider of free health and fitness programming for New York City seniors across the five boroughs.**

ABOUT OUR SENIOR SERVICES

NYRR began offering the **NYRR Striders** program in 2011 to just 40 participants. As of 2020, the program's in-person offerings have grown to operate out of 38 senior and community centers and our other free programming and resources—like our **Walking 101** workshops coordinated in partnership with New York City's Department for the Aging—combined to touch the lives of over 2,500 older adults and seniors throughout New York City.

NYRR Striders is a free walking and fitness program that offers physical activity and wellness resources for older adults looking to get active, stay fit, and improve their health. The program also connects participants to a community of peers and fosters encouragement and social connections. Each NYRR Striders session includes:

- An opportunity to gather with peers in a fun, social environment (currently through online, virtual sessions; in “usual” times, these are held weekly out of senior and community centers)
- Indoor or outdoor walking to build endurance levels
- Strength exercises, fitness activities, and stretching movements to improve balance and flexibility
- Active conversations on nutrition and best practices for healthy living



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THE NEED FOR FREE, CITYWIDE, VIRTUAL FITNESS AND SOCIAL CONNECTION PROGRAMMING FOR NEW YORK CITY SENIORS

Maintaining and increasing access to free health and fitness services is an imperative for the wellbeing of our City's seniors and the people who call them friends, parents, grandparents, and loved ones. NYRR believes in the power of fitness to keep older adults physically and mentally strong, especially in the wake of COVID-19. The NYRR Striders program has been serving New York City seniors in all five boroughs with in-person health and fitness programming out of senior and community centers for over a decade. Since the COVID-19 pandemic began, NYRR has made every effort to continue to serve the nearly 2,500 seniors who were staying active with us weekly by creating. Striders participants, and older adults across New York City, have a higher risk of contracting severe illness with COVID-19, and are also at an increased risk for loneliness and social isolation.

NYRR knew we had a role to play in keeping social connections in place for seniors, as they have looked to our weekly walking program as more than a way to stay healthy, but also as a time for making social connections and spending time with friends. Our coaches spent the first few months of 2020 making hundreds of check-in calls as we prepared virtual content for our Striders. Soon NYRR was able to make consistent, weekly connections with our vulnerable older adult population through our new **Striders at Home** sessions hosted on Zoom, Facebook, and even over the phone for those without internet capabilities.

NYRR will continue combatting social isolation and non-active lifestyles among our senior community through virtual classes and programming in FY22. Our virtual resources are important to maintain safety and social distance during the pandemic, are safe to implement at home, and can be modified for all abilities. NYRR hopes to reach as many New York City seniors with our virtual and in-person programming as possible and will continue providing outreach and raising awareness of our offerings across the city.

Striders at Home (Virtual)

In wake of the COVID-19 pandemic, NYRR has prioritized the health, wellness, and the safety of our New York City senior community. To encourage older adults of all abilities to keep moving during the pandemic, we've introduced NYRR Striders at Home, an online platform full of fun fitness activities that accommodate space restrictions and social distancing, all at no cost to participants. There are three ways to participate in Striders at Home:

- Live online classes scheduled 6-7 times per week (call-in option available)
- On-demand video classes to follow along at a time best for you
- Printable physical activities

All sessions are led by experienced, motivational coaches, and are safe and fun to do individually or with family members. All activities include detailed, written instructions, and are adaptable for adults with different abilities.

BUDGET REQUEST FOR FISCAL YEAR 2022

NYRR respectfully asks the New York City Council to consider our request of \$100,000 to support our free, citywide, virtual fitness and social connection programming for New York City seniors.



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Despite the dire need for health-based services for seniors during the COVID-19 pandemic, the Council’s Healthy Aging Initiative was cut in FY21, effectively defunding NYRR’s work with seniors from the City Budget, which was supported under this Initiative for many years. Despite this blow to our Striders budget, NYRR, while suffering significant challenges (namely our inability to produce our revenue generating in-person races and the subsequent reduction of our fulltime staff by 40% in July 2020), did not stop our programming or outreach to our senior community. In fact, we worked tirelessly to adapt our resources, make videos, host webinars, print and distribute exercise activities, host webinars, and even provide check-in calls to our seniors.

With our FY22 request, we are hoping to restore our funding under the Senior Centers, Programs, and Enhancements Initiative, and/or a Speaker’s Initiative, so our effective Striders program can continue to be offered for free virtually and digitally, and in-person pending guidance from city, state, and DFTA guidelines in this coming budget year. We also hope to continue our working relationship with the New York City Department for the Aging, who are essential partners not only through the contracting process, but also help NYRR think innovatively to best reach the New York City seniors who need our programming most.

This much needed initiative funding will be used to help NYRR continue to provide the Striders at Home program for seniors at no cost; anticipated expenses include curriculum materials (including Connections Calendars that will be mailed to New York City senior participants), outreach, IT costs for virtual resources/online services, and staff and coaching time. As we gain more certainty with the pandemic, and pending city, state, and DFTA guidelines, we hope funding will also be able to support in-person Striders sessions (with COVID safety measures in place) once again, whether in this fiscal year or beyond.

CONCLUSION

In the wake of the COVID-19 pandemic, NYRR believes more than ever in the power of our organization to help New York City’s senior and older adult population – our expert, inclusive coaches, our key partnerships with city agencies, and our unique ability to produce both in-person and virtual resources that are effective and engaging for people of all ages – to stay healthy, active, and social-engaged during this difficult time.

NYRR looks forward to continuing our commitment to New York City’s aging population and growing our relationship with the New York City Council. Thank you for allowing me to testify today. I would be happy to answer any questions you might have about the work of New York Road Runners, and I urge you to prioritize the funding of virtual health and fitness programs for our City’s seniors.

NYRR Striders can be contacted at striders@nyrr.org or 212-548-7357.

More Below



— AT HOME —

STAY ACTIVE during these unprecedented times and connect with the NYRR Striders community by participating in live online workout sessions through Striders at Home.

They are adaptable for people of all ability levels, and they can be done from the safety of home. Check out the weekly workout schedule, plan out your week, and join our diverse group of caring coaches five days a week. Bilingual classes are available.

ACCESS

To access the workouts digitally, participants can click on the Zoom link below, use the Zoom webinar ID code if they are using the smartphone/tablet app, or they can visit the [NYRR Striders Facebook page](#) at the scheduled time.

Zoom Link: <https://us02web.zoom.us/j/82108180913>

Zoom Webinar ID: 821 0818 0913

Striders Facebook Group Link: [facebook.com/groups/NYRRStriders/](https://www.facebook.com/groups/NYRRStriders/)

For participants who do not have digital access to view the classes, they can call in for the workout and listen to instructions throughout the activity. The Monday and Wednesday morning and Tuesday and Wednesday afternoon classes are great to call in for! Here is the call-in information to share with the participants:

Call-in Number: 1-929-205-6099

Webinar ID for Call: 821 0818 0913

Email striders@nyrr.org or call 212.548.7357 for any assistance!



TOGETHER IN STRIDE

MONDAYS

10:00 a.m. Mindful Moments with Coach Myna Majors

Participants complete a series of meditation and tai chi exercises led by Striders Coach Myna. (Digital and Call-in)

TUESDAYS

10:00 a.m. Total Body Workout with Coach Sheila Clark-Hawkins

Participants complete a total body workout led by NYRR Striders coach Sheila.

1:30 p.m. Body Reboot with Coach Renee Gilbert

Participants complete a circuit workout led by NYRR Striders coach Renee. (Digital and Call-in)

WEDNESDAYS

10:00 a.m. Strength & Balance Workout with Coach Sid Howard

Participants complete a strength and balance workout led by Striders Coach Sid. (Digital and Call-in)

1:30 p.m. Chair Exercises with Coach Lon Wilson

Participants complete a chair workout led by Striders coach Lon. (Digital and Call-in)

THURSDAYS

10:00 a.m. Kickin' It with Coach Calvin Conner

Striders Coach Calvin will lead participants through a series of martial arts activities that will improve balance, strength, and endurance in walking and daily activities.

FRIDAYS

10:00 a.m. Entrenamiento de Cuerpo Completo con Entrenadora Asteria Howard (Total Body Workout with Coach Asteria Howard - Bilingual class)

Los participantes completan un entrenamiento de cuerpo completo dirigido por la entrenadora de Striders Asteria (participants complete a total body workout led by NYRR Striders Coach Asteria).



Where people, plants, and cultures meet.

**Queens Botanical Garden Live Testimony
Committee on Aging
Wednesday, March 10 at 10am
Olivia Cothren, Director of Development**

Written Version

Thank you, Chair Chin and members of the Committee. My name is Olivia Cothren, and I'm the Director of Development at Queens Botanical Garden – the place where people, plants, and cultures meet. We are a 39-acre botanical garden and cultural institution on Main Street in Flushing. We're also a member of the Cultural Institutions Group (CIG) – a coalition of 34 cultural organizations who share a public-private partnership with the City of New York and are located in all five boroughs of the City, employing approximately 11,400 with more than 8,000 additional volunteers. I'm here to share a little about what we've been doing to serve aging New Yorkers throughout COVID and to show our support for the Committee on Aging's good work to serve this growing population.

Queens Botanical Garden and our fellow cultural institutions have contributed to public life, public health, and public service of all New Yorkers in many ways throughout COVID. Over the past year, QBG has donated 2,600 pounds of food from the QBG Farm to organizations in Astoria and Jamaica; hosted flu shot events; produced virtual programming; created timed-entry experiences for families and other "pods"; and supported various other community efforts. But the main way we have served seniors throughout COVID is by being an oasis of open, outdoor space for safe gathering with friends and family. On July 21, 2020, Queens Botanical Garden became one of the first NYC cultural institutions to reopen following the state-mandated temporary closure. Nearly every day since then, we have welcome hundreds of daily visitors back to the Garden, many of them seniors. As an outdoor cultural institution, we've been one of the few places where older people have been able to gather together in person as the pandemic continues. Every morning, we welcome dozens of seniors from several local groups to practice Tai Chi on our grounds. These seniors are delighted by the opportunity to practice within the Garden's safe and beautiful surroundings in all seasons. We also offer older people a setting to take healthful walks with friends and family members, to sit together while maintaining social distancing on our many benches, and to admire the changing seasons and breathe in the fresh air. Nearly 50% of our membership base is at

the Senior level, which speaks to the meaning the Garden brings to the lives of older people in Queens. We hear many comments from these visitors that having access to the Garden has helped them combat the social isolation that so many people in New York—especially seniors—have experienced over the past year.

Queens Botanical Garden is also dedicated to offering extensive volunteer opportunities to New York's older residents. One of our most long-standing volunteer partners is Retired and Senior Volunteer Program (RSVP) through the Community Service Society of New York. For decades, our RSVP volunteers and ambassadors have meaningfully contributed to the mission of the Garden through the Crafting group, as Garden Guides and Greeters, in our Administration and Finance teams, and as seasonal Horticulture volunteers. We typically have up to 25 active RSVP volunteers in any given year. Over the past year, we have even retained one active senior RSVP volunteer who regularly comes to the Garden, and have two more who have indicated they will return immediately upon receiving their vaccines. We look forward to growing back to our normal numbers over the next year. Providing this opportunity to give back to the Garden has been extremely meaningful for these volunteers. Their service has helped us to remain an urban oasis for visitors to find peace, relaxation and inspiration among the wonders of nature.

Queens Botanical Garden salutes the work of the Committee on Aging to support the many organizations throughout the city who directly work with seniors. QBG and our fellow CIG members are proud to support this growing population in many ways, including through access to outdoor cultural spaces, providing cultural connections, and virtual programming. What's good for culture is good for the city—and that goes for seniors as well. In addition to your work to advocate for your funds, we respectfully ask the members of the Committee on Aging to consider expressing support for the cultural budget to be held harmless and maintained at FY21 levels as we await further information on COVID federal relief that may be made available to the City and State. Most of all, I sincerely thank you for the opportunity to provide details about how Queens Botanical Garden—and our fellow cultural institutions—have supported seniors over the last year.



Testimony to the New York City Council Council's Aging Preliminary Budget hearing

Delivered in person on March 10, 2021

by Melissa Sklarz, Senior Governmental Relations Strategist

On behalf of SAGE and the lesbian, gay, bisexual, and transgender (LGBT) elders we serve, thank you to the members of the New York City Council for holding this hearing today and allowing me the opportunity to present testimony with respect to the FY 2022 New York City Budget. My name is Melissa Sklarz and I am the Senior Government Relations Strategist for SAGE.

Services for older New Yorkers are crucial – especially as we continue to confront the pandemic – and will become even more important in the coming years. According to LiveOn New York, by 2030, 20% of New Yorkers will be over the age of 60. LGBT elders are a significant part of this rapidly growing older population. However, they are often invisible, disconnected from services and severely isolated. LGBT elders are twice as likely to live alone; half as likely to be partnered; and more than four times less likely to have kids. Many LGBT elders are half as likely to have close relatives to call for help.

Because of their thin support networks, LGBT older people need to rely more heavily on community service providers for care as they age. Yet, they're often distrustful of mainstream providers – and for good reason. LGBT older people are more likely to face discrimination around their sexual orientation and gender identity when accessing health care, social services or other programs. For so many LGBT elders, SAGE is their safety net. The need for services and supports among LGBT elders has been dramatically exacerbated by the COVID-19 pandemic.

LGBT elders are at the epicenter of this public health crisis. This is not only because of their age, but also because of high levels of underlying health conditions like HIV and diabetes, higher levels of poverty and food and housing insecurity. In general, the LGBT community experiences more health disparities compared to their straight counterparts. These health disparities make them more susceptible, a CDC team [said in a study published in the agency's Morbidity and Mortality Weekly Report](#) in February 2021. Data from the 2017-2019 Behavioral Risk Factor Surveillance System, the CDC's national health-related telephone survey, shows people who are a part of the LGBTQ community, regardless of race or ethnicity, report higher numbers of health conditions that make people vulnerable to more severe forms of COVID-19 including heart disease, asthma, high blood pressure, cancer, kidney disease, chronic obstructive pulmonary disease, stroke, obesity, diabetes and smoking.

Compounding their health disparities that exacerbate LGBT elders' experience of the current public health crisis is their lower access to health care and supportive services, experienced social isolation and thin support networks and fundamental mistrust of government and other institutions based on historical and current discrimination and mistreatment. This is also backed up by data: AARP's 2018 report *Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans* revealed that 76% of older LGBT people are concerned about having adequate family and/or

social supports to rely on as they age. All of these challenges are even further exacerbated for transgender elders and LGBT older people of color.

SAGE exists to provide LGBT elders with comprehensive, LGBT-competent services through our city's first LGBT-friendly elder housing developments, our SAGE Centers, care management, SAGEVets and related programs and services.

Like all older adult centers in New York, SAGE has not offered in person congregate programming at our SAGE Centers, nor have our affiliates offered programs since mid-March. To ensure that the LGBT elders who we serve have access to community and connection, we have reinvented and reimagined our programming to meet the demand among LGBT elders. We have pivoted our programs and services to telephonic and virtual formats to ensure that the thousands of LGBT elders who rely on SAGE continue to be engaged and stay connected. From yoga and Spanish classes to discussion groups, SAGE is offering more than 100 virtual SAGE Center programs a week, attracting hundreds of LGBT elders and allies.

In addition to our SAGE Centers' virtual programming, SAGE is offering ongoing virtual and telephonic meetings, support groups, financial support services, and programs through our SAGEVets initiative.

For older LGBT older vets, the barriers mount. In the midst of the COVID-19 pandemic, older LGBT veterans, many of whom were already struggling with financial insecurity, food insecurity, acute social isolation, and exacerbating health disparities, are dealing with mounting challenges. Throughout the pandemic, SAGEVets has continued to provide support, information, and referral to elder LGBT veterans; conducted wellness checks among participants; offered telephonic one-on-one and group support; and, launched virtual programming to continue to connect older LGBT veterans to the community.

To address the housing insecurity among LGBT older New Yorkers, SAGE and our developer partners created our city's first LGBT-welcoming affordable elder housing: Stonewall House in Fort Greene, Brooklyn and Crotona Pride House in the Bronx. Both buildings have a set aside for formerly homeless elders. Both buildings and their on-site services are serving predominantly low-income elders. Both developments are located in neighborhoods with few services for the LGBT community. What this means is a significant demand in services, especially among the low income and formerly homeless elders living in and around these developments.

SAGE also has launched several new initiatives to respond to the emerging and mounting needs of older LGBT New Yorkers. Financial insecurity among LGBT elders has been exacerbated by the economic devastation from COVID-19. That's why we launched SAGECents – our new online program developed to improve LGBT elders' financial stability and reduce economic stress in these uncertain times. Further, within weeks of the initial shelter-in-place directive, SAGE launched SAGEConnect, a national program that matches volunteers with LGBT elders to combat social isolation. To date, we've connected nearly 600 LGBT older people from across the country— including hundreds from across New York State—with volunteers.

These programs, services and housing could not come at a more crucial time for our state's LGBT elders. New York's LGBT elders rely on SAGE for support, community and connection. SAGE is a cornerstone of the state's LGBT community, providing vital services to LGBT elders and older people living with HIV for 43 years. Throughout the COVID-19 pandemic, SAGE has shifted considerable capacity, energy and

resources to adapt to the new reality and reimagine our programs and services for virtual and telephonic delivery.

COVID-19 has had a profound effect on our LGBT elder constituency. We have lost constituents and Stonewall House residents to the pandemic. Our commitment to supporting, caring for and engaging our LGBT elders has never wavered, despite the unexpected risks and circumstances. As vaccines become available throughout the city, SAGE has been helping our participants secure appointments and educating those who are wary on the benefits of receiving the vaccine. SAGE's care management and housing staff are working directly with their participants to make appointments to receive the vaccine. We also have surveyed all participants, helping in scheduling an appointment to receive the vaccine, which will be staffed by SAGE program staff and volunteers. SAGE has been given (limited) access to make appointments for our participants through the vaccine scheduling portal. These efforts have been limited to participants who live in Upper Manhattan (Harlem, Washington Heights, Inwood), participants in target zip codes where vaccination efforts are low and homebound participants. Finally, in collaboration with Senator Brisport's Office and a local pharmacy, recently hosted a vaccination event at Stonewall House and 67 residents received the vaccine. The Rossi pharmacist continues to work to secure more doses.

SAGE respectfully request a restoration of our City Council funding. The support that SAGE receives from the City Council fuels our supports for the residents in Stonewall House and Crotona Pride House, sustains our city side network of SAGE Centers and its robust virtual programing and complimentary case management, and supports our geriatric mental health initiative. These services are improving the lives of LGBT elders, their friends, and, ultimately, saves lives. SAGE is there to invest in community and family support where none may prior exist.

With continued support from the Council, together we can send a strong message to our City's LGBT elder trailblazers. New York City takes care of its LGBT elders.

Thank you for the opportunity to testify. SAGE deeply values our partnership with the Council. We look forward to continue our important together.



**Testimony of Stanley M. Isaacs Neighborhood Center
Gregory J. Morris, Executive Director
FY'22 DFTA Preliminary Budget Hearing
March 10, 2021**

I'd like to thank Chair Margaret Chin for her leadership and the opportunity to provide testimony. I'm Gregory J. Morris, President and Executive Director of the Stanley M. Isaacs Neighborhood Center, a multi-service non-profit organization embedded within four public housing developments in Upper East Side Manhattan and East Harlem. We will be focusing our testimony today on pressing issues facing older adults related to food insecurity, community health as related vaccine distribution, air conditioning and re-opening spaces, discretionary City Council funding, and the upcoming Senior Center and NORC RFPs.

We'd like to start with food security, as it has been one of the primary focal points of the pandemic era and presents a great challenge for our sector. The City's Get Food program launched in the wake of the pandemic shut downs. We are thankful to live in a city that would institute such a vast program to feed seniors in an emergency such as it is. But the roll-out unnecessarily left many seniors behind for months, which we strongly believe could have been avoided if the City collaborated with community centers like ours to identify and serve seniors in need. We had the names; we couldn't get them added for weeks. We now have over 350 clients still relying on the Get Food program, instead of receiving healthy, balanced meals from our kitchen. Conversations began about the new Direct Meals 2 program in the Fall, and we are still waiting. **We ask for the Council to work with Dept for the Aging (DFTA) and Seniors Centers, to get this program funded and off the ground, so we can cook and provide healthy meals to our members again, and deliver them safety to their doors until it is safe to return to the space.** Get Food was intended as an emergency program, not the sole source of nutrition one year later.

We know that seniors are among the most vulnerable and disproportionately impacted throughout this public health crisis. Since the onset of the pandemic, the Isaacs Center Meals on Wheels program has been at the forefront of feeding New York City's most underrepresented and oppressed population. The Isaacs Meals on Wheels program has continued to serve its homebound clients daily with no schedule disruptions. We were contracted by the New York City Department for the Aging to deliver 132,236 meals between July- December of 2020. Due to the health crisis, our clientele increased by 18%. The Isaacs Meals on Wheels program delivered 154,067 meals between July-December 2020. An overage of 21,971 meals totaling the sum of \$185,654.95. The Isaacs Center has yet to be reimbursed by DFTA. We have been relying on private dollars to support this deficiency. We are asking for the council's support and advocacy to assist the Isaacs Center in receiving reimbursement from DFTA.

On the top of everyone's mind is the vaccine roll-out and the outrageous hoops seniors have to go through to obtain appointments. Programs like ours are spending hours of wasted time and resources attempting to find appointments for seniors in their neighborhoods that largely don't exist. Every day we hear confusing and disjointed news coverage about increasing access for seniors, but little has changed as we move in to the Spring. Our Center has approximately 1700 members, and so far, only 100 have received a first dose. The most frequent request from our seniors, including those hesitant about the vaccine, is to offer the shots at their senior centers or in their homes. **Community centers like ours are ready and willing to work with government entities to make this happen, and need to be given access to appointments to assure seniors are able to access appointments in the communities where they live.**

As we get closer and closer to the hot weather we are asking for the Council's support and advocacy in relaunching the *Get Cool* air conditioner programs for seniors and families in need, and that it is done in collaboration with community centers. Last year this was a program administered by NYCHA, Department for the Aging (DFTA), and Dept of Health (DOH). It was successful in that it provided air



conditioners to thousands of seniors who could previously escape the summer heat at their senior center, and were stuck inside. However, the program didn't allow for programs like ours to add names of residents we knew to be in need until well into the summer, leaving many in need behind. Many didn't receive units until nearly Fall. Our Center had to purchase 70 AC units for seniors who were left out at a cost to our program. We believe the Get Cool program will be essential again this year and should be relaunched as soon as possible, and that the rollout include community centers to identify those in need.

We would also like to take this time to request the council fully restore the Council Initiatives that has been cut from this year's budget, specifically the Health Aging Initiative. Senior Center and NORC programs like ours rely on these initiatives to provide regular programming in support of physical health and exercise, arts and culture programming (often large-scale events in-person and now on zoom that bring the greater community together to celebrate culture and diversity), and health promotion groups and services such as nursing, vaccines, and other essential services.

The challenges we face as we grow older are vast. We at the Isaacs Center are committed to working with the City Council to maximize our sector's potential to serve our aging communities with the supports and dignities that they deserve. I appreciate the time today and the opportunity to provide this testimony. I am happy to answer any questions that the committee may have.



Testimony: UJA-Federation of New York

**New York City Council Budget and Oversight Hearings on the Preliminary Budget for
Fiscal Year 2022**

**New York City Council Committee on Aging
Honorable Margaret Chin, Chair**

March 10, 2021

Thank you, Chairs Chin and Dromm and members of the Committee on Aging for holding this hearing and for the opportunity to submit testimony.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is to care for those in need. UJA identifies and meets the needs of New Yorkers of all backgrounds and Jews everywhere. UJA connects people to their communities and responds to crises in New York, Israel and around the world, and supports nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services.

Over the last year, the COVID-19 pandemic has dramatically and disproportionately impacted the lives of those living in poverty, further lifting-up the effects of systemic inequality and the real challenges New York City faces. In response to these needs, UJA's network of human services partners has been on the front lines since the pandemic hit, assisting New Yorkers of all backgrounds, throughout the five boroughs. UJA's network provides a wide range of services, including early childhood education and childcare, mental health supports, case management services, services for survivors of domestic violence, access to food, and a wide range of senior services.

Supporting Older Adults Throughout COVID-19 and Beyond

Providers of services for older adults have played a critical role throughout New York City's ongoing COVID-19 response and recovery efforts. Whether small community-based organizations or large nonprofits serving clients throughout all five boroughs, each has provided essential services to vulnerable older adults forced to remain in their homes throughout the pandemic crisis.

Each year, the City Council invests millions of dollars to support Department for the Aging Core Services, Council Initiatives and discretionary funds to provide services for New York City's seniors. As New York City begins its long road to recovery, investments in senior services must be expanded in the FY22 Budget to support those deemed most vulnerable to the long-term health, mental health, and economic impact of COVID-19. Per the Preliminary Mayor's Management Report (PMMR), DFTA's FY22 budget does not identify new needs, nor are there increased funds available for capital improvements or much needed senior center expansion for the next two fiscal years.

In addition to the full restoration of all Council Aging Initiatives to FY20 levels, UJA would like to highlight the following recommendations and requests for the New York City FY 2022 budget:

Elie Wiesel Holocaust Survivor Initiative

UJA urges the Council to maintain its \$4 million investment in the Elie Wiesel Holocaust Survivors Initiative in FY22. In the wake of COVID-19, New York City's estimated 36,000 Holocaust survivors are among the most vulnerable to its impact.

Throughout the COVID-19 pandemic, social workers funded through the Survivor Initiative continue to provide the specialized care that survivors require due to the trauma they experienced during the Holocaust. There are many unique struggles survivors face today: the isolation, the

return of memories of hiding, rationing food, being away from family, as well as sickness and death. They are also among the most vulnerable and susceptible to COVID-19. Because of this funding, survivors are not alone.

Restoration of \$4 Million will support:

- **Case Management to access benefits and support.** Case Managers are specially trained in the psychological impact of the Holocaust.
- **Mental Health Services** including home visits to help survivors work through the traumas that now manifest in sleep disturbance, anxiety, depression and inability to trust
- **Trauma Informed Care** provided by professionals who recognize and avoid possible triggers, thereby reducing the potential for re-traumatization
- **Crisis Prevention** to help stave off eviction and hunger
- **Legal Services and entitlement counseling**
- **Emergency Financial Assistance** for food, housing, prescriptions, medical and dental care
- **Socialization Programs** to reduce isolation
- **Training & Support** for Caregivers and home health aides working with survivors
- **End of Life Care** including hospice and ethical wills

New York City must continue its commitment to Holocaust survivors. It is crucial to provide specialized care and support programs for survivors to enhance their quality of life and allow them to live out their remaining years with dignity. **UJA asks that \$4 million be restored to support Holocaust survivors living in poverty.**

Senior Centers/Older Adult Centers

The senior center “model budget process” that began in 2017 remains unfulfilled. To date, only half of the \$20 million promised for this exercise has been released; the remaining \$10 million intended to be allocated by FY21 was not included in last year’s budget, nor is it in the Mayor’s FY22 preliminary budget proposal.

Throughout the COVID-19 crisis, senior centers have played a critical role in the wellbeing of more than 30,000 older adults. Senior Center staff have worked to ensure access to food; provided regular wellness check-ins, swiftly shifted to virtual programming, and now assist older adults to navigate the City’s complex vaccine scheduling system. Now more than ever, senior centers play an important role in connecting older adults to services and community supports. The “model budget process” was meant to right-size senior center budgets; however, these funds neither supported all of New York City’s senior centers, nor did they cover the full cost of services.

In addition to the remaining \$10 million promised, UJA requests that \$5 million to right-size senior center food and kitchen staff budgets be included in FY22. These funds were delayed in the FY21 budget.

Finally, the Department for the Aging released its concept paper for the “Older Adult Center” RFP in late summer 2020. UJA, along with its partners and network of nonprofits, firmly believes that this RFP should not be released while New York City is still in the midst of a global

pandemic and seniors centers remain closed per the Mayor's Emergency Executive Order No. 100. **UJA respectfully calls for the Older Adult Center RFP to be delayed until the pandemic is over, full funding is secured, and the needs of the older adult population can be fully assessed and responded to appropriately.**

\$16.6 Million for Home Delivered Meals Program (HDM)

The Home Delivered Meals Program has played a critical role in New York City's COVID-19 response efforts. As older adults continue to remain at home, many do not have family or friends that are able to help them acquire food. While New York City launched GetFood to help address this issue, demand for the HDM program also increased. Currently, an estimated 18,000 homebound older adults receive home delivered meals across New York City; however, enrollment in the HDM program at the peak of the pandemic was 21,000. Even then, more seniors qualified and should have been enrolled in HDM instead of being directed to GetFood NYC.

Beyond simple meal provision, the HDM Program provides important supports for homebound older adults. Recipients of home delivered meals are chronically disabled due to heart disease, mobility challenges, diabetes, arthritis or severe vision impairment and are reliant on these supports, that now, in a pandemic, serve as a critical lifeline for these older New Yorkers. Regular meal deliveries provide health and psychological benefits beyond nutrition and can act as an access point for other critical support services, which help older adults continue to live healthfully and safely in their homes.

However, the New York City per meal reimbursement rate is only \$9.58, which includes food, transportation costs and staff. This is far below the national per meal rate for urban areas of \$11.78. This low rate does not reflect the actual cost of meal provision and delivery, nor does it account for the high cost of culturally competent meals, such as kosher or halal. A survey by LiveOn-NY of New York City showed that nonprofit HDM providers showed that many organizations lose thousands of dollars every year providing home-delivered meals.

UJA requests the following investments to support the Home Delivered Meals Program:

- **\$13.6 Million for FY22 increased demand and adequate per meal reimbursement rates**
- **\$3 Million for FY22 weekend and holiday meals provided by City Meals on Wheels**

Naturally Occurring Retirement Communities (NORCs)

Classic and Neighborhood NORCS are multi-age housing developments or neighborhoods, respectively, that were not originally developed for older adults, but are now home to a significant number of older people. Throughout the COVID-19 health crisis, NORCs have provided vital response services to thousands of older New Yorkers, making continued investment in this program critical. NORC staff provide wellness checks to address mental health and social isolation; assist seniors in accessing food and other supplies, coordinate services in residential buildings not developed specifically for seniors, and now, help older adults navigate New York City's complicated vaccine process. These activities were crucial prior to COVID-19 and have become even more important since.

Without the support of the City Council many NORC programs would not be able to continue to provide critical services to so many older adults in New York City. In order to sustain and strengthen the NORC program, three key supports are needed in the FY22 City Budget:

1. **Restore \$5.4 million to the NORC City Council Initiative, including \$1.3 million to support health and nursing services.**

The FY21 final budget included \$5.4 million in City Council NORC Initiative funding to support dozens of NORCs and Neighborhood NORCs. This included \$1.3 million to fill a funding gap for health and nursing services in NORCs. The Council must restore these funds to ensure these programs can continue to provide services to NORC residents.

2. **Baseline \$1 million for NORC Programs**

The FY20 and FY21 budgets included \$1 million from the Administration to support certain NORC programs previously funded by the Council; however, these funds were never baselined. If this funding is not restored, the future of these NORC programs is uncertain.

3. **Achieve Salary Parity for DFTA-Funded NORCs: \$1.7 million**

While successfully providing healthcare, social services, and socialization opportunities to thousands of New Yorkers – and helping to defray Medicaid costs – NORC staff has been struggling with chronically low salaries, as contracts do not include cost escalators and have not allowed for meaningful raises in many years. The NORC network has seen high turnover rates for all positions, including directors and case managers. This is particularly challenging given recent increases to senior center staff salaries through the Department for the Aging (DFTA)’s FY 2018 “model budget” process. The disparity created through this exercise has yielded a scenario where senior center and NORC staff have similar responsibilities, workload, and client demands, but one staff makes significantly more than the other. On average, systemwide, senior center staff make roughly \$15,000 more than NORC staff.

Restoring and Baselining the Indirect Cost Rate (ICR)

In FY20, the Administration and Council made a commitment to increase funding for indirect costs (overhead and administrative costs) associated with providing contracted human services programs through the Indirect Cost Rate Initiative. As part of the Nonprofit Resiliency Committee, critical human services providers in New York City, met regularly with the Mayor’s Office to establish a new [“City of New York Health and Human Services Cost Policies and Procedures Manual”](#) to guide the ICR Initiative, which launched in November 2019. The City’s commitment and investment was a step in the right direction that would have greatly assisted UJA’s provider network.

Human services providers were given a series of options to adjust their organization’s ICRs. The majority of UJA’s network decided to work with a CPA to apply the principals of the “Cost Policies and Procedures Manual” across each human service contract held by the agency. This process by which nonprofits determined new ICRs was costly (as much as \$5,000-\$25,000), time consuming, and had to be completed by June 30, 2020. Organizations that endured this process starting in November 2019 were promised retroactive contract

enhancements for FY20 and an approved (and fully funded) new ICR applicable for the next three fiscal years.

Throughout the first half of 2020, as the City's finances were beginning to be impacted by COVID-19, providers continued the ICR exercise with no word from the Mayor's Office or City Council that cuts to the ICR were imminent.

During last days of FY21 budget negotiations, the Mayor's Office indicated that there might be "adjustments" to the ICR. Then weeks after the FY21 budget closed, the Mayor's Office retroactively rolled back its commitment to the FY20 ICR by 40% at the start of FY21. Providers, who had gone through the time and expense of determining their new Indirect Cost Rates across their organization's human services contracts now find themselves with a significant cut for services already rendered and costs that were assumed to be covered by the City. **Across the UJA provider network alone, there is a combined FY20 loss of \$2.3 million for the ICR.** This number does not account for additional funds lost due to changes in the definition of "indirect costs". Due to the ICR Initiative and Cost Manual guidance, some expenses that were previously covered as direct costs shifted to indirect. When the City cut the ICR, these expenses that had been previously paid for were no longer funded, leaving providers at a larger retroactive deficit.

Additionally, only human services contracts that started the applicable fiscal year in HHS Accelerator were eligible for adjustment under the ICR Initiative. The Department for the Aging (DFTA) did not begin the fiscal year with its contracts in HHS Accelerator. This means that the new ICR for DFTA contracts can only be applied to the portion of the year that they were in HHS Accelerator, yielding an even greater cut for those providers.

The ICR funds important aspects of human services provision, which are needed now more than ever to help New York City respond and recover from COVID-19. **It is imperative that New York City support its human services network at this time of great need and not create further obstacles to critical response efforts for the most vulnerable New Yorkers. The City must restore the FY20 ICR cuts, fully fund FY21 rates and baseline the full cost of ICR funds for FY22 and the outyears.**

Thank you for the opportunity to provide testimony. Please reach out to Hillary Stuchin at stuchinh@ujafedny.org with any questions.



**Testimony of United Neighborhood Houses
Before the New York City Council**

**FY 2022 Preliminary Budget Hearing: Committee on Aging
Council Member Margaret Chin, Chair**

**Presented by Tara Klein, Senior Policy Analyst
March 10, 2021**

Thank you for convening today's hearing. My name is Tara Klein, and I am a Senior Policy Analyst at United Neighborhood Houses (UNH). UNH is a policy and social change organization representing 44 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers.

UNH members provide a wide variety of services to over 80,000 older New Yorkers each year by operating programs such as senior centers, Naturally Occurring Retirement Communities (NORCs), home delivered meals, case management, home care, geriatric mental health, and others, often funded by New York City's Department for the Aging (DFTA) and the City Council. UNH and its settlement house members employ the philosophy that older adults are valued members of our neighborhoods, whose wisdom and experience are important to the fabric of our communities.

Older adults are the age group most vulnerable to COVID-19, and settlement houses have been on the frontlines in meeting their emergency needs, providing them with food, financial benefits, mental health supports, social activities to reduce social isolation, and support in getting COVID-19 tests and vaccinations. We are grateful that DFTA's budget saw minimal cuts in the FY 2022 Preliminary Budget. It is important that these programs be spared from cuts in the Adopted Budget, and that funding is increased to address unmet needs, to ensure older adults can continue to receive these life-saving supports.

Overview

In FY 2022, there are a number of funding needs to support older New Yorkers and help our City recover from COVID-19. UNH urges the City to take the following actions:

- Include **\$10 million** in previously-promised "**model budget**" **funding for senior centers** (not budgeted), and **\$5 million** in additional funding for senior center meals and kitchen staff (budgeted).
- Delay the **Older Adult Centers RFP**.
- Invest **\$16.6 million** in the **home delivered meals** program to provide nutritious daily meals and social supports to homebound seniors, including \$13.6 million for weekday meals and \$3 million for weekend and holiday meals.
- Enhance **NORC staff salaries** by at least **\$1.7 million** to ensure parity with other DFTA-funded contracts.

- Restore the **Geriatric Mental Health Initiative** to FY 2020 levels, and further increase the initiative by **\$950,000** to expand services to at least ten new sites.
- Restore and baseline **recurring one-year Administration funds**.
- Restore **Council Aging Initiatives** at **FY 2020 levels**, reversing cuts from FY 2021.
- Fully fund the **Indirect Cost Rate Initiative** and support the human services sector.

Restore Senior Center Budget Cuts

Senior centers have served as crucial supports for older adults throughout the pandemic. Settlement houses operate 46 senior centers across City, serving over 53,000 older adults in these centers. While buildings have remained physically closed during the COVID-19 pandemic, senior centers have not ceased operation, and in fact many have been working overtime to serve older adults remotely. Activities have included wellness calls, case management services, enrolling people in the GetFood NYC program, virtual social activities, assistance getting tested or vaccinated, and more. While not being permitted to serve food, many cooks have transitioned to help senior centers make wellness calls to check in on older adults at home.

FY21 was a difficult budget year across the City, but senior centers were hit especially hard with a failure to include \$15 million in expected funding and additional COVID-related cuts for FY20 and FY21. Unfortunately, we fear these budget cuts may be indicative of a misperception that senior centers have been closed during COVID-19, even though they have pivoted to remote work. We hope to dispel this myth and ensure full funding for FY 2022.

The FY 2018 “model budget” process for senior centers allocated \$20 million in baselined funding to programs across the City to begin to address the chronic underfunding of senior center contracts. \$10 million was allocated that year, while the remaining \$10 million was promised by FY 2021. Unfortunately, these funds were not included in the FY 2021 Budget, nor were they budgeted for future years, and nor were they included in the FY 2022 Preliminary Budget, breaking a major promise made between the Mayor and City Council. This funding is crucial now as senior centers serve as a lifeline to older adults during COVID-19.

Additionally, the FY 2020 budget included a \$15 million baselined increase to senior centers specifically to support congregate meals, as kitchens and food were excluded from the original model budget process. This was meant to be phased in as \$10 million in FY 2020 and an additional \$5 million – or \$15 million total – in FY 2021 and future years. While the \$10 million was added and has been very helpful in supporting kitchen staff who continue to work in their senior centers throughout COVID-19, the remaining \$5 million investment was delayed for one year. This delay was implemented at the last minute in the FY 2021 budget in June, with no warning in the Executive Budget proposal. Senior centers had already received their anticipated allocations from DFTA and were instructed on how to spend the funds, beginning July 1, 2021. Many had made hiring decisions based on this anticipated funding, leaving programs scrambling to adjust. While the remaining \$5 million was included in the FY 2022 Preliminary Budget, we remain vigilant in ensuring these funds materialize this year.

Finally, the two “model budget” investments were intended to allocate funding before the next senior center procurement so the future system could be built in a way that was fair and fully funded. With DFTA looking to re-procure its senior center system this year, this funding is even more urgent.

The City’s invoice for senior centers is past due: **it is time for the Administration to pay its bills and allocate the remaining \$15 million to support senior centers.**

Delay the Older Adult Centers RFP

UNH continues to urge DFTA to **delay its pending procurement for Older Adult Centers**. In addition to the budgetary concerns outlined above, there is a large degree of uncertainty around the future of in-person senior center programming as centers remain physically closed and it is unknown what services will look like in the future. Given the fact that this procurement envisions the system for the next three years with an option to extend for three additional years this seems short-sighted. Further, there is a very real need for the aging services network to give full attention to vaccinating older adults right now, stymieing the potential for creative approaches to apply for an RFP. Finally, with contracts still scheduled to begin on July 1, 2021, this leaves less than four months for the full process of releasing the RFP, application, selection, and negotiation for new contracts. We strongly believe that this is not the time to proceed with this procurement.

Home Delivered Meals

Nonprofit home delivered meals (HDM) providers deliver a daily nutritious meal to homebound older adults who are unable to prepare their own food, while also providing case management and regular in-person wellness checks for those at risk of social isolation. HDM is a key service to support older adults, and it has become even more crucial during the pandemic. Nine UNH members currently provide home delivered meals, either as lead contractors or subcontractors. Unfortunately, the program faces systematic underfunding, and during COVID-19 the program has faced numerous additional funding challenges.

Pandemic concerns and federal funding:

During the pandemic, HDM providers were instructed to continue business as usual. At the same time, the program saw demand increase rapidly, with many indicating a 20-30% uptick in demand as urgent community needs quickly grew. DFTA has instructed HDM providers to stop signing up new people and instead to refer them to the GetFood NYC emergency feeding program, even though that program does not provide the social supports that many clients need. Further, the nutritious quality of GetFood meals is known to be worse than those in the home-delivered meals program, the latter which are high-quality, nutritious, and can be individually-tailored to meet older adults' needs.

We understand that this shift to GetFood is in part due to inflexibility in federal FEMA funding to support home delivered meals. **We urge the City to advocate to allow all federal stimulus funds to be used for both the home delivered meals and GetFood program.** Further, DFTA must develop a plan to ensure home delivered meals providers have the funding and support to absorb new individuals who learned about and need the program in the long term, especially should the GetFood program eventually wind down or end.

Chronic underfunding:

The home delivered meals program has been significantly underfunded for years, with DFTA contracts failing to cover the full cost of providing meals. Nonprofit providers persistently struggle with rising costs, causing significant financial damage to providers who lose money on their contracts each year and ultimately impacts the quality and availability of services to older adults. Long-standing underfunding has only been made more acute during COVID-19, as demand has risen and funding has remained flat.

Despite its overwhelming success in maintaining health and nutrition throughout the pandemic and beyond, the home delivered meals program has been significantly underfunded for years, with DFTA contracts failing to cover the full cost of providing meals. Nonprofit providers persistently struggle with rising costs for purchasing raw food, maintaining competitive wages for delivery staff, and dealing with unplanned expenses like vehicle maintenance. This causes significant financial damage to providers,

with many incurring deficits to meet the demands of their communities and ensure seniors receive meals. Ultimately this can impact the quality and availability of services for the older adults who rely on these meals. Long-standing underfunding has only been made more acute by the increased demand during COVID-19, as demand has risen and funding has remained flat.

The average cost for a home delivered meal for urban areas in the United States in 2015 was \$11.78, according to a report by Mathematica Policy Research.¹ Under new contracts that began on January 1, 2021, DFTA implemented a new across-the-board rate of \$9.58 per meal. This rate is therefore approximately 20% below the national average cost of a meal. An independent analysis of true costs by UNH and LiveOn NY, assisted by SeaChange Capital Partners, has confirmed \$11.78 as close to the actual true cost of a home delivered meal, though rates varied by provider. Notably, the new HDM contracts require several programmatic changes to increase meal choice — thus adding new costs — but the City failed to invest any new funding in the program.

To meet the nutritional needs of vulnerable, homebound older New Yorkers, bring contracts up to their true cost of \$11.78 per meal, and ensure program stability in FY 2022, **the City must infuse \$16.6 million in new funding into the home delivered meals system**, including \$13.6 million for weekday meals and \$3 million for weekend and holiday meals (the latter which have experienced stagnant investment for a decade). The City must also include annual cost escalators to account for rising food and labor costs plus the rising number of older adults, allow higher rates for programs that spend more on specialized cultural or therapeutic meals, and invest in a capital fund so programs can make key infrastructure upgrades and repairs in their programs. Finally, we urge DFTA and the City to look to federal funding sources as they become available to support the HDM program, including advocating for flexibility for existing FEMA funds, but absent of this the City must increase its own investment into this program.

Naturally Occurring Retirement Communities (NORCs)

NORCs are multi-age housing developments or neighborhoods that were not originally designed for older adults, but are now home to a significant number of older people. NORCs help thousands of older adults remain healthy, stable, and able to age in place by offering health care, social services, and socialization opportunities right at home.

Thank you to the Council for supporting a major investment in the City's Naturally Occurring Retirement Communities (NORCs) for the last two years, particularly to support nursing services. Because of the Council's enthusiasm for this program, we have been able to bring resources and attention to the needs of a large and rapidly growing older adult population. We urge the Council to maintain its investment in NORCs, including \$1.3 million for nursing supports.

Despite closing physical spaces to older adults and suspending in-person programming during COVID-19, NORCs have continued to work remotely throughout the pandemic. For example, staff provide frequent wellness calls to monitor health and safety and to reduce social isolation; case managers continue to assist older adults in accessing food, medical supplies, in-home healthcare, and more; and NORC nurses are providing remote workshops and support over the phone, particularly focusing around COVID-19 concerns. NORCs are currently serving as partners in the COVID-19 vaccination effort to help reach homebound older adults. In this remote environment, NORCs serve as essential services for older adults, helping them stay safe, healthy, and connected.

Unfortunately, the City's NORCs have been struggling with chronically low staff salaries, as contracts have not allowed for meaningful raises in many years. Recently the NORC network has seen high turnover rates for all positions, including directors and case managers. This is particularly challenging given recent increases to senior center staff. In many cases, especially in settlement houses, senior

¹ https://acl.gov/sites/default/files/programs/2017-05/NSP-Meal-Cost-Analysis_v2.pdf

center and NORC staff work side by side doing similar work. However, the case worker in the senior center will often make far more money than the case worker in the NORC. This has negative ramifications for staff morale and retention.

An analysis of existing staff salaries by UNH, UJA-Federation, and LiveOn NY has found that NORC salaries are roughly \$15,000 lower, on average, than senior center salaries. Systemwide, an investment of at least \$1.7 million is needed to ensure NORC salary parity for DFTA-funded NORCs.

Geriatric Mental Health Initiative (GMHI)

UNH is a long-time supporter of the Geriatric Mental Health Initiative (GMHI), a Council Initiative funded under DOHMH. GMHI funds mental health services in community spaces where older adults gather, such as senior centers, NORCs, and food pantries. GMHI increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in nonclinical settings, GMHI providers are able improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma. GMHI currently supports 22 organizations, 7 of which are UNH members.

During COVID-19, GMHI providers have indicated tremendous increase in demand for telephone-based counseling due to increased depression, anxiety, and isolation, with one provider reporting 381% more individuals reached than predicted. Group counseling and screenings also continue to operate remotely. Before the pandemic hit, the aging network expressed an overwhelming demand to expand mental health services for older adults, especially at senior centers and NORCs and in multiple languages. Given patterns of increased demand over the last year, it is prudent to consider expansion of this program in order to reach older adults in need of mental health supports.

Unfortunately, in FY 2021 GMHI was cut by about 15% per program, leaving providers struggling to do more work with less. At a bare minimum, the Council must restore this initiative back to FY 2020 levels of \$1.9 million. It should also **expand the initiative by 50% above that level – investing an additional \$950,000 for a \$2.86 million total program cost.** This would allow GMHI to expand to at least 10 new sites, plus allow modest increases for existing programs to allow them to meet increased demand and provide much-needed cost of living increases for staff.

Notably, GMHI is distinct from the DFTA Geriatric Mental Health program (DGMH), which is administered through ThriveNYC. DGMH contracts with four borough-based providers who place mental health clinicians in senior center host sites. While several UNH members currently serve as host sites for this program and report positive results, DGMH is limited in its scope.

One-Time Administration Funds

For several years, the Administration has been adding one-year funds to support key programs but has failed to baseline these funds. This leaves advocates and the City in a position of having to do a “budget dance” to restore these funds, while there are more urgent systemic needs that require our attention. This year’s needs include home delivered meals, senior centers, NYCHA senior centers, NORCs, and case management.

Council Aging Initiatives

The Council must restore funding for all of its Citywide Initiatives for aging to FY 2020 levels, which provide enormous supports for older adults and the programs that support them. Providers cite these initiatives as allowing them to offer holistic supports to older adults. These include NORCs, Support Our Seniors, Senior Centers for Immigrant Populations, and Senior Centers, Programs &

Enhancements. We urge the Council to restore the Healthy Aging Initiative, which was eliminated in FY 2021 and allowed programs the flexibility to hire consultants and fill programmatic gaps. Finally, we urge the City to invest in additional technology infrastructure for nonprofit providers and older adults to support remote programming and help bridge the digital divide.

Indirect Cost Rate Initiative and the Human Services Sector

UNH urges the City Council and the Administration to follow through on their promises by **fully funding the Indirect Cost Rate Funding Initiative (ICR) both retroactively and moving forward**. Announced in December 2019 as a \$53.4 million investment starting in FY20, the ICR was a recognition of a long-standing failure of the City to cover the full costs of providing older adult services, childcare programs, homeless shelters, after school programs, and more. Unfortunately, during the FY21 budget process \$20 million was cut from the initiative, and providers were later informed this would result in a 40% retroactive budget cut for FY20 and to-be-determined cuts for FY21. This cut amounted to over \$5 million in FY20 for New York's settlement house network alone, and for FY21 and beyond our network anticipates cuts of at least \$16 million. As of this hearing, human service organizations still do not have a sense of what funding they should anticipate for their indirect rates for the current fiscal year, nor future fiscal years.

The budget cut to the ICR Initiative was destabilizing, especially in a time of unpredictable costs and escalating needs. After working with the Administration in good faith throughout this tumultuous year, providers have been forced to lay off key administrative staff including human resources and information technology (IT) team members. This comes during a time when staff morale is severely impacted by the COVID-19 pandemic and remote technologies are more important than ever. Very few organizations have cash reserves to utilize when the City makes last-minute budget cuts like these, adding to greater financial instability at these organizations during an already financially turbulent time. The City Council and the Administration must fully fund the ICR in FY22 and restore all retroactive cuts.

Furthermore, we urge the City to **restore the Cost of Living Adjustment (COLA) on the personnel services line of all human services contracts at a rate of at least 3%**. The City allowed the COLA for human services workers to expire in the middle of the pandemic by not renewing it in the FY21 budget, even though human services workers were going above and beyond to keep programs running. These urgent investments are needed while workers, advocates, providers, and elected officials continue to work together on more comprehensive solutions to ensure that human services workers finally earn fair pay for their essential labor.

Thank you for your time. For questions, I can be contacted at tklein@unhny.org.



184 ELDRIDGE STREET
NEW YORK NY 10002
212-453-4555
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classes for older adults; and our NORC program at the Village View housing complex. Together, these programs reach over 2,000 older adults a year.

Our Mental Health Initiative provides a continuum of mental health services, from light-touch recreational activities, to intensive one-on-one counseling. This model addresses stigma around mental health, and provides ways to become gradually involved at whatever level of need individuals may have, and degree of readiness they may demonstrate. The Initiative focuses on trust-building and is offered with higher level of flexibility than traditional counseling settings to successfully engage older adults in the process of addressing their mental health needs at their own pace.

Our Initiative has a team of four multilingual clinicians with cross-cultural backgrounds and expertise, which helps us ensure that the older adults are more comfortable with the mental health programming, making our programming more effective. We provide home and virtual visits, and for participants who are connecting virtually, we help them set up and navigate their technology.

With our experience, we believe contracts should allow providers more flexibility. For example, currently, DFTA places clinicians at senior centers, which is understandably helpful for providers without mental health resources. But as University Settlement has our own mental health Consultation Center with trained clinicians and a physician on staff, we believe leaning on our existing staff and resources would only further strengthen our program. Indeed, our smooth in-settlement-house referral system has enhanced our ability to provide additional or continual mental health support for many older adult participants. The close collaboration between our Mental Health and Older Adult Programs has also been key in developing and refining our highly successful, nontraditional Mental Health Initiative. Thus, building in flexibility will let providers better give their program participants the care they need.

Additionally, we are concerned that DFTA is the City agency with the smallest amount of funding even as the older adult population is increasing across the city. Over the next years, we hope that the city will increase DFTA's budget to serve this growing population.

Lastly, we echo other nonprofits in calling on the city to fulfill its indirect rate commitment.

Thank you for your time, and if you have any questions, you can reach me at bjj@universitysettlement.org.

**Testimony by Dr. Cynthia Maurer, Executive Director
Visiting Neighbors, Inc.
to New York City Council Hearings on Aging
March 8th, 2021**

My name is Dr. Cynthia Maurer. I am Executive Director of Visiting Neighbors.

Thank you for this opportunity to give voice to the needs of our City's forgotten seniors...the oldest old, the 85+ year old's, the homebound and frail elderly, seniors who often spend their days alone and isolated. Many have outlived their friends and families. They may be out of sight and alone, but we must not forget them!

For the past 48 years, Visiting Neighbors has earned an outstanding reputation as a trusted lifeline for seniors and caregivers. We serve more than 1,000 seniors each year in lower Manhattan and parts of Queens. We provide vital support services to seniors and their caregivers who have nowhere else to turn. The average age of the seniors we serve is 89, most live alone and we currently have a dozen seniors who are age 100+. Our oldest client is 105 and with our help, she is still able to enjoy the comfort of living in her own cherished apartment, kept informed on current events, ways to remain as safe and healthy as possible (emotionally, mentally and physically) and feeling valued and connected to others.

Our seniors are struggling to survive on limited fixed incomes. Almost all are slightly above eligibility levels for Medicaid-funded services, but cannot afford to pay privately for care on a regular basis. Visiting Neighbors reaches out to keep these seniors safe, connected with their community, providing companionship and encouragement, health advocacy, helping them with shopping and errands, get access to food and vital supplies, taking them on therapeutic walks and escorting them to medical and other important appointments so they can safely navigate our City's challenging streets. The hazards they face when they leave their apartments are familiar to all of us, but can be life-threatening to a frail senior whose vision may be impaired or who may be unsteady on their feet – traffic that comes barreling down on pedestrians the second the light changes, potholes, cracks in the sidewalk, bicycles and oblivious pedestrians engulfed in their cell phones. *The number of our oldest old is growing dramatically (almost 20% increase each decade), yet there seems to be more focused on providing services that are valuable to younger seniors who can go to senior centers and/or partake in on-line activities, but virtually excludes our City's most isolated and vulnerable who cannot do these things.*

Cost-effective supportive services for seniors living at home and encouraging them to remain active members of our community, help reduce the number of seniors who are forced into nursing homes. The government can significantly reduce costs by funding cost-effective preventive supportive services like Visiting Neighbors to help maintain seniors in their own cherished homes. It just makes sense!

Our volunteer visitors also serve as extra eyes and ears for our professional staff, alerting us immediately of any change in a senior's mental, physical or emotional condition so they can get the attention they need promptly, before irreversible damage is done. The seniors look forward to visits and calls from their Visiting Neighbors' volunteers as the only respite in their lonely lives. As 96-year-old Rose often says to us, "Visiting Neighbors is the only family I've got."

From the onset of the Pandemic, last March, through present day, Visiting Neighbors has been active and open with staff in the office and has continued operating regularly, with the provision of certain restrictions put in place by the CDC. Protocols have been kept in place (and regularly updated) to keep everyone (volunteers, seniors and staff) as safe as possible.

- As of June/July 2020, as medical appointments and procedures were on the schedule again, volunteers resumed **escorts for seniors for their medical appointments and procedures**. When needed, seniors have also been escorted to/from the polls for voting, banks and other vital errands. For those unable to go out volunteers helped seniors with mail in ballots, drop offs to post offices, getting seniors' pets to vets, picking up from pharmacies and delivery of those medicines and other medical/ health related supplies and getting/ bringing seniors mail to them when they couldn't leave their apartments.
- **Contactless Shopping/ Errands** for Visiting Neighbors' seniors have continued since the start of the pandemic. Access to food and essential supplies continues to be a main focus, as does, having seniors maintain connections to the outside, others and correct health information. We continue working with other charities, one of which delivers "gourmet meals" to our seniors who are in their catchment area. Those seniors really looked forward during this crisis to the delicious meals they received – especially the Saturday meals. We have delivered traditional Thanksgiving dinner with all the fixins' prepared by local chefs/restaurants for our seniors and we continue to work with local restaurants that have been able and willing to donate meals to our seniors that our volunteers then deliver.
- In an abundance of caution for both our seniors and volunteers, **Friendly Visiting** has happened with some necessary restrictions (volunteers setting up chairs in hall ways, visiting with the needed distance in lobbies or visiting at home with PPE and with the proper 6ft distance).
- Our **Telephone Reassurance** program has been operating in full force since the start of the pandemics. Volunteers and staff contact seniors who were/are feeling isolated, very lonely and afraid or want a check-in call to get updated information or to make sure they are ok.
- **Health and Wellness and Info:** To further assist our seniors we regularly keep in touch with them. Visiting Neighbors sent out numerous mailings from July 2020 to present, to 1400 neighborhood seniors that included safety information, health and wellness tips including staying calm, coping with depression and

communications with medical professionals, in home (easy, some chair exercise and stretches) exercises and mental stimulation through games, quizzes, puzzles and riddles. Staff has done a lot of cheering up – not only seniors, but to volunteers (ages 17- 78), who also expressed sadness, anxiety, depression, anger, rage, fear and frustration. We reminded everyone around us that we were open and are here to assist them whenever they needed us.

- As some of our more ambulatory seniors began suffering from “cabin fever”, weather permitting and if they felt well enough to go out with both volunteer and seniors were using PPE (donated, purchased and hand-made PPE) distributed by staff, we began a ***Therapeutic Walking*** program. Volunteers take seniors out for a walk and maybe a short time sitting on a park bench.
- As Visiting Neighbors has done for many years, but even more essential now; we continue to celebrate a senior’s birthday with sending personalized cards and a special tribute to a senior reaching 100 years old by joining our *Centenarian Club*, which currently has a dozen members. We honor all of our seniors and support them as they struggle with the normal and not so normal challenges of aging. The majority of our 700 regular clients are amongst oldest –older (85+) and members of our *Fortitude Circle*. Local schoolchildren created year-end 2020 Holiday cards and Valentine’s cards which were sent to each of our seniors, who love the remembrance.
- We also dealt with a lot of mourning and grief (some caused by COVID-19) and all the painful emotions that go with it and have provided individual emotional support to seniors and volunteers who have suffered loss of spouse/partner, child, sibling or other relative, friend, neighbor or pet.
- For the New Year (2021), Visiting Neighbors delivered care packages/gift bags which were filled with *practical items*: face masks, hand sanitizer spray and lotion, moisturizing hand cream, lip balm, hand soap, socks, writing paper, pens, and with *fun items*: tins of butter cookies, coffee, tea, a hand knitted scarf or hat and other toiletries.
- Recently, with the availability (albeit limited) of the vaccine, we have been able to accompany our seniors to their vaccination appointment(s).

We are dependent on the support of the Council. Discretionary funds have helped us stay in business so we can keep our seniors safe and at home. We are most grateful for the funding to support our nursing and wellness program (a lifesaving program) we received through the *Senior Centers and Enhancement Initiative* – it along with our respective City Council Members discretionary funds and *Support Our Seniors Initiative* have indeed been a lifesaver – enabling us to continue to keep our doors open and to provide essential services to our frail and vulnerable elderly neighbors.

We have found that many of our seniors, in general, avoid going to the doctor when they are sick because they are afraid that they will be sent to the hospital and that once they are hospitalized, they will never return home. COVID-19 has exacerbated this issue.

Visiting Neighbors' core services include:

- **Friendly Visiting** and **Telephone Reassurance** to relieve isolation and loneliness.
- **Shop and Escort Service** to enable seniors to get to medical or other important appointments safely and confidently, and to help them with shopping and errands.
- **Remembering Special Occasions** -Visiting Neighbors personally recognizes seniors' birthdays, holidays and other special occasions.
- **Nursing Program and Better Health Awareness Programs** - Student nurses, under the supervision of their professor and Visiting Neighbors staff, provide wellness visits, check medications, medication reconciliation, check their blood pressure, check apartments for and remove safety hazards, help seniors ask questions and better communicate with medical professionals.
- **Health Advocacy and Wellness Programs** to further enhance the lives of seniors:
 - encourages the seniors to speak to and or see their doctors,
 - discusses not ignoring health warning signs
 - to eat better and be more health minded
 - to ask for help when they need it,
If hospitalized, visits them so the staff knows that someone is watching.
 - When discharged, assist to assure that proper support is in place.
- Last year prior to the pandemic, Visiting Neighbors' staff engaged over 500 seniors in wellness programs. Our programs from include a series of workshops on health-related topics such as nutrition, chair exercises and stress reduction. Currently we have been providing seniors on an individual basis and/or in very small groups with this information. Once we are able to have larger gatherings safely again, we plan to have more wellness programs in the year ahead on a variety of topics including:
 - heart health
 - oral health
 - stretching/chair exercises
 - stress management
 - nutrition
 - the importance of staying connected with others
 - staying strong as the seniors face physical changes
 - beating the blues
 - fall prevention
 - advanced directives
 - communicating more effectively with medical professionals
 - mental stimulation through games and conversation
 - emergency preparedness
 - venting feelings about the pandemic.

This year marks Visiting Neighbors 49th year of service to the community. We remain true to our mission of providing vital support services that help seniors remain independent, safe and able to live in their own cherished apartments. With the support of hundreds of dedicated volunteers, recruited, trained and supervised by our professional staff, our seniors get the help they need as they struggle with the inevitable challenges of aging, often alone. With our City Council's support our clients will not be alone and Visiting Neighbors can continue to serve as their life-line.

Visiting Neighbors' looks forward to helping the Council meet the seniors' growing needs. As our seniors are living longer, their needs often become more complex and require more time and attention. *Programs like Visiting Neighbors are compassionate, extremely cost-effective, and they work!* I hope that you will include these seniors and organizations like Visiting Neighbors in your plans and commit the needed resources. We need you and our seniors need us!

It is only with the support of the Council, the Speaker, discretionary funding from our legislators' initiatives and the money through the *Senior Center and Enhancement Initiative* that our seniors are given the attention they need to survive and thrive at home and that Visiting Neighbors is able to continue to do its vital work in our communities. We urge you to continue to provide funding and support for programs like Visiting Neighbors. Agencies like us must receive the support we need so we can help our City's elderly remain safe, healthy and confident with the knowledge that they have not been cast aside by society.

We are appreciative of the support of the Council. *We know you get it.* We are counting on you again as we go forward, so we can continue to help our City's seniors survive and thrive. *Together we make a huge impact on the lives of our elderly neighbors' and enable them to remain independent, active, safe, at home and connected members of our community.*

Thank you so much!

Cynthia Maurer, Ph.D.
Executive Director
Visiting Neighbors, Inc.
3 Washington Square Village, Suite 1F
New York, NY 10012
(212) 260-6200
www.visitingneighbors.org



Visiting Nurse Service of New York
220 East 42nd Street
New York, NY 10017
www.vnsny.org

NYC Council Budget Hearing for the Committee on Aging

Visiting Nurse Service of New York (VNSNY)

Support for NORC Nursing Services

Wednesday, March 10, 2021

Good Morning Chair Dromm, Chair Chin, and Members of the New York City (NYC) Committee on Aging. My name is Rhonda Soberman, Manager of Program Development for VNSNY and I appreciate the opportunity to testify today. As in previous years, I want to share the importance of the work VNSNY does with our Naturally Occurring Retirement Community (NORC) program partners in 30 NORC programs - covering 22 NYC Council Districts - as well as our work at the VNSNY sponsored Chinatown Neighborhood NORC (N/NORC). In order to continue this important work, VNSNY, our NORC partners and other NORC nursing providers are asking the NYC Council to **reallocate \$1.3 million in funding for all NORC nursing services.**

VNSNY, as the largest free-standing not-for-profit home and community-based health care organization in the United States, touches the lives of more than 44,000 patients and health plan members each day through the many programs and services provided in the home and community of those in need of health care services. For over 125 years, VNSNY has been there for New York during many of its biggest public health and natural emergencies – COVID-19 hasn't been any different – since *March 2020, VNSNY has cared for more than 5,000 New Yorkers.*

Since my comments last year, the world has dramatically changed, and the services delivered by VNSNY NORC nurses have become even more critical for seniors living in NORC locations. By the end of Fiscal Year (FY) 2021, VNSNY NORC nurses will have provided more than 12,000 hours of NORC nursing services. The Council's funding enabled our NORC nurses to assist seniors throughout the COVID-19 pandemic. Our goal was to help seniors – especially those suffering from chronic health conditions – avoid unnecessary emergency room (ER) visits and hospitalizations which could place them at greater risk.

VNSNY is also a frontline Neighborhood NORC provider in the Chinatown community (Chinatown N/NORC), serving more than 650 low-income, non-English speaking residents residing in tenement housing. By communicating with members in their primary language and providing advocacy on their behalf, we continue to address the needs of this vulnerable population throughout the public health emergency (PHE).

Impact of NORC Nursing

NORC programs provide critical social services and health care linkages that support successful community living – especially during PHEs. The NORC model focuses on both the health and social needs of senior residents in their housing community and is one of the most effective ways of providing support for a growing aging population. NORC programs develop “community” and promote the concept of neighbors helping neighbors to encourage healthy aging in their community.

NORC nursing focuses on client assessment, health education, health resources, health care advocacy, and linkages to necessary health care services. The concept of a “team approach to care” is very significant in the NORC model. The nurse is a valued and important member of the interdisciplinary team, helping staff and clients alike better understand health-related issues and

concerns and their impact on the client's ability to remain at home. NORC nurses develop important relationships with community residents and work to empower residents to address their chronic health conditions. All these efforts are aimed at reducing unnecessary ER visits and avoidable hospitalizations, while increasing positive health outcomes and resident satisfaction.

NORC Nurses Supported Vulnerable Seniors Throughout COVID-19

This PHE made this abundantly clear: More seniors with greater healthcare needs will get their care in their homes instead of in healthcare facilities. The NORC nursing program has been there for our seniors throughout the pandemic. During the early months of COVID-19, we quickly transitioned from in-person to telephonic and telehealth services for our NORC clients. As concerns and misinformation grew about COVID-19, VNSNY NORC nurses, in coordination with our social service partners sponsored events and distributed factual information to dispel myths and educate residents of practical ways to stay healthy and address their health concerns.

Our NORC nurses helped clients get the healthcare services they needed when doctors' and other healthcare providers' offices were closed or operating under reduced hours. In one case, a NORC client was trying unsuccessfully to reach his doctor about a health care issue of concern. Our nurse, Dana Evans, addressed his frustration and anxiety and offered to advocate for him. With her assistance, he was able to secure the information from his doctor and reduce his anxiety.

Our NORC nurses also empower seniors to become partners in their own care – a critical element to successful aging in place. Before the pandemic, VNSNY NORC nurse Nicole Alvarez, who serves many residents whose primary language is Spanish, educated her clients to use the health equipment they have at home, such as blood pressure monitors and pulse oximeters. That teaching proved critical during the PHE. Nicole worked closely with members as they monitored their own vital signs. She was able to assess their health over the phone and link those in need to medical care.

Community Partnership with NORCs

We also support our NORC partners' request for \$1.7 million in funding to address the NORC salary parity for NYC Department for the Aging-funded (DFTA) NORCs. UNH, UJA-Federation of NY, and LiveOn NY found that NORC staff salaries are roughly \$15,000 lower, on average than senior center salaries. We witness every day the strong commitment of the NORC staff, however, faced with below-average salaries, they leave for other positions.

Conclusion

In summary, we urge the City Council **to renew the \$1.3 million in funding for the NORC nursing services** so that VNSNY and other local healthcare providers can continue to promote health services in these communities. In addition, please provide funding to allow salary parity for NORC workers. We know our social service partners share our concerns about the potential gaps in care if the appropriate funding is not continued in FY2022 to support NORC programs. In 1893, VNSNY founder Lillian Wald brought compassionate care to low-income, needy families living in the tenements of lower Manhattan. N/NORCs are the "natural" outgrowth of the longstanding commitment the City, the City Council, and the NYC DFTA have demonstrated to help our seniors live and thrive in the communities they call home.

Thank you for your continued investment and look forward to working with the Council to ensure that our seniors have the appropriate nursing and social services they deserve.



**City Council FY22 Preliminary Budget Hearing
Committee on Aging
March 10, 2021**

Testimony of Myung J. Lee, President & CEO

My name is Myung Lee and I am the President & CEO of Volunteers of America-Greater New York, the local affiliate of the national organization, Volunteers of America, Inc. (VOA). I would like to thank the Chair of the City Council Committee on Aging, Council Member Margaret Chin, for the opportunity to submit my testimony.

VOA-Greater New York is a human services organization that operates emergency shelters, transitional housing, and permanent supportive housing in NYC, Northern New Jersey, and Westchester, providing housing to 11,000 New Yorkers annually. We specialize in housing and caring for seniors, veterans, survivors of domestic violence, persons living with HIV/AIDS, and persons with behavioral health and substance use disorders.

A study published by University of Pennsylvania in 2019 noted unprecedented levels of homelessness among the late Baby Boom cohort because they have faced economic disadvantage throughout their lives, having entered the labor force and housing markets facing back-to-back recessions in the late 1970s and early 1980s. This study, which was published 11 months before the first known case of COVID-19 in New York, projected there would be 18,000 homeless adults age 55 and older in NYC by 2030, based on historical trends and demographic data.

The pandemic has only accelerated housing instability trends, with roughly 10 million New Yorkers currently struggling with loss of income and mounting rent arrears, wondering if they will still have a home when the eviction moratoriums expire. As housing instability reaches historically high levels, the availability of affordable housing is steadily declining.

Significant cuts to the New York City Department of Housing Preservation and Development (HPD) FY21 capital budget, coupled with construction slowdowns and delays due to the pandemic, has made the City's affordable housing production goals—which were already ambitious to begin with—nearly impossible to achieve. The FY22 preliminary budget does not fully address the damaging cuts to HPD's FY21 capital budget, the effects of which will reverberate for years to come. Already, the waiting list for affordable senior housing is typically three to five years, if not longer.

Delays in the pipeline for affordable housing projects could not come at a worse time. COVID-19 has taught us that aging New Yorkers are particularly vulnerable during times of crisis. As of March 3, over 6,000 nursing home residents have died from COVID-19 in NYC. Given the shortage of affordable senior housing, elder New Yorkers who are homeless or at risk of becoming homeless will be forced to enter the municipal shelter system, where the age-adjusted COVID-19 mortality rate is roughly 75% higher than the citywide average. Two-thirds of older adults who are economically insecure are managing two or more chronic health conditions, placing them at even greater risk of severe illness or death due to COVID-19. It is imperative that seniors in NYC shelters are not forgotten as the City develops its plan to rapidly vaccinate homebound seniors.

Permanent supportive housing has been shown to increase housing stability and long-term positive social outcomes for older adults when compared to alternative forms of housing. The “supportive” aspect of this type of housing – wrap-around services including case management, assistance with benefits and entitlements, linkage to medical and behavioral health services and substance abuse treatment, and recreational and socialization activities – is a proven and cost-effective way to address chronic homelessness of single adults, who tend to experience higher rates of behavioral health and substance use disorders when compared with members of homeless families.

In just a few weeks, VOA-Greater New York will bring its newest supportive housing site for low-income seniors online. The development of East Clarke Place Senior Residence is a direct response to the housing crisis in New York City, and will address the growing demand for subsidized housing for older adults, helping them to “age in place” with the assistance of critical support services. The 14-story residence will provide permanent supportive housing for low- and very low-income seniors (aged 62+) in 84 units and for chronically homeless seniors in 37 units.

The building will feature 24/7 front desk security and concierge services, laundry rooms, well-lit stairwells, resident lounges, and a large community room that opens up to a landscaped courtyard. These features were designed with the unique needs of seniors in mind — to help ensure that they are safe, healthy, and connected to a caring community.

East Clarke Place serves as a model for how non-profits with expertise in the housing sector can partner with government to effectively meet the growing demand for permanent supportive housing. Financing sources for this \$69 million development project included Reso A grants from Council Member Vanessa Gibson and Bronx Borough President Ruben Diaz, HPD’s Senior Affordable Rental Apartments (SARA) Program, HDC’s Extremely Low- and Low-Income Affordability (ELLA) Program, NYS Energy Research and Development Authority Funds, and tax credit equity.

While we are proud that East Clarke Place Senior Residence is a place where seniors can age safely and with dignity, we were astonished and heartbroken to receive 26,000 applications, including 200 that were handwritten, for only 84 low- and very low-income units for seniors. This was a sobering reminder that there is a tremendous unmet need for affordable senior housing with on-site supports.

Later this year, we hope to begin development on Andrews Avenue South Senior Residence, which will provide permanent supportive housing to seniors in 118 units, 30% of which will be set aside for chronically homeless seniors. Although these units are desperately needed, this project is already experiencing delays due to the impact of COVID-19 on the City’s capital funding for affordable housing.

VOA-Greater New York is also the sole provider of supportive housing services in City-owned single room occupancy residences (SROs). Most of these SROs were not intended to serve as senior homes, but longer-term residents have aged in place due to the lack of alternative affordable housing options in NYC. We currently receive funding from the NYC Department of Social Services (DSS) to house and support this population, but the senior residents in our SROs require greater care than other residents, especially during the COVID-19 pandemic.

Our SROs do not yet meet the definition of a Naturally Occurring Retirement Community (NORC) and therefore do not qualify for NORC funding through the NYC Department for the Aging (DFTA), but we must expand upon existing programs to bring additional resources and supports to the senior population in our SROs. It is also crucial that the City’s plan to vaccinate homebound seniors prioritize seniors in SROs, where it is harder to maintain social distance due to shared kitchen and bathroom spaces.

The permanent supportive housing model is made possible through myriad contracts with City agencies that fund case management, behavioral health, and building maintenance, among other services. While we are grateful for the DFTA's bold efforts to ensure that seniors remain connected to the services they need during this pandemic, many seniors that we house and care for receive services through contracts with NYC DSS and Department of Health and Mental Hygiene, rather than DFTA. To address the urgent needs of seniors living in shelters and supportive housing, it is important that the nexus of agencies that contract with human services providers are adequately funded.

The implementation of austerity measures, such as removing COLA from the personnel services line of human services contracts or not honoring the Indirect Cost Rate (ICR) Funding Initiative for FY20, FY21, and future years, undermine the efficacy of the supportive housing model and threaten our financial sustainability as an organization, to say nothing of the financial security of our staff, who have been providing life-preserving services to our clients on the front lines since the beginning of this crisis.

I urge members of the Committee on Aging and their colleagues in the New York City Council to continue advocating for workers in the human services sector, who are the first line of defense in NYC during times of crisis and critical partners in the success of the City's affordable housing initiatives.

Respectfully submitted by:
Volunteers of America - Greater New York
135 West 50th Street, 9th Floor
New York, NY 10020



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**Testimony for the Committee on Aging
March 10, 2021**

Good afternoon Chair Chin and Members of the Committee on Aging. Thank you for your time and for this opportunity to share how [Women for Afghan Women](#) supports aging Afghan immigrant women in New York City and their needs.

As you all know, the past year has been incredibly hard on everyone, but especially the elderly in our communities. The **seniors in the Afghan immigrant community we serve were already vulnerable and isolated because of low income, illiteracy, and language barriers.** The pandemic has only exacerbated these challenges. However, in the midst of this crisis, our team stepped up and found creative ways to support our seniors.

Women for Afghan Women staff made sure our seniors had our **hotline number**. We extended hotline hours for them so they could reach our team any time. We also regularly reached out to the seniors to check in on their physical and mental wellbeing and any needs because the majority of them live alone.

In addition, Women for Afghan Women staff regularly explained the importance of social distancing and following official guidelines to minimize their exposure to COVID-19. We also offered to do grocery shopping for them and to pick-up and deliver groceries and medications to their homes to limit their exposure.

Thanks to the information Women for Afghan Women gathered during these regular outreach and check-ins, we were able to provide additional services and COVID-19 relief, including financial assistance through grants and partner organizations to **277 individuals**, care packages with essential items and PPE to almost **600 individuals**, assistance with completing and following up on their applications for SNAP and unemployment, accompanying them to their virtual appointments, and language assistance.

Women for Afghan Women's [New York Community Center](#) is the **only social service organization serving the Afghan community in New York City**. In addition, we serve South Asian, Arab, and other Muslim immigrants thanks to our team's language proficiencies in Dari, Farsi, Pashto, Hindi, Urdu, and English. Last year, Women for Afghan Women supported the highest number of New Yorkers to date, taking on over **4,100 client intakes** and transitioning our **15 programs virtually**. This included our seniors support program for women.

At first, we were not sure how the transition would go but we were determined to make it work because all of the seniors wanted to continue the program. And so our team taught them



how to use Zoom, which entailed one-on-one instruction on how to install the app and join Zoom meetings. Our team also spoke with family members to provide assistance if needed.

The virtual program has been incredibly successful. During this challenging time, WAW witnessed our seniors' resilience as they learned to use technology, adapt to new ways of socializing, and **prioritize themselves to improve their quality of life**. Through the program, the participants met new friends and cultivated a supportive community by sharing their personal stories of struggles and triumph. In addition to reaping benefits, they also learned to support one another through challenging times.

Multiple participants had lost family members due to COVID-19 and were able to find **comfort and support** through the seniors program. One of the participants lost her nephew to COVID-19 in Afghanistan. This was her first year participating in the program. She did not live with her family and was feeling very alone as she mourned his sudden death.

During the weekly meetings, she began to open up and share her story gradually. The program gave her the space to express her emotions, share her heartbreak, and find much-needed encouragement from her new friends. She said the weekly meetings had become **therapeutic** and helped her overcome her difficult circumstance.

Nadera is another participant in the program who had also lost family members during the pandemic. Her sister and brother-in-law passed away within a day of each other. She was heartbroken by this sudden loss and felt very helpless. Some of the program members organized a **safe visit to provide Nadera with community and support**. They all cooked food and hosted a special lunch outside her home to uplift her spirit.

Another participant was able to advocate for herself after **learning about elder abuse** through the program. This participant lives in a joint family household with her son and his family. During the pandemic, the family had gone shopping and began to use her bedroom as a storage room to keep household items. She was no longer able to enjoy her bedroom as a space for herself. After learning about elder abuse, she spoke up about this issue and how it was bothering her. She successfully set a boundary and told the family that her room is not a storage room. Once she expressed her feelings and connected to what she learned in the class, the family quickly changed their behavior and respected her space. She proudly shared this story with everyone and was thankful to the program for **teaching her to advocate for herself** and successfully deal with the issue.

Finally, one other participant in the program lives with her adult daughter who has Down syndrome. She is the sole caretaker of her daughter and often feels overwhelmed and isolated.



During the lockdown, she was isolated from everyone and feeling very depressed. **She shared that once the program started last year, it took her out of her depression.**

Through the program, she learned about the **benefits of yoga and meditation**. She now practices yoga and meditation every day and credits it to helping to improve her overall mental health. For most of her life, she has focused on caring for her daughter and her family. She has now learned the importance of self-care and plans her weekly duties ahead of time to set aside her Thursdays to regularly attend and actively participate in the program.

She finds the hours spent with her friends and Women for Afghan Women staff members to be therapeutic and provides her a positive outlook on life. Additionally, she has found a new community of friends who encourage and cheer her on as she learns new ways to socialize and **reduce feelings of isolation.**

These are just a few of the stories that exemplify **how our seniors program met the needs of this past year**. Each participant was able to take the lessons and skills learned from the program and incorporate it into their lives. Our team has noticed how our seniors have gained the **confidence to advocate for themselves** and focus on the positive aspects of their lives.

Women for Afghan Women is determined to continue providing **side-by-side support to our seniors and continue our seniors support program for women**. In a few weeks, we will start our **education and awareness activities on the COVID-19 vaccine** to provide factual information and answer any questions they may have. For the seniors who need help getting the vaccine, our team will **assist them with setting up an appointment**—especially for those who cannot read or speak English—and we will connect them to safe transportation. Women for Afghan Women will do these activities and outreach through our phone hotline and virtual events. We will also reach out to seniors directly to make sure they are safe and informed.

2021 will be an integral year for all New Yorkers. Women for Afghan Women will do everything we can to provide our community with the resources, services, and assistance needed **to recover from the devastating impacts of the pandemic.**

Your support will be imperative in supporting underserved aging New Yorkers, as we navigate recovering from this crisis together. We hope to be a partner in the City's recovery efforts.

Thank you for your partnership and for your time and consideration today.

**Testimony before the NYC City Council
Committee on Aging**

Preliminary Budget Hearing

March 10, 2021

Wendell Walters, Senior Policy Associate
Center for Justice Across Generations
The Osborne Association

Thank you for the opportunity to speak with you today. My name is Wendell Walters, and I am a Senior Policy Associate at the Center for Justice Across Generations at the Osborne Association. Osborne provides a wide range of diversion and reentry programs at sites in the Bronx, Brooklyn, Harlem, Buffalo, and Newburgh, as well as services at thirty-two (32) New York State prisons and six (6) New York City Jails including Rikers Island.

My testimony focuses on older adults returning from incarceration. Today there are more than 8,000 people over age 50 in New York State prisons. They are 25% of our State's prison population. At the time of our latest report from state corrections, there were more than one thousand (1,000) men and women aged 50 and over returning to New York City from state prison each year.

We want to thank the City Council, the Committee on Aging, and its Chair Councilmember Margaret Chin. In particular I would like to thank Councilmember Danny Dromm for his attention to this issue and passing the Compassionate Assistance for Returning Elders Act, which established a temporary inter-agency task force that includes the Department of Aging that examines the needs of older adults post-incarceration. Although the Task Force has not been able to consistently meet over the past year due to the COVID crisis, headway is now being made to issue elder reentry recommendations around issues of housing, healthcare and the expansion of existing services in the coming months.

Osborne is seeking City Council funding in the amount of \$150,000 for our Elder Reentry Initiative (ERI). My written testimony provides greater detail about the program that I will later submit for the record. ERI is a program that provides case management and support for elders returning to New York City from City jails and State prisons. Since FY17, ERI has served more than 400 elders with transition planning, referrals to health services, housing, peer mentoring, social isolation support, and a wide range of other support in the community, while maintaining a recidivism rate for those released from prison of less than 2%.

Osborne also works to improve community receptivity and access to responsive geriatric services for elders. We partner with senior centers to increase referrals, cross-train service providers in gerontology/healthy aging and criminal justice/corrections to ensure City agencies and providers are better able to address the co-occurring challenges. Osborne is developing our own replicable models of reentry housing for returning elders. We have begun construction on the Fulton Reentry Center (opening 2022), a former work release facility turned community

hub in the Bronx that will have 135 transitional beds and programs for formerly incarcerated people. We expect to complete construction on Fulton in 2022.

As an example of the great work that the program does, I want to tell you a true story that illustrates the challenges reentering elders face, particularly during the pandemic, and the need to expand our program.

John is a 62-year-old man who enrolled in Elder Reentry Initiative services at Fishkill Correctional Facility. Originally from Brooklyn, he had served 35 years in prison and had previously been denied parole five times. Elder Reentry Initiative conducted a cognitive assessment that revealed undetected executive functioning issues and that, despite recently passing his high school equivalency exam at 60 years old, he is almost illiterate. When they first met John, Elder Reentry Initiative staff thought he was an excellent candidate for Parole. He expressed responsibility and heartfelt remorse for his crime, and participated in years of therapy in prison to address that harm and his own trauma. The Parole Board agreed and John was granted release at his March Board meeting, with a release date set for May 2020.

Between the time of John's enrollment in the program and his appearance before the Parole Board in March, New York's prisons and jails had their first cases of COVID-19. So, our staff (at that point unable to meet with John in person) were concerned about his safety. They knew that a man of his advanced age and compromised health could be in danger of the worst effects of the virus. They immediately approached the Parole Board to advocate for John to be released as soon as possible, and simultaneously worked with his family and service providers at home in NYC to develop a comprehensive plan for his housing and other needs. Because of the quality and comprehensiveness of the plan, and the assurance that ERI would provide on-going support, the Parole Board allowed John to be released in April. His family had insisted that he go home to live with his elder aunt in Brooklyn, in spite of our suggestion that John first quarantine in an Office of Emergency Management (OEM) hotel in case he had been exposed to the virus. After a few weeks at home with his aunt, John tested positive for COVID-19, and his aunt asked him to leave immediately out of fear for her own health. Elder Reentry Initiative staff then went into action, immediately connecting him to OEM emergency hotel housing and the services there. We were also able to enroll him in the Returning Citizen Stimulus Program through our partnership with the Center for Employment Opportunities, which gave him three months of emergency income.

John has recovered and is doing well, and has returned to live with his aunt. Elder Reentry Initiative staff will continue to check in with John and his family and

provide support. However, because of his literacy challenges and cognitive functioning issues, we know that accessing services and maintaining social connections will be an ongoing challenge for John.

Thank you for your consideration and support of those like John who need assistance and deserve a chance to live out the remainder of their lives in the community, as healthy and happily as possible. With the Council's support, we hope to take the Elder Reentry Initiative to scale and to see New York City build a nationally replicable model for addressing this growing crisis.