**AGING COMMITTEE STAFF**

 Crystal Pond, *Senior Policy Analyst*

 Aliyah Reynolds, *Policy Analyst*

 Daniel Kroop, *Senior Finance Analyst*

 Dohini Sompura, *Finance Unit Head*



## THE COUNCIL OF THE CITY OF NEW YORK

# COMMITTEE REPORT OF THE HUMAN SERVICES Division

*Jeffrey Baker, Legislative Director*

*Andrea Vazquez, Deputy Director, Human Services*

**COMMITTEE ON AGING**

*Hon. Margaret Chin, Chair*

#### October 18, 2021

**OVERSIGHT: THE COMMUNITY CARE PLAN**

**INTRODUCTION NO. 1219:** By Council Members Dromm and Yeger

**TITLE**: A Local Law to amend the administrative code of the city of New York, in relation to providing assistance to seniors with bed bugs in their homes

1. **INTRODUCTION**

 On October 18, 2021, the Committee on Aging, chaired by Council Member Margaret Chin, will hold an oversight hearing titled *The Community Care Plan*. The committee will also hear Int. No. 1219, a Local Law to amend the administrative code of the city of New York, in relation to providing assistance to seniors with bed bugs in their homes. Among those invited to testify at the hearing are representatives from the Department for the Aging (DFTA), the Department of Social Services (DSS), the Department of Health and Mental Hygiene (DOHMH), aging advocates, and other interested parties and stakeholders.

1. **BACKGROUND**

*The Status of Older Adults in NYC*

Older adults are the fastest growing age demographic not only within New York City, but also within New York State.[[1]](#footnote-1) Over the last ten years, the older adult population in New York has grown by 26 percent, to 3.2 million.[[2]](#footnote-2) In New York City alone, there are an estimated 1.2 million New Yorkers over the age of 65.[[3]](#footnote-3) The growth of the older adult population is spread across all five boroughs and is rapidly outpacing growth among younger generations—for example, over the past decade, Manhattan’s older adult population has increased by 67,000, while its younger person population has decreased by 23,000.[[4]](#footnote-4) In fact, there are now more New Yorkers in the city over the age of 65 than under the age of 13.[[5]](#footnote-5) The racial and ethnic distribution of the aging population has shifted as there are larger numbers of Black Americans and others of African heritage now than 20 years ago in both absolute and percentage terms, as is the case with Latinos and Asians.[[6]](#footnote-6) Between 2000 and 2018, the Black population increased by 59%, the Latino population by 98%, and the Asian/Pacific Islander population by 180%.[[7]](#footnote-7)

The aging population in the City has unique needs. Due to age-related factors, for example, seniors tend to have a higher risk of social isolation, and face limitations in daily activities, unique health needs, and specific economic challenges.[[8]](#footnote-8) Structural barriers, such as lack of access to education, good jobs, the ability to build wealth, and reliance on low-paying government assistance programs, such as social security, lead to higher rates of economic insecurity among many older adults.[[9]](#footnote-9) As a result, one in five older New Yorkers live below the poverty level, with non-white older New Yorkers in particular more likely to live below the poverty level than white older New Yorkers.[[10]](#footnote-10) These high rates of poverty lead older adults to struggle to pay for basic survival needs, such as food, transportation, and medicine.[[11]](#footnote-11) Similarly, one in three older New Yorkers face social isolation as a result of living alone.[[12]](#footnote-12) Non-white older adults face social isolation at higher rates than white older adults, and for all groups, social isolation leads to increased rates of mortality and cognitive decline.[[13]](#footnote-13) Older New Yorkers are also often responsible for the caretaking of grandchildren under the age of 18 and providing caregiving to loved ones or friends who have long-term illness or disability.[[14]](#footnote-14) They are also more likely to have chronic diseases such as diabetes, heart disease, and high blood pressure, and face increasing rates of food insecurity.[[15]](#footnote-15)

The city’s aging population has also been one of the hardest hit during the COVID-19 pandemic. Over the course of the pandemic, older adults aged 75 years and older were over four times more likely to be hospitalized with COVID than the city average, and those aged 65-74 were more than two and a half times more likely to be hospitalized.[[16]](#footnote-16) The death toll tells a similar story; roughly half of all COVID-related deaths in the city have been individuals 75 years and older.[[17]](#footnote-17) The City therefore must take these realities and challenges into consideration when providing resources and services to this population.

 Currently, there are 41,000 people in City nursing homes, which is a decline over the past two decades as New York State and City have since taken steps to increase home care access.[[18]](#footnote-18) While seniors are geographically spread across all five boroughs, they live in a variety of housing situations and residences. New York City seniors live in, for example, multigenerational homes,[[19]](#footnote-19) NYCHA housing developments,[[20]](#footnote-20) affordable senior housing developments,[[21]](#footnote-21) age-friendly neighborhoods,[[22]](#footnote-22) and Naturally Occurring Retirement Communities[[23]](#footnote-23) (NORCs). Some of these arrangements, such as residences within age-friendly neighborhoods and NORCs, include neighborhoods and communities where a substantial number of the residents are older adults.[[24]](#footnote-24) Additionally, the cost of maintaining a resident in a nursing home is $154K, while community care service costs $32K annually, including but not limited to, meals, in-home services, education and recreation services, and transportation.[[25]](#footnote-25)

*Overview of the Community Care Plan*

 In April 2021, Mayor Bill de Blasio announced that the City will invest $58 million in a five-year Community Care Plan for older New Yorkers.[[26]](#footnote-26) This plan would add additional Older Adult Centers (OACs) and NORCs into DFTA’s portfolio and increase services in underserved and historically excluded communities to help older New Yorkers age in place across the five boroughs.[[27]](#footnote-27) DFTA released an RFP to create 25 new OACs or NORCs with investments toward expanding outreach and increasing transportation options, staffing and virtual programing.[[28]](#footnote-28) In DFTA’s 2021 *Building Community Care for an Age-Inclusive New York City* report, the department sets forth a plan to reduce institutionalization by allowing older adults to remain at home in their communities as long as possible while having access to critical services, resources and opportunities that will support them with their daily living activities.[[29]](#footnote-29) The plan will focus on improving equity to reflect and respond to the needs of a growing and more diverse older adult population, community engagement and greater cohesion and integration between DFTA services.[[30]](#footnote-30)

More specifically, DFTA aims to increase the diversity in its portfolio of providers to address historical funding inequities and include multi-cultural programming to appeal to the interests of varied groups, including immigrants.[[31]](#footnote-31) The Department also wants to enhance and expand virtual programming to reach those unable to get to centers and out of their NORC apartments for on-site programming, as well as large numbers of other New Yorkers currently isolated and unconnected.[[32]](#footnote-32) To better support older people in the community, DFTA plans to expand the continuum of services, including case management, home delivered meals, home care, caregiver support, connectivity needs and transportation.[[33]](#footnote-33) To be more resourceful, DFTA plans to allow for more flexibility to re-program funds, or shift funds from an underutilized OAC program to a program that is proving to be more successful.[[34]](#footnote-34) The Department also mentions making better use of transportation to reach older people isolated in communities where access to services and transportation has been historically denied, and thus who are unable to use OAC services.[[35]](#footnote-35)

*Issues and Concerns*

As the City’s population continues to age, senior accessibility to services and resources and the City’s need to reach this population across all five boroughs is paramount. With anticipated growth in the older adult population, more people living longer, and the planned increase in marketing and outreach as a result of the community care investment plan, DFTA projects an ongoing and increasing need for in-home services to ensure individuals can age-in place.[[36]](#footnote-36) Seniors living in multigenerational homes or NYCHA housing are not necessarily situated in areas where they are near other seniors or have easy access to senior services.[[37]](#footnote-37) This means that the City’s senior services and programs are not always accessible equally to all seniors living in different senior and non-senior spaces across the city. For example, while NORCs specifically provide supportive services to seniors living within those communities[[38]](#footnote-38) and certain senior affordable housing developments are served by senior providers who connect those developments to social services that help seniors age in place,[[39]](#footnote-39) seniors living on their own, even in age-friendly neighborhoods, do not readily have available to them the same supportive services, connections to providers, access to City resources, or even such basic needs as accessible transportation stops.[[40]](#footnote-40) It is imperative to improve transportation to offer access to aging services sites. Although DFTA has been heavily involved in providing necessary resources and services to seniors during this difficult past year, the agency’s opaque, and often complete lack of, communication and inconsistent delivery of services have often raised many concerns.

*Finance Issues*

DFTA’s Fiscal 2022 Executive Budget introduced the Community Care Plan as a new need, reflecting the call in the Council’s Fiscal 2022 Preliminary Budget Response to increase funding for senior center expansion and additional programming and resources.[[41]](#footnote-41) The Community Care Plan totals $179.2 million across four fiscal years, of which $39.4 million in Fiscal 2022, $47.6 million in Fiscal 2023, $44.6 million in Fiscal 2024, and $47.6 million in Fiscal 2025. Federal revenues account of 74 percent of the total cost over the Plan, with City tax-levy accounting for the remaining 26 percent. As a long-term concern, the Administration’s investments predominant reliance on one-time federal stimulus creates a funding gap beginning in Fiscal 2026.

The centerpiece of the Community Care Plan is the creation of approximately 25 new senior centers or NORCs citywide. These services are planned in Community Districts (CDs) that are projected to have among the most rapid growth of the older adult population through 2030, and have a high number of low-income, ethnically diverse, immigrant and other groups with particularly great needs.[[42]](#footnote-42) DFTA and the Department of City Planning indicated 18 community districts citywide with a high projected need for more centers, and 11 with a medium projected need in a February 2021 analysis.[[43]](#footnote-43) Many of these communities align with the Administration’s “TRIE” neighborhoods, which are the “hardest-hit communities the Taskforce on Racial Inclusion & Equity [TRIE] has focused on” due to the disproportionate impact of COVID-19 and a high percentage of other health and socioeconomic disparities.[[44]](#footnote-44) As shown below, the greatest need for centers was identified in the Borough of Queens. The table below lists the projected need for more senior centers in 29 of the 59 CDs by 2030. It is expected that most, if not all, of the additional senior centers or NORCs would be located in these CDs. Ultimately the results of the RFP will reveal to what extent the Department aligned projected need with the location of new programs.

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| Projected Senior Center Need by Community District (CD), 2030 |
| Borough | **CDs with High Projected Need** | **CDs with Medium Projected Need** | **Total CDs with Need** |
| Bronx | 2 | 4 | **6** |
| Brooklyn | 4 | 3 | **7** |
| Manhattan | 3 | 1 | **4** |
| Queens | 6 | 3 | **9** |
| Staten Island | 3 | 0 | **3** |
| Citywide | **18** | **11** | **29** |

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The above $47.6 million investments, as well as the final tranche of $10 million in senior center model budgeting, will be implemented in new contracts awarded through the OAC/NORC Request for Proposals (RFP). Throughout 2020 and 2021, providers expressed concern around the uncertainty associated around preparing RFPs during the pandemic, given that the future of in-person senior center programming and needs remained uncertain. Additionally, there was no concept paper released for NORCs, which is usually a stand-alone RFP. However, DFTA moved ahead with the combined OAC/NORC RFP, and had expected contracts to begin on October 1, 2021.

At the Committee on Aging hearing on September 29, 2021, DFTA disclosed that it anticipated a delay in the implementation of new contracts until November 1. Once contracts are awarded, they will last for a three-year term with the option to extend for an additional three years. The total value per year is $229.8 million, and expects to award between 250-275 standalone OACs, 8-12 Network OACs, and 30-35 NORCs, with subcontracting permitted.[[45]](#footnote-45)

The Community Care Plan includes $2 million in funding for expanded marketing and outreach by senior programs both citywide and in the catchment neighborhoods, which DFTA indicates will be central to increasing service uptake, especially amongst those most in need of services. In Fiscal 2021 as of April 14, 2021, DFTA programs served approximately 181,000 unduplicated seniors, but in Fiscal 2020, 243,000 seniors were served by the close of the year. The difference reflects a digital divide and challenges among a key section of seniors in accessing virtual programming.[[46]](#footnote-46)

Technology needs are to some extent addressed in the Community Care Plan. The Fiscal 2022 budget includes $5 million in funding for 10,000 additional internet-enabled tablets to DFTA senior center clients in need. The available funding was applied from surplus Community Care Plan funding resulting from the partial-year expansion of OACs/NORCs. The funding builds on $4.4 million in federal CDBG funding across Fiscal 2020 and 2021 for 10,000 other tablets and related support and training services to senior NYCHA residents. The Administration renewed support for tablets and training for an additional year, through Fiscal 2022.

Lastly, related to the ability to provide place-based community services for seniors, funding was increased for geriatric mental health services across DOHMH and DFTA. In August 2021, OMB approved $3.2 million to increase the number of senior centers with mental health services from 48 currently to 88 (an increase of 40 baselined sites). The funding will help address the growing need for mental health services due to social isolation, grief, and mental health trauma during the COVID-19 pandemic.

Ultimately, although DFTA has provided important services and resources during the pandemic, and has expansion plans under development, seniors and senior service providers have struggled to effectively and efficiently receive much of this help at the time they needed it the most. Providers have complained and continue to complain about ambiguous and last minute directives received from DFTA and a lack of transparency and lack of consultation about decisions that impact their organizations and seniors.

1. **CONCLUSION**

The Committee wishes to learn more comprehensively about what the Community Care Plan is and what it means for DFTA, senior service providers, and the City’s senior community. Specifically, the Committee would like to learn about the new NORCs and senior centers that will be added under this plan, including how much funding each will receive, how many of the new centers and NORCs are culturally diverse or in ethnically diverse neighborhoods, whether opening the new centers means closing old centers, who the new providers will be, what will happen to the old providers, and how the plan impacts senior center reopening. The Committee would also like to understand more about how the plan impacts the RFPs that were submitted, whether new RFPs will be awarded on basis of new funding, and how the Community Care Plan impacts other senior living arrangements and initiatives, such as nursing homes, caregivers, mental health services, and social adult day cares. The Committee would also like to hear from providers and seniors about their needs and experiences with DFTA services, including their input and expectations for the Community Care Plan for, and how the City can serve all seniors better.

1. **LEGISLATON ANALYSIS**

**INT. NO. 1219***: A Local Law to amend the administrative code of the city of New York, in relation to providing assistance to seniors with bed bugs in their homes.*

This bill would require the Department for Social Services (DSS) to work in coordination with the Department of Health and Mental Hygiene to establish a program to assist low-income seniors with preparations necessary to eradicate bed bug infestations in their dwellings. DSS is also required to work with the Department for the Aging to engage in outreach to eligible seniors regarding the availability of the program.

This law would take effect 120 days after enactment.

Int. No. 1219

By Council Members Dromm and Yeger

..Title

A Local Law to amend the administrative code of the city of New York, in relation to providing assistance to seniors with bed bugs in their homes

..Body

Be it enacted by the Council as follows:

Section 1. Chapter 1 of title 21 of the administrative code of the city of New York is amended to add a new section 21-139 to read as follows:

§21-139 Definitions. a. For the purposes of this section, the following terms have the following meaning:

Dwelling. The term “dwelling” means an individual’s place of residence.

Income-eligible individual. The term “income-eligible individual” means a covered individual who is a resident of the city and whose annual gross household income is not in excess of 200 percent of the federal poverty guidelines as updated periodically in the federal register by the United States department of health and human services pursuant to subsection (2) of section 9902 of title 42 of the United States code.

b. The department, in consultation with the department of health and mental hygiene, shall establish a program to provide effective assistance and support to income-eligible individuals over the age of 60 with bed bug infestations in their dwelling. Such assistance shall include, but is not limited to, laundry and cleaning services, de-cluttering, removal of objects from walls, bagging of personal items, trash removal, and the moving of furniture and heavy equipment so that the bed bug infestation may be successfully eradicated.

d. The department, in coordination with the department for the aging, shall engage in outreach and education efforts to inform income-eligible individuals over the age of 60 of the availability of the program. Such efforts shall include the distribution of written materials regarding the program to senior centers and naturally occurring retirement communities and to any individual requesting such materials. Electronic versions of such materials shall be placed in a conspicuous location on the department’s website and on the website of the department for the aging. These materials shall be made available in the top ten languages most commonly spoken within the city as determined by the department of city planning.

  § 2. This local law takes effect 120 days after its enactment into law, provided that the commissioner shall promulgate any rules necessary for implementing and carrying out the provisions of this local law prior to such effective date.

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6. *Building Community Care for an Age-Inclusive New York City,* New York City Department for the Aging, 2021, *available at* [*https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/DFTACommunityCarePublicVisionFinal040221.pdf*](https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/DFTACommunityCarePublicVisionFinal040221.pdf)*.* [↑](#footnote-ref-6)
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11. *Id.* [↑](#footnote-ref-11)
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