

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON AGING

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June 22, 2021  
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HELD AT: Remote Hearing, Virtual Room 2

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

COUNCIL MEMBERS: Margaret S. Chin  
Diana Ayala  
Selvena N. Brooks-Powers  
Eric Dinowitz  
Ruben Diaz, Sr.  
Mathieu Eugene  
Mark Treyger  
Paul Vallone

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

Jocelyn Groden  
Assistant Commissioner for Social  
Services and Direct Services  
Department for the Aging

Tara Klein

Kevin Jones

Rhonda Silverman

Dorothy Jiang

Brianna Paden-Williams

Melissa Sklarz

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SERGEANT AT ARMS: Cloud recording is up.

SERGEANT AT ARMS: Sergeants, can you start your recordings.

SERGEANT AT ARMS: The backup is rolling.

SERGEANT AT ARMS: Sergeant Martinez, can you give us the opening, please.

SERGEANT AT ARMS MARTINEZ: Good morning and welcome to today's remote New York City Council hearing of the Committee on Aging. At this time would all panelists please turn on their video. To minimize disruption please silence your electronic devices, and if you wish to submit testimony you may do so at via email at the following address: testimony@council.nyc.gov. Once again, that's testimony@council.nyc.gov. Thank you for your cooperation. We are ready to begin.

CHAIRPERSON CHIN: OK. [gavel] Good morning. I'm Council Member Margaret Chin, chair of the Committee on Aging. I would like to thank all of you for joining us on Primary Day. I hope you are voting. If not, please get out to vote. For this important oversight hearing on serving seniors and senior residents and communities during the pandemic. It's important to assess the things the city has

1  
2 effectively done to serve our city's senior during  
3 this time and also to look at the ways in which the  
4 city has failed this population. I have start,  
5 stated many, many years emphasizing that the older  
6 adult population is the fastest-growing group in the  
7 state, and I'm gonna do so again today. Let me  
8 repeat. Older adult are the fastest-growing group  
9 not only in New York City, but in the entire state.  
10 Over the last 10 years the older adult population in  
11 New York State has grown by 26% to 3.2 million. A  
12 third of that population lives in New York City. New  
13 York City is home to approximately 1.2 million adults  
14 who are 65 and older. And that number is growing  
15 rapidly across all five boroughs. New York City is  
16 aging, so when we think about the services that city  
17 needs to provide New Yorkers it is extremely  
18 important that we identify and respond to the unique  
19 needs of seniors. For example, seniors tend to have  
20 a higher risk of social isolation and mental health  
21 challenges. They face limitation in daily  
22 activities, unique health needs, and specific  
23 economic challenges. Older adults are often  
24 responsible for taking care of grandchildren under  
25 the age of 18 and providing caregiving to loved ones

1 or friends who have long-term illness or disability.  
2 They are more likely to have chronic disease, such as  
3 diabetes, heart disease, and high blood pressure, and  
4 face high rates of food insecurity. This mean that  
5 as the city population ages the city needs to fund  
6 and create new services and resources that take into  
7 consideration these factors. During the pandemic the  
8 city, the Department for the Aging, and the city's  
9 senior services provider have felt the consequences  
10 of not thoroughly preparing for the realities of an  
11 aging New York. It's true that DFTA has provided  
12 critical services to our seniors during the pandemic.  
13 [inaudible] access food through its former DFTA  
14 Direct home-delivered meal program has helped  
15 coordinate moving its programming and friendly  
16 visiting services from in-person to online, and has  
17 worked with NYCHA to distribute 10,000 tablets to  
18 NYCHA seniors, and has worked with variety of senior,  
19 city agencies and organization to connect seniors to  
20 vaccination appointments. However, while DFTA has  
21 done its best to provide these services to seniors  
22 during the pandemic, it is the senior services  
23 providers who have filled in the gap in services. It  
24 is our senior service providers who have helped  
25

1 seniors eat by providing nutritious, reliable, home-  
2 delivered meals. It is the provider who have helped  
3 seniors keep informed by communicating information  
4 about the pandemic and vaccine and city services.  
5 And it is our providers who have helped seniors  
6 combat social isolation and boredom by providing  
7 online programming and socialization activity after  
8 the physical closure of our senior centers. Our  
9 senior service provider are our heroes and DFTA has  
10 often made it difficult for them to do their job.  
11 DFTA has faced criticism for lack of communication  
12 and lack of transparency in announcing and challenge,  
13 and changing their plans. It has been unclear about  
14 funding for basic need, such as PPE reimbursement and  
15 the entire RFP process has been prolonged, confusing  
16 mess. The agency has also faced criticism for DFTA's  
17 Direct, which often deliver food, poor meals, or did  
18 not deliver meals at all. And for the Get Cool New  
19 York City program, which was meant to deliver air  
20 conditioning to low-income seniors last summer and  
21 instead left many seniors stuck indoors in the heat  
22 without air conditioning units at all. It is further  
23 unclear how DFTA has reached out to seniors not  
24 officially connected to the system over the past year  
25

1  
2 and what changes, if any, the agency has made to  
3 serve seniors in future emergency situations. Today  
4 the committee wants to hear about it all. We want to  
5 hear about the full scope of what DFTA has provided  
6 to seniors, especially those in senior residents and  
7 senior communities during the pandemic. What  
8 challenges they face, what its success have been, and  
9 what failure this agency has identified. We want to  
10 know what lesson DFTA has taken away from the last  
11 year and what policy changes or new initiative have  
12 resulted from those lessons. We also want to learn  
13 from others and senior center providers what did the  
14 city get right during the pandemic and what did it  
15 get very wrong. What unique frustrations and  
16 struggle did our seniors and provider face during  
17 this time, and what changes need to be made so that  
18 if we ever, ever face a crisis like this again we  
19 will be ready to serve our seniors. I'd like to  
20 thank the committee staff for their help in putting  
21 together this hearing, our counsel, Nuzhat Chowdhury,  
22 finance analyst Daniel Crew, and finance unit head  
23 Doheny Sapora. I'd also like to thank my deputy  
24 chief of staff, Hannah Irvin, and I wanted to, ah,  
25 thank our committee member who have joined us today,

1  
2 Council Member Diaz Sr., welcome, and, ah, I'll turn  
3 it back to the, our committee counsel. And thank you  
4 to all the sergeants for helping [inaudible].

5 COMMITTEE COUNSEL: Thank you, Chair. I  
6 am Nuzhat Chowdhury, counsel to the Aging Committee  
7 of the New York City Council. I will be moderating  
8 today's hearing and calling on panelists to testify.  
9 Before we begin testimony, I want to remind everyone  
10 that you will be on mute until you are called on to  
11 testify. After you are called on you will be unmuted  
12 by the host. Um, I will be calling your name, so  
13 please listen for your name. After you are called on  
14 you will be unmuted. During the hearing if council  
15 members would like to ask a question please use the  
16 Zoom raise hand function and I will call on you in  
17 order. We will be limiting council member questions  
18 to five minutes. This includes both questions and  
19 answers. Please also note that for ease of this  
20 virtual hearing we will not be allowing a second  
21 round of questioning. All public testimony will be  
22 limited to three minutes. After I call your name  
23 again please wait a brief minute for the Sergeant at  
24 Arms to announce that you may begin before starting  
25 your testimony. I will now call on the following

2 members of the administration to testify. Jocelyn  
3 Groden, associate commissioner for social services  
4 and direct services, and Sarah Sanchala, director of  
5 government affairs. I will read the oath and after I  
6 will call on each of you to individually respond. Do  
7 you affirm to tell the truth, the whole truth, and  
8 nothing but the truth before this committee and to  
9 respond honestly to council member questions?  
10 Assistant Commissioner Groden?

11 ASSOCIATE COMMISSIONER GRODEN: I do,  
12 yes.

13 COMMITTEE COUNSEL: Sarah Sanchala?

14 DIRECTOR SANCHALA: I do.

15 COMMITTEE COUNSEL: Thank you. Assistant  
16 Commissioner, you may begin when ready.

17 ASSOCIATE COMMISSIONER GRODEN: Good  
18 morning, Chair Chin and members of the Aging  
19 Committee. I am Jocelyn Groden, associate  
20 commissioner for the Bureau of Social Services,  
21 Direct Services, and Elder Justice at the New York  
22 City Department for the Aging, DFTA. Thank you so  
23 much for the opportunity to discuss our older adult  
24 services, how we pivoted and adopted to COVID, and,  
25 and the wonderful work we've done to support older

1 adults during this difficult time. A special shout-  
2 out to Primary Day and, um, hope everyone has the  
3 chance if you have not already done so to get out the  
4 vote. DFTA offers a wide range of services to older  
5 adults to meet the varied needs of people over 60.  
6 As, as the counsel, as the chairwoman, um, spoke  
7 about there are such a range of needs and supports  
8 that DFTA provide. I'm very proud of the work that,  
9 that DFTA has done during this time and in general.  
10 Our services have remained available and open to all  
11 New Yorkers during the COVID-19 pandemic. Over the  
12 last year DFTA and our providers have transitioned  
13 programs and services as needed to respond to the  
14 public health needs of the older adults, including  
15 moving to virtual- and telephone-based engagement.  
16 These services include, but are certainly not limited  
17 to friendly visiting, geriatric mental health,  
18 caregiver support, case management, home care, the  
19 Elderly Crime Victim Resource Center, the Grandparent  
20 Resource Center, our Health Insurance Information  
21 Center, and the development of new programming, such  
22 as our fraud prevention and empowerment series that  
23 was initiated through our Elder Justice Group and our  
24 new Friendly Voices Program, a model which strives to  
25

1 combat social isolation. Directly and through our  
2 robust and critical provider network we support plans  
3 in accessing resources and navigating complicated  
4 system, such as SCRIE applications, applications to  
5 senior housing, help identifying housing resources,  
6 and other needed services that support older adults  
7 to remain safely and fully in the community. Last  
8 year during the pandemic DFTA worked with the New  
9 York City Housing Authority, NYCHA, to deliver 10,000  
10 tablets to households with people age 60 and older  
11 who did not have devices and included a year of free  
12 Wi-Fi, training, and help desk support. Through our  
13 contract with Older Adult Technology Services, often  
14 called OATS, training and technical assistance  
15 support have been provided to older adults on how to  
16 use devices and to answer user-specific questions as  
17 they arise. The Wi-Fi and technical support has now  
18 been extended for an additional year to allow older  
19 New Yorkers living in NYCHA to keep ongoing  
20 communication, connection, and access to virtual  
21 programming during the pandemic. DFTA has many  
22 partner shops to preserve housing for older adults, a  
23 need that we know is critical to all New Yorkers.  
24 One of those programs that's unique to DFTA is the  
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1 home sharing program. We have had a partnership with  
2 New York Foundation for Senior Citizens for many  
3 years and through this innovative program a host with  
4 an extra room can be matched with a guest who is  
5 seeking housing. At least one of the participants  
6 must be 60 and older and the other, um, is, is open  
7 for those that, that meet that matched criteria.  
8 Additionally, for older tenants facing eviction and,  
9 um, housing emergencies, they may be able to receive  
10 free legal and social services support through DFTA's  
11 Assigned Counsel Project, an important program in  
12 which DFTA has partnered with the civil, Civil Court  
13 of New York City to link and support older adults  
14 with legal services, programs, and supports they need  
15 to maintain their housing. And other supports, um,  
16 that we provide to help older adults remain active,  
17 vital, and safe in their community include programs  
18 such our senior employment programs, home care to  
19 help clients with managed personal care and  
20 housekeeping, classes, and recreation that maintain  
21 connection, creativity, intellectual engagement, um,  
22 and connection to basic needs like food as well as  
23 opportunities to participate and volunteer  
24 opportunities, including our intergenerational  
25

1 programs, such as Foster Grandparent Program.

2 Councilwoman Chin mentioned mental health, something

3 that is so important to us, um, and we realize how,

4 um, how important this need has come to the surface

5 during the pandemic. This pandemic has been a strain

6 on every single one of us, especially older adults

7 have been some of the most vulnerable, isolated,

8 impacted by the need to stay home, impacted by

9 profound experiences of grief and loss, disconnection

10 from their routines and face-to-face engagement.

11 Since the pandemic we've increased supports to

12 address the pandemic of social isolation. In March

13 2020 we launched our wellness calls to older adults

14 and to date have conducted more than 4.5 million

15 calls with over 200,000 unique individuals. These

16 calls continue to serve an essential purpose, not

17 only to engage and foster a connection with the older

18 adult who might be experiencing social isolation, but

19 to check in how they're doing and what they need and

20 to, and to form linkages to critical resources like

21 food, friendly visiting, elder abuse programs, mental

22 health supports, and more. In addition to DFTA's

23 geriatric mental health programs that support clients

24 who are struggling with mental health needs, such as

1 depression, anxiety, friendly visiting also serves as  
2 a mental health intervention to combat social  
3 isolation. The focus is largely on isolated, often  
4 homebound older adults who are connected with DFTA's  
5 case management programs. The program matches older  
6 adults who are experiencing the damaging effects of  
7 social isolation with well-trained, matched  
8 volunteers who spend time with them to provide  
9 meaningful social interaction around shared hobbies  
10 and interests. The program expand the older adults'  
11 connection to their community and helps them prevent  
12 the isolated, and helps prevent further social  
13 isolation, which can lead to things like depression  
14 and loneliness. During the last year these visits  
15 have continued and continue to operate virtually and  
16 telephonically to respond to the public health needs  
17 of older adults. We have some wonderful outcome  
18 data that shows the significant impact on both client  
19 and volunteer in terms of demonstrated reductions in  
20 feelings of isolation and loneliness. To expand  
21 support and address the social isolation and  
22 loneliness of a broader range of older adults who  
23 might not be homebound, DFTA during the pandemic  
24 launched a new iteration of this program called  
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1  
2 Friendly Voices, which was implemented in October  
3 2020. This program was established to transcend and  
4 open eligibility to a wider range of older adults and  
5 will remain virtual. Rather than the traditional  
6 friendly visiting that was attached to CMA, um, case  
7 management, this program is much more expansive and  
8 open and offers older adults the opportunity to be  
9 matched with a volunteer, a peer, or a small group to  
10 join together around conversation, connection, and  
11 shared hobbies and interests. The voices program  
12 currently has openings and we welcome older adults  
13 and volunteers to join. If you are interested please  
14 calling Aging Connect, which if you don't know the  
15 number is 212-244-6469. Home-delivered meals. Our  
16 home-delivered meals program is another vital  
17 component of DFTA's network of core services. Not  
18 only do home-delivered meals provide basic sustenance  
19 to homebound older adults across the five boroughs,  
20 the interaction with the delivery person which for  
21 many clients may be the only human interaction during  
22 the day, provides another level of support to combat  
23 social isolation, foster a connection, and connect  
24 the client. The number of meals delivered to  
25 homebound older adults increased 5% between fiscal

1 year 19 and 20, and in 2020 a total of 4,950,426  
2 meals were delivered by our incredible providers.  
3 Naturally occurring retirement communities. We also  
4 understand that many older adults are now living in  
5 natural-occurring retirement communities, often  
6 called NORCs. NORCs are unique in that they allow  
7 residents to access health and social services where  
8 they live. Services include health and wellness,  
9 fitness classes, case management, help accessing  
10 needed benefits and entitlements, education  
11 activities, interesting outings, volunteer  
12 opportunities. Across the city DFTA funds services  
13 for 28 NORCs and they're additional 32 NORCs that  
14 receive funding directly by the state or through  
15 discretionary funding through council members like  
16 you. Eleven NORCs are located in NYCHA developments.  
17 We are very excited about our RFP which recently  
18 closed and the amount of interest expressed in  
19 providing older New Yorkers with the services they  
20 need. Due to procurement rules, while we can't get  
21 into the details, we are very excited to see so much  
22 interest and application for RFP, and we will know  
23 more in the fall once applications are reviewed and  
24 awards are announced. Throughout the pandemic DFTA  
25

1 contracted NORCs like all of our providers, engaged  
2 with residents virtually and telephonically,  
3 responding to the public health needs while  
4 maintaining that vital connection. Some examples of  
5 the programs that DFTA funded NORCs included during  
6 the pandemic include exercise classes, nutrition and  
7 health webinars, concerts, and book clubs that took  
8 place in several different languages. Senior  
9 centers. We are thrilled that older adult centers  
10 now, as of June 14, just a few short days ago, were,  
11 are able to open as soon as they're ready for in-  
12 person engagement. We know the significant benefits,  
13 congregate gatherings, and look forward to our  
14 network being fully operational in the near future.  
15 During the pandemic older adult centers, many of  
16 which offered virtual programming, pivoted so quickly  
17 in response to the needs of the pandemic. For  
18 context, prior to the pandemic 47 senior centers and  
19 sites affiliated were providing virtual programming.  
20 That number as of April 2021 has grown to 273, with  
21 centers and their affiliated sites providing over  
22 117,000 virtual sessions, including fitness  
23 activities, arts and crafts, music, socialization,  
24 and other fun and interesting activities over  
25

1 platforms like Zoom and, and similar models. As a  
2 result, older adults now have a wide range of options  
3 and fewer barriers than ever to participation.

4 Centers are providing virtual programming in over a  
5 dozen languages. Virtual programming is one example  
6 of adapting to the changing needs of older adults.

7 We have learned the profound benefits of this option  
8 and look forward to continuing increased virtual  
9 programming, even as our older adult centers open.

10 As we prepare for the summer, the New York City  
11 Office of Emergency Management, NYCOEM, has also  
12 prepped their network of cooling centers for days of

13 extreme heat. Over 100 DFTA senior centers have  
14 opted in to serve as cooling centers through their  
15 program, of which 70, um, as of right now, are fully  
16 approved and ready to operate. Vaccination. As of

17 June 20, 73.6% of adults 65 and older in New York  
18 City have received at least one dose of the vaccine.

19 That's over 940,000 seniors. As COVID-19 vaccines  
20 rolled out our network, DFTA, with its providers  
21 mobilized to ensure that older adults had accurate  
22 information about the safety and efficiency of the  
23 vaccine and were able to access vaccines as easily as  
24 possible. Providers and DFTA staff across programs  
25

1 engaged with older adults to ensure that they knew  
2 about the vaccines and, where needed, that helped  
3 scheduling appointments or arranging transportation.  
4 Temporary on-site clinics were opened in NYCHA's  
5 senior and community centers and NORC buildings. In  
6 addition, as part of the task force on racial  
7 inclusion and equity, community-based organization  
8 initiative 30 of DFTA's case management and caregiver  
9 providers contacted their client and signed them up  
10 for vaccine appointments. When in-home vaccination  
11 started in March DFTA called all fully homebound  
12 clients to assist some with screening and facilitate  
13 appointments for those who are interested. The in-  
14 home program is currently available to New Yorkers  
15 who are fully homebound, 75 years and older, with a  
16 disability, a NYCHA resident, and others based on  
17 employment status. We have also been partnering with  
18 senior centers to have vaccine vans outside on  
19 location. Last week mobile vans were deployed at  
20 Washington Heights Community Service and Carter  
21 Burden, and this week, um, they will be at the Jewish  
22 Community Council of Greater Coney Island, Central  
23 Harlem Senior Citizen Center, and Korean Community  
24 Services of Metropolitan New York. The city is  
25

1 continuing its efforts to meet New Yorkers where they  
2 are in its robust mobile vaccination program. It has  
3 never been easier to get a COVID-19 vaccine in New  
4 York City, and we are very happy with the progress  
5 the city has made in terms of access, vaccine  
6 appointments, and we will continue to work with the  
7 VCC and our partners to focus on ensuring that every  
8 person who is ready and interested in getting a  
9 vaccination will have that access. The COVID-19  
10 pandemic has challenged us to do more under  
11 conditions that we could have never expected. The  
12 pandemic has reinforced how resilient older adults  
13 are and underscore the critical importance of  
14 community care. We're so proud of the work we've  
15 done in partnership with our providers and how they  
16 have adapted and responded to the needs of older  
17 adults. We look forward to continuing to grow  
18 supports and continue to evolve our work. As always,  
19 we are very grateful to the chair and the committee  
20 for your advocacy and continued partnership in  
21 support of older New Yorkers. Thank you so much for  
22 this opportunity to testify.

24 COMMITTEE COUNSEL: Thank you. We will  
25 now turn to Chair Chin for question.

2 CHAIRPERSON CHIN: Thank you, um, thank  
3 you, Associate Commissioner, thank you for your  
4 testimony. We've also been joined by Council Member  
5 Brooks-Powers, welcome. I know from your testimony,  
6 I mean, quite a lot has happened, ah, over the last  
7 year and I know that, you know, everyone, you know,  
8 from DFTA staff and the commissioner and all of you  
9 and the provider has done tremendous work, ah, for  
10 our older adult, ah, population. I'm gonna just  
11 start with a couple questions, just, you mentioned  
12 the RFP. I know that you cannot go into detail, but  
13 can you just tell us how many RFP applications, ah,  
14 did you receive? Ah, and like for the older adult  
15 center and for NORC can you give us that number?

16 ASSOCIATE COMMISSIONER GRODEN: Ah,  
17 personally while the procurement is still open we  
18 cannot share that information. But I will say that  
19 we are thrilled by the very enthusiastic response to  
20 the RFP and we look forward to reviewing applications  
21 and releasing more specific details as soon as  
22 possible.

23 CHAIRPERSON CHIN: OK, I'll look for, I'm  
24 looking forward to, um, to that conversation, um,  
25 because I know that I've heard from the commissioner

1  
2 that we have, ah, a lot of new applicant and, and  
3 much more applications. So, ah, I'm looking forward  
4 to that. But just to add to that, the amount of  
5 funding is not enough. We will get you that  
6 [laughs]. Ah, you were talking about an extensive  
7 list of all those services and new services that DFTA  
8 has provided during the pandemic. Um, and with what  
9 agency, um, did you partner with? And can you tell  
10 us like some of those services that you talk about,  
11 like Friendly Voices? We're talking about temporary  
12 and which one will be, will become permanent.

13           ASSOCIATE COMMISSIONER GRODEN: Thank you  
14 so much for that question. Um, so in terms of  
15 partnership we work so closely with our sister  
16 agencies, and from the beginning of the pandemic it  
17 really was, um, a very coordinated approach. In  
18 terms of our work with PEU, NYCHA certainly we work  
19 very closely with, NYPD, HPD, um, OATH. Ah, we  
20 continue to forge more and more partnerships and  
21 connections in terms of working together as one city  
22 to best support the needs of older adults and we  
23 appreciate that. It takes us coming together with  
24 our unique, um, specializations and services to, to  
25 really, um, provide the maximum level service and

1 support to older adults. Um, new programs that we've  
2 initiated during COVID-19, so the first thing, or one  
3 of the first things to be rolled out in addition to  
4 the food program will be the wellness calls. So, you  
5 know, we're very much adapting, as we have been,  
6 throughout the pandemic to the needs of older adults  
7 and more [inaudible] for them. So, um, for example  
8 we've recently seen with, ah, opening of services,  
9 ah, a [inaudible] of the number of weekly wellness  
10 calls. So that's something we're going to assess as  
11 we got and see where it fits in and, and what's  
12 supportive, um, to older adults as, as the system  
13 adapts, as they adapt. Um, things that we, um, are  
14 absolutely looking to keep in place, one of them will  
15 be Friendly Voices. Um, we think it's so exciting  
16 that we've transcended the eligibility of friendly  
17 visiting, which has been around and connected through  
18 our case management programs for many years, and this  
19 really allows more people to come in and be a part of  
20 this program that we know has, has meaning, has clear  
21 outcomes. Um, we've also applied a different lens to  
22 the program, looking at not only the traditional  
23 model, which I think you're familiar with, which is  
24 the volunteer and the older adult are matched around,  
25

1  
2 um, often shared interests, um, to a peer-to-peer  
3 model, and also looking at forming, um, online groups  
4 which older adults can help lead and foster a  
5 contribution. So that's something we're excited  
6 about and we want to continue to keep and evolve.  
7 Um, another new program that we're really excited  
8 about is the Chat With the Expert series. Um, we've  
9 been thinking and working a lot to evolve our Elder  
10 Justice Tour. Um, you know, obviously elder abuse is  
11 something we've been super concerned about always and  
12 particularly during the pandemic, where we don't  
13 have, you know, the same level of eyes on people.  
14 Um, so this is a great opportunity to talk to older  
15 adults, get them information about, um, different  
16 financial benefits and opportunity, as well as the  
17 rise of these awful frauds and scams that are out  
18 there, and connect them to information, whether it's  
19 health insurance, whether it's Medicaid to really  
20 learn more and to feel, um, knowledgeable and  
21 empowered. So this is a series that we've seen a lot  
22 of success, um, that we want to keep building upon,  
23 and then another thing which has been a huge, um,  
24 lesson learned I, I think, for all of us is this  
25 virtual space and what we can do with that, um, you

1 know, what, what a Zoom can offer. So even as  
2 incredibly excited as we are that the centers are  
3 moving, ah, ah, and reopening and that we can have  
4 the face-to-face, which is so, um, essential. We  
5 also see, whether it's interim illness, um, ah,  
6 terrible weather, um, you just don't want to leave  
7 the house today, that the virtual programming should  
8 really prevail and continue to evolve. Um, and we  
9 should use this opportunity to really break down the  
10 digital divide, which has existed way too long and,  
11 and I think we've made really significant inroads  
12 and, and hope to continue to do more.

14 CHAIRPERSON CHIN: Yeah, thank you. Um,  
15 I think on your, the wellness call, um, I mean, it's  
16 a huge number of calls, um, that were made that you,  
17 ah, talked about in your testimony. Can you tell me  
18 like who are the one that's making these wellness  
19 call and also what is content? Like what, what do  
20 they talk about, um, in this wellness call?

21 ASSOCIATE COMMISSIONER GRODEN: Yep,  
22 thank you so much. Um, so the vast majority of calls  
23 are made by our providers, um, most notably the older  
24 adult centers who have the, the largest number of  
25 sites, the largest number of clients, um, as, as well

1  
2 our case management, NORC, all, all of the providers,  
3 and, um, we also have a number of directly operated  
4 programs through the Department for the Aging. So I  
5 would say everybody who is a caseworker, who is  
6 working with clients, um, before the pandemic and  
7 when we were not able to convene in person, really  
8 adapted to a telephone or virtual-based model. Um,  
9 early on in the pandemic the focus was really around  
10 connecting with clients around basic needs, food  
11 insecurity, safety issues, um, you know, functional  
12 issues, um, so that we could, um, hear, hear what was  
13 needed and connect, um, older adults with vital and  
14 essential resources. Now that it's been over a year,  
15 um, those calls have, have really iterated and taken  
16 on, um, their own sort of flavor depending on the  
17 needs of the client, how often she wants to engage,  
18 what she wants to talk about, um, so I, I would say  
19 that really, while they're rooted in that sort of  
20 basic assessment and triage, um, they've really  
21 expanding to something much bigger, broader, client-  
22 centered.

23 CHAIRPERSON CHIN: OK, yeah, because I  
24 heard that also DFTA staff was also helping to make,

1           to make those wellness call in the beginning. I  
2           remember hearing that from the, ah, commissioner.

3                           ASSOCIATE COMMISSIONER GRODEN: Right...

4                           CHAIRPERSON CHIN: Um, do...

5                           ASSOCIATE COMMISSIONER GRODEN: ...that's  
6           right, and they still do. You know, I'm sorry, we  
7           have, you know, we have a senior employment and  
8           foster grandparent, the Grandparent Resource Center,  
9           our elder abuse group. We have a number of groups  
10          that work directly with clients who, who continue to  
11          maintain that connection.

12                          CHAIRPERSON CHIN: So has DFTA tracked  
13          the number of seniors served in over, ah, in the past  
14          year, ah, in terms of the number of senior  
15          participating in virtual programming and out of that  
16          like do you track like how many, ah, of those seniors  
17          are new to the DFTA system?

18                          ASSOCIATE COMMISSIONER GRODEN: We have  
19          over the pandemic seen an increase in clients that  
20          are engaged with our system. Um, the number  
21          increased, um, I believe it is about 13,000, um, who  
22          have been engaging in, in a variety of different  
23          spaces. It's been really interesting to see how, how  
24          more people have showed up, um, as a result of our  
25

1  
2 outreach, and I think our connection with our city  
3 and partners and, and so on, um, and have been  
4 engaged in, um, DFTA services. I, yeah, and, and  
5 just to confirm the number is 13,000, um, which is,  
6 um, and, and while we don't have the final data right  
7 now we expect the total clients served in fiscal year  
8 21 will be roughly 95% of fiscal year 19. So we are  
9 seeing it's, it's a little bit of, um, you know, a, a  
10 curve in terms of the increase during the pandemic,  
11 now we have seen, um, some decrease in demand um can  
12 I don't have the data right in front of me, but I, I  
13 do suspect that we brought a lot of new people in  
14 through our partnerships through, um, the increased  
15 diversity and creativity of our services and will  
16 continue to do so.

17 CHAIRPERSON CHIN: So the 13,000 that you  
18 talked about are the new people that participated in  
19 your virtual programming?

20 ASSOCIATE COMMISSIONER GRODEN: So the  
21 13,000 is a spike that we saw during fiscal year 20  
22 overall, systemwide.

23 CHAIRPERSON CHIN: OK. Um, the other,  
24 the other increases that we also saw that in that  
25 many of the GetFood program recipients, ah, connected

1 through, you know, um, senior residents and, and more  
2 than 33,000 individual over the age of, ah, 60 are  
3 still receiving the meals as of May 2021. How is the  
4 Department for the Aging planning to service these  
5 individuals and ensure that their needs are met when  
6 the GetFood program, um, inevitable will wind down?  
7

8 ASSOCIATE COMMISSIONER GRODEN: Right,  
9 thank you for that...

10 CHAIRPERSON CHIN: Do you know, do you  
11 know when the GetFood program is gonna end?

12 ASSOCIATE COMMISSIONER GRODEN: I, I  
13 don't. I, I would defer to the GetFood program. Um,  
14 we continue to work very closely with GetFood for any  
15 demands, um, that exceed our current services as they  
16 relate to food. We understand that GetFood continues  
17 to work very closely with the city to identify the  
18 possibility of sustained unmet food needs and we  
19 remain in close contact with them, so when they do  
20 start to transition off the program we'll be working,  
21 um, in close coordination with them.

22 CHAIRPERSON CHIN: I mean, your  
23 testimony, you're talking about the home-delivered  
24 meal program, um, you know, increase. Are we  
25 anticipating additional funding, um, to accommodate

2 the additional capacity of the home-delivered meal  
3 program?

4 ASSOCIATE COMMISSIONER GRODEN: Thank  
5 you.

6 CHAIRPERSON CHIN: Cause that's the, I  
7 mean, that's a, a great program that city has been  
8 operating. And I know that during the pandemic, um,  
9 you know, the DFTA did not want to sort of like mess  
10 with our program. I mean, they don't want to...

11 ASSOCIATE COMMISSIONER GRODEN: Right, we  
12 did not...

13 CHAIRPERSON CHIN: So that's a lot, a lot  
14 of seniors got tracked into the, the GetFood program,  
15 which in the beginning there were a lot of issues and  
16 problems, you know, food was not great and, and there  
17 was a lot of complaint. And so we wanted to make  
18 sure that a program that is running well, ah, that we  
19 have sufficient funding so that it can increase  
20 capacity because now you have connected all these  
21 seniors during the pandemic. Now they know about  
22 DFTA's system. They know about, ah, what the city  
23 has to offer, and so how do we make sure that we have  
24 the funding, um, in order to meet the capacity?

ASSOCIATE COMMISSIONER GRODEN:

Definitely agree. Um, HTM is a great program. We served over 22,000 clients from July to March through home-delivered meals. We are happy to report that 41.8 million dollars is in the executive budget for home-delivered meals. The executive budget allocation covers roughly 4.5 million meals that will be delivered to homebound seniors over the next fiscal year. Given that the pandemic created unprecedented demand for home-delivered meals, we anticipate that during the coming year our services will level back to pre-pandemic usage as things gradually open up throughout the city. We prioritized the safety and the needs of New Yorkers above all else and as such we're continually evaluating the situation with our partners to make sure we meet the needs of older adults. I'd like to add that we're happy to see that we have continued to see a leveling off of demand for services like home-delivered meals, which, which spiked rather fantastically early in the pandemic. Um, with the reopening of senior centers, the resumption of grab-and-go and congregate meals, um, the additional access to, um, those more traditional means of

1 accessing food has been established, been  
2 reestablished and we'll continue to work with GetFood  
3 and the city, um, to address any gaps. Um, of course  
4 the situation is fluid and we are, um, assessing, but  
5 we're definitely seeing again that, that curve, where  
6 there really was a spike and, and now, um, it's been  
7 declining.

9 CHAIRPERSON CHIN: OK. It might. I  
10 mean, it might not. I mean, you have all these  
11 seniors that were connected to the GetFood program  
12 and now we're phasing out GetFood we gotta make sure  
13 that they're taken care of. And also in the council  
14 we're still asking for, um, over 16 million dollars  
15 just to even get the cost of the, ah, the meal to be  
16 to be on par with the national average. Ah, so  
17 there's still a need for funding on that. Um, the  
18 other issue we, we talked about much earlier with,  
19 ah, you also mentioned about the mental health needs  
20 during the pandemic. Ah, did DFTA work, um, how does  
21 it work with Thrive, ah, NYC and what services, I  
22 mean, you talk about some services that was, ah,  
23 provided through the pandemic, the senior wellness  
24 calls and, um, so how do we, um, figure a way to  
25 really expand the services? Um, I know that we don't

1  
2 have, um, mental health services or geriatric mental  
3 health services in every older adult centers and the  
4 mayor is talking about social worker, ah, in every  
5 school and we should have social worker that can help  
6 senior with mental health issue in every center and  
7 every [inaudible]? Um, so how have, ah, DFTA worked  
8 with, ah, Thrive in terms of getting funding and  
9 getting support?

10           ASSOCIATE COMMISSIONER GRODEN: So we  
11 work very closely with the Mayor's Office of  
12 Community Mental Health, formerly known as Thrive.  
13 Um, they, um, really were key to initiating our  
14 geriatric mental health programs a number of years  
15 ago, um, something at the time that was so sorely  
16 needed and long overdue. So they've really, um, been  
17 incredible partners. Um, we also, they also support  
18 in our friendly visiting program, including, um, you  
19 know, helping us look at and move the data to, to get  
20 meaningful outcomes for clients and the volunteers.  
21 We, um, ah, something I, ah, I failed to mention  
22 earlier. We also worked with them to initiate the  
23 Rise Program, which is, um, something sort of in  
24 between the wellness calls and geriatric mental  
25 health, which are really supportive, um, calls for

1 clients' reassurance calls, um, that provide a soft  
2 touch mental health for, for clients that are not  
3 experiencing acute mental health issues. Um, we were  
4 in frequent conversations with Thrive and, um, and  
5 our city partners to continue to work together to  
6 evolve and expand these services, something, um,  
7 that's really important to, to both groups.

9 CHAIRPERSON CHIN: Um, I guess back to  
10 the, the home-delivered meal. I mean, do you have a  
11 plan in place in terms of how to, um, accommodate,  
12 you know, how to help support the increase in  
13 capacity if that happens? Ah, and I know that, you  
14 know, during the, the pandemic, one of the first  
15 thing that, ah, you know, after the, the, the grab-  
16 and-go was even talking to provider was some  
17 providers who have been, um, providing the home-  
18 delivered meal to their client and they said that  
19 they could do it with support. But they weren't  
20 getting the support. Like if you need more people to  
21 do the delivery, I mean, the city is hiring, you  
22 know, these delivery app people to deliver the  
23 GetFood program, but the senior centers weren't  
24 getting, ah, that support to help them. So right  
25 after, you know, we did grab-and-go for a little bit

1 and then it was like they got, providers go totally  
2 shut down and then everything got moved to GetFood,  
3 without giving our provider the opportunity, the  
4 support that they need to continue to serve, ah,  
5 their clients, 'cause that's what I'm hearing out  
6 there from provider and from seniors who are not  
7 thrilled about what they were getting from the  
8 GetFood program. And they miss, you know, what they  
9 were getting from their senior center, which is meals  
10 that are more nutritious and things that they are,  
11 they are used to. So I think that, is DFTA sort of  
12 have a plan in place that to accommodate, ah, the  
13 increases. I said earlier in my opening our older  
14 adult population is increasing every day, is that the  
15 need is gonna be there, ah, and how is the city, you  
16 know, prepared for it, because a home-delivered meal  
17 is not just a home-delivered meal. I mean, the  
18 person who deliver the meal also, um, contact, ah,  
19 the seniors, see how they're doing and, and it's that  
20 human contact, ah, that is included in there, and,  
21 you know, and we're a partner with you to advocate,  
22 ah, for more resources, because this is something  
23 that we need to [inaudible], you know, plan on and,  
24 and make sure that we have enough resources to meet  
25

1  
2 that need. And that's the same thing with case  
3 management and, and with home care services. We  
4 don't want to have waiting lists. Ah, and as more  
5 people find out about our services, DFTA services, I  
6 mean, I, one of, one of the personal experience I  
7 have in my district is that people didn't know about  
8 the home care services that DFTA provided EISEP  
9 program. And when they found out about it, I mean,  
10 they were thrilled and they were like so  
11 appreciative, and there's gonna be more and more  
12 seniors like that who did not meet, um, the Medicaid  
13 guideline, cannot get home care services because  
14 they're not that low income. But they work hard all  
15 their lives and now they don't qualify, but they need  
16 help. And the EISEP program, the city's home care  
17 program, really is a great program that gives them  
18 that relief, and more and more people are gonna find  
19 out about it. So we gotta make sure that we, we  
20 don't have, ah, a waiting list and have a, a plan for  
21 that.

22 ASSOCIATE COMMISSIONER GRODEN: So, um,  
23 so you said. Ah, so first I want of the say we're so  
24 proud of the meals that our older adult centers  
25 provide and really want to underline what you said

1  
2 about the role of the driver, which, which is so  
3 significant, not only in terms of delivering food but  
4 in, in terms of providing social connection. Um,  
5 providing a set of eyes on somebody who might need  
6 help. So all really important. Um, in terms of your  
7 question about HD, um, again, recognizing it's fluid,  
8 there are a lot of things happening at once. The  
9 city is reopening. The centers are reopening. We're  
10 seeing congregate meals, um, come back as well as  
11 grab-and-go. So there are a lot of different things  
12 happening...

13 CHAIRPERSON CHIN: But, Associate  
14 Commissioner...

15 ASSOCIATE COMMISSIONER GRODEN: Yeah?

16 CHAIRPERSON CHIN: I just wanted to go  
17 back. Like did DFTA, you know, I think there was a  
18 lot of frustration in the beginning and I, I sense  
19 that when I, you know, spoke with the commissioner is  
20 that right now, you know, you're looking back. If  
21 DFTA, like, did you do some evaluation like with what  
22 happened, you know, during the pandemic, that what  
23 resources would have a made difference, right, if,  
24 you know, could, you know, like assess like what,  
25 what happened during the pandemic, that what

1 resources would have made a difference, right? If  
2 you could, you know, like assess like what, what  
3 happened, like would it have made a difference if  
4 DFTA, you know, had the resources in the beginning to  
5 continue to do what you were doing in the early part,  
6 you know, with the grab-and-go, with, ah, the food  
7 direct program. But, I mean, my feeling is that  
8 maybe DFTA didn't get the support and that's why it  
9 was like centralized and all of sudden everything was  
10 pushed to the GetFood program. But now that you're  
11 looking, you know, evaluating what happened did you,  
12 did you look, did DFTA look at that and see like,  
13 hey, maybe we could have done it our ourself to take  
14 of the older adult population, not the general  
15 population, let's just think about the older adult  
16 population, you know, what could have DFTA would have  
17 done if you had resources, right? Was there any  
18 kind of evaluation to really look at what happened?  
19 I know there were a lot of frustration in the  
20 beginning. So was there any kind of internal  
21 evaluation and saying hey, maybe we could have done  
22 better if we had this and that to support our  
23 providers we could [inaudible] better for our senior.  
24  
25

1  
2                   ASSOCIATE COMMISSIONER GRODEN: Yes. Ah,  
3 ah, so first the, the pandemic isn't over, right?  
4 Um, we're, we're constantly assessing what's  
5 happening on the ground, how we're responding to it,  
6 and looking for opportunities to learn and continue  
7 to do better. So I would say that's very ingrained  
8 into the culture and fabric at DFTA. Um, so, so you  
9 said a number of things. Um, in terms of HDM, you  
10 know, we're looking at demand. Um, as I said, there  
11 has been kind of that curve where there was really a  
12 spike and, um, we've seen a decrease. We continue to  
13 assess the, the situation and, where needed, to  
14 engage OMB as our, as our partner to, to look at  
15 demand and how we as a city are serving it. Um,  
16 early on in the pandemic I, I, I think everyone must  
17 have been deeply frustrated, and I'm not even sure  
18 what the [inaudible] is [laughs] by the pandemic and,  
19 um, how extraordinarily it changed the landscape so  
20 immediately. Um, I'm really proud of how DFTA rolled  
21 out DFTA Direct really rapidly to meet the needs of  
22 all of the older adult center participants and bring  
23 food directly to their home. Um, you're right that  
24 the transition to GetFood and, um, again, you know,  
25 we continue to work closely with, um, they're still

1  
2 operational and, um, as they transition away at some  
3 point we'll work, um, closely with them to make sure  
4 that older adults are supported through, um, you  
5 know, ah, ah, food being the key, um, item, whether  
6 it's in center or, or at home, um, and be responsive  
7 to the needs of older adults.

8           CHAIRPERSON CHIN: Yeah, and, ah, when  
9 you testified you talked about, um, the cooling  
10 center, which we're very concerned about, and you  
11 said right now, um, over 100 senior centers, ah, have  
12 applied and 70 have been approved. Have all the  
13 HVACs problem at our older adult center have been  
14 fixed? There was funding that was allocated, ah, to  
15 fix, um, HVAC system in the previous budget.

16           ASSOCIATE COMMISSIONER GRODEN: So, um,  
17 ah, there have, there are a hundred, it might even be  
18 slightly over, that have been approved as cooling  
19 centers. There are at least 70 that are ready to go.  
20 They're cleaned. Um, if, if and when we have a heat  
21 emergency they'll be ready to open their doors. In  
22 terms of the HVAC repairs, um, ah, for repairs at  
23 NYCHA senior centers 14 sites are currently completed  
24 or in progress for repairs and additional 14 are  
25 awaiting repairs. The status of each center and

1  
2 repair need is unique and DFTA continues to work  
3 closely with NYCHA as well as our providers to ensure  
4 that repairs is made as quickly as possible with as  
5 little disruption to services as possible.

6 CHAIRPERSON CHIN: Yeah, I mean, what  
7 I've, you know, heard back from providers they're  
8 testifying to that. Oftentime, you know, it's like  
9 we help get the, the word out. Wow, May 10 you  
10 could, grab-and-go is gonna start at your center, you  
11 know, June 14 the center is open, and then we find  
12 out a lot of them are not ready. You know, there's,  
13 oh, we have clean our kitchen and we need this and  
14 that, so I just really wonder like what kind of, you  
15 know, support, ah, that DFTA provide and, and in the  
16 budget I see like a 30 million dollar accrual, like  
17 why wasn't that money given back to the senior  
18 centers to help them get ready? I mean, we knew that  
19 we were gonna open the center soon. The schools are  
20 open, restaurants are open. But like all of a sudden  
21 now we're all excited, you know, it's gonna be open,  
22 and then no, you're not ready 'cause they gotta do  
23 this, they gotta do that. I mean, all of our seniors  
24 are very frustrated, um, that even though, yes, they  
25 can participate, continue with the virtual and, um,

1  
2 and, you know, some outdoor activity. But I think  
3 that our, you know, older adult center they need that  
4 support. They need the support from DFTA to really  
5 get, get them ready quickly so they can open back as  
6 soon as possible. Um, the other, the other part is  
7 that we know that we advocated for, ah, a budget, ah,  
8 2 million dollars for, um, marketing to, you know,  
9 get the word out about all the wonderful program.  
10 Ah, so I want to make sure that that money also go to  
11 the centers themselves to help promote, you know, the  
12 new program that they have available. I mean, during  
13 the pandemic, as you said earlier, the good thing is  
14 that a lot more senior, ah, were able to get  
15 connected. So I think that is an opportunity for our  
16 older adult center to be able to utilize this funding  
17 to help them, also to do marketing about what new  
18 services that they have. Um, so is there a plan for,  
19 ah, DFTA to allocate that money?

20 ASSOCIATE COMMISSIONER GRODEN: Thank  
21 you. Um, so I, I believe that money, and, and I can  
22 confirm and get back to you, is included in the RFP.  
23 I, I will say in, in addition to, to that particular  
24 funding, um, we have also launched a number of

1  
2 campaigns. I think, I'm sure you've seen, um, the  
3 work we've done around the anti-agism campaign...

4 CHAIRPERSON CHIN: Um-hmm.

5 ASSOCIATE COMMISSIONER GRODEN: So I  
6 think that, I, I don't think DFTA has ever done. Um,  
7 we've also, we have a campaign right now around care  
8 giving, a campaign for friendly visiting, Friendly  
9 Voices. We've also done one, um, on elder abuse and  
10 elder crime. So, um, I think and hope what you're  
11 seeing from DFTA is really a clear commitment to get  
12 the word out, um, make older adults and their loved  
13 ones and caregivers of the robust offerings of  
14 Department for the Aging and, and make it, um, clear  
15 and easy to, to get connected through no wrong door.

16 CHAIRPERSON CHIN: That's, um, yeah, I  
17 just, we just want to make sure that on this, we  
18 can't talk about the RFP, but let's just say if the  
19 resources is there, um, that would be great. I just  
20 wanted to follow up on, ah, what I mentioned earlier,  
21 about the wait list, um, for home care. Ah, how is  
22 DFTA working to get the 550 seniors who right now are  
23 on the wait list for, ah, home care?

24 ASSOCIATE COMMISSIONER GRODEN: Thank  
25 you. Um, so, you know, I, I, I personally don't love

1 the phrase wait list. I understand it, but to  
2 reframe it a little bit, which I think is a lot more  
3 accurate, what we've seen during the pandemic is a  
4 surge in demand. So one of the surges in demand, and  
5 they're different, um, flavors of that we saw is a  
6 front door in case management, um, where a lot more  
7 people showed up, um, they needed case management,  
8 and then, I know you know, case management is a front  
9 door to home-delivered meals and home care. Um, so  
10 nobody's just waiting. Case management is doing an  
11 initial intake with anybody who they're connecting  
12 with. They're assessing where they're at. If that  
13 client, um, has any urgent or maybe a need it's being  
14 addressed, so, for example, let's say the urgent and  
15 immediate need is food. Then they're being connected  
16 to GetFood or a viable food resource to make sure  
17 we're being responsive and supportive. I mean, I'll  
18 also say our case management providers, as part of  
19 their wellness calls and as part of how they approach  
20 their commitment to this work are regularly  
21 connecting with people on the wait list to make sure  
22 that they're OK and that nothing has changed and that  
23 there's nothing urgent coming up. So while, um, yes,  
24 there has been an increased demand for home care that  
25

1  
2 we couldn't completely and fully respond to, um, it's  
3 not that clients are waiting. We're addressing  
4 urgent needs, we're staying in contact, and we're  
5 supporting them, um, and have been throughout the  
6 pandemic. Um, home care has also been, you know, ah,  
7 complicated and fluid during the pandemic in terms  
8 of, you know, what clients need and what they want  
9 and, and even, you know, their comfort of bringing  
10 the, the homecare attendant and the home. And while  
11 we saw, you know, a huge surge during the first six  
12 months of the pandemic we're also really seeing a  
13 leveling off of demand as things are turned to some  
14 level of normalcy and, um, ah, to be specific, while  
15 we saw an increase in 36% of the clients early on in  
16 the pandemic, we're happy to report that we're now  
17 seeing a 48% decline in those waiting for homecare  
18 services, um, as we return to, again, some sense of  
19 normalcy.

20 CHAIRPERSON CHIN: OK, um, thank you.  
21 I'm, I'm gonna pass it on to, ah, Council Member  
22 Brooks-Powers. I saw her hands raised. Council  
23 Member? Committee Counsel, can you, ah, unmute  
24 Council Member Brooks-Powers?

25

2 COUNCIL MEMBER BROOKS-POWERS: Hi, can  
3 you hear me?

4 CHAIRPERSON CHIN: Yes.

5 COUNCIL MEMBER BROOKS-POWERS: Um, so  
6 first thank you so much, Chair Chin, um, for holding  
7 today's, um, hearing. I just wanted to also like  
8 raise some concerns once again about the, ah, the  
9 DFTA, um, RFP that went out, um, in terms of the, the  
10 senior homes. I had also conveyed some concerns in  
11 terms of that timeline, um, because what we were  
12 hearing from the, um, the senior centers was that  
13 there was not sufficient time, um, sufficient, um,  
14 guidance on it, and so they felt, um, left at a  
15 disadvantage. So I'm curious to know in terms of now  
16 that the RFP deadline has passed, um, what the  
17 submissions have been? Um, does the Department of  
18 Aging feel like they've received enough, um,  
19 substantive, um, submissions? Um, do they feel like  
20 there's still a gap there? And will there be an  
21 opportunity, um, for this to go out again to, to give  
22 greater guidance and, and more timeframe other  
23 organizations to respond?

24 ASSOCIATE COMMISSIONER GRODEN: Hi, sorry  
25 about that, I had to unmute. Um, so while I can't

1 comment on the particulars, and, and thank you so  
2 much, um, for your question about the responses to  
3 the RFP, I can say that, that we're thrilled by the  
4 enthusiastic response and the number of applications  
5 and submissions that we have received, and we'll  
6 circle back to you as soon as we can after, um,  
7 awards are announced and, um, you know, we're past,  
8 ah, the review process. I'll also mention, um, that,  
9 you know, this is, it was such an important  
10 opportunity to move the landscape of older adult  
11 services into the future and, and, and frankly this,  
12 this was a need that was long overdue. And, again,  
13 we're thrilled about the number of applications that  
14 we've seen. Clearly there's a lot of [inaudible] and  
15 we did, um, extend the original deadline from the  
16 RFP, which was May 26, to June 11. We also worked  
17 really closely with the Mayor's Office of Contract to  
18 monitor, the Mayor's Office of Contracts, to monitor  
19 all the applications to ensure that technology,  
20 specifically the new PASSPort system was not a  
21 barrier to anybody who wanted to apply. And through  
22 this monitoring we, um, extended the deadline and  
23 worked really closely with applicants and MOCS to  
24 provide the technical assistance that, that was  
25

1  
2 needed. And this RFP is a significant increase in  
3 services for older adults for the first time in a  
4 decade. A further delay in the RFP would result in a  
5 delay to older adults having access to the, these  
6 increased and essential services.

7 COUNCIL MEMBER BROOKS-POWERS: So thank  
8 you for that. I would be interested in seeing what  
9 the outcome is, because, to your point, I, I thought  
10 it was a very good RFP that would expand the services  
11 to your point. I just didn't, do not want to see it  
12 where, um, the community partners who have been doing  
13 the work and have expressed an interest have been  
14 unable to be as competitive as they could be had they  
15 had been given a bit more time. I know there are  
16 some that submitted, um, just to meet the deadline,  
17 but did not feel like it was necessarily their  
18 strongest because of, again, the, the time  
19 constraints. Um, another question I have, I know  
20 that the, the city reopened or gave permission for  
21 senior centers to go ahead and open up. In my  
22 district, um, in southeast Queens and the Rockaways  
23 I've found that many of ours have remained closed  
24 because they did not feel like they, um, received the  
25 proper or sufficient, rather, guidance in terms of

1 safely reopening, um, their facilities. Some of them  
2 are doing the grab-and-go, which is great. But in  
3 terms of like really, um, having, ah, ah, strategic  
4 plan to reopen safely for our seniors, um, I think  
5 that, um, there could be a bit more support, um, from  
6 the agency that I, I would, you know, love to  
7 partner, um, with your agency to do, to ensure that  
8 this is happening.

10 ASSOCIATE COMMISSIONER GRODEN: Thank  
11 you, ah, Council Member Brooks-Powers. Um, with all  
12 due respect, I, I don't think that's entirely fair.  
13 We worked very closely with the Department of Health  
14 and Mental Hygiene to, to provide a pretty high  
15 level...

16 SERGEANT AT ARMS: Time expired.

17 ASSOCIATE COMMISSIONER GRODEN: ...of  
18 specificity around what safe opening looks like right  
19 now, and in fact even to differentiate, you know,  
20 what it looks like, for example, when you're eating a  
21 congregate meal versus, for example, doing an outdoor  
22 painting class, which, which does have some  
23 similarities and some differences. We've provided  
24 pretty detailed guidance to all of our providers.  
25 Um, because it was, um, extensive and detailed and

1  
2 therefore potentially long we also, um, distilled  
3 this in, ah, a quick guide chart format to make it  
4 easier and more digestible. We've also gone through  
5 this with the providers at meetings with, with  
6 different types of providers, including the  
7 commissioner engaging with providers in each of the  
8 boroughs and addressing their specific questions, um,  
9 and program officers working directly with center,  
10 you know, provider program staff, um, to, um, help  
11 them pull through some of this information and  
12 navigate.

13 CHAIRPERSON CHIN: Council Member Brooks-  
14 Powers, we will, you know, share with you, um, when  
15 we get the briefing from DFTA on, ah, the RFP, um,  
16 and what applicants [inaudible] and all that  
17 information. But I, I do want to echo what Council  
18 Member Powers, um, Brooks-Powers said about centers  
19 not really getting, um, all the support. Because  
20 like documents, you know, comes in, and I know that  
21 I've worked with some of my centers to hear about  
22 what difficulties that they have. You know,  
23 depending on where their sites are, they have to get  
24 permission, and they have to work with guidelines and  
25 the building owner, so there are a lot more, um, and

1  
2 it would be better if they have gotten, you know,  
3 more support early on. You know, like, hey, we're  
4 preparing in the next three months, we're gonna be  
5 opening and these are things that you have to start  
6 doing. And I think that the early preparation, um,  
7 is key, because why are, you know, cleaning kitchens  
8 and, and, and getting the center ready, I mean, that  
9 should have been kind of done earlier and then also  
10 any kind of repair, um, that needed to be done. It  
11 just seems like there's just so many, so much  
12 obstacle. And then a lot of center also lost staff  
13 because, because they're not providing sort of  
14 services or cooking and, and so now they have to like  
15 rehire staff or recall staff, so it takes a lot, um,  
16 to get them ready and we want to be helpful as much  
17 as possible, and then we also have to, ah, tell our  
18 older adult population to be, ah, patient and maybe  
19 they can, you know, do more outdoor activity first,  
20 um, and then, and get the indoor activity started  
21 again. Ah, I just wanted to, ah, acknowledge that  
22 we've also been joined by Council Member Ayala. Um,  
23 there's one other question that I want to follow up  
24 with you, Associate Commissioner, on is that the home  
25 sharing program. Ah, I mean, I have, [inaudible] has

1  
2 a lot of interest in that program, but unfortunately  
3 that hasn't been that successful, um, and from of the  
4 statistic that we saw was that in FY20 only 10  
5 matches was done, no, 22 matches in FY20 and only 10  
6 in FY21 as of April. Um, so what is the, what are  
7 some of the obstacle, I mean, and, and how do we  
8 help, you know, make a bigger impact? Because I,  
9 housing is such an important issue and we want to  
10 make sure that seniors can be able to age in the  
11 community that, that they love, and if they have  
12 space and if we can, you know, help with a match, and  
13 we've heard, ah, from providers that are saying some,  
14 you know, that not enough subsidy and the rent is not  
15 cheap, ah, 'cause I've seen, you know, some of the  
16 matched, um, that New York Foundation put out,  
17 because we, we all help try to promote the program.  
18 I mean, it's not, I mean, it's not really for another  
19 low-income seniors or, ah, because they're, they're  
20 asking, you know, some of them are \$800 or over  
21 \$1000. Ah, so I guess if you look at this program  
22 what are some of the obstacles that you found? Why  
23 is the, the matches so low?

24 ASSOCIATE COMMISSIONER GRODEN: Yeah,  
25 I'll come right back to that. I just wanted to, um,

1 touch really quickly on what we talked about before  
2 about the older adult center reopening. I recognize,  
3 I hear your point about it would be ideal if we had,  
4 um, three months prior to reopening given the  
5 guidance. But it was a very fluid situation and with  
6 the public health guidance really changing, um,  
7 pretty frequently and, um, our POs have been  
8 contacting the programs every day. I, I also feel  
9 like, you know, we've gone through so many  
10 adaptations and this is another huge one, right? We  
11 had, we had to move to virtual and now as we pivot  
12 back to reopening, as many of us pivot back to  
13 returning to the office, these are all adaptations  
14 with, with a lot of details that we're figuring out  
15 together. In terms of home sharing, yes, I agree  
16 with you. It's a great program. It's a great  
17 opportunity. Um, so to start with your question  
18 about cost, the program, I, I guess one of the pros  
19 and cons is it's, it's limited, if you will, to, to  
20 the hosts that, that sign up for our program and  
21 we're always, the key to success, one of the biggest  
22 keys to success with the program is bringing in more  
23 and more hosts. So I definitely, um, ask everybody  
24 to help and support us as, as part of that mission.  
25

1  
2 Um, New York Foundation is a really careful  
3 assessment of the hosts, um, not only in terms of  
4 their living conditions and making sure that the, the  
5 home or apartment is safe and, um, and that the  
6 person, the host, um, is a good fit for a roommate  
7 sharing situation. Um, I, I don't know every rent,  
8 but I've seen a real range and we do work really  
9 closely with New York Foundation to identify hosts  
10 across the city. Again, we could always do more, you  
11 know, in partnership with everybody, um, to bring  
12 more hosts in. But there's certainly, I mean, New  
13 York, you know, sometimes has high rents, so it  
14 really has to do with the hosts that come in and, and  
15 what the rent is in that particular housing unit.  
16 Um, the, we've done a lot to, in partnerships with  
17 DYCD, the, the provider has done a lot in terms of  
18 appearing on talk shows and doing some really great  
19 and beautiful highlights of some of the wonderful  
20 matches that they've made, some, um, really  
21 compelling material. Um, yes, it, it was definitely  
22 disrupted during COVID. Um, it was one of the few  
23 programs that was pretty hard to pivot, um, when  
24 we're asking older adults to stay at home and really  
25 mindful, ah, you know, at the highest level of

1  
2 preserving and maintaining public safety about  
3 introducing two strangers. This is before, ah,  
4 vaccination was available and so on, um, having them  
5 come into a, a home together. So, um, I definitely  
6 agree, um, that during COVID that there were some  
7 struggles with this program and, um, as we move  
8 towards vaccination I'm certainly helpful that we'll  
9 work with them and with you, um, to increase the  
10 number of matches.

11           CHAIRPERSON CHIN: Yeah. I, I think that  
12 it's, um, you know, some of it is really to the issue  
13 of providing some subsidies, um, for the rent  
14 because, um, the rent, especially in Manhattan, is  
15 very high, ah, so that it's, we wanted to make sure  
16 that we, this program is successful, we really do  
17 have to look at that. I just want to go back to the,  
18 the issue about the center reopening. I mean, like,  
19 yeah, we've been asking about reopening since last  
20 September. I mean, we hear the schools reopening,  
21 restaurants reopening, and senior centers are not  
22 reopening. And that's why, you know, we're saying  
23 that there should have been a plan in place and  
24 [inaudible] like what are some of the, and we know  
25 what are some of the, the, the help, um, needs are

1 and, and guidelines are, and so to really, you know,  
2 give the center more time top repair, to get things  
3 fixed, and to get the support that they need, the  
4 funding they need. Ah, whether they need to change  
5 their HVAC system or, you know, clean out their  
6 kitchen and, and all that could have been done much,  
7 much earlier, and I just think that, you know, the,  
8 the city needs to kind of really take a serious look  
9 at that in terms of having a plan in place. I mean,  
10 that's what my, my colleague had to pass legislation,  
11 talk about even a plan for, um, vaccine for our  
12 homebound seniors, and that took, ah, a long time and  
13 we still haven't really seen a plan. And so I think  
14 learning from what happened during the pandemic and  
15 learning about, you know, really having enough time  
16 to prepare with information, I mean, that's like it  
17 was like all these frustration because we said  
18 schools are reopening, restaurants are reopening, and  
19 our senior centers are still closed. And, you know,  
20 and that's why we say wait a minute, where's the  
21 plan, you know, why, why, why not, why not the senior  
22 center reopening. And so I think that that's  
23 something that we need to, that DFTA need to really,  
24 um, take a look at and see how, you know, planning  
25

1  
2 needs to be in place so that we can, you know, we can  
3 meet the needs of our older populations. And that's  
4 where, you know, that's where the frustration was,  
5 'cause every call we got was, you know, when is our  
6 centers going to be reopening. And all my colleagues  
7 were inundated. And I was getting call from like  
8 council member, like what's going on, when is the  
9 centers gonna be reopen? Um, so that's where the,  
10 you know, the frustration is. We've been asking  
11 since last year, um, so.

12 ASSOCIATE COMMISSIONER GRODEN: And we've  
13 been so eager. It's a real battle, which I think you  
14 know. Um, and, and we have been planning and, you  
15 know, we've had to, to work in, in lock step, um,  
16 informed and guided by the public health guidance,  
17 which has been really...

18 CHAIRPERSON CHIN: Yeah, we realize that.  
19 But also I think with in terms of, you know, funding  
20 support, you know, for the senior. When I see a 30  
21 million dollar accrual on the DFTA's budget, it's  
22 like of like I want to make sure that money goes  
23 back, you know, to our providers and not get lost,  
24 um, you know, in the whole budget scheme and I just  
25 want to make sure that they have the support so that

1 they can reopen successfully following all the  
2 guidelines and, and to be able to do that. Ah, and I  
3 hope that, you know, most of the centers will be  
4 reopened soon, ah, for the summer, especially during  
5 the heat season that, that, you know, there will be  
6 like cooling center, HVAC systems are working. And I  
7 know that we're looking forward, you know, to this  
8 RFP. Ah, we know that a lot of people have a lot  
9 [inaudible] and supply and our job is to make sure  
10 there is sufficient funding, ah, for this community  
11 care plan that the commissioner has, you know,  
12 advocated so much for and we are supportive. But we  
13 just want to make sure that there is enough funding  
14 going forward, um, to make sure that very successful,  
15 and also my last question is that once the RFP is  
16 out, I mean, done, there are gonna be centers who  
17 might not have gotten funding. Does DFTA have a  
18 transition plan in place just in case if some of  
19 these centers that did not get funded have to close  
20 are the like plan in place, you know, transportation  
21 or make sure that no senior gets lost in the crack,  
22 that if their senior center happen not to be funded  
23 they gotta go somewhere else, how do we make sure  
24 that they still will be able to access, um, a center  
25

1  
2 close to them or make sure that they're taken care  
3 of?

4           ASSOCIATE COMMISSIONER GRODEN: There is  
5 a transition of providers, which is possible,  
6 obviously we don't know. Um, DFTA will work closely  
7 with both providers to ensure that, um, to the  
8 fullest extent possible there is no lapse in service.  
9 And, and also, um, I, I really want to reassure you  
10 that providers will get the funding they need to  
11 support, um, the services they've been providing and  
12 that we're working them to spend their budgets.

13           CHAIRPERSON CHIN: You're talking about  
14 the reopening [laughs]?

15           ASSOCIATE COMMISSIONER GRODEN: Yes, and,  
16 and, and about, ah, the accrual comments, um, Chair.

17           CHAIRPERSON CHIN: OK.

18           ASSOCIATE COMMISSIONER GRODEN: Yes.

19           CHAIRPERSON CHIN: Yes, we don't want to  
20 lose any funding, OK? [laughs] I want to make sure  
21 that money goes, stays within DFTA and given back to  
22 the providers. I'm making sure. I don't want to  
23 lose a dime, 'cause this year our goal is that we  
24 gotta get over that half a percent mark, right? I  
25 mean, it's a shame that the DFTA's budget is less

1  
2 than half a percent of the city's budget. So we're  
3 aiming for at least 500 million, and that's what, um,  
4 the commissioner and I we're working together on, so  
5 to make sure that DFTA's budget is in firm, strong  
6 hands, strong faces going forward. So I just want to  
7 thank you and, ah, for coming to testify today on  
8 Primary Day, and, ah, and we're gonna take testimony  
9 from the public. So thank you again, Associate  
10 Commissioner.

11 ASSOCIATE COMMISSIONER GRODEN: Thank you  
12 so much, my pleasure. Thank you for having me.

13 CHAIRPERSON CHIN: And give my regard to  
14 the commissioner. I miss her. [inaudible]

15 ASSOCIATE COMMISSIONER GRODEN: [laughs]  
16 I let her know [laughs].

17 CHAIRPERSON CHIN: OK, thank you.

18 ASSOCIATE COMMISSIONER GRODEN: Take  
19 care.

20 CHAIRPERSON CHIN: Yeah. Committee  
21 Counsel, I pass it back to you.

22 COMMITTEE COUNSEL: Thank you. We will  
23 now turn to public testimony. Once more, I'd like to  
24 remind everyone that unlike our typical council  
25 hearings, we will, we will be calling individuals one

1  
2 by one to testify. Council members who have  
3 questions for a particular panelist should use the  
4 raise Zoom, raise hand function in Zoom and you will  
5 be called on after each panel has completed their  
6 testimony. For panelists, once your name is called a  
7 member of our staff will unmute you and the Sergeant  
8 at Arms will give you the go-ahead to begin after  
9 setting the timer. All testimony will be limited to  
10 three minutes. Please wait for the sergeant to  
11 announce that you may begin before delivering your  
12 testimony. The first panel will be Tara Klein from  
13 United Neighborhood Houses, Kevin Jones from AARP,  
14 Rhonda Silverman from Visiting Nurse Service of New  
15 York, and Dorothy Jiang from the Asian American  
16 Federation. Tara Klein, you may begin when ready.

17 SERGEANT AT ARMS: Starting time.

18 TARA KLEIN: Thank you, and thank you,  
19 Chair Chin, for all of your fierce advocacy for older  
20 adults and to the committee for being part of this  
21 great hearing today. Um, my name is Tara Klein. I'm  
22 a senior policy analyst with United Neighborhood  
23 Houses. UNH is a policy and social change  
24 organization that represents 40 neighborhood  
25 settlement house in New York City. As you know,

1  
2 settlement houses have acted really phenomenally on  
3 the front lines to meet older adults' emergency needs  
4 throughout the pandemic, providing them with food,  
5 financial benefits, mental health supports, virtual  
6 activities, and COVID testing and vaccinations. On  
7 top of this laudable work over the last several  
8 months, providers have prepared applications for the  
9 older adult centers and NORC RFP as well as a plan to  
10 reopen centers to in-person activities. Now as we  
11 enter a new phase in pandemic recovery with in-person  
12 activities resuming it's critical that we look to  
13 some lessons learned in order to strengthen the aging  
14 services network. So, first, as, ah, Chair Chin, you  
15 just touched on, we need to ensure that there is  
16 contract transition plans and service continuity  
17 plans. New contracts are slated to begin on October  
18 1. We have actual heard some rough numbers that  
19 indicate there have been many more applications than  
20 contracts that are available under this RFP, and I  
21 would be happy to follow up about that offline. Ah,  
22 given this, it's likely that there are going to be  
23 some new centers and that some existing centers may  
24 lose contracts. We need transition plans in place.  
25 This includes community outreach and transportation

1  
2 plans for older adults if their centers are closing,  
3 and for new centers they need time to hire staff,  
4 purchase equipment, and promote centers to the  
5 neighborhood. If necessary, DFTA should consider  
6 delaying the contract start dates to allow for this  
7 type of planning. And we hope the council will  
8 monitor the status of the RFP and speak up if there  
9 is a delay warranted. Next and related, ah, we need  
10 to provide FY22 council funding for senior centers  
11 and NORCs. The community care plan is going to bring  
12 some really great new investments in to allow senior  
13 centers and NORCs to expand and enhance services.  
14 However, it's unlikely that this funding is going to  
15 cover all existing needs, including NORC nursing  
16 hours that the council previously covered. Most  
17 importantly, the council needs to fund the senior  
18 centers and NORCs that it currently supports for at  
19 least July through September 2021 until new contracts  
20 are scheduled to begin. They must also have a  
21 funding plan in place for these centers in case  
22 contracts do begin later than October 1. And,  
23 finally, the council must consider supporting centers  
24 that may lose their DFTA contracts to ensure older  
25 adults do not lose access to their services. Ah,

1 while there's still a lot of uncertainty about what  
2 RFP awards will look like, we urge the council to set  
3 aside adequate funding to ensure a smooth transition  
4 to new contracts. And then finally for today, even  
5 with the community care plan investments, DFTA's  
6 budget, as you know, remains less than one half of  
7 one percent of the city's overall budget. In the  
8 final days of the budget negotiations we remind the  
9 council to take on our Acting for Aging budget  
10 recommendations. These include 16.6 million  
11 dollars...

12  
13 SERGEANT AT ARMS: Time expired.

14 TARA KLEIN: ...for the home-delivered  
15 meals program. This is still a very strong need for  
16 this traditional HDM program. 48 million dollars  
17 for, ah, 3% cost-of-living adjustment to support the  
18 full human services sector, as well as council  
19 discretionary funding to meet new and growing needs,  
20 including restoring cuts from last year, supporting  
21 the geriatric mental health initiative, which is a  
22 DOHMH council initiative, separate from the Thrive  
23 program, technology needs for older adults and  
24 restoring the full NORC initiative. Ah, there are  
25 more details in my written testimony. I'm happy to

1 answer questions as well. So thank you very much.  
2  
3 And happy Election Day.

4 COMMITTEE COUNSEL: Thank you, Tara. We  
5 will now hear from Kevin Jones.

6 SERGEANT AT ARMS: Starting time.

7 KEVIN JONES: Great. Good morning, Chair  
8 Chin and members of the Committee on Aging. My name  
9 is Kevin Jones. I'm the associate state director of  
10 advocacy at AARP New York, representing 750,000  
11 members of the 50-plus community in New York City.  
12 Um, so thank you for hearing from us today. The  
13 COVID-19 pandemic has had a disproportionate impact  
14 on the lives and well-being of more than 1.7 million  
15 60-plus, ah, adults in New York City, of whom 136,000  
16 are homebound and nearly 20% are living below the  
17 federal poverty line. Over the course of the past  
18 year COVID-19 has caused significant disruptions to a  
19 wide array of critical services for both homebound  
20 seniors and New Yorkers aging in their homes and/or  
21 living in NORCs. And AARP's, ah, Disrupt Disparities  
22 3.0 report we found that at the height of the  
23 pandemic in New York home health agencies and, ah, in  
24 the city and across the state struggled to provide  
25 continued care to seniors as a result of, ah,

1 significant staffing and PPE shortages. A large  
2 portion of older adults who are not homebound and/or  
3 do not require caretaking services, also reported  
4 that they struggled to access primary care in person  
5 out of fears that they would contract, ah, contract  
6 COVID-19 and did not have sufficient access to  
7 telemedicine due to technology, ah, technological  
8 limitations, excuse me. Older New Yorkers and  
9 communities across the city also experienced high  
10 rates of food insecurity and social isolation, in  
11 part due to the closure of senior centers and in per  
12 social services. While the city established  
13 GetFoodNYC to help meet, meet this demand, AARP heard  
14 numerous accounts of how, ah, some of these meals  
15 were, ah, prepared were not nutritionally or  
16 culturally appropriate for the older adults who were  
17 receiving them. Without the ability to attend in-  
18 person programming and social activities offered by  
19 senior centers, older New Yorkers also suffered from  
20 higher rates of social isolation over the course of  
21 the past year, especially those who were unable to  
22 participate in virtual programmings due to  
23 technological limitations. May of these issues were  
24 only compounded for NYCHA senior residents due to a  
25

1  
2 myriad of infrastructure issues that have plagued  
3 NYCHA for years, as well as the temporary shut-down  
4 of NYCHA senior centers. While NYCHA tenants have  
5 suffered from unsafe and substandard housing  
6 conditions for years, such as chronic elevator  
7 outages and broken air ventilation systems, these  
8 issues had an immense impact on the well-being of  
9 NYCHA senior residents amid COVID-19. As the city  
10 begins to reopen and recover from COVID-19, AARP  
11 recommends that the city takes a series of steps in  
12 order to ensure that the city's older adults receive  
13 the quality care and services that ensure their  
14 health and well-being moving forward. We recommend  
15 the mayor's recommend commitment, ah, ah, we commend,  
16 excuse me, the mayor's recent commitment to invest 58  
17 million into the five-year community care plan for  
18 older New Yorkers. However, we believe that the City  
19 Council should restore pre-pandemic funding for key  
20 initiatives, including NORCs, the geriatric mental  
21 health initiative, the healthy aging initiative, um,  
22 all in the FY22 budget in order to further support  
23 the, ah, health of our city's older adults in the  
24 months ahead. While we believe the reopening of  
25 senior centers will be a significant step in

1  
2 addressing the issues that have affected the overall  
3 well-being of New Yorkers, especially in food  
4 insecurity and social isolation, it will remain  
5 critical...

6 SERGEANT AT ARMS: Time expired.

7 KEVIN JONES: ...for the city to ensure  
8 that the older adults continue to have, ah, access,  
9 access to quality home-delivered meals, so we  
10 advocate for, ah, the city setting aside 16.6 million  
11 in funding for home-delivered meals, as well as  
12 investing, ah, in, ah, reducing the digital divide.  
13 Um, there are more details in my written testimony,  
14 but I am happy to take questions, and thank you for  
15 your time.

16 COMMITTEE COUNSEL: Thank you. We will  
17 now hear from Rhonda Silverman.

18 SERGEANT AT ARMS: Starting time.

19 RHONDA SILVERMAN: Good afternoon, Chair  
20 Chin and members of the Committee on Aging. My name  
21 is Rhonda Silverman. I'm the manager of program  
22 development through the Visiting Nurse Service of New  
23 York. And I appreciate the opportunity to talk about  
24 VNSNY's NORC nursing program. We support 30 NORCs in  
25 22 council districts throughout the city. Our nurses

1  
2 have provided more than 12,000 hours of NORC nursing  
3 services in fiscal year 2021. We're advocating for  
4 inclusion of these critical nursing services in the  
5 fiscal year 2022 budget. Since the COVID-19 pandemic  
6 began in March 2020, VNSNY has cared for more than  
7 6500 COVID-positive New Yorkers in their home. We  
8 have also vaccinated thousands of frontline staff in  
9 homebound New Yorkers. You have our written  
10 testimony today with highlights of our long-term  
11 commitment to the NORC model, but let me focus a  
12 little bit on our work during the pandemic. Our goal  
13 throughout the pandemic has been to help seniors,  
14 especially those suffering from chronic health  
15 conditions avoid unnecessary ER visits and  
16 hospitalizations. Early on our NORC nurses quickly  
17 transitioned from in-person to telephonic services.  
18 We linked seniors in need to the medical care that  
19 they required and advocated for them when their  
20 doctors and other healthcare provider offices were  
21 closed or operating under reduced hours. We  
22 supported and empowered seniors to utilize the  
23 education our NORC nurses provided pre-pandemic to  
24 help them best manage their health condition. As  
25 concerns and misinformation grew about COVID-19, our

1 nurses in coordination with our social service  
2 partners sponsored events and distributed factual  
3 information to dispel myths and educate residents on  
4 practical ways to stay healthy and address their  
5 health concern. Once the vaccine became available,  
6 seniors received important education about the  
7 vaccine from their trusted NORC nurse, who was  
8 available to speak with them individually, if needed,  
9 to reduce their anxiety and particular concerns about  
10 getting vaccinated. It is essential that we maintain  
11 and sustain these critical nursing supports.

12 Continued council funding will address some of the  
13 potential issues related to the recently released  
14 community care plan RFP. These concerns include gap  
15 funding. Since the RFP won't be awarded until  
16 several months into fiscal year 2022 there will be a  
17 gap in funding for currently provided NORC nursing  
18 services, resulting in no services at all. Also,  
19 level of nursing services. Approximately 50% of the  
20 covered NORC programs requested less hours of their  
21 consistent NORC nursing services for their RFP  
22 application, which may indicate an inability to  
23 finance current nursing hours within their budget.  
24 And also needed support for programs that didn't  
25

1  
2 qualify for the RFP or who aren't granted an award,  
3 but still provide services to our most vulnerable  
4 seniors. They will be unable to sustain nursing  
5 services in their community without City Council  
6 support. NORCs are the natural outgrowth of the  
7 long-standing commitment the City Council and DFTA  
8 have demonstrated to help...

9 SERGEANT AT ARMS: Time expired.

10 RHONDA SILVERMAN: ...to help our seniors  
11 live and thrive in the communities they call home.  
12 NORC nursing services helped seniors age in place  
13 long before the pandemic, during the pandemic, now we  
14 urge the council to continue this really important  
15 investment as the NORC program expands. Thank you so  
16 much for all you have done and all you do, Chair Chin  
17 and the council. We really appreciate it.

18 COMMITTEE COUNSEL: Thank you, Rhonda.

19 We will now hear from Dorothy Jiang.

20 SERGEANT AT ARMS: Starting time.

21 DOROTHY JIANG: I want to thank the  
22 Committee on Aging for holding this hearing and  
23 giving the Asian American Federation, AF, the  
24 opportunity to testify about the needs of our senior  
25 community and senior service providers. I'm Dorothy

1  
2 Jiang, membership of the [inaudible] building  
3 coordinator at AF. We representing the collective  
4 voice of more than 70 member nonprofits, serving 1.3  
5 million Asian New Yorkers. We're here because 13% of  
6 the city's senior population are Asian. One in four  
7 Asian New Yorkers lives in poverty and 72% of Asian  
8 seniors have limited English proficiency, LEP. Our  
9 seniors comprise more than two-thirds of the senior  
10 population in many neighborhoods across Brooklyn and  
11 Queens. Before the pandemic our seniors went to  
12 senior centers for social activities, congregate  
13 meals, assistance applying for essential services,  
14 and health and mental health services. Now many  
15 seniors are still too afraid to leave their homes to  
16 go to senior centers, so they need at-home services  
17 that meet their needs. At the same time, however,  
18 one in four LEP Asian seniors in the city does not  
19 have internet access at home. While the reopening of  
20 senior centers is a cause for connection and  
21 celebration, our seniors and senior-serving  
22 organizations face additional crises. Our seniors  
23 face anti-Asian violence, which leaves seniors  
24 terrified to leave their homes. Our seniors are  
25 physically isolated with fewer resources. Many live

1 alone and are anxious about accessing the public  
2 benefits they need. Our seniors are digitally  
3 isolated. Many don't have smart phones or computers  
4 and if they do they don't have in-language support to  
5 learn how to use them. Our senior-serving member  
6 agencies are working beyond capacity to serve seniors  
7 as efficiently and safely as possible. From May to  
8 November alone AAF helped six senior-serving  
9 organizations to serve almost 3000 seniors with  
10 nearly 20,000 food services and 8500 assurance calls.  
11 Our own Hope Against Hate campaign is working towards  
12 immediate safety for Asian New Yorkers with safety  
13 ambassador programs and multilingual victim support  
14 services. As we navigate the reopening of our senior  
15 centers, our city must do better to support our  
16 organizations. Our members need clarity on  
17 reopening. The city must give greater weight to  
18 organizations with a demonstrated track record of  
19 serving low-income immigrant communities with  
20 linguistic and cultural competency. Our CBOs are  
21 leading by example in the provision of direct  
22 services and they're instrumental in restoring trust  
23 between our most vulnerable populations in the city.  
24 Here are our recommendations. One - give more  
25

1  
2 thorough guidance on reopening protocols and  
3 assistance so CBOs can transition smoothly to in-  
4 person services. Two - fund CBOs to tackle seniors'  
5 main areas of need, food and nutrition, technology  
6 access and usage support, language support, and  
7 mental health and social isolation. Three - fund  
8 AF's Hope Against Hate campaign with 10 million  
9 dollars in new initiative funding so we can provide  
10 community-centered solutions our seniors have asked  
11 for. Four - fund the full implementation of Local  
12 Law 30 across city agencies so our seniors have  
13 access to quality translation when and where they  
14 need it. Thank you so much for allowing us at Asian  
15 American Federation to testify, and we look forward  
16 to working with all of you.

17 SERGEANT AT ARMS: Time expired.

18 DOROTHY JIANG: Let's make sure our  
19 senior communities get the support they deserve.  
20 Thank you.

21 COMMITTEE COUNSEL: Thank you, Dorothy.  
22 We will next hear from Brianna Paden-Williams from  
23 Live On New York. Brianna, you may begin when ready.

24 SERGEANT AT ARMS: Starting time.  
25

1  
2 BRIANNA PADEN-WILLIAMS: Hello. Um, I'm  
3 Brianna Paden-Williams, the communications and policy  
4 associate at Live On New York. Thank you for the  
5 opportunity to testify today. Live On New York's  
6 members include more than 100 community-based  
7 nonprofits that provide core services that allow all  
8 New Yorkers to thrive in our community as we age.  
9 With our city on the road to recovery we are  
10 presented with the opportunity to reenvision how we  
11 service older adults in senior residences and through  
12 our community. The COVID-19 pandemic uncovered the  
13 growing need for aging services, as well as shined a  
14 light on the visible inequities in supporting all New  
15 Yorkers as we age. While New Yorkers have heard of  
16 the stark and heart wrenching realities that took  
17 place in nursing homes during the pandemic, the  
18 experiences of independent senior residences have  
19 been less explored to date. While loss a reality  
20 across New York, HUD's 202s and seniors affordable  
21 rental assistant buildings they're significantly  
22 better than [inaudible] feared. The challenges and  
23 needs relative, excuse me, the challenges and this  
24 relative success were significant as providers were  
25 not only worried about safety, but have been ensure

1  
2 older adults remain fed and avoided social isolation.  
3 The [inaudible] in confronting these challenges were  
4 not only the nonprofits that stepped up to connect  
5 older adults with the city's emergency feeding  
6 programs, but the service coordinators who remained a  
7 lifeline for tenants throughout the pandemic. It  
8 wouldn't be an, um, an exaggeration to say that the  
9 availability of service coordinators in buildings  
10 saved lives during the pandemic. Unfortunately, not  
11 all senior residences can afford to hire service  
12 coordinators or the staff to build, or to staff the  
13 building to the extent that would be ideal. As the  
14 city looks to become a leader, a leader in public  
15 health, creating a fund, a fund for senior residences  
16 to hire service coordinators to assist older adults  
17 and the enhanced needs that come with aging in place  
18 is the proven first step in that direction. Further,  
19 as the population ages, it is critical that  
20 increasing investments are made by the city to meet  
21 the demand to combat this crisis level shortage of  
22 housing services, of housing supply, excuse me.  
23 While strides have been made, particularly with the  
24 reopening of senior centers, there's still more to be  
25 done. For years DFTA remains critically underserved

1 and underresourced, receiving less than half of one  
2 percent of the overall city budget, in contrast to  
3 the rapidly increasing older adult population. New  
4 York City is entering a critical phase of recovery.  
5 As we progress forward in building a New York for all  
6 ages the city must continue to show its commitment to  
7 older adults with critical investments in senior  
8 services, and this includes for storing all City  
9 Council aging discretionary funding to FY20 levels,  
10 use 21 accruals to cover costs associated with  
11 reopening in-person senior services, as well as 30  
12 million for HVAC repairs, safety precautions, and  
13 senior center upgrades, as well as we're asking for  
14 48 million for cost-of-living adjustment for  
15 essential human service workers, as well as 16.6  
16 million for home-delivered meals. And that is  
17 everything. Thank you for the opportunity to testify  
18 today.

19  
20 COMMITTEE COUNSEL: Thank you, Brianna.

21 Finally, we will be hearing from Melissa Sklarz from  
22 SAGE. Melissa?

23 SERGEANT AT ARMS: Starting time.

24 MELISSA SKLARZ: Great. Well, um, so on  
25 behalf of SAGE, thank you to the City Council and

1  
2 Chair Chin for holding this hearing on serving the  
3 city's elders and residences and community in the  
4 midst of the pandemic. My name is Melissa Sklarz.  
5 I'm a government relation strategist at SAGE. SAGE  
6 is the, ah, first and largest organization dedicated  
7 to improving the lives of LGBT elders. Ah, SAGE has  
8 been a cornerstone for the LGBT community, providing  
9 vital services to elders and older people for over 43  
10 years. The urgency of SAGE's response to the  
11 pandemic stems from the reality that elders and older  
12 people living with HIV are at the epicenter of the  
13 pandemic. There are higher levels of underlying  
14 health conditions, like HIV and diabetes, higher  
15 levels of poverty, food and housing insecurity, lower  
16 access to health care and supportive services, social  
17 isolation, and thin support networks. The cessation  
18 of in-person services programs has made access to  
19 technology critical, if not life-saving. Ah,  
20 throughout the pandemic SAGE continues to be the LGBT  
21 elders' lifeline. Many elders depend upon SAGE for  
22 assistance, ah, for essentials like food and access  
23 to medical support. As LGBT elders sheltered in  
24 place, food insecurity and social isolation became  
25 threats. Many turned to SAGE for connection and

1 community, ah, through our social and educational  
2 programs. We have, ah, launched new programs during  
3 the pandemic. Ah, we connected our people to  
4 GetFoodNYC. We have more than 100 support groups,  
5 classes, and activities at the virtual SAGE Center.  
6 We provide compassionate phone-based support for  
7 thousands of elders every week. We've continued with  
8 virtual, ah, telephone meeting support groups,  
9 services, and programs. We have also opened in, in  
10 the past year and a half, ah, New York State's first  
11 LGBT welcome, welcoming affordable elder housing for  
12 Stonewall House in Brooklyn and now Katonah Pride  
13 House in the Bronx. Ah, Stonewall House was opened  
14 in 2019. It's in Fort Greene, Brooklyn. 140 new  
15 residents. Ah, we were able to open and, and support  
16 people during the pandemic. Ah, SAGE staff has been  
17 on site from the beginning to conduct wellness checks  
18 through Endure, deliver groceries, and coordinate  
19 care. This past January we opened Katonah Pride  
20 House with 83 units in East Tremont, Bronx. Ah,  
21 we've been moving in tenants, offering affordable,  
22 ah, housing to predominantly low-income, older adults  
23 of color. Ah, soon we'll be opening our SAGE centers  
24 in both ground floors, providing services to the  
25

1 residents, and for residents of both neighbors in the  
2 Bronx and in Brooklyn. Finally, the pandemic has  
3 shown our city how critical it is to care for older  
4 New Yorkers. Poor communities, those living at the  
5 intersection of oppressed identities, those with  
6 chronic health conditions and isolated people having  
7 continued to bear the brunt of this catastrophic  
8 illness, LGBT elders among those most at risk. As  
9 our city continues to navigate the challenges posed  
10 by the pandemic we must prioritize adequately  
11 resourcing programs and services for older people in  
12 our city's elder resources. Thank you for this time.

14 COMMITTEE COUNSEL: Thank you for your  
15 testimony, Melissa. Now I will turn it back to Chair  
16 Chin for any questions and comments.

17 CHAIRPERSON CHIN: Thank you. Um, I  
18 really want to thank all of you for coming to  
19 testify, but also really from the bottom of my heart  
20 to thank all of you, ah, for your hard work for our  
21 older adult population during the pandemic, and in  
22 regular good times, too. That it's, it's been  
23 difficult this past year but, you know, the advocacy,  
24 ah, you know, of, um, all of you and especially our  
25 providers, I just want to make sure, ah, to reassure

1  
2 that we will fight very hard, um, in the council to  
3 make sure that we increase the budget and restore  
4 funding that was cut. Um, but I also urge you to  
5 tell your, um, centers and your constituents to also  
6 contact all the council members, um, in their  
7 district to give us the backup, give us the support,  
8 ah, especially council members who are on the budget  
9 negotiation team. My intention is I will not let one  
10 dollar slip from the seniors' budget. I mean, our  
11 hope is to fight for more, OK, not less. Ah, and  
12 when I talk about earlier to get over that half of  
13 one percent, I really, you know, really mean it. I  
14 mean, it's a shame that the budget is so small and,  
15 ah, the aging population is growing. And your  
16 recommendations and, and your services means a lot.  
17 Um, you know, Tara, thank you, um, you know, for all  
18 your, ah, United, you know, Neighborhood for your  
19 advocacy and, and really letting us, reminding us  
20 that we need to plan and the transition plan makes  
21 sense, because there are gonna be centers who are not  
22 gonna get funded, ah, who's gonna lose their funding  
23 because of the RFP. And we just want to make sure  
24 that the seniors don't lose their services, so we  
25 will, you know, make sure that we have a, we'll push

1  
2 DFTA for a transitional plan. But the same time in  
3 the City Council we'll make sure that we have funding  
4 there to help with that. Um, and Rhoda, you know,  
5 thank you for Visiting Nurse, ah, you know, all the  
6 work that you've done during the pandemic. Ah, I  
7 know that the nursing service is so critical, um, and  
8 we were not sure that it was even included in the  
9 RFP, and so that's why we're gonna make sure that we  
10 don't lose that funding from the City Council, that  
11 it's gotta, ah, stay there, and if there's  
12 opportunity to increase we will, ah, because I think  
13 one of the NORC, the NORC program, one of the thing  
14 that we've been successful in the council is creating  
15 new NORC program. A lot of my colleagues are very  
16 interested in creating new NORC, and some of them  
17 might not have been ready to apply for this RFP, but  
18 the council we have, you know, have a good track  
19 record of promoting and developing new NORCs and new  
20 older adult senior center for immigrant population.  
21 I hope that some of those [inaudible] center will be,  
22 ah, successful in getting into the RFP. Ah, if not  
23 we will look ways to continue to support them and to  
24 increase the number. Because we know that the need  
25 is great. Um, there are a lot more seniors out there

1  
2 that have not been connected to our centers and  
3 senior services. So even though I am, you know,  
4 really, ah, grateful that the mayor and the  
5 commissioner have put forth the community care plan,  
6 ah, when I first looked at it, I'd say not enough,  
7 not enough money. Ah, not enough centers and NORC  
8 that's gotta be created. But, ah, I really, ah,  
9 thank you for all your advocacy and really look  
10 forward, ah, with you in this next few days. Ah,  
11 it's gonna be critical. So get your constituents to  
12 call those council members because we have BNT  
13 tomorrow and Thursday and, ah, as much backup as we  
14 can. I know that we have some really strong council  
15 member on our side and we just want to make sure that  
16 we get the reinforcement when we fight for that  
17 budget. So let's get it over, that half of one  
18 percent, all right? Let's work together to make  
19 that, sure that we can do that this year and to make  
20 it this year truly the year of the seniors and older  
21 adults. And I thank you again for, for coming, you  
22 know, to the hearing on Primary Day. Go out and  
23 there and vote and get the constituents to vote. And  
24 thank you to our committee counsel, ah, Nuzhat, and

2 also to our sergeant, ah, for supporting our hearing  
3 today. Ah, any other comments or?

4 COMMITTEE COUNSEL: Ah, no. If we have  
5 inadvertently missed anyone that would still like to  
6 testify please use the Zoom raise hand function at  
7 this time and we call you in the order that your hand  
8 is raised. Seeing none, we have concluded the public  
9 testimony, so, Chair Chin, it's for you to close.

10 CHAIRPERSON CHIN: Thank you. So thank  
11 you again for being here today and thank you to all  
12 my colleagues and, ah, and everyone. Let's go out  
13 and vote. And the hearing, ah, the Committee on  
14 Aging is now adjourned. [gavel]

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C E R T I F I C A T E

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



Date July 26, 2021