



TESTIMONY

Presented by

Ryan A. Murray
Executive Deputy Commissioner

on

Mental Health & Older Adults

before the

New York City Council

Committee on Aging

Committee on Mental Health, Disabilities, and Addiction

on

Monday, June 9, 2025
At 1:00 p.m.

Good morning, Chair Hudson, Chair Lee, and members of the Aging Committee and Mental Health, Disabilities, and Addiction Committee, I am Ryan A. Murray, Executive Deputy Commissioner of the New York City Department for the Aging (NYC Aging). I appreciate the opportunity to testify before you today about Mental Health & Older New Yorkers. I want to acknowledge that I am joined by my colleague from the NYC Department of Health and Mental Hygiene (DOHMH), Dr. H. Jean Wrignt, the Executive Deputy Commissioner for Mental Hygiene who will be available to answer your questions as well. NYC Aging provides mental health services in local communities by placing licensed mental health clinicians at older adult centers in all five boroughs. To our knowledge, our model is unique, and no other Area Agency on Aging in the country provides mental health supports in a direct capacity.

New York City's population is aging rapidly. Today, nearly 2 million New Yorkers are aged 60 or older and that number is expected to increase in the next decade. The Aging Committee has also acknowledged this fact and taken opportunities to highlight the City's growing needs for caregiving services, information sharing or resources, and of course mental health options for older adults. As the population grows, so does the need to respond to mental health challenges, social isolation, and the complex web of services needed to help older adults age in place with dignity. Older adults are vulnerable to depression, anxiety, and cognitive decline, which can be exacerbated by isolation, financial insecurity, and limited access to culturally competent care. To support older adults holistically, we developed the Geriatric Mental Health Initiative (DGMH) as a pilot program in 2017, and in its current contracted form since 2022, which offers access for older adults to licensed mental health clinicians at Older Adult Centers (OACs) twice a week, and our Hub and Spoke model that can provide help, engagement, and an assessment whenever an older adult may need it. These services are essential in helping older adults address unmet mental health needs and to support maintaining their health, independence, and connection to their communities.

Geriatric Mental Health & NYC Aging

NYC Aging's mental health programs are rooted in our Community Care model and the work of the Cabinet for Older New Yorkers. Fundamental to our efforts surrounding mental health and older adults is the Community Care Plan, which was developed in 2021 as part of the recognition for the growing and changing landscape of the older adult population. This also allowed NYC Aging to build on existing elements already in place to promote independence, self-reliance, and well-being for the aging population. Because mental health is an equal part of access to health care needs for older New Yorkers these programs contribute to our overall vision that this City embraces longevity, addresses aging in a dignified and natural way, and helps older New Yorkers live vibrant lives. The DGMH program integrates mental health services into settings where older adults already go, such as OACs, or through partnerships with other city programs already serving an aging population. In order to meet this growing need for mental health supports for older adults, we currently operate 88 co-located DGMH sites at OACs throughout the network, 11 of which are hub sites, but all provide mental health services to older adults. The DGMH program and the hub-and-spoke model are one in the same, just two ways of reaching a greater number of older adults. In FY 2024, the DGMH program served 5,891 older adults with 852 accessing clinical services to support their mental health. We are on track to increase that number and serve more than 6,500 in FY 2025. It is important to note that an older adult does not need to be a member of an OAC to receive DGMH services, but can attend sessions or speak with counselors separate from OAC programming.

We continue to invest in strategies that reduce stigma, expand access, and improve coordination with providers. We are working to ensure cultural competency in these services. Clinicians are bilingual and bicultural and meet the needs of the community, the same requirement we have for OACs. When appropriate, groups are offered in other languages. We have done wellness bingo in Cantonese, and a class called "Where do You Find a Pierogi" for our Polish community. These engagement sessions bring older adults together and break down the stigma of discussing mental health and establish familiarity and trust with the clinician. Often, further discussions in a clinical setting come out of the sessions. Where there is stigma for individuals or communities surrounding

mental health services, we understand that we must take particular care to ensure that services are culturally appropriate and responsive to the context of where people live.

These efforts are essential to ensuring mental health care is accessible, effective, and respectful of the diversity of older New Yorkers. We want to help normalize access to care and providing support in environments that feel familiar and welcoming rather than clinical. By coming into an OAC, an older adult will be able to access a hub of services provided by the Department for the Aging. If they don't want to come into an OAC, they can schedule mental health counseling over the phone or by calling Aging Connect who will then connect them to other programs. If older adults are not directly connected to one of the 88 DGMH sites, OACs are further connected to clinicians through our hub and spoke model, where clinicians are leading group sessions in partner OACs and then the older adult who may be looking for mental health supports and was exposed to services through the group sessions can follow the clinician back to their main site where individualized services can take place. Additionally, it is typical for OAC staff to include staff with a social work background and formal training in the social work field. NYC Aging also requires specific training for staff providing *information and assistance* to older adults, and they are able to connect individuals to a range of programs and services including mental health needs. This allows NYC Aging to reach an ever-growing number of older adults who are aging into our services and benefitting from our programs.

Connections to Community Care & Agency Partners

In addition to formal mental health counseling, we offer a wide range of informal programs, events, and services to treat older adults holistically. Physical health is mental health and the two are very intertwined. We celebrated *National Older Adult Health and Fitness Day* just two weeks ago, where we encouraged New Yorkers to stay active and engaged in their communities. In the past we also hosted *Intergenerational Groove*, which brought together over a thousand older New Yorkers for a citywide dance event to promote physical activity and well-being. We also hosted our *Healthy Aging Fair*, where hundreds of older adults accessed free screenings, wellness resources, and demonstrations. These efforts reflect our belief that healthy aging includes movement, joy, and community. Ours is a holistic approach to mental health, rooted in an understanding of community care, which recognizes the many factors at work when addressing mental health needs and older adults.

While mental health needs are very personal to an individual and their medical healthcare professionals, the community care role can establish partnerships between several entities which can help address the needs of older adults. Food insecurity, housing insecurity, social isolation, and financial insecurity all are compounding forces which can negatively impact the mental health of older adults. Considering that for many communities, there is stigma surrounding mental health, a large part of our effort is to ensure that older adults know what services are currently available. We are always open to increasing our efforts to improve marketing and outreach in order to inform the greater community about the array of programs and services available to older adults. We also must rely on our external or sister agency partners to ensure that message is getting out as well.

Mental health services must be embedded in this model, not treated separately. Access to food, housing, transportation, legal services, case assistance, and financial/entitlement supports should be prioritized as they are fundamental to addressing a mental health need. This is among the primary reasons why our home-delivered meals program also serves as a lifeline of social contact. The daily interaction with delivery staff may be some of the only connections some clients have all day. Additionally, our transportation program fills a critical need by helping older adults reach medical care, grocery stores, and other essential destinations. Our vision is a Community Care model where older adults can access comprehensive, connected services in the neighborhoods they helped build.

Cabinet for Older New Yorkers

Following the creation of the Community Care Plan, it was clear that connecting services across agencies, providers, non-profits, and various entities would require interagency collaboration seen through the Cabinet for Older New Yorkers. Since it was established in 2022, the many city agencies working together to break down silos and better coordinate services for older New Yorkers have also focused on mental health supports as part of initiatives which either address mental health and identify needs amongst older adults. NYC Health and Hospitals (H+H), Department of Health & Mental Hygiene (DOHMH), the Mayor's Office of Community Mental Health (OCMH), the Mayor's Public Engagement Unit (PEU), and NYC Parks are all partner agencies who have worked with us in addressing mental health issues. This has led to important initiatives, such as establishing a curriculum for front-line workers that raises awareness about existing community-based services available for older New Yorkers. This ensures that whenever older adults are walking into these settings outside of NYC Aging services, or being seen by clinicians in other settings, those professionals have been trained on the needs of older adults and know how to connect an individual to services.

Additionally, the NYC Parks Geriatric Mental Health program was developed as an initiative in the Cabinet for Older New Yorkers. In that instance, because of the Cabinet for Older New Yorkers, we knew that older adults were not connected to NYC Aging programs but were still receiving similar or adjacent services through another agency. That enabled us to develop an initiative with NYC Parks to focus on mental health programming at their specialized resources for older adults. We truly are meeting older New Yorkers where they are and not requiring them to come to our facilities. This is the direct work for this body, and why the Cabinet for Older New Yorkers was formed. These collaborative efforts demonstrate how city government can operate more effectively and more compassionately through communication and shared goals.

Introduction 1257

I know that part of today's hearing is also to discuss Introduction 1257, a bill which would require DOHMH to compile a list of common neurological and mental health conditions and then transmit those to the Cabinet for Older New Yorkers. As I described to you with our efforts surrounding NYC Parks, the role of the Cabinet for Older New Yorkers is to break down communications silos, develop outreach plans, and utilize existing resources for the benefit of older adults. We do not view the Cabinet as a think tank, or white paper cabinet designed to study items and issue reports. The initiative driven model allows agencies to identify opportunities to meet goals and solve problems for older adults in real time. We are aligned with Council on the need to address mental health concerns for older adults and that is evident in the DGMH Program and our efforts to move the needle on understanding brain health and cognitive aging research. Our concern will always be to remain true to the goals and charge of the Cabinet for Older New Yorkers and we look forward to discussing this bill further.

Conclusion

I continue to be proud of the great work that NYC Aging, our staff, and our provider network accomplish every day. We are working smarter, more efficiently, and more creatively to meet the growing needs of older adults in New York City. With your continued partnership, we can ensure that older New Yorkers are not only cared for—but celebrated, respected, and given every opportunity to thrive. Thank you.

Testimony of AARP New York
New York City Council Oversight Hearing
Committees on Aging and on Mental Health, Disabilities, and Addiction
June 9, 2025

Good afternoon, Chair Hudson, Chair Lee, and members of the Committees on Aging and on Mental Health, Disabilities, and Addiction.

My name is Kevin Jones, and I am the AARP New York Associate State Director for Advocacy. I am here today on behalf of our 750,000 members in New York City and the more than 3.5 million older adults living in the five boroughs.

New York City's older adult population is growing faster than any other age group. From 2012 to 2022, the number of New Yorkers age 65 and over increased by 34 percent. With this growth comes a clear mandate: we must ensure our systems evolve to meet the needs of older adults, including addressing the unique mental health challenges they face—such as social isolation, bereavement, declining physical health, and economic instability.

Older New Yorkers expect the city to respond to their needs through the efforts of various city agencies. However, most agencies lack a formal mechanism to coordinate their services and ensure programs effectively reach and address this population. That is why we strongly support **Introduction No. 1257**, which would require the Cabinet for Older New Yorkers to study and report on how city agencies provide services to older adults with neurological and mental health conditions. This legislation, would help identify service gaps, highlight best practices, and foster better coordination across government. Just as importantly, it must center the voices and lived experiences of diverse older New Yorkers.

Mental health, housing, and economic security are not separate challenges for older adults—they are deeply interconnected. We appreciate the Council's leadership in advancing legislation that reflects the complexity of aging and the dignity every older New Yorker deserves.

But legislation alone is not enough. We also call on the City Council to ensure long-term, stable funding for aging services in the FY26 budget. We urge you to add **\$622 million to the budget** to fully fund these vital services. These dollars allow older New Yorkers to stay in their homes, access food and care, and remain connected to their communities.

A budget is a statement of priorities. By fully funding services for older adults, the city would send a clear message: older New Yorkers are a priority. Older New Yorkers built this city and made it great, and they deserve to age with dignity in the communities they call home. Without real investments, we will leave our city's older adults behind.

Thank you.



Asian American Federation

Testimony to the New York City Council Committee on Aging Jointly with the Committee on Mental Health, Disabilities, and Addiction

June 9, 2025

Written Testimony

Thank you, Chair Crystal Hudson and the Committee, on Aging, as well as Chair Linda Lee and the Committee on Mental Health, Disabilities and Addiction for holding this hearing and for giving us the opportunity to testify about the mental health needs of older New Yorkers. I am Navdeep Bains, Associate Director of Advocacy & Policy at the Asian American Federation (AAF), where we proudly represent the collective voice of more than 70-member nonprofit organizations serving 1.5 million Asian New Yorkers.

As the Asian community faces a challenging landscape due to federal funding cuts and anti-immigration policies, our older adults are placed at the center of this issue, with the intersection of race and age rendering them particularly vulnerable. While our member organizations continue providing high quality mental health care, this increased demand, coupled with challenges obtaining and retaining culturally and linguistically competent staff, has resulted in increased strain on our community-based organizations (CBOs). Without these essential nonprofit organizations and their lifesaving direct services, our older adults would experience increased adverse mental health outcomes.

AAF's Senior Working Group

Asian older adults are the fastest-growing older adult community citywide, making up 14% of New York City's senior population. This population growth was coupled with a rise in poverty and currently, 42% of Asian seniors are low-income, making them among the City's poorest seniors. Moreover, 25% of Asian seniors experiencing poverty live alone, and 84% have Limited English proficiency - this results in a high likelihood of isolation and loneliness - key issues that our CBOs address daily.

To address these gaps, AAF created the Seniors Working Group (SWG) in collaboration with twelve member organizations. The SWG serves as the first and only Asian specific seniors advocacy coalition in New York City, helping over 125,000 low-income seniors annually, from 10 different Asian ethnicities. As a coalition, it identifies, addresses and advocates for the social service needs of our aging population. Building off this work, SWG published a policy agenda in 2022 which served as a public education tool to outline the most pressing needs of Asian older adults. The agenda makes several recommendations, including protecting seniors from anti-Asian violence, promoting access to direct services (senior centers, social services, and food programs), promoting mental health, and combating social isolation.

Among the issues of concern for the Asian elderly population are food insecurity, anti-Asian violence, functioning older adult centers, and mental health, all of which are interconnected. The SWG has helped bridge gaps by providing culturally competent meal programs, which are especially essential during times of fear stimulated by the increase in anti-Asian hate crimes. Scared to leave their homes, Asian older adults rely on services such as these to sustain them. However, expanding culturally appropriate services and programs such as this one requires further understanding and funding. Systematic change is needed, rather than the "one size fits all" approach currently operated by the city's Department for the Aging. Our community is diverse and holds various needs which must be heard and understood. This means



Asian American Federation

prioritizing cultural competency and language access in contracting processes, as well as focusing on funding smaller contracts for our local community-based organizations.

AAF's Mental Health Programming and Advocacy

AAF's expertise in mental health focused work is rooted in years of experience. From 2020 to 2024, AAF worked with our CBOs to develop mental health programming, which resulted in over 12,800 Asian New Yorkers getting connected to mental health services from providers who speak their language and understand their unique cultural needs. In 2022, AAF released the first-ever online mental health provider database of 550 mental health care providers who speak Asian languages and understand Asian cultures. In 2024, AAF also launched our Asian American Mental Health Hub, the first-ever digital platform focused on mental health topics for New York's Asian community, including in-language resources to address stress and anxiety related to anti-Asian hate, bullying, depression, and seniors' well-being.

In FY 25, our mental health program served over 2,000 low-income Asian New Yorkers through community education events, resource sharing, and Roundtable convenings to advocate for increased access to culturally and linguistically competent mental health services. In partnership with the Roundtable, AAF also released a policy agenda that identifies gaps and barriers to accessing mental healthcare for Asian New Yorkers and makes recommendations on how to advance equity and inclusion in mental health policies and practices. In FY 26, we plan to continue working with six Asian-led CBOs that serve the Arab, Chinese, Japanese, Korean, South Asian, and Southeast Asian communities to expand both their non-clinical and clinical mental health services and programming. We will further enhance our online mental health resources in multiple languages by adding 150 new providers to the existing 550 in our Asian Mental Health Directory, increasing the total to 700 providers. We will expand AAF's Mental Health Hub by creating two new resources in five Asian languages—Arabic, Bangla, Chinese, Korean, and Urdu—and adding 20 translated resources in nine Asian languages, including Arabic, Bangla, Burmese, Chinese, Japanese, Khmer, Korean, Urdu, and Vietnamese. To ensure these resources reach those in need, we will launch social media campaigns to promote these culturally and linguistically tailored tools. Finally, we will host our Asian American Mental Health Roundtable, a coalition of 15 Asian-led, Asian-serving organizations, to advance mental health policy initiatives, share resources, and exchange ideas on overcoming barriers to mental healthcare for the Asian community.

Recommendations to City Council:

The topic of today's hearing is particularly important to AAF as we convene the Seniors Working Group and a Mental Health Roundtable – both working groups that convene over a dozen organizations to address systemic issues impacting older adults and our community's mental health needs.

1. Int. 1257 (introduced by Chair Crystal Hudson)

- We are longtime supporters of Chair Crystal Hudson's Age in Place legislative package, including Int 1257, requiring the cabinet to study and report on the provision of services to older adults with certain neurological and mental health conditions.

2. Res. 106 (introduced by Chair Crystal Hudson)

- We support Resolution 106 calling on the State Legislature and Governor to expand eligibility for the Disability Rent Increase Exemption program. Programs like this protect seniors from never ending rent hikes in a time of economic crisis and threats to social safety net programs and social security. Expanding the eligibility of this program to include additional qualifying members will help seniors in the Asian community from



Asian American Federation

facing immense hardship and stress (such as eviction, and house-lessness) and it would also help their family members experiencing vulnerable situations.

3. Res. 852 (introduced by Shekar Krishnan)

- We also support Resolution 852 calling on Congress and the President to protect social security as many members of the Asian community rely on social security to pay for basic necessities like groceries, utility bills, and housing. For our older adults, this is the only source of income they can rely on as they cannot participate in the workforce due to age and ailing health. Protecting social security will not only provide a steady income to Asian seniors but it will also prevent worsening mental health due to stress and anxiety. One of our member organizations serving Brooklyn recently said: “Social security cuts for seniors has been a major topic of concern and discussion at our senior center and Older Adult Center.”

4. Support AAF’s Advocacy, Programming and Research

- Lastly, we urge the City Council to continue supporting our Older Adults Initiative to further AAF’s research, advocacy and programming to highlight the unique needs of Asian seniors. We additionally request your support for our Rapid Immigrant Support and Empowerment (RISE) initiative, to help facilitate new immigrants’ access to critical services and supporting the nonprofits that deliver them.

The challenges faced by Asian New Yorkers demand long-term investment in mental health and in organizations who can provide culturally and linguistically competent care. Thank you for your continued support and for the opportunity to testify today. If you have any questions, I can be reached by email at navdeep.bains@aafederation.org.



**Testimony of Chelsea Rose
Policy & Advocacy Manager
Care For the Homeless**

**Provided to the New York City Council
Committee on Mental Health, Disabilities, and Addiction
Committee on Aging
June 9th, 2025**

My name is Chelsea Rose, and I serve as the Policy and Advocacy Manager at Care For the Homeless (CFH). I want to thank Chair Crystal Hudson of the Committee on Aging, Chair Linda Lee of the Committee on Mental Health, Disabilities, and Addiction, and all committee members for the opportunity to testify today. I'm here to shed light on the critical intersection of mental health and the experiences of older New Yorkers experiencing homelessness.

Care For the Homeless has over 40 years of experience providing medical and behavioral health services exclusively to people experiencing homelessness in New York City. We operate 22 federally qualified health centers across all five boroughs, co-located at shelters for single adults and families, assessment centers, soup kitchens, and drop-in centers. Our community-based health model also brings care directly to neighborhoods with the greatest need. Both models aim to reduce the barriers unhoused New Yorkers face when navigating a complex health care system by increasing access to patient-centered primary and behavioral health services. In addition, we operate two shelters for women, two shelters for men, and one Safe Haven—all of which include on-site health centers open to both residents and community members. Across these programs, our goal is to end episodes of homelessness by providing essential supportive services that help residents move into stable, permanent housing.

Today, I want to focus on a specific and growing population within New York City's shelter system: older adults living with serious mental and cognitive disabilities and requiring a higher level of care than what is available in shelters.

An Aging Shelter Population with Complex Needs

We are seeing a rising number of older adults within our shelters that are living with serious mental illness or cognitive impairments such as dementia. These individuals often require a level of care, supervision, and accessibility that the shelter system is simply not equipped to provide. Yet, under the current system, they are routinely funneled into shelters ill-suited to meet their complex medical and



mental health needs, making it even more difficult for them to access appropriate housing and long-term care.

The number of homeless adults in New York City aged 65 and older more than doubled between 2014 and 2022, reaching the highest rate ever recorded. Older adults make up the fastest-growing segment of the homeless population – many experiencing homelessness for the first time.¹ This trend reflects broader structural failures. As the second half of the baby boomer generation continues aging into fixed incomes and rising living costs, this crisis will worsen.

These individuals are also dealing with higher levels of chronic conditions, often presenting with higher levels of acute co-morbidities. Studies show that older homeless adults have medical needs that exceed the norms for their biological ages, experiencing geriatric medical conditions at rates on par with their housed counterparts that are 20 years older. Moreover, people experiencing homelessness have a life expectancy of 64 years with older homeless individuals experiencing old-age related mortality earlier than their housed counterparts.²

Facilities that could serve these individuals, such as adult homes, assisted living facilities, and nursing homes – are often out of reach. Many reject applicants with psychiatric diagnoses or simply lack the staffing and capacity to take new residents. Even buildings in the supportive housing portfolio are frequently non-compliant with ADA standards, meaning individuals who use wheelchairs or need mobility assistance are left without options. These are facilities meant to provide services to individuals living with a mental health condition, and accessibility remains a substantial barrier to entry.

Even when a resident is clinically eligible for higher levels of care, placement can take years – with waitlists for nursing homes and long-term supportive housing stretching two to three years or more.

Fragmented Systems and Devastating Outcomes

As a result, too many aging and disabled New Yorkers remain in the shelter system, receiving fragmented and insufficient care. They cycle through emergency rooms, hospitals, or psychiatric holds without ever achieving long-term stability. This is not only inhumane—it is inefficient and costly,

¹ Newman, A. (2024, June 28). *Why More Older New Yorkers Are Ending Up in Homeless Shelters*. *The New York Times*. Retrieved from <https://www.nytimes.com/2024/06/28/nyregion/nyc-homeless-older-people.html>

² Culhane, D., Treglia, D., Byrne, T., Kuhn, R., & Metraux, S. (2019). *A Data-Driven Re-Design of Housing Supports and Services for Aging Adults Who Experience Homelessness in NYC*. Retrieved from <https://www.nyc.gov/assets/cidi/downloads/pdfs/Aging-Homeless-Study-Report.pdf>



placing enormous strain on shelter staff who are doing their best within a system that is not designed to provide appropriate care for this level of medical complexity.

Of the more than 12,400 patients at Care For the Homeless served last year, over 30% were individuals aged 50 and older. Our staff and clients witness every day the devastating impact that housing instability has on older adults residing within the shelter system. One resident describes watching numerous older women cycle endlessly between emergency rooms and shelters, struggling with basic daily activities like bathing, eating and dressing. She has watched their mental and physical health deteriorate in real time as they are living in a system not built for them. The following are testimonials from other residents in the same shelter facility:

“Residents are acting as nurses for each other to keep them from going back into the hospital”

“Before entering the shelter system, I had a home aide that helped me bathe and take care of myself. Now I can’t take showers because I can’t bathe on my own.”

“I go into the hospital like a revolving door. And then they send me right back here.”

These stories are not unique. Hospitals and long-term care facilities regularly discharge patients into the shelter system without appropriate referrals to nursing homes, assisted living facilities, psychiatric residences, or other special needs housing. Our staff has shared that these institutions do not honor the DHS Institutional Referral Form. Sometimes the completed forms submitted by hospitals or long-term care rehabilitation facilities are inaccurate or do not fully reflect the full medical fragility of the patient. Because of this, patients are referred inappropriately to shelters even though they should be referred to facilities that can provide a higher level of care. This practice fuels a harmful cycle that burdens an already strained shelter system and undermines the health and dignity of older adults who are simply trying to survive.

Even for older adults that do not have a chronic mental health condition, access to stable housing is difficult to secure. For example, a survey in 2023 found that New York City has over 520,000 outstanding applications for affordable senior housing, including more than 220,000 applications for age-restricted units in the Housing Connect Lottery. In some buildings, 25,000 people have applied for just 100 available units. The sheer numbers speak for the immense burden that older adults face when dealing with the threat of housing instability.³

³LiveOn NY. (2024). *Senior Housing Report 2024*. Retrieved from <https://static1.squarespace.com/static/562a3197e4b0493d4ffd3105/t/667dc5ad03c7896fe219abf7/1719518637303/LiveOn+NY+Affordable+Senior+Housing+Report+-+June+2024.pdf>



Policy Must Catch Up to Realit

Nationally, homelessness among older adults is expected to rise, especially amid threats to programs like Social Security and other critical components of our social safety net, something that we have witnessed firsthand in the last few months. It is imperative that New York City recognize the unique and urgent needs of older adults experiencing homelessness residing in our shelter system and take meaningful action to provide appropriate access to long term care and housing.

Today, I want to be clear: this is an issue that will continue to get worse if the proper pathways to long term care are not created. Older New Yorkers are being pushed into environments that cannot meet their needs—where they are left without care, without stability, and without dignity. This is not only a policy failure, but a moral one.

We urge the City Council to support **Intro No. 1257, Resolution No. 852, and Proposed Resolution No. 106-A**. These initiatives provide a critical pathway forward to address the unique needs of older New Yorkers experiencing housing instability while living with chronic mental and cognitive disabilities. We ask that you center these individuals in your conversations about systemic reform.

Thank you very much for your time and for your commitment to the health, safety, and dignity of all New Yorkers.

If you have any questions, please reach out to Chelsea Rose at crose@cfhnyc.org

Oversight Hearing on Mental Health & Older New Yorkers

June 9, 2025

TESTIMONY OF CITYMEALS ON WHEELS

Before the New York City Council

Committee on Aging, Honorable Crystal Hudson, Chair

Jointly with

The Committee on Mental Health, Disabilities, and Addiction, Honorable Linda Lee, Chair

Submitted by:

Emma Bessire

Senior Associate, Policy and Advocacy

Citymeals on Wheels

Citymeals on Wheels works in partnership with the City and the network of meal providers to fill a significant gap in the City's home-delivered meals program by funding the delivery of meals on weekends. In addition, Citymeals is a citywide emergency responder bringing food to homebound older adults in localized and citywide emergencies and supporting the most vulnerable older New Yorkers with additional food programs. In FY24, Citymeals provided nearly 2 million meals to 21,000 older adults across all five boroughs.

The issue of mental health is of particular importance for Citymeals, due to the heightened rates of social isolation among homebound older adults and its consequences. Numerous studies have found a link between being homebound and not only social isolation but depression and a broad range of medical and psychological conditions.¹ In New York City, 28% of people over the age of 65 live alone and nearly 20% now live in poverty, according to new research from the

¹ Qiu WQ, Dean M, Liu T, George L, Gann M, Cohen J, Bruce ML. (2010) Physical and mental health of homebound older adults: an overlooked population. Journal of the American Geriatric Society. <https://doi.org/10.1111/j.1532-5415.2010.03161.x>

Center for an Urban Future.² Social isolation is also higher among older adults with lower incomes.³

Last year we surveyed 500 older New Yorkers participating in the City's congregate and home-delivered meals programs to learn more about how they were meeting their food needs beyond the one meal a day they received through these programs. In addition to learning that nearly half had experienced some level of food insecurity in the past year and over half lived alone, we also learned a bit about their mental health concerns and access to social supports. Key findings from our research⁴ include:

- 38% of participants reported that loneliness and depression are problems for them.
- Yet a staggering 82% never accessed mental health services.
- 45% reported having little to no support from family, friends, or a personal care attendant for meals.
- 25% reported not knowing about the support services available to them.

These data suggest that not only is there a need for programs that address depression, loneliness, and other psychological conditions among older adults, especially those who are homebound, but there is also a gap in existing supports and a lack of access to them.

Over the years, Citymeals has expanded our work to include social connection programs, such as a Shop and Escort Program, Social Wellness Calls, and a partnership with Life Story Club. Through our work with Life Story Club, Citymeals is working with case management agencies to reach homebound older adults and connect them to weekly group social chats led by moderators, with annual in-person gatherings at their local Older Adult Center. Groups are

² Bowles, J., Dvorkin, E., Neches, R. (2025) The Emerging Financial Security Crisis Facing NYC's Older Adults. The Center for an Urban Future. <https://nycfuture.org/research/the-emerging-financial-security-crisis-facing-nycs-older-adults>

³ Lew, I., Klein, T. (2024). NORCs: An Antidote to Social Isolation. United Neighborhood Houses. [UNH NORCs Report](#)

⁴ Older Adult Hunger, Food Services, and SNAP Participation in New York City. Citymeals and CUNY Urban Food Policy Institute, 2024. [https://www.citymeals.org/sites/default/files/inline-files/Citymeals%20on%20Wheels AGING%20WITHOUT%20HUNGER 2024.pdf](https://www.citymeals.org/sites/default/files/inline-files/Citymeals%20on%20Wheels%20AGING%20WITHOUT%20HUNGER%202024.pdf)

currently conducted in English, Spanish, Mandarin, and Cantonese. Participants have reported an 86% satisfaction rate with the program and 85% experienced a decrease in loneliness, per the UCLA loneliness scale. Over 90% of participants saw an improvement in their mood after attending their club.

But social connection programs cannot do the work of mental health services. Our programs help support the overall wellbeing of our homebound meal recipients, and importantly, they can be an entry point to mental health services as staff are able to reach out to case managers if they have concerns about participants. However, mental health services must be available and accessible for those with more complex needs that require clinical intervention. The screenings, referrals, counseling, and other activities the Geriatric Mental Health initiative provides in OACs, virtually, and telephonically, are vital to meeting older adults where they are most comfortable and fulfilling their mental health needs. The virtual and telephonic options are particularly critical for homebound older adults, who may not regularly attend an OAC or have access to in-person mental health services.

We urge the Council to restore full funding to the Older Adults Mental Health initiative at \$3,507,706 in FY26. Further investment at \$800 million is also needed in order to address critical infrastructure issues at Older Adult Centers across the city. Older Adults deserve to access mental health services in centers that are accessible and in good repair, with working HVAC systems, technology, and fully funded facilities. If we want older adults to access OACs across the city, we must invest in those physical spaces.

We thank the Council for their efforts to support the mental health of older adults through this hearing and urge you to adequately fund the programs older New Yorkers so desperately need.



**MET
COUNCIL**

Feeding the hungry. Serving the poor.
Changing lives.

**New York City Council Committee on Aging Oversight Hearing on
Mental Health and Older New Yorkers**

Chair Hudson, and fellow members of the New York City Council Committee on Aging,

Thank you for holding this oversight hearing on Mental Health and Older New Yorkers. We are writing testimony on behalf of the Metropolitan Council on Jewish Poverty (Met Council) in support of Resolution 106-A, calling on the New York State Legislature to pass, and the Governor to sign, S.3563/A.2367, to expand eligibility for the Disability Rent Increase Exemption (DRIE) program to additional qualifying household members. Many older adults live on fixed incomes, and rising housing costs often leave them vulnerable to eviction, homelessness, or unsafe living conditions. Currently, the Senior Citizen Rent Increase Exemption (SCRIE) and DRIE programs provide valuable support to housing-insecure seniors, but more must be done.

For over 50 years, Met Council has been one of America's largest Jewish charities dedicated to fighting poverty. We operate ten departments ranging from 100% affordable housing to our award-winning family violence program, comprehensive Holocaust Survivor assistance, geriatrics programs, crisis intervention, and the country's largest kosher emergency food network. Met Council provides a wide array of support to over 320,000 New Yorkers annually.

Met Council's Geriatrics Team serves over 3,000 older adults through its Elder Abuse Prevention Program, Caregiver Support Program, Holocaust Survivor Program, and Senior Repair program. We work closely with DFTA-funded Older Adult Centers, Naturally Occurring Retirement Communities (NORC), Home-Delivered Meals, and Case Management programs to connect our older clients to vital services. Our Elder Abuse Prevention Program utilizes Older Adult Centers as part of safety planning for isolated older clients who are actively experiencing abuse and may need a place to feel safe and connect to a larger support network. For older clients who experience increased frailty, limited support, and limited means to afford help, we regularly connect them to home care services through Case Management Programs, which offer Expanded In-Home Services for the Elderly Program (EISEP). Having access to support with everyday activities, meal preparation, and socialization is critical for extending one's ability to age in place and avoid higher levels of care.

In recent years, Met Council's Geriatrics Team has seen increases in housing insecurity with clients, impacting their ability to age in place and causing greater strain on those who care

for them. The number of New Yorkers living in poverty has rapidly increased in recent years. In 2024, Nearly 2 million New York City residents live in poverty.¹ **Approximately 1 in 5 older New Yorkers live in poverty, a number that has increased by over 40% since 2013.**² This alarming rise in the level of poverty within the senior population results in a higher than the national average rate of housing insecurity among seniors in New York City; **43 percent of households with a resident over the age of 75 experience housing insecurity.**³

Currently, to qualify for DRIE, the qualifying individual must have their name listed on the property lease. According to a report from the Center on Research on Housing Opportunity, Mobility, and Equity, approximately one-third of older New Yorkers live in a residence with their adult children. If their name is not on the lease, these individuals, regardless of finances, health, or other circumstances, do not qualify for DRIE. Resolution 106-A would encourage the state legislature and the Governor to expand DRIE to additional qualifying members of New York households. By expanding the reach of the DRIE program, New York can enable more low-income New Yorkers to age in place, prevent housing insecurity, and improve mental and physical health outcomes.

Social Security is the only financial safety net for many older adults, especially people of color, immigrants, and low-wage workers. Many of our older clients rely on Social Security as their only consistent income that provides rent, utilities, food, medications, and transportation. With cost-of-living increases, Social Security needs to be updated to meet today's economic realities. Our clients report the stress of trying to stretch Social Security to meet basic needs, and they rely on food pantries in addition to their limited SNAP benefits. Some have even had to return to work to secure additional income. Our state must ensure that older adults are not forced to choose between rent, medication, and food because economic insecurity is closely connected to poor nutrition, chronic conditions, and mental health issues.

Across our Geriatrics programs, we have encountered a greater need for geriatric mental health services. For some, mental health issues arise due to compounding stress factors, including economic insecurity, declining physical health, and isolation. However, many have found that they cannot access appropriate mental health care due to provider shortages or lack of awareness.

As mental health is shaped by the aging process, we must do our best to ensure robust systems that support health aging such as expanded geriatric mental health services, enhancements to Social Security and strengthening of housing support programs such as DRIE.

¹ (Robin Hood, February 26, 2025, "Robin Hood Annual Poverty Tracker Report Shows 25% Overall Poverty Rate in New York City, Climbing Beyond Record Highs Observed in 2022 ")

² (Center for an Urban Future, May, 2025, "The Emerging Financial Security Crisis Facing NYC's Older Adults ")

³ (Office of the New York State Comptroller, February 14, 2024, "Housing Cost Burdens for New Yorkers Among Nation's Highest ")

We thank you for taking the time to review our testimony, and we look forward to continuing to work with this committee and the New York City Council to meet the needs of older New Yorkers.

Thank you,

A handwritten signature in dark ink, appearing to be 'LW' or 'Lillian Wu' in a cursive style.

Lillian Wu, LMSW

Director of Geriatrics Programs

Metropolitan Council on Jewish Poverty



Working together to prevent suicide + help save lives.

The Samaritans of New York, Inc. (Suicide Prevention Center)
Testimony of Fiodhna O’Grady, Director of Government Relations
NYC Council Oversight Hearing: Mental Health & Older New Yorkers

Thank you for the opportunity to testify today. My name is Fiodhna O’Grady, and I serve as Director of Government Relations at Samaritans of New York—the city’s only completely confidential, 24/7 suicide prevention hotline.

For more than 40 years, Samaritans has been a trusted source of support for New Yorkers in emotional crisis. And while much of the public conversation around suicide prevention rightly focuses on youth, the reality is this: **older adults have the highest suicide completion rate of any age group.** They tend to use more lethal methods and are far less likely to be rescued in time (CDC, 2023; Conwell & Thompson, 2008). **And yet, fewer than 1 in 5 evaluated suicide prevention programs directly address the needs of older adults** (Lapierre et al., 2011). This is a silent crisis.

We strongly support Int. No. 1257 and the accompanying resolutions, particularly those that expand eligibility for housing support and protect access to Social Security. Because when we answer our hotline, we hear how older adults are too often left behind—by systems that don’t screen for mental health needs, by housing policies that don’t account for disability, and by a public health field that fails to see them as a priority.

The study proposed in Int. 1257 is critical, but we urge the Council to ensure it is not only robust but actionable. It must include engagement with community-based organizations and providers, like Samaritans, who are already working closely with this population and know the gaps firsthand.

Expanding DRIE eligibility through Res. 106-A will help prevent the kind of financial and housing instability that pushes so many of our older callers into crisis.

Finally, Social Security is not just a benefit. For many older adults, it is the *only* stable thing left in their lives. It provides dignity, autonomy, and the ability to stay connected to community. Supporting Res. 852 sends a strong message that this city stands behind its most vulnerable residents.

We cannot continue treating older adults as an afterthought in suicide prevention. Getting older does not mean a person’s life holds less value. These policies are a step toward affirming that truth in both word and action.

Thank you.



Working together to prevent suicide + help save lives.

The Samaritans of New York, Inc. (Suicide Prevention Center)
Testimony of Kumarie Cruz, Director of Bereavement + Education Services
NYC Council Oversight Hearing: Mental Health & Older New Yorkers

Good afternoon and thank you for the opportunity to testify.

My name is Kumarie Cruz, and I serve as the Director of Bereavement and Education Services at Samaritans of New York. In my role, I support those who have lost loved ones to suicide, and I train professionals across the city including senior center staff, case managers, caregivers—on how to recognize and respond to suicide risk.

We support Int. No. 1257 because it brings long-overdue attention to how agencies are—or aren't—serving older adults living with mental health or neurological conditions. Our team often hears from seniors who feel they're falling through the cracks—misunderstood, overlooked, and dismissed by systems not designed with them in mind.

But the value of this bill lies not just in the data it gathers, but in whether that information leads to meaningful change. **That change depends on genuine engagement with those who understand the realities on the ground:** the community-based organizations, like Samaritans, the dedicated caregivers, and the older adults themselves.

Res. 106-A and Res. 852 are also directly tied to suicide prevention. Financial insecurity is a major driver of anxiety, fear and distress, especially among older adults. Expanding DRIE would help protect against housing instability—a common trigger for crisis—while safeguarding Social Security benefits ensures older New Yorkers can maintain not just financial stability, but a sense of dignity and independence.

A person's worth doesn't diminish with age. Every older adult has a story, relationships, and a right to support. But many tell us they feel like a burden. That no one would notice if they were gone. That their pain is just “part of getting old.” **We must reject that narrative, and these bills help do that.**

Every older adult we speak with is a reminder that suicide prevention must extend across the lifespan. These proposed policies move us closer to that reality.

Thank you for your time—and for your commitment to older New Yorkers.



SERVICE PROGRAM FOR OLDER PEOPLE

Testimony presented to the

New York City Council Joint Meeting of the

Committee on Aging
and

Committee on Mental Health, Disabilities, and Addiction

June 9, 2025 1:00 p.m.

Service Program for Older People, Inc.

www.spop.org

Good afternoon. I am Geordana Weber, Chief Program Officer of Service Program for Older People (SPOP). Thank you, Chairs Hudson and Lee for holding this oversight hearing on the subject of Mental Health and Older New Yorkers. I am grateful for this opportunity to address the two committees today.

SPOP plays a unique role in supporting the health, emotional well-being, and independence of older adults – and has done so for more than 45 years. We are the only agency in the city that is exclusively dedicated to community-based mental health care for older adults. We provide outpatient treatment to over 1,000 people each year through individual and group therapy, assessments, medication management, and psychiatric rehabilitation.

We understand that older adults may face multiple barriers to mental healthcare and we have developed strategic partnerships with older adult centers, hospitals, and other community-based organizations that connect us to those who might otherwise have no access.

We have also built a network of 20 service locations and satellites in Manhattan, Brooklyn and the Bronx, where clients can receive mental healthcare at the same place they receive aging support services. We were especially proud when NYC Aging adopted SPOP's co-location treatment model to integrate mental healthcare into older adult centers.

Education is central to our mission, and we share our expertise with other organizations and professionals that work with older adults. We teach the ins and outs of Medicare billing, which ultimately expands the provider pool. In other cases, we provide workforce training on such topics as older adult substance use, trauma, or suicidality.

Perhaps our most important role, however, is advocating on behalf of older adults with mental health needs. Our goal is to increase access to treatment throughout the city, and we believe that older New Yorkers deserve to have the entire city on their side. While we love what we do, we can't be the only ones doing it!

I am here today to express SPOP's enthusiastic support for Introduction Number 1257, which focuses on the identification of the leading neurological and mental health conditions affecting older adults. We believe that this bill will call attention to healthcare needs and impact decisions affecting policy and service delivery options. Clear data can inform a strategy to address those healthcare needs.

Through our work, we have seen the despair that ensues when a person's needs increase as their financial resources dwindle, which only exacerbates their mental health or neurological condition. This bill recognizes the need for all city agencies to come together in order to support our most vulnerable New Yorkers – not just those that provide mental health and aging services, but across all the sectors represented in the Cabinet.

We share the Council's aims to make New York City a great place to grow old. If a city defines its worth by the way it treats older adults, then this bill may bring us closer to that goal. To that end, greater investments to support the mental health needs of older New Yorkers are critically needed in this budget.

Thank you for your work on behalf of all older New Yorkers and for this opportunity to testify.

Testimony of
The Legal Aid Society

on

Oversight: Mental Health and Older New Yorkers and Int.1257-2025, Res. 0106-2024, Res. 0736-2-25 and Res. 0852-2025

presented before

The New York City Council's Committees on Aging and
Mental Health, Disabilities and Addiction

Jeannine Cahill-Jackson
Director of Elder Law
Civil Practice
The Legal Aid Society

June 9, 2025

The Legal Aid Society appreciates the opportunity to comment on the subject of Mental Health and Older New Yorkers and Int. 1257-2025, Res. 0106-2025, and Res. 0852-2025 and thanks the Committee on Aging and the Committee on Mental Health, Disabilities and Addiction for convening this joint hearing.

Who We Are

The Legal Aid Society (LAS), the nation's oldest and largest not-for-profit legal services organization, was founded in 1876 to provide free legal representation to marginalized New York City families and individuals. The Legal Aid Society's legal program operates three major practices – Civil, Criminal, and Juvenile Rights – and through a network of borough, neighborhood, and courthouse offices provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel. With a caseload of nearly 200,00 cases and legal matters for clients, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States.

Our Civil Practice works to improve the lives of low-income New Yorkers by helping vulnerable families and individuals to obtain and maintain the necessities of life- housing, health care, food, and self-sufficiency. We serve as a “one-stop” legal resource for clients with a broad variety of legal problems, ranging, among others, from government benefits and access to health care, to immigration and domestic violence. Our depth and breadth of experience is unmatched in the legal profession and gives LAS a unique capacity to go beyond any one individual case to create more equitable outcomes for individuals, and broader, more powerful systemic change at a societal level. Our work has always taken an explicit racial and social equity lens, and the current housing crisis has further focused our efforts to advocate for the needs of New York's marginalized communities.

The Legal Aid Society has a long history of providing eviction defense services to seniors in the Bronx and Brooklyn. In 2023, the Legal Aid Society created a city-wide Elder Law Unit (ELU), combining the Brooklyn Office for the Aging and the Bronx Assigned Counsel Project. Currently, the ELU is comprised of a multi-disciplinary team specializing in eviction defense for seniors in the Bronx and Brooklyn. By specializing in eviction defense for seniors, the ELU recognizes that the preservation of housing for a senior often involves many intersecting medical, financial and social issues. The ELU seeks to assess and address the needs of our senior clients to not only prevent their eviction but to alleviate the underlying causes that lead them to be at risk of eviction.

Support for Proposed Legislation: Int 1257-2025

The Legal Aid Society supports Int. 1257-2025, which would require the Cabinet for Older New Yorkers to identify the 10 most common neurological conditions and 10 most common mental health conditions affecting older adults and issue a report with actions the City agencies could take to improve services for older adults living with these conditions. It is critical for the City to better understand what conditions older adults are living with and even more crucial to then take that understanding of the conditions and ensure the programs and services for the most vulnerable older adults more accessible to them. As such, we support this proposed bill. Additionally, we suggest that in their investigation into the ways that agencies could better serve these older adults, that the Cabinet speak to legal services providers and other community-based organizations who are currently assisting these older adults to try to obtain services which they were unable to access on their own. This would provide invaluable insight into the gaps in service and challenges to access, which on paper might not be readily apparent.

In our work, The Legal Aid Society assists older adults who have a wide range of neurological and mental health conditions. They often struggle to access services from city

agencies and programs including Adult Protective Services (APS), the Human Resources Administration (HRA) and other city run programs such as Access-a-Ride. For our testimony, we will focus on the neurological conditions of Alzheimer's, Dementia, and other memory loss, as well as the mental health condition of Hoarding Disorder, challenges we have observed in their access to services and recommendations to address these challenges.

Adult Protective Services – Failure to Properly Assist Individuals with Hoarding Disorder

The most significant issue we have observed is the assistance Adult Protective Services provides older adults with the mental health condition of Hoarding Disorder. We often work with older adults with Hoarding Disorder¹ (which may or may not have ever been formally diagnosed) in the context of eviction proceedings in which the landlord seeks to evict the older adult due to the “nuisance behavior” of hoarding in their apartments. Currently, the only option provided by Adult Protective Services for these older adults, is to consent to a “deep clean” in which a junk removal company comes into their apartment, often in hazmat suits, removes all of their belongings from the apartment and throws them into a dumpster (except for a few items they may be allowed to keep). There is no therapy or supportive counseling assistance offered to the older adult before, during or after the “deep clean”. Unfortunately, the underlying mental health condition is not addressed in any way. To the contrary, when older adults refuse to allow a “deep clean” they face the risk of APS seeking to commence and Article 81 Guardianship proceeding against them to obtain a court ordered Guardian that would have the right to authorize the “deep clean” over their objection.

¹ Hoarding Disorder is a recognized mental health diagnosis in the DSM-5
<https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t29/>

Through our work with older adults with hoarding disorder we have seen the positive impact of having a social worker work with the older adult over a period of months, to assess the reasons they hoard, the role it may play in their lives and what obstacles the older adult may face in not only stopping or lessening the ongoing hoarding behavior but also to declutter and remedy the current situation. This is often most effectively done over several visits in which the social worker builds rapport with the older adult and is able to fully assess them and their situation. After the assessment is completed, there are a few strategies that we could utilize based on what is the best fit for the older adult given factors including their insight into the issue, their motivation to address it, cognitive and physical limitations they may have and any threats created by the hoarding such as an unsafe living situation and/or threat of eviction.

Based on the above, we often work with the client to help them find their personal motivation to start decluttering and to work with them one on one as they start the physical and emotional process of sorting, removing and cleaning. Ultimately, the older adults may be able to do it on their own with the emotional and physical support of our social workers and attorneys. In other instances, we do need to also enlist APS, with the older adult's consent, to remove the remaining possessions and clean the apartment. In other instances, we are able to avoid a full removal of possessions due to a systematic reduction and reorganization of the items. The practices we have used and described here have also been documented as recommended best practices in reports at both the federal and state levels.²

² The Consequences of Clutter- US Senate Committee on Aging https://www.aging.senate.gov/imo/media/doc/the_consequences_of_clutter.pdf; Rethinking Hoarding Intervention – Metropolitan Boston Housing Partnership https://www.metrohousingboston.org/wp-content/uploads/2023/09/Hoarding-Report-2015_FINAL.pdf

In sum, we recommend that supportive programming and clinical interventions including but not limited to motivational interviewing and Cognitive Behavioral Therapy as well as individualized decluttering plans be created, to supplement the “deep clean” which APS already provides. This will create an opportunity for the older adult to live a safer, more healthy life in the community while receiving the support they need and the respect they deserve.

Adult Protective Services – Current Intake and Assessment Processes Are Inaccessible and Inadequate For Older Adults With Cognitive Decline.

The current Adult Protective Services (APS) intake and assessment processes are inaccessible and inadequate for an older adult with cognitive decline to access services. Once an older adult is referred to APS, a case worker will come to the apartment for an unannounced home visit to conduct an initial intake. In order for the older adult to connect with them, the older adult must have the ability to hear the knock on the door and have the cognitive capacity to understand the significance of a knock on the door and to respond to it by then opening the door and engaging with the case worker on the other side of it. This is not an easy feat for someone with cognitive (and physical) decline. The older adult may not understand that the noise was intended to invite them to open the door, and they may react fearfully. Further, they may not be able to understand who the stranger is on the other side of the door and may be unwilling to engage. Even if the older adult does engage with the case worker initially, they may not recall the person or interaction, leading them to be fearful, confused or resistant to future engagement attempts. Lastly, if the older adult is not home at the time, the case worker will leave a business card requesting that the older adult call them. These procedures can all be very prohibitive for individuals with substantial cognitive decline and those are the extremely vulnerable older adults which APS should seek to serve.

If the older adult is able to connect with the APS caseworker, they complete an initial assessment to determine if the older adult may qualify for APS services. This assessment is most often conducted only by being in the apartment of the older adult and speaking with them. It does not, at the initial stage, often involve speaking to others who may know the older adult or any independent investigation such as reviewing bank records etc. In situations where the cognitive decline may not be readily apparent on the first interaction, this can lead to those older adults being rejected for services due to the lack of a thorough assessment. One such older adult we worked with recently, informed the case worker in clear sentences, that he made out a check every month to pay the landlord his rent and he would carry the check over to the drop box and deposit it so he was not behind in his rent. Due to his cognitive decline, he was unaware he had not actually paid his rent in years and that he was actually explaining to the case worker what he did years ago to pay the rent. His APS case was rejected until our advocacy explaining further details that the landlord had not accepted rent via a drop box for many years and providing copies of the older adult's bank statements to show that he had not paid any of his bills in years as well. However, without the advocacy of Legal Aid, his cognitive decline and need for services would have gone unnoticed by APS.

APS And HRA Do Not Provide Assistance With Annual CITYFHEPS Recertifications To

Older Adults With Cognitive Decline

Many older adults who receive the CITYFHEPS rental subsidy, qualify for the subsidy due to the fact they qualify for and receive services from APS. However, upon obtaining the subsidy, no assistance is provided to the older adult to complete the annual recertifications that are required. Most notably, there is no assistance provided to older adults with cognitive decline, who may have already been identified as not being able to manage their affairs on their own any longer. This leads them to losing their subsidy, sometimes annually, and facing eviction in

housing court for nonpayment of rent. The Legal Aid Society will often represent these older adults in the housing court cases and assist them in reinstating their subsidy. However, there is no ongoing support provided by APS for that assistance even after the subsidy reinstatement, leaving the older adult vulnerable to eviction in the future.

Access-A-Ride Application Procedures Are Prohibitive To Older Adults with Cognitive Decline and Mental Health Conditions.

The Access-A-Ride application procedures are prohibitive to older adults with cognitive decline and mental health conditions. Currently, in order to apply for an obtain Access-A-Ride services, an older adult must sign up online and request that an application be mailed to them. They must then complete the paper application and return that in the mail. There is then another step, in which the older adult must attend an in-person meeting. This process is extremely difficult for older adults to navigate and complete, especially if they have cognitive decline or serious mental health conditions.

Accordingly, there are many areas in which the services of city agencies could be made more accessible to older adults with cognitive decline and mental health conditions. As such, The Legal Aid Society supports Int. 1257-2025.

Support for Proposed Legislation: Res. 0106-2024

The Legal Aid Society supports Resolution 0106-2024 calling on the New York State Legislature to pass the bill to expand eligibility for DRIE to include qualifying household members. This would be a meaningful expansion of the DRIE rent freeze program. It would allow households with disabled household members to maintain the affordability of their apartment, regardless of the disability status of the tenant of record named on the lease. This bill would create an opportunity for the disabled household member to be able to maintain the apartment if the current tenant of record vacates and they are granted succession rights to the

tenancy. Under the current DRIE regulations, the disabled household member could only apply for DRIE to freeze the rent after the current tenant of record vacates and they receive a lease in their name. This creates a situation where the rent can continue to increase each lease period, leading the rent to become less and less affordable. With the proposed bill, the family could freeze the rent sooner, and therefore at a lower more affordable rate. This frozen rent could then continue if the disabled family member were to succeed to the lease enabling them a greater likelihood to maintain the apartment independently. Accordingly, we are in support of Resolution 0106-2024.

Support for Proposed Legislation: Res. 0852-2025

The Legal Aid Society supports Resolution 0852-2025 calling on the US Congress and the President to take steps to protect Social Security. Social Security represents an invaluable resource for older adults who are unable to work due to age or disability. Without Social Security, under the current government programs, the only other option is Public Assistance, however the benefit amounts from Public Assistance are grossly lower than that of Social Security. Specifically, the monthly amount of the federally issued SSI benefit for an individual is \$967 whereas in New York a full monthly cash assistance case for an individual is \$215 for shelter allowance and \$180 for the cash portion of the benefit. If older adults were to lose Social Security benefits, they would also lose their ability to afford to live, pay rent, and purchase essential items. The impact would be devastating to the older adults and our communities.

Support for Proposed Legislation: Res. 736-2025

Lastly, The Legal Aid Society supports Resolution 736-2025 to increase funding for ACT teams which provide crucial support to older adults and other New Yorkers living with serious and persistent mental illness and helps them continue to reside in the communities.

Conclusion

Thank you for reviewing our testimony and for the opportunity to comment.

For more information, please contact Jeannine Cahill-Jackson at jcahilljackson@legal-aid.org, or at 646-856-0189



**UNITED
NEIGHBORHOOD
HOUSES**

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**Testimony of United Neighborhood Houses
Before the New York City Council Committee on Aging
and Committee on Mental Health, Disabilities and Addiction**

**New York City Council Oversight Hearing:
Mental Health & Older New Yorkers**

**Submitted by Anita Kwok, Policy Analyst
June 9, 2025**

Thank you Chair Lee, Chair Hudson, and Council Members for convening today's oversight hearing on mental health and older adults. United Neighborhood Houses (UNH) is a policy and social change organization representing neighborhood settlement houses that reach over 800,000 New Yorkers from all walks of life at 770 locations. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers. UNH leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development. We also provide customized professional development and peer learning to build the skills and leadership capabilities of settlement house staff at all levels.

UNH members provide a wide variety of services to over 800,000 older New Yorkers each year by operating programs such as older adult centers (OACs), Naturally Occurring Retirement Communities (NORCs), home delivered meal (HDM) programs, Geriatric Mental Health, case management programs, and others, often funded and contracted by NYC Aging and the City Council. UNH and its settlement house members employ the philosophy that older adults are valued members of our neighborhoods, whose wisdom and experience are important to the fabric of our communities.

UNH members also provide a wide variety of mental health and substance abuse services to their communities, such as Article 31 mental health clinics, Article 32 substance use treatment programs, PROS programs, Geriatric Mental Health services, and other community-based initiatives. Through these services, settlement houses have established themselves as critical partners in addressing the City's growing mental health needs. With communities continuing to experience increasing rates of anxiety, depression, isolation, and grief, it is more critical than ever that the City invest in mental health services.

Many older adults that utilize services at settlement houses are immigrants, low-income, and lack access to social safety nets for food, housing, healthcare, and more. In addition to lower incomes and less access to programs like Social Security, many older adult immigrants either have limited English proficiency or live in linguistically isolated households. This all has significant implications for how older immigrants interact with supportive services and their neighborhoods in general, and puts immigrant older adults at greater risk for isolation. Generally, older adults are particularly susceptible to mental health challenges such as social isolation and loneliness; yet older adults lack access to mental health care for reasons such as stigma or lack of culturally competent care. Settlement house staff are essential to the community, assisting older adults in navigating complex government systems, such as benefits enrollment, which includes being the keepers of many usernames and passwords for different government websites for older adults.

Older Adults Mental Health Initiative

UNH is a long-time supporter of the Council's Older Adults Mental Health Initiative (formerly Geriatric Mental Health Initiative). Older Adults Mental Health funds mental health services in community spaces where older adults gather, such as senior centers, NORCs, and food pantries. It increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in nonclinical settings, Older Adults Mental Health providers are able to improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma. Older Adults Mental Health currently supports 33 organizations, 16 of which are UNH members.

Funds from the Older Adults Mental Health Initiative are used to promote healthy aging. One UNH member uses the funds to support depression screening in older adult centers and to conduct workshops on ways to improve mental health among older adults (i.e. support groups, discussion of coping with loss, positive reinforcement, etc). Another UNH member uses the funds to ensure all senior services programs are safeguarded with the mental health of older adults, such as combating social isolation through congregate activities and meals at the Senior Center, recreational activities at the NORC, or friendly visiting from the Senior Companions program. All of their programs also have a team of social workers or case managers that are trained on mental health first aid and conduct wellness calls to clients and can provide informal counseling or referrals to clients.

Older adults are already at higher risk for anxiety, depression, and other mental health challenges. Even before the COVID-19 pandemic hit, the aging services network expressed an overwhelming demand to expand mental health services for older adults, especially at senior centers and NORCs and in multiple languages. Since 2020, recipients have observed rising levels of social isolation, bereavement, and fear among this population, and these sentiments remain high today. A Queens-based UNH member observed a notable increase in mental health needs among their Korean-American community members, driven by increased isolation, economic challenges, and higher anxiety levels. With funds from the Older Adult Mental Health Initiative, this member organization uses funds to support mental health services in non-clinical settings, such as religious institutions. Services include a combination of individual, couples, and group support and counseling as well as referrals and case management. Direct and indirect services are provided primarily by the mental health professionals including clinicians, nurse practitioner, psychiatrist, health facilitator, case management and program staff. Another

UNH member reported increased fear among the older adult immigrant population they serve because of the anti-immigrant rhetoric and policies of the new federal administration. There is a growing openness to mental health services among older adults, particularly virtual counseling and psychosocial support groups, highlighting a shift toward proactive mental health management.

While contract registration and payment have been delayed – a systemic problem across human services contracts across the City that must be addressed – providers report very positive outcomes from this funding. Recipients of the Older Adults Mental Health initiative in UNH's network have utilized the funds to expand their mental health screenings. One UNH member has been providing screenings and group therapy sessions in multiple community spaces, including shelters, adult daycares, and religious institutions. Another UNH member is administering depression (PHQ-9), anxiety (GAD-7), and substance abuse (MSSI-SA) screenings at six Older Adult Centers, with bilingual caseworkers, including English, Spanish, Russian and Mandarin, and social work interns involved. This funding has enabled UNH members to be more proactive in their mental health support and counseling. At one of our member settlement houses, clients identified with mental health concerns are referred within five business days to mental health professionals, with 12-week follow-ups to ensure care. UNH recipients of the Older Adults Mental Health initiative have also been able to completely innovate their mental health programming. One of UNH's settlement houses members have been integrating mental health services within existing programs, including congregate meals, NORCs, and home-delivered meals, ensuring accessibility for seniors. Given the vast success of this program, we urge the Council to restore full funding to Older Adults Mental Health of \$3,507,706 in FY 2026, which includes a 3% cost of living adjustment (COLA) to match the citywide human services COLA.

Resolution 0852

Amidst federal cuts that threaten the social safety net for older adults, UNH urges the Council to pass Council Member Shekar Krishnan's Resolution 0852 calling on the United States Congress and the President to take steps to protect social security. Social Security is the biggest social safety net for older adults. In the [Older Adults in New York City: Demographic and Service Trends](#) January 2025 report by New York State Comptroller Thomas DiNapoli, it is revealed that nearly three-quarters of older adults received social security income in 2023, amounting to an average annual payment of under \$16,500, with an average total personal income of \$48,100.

The federal policy landscape under the Trump administration has been marked by unpredictability, with policies and policy proposals that place heavy burdens on an already overworked workforce supporting older adults. For example, in the late winter, the Trump Administration initially proposed a policy that would make it harder for eligible Social Security beneficiaries to access their benefits by eliminating phone services. This would have forced millions of older adults across the country to seek in-person help even as the federal government cut thousands of Social Security Administration (SSA) staff. This left settlement house workers in a frenzy, as they scrambled to prepare for a great deal of education and fact-checking for their clients, which in turn caused a wave of concern about the overall programming of older adult programs. There was concern for older adults that had no access to the internet outside of the community-based organization, as they anticipated that older adults would just not apply for Social Security. Thankfully, the Trump administration rescinded this policy change. However, increasingly frequent website outages paired with mass staff layoffs at

the Social Security Administration and reduced service capacity continue to make it harder to seek service online and in person.

Thank you for your time. If you have any questions, please email me at akwok@unhny.org.



**VNS Health Testimony to the New York City Council
Joint Hearing with the Mental Health, Disabilities and Addiction Committee &
Committee on Aging**

Monday, June 9, 2025

Good morning, Chair Hudson and Chair Lee,

Thank you for the opportunity to testify today, and for your continued leadership in advancing mental health services across our city. We are especially grateful for the Council's recognition of the unique needs of older adults and for your support of programs that prioritize their health and wellbeing.

For over 130 years, VNS Health has been committed to helping New Yorkers live, age, and heal in the comfort of their homes and communities. As the largest nonprofit provider of home- and community-based health care in New York State, we serve more than 70,000 individuals each day. Our mission is deeply rooted in supporting older adults—ensuring they receive the care, dignity, and connection they deserve.

While VNS Health is widely known for our home care services, we also operate a comprehensive behavioral health portfolio. Our programs are designed to meet people where they are—literally and figuratively—and are grounded in our commitment to equity, accessibility, and early intervention. We employ more than 500 behavioral health professionals—including licensed clinicians, psychiatrists, psychiatric nurse practitioners, peers, and outreach workers—and we have served over 31,000 New York City residents to date. Our portfolio includes mobile crisis teams (MCTs), Assertive Community Treatment (ACT), and Intensive Mobile Treatment (IMT). Our full list of behavioral health programs is located in the appendix.

A Focus on Older Adults' Mental Health

Older adults are often overlooked in conversations about mental health, yet they face significant challenges—including isolation, chronic illness, cognitive decline, and grief.

Our Geriatric Mental Health Initiative (GMHI), funded through City Council Discretionary Funds, brings compassionate, culturally responsive mental health care directly to older adults in their homes. Many of our clients are homebound due to physical or cognitive limitations. Through GMHI, we provide in-home and telephonic counseling, depression and substance use screenings, and case management—helping older adults maintain independence, improve quality of life, and avoid unnecessary hospitalizations or institutionalization.

One family recently shared how our counselor, Beth, helped their mother—who lives with dementia and aphasia—reconnect with the world around her. “Beth understands me, even when I don’t have the words,” the patient told us. Her mother said: “Beth’s presence has brought comfort, joy, and connection back into my mother’s life, and for that, I am profoundly grateful.”



Support for Int. 1257-2025

We are here today to express our strong support for Int. 1257-2025, which would require the Cabinet for Older New Yorkers to study and report on the provision of agency services to older adults with neurological and mental health conditions.

This legislation is a critical step toward understanding and addressing the complex needs of older adults living with conditions such as dementia, depression, and anxiety. VNS Health offers our insight and support to partner with the Council and Cabinet where needed to initiate and further this study. With our experience in geriatric mental health, home-based care, and community engagement, we hope to offer valuable insights and support to ensure that services are responsive, equitable, and effective.

Conclusion

VNS Health is proud to be a trusted partner in caring for New York City's older adults. We urge the Council to continue investing in programs like the Geriatric Mental Health Initiative and to advance legislation like Int. 1257-2025 that prioritizes the wellbeing of our aging population.

To continue and expand GMHI, we respectfully request \$200,000 in continued funding to support two full-time Master's-level clinicians dedicated to serving adults 55 and older—particularly those who are homebound or socially isolated.

Thank you for your leadership and for the opportunity to testify. I welcome your questions.

Contact: Dan Lowenstein, Senior Vice President of Government Affairs. VNS Health

T: (212) 609-1514

dan.lowenstein@vnshealth.org



Appendix: VNS Health Behavioral Health Programs & Partnerships

Mobile Crisis Teams (MCTs): Operating in the Bronx, Brooklyn, and Queens, our adult and children's MCTs respond within 2 hours to individuals in psychiatric crisis. Clinicians de-escalate, assess risk, and connect individuals to care—helping reduce 911 calls and ER visits. Since COVID-19, referrals have nearly doubled.

Assertive Community Treatment (ACT): ACT teams provide 24/7, community-based care for individuals with severe mental illness. Services include medication management, therapy, housing and employment support, and crisis intervention—helping people transition from inpatient settings to community stability.

Intensive Mobile Treatment (IMT): IMT serves individuals with complex needs and frequent interaction with the mental health, criminal justice, or homeless services systems. Multidisciplinary teams deliver mental health and substance use care directly in the community, including housing and peer support.

Home-Based Crisis Intervention (HBCI) for Children: HBCI offers short-term, intensive in-home care to prevent psychiatric hospitalization for youth in crisis. The program stabilizes families while connecting them to long-term outpatient services.

9.58 Regulations Training: As NYC's largest non-governmental provider of 9.58 trainers, we equip frontline staff with tools to respond to mental health crises in accordance with City and State protocols—helping ensure safe, informed interventions in the community.

Certified Community Behavioral Health Clinic (CCBHC): Funded by SAMHSA, our CCBHC in Mott Haven provides integrated mental health and substance use treatment for youth and adults, regardless of ability to pay. This trauma-informed, person-centered model reduces hospitalizations and fills critical care gaps in the South Bronx.

TESTIMONY FOR NYC COUNCIL HEARING

Topic: Protecting Social Security & Supporting Seniors in Queens

Speaker: Saaif Alam, Civic Leader in Jamaica Hills, Queens

Date: June 9th 2025

Good Afternoon Chairperson and members of the City Council,

My name is Saaif Alam, and I am one of the civic leaders in Jamaica Hills, Queens, where I work closely with community members, advocacy groups, and local organizations to uplift the voices of our most vulnerable neighbors-especially seniors, people with disabilities, and working-class families.

I am here today to raise deep concerns about the threats to Social Security, particularly following proposals from our current presidential administration that aim to cut or weaken this essential program.

In Jamaica Hills, we have a significant senior population-many of whom are immigrants, retired public servants, essential workers, and caregivers. These residents rely on Social Security as their primary or only source of income. It covers their rent, medication, food, and transportation. There's

no safety net beyond that monthly check.

If the federal government proceeds with any cuts to Social Security, our seniors in Queens-especially those in Jamaica Hills-will face real, immediate harm. As costs of living rise and affordable housing becomes scarcer, any reduction in Social Security is not just unjust-it's dangerous. While Social Security is federally administered, I urge this Council to take a clear and vocal stance. I

respectfully ask that you:

Pass a formal resolution condemning any federal attempt to cut or privatize Social Security;

- Increase city-level support for older adults, including outreach to help them access their full benefits and housing protections;

- Fund legal and benefits advocacy programs so seniors, particularly immigrants and non-English

speakers, are not left behind;

- And work with New York's congressional delegation to make the city's position clear: we will not

accept cuts to a program that keeps our communities afloat.

Our seniors built this city. They worked in our schools, cared for our families, and paved the way for the generations that followed. As one of civic leader in Jamaica Hills, I feel a deep obligation to ensure that we fight for their dignity, their security, and their rightful place in our future.

Thank you for the opportunity to speak today, and we look forward to working with the Council to protect our neighbors.

Best,
Saaif Alam

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/9/25

(PLEASE PRINT)

Name: Ryan Murray

Address: 21 Lafayette

I represent: Department for the Aging

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/9/25

(PLEASE PRINT)

Name: Navdeep Bains

Address: 120 Wall Street

I represent: Asian American Federation

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/9/2025

(PLEASE PRINT)

Name: Kernace Cruz

Address: [Redacted] South Osrk NY 11422

I represent: Somautans NYC

Address: N/A

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 06/04/25

(PLEASE PRINT)

Name: EMMA BESSIRE

Address: 355 Lexington Ave 15th fl

I represent: Citymeals on wheels

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Anita Kwo

Address: _____

I represent: United Neighborhood Houses

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/9/25

(PLEASE PRINT)

Name: Dr. Wright

Address: Department of Health

I represent: Department of Health

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. all Res. No. _____

☒ in favor ☐ in opposition

Date: 6/9/25

(PLEASE PRINT)

Name: Jeanine Conell Jackson

Address: 260 E 161st St 8th Fl Bx NY 10451

I represent: The Legal Aid Society

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Chelsea Rose

Address: 30 East 33rd St

I represent: Care For the Homeless

Address: 30 East 33rd St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: KUMARIE CRUZ

Address: _____

I represent: SAMARITANS suicide prevention

Address: center

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ronald J. [unclear]

Address: _____

I represent: myself

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Fiodhla O'Grady

Address: _____

I represent: The Samaritans suicide prevention center

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1257 Res. No. _____

☒ in favor ☐ in opposition

Date: 6/9/25

(PLEASE PRINT)

Name: Geordane Weber

Address: 302 W 91st St NY NY 10024

I represent: Service Program for Older People

Address: _____

▶ Please complete this card and return to the Sergeant-at-Arms ◀

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 6/9/25

(PLEASE PRINT)

Name: Christopher Johnson

Address: _____

I represent: Self

Address: _____

▶ Please complete this card and return to the Sergeant-at-Arms ◀