

COMMITTEE ON AGING

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CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

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March 6, 2020

Start: 10:12 a.m.

Recess: 1:16 p.m.

HELD AT: Council Chambers - City Hall

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

COUNCIL MEMBERS:

Diana Ayala  
Chaim M. Deutsch  
Ruben Diaz, Sr.  
Mathieu Eugene  
Mark Treyger  
Paul A. Vallone

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A P P E A R A N C E S

Lorraine Cortes-Vazquez, Commissioner for the  
Department for the Aging

Jose Mercado  
Chief Financial Officer at the Department for the  
Aging

Katie Foley  
Director of Public Affairs at Selfhelp Community  
Services

Katlyn Andrews  
Director of Public Policy at LiveOn New York

Tara Klein  
Policy Analyst with United Neighborhood Houses

Beth Finkel  
State Director for AARP New York

Rachel Sherrow  
Associate Executive Director City Meals on Wheels

Howard Shih  
Research and Policy Director at the Asian  
American Federation

Hali Lee  
Policy Coordinator at the Coalition for Asian  
American Children and Families

Helen Ahn  
Korean Community Services

Karen Zhou  
Executive Director at Homecrest Community  
Services

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A P P E A R A N C E S (CONT.)

- Rhonda Soberman  
Manager of Program and Development for the  
Visiting Nurse Service of New York
  
- Shyvonne Noboa  
Division Director for Senior Services at  
Sunnyside Community Services
  
- Danielle Christenson  
God's Love We Deliver
  
- Wesley Davis  
Assistant Manager of the NYRR Striders program  
and New York Road Runners
  
- Nancy Jenkins  
Participant in the Road Runners Striders program
  
- Jim O'Neill  
Director of Government Relations and External  
Affairs for the New York Junior Tennis and  
Learning
  
- Melissa Sklarz  
SAGE Senior Government Relations Strategist
  
- Carmen Perez  
Director of the Cooper Square Committee  
Neighborhood NORC program
  
- Lucy Sexton  
Head of the Cultural Advocacy Group, New Yorkers  
for Culture and Arts
  
- Heidi Siegfried  
Director of Health Policy at Center for  
Independence of the Disabled of New York CIDNY

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A P P E A R A N C E S (CONT.)

Dr. Cynthia Maurer  
Visiting Neighbors

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CHAIRPERSON CHIN: [GAVEL] Good morning.

3

Welcome everyone. I am Council Member Margaret Chin,

4

Chair of the Committee on Aging and welcome to many

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of our guests in the Council Chamber today and a

6

special welcome to Commissioner Cortes-Vazquez who

7

joined us for her first Preliminary Budget hearing.

8

And we are also joined by members of the Committee,

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Council Member Diaz and Council Member Deutsch and

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Council Member Vallone.

11

In today's Fiscal 2021 Preliminary Budget

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hearing, we will hear testimony from the Department

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for the Aging, also referred to as DFTA on its

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proposed \$385.2 million budget for Fiscal 2021. We

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will also examine DFTA's operation and related

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performance indicators in the 2020 Preliminary

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Mayor's Management Report.

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As DFTA's Fiscal 2021 Preliminary Budget does not

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include any funding for new needs, today's hearing

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provide this Committee it's best opportunity to

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explore DFTA's baseline budget and range of programs.

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We will also examine whether DFTA's budget is

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sufficient for meeting the needs of the fastest

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growing population cohort in New York City, our

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seniors.

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2       The Administration's Preliminary Budget falls \$10  
3 million short of its promise to seniors. As the  
4 Departments knows, in Fiscal 2018, as part of the  
5 year of the senior, we agreed to add a total of \$20  
6 million by Fiscal 2021 to improve senior center  
7 programming and staffing. Yet, here we are examining  
8 the Administrations plan for Fiscal 2021 and the \$10  
9 million isn't there.

10       I hope to hear the Department's commitment today  
11 to fulfill its promise to seniors at the remaining  
12 \$10 million in the Executive Budget no later. The  
13 average senior center participant is a woman who  
14 lives alone and has an annual income under \$20,000.  
15 But there are many more who rely on DFTA's critical  
16 services to stay healthy, housed, engaged and  
17 employed.

18       I would highlight three key areas of concern with  
19 the ability of DFTA's baseline budget to meet the  
20 growing needs of the city's senior population.  
21 First, a senior centers and meals program. The  
22 budget doesn't include an expansion plan for senior  
23 centers. Which the Departments own data reveals an  
24 already highly utilized and often over utilized.  
25 Additionally, the recent released RFP for the home

1  
2 delivered meals contain many red flags. This is  
3 underlined by the human service counsels alarming  
4 high risk rating for the RFP, driven by its  
5 insufficient total contract funding.

6       How did the Department determine the funding rate  
7 per meal in its RFP? Why is there no additional  
8 funding for culturally responsive kosher or halal  
9 meals and how does DFTA make requests to OMB when  
10 programs like home delivered meals or senior centers  
11 need more resources? Keeping vulnerable largely  
12 homebound seniors fed and look after couldn't be a  
13 more critical issue.

14       Second, I want to ensure we are dealing with  
15 DFTA's persistent case management and homecare wait  
16 list. The Council and Administration have partnered  
17 in the past to add substantial new baseline funding  
18 in addition to discretionary funding and new state  
19 ICIP funding of \$4 million. Yet, new data shows that  
20 case manage waiting list is over 1,200 people and the  
21 homecare waiting list are at nearly 500.

22       Case management is DFTA's front door for critical  
23 services. How does DFTA assess and serve those  
24 knocking on that front door and how much funding is  
25 needed to clear the wait list and keep it clear

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2 through an automatic funding escalator aligned to  
3 growing need. We see a cost escalator with other  
4 programs in the city, such as the Social Services  
5 Coordination program and SARA financing your housing.

6 Finally, we can't talk about seniors without  
7 addressing the mushrooming social adult daycare  
8 industry and the Medicaid managed care long term care  
9 cuts threatened by the State Executive Budget.

10 DFTA's new Social Adult Daycare Ombud's persons  
11 office has new powers to fine bad programs. How will  
12 it use those powers to protect our seniors and can we  
13 count on DFTA to initiate investigation of fraud  
14 while also fighting cuts to long term care?

15 There are many other issues that I look forward  
16 to discussing today and many questions to be  
17 answered. Seniors are part of our future and we must  
18 treat them as the asset we are. If DFTA were funded  
19 for each senior in the way the Department of Youth  
20 and Development is for each person under the age of  
21 25, DFTA's budget will be approximately \$660 million  
22 or nearly \$230 million more than it currently is.

23 We have two more years together to build on our  
24 previous achievement and deliver and develop a senior

1  
2 service network that is the crown jewel of the  
3 country.

4 I look forward to working together to take that  
5 step with you and your team Commissioner. I'd like  
6 to thank the Committee Staff for their hard work in  
7 preparing for hearing. Our Senior Financial Analyst  
8 Daniel Kroop, Unit Head Dohini Sompura, Committee  
9 Council Nuzhat Chowdhury, Policy Analyst Kalima  
10 Johnson and my Deputy Chief of Staff and Director of  
11 Legislation and Budget Marian Guerra.

12 So, now we will swear the Commissioner in before  
13 the testimony. Can you raise your right hand. Do  
14 you swear to tell the truth, the whole truth and  
15 nothing but the truth in your testimony before the  
16 Committee and to answer honestly to Committee Members  
17 questions?

18 LORRAINE A. CORTES-VAZQUEZ: Yes.

19 CHAIRPERSON CHIN: Thank you. So, now we invite  
20 the Commissioner to start your testimony, thank you.

21 LORRAINE A. CORTES-VAZQUEZ: Good morning. Thank  
22 you very much. This is my second Preliminary Budget  
23 hearing, my first was, no, the other one was  
24 Executive, sorry. Thank you, you're right. My first  
25 was Executive which was like three days on the job.

1  
2 Good morning Chair Chin and the members of the  
3 Aging and Finance Committee. As you know, I am  
4 Lorraine Cortes-Vazquez, Commissioner for the  
5 Department for the Aging and I am joined this morning  
6 by Jose Mercado, who is the Chief Financial Officer  
7 at the Department for the Aging and I thank you for  
8 this opportunity to discuss DFTA's Preliminary Budget  
9 for Fiscal Year 2021.

10 I also will hope that this testimony addresses  
11 some of your issues and concerns. In addition to  
12 working to eliminate ageism, which is our biggest  
13 battle that we have to confront. Ensuring the  
14 dignity and quality of life and the life of the older  
15 workers providing high quality service and resources,  
16 is among the Departments top priority. To support  
17 this important work, our FY21 Preliminary Budget  
18 projects \$385.2 million in funding, which includes  
19 allocations of \$173 million to support older adult  
20 centers. \$41.8 million for home delivered meals, \$38  
21 million case management, \$35 million to support  
22 homecare for homebound elders who are not Medicaid  
23 eligible, \$8 million for NORC programs and \$8 million  
24 for caregiver services.  
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1  
2       In addition to supporting these services, the  
3 commitment of this Administration has also expanded  
4 critical geriatric mental health initiatives, needed  
5 elder abuse supports and other essential programs  
6 including caregiver services, which we discussed at  
7 length during our last hearing.

8       Through the support and advocacy of important  
9 stakeholders, many of whom are in this audience this  
10 morning, we have also advanced many of our efforts to  
11 help older New Yorkers age in place and age with  
12 dignity. Some notable joint successes include:  
13 Ensuring parity among programming in our congregate  
14 center, congregate food costs and center staff  
15 structure and salaries; record growth in our home  
16 delivered meals program, which on average delivers  
17 more than 18,000 meals per day to homebound older  
18 adults across the City; the expansion of our network  
19 of social clubs in NYCHA developments, which as of  
20 November 2019 increased by twelve and the  
21 promulgation of the rules which empower our social  
22 adult daycare ombudsman office to have greater  
23 oversight on possible fraudulent or unscrupulous  
24 actions of SAD's operations in New York City.  
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1  
2       We are also incredibly grateful for the ongoing  
3 support of the City Council, which in FY20 awarded  
4 Department for the Aging with over \$46 million in  
5 discretionary fund. Effectively allowing us even  
6 greater investments to offer our services to  
7 underserved and unserved communities. One such  
8 investment includes the \$1.3 million for nursing  
9 services in our NORC, our Naturally Occurring  
10 Retirement Communities.

11       While reorganizing all of the important external  
12 partnerships, I would remiss on to mention that the  
13 de Blasio Administration has over the past six years  
14 consistently made major investments in aging  
15 services, including an overall increase of \$118  
16 million in base funding.

17       This Fiscal Year, the long deliberate model  
18 budget exercise came to a successful close. The  
19 overarching goal of this exercise is twofold.

20       First, to increase resources and ensure strong  
21 programming and adequate food costs across our  
22 network of congregate centers and secondly, to make  
23 more uniform the funding level of each center at  
24 least to adequate levels and to support equity in  
25 staffing structures and salary.

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2       In FY18, the first phase of this process focused  
3 on programming and program staff and resulted in a  
4 significant investment of \$10 million of baseline  
5 funding in our network of older adults. These  
6 centers would thus able to use this increased funding  
7 to right size salaries, hire more staff and expand  
8 and enrich center programming, as well as to address  
9 historical inequities.

10       The second and final phase of the model budget  
11 process focused on expenses related to food cost and  
12 food related staff. In FY20, this process resulted  
13 in an additional \$10 million baseline funding for  
14 congregate food costs and for staff salary parity.  
15 In addition to these major investments of tens of  
16 millions of dollars in annual funding, to our older  
17 adult congregate centers, the Administration has also  
18 made a commitment to increase this funding as we move  
19 forward.

20       Home delivered meals is of great importance. In  
21 addition, of great importance and a vital component  
22 of DFTA's network of services. Not only do the home  
23 delivered meals provide subsistence to older  
24 homebound adults, but also, this might be the only  
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1  
2 interaction, human interaction that the older person  
3 may have for the day.

4 Support of our ongoing efforts to combat social  
5 isolation, which as we know is at epidemic  
6 proportions in this city. On any given weekday  
7 throughout the city, approximately 18,000 homebound  
8 older people receive a home delivered meal.

9 In 2019, a record total of 4.5 million and above  
10 were delivered by our providers, demonstrating just  
11 how essential this program truly is. Just a few  
12 weeks ago, on January 22, to be exact, we issued a  
13 request for proposal, commonly known as an RFP for  
14 our home delivered meals program.

15 Through this RFP which was proceeded by a  
16 spirited and meaningful public concept paper process  
17 that engaged many conversation and many stakeholder  
18 meetings. DFTA is seeking to fund programs that are  
19 able to address the most critical overarching goals  
20 of the home delivered meals program. Including  
21 increasing meal options for recipients, embracing the  
22 diversity of our city by increasing the availability  
23 of culturally aligned meals and promoting uniformly  
24 high quality meals made from nutritious ingredients.

1  
2       In addition, to choice, diversity and quality,  
3 great emphasis is also placed on assuring that food  
4 purchase meets the good food purchasing guidelines  
5 set forth by the Mayor's Office of food policy and  
6 fosters greater collaboration among and within the  
7 network.

8       Since it's issuance that RFP has generated great  
9 interest, enthusiasm on inquiries among potential  
10 proposes. Excuse me for a minute. DFTA has since  
11 hosted a well-attended bidders conference with over  
12 60 individuals in attendance representing 48  
13 organizations. We fielded various questions from  
14 interested parties and accordingly released a series  
15 of addenda, a total of four to date. We have also  
16 extended the submission deadline in response to one  
17 of those inquiries. Responses to the RFP are now  
18 officially due on Wednesday April 8, 2020.

19       Again, in this Fiscal Year in December 2019,  
20 Mayor Bill de Blasio along with Speaker Johnson  
21 announced the launch of a groundbreaking indirect  
22 cost rate funding. A design to increase the  
23 financial stability for human services provider  
24 primarily and predominantly in the nonprofit  
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1  
2 organizations. This is a game changer, particularly  
3 for DFTA's smaller contractors.

4 As it also addresses historical inequities among  
5 those smaller contractors. Nonprofits may now  
6 receive additional funding for their organizations in  
7 direct cost, such as audits, accounting staff, fund  
8 raising staff, that in previous years was not offered  
9 or not available.

10 Honored in the November plan update, this  
11 commitment is \$54 million of an annual investment and  
12 applicable to health and human service contracts  
13 across all city agencies.

14 Thus far only ten percent of our network of  
15 contractors have already submitted the entryway  
16 choice form. The first step in the ICR process.  
17 Please join me in encouraging our entire network of  
18 service providers to take this necessary first step  
19 at ensuring that their critical service needs may  
20 continue into the future by signing up for the ICR.

21 The items I've described are only a few among our  
22 recent accomplishments. This administration is able  
23 to support and achieve this Fiscal Year, of which I  
24 am proud is one of the first few months as my role as  
25 Commissioner.

1  
2 Others include the RFP, our geriatric mental  
3 health programs, which will expand our mental health  
4 services and intervention in congregate centers. The  
5 relaunch of the Elder Abuse Campaign intended to  
6 raise public awareness on the nuances and types of  
7 abuses, which range from physical violence to mental,  
8 emotional and financial abuse. The development of  
9 our social adult daycare registration payment portal  
10 which launched earlier this week. We now have 18  
11 registrants to date and in collaboration with 311, we  
12 created an open aging connect, our inhouse  
13 information and referral contact center to help older  
14 New Yorkers and their families navigate the complex  
15 network of aging services, programs and supports  
16 throughout the city.

17 Needless to say, much of this has been achieved  
18 this year for cities older adult population and for  
19 our network of providers who serve them.

20 Simultaneously, during my tenure as Commissioner,  
21 DFTA has also successfully completed a bold and  
22 robust reorganization and restructuring process. All  
23 in an effort to ensure our greater efficiency and  
24 effectiveness to advance the departments mission.

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2 As you know, keeping pace with the other evolving  
3 needs of the city's 1.7 million adults cannot be  
4 accomplished alone or in a vacuum. Thus, we will  
5 continue to rely on our ongoing partnership with the  
6 Council and the effective advocacy of our  
7 stakeholders and all of our contracted providers.

8 And lastly and arguably, most importantly, the  
9 older adults themselves for whom all of our hard work  
10 and efforts are ultimately intended to benefit.

11 Thank you.

12 CHAIRPERSON CHIN: Thank you Commissioner for  
13 your testimony. We've been joined by Council Member  
14 Ayala and Council Member Rosenthal. I'm going to  
15 start with a couple of questions and then I am going  
16 to pass it on to my colleagues.

17 Commissioner, I wanted to start with looking at  
18 long term strategy and outlook. Looking at overall  
19 at DFTA's \$385 million budget in Fiscal 2021  
20 Preliminary Budget, what do you see as the two or  
21 three key budget priorities at DFTA over the next two  
22 years of this administration?

23 LORRAINE A. CORTES-VAZQUEZ: I think our core  
24 services are a budget priority and those are home  
25 delivered meals and congregate meals. In addition to

1  
2 that, we cannot lose sight of so, meals would be one  
3 and we cannot lose sight of the many older New  
4 Yorkers who are homebound.

5 So, case management, homecare services for those  
6 who are not Medicaid eligible again, are high  
7 priorities. But in addition to those high  
8 priorities, I think that there is a basic issue that  
9 we as a community, as a city, and as a nation need to  
10 confront and that is, the issue of ageism. Because  
11 that is what holds all of this marginalization in  
12 place, and we crack that. We still have workforce  
13 issues, resource issues and all of that.

14 So, I think that is a basic thing as we move  
15 forward, that we have to confront. And of course,  
16 additional services in our congregate setting is  
17 geriatric mental health and really combating social  
18 isolation.

19 CHAIRPERSON CHIN: You know, we are expecting  
20 nearly 1.9 million seniors in the New York City in  
21 the next two decades, 20 percent. One in five  
22 residents are going to be older adults if they are  
23 blessed to get there. So, which program will DFTA  
24 prioritize to expand or create in order to support  
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this growing senior population and how much more funding is needed?

LORRAINE A. CORTES-VAZQUEZ: I have to look at that with a future view. When I think of that population growth, I think of a city in an older population that is very diverse than the population we know it to be today.

Not only ethnically, culturally and religiously diverse but also diverse in terms of the age spectrum. So, when I look at that population, I start thinking, we have a model of service today that is based on a 1970 perspective of aging population, not a future perspective.

So, when I look at that, it's to look at what will congregate settings and educational and recreational facilities be? How different will they have to be in the future and as we move forward than they are today?

I also have to think of how culturally diverse our meal programs have to be and how religiously diverse our meal programs have to be. So, when I look at the entire spectrum of services, I look at that. The other thing that we look at is homebound. People are going to be living longer and many more

1  
2 older people maybe homebound. What's the implication  
3 for in home services and the shortage of homecare  
4 providers and homecare workers.

5 And that's when I start looking at my longer  
6 view, those are the areas that I look at but I keep  
7 saying that the thing that we have to combat is  
8 ageism, so that we are not looking at this as a  
9 separate population but an age inclusive population.  
10 City and nation that's age inclusive and that looks  
11 at older individuals as assets to every society and  
12 we must, must tackle this epidemic called social  
13 isolation.

14 CHAIRPERSON CHIN: I mean, thank you, you know,  
15 we have hearings and legislation in dealing with age  
16 discrimination and there are older adults that are  
17 still in the workforce and there are older adults  
18 that are still very active in a lot of our programs.  
19 Senior Centers, they count on the volunteers that are  
20 the senior themselves.

21 Now, the overall picture from the Local Law 140  
22 2019 data, is of highly utilized senior center with  
23 over three quarters of them at 100 percent or greater  
24 utilization. Does DFTA have a plan to increase the  
25 number of senior center and how does the capital

1  
2 budget support the goals of acquiring and renovating  
3 senior centers?

4 LORRAINE A. CORTES-VAZQUEZ: So, I'm going to  
5 answer the vision question and then I'm going to turn  
6 it over to Jose Mercado our Chief Financial Officer  
7 whose been looking at some of the capital needs. As  
8 we plan and look at the growth opportunities, we do  
9 that with the city, city administration, the Office  
10 of Management and Budget as we start planning out  
11 what the future needs are.

12 So, those are constant conversations that we look  
13 at. We do recognize that there may be additional  
14 senior centers. I hate calling them senior centers,  
15 older adult centers, that we know that there are  
16 additional needs for that and we were projecting that  
17 they are probably going to be 17 to 18 in the near  
18 future, but that is conversation that is all part of  
19 our regular planning process with the city.

20 CHAIRPERSON CHIN: Yeah, because already you  
21 know, that in partner with DFTA, the Council has  
22 funded ten discretionary, with discretionary funding,  
23 ten centers what serve senior population. And that  
24 also came from recommendation from DFTA when they  
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1  
2 visited some of the site that were not funded by  
3 DFTA.

4 LORRAINE A. CORTES-VAZQUEZ: Right.

5 CHAIRPERSON CHIN: And so, I think we see already  
6 there is a great need for more of these centers and  
7 at the same time, there are more social adult daycare  
8 centers, the private ones, then the one that is  
9 publicly funded.

10 LORRAINE A. CORTES-VAZQUEZ: That is a  
11 conversation where you have peaked my interest. I  
12 think we had this conversation not to long ago when  
13 we were looking at vision and future and I think that  
14 we need to start exploring different ways of adding  
15 components to congregate centers that may incorporate  
16 some of those special needs as social adult daycare  
17 centers have and I think that we're very open to  
18 explore that with you and have further discussions on  
19 that.

20 And I want to tackle another issues because we  
21 talk about needs but we also need to talk about  
22 underutilization. That is one of the things that we  
23 are trying to also tackle at the Department for the  
24 Aging because when a program is underutilized, that  
25 means the resources are not going to a program who

1  
2 needs it and they are overutilized. So, we're  
3 looking at systems and how we can make pivot and make  
4 some adjustments mid-year to address some of those  
5 issues.

6 CHAIRPERSON CHIN: And that probably is a Segway  
7 into the capital budget because some of the centers  
8 that maybe who are underutilized are not that nice.  
9 That needs a lot of repairs, I mean in the past year  
10 we have seen centers with ceilings falling down and  
11 so, that's one thing that we wanted to really look  
12 at. How do we utilize like a new senior building  
13 that's being built or a new community center in the  
14 Mayor State of the City that he talked about.

15 We want to make sure that the older population  
16 are not let out and that new facilities, when they  
17 are being built, those are the opportunity that we  
18 can create, the senior older adult centers in much  
19 better environment.

20 LORRAINE A. CORTES-VAZQUEZ: We have an ongoing  
21 relationship with HPD. Again, as part of planning  
22 process, excuse me, I'm just fighting a little bit of  
23 a sore throat here. As we look at the population and  
24 new developments, we're constantly looking, how is  
25 that we can support those developments with older

1  
2 adult centers and services. So, that is an ongoing  
3 part of our regular planning process with HPD, our  
4 sister agency.

5 Do you want to address capital Jose?

6 JOSE MERCADO: Yeah. Good morning. As the  
7 Commissioner mentioned in her testimony, you know,  
8 she just did a reorganization of the team and we are  
9 organizing reorganizing our expense budget and then,  
10 as pointed out earlier you know, we are going to  
11 start looking at our capital budget and turning how  
12 to leverage that capital budget. Because there is a  
13 lot of capital projects that we should be focusing  
14 on. So, you'll see from us in the future a plan of  
15 how to leverage it.

16 CHAIRPERSON CHIN: What is DFTA's capital budget  
17 now?

18 JOSE MERCADO: One second. Roughly about \$17.3  
19 million for this year. In the five year capital plan  
20 it's about \$54.9 million dollars. The majority of  
21 our funding does come from the City Council.

22 CHAIRPERSON CHIN: Because all the Council  
23 Members put in money.

24

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1  
2 JOSE MERCADO: Yes, so our five year capital plan  
3 for example, \$30.6 out of the \$54.9 is City Council  
4 money. So, we appreciate all the money you give us.

5 CHAIRPERSON CHIN: I'm glad that the Council is  
6 contributing but we want the Administration to either  
7 up it or match it. So, it should not be just the  
8 Council supporting it. That should be part of the  
9 Administrations plan for the increasing older adult  
10 population.

11 So, I'm going to do one more question and then  
12 I'll pass it over to my colleague. The model  
13 budget's shortfall. The senior center model budget  
14 was baselined at \$10 million for phase one. In 2018,  
15 the year of the senior, and that was focusing on  
16 programming and staff and the Administration at that  
17 time promised that by 2021, funding for the first  
18 phase will rise to a total baseline of investment of  
19 \$20 million and it wasn't included in the preliminary  
20 budget.

21 I just assumed that it was going to be in there  
22 and I was focusing my energy on fighting for other  
23 resources and then the staff told us, it's not in  
24 there.

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2           So, I view this as budget shortfall against the  
3 previous commitment. Why was the funding excluded in  
4 the preliminary plan and will you confirm that we  
5 will see the \$10 million reflected in the Executive  
6 Budget? And also, will the 38 excluded senior  
7 centers, satellites and clubs be included in the  
8 final tranche of the \$10 million and if not, how is  
9 DFTA assessing needs of those centers?

10           LORRAINE A. CORTES-VAZQUEZ: We have been assured  
11 that the \$10 million will be in the Executive Budget  
12 and we will continue to work on developing this plan  
13 and reviewing those, the distribution and allocation  
14 of those \$10 million.

15           CHAIRPERSON CHIN: Now, the 38 centers that was  
16 no included in the 249, are they going to be taken  
17 care of in this second part?

18           LORRAINE A. CORTES-VAZQUEZ: It will be part of  
19 the evaluation review process to make sure that they  
20 meet the criteria that we have set forth and we will  
21 move forward from that. There was some programs that  
22 their resources were such that they did not qualify.

23           CHAIRPERSON CHIN: Means that they had enough  
24 resources?

25           LORRAINE A. CORTES-VAZQUEZ: Yes.

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2 CHAIRPERSON CHIN: Okay. So, we will follow up  
3 with you in terms to make sure every program is taken  
4 care of.

5 Alright, I'm going to start with Council Member  
6 Vallone with your question.

7 COUNCIL MEMBER VALLONE: Thank you to our mighty  
8 Chair Chin, who has been leading us now on our 7<sup>th</sup>  
9 budget battle and all the advocates that come and  
10 stand. We can give Margaret our hand wave, because  
11 she has been fighting for us for her entire career.

12 And Commissioner, good morning.

13 LORRAINE A. CORTES-VAZQUEZ: Good morning.

14 COUNCIL MEMBER VALLONE: Remember on budget days,  
15 we're fighting to get you money.

16 So, when we're angry or we're upset, you do  
17 miracles with the budget that you have but in the  
18 world of seniors, we will always say, you do not have  
19 enough.

20 So, I always start with the population that we  
21 have in New York City that grows, without a budget to  
22 properly reflect that growth, then it's in fact a  
23 cut. Because to try to deal with the same numbers  
24 year after year, even with minimal amount of  
25 increases, is not enough and for today, for those who

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2 everyone in the room will passionately deal with  
3 senior services, their isn't an area that you covered  
4 today or that Margaret covered that doesn't need more  
5 money. Whether it's senior centers, transportation,  
6 meals, worker reimbursement, care programs, growth of  
7 culturally sensitive issues. There isn't anything on  
8 the list, so it's impossible in a couple of minutes  
9 to say, why not this? And I think at the last  
10 hearing, I think we were a bit mesmerized when  
11 Margaret and I spoke about capital repairs, non-  
12 expense repairs and that DFTA is chartered to do that.  
13 Has there been any focus or change or growth in the  
14 staffing on your end to deal with capital repairs at  
15 senior centers and NYCHA centers? Has there been  
16 additional funding to also deal with that because I  
17 don't see anything really in that year.

18 LORRAINE A. CORTES-VAZQUEZ: There was \$4 million  
19 given to us baselined, so that we could do some  
20 repairs in senior centers and it was focused around  
21 making sure that air conditioning units and some  
22 minor repairs in gas and some other kitchen related  
23 needs were addressed. And to date, we have, Jose,  
24 you wanted to address that.

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JOSE MERCADO: Yeah. As of to date, we've already spent close to \$700,000. We are working with New York City Housing Authority on about \$2 million more on planned repairs and maintenance programs as well.

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COUNCIL MEMBER VALLONE: So, on the repairs that you've done and the repairs that need to be done, how many on the list still need to be attended to and how much is the amount of money that's on the list that needs to be repaired?

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LORRAINE A. CORTES-VAZQUEZ: We have 242 sites that have been completed in their air conditioning and their work is fine.

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And what we're working on is 85 sites that are either in the planning design or a different level of a repair in this whole contracting process.

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COUNCIL MEMBER VALLONE: So, is it centered solely on air conditioning?

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LORRAINE A. CORTES-VAZQUEZ: I didn't hear, I'm sorry.

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COUNCIL MEMBER VALLONE: Are the repairs centered solely on air conditioning?

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LORRAINE A. CORTES-VAZQUEZ: Not all of them, not all of them but that's the primary bulk of it.

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COUNCIL MEMBER VALLONE: So, where are we on the repair list? How many of those are NYCHA centers versus non-NYCHA centers, how many, is it capital and I know you also have non-capital expense reimbursement also.

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JOSE MERCADO: Yeah, these are all NYCHA. The funding that we received was NYCHA related.

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COUNCIL MEMBER VALLONE: So, what about the non-NYCHA senior centers that are a city contract?

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LORRAINE A. CORTES-VAZQUEZ: We handle that with our other facility maintenance budget and that is on the expense side.

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COUNCIL MEMBER VALLONE: Do we have an update on where we are on those?

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LORRAINE A. CORTES-VAZQUEZ: I can get back to you on that.

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COUNCIL MEMBER VALLONE: Okay, because that is something that also – and how do we determine the emergency repairs versus daily repairs? Is that something that we break down a list also on?

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LORRAINE A. CORTES-VAZQUEZ: Yes.

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COUNCIL MEMBER VALLONE: Okay. Within the senior center itself, you have an RFP that's coming up, a

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2 concept paper and an RFP for senior centers, can you  
3 elaborate a little more on what's coming?

4 We will issue an R concept paper within the next  
5 few months. What we are doing at this time, as we  
6 did with the home delivered meal RFP, is we're  
7 starting to formulate work groups so that we can look  
8 at the range of issues that we want to address in the  
9 concept paper.

10 Some of the things that we're looking at is  
11 locations. The other thing that we're looking at is  
12 diversity of services, meaning a variety of services  
13 that can deal with various age groups. We're looking  
14 at more collaboration and working groups like  
15 **[INAUDIBLE 54:55]** senior providers. We're also  
16 looking at this notion which I believe, we'll see if  
17 it's confirmed in our discussions with the network at  
18 large and some other stakeholders. Is to look at  
19 that all senior centers, some might just be primed  
20 and positioned to be meal service sites and others  
21 maybe a fuller educational recreational site.

22 And so, we're looking at different models in this  
23 continuum of service that we know will be changing  
24 for older adults. So, there's a variety.

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COUNCIL MEMBER VALLONE: So, there's a lot in there but you don't really need, I mean, we can kind of tell you with the focus groups, what those senior center needs are, so I hope we can bypass that pretty quickly. But you mentioned locations; what do you mean by locations? Open new locations or to keep the existing locations?

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LORRAINE A. CORTES-VAZQUEZ: We're looking at new locations. We're looking at different type, you know, we can look at different type of providers and we're just looking at just keeping ourselves open, given the fact that this aging population is changing, then the aging population that we have programed for in the past, as I said earlier. Then the aging population that we know will come in the future. It's going to be a lot more diverse. The age span is going to be greater. The needs are going to be greater.

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COUNCIL MEMBER VALLONE: Language services, that's a big thing in our district. Having an additional ability to have those services in multiple languages at the centers. Having different healthcare providers and legal services and social workers. The list keeps going on.

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2 LORRAINE A. CORTES-VAZQUEZ: The list keeps going  
3 on.

4 COUNCIL MEMBER VALLONE: And also, with the staff  
5 funding, anything with COLA, increases of Cost of  
6 Living because retention of staff is always one of  
7 the most difficult. You have these wonderful workers  
8 working day and night and we can't keep up with  
9 market rate and we lose them.

10 LORRAINE A. CORTES-VAZQUEZ: Yeah, thank you for  
11 raising that because it's been one of the concerns  
12 and one of the issues that we're looking at in  
13 totality.

14 We have noticed and we've seen a pattern and  
15 thanks to the City Council, we've been able to  
16 address some of the economic inequities in salaries  
17 in terms of food service staff and at some level in  
18 the senior center staff. What we have noticed is  
19 that as a whole, the aging network, salaries are  
20 usually lower than case workers and social workers  
21 who are working in other sectors.

22 So, we're looking at this entire area called  
23 salaries for the aging network professional. How do  
24 we professionalize that more? How do we upgrade  
25 that? And so, those are all the kind of things that

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2 we're looking at, so that we can have parity. So,  
3 that if you're a social worker in a hospital or you  
4 are in social work in another sector in the human  
5 service areas, that there is some comparability in  
6 terms of market cost.

7 COUNCIL MEMBER VALLONE: That would be tremendous  
8 if we are able to do that. My last question on the  
9 senior centers would be, the Council and Margaret and  
10 we always step up to put funding in for services at  
11 the senior centers and that creates such a difficult,  
12 contractual process year after year after year for  
13 the providers. Any thought of that being baselined,  
14 so we can avoid that?

15 LORRAINE A. CORTES-VAZQUEZ: That's a  
16 conversation that we have on an ongoing basis is what  
17 gets baselined and I think that we're all working  
18 towards the same goal. The goal is to ensure that we  
19 can have as many resources and services for this  
20 population.

21 COUNCIL MEMBER VALLONE: Thank you Commissioner.  
22 Thank you Chair.

23 CHAIRPERSON CHIN: Thank you. We've also been  
24 joined by Council Member Eugene. Council Member  
25 Deutsch, your question?

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2 COUNCIL MEMBER DEUTSCH: Thank you very much.

3 Good morning Commissioner.

4 LORRAINE A. CORTES-VAZQUEZ: Good morning.

5 COUNCIL MEMBER DEUTSCH: So, RFP divides New York

6 City into geographic regions and each contractor is

7 responsible. What I understand is that each

8 contractor is responsible for providing all

9 categories of meals that are served.

10 So, an organization that applies for an RFP,

11 which includes specific cultural meals, are they

12 permitted to apply for the RFP? Like for example, if

13 there's a specific organization that only serve halal

14 or only serve kosher, are they permitted to apply?

15 LORRAINE A. CORTES-VAZQUEZ: A organization that

16 provides halal, if they have the capacity to serve

17 the entire catchment area, of course they can apply.

18 If there's other needs in that population then halal

19 meals then they can partner with someone else who can

20 provide the balance of those meals.

21 So, it is not the total expectation that one

22 contractor in a full catchment area can provide all

23 of the needs, which is one of the things that this

24 RFP did was to really build in the opportunity for

25 greater collaboration across providers.

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COUNCIL MEMBER DEUTSCH: So, can one contract apply for an RFP specifically only serving halal or only serving kosher or only serving any one specific cultural group?

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LORRAINE A. CORTES-VAZQUEZ: If the catchment area has needs beyond those, they would need to collaborate and partner with someone who could address the other needs in that particular community.

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COUNCIL MEMBER DEUTSCH: So, my question is, so from what I understand is that serving as a subcontractor, right. So, that's - or would still have to do some of the work correct? And in order for them to actually pay their workers and to go out and serve as a subcontractor, they would actually have to go out, out of the box and raise funds in order to you know, to compensate for the difference by serving as a subcontractor. Does that make sense?

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LORRAINE A. CORTES-VAZQUEZ: I'm going to try to answer what I believe the question is which is total cost for the subcontractor.

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COUNCIL MEMBER DEUTSCH: Correct.

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LORRAINE A. CORTES-VAZQUEZ: And the total cost for the subcontractor is part of the negotiation

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2 process between the subcontractor, primary contractor  
3 and the subcontractor.

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COUNCIL MEMBER DEUTSCH: So, who has oversight of  
that conversation between the contractor and  
subcontractor and what happens if the needs are not  
met from this contractor to the subcontractor that it  
cannot get done?

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LORRAINE A. CORTES-VAZQUEZ: The aging staff, the  
Department for the Aging staff is always available to  
help during that process but I think that that is at  
a local level the relationship between two providers  
and they negotiate. They have some basic  
information. They have the number of the population  
in the area. They have the food cost and they also  
have a basic understanding of what some of those  
other related costs are.

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COUNCIL MEMBER DEUTSCH: So, is it possible, is  
it possible that a subcontractor and working with the  
contractor there is a gap of services because they  
have an issue with the agreements or that they are  
making between each other to serve a certain  
population within that area? Is it possible?

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LORRAINE A. CORTES-VAZQUEZ: I would hope that  
they would not negotiate a contract or an agreement

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2 that would have a gap in services. The intention is  
3 to make sure that services are covered.

4 COUNCIL MEMBER DEUTSCH: So, do you think, do you  
5 believe that a subcontractor would have raise outside  
6 funding in order to serve a specific population?

7 LORRAINE A. CORTES-VAZQUEZ: That's your question  
8 and I'm going to answer this. All of our programs,  
9 all human service opportunities and services can  
10 never be paid 100 percent by government dollars.  
11 Which is one of the things that it's important to  
12 have outside support and donors and private sector  
13 investment. One of the things that we have also  
14 built into all of our contracts is contributions to  
15 help offset and defray some of those costs.

16 So, it is never the expectation that government  
17 would pay 100 percent of the service.

18 COUNCIL MEMBER DEUTSCH: Can you give me like one  
19 example or two examples of where a non-for-profit  
20 serving our seniors would have to raise outside  
21 money.

22 LORRAINE A. CORTES-VAZQUEZ: There's a myriad of  
23 them. There's Carder Burden, there's Union  
24 Settlement, there is a whole host of non-profits who  
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1  
2 have strong partnerships with the philanthropic and  
3 private sector communities to augment their services.

4 COUNCIL MEMBER DEUTSCH: So, do you think that  
5 when it comes to basic needs for seniors, such as  
6 food, that a contractor or actually a subcontractor  
7 should have to raise money from an outside source  
8 when it comes to basic, basic needs for a senior to  
9 have food?

10 LORRAINE A. CORTES-VAZQUEZ: I want to  
11 distinguish the conversation between a negotiation  
12 between two contractors who is going to have a  
13 subcontract arrangement with each other and the  
14 provision of basic needs.

15 The Department for the Aging provides the food  
16 costs and the basic needs to meet the demands of a  
17 particular catchment area. And it really is a  
18 discussion among and a negotiation among those two  
19 contractors.

20 COUNCIL MEMBER DEUTSCH: So, I'm receiving calls  
21 from my constituents and from people that serve and  
22 they are having issues with serving the specific  
23 populations because of the cultural needs, so how can  
24 we rectify that?

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CHAIRPERSON CHIN: Council Member Deutsch, my suggestion is that you could take it offline and really talk to DFTA in terms of you know, support you, favor to answer the questions of your constituent organization that are thinking about applying for the RFP.

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COUNCIL MEMEBR DEUTSCH: Okay, I would love to and this also would have to do at a budget hearing today, so that it would also have to do with the budget. That if we could do something to work

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So, I'd like to have an offline meeting with you, if your office could reach out to my office and we could set up a one on one and if you could come visit my sudden district in Brooklyn, where I could show you firsthand the work that they do and the needs that my seniors all have.

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LORRAINE A. CORTES-VAZQUEZ: I'd be happy to visit again. I've been to that area and I'm very, very pleased to have this discussion with you offline also.

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COUNCIL MEMBER DEUTSCH: Great, thank you.

CHAIRPERSON CHIN: Thank you. Okay, next will be Council Member Rosenthal followed by Council Member Ayala and I would like to ask my colleagues to keep their question as brief as possible because we have a lot of people signed up to testify and we still have a lot of questions. Thank you.

COUNCIL MEMBER ROSENTHAL: Thank you so much Chair. I do just want to take issue with one thing that - Commissioner, it's always great to see you, sorry.

But I'm not sure, I would take issue with the idea that government should expect the private charity to take care of those who are most vulnerable.

LORRAINE A. CORTES-VAZQUEZ: I'm sorry if that's what came across.

COUNCIL MEMBER ROSENTHAL: That's what I heard and I think governments responsibility is to be the safety net and so, when we're talking about populations that you know, New York City, my goodness, 157, 200 different languages, so many different cultures. It is incumbent upon us to understand the safety net services of needs of our

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2 diverse communities and yes, that might cost more  
3 money. It's the City we live in, we all choose to  
4 live and to serve.

5 LORRAINE A. CORTES-VAZQUEZ: Right, yes. So, the  
6 needs of the most vulnerable are, I do say that but  
7 what I was trying to say and I may not have said it  
8 heartfully is that in the nonprofit sector, you know,  
9 there is a relationship in terms of both the  
10 government dollars as well as the philanthropic  
11 community.

12 COUNCIL MEMBER ROSENTHAL: Yeah, let's you and I  
13 can agree to disagree.

14 LORRAINE A. CORTES-VAZQUEZ: But the most basic  
15 needs are our responsibility.

16 COUNCIL MEMBER ROSENTHAL: Well, yeah, I mean, I  
17 think over the last six years this City Council along  
18 with the Mayor has fought very hard to increase  
19 funding to the nonprofit sector where the previous  
20 Mayor's fully believed that philanthropy should play  
21 such a big role and therefore they cut funding in a  
22 meaningful way to all of our social service programs.  
23 And you know may be one of our former Mayor's could  
24 personally make up the difference in that cost.

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2 LORRAINE A. CORTES-VAZQUEZ: You're absolutely  
3 right.

4 COUNCIL MEMBER ROSENTHAL: This Mayor nor any  
5 Mayor that follows, unless he comes back will likely  
6 be able to do that and it's to the disservice I think  
7 of all New Yorkers and we don't want to get in the  
8 habit of expecting philanthropy to make up the  
9 shortfall.

10 LORRAINE A. CORTES-VAZQUEZ: You're absolutely  
11 right and I stand corrected because this Mayor has  
12 made investments of \$118 million to restore the  
13 devastation that this department suffered.

14 COUNCIL MEMBER ROSENTHAL: No question, no  
15 question.

16 LORRAINE A. CORTES-VAZQUEZ: So, I'm sorry that I  
17 mislead that.

18 COUNCIL MEMBER ROSENTHAL: It's okay, sorry, my  
19 ears are tuned to it.

20 LORRAINE A. CORTES-VAZQUEZ: No, so are mine.  
21 Thank you.

22 COUNCIL MEMBER ROSENTHAL: What I was going to  
23 ask you was actually you know, how we can rectify the  
24 situation that seniors are still sort of you know the  
25 Ping-Pong ball and a bit part of the budget dance for

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2 New York City and we've unfortunately fallen into  
3 that same situation again. I mean, you know, the  
4 first phase of senior center model budgeting was  
5 promised for Fiscal Year 2021, \$10 million and it  
6 wasn't included in the Mayor's Executive Budget. I  
7 mean, whats the signal he is sending there?

8 LORRAINE A. CORTES-VAZQUEZ: I think I want to  
9 just clarify for the record, that the Administration  
10 is committed to have the funding for the senior  
11 center model budget phase 2 in the budget by the  
12 start of FY21.

13 COUNCIL MEMBER ROSENTHAL: At the start of, so  
14 the Mayor feels that strongly but didn't put it in in  
15 February and plans to put it in in May and is there -  
16 let's put a pin in it and talk about it offline  
17 because this isn't necessarily part of the public  
18 discourse. But I do find that disturbing because if  
19 that is his intention, we all know that the budget  
20 dance that goes on beyond the scenes is the Council  
21 fighting for things and are you then saying that the  
22 City Council would not have to use its fight for  
23 additional funds to include that \$10 million because  
24 we can assume the Mayor will put that in regardless

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1  
2 of whether or not the City Council includes that as a  
3 request as part of our budget response.

4 LORRAINE A. CORTES-VAZQUEZ: Yeah, the  
5 Administration is committed to having funding for  
6 Phase 2 in the beginning of FY21.

7 COUNCIL MEMBER ROSENTHAL: Thank you very much.  
8 I'm wondering about the indirect rates on the  
9 nonprofit for the nonprofits that provide these  
10 services. So, again, just making sure that these  
11 nonprofits are not set up to fail as they had been  
12 under previous Mayor's.

13 So, there was an agreement to add tens of  
14 millions of dollars for indirect rates to be  
15 baselined and DFTA has about 370 contracts that are  
16 eligible for this. How many have been settled where  
17 they've been given that indirect rate by now?

18 JOSE MERCADO: We've only had 10 percent of that  
19 contract has actually come in through the process.

20 LORRAINE A. CORTES-VAZQUEZ: Apply.

21 JOSE MERCADO: Applied.

22 LORRAINE A. CORTES-VAZQUEZ: Which is one of the  
23 appeals that I'm making is to make sure that many  
24 more of our contractors avail themselves of this.

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COUNCIL MEMBER ROSENTHAL: We were assured back in, I don't want to exaggerate, so I'm going to say September or November even though this was put in the budget in July. In November that a letter had gone out from the Mayor's Office of Contract Services saying, please apply.

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So, everyone knows to apply.

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LORRAINE A. CORTES-VAZQUEZ: Absolutely.

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COUNCIL MEMBER ROSENTHAL: As you've called around, it concerns me that only 10 percent have applied. What do you attribute that to?

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LORRAINE A. CORTES-VAZQUEZ: We have made several outreach efforts. We know that the implementation is being managed and centralized by the City Implementation team at OMB and MOCS. Providers have been informed about the process through the provider work group that meets regularly with CIT and you know, some providers are trying to calculate what their indirect cost maybe and justifying that and the CIT is supporting agencies and providers. You know, working with the varies echoes to make sure that they are conducting regular outreach and everyone is working diligently because we know particularly for

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1  
2 the smaller nonprofits that this is a life. This is  
3 essential to their growth and sustainability.

4 COUNCIL MEMBER ROSENTHAL: I appreciate your  
5 support of it but I'm a little bit asking and maybe  
6 the Committee can send this out to you to try to get  
7 this response from you.

8 As you've spoken with – as you or your echoes,  
9 Commissioner the Contract Officers have spoken to the  
10 nonprofits that have not submitted the paperwork.  
11 Are they aware that they can simply ask for a basic  
12 12 percent?

13 LORRAINE A. CORTES-VAZQUEZ: Yes.

14 COUNCIL MEMBER ROSENTHAL: I mean, it's so simple  
15 to – I've looked at the paperwork. I can't  
16 understand, like if you could even give me one  
17 example of a nonprofit and why they've not submitted  
18 the paperwork, I'd be interested to know.

19 LORRAINE A. CORTES-VAZQUEZ: I can get back to  
20 you on that but Jose, you, have something to say?

21 JOSE MERCADO: Yeah, I just wanted to sort of say  
22 for example, the 12 percent has already expired as of  
23 January 31<sup>st</sup>. So, throughout this whole process,  
24 there have been – I would say MOC has actually every  
25 month has been sending out letters.

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2 COUNCIL MEMBER ROSENTHAL: Right, but that's not  
3 my question.

4 JOSE MERCADO: Well, I mean part of it.

5 COUNCIL MEMBER ROSENTHAL: I get it, you've  
6 tried.

7 JOSE MERCADO: We've tried.

8 COUNCIL MEMBER ROSENTHAL: So, my question is why  
9 aren't they.

10 LORRAINE A. CORTES-VAZQUEZ: And they have until  
11 the end of Fiscal 2020 to submit their request.

12 COUNCIL MEMBER ROSENTHAL: So, everyone is just  
13 procrastinating, 90 percent?

14 LORRAINE A. CORTES-VAZQUEZ: I don't think -

15 COUNCIL MEMBER ROSENTHAL: I mean that as a  
16 procrastinator myself.

17 LORRAINE A. CORTES-VAZQUEZ: Yeah, no.

18 CHAIRPERSON CHIN: Council Member Rosenthal,  
19 let's stop procrastinating. We got to move.

20 COUNCIL MEMBER ROSENTHAL: We got move, gotta  
21 move. So, I'll end it there. I am very concerned  
22 that 90 percent have not applied. That is just  
23 concerning. Thank you so much. Thank you Chair.

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2 CHAIRPERSON CHIN: Yeah, we can follow up with  
3 the provider when they testify later also on that.  
4 Council Member Ayala followed by Council Member Diaz.

5 COUNCIL MEMBER AYALA: Thank you Madam Chair.  
6 Good morning Commissioner. In Fiscal Year 2020, the  
7 City allocated \$40 million to perform outreach ahead  
8 of this year's census to improve New York City's  
9 response rate in historically uncounted communities.  
10 As part of the city's plan to ensure complete count,  
11 city agencies were asked to partner and get out the  
12 count drives by either forming a plan of their or by  
13 incorporating census outreach into their existing  
14 programs and/or services.

15 Has DFTA created a get out the count plan in  
16 collaboration with New York City Census 2020? And do  
17 all senior centers have census material?

18 LORRAINE A. CORTES-VAZQUEZ: We've worked very  
19 diligently since the beginning. You know, with the  
20 2020 Census, it's important to all of us and to this  
21 city as you said Council Member. And so, what we  
22 have done is work with the 2020 Field Team and made —  
23 we've had information sessions. We had volunteer,  
24 volunteer recruitment for that. We have also sent  
25 around information to all of our congregate centers

1  
2 with information on how to schedule these sessions on  
3 the census.

4 In addition to that, there's been collateral  
5 materials distributed to all of our congregate sites.  
6 The census messaging is including in all of our  
7 external newsletters, as well as promulgated through  
8 a social media. And we've been working with the New  
9 York 2020 Census and the US Census to recruit older  
10 adults to be workers for the Census, which is another  
11 way of having a trusted partner.

12 We know that there has been a dedicated effort to  
13 have a widespread of nonprofits reflecting all  
14 sectors of our community as part of the census and  
15 we've worked with 2020 census that we have some  
16 dedicated computers at most of our senior center  
17 sites to make sure that we have full participation.

18 COUNCIL MEMBER AYALA: What about language  
19 capacity? I'm a little bit concerned specifically  
20 for senior centers that have seen an increase in  
21 immigrant populations. I also speak about East  
22 Harlem for instance where we have a growing Asian  
23 population specifically Chinese, non-English  
24 speaking. We've been very fortunate in that through  
25 initiatives funded through the Council. We've been

1

2

able to supplement the cost of hiring bilingual

3

social workers at two of our sites but that may not

4

be the case in all senior centers. And so, older

5

adult seniors, I'm trying, I'm trying. So, obviously

6

is that something that DFTA is concerned about as

7

well?

8

LORRAINE A. CORTES-VAZQUEZ: The materials have

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been translated into multiple languages and have been

10

distributed as such.

11

COUNCIL MEMBER AYALA: But if staff is not

12

appropriate, I mean, how are we ensuring?

13

LORRAINE A. CORTES-VAZQUEZ: If there is a

14

specific area, we only have a few days but if there's

15

a specific issue and need, please let us know and we

16

will address that immediately.

17

COUNCIL MEMBER AYALA: Yeah. Regarding the

18

mental health funding for Thrive for the DFTA

19

geriatric mental health program. There was a \$3.1

20

million baselined budget that was intended to expand

21

beyond the 25 existing senior centers to potentially

22

25 more with additional funding, FY20 funding, which

23

is I think \$1.7 million.

24

What is the current number of senior centers

25

offered geriatric mental health programming services?

1  
2           LORRAINE A. CORTES-VAZQUEZ: With the additional  
3 funds, we were able to expand the number from 25 to  
4 38 and we also have several more. You know, there is  
5 an approval process to get it approved as a  
6 designated site, so there are several more in the  
7 final approval process stage.

8           COUNCIL MEMBER AYALA: And can you share what the  
9 range of services that are being offered at those  
10 centers is and does it differ by contracted provider?

11           LORRAINE A. CORTES-VAZQUEZ: The range of  
12 services are one, identification. Engaged in  
13 activities to make them comfortable raising the  
14 issues around mental health to clinicians so that we  
15 have a bunch of sessions designed around that.

16           So, far they have been very successful in having  
17 been screened for mental health services. Two-thirds  
18 of those who have been screened have been found to be  
19 in need of clinical intervention and so, this also  
20 suggests that there is a high level of need and about  
21 of those in need 81 percent have received treatment  
22 from a clinician, as a result of these services and I  
23 can't impress upon you enough that prior to the  
24 Thrive Geriatric Metal Health, these services were  
25 not as vastly available in congregate setting and

1  
2 these numbers indicate the importance and the value  
3 that this brings.

4 COUNCIL MEMBER AYALA: I agree and I would add  
5 that you know, we should also be pushing for  
6 therapeutic programming at these sites because it's  
7 always great to have a mental health provider on site  
8 to speak to but I find out when I worked in senior  
9 center settings that you know even in coordinated  
10 activities, we had I think it was a jewelry making  
11 project and we found that it was very therapeutic for  
12 the participants of that program to just have ability  
13 to kind of come together and share their experiences.  
14 And many of these individuals were going through  
15 really traumatic experiences, whether they were  
16 losing loved ones or they were very ill and found the  
17 experience to be really therapeutic and I think that  
18 that should also be a part of you know, the  
19 conversation.

20 So, I look forward to seeing the expansion of  
21 this program.

22 LORRAINE A. CORTES-VAZQUEZ: One of the other  
23 ways that we're looking to expand this program as we  
24 move forward is the hub and spoke model, which is  
25 because a site has to be approved to be a mental

1  
2 health site, what we want to do is to have one of  
3 those approved sites then have satellites where they  
4 can bring clients from those smaller congregate  
5 settings that might not be deemed or might not be  
6 approved. So, that they can bring those into their  
7 approved site, so that services can still be  
8 available to smaller congregate centers.

9 And so, that hub and spoke will also expand the  
10 capacity.

11 COUNCIL MEMBER AYALA: How long for you to see  
12 approval process?

13 LORRAINE A. CORTES-VAZQUEZ: It varies.

14 COUNCIL MEMBER AYALA: It varies.

15 LORRAINE A. CORTES-VAZQUEZ: It varies on the  
16 site.

17 COUNCIL MEMBER AYALA: I appreciate it. Thank  
18 you, Commissioner.

19 LORRAINE A. CORTES-VAZQUEZ: Thank you.

20 CHAIRPERSON CHIN: We've been joined by Council  
21 Member Treyger. So, we're going to have questions  
22 from Council Member Diaz and then Council Member  
23 Treyger.

24 COUNCIL MEMBER DIAZ: Thank you Madam Chairwoman.  
25 Commissioner, Buenos Dias.

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2

LORRAINE A. CORTES-VAZQUEZ: Buenos Dias.

3

COUNCIL MEMBER DIAZ: SPEAKING IN SPANISH

4

1:35:13.

5

LORRAINE A. CORTES-VAZQUEZ: SPEAKING IN SPANISH

6

1:35:14-1:35:16.

7

COUNCIL MEMBER DIAZ: Commissioner as we all know

8

the coronavirus is very dangerous for senior citizens

9

and could you please tell me how much money are you

10

asking? How much money are you putting? What are you

11

doing to help senior citizen centers protect

12

themselves and protect the senior citizen population?

13

LORRAINE A. CORTES-VAZQUEZ: Sure.

14

COUNCIL MEMBER DIAZ: Are you asking any money in

15

this budget for that?

16

LORRAINE A. CORTES-VAZQUEZ: The City of New York

17

has been extremely aggressive. I'm very proud to say

18

that well in advance of any other locality, New York

19

City heightened its preparedness and its need for

20

preparedness as late as January. As far back as the

21

end of January to present not only to prepare, not

22

only because we had an incident before anything hit

23

our borders but because we knew. What was it that

24

the Mayor's phrase was? Not if but when and they

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have been regular. Yesterday, there was an entire

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meeting with the City Council around coronavirus.  
This is a high priority for this city and for this  
Mayor.

COUNCIL MEMBER DIAZ: I don't think you're  
answering me.

LORRAINE A. CORTES-VAZQUEZ: And I will try to  
answer your question.

COUNCIL MEMBER DIAZ: My question was simple.  
How much money are you asking, are you putting in  
this budget exclusively to help senior citizen  
centers protect their population against the virus?

LORRAINE A. CORTES-VAZQUEZ: Sir, this  
coronavirus approach is a public health approach and  
it has to be used in that manner. This is a  
coordinated effort.

COUNCIL MEMBER DIAZ: Are you asking the City,  
the Council Member, the Mayor, is your Department  
asking – we need funds. We need this to protect  
senior citizens.

LORRAINE A. CORTES-VAZQUEZ: I have the upmost  
confidence that the Mayor is going to do all and has  
made it very clear that this is a priority and that  
resources will be made available to combat this  
disease.

1

2

COUNCIL MEMBER DIAZ: SPEAKING IN SPANISH

3

1:39:01-1:39:02. Listen carefully what I'm saying.

4

You just said, we have 220 centers at over 100

5

percent food capacity.

6

LORRAINE A. CORTES-VAZQUEZ: Yes.

7

COUNCIL MEMBER DIAZ: Yesterday, the

8

Administration that had concern with this, yesterday

9

they announced that they have 1,000 testing kits for

10

the whole city. If we use the 1,000 only for the 220

11

centers, it would be about 5 kits per center.

12

So, if we are concerned in protecting senior

13

citizens that are in this case are very, very in

14

dangerous situation, a very dangerous situation

15

because they can catch a virus to attack them faster

16

than other population.

17

So, if we only have 1,000 kits for the whole city

18

to test for the whole city, how are we doing for

19

senior citizen centers? How do we do it? How are we

20

protecting them?

21

LORRAINE A. CORTES-VAZQUEZ: Sir, our Department

22

of Health in our Commission of Health, we have done

23

nothing but for the last few weeks, have tabletop

24

meetings on a daily basis with the Mayor around this

25

same issue. We have the upmost confidence that this

1  
2 Administration and this Health Commissioner who I  
3 will defer your questions to, had mad all of the  
4 provisions necessary should it reach that level.

5 We are very clear that it has not reached that  
6 level and we do not want to cause chaos or alarm in  
7 our senior centers or in the population as a whole.  
8 We have taken and given the best guidance, state of  
9 the art guidance issued by the Commissioner of  
10 Health, our Public Health Commissioner as well as the  
11 CDC on what are the steps that the public should take  
12 and also, what are the guidance that we have offered  
13 for non-health related staffers who are in close  
14 contact with individuals. All of those guidance have  
15 been issued by the Department for the Aging, as well  
16 as by the City as a whole.

17 So, I am very, very confident that this City is  
18 well prepared at heightened preparedness to deal with  
19 this virus.

20 CHAIRPERSON CHIN: Council Member Diaz, I think  
21 that yesterday the Mayor, I guess in his press  
22 conference, he talked about the City has already  
23 spent \$3.8 million on this effort and that he talks  
24 about DFTA's emergency plan. That you are going to  
25 be visiting over 600 senior congregate settings each

1  
2 week to ensure implementation of congregate setting  
3 protocols.

4 LORRAINE A. CORTES-VAZQUEZ: Thank you. Thank  
5 you.

6 CHAIRPERSON CHIN: Now, when you talk about 600,  
7 are you also including the social adult daycares too?

8 LORRAINE A. CORTES-VAZQUEZ: Absolutely. Thank  
9 you for jarring my memory, my concern in this  
10 conversation was to make sure that we are not  
11 escalating and causing greater alarm than what really  
12 exists in our senior centers.

13 The Mayor has been very, very clear. We have  
14 given out incredible number of guidance and  
15 information to our whole network of services. The  
16 Mayor wanted to ensure that that information was  
17 being implemented. And so, what we have is an  
18 emergency plan that we have devised an emergency plan  
19 that involves both DFTA staff as well as additional  
20 staff to visit 600 congregate sites throughout the  
21 city. Precisely to ensure number one, that they are  
22 posting the information. That the information is  
23 being distributed to the consumer population or to  
24 the population that they are responsible for to make  
25 sure that the professionals have the guidance to know

1  
2 what to do should any incident occur and also, to  
3 inform the staff, the non-medical staff that go into  
4 the home, to know what those protocols should be and  
5 the kind of guidance that they should have.

6 So, this is a well thought out plan. We will be  
7 visiting senior, older adult centers and congregate  
8 centers, well beyond the Department for the Aging  
9 sites. We included NORC's that are not funded by the  
10 Department for the Aging. We have included the SAD's  
11 that are not funded by the Department, so it's going  
12 to be a widespread effort to ensure that everybody is  
13 taking the proper precautions and using the guidance  
14 that has been distributed to them.

15 COUNCIL MEMBER DIAZ: Do I still have the floor?

16 CHAIRPERSON CHIN: Yeah.

17 COUNCIL MEMBER DIAZ: Thank you. I'm just  
18 saying, I'm just saying, that we are here in the  
19 budget hearing trying to prioritize the things that  
20 we are doing. I used to be Chairman of the Aging  
21 Committee when I was the Senate and if I listened to  
22 everyone that spoke. We are confronting a very, very  
23 serious situation with the coronavirus, throughout  
24 the nation, we're in the City. We talk about the  
25 city. Nobody is talking about this; I didn't hear

1  
2 you Commissioner putting an emphasis that we are  
3 doing this. I didn't hear the Chairman doing, so I'm  
4 asking, I'm saying, what are we doing to protect the  
5 senior citizen population? Are you putting in any  
6 money? Are you asking special requests. We have to  
7 protect. I'm just asking.

8 LORRAINE A. CORTES-VAZQUEZ: And I'm just letting  
9 you know clearly sir, that the Mayor has been on top  
10 of this and communicating with the public almost  
11 daily in press conferences. We have tabletop  
12 meetings, all of the agencies getting guidance from  
13 the Department of the Health under the leadership of  
14 this Mayor.

15 So, this information on what we are doing and  
16 what we need to do and what we are looking forward to  
17 doing should situations arise, is something that we  
18 are at a heightened preparedness and we have  
19 confidence that this city is well prepared to address  
20 this crisis.

21 CHAIRPERSON CHIN: Thank you Council Member Diaz.  
22 Council Member Treyger?

23 COUNCIL MEMBER TREYGER: Thank you to the Chairs  
24 for holding this important hearing and thank you  
25 Commissioner for being here this morning.

1  
2 To your knowledge, with all the added precautions  
3 that the Administration, the Mayor's Office is  
4 requiring of agencies, particularly to your agency.

5 To your knowledge, do any of the added precautions go  
6 beyond the scope of the DFTA contract that are  
7 currently in existence with providers to our seniors?  
8 Do any of the precautions require the providers to go  
9 beyond the contract scope of services?

10 LORRAINE A. CORTES-VAZQUEZ: The guidance, I do  
11 not believe to my knowledge that any of the guidance  
12 issued go beyond the scope of any contractors, any of  
13 the provisions in our contract and I would, if there  
14 are any in particular that you would like to raise,  
15 then I would love to talk to you offline, so that we  
16 can defer those to Department of Health and come up  
17 with some solutions.

18 COUNCIL MEMBER TREYGER: Well, for example, I  
19 mean, I Chair the Education Committee and right now,  
20 the DOE is going to have to add added resources to  
21 school budgets to deal with deep cleaning and  
22 cleaning of our schools. Custodial budgets, cleaners  
23 in our schools are going to have to have extra  
24 resources to work overtime after the school day,  
25 before the school day. Do you believe that providers

1  
2 have sufficient resources to conduct thorough  
3 cleaning and maintenance of senior spaces?

4 LORRAINE A. CORTES-VAZQUEZ: It's one of the  
5 things under review right now Council Member and the  
6 Department for the Aging along with the Department of  
7 Health that monitors our congregate sites,  
8 maintenance and sanitary conditions have always been  
9 a high priority because we're in the food preparation  
10 or the food service business. But it's one of the  
11 things that we're looking at right now. Is the  
12 resources, do we have adequate resources? And as the  
13 Mayor said, we're all looking at that to make sure  
14 that we are prepared should additional resources be  
15 necessary.

16 COUNCIL MEMBER TREYGER: Have providers already  
17 reached out to you requesting additional resources  
18 and support in terms of complying with added  
19 guidance?

20 LORRAINE A. CORTES-VAZQUEZ: Not to my knowledge  
21 sir.

22 COUNCIL MEMBER TREYGER: I'm just sharing with  
23 you best practices from other agencies. In the case  
24 of the DOE, schools needed extra help and I am going  
25

1  
2 to safely assume that providers need extra help as  
3 well.

4 This is particularly for our seniors who are at  
5 most risk when it comes to this virus.

6 LORRAINE A. CORTES-VAZQUEZ: Yes, right.

7 COUNCIL MEMBER TREYGER: And so, I would just  
8 urge both your agency and OMB and the Mayor's Office  
9 to grant every request made to ensure that our  
10 providers in our senior spaces have every resources  
11 that they need to keep our seniors safe and  
12 supported.

13 LORRAINE A. CORTES-VAZQUEZ: That is our  
14 intention also and so, we share that commitment and  
15 passion with you and we are reviewing that on a daily  
16 basis.

17 COUNCIL MEMBER TREYGER: So, to date, you have  
18 not made any requests to OMB for added resources to  
19 deal with the coronavirus? Have you made any  
20 requests to OMB for added resources?

21 LORRAINE A. CORTES-VAZQUEZ: We are on tabletop  
22 meetings with the Mayor on a regular basis where  
23 we're discussing all the various need and also,  
24 trying to forecast what future needs may be.

1  
2 COUNCIL MEMBER TREYGER: And I appreciate that  
3 but have you made any requests so far to OMB?

4 LORRAINE A. CORTES-VAZQUEZ: We've made some  
5 requests, not to OMB but to us as a City because we  
6 wanted to do this widespread canvassing, we did not  
7 have the staff resources, so we're getting resource  
8 staff, resources from across the City to make sure  
9 that we can visit each of our facilities.

10 COUNCIL MEMBER TREYGER: I'm going to share with  
11 you another accommodation being made for DOE that I  
12 think should apply for DFTA. The DOE is now going to  
13 have to contract with additional nurses to make sure  
14 all of our schools have access to healthcare  
15 professionals.

16 Over 70,000 kids in our school system do not have  
17 a healthcare professional with them all day. Is that  
18 going to be the case with DFTA providers? Will DFTA  
19 Administration provide additional help with  
20 healthcare professionals to visit and be with  
21 providers in senior spaces to provide direct care?  
22 Because my concern is if we do not have a healthcare  
23 professional at the front end and proactively working  
24 with our vulnerable population, the worst thing that  
25 could happen is that seniors end up in the emergency

1  
2 room and hospitals which are very dangerous already  
3 because the spread of other very serious disease that  
4 could really compromise their health immediately.

5 So, I think that it is wise for us to proactively  
6 at the front end, provide healthcare professionals to  
7 senior providers to visit them, to make sure that  
8 everyone is practicing proper protocols.

9 So, are there any plans in place that you are  
10 aware of to provide additional healthcare  
11 professionals, nurses to senior spaces?

12 LORRAINE A. CORTES-VAZQUEZ: That is not a  
13 request that we have made at this time but it is one  
14 of the issues that I will raise at our next tabletop.  
15 So, thank you for that.

16 COUNCIL MEMBER TREYGER: And I just encourage you  
17 to, we have your back to make sure that OMB and the  
18 Mayor's Office gives you everything you need to keep  
19 our seniors safe.

20 And the last question, forgive me if it was  
21 raised already Chair. The issue of homecare meals  
22 for senior providers. I have one in my district that  
23 has a need for kosher meals and they are being told  
24 that because of the restrictions they will not be  
25 able to provide kosher meals in terms of the home

1

2 delivery meals. Is that something that you are aware  
3 of?

4

LORRAINE A. CORTES-VAZQUEZ: I'm totally not  
5 aware of that because kosher meal provisions is part  
6 of the RFP and it is a commitment that we have to  
7 make sure that we have a diversity of meals based on  
8 religion and ethnicity.

9

COUNCIL MEMBER TREYGER: Okay, so I will speak to  
10 folks offline, just to follow up on that district  
11 issue.

12

LORRAINE A. CORTES-VAZQUEZ: Sure.

13

14

COUNCIL MEMBER TREYGER: Thank you. Thank you  
Chairs.

15

16

LORRAINE A. CORTES-VAZQUEZ: I really appreciate  
that.

17

COUNCIL MEMBER TREYGER: Thank you, sure.

18

19

20

21

22

23

CHAIRPERSON CHIN: Thank you Council Member  
Treyger. I was going to; my next question is on this  
RFP and thank you for your suggestion in terms of  
working with the senior centers on the protocol to  
our seniors and making sure that we have adequate  
resources.

24

25

So, Commissioner, when you go visit those  
centers, it's not enough that they post up the signs

1  
2 but I think that they really have to distribute  
3 materials and especially with home delivered meals  
4 that the information should go along with the meals.  
5 And so, that everybody has that information on hand.

6 LORRAINE A. CORTES-VAZQUEZ: So, great minds  
7 think alike because we have like if it's a ten point  
8 checklist that people who are visiting are asking and  
9 doing and also, bring us back feedback. So, that if  
10 we find any deficiencies, we can address them.

11 CHAIRPERSON CHIN: Thank you. So, on the home  
12 delivered meals program, it's critical concern to  
13 Council. As you recalled I replied to DFTA's concept  
14 paper citing concern about inadequate funding.  
15 Unfortunately, I didn't receive a reply,  
16 nevertheless, we have reviewed two independent  
17 studies showing that DFTA's meals are underfunded by  
18 around \$2 each. So, after the RFP was released in  
19 January, human service, council delivered its highest  
20 ever risk rating in an RFP. 75 percent siting in  
21 adequate funding and a lack of transparency.

22 Yesterday, a fourth addendum to the RFP increase  
23 available funds by about \$640,000. So, how did the  
24 Department determine the funding rate per meal in its  
25 RFP and why is there no additional funding for

1  
2 culturally responsive kosher or halal meals and how  
3 does DFTA make requests to OMB when programs like  
4 home delivered meals or senior centers need more  
5 resources in the baseline budget.

6 Because in your testimony, you mentioned the home  
7 delivered meals budget was \$41.8 million and in  
8 addition was \$640,000. Do you think that's efficient  
9 to cover?

10 LORRAINE A. CORTES-VAZQUEZ: The number I cited  
11 is correct. That's correct.

12 CHAIRPERSON CHIN: 640, that was the added in the  
13 addendum but in your testimony, you said that \$41.8  
14 million was allocated for home delivered meal budget.

15 JOSE MERCADO: Correct, the \$41.8 is that total  
16 budget that we had. I mean when we did the initial  
17 RFP, we left out some money and we realized that and  
18 we added it back.

19 LORRAINE A. CORTES-VAZQUEZ: So, I want to  
20 address a little bit of the cost, the per meal cost.  
21 The way we calculate that per meal cost is obviously  
22 we look at total meals. We look at food cost, we  
23 look at, we assumed some savings based on group  
24 planning. We look at some saving based on the fact  
25 that we are now managing catering costs. So, there

1

2 will be catering costs that will be somewhat uniform  
3 across the City. We also look at contributions, and  
4 so, you arrive at a per unit cost, salaries and all  
5 of the operating factors.

6

7 I want to remind everyone that the average home  
8 delivered meal cost currently was between \$8.60 and  
9 \$8.80. So, we went from that, there are some  
10 contractors are as high as \$10.16 but the average is  
11 between \$8.60 and \$8.80, and we increased it to  
12 \$9.58. The other thing that we did differently this  
13 year that we've done in the past is that  
14 contributions were not included in that unit cost.  
15 The contributions now are additive. So, that if a  
16 contractor collects let's assume \$0.50 a meal, their  
17 food costs now are \$10.08 rather than \$9.58.

18

19 So, we did know that there was an increase needed  
20 in these meals and we increased it to \$9.58 and also  
21 then took the additional step to take out the  
22 contribution portion, that revenue out of the actual  
23 meal cost that we gave.

24

25

26 Go ahead I'm sorry, I'm looking for a particular  
27 document.

28

29

30 CHAIRPERSON CHIN: Oh, great, the PMMR confirms  
31 that for at least three years, the home delivered

1  
2 meals program have been serving hundreds of thousands  
3 of meals above its targets. Now, this new RFP would  
4 leave about 310,000 meal gaps between the targeted  
5 number of meals served in the catchment area versus  
6 the PMMR actuals.

7       So, DFTA's RFP say waiting lists are an option.  
8 Do you support placing seniors, older adults on home  
9 delivered meal wait lists and given the rising costs  
10 of food and fuel and other necessities of a home  
11 delivered program, why didn't DFTA include a cost  
12 escalator in the RFP?

13       LORRAINE A. CORTES-VAZQUEZ: First of all, there  
14 is not a decrease in the number of meals. We are  
15 serving 18,000 meals a day now and the RFP allots for  
16 18,000 meals a day. So, there is not a decrease in  
17 the number of meals. I have heard that statement  
18 before and that is incorrect.

19       What we attempted to do in this RFP is start  
20 looking for home delivered meals now and, in the  
21 future, and trying to look at many, many new bold  
22 initiatives. More collaboration across contractors.  
23 More purchasing across contractors so that we can  
24 have scale. We're looking at state of the art food  
25 preparation practices. We also, we're looking for

1

2 you know, new initiatives in terms of higher quality  
3 food and things of that nature and also looking  
4 forward.

5

6 In terms of cost escalators, that is a  
7 conversation that we could you know, part work with  
8 the Mayor's Office of Food Policy and start looking  
9 at food cost escalators for the future. But right  
10 now, given current state, this RFP was trying to take  
11 some steps to move us forward and into the future but  
12 at the same time, recognizing with the increases in  
13 meal costs. Our main target is ensuring that we can  
14 provide 18,000 meals a day.

15

16 CHAIRPERSON CHIN: I mean, Commissioner, you said  
17 there is not a decrease but if a provider except like  
18 a \$20,000 shortfall annually to serve everyone, even  
19 over targets, so, that's not right. 2:10:09

20

21 LORRAINE A. CORTES-VAZQUEZ: I'm sorry, I'm not  
22 understanding something. There is not a shortfall  
23 in, there is not a reduction in the number of meals  
24 which is what I heard the statement to be.

25

26 CHAIRPERSON CHIN: In the RFP there is a gap  
27 because there are providers that are serving above  
28 their target.

29

30 LORRAINE A. CORTES-VAZQUEZ: Oh.

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CHAIRPERSON CHIN: Right, so.

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LORRAINE A. CORTES-VAZQUEZ: Okay, I got it now.  
I'm sorry.

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CHAIRPERSON CHIN: So, it just shows that there  
is an increasing need and, in your RFP, you are only  
budgeting the same number.

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LORRAINE A. CORTES-VAZQUEZ: I'm sorry that I  
didn't understand and I didn't hear it correctly.  
There is always a growing need and I've said over  
that the needs outpace the resources and what we've  
done is we've looked at the 18,000 meals that we  
provide this year and use that as a base.

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CHAIRPERSON CHIN: So, you are open to like  
looking at a cost escalator?

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LORRAINE A. CORTES-VAZQUEZ: We're looking at  
working with the Mayor's Office of Food Policy and  
looking at everything as we move forward. We're also  
looking at you know, improving our following good  
food purchasing practices, so that there is a variety  
of things that we're looking at together you know,  
from a future perspective.

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CHAIRPERSON CHIN: And I also in our discussion,  
I remember you were talking about, I think this is  
related to the capital budget when you were talking

1  
2 about commissary kind of kitchens where providers can  
3 maybe realize —

4 LORRAINE A. CORTES-VAZQUEZ: We're looking at  
5 efficiency as long as efficiency doesn't undermine  
6 diversity and as long as efficiencies do not  
7 undermine community base. We're looking at  
8 efficiencies in scale and how is it that we can do  
9 that within our network in terms of forming working  
10 groups and learning groups among our providers.

11 CHAIRPERSON CHIN: Okay, I'm going to move on to  
12 the next issue. Case management and homecare wait  
13 lists. There is still a wait list. You know, on  
14 Wednesday, we learned that there are 1,245 case  
15 management clients on the wait list. While there are  
16 478 homecare clients awaiting either new or increased  
17 service. I'm glad to hear case management programs  
18 are currently hiring and onboarding staff to help  
19 address the waiting list but the wait list deserves  
20 serious attention. It seems like every year we still  
21 got to address this. Why has been so hard to reduce  
22 the wait list and does DFTA believe it has sufficient  
23 funding to clear them by the start of Fiscal Year 21  
24 and how long are seniors waiting for an in home case  
25 management assessment and how much funding is needed

1

2 to clear the wait list? Furthermore, will DFTA  
3 consider an automatic funding escalator aligned to  
4 the growing need?

5 We see cost escalators with other programs in the  
6 city, that I mentioned in my opening remarks. Such  
7 as social service coordination programs in the SARA  
8 finance senior housing. So, can we use that to deal  
9 with the wait lists?

10 LORRAINE A. CORTES-VAZQUEZ: We are opening to  
11 exploring all different options but I want to be  
12 really clear that this wait list is not a – it's a  
13 point in time. It is not a wait list as if you are  
14 waiting forever to have services turned on. All of  
15 the individuals on that list are at different stages  
16 in the assessment process, so it is not as if none of  
17 them have received some information or contact.

18 I also want to say from a case management  
19 perspective, every person gets in a phone call  
20 assessment to start determining need. We triage  
21 those, we do not, you know, you don't become number  
22 one and number two doesn't get served until number  
23 one does. We triage it and those with the greatest  
24 needs start getting priority, number one.

25

1  
2       Number two, everyone gets a phone assessment so  
3 that we can add that ability. The other thing that's  
4 really important, if anyone has a meal need, that  
5 meal gets turned on immediately.

6       So, it is not a wait list as we traditionally  
7 think of wait lists. Is it a problem? Is the need  
8 growing? Absolutely, but it is not a problem that is  
9 not being managed and it is not a problem which means  
10 that older adults in need of services are not getting  
11 them. And much of our homecare hours are — that wait  
12 list is due because people need additional hours.

13       So, it's not as if they do not have services  
14 currently, it's just that a lot of that is for added  
15 hours.

16       CHAIRPERSON CHIN: But I think the question I had  
17 was, how long are seniors waiting for an in home case  
18 management assessment? And I know that from my  
19 office experience helping constituents, that it still  
20 takes a while for them to get that in home assessment  
21 and then finally get the homecare service.

22       So, these are not people waiting for expanding  
23 hours, they are waiting to get the service and still  
24 they have to wait awhile. It's not like oh, within a  
25 week or two weeks.

1  
2 LORRAINE A. CORTES-VAZQUEZ: Everyone gets a  
3 phone assessment so that we can be able to triage  
4 them. I will get back to you to give you the data on  
5 high needs and what the wait time is but I want you  
6 to be assured that high need individuals don't wait.

7 CHAIRPERSON CHIN: Okay, I mean, the main thing  
8 is that we just don't want to have the older adults  
9 on waiting lists and this is something that we  
10 address every year and we want to make sure that  
11 there is sufficient funding to address that.

12 LORRAINE A. CORTES-VAZQUEZ: That's a shared  
13 concern, thank you.

14 CHAIRPERSON CHIN: Yeah. So, the other question  
15 I have is on this whole senior center RFP that you  
16 are planning for this year. Now, DFTA's annual plan  
17 states that it intends to issue a concept paper for  
18 the RFP for a senior center this spring and summer.  
19 And this will be one of the most consequential RFP  
20 for DFTA in a decade.

21 So, what has DFTA begun to do to prepare for this  
22 process and will DFTA do outreach in multiple  
23 languages and in each borough as part of the pre-RFP  
24 process? And also, is DFTA considering funding any  
25 of the following four items as part of the new RFP.

1  
2 First, baselining the existing Council initiative.  
3 Second, expanding geriatric mental health services to  
4 every center. Third, co-locating social adult  
5 daycares in the centers and Fourth, paying providers  
6 for extended cooling center opening hours.

7 LORRAINE A. CORTES-VAZQUEZ: Well, I can tell you  
8 that we are looking at several of those issues that  
9 you mentioned. Right now, we are doing a lot of  
10 research on state of the art services. Not only here  
11 but across the nation and across the globe. As we  
12 have done and has been my commitment, we will have as  
13 many stakeholder meetings prior to the concept paper  
14 to get people's input but you are right, this is one  
15 of the most crucial RFP's that we will issue because  
16 we can't look at this RFP as we look at aging today.

17 This RFP has to prepare us and create a pathway  
18 as we look at aging to the future. So, as we have  
19 tried to in this first effort with the home delivered  
20 meals to start looking forward, we will do the same  
21 thing with the congregate sites.

22 In that, we will hold a variety of stakeholder  
23 meetings. Look at creative aging and all these new  
24 concepts that we know just advanced and are important  
25 to the aging community and to older individuals and

1  
2 how it increases and eliminates social isolation and  
3 increases their social ability and their ability to  
4 age in place.

5 All of those issues are being considered. One of  
6 the things that we will do is then, after all of that  
7 input, is begin the concept paper and that set up  
8 another round of inputs and opportunities.

9 So, this will not be that DFTA sits in a room,  
10 does some of the great state of the art researching  
11 and analysis and puts out a concept paper. This  
12 concept paper will be informed by some of the best  
13 thinking that we have in the research field but also,  
14 some of the best thinking that we have within our own  
15 network and some of their desires and future  
16 directions and see what we can implement in that.

17 In terms of paying for providers for cooling  
18 centers, right now, we have some cost built in to  
19 our, we will reimburse and we do reimburse  
20 contractors for some expenses related to cooling, to  
21 serving as a cooling center on off hours and we will  
22 look at that very seriously.

23 And, I'm intrigued and was intrigued by our  
24 conversations about expanding services to build in  
25 senior adult kind of activities within congregate

1  
2 settings. So, it is something that we will look at  
3 in terms of this wide array of services that we're  
4 looking at.

5 CHAIRPERSON CHIN: What about the paying  
6 providers for extending cooling center open hour. I  
7 mean, our senior center right now could be more  
8 highly utilized. I mean, right now, most of them are  
9 just Monday through Friday and then closed in the  
10 evening. There are some centers like in my district  
11 and Council Member Rivera's district we share, that  
12 do have dinner meals.

13 So, I think one of the things we wanted to really  
14 look at is that the Mayor in his state of City, talk  
15 about new community centers. So, senior centers  
16 could be part of that. The older adult center could  
17 be part of that and it could be really highly  
18 utilized.

19 LORRAINE A. CORTES-VAZQUEZ: Those are all  
20 options -

21 CHAIRPERSON CHIN: You know, they need some place  
22 to - they want to go to the center but most of them  
23 are closed on the weekends. So, those are the  
24 options.

1  
2           LORRAINE A. CORTES-VAZQUEZ: Those are all  
3 options that we would like to look at and we also  
4 believe and this has been conversations that I've had  
5 with a few of congregate setting directors, which is  
6 the utilization of our kitchens. Our kitchens are  
7 used to just serve one meal, you know that maybe we  
8 can look at capacity within kitchens.

9           So, all of those are discussions that we're  
10 having and see where our vision takes us and where  
11 our resources take us.

12           CHAIRPERSON CHIN: Yes, the resources, that's  
13 what we got to make sure that we have, adequate  
14 resources to do that.

15           The other question is on the social adult  
16 daycare. Right, there are many concerns around the  
17 growing number of social adult daycare across the  
18 city. In January, DFTA finally issued rules  
19 associated with their oversight of the SAG's under  
20 Local Law 9 of 2015, including a civil penalty  
21 schedule associated with chronic violators. This  
22 SAG's Ombud's persons office has four staff and a  
23 \$300,000 baseline budget.

24           Now, first, what action are underway to address  
25 the social adult daycare center fraud and abuse?

1  
2 Second, will the Ombud's person initiate any  
3 complaints or investigation on their own or is it  
4 entirely based on complaint? And has DFTA spoken to  
5 the state official about SADC of fraud and the  
6 potential Medicaid savings that could be realized by  
7 prosecuting fraud? And one of the three penalties  
8 incurring violation is failure to adhere to program  
9 standards.

10 What does that mean and what standards will the  
11 Ombud's person use to evaluate whether a SADC is in  
12 compliance?

13 LORRAINE A. CORTES-VAZQUEZ: So, like you, I am  
14 very pleased that we now have rules that have been  
15 promulgated. I am also extremely pleased that we  
16 have been able to activate the payment portal. To  
17 date, we have 18 individuals, so their revenues that  
18 come into the city now one by the registration  
19 process and then the other one, is based on the fees  
20 that are imposed.

21 We have a team that will go out based on  
22 violations or complaints and then we will also have  
23 obviously what we call secret shopper and we will  
24 look at that. Our team and our current leader is in  
25 close contact with the state and they refer to them

1  
2 every violation or infraction that we find. And so,  
3 we might not know the disposition that the state  
4 imposes on a SAG but we do make sure that because  
5 that information doesn't come back to us, that we do  
6 make sure that everyone of those is logged and  
7 registered with the state.

8 This is a new endeavor for us. We are as  
9 concerned as many are about the potential abuse,  
10 which is why this administration with a lot of your  
11 coaching and support have been able to establish this  
12 office through Local Law 9 and now staffing it to the  
13 level that we are looking forward to seeing the  
14 results of this.

15 CHAIRPERSON CHIN: Yes, I mean, 2015, I mean,  
16 that's a long time and we're waiting for those rules  
17 and so far, you said only 18 have registered.

18 LORRAINE A. CORTES-VAZQUEZ: They have 30 days  
19 from the day that the rules were promulgated to  
20 register, since the portal was open to register.

21 CHAIRPERSON CHIN: What's the penalty for not  
22 registering in time?

23 LORRAINE A. CORTES-VAZQUEZ: Oh, that's very  
24 good. There is a schedule, so \$1,000 a day and then  
25

1  
2 it, correct me if I'm wrong any of you. It's about  
3 \$1,000 a day and then the penalty continues.

4 CHAIRPERSON CHIN: That's good. So, have they  
5 all been notified, the over 300?

6 LORRAINE A. CORTES-VAZQUEZ: They've all been  
7 notified and we've been very aggressive in asking  
8 them to register, which is the first line of our  
9 Ombudsman program, is making sure that each one of  
10 them is registered.

11 CHAIRPERSON CHIN: So, in that registration, can  
12 you just share with us the information that we'll be  
13 able to get from that registration?

14 LORRAINE A. CORTES-VAZQUEZ: Sure, we'll get back  
15 to you with that and I promise you that we will get  
16 back to you in time.

17 CHAIRPERSON CHIN: In terms of participant,  
18 because we want to know if we can get like,  
19 participant. How much do they charge the government?  
20 The participation rates.

21 LORRAINE A. CORTES-VAZQUEZ: It might not be as  
22 extensive as we would want it to be at the beginning  
23 but I think we could get some basic information and I  
24 commit to you that you will get that by the end of  
25 today.

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CHAIRPERSON CHIN: Okay, thank you. Just a few more questions on the capital budget and expense funded repair. How does DFTA work with other agency partners to prioritize which capital projects get prioritized? Will DFTA sit down with Council Finance to review the entire DFTA capital project portfolio with start dates, key milestones and expected completion date since when you say, most of the funding comes from the Council and can DFTA share with the Council the lists of centers and contractor providers who have or plan to receive expense funded repairs to their premises?

JOSE MERCADO: Yeah, so regarding the Capital Budget, like when we mentioned earlier, we will happily sit down the Council and identify the various projects and what stages they are in.

LORRAINE A. CORTES-VAZQUEZ: And with the Administration, we are looking at capital and CBDG monies to see ways that we can augment our capital needs, because I think everybody recognizes that we need to upgrade some of our facilities and also ensure that we can also expand some them.

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CHAIRPERSON CHIN: Okay, so before closing  
Commissioner, we can expect to see in the Executive  
Budget the \$10 million for the model budget.

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LORRAINE A. CORTES-VAZQUEZ: You can expect the  
commitment from this Administration which has been  
given to us and I am now sharing with you that by  
FY21, those \$10 million will be in DFTA's budget.

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CHAIRPERSON CHIN: Okay. The next two, we got to  
work together on. Millions more, a couple of million  
dollars more, millions more for the home delivered  
meal and money for home care and case management wait  
lists so that we can eliminate. So, those are the  
ones that we will always, we'll also be advocated for  
in the Executive Budget.

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LORRAINE A. CORTES-VAZQUEZ: And we're always in  
constant communication with OMB around those kind of  
issues and we feel that we have a strong partnership  
and ally.

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CHAIRPERSON CHIN: Great, so, Commissioner thank  
you for being here. Thank you to all your staff and  
we're looking forward to getting more resources this  
year and in partnership with you and your agency.

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LORRAINE A. CORTES-VAZQUEZ: Thank you so much.

CHAIRPERSON CHIN: Thank you.

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So, now we invite the public to testify.

We have a lot of people signed up, so I apologize that we do have to put testimonies on a two minute clock because we don't have the Chamber for the whole day. We have a time limit because there are other committees that have hearings.

So, you can always submit the written testimony but share with us the highlight. Katie Foley from Selfhelp Community Services, Katelyn Andrews from LiveOn New York, Beth Finkel from AARP, Tara Klein United Neighborhood Houses, Rachel Sherrow from City Meals on Wheels.

Okay, please begin.

KATIE FOLEY: Thank you. My name is Katie Foley and I am the Director of, can you hear me?

CHAIRPERSON CHIN: Did you press the button?

KATIE FOLEY: Yes. My name is Katie Foley and I am the Director of Public Affairs at Selfhelp Community Services. Thank you so much Council Member Chin for the opportunity to testify today.

Selfhelp provides a broad set of services to more than 20,000 elderly, frail and vulnerable New Yorkers while remaining the largest provider of comprehensive services to holocaust survivors in North America.

1  
2 We're grateful for the Council's ongoing support for  
3 senior programs and for emphasizing the needs of  
4 older adults and we know that with strong community  
5 based programs, we're confident that older New  
6 Yorkers will be able to access the care and support  
7 they deserve and need to age in their own homes and  
8 communities. I want to highlight a few of our  
9 priorities for this budget season.

10 In a budget year with a Medicaid deficit is front  
11 and center. We know it's important to remember  
12 programs that serve older adults on a relatively  
13 small budget while helping to defer substantial costs  
14 to the Medicaid system. I want to emphasize that an  
15 investment in SHASAM, Selfhelp's Active Services for  
16 Aging Model would result in a savings to the Medicaid  
17 program by preventing or lowering costs to the  
18 emergency room visits and keeping low income seniors  
19 out of costly or levels of care, such as assisted  
20 living or nursing homes.

21 At all 11 Selfhelp affordable housing buildings  
22 we offer service coordination through SHASAM, which  
23 provides appropriate level of social services to  
24 allow older adults to remain in their homes. We have  
25 published a white paper which is available on our

1  
2 website that shows the evidence based research on the  
3 exact savings to Medicare and to Medicaid.

4       The Elie Wiesel Holocaust Survivor Initiative  
5 demonstrates the commitment of the City to ensure  
6 that some of our city's most vulnerable receive the  
7 care and services that they need. This year, we're  
8 urging the City Council to renew this initiative with  
9 continued support for Selfhelp and our Holocaust  
10 Survivor program.

11       We operate the oldest and largest program serving  
12 holocaust survivors, caring for nearly 4,800 elderly  
13 and frail individuals and this funding supports  
14 direct social services to the frail, isolated and  
15 financially needed survivors, as well as unique  
16 educational program that shares survivor stories with  
17 the next generation.

18       Thank you so much for the opportunity to testify  
19 today and we appreciate the City Council for the  
20 ongoing support for the senior transportation program  
21 in Queens, as well as all the discretionary funding  
22 in Schedule C.

23       CHAIRPERSON CHIN: Thank you and we have your  
24 full testimony for the record.

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KATLYN ANDREWS: Okay, my name is Katlyn Andrews, I'm the Director of Public Policy at LiveOn New York. I'm going to jump right into the meat of our testimony. Our main budget priority this year is the home delivered meals program. We are asking for \$16 million in funding along with our partners specifically for this program.

Our position is that \$13 million of this should go to fund weekday meals and \$3 million should go towards the weekend meals. Currently, providers are losing money on every meal served and it is critical that at this time while the RFP is going on and providers are forced with the decision of whether or not to continue in the program, that we know that the funding is there to keep the program solvent for years moving forward.

A part of this, we also would hope that there are cost escalators included, as has been mentioned today, so that the program can keep pace as costs continue to rise and so that the program does not turn into a deficit as it continues.

LiveOn NY did do a study in partnership with United Neighborhood Houses utilizing a framework developed by See Change Capital Partners that

1  
2 confirmed the gap of funding for home delivered  
3 meals. It is about \$2 per meal as had previously  
4 indicated by Mathematica. So, we know that this gap  
5 and this funding challenge is real and we're hopeful  
6 that this year that is addressed. We also appreciate  
7 the emphasis on the \$10 million in model budget money  
8 that still needs to be put into the budget. We're  
9 pleased to hear that that will be addressed in the  
10 Executive Budget and we're looking forward to seeing  
11 that in Black and White.

12 We also are hopeful that all of the one-time  
13 funding is restored and not only that, but that it's  
14 baselined. Funding that is baselined is able to go  
15 toward salaries and be used in the way that it is  
16 truly intended, rather than being used for sort of  
17 additive measures as a one time fund can often be  
18 used for.

19 So, we're hopeful that those programs for senior  
20 centers, for NORCs, Case Management, etc., are  
21 baselined. We know that there are waiting lists for  
22 a case management and homecare, so we're hopeful that  
23 that is addressed and it's a point and time but it's  
24 also annually very similar. So, we're hopeful that

25

1  
2 some mechanism is in place to continue addressing  
3 this moving forward.

4 You have my full testimony, so I thank you for  
5 your support and your time today.

6 TARA KLEIN: Hello, thank you for the opportunity  
7 to testify. My name is Tara Klein, I am a Policy  
8 Analyst with United Neighborhood Houses. We are a  
9 policy and social change organization that represents  
10 43 neighborhood settlement houses in New York.

11 I want to echo a lot of the things that Katelyn  
12 just testified on from LiveOn, particularly around  
13 the home delivered meals request for this year of \$16  
14 million. We know that there is an urgent funding  
15 need for providers currently. With the new RFP  
16 coming out, that places even more programmatic  
17 demands on the program. This really emphasizes the  
18 need for additional funds. So, we really hope you'll  
19 take a look at that and help us be a partner in  
20 supporting that \$16 million ask.

21 I want to highlight a new ask this year for the  
22 naturally occurring retirement communities, our  
23 NORC's. Thank you of course to the Council for their  
24 support last year in the nursing funding that was  
25 really critical to supporting these programs. Of

1  
2 course, our NORC's helped defer people from the  
3 Medicaid system in a year when Medicaid cuts are  
4 front and center, so we really think these are  
5 critical programs. But unfortunately, the staff in  
6 the NORC's right now are facing chronically low  
7 salaries. We're seeing that these are much lower  
8 than other DFTA contracts, particularly senior  
9 centers and case management where they've had  
10 increased in recent years.

11       So, these are people who are often with the same  
12 job title, often working under the same organization  
13 doing similar work but the pay differential we've  
14 seen is about \$15,000 per employee at different  
15 levels. And so, we are asking for \$1.7 million in  
16 order to ensure that NORC salary parity this year in  
17 the budget.

18       Just a few quick other things to highlight in my  
19 testimony. We believe there needs to be a very large  
20 increase in geriatric mental health services across  
21 the aging network. This year we're looking to  
22 increase this through the DOHMH Council Initiative,  
23 the Geriatric Mental Health Initiative. We are also  
24 encouraging more funding to support repair needs and  
25 infrastructure across the aging network. We want to

1  
2 see that \$10 million in model budget money there and  
3 of course supporting all of the Council's  
4 discretionary funds and the one year administration  
5 adds that we need to baseline.

6 So, thank you again for the opportunity to  
7 testify.

8 BETH FINKEL: Hi, I'm Beth Finkel, I'm the State  
9 Director for AARP New York. I first of all want to  
10 thank Chairperson Chin. You've been such an  
11 incredible leader and advocate for older adults and  
12 also the other Council Members and thank you Council  
13 Member Ayala for hanging in there with us. We really  
14 appreciate it.

15 I also want to thank my fellow advocates here who  
16 just do a sensational job providing these programs  
17 and services. AARP has 750,000 members in New York  
18 City and without these services that they provide and  
19 without them provided at the level of excellence that  
20 I love the way Council Member Chin, you put it, that  
21 our senior service should be the crown jewel and we  
22 could not agree more and be able to hold them up to  
23 every place in the country as the City with the best  
24 services for older adults, so thank you.

1  
2       We've been doing a lot of research AARP to inform  
3 us about the challenges facing older population and  
4 we know that it's all about the pocketbook issues.  
5 That influences every other piece of quality of life  
6 for older adults and adds the greatest amount of  
7 stress to residents 50 plus.

8       These residents account for nearly one-third of  
9 our populations and their numbers are expected to  
10 increase by 30 percent in the next 20 years.  
11 Financial hardships are felt most acutely by our  
12 aging African American, Hispanic and Asian American  
13 residents. As a matter of fact, we just did a report  
14 on disrupted disparities which highlights how those  
15 hardships are particularly felt by those communities  
16 and how they really must be addressed.

17       As a matter of fact, in gentrifying  
18 neighborhoods, the median annual income for older  
19 Whites is as much as \$100,000 higher than for that  
20 for African American or Hispanic residents in those  
21 same communities.

22       The Council has been very generous over the years  
23 with its support of older New Yorkers and the  
24 services that they rely on and we're asking you to do  
25 it one more time.

1  
2 Oh, my God, so, I'd like to point out that non-  
3 for-profit senior service providers are counting on  
4 you to. We're very worried about the home delivered  
5 meals and the parity that was brought up on that with  
6 nearly 30,000 homebound and elderly relying on those  
7 services and the \$16 million is very key. And beyond  
8 that, we'd like to see the investment and more  
9 services for supports.

10 The NORC issue, again we feel very, very strongly  
11 about and we just want to make sure that all the  
12 money is there and baselined as I know you said  
13 earlier. So, I could go on, it's in my testimony.  
14 Thank you for giving us the opportunity to bring the  
15 voice of AARP members here today.

16 Thank you.

17 RACHEL SHERROW: Thank you. Yes, we're all aging  
18 in place, so I'll be very quick because you know what  
19 City Meals on Wheels does and we've worked in this  
20 public private partnership with you for years.

21 It's in my testimony, it's in their testimony, we  
22 need the money to fill the gap to ensure that all  
23 18,000 homebound elders receive meals throughout the  
24 week, throughout the year. I just want to mention,  
25 we are, you know, our goal with the Department for

1  
2 the Aging is ensuring that folks are getting food.  
3 With this coronavirus, however this is going to play  
4 out, we are working to get meals, shelf stable meals  
5 to our home delivered meal clients, just in case  
6 there's a disruption in service. In addition to  
7 preparing senior centers, our warehouse is now trying  
8 to put together 100,000 meals to make sure that  
9 senior center congregate members who are not our  
10 regular clients will have food on hand at home in  
11 case senior centers have to close.

12 So, I know the Department is working very  
13 diligently in trying to protect our clients as much  
14 as possible and understanding how important nutrition  
15 is for them. We don't want to see our clients  
16 malnourished, ending up in emergency rooms and then  
17 worse because they are already vulnerable and frail  
18 and could be more susceptible to anything.

19 Thank you. Did I say my name? It's Rachel  
20 Sherrow Associate Executive Director. Thank you.

21 CHAIRPERSON CHIN: I just wanted to thank you to  
22 all the advocates who are here, but especially this  
23 panel for your work and your advice and working  
24 together with us. We still got a long way to go  
25

1  
2 because DFTA's budget is still very, very tiny. It's  
3 still less than half a percent of the City's budget.

4 But hey, the population is growing. The older  
5 adult population is growing and we have to be very,  
6 very visible and I think in this budget year, I don't  
7 want to keep hearing from the Administration that the  
8 cuts are coming down from Albany and I know that all  
9 of you are also fighting in Albany to make sure that  
10 we get adequate funding for our seniors. So, that's  
11 the first step, but we will continue to make sure  
12 that the older population is taken care of and  
13 deserves the funding resources because we all help  
14 build this city and it's a blessing to get there and  
15 older adults, seniors, part of the future. Right,  
16 we're going to be around, so we're going to have to  
17 continue to work hard on this.

18 So, I look forward to seeing all of you during  
19 this budget process and hopefully we'll get some good  
20 news in the Executive Budget.

21 Thank you again for being here. The next panel  
22 Helen Ahn from the Korean Community Services, Howard  
23 Shih from Asian American Federation, Hali Lee from  
24 the Coalition for Asian American Children's and  
25 Family, Karen Zhou from Homecrest Community Services

1  
2 and Mohammad Razvi from COPO, Council of Peoples  
3 Organization.

4 Okay, is Mohammad here, Mohammad Razvi?

5 UNIDENTIFIED: He had to leave.

6 CHAIRPERSON CHIN: Oh okay, but he submitted  
7 testimony, alright. Thank you. You may begin.

8 HOWARD SHIH: Okay, thank you Chair Chin, as well  
9 as Council Member Ayala for providing us the  
10 opportunity to testify in front of the Committee on  
11 Aging. My name is Howard Shih, I'm the Research and  
12 Policy Director at the Asian American Federation.

13 As part of our work, we are Census Information  
14 Center, so we do a lot of tracking of the demographic  
15 growth of both the Asian senior population and the  
16 last time I think I testified in 2016, we saw that  
17 the Asian population had doubled. The Asian senior  
18 population had doubled since 2000. The most recent  
19 data from 2018, shows that the population has nearly  
20 tripled at this point.

21 So, two years makes a big difference. We fully  
22 expect that the Asian population will continue to  
23 grow as Asians are aging into the demographic because  
24 of the immigration reforms in the 1960's, increased  
25 immigration to the United States.

1  
2 I think a lot of the challenges have been  
3 described before. Limited English proficiency is  
4 really high among Asian communities. In particular  
5 in the Chinese and Korean communities, it's 90  
6 percent of the population has limited English  
7 proficiency, even in the Filipino community, 39  
8 percent of tech speakers identify themselves as LEP.  
9 So, even immigrant groups that have a reputation for  
10 having high levels of English proficiency still have  
11 challenges among their senior population.

12 So, just to jump, we've submitted written  
13 testimony but to highlight some of our  
14 recommendations. I think that the program, the  
15 Senior Centers for Immigrant Populations Initiative  
16 from the City Council has been really valuable in  
17 building capacity among our senior serving  
18 populations. I think a lot of them here are able to  
19 get those funding and we're encouraging the Council  
20 to up that initiative to at least \$2 million. We  
21 want to make sure that DFTA has the funding to fully  
22 implement the city language access laws that were  
23 passed a couple of years ago, Local Law 30. We want  
24 to make sure that we address the growing mental  
25 health needs of the community and we also appreciate

1  
2 Council Member Ayala especially for providing mental  
3 health support as we develop those programs out  
4 there.

5 So, I'll conclude there, thank you.

6 HALI LEE: Alright. Thank you, Chair Chin and  
7 Members of the Committee on Aging, for giving us the  
8 opportunity to testify today. My name is Hali Lee  
9 and I am a Policy Coordinator at the Coalition for  
10 Asian American Children and Families. And I'll skip  
11 down a little since Chair Chin is familiar with CACF  
12 and Howard kind of went over a few of my points also  
13 but seniors in the Asian American communities in New  
14 York City have some of the highest limited English  
15 proficiency rates. More than two and three APA  
16 seniors are LEP. Many of our seniors have no social  
17 security income because language and accessibility is  
18 a barrier to applying.

19 Our seniors are often left out of the  
20 conversation and poverty yet in our city, 23 percent  
21 of APA seniors live in it. Many APA seniors have  
22 limited access to the social safety net despite there  
23 growing poverty rates. Social isolation, inadequate  
24 community outreach and limited English proficiency  
25 play a large role in keeping Asian American seniors

1  
2 from accessing social services which is exactly why  
3 our community organization services are vitally  
4 needed.

5 Yet, in the last Fiscal Year, only two APA org's  
6 received funding under the Support our Seniors  
7 Initiative which is not an equitable distributions of  
8 resources to meet our communities needs. Our  
9 recommendations for the budget would be to enhance  
10 the Support our Senior Citywide Initiative and grant  
11 additional funding to APA led and serving community  
12 based organizations to provide those vital services  
13 to our aging population as well as to restore that \$2  
14 million to senior centers for immigrant populations  
15 to provide operational support to culturally  
16 competent and linguistically accessible non-DFTA  
17 senior centers.

18 And I would like to thank you for this  
19 opportunity to testify. I'm trying to keep it short,  
20 so I look forward to working with the City Council to  
21 ensure that all aging New Yorkers have access to the  
22 services and support that they need to lead healthy,  
23 safe and fulfilling lives.

24 CHAIRPERSON CHIN: Thank you. We have your full  
25 testimony that will be on the record. Thank you.

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HELEN AHN: Hi, thank you for your time and for this opportunity. My name is Helen Ahn and I am from KCS. Today I am here to speak about our ethnic homebound meal, like last year.

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Actually, the past one year, I participated all the meetings, focus group meetings and home delivered meal preliminary RFP meeting everywhere, but I didn't see much change for home delivered meal subcontractor but today, I will talk about overall homebound meal providers aspects.

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The ethnic homebound meal program is an important lifeline of nutritional homebound immigrant seniors. Healthy meals are a vital component in improving mental and physical health among older adults.

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Homebound Asian American immigrants are particularly isolated due to the lack of caregivers existing language barriers, cultural differences and lack of social contact.

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Although we try to fulfill the needs of this community, our unique home delivered meal struggles to continue our services because of serious financial gap caused by the rising cost of meals. These costs which need to cover increased hourly wages, special roof costs, high maintenance of special **[INAUDIBLE]**

1  
2 **3:09:25]** vehicle. High interest cost of the program  
3 and very low reimbursement rate.

4 The financial discrepancy and deficits generated  
5 by the low reimbursement rate and low funding,  
6 jeopardizes unique ethnic home delivered meals like  
7 us and discourage all homebound meal providers.  
8 Under the current system in place since 2009 and the  
9 new RFP, new DFTA RFP, the home delivered will  
10 continue struggling to provide essential nutrition  
11 because of the far below initial average, which is  
12 like \$11.06 cost of meal reimbursement rate of DFTA  
13 which is \$9.15.

14 I will just shorten one thing, that one anecdote  
15 from the beginning of February, I got a call from one  
16 of the contractors. Currently our weekend meal was  
17 reduced to 50 percent. They cut down 50 percent of  
18 weekend home delivered meal clients. And also, for  
19 next new fiscal year, they called and talked to me  
20 that if we agree and accept the \$6.70 for the new  
21 home delivered meal, then they can work with us.

22 So, the current DFTA's RFP rate doesn't reflect  
23 anything and I am wondering if this current rate and  
24 the new RFP rate can guarantee home delivered meal  
25 providers like us to continue our services.

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You can read the whole page. Thank you.

CHAIRPERSON CHIN: Thank you for your testimony.

I mean, that's one of the issues that we are going to be advocating on. That definitely then needs to be an increase and the issues with subcontractors.

The Commissioner and I, we've been talking about that and I think that she is really looking into how to really help organization's to really have the capacity to bid for contracts. So, we look forward to working with you on that.

HELEN AHN: Okay, thank you.

KAREN ZHOU: Good morning. I want to thank the New York City Council and the Chair of Aging Councilwoman Margaret Chin for this opportunity to testify today at today's Preliminary Budget hearing.

My name is Karen Zhou and I am the Executive Director at Homecrest Community Services. We are a multi-social service agency with more than two decades of serving the Asian American immigrant in Brooklyn. We currently operate two community senior centers in Sheepshead Bay and Bensonhurst Brooklyn. One of our goals for the centers is to help older adults reduce social isolation and increase mental wellbeing.

1

2           We have a lot of seniors that are Asian, seniors  
3 without families, widowers who have lost their  
4 partners after many years of marriage and those who  
5 are living alone or abandoned by their families and  
6 they really need support.

7           I just want to share a story about why the senior  
8 center is vital. Earlier last year we has a senior,  
9 Mr. Law, he lost his beloved wife, she passed away  
10 and he was very devastated by the sudden loss. He  
11 used to come to the center daily with his wife to  
12 play Mahjong and participate in many of the  
13 activities and suddenly, he was all by himself.

14           So, we had a pre-Thanksgiving party and people  
15 donated turkey's which we raffled at the Center and  
16 to Mr. Law's surprise, he actually won a turkey for  
17 the first time. So, he couldn't believe it and he  
18 was so very happy.

19           A few days later, he came to the center with that  
20 turkey. He had marinated the turkey Chinese style  
21 using Chinese Hoisin sauce, salt and sugar and he  
22 asked for permission if we can cook the turkey at the  
23 center to share with all the other seniors.

24           He said the turkey is too much for him to eat by  
25 himself. His wife is gone, his kids live far away,

1  
2 they don't plan to come visit him. Suddenly, he was  
3 alone and he thought about the center at Homecrest.

4 So, he has a lot of good friends and many happy  
5 memories and this was a second home for him.

6 So, we honored his request. We cooked the  
7 turkey, carved it, served it to all the seniors and  
8 it was another special surprise for all of us because  
9 we didn't expect that. Everyone was very joyous and  
10 we know that whether Mr. Law wins a turkey next year  
11 or not, at least he has the support. This is why the  
12 senior centers are so vital. HCS is in particular  
13 need because even though we have two senior centers,  
14 it is not funded in the same way.

15 We're very thankful to have been the first  
16 Brooklyn Asian American led organization to get  
17 funding through the New York City Department for the  
18 Aging for our Bensonhurst neighborhood senior center  
19 but our Sheepshead Bay Senior Center is not DFTA  
20 funded and it has yet to receive the same level of  
21 funding that is needed. So, we have been relying on  
22 the senior center for immigrant population initiative  
23 to keep our doors open. We're thankful for the City  
24 Council for restoring this initiative in the prior  
25 years fiscal budget.

1  
2           Additionally, I'd like to recommend an investment  
3 in funding more Asian serving nonprofits who can  
4 provide culturally competent health and mental health  
5 services for seniors. By funding more Asian serving  
6 providers, we can help support families who  
7 desperately need places to send their loved ones for  
8 help.

9           For Asian Americans, suicide was the 10<sup>th</sup> leading  
10 cause of death. The limited places and resources  
11 that are currently available is discouraging and we  
12 should find more solutions to fund more culturally  
13 competent service providers like Homecrest Community  
14 Services that have the language and the cultural  
15 competency to serve this population.

16           CHAIRPERSON CHIN: Do you have a copy of your  
17 testimony?

18           KAREN ZHOU: Yes, yes.

19           CHAIRPERSON CHIN: Okay, so please wrap up.

20           KAREN ZHOU: I'd like to add, by saying that as  
21 the Asian American community continues to grow, we  
22 anticipate an increasing need for resources. We are  
23 at a time when over a million plus baby boomers are  
24 retiring nationwide. We hope that the City budget  
25 will be inclusive, a funding to support senior

1  
2 services. Leaving seniors funding, such as the  
3 Senior Center for Immigration Population Initiative,  
4 Healthy Asian Initiative and Support our Seniors  
5 Initiative out of the budget would be unconscionable  
6 and would create more wait lists for services and put  
7 older immigrant adults at risk.

8 So, I urge today, all our City Council members to  
9 consider restoring these initiatives to support the  
10 seniors in the City Budget.

11 Thank you very much.

12 CHAIRPERSON CHIN: Please make sure that you  
13 reach out to your Council Member, so that when we're  
14 doing budget negotiation, that they are supporting us  
15 to fight for those initiatives.

16 And ultimately, we need to get those baselined by  
17 the Administration. So, make sure your Council  
18 Member hears from you and your constituents, so that  
19 they can actively support. I mean in the budget  
20 negotiation team, right Council Member Ayala. We  
21 told them, we need them to back us up because we're  
22 in there and they need to hear from their  
23 constituents.

24 So, thank you to all of you for being here today  
25 and thank you for your great work and we look forward

1

2 to continue working with you to advocate for more  
3 resources for our seniors.

4 PANEL: Thank you so much Chair Chin for your  
5 strong leadership. We appreciate it.

6 CHAIRPERSON CHIN: The next panel Rhonda Soberman  
7 from Visiting Nurse Service, from Sunnyside Community  
8 Service Shyvonne Noboa, Danielle Christenson from  
9 God's Love We Deliver, Wesley Davis from New York  
10 Road Runners and Nancy Jenkins from New York Road  
11 Runners.

12 Please begin.

13 RHONDA SOBERMAN: Hello, good morning Chair Chin  
14 and members of the Committee on Aging. My name is  
15 Rhonda Soberman, I am Manager of Program and  
16 Development for the Visiting Nurse Service of New  
17 York and I appreciate the opportunity to testify  
18 today about NORC funding.

19 As you know VNSNY touches the lives of more than  
20 44,000 people each day who face health challenges  
21 requiring either short-term invention, ongoing  
22 chronic care services or end of life care.

23 Today, I'm asking the New York City Council to  
24 continue the \$1.3 million in funding that was  
25 allocated last year for NORC Nursing. Thanks in

1  
2 large part to you Chair Chin and the Department for  
3 the Aging and the Council Finance staff. As a result  
4 of the city's funding, visiting nurse has been able  
5 to provide nursing support to 27 NORC programs  
6 throughout the five boroughs. By the end of Fiscal  
7 Year 2020, we will have provided more than 12,612  
8 hours of nursing services in support of seniors at  
9 these programs. We're also a frontline NORC provider  
10 in the NORC in Chinatown servicing more than 800 low  
11 income non-English speaking resident in tenement  
12 housing.

13 NORC Nursing focuses on client assessment, health  
14 education, health resources, health advocacy and  
15 linkage to necessary healthcare services. We work as  
16 part of an interdisciplinary team helping staff and  
17 clients alike better understand health related issues  
18 and concern and their impact on the clients ability  
19 to remain at home.

20 The nurses focus on empowering residents to  
21 manage their chronic health conditions and respond to  
22 those who need connections to care and our efforts  
23 are aimed at reducing unnecessary emergency room  
24 visits and avoidable hospitalization while increasing  
25 positive health outcomes and resident satisfaction.

1  
2       As you know the coronavirus continues to have a  
3 lot of concerns for people who live in these  
4 communities and we and our social service partners  
5 have worked with the New York City Department of  
6 Health and the Center for Disease Control to dispel  
7 myths, educate residents on practical ways to stay  
8 healthy and address their health concern. And in  
9 addition, we do all kinds of interesting things that  
10 help people around their health. I've submitted it  
11 in my testimony, I'll be just very brief.

12       We know that there are gaps that our partners,  
13 our social service partners are worried about what's  
14 going to happen if we don't get this money for  
15 nursing services, in 2021 there will be tremendous  
16 gaps in care for all these people and we also want to  
17 help them and support them in securing salary parity  
18 for the social workers who work in those NORC  
19 programs as well.

20       And in conclusion, we just want to be sure that  
21 all these NORC are able to retain their nurses and  
22 the social service that provide critical care to the  
23 seniors and we urge you to renew the \$1.3 million in  
24 funding for NORC services and help us to strengthen  
25 and promote the services.

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In the testimony you heard how important embedding nurses in communities are along with social service partners and this is a model that works. We've been doing this for many, many years and we know it works and it can really help the city as we go forward with our aging communities and you know growth.

Thank you.

SHYVONNE NOBOA: Good afternoon, my name is Shyvonne Noboa and I am the Division Director for Senior Services at Sunnyside Community Services. Thank you, Chairwoman Margaret Chin, for your leadership and for the Aging Committee.

At Sunnyside Community Services, we envision a diverse inclusive and caring community where all people thrive to their fullest potential and it's with your partnership that we're able to fulfill that vision.

In our testimony, we'll highlight some priorities that you can see later on but I just want to share I was pleased to hear about the \$10 million that will be addressed for the model budget. We have 250 seniors that visit us on a daily basis and there are

1  
2 critical needs that need to be addressed for their  
3 daily needs.

4 One of the other areas of priority is  
5 infrastructure. Staff in our senior center have been  
6 working off of computers that haven't been purchased  
7 for years. Our senior center members spend an  
8 average of five hours in our center on a daily basis  
9 and they do so on tables and chairs that haven't been  
10 purchased since 2003. We are in dire need of  
11 upgrades. Current resources don't cover a recent  
12 estimate of \$42,286 to replace those tables and  
13 chairs.

14 We're also doing our part to ensure every senior  
15 is counted in the census but that also come at a cost  
16 of \$2,000 to over cyber security for our computers to  
17 keep their information confidential and safe.

18 Lastly, I want to say that I can't think of a  
19 better time to offer testimony advocating on behalf  
20 of critical investments to the human services sector  
21 and during national social work month.

22 For perspective, at Sunnyside in Fiscal Year  
23 2019, our staff provided 43,000 nutritious meals  
24 cooked at our center. We deliver 2,700 hours of case  
25 assistance and we help screen 1,100 individuals for

1  
2 services and benefits that will help them remain  
3 healthy in their home.

4 I close by saying that we support a 3 percent  
5 COLA increase to reinvest in those that are working  
6 day to day to help support our older adults. You  
7 know, we all hold a powerful secret that most don't  
8 know. When those aging around us are able to do so  
9 with respect, dignity and compassion that everyone  
10 deserves, they can continue to lead meaningful lives  
11 and vibrant individuals contributing back to their  
12 communities.

13 Thank you for the opportunity to testify.

14 DANIELLE CHRISTENSON: Thank you for the  
15 opportunity to speak today. My name is Danielle  
16 Christenson and I am here on behalf of God's Love We  
17 Deliver. The only not for profit provider of  
18 medically tailored home delivered meals and nutrition  
19 counseling for people living with life threatening  
20 illnesses.

21 God's Love began 34 years ago, providing services  
22 to the most underserved and isolated populations in  
23 our city. Those who are sick and unable to take care  
24 of their most basic need, the need for food and  
25 nutrition.

1  
2 At God's Love, nutrition is our signature  
3 difference, although some older adults can tolerate  
4 regular food, aging and illness can lead to a variety  
5 of complications that require a specialized diet.

6 God's Love clients receive services from our  
7 seven registered dietitian nutritionist who tailor  
8 each meal to meet each clients specific medical  
9 needs. All our meals are well balanced, low in  
10 sodium, free of high allergenic food, such as nuts  
11 and shellfish and immune supporting. Our menu allows  
12 for individualization of meals according to dietary  
13 needs, include texture restriction, such as minced  
14 and pureed diets and renal diets.

15 Each year, God's Love continues to grow to meet  
16 the demand. Last year alone, we delivered nearly 2  
17 million meals to over 8,200 men, women and children  
18 living with severe illnesses throughout the New York  
19 City metropolitan area. Including 5,181 New York  
20 City older adults who received over 1.2 million meals  
21 from God's Love.

22 As New York City's population ages, senior New  
23 Yorkers are increasingly relying on God's Love We  
24 Deliver for meals to meet their specific medical  
25 needs. There is a service gap in the current DFTA

1  
2 model for providing home delivered meals for severely  
3 ill seniors who need customized nutrition.

4       Of the 1.1 million older adults living in New  
5 York City, 93 percent report not having enough food  
6 to eat and 32 percent indicate that they live alone.  
7 In addition, people are also getting sicker. 28  
8 percent report having diabetes, 12 percent indicate  
9 that they are living with COPD and 65 percent report  
10 having high blood pressure.

11       These factors combined with the increasing amount  
12 of ADL limitation that occur as a person ages  
13 demonstrates a current and increasing need for  
14 medically tailored food and nutrition.

15       Despite receiving referrals from the Department  
16 for the Aging, we have no direct contractual  
17 relationship with DFTA and are not reimbursed for the  
18 meals we provide to those that they refer to us.  
19 Furthermore, despite our advocacy efforts, DFTA did  
20 not include medically tailored meals in its 2020 RFP.  
21 God's Love is currently serving New Yorkers living in  
22 every zip code throughout the five boroughs and we  
23 have enclosed a table reflecting our services for  
24 older adults by New York City zip code, which  
25

1  
2 reflects an existing and growing need for medically  
3 tailored meals.

4       Accordingly, we respectfully ask the Department  
5 for the Aging to include funding for medically  
6 tailored citywide or issue a separate RFP  
7 specifically for medically tailored meals for older  
8 adults living with life altering illnesses.

9       Thank you.

10       WESLEY DAVIS: Good afternoon Chair Chin. My  
11 name is Wesley Davis and I serve as the Assistant  
12 Manager of the NYRR Striders program and New York  
13 Road Runners.

14       Thank you for this opportunity to testify before  
15 the Committee on Aging on the FY 2021 Preliminary  
16 Budget. New York Road Runners mission is to help and  
17 inspire people through running. We achieve our  
18 mission by creating running and fitness opportunities  
19 and programming for people of all ages and all  
20 abilities.

21       While New York Road Runners is best known for  
22 producing the TCS New York City marathon and our free  
23 school based programs, our organization is also a  
24 dedicated provider of free community programming for  
25 parks in all five boroughs of New York City.

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In 2019, our weekly senior walk in program NY Strider operated in 38 unique senior and community centers throughout the city and our free other free program and resources like our walk in one on one workshops coordinated in partnerships with New York City's Department for the Aging combined to touch the lives of over 2,500 older adults and seniors throughout New York City.

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Maintaining and increasing access to free health and fitness services is imperative for the wellbeing of our city's seniors and the people who call them friends, parents, grandparents and loved ones.

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The US Department of Health and Human Services recognizes physical activity as a critical for both preventing and treating many chronic conditions that effect people of all ages and abilities.

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There is an abundance of evidence that active older adults are less likely to suffer from falls and that walking is an easy way to help seniors enjoy better quality of life and live independently for longer.

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Additionally, walking programs in walkable communities are good for social connectedness, good for business and good for the environment. NYRR,

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respectfully asks the New York City Council to

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consider a request of \$100,000 to support our free

4

health services to over 2,500 seniors in all five

5

boroughs through the Health Aging Initiative during

6

the 2021 Fiscal Year.

7

Thank you for your time.

8

NANCY JENKINS: Good day all. My name is Nancy

9

Jenkins, I am a participant in the Road Runners

10

Striders program. This program is phenomenal,

11

especially for older people like myself. As walking

12

has done for me, I used to be on two high blood

13

pressure pills. Since taking it, I'm only on one.

14

Thank God.

15

It has helped me mentally because on the loss of

16

a loved one, I have people to walk with and walking

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and talking really helps you with your depression and

18

outreach and telling the ladies and gentlemen's that

19

I was walking with what I was going through, they

20

said, listen, you are not alone and that is very

21

important when you are older. Because you do feel

22

alone being that you are getting older and you are

23

losing loved ones.

24

This program also inspired my children. By them

25

seeing me walking and doing things, I had a

1  
2 granddaughter do a 5K on the same day I did a 5K in  
3 the Percy Sutton walk. I also had another  
4 granddaughter do a 10K with my daughter and her  
5 daughters are now doing track and gymnastics. So,  
6 this program is very, very important to my family I  
7 know and the ones that I walk with. And it also  
8 inspired me to say - it makes me say that I don't  
9 want to be a burden to my children and I do not want  
10 to be in a nursing home.

11 So, this program is very important. Thank you  
12 very much.

13 CHAIRPERSON CHIN: Thank you. I am glad you are  
14 fit and strong. So, lets get this program to senior  
15 centers all across the city. Walking is great and I  
16 wanted to thank all the advocates and for your great  
17 work and your advocacy.

18 We're going to be working very hard on this  
19 budget. I know that the home delivered meal program  
20 did not include medical meals and we have expressed  
21 that to DFTA and it's such a critical program. And  
22 so, I think that we still got a long way to go to  
23 fight for the resources that older adults deserves.

24 So, thank you all for our great work again and  
25 thank you for being here today.

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Okay, anyone else that wants to testify, please make sure you sign up with the Sergeant. Carmen Perez Cooper Square Committee NORC, Melissa Sklarz from SAGE, Jim O'Neill from New York Junior Tennis and Learning and Lucy Sexton from New Yorkers for Cultures and Arts.

Please begin.

JIM O'NEILL: Good afternoon Madam Chairman. My name Jim O'Neill, I am the Director of Government Relations and External Affairs for the New York Junior Tennis and Learning. I am here today in support of the Council's Healthy Aging Initiative. An initiative designed to do a number of things, including promote healthy behavior such as physical activity.

As you know, NYJTO is the most successful and largest scholastic tennis program in the country and you have supported our programs Madam Chairman for so many years, which we greatly appreciate.

Next year will be our 50<sup>th</sup> anniversary in New York City and we're in every single district of New York City serving over 85,000 youngsters. More recently however, we have begun to expand our outreach and programming to seniors in the Bronx.

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During this winter, we have offered free three hour programs that promote tennis health and wellness at our flagship facility in the Bronx, the Cary Leeds Center for Tennis and Education.

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This \$12 million facility is a public private product of the city and during the day where we have underutilized courts, we've been providing free programs where we bus seniors into this beautiful facility. This is a magnificent facility that's won also awards. They come and have a wonderful light breakfast, they get on the tennis court, we have health coaches there and we are promoting tennis as a lifestyle for fitness. We have some of the best coaches here. Tennis is a sport that promotes health. It's a preventive measure, it's fighting heart disease etc. We've got great research that indicates that it promoted tremendous health.

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So, we're asking the Council to renew funding for their initiative, the healthy aging initiative, and with those dollars, NYJTO would provide an outreach primarily to the Bronx, where we would expand this program and bring in more seniors. We greatly appreciate your support for these programs.

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MELISSA SKLARZ: Good afternoon, my name is  
Melissa Sklarz, I am the SAGE Senior Government  
Relations Strategist. Thank you, Chairperson Chin  
and your intrepid Committee Council.

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SAGE is the country's first and largest oldest  
organization dedicated to improving the lives of LGBT  
elders. Right now, we have five SAGE centers across  
New York City providing comprehensive social services  
programs to more than 5,000 LGBT elders.

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LGBT elders are a significant part of our growing  
older population often invisible, disconnected from  
services and severely isolated. They are half as  
likely to be partnered, twice as likely to live alone  
and more than four times less likely to have kids.

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Because of these networks, LGBT elder people  
provide more on service providers and yet, in many of  
these providers, there is still discrimination from  
staff and from their fellow older people and so,  
there's discrimination with healthcare, social  
services, other programs and so, elder LGBT turn to  
SAGE.

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Last year, we opened our first LGBT friendly  
senior affordable housing in Brooklyn. In Fort  
Greene this year we're hoping to do the same in the

1  
2 Bronx. We will be opening large extensive SAGE  
3 centers in each. The one in Brooklyn will have 8,500  
4 square feet. The one in the Bronx will have over  
5 10,000 square feet. These will be the largest SAGE  
6 centers in the city. They will have daily healthy  
7 meals, case management, support service, life  
8 enhancing medical and legal references, workshops and  
9 not only will they be open to the residents but they  
10 will also be open to all the elders within the  
11 neighborhood.

12 I'm here today to ask for restoration of \$1.2  
13 million of the Council Initiative funding to support  
14 our service. LGBT centers in the Bronx, Harlem,  
15 Brooklyn, Staten Island. I'm here to request a  
16 restoration of \$150,000 to support our citywide  
17 network of SAGE centers for program and enhancement  
18 initiative and finally, I'm asking for a restoration  
19 of \$100,000 to provide support in care management to  
20 our diverse SAGE elders constituency in all five of  
21 our SAGE centers.

22 CARMEN PEREZ: Hi, my name is Carmen Perez and I  
23 am Director of the Cooper Square Committee  
24 Neighborhood NORC program and I'm certainly happy to  
25 be here to testify in support of NORC's and

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2 neighborhood NORC's throughout the city and I'd also  
3 like to thank the City Council for supporting the  
4 NORC program. Because of the Council's enthusiasm  
5 for this program, we have been able to bring  
6 resources and attention to the needs of a rapidly  
7 large and growing elder population.

8 Our NORC program, thanks to the generosity of the  
9 City Council and of course the Department for the  
10 Aging has allowed us to provide the following  
11 services of health, legal, benefits planning, case  
12 management, home visits and social and recreational  
13 events.

14 We serve approximately 500 unduplicated seniors  
15 per year. However, we are certainly talking about  
16 the budget in terms of parity with our sister  
17 organizations and senior centers. It's just not  
18 quite the same.

19 In a budget year where Medicaid deficit is front  
20 and center, it is important to remember that NORC  
21 programs serve residents on a relatively small budget  
22 while helping defer more substantial costs to the  
23 Medicaid system.

24 So, by keeping us around, we keep seniors healthy  
25 as well as safe a little on dollars for

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2 hospitalization and of course nursing home care. So,  
3 investing in NORC's can definitely help limit these  
4 increased costs to the Medicaid system and also, the  
5 nursing component in the NORC program is extremely  
6 important. Nurses would provide services that  
7 otherwise just wouldn't exist in their own community,  
8 such as medication education, diabetes testing, flu  
9 shots, mobility and balance screenings.

10       Unfortunately, the city's NORC's have been  
11 struggling with chronic low staff salaries as  
12 contracts have not allowed for meaningful rises in  
13 many years.

14       So, what we're asking for is an additional \$1  
15 million for the NORC program and another \$1.3 million  
16 for nursing. So, finally we ask the Council to work  
17 with the Administration to ensure salary parity for  
18 the NORC's, as well as competitive salary for  
19 nursing. Older adults in New York City rely on these  
20 services to remain healthy, stably housed and without  
21 these services, their options for receiving  
22 appropriate community based care would be greatly  
23 diminished. And it maintains viability while  
24 preserving the integrity of the community.  
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So, in closing, we at Cooper Square are in agreement with our general NORC communities and hope that we can definitely have the funding in place so that our programs can run efficiently and sufficiently for a healthy perspective for our seniors. And again, thank you for your time and your continued support.

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LUCY SEXTON: Good morning Chair Chin and City Council Members. Thank you for allowing me to testify. My name is Lucy Sexton, I'm the Head of the Cultural Advocacy Group, New Yorkers for Culture and Arts. A coalition working to ensure that every New Yorker has the right and opportunity to engage in culture, express their humanity and strengthen their community.

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I am also a SU CASA teaching artist, which is one of the joys and honors of my life. Two years ago, I worked at the CPC Open Door Center in Chinatown. Today, I'm working at Project Find Clinton on West 55<sup>th</sup> Street. The people in my classes get to dance, tell stories from their lives, create and perform their own theater pieces.

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In response to a question, when in your life have you felt the most loved? A Cantonese speaking

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2 gentleman cried as he said that he had been working  
3 in factories since he was 14 and doing these classes  
4 with this group of people at Open Door Center was the  
5 most loving and happiest time of his life.

6 I recently asked a group of women I am working  
7 with to tell me a story from their childhood,  
8 astoundingly, each woman's story involved waking up  
9 early to travel to get water for their family. I had  
10 no idea they were not born here and most importantly  
11 they didn't know that they shared these stories in  
12 their past.

13 I tell these stories, not just because they are  
14 powerful and moving, but because they are the meat on  
15 the bones of irrefutable data. When seniors are  
16 involved in the arts, they live longer, happier  
17 lives. Culture is a critical piece of elder care, a  
18 proven supporter of physical and mental health.  
19 Speaking of health, it is often the gardening,  
20 painting and dance and music classes that get seniors  
21 coming to the centers and it's in the centers that  
22 they get access to healthcare information. That they  
23 are seen by others who can direct them to care if  
24 they are getting sick. I don't need to remind us how  
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2 important this is during this frightening time and  
3 that's of particular danger to seniors.

4 And particularly those who are in economically  
5 vulnerable communities depend on even more on the  
6 connection that culture and art classes in our senior  
7 center provides.

8 So, I encourage you to fight for access to  
9 culture in arts for every senior in our city. By  
10 supporting culture, your supporting better education,  
11 better aging, improved mental health, stronger  
12 communities and a city that respects the dignity and  
13 humanity of all of its citizens.

14 Thank you so much.

15 CHAIRPERSON CHIN: Thank you all for your  
16 testimony and we really appreciate the work that you  
17 do to support our seniors. The cultural program, we  
18 were at an event where we you know, seen all the  
19 seniors singing and dancing and I did talk to people  
20 about the story about the senior at Open Door.

21 LUCY SEXTON: That gentleman yeah. He is  
22 amazing.

23 CHAIRPERSON CHIN: Yeah, it's just really moving  
24 that they had the opportunity to really open up and  
25 SAGE and Cooper Square. You guys, we're going to

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have a senior housing in my district that is also

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LGBT friendly. Hopefully we'll get that done soon

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and thank you all for being here and for your great

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work that you are doing, and in the next couple of

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months, got to continue to do that advocacy to make

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sure that in the Executive Budget, we have some good

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news and we got to continue to make sure that we get

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the resources to support our older adults.

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Thank you.

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LUCY SEXTON: Thank you Chairwoman Chin.

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CHAIRPERSON CHIN: Our last panel, Dr. Cynthia

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Maurer from the Visiting Neighbors, Sandra Christian

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from Riseboro Community Partnership. Oh, just give

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it to the Sergeant, they will take care of it.

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Heidi Siegfried from Center for Independence of

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the disabled CIDNY. Anyone else that wants to

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testify? Okay, thank you.

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Hi, you can begin. Thank you.

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HEIDI SIEGFRIED: Good afternoon, my name is

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Heidi Siegfried. I am the Director of Health Policy

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at Center for Independence of the Disabled of New

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York CIDNY and I am here to request City funding for

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the Long-Term Care Ombudsman program which was

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created pursuant to the Older Americans Act.

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2           The mission of the New York State Long-Term Care  
3 Ombudsman program LTCOP, is to serve as an advocate  
4 and resource for older adults and people with  
5 disabilities who reside in long-term care facilities  
6 such as, nursing homes, assisted living, and board  
7 and care homes. LTCOP is also charged with  
8 identifying systemic issues and addressing them  
9 through advocacy so that the state may address these  
10 issues and prevent related problems in the future.

11           The state program is one of the biggest in the  
12 country but it lacks funding. 61 percent of other  
13 states have a higher paid staff to resident ratio New  
14 York. The state has more long-term care resident  
15 than almost any state in the country yet, is 45<sup>th</sup> out  
16 of 50 in terms of percentage of state funding for  
17 Ombudsman services.

18           The number of paid staff is only 50 percent of  
19 the recommended minimum number established by the  
20 Institute of Medicine. An alarming number of  
21 residents do not receive routine visits and programs  
22 and we are simply unable to maintain a regular  
23 presence in our long-term care facilities.

24           So, just to explain the program a little bit, we  
25 have five borough managers but then it's really short

1  
2 of volunteer based program and we recruit volunteers  
3 who take 36 hours of training and become certified  
4 and they are assigned to have a regular presence in  
5 the nursing homes.

6 So, New York City LICOP is a lifeline for more  
7 than 55,000 residents residing in the 244 long term  
8 care facilities throughout the five boroughs. 134  
9 nursing homes and over 30,000 residents do not  
10 receive routine visits due to the inadequate  
11 resources dedicated by the state to the program. New  
12 York City has one staff position for every 8,800  
13 beds, less than 25 percent of the recommended level.

14 Instead of five paid ombudsman in the field, we  
15 should have if we were fully staffed according to the  
16 institute of medicine recommendations have over 25  
17 paid staff.

18 So, that's why we're coming to the city to urge  
19 that you help us to remedy the dangerous level of  
20 underfunding for Long-Term Care Ombudsman program by  
21 adding \$1 million in resources and this would enable  
22 us to add the staff to ensure that residents receive  
23 more frequent visits.

24 And especially now, whats happening with the  
25 coronavirus, we've received a list of nursing

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2 facilities that have really bad grades on infection  
3 control. So, we're really trying to focus on that in  
4 particular and we also uncover a lot of problems with  
5 improper discharges, it sometimes discharges the  
6 shelter. Some of our Ombud's people, they actually  
7 represent people in fair hearings to stop improper  
8 discharges to shelter.

9 We also see psychotropic drugging that improper.  
10 So, we identify these things and report them to the  
11 Department of Health so they can be investigated  
12 better.

13 So, it's a really important program and we have  
14 seen that other localities do provide funding to the  
15 program, so and I understand that Suffolk County is a  
16 locality in New York that does. So, that's why we're  
17 looking to see if the City might dedicate some  
18 funding to the program.

19 So, I got to go over because they didn't put the  
20 timer on.

21 CHAIRPERSON CHIN: That's okay, since you guys  
22 are the last panel. Thank you.

23 SANDRA CHRISTIAN: Hi, my name is Sandra  
24 Christian. I am the Vice President of Seniors at  
25 Riseboro Community Partnership. I don't have

1  
2 testimony because I wasn't sure if I could get out of  
3 my Meals on Wheels program this morning to get here.  
4 So, I want to thank the Council Member Chin for your  
5 advocacy for model budgets, for case management,  
6 social adult day, it's very appreciated.

7       Additionally, we look forward to building in  
8 partnership your senior housing in your community.  
9 We run about 1,600 meals per day in our Meals on  
10 Wheels program. We are one of the few programs that  
11 chose when RFP's were last issued to cook most of  
12 those meals ourselves and we partner with three other  
13 community based agencies to provide culturally  
14 sensitive meals.

15       This budget that has been, we believe in all the  
16 aspects of the RFP, we think it's a great way to be  
17 offering choices in where we should be going but in  
18 all the focus groups that we had, we expressed that  
19 you couldn't do these things without funding.

20       So, if I'm looking at my budget minimally, just  
21 the minimal cost to provide the choice options and  
22 enhance the food, it would cost \$0.54 per meal in  
23 addition to the \$9.58. There is also other costs  
24 that aren't covered.  
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2       We lost last year, well, this year, we're  
3 projecting about a \$200,000 loss, which for a  
4 nonprofit that's struggling to support senior  
5 services is difficult. Last year it was more.  
6 Thanks to LiveOn and Group Purchasing, we think that  
7 we've brought down some of that cost. Group  
8 purchasing is great, it doesn't always meet the local  
9 purchasing, food purchasing goals of this RFP. In  
10 fact, we've tried to do some of that and Local Farms  
11 could not provide produce for a Meals on Wheels  
12 program to meet our numbers. Senior centers yes, but  
13 not in Meals on Wheels.

14       Additionally, the model budgets that went in the  
15 most recent one that went into kitchen staff went to  
16 senior center kitchen staff, which is wonderful.  
17 Meals on Wheels kitchen staff did not get that model  
18 budget funding, so we have to increase to meet those  
19 salaries, which causes further deficit.

20       So, we really appreciate the advocacy and we  
21 believe that at minimal the one time cost need to be  
22 baselined for the RFP and that's on Meals on Wheels,  
23 that's it. I just want to make one comment about  
24 social adult day. The DFTA discretionary social  
25 adult day programs are critical. They are

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2 underfunded and the services they provide are to  
3 seniors who really need social adult day, in  
4 comparison to the pop up senior center programs. And  
5 when you're talking about cuts and cuts on the  
6 Medicaid level, on the state, how have we increased  
7 those costs by having seniors who could go to our  
8 senior centers, going to these social adult day  
9 programs that get reimbursed at a much higher rate.

10 Thank you for your time.

11 DR. CYNTHIA MAURER: Last but not least. With a  
12 big impact. First of all, I want to say thank you  
13 for the opportunity. Forgive me, my throat is still  
14 a little off but I want to make a point about that.

15 Last week, I had no voice and I tried to do  
16 things over the phone and twice was hung up on  
17 because the automated systems was like, we didn't  
18 hear your response. And then, when I actually went  
19 into a pharmacy and I had no voice trying to reach  
20 somebody to talk to who was like literally standing  
21 right near me, they basically were oblivious and I'm  
22 flapping. So, imagine a senior who can't necessarily  
23 have a voice or their voice is weaker. Plus, I found  
24 that people talk over you when your voice is a lot  
25 less.

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So, we want to first of all thank the Council on behalf of all of the clients and the impacts that we have. At least 1,000 people in the course of a year and many more who have been effected by the support of your funding for us. You are our hero Margaret Chin and the Council is our champion and we need you to continue to be so.

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We know we're preaching to a choir but we need that choir to sing. We need your voice strong, so we can have a strong voice for those who can't. We work with people 60 on up to 105 is our oldest right now. We have a strong growing centenarian population and we want to be there for them. We take walks, get them out, socialize because they should be part of our community just as anyone else.

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We all want to be treated with dignity and respect. We all want to be able to safe crossing the street and today, with people on cellphones not paying attention half the time when they're walking. People have been knocked down, bikes too, big issue there.

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So, safely helping get people get out. Safely having people connect with others. Safely having them have information that they can communicate with

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2 their doctors. A lot of our seniors don't have  
3 necessarily good conversations with their doctors and  
4 are afraid to ask. The white coat syndrome, they are  
5 the expert, why should I ask and we make them make it  
6 clear. You need to communicate with your doctors,  
7 ask questions.

8 We are also a pair of eyes and ears when a senior  
9 goes into a hospital. Make sure somebody knows that  
10 somebody else is watching. It makes a big  
11 difference.

12 Basically, we're here to keep our older adults  
13 independent, safe, at home, in the community,  
14 engaged, connected, mentally stimulated. We couldn't  
15 do that without your funding. Through the  
16 initiatives, through the discretionary funds, it all  
17 makes a difference. It all keeps us being a lifeline  
18 for those people who absolutely would have nowhere to  
19 go and they are not going to senior centers because  
20 the vast majority of our clients can't get out.

21 Quicks statistic, 75 percent of our clients are  
22 over 80, 33 percent are over 90, 98 percent cannot  
23 afford to pay for any of these services. And so,  
24 there you have it and 90 percent of our clients are  
25 living alone and it's hard to imagine a city like

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2 ours where anyone could feel alone but when you know,  
3 don't know who to trust and you don't know how to  
4 make those connections and friendships. That's what  
5 we're here for, to help make those connections and  
6 keep people out of the hospital and keep them  
7 informed and let them know their rights and that's  
8 what we want to thank you for and we need you to  
9 continue to be our champion and sing for us, so that  
10 our seniors can go anywhere and have a voice behind  
11 them.

12 Thank you.

13 CHAIRPERSON CHIN: Thank you Cynthia and thank  
14 you all. Cynthia, the seniors that you work with, do  
15 some of them get Meals on Wheels or the homecare  
16 services?

17 DR. CYNTHIA MAURER: Some of them get Meals on  
18 Wheels. Some of them get homecare services. Most  
19 fall through the cracks and they have just enough to  
20 get through day to day but not enough to be Medicaid  
21 eligible.

22 CHAIRPERSON CHIN: No, this is not the Medicaid.

23 DR. CYNTHIA MAURER: Oh, you're talking about  
24 just in general.

25 CHAIRPERSON CHIN: The NYFSC program.

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DR. CYNTHIA MAURER: Yeah, some of them participate. Some of them, I'll be honest, don't love the meals but you also have to be motivated to eat them. That the other piece and if you're depressed, you can put something in front of somebody, it doesn't nearly make them going to eat it but yeah, some of them do participate. We work with many other agencies and to be able to coordinate programs, including getting around the city, which isn't always easy either.

CHAIRPERSON CHIN: I mean your program is definitely wonderful and we've been allocating with DFTA. This should be a regularly city funded program.

DR. CYNTHIA MAURER: Thank you.

CHAIRPERSON CHIN: And not just on you know, volunteers.

DR. CYNTHIA MAURER: It's also caregivers and if we're all lucky, we're going to become an elderly person and I mean elderly for me, it has a different definition, it's 85 plus. So, it's not the younger set but the young, they are now calling the oldest old, super seniors because you make it to a 100, you are a super senior. But the youngsters, the junior

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2 seniors, the 50 to the 59 that AARP they are getting  
3 set. We need some advice on information to about  
4 what to prepare because one thing we hear over and  
5 over again from our 80 year old's, I didn't expect  
6 I'd have to relearn. I didn't expect that things  
7 wouldn't come you know just easily for me. I had  
8 this idea of what retirement was and we're not  
9 prepared as a society, plus it's a huge age category.  
10 It goes from a huge span; you can't just put it all  
11 in one category. Things happen in different points  
12 and time and also lock in circumstance and how much  
13 of a support system we have.

14 We are friends to our seniors. That's what we  
15 were described as a group that came in to do an  
16 analysis of how would you describe Visiting  
17 Neighbors. We're the best friend and our council so  
18 far has been our best friend. So, thank you and  
19 thank you Margaret.

20 CHAIRPERSON CHIN: Thank you all. I mean, thank  
21 you to all of you for the great work. As I said to  
22 all the panels, advocacy continues and we, the City  
23 of New York, let's talk about how the city can  
24 provide some support especially when the nursing home  
25 facilities and, in our city, we want to make sure

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2 that the seniors there are also getting support and  
3 are protected.

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DR. CYNTHIA MAURER: Just to let you know, Scott  
Stringer the Comptroller, has also been looking at  
this issue and he is supposed to be releasing a  
report soon but he is also supporting the idea there  
should be additional funding, so we're hopeful.

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Also, one other thing, we have stories, stories  
after stories, if that helps and you need stories to  
back up what you need to do, we can express it and  
those stories are what makes us unique. Each  
individual counts, each individual counts.

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CHAIRPERSON CHIN: We appreciate that. We  
definitely would work with you on that because I  
think you heard from the Commissioner earlier, it's  
the whole agism and we have to really fight against  
that. Because everybody is going to get there, we  
are blessed to be an older adult.

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DR. CYNTHIA MAURER: And to be healthy and to be  
in your own home.

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CHAIRPERSON CHIN: Yes, great, thank you again  
all for being here today. The Preliminary Budget  
hearing for Fiscal Year 2021 for the Department for  
the Aging Committee is adjourned. [GAVEL]

C E R T I F I C A T E

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



Date April 1, 2018