



**TESTIMONY**

Presented by

**Lorraine Cortés-Vázquez  
Commissioner**

on

**Oversight: The Future of Senior Centers after Covid-19  
Int. 2030: Senior Citizen Rent Increase Exemption & Disability Rent Increase Exemption  
Current Income Eligibility Limits Extension**

before the

**New York City Council  
Committee on Aging**

on

**Monday, September 21, 2020  
10:00 A.M.**

Good morning, Chairperson Chin and members of the Aging Committee. I am Lorraine Cortés-Vázquez, Commissioner of the New York City Department for the Aging (DFTA). During this unprecedented time, I hope that you and your families are doing well. I thank you for this opportunity to discuss the future of senior centers after Covid-19.

## **COVID-19 RESPONSE**

In response to the Covid-19 pandemic, the Department for the Aging has unceasingly achieved the agency's mission to ensure the quality of life and well-being of older New Yorkers. Our priorities are even more critical during this public health crisis – combating food insecurity among older adults, maintaining social engagement for thousands of senior center members, and ensuring uninterrupted access to services for older homebound individuals.

When senior centers closed, DFTA worked to quickly transition our operations to ensure that senior center members continued to have access to a daily meal. Our congregate meal system initially shifted to a “grab-and-go” model, which then transitioned to a direct meal delivery system (DFTA Direct) that has since merged with the City's broader food insecurity initiative, GetFoodNYC. Our providers were trained to become authorized enrollers with GetFoodNYC to connect older adults to meals through the program. The shift from the “grab-and-go” congregate meals to direct delivery meals is a key aspect of how DFTA services adapted in accordance with public health guidance to ensure that older New Yorkers, especially those with underlying health conditions and limited economic resources, are able to receive meals while remaining safely at home.

With the onset of the Covid-19 pandemic, numerous senior centers commenced virtual programming or increased their virtual offerings in order to reach their senior center members following public health guidance to stay at home. Virtual program classes encompass a wide range of activities, including Zumba and other exercise classes, theatre and other arts programming, informational sessions on benefits and other topics, chat groups, bereavement groups, and much more. Geriatric mental health programs based in senior centers also continue via telephonic outreach. The number of senior centers reporting virtual programs expanded from 49 prior to the pandemic to more than 171 by summer. The programming provides several benefits:

- Information of value to members;
- Staying in contact with senior center friends;
- Reducing social isolation for all participants;
- Maintaining/improving physical and mental health.

While DFTA partners with our sister agencies to implement innovative approaches to provide uninterrupted services for older adults, we also work cooperatively with our network of dedicated service providers. For example, to help combat social isolation and loneliness during the pandemic, senior center staff contact members regularly through social engagement calls. Ongoing engagement calls enable older adults to have a consistent and regular connection with familiar staff in order to decrease social isolation, assess needs, and link center members with vital resources. Since the closing of congregate centers in March, DFTA and our provider network have made approximately 1.4 million social engagement calls, connecting with about 171,700 unduplicated older adults.

Earlier this year, the agency launched a social isolation campaign, which focused on the challenges and disconnect that many older New Yorkers faced during the “New York State on PAUSE” plan, implemented due to the public health emergency. The campaign entailed both audio and visual public service announcements with two calls to action: the first asking New Yorkers to reach out to an older neighbor, friend, or relative; and the second highlighting DFTA’s Friendly Visiting program, which pairs seniors with volunteers who help curb social isolation among older adults. Broadway star Lin-Manuel Miranda contributed his time to record the audio advertisement in English. The visual ads were translated into Spanish, Traditional Chinese, and Russian.

The pandemic, wellness work, and social isolation campaigns led to significantly increased public interest and involvement in supporting older adults. DFTA providers recruited more than 700 volunteers. The agency also partnered with the New York City Department of Health and Mental Hygiene (DOHMH) to work with more than 120 public health associates. DFTA’s social isolation campaigns resulted in nearly 400 additional individuals expressing interest in volunteering.

DFTA immediately initiated action in response to the pandemic. As we worked to continue to address food insecurity among older adults served through the DFTA network, parallel and equally important work was dedicated to combat social isolation. Given the increased likelihood of older adults having a more serious course of Covid-19 illness, DFTA continues to monitor ongoing developments and communicate with our provider network.

### **SERVICE PROVIDER ENGAGEMENT**

Prior to and throughout the public health crisis, DFTA worked closely and collectively with our service provider network. During the pandemic, I held monthly meetings with providers covering each borough. DFTA subsequently established two provider workgroups last month – one group focusing on reopening senior centers and another reimagining the future of these programs. Together these workgroups address both short-term planning and long-term visioning in terms of how senior center programs can best serve the wide diversity among older New Yorkers, while complying with public health guidance in response to the pandemic.

To further support innovations and advancements in remote programming, together with the Mayor’s Office of the Chief Technology Officer, DFTA launched a Virtual Programming Learning Community earlier this summer. Best practices in relation to technological programming are shared through this community. Discussions focus on program innovations as well as hardware and connectivity needs. The Virtual Programming Learning Community covered topics such as technological access and education, outreach and participation, and program evaluation and reporting.

Additionally, in the summer of 2019, DFTA conducted a series of workgroup meetings with current providers to identify best practices in the aging services portfolio. Most of the input provided and ideas shared were relevant to the upcoming senior center procurement. Some suggested concepts that may support engaging in social and congregate activities in a healthy and safer manner post-Covid include:

- Fostering a welcoming atmosphere by using practices from the hospitality industry, which is a notion that centers around providing choice to center members;

- Cultivating a culture that embraces volunteerism, which helps to combat ageism and has proven critical to the operation of some centers; and
- Promoting intergenerational programming, which has documented value for older adults, youth, and the community.

### **REOPENING PLAN DEVELOPMENTS**

DFTA is in communication with DOHMH to develop guidance for senior centers as we contemplate reopening and what that might look like. The guidance being developed includes 1) long form guidance that is modeled after New York State’s guidance; 2) a checklist for reopening; and 3) metrics for reclosing should circumstances result in that response. In collaboration with DOHMH, DFTA is discussing what might be possible in terms of indoor and outdoor center activities and the prospect of reintegrating food provision, given the knowledge and relationships providers have with the older adults they serve. Providers are also interested in exploring how older New Yorkers who were not affiliated with the DFTA network, but identified as food insecure and enrolled in GetFoodNYC, can receive additional services. We are working closely with our sister agencies and oversights to make sure that our reopening guidance is in alignment and is protective of both our providers and the City’s older adult population.

### **THE FUTURE OF SENIOR CENTERS**

In recent years, DFTA has worked with our provider partners to diversify the center portfolio and enhance the services and activities offered, with the objective of meeting the needs and preferences of an evolving older New Yorker demographic. Particularly in light of the pandemic, senior centers will be much different from traditional center models that have existed for decades. Diversifying the mix of centers will create more options and increase choice for older adults, which should, in turn, expand the overall capacity of the network to attract even more New Yorkers across the age range of older adults.

Early provider workgroup discussions have focused on reimagining various aspects of senior centers. Suggestions include specialized models of centers specific to wellness, education, etc., and reevaluating types of facilities that allow for social distancing. Given shifting demographics throughout the City, providers have proposed exploring ways to address older adult deserts that

have emerged. We are examining the role of transportation as part of senior center programs and bridging geographic gaps in older adult services.

### **OLDER ADULT CENTER CONCEPT PAPER**

In advance of the forthcoming procurement, DFTA issued a concept paper for older adult centers (traditionally known as senior centers) on August 21<sup>st</sup>, 2020. Currently, DFTA funds 249 centers located in every Community District, as well as 38 other sites affiliated with those centers. Prior to the pandemic, approximately 30,000 older adults attended a center on a typical weekday. About 20 percent of center members have attended solely for socialization, classes, and other activities without participating in a congregate meal. While meals are important for many attendees, it is evident that other activities and services are also a draw for members. The overarching goal is for centers to provide a range of high-quality services, programs, and resources that attract, meet the needs of, and enrich the lives of New York City's diverse older adults.

Covid-19 has underscored but only tapped the potential for older adult centers to use virtual programming to provide services remotely. The number of centers creating virtual programming opportunities has more than tripled during this period. Through the upcoming procurement, DFTA plans to seek creative input from respondents, as well as promote ways to further expand virtual programming as a permanent feature of center services, in order to increase the number of people who can benefit from these programs, reach people who cannot easily get to centers, and broaden the types of programming made available to older New Yorkers.

DFTA is working with our partners in City government to determine next steps in the provision of food to center members in upcoming months. Given the unpredictability of the evolving Covid-19 crisis, food provision could still be impacted at the time of implementation of the new center contracts. DFTA will keep stakeholders apprised of any such developments as planning and implementation proceed.

As many centers have proven to be vital resources to members and the local community during the Covid-19 pandemic, DFTA wants to ensure that future centers are prepared for emergencies, such as major weather events, acts of terrorism, or outbreaks of communicable diseases. The

existing center network has been critical in addressing social isolation through wellness calls and combating food insecurity by providing meals. Centers play an important role in response to emergencies and recovery efforts.

DFTA seeks to promote older adult centers that have a racially, ethnically, and culturally diverse membership reflective of New York City's cosmopolitan population. This includes attracting older people of various ages, welcoming special populations (e.g., LGBTQ+, persons with disabilities), and ensuring cultural and linguistic competence, so that all older adults seeking assistance are supported by the City in which they live. The agency looks to continue to fund centers that successfully demonstrate their familiarity and knowledge of the community in which the center is located, which includes serving special populations, planning activities that are culturally aligned with those communities, and providing meals that reflect the cuisine and dietary preferences of ethnic and demographic groups in the community.

The concept paper also references experimenting with a variety or combination of service delivery models. In stakeholder engagement sessions, center directors stated repeatedly that "one size does not fit all." Many center directors noted that they were operating several models within one center to meet the various needs among a diverse membership. Minimum service levels would most likely still need to be met and core functions provided (nutrition, information and assistance, health and wellness programming, education/recreation classes, socialization opportunities, and community linkages), but program design could vary considerably as a way to promote innovation and to attract members of varying interests. Regardless of the model, there are common themes that unify forward-thinking center directors and administrators: collaboration, responsiveness, accountability, creativity, and dedication.

Comments in response to the older adult center concept paper are due by 5:00 p.m. on October 5<sup>th</sup>, 2020. A request for proposals is expected to be released this fall. It is anticipated that contracts will commence on July 1<sup>st</sup>, 2021.

## **CONCLUSION**

DFTA and our partners have learned a great deal as we collaborated closely to ensure continuity of services for older New Yorkers during the Covid-19 crisis. We look forward to ideas and insights from stakeholders concerning how best to structure older adult centers, both during the immediate pandemic and for the ongoing evolution of the center network. Our partnership with the Council, service providers, advocates, and older adults themselves is key to shaping the future of centers, as we work collectively to meet the ongoing need for aging services in the face of these extraordinary circumstances.



Committee on Aging  
Hearing on Intro. 2030-2020

Testimony submitted by the New York City  
Department of Finance

September 21, 2020

Thank you, Chair Chin, and members of the Committee on Aging, for the opportunity to provide this testimony.

As you know, the Department of Finance administers the tax and revenue laws of the City, including those governing the valuation of properties and the collection of property taxes.

We also administer dozens of exemption and abatement programs that provide billions of dollars in property tax relief to property owners and renters—relief that New Yorkers need now more than ever.

One of the most important and best-known of these programs is the Rent Freeze Program, which provides rent relief to low-income seniors and people with disabilities.

The Rent Freeze Program freezes recipients' rent and protects them from future increases. Landlords receive tax credits to cover the difference between their tenants' frozen rent amount and the amount of rent that would be permitted by the Rent Guidelines Board.

The Rent Freeze Program offers one of two benefits to eligible renters: the Senior Citizen Rent Increase Exemption, known as SCRIE, and the Disability Rent Increase Exemption, known as DRIE.

Both benefits help New Yorkers remain in their homes, and each has specific eligibility requirements. Recipients must have a combined annual household income of \$50,000 or less, and more than one-third of their monthly income must be spent on rent.

To be eligible for SCRIE, a tenant must be 62 or older. To be eligible for DRIE, the tenant must be 18 or older and receive one of several disability-related benefits. To be approved for the Rent Freeze Program, applicants must reside in rent-regulated apartments. Currently there are 63,218 tenants enrolled in SCRIE and 12,176 tenants enrolled in DRIE.

Over the past several years, the Department of Finance has worked with our partners in city and state government to implement critical improvements to the Rent Freeze Program for current and future recipients:

- Recipients can now return to their previous frozen rent amount if a one-time income increase, such as a pension payout, causes them to be ineligible for the benefit for one year.
- We introduced a policy and promulgated rules providing for reasonable accommodation when a tenant did not file a timely renewal application.
- We have implemented a short-form renewal application available to participants who have received SCRIE or DRIE for five consecutive benefit periods.
- We worked with the state to pass legislation allowing eligible household members a reasonable amount of time to submit a benefit takeover application in the event that the head of household dies or leaves the property.

And perhaps most importantly, in 2014, we increased the program's income ceiling to \$50,000, from its prior ceiling of less than \$30,000.

Intro 2030 would extend this increase in the program's income ceiling through June 30, 2022.

It is essential that we make this change to protect the benefits of the Rent Freeze participants who earn more than \$30,000 but less than \$50,000—about 14% of current program participants. This will also ensure that the program is available to new applicants in this income range.

In addition to voicing our strong support for this legislation, I am pleased to report other improvements to the Rent Freeze Program.

As we have previously testified, we have redesigned and simplified the renewal process, resulting in a 94% approval rate during our most recently completed renewal cycle, in 2018.

We have cross-trained staff so that more people are capable of processing applications, thereby reducing wait times. We have created the offices of the SCRIE and DRIE ombudspersons to help tenants resolve any issues when applying for or renewing benefits.

Customers who have further questions about their Rent Freeze benefits are now able to speak directly with a Department of Finance employee to resolve their issues and

concerns. With the launch of the new DOF customer call center, Rent Freeze calls that 311 is unable to answer are now routed to us for immediate response.

Other recent updates to the Rent Freeze Program result from the passage of the Housing Stability and Tenant Protection Act of 2019. Most significantly for renters enrolled in or eligible for the program, the new law stipulates that new Rent Freeze applicants who have an existing preferential rent agreement and meet all program eligibility criteria can have their rent frozen at their preferential rent amount.

And finally, this year we have launched an online Tenant Access Portal, known as NYC TAP. The Tenant Access Portal is a one-stop shop for forms, information, and resources for the SCRIE and DRIE benefits.

As of today, Rent Freeze participants can log on to the portal to access information about their benefits, including key reports and documents.

Later this year, New Yorkers will be able to submit initial Rent Freeze applications online for the first time. And in the near future, current benefit recipients will be able to renew their benefits online via NYC TAP.

With these improvements, the Rent Freeze Program is more accessible to New Yorkers than ever before. We urge the Council's passage of Intro 2030, so that these benefits remain available to renters earning up to \$50,000 per year.

We thank you for your continued support, and for the opportunity to provide this testimony to the committee.



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK  
**Jumaane D. Williams**

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**TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS  
TO THE NEW YORK CITY COUNCIL COMMITTEE ON AGING - HEARING  
SEPTEMBER 21, 2020**

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I would like to thank the Committee on Aging chair Margaret Chin for holding today's hearing.

COVID-19 and the subsequent economic crisis has particularly affected our seniors. The guidelines to socially distance are paramount as they have a higher risk of contracting the virus. Activities at senior centers are limited if at all available. A consequence from these precautions is that seniors often feel isolated and lonely. Of the 1.1 million seniors in New York City who are 65 or older, 32 percent of them live alone. Isolation from others for a long period of time may cause mental distress, anxiety, and restlessness for seniors. This will be true as we enter into the fall and the winter. It is unlikely seniors will leave their homes, especially later into the year with cold weather. This will persist since our nation's leadership failed to contain the virus, forcing us to stick with social distancing longer than anticipated.

While the State has extended the eviction moratorium, without further actions the City will be facing an inevitable housing crisis. According to the Office of the New York City Comptroller, over 40 percent of senior-led households obtain half of their income from government programs. At the same time, six in 10 seniors pay over 30 percent of their income on rent. The Comptroller's report was released in 2017, so these numbers have likely increased because of the pandemic. Still, these seniors pay a lot of their income on rent. We need to ensure no one is excluded and burdened.

I support the legislation before the Committee, sponsored by Councilmember Chin, which would extend income eligibility limits for certain seniors and people with disabilities exempt from rent increases until June 30, 2022. In our society, disability status is often connected with having and retaining a job. While New York City is experiencing an abnormally high unemployment rate of 16.3 percent, persons with disabilities are employed at rates far lower than able-bodied New Yorkers. The Bureau of Labor Statistics reported that, in 2019, eight in 10 people with disabilities are not even in the labor force. The legislation would offer much-needed assistance for them. Our City should take every step to offer protections for seniors and people with disabilities, and to ensure they can stay in their homes.



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

## Jumaane D. Williams

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I'd also like to hear an update from the administration on the City's meal delivery program. At the Committee's hearing in June, we heard in public testimony that not one Asian-American nonprofit was awarded a contract to provide meals on wheels. This is worrisome. There is undoubtedly a growth in food insecurity across the City, especially in immigrant communities and amongst seniors. Community organizations who can meet the cultural needs of those they serve are best to carry out this work. Cultural and language barriers only compound distress, and we need to dismantle these barriers. In June, my office published the "Systemic Inequity Preliminary Recovery and Response Report," where I recommend the City to collaborate with community-based organizations to expand delivery for the Meals on Wheels program.

There are other opportunities to make changes in response to these issues as seen within my report. The City should distribute palm cards with crucial resources and follow up with wellness checks, for seniors without access to technology. A 24-hour senior support hotline is a simple, low-cost idea that would reduce the feeling of isolation. I recommend the administration review my report for potential policies.

Seniors are enduring an unprecedented time that will affect their mental wellbeing. We need to remember that as we navigate into the winter. I thank the chair for holding today's hearing, and I look forward to today's testimony.



**Testimony of  
Beth Finkel  
AARP New York**

**New York City Council  
Committee on Aging  
Preliminary Budget Hearing - Aging**

**March 6, 2020**

**City Hall  
New York, New York**

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

Good morning Chairperson Chin and members of the Aging Committee. My name is Beth Finkel and I am the State Director of AARP New York. On behalf of our 750,000 members age 50 and older in New York City, I want to thank you for the opportunity to testify today about very important funding decisions you must make.

For decades AARP New York has been conducting research to inform all of us about the challenges facing our aging population and about the changes we must make to help them safely and securely age in the communities and homes they love. We owe that to them.

What our research has shown time and time again is that pocketbook issues are the source of the greatest stress facing City residents ages 50+. Those residents account for nearly a third of our population, and their numbers are expected to increase by 30% in the next 20 years.

Financial hardships are felt most acutely by our aging African American, Hispanic and Asian American residents. As a matter of fact, our most recent report, *Disrupt Disparities 2.0: Solutions for New Yorkers Age 50+*, identified that in gentrifying neighborhoods, the median annual income for older Whites is as much as \$100,000 higher than for older African American or Hispanic residents.

This Council has been generous over the years with its support for older New Yorkers and the services they rely on. But I am here to ask that you do more. Literally hundreds of thousands of New Yorkers are counting on you.

I'd also like to point out that nonprofit senior serving organizations are counting on you too. They are shouldering too much of the cost of caring for seniors. AARP worries about their long-term sustainability.

Not long ago, we spoke with a local nonprofit that provided home delivered meals. Nearly 30,000 homebound elderly rely on home delivered meals.

Because of the gap between what the city pays per home delivered meal and the actual cost of that meal, that nonprofit had to cover hundreds of thousands of dollars in additional costs. And they are not alone.

So I am here to urge you to add \$16 million to the budget for home delivered meals so we can close the gap between the \$9.58 per meal the City Department for Aging is paying and the estimated \$11.78 each meal actually costs.

Beyond that, we ask you to increase investments in older adults and the people who provide them with services and support.

We'd like to see staff pay parity in Naturally Occurring Retirement Communities and increased funding for service coordination in the Senior Affordable Rental Apartments program. Those two investments alone will impact nearly 12,000 seniors.

We also want to see increased investment in senior centers, which serve approximately 124,000 older New Yorkers. Specifically, we call on the Council to invest in: equity for the 38 centers that were left out of the 2017 'Model Budget' analysis; much needed capital improvements; and the DFTA innovation fund, so that we can see more age-friendly improvements made.

All together, we are asking for \$11.7 million to fund these initiatives.

We would also like to see last year's \$9.7 million Council investment baselined and the fulfillment of the \$10 million promised in new funds for senior centers.

These aren't big dollars in the context of the overall City budget, but they would amount to big changes for seniors and the organizations and people that serve them. We are counting on you to make these allocations and are here to tell you, you can count on AARP's support to do what it takes to get this done.

Thank you.



**UNITED  
NEIGHBORHOOD  
HOUSES**

45 Broadway, 22<sup>nd</sup> Floor, New York, NY 10006  
212-967-0322 | [www.unhny.org](http://www.unhny.org)

**Testimony of United Neighborhood Houses  
Before the New York City Council Committee on Aging  
Council Member Margaret Chin, Chair**

**The Future of Senior Centers after COVID-19**

**Submitted by Tara Klein, Policy Analyst  
September 21, 2020**

Thank you for the opportunity to testify to the City Council Committee on Aging on the Future of Senior Centers after COVID-19. United Neighborhood Houses (UNH) is a policy and social change organization representing 43 neighborhood settlement houses that reach 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers.

The COVID-19 pandemic has ravaged New York City's economy and safety net and has underscored the significant racial and economic disparities that have impacted New York City's neighborhoods for decades. Just as they did through other crises our City has faced, settlement houses have been on the frontlines of the COVID-19 emergency response by continuing to deliver essential services to New Yorkers, providing emergency food, counseling, shelter, youth and family supports, and more.

Older adults have been hit especially hard by COVID-19, and senior centers have served as crucial supports for them throughout the pandemic. Settlement houses operate 46 senior centers across City, serving over 53,000 older adults in these centers. Senior centers have been enormously creative and adaptive in meeting the evolving needs on the ground during the pandemic. While buildings have remained physically closed, no senior center has ceased operation, and in fact many have been working overtime to serve older adults remotely. Activities have included wellness calls, case management services, enrolling people in the GetFood NYC program, virtual social activities, and more. While not being permitted to serve food, many cooks have transitioned to help senior centers make wellness calls to check in on older adults at home. As we now think about reopening senior centers, many providers in the UNH network have insisted we use a different word than "reopening," because they have been virtually open and serving older adults continuously. Instead, we encourage the City to talk about transitioning and returning back to in-person activities, with health and safety standards being our primary guide in that process.

UNH thanks Council Members Chin and Levine, Speaker Johnson, and all the other Council Members who signed on to the September 4, 2020 letter to the Mayor asking for City Hall to initiate a dialogue with the Department for the Aging, Department of Health, and the Food Czar team about a process to restart in-person programming in the senior services network safely. UNH echoes all of the outstanding questions and concerns written in that letter: providers and older adults need clear communication around plans and expectations, and providers need to know those plans well in advance in order to prepare. We need to consider any stages or phases for returning, such as how meal distribution will

return without encouraging congregating. There needs to be clarity on whether timelines and metrics will guide the process, such as the same way the City's schools and restaurants consider thresholds for reopening and potentially closing back down again.

UNH has heard clearly from our members that they are ready for certain limited in-person activities, such as one-on-one case management, outdoor activities held safely in small groups, and bringing back meal service through grab and go or another mechanism. Older adults are eager to get back as well, with reports of many showing up and knocking on the doors of senior center buildings. Food distribution, in particular, urgently needs to return to the nonprofit senior centers where providers know their communities best. The older adult feeding program under GetFood NYC continues to face major barriers to service delivery under the private vendor model, and recently many older adults have been unsubscribing to these meals. Providers report that as they begin to see older adults who switched to these meals in person again, they appear weaker and frailer than before. By contrast, senior centers are experts at serving nutritious, delicious, and culturally-competent meals to older adults and are eager to safely serve their neighbors once again.

DFTA's reopening task force with select providers is an important step in addressing some of these issues, and having dialogue with providers is crucial as they are the ones who understand on-the-ground realities. However, DFTA has not yet communicated any future transition plans with providers more broadly, leaving them and the older adults they serve in a state of limbo with no sense of what the future might look like. As UNH has seen in other areas like youth services and early childhood education, clear guidelines and communication, flexible start times, and adequate PPE supplies are all essential components of restarting any in-person programming during COVID-19. We also encourage DFTA and other City agencies to host webinars and other briefing opportunities so that providers are up to speed on all guidelines and have the opportunity to ask questions of DFTA.

It is critical to underscore the harm of recent budget cuts to senior centers in thinking about their post-COVID-19 future. FY 2021 was a difficult budget year all-around, but senior centers were hit especially hard with the delay of the \$5 million in model food budget funding until FY 2022, the failure to include the remaining \$10 million in original "model budget" funding, \$4 million in COVID-related cuts, and major cuts to the City's Indirect Cost Rate Initiative. These cuts have led senior centers to make difficult decisions around staffing, salaries, and programming. Unfortunately, there may be a disconnect between City Hall's perception that senior centers have been closed during COVID-19 and the reality that they have all pivoted to remote work. As we approach future budget decisions and the potential for more across-the-board cuts, we must protect senior center funds as they continue remote work and move toward in-person activities.

Finally, we are acutely aware that DFTA has issued a Concept Paper for senior centers, or as they may soon be called, Older Adult Centers. We have many serious questions and concerns around this Concept Paper, especially around funding needs and programmatic issues. For instance, the Concept Paper does not mention the overall number of contracts or what a typical budget should be for a center, despite previous model budgeting exercises conducted by the City. It fails to address needed expenses including cost escalators, capital needs, new technology needs, and the growing number of older adults in New York City. Given the current uncertainty around the reopening transition, and the fact that this procurement envisions the system for the next three years with an option to extend for three additional years, we encourage DFTA to clarify their overall vision for serving older adults in a post-COVID world and how senior centers fit into that plan. As our community struggles to get through this pandemic, UNH believes we need more flexibility and support to meet the needs of our communities. We anticipate sharing our formal comments on the Concept Paper with DFTA by their deadline of October 5<sup>th</sup>, and will be sure to copy the Council on those recommendations.

Thank you for your time. For questions or follow-up, you can contact me at [tklein@unhny.org](mailto:tklein@unhny.org).



**New York City Council  
Committee on Aging, Chair Chin  
September 21, 2020  
Oversight - The Future of Senior Centers after COVID-19.**

Thank you, Chair Chin, for the opportunity to testify on the future of Senior Centers after COVID-19.

LiveOn NY's members include more than 100 community-based nonprofits that provide core services which allow all New Yorkers to thrive in our communities as we age, including senior centers, home-delivered meals, affordable senior housing, elder abuse prevention, caregiver supports, NORCs and case management. With our members, we work to make New York a better place to age.

First, we wish to thank and applaud the senior center providers across the City that have stepped up during COVID-19, finding new ways to provide critical services in the face of unprecedented demand and a public health crisis. Their services continue to be more important than ever, as older adults face increased risk of food insecurity and social isolation against the backdrop of a crippling economy and historic job loss. These risks, coupled with the painful loss of family and friends, only magnify the importance of Senior Centers and their core services.

Created through the federal Older Americans Act, Senior Centers' core services are meant to include the "provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals." While the physical facilities have been temporarily shuttered as a result of COVID, it is a testament to the strength of these programs and our City that *all* of these core functions have remained available to older adults throughout the pandemic: mental health supports took the form of hundreds of thousands wellness calls; nutrition was provided in-part through GetFood, which required support from Senior Center staff; socialization, education, and recreation went virtual; and a health focus was paramount through it all.

It is with this in mind that we can look to the "future of senior centers after COVID-19." **While much of the future appears uncertain, what's clear is that these core services—nutrition, health, socialization, recreation, and education—will be more important than ever in the lives of a rapidly growing older adult population, particularly as we emerge from a global pandemic.** Whether it be next month, next year, or next decade, we must ensure that these services are robustly available in every community throughout the five boroughs.

As we move through COVID-19 and find a "new normal," here are some recommendations on next steps for Senior Centers:

**Shift meal provision back to Senior Centers.** While GetFood served a laudable purpose during the pandemic to address large-scale hunger across the lifespan, the City must elevate beyond its interim meals system and shift senior meal provision back to Senior Centers, **because only the senior service sector can provide a service that is far more cost effective, efficient, and importantly, in the best interest of older New Yorkers.**

Senior centers know best how to meet the nutritional needs of their older adult clients—it is core to what they have done for decades as a network. These non-profit providers have a proven track record of providing high-quality meals that are both culturally competent and unfailingly nutritious. Further, these providers have deep relationships with their older community members, which will allow the clients' needs to be more holistically met.

With safety as our guidepost, to make this meal transition a success, the City will need to:

- Commit to reimbursing all associated costs, including startup and ongoing cleaning costs, PPE, and any necessary kitchen ventilation improvements, particularly in Centers located in NYCHA or City-owned property where repairs can be made more expediently.
- Include \$5 million in funding promised for kitchen staff salaries that were left out of the FY21 budget, and the \$10 million in promised funding for Senior Center staff, finally making whole the commitments made by the City during the Model Budget Processes.
- Pay providers in full for costs of providing meals, including funding for any increase in meals served beyond the Center's contracted level due to new demand. This may also mean increased funding for new expenses, such as to-go containers.
- Provide clear, succinct guidance regarding best safety practices to help mitigate risk for both Senior Center staff and clients, while supporting flexibility in models to accommodate variance in staffing patterns and center-specific characteristics. For example, some centers might already have capacity to safely distribute grab-and-go meals; while others serving more clients or lacking outdoor space for distribution might prefer a grab-and-go by appointment model; and centers with ample volunteers might prefer distributing the meals on foot to the older adult's home.

Should the number of meals needing to be served to older adults be greater than the capacity that Senior Centers can provide, the City should look to increase funding and capacity of the home-delivered meals system to meet this excess demand, rather than continuing to rely on new, for-profit partners. Finally, following resumed meal provision by centers, the City's Aging and Health Departments should work *with* providers to learn from their experiences and to create guidance on how meal provision can continue to safely evolve.

**Invest in technology to promote socialization, recreation, and education.** COVID has proven that countless seniors are willing to connect to technology and participate in the virtual programming offered by their Senior Center. However, while technology utilization continues to rapidly increase, research has found that less than a third of those over the age of 80 had Internet access at home. To engage older adults, both in the short and long term, the City must invest in the technology infrastructure for providers *and* older adults. The City's investment in 10,000 tablets for NYCHA residents is a great start towards this goal, and should be expanded to reach more DFTA participants and Senior Center staff.

Given that we are discussing the future of Senior Centers, LiveOn NY would also like to acknowledge that there is a currently open "Older Adult Center" Concept Paper in preparation for the upcoming RFP.

**While recognizing the Concept Paper's aim to push the senior service system forward, LiveOn NY**

**underscores the need for more specific details that are not currently addressed in the Concept Paper but should be explicitly articulated *prior* to the upcoming RFP to offer providers the opportunity to fully and collaboratively engage with the City.** We are hopeful that, if articulated in advance of the RFP, the City will outline a fiscally responsible path forward that will allow providers to implement some of the new ideas proposed, while continuing to serve New York's communities responsibly and compassionately. Clarity and details within the Concept Paper are paramount, particularly given the historic uncertainty that providers and New Yorkers continue to grapple with amidst a global pandemic. Ten such examples of outstanding questions requiring clarity *in advance of the RFP* are below, and a more extensive list of considerations and concerns will be provided in LiveOn NY's formal Concept Paper response submission.

Conceptually, what is the Department for the Aging's current plan for:

1. How many contracts will be awarded under the new procurement?
2. What method, if any, will be utilized in determining geographic distribution of new contracts?
3. What are the expectations and details regarding meal provision under future contracts?
4. How does the Department for the Aging anticipate supporting a smooth transition for clients, particularly during COVID, if any contracts were to change?
5. What are allowable or expected staffing requirements (including staffing patterns by center model or size, position types that will be funded, minimum staff salary requirements, etc.)?
6. Will the contracts include a commitment to funding the provider's full Indirect Cost Rate (ICR) and cost escalators?
7. What is a sample budget that the contract will provide for?
8. Will capital funding be available?
9. What funding will be available to support providers in purchasing technology for virtual programming?
10. How will the Department ensure providers have real time access to their data as it is entered into STARS, particularly given the Concept Paper's emphasis on data collection?

In responding to these questions, and further elaborating on items that lack clarity within the Concept Paper, the City and the Department for the Aging can work collaboratively with providers and the public at-large to mutually create a more solid foundation for the future of Senior Centers.

Thank you for the opportunity to testify.

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*LiveOn NY's members provide the core, community-based services that allow older adults to thrive in their communities. With a base of more than 100 community-based organizations serving at least 300,000 older New Yorkers annually. Our members provide services ranging from senior centers, congregate and home-delivered meals, affordable senior housing with services, elder abuse prevention services, caregiver supports, case management, transportation, and NORCs. LiveOn NY advocates for increased funding for these vital services to improve both the solvency of the system and the overall capacity of community-based service providers.*

*LiveOn NY also administers a citywide outreach program and staffs a hotline that educates, screens and helps*



Making New York a better place to age

*with benefit enrollment including SNAP, SCRIE and others, and also administers the Rights and Information for Senior Empowerment (RISE) program to bring critical information directly to seniors on important topics to help them age well in their communities.*



## **Testimony**

**Presented by Karen Zhou**

**Executive Director, Homecrest Community Services**

**On**

**NYC Council Committee on Aging**

**On**

**Monday, September 21, 2020**

Good morning. I want to thank the Chair Margaret Chin and members of the Aging Committee for this opportunity to testify today. I hope everyone is staying safe and healthy at this time.

My name is Karen Zhou, Executive Director of Homecrest Community Services (HCS), a multi-social service agency with over two decades of serving the Asian American community in Brooklyn, New York. We are a service provider of two large senior centers in Sheepshead Bay and Bensonhurst, Brooklyn providing culturally competent programs and services for Asian immigrant seniors.

When the outbreak of COVID-19 hit New York City, we were highly concerned about our seniors well-being. This is a high risk and vulnerable population with many seniors having underlying medical conditions that posed a significant health risk to developing the disease. Because of the rapidly evolving situation, we went from being opened the first half of March and having to self-sanitize our facilities to the Mayor's mandate to close all NYC senior centers by March 16th in an attempt to stem the spread of COVID-19 which had by then had widespread community transmission.

At the onset, our team acted nimbly and quickly to address a critical need of high food insecurity arising from the "Shelter-In-Place" for seniors in self-isolation. We pondered the question, how will they eat while staying at home? We found many seniors who were highly concerned of their next meal, especially as the days turned into weeks. While we are not contracted for meal deliveries, we immediately took the initiative to set up an emergency meal delivery program which a friend of ours helped coined "Stir Fry

Meals on Wheels” providing culturally appropriate meals for Asian seniors. We worked with a local Chinese restaurant who prepared and cooked the meals on demand. We utilized staff and volunteer manpower to provide meals directly to senior’s home. These deliveries were based out of a need because it was an emergency situation. As a result of this crisis and heighten media attention, we have had an increase demand for meals and a subsequent increase in meal expenses, far exceeding our FY2020 meals budget. To date we have delivered over 34,000 meals to seniors in need and have fulfilled 100% of meal requests. Our meal delivery program is a lifeline for seniors to keep them nourished, safe at home and not have to worry about food shortages.

During the pandemic, we’ve received a high volume of phone calls from seniors needing meals, particularly Chinese immigrant seniors who only spoke Chinese. They did not know how to call 311 for help but they did know about our organization and we started answering calls from our centers to better assist them. Many of these calls were request for meal delivery services. We tried not to turn anyone away because we knew there was a growing waitlist for DFTA’s meal delivery program of frozen meals at the time. Also, many Asian grocery stores were shuttering and food insecurity remained high. Asian seniors were especially afraid to go out because of the growing anti-Asian hate and bias crimes reported around the country. We had Asian seniors living at home, isolated, alone that desperately needed meal assistance.

One such senior is Ms. SooHoo who is 81 years old and lives alone in Old Mill Basin. Her son reached out to us in desperation because he is a MTA worker on the frontline and was highly concerned about contracting COVID-19 because of the growing positive cases in his department. In normal times, he would go visit his mom but because he could not get tested, he did not know if he had COVID-19. His mom is a very important person in his life because she raised him and his two sisters as a single mother. The son understands the sacrifices his mom made all these years and he wanted to be able to take care of his mom now that she is older. In this crisis, it made it even harder with his family in Queens and his mom in Brooklyn, so when we said we would deliver meals to his mom, he was ecstatic and relief at the same time. Ms. SooHoo is also very grateful for this support as she did not have any face masks and had gone to stores nearby only to find empty shelves. She had run low on food and would have starved to death. The desperation was real. The solution was simple to provide meal delivery to her Monday to Saturday with extra food on Saturday for Sunday.

During this pandemic, our staff as essential workers are operating at full capacity to support the community. In addition to providing an emergency “Stir Fry Meals on Wheels” program, we pivoted from on-site programming and services to connecting seniors to virtual learning via zoom. We also have been providing daily wellness telephone reassurance calls to check in on our senior’s physical and mental well-being and assessing emergency needs. So while senior centers were closed, we remained opened providing our programs and services in an alternative way to reduce social isolation for seniors at home.

In these uncertain times, one thing remains clear: we must do more to protect and support our most vulnerable populations including the many immigrant seniors in NYC to help them safely get through this pandemic. This includes funding senior centers like our Sheepshead Bay senior center who need DFTA funding and are providing culturally competent programs and services that immigrant seniors greatly need, especially now during this pandemic. Because we are without a DFTA contract, we have been relying on year to year discretionary funding.

According to the Asian American Federation of NY's 2016 study, "Asian American Seniors in NY. An Updated Snapshot", Asians are the fastest growing senior population in NY. They now make up 16% of the senior population. COVID-19 has shown a greater need for bi-lingual services for Asian seniors in all aspects of seeking help from access to life-saving hospital beds, COVID-19 testing, contact tracing and isolation, home delivered meals, home-base case management and so much more.

Additionally, as seniors remain isolated at home, we are concern about their mental and emotional health. Seniors living alone under these circumstances may feel depressed, lonely, hopeless and scared. Among Asian women aged 65 and up, the rates of suicide are higher compare to other racial and gender groups. These acute needs require more funding and resources to support geriatric mental health services particularly for the Asian American community who often see mental illness as a taboo and do not always seek help.

We understand that until there is a COVID-19 vaccine to end this pandemic, the need to support our seniors will be ongoing and it is more important than ever before that DFTA funding for senior center operations be maintained and COVID-19 expenses incurred in response to this pandemic is covered.

In light of the recent DFTA concept paper on older adult centers, we would like to advocate for the RFP timeline to be delayed because we are still in a pandemic and we do not have clarity on what senior centers will look like until after the pandemic ends. Also, senior centers have not re-opened and planning during this phase is just as critical. In the midst of all these uncertainties, the safety of our seniors remain paramount.

During this time of crisis, I thank Chairwoman Margaret Chin and the Committee on Aging for their continued leadership to ensure initiatives that support seniors in FY21 are maintained!!! In the past, our community seniors were reliant on senior services to get them through their day and now they need us more than ever to help get them through this pandemic! We have become not only essential but vital services for our city's seniors.

Thank you again for this opportunity to testify and I'd be glad to answer any questions.



## **Asian American Federation**

### **Testimony to the New York City Council Committee on General Welfare**

*September 21, 2020*

I want to thank the Committee for holding this important conversation that is of immediate concern to our community. I'm Ravi Reddi and I am the Associate Director for Advocacy and Policy at the Asian American Federation.

First off, I want to acknowledge how dire the situation is in our community and what our direct service partners are struggling to manage. In the Asian community, the COVID-19 pandemic has resulted in a [35% increase in deaths compared to the five-year average](#). Unemployment claims have increased by over 6,000% compared to this time last year. And social isolation amongst our seniors combined with unprecedented strains on basic supplies have overwhelmed our community resources.

COVID-19's strain on our community is set against the backdrop of some disturbing statistics. Overall, 14.1% of Asians in the State live in poverty, compared to a statewide poverty rate of 13.6%. Among seniors, almost 1 in 5 Asian New Yorkers lived in poverty compared to just over 1 in 10 of all seniors in the state.

Additionally, language barriers remain high among Asian New Yorkers. Overall, 39.2% of Asians have limited English proficiency in New York State, compared to a statewide rate of 13.1%.

These dynamics exist in the context of an explosion in the Asian population in the past 20 years, and they have created a perfect storm for a public health crisis. Since 2000, the Asian population in New York State increased by 62%, growing from 1.2 million in 2000 to over 1.9 million in 2019. In the counties outside of New York City, the Asian population grew even faster (94%), from 296,000 in 2000 to almost 577,000 in 2019. Overwhelmingly, Asian New Yorkers are immigrants, with 2 out of 3 in the state being foreign-born.

In this context, the strains on support services and continuing issues of limited access to government services and resources have been exacerbated, and nowhere is this more distressing than in the calls our member and partner agencies receive related to food insecurity.

#### Public Charge

In particular, this Administration's continued assaults on our immigrant population have compounded significant existing food access issues in the Asian American community. Only 33% of Asians who meet the income guidelines receive food stamps. However, because of Trump's cruel and oppressive public charge rule, many mixed-status immigrant families are feeling compelled to make the false choice between staying in this country and getting access to food, shelter, and medical insurance.

An analysis by HRA of SNAP enrollment rates showed that Asian non-citizens were almost 9 times more likely than Asian citizens to dis-enroll between January 2018 and January 2019, when in the past, both groups had similar enrollment rates, more in line with economic conditions. Our own analysis of American Community Survey data shows that use of SNAP benefits by Asian non-citizens declined at twice the rate of non-Asian non-citizens from 2017 to 2018.

### Language Access and Food Accessibility for Seniors

Almost one in four NYC Asian seniors live in poverty, four in five have LEP and the urgent need for senior-serving food programs is compounded by the uniqueness of the Asian-American senior population. Currently, there exists various inconsistencies with the City's food delivery plan and barriers to access its services, including:

- Random deployment of meals to some clients in the City's system and not to others, which has resulted in many Asian seniors not receiving access to regular meals,
- Community-wide confusion and difficulty using 311, and
- Systemic barriers to LEP seniors who need information on how to register for centralized meals.

Asian seniors are more likely to utilize services that reflect their traditional values and ethnic identities. Asian seniors, particularly more recently arrived ones, are also less likely to know what services and programs are available to help them acclimate to life in New York and to address life events as they occur. Thus, community-based organizations with roots in their neighborhoods are best placed to get Asian seniors the help they need.

### Continued Underinvestment

Nonetheless, city and state contracting processes have left out umbrella organizations that serve communities of color, who have the expertise to coordinate with our member nonprofits to be innovative in sourcing culturally appropriate meals and who have the community buy-in to hit the ground running with existing relationships. For example, while many senior centers are not able to meet the volume of need, they'd be able to coordinate with local restaurants to deliver meals and stock food pantries with meals that are familiar to their clients.

But neither the State nor the City currently has the infrastructure to meet the avalanche of need we are now witnessing under COVID-19. From Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts. In that time period, the Asian American share of the total contract dollars awarded by the Department of Health and Mental Health was 0.2%. The historic overlooking of the fastest-growing yet poorest racial and ethnic group in New York has undoubtedly contributed to the current food insecurity crisis.

And while the hard work of our member and partner agencies is routinely acknowledged, capacity constraints in addressing the immediate food access crisis makes clear that City and State support is the only piece of this puzzle that's missing.

### Recommendations

- The creation of a dedicated language line would help to increase language access for food services.
- Increase investment in city- and state-funded safety net programs such as community health centers and clinics, and food pantries, with funds going directly to impacted communities instead of creating more subcontractor relationships.
- Food access services should be provided in conjunction with other culturally competent programs that address other issues impacting our seniors, particularly mental health services. This is critical since 40% of Asian seniors report experiencing depression, and Asian women ages 65 and older have the highest suicide rate across all racial and ethnic groups.
- Fund an emergency network of linguistically and culturally competent food service programs and connect Asian seniors to these alternative food benefits in order to mitigate the harm inflicted on this population by the loss of access to traditional government assistance programs due to disenrollment related to the public charge rule.
- Partner with, and invest in, Asian CBOs to provide in-language communications and campaigns to inform immigrant families about developments in immigration policy. As federal immigration policies continue to change unpredictably, both City and State must work with trusted community partners and ethnic media to disseminate accurate and up-to-date information about these policies and how to access legal assistance, healthy food, and quality medical care.



## **Asian American Federation**

### **Testimony to the New York City Council Committee on Aging**

*September 21, 2020*

Thank you, Councilmember Chin, for the opportunity to testify today before the Council's Committee on Aging.

My name is Jo-Ann Yoo, and I am the executive director of the Asian American Federation (AAF). AAF's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We represent a network of nearly 70 member and partner agencies that support our community through their work in health & human services, education, economic development, civic participation, and social justice.

We are here because our senior population is in dire straits. While the COVID-19 epidemic has negatively impacted the health and wellbeing of all New Yorkers, the Asian seniors of our city are particularly more vulnerable.

Here's some context: From 2000 to 2018, the Asian senior population in the City more than doubled, increasing faster than all other major race and ethnic groups. Among seniors, 1 in 5 Asian New Yorkers lived in poverty compared to just over 1 in 10 of all seniors in the state, with poverty rates reaching as high as 35% for Bangladeshi seniors and 30% for Chinese seniors. Additionally, language barriers remain high among Asian New Yorkers. Overall, 39.2% of Asians have limited English proficiency in New York State, compared to a statewide rate of 13.1%. And when it comes to our elders living in poverty, LEP rates were 83% for Asians, compared to 48% for non-Asians.

With this backdrop, the current COVID-19 pandemic has exposed the consequences of chronic underfunding of Asian-servicing community organizations and services. Asian-led community organizations that are best placed to assist our seniors are having to radically change their operating models and face looming threats to funding. Simply put, our community-based organizations are doing their best to get the job done with seniors who are more likely to utilize services that align with their cultural identities.

There is an urgent need for senior-serving food programs, and NYC Asian seniors, almost one in four of whom live in poverty and 83% of whom have LEP, are most at risk. There exists various inconsistencies with the City's food delivery plan, such as a random deployment of meals to some clients in the City's system and not to others, which has resulted in many Asian seniors not receiving access to regular meals. Using 311 can be difficult and confusing; it is a huge hurdle for LEP seniors to find information on how to register for centralized meals.

Our seniors are coming to our community-based organizations, not to the City, to get their basic needs met. That's telling in numerous ways, but it should also raise alarm bells that city and state contracting processes have left out these very organizations, like AAF, who have the expertise to coordinate with our member nonprofits to be innovative in sourcing culturally appropriate meals and who have the community buy-in to hit the ground running with existing relationships.

Our community-based organizations are innovating out of necessity, adapting to the needs of our seniors with ever-strained capacity. For example, while many senior centers are not able to meet the volume of need, they'd be able to coordinate with local restaurants to deliver meals and stock food pantries with meals that are familiar to their clients.

But the numbers bear out the emergency at-hand. Neither the State nor the City currently has the infrastructure to meet the avalanche of need we are now witnessing under COVID-19, but neither are our grassroots service providers getting the support they need. As you know, from Fiscal Year 2002 to 2014, the Asian American community received a mere **1.4%** of the total dollar value of New York City's social service contracts. In that time period, the Asian American share of the total contract dollars awarded by the Department of Health and Mental Health was **0.2%**.

Here's an example of how the crisis is playing out amongst our partners: Many of our member and partner agencies have had to pivot from providing congregate senior meal services to food delivery or food bank options due to COVID-19. We have also seen a dramatic increase in mutual aid groups and elected leaders like all the councilmembers stepping in to fill as many gaps as possible. Without necessary funding, our agencies are not able to ensure that the basic needs of our homebound Asian American seniors are being met. These agencies are stretched to their limits to prepare and deliver meals, purchase non-perishable foods, and to make deliveries, and hire staff to meet unanticipated needs.

And when it comes to mental health care, the unique challenges of access in our community are being compounded by a lack of support. Overcoming cultural stigma surrounding mental health

services requires incorporating mental health care into existing services such as homebound meal delivery to reach Asian seniors where they are. Normalizing mental health concepts and addressing the intense social isolation in our senior community are amongst our community's immediate needs, especially now that all seniors are essentially homebound even as the rest of the city slowly opens up.

Our member agency staff are conducting thousands of assurance calls to seniors on a daily basis on top of their existing services and rapid response work. Our member agencies that operate mental health clinics are seeing an uptick in requests for mental health assistance, but our community lacks the capacity to meet the increasing needs. Asian seniors need culturally competent services in order to thrive and are more likely to utilize services that reflect their traditional values and ethnic identities. Culturally competent programs will also understand the cultural and generational barriers that stop seniors from seeking help, particularly mental health services. While 40% of Asian seniors report experiencing depression and Asian women ages 65 and older have the highest suicide rate across all racial and ethnic groups, community-based organizations with roots in their neighborhoods are best placed to get Asian seniors the help they need.

Adding to the stress of food insecurity and anxiety is the rise of anti-Asian violence and hate crimes. We have heard the number of anti-Asian crimes and bias incidents reported, but we are also cognizant that because of language barriers, fear and the lack of information on how to report bias incidents, the numbers reported are relatively low compared to the actual incidents in the City. AAF has heard stories of seniors being mugged and robbed as they go out to buy food.

Additionally, immigration and integration trends are diversifying and dispersing the Asian senior population. Asian seniors can now be found outside of ethnic enclaves and new Asian communities have emerged in places such as Parkchester in the Bronx and East Harlem. The City needs to recognize that more resources are needed for Asian-serving senior service organizations to expand their reach throughout New York City and for mainstream agencies to adapt their services to be more culturally competent to meet the growing Asian senior population.

The crisis in our senior community is continuing unabated, even as we start planning to re-emerge from our homes into the city. Asian American seniors are one of the largest senior populations in New York and are the most vulnerable. This Committee and this City Council have the opportunity and the obligation to support our community-based service providers and our senior Asian New Yorkers.

On behalf of our nearly 70 member and partner agencies that serve Asian seniors, we request resources for the following priorities:

- Address the growing need for in-language and culturally competent health care and mental health services for Asian seniors.
- Continue funding for the Senior Centers for Immigrant Populations Initiative at \$1.5 million to support Asian senior centers in both existing and emerging neighborhoods.
- Amend the government contracting process in order to acknowledge that Asian-led agencies are in the best position to provide culturally competent services directly to Asian New Yorkers.
- Raise reimbursement rates for ethnic home-delivered meals and temporarily allow congregate meal contractors to run home-delivered meal services.
- Establish protections for subcontractors or restructure contracts to enable Asian senior centers to contract directly with the City for homebound meals.
- Ensure that DFTA receives the funding they need to fully implement the new citywide languages covered in Local Law 30.

We thank you for your continued dedication to our community and to all the seniors in our city, and look forward to working on critical policy changes in the year to come.



## **Asian American Federation**

### **Testimony to the New York City Council Committee on Mental Health, Disabilities and Addictions**

*September 22, 2020*

My name is Ravi Reddi, and I am the Associate Director for Advocacy and Policy at the Asian American Federation (AAF).

Our community needs, now more than ever, culturally competent mental health services and robust mental health reporting. The COVID-19 pandemic has increased the mental health burden on Asian New Yorkers as the loss of loved ones has swept the community amidst a [35% increase in deaths compared to the five-year average](#) (an increase second only to Hispanic Americans), unemployment claims have increased by over 6,000% compared to this time last year - the highest of all racial groups - and social isolation has created a real mental health crisis among our seniors. The Asian community has been the target of anti-Asian bias incidents and hate crimes on top of these existing challenges, with some small businesses losing nearly all of their customers as a result of xenophobia.

And the immediate needs of our community are set against an already distressing backdrop of community mental health challenges. Our 2017 report on [Overcoming Challenges to Mental Health Services for Asian New Yorkers](#) highlighted the fact that Asians are the only racial group for which suicide has consistently been one of the top 10 leading causes of death in New York City from 1997 to 2015. In New York State, suicide was the second leading cause of death for Asian Americans ages 15-24, the third leading cause for those ages 10-14 and 25-34, with Asian women ages 65 and older having the highest suicide rate across all racial and ethnic groups.

While stigma has been cited as the greatest deterrent in seeking mental health care, there are a host of challenges that prevent Asian New Yorkers' access to services. Overall in 2019, 14.1% of Asians in New York City live in poverty, compared to a statewide poverty rate of 16.0%. Among seniors, 23.1% Asian New Yorkers lived in poverty compared to 18.4% of all seniors in the city.

Additionally, language barriers remain high among Asian New Yorkers. Overall, 44.2% of Asians have limited English proficiency in New York City, compared to a citywide rate of 22.2%.

Finally, when one considers the explosion in the Asian population in the past 20 years, these barriers potentially create a perfect storm for a public health crisis. Since 2000, the Asian population in New York City increased by 51%, growing from just under 873,000 in 2000 to over 1.3 million in 2019. Overwhelmingly, Asian New Yorkers are immigrants, with 2 out of 3 in the city being foreign-born.

Mental health service delivery in the most diverse community in the City is notoriously difficult. More than 20 Asian ethnic groups are represented within our City, speaking dozens of languages. The logistics of mental health service delivery aside, cultural stigma around mental health adds an additional layer of service delivery complexity that can make reporting accurate numbers on the unprecedented toll of

COVID-19 even more difficult. Nevertheless, some of our member and partner agencies are working to reduce the stigma by incorporating mental health concepts into their other services so as to normalize mental health needs. This has led to more community members receiving support services during COVID-19 and data regarding these non-traditional services is critical for our community, in large part because these community members would almost certainly not be captured in data on traditional services.

It is in this context that, while new mental health reporting has the potential to be impactful, it will likely demonstrate the impact of a long history of chronic underfunding that has compounded the impact of COVID-19 on our communities. From Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts. In that time period, the Asian American share of the total contract dollars awarded by the Department of Health and Mental Health was 0.2%. No Asian-led, Asian-serving organization receives state funding for mental health services, and the historic overlooking of the fastest-growing yet poorest racial and ethnic group in New York has undoubtedly contributed to the aforementioned mental health statistics. When we discuss the importance of mental health reporting in the age of COVID-19, these funding inequities must be acknowledged alongside other systemic issues, namely the fact that reporting has and will likely continue to obscure the level of need in the community since many Asian Americans don't utilize traditional services and there continue to be few points of access to services for our community.

One thing is clear, our community-based organizations and mental health providers simply cannot be expected to work on additional city reporting mandates without more funding and capacity. More clarity will be needed on exactly what the burden on our community-based organizations will look like. Mental health providers in our community, leaders and staff alike, are already being asked to do more with less and are working on the frontlines while managing their own anxieties, stress and depression. Member staff are conducting thousands of assurance calls to their seniors on a daily basis on top of their existing services and rapid response work. Our member agencies that operate mental health clinics are seeing an uptick in requests for mental health assistance, but our community lacks the capacity to meet the increasing needs.

Amidst an avalanche of need in our community, AAF and a number of our member and partner organizations have been on the frontlines of our community's mental health crisis prior to and during COVID-19. While our member and partner organizations have been providing direct services and assistance to our seniors and vulnerable populations, we have been advocating on their behalf for greater resources for culturally-competent mental healthcare for the pan-Asian community. Through our mental health initiative, AAF has spearheaded community education, resource-sharing, and capacity-building efforts to increase access to culturally responsive clinical and non-clinical services. Since January, we and our consortium of mental health partners have provided over 1,000 low-income Asian New Yorkers with over 2,000 services.

Robust mental health reporting can help in the effort, but we must take into account how representative and inclusive the sources of data are of our diverse communities, and the City must acknowledge and incorporate the data that Asian-serving organizations are already capturing regarding the mental health needs of our community. Effective reporting will require better coordination with our community-based organizations and additional assistance to those who have been on the ground doing the work throughout this crisis.

And finally, after years of chronic underfunding, our community will have one question of this mental health reporting, what can and will our City Council do with the results?

## **RECOMMENDATIONS**

### Reporting

- Our concerns on [Intro Bill 2005](#) focus on the systemic issues in the City’s reporting mechanisms. Especially in our community, where cultural stigma around mental health already leads to chronic underreporting, this bill should account for shortcomings in the data sources that will contribute to the mental health reporting required in this legislation, particularly in communities of color. Questions the City should ask include, “What kind of data will be collected, how will it be collected, who will be expected to provide the data, and what will the data represent?”
- Any mental health reporting cannot add to the burdens that our community providers are already facing. While coordination with community-based organizations who are doing a substantial amount of the work right now is necessary for any such reporting to be accurate, our CBOs cannot be expected to shoulder more city-mandated reporting without additional funding and capacity.

### Funding

- Significant, long-term investment in culturally competent mental health programs is the need of the hour. This investment should prioritize Asian-led, Asian-serving community-based organizations that are already doing the work, enabling them to hire culturally competent mental health providers, create community education programs to introduce the concept of mental health in a linguistically and culturally competent manner, and train mainstream mental health providers to develop their cultural competency.
- To this end, metrics and data gathering that can accurately measure the impact of community-driven programs is necessary to give us a wider perspective of the level of need and types of services that work for the Asian community, like the incorporation of mental health into services like food delivery for seniors and other non-clinical programs. Here’s the issue, without expanded culturally competent services, which allow for greater points of access, there are fewer ways to collect this data and the Asian community will continue to be rendered invisible by the existing sources of data. We need a feedback loop that incorporates robust data gathering and resulting reinforcements for programs that are already working.

### Telehealth

- Long-term investments in COVID-19-related telehealth and digital divide initiatives can help provide long-term access to mental health services to our most isolated community members. For instance, many of AAF’s member and partner agencies have reported great difficulty in providing extensive virtual programming due to their low-income clients’ limited access to computers and the Internet.
- Extend the waiving and/or relaxing of telehealth regulations until the end of 2021 so that more people can receive services. Our mental health partners have been able to address the uptick in demand for services only due to the waiving of state regulations, which they were unable to offer prior to COVID-19 due to the time and expense of meeting stringent regulations. As we anticipate

the pandemic to last into 2021, with many more vulnerable immigrants unable to travel to in-person sessions even after the vaccine is made readily available, the option of telehealth services will allow those needing clinical services to get the support they need.

On behalf of the AAF, I want to thank you for letting us speak with you about COVID-19's impact on our community and how we can move forward together. Policies regarding mental health service delivery require nuanced discussion, and we look forward to working with the Committee to make sure New Yorkers of every background get the mental health services they need.



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Greenwich House Testimony  
City Council Committee on Aging  
Oversight Hearing – The Future of Senior Centers after COVID-19  
September 21, 2020

Via: Judith Levin, LMSW, Director, Senior Services

Thank you to Committee Chair Chin and members of the City Council Committee on Aging for this opportunity to discuss the Future of our Senior Centers especially in terms of reopening timelines and future models and approaches for services as laid out in the Concept Paper for the new RFP.

I am Judy Levin, Director of Senior Center Services at Greenwich House, a settlement house based in Greenwich Village, where we've been providing a range of services to our immediate community and beyond for over 117 years. I myself have been at Greenwich House for 8 of those years and have devoted my entire career to serving the needs of this population. As relevant to this issue, we have four senior centers located throughout the Village and Tribeca, as well as mental health and arts/culture services particularly focused on supporting older adults.

To state the obvious, the COVID-19 crisis has exacerbated many of the ongoing challenges to seniors while also raising a range of new ones. They have been faced with increasing social isolation, difficulty accessing needed health care services, and ongoing issues related to food insecurity to name several key challenges. And we welcome this chance to rethink how we and others are delivering these most essential and important services to older adults, now more than ever.

Broadly speaking, we are energized by many of the improvements and suggested innovations mentioned in the Concept Paper; however, we remain trepidatious given a raft of outstanding questions that each thought and suggestion raises. Additionally, while we always stand at the ready to work with the city on improving supports for this exceptional population, we also know that the timing of this discussion – during an ongoing local and international health crisis – raises noteworthy additional concerns.

That all said, I would summarize our impressions as follows:

The movement towards drawing in a wider range of older adults, and drawing in seniors earlier in their own life journey, points to a much needed more inclusive approach to our evolving communities.

We acknowledge the need to focus on the “the younger older adults,” and reduce any stigmas that exist. After all, they are the next generation who will be in need of this safety net; but in doing so we want to be sure that we do not do this at the expense of important health and wellness needs of our most vulnerable older adults, and it is unclear at present whether and how the budgets for our centers will be directed to discern between these two approaches to populations, needs and supports.



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Additionally, as we, like all of our peers, have pivoted to digital programs to Zoom programming which has created a life line for many of our members, we agree that this should be an important component of older adult programming in the future, but it has required enormous time and effort to implement and maintain – and has only been possible because all of us have directed our attention to new online programming. So while we would like to continue to expand and strengthen this newly found channel to many in our community, it remains unclear if support for this will be included in any new contracts and budgets. In addition this brings up the need for so many of older adults without devices or internet access to make the programs accessible to all.

In a different but related area, The idea that centers and spaces might be redesigned to focus on specific needs is promising; BUT the suggestion also raises critical questions about how community providers might be asked or permitted to weave several such sites together to ensure that communities are still provided a comprehensive range of services to meet needs. Would we get one contract for each site or would we apply for each site separately?

Increasing elements like partnerships, marketing and data management – all mentioned in this Concept Paper – would surely strengthen our centers. BUT is that a new requirement we'd need to figure out on our own or is the "concept" to also give budget and supports to each center to bring in that type of expertise and talent. And, importantly, what would be the fate of centers without strong partnership options? Surely, we don't want them to be hurt because some parts of our city might have more partnership prospects available, for example.

And as a final observation, many of the challenges we as community service providers in this City face are related to the challenge of finding the right type of space at an affordable price point. The types of spaces and places we have available to us determines, and often limits, the levels of programming and services we are able to offer our communities. Our older adults deserve to be in spaces which allow them to receive a range of necessary services and programming. So this another area to be considered as we are rethinking the approach to programming models for these valuable community services.

I appreciate the opportunity to share some of our thoughts and observations on this important step to rethink the resources and approaches we deploy in order to support our older and aging neighbors.

As a reference point to just how important these spaces and services are, I'll just note that even as we need to work to improve these spaces and services, and even as this population stands as the most vulnerable in the face of the COVID-19 pandemic, our members could not be more eager to return to these spaces where they find comfort, stimulation, supports, counseling, purpose, and community.

Thank you for your time.

**Aging Committee Hearing**  
***The Future of Senior Centers After COVID***  
**Vision Urbana, Inc. Testimony**  
**Maria Pia Scarfo, PhD**  
**Deputy Director, Senior and Wellness Programs**  
**September 21<sup>st</sup>, 2020**

I would like to thank Chair Margaret Chin for her leadership and the opportunity to testify on the Future of Senior Center After COVID-19. I am Pia Scarfo, Deputy Director for Senior and Wellness Programs at Vision Urbana, Inc. a highly regarded community-based nonprofit organization that has served the Lower East Side of Manhattan for over 25 years, providing family services, youth and workforce development, health and wellness workshops, food security--pantry delivery, financial and digital literacy training, and several older adult programs including a NORC (Naturally Occurring Retirement Community) program, which I lead.

Vision Urbana provides access to critical services to our senior residents and community members through our NORC, and our center-based services for Immigrant seniors. We serve predominantly Latino, Asian, and Black older adults, which has given us a unique understanding of the growing challenges and changing needs of this population—and we recognize that older adults particularly older adults of color living in public housing experience these challenges much more acutely after the outbreak of COVID-19. Food and financial insecurity are more acute in this population that already suffers from serious health disparities with higher rates of chronic illness and co-morbidities.

In the context of post epidemic DFTA has released a concept paper that presents some interesting options, such as different older adult centers models. As expressed at a recent roundtable with the Chair of the Aging Committee, several organizations, including Vision Urbana, expressed their concern about the lack of specificity and details and the timing of the upcoming Senior Center RFP. Furthermore, an upcoming RFP needs to take more into account the corona crisis, the problems in the system prior to the crisis, and the experience of all senior providers throughout this pandemic and their current condition. Today, I would like to provide a brief description of the services VU provides; then point out the traditional weaknesses and challenges of the senior centers and finally, provide some suggestions for the future of the senior centers after COVID-19.

**Ageing Committee Hearing**  
***The Future of Senior Centers After COVID***  
**Vision Urbana, Inc. Testimony**  
**Maria Pia Scarfo, PhD**  
**Deputy Director, Senior and Wellness Programs**  
**September 21<sup>st</sup>, 2020**

Vision Urbana, Inc. Senior Center is not the typical senior center. Our program has been remarkably successful following a learning model based on classes and “student” participation. In addition, since the Coronavirus pandemic began in March 2020, Vision Urbana has been a pioneer for the Pantry Express Program by providing nutritious meals to over 2,000 older individuals every week—including our participants, many of whom reside in public housing—and is an essential component of assuring food security and health for our most vulnerable elderly and families.

Based on my experience of directly running and supervising Neighborhood Senior Centers, which goes beyond my experience at VU, I recognize that congregate meals have traditionally been—and continue to be—the core service of a senior center. Unfortunately, funding for congregate meals has always be limited. Costs for these programs do not simply include the preparation of the meal itself; programs rely on drivers and deliverers, who are rarely compensated at higher-than-minimum-wage to serve as a lifeline for our homebound elderly. Additional costs include food storage and equipment, as well as trainings and personnel to conduct recruitment and outreach, ensuring that programs are not underutilized by eligible older adults.

Now, the congregate meal is only ONE aspect of the services provided by a senior center. In addition to the meals, the program is required to provide educational and recreational activities (average of units) health promotion, case assistance, and telephone reassurance. The weekly units need to be reported to DFTA and systematically recorded into the STARS system. However, traditionally, senior centers have limited resources, equipment and trained staff that can adequately and effectively provide ALL these services. Problems meeting these needs arise when a senior center needs to comply with the DFTA unit’s requirement. Centers are understaffed and is not uncommon to see a Center Director serve the food and then one hour later provide case assistance to their clients.

**Aging Committee Hearing**  
***The Future of Senior Centers After COVID***  
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So, I would say that even before COVID, the two main challenges impacting all senior centers are: (1) Lack of adequate base funding to strengthen senior center capacity; and (2) Lack of workforce support for professional staff.

After closing the senior centers in March 2020, DFTA instructed senior centers to keep providing meals to the most in need based on *grab and go models*. Additional programs were offered including the GET FOOD Emergency Program which received several complaints from seniors registered in the program—consisting of “never received a meal,” or poor food quality, and delivery of non-nutritional / inadequate “meals,” such as crackers, cookies and an apple. Then under pressure of the Committee on Aging, DFTA instructed senior centers to be ready in the eventuality they were going to be opened as cooling centers. This never happened, and a lack of communication between the senior center and the city administration continues to this day.

Due to the lack of qualitative and quantitative data and a comprehensive assessment of older adults’ need, it is challenging to determine what the senior centers could offer. One common necessity which Vision Urbana can confirm to the internal collection of data is the overall needs of food and social services. However, I do not believe that senior centers now or in the near future are equipped to provide a full range of activities.

VU urges the current administration to reopen senior centers and release funding that will empower these centers to provide meals for seniors. A grab and go model can be implemented—but more staff are needed, with eventually, the ability to cook at the sites.

A second critical services needed are social service programs such as case assistance, counseling, support groups, food pantry, housing assistance and transportation services. It should be noted that these services play an

**Aging Committee Hearing**  
***The Future of Senior Centers After COVID***  
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**Maria Pia Scarfo, PhD**  
**Deputy Director, Senior and Wellness Programs**  
**September 21<sup>st</sup>, 2020**

important role in enhancing the health and wellbeing of the participants. However, these services require trained, qualified staff who can conduct comprehensive assessments and linking the participants to critical services. Many participants desire culturally-relevant and bilingual programming. Additionally, frail older adult participants often have an increased need for health maintenance, assistance with daily activities and social services. Thus, recruitment of trained and bilingual, professional staff such as care coordinators, social workers, mental health counselors and health. Each program should be able to have sufficient funding to hire a social worker, mental health professional and qualified staff to provide those services. Among the new-hires, SC should have an IT person in charge of the data collection and STARS.

The third element mentioned also by the concept paper for the upcoming Senior Centers RFP is the virtual classes. To offer virtual classes, older adults need to receive tablets or an electronic device that would enable them to participate—in addition to the training and technical assistance when needed. In this regard, DFTA should take a leadership role, to maximize collaboration between a variety of resources and older adult centers. Adding to the services the expansion of virtual programming throughout the network on a permanent basis means additional cost and professional staff not currently available.

We need to make sure that there is enough funding to cover the meal and social service costs across the sector, in support of high-quality services to older adults. Additionally, we must engage and partner with nonprofit leaders to undergo a citywide analysis to determine the true cost of providing meals, as well as comprehensive case management and programming, with the intention of using the analysis to fully fund these services.

Vision Urbana looks forward to working with members of the Committee on Aging, as well as leadership at DFTA, to ensure that the sector's ability to

**Aging Committee Hearing**  
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**Deputy Director, Senior and Wellness Programs**  
**September 21<sup>st</sup>, 2020**

provide quality meals and case management services for our City's most vulnerable are not compromised.



**September 21, 2020**  
**Aging Committee Hearing**  
**New York City Council Committee on Aging**  
**Honorable Margaret Chin, Chair**  
**Testimony of Korean Community Services of Metropolitan New York, Inc.**

Hi, my name is Helen Ahn, and I am the Director of Seniors Centers at Korean Community Services of Metropolitan New York. I am here today to speak about our current ethnic home-delivered meal program and the crucial need for special funding to address the unprecedented food insecurity and social isolation Asian American seniors are struggling with due to the pandemic.

Since March 23, 2020, all congregate meals were paused and the daily average of 500 seniors who have relied on this program during have been struggling to secure their daily food. DFTA instructed all senior centers to pause the purchasing of any raw food and instead began providing DFTA-centralized standard food. Soon after, the GetFoodNYC initiative by DSNY took over the DFTA meal service. Each senior member had no choice but to accept the unsuitable food and services that were inadequate in addressing the hardships caused by pandemic-induced food insecurity. For immigrant seniors in particular, being deprived of the ethnic meals that they've had their entire lives has been an added burden to their daily hardships. Existing senior center service providers acutely know what our seniors need most, especially having served on the frontlines during this challenging time.

Through our telephone check-ins and wellness calls, we learned that so many of our seniors are feeling the impacts of food insecurity, anxiety and social isolation on a much greater scale. And while they have appreciated the food itself, they have found that the GetFood meal service is not suitable for their needs as homebound seniors. Meals have often left on the floor without notice, leaving seniors unaware that meals had been delivered. During the summer months, this raised the concern of food spoilage.

As a result, we have received many calls complaining about the service or asking us to stop the GetFood meals and when we could provide ethnic Grab&Go meals.

Furthermore, the recently released senior center RFP concept paper raises many concerns about the future of the existing senior centers. Not all senior centers can fit into standard models that have been proposed, and it is not desirable to start a new model during this uncertain time. Moreover, many seniors struggle with accessibility issues and face difficulties participating in virtual classes and activities due to limitations imposed by aging, language barriers, and a lack of video technology or internet service.

<p><b>KCS Main Office</b> Adult Daycare   Afterschool   Immigration   ESOL   203-05 32<sup>nd</sup> Avenue Bayside, NY 11361 Tel: (718) 939-6137 Fax: (718) 886-6126</p>	<p><b>Corona Senior Center</b> Korean Mutual Aid Society 37-06 111<sup>th</sup> Street Corona, NY 11368 Tel: (718) 651-9220 Fax: (718) 478-6055</p>	<p><b>Flushing Senior Center</b> 42-15 166<sup>th</sup> Street Flushing, NY 11358 Tel: (718) 886-8203 Fax: (718) 886-8205</p>	<p><b>Public Health and Research Center   Workforce Development</b> 2 W 32<sup>nd</sup> Street, Ste. 604 New York, NY 10001 Tel: (212) 463-9685 Fax: (212) 463-8347</p>	<p><b>Brooklyn Project</b> 8710 5<sup>th</sup> Ave. 1FL Bay Ridge, NY 11209 Tel: (718) 630-0001 Fax: (718) 630-0002</p>	<p><b>Mental Health Clinic</b> 42-16 162<sup>nd</sup> Street, 2FL Flushing, NY 11358 Tel: (718) 366-9540 Fax: (718) 534-4149</p>
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Lastly, the ethnic Home-Delivered Meal Program has played a critical role and is an essential service that meets acute needs of the Asian senior citizen community, especially through this perilous pandemic situation. Since March 23, 2020, we have been able to prepare and serve over 35,000 ethnic Homebound Meals thanks to support of dedicated staff and volunteers from CMOW. In spite of the dangers of COVID-19, we are so proud to have been able to continue our services and consistently deliver meals to hundreds of seniors in need.

During this crucial time of dire need, we were instructed to **hold the expansion of our meal service and not accept new clients until further notice, regardless of the fact that there were clients in desperate need of our meal service**, largely because our contractors were struggling financially with limited budgets.

The impact of food insecurity on both the physical and mental health of Asian American immigrant seniors is immense. And having to refuse HDML service to clients and family members who are in need has been more difficult than many of the dilemmas we've faced as an organization.

We urge you to consider a concrete reopening plan and meal service options with adequate financial support and funding for existing senior centers and HDML providers who provide dedicated services that effectively meet the acute needs of our seniors.

Thank you

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HAMILTON-MADISON HOUSE

TESTIMONY TO

NEW YORK CITY COUNCIL

COMMITTEE ON AGING

THE FUTURE OF SENIOR CENTERS AFTER COVID-19

PRESENTED BY BONNIE LUMAGUI

ASSISTANT EXECUTIVE DIRECTOR

SENIOR SERVICES AND COMMUNITY SERVICES

Good morning Councilmember Chin and members of the committee. I am Bonnie Lumagui, Assistant Executive Director for Senior Services and Community Services at Hamilton-Madison House. My colleagues and I are grateful to you for holding this hearing on the vital and timely topic of the post-COVID-19 operation of senior centers.

Hamilton-Madison House has long been deeply dedicated to supporting seniors in Manhattan, especially in the neighborhoods of the Lower East Side and Chinatown. In particular, we extend services to low-income and immigrant seniors, many of Asian descent. We operate NORC programs, a Social Adult Day program, Caregiver support programs and, particularly pertinent to this hearing, the City Hall Senior Center, which is among the City's largest and longest-standing seniors centers.

Perhaps more than any other population, the adverse effects of COVID-19 have been felt cutely among seniors. As is well known, the large majority of those who have sadly died from the virus have been seniors and the population has therefore been compelled to remain at home and avoid contact with others, making them more susceptible to isolation, mental health difficulties and other difficulties.

The closing of senior centers in particular has been highly problematic, in that these programs serve as hubs for seniors, many with limited resources, for multiple essential purposes, including meals, social connections, personal expression and receiving vital information. We look forward to the day when we can reopen the City Hall Senior Center, and we intend to partner with NYC Department for the Aging (DFTA) and others to ensure that reopening occurs in a manner that maximizes safety for seniors and staff and, at the same time, allows for the most satisfying possible experience.

Toward this end, following are our comments and recommendations:

## **SUPPORT IMMIGRANTS**

- Ensure that all senior centers serving immigrant populations are fully equipped to respond to the unique post-COVID-19 needs of the population, with respect to matters of nutrition, health and cultural matters

## **PUT IN PLACE COMPREHENSIVE SAFETY MEASURES**

- DFTA issues safety and screening protocols and procedures and extends the resources necessary to comply, including staffing to manage screening, temperature checks, crowd control and cleaning
- Staff be provided with and required to utilize PPE – face coverings, shields and gloves
- DFTA provides additional funding necessary to purchase cleaning and sanitizing supplies to allow for daily disinfecting and for deep-cleaning by professional services
- Plexiglas barriers are utilized to allow for separation between staff and participants
- Hand-sanitizing stations are installed
- Staffing schedules are staggered as feasible
- Volunteers are not included in programming
- Clear policies are put in place for managing situations in which participants do not comply with safety rules

## **ENSURE SAFETY IN THE PROVISION OF MEALS**

- In the case of Grab and Go meals, special efforts are made to ensure social distancing given that availability of these meals attract large numbers of New Yorkers who would not otherwise attend senior centers
- Accordingly, particular criteria are established as to the eligibility of meal recipients and who may accept meals on behalf of seniors

Thank you again for the opportunity to testify at this matter. Hamilton-Madison House would be pleased to partner with City Council and DFTA to ensure a safe and productive reopening to senior centers.

Carter Booth, *Chair*  
Daniel Miller, *First Vice Chair*  
Susan Kent, *Second Vice Chair*  
Bob Gormley, *District Manager*



Antony Wong, *Treasurer*  
Valerie De La Rosa, *Secretary*  
Amy Brenna, *Assistant Secretary*

## COMMUNITY BOARD NO. 2, MANHATTAN

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September 18, 2020

Lorraine Cortés-Vázquez  
Commissioner  
Department for the Aging  
2 Lafayette Street  
New York, NY 10007

Dear Commissioner Cortes-Vazquez:

At its Full Board meeting September 17, 2020, Community Board #2, adopted the following resolution:

**RESPONDING TO CONCEPT PAPER RELEASED BY DEPARTMENT FOR THE AGING (DFTA) ON AUGUST 21, 2020, REGARDING OLDER ADULT CENTERS**

**WHEREAS:**

- 1) NYC Department for the Aging (also known as NYC Aging, and abbreviated here as DFTA) released a Concept Paper on August 21, 2020, inviting public input by October 5, 2020 on future contracts for Older Adult Centers; and
- 2) Manhattan Community Board 2's ability to gather broad community input on this proposal was limited by DFTA's *failure* to notify the Community Board of the Concept Paper's release;
- 3) DFTA's report, "Older Adult Centers (formerly senior centers)" expresses a willingness to allow innovation in the model for providing services to seniors, seeking to "further augment the types of centers funded in the NYC Aging network"; and
- 4) The Concept Paper appears to address concerns, such as those long expressed by CB2 senior service provider Greenwich House, that an inflexible DFTA contract model stifles innovations that might better meet local needs; and
- 5) The Concept Paper provides no details regarding funding, staffing, benchmarks, number of contracts that will be sought, number of older adult centers that will be funded, or other pertinent elements; and
- 6) The Concept Paper's release, and the RFP that is likely follow, come at a time when the needs and resources in NYC are undergoing seismic shift: The Covid crisis continues to alter the services that providers are delivering in response to the changing needs of older New Yorkers at this time; the economic crisis caused by the pandemic creates uncertainty about the City's fiscal resources for the near future.

**THEREFORE, BE IT RESOLVED THAT COMMUNITY BOARD 2, MANHATTAN**

- 1) **Welcomes DFTA's efforts** to spur innovation in the design of senior services, as expressed this way in its Concept Paper: "The Department's overarching goal is that Older Adult Centers provide a range of high-quality services, programs, and resources that attract, meet the needs of, and enrich the lives of a diverse group of older New Yorkers."; and

- 2) Looks forward to providing **continued input** to the process of developing an innovative Request for Proposals for new models; and
- 3) Is sensitive to the concerns expressed by the leadership at Greenwich House, CB2's primary provider of senior services, that the **Concept Paper lacks necessary detail** in terms of funding, metrics, the number of contracts DFTA seeks, desired outcomes (vs. outputs), and other specifics; and
- 4) Requests a fuller understanding of **how DFTA intends to apply public input** to the shaping of its RFP; and
- 5) Worries that this process is being run **too hastily** given the great uncertainties around the City's fiscal state and the needs of seniors slowly emerging from the national crisis of the **Covid-19 pandemic**; and
- 6) Requests that **DFTA lengthen its period for public input**, and **delay the release of a new RFP** until the City is able to provide more information on the details missing in the Concept Paper, and until the City's senior service providers' situations stabilize and they are able to provide more informed input; and
- 7) Requests that DFTA make a stronger effort than it has to date to seek the **input of individual older adults** and not just the entities which generally enter into contract with DFTA; and
- 8) Requests that DFTA fund – or execute on its own – **a full data analysis** of older adults across the City, at the neighborhood or Community District level, to allow service providers to better understand the needs and desires of their constituencies and the non-members in their catchment areas; and

Requests that **DFTA return to CB2** in the course of a slowed-down, iterative process that is better-suited to meeting the needs and desires of our older adults.

**Vote: Passed, with 45 Board Members in favor.  
1 Abstained (K. Shea)**

Please advise us of any decision or action taken in response to this resolution.

Sincerely,



Carter Booth, Chair  
Community Board #2, Manhattan



Susanna Aaron, Chair  
Social Services Committee  
Community Board #2, Manhattan

CB/EM

c: Hon. Jerrold L. Nadler, Congressman  
Hon. Carolyn Maloney, Congresswoman  
Hon. Nydia Velasquez, Congresswoman  
Hon. Brad Hoylman, NY State Senator  
Hon. Brian Kavanagh, NY Senator  
Hon. Deborah J. Glick, NY Assembly Member  
Hon. Yuh-Line Niou, NY Assembly Member  
Hon. Gale Brewer, Manhattan Borough President  
Hon. Corey Johnson, Council Speaker  
Hon. Margaret Chin, Council Member  
Hon. Carlina Rivera, Council Member



**Testimony to the New York City Council on the Future of Senior Centers after COVID-19**

**Delivered on September 21, 2020**

**by Melissa Sklarz, Senior Government Relations Strategist**

My name is Melissa Sklarz and I am the Senior Government Relations Strategist for SAGE. On behalf of SAGE and the lesbian, gay, bisexual, and transgender (LGBT) elders we serve, thank you for holding this hearing today on the future of Senior Centers to allow us to discuss the range and quality of services that SAGE offers and how we have adapted those services in light of the COVID-19 pandemic.

Founded in 1978, SAGE is the country's first and largest organization dedicated to improving the lives of LGBT older people. SAGE is the leading provider of services and supports to LGBT older adults in New York City.

SAGE is a cornerstone of our City's LGBT community, providing vital services to LGBT elders and older people living with HIV for over 42 years. And, in the midst of the COVID-19 pandemic, SAGE has shifted considerable capacity, energy and resources to adapt to the new reality. SAGE is grateful for the enduring discretionary support from the NYC Council to continue to provide our crucial services and pivot where the environment requires us to do so, during unforeseen circumstances, like during the COVID-19 pandemic.

LGBT elders, and especially LGBT elders of color, are living at the epicenter of the COVID-19 pandemic. This is not only because of their age, but also because of: (1) disproportionately high levels of underlying health conditions like HIV and diabetes; (2) higher levels of poverty and food and housing insecurity; (3) lower access to health care and supportive services; (4) social isolation and thin support networks; and (5) mistrust of government and other institutions based on historical and current discrimination and mistreatment. All of these challenges are even further exacerbated for transgender elders of color.

Already, LGBT older people were at great risk. Even before the pandemic, LGBT elders were isolated supported by the thinnest of support networks. LGBT older people are much more likely to be single and living alone; most LGBT elders are not parents and do not have kids to check on them. Here in New York, LGBT elders are still subjected to discrimination and people living with HIV are still living with the stigma of being HIV+ and are reporting increased instances of targeted discrimination because of their status. As reported in the Washington Post on April 2, 2020, "for the city's roughly 800,000 LGBT residents — especially elders, who find themselves among the most at risk once again — the corona-virus pandemic's woes of



loneliness, panic, and fear of being vulnerable to infection are evocative of the HIV/AIDS crisis a generation ago.”<sup>1</sup>

SAGE’s work with our LGBT elders and older people living with HIV has never been more crucial. So many LGBT elders already have nobody to watch out for them – to ensure that they have essential food and medicine, to make sure they can access life-saving benefits and financial support, and to offer a modicum of social contact - other than SAGE.

While, like all senior centers in the City, SAGE has not offered in person congregate programming at our five SAGE Centers since mid-March, in that time, we know how deeply our LGBT elders rely on SAGE for support, community and connection and, in the last six months, we have doubled down on reinventing and reimagining our programming to meet the demand among LGBT elders. We have completely redesigned our program models and service delivery, moving our programs and services to telephonic and virtual formats to ensure that the thousands of LGBT elders who rely on SAGE for connection continue to receive the support and community. From yoga and Spanish classes to discussion groups, SAGE is offering more than 100 virtual programs a week, attracting hundreds of LGBT elders and allies.

As the pandemic has continued to render in-house gathering unsafe, SAGE has continued creating programs to connect our LGBT elders. For food insecure LGBT elders, SAGE has connected those SAGE participants to GetFoodNYC. SAGE is offering on-line events, virtual and telephonic meetings, support groups, financial support services, and programs through our SAGE Positive and SAGEVets initiatives. One of our new programs is SAGECents, developed specifically for LGBT elders, to improve LGBT elders’ financial stability and reduce economic stress, in these uncertain times.

SAGE has been actively addressing elders’ food insecurity, access to services, and social engagement. SAGE's Care Managers and dozens of additional staff have been providing compassionate, phone-based support to 3,500 elders each week, a link to desperately needed services. Fighting isolation and keeping our constituents connected, the Virtual SAGE Center is offering more than 80 support groups, classes, and activities each week.

Recently, the Department for the Aging, or DFTA, released a concept paper on the future of what is now being referred to as “Older Adult Centers.” The mission, or vision, of these Centers are to “create high quality services, programs, and resources that attract the needs and preferences of a changing diverse older New York demographic.” Among the innovative models presented by DFTA included “the comprehensive model,” one that incorporates all the needs of New York elder adults. We feel strongly that SAGE has already re envisioned that progressive

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model going forth. In effect, SAGE, with City Council support, is already working towards a comprehensive model of older adult care, as set forth by DFTA

Crucial discretionary support through the Council funds our SAGE Centers in The Bronx, Staten Island, Brooklyn, Midtown and Harlem has allowed New York LGBT elders to access lifesaving supports and services. Additionally, critical discretionary support from the Council supports mental health services for LGBT older people at risk and frail and homebound. Finally, this funding also provides housing navigation for LGBT elders of color used to provide outreach, information and referrals and support for LGBT older veterans in our City.

So long as COVID-19 remains a threat to our City and our clients, SAGE will continue providing the critical support and services to our clients both virtually and telephonically, until it once again to resume in person congregate programming. SAGE will continue to develop protocols and programs to ensure the safety of our clients and the continuity of our service delivery as we continue to adjust to living amid a public health pandemic.

SAGE is grateful for the partnership that we have with the New York City Council, which has been instrumental in ensuring that our LGBT elders can age with dignity and respect. New York is at a critical juncture and the pandemic has changed our vista as a city. Elder New Yorkers remain at risk, especially among vulnerable LGBT elders, yet our staff and our champions within the City Council will continue to prove that New York City takes care of its LGBT elders.

Greenwich House Testimony

City Council Committee on Aging  
Oversight Hearing – The Future of Senior Centers after COVID-19

September 21, 2020

Via:

Judith Levin, LMSW  
Director of Senior Services

Thank you to Committee Chair Chin and members of the City Council Committee on Aging for this opportunity to discuss the Future of our Senior Centers especially in terms of reopening timelines and future models and approaches for services as laid out in the Concept Paper for the new RFP.

I am Judy Levin, Director of Senior Center Services at Greenwich House, a settlement house based in Greenwich Village, where we've been providing a range of services to our immediate community and beyond for over 117 years. I myself have been at Greenwich House for 8 of those years and have devoted my entire career to serving the needs of this population. As relevant to this issue, we have four senior centers located throughout the Village and Tribeca, as well as mental health and arts/culture services particularly focused on supporting older adults.

To state the obvious, the COVID-19 crisis has exacerbated many of the ongoing challenges to seniors while also raising a range of new ones. They have been faced with increasing social isolation, difficulty accessing needed health care services, and ongoing issues related to food insecurity to name several key challenges. And we welcome this chance to rethink how we and others are delivering these most essential and important services to older adults, now more than ever.

Broadly speaking, we are energized by many of the improvements and suggested innovations mentioned in the Concept Paper; however, we remain trepidatious given a raft of outstanding questions that each thought and suggestion raises. Additionally, while we always stand at the ready to work with the city on improving supports for this exceptional population, we also know that the timing of this discussion – during an ongoing local and international health crisis – raises noteworthy additional concerns.

That all said, I would summarize our impressions as follows:

The movement towards drawing in a wider range of older adults, and drawing in seniors earlier in their own life journey, points to a much needed more inclusive approach to our evolving communities.

We acknowledge the need to focus on the “the younger older adults,” and reduce any stigmas that exist. After all, they are the next generation who will be in need of this safety net; but in doing so we want to be sure that we do not do this at the expense of important health and wellness needs of our most vulnerable older adults, and it is unclear at present whether and how the budgets for our centers will be directed to discern between these two approaches to populations, needs and supports.

Additionally, as we, like all of our peers, have pivoted to digital programs to Zoom programming which has created a life line for many of our members, we agree that this should be an important component of older adult programming in the future, but it has required enormous time and effort to implement and maintain – and has only been possible because all of us have directed our attention to new online programming. So while we would like to continue to expand and strengthen this newly found channel to many in our community, it remains unclear if support for this will be included in any new contracts and budgets. In addition this brings up the need for so many of older adults without devices or internet access to make the programs accessible to all.

In a different but related area, The idea that centers and spaces might be redesigned to focus on specific needs is promising; BUT the suggestion also raises critical questions about how community providers might be asked or permitted to weave several such sites together to ensure that communities are still provided a comprehensive range of services to meet needs. Would we get one contract for each site or would we apply for each site separately?

Increasing elements like partnerships, marketing and data management – all mentioned in this Concept Paper – would surely strengthen our centers. BUT is that a new requirement we'd need to figure out on our own or is the "concept" to also give budget and supports to each center to bring in that type of expertise and talent. And, importantly, what would be the fate of centers without strong partnership options? Surely, we don't want them to be hurt because some parts of our city might have more partnership prospects available, for example.

And as a final observation, many of the challenges we as community service providers in this City face are related to the challenge of finding the right type of space at an affordable price point. The types of spaces and places we have available to us determines, and often limits, the levels of programming and services we are able to offer our communities. Our older adults deserve to be in spaces which allow them to receive a range of necessary services and programming. So this another area to be considered as we are rethinking the approach to programming models for these valuable community services.

I appreciate the opportunity to share some of our thoughts and observations on this important step to rethink the resources and approaches we deploy in order to support our older and aging neighbors. As a reference point to just how important these spaces and services are, I'll just note that even as we need to work to improve these spaces and services, and even as this population stands as the most vulnerable in the face of the COVID-19 pandemic, our members could not be more eager to return to these spaces where they find comfort, stimulation, supports, counseling, purpose, and community.

Thank you for your time.



## Commitment to Improve Quality of Life

Monday, September 21, 2020

**To: New York City Council Committee on Aging**  
**From: India Home, Inc.**  
**Re: Oversight Hearing – Future of Senior Centers after COVID-19**

We thank Chair Margaret Chin for your continuous advocacy for our seniors and the Committee on Aging for helping India Home provide for the South Asian community during such difficult times.

The mission of India Home is to improve the quality of life for older adults by providing culturally appropriate social services. India Home has grown tremendously over the last year to fulfill our mission to serve South Asian older adults with culturally appropriate social services. Our largest center in Jamaica has attracted more than 100 seniors on average. At our three centers throughout Queens, including Sunnyside and Kew Gardens, we have served on average 250 seniors a week. Despite circumstances regarding COVID-19, we are reaching more seniors now than ever before with a number of targeted services.

100% of the seniors India Home serves are foreign born and nearly 80% of them have Limited English Proficiency (LEP), which limits their access to mainstream services. Our clients come to us from the heavily South Asian neighborhoods of Jamaica, Sunnyside, Jackson Heights, Elmhurst, Briarwood, Richmond Hill, and Queens Village. They also live in growing communities found in the Bronx, Brooklyn, and beyond. The South Asian senior community is incredibly diverse, and as such, so are our clients. We work with Indian, Bangladeshi, Pakistani, Nepali and Indo-Caribbean older adults who speak Hindi, Bangla, Punjabi, Urdu, Gujarati, or Guyanese Creole and practice Islam, Hinduism, Sikhism, Jainism, or Christianity.

During this pandemic, we have seen a lot of the struggles our community has faced. As you know, seniors are already an at-risk population, facing the most risk from COVID-19 and having to live under strict quarantine measures given their vulnerability. Our seniors are low-to-no income, low English proficient, faced dire food security during this pandemic, either live in overcrowded housing or isolation, among many other issues which further increased their vulnerability.

We closed our centers shortly before the state imposed orders came in place, and we addressed the high priority issues that our seniors faced right away including lack of safe transportation for doctors' visits, and pick up of medication, especially for those who live alone. We made arrangements for our seniors to be able to access crucial resources safely. Food insecurity was incredibly high, and as such, we quickly implemented a home-delivered grocery program accordingly, which delivered numerous items of culturally competent groceries to the safety of seniors' homes. Financial insecurity was another component that was of concern for our seniors, as some of them were ineligible for the stimulus check, and/or dependent on family members who lost their jobs and were themselves ineligible for unemployment benefits due to their immigration status. This further exacerbated their vulnerability.

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www.indiahome.org ▪ info@indiahome.org ▪ Tax ID: 20-8747291

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**Dr. Ankineedu Prasad**



## Commitment to Improve Quality of Life

India Home quickly responded to these needs and has continued to serve an even higher number of clients than ever before. We provide accurate information, resources, and ultimately, provide sanity and comfort, in-language through our 15,000+ individual wellness check-up calls to date. As mentioned earlier, we started a culturally competent home-delivered meal and grocery program which has served 9,240 meals to 111 seniors three days a week and has served groceries to over 800 seniors. Our dedication to reducing social isolation and promoting health & wellness continues, as we have transitioned to virtual senior programs, including informational lectures, yoga, meditation and creative aging, through which we have provided 9,000+ service units. We have also continued to provide case management, telephone reassurance, counseling, ESL & citizenship classes, among other programs.

We would like to highlight some of the stories of our seniors which brings forth the issues our community is facing, how we've dealt with it, and what would be needed moving forward. One of our seniors was a babysitter and put out of work during COVID-19. This made her lose the small amount of income that she had which allowed her to pay her house rent. Though she gets cash assistance of \$200, her income was halted which made her lost as to how to pay her monthly rent of \$700. Her husband suffered a knee injury and undertook surgery which rendered him unable to work. They were lost as to what to do during this time. They have food stamps but were not able to go outside to retrieve food due to quarantine measures. They had no income, and were not eligible to receive the federal stimulus check due to their immigration status. We started giving them home-delivered meals, and sent them groceries as well. We tried helping them set up online systems to get groceries, and set up home-delivered medications to them, which made a huge impact in their lives.

Though they are getting these services from India Home, they do not have a smart phone, and are unable to join virtual programs. They would like to be connected to their peers, but face the digital divide as they do not have the adequate technology such as smartphones to be able to join these programs. This is one of many stories in which newly arrived immigrant seniors have had to suffer from the digital divide resulting in exacerbated isolation. During the summer, some of these seniors who live in multifamily houses have been able to join virtual programs using their grandchildren's devices. However, as schools re-open and their virtual classes commence, this becomes harder for these seniors to be able to join. These are seniors who would love to join, but live in families that struggle with low income and are unable to afford buying new devices to be able to join our classes such as exercise to keep them healthy, creative aging to keep their minds active, and socialization hour to be able to just connect with their peers. This highlights the dire needs that still exist in resourcing our organizations to be able to fully provide both in-person and digital programs.

Another challenge we faced was with food programs. The way that the transition of meal provision was handled by government agencies was unacceptable. The congregate meals delivered through our culturally competent caterers were initially handled by DFTA through their Emergency Food Services. They then made the decision to discontinue their financial support of this initiative, of the exact date and logistics for which we were unaware. We were suddenly dropped and blindsided by their discontinuation on a day we expected

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## Commitment to Improve Quality of Life

our clients to be receiving meals, and on May 7<sup>th</sup>, 100 of our seniors were left hanging and did not receive any meals. This happened during the month of Ramadan, where many of our seniors were fasting and were completely dependent on our meal provision to break their fast.

We were told that Get Food NYC would be the new solution to meal provision and that we must have our clients take these meals in lieu of the congregate meals we provide. However, the meals provided through the Get Food NYC initiative are simply unacceptable for the population that we serve. We have received numerous complaints regarding the quality of this food, lack of cultural competence, and on many instances complaints that this food is spoiled. Thus, we have been working directly with the caterers to provide culturally competent meals using our own funds. While this is a temporary solution we are able to run with the help of private donations, we need the City's help to sustain this program and to continue to provide and prioritize culturally competent services.

These are just a few examples of the ways that we are under-resourced and limited in our access to funding. We are grateful for our partnership with government agencies to serve our clients. However, the budget cuts and limited access that APA organizations like ours face are barriers in being able to meet the needs of our devastated community during this time. We have worked hard and have had to think creatively to provide these services to the South Asian community during this pandemic. But we need more partnership and collaboration with government agencies to be able to sustain and stabilize the future of our community. Given these vulnerabilities that the immigrant senior community is currently facing, we need the City's help to protect our older adults in its COVID-19 Response and actively involve us in the planning of the re-opening process for the City.

In the process of reopening, we will need safe space to be able to maintain social distancing, deep cleaning procedures to be done which will require funding, and staff also need to be equipped with all safety resources so they can stay safe themselves. There are also concerns on capacity on reopening procedures, as we might have to extend the days that the center is open in order to accommodate the amount of seniors who will want to return to the center. Technological support to bridge the digital divide will also be a big need for this community, as we continue to offer virtual programs and provide social connectedness in a safe manner. All of these aspects of re-opening will need support through additional funding and resources from the City.

As such, India Home makes the following recommendations:

1. Support grassroots organizations such as India Home with resources and funding to better serve and stabilize the vulnerable immigrant aging community with access to crucial resources, and more resources to be able to safely re-open our centers while also parallelly running virtual programs according to the needs of our community
2. Start a concrete plan on reopening senior centers & work directly with immigrant senior serving organizations to guide decision-making in a culturally competent manner
3. Prioritize food security in the COVID-19 response for seniors

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## Commitment to Improve Quality of Life

4. Provide funding for technology to help newly arrived immigrant seniors who are even more vulnerable to social isolation
5. Work directly with local nonprofits to handle meals so that cultural competence is ensured and allow the expenditure of City discretionary dollars towards meals

We urge your support and look forward to working together to help stabilize the vulnerable South Asian senior community.

Sincerely,

Mukund Mehta, President

Dr. Vasundhara Kalasapudi, Executive Director



**Aging committee hearing:  
Oversight: The future of Senior Centers after COVID-19  
September 21, 2020**

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

**My name is Rachel Sherrow and I am the Associate Executive Director at Citymeals on Wheels. I would like to begin by thanking the Council, and especially Chair Chin, for her unwavering and steadfast support of services for older adults and for Citymeals on Wheels. With this support, Citymeals was able to deliver nearly 3 million meals by the end of June, to over 20,000 homebound elderly receiving meals on wheels, and 25,000 formerly congregate and newly homebound citywide due to COVID-19, which is an increase in our distribution of food of 25%.**

**I would also like to highlight the fact that Citymeals along with our partners, have been continually advocating for the support of senior services which are consistently underfunded despite the growing population of older adults, and especially while we are in the midst of a pandemic. This crisis has affected this population disproportionately including both in regards to health and**

additionally being forced to isolate themselves for an unknown period of time in their homes.

Initially founded forty years ago to fill the gap in city services, in addition to providing weekend and holiday meals, Citymeals has become the emergency responder for older adults since 9/11, proven again during Superstorm Sandy, and now during the current pandemic. Working together with the aging services provider network of New York City and the Department for the Aging, the Department funds the meals that homebound elderly receive Mondays through Fridays, and Citymeals on Wheels funds the same network to deliver weekend, holiday and most especially right now, emergency shelf stable meals. On the 150 days plus throughout the year, the city does not provide a meal, Citymeals steps in to fill the gap and prevent our aging neighbors from being without food or human contact. *In fact, Citymeals, as an added benefit generates revenue for New York City through the federal government's cash in lieu of commodities program which reimburses DFTA approximately 67 cents for every meal funded by Citymeals. All of this money goes toward the city-funded weekday meals program, bringing in over \$1.4 million last fiscal year and an additional 180,000 home delivered meals for those who need it.*

Our operations along with our partners delivering daily meals on wheels remained seamless even when the city shut down services in

other arenas because of COVID-19. We have always known how critical our services are, but not more so in the current environment when meals on wheels staff are essential workers, ensuring their recipients are not without food and a friendly face, risking their own lives to maintain a lifeline for our elderly neighbors.

In addition to critical in-home services like meals on wheels, senior centers are integral in maintaining a continuity of service for those able to get out of their homes and engage in activities in their own communities. Once they shut down and moved to a grab and go system, many older adults became fearful to leave their homes and were in need of food to be delivered directly to them. Citymeals stepped in to fill the gap reaching a newly homebound population who needed the same service meals on wheels has been doing for decades; consistently working to provide a safety net for older adults in conjunction with all aging supportive services.

Studies have shown that access to food and better nutrition, is an effective way to cut medical costs and improve overall health, especially for older adults, thus making meals on wheels and congregate senior centers, incredibly vital programs and an essential lifeline to those unable to shop or cook for themselves, during any point in their lives. Most especially apparent in the current circumstances we find ourselves in and the need for supplemental food in addition to the daily deliveries is crucial for survival for many

of our most vulnerable citizens who may have been able to access additional food prior to the pandemic, and now reliant on home delivery.

We know that older adults are the fastest growing demographic, and will out-number those under 18 in less than a generation. In addition, 1 in 7 older New Yorkers lives in poverty. Living longer, and on fixed incomes means more struggle over access to food for this vulnerable group.

Unfortunately, for homebound elderly to access supplemental food is a more difficult and often times impossible task, most especially now. Pre-COVID and under normal circumstances, they are unable to walk to pantries, or wait in line and carry the bags home, and as we know, 40% of our meal recipients are unable to leave their homes due to physical restrictions, and many do not have support to help them.

Aleta, a meals on wheels client and a bone marrow cancer patient, recently sent us a note about what the daily meals mean to her; “Before I had these meals, I was always gripped with tension what and how to get items for my food as soon as i wake up. Then the cooking preparation worsens the anxiety and fatigue as the process makes me edgy thinking what to prepare. Not only was I fearful of mistakes, because in my haste to lie down, to rest my shaking legs

due to POTS, (postural tachycardia orthostatic syndrome) I sometimes forget my cooking, as to result in getting it burned. I have had the several such occasions happen.

Your food deliveries have put a stop not only to my anxieties and fear in re my food, but, allowed me not to worry about my meals for the day but to relax as soon as i wake up. I am also, able to do other light but essential tasks that needed my attention. Now I have time not to be afraid or depressed. Your assistance has saved me from a daily ordeal, (worsened by the isolation and being unproductive).”

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

Meals on Wheels is a cheaper alternative to institutionalization, more dignified, and what the majority of older adults prefer, especially in

light of the current devastation of life within nursing homes by the coronavirus.

Citymeals, through our Bronx warehouse, has proven it has the capacity to pre-supply both clients and senior centers with shelf stable food in the event of an emergency closure of centers or a suspension in the delivery of meals. **Thus far, in the current pandemic, we have delivered nearly 700,000 shelf stable meals to over 50,000 older adults, including those normally receiving meals on wheels, and to those now considered homebound because they are being asked to stay home and protect themselves.** We are also working with senior housing facilities, NORCS, NYCHA buildings in need and other places older adults are now trapped in because they fear the outside and the new reality we are all facing due to COVID-19. These are older adults who for some reason or another, have fallen through the cracks of the city's system of GetFood or have not received nutritious meals and are unable to access food for themselves any other way. Senior Centers, which are such a vital part of the community have been shuttered since March with no plans to re-open and allow their members and others to access food or get social services they depend upon. The case management system which has been overwhelmed with requests by those newly in need of services and those already being served by DFTA, cannot do this task alone. Senior Centers have to re-open as a space solely

**servicing those who depend on them for a variety of services and are culturally sensitive to their community's needs.**

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

**Be safe and stay healthy!**

## **Sunnyside Community Services**

### **Testimony for *Committee on Aging - The Future of Senior Centers after COVI-19***

Thank you for the opportunity to present here today. My name is Kerly Serrano. I am the Director of the Senior Center at Sunnyside Community Services, which is a community-based organization serving over 16,000 people of all ages, ethnicities, and income levels since 1974 in Queens. Our programs are designed to enrich lives and strengthen communities through services and engagement, beginning with those most in need.

Senior Centers have been providing crucial support to older adults in NYC during this pandemic. We have been providing support calls, assistance, and guidance to our older adults. We have been striving to ensure food security, medical access, and mental health connections, as well as offering virtual programming as it relates to physical and mental health. We need to continue providing the range of support services, including engagement opportunities, benefit assistance, case management for the homebound, mental health services, caregiver support, just to name a few.

COVID-19 pandemic has resulted in older adults becoming increasingly isolated. We know that isolation negatively impacts an older adult's mental health and overall physical well-being. The lack of connection to their social networks decreases their sense of belonging and being, and increases health risk factors, which in turn increases their vulnerability to COVID 19. In order to begin to have conversations regarding the future of senior centers, consideration has to be made with regard to health and safety of the most vulnerable population during this crisis.

In order to begin the conversation on in-person programming, the focus has to be on community health and applying best practices in addressing future needs of senior centers. We don't know what the future holds with regard to COVID 19 and how this will continue to impact our society. The only way to move forward is to realize that we are in a public health crisis and incorporate this in Senior Centers. We need guidance and support in order to most effectively meet the needs of our older adults in moving forward. Standards need to be outlined focused on the health and safety of our older adults and for the staff that are involved in providing these needed services. NYC has amazing services. We need access and connections to those resources.

We also need resources in order to be technologically efficient. Action needs to be taken to assist our older adults in remaining connected with their family, friends, and the community. In order to do this efficiently, access to resources that allow them to remain connected virtually such as equipment and web-access needs to be secured. These resources have not been equitably distributed. As it is, older adults struggle to meet the high cost of living and at times have to choose what is needed most; do you eat healthy, buy medications, or pay the rent? This multilevel set of barriers has further exacerbated the inequitable experience of immigrant older adults, many of which we support at SCS. They often are not able to afford smartphones, tablets, or internet services. Further, there are many resources that are able to support virtual programming for the organization such as OATS. We need access to those resources in order to be offer programming now and in the future. We propose that DFTA integrate IT support in their Aging Connect hotline so that seniors in need of trouble shooting, navigating, and accessing

the web and activities via virtual programming on their tablets or computers have access to trained experts to help them address their technology issues.

Our most vulnerable adults need support services with regard to benefits and benefit assistance. We are hearing about food provision but are not hearing about how our older adults are going to access needed benefits and how to navigate these systems. The conversation needs to start as to how these services are going to be put in place such that they are again, in line with health and safety standards not only for older adults but for our staff. I have to consider the future of our senior center staff. Currently, we are struggling with what to offer our kitchen staff and transportation staff. We have been redirecting services but need to have conversations as to how best to support senior centers in retaining and supporting our dedicated employees.

In conclusion, I believe that health is a human right and as such, it is imperative that we engage older adults at all levels of activity and ability. We need to address isolation as this directly impacts physical and mental health. I ask that we keep this in mind when planning for the present and future of Senior Centers. Please help us by providing us with the resources that are needed to ensure the health and safety of Older Adults and those who strive to assist them in NYC.

Thank you.



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**Testimony from Selfhelp Community Services  
New York City Council  
FY21 Aging Committee Hearing Public Testimony  
September 21, 2020**

My name is Katie Foley and I am the Director of Public Affairs at Selfhelp Community Services. Thank you to Aging Committee Chair Margaret Chin, and the members of the committee for the opportunity to testify today.

Selfhelp was founded in 1936 to help those fleeing Nazi Germany maintain their independence and dignity as they struggled to forge new lives in America. Today, Selfhelp has grown into one of the largest and most respected not-for-profit human service agencies in the New York metropolitan area, with 46 program locations throughout Manhattan, Brooklyn, Queens, the Bronx, and Nassau County. We provide a broad set of services to more than 20,000 elderly, frail, and vulnerable New Yorkers each year, while remaining the largest provider of comprehensive services to Holocaust survivors in North America. Selfhelp offers a complete network of community-based home care, social service, and senior housing programs with the overarching goal of helping clients to live with dignity and independence and avoid institutional care.

Our services are extensive and include: specialized programs for Holocaust Survivors; eleven affordable senior housing complexes; four Naturally Occurring Retirement Community (NORC) programs; three intensive case management programs; five senior centers including one of New York City's first Innovative Senior Centers; home health care; client centered technology programs including the Virtual Senior Center; court-appointed guardianship; the Selfhelp Alzheimer's Resource Program (SHARP); and New York Connects, which provides seniors and people with disabilities with the information and support they need to remain living independently in their own homes.

We are grateful for the Council's long standing and ongoing support for so many important senior programs and for always emphasizing the needs of older adults in policy decisions and budget allocations. With strong community based programs, we are confident that older New Yorkers will be able to access the care and support they deserve and need to be able to age in their own homes and communities.



**Claims Conference** ועידת התביעות  
The Conference on Jewish Material Claims Against Germany

During the COVID-19 pandemic, Selfhelp has continued to serve our 20,000 elderly and vulnerable clients through our range of home and community-based programs. Our home health aides have been provided much needed at-home care, our frontline staff have been caring for individuals in the Community Guardian Program, and all of our social workers from our community-based programs, including senior centers, have been checking on their clients by phone or Zoom to ensure access to food, safe shelter, medical care, and more. We have quickly expanded our Virtual Senior Center to include members of Selfhelp's senior centers, NORCs, Case Management, and Housing in order to reduce social isolation among our clients. Our team is working every day to ensure our clients continue to live with dignity through this challenging time. We are pleased to have the opportunity to testify about senior centers, one of the core programs that supports older New Yorkers, including many immigrant seniors.

In today's testimony, I will focus on Selfhelp's experience as a senior center provider and our innovative program the Virtual Senior Center. COVID-19 and social distancing were not in our vocabulary several years ago when Selfhelp started the Virtual Senior Center (VSC). We knew that this unique and transformational program was the first of its kind, engaging homebound older adults through interactive, real-time online classes. We knew that it was effectively reducing social isolation by creating social networks for otherwise homebound seniors, connecting them to each other and to the outside world. But what we didn't know is that it would become a lifeline during a pandemic. In only a few months, VSC participation doubled with new members joining each week. We have learned that many seniors have a new interest in virtual social interaction and community and we believe the VSC should become a permanent part of the city's infrastructure to support older adults.

While social isolation used to be something we associate with old age, it's now something affects everyone – and we all know how it feels. We have a new appreciation for the importance of virtual programming and technology to stay connected.

Just as New York City has invested in home delivered meals for homebound seniors, we believe that our Virtual Senior Center is a senior center for homebound seniors, and we are eager to work with the City as part of the new RFP process to establish this idea more broadly.

There are four areas I'll be focusing on today:

Firstly, although the senior center buildings are closed for programming, our staff has provided emotional support, virtual programs, and social services to our members through phone calls and emails. Our social workers are providing essential services helping older adults access food, medicine, and resources to maintain their mental and physical health. Members of Selfhelp's five senior centers were invited to join, at no cost, our Virtual Senior Center which offers live,



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interactive online classes. Our staff made over 42,000 calls to clients while New York went on pause. Our staff quickly adapted to virtual programming providing education and socialization to hundreds of seniors.

Each Selfhelp senior center continues to conduct unique programs. Latimer Gardens senior center delivers meals to NYCHA senior residents, Austin Street senior center served as a hub for delivery of kosher packed meals. Clearview and Maspeth senior centers continued to operate a medical transportation program. All staff are working to make sure that the members will come back to thriving and inviting centers, whenever it is deemed safe to return in person.

Secondly, we believe that there safe ways to restart food services and we are ready to work with the City on establishing and implementing a new system. Our staff has been ensuring members and all seniors have access to food, through Meals-on-Wheels, DFTA food programs, and the GetFood program. While we are ready to cook and serve food to our community, we recognize that there will need to be a new system in place to distribute food, possibly grab-and-go, or another model that allows socially distancing to be enforced for the safety of members and staff.

Thirdly, although we are eager to return to the centers and to serve our members as before; we are cautious about planning for future programming. We appreciate DFTA's careful approach to re-opening, taking into consideration both members and staff. The safety and wellbeing of our staff and community is our utmost concern.

Fourth, as we have all adapted our programs virtually we can starkly see the technology disparity among seniors in terms of access to devices, Wi-Fi, and technology skills. We need a comprehensive plan to address this divide as we look at the future of services to older adults.

I'd like to turn now to how Selfhelp's unique and innovative program, the Virtual Senior Center, is addressing the needs of homebound older adults. As I mentioned, we believe that as part of the RFP process, the City should invest in a senior center for homebound older adults.

### **Reducing Social Isolation: Virtual Senior Center**

For seniors who are homebound—particularly during the current global health pandemic—Selfhelp's Virtual Senior Center (VSC) is a vital source of face-to-face social interaction. The VSC enables homebound seniors to participate virtually in intriguing live classes, tour world famous museums, interact with peers, engage in wellness activities, and most importantly expand their social network.

Developed ten years ago, the Virtual Senior Center (VSC) has been a trailblazer in meeting the needs of homebound older adults in NYC while combating social isolation. We believe that the



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Virtual Senior Center can become a lifeline for the thousands of vulnerable older New Yorkers currently isolated at home.

Selfhelp considers it vital to address social isolation – not only because it has a dramatic impact on quality of life in older adults, but also because isolation has been linked to poorer health outcomes including higher blood pressure, greater susceptibility to the flu and other infectious diseases, earlier onset of dementia, and shorter life span.

While the Virtual Senior Center was designed with homebound seniors in mind, suddenly we are all have a new understanding of what it means to be isolated from friends and family and only connected through a screen. Those once able to travel to their local Selfhelp senior center or participate in activities are now unable to do so. Our Virtual Senior Center (VSC) has truly become a lifeline. Over 400 older adults are logging on to the Virtual Senior Center for lessons, discussions, and socializing, all from the safety of their homes. Margo's story explains the importance of the VSC:

*Margo is a member of our Benjamin Rosenthal Prince Street Innovative Senior Center, who is now participating in the VSC. Though she misses her Senior Center friends and the activities she enjoyed there, including ping pong, fitness classes, and tai chi, she is grateful to be able to fill her schedule with programming from our Virtual Senior Center. Margo shared, "I look at the [VSC] calendar every day to see what's going on...I appreciate everything Selfhelp has been doing."*

Participants use a personal computer or tablet to log into the VSC where they review the weekly class calendar. In each class, all participants can see, hear and speak to each other in real time. Classes are offered in English, Mandarin Chinese, Russian, Spanish, and Korean. The VSC platform has the ability to engage homebound older adults at home while increasing their social network.

### **Conclusion**

Selfhelp is grateful to the City Council for always emphasizing the needs of older adults in policy decisions and budget allocations. Thank you for the opportunity to testify today. On behalf of the 20,000 clients we serve, I am grateful for the Council's support on so many important programs.



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**Testimony of Stanley M. Isaacs Neighborhood Center**  
**Committee on Aging Hearing - September 21, 2020**

I would like to thank Chair Margaret Chin for her support of the Aging Services sector and for bringing us together today on the future of Senior Centers in New York City after COVID-19-19. Thank you for this opportunity to provide testimony. I will focus my remarks on the experiences of our senior center this year, our concerns and thoughts about re-opening, and on the recently released concept paper ahead of the Request for Proposals (RFP).

The Isaacs Center is a multi-service organization providing services to all ages for nearly 60 years. We are a “hybrid model” Senior Center and NORC (Naturally Occurring Retirement Community) program located at the Isaacs Houses and Holmes Towers public housing developments on the Upper East Side, and the Taft Houses Senior Center in East Harlem. Our Senior Center/NORC program serves over 1,300 seniors per year with a focus on food and nutrition, financial security, housing stability, and health & wellness, in addition to 1,292 Meals on Wheels program participants.

Since the pandemic began and shut our doors to on-site programming and meals service in March, our program has had to shift focus in real time to intensive remote case management, online programming, and addressing an unprecedented food security crisis in our community. Case management continued without pause, and between staff and volunteers, we have made over 8,000 calls to newly homebound older adults. We identified over 600 older adults experiencing food insecurity and had to fight to get many included in what became GetFood, for weeks. To fill the gaps, we established our *Community Kitchen*, with which we have **prepared and delivered more than 18,000 meals** to supplement our daily Home Delivered Meals. Meals from the Community Kitchen were either provided as a grab-and-go option to residents of the public housing development where we are located or were delivered directly to older adults who were not receiving meals from the GetFood program due to its delays or thought our meals better suited their dietary needs.

We also identified 251 older adults without air conditioning. Many of these seniors were left out of the GetCool program, and it was not until July and August, that those left behind could be referred through the Department of Health, the Isaacs Center used its private funding to purchase 70 units.

Much of the aforementioned was done with very little guidance and collaboration from the City. For example, Senior Centers were not asked early on for input in identifying older adults who were in need of meals and air conditioning, and were never given the process by which the selected names were obtained. In the absence of coordinated and consistent city government assistance or a targeted effort from city government to provide community-based organizations like ours with the resources or flexibility that we needed to assist older adults that we serve year-round, we utilized whatever funding we could find to assist seniors whose cupboards and refrigerators had emptied, who were sick, shut-in, and panicked and whose chronic health conditions required immediate and on-going infusions of attention and assistance

**City directives to re-open prematurely or drastically change aging services policies without input from the human services sector, as well as robust support, funding, and planning, will have devastating consequences for an already vulnerable population.** The public health crisis is not over, and we do not believe it is safe at this time to re-open our doors for in person programming. It is well known that older adults are particularly vulnerable to serious illness and death from this virus, and as we have seen with schools starting to open, the risks remain very real. Closing our doors in March was the most difficult thing we have ever had to do as an organization and keeping them closed for in-person services has only gotten harder. We are keenly aware of the consequences of isolation, and of not having a congregate meals service. But it is simply unsafe, and potentially deadly, to gather older adults in a crowd. We can and have begun to allow members to individually drop off documentation (contact free) and we will arrange individual appointments as needed to assist with benefit renewals, public housing re-certifications and other immediate tasks. We have facilitated appropriately distanced outdoor events for COVID-19 testing and flu shots. As noted, we have proven our ability to support older adults and other community members through our Community Kitchen. With City funding,

or the ability to amend our contracts and redirect our current funding to meet the most significant needs of the older adults right now, we can prevent hunger and food insecurity now by expanding our Community Kitchen operation. Opening the Community Kitchen has the dual benefit of feeding our neighbors and increasing employment opportunities for food services professionals who lost their jobs due to COVID-19.

We appreciate recent opportunities to discuss and share feedback on the concept paper recently released ahead of the RFP. However, given that we remain in an unprecedented health crisis with no end date in sight, it is an inappropriate time to be moving forward with this RFP. **We ask for the Council's help and advocacy in delaying the RFP until the COVID-19 crisis is behind us.** Senior Center programs remain in crisis mode, trying to address hunger, and keeping older adults safe in their homes and as active and engaged as possible without a physical gathering space. We are doing this at a time of budget cuts and an uncertain future. The concept paper demonstrates a disconnect between the realities of meeting the moment for the older adults we serve and attempting to outline new service models for an uncertain future.

We could point out a number of concerns about the concept paper including but not limited to the eight models outlined that do not accurately represent any one senior center, and do not account for the new ways in which we need to conduct our work. Additionally, there is an absence of useful content specific to how the City sees Senior Center programs as being essential to reducing the food insecurity experienced by older adults, particularly considering that the vast majority of lives lost during this public health crisis were age 75 or older. Most notable, however, is the consistent underfunding of services for older adults. Neither DFTA's current budget - less than ½ of one percent of the city's overall budget - nor the content of this concept paper - reflects a commitment to an older adult population that was growing and fragile before the pandemic. Further, funding for this RFP outlined in the paper does not include millions of dollars in one-time funding from both the Administration and the City Council, which has supported the sector for nearly a decade. **We ask for the inclusion and baselining of this one-time funding and encourage the convening of public and private partners including city government, foundations, and non-profit sector to focus on the strategies and approaches this City should be taking to address the health and housing needs of its older adults.** By taking comprehensive, effective, and sustainable actions, those who survived the pandemic will repay the debt that we owe to those seniors whose lives were lost.

This has been a year of unbelievable challenges, and it is not over. But it has never been clearer the essential role Senior Centers play in our communities. We ask for your support and advocacy as we continue on the path to recovery and use the lessons of the year to build a stronger and more resilient City for aging New Yorkers.

# HUNTER | Brookdale Center for Healthy Aging

TESTIMONY OF CHRISTIAN GONZÁLEZ-RIVERA  
OF THE BROOKDALE CENTER FOR HEALTHY AGING, HUNTER COLLEGE  
BEFORE THE NEW YORK CITY COUNCIL COMMITTEE ON AGING

OVERSIGHT HEARING  
"THE FUTURE OF SENIOR CENTERS AFTER COVID-19"

SEPTEMBER 21, 2020

My name is Christian González-Rivera and I'm the director of strategic policy initiatives at the Brookdale Center for Healthy Aging. We are CUNY's aging research and policy center and a part of Hunter College. We are changing the future of aging by supporting innovative research and developing policies and practices for New York that will become models used around the world. Through this work, we strive to create opportunities for *everyone* to age as well as *anyone* can.

Thank you, Chairwoman Chin for holding this oversight hearing and for asking two critical questions. First, what should the senior centers of the future look like? And second, how can our experiences in living through this pandemic inform the senior centers of the future?

We would like to address first the issues of transitioning to in-person services and then discuss our ideas for what the senior center of the future should be like.

As for the present, we think that senior centers do not need to reopen all services at the same time. For instance, certain activities like walking groups and even some socially distant studio art classes should be restarted, while congregate meals may still need to be delayed in favor of Grab and Go. To make sure this is done well, we support the idea of postponing the Request for Proposals to give providers more time to plan for this kind of phased reopening. Also, we think that DFTA should open their working group to more stakeholders who can advise them on how carry out this transition. Brookdale, for one, stands ready to assist DFTA in this way.

As for the future, we suggest that the senior center of the future serve two main functions. First, it should be a place that facilitates access to this city's abundant resources. Second, it should be a place that unleashes older New Yorkers' power to use their knowledge, skills, and energy to support their fellow New Yorkers, regardless of age.

**Senior centers should be older New Yorkers' portal to the city**

The senior centers across the five boroughs are asked to be a cafeteria, benefits counselor, mental health counselor, recreation center, wellness center, art studio, college, and corner café for New Yorkers ages 60 to 100 and beyond. Why do this when we live in a city with thousands of restaurants that need our business, the nation's largest municipal social services agency, the most cultural and recreational opportunities in the country, and hundreds of colleges and universities?

The senior center of the future would be funded not just by DFTA. Imagine a future where the Dept. of Parks and Recreation funds and partners with senior centers to provide exercise classes to older adults. And where HRA provides funding for benefits counselors. And where the Department of Health and Mental Hygiene helps design and provide wellness activities and links older adults to the mental health services system. And where senior centers join forces with public libraries, museums, colleges, and nonprofit arts organizations to provide cultural offerings, leveraging the public and private funding that those institutions have at their disposal. And where senior centers work with providers of virtual services of all kinds to make their programming accessible to older adults.

DFTA's primary role should be to facilitate those partnerships, helping public and private partners to understand and successfully meet the needs and desires of older adults. And what goes on in senior centers should be determined by older adults themselves, not prescriptive government contracts. The senior center of the future should be a space where older adults help each other and government helps them do that. But first senior centers have to go from seeing themselves as service providers to seeing themselves as neighborhood hubs, facilitating mobilization of the resources their members and the wider community have to offer.

Leveraging existing resources to benefit older adults is more efficient and expansive than expecting senior centers to provide everything themselves. As Brookdale's executive director Dr. Ruth Finkelstein always repeats, it's the difference between rolling a library cart of books into a senior center and having a senior center help its members to get library cards and get to the library.

**Senior centers should be older adult-centered spaces in service to the whole city.**

To paraphrase former President John F. Kennedy, senior centers should also ask what older New Yorkers can do for their city.

Imagine a future where senior centers with kitchens were not solely dependent on DFTA for their lunch money, but could hold a contract with the Dept. of Homeless Services to cook meals for the homeless. Or they could hold a contract with DYCD or the Dept. of Education to run cooking classes and nutrition education programs for young people that are led by older adults. Or they could hold contracts from HPD and NYCHA to provide food for social activities led by older residents of public housing and Section 202 buildings. Or from Parks to provide snacks and refreshments for older adults participating in walking clubs or other exercise programs. Most senior center kitchens sit idle when not used for lunch service. Why not put them to work for all New Yorkers and engage older adults in the process?

Some senior centers already encourage their participants to share their skills and knowledge by leading classes and workshops for their peers within the walls of senior centers. But why stop there? Older adults can have a lot to offer younger people, too. Imagine a future where any New Yorker can go to a senior center to take classes on cooking, appliance repair, storytelling, sewing, gardening, and lots of other OG DIY and maker skills. And imagine a senior center having the resources to help older adults turn their skill into a service or perhaps even a business enterprise or a job. And where artists, teachers, and entrepreneurs of all ages can come and lead an activity, focus group a service or product, try out a lesson or group activity. What if senior centers were maker spaces where older adults can showcase the skills that they are seldom invited to use out in the world?

Senior centers can also be of service during and after hurricanes, pandemics, or other calamities. The best research on emergency management says that communities need resource hubs that serve as sources of supplies and information as well as a base camp for local emergency response. For instance, the Department of Health can make senior centers official distribution centers for PPE. HRA could locate benefits counselors there to help provide economic support to displaced workers. In case of a power outage, senior centers could serve as charging stations. They already serve a citywide role as cooling centers during heatwaves. This city boasts more than 270 senior centers distributed across the five boroughs, making them ideal community hubs in emergencies. Senior centers can be a resource for older adults rendered vulnerable by a disaster. But they can also be an organizing platform for the many other older adults—and people of all ages—taking action to help their neighbors.

To DFTA's credit, their concept paper goes a long way towards providing a vision for senior centers that are more connected to resources outside their walls. From an organizational perspective I am happy to see that many ideas that Brookdale has discussed with DFTA have made it into the concept paper.

But making the senior center of the future a reality is not Commissioner Cortés-Vázquez's challenge alone. The DFTA commissioner should not be the only commissioner at this hearing. The commissioners of HRA, Parks, Transportation, DOHMH, DCLA, and other agencies should be here, too, talking about the senior centers of the future. After all, it could be that the senior center of the future receives much more of their funding from agencies other than DFTA.

We know that this represents a significant departure from the way things have always been done since the senior center system was created in the 1960s. But the current pandemic reminds us again of what we already know: that people do not live their lives in the siloes created by government. We will never be able to make New York a great place to grow old – especially for people without a lot of money – if people lack a sense of purpose and community. And if we don't support that sense of purpose by connecting them to the full resources of this city, then we're doing them a disservice by giving them just the sliver of services that a small agency budget can supply.

Thank you again for the opportunity to testify. And, we remain, as always available to you as you think about how New York City can become an even better place to grow older.



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Testimony to NYC Council Aging Committee  
Margaret S. Chin, Chair  
Oversight - The Future of Senior Centers after COVID-19.  
September 21, 2020

Thank you to Chairwoman Chin for calling this hearing and for always being a champion for older New Yorkers and the network of non-profit providers who make aging services a priority.

RSS Riverdale Senior Services has been serving older adults in the Northwest Bronx for 46 years. This pandemic is certainly the most challenging time in the organization's history. However, our organization is committed to continuing to providing services to the growing cohort of older adults in our community. Our center closed in mid-March and within two weeks we had pivoted to provide much needed services in a new way with staff working remotely. While we are no longer able to provide on-site group activities, we are providing key social work and mental health services, as well as, virtual programming. Since the onset of remote services, our staff (as well as some board members) have made over 6000 wellness calls to our clients. We have a robust calendar of virtual programs averaging over 50 classes each month. (<https://rssny.org/classes-calendar.html>). Virtual programming gives us the opportunity to reach a wider cohort of older adults both locally and throughout the city and state.

#### Re-opening Senior Centers

We look to DFTA for specific guidance regarding the potential re-opening of senior centers. We know that senior centers are a lifeline for many of our clients. Without access to senior centers and its services many older adults are experiencing increased levels of food insecurity, anxiety/depression and the detrimental effects of continued social isolation. RSS Riverdale Senior Services advocates that the core services be continued, however, adequate funding is required. Due to the pandemic we are seeing an increase in the number of older adults who previously were not connected to the DFTA funded network, who now reach out to RSS for support. Older adults who were previously food secure find themselves food insecure. RSS is a trusted enroller in the Get Food NYC Emergency Program, yet this is not a sustainable model. We advocate for a shift in the meal provision to senior centers. We need guidance on how to open safely and feel the "grab and go" meal option is ideal for our clients and community. We ask for reimbursement for the full cost of providing meals, and for the necessary PPE and cleaning/sanitizing supplies and services. We ask for the restoration of the model food budget funding and the \$10 Million promised for FY 21. While our plan is to continue with remote services, we are working internally to develop a plan for when we can safely open. We are following guidance provided by the NYS Forward

Safety Plan. We are looking at the physical configuration of the center, social distancing, the number cleaning/sanitizing requirements, PPE for staff and updating our policies to address operating in a post-Covid environment. We expect to have a phased-in approach to opening as we may institute a staggered staff schedule.

#### Concept Paper

We recognize that the concept paper is the first step in the procurement process and it outlines a vision for senior centers in the post Covid timeframe. We welcome the opportunity to re-think and re-define how we deliver services. However, funding must be adequate to fulfill in this vision. We are clear that the senior center of the future will be a hybrid model – including on-site services/programs when it is safe to do so and continued virtual programming. Funding is required for technology – not only for our clients, but also for the senior center staff. 40% of our clients lack access to technology. Funding must be provided for the technology, Internet access and specific technology training. RSS recognizes that it will need significant funding to upgrade its existing technology infrastructure – to updated computers, video equipment, and moving from a server based platform to a cloud- based platform. RSS already is experienced in offering services as described in the various models. We need to recognize that clients will now be able to cross geographic boundaries and will participate at a number of different centers based on the interest in programs. DFTA will need to provide specific guidance on flexibility of reporting of units.

Thank you to Chair Chin and the members of the Aging Committee for your leadership and dedication to serving the older New Yorkers in our communities.

Respectfully submitted

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Our website is now [www.rssny.org](http://www.rssny.org)





**New York City Council  
Committee on Aging  
Oversight Hearing: The Future of Senior Centers after COVID-19**

**September 21, 2020**

Thank you Chair Chin and members of the Aging Committee for the opportunity to submit testimony for the September 21 remote hearing on The Future of Senior Centers after COVID-19. We welcome today's hearing as an opportunity to focus on our senior centers, highlighting their experiences and lessons learned during the Covid-19 pandemic as the City Council seeks input on senior center reopening and the future of senior centers through the upcoming RFP.

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

The pandemic's impact on older New Yorkers cannot be understated. Virtually all in-person programming and congregate social opportunities came to an end overnight, and a real fear descended on people who previously were independent and actively involved in their communities. Suddenly, independent older New Yorkers needed assistance with the most mundane tasks and errands, more vulnerable individuals sought out previous unutilized services, and providers needed to pivot immediately to meet the needs of the growing community. Like our sister agencies, JASA was forced to quickly transform our service delivery.

Of JASA's many community-based services, the change to senior centers was perhaps the most dramatic. JASA provides services at 22 senior centers across four boroughs. Closing the physical senior centers' sites, although necessary, was painful for everyone. The following days, weeks, and months were confusing, with numerous shifts in service provision and a measure of uncertainty for members. Yet, one thing remained clear. The closing of the physical sites did not mean the end of service delivery. In fact, just the opposite. JASA -- like the other senior center providers funded by DFTA -- rose to the challenges and has kept participants socially engaged.

In a deeply committed and ongoing manner, staff have stepped up to the plate and provided stability and support to thousands of senior center members in this time of uncertainty. Throughout, JASA senior center staff have conducted wellness calls and surveys, provided information and referral and case assistance over the phone and electronically all the while collecting important information for DFTA as requested:

- Since April, JASA senior centers have made more than 40,000 calls to confirm clients' safety and well being and ensure that they know that they are not alone
- JASA senior center staff assisted DFTA in the GetCool initiative by making more than 4,000 calls to ensure that low-income seniors would have air conditioners
- In an effort to reduce isolation, JASA launched JASACHat, a program that has created approximately 300 phone/teleconference partnerships between program participants and volunteers
- JASA census volunteers reached out to nearly 10,000 JASA clients and program participants to encourage self response for a complete count, while simultaneously conducting wellness checks and making referrals
- JASA's DFTA Geriatric Mental Health program has provided information and support to over 100 clients who were identified in wellness calls and referred by DFTA

Since the start of the pandemic, food insecurity and inaccessibility have been of increased concern. JASA staff has secured food for members and non-members alike:

- At the on-set of the pandemic, JASA quickly shifted its congregate meal program to "grab and go" meals, retaining the quality and choice that members had come to expect
- JASA centers then served as hubs during DFTA's initial COVID-19 food distribution plan with staff going onsite to receive meals from caterers, which were then distributed by DoorDash drivers
- With the shift to the Food Czar's program, JASA staff enrolled members in the NYC GetFood and continued to recertify them unless members request to disenroll

- JASA worked with the NYC COVID-19 Rapid Response Coalition to distribute over 18,000 donated meals to older adults in multiple locations
- JASA secured a large donation from a foundation to distribute over 76,000 meals and over 10,000 boxes of produce delivered directly to 2,660 older adults over three months
- JASA served as the hub for a NYCHA senior food distribution program in Randall Avenue-Balcom Avenue, Throggs Neck
- JASA has worked with elected officials to secure food from local vendors to distribute to older adults from the broader community at Rockaway Park, Co-op City, Bay Eden, and JASA Cooper Square housing
- JASA's Sue Ginsburg, Williamsburg, Throggs Neck and Cooper Park Senior Centers have been providing monthly pantry days in collaboration with the NYC Common Pantry

Senior center staff also has found creative new ways to engage with members and connect with new participants. Centers have completely shifted activities previously offered on-site to fully virtual programming. JASA currently offers over 100 classes across centers, with opportunities for everyone. Interested older adults can sign up for classes on JASA's website ([www.jasa.org](http://www.jasa.org)) or reach out directly to the JASA senior center nearest them to learn more. For many older adults, however, these new options remain out of reach due to a digital divide.

Over the summer, JASA has opened facilities as needed, including providing cooling center hours at JASA Luna Park, Starrett City, Williamsburg and Rockaway Park senior centers. Staff has also returned to both Bay Eden and Sue Ginsburg senior centers periodically to work with the developers that are currently renovating those two sites.

Moving forward, JASA recommends that DFTA create an infrastructure that could benefit senior centers system-wide and ensure that they are more prepared to meet future needs and preferences of older adults. After the pandemic subsides and this new infrastructure has been established and tested, a new procurement process could produce a strong next generation of senior centers. At this time, JASA recommends focusing on an infrastructure-development strategy that includes the following:

- Build the technical capacity of the City's older adult population through the provision of or by facilitating the distribution of equipment like tablets or computers, making available free or low cost internet access, and delivering training how to utilize the tools to promote social connectedness, access to resources, etc.
- Determine the actual quantity of meals needed for senior centers based on the transition of previously-affiliated senior center members and those unknown to DFTA participating in the GetFood initiative and allocate funding accordingly

- Develop a city-wide network of volunteers or paid deliverers to support “meals on heels” delivery for older adults who cannot pick up food at a center but do not qualify for the home delivered meals program as centers again begin to prepare culturally-appropriate “grab and go” meals
- Develop a web of connections and partnerships with other city agencies and institutions including libraries and museums to enable all senior centers to have a menu of existing partnerships to access
- Support practical research that will offer a better understanding of ageism and engage with providers and older adults to develop strategies to address it, including building a new nomenclature to better attract participation and shape effective communications about aging

Thank you for the opportunity to offer this testimony. JASA looks forward to working with the City Council, and the Administration, as a valued partner.

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**TESTIMONY: UJA-FEDERATION OF NEW YORK**

**New York City Council Committee on General Welfare  
Oversight: Impact of the Covid-19 Pandemic on SNAP Administration, Food Pantries and  
Soup Kitchens**

**Submitted by:  
Ariel Savransky  
UJA-Federation of New York**

**September 21, 2020**

Thank you to Chairperson Levin and members of the Council Committee on General Welfare for the opportunity to submit testimony on the impact of the Covid-19 pandemic on SNAP Administration, Food Pantries and Soup Kitchens. My name is Ariel Savransky and I am an advocacy and policy advisor at UJA-Federation of New York.

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

Over the course of a few months, the COVID-19 pandemic has dramatically and disproportionately impacted the lives of people of color and those living in poverty, further lifting-up the effects of systemic inequality and the real challenges New York City faces. In response to these needs, UJA's nonprofit partners have been on the front lines since the pandemic hit, assisting New Yorkers of all backgrounds, throughout the five boroughs. UJA's network has maintained and expanded its wide range of services, including emergency childcare, mental health supports, case management services, services for survivors of domestic violence, senior programming, and access to food. UJA's nonprofit partners also quickly shifted their operations to better support New York City's emergency food efforts. They expanded their food pantry operations; worked as partners with the City through the GetFood NYC program; helped clients gain access to SNAP and other benefits and raised private dollars to deliver meals to homebound older adults.

UJA, through its partners, is also the largest provider of kosher food. There are over 500,000 people living in poor or near-poor Jewish households in New York City, and access to kosher food, both before and throughout the COVID-19 pandemic, is costly and challenging. The high cost of a kosher meal – which on average is 30 percent more expensive than a not-kosher meal – presents unique difficulties for many of UJA's agencies in their work with clients who observe these dietary laws. As a result of the high cost of kosher food, there is an increased reliance on emergency food programs, as benefits often run out earlier in the month.

UJA thanks the Administration and the Council for acting quickly to increase the capacity of the city to ensure that families in need can receive food throughout the COVID-19 pandemic. UJA recognizes that there is an urgent need to find innovative solutions to help feed vulnerable New Yorkers that continue to struggle to access healthy food in a safe way during this public health emergency. Food access is a growing concern among New Yorkers, with almost one in four New Yorkers dealing with food insecurity. This represents over 2 million New Yorkers. As businesses lay off workers in response to economic hardship and as individuals remain in their homes and practice social distancing to the maximum extent possible, this number is expected to grow.

UJA-Federation submits the following recommendations to ensure that the local food system and supply chain remains intact, that all families are able to access the food and support they need, and that front line community based organizations (CBOs) can respond effectively to this crisis.

**1. Invest in the human services sector so that nonprofits can remain open and solvent during this crisis and continue to provide essential services within their communities**

Much of the existing nonprofit food programs are procured and funded through New York City Human Services contracts. UJA agrees these contracts do not provide adequate funding or staffing to meet this increased need; however, the City could have supplemented contracts to support these efforts. While New York City has invested millions into the GetFood NYC program, it has done so by ignoring its existing emergency food infrastructure and instead contracted with private vendors, who operated autonomously and are largely new to emergency food programs.

This also led to confusion, particularly within the older adult food program, which quickly shifted from senior center grab and go meals through the Department for the Aging to the Department of Sanitation under the larger food response effort. Throughout the COVID-19 crisis, senior centers have played a critical role in the wellbeing of more than 30,000 older adults. Senior Center staff have worked to ensure access to the GetFood NYC program; provided regular wellness check-ins, and swiftly shifted to virtual programming. By largely leaving senior center providers out of the emergency food program, older adult clients have experienced inadequate and inconsistent meals, such as seeds and apples which are hard to chew; many kosher clients were unable to get a kosher meal, and across the board, deliveries often did not show up.

The Home Delivered Meals Program has also played a critical role in New York City's COVID-19 response efforts. As older adults remain at home, many do not have family or friends that are able to help them acquire food. While New York City launched GetFood to help address this issue, demand for the HDM program also increased, with as many as 4,500 new clients now enrolled. The HDM Program currently serves 21,000 homebound older adults throughout the five boroughs, and the number of older adults eligible for this program is increasing. The recipients also require meals that accommodate dietary needs and restrictions, a demand that the HDM program is equipped to meet. The City could have explored expanding this program to meet the dietary needs of older, homebound adults to support the GetFood program. Additionally, the recently closed HDM RFP did not account for the increase in the potential number of New Yorkers in need of this service in the out years of the pandemic.

The solution is to invest in the nonprofit organizations that can do this work effectively. The NYC FY21 budget contains significant cuts to nonprofits, which serve as a safety net and a force that builds stronger communities. City Council FY21 discretionary funding was cut significantly. Discretionary funding often represents a large portion of small community-based nonprofits' budgets. Numerous NYC based community organizations and emergency food providers are highly experienced, trained in safe food handling, well equipped and eager to prepare and deliver food to seniors and other vulnerable populations right now. Including nonprofits in this emergency rule—and funding them—will enable them to do the essential work that their communities need, and it will allow the City to effectively serve the millions of individuals that continue to rely on emergency food services as we recover from the pandemic.

2. **Provide additional resources to emergency food providers to meet the unprecedented demand for their services and expand access to these services for vulnerable individuals**

- **Clear all hurdles to immediately disperse the \$25 million in Emergency Funding for Food Providers that was promised to anti-hunger nonprofits across the city in April.** UJA urges the Council and the Administration to provide flexibility in timing when funds are distributed and when reporting needs to be completed. Additionally, it is crucial to ensure that this funding can be used for personnel costs, shelf stable food and PPE for staff.
- **Streamline application process for benefits on the City level.** UJA urges the city to enable all eligible people to obtain the multiple benefits for which they are eligible through a single, easy-to-complete, application, available online in paper form and by phone. In addition, contact information for CBOs should be included in Access NYC and Access HRA to better support the increased need for enrollment assistance in social programs like SNAP and WIC. By integrating these efforts and streamlining enrollment processes, vulnerable individuals will be more likely to have access to the social services supports they need.
- **Expand SNAP.** Specifically, UJA is calling for an increase in the SNAP maximum benefits by 15 percent; a raise of the minimum SNAP benefit from \$16 to \$30; and the suspension of all administrative rulemaking that would limit SNAP access. This proposal will not only fight hunger, but according to Hunger Solutions New York, “every \$10 increase in monthly SNAP benefits further reduces the odds of additional days in the hospital.” As the city advocates on the federal level for another stimulus bill, UJA urges the Administration and the Council to include this request in your advocacy.

3. **Extend and create more opportunities for community input and transparency into NYC Food Czar Team’s Work**

- **UJA calls on the Food Czar Team to publish a report on the outcomes and impacts of their programs to date.** According to the Comptroller’s office, over \$400 million has been allocated to be spent on various emergency food activities being overseen by the Food Czar team since the start of COVID-19. Yet, little to no information has been made available to advocates or City Council on the details of these activities during the weekly calls they have held. Furthermore, since the launch of GetFood NYC, there have been numerous accounts of people experiencing issues with the program, including with the quality and safety of the food delivered (with some reporting food arriving rotten from lack of proper refrigeration); food not being culturally appropriate, and food being left in front of buildings on the street with no notice nor regard for food safety measures. There have also been reports of recipients throwing out food received through this program due to spoilage, poor quality or dietary standards, both a significant waste of food and funding. In order to improve transparency and assess how

equitable the Administration's response has been to this crisis, UJA calls on the Food Czar team to publish a report within the next three months that includes data on: 1) Where have 311 requests for food been coming from by zip code/neighborhood 2) Where GetFood portal deliveries have been going by zip code/neighborhood 3) What orgs/businesses have received contracts to do food deliveries through GetFood Portal 4) What kind of food has been delivered through the GetFood Portal by zip code/neighborhood and 5) Whether the existing grab and go meal sites are meeting needs of communities and the participation levels at each site.

- **UJA urges the city to continue food deliveries through the end of the Fiscal Year for vulnerable populations.** As the program continues, UJA urges the Administration and the Council to ensure that seniors are aware of the program details so that they know where their next meal is coming from. Additionally, along with deliveries, UJA urges the city to provide information on how participants can access additional nutrition benefit programs. Subsequently, UJA urges a transition plan to be published detailing what will happen to the Get Food Portal and deliveries once the pandemic is over.
4. **Expand, promote and streamline students' access to food**
- **UJA urges the City to allocate additional funding to HRA and 311 to ensure these agencies have enough resources to promote and educate New Yorkers about Pandemic-EBT and other social safety net programs for which they may qualify, such as SNAP.** CBOs and EFPs are already over capacity and under-resourced. The City should take responsibility for conducting direct outreach to families eligible for P-EBT and SNAP and educating them about the program. In addition, the City should prepare FAQ info to customer service representatives at 311 and HRA about the program so they can answer incoming questions and direct people to the new OTDA hotline.
  - **Ensure that OTDA establishes and publishes a policy in the next 30 days to make more college students eligible for essential SNAP benefits.** UJA applauds the governor for including in his FY21 state budget plan a request to OTDA to create a state policy that allows community college students engaged in at least half time career and technical education to be exempt from requirements to work 20 hours per week to qualify for SNAP benefits. OTDA has yet to release this policy directive even though hunger is skyrocketing due to the economic and health crisis of Covid. UJA urges the Council and the Administration to advocate to OTDA to immediately publish this directive.

Thank you for the opportunity to submit testimony. If you have any questions, please contact Ariel Savransky at [savransky@ujafedny.org](mailto:savransky@ujafedny.org).



**Testimony: UJA-Federation of New York**

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

**Oversight: The Future of Senior Centers After COVID-19**

**September 21, 2020**

Thank you to Chair Chin and members of the Aging Committee for holding this important hearing and for the opportunity to submit testimony.

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

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

The importance of senior center core services throughout the pandemic cannot be understated. UJA's network of senior center providers rose to the occasion to support the needs of one of New York City's most vulnerable and impacted populations, older adults. Providers made daily mental health wellness phone calls, assisted with enrollment in the GetFood NYC program, and shifted socialization and recreation programs to virtual platforms. The future of senior centers post-COVID, must recognize the importance of senior center core services for NYC's older adults and the dedication of providers to ensure these services are available to those who need them.

As the Department for the Aging (DFTA) begins contemplating re-opening senior centers, they must ultimately commit to fully funding services, supplying and reimbursing for PPE, and establish an open dialogue with providers.

### **Senior Center Meals**

At the onset of the pandemic senior center providers quickly and successfully shifted from congregate to grab-and-go meals. Weeks later, providers were largely shut out of the City's emergency food response when GetFood NYC took over senior meals. While senior centers remained critical in GetFood NYC enrollment for older adults, their cost effective, efficient food services and expertise, particularly for those with dietary or religious restrictions, went largely ignored. By leaving senior center providers out of the emergency food program, older adult clients have experienced inadequate and inconsistent meals, such as seeds and apples which are hard to chew; many kosher clients were unable to get a kosher meal, and across the board, deliveries often did not show up.

Despite its shortcomings, ultimately, the GetFood NYC program has served an important purpose in New York City's response to increased food insecurity throughout the pandemic. However, senior meal provision should now return to senior center providers. **To make this transition a success, the City will need to:**

- Commit to reimbursing all associated costs, including startup and ongoing cleaning costs, PPE, and any necessary kitchen ventilation improvements, particularly in Centers located in NYCHA or City-owned property where repairs can be made more expediently.
- Include \$5 million in funding promised for kitchen staff salaries that were left out of the FY21 budget, and the \$10 million in promised funding for Senior Center staff, finally making whole the commitments made by the City during the Model Budget Processes.
- Pay providers in full for the cost of providing meals, including funding for any increase in meals served beyond the Center's contracted level due to new demand. This may also mean increased funding for new expenses, such as to-go containers, packaging and bags.
- Provide clear, succinct guidance regarding best safety practices to help mitigate risk for both Senior Center staff and clients, while supporting flexibility in models to accommodate variance in staffing patterns and center-specific characteristics. For example, some centers might already have capacity to safely distribute grab-and-go meals; while others serving more clients or lacking outdoor space for distribution might prefer a grab-and-go by appointment model; and centers with ample volunteers might prefer distributing the meals on foot to the older adult's home.

COVID-19 also yielded an increase in the number of older adults interested in senior center services. Throughout the pandemic, they have accessed virtual programming, as well as found support for GetFood enrollment through senior centers. Upon reopening and shifting meals back to senior centers, should the number of meals needing to be served to older adults be greater than the capacity that senior centers can provide, the City should look to increase funding, resources and capacity of the home-delivered meals system to meet this excess demand, rather than continuing to rely on new, for-profit partners. Finally, following resumed meal provision by senior centers, the City's Aging and Health Departments should work with providers to learn from their experiences and to create guidance on how meal provision can continue to safely evolve.

### **Investing in Technology and Supporting Senior Centers**

COVID-19 has shown that seniors are willing to connect to technology and participate in virtual programming offered by senior centers. However, while technology utilization continues to rapidly increase, there are barriers to access. There is limited internet access among older adults and technological literacy skills vary greatly. As DFTA continues to focus on the importance of virtual services they must also invest resources to increase access to technology and the necessary infrastructure and capital improvements to allow it to function successfully. This is not one-time cost, but rather, a long-term investment, that will allow providers to best engage with and meet the needs of NYC's older adults over time. The City's investment in 10,000 tablets for NYCHA residents is one step towards this goal and should be expanded to reach more DFTA participants and senior center staff.

### **"Older Adult Center" Concept Paper**

While DFTA has not yet shared a plan to safely reopen senior centers, the agency recently released the “Older Adult Center” Concept Paper. The Concept Paper drastically reimagines the senior center network without offering much specifics. Any outstanding questions detailed below should be addressed prior to the release of the RFP. Senior center providers are eager to serve their clients over the long term; however, DFTA must outline a fiscally responsible path forward that will allow providers to implement some of the new ideas proposed, while continuing to serve New York’s communities. The following are just some of the outstanding questions and issues requiring clarity in advance of the RFP:

- The number of contracts that will be awarded under the new procurement.
- What method, if any, will be utilized in determining geographic distribution of new contracts?
- Is there a quota for the types of new senior center models proposed in the Concept Paper, and is that quota determined geographically?
- What are the expectations and details regarding meal provision under future contracts?
- How does the Department for the Aging anticipate supporting a smooth transition for clients, particularly during and in the aftermath of COVID, if any contracts were to change?
- What are allowable or expected staffing requirements (including staffing patterns by center model or size, position-types that will be funded, minimum staff salary requirements, etc.)?
- Will the contracts include a commitment to funding the provider's full Indirect Cost Rate (ICR) and cost escalators?
- What is a sample budget that the contract will provide for?
- Will capital funding be available?
- What funding will be available to support providers in purchasing technology and making necessary capital improvements to enable virtual programming?
- How will the Department ensure providers have real-time access to data as it is entered into STARS, particularly given the Concept Paper’s emphasis on data collection?

### **Conclusion**

Thank you for the opportunity to provide testimony. Please reach out to Hillary Stuchin at [stuchinh@ujafedny.org](mailto:stuchinh@ujafedny.org) with any questions.

My name is Michele Rodriguez, I am the Program Director for the Neighborhood Center and Social Club at University Settlement, a 134-year-old community-based organization serving over 40,000 children and adults across Manhattan and Brooklyn.

In the months after Covid-19, University Settlement, along with other neighborhood centers, reacted quickly to protect and provide for participants under limited guidance from DFTA. In doing so, we brought our 49 years of experience working with older adults through major events like Hurricane Sandy. In the weeks leading up to the shutdown of all senior centers, University Settlement was already taking special precautions with cleaning, limiting and cancelling activities, and closed to participants a week ahead of time, providing grab-and-go meals and making check in calls, calling an average of 700 people a day every week.

As our participants stayed home to stay safe, we experienced increased requests for meal delivery, from 200 to 300 regular clients. We not only met our contracted Meals on Wheels deliveries, we ramped up them up to deliver close 2,000 meals a week. We delivered an additional 700 meals of week, secured through private food donations and fundraising, which included culturally sensitive food options such as Asian meals for our Asian participants. On behalf of GetFoodNYC, we delivered 800 boxes of food per week, and we also partnered with NY Common Pantry to provide pantry items to older adults in our neighborhoods.

As we near the six-month mark since senior centers across the city closed down, we have all had the opportunity to envision what our programs will begin to look like when we return. We all look forward to the day when we can safely open our doors to participants, with proper guidance and procedures from DFTA. There are, of course, many concerns, unanswered questions, fears and frustrations, coming from staff as well as participants.

With this in mind, I want to emphasize the following points when we consider the future of senior centers in NYC:

- The recent DFTA concept paper offers new, welcomed opportunities to change how we deliver services. However, Covid-19 has led to many unknowns. For example, some of our senior centers draw participants from across the boroughs, who often take public transportation. Understandably, some seniors may not want to travel due to fears of Covid. In addition, Covid can cause day-to-day changes with protocol and potential closures. It is difficult to plan for an RFP when so much is unknown. Therefore, though we look forward to the possibilities in the new concept paper, we believe that we should postpone the RFP.
- DFTA is the City agency with the smallest amount of funding even as the older adult population is increasing across the city. According to the NYC Comptroller, "From 2005 to 2015, the number of New Yorkers over 65 grew by 19.2 percent. ... Today more than 1.1 million adults over 65, about 13 percent of the city's total population, call the five

boroughs home, a number which is projected to rise to over 1.4 million by 2040.”<sup>1</sup>  
DFTA’s budget must be increased to meet this growing population.

- Regarding meals for seniors, we understand the need to adhere to social distancing and safety precautions. However, we must provide flexibility in timing, variety, and delivery. Participants need more options on when and where to pick up meals, what types of meals according to dietary needs, and whether to have grab and go, or home delivery.
- Covid-19 places elders at increased risk of isolation, negatively impacting their quality of life and emotional and physical health. As DFTA reported in its 2017 Annual Plan, “In 2015, 30.8% of persons age 65 and over, and nearly one-half (46.5%) of persons 85 and older in New York City were living alone.”<sup>2</sup> The City should prioritize that all participants, not just NYCHA residents, need to have access to tablet and Wi-Fi, in order to be able to remain connected to their communities.
- DFTA should consider outcomes alongside outputs. While we recognize the importance of data, we should also consider the importance of qualitative data – measuring for example the length, intensity, and frequency of attendance of participants over the year and the impact these have had over their physical and mental health and not simply recording the daily number of participants.
- Finally, the Department for the Aging needs to fully trust its community partners as the experts of their communities. As we move towards re-opening, we hope DFTA recognizes and respects the existing community relationships and vast experience that community partners bring. We believe that everyone—community partners, DFTA, and the seniors we support—benefits from open communication and equal collaboration between DFTA and community partners.

How we open now will affect how we plan the future of our programs for years to come. In the short-term, the re-opening of centers must offer equal opportunities to all participants across the city in terms of flexible options for meals, and access to health resources and technology for virtual programming. In the long-term, we look forward to a collaborative relationship with DFTA built on mutual trust to best support our City’s elders.

Thank you so much for your time. I’m happy to take any questions.

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<sup>1</sup> NYC Comptroller, “Aging with Dignity: A Blueprint for Serving NYC’s Growing Senior Population,” March 2017, 4.  
<https://comptroller.nyc.gov/reports/aging-with-dignity-a-blueprint-for-serving-nycs-growing-senior-population/>

<sup>2</sup> NYC Department for the Aging: Annual Plan Summary, September 2017, page 17.

**Testimony before the NYC City Council  
Committee on Criminal Justice**

**Oversight - The Department of Correction and Correctional Health Services  
Management of COVID-19 in Jails**

**September 21, 2020**

Tanya Krupat, Director  
Center for Justice Across Generations  
The Osborne Association

Thank you for the opportunity to speak with you today. My name is Tanya Krupat, and I am the Director of the Osborne Center for Justice Across Generations, the policy arm of the Osborne Association. The Osborne Association offers a wide range of diversion and reentry programs at sites in the Bronx, Brooklyn, Harlem, Newburgh, and Buffalo, as well as services at thirty (30) New York State prisons and seven (7) New York City Jails. Over the past six months, our program staff who work on Rikers or in borough jails have pivoted to providing program materials to DOC for distribution, staffing a reentry hotline to assist those preparing to leave or having just left DOC custody, conducting extension outreach to people upon discharge from DOC facilities, providing reentry services both in-person and virtually, and providing services and supports to those in the reentry hotels coordinated by MOCJ and the Office of Emergency Management. Today, I will be focusing on visiting—the lack thereof, and video visiting which DOC calls televisiting so I’ll use their term in this testimony. I am a member of the DOC Visiting workgroup, which includes representatives from Brooklyn Defender Services, Jails Action Coalition, and Hour Children, although I am not testifying on behalf of the workgroup today.

At Osborne, one of our core values is celebrating our shared humanity, which includes “seeing and supporting individuals in the context of their relationships, families, communities, and history.” We believe in the power of relationships, in belonging, and feeling connected. For this reason, visiting<sup>1</sup> is one of our policy priorities: safeguarding it, strengthening it, and ensuring it considers the needs of children. We have been facilitating visiting programs for the past 30 years and advocating for safeguarding and improving visiting within jails and prisons in front of the City Council, State legislators, various City and State agencies, and others for years. At Osborne, we have escorted hundreds of children on visits to see their parents so we know viscerally what this experience is like; many of our staff know personally what visiting a loved one in prison or being visited while incarcerated is like. Visiting is one of the priorities of our Youth Action Council who are currently awaiting the Governor’s signature on the proximity bill which would place incarcerated parents in State prisons closer to their children.<sup>2</sup> We are passionate and care

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<sup>1</sup> I’m intentionally not using the term “visitation” as this term is only used within systems that separate families, and “visitating” is not something that people outside of the corrections, child welfare, juvenile justice, and immigration systems do. In trying to improve visiting and respond to the feedback of children and families who are visiting, we use the terms “visits” and “visiting” and ask that you consider this shift as well.

deeply about the importance of visiting, a lifeline while parents and loved ones are incarcerated for both the incarcerated individual and their family.

Yet, sadly, visiting is often an aspect of corrections that gets overlooked at best, and deemed inconvenient, a security threat, or unimportant at worst. The past few Board of Correction meetings (including this last one on September 14, 2020 which lasted 3 ½ hours) did not discuss visiting except in the public comment period when speakers from the public brought it up. The DOC website does not include any information about when visiting might resume; it states that the visiting section “...will be periodically updated with additional information” but it appears not to have been updated since April.<sup>3</sup> The benefits of visiting are numerous and well-documented: they include benefits for corrections such as reduced violence and “institutional adjustment,” as well as benefits for the incarcerated individual inside and once released, and for their children and families.

Visiting at the City’s jails has been suspended since March 18, 2020, six months ago. No plan has been announced indicating when visiting might reopen nor what it might look like when it does. There has been silence regarding the issue of visiting, although NYC DOC processed 500 to 700 visitors per day 5 days/ week until COVID halted all visits. While suspending all visiting was necessary during the height of COVID19 and DOC and CHS rightly focused on preventing transmission and caring for those infected, NYC now has a lower than 1% infection rate. At the State level, the Department of Corrections and Community Supervision (DOCCS) resumed in-person visiting in early August. While recognizing that State prisons and City jails are different, there are lessons to be learned from the visiting plan DOCCS has implemented, with social distancing and PPE in place, a revised visit schedule, and details made available to the public on the DOCCS website. **Visiting can be managed during this time.**

We, along with Hour Children, have been contracted by the Mayor’s Office of Criminal Justice, to provide in-person and video visiting support to mothers at RMSC (the women’s facility) and their children. We have been working with DOC and MOCJ to implement this project and hope

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<sup>2</sup> Please support the Governor’s signing of the Proximity Bill into law: S.724A / A.6710.

<sup>3</sup> <https://www1.nyc.gov/site/doc/inmate-info/visit-inmate.page>

to demonstrate through this effort that in-person visits can be done safely and are worthwhile. We have requested permission to coordinate some in-person visiting events to get started.

DOC has approximately 8,000 uniformed staff, with thousands of uniformed and other staff going in and out every day. We have received reports from various sources that Corrections Officers are not all wearing masks consistently and that while masks are available, wearing them is often treated as a choice rather than a mandate, and has become more lax over the past few months. This was confirmed by a Board of Correction Commissioner's experience visiting Rikers (related at the BOC meeting on September 14, 2020). I bring this up to illustrate that there are current risks which could be minimized. Continuing to suspend all visits because visitors would introduce possible risk and disease is a valid and important concern which must be managed, not avoided. However, visitors do not pose any higher risk than corrections staff who come and go every day and who are not universally using the recommended PPE.

Yes, there are very vulnerable people in custody with underlying health conditions but we also have to weigh the largely invisible-to-the-public toll of having no visiting for 6 months and absolutely no plan to reinstate. **Visiting must come back.** (There is a pending state level bill to codify the right to in-person visiting sponsored by Corrections' Chairs Weprin and Sepulveda to ensure that jails and prisons offer in-person visiting.)

Implementing visiting in the time of COVID actually provides an opportunity and forces some important considerations around what visiting at Rikers could and should look like that should have been underway regardless: the sheer volume of visitors to Rikers was untenable in terms of ensuring a positive visiting experience. When we trained hundreds of DOC Officers who work in visit processing and visiting rooms over one year ago, part of what we heard was that it is very hard to practice empathy, compassion, patience, individuation, problem-solving, and de-escalation (all necessary components for reducing implicit bias) when you are interacting with 500 people a day. Visitors went through too many checkpoints as well and interacted with at least 4 or 5 different officers who would search them or provide them with directions about the process (the initial canine search, the initial visitor processing, getting on the facility route bus,

being processed again twice, and finally making it to the facility visiting floor). Now, with COVID, there is another incentive for reducing all these contacts.

We ask that the DOC work with CHS *and representatives of those who visit, and who work in visitor processing and the visit rooms*, as well as the DOC Visiting Workgroup to develop an alternate visiting process that would allow for reopening of visits, while minimizing the risk of contracting or spreading COVID19. The proposed plan for reinstating visits might include a reduced schedule, additional precautions for vulnerable visitors and vulnerable incarcerated individuals (the way grocery stores implemented early shopping hours for seniors), which reduces risk for DOC staff as well. Immediately, all Officers and all DOC staff should be required to wear masks, and compliance with this should be monitored with consequences for staff not wearing a mask (the MTA now hands out \$50 fines to riders without masks).

DOC has said *for months* that they are awaiting DOHMH direction to reopen visits. This is not acceptable when the NYC infection rate is 1% and the active case rate is 0% on Rikers. A plan to reinstate visits should be issued by October 1st.

## TELEVISITING

To the DOC's credit, when visiting was suspended they quickly implemented expanded televisiting at each facility. Also, to its credit, the Department is not charging families to televisit, although the family/ visitor in the community does need to have the proper technology at home in order to connect. Between April 1st and June 21st, the Department conducted 9,400 televisits (as reported to the DOC Visit Workgroup). While impressive, when analyzed across the 10 facilities and the 11 weeks that this encompasses, and the fact that no other visits are happening, the numbers paint a different picture. To put this impressive number of televisits in perspective, applying the census numbers from this past Friday, September 18, 2020, if *only half* of all people incarcerated on Rikers received one televisit per week over 11 weeks, this would amount to 23,584 televisits.<sup>4</sup>

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<sup>4</sup> The day after this City Council hearing there was a State Senate hearing (9/22/2020) on the same topic where DOC Chief of Staff Brenda Cooke said that 19,000 televisits had been conducted to date. Assuming this covers the time period April 1 to date, this is 23 weeks which would be an average of 826 per week; this also would be approximately 20% of the total population having televisits (assuming a DOC average census of 4,000).

While the percentages I'm going to present here are not exact (they apply this past Friday's (9-18-20) census to the weekly average of televisits conducted based on data from from this past April to June), they provide an example of the kind of detailed analysis that should be done to examine what kind of contact incarcerated people are having with their families and support systems during this very difficult and stressful time.

**Chart estimating percentage of facility population accessing televisiting (assuming no duplication in televisiting per week)**

<b>Facility</b>	<b>Number TV April 1- June21</b>	<b>approx TV per week over these 11 weeks</b>	<b>census at facility as of 9/18</b>	<b>approx % of incarcerated pop at facility who are televisiting using previous per week number and assuming each televisit corresponds to unique incarcerated person</b>
AMKC	1483	135	1256	11%
EMTC	11	1	61	1.6%
GRVC	1845	168	575	29%
MDC	475	43	442	10%
NIC	475	43	182	24%
OBCC	2217	202	313	65%
RMSC	431	39	171	23%
RNDC	1429	130	663	20%
VCBC	993	90	594	15%
WF	45	4	31	13%
<b>total</b>	<b>9404</b>	<b>855</b>	<b>4288</b>	

At Rose M Singer Center (RMSC), during the 11-week period April to June, the numbers average to about 39 televisits per week which means that approximately only 23% of women are televisiting, or *77% of the women in Rikers are not seeing their families, not having visits or televisits*. At OBCC, where the highest number of televisits took place, 65% of individuals may have televised once per week. This is positive and much higher than other facilities where the percentage is not higher than 29% (one third). At RNDC, where most of the young people and

young adults are, only 20% televisited each week; *80% of the population at RNDC are not having televisits*. Knowing that not everyone in DOC custody receives visits, this is far from an exact analysis, but it does shine a light on a critical aspect of incarceration that helps reduce violence, promotes transformation and well-being, and supports successful reentry: visiting and contact with family.

While it's fantastic that the Department has increased televisiting capacity (and no small feat to get expanded capacity up and running so quickly) and there are surely many loved ones in the community who prefer it (especially but not only during a pandemic), this cannot be the sole visiting option long term. The decision to place the televisiting kiosks inside the actual visiting room also raises alarm: what is the long-term plan for continuing televisiting once visiting resumes?

In regard to the practice of televisiting, we want to bring to your attention to a disturbing aspect of televisiting that our partners at Brooklyn Defenders Services brought to the attention of the DOC Visiting Workgroup: that until very recently DOC was strip searching individuals before and after each televisit. We have been told that DOC will only conduct strip searches "upon reasonable suspicion;" exactly what does this mean? We ask that the Council and the BOC look into this further and require a weekly reporting of any strip search conducted related to a televisit, detail of what the "reasonable suspicion" was, and the outcome of the search, including whether any contraband was found.

Finally, we ask that video equipment, and phones, should be used for proper discharge planning. Osborne and many other providers are contracted to provide pre-release discharge planning and we are ready and available to provide that discharge planning by phone and by video. Despite our consistent advocacy to DOC, they have not made this possible.

The toll not having any visits is taking on those incarcerated and their children and families is enormous, though hard to quantify and render visible. Visitors are not an organized entity. They are disenfranchised, mostly women struggling to keep families together while supporting an incarcerated loved one in crisis; hard enough under better circumstances; close to impossible in a

pandemic. If the thousands of people who visit did come together, they would be a mighty force to reckon with. We need to respect and hear their voices, their experiences, and their needs even if they are not represented here today in the large numbers they might want to be, and require that DOC develop and issue a plan for reopening visits. The State has brought visiting back; it's time the City at least develop and announce a plan to do so as well.

Thank you for your consideration.



# Women's Community Justice Association

Respect\*Dignity\*Safety

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## OFFICIAL TESTIMONY OF THE WOMEN'S COMMUNITY JUSTICE ASSOCIATION

Committee on Criminal Justice Jointly with the Committee on Hospitals

Oversight - The Department of Correction and Correctional Health Services Management of COVID-19 in Jails.

Monday, September 21st, 2020

### Mission:

To help transform systems that oppress and marginalize impacted women and create platforms for women to find their voices and amplify it

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Serena Ligouri

Hello, my name is Jordyn Rosenthal and I am the Director of Community Engagement for the Women's Community Justice Association. The Women's Community Justice Association is a gender-specific, trauma-informed, advocacy for justice agency that uplifts and amplifies the voices of all women who are experts through their life experiences and efforts. I want to begin by thanking Chair Powers and Chair Rivera for holding this crucial oversight hearing regarding the Department of Corrections and Correctional Health Services Management of COVID-19 in City Jails.

On Sunday, March 22nd, Governor Cuomo announced the "New York State on PAUSE", executive order and our lives were drastically changed. The City and the State scrambled to implement policies and protocols that assured uniform safety for everyone. Unsurprisingly, people detained in New York City Jails were not a priority during this effort. They have remained an afterthought and as a result our cities jails have been ravaged by the novel coronavirus. When the Board of Corrections started to release its Daily Covid-19 Update in April it was clear that the virus was

spreading like wildfire and more than half of the women detained were exposed but asymptomatic. By mid May 75% of the women detained at Rosie's were likely exposed but asymptomatic. The Rose M. Singer Center is not a particularly sanitary or clean place to begin with. The lack of personal protective equipment and access to hygiene stations have exacerbated the problem. Even now when the virus is somewhat contained, I am weary of the efforts of the Department of Corrections. For instance, if police officers are supposed to be giving \$50 tickets to those on public transit without a mask but more often than not are not wearing masks themselves, how is the Department of Corrections operating behind closed doors?

Which brings me to the next topic: transparency. The Board of Corrections Daily Covid-19 Update has been an important tool for our organization and we are grateful for the Board's commitment to transparency. However, the Board stopped reporting the number of pregnant women in custody on May 20th. When I reached out, they explained that they stopped reporting this because they were receiving inconsistent information from the Department of Corrections and they were concerned with reporting inaccurate data. It is baffling that the city cannot record accurate information regarding who is in their custody and even more so for a specific sub-population that requires special care. If an entity does not know who is in their custody, how can they accurately care for them?

Before the second wave of Covid-19 hits, the city should focus on decarcerating as many women and men as possible. Over 75% of

the women detained at Rosie's are pre-trial meaning they are legally innocent. We call for the immediate release of anyone at high risk for infection, including those who are older, pregnant, and those with underlying health conditions. Release all women to the least restrictive environment possible. Any person who can be moved to community supervision should be including those on technical parole violations. These environments must adhere to Center for Disease Control (CDC) guidelines. All those returning to the community must have a discharge and treatment plan, including medical and housing resources provided by DOC. We should be actively looking for ways to remove women from the Rose M. Singer Center and work to ultimately close it sooner than 2026. If the women in Rosie's were allowed to return home to their communities or ATI programs, DOC could use the space to further implement its 50% capacity housing policy. The number one way to avoid another outbreak in our jail system is to decarcerate as much as possible. We can start to do this by removing the women from the island.

I want to thank the chairs again for holding this important oversight hearing.