

ANNUAL PLAN SUMMARY 2009-2010

MANHATTAN PUBLIC HEARING

DEPARTMENT FOR THE AGING

220 Church Street
New York, New York
October 27, 2007
10:10 A.M.

PANEL:

EDWIN MÉNDEZ-SANTIAGO, Commissioner

JORGE ROMERO, Assistant Commissioner

JANICE CHU, Deputy Assistant Commissioner

RAMONA MASSENA, Deputy Budget Director

KAREN TAYLOR, Director Bureau of Senior Centers

CARYN RESNICK, Deputy commissioner

SUE CHANDLER, DFTA Advisory Council

MARY MAYER, DFTA Advisory Council

DORIS WILLIAMS, DFTA Advisory Council

2 MR. ROMERO: This is one in a
3 series of annual public hearings
4 conducted in each of the cities five
5 boroughs. The purpose of this annual
6 hearing is to provide an overview of the
7 department's services, activities and to
8 provide the public with the opportunity
9 to share their experiences and
10 recommendations throughout all written
11 testimony.

12 My name is Jorge Romero, assistant
13 commissioner, Department for the Aging.

14 All testimony today will be transcribed
15 and forwarded to the department's
16 leadership team and they will advise us
17 of their contributions.

18 Are there any members of the
19 audience who need the help of a
20 translator?

21 In addition, if anybody has
22 difficulty with hearing, we have two
23 chairs here in the front which are
24 hearing assistance. They have the T
25 system. You can come and use it if you

2 need be.

3 At this time I would like to

4 introduce the commissioner of the New

5 York City Department for the Aging

6 Mr. Edwin Méndez-Santiago.

7 MR. MÉNDEZ-SANTIAGO: Thank you.

8 Good morning. I'm Edwin Méndez-Santiago,

9 the commissioner of the New York City

10 Department for the Aging, and I'm pleased

11 to welcome you to the Manhattan public

12 hearing in reference to the department's

13 2009-2010 annual plan.

14 Let me begin by introducing those

15 members of my staff and advisory counsel

16 who are on the dais with me.

17 Beginning to my far left is Karen

18 Taylor. We are joined by Ramona Massena,

19 Janice Chu. You heard from Mr. Jorge

20 Romero. And I'm very pleased, on my

21 right, to introduce members of our DFTA

22 advisory council, who are appointed by

23 the mayor, and just sitting to my

24 immediate right is Sue Chandler. Next to

25 Sue is Mary. And at the far right is

2 Doris Williams. Who I understand is
3 having her 55th birthday today. Happy
4 birthday.

5 I want to remind you that the
6 department will prepare an executive
7 summary of the hearing, as well as
8 respond to each individual that
9 testifies. We will have the full
10 transcript of all of our hearings
11 available at our DFTA website. And
12 anyone who would like their written
13 testimony to be made available to the
14 public, please fill out one of the cards
15 at the desk outside so that we can also
16 share your written testimony with the
17 public on our website.

18 Today is your chance to comment on
19 the department's planned direction for
20 the next fiscal year. And I am
21 particularly looking forward to your
22 views on key questions on how the
23 department can best support senior
24 centers as centers of wellness, as models
25 of cultural and linguistic competency and

2 as key service providers in age-friendly
3 communities.

4 Before we turn this forum over to
5 you, however, I would like to highlight
6 some achievements that are detailed in
7 our annual plan.

8 Let me begin with modernization.

9 We've spoken a lot about that. This has
10 been a process where the department, for
11 the past two years, has been in constant
12 consultation with providers, advocates,
13 elected officials, consumers and as many
14 individuals as we could reach to discuss
15 the changes that are needed in aging
16 services in light of the anticipated
17 increase in service demand as the number
18 of persons over age 60 grows and the
19 increasing diversity of this older
20 population and diversity in every
21 dimension from language and ethnicity to
22 sexual orientation challenges us to
23 provide services that are meaningful to
24 this growing and diverse community.
25 The department seeks input on three

2 key service areas as we move forward in
3 modernization, case management,
4 home-delivered meals and senior centers.
5 And we instituted a process over these
6 last two years holding hearings with
7 broad groups of stakeholders, developing
8 and issuing concept papers, having
9 feedback through many community meetings
10 and really in discussions with the
11 community at large.
12 Let me just update you on the
13 status of modernization.
14 The case management transition is
15 fully underway and we are very pleased
16 with the progress that we are making in
17 this area. I should share with you that
18 the department added 5.6 million new
19 dollars into the case management system.
20 An unprecedented 36 percent increase,
21 from 16.7 million in fiscal '08 to 22.7
22 million in fiscal '09, as we began to
23 modernize this network. We now have a
24 close relationship with the over 22,000
25 older adults receiving comprehensive

2 in-home services to assist them in living
3 at home.

4 Our home-delivered meals RFP was
5 issued. The awards are tentatively
6 made. Finalists are currently in
7 negotiations, and we hope to be able to
8 announce the awards for our new contracts
9 within the next week.

10 The change of home-delivered meals
11 is important because now that we have a
12 stronger, robust case management system
13 every home-delivered meal client will be
14 assessed through case management to look
15 at not only their needs for meals but
16 their holistic meals.

17 As we began in the Bronx a number
18 of years ago, each home delivered meal
19 asks a consumer of how they want to
20 receive their service. Whether it's a
21 hot meal delivered every day or, for
22 those who can safely use it and want
23 this, be able to receive frozen meals
24 delivered twice a week. And as we
25 continued with our program, it also allow

2 the consumers for the first time the
3 choice for meals that meet their specific
4 health needs. Particularly those that
5 are diabetic.

6 Turning now to senior centers. Our
7 much anticipated request for proposal
8 should be issued in the next week or so.

9 Here, too, our intent is to strengthen
10 the network and expand each individual
11 center's capacity to foster programs
12 addressing the health and wellness of the
13 seniors in our community. Many of the
14 senior centers have already approached
15 this paradigm of wellness, and some of
16 the most forward looking and best centers
17 in this country are right here in New
18 York City.

19 We've learned from these models and
20 we urge every senior center to really
21 take this direction to begin to provide
22 programs that address issues of bringing
23 health-promoting activities to the
24 center. Some of our centers use programs
25 like Wii and Sudoku. But also it

2 addresses physical fitness with walking
3 clubs, Tai Chi, exercise classes just to
4 name a few programs. Also not forgetting
5 mental and spiritual health.

6 When the request for proposal comes
7 out we want to insure that our entire
8 network is much more relevant to the
9 large and diverse population of older
10 adults across the city.

11 Let me for a moment talk about the
12 mayor's far reaching initiative, the All
13 Ages Project, which seeks to address the
14 longevity of our city, that every city
15 agency has to be respectful of older
16 adults and support and promote positive
17 living for older adults throughout the
18 city to make our city truly a senior
19 friendly city.

20 We are working towards this vision
21 through modernization and in
22 collaborating with our sister agencies
23 and other organizations with a stake in
24 the positive aging of older New Yorkers
25 in projects. Just to name a few. We are

2 working with Health and Hospitals
3 Corporation in a number of their
4 facilities to pair our senior citizens
5 with those facilities and target seniors
6 in the community who are diabetic. The
7 seniors get the medical care at the
8 medical facility and get all the
9 follow-up care through their contacts at
10 the senior centers to address the kind of
11 life-style changes that a diabetic
12 patient should be making.
13 We are working also with the
14 Department of Mental Health and Mental
15 Hygiene, the Mental Health Association,
16 to continue our very successful and award
17 winning program on helping to identify
18 seniors with symptoms of depression and
19 get them into treatment as early as
20 possible.
21 We are also working in a task force
22 with a large group of organizations
23 across the city to begin to address the
24 health related disparities of the Latino
25 community, as well as working actively in

2 Harlem in the Harlem Healthy Eating and
3 Living HEAL initiative.
4 In May the department had its usual
5 Age in Action, which was very successful
6 getting attendance by more than 10,000
7 older adults, and the focus of Age in
8 Action was again senior active aging,
9 health and vitality.
10 Just a few weeks ago, maybe some of
11 you joined us in Staten Island as we held
12 our seventh annual Senior Stroll where
13 more than 2,300 seniors joined us to
14 really celebrate their achievement
15 through their walking clubs. Again, they
16 share with us that this is the kind of
17 activity that they want to see that
18 promotes their positive aging.
19 Now let me conclude by sharing some
20 of the latest programs in the department
21 that have been recognized nationally for
22 their initiatives. One is our
23 Grandparents Resource Center, which I'm
24 proud to say won an achievement award
25 from the National Association of Area

2 Agencies for a project that, again,
3 educates and links government agencies
4 here in the city about the specific needs
5 of grandparent caregivers, to assist
6 these caregivers in better being able to
7 navigate some of the complex systems,
8 particularly with the Department of
9 Education.
10 Not to be outdone, their sister
11 program, the Foster Grandparents Program,
12 also won an award from the National
13 Association of Area Agencies for
14 leadership in developing its volunteer
15 best practices programs.
16 And finally, our Alzheimer's and
17 Caregiver Resource Center won an
18 achievement award for its collaboration
19 with the New York City Police Department
20 and the Missing Persons borough on a
21 project to work with caregivers when
22 someone in the family has become lost.
23 This is a good time to just stop
24 for a second and remind you that this
25 Friday, Halloween, we hope you will join

2 us at the 24th annual mayoral conference
3 on Alzheimer's which will be held in
4 Brooklyn at the Brooklyn Marriott. There
5 is information on the tables outside. We
6 urge all community partners to attend to
7 find out not only about the latest
8 research but has been our focus over the
9 past few years really look to the support
10 systems that are available to caregivers
11 as they meet the challenges of living
12 with a loved one that has Alzheimer's or
13 a related dementia.

14 Let me just close by addressing one
15 of the concerns that we have, I know it's
16 important to many of the members of our
17 advisory council, regarding the fiscal
18 climate that we are in and the impact
19 that this is having on older adults,
20 particularly older adults with limited or
21 fixed incomes. We urge our provider
22 community, our friends and colleagues to
23 help spread the word to low income
24 seniors about programs that can help them
25 make ends meet. Programs like SCRIE, the

2 Senior Citizen Rent Increase Exemption
3 Program, whose income level did increase
4 to \$27,000 and will allow many more older
5 adults to be eligible for this program.
6 But again, we want to make sure we are
7 getting the word out that its available.
8 With winter just around the corner
9 we also want to continue to have seniors
10 learn about the very successful and
11 important HEAP program that helps with
12 payment for energy costs.
13 Then, finally, as I'm sure all of
14 you were distressed by the articles in
15 the New York Times a few weeks ago
16 concerning seniors who because of the
17 impact of the fiscal crisis are making
18 difficult choices and not able to
19 purchase their medication. We want to
20 urge seniors to reach out to us at 311 to
21 find out about the assistance that we
22 provide with Medicare D programs. Not
23 only here centrally at the Department for
24 the Aging but through 18 outreach sites
25 across the five boroughs. So that

2 seniors can simply walk in and get
3 assistance. And it's important to
4 remember that beginning now in November,
5 November 15th through December 31st, is
6 the window that's allowed for people to
7 make changes to their plans. Our staff
8 and volunteers are there available to
9 assist you.

10 So, in closing, as we hear from you
11 we know that we face many challenges. We
12 are in a very difficult fiscal
13 situation. But I'm always confident,
14 working with our elected officials,
15 working with the not-for-profit
16 community, with the advocacy community,
17 but particularly with senior consumers
18 and leaders in the community, that
19 working together we can face these
20 challenges.

21 I want to turn this over to our
22 moderator again, and thank you for coming
23 and I look forward to hearing your
24 testimony.

25 MR. ROMERO: Thank you

2 Commissioner.

3 The panel, consisting of the
4 department's executive staff, is here to
5 listen to the comments made by the
6 speakers. This is not a question and
7 answer forum.

8 I would like to remind today's
9 speakers, to provide all individuals with
10 an equal opportunity to speak, each
11 registered speaker is allotted five
12 minutes to present their oral testimony.

13 The electronic timer will turn red
14 signaling that your speaking time has
15 expired. If anyone here would like to
16 testify and has not registered the
17 on-site register will close at 10:40.

18 Also, please leave a copy of your
19 testimony at the front table with the
20 panelist. If you do not have a copy to
21 leave today please pick up a DFTA
22 self-addressed envelope and mail us a
23 copy of your testimony.

24 Our first speaker is Scott
25 Stringer, Manhattan Borough President.

2 MR. STRINGER: Good morning. I
3 want to thank you for giving me an
4 opportunity to testify today on the New
5 York City Department for the Aging's
6 annual plan summary for the 2009-2010
7 year.
8 Many of you are aware by 2030 20
9 percent of our city's residents will be
10 over the age of 60, and it's therefore
11 critical that we strengthen our programs
12 to insure that seniors are well supported
13 as they age. DFTA's annual plan gives
14 some promising initiatives. However, it
15 does not address the current state of the
16 aging network nor provide reassurance
17 that DFTA is adequately prepared for the
18 coming demographic shift.
19 Rather than discuss the concept of
20 the annual plan, I would prefer to use my
21 time to discuss what the plan left out.
22 The upcoming request for proposal for
23 senior center contracts. Seniors around
24 the borough know that changes are coming
25 and they're scared. Every time I visit a

2 senior center I'm asked questions I have
3 no answers to. I hope that DFTA will
4 consider the following questions
5 carefully and address these concerns,
6 because as time goes on you are losing
7 the base. The base are the seniors who
8 depend on your services but somehow know
9 that it's not going to necessarily
10 benefit all of them. Here are some
11 questions I want you and city hall, which
12 is where this is coming from, to take a
13 look at some core questions.
14 First is, what core services will
15 DFTA require all contracted senior
16 centers to provide? Educational and
17 recreational programs are valuable to all
18 seniors, however, with the current
19 economic downturn and the rapidly aging
20 population there will be increased demand
21 for core services. I urge you to
22 identify core service commitment that all
23 senior centers must provide.
24 Second, how many senior centers do
25 you anticipate will close and how will

2 you insure adequate geographic coverage
3 amiss the closures? Here's what you have
4 to do. Tell us what's closing and be
5 open about it. And in practical terms,
6 talk about modernization that will result
7 in fewer senior centers that are larger
8 and more comprehensive. How will DFTA
9 insure that all seniors who would like to
10 use the center have one that's a
11 reasonable distance from their home?
12 In Plan 2030 the mayor talked about
13 making sure there's a park within walking
14 distance. We want to make sure that the
15 seniors have that same opportunity.
16 Three, what transportation services
17 will be provided for seniors whose
18 centers will be closed? Accessibility is
19 one of the most important factors of
20 senior centers utilization. If it's too
21 difficult for seniors to reach their
22 centers they simply will stay home behind
23 closed doors. DFTA must understand that
24 no senior center proposal is complete
25 without a comprehensive transportation

2 plan.

3 Also, senior centers that are

4 regionalized, how will diverse cultural

5 and linguistic needs be met? This city

6 is about so many different cultures and

7 backgrounds, we've got to make sure that

8 there are specialized programs to meet

9 the needs of our very diverse

10 population. Many centers have developed

11 specialized nutritional and social

12 programs to cater to the needs of their

13 specific communities. If centers are

14 consolidated or closed how will DFTA

15 insure that seniors have access to

16 services that are culturally

17 appropriate?

18 How will DFTA preserve social

19 service networks amid senior center

20 closures? Many seniors have long

21 standing relationships with staff and

22 other seniors at their local centers.

23 Some say they go to the senior center

24 because that social worker that they've

25 worked with for all these years is going

2 to be here. They know about their
3 family, their children. That's what the
4 network is about. I want DFTA to
5 acknowledge the importance of these
6 relationships and again develop a plan
7 that preserves those existing
8 relationships and social networks.
9 DFTA's support senior center
10 management staff as they transition to
11 models of service delivery, it's
12 understood that there will be a reduction
13 in DFTA's annual budget and the number of
14 senior centers in the coming year. Will
15 senior centers be expected to provide the
16 same level of service with less funding?
17 We ask you to seriously consider that,
18 and also make sure that as senior centers
19 and staff access the RFP what will you
20 need in terms of staff personnel for
21 senior centers to actually understand the
22 grant writing process that is very
23 cumbersome and bumbling in the best of
24 days. What are they going to do when
25 some centers don't have that kind of

2 support network and you've not guaranteed
3 them the resources to be able to access
4 the RFP to be competitive?
5 Also I want NYCHA and DFTA to work
6 cooperatively to reduce the impacts that
7 cuts both the agencies are planning for
8 those senior centers. NYCHA centers are
9 now at risk through the agency's 195
10 million dollar budget deficit. Have you
11 all thought about that and what you can
12 do to make sure that we don't only close
13 NYCHA centers for core New Yorkers
14 without stepping up and making sure that
15 services are provided for those seniors.
16 We ask you to work with NYCHA and come
17 together with a plan that we can share
18 with the community and social service
19 providers. No community should be
20 disproportionately hurt by closures.
21 So, my primary recommendation to
22 DFTA is to delay the release of the
23 senior center RFP until the concerns
24 raised today are adequately addressed.
25 The aging network is already reeling from

2 the case management transition and is
3 preparing to absorb more changes when the
4 new home delivery meals contracts are
5 rolled out. While DFTA should continue
6 its plans to streamline services, it must
7 maintain a focus on delivering core
8 services to as many seniors as possible.
9 I look forward to working with you
10 and our senior service providers to
11 responsibly prepare for New York senior
12 centers of the future. Which, done
13 right, with consultation, transparency
14 and rationality can actually meet the
15 needs of the new kind of senior services
16 we will need in the next 20 years. I
17 have a great vested interest in this
18 because I will be at one of those centers
19 by the time I end and get to see all the
20 politicians come in. I've been waiting
21 for this all my life. So I'm waiting for
22 that role and I'm going to be a
23 complainer and take nothing for granted.
24 And I'm going to be the best senior in
25 Manhattan. I want to make sure these

2 centers are where I think they should be

3 because I have a special interest and I

4 will disclose that publicly.

5 Thank you.

6 MR. ROMERO: Howard Kesselman,

7 Manhattan Borough IAC.

8 MR. KESSELMAN: I want to address

9 the questions that were introduced to us

10 through the annual plan and give you some

11 concrete points. I'd also like to

12 recognize Antoinette Emers, vice

13 president of the MBIAC sitting back

14 there.

15 Just in terms of the fundamental

16 components of age-friendly communities

17 within their neighborhood and how senior

18 centers can become fundamental

19 components. I think we can look at

20 making senior centers both educational

21 seminars and interactive events in order

22 to generate more community involvement.

23 I think that means also providing greater

24 outreach and assistance to the homebound

25 elderly. I think we also need to engage

2 caregivers in activities and services.
3 And I think we need to look at partnering
4 with organizations and developing
5 intergenerational programs that will
6 benefit not only older people but the
7 younger population as well.
8 I think we also need to more
9 specifically address cultural, religious
10 and ethnic diversity, and that also
11 involves translating DFTA materials into
12 other languages to serve the new
13 immigrant senior population.
14 Additionally I think we have to
15 acknowledge that many seniors are
16 undergoing a dual crisis of aging and a
17 variety of other issues such as aging and
18 living with substance abuse. Aging and
19 living with HIV and AIDS. Aging and
20 living with domestic violence. Aging and
21 living with vision loss.
22 I think that although aging is a
23 crisis and many seniors have to worry
24 about the challenges that they are going
25 to encounter as they become older, baby

2 boomer generation specifically, is going
3 to have to deal with many dual crises
4 that comprise of both aging and other
5 issues such as I mentioned.

6 We also need to I think in that
7 vein assign specific case management
8 services to seniors who are experts in
9 the issues such as substance abuse HIV
10 and AIDS and domestic violence. I think
11 that DFTA needs to consider training case
12 managers to become more expert in these
13 issues and focus on seniors' individual
14 needs.

15 I think we also need to make a
16 greater distinction between well and
17 frail elderly, as well as young and old
18 elderly. If the seniors are considered
19 to become seniors at the age of 65 I
20 don't think you can lump in 65 seniors
21 with 95 year old seniors. I think there
22 needs to e more distinctions made.

23 Additionally, I think we need to
24 really focus on translating materials
25 into braille. As people with visual

2 impairments are becoming more susceptible
3 to the challenges of that information and
4 decreasing amounts of information are
5 presenting. It's not only confusing but
6 sometimes impossible to absorb. I think
7 that is something that we need to do,
8 advocate a bit more aggressively for
9 people with visual impairment.
10 Lastly, the 211 telephone system
11 was being considered and then there was I
12 think somewhat of a, I don't know if it
13 was dismissed but I no longer hear about
14 it, in discussing ways we can service the
15 senior population. I think we need to
16 revisit the importance of having a senior
17 specific telephonic system or a web-based
18 information system which specifically
19 addresses seniors who are not going to be
20 effectively accommodated by calling the
21 311 system. Or the seniors who are now
22 becoming more web and computer savvy and
23 who will be able to benefit from computer
24 based information.
25 On behalf of the MBIAC that is my

2 testimony, and I look forward to giving
3 you next year's testimony.

4 MR. ROMERO: Bethany Jankunis,
5 Assembly member Glick's office.

6 MR. JANKUNIS: My name is Bethany
7 Jankunis. I'm the chief of staff for
8 assembly member Deborah Glick. She's
9 sorry she couldn't be here but we are
10 happy to present for her.

11 Thank you for the opportunity to
12 testify before you today. As the plan
13 notes, there will be a significant
14 increase in the number of older residents
15 in New York City as people live longer.
16 Notably, the state projects that by 2030
17 there will be a 44 percent increase in
18 the city's senior population. Indeed it
19 will be a challenge to meet the needs of
20 this growing demographic and to do so in
21 a way that is truly reflective of their
22 diverse needs.

23 But while adopting to meet this
24 challenge government must not forget that
25 our older residents are one of its

2 greatest strengths. They must not be
3 thought of as a problem to be solved or a
4 corporate challenge to be addressed by
5 finding greater efficiencies.

6 Unfortunately, DFTA's plan seems to
7 view them as both. I have a number of
8 concerns pertaining to DFTA's annual
9 plan.

10 First, I'm deeply troubled by
11 substantial cuts to DFTA'S budget.
12 DFTA's budget for city fiscal year 2009
13 is projected to be seven percent less
14 than city fiscal year 2008. It's
15 disturbing that DFTA's plan is to simply
16 pass the brunt of these cuts onto
17 service providers while expecting them to
18 maintain existing service levels. For
19 example, while Meals on Wheels funding is
20 cut, agencies are not allowed to reduce
21 the number of meals served in their
22 contract.

23 Although I appreciate the desire
24 and need to operate in the most efficient
25 way possible during these difficult

2 financial times, there is a certain point
3 at which greater savings cannot be
4 achieved without seriously undermining
5 the quality or effectiveness of a
6 service.

7 Second, as I have expressed in
8 previous letters to DFTA and in testimony
9 before the city counsel, I have serious
10 reservation about DFTA's modernization
11 plan. DFTA states that its modernization
12 plan is aimed to strengthen and improve
13 services, but it is clear to me and many
14 others that the main impetus behind this
15 modernization is cost savings. I noted
16 then my appreciation for the need to do
17 more with less in times of fiscal stress,
18 but the city must recognize that
19 efficiencies in human services have a
20 very direct effect on individual lives in
21 a way that achieving efficiencies in the
22 corporate sector often does not.
23 The cutting of the organizing of
24 services that DFTA proposes will
25 undoubtedly have a substantial negative

2 effect on its clients.

3 For example, a number of issues

4 were raised in the implementation of

5 DFTA's newly redesigned case management

6 model. A report by the Counsel of Senior

7 Centers and Services documents that DFTA

8 undercounted the number of homebound

9 elderly clients by 3,500 during its

10 transition from case management contracts

11 to the service delivery regionals. The

12 result is that providers who contracted

13 the city to serve a certain number of

14 clients later discovered that the number

15 of clients to be served was actually

16 significantly higher.

17 In addition, it is troubling that

18 the city will not fund additional case

19 managers for homebound seniors as it had

20 originally promised. The result is that

21 either home bound elderly will linger on

22 waiting lists for central services like

23 Meals on Wheels or providers will have no

24 choice but to have workers maintain

25 untenable case loads that do not allow

2 them to adequately serve clients.
3 This situation is further
4 exacerbated by DFTA's decision to no
5 longer allow senior centers to approve
6 Meals on Wheels. Today, just six months
7 into the Meals on Wheels restructuring,
8 750 home bound elderly clients sit on
9 waiting lists for initial entry.
10 In its annual plan DFTA notes than
11 an increasing percentage of the city's
12 elderly will reach poverty and that a
13 growing percentage of elderly will live
14 alone. These two trends point to the
15 need to increase access to programs like
16 Meals on Wheels which provides three
17 healthy meals and visits to help combat
18 desocialization.
19 Instead DFTA'S actions is
20 restricting access to these programs and
21 I fear that their other restructuring
22 efforts will do the same in other areas.
23 Finally, I remain deeply troubled
24 by DFTA's plans to regionalize senior
25 centers. Despite my inquiries and those

2 of other concerned individuals, there
3 seems to be no clear understanding as to
4 how this restricting will work. Without
5 such understanding, there is much
6 apprehension among seniors who are
7 concerned that their long time senior
8 centers will be closed. Sadly, I cannot
9 provide them any reassurance that it will
10 not.

11 I urge DFTA to listen to providers
12 and seniors and revisit its modernization
13 proposals to insure that it does not
14 leave behind the various individuals that
15 it is charged with serving. Even in
16 difficult fiscal times we must find ways
17 to adequately support our city seniors so
18 that they can enjoy healthy adult lives.

19 MR. ROMERO: Elizabeth Lee,
20 Vision Services for the Blind.

21 MS. LEE: My name is Elizabeth
22 Lee and I am the Intergenerational
23 Volunteer and Community Outreach
24 coordinator for VISION services for the
25 blind and vision impaired. We provide

2 free services for people who need care
3 all over the city. Half of the blind
4 people we serve are over 60. All our
5 services are free of charge and no health
6 insurance is required or billed.
7 Visions DFTA funded citywide
8 intergenerational Volunteer Program
9 recruits and trains students from NYC
10 high schools to provide in home
11 assistance to blind seniors and assist in
12 a once a week senior counseling group
13 offered at VISIONS community center. The
14 seniors receive assistance in reading
15 mail, shopping, escorting to
16 appointments, computer assistance and
17 friendly visits. They also serve as
18 mentors to the teenagers.
19 Consider the following. NG is an
20 88 year old well educated man and
21 renowned painter. Since 1999 NG has
22 experienced a decline in his vision due
23 to macular degeneration. When he first
24 heard about VISIONS intergenerational
25 volunteers he had doubts that they would

2 be able to provide the assistance he
3 needed. He agreed to participate in the
4 program and welcomed the youth into his
5 home. He was pleasantly surprised by the
6 capabilities of the volunteers. He found
7 them to be articulate, technology savvy,
8 well read and academically driven. With
9 their help, he was able to do the things
10 he had missed since losing his vision.
11 The volunteers worked at the
12 computer with NG, instructing him on the
13 intricacies of Photoshop, which allowed
14 him to revisit his passion for painting.
15 NG was additionally surprised to find
16 himself mentally stimulated by the
17 volunteers during their visits. He
18 listened to the volunteers read his
19 favorite classics and discussed
20 philosophy and science. When he
21 discovered that the volunteers were
22 studying calculus, he asked them to work
23 with him on problems so that he could
24 exercise his mind. He was particularly
25 excited that the youth were able to join

2 him in doing crossword puzzles
3 with him as well.
4 Throughout the program he was able
5 to keep his mind young and healthy. With
6 the use of this story I want to address
7 and to address the three areas of
8 concern.
9 Our communities and centers need to
10 be intergenerational friendly in order to
11 be age friendly. Senior centers and
12 services can expand their programs by
13 providing linkages to nearby schools that
14 have service learning initiatives
15 integrated, faith based institutions,
16 foster care agencies, early childhood and
17 day care centers and afterschool programs
18 that are funded by DYCD. With budget
19 cuts across the board, senior centers and
20 services can obtain resources by
21 contracting with youth oriented
22 agencies. Teens with computer savvies
23 can provide computer instruction in the
24 centers, assist in meal serving, teaching
25 dance, art etc. Seniors can serve as

2 tutors, mentors and role models.
3 Partnerships between the generations on
4 civic projects such as voter registration
5 or park cleanups can stimulate an age
6 friendly environment. Such collaboration
7 would foster commitment, generativity
8 empowerment, citizenship and community in
9 our neighborhoods.
10 Exercising the mind and the body
11 amongst seniors and addressing the
12 obesity epidemic among youth can be
13 promoted through intergenerational
14 initiatives. We should promote
15 intergenerational walking excursions in
16 the neighborhoods, museums parks or trips
17 to supermarkets for the seniors to do
18 their grocery shopping.
19 Mental health can be promoted
20 through having seniors teach mah jong,
21 dominoes, chess, crosswords to stimulate
22 the mind. Centers can even sponsor
23 intergenerational Olympics that feature
24 ping pong, tennis, scrabble, trivia,
25 chess. Intergenerational healthy cooking

2 and nutrition classes can also be
3 established.

4 Intergenerational programming
5 encourages cultural exchange and breaks
6 down stereotypes. As indicated by
7 Generations United, Intergenerational
8 programs promote the transmission of
9 cultural traditions, history and values
10 from older to younger generations,
11 helping to build a sense of personal and
12 societal identity while encouraging
13 tolerance as demonstrated through VISIONS
14 program. Promoting storytelling and oral
15 histories, creating scrapbooks through
16 photograph documents, heirlooms,
17 preparing native dishes and embracing
18 different forms of dance and music are
19 ways of addressing the diverse
20 population. Linguistic competency can be
21 advanced through the recruitment of
22 bilingual senior and youth volunteers to
23 teach ESL or other languages. Low
24 literacy rates among schools can be
25 addressed by recruiting older adults to

2 volunteer as tutors and readers from
3 children. A poetry and creative writing
4 class can be a stimulating outlet for the
5 seniors and youth as a way of expression,
6 reminiscence and cognitive enhancement.
7 It is recommended that DFTA must
8 continue to fund and broaden the use of
9 intergenerational initiatives beyond the
10 simple dissemination of internet and
11 print material that the annual plan
12 proposes. It should incorporate such
13 approaches into centers, services and
14 neighborhoods as it strengthens age
15 friendly communities, maximizes human and
16 financial resources through the use of
17 senior and youth volunteers and promote
18 senior and youth development. As the
19 annual plan states, it is crucial that
20 these programs grow.

21 Thank you.

22 MR. ROMERO: Antoinette Emers,

23 VISIONS.

24 MS. EMERS: Thank you for the
25 opportunity to testify. My name is

2 Antoinette Emers and I am the assistant
3 director Community Outreach, VISIONS
4 Services for the Blind and Visually
5 Impaired.
6 VISIONS is a citywide vision
7 rehabilitation and social service agency
8 specializing in serving seniors who are
9 blind or visually impaired, who are low
10 and limited income, who speak languages
11 other than English, primarily Spanish,
12 Cantonese or Russian, have multiple
13 disabilities and are high risk for vision
14 loss. Particularly African-Americans and
15 Hispanic seniors who have a higher
16 incident of diabetes and glaucoma.
17 We commend DFTA on their commitment
18 to reaching and serving a diverse elderly
19 population in New York City. We applaud
20 DFTA's annual plan which recognizes the
21 special needs of the growing elderly
22 population with sensory impairments. In
23 New York City there is an estimated
24 34,000 elders age 65 and older who are
25 blind and 217,000 age 65 and older who

2 are visually impaired. This number is
3 expected to double by 2030.
4 The incidents of vision loss
5 increases due to age-related eye diseases
6 such as macular degeneration, glaucoma
7 cataracts and diabetes.
8 Today we would like to make the
9 following recommendations on the DFTA
10 annual plan in regards to the questions.
11 VISIONS encourages DFTA to make a
12 long-term commitment to the New York City
13 Coalition on Aging and Visions projects
14 and funded ongoing resource center on
15 aging and vision. Fund senior centers
16 and multigenerational centers to be
17 vital, attractive hubs for information
18 and activities. Insure access to
19 benefits for seniors with vision loss.
20 Shifting the burden off of the city to
21 nonprofits to perform at the same level
22 with less revenue and increasing its
23 business is unreasonable.
24 Create a diverse roster of speakers
25 from health, educational and art

2 organizations to provide services to the
3 aging network at no cost to non profits.
4 Reward inclusion for diverse populations
5 to the needs of diverse populations
6 including seniors with vision lost and
7 members, volunteers and activities. To
8 insure coordination with the surrounding
9 communities to increasingly draw in a
10 multicultural and multigenerational
11 population due to their senior programs.
12 Second question. Where is the
13 money to do this? VISIONS lost 32,525
14 plus a three percent cut this year in
15 funding. How can we expand with fewer
16 dollars. Why weren't senior programs
17 spared from cuts from the mayor's
18 Commission on Economic Opportunity
19 defines year three as living in poverty.
20 The Good Practice Intergenerational
21 publication should be highlighted because
22 it is a tool to promote healthy aging.
23 DFTA should focus with New York City
24 Department of Transportation on modifying
25 five cars and installing audible

2 pedestrian signals throughout New York
3 City.
4 Senior employment is a critical
5 area. Where is the financial investment
6 of the city to inform seniors years and
7 providers of the solutions and equipment
8 that has proven successful?
9 Third question. Encourage hiring
10 and maintain staff that reflects the
11 diverse population. Presently I'm
12 projected to obtain services from all of
13 the DFTA funded programs. Encourage the
14 creations of partnership of ethnic-based
15 organizations and businesses to assist in
16 developing an appropriate plan to
17 strategically work on populations in DFTA
18 funded programs.
19 Where is DFTA's commitment to
20 community outreach when it defunds these
21 efforts? Restore all funding distributed
22 by the borough president.
23 In closing, we ask you,
24 Commissioner, in this budget crisis that
25 you allow VISIONS, your community

2 partner, full partnership with you and
3 staff to navigate this crisis to insure
4 quality decisions are made that impact on
5 the aging and vision loss community.

6 Again, thanks Commissioner for this
7 opportunity to speak today.

8 MR. ROMERO: Tom Connor, Caring
9 Community.

10 MR. CONNOR: I'm Tom Connor,
11 chairman of the senior advisory board of
12 Caring Community.

13 Seniors are facing particularly
14 hard times in these days of economic
15 uncertainty. We are all aware of seniors
16 losing their apartments, greedy landlords
17 pushing long-time tenants out in order to
18 raise the rents. The Medicare D programs
19 for prescriptions is a disaster. Seniors
20 who have to use several medicines reach
21 the doughnut hole within months of a new
22 contract. The cost of food seems to
23 increase on a daily basis. Seniors
24 wonder how we can manage to survive.
25 Many seniors depend on the services

2 of the senior centers for food, company
3 and intellectual stimulation. We are very
4 worried about DFTA's plan to change or
5 eliminate our centers. It is well known
6 that the road to hell is paved with good
7 intentions. We deserve a better
8 explanation of the proposed changes and
9 how they will affect each senior center.
10 DFTA spokespeople have said that
11 many centers are underutilized and that
12 certain neighborhoods are underserved.
13 However, they do not discuss their plan
14 to solve this problem. Don't we deserve
15 a full explanation? In your plan you
16 state that your new plan had been
17 discussed with the aging network.
18 Providers, advocates, elected officials
19 and community leaders. Where were your
20 discussions with seniors? Somehow you
21 decided to leave them out of the
22 process. This says a lot about the
23 current thinking at the Department for
24 the Aging.
25 The senior advisory counsel, which

2 you lauded a few moments ago, is unknown
3 by the general senior population. In ten
4 years as a senior center member I have
5 never seen nor heard from the senior
6 representatives. Not one of them has
7 visited our center. I have read the
8 minutes of their four meetings a year and
9 there is little to demonstrate meaningful
10 input from the senior advisory members.
11 This counsel, according to the minutes,
12 is an advisory counsel in name only. It
13 must be changed into a functioning body
14 that really represents seniors.
15 Your mission statement lists as it
16 first goal to foster independence and
17 individual choices to confront ageism and
18 promote opportunities for older people to
19 share their knowledge and skills.
20 Somehow this goal seems to have been
21 abandoned by DFTA. For example, the
22 senior advisory counsel at my center is
23 elected by the members. We are a very
24 active group. We have issues that we
25 have wanted to discuss or share with our

2 program officer or other DFTA staff.
3 Phone calls are not returned, nor are
4 letters answered. I attached a copy of a
5 letter that we wrote to DFTA on August 7,
6 2008 which we requested a meeting with
7 the program officer or the supervisor.
8 We received no reply. It seems that DFTA
9 staff was not interested in having
10 discussion with our senior advisory
11 counsel. DFTA staff and commissioners
12 must become more familiar with your
13 mission statement.
14 A major issue that concerns seniors
15 is food. I don't want to waste any time
16 discussing your plan to bring frozen food
17 to homebound seniors. I know you use
18 another word instead of clearly saying
19 frozen and that confuses a meaningful
20 discussion of the problem. No one that I
21 know is in favor of this plan. I am sure
22 you are aware of this despite the so
23 called research which needs to be
24 reviewed to include how respondents were
25 selected.

2 Let us talk about food at the
3 senior center. It is the only hot meal
4 that many people have each day. The
5 amount of money that is provided for a
6 congregant lunch in center is \$2.55. It
7 has been at this level for some years.
8 The cost of food has gone up. How the
9 vendor can continue to provide us with
10 good quality food with this situation
11 continually?
12 The administration of our center
13 has increased to request voluntarily
14 donations by 50 percent. It is called
15 voluntary but many seniors feel pressure
16 to give \$1.50. How can DFTA continue to
17 ignore these economic facts?
18 A related problem is the widespread
19 nonobservance of the voluntary
20 contribution. In many centers there is a
21 demand for the money. I have offered to
22 talk to DFTA about. In fact I wrote to
23 them about this August 21, 2008. I am
24 still waiting for a reply. As senior
25 incomes are declining this pressure

2 becomes a larger issue, and Commissioner
3 Méndez should insist that his staff
4 enforce the voluntary donation
5 regulations.
6 The newspapers report that all city
7 budgets will be reduced. This will no
8 doubt have an impact on our centers and
9 its services. For some time I have been
10 concerned with the lack of oversight
11 provided by DFTA to its contract
12 holders. It seems to me that once DFTA
13 awards a contract it is mainly concerned
14 that the agency keep within the bottom
15 line and just don't spend more money than
16 the contract provides. We have been told
17 that in many centers, my center, money
18 was moved from food and food disposables
19 to staff salaries. I referred it to the
20 operation manager and the director of
21 social workers. There are four social
22 workers on the staff of the Caring
23 Community.
24 In my opinion, a better use of
25 money would have been to hire a social

2 worker director to fill the role of both
3 social worker director and operations
4 manager. An even better idea would have
5 been for the position of operations
6 director be eliminated and for the
7 executive director of the Caring
8 Community to assume the duties of this
9 position. Additional funds would then
10 have been available for food as well as
11 consultants to provide classes for the
12 exercise, art, Spanish, Tai Chi. Are
13 these transfers of funds reviewed by
14 DFTA? We have never seen a job
15 description for the operations director
16 or the qualifications for this position.
17 With money in short supply I
18 believe that DFTA must step up to the
19 plate and make sure that the money that
20 is provided to senior centers is wisely
21 spent on behalf of the seniors. The
22 article in the New York Times
23 demonstrates a continuing lack of
24 oversight and failure on DFTA's part
25 auditing and monitoring the contracts it

2 receives city funding through DFTA.
3 I quote, Lebray received money
4 through the Department for the Aging at
5 the direction of counsel member
6 Moscoran. In all the councilman has
7 allocated more than \$420,000 to the group
8 for operating expenses. Christopher
9 Miller -- this is the important part --
10 spoke to the Department for the Aging and
11 said the agency had not audited Lebray
12 but given the findings by the sister
13 agencies he said it was now reviewing its
14 options. It is imperative that DFTA
15 fulfill its fiduciary responsibilities.
16 Tax funds are too valuable to waste.
17 It would seem likely that
18 Commissioner Méndez will be entrusted to
19 lead this department for another four
20 years. I would hope that he shakes
21 things up and makes the department more
22 senior friendly and that he involves
23 seniors in planning programs. I think it
24 would be appropriate to add some new
25 assistant deputy commissioners to add

2 fresh insights, new ideas and energy.

3 Some of the current commissioners have

4 been on provisional status for years.

5 Why are these positions not filled

6 through the civil service system? This

7 is a question. Is it cronyism? What is

8 going on?

9 In conclusion, I would like to

10 thank you Commissioner Méndez for all of

11 your efforts. Even though I have been

12 critical, we do appreciate your efforts

13 on behalf of the seniors. There's much

14 more to do though. I have had dealings

15 with many of your staff, and the majority

16 of whom were courteous. A few others

17 were not so nice.

18 I also want to take the opportunity

19 to thank all of the staff for their

20 commitment to improving the lives of

21 seniors. I want to give you commissioner

22 copies of the letters that we never got

23 replies from. I hope you will

24 follow-up.

25 MR. ROMERO: Linda Ostreicher,

2 Center for Independence of the Disabled
3 of New York.

4 MS. OSTREICHER: I will be very
5 brief. The Center for Independence of
6 the Disabled of New York is a leading
7 advocate for New Yorkers with
8 disabilities. We have a 25 year history
9 of hoping to bread down social, physical,
10 and perceptual barriers that can prevent
11 people with disabilities from
12 participating fully in mainstream life.
13 In review of the Department for the
14 Aging's annual plan, CIDNY, that's our
15 acronym, identified a number of areas in
16 which we urged DFTA to work more closely
17 with independent living centers and other
18 nonprofit service providers to people
19 with disabilities. I was happy to hear
20 VISIONS testify. Our communities overlap
21 both in terms of population, that's the
22 seniors with disabilities, and our
23 needs.
24 Combining our advocacy for
25 necessities that both communities need

2 would help both of us to win what we need
3 sooner. Some of the needs that younger
4 people with disabilities share with the
5 elderly are for accessible
6 transportation, pedestrian and wheelchair
7 safety, increases to fixed income such as
8 supplementary security income, long-term
9 care such as home care and rehabilitation
10 therapy. Medicare navigation services,
11 homestead navigation services. I will
12 talk about that a little later. And
13 support for family and other informal
14 caregivers.

15 Another area is to use our
16 experience in working with people with
17 disabilities. DFTA has a great deal of
18 experience in working with people who are
19 acquiring disabilities as they age.

20 However, a marked increase in the rate of
21 disability among the elderly is coming.

22 Because today's disabled people are
23 living longer than was ever thought
24 possible and spending more of their lives
25 in communities rather than institutions.

2 Today's younger disabled people will be
3 tomorrow's seniors.

4 The disability community can
5 provide DFTA with valuable guidance on
6 how to work with people who have lived
7 for many years with physical, sensory,
8 emotional and cognitive disabilities,
9 both visible and invisible.

10 Then there's the area of justice.

11 Independent living centers have a history
12 of advocating for disability rights. We
13 are in fact both service organizations
14 and civil rights organizations. We would
15 be happy to share our expertise with DFTA
16 and aging groups to frame shared
17 accessibility needs in terms of civil
18 right rather than charity.

19 For example, one of the findings in
20 the report by the New York Academy of
21 Medicine toward an age-friendly New York
22 is that improvements in courtesy and
23 comfort are needed. The example given is
24 that a bus driver sometimes being
25 unwilling to lower buses to the curb to

2 allow riders to enter and exit. If a
3 senior citizen needs the bus to be
4 lowered or the ramp to be used it is not
5 a courtesy for the driver to do so but
6 his or her responsibility. Failure to do
7 so should generate a complaint to the MTA
8 and a pattern of such failure would
9 constitute a violation of the Americans
10 with Disabilities Act and is illegal.
11 The same report states that experts
12 recommend a shift toward supporting home
13 care and community based care presumably
14 in preference to institutional long term
15 care. The Supreme Court Olmstead
16 decision already mandates that this shift
17 take place. It is not optional. And
18 it's not even optional at a time like
19 this when budgets are strained and this
20 is a wonderful time to shift people out
21 of institutions because it saves money
22 for the government.
23 Finally there is the area of public
24 attitudes. Both seniors and younger
25 people with disabilities face prejudice

2 and stigma. Sometimes they prefer not to
3 be associated with one another because
4 they don't want the added stigma of the
5 other group's identity. The more we work
6 together the more seniors may become able
7 to acknowledge newly acquired
8 disabilities and get the help they need
9 to maintain social activities and
10 independence.

11 Collaboration might also reduce the
12 fear of aging, which can be as strong for
13 disabled people as in any other
14 nonelderly community.

15 Thank you for this opportunity to
16 comment on the department's plan and we
17 look forward to cooperating with you on
18 our shared agenda.

19 MR. ROMERO: Eric Wallace, Canaan
20 Senior Service Center.

21 MR. WALLACE: The New York City
22 Department for the Aging under the
23 leadership of Mr. Edwin Méndez-Santiago
24 and its staff is to be congratulated for
25 its many accomplishments and much success

2 in improving the quality of life for many
3 seniors.

4 According to the aging plan
5 summary, the senior community can look
6 forward to a much improved service
7 delivery in the future. However, the
8 idea of doing more with less presents a
9 serious problem for most agencies.

10 Especially those centers in low income
11 areas. The average center currently
12 operates on a shoestring budget, often
13 having to rob Peter to pay Paul. Taking
14 money from one category to another. It
15 is not bad enough all agencies have
16 received a three percent budget cut for
17 the fiscal year 2009 and more cuts to
18 come. Yet there have been an increase in
19 rent in quite some time. However, there
20 have been substantial increases in real
21 estate and rent prices. Which makes it
22 difficult to secure facilities to
23 accommodate all the ages of the project.

24 Since it has been proven that the
25 aging population continues to increase

2 and has aging services, promoting senior
3 health and wellness and insuring
4 opportunities for living full productive
5 lives continues to be a work in progress
6 for most of the senior service agencies.
7 But again, funding and sufficient
8 space will impact these needs. The
9 continued increase in life expectancy
10 demands a better health system to meet
11 the needs of a growing aging population.
12 Senior citizens as well as other ages and
13 disabled in the Harlem community face
14 more severe problems due to
15 gentrification, which has been taking
16 place for quite some time.
17 Where developers and landlords are
18 forcing tenants, particularly older
19 seniors, out of the converting properties
20 and making them into co-ops and condos
21 and building high-rises which little or
22 no senior can afford because of limited
23 income.
24 Thanks to DFTA for an increase in
25 SCRIE eligibility which gives more

2 seniors comfort that as long as the owner
3 keeps the property they are assured some
4 safety.

5 Housing costs and health care
6 continue to impact our lives and the
7 lives of the poor because housing
8 continues to rise and the increase in
9 income has lingered. There are many
10 seniors affected by high cost and needed
11 prescription drugs. Medicaid's
12 prescription drug plan offers and
13 provides very little relief to both
14 seniors in my community.

15 Advanced technology has improved
16 the quality of life in many areas such as
17 early detection and prevention measures
18 and medicine. However, many seniors are
19 too poor and lack the ability to access
20 them.

21 For example, they receive computer
22 training but they lack the necessary
23 resources to purchase them. I suggest
24 that DFTA assist those with the means to
25 obtain a computer.

2 In closing, we look forward to
3 finding that the year of the senior
4 centers and endorsed health server be
5 submitted.

6 MR. ROMERO: Rob Lorey, SAGE
7 Manhattan.

8 MR. LOREY: On behalf of SAGE I
9 want to thank the city of New York and
10 the Department for the Aging for holding
11 these public hearings.

12 Services and advocacy for gay,
13 lesbian and transgender elders, SAGE, has
14 a mission to ensure that gay, lesbian,
15 bisexual and transgender seniors access a
16 full array of services that provide for
17 the whole person. This is especially
18 relevant in regard to addressing the
19 annual plan's focus on full inclusion of
20 the needs of New York City's seniors.

21 While our program is a very small
22 part of New York's wealth of senior
23 services, we believe our model of
24 programing is entirely relevant. SAGE's
25 structure is already rooted in the notion

2 that it is vital to acknowledge diversity
3 in all its forms while participating in
4 New York City's new delivery system. Our
5 five year strategic plan directly
6 addresses tactics by which SAGE
7 identifies and strengthens ties between
8 GLBT seniors and the elder community at
9 large. Currently we promote diversity
10 within our own community and develop
11 services that speak to those needs.
12 The current models of senior
13 services in New York City serve an
14 increasingly diverse aging population
15 using outdated systems and limited
16 utilization methods. SAGE envisions a
17 model that provides lesbian, gay,
18 bisexual and transgenders seniors with a
19 safe, vibrant space in which to age,
20 while at the same time connecting them
21 with the rich spectrum of aging services
22 that New York City could become under the
23 city's modernization effort.
24 While SAGE will never serve every
25 GLBT senior living in New York City, we

2 do wholeheartedly believe that every GLBT
3 senior living in New York City deserves
4 to receive essential services. SAGE will
5 support all efforts to ensure that New
6 York City's modernization of its senior
7 services occurs on a time line that
8 allows for maximum effectiveness and
9 opportunity to transition from the status
10 quo, as long as this does not come at the
11 expense of GLBT seniors need of services
12 now.

13 SAGE supports DFTA's commitment in
14 keeping seniors empowered by helping them
15 stay in their homes. Historically our
16 programing reflects a similar emphasis
17 while developing and providing services
18 that allow seniors to remain at home. We
19 acknowledge the need to connect them to
20 the community as well.

21 Again, our strategic plan reflects
22 these goals. Introducing a new
23 generation to service programs focused on
24 both outreach and support for those who
25 will provide program delivery, provide

2 leadership for the GLBT community from
3 within the community, facilitate member
4 driven initiatives, forming coalitions
5 with other GLBT organizations and working
6 with other senior organizations by
7 providing sensitivity training to promote
8 safe spaces for GLBT elders to
9 participate outside of SAGE.
10 SAGE recognizes that modernization
11 of New York City's senior services
12 delivery must be undertaken with care.
13 We support efforts to insure that this is
14 the case. At the same time New York
15 City's GLBT seniors should not have to
16 wait any longer for the city to support
17 the basic life-enriching services that
18 they need and deserve. Therefore, SAGE
19 believes that the New York City's
20 Department for the Aging should move
21 forward in the months ahead with some
22 form of RFP process for senior centers
23 and other services that offers an
24 opportunity with the kind of flexible and
25 forward thinking programing that is

2 necessary in order to effectively serve a
3 diverse, new population that includes
4 GLBT seniors.

5 Thank you very much.

6 MR. ROMERO: Alonzo Jordan, State
7 Senator Malcolm Smith's office.

8 MR. JORDAN: Good morning. My
9 name is Al Jordan. I'm a volunteer
10 liaison for State Senator Malcolm Smith.

11 What I have this morning is brief
12 testimony from Senator Smith's
13 newsletter, and I'm just going to read it
14 for the hearing. I won't take up too
15 much of your time.

16 The topic reads Measure to Protect
17 Meals on Wheels Senior Citizens Blocked
18 in Senate. This June, the senate
19 majority conference blocked a proposal
20 sponsored by Senator Smith and a
21 colleague to protect the Meals on Wheels
22 program for senior services in New York
23 City. The measure, introduced as an
24 amendment, would have delayed the
25 implementation of New York City

2 Department for the Aging's so-called
3 restructuring of senior services,
4 including the popular Meals on Wheels
5 program.
6 Advocates fear that the planned
7 consolidation of services will limit
8 seniors ability to access healthy meals
9 and other critical services and that
10 dozens of local front line senior
11 services could be lost.
12 Senator Smith's proposal S815BA
13 would have barred New York City officials
14 from proceeding with its consolidation of
15 senior services, including Meals on
16 Wheels, until a thorough review of the
17 program is completed. The senator
18 majority voted against allowing it to
19 come to the senate floor. And the
20 senator says I understand the need to
21 modernize and improve our senior services
22 delivery system, but the New York City
23 Department for the Aging is failing in
24 this effort. It was a sad day indeed for
25 tens of thousands of our seniors who

2 would have come to depend on these
3 critically important programs.

4 MR. ROMERO: Thank you, sir.

5 Karlin Mbah, Friends and Relatives
6 of the Institutionalized Aged.

7 MS. MBAH: Good morning. My name
8 is Karlin Mbah. I represent FRIA. We're
9 a not-for-profit organization that
10 advocates on behalf of seniors in long
11 term care.

12 While FRIA heartily supports DFTA's
13 planned efforts to support more
14 community-based care, allowing seniors to
15 age in place we are concerned about the
16 substantial portion of the city's aging
17 population who will require some type of
18 residential care. While it is an
19 important goal absolutely to maintain
20 seniors in the most independent segment
21 possible, we cannot discount the vital
22 role nursing homes play in our long-term
23 care system.

24 Given the current economic climate,
25 it is uncertain whether or not sufficient

2 funds will be allocated to provide
3 comprehensive community-based services to
4 those who need it most. Those who are
5 frail, alone and/or have cognitive
6 impairments. For example, developing a
7 work force to meet the needs of the
8 elderly in the community and meeting that
9 work force's needs for ongoing training,
10 decent wages and health benefits is a
11 challenge that could impede the
12 implementation of the expansion of
13 community-based care.

14 The lack of affordable housing
15 senior housing and disabled access
16 housing in New York City is also a factor
17 requiring continued nursing home
18 placement and preventing the development
19 of community-based programs. This is
20 why, at least for the near future,
21 nursing homes will continue to be a
22 critical element as a long term health
23 care system. Especially for those how
24 have dementia or medical conditions that
25 may be difficult to handle in the

2 community setting and those who cannot
3 afford both community housing and health
4 care. It is essential to insure that
5 good care is provided in these facilities
6 by, among other things, introducing
7 culture change concepts of smaller, more
8 homely housing units and adoption of a
9 social model which offers personal
10 choices rather than the medical model
11 structure. Above all, a sufficient
12 number of trained staff is essential to
13 insure that this vision is achieved.
14 It is important, we feel, for DFTA
15 to take into account the fact that all of
16 the components of the long term care
17 system need to be well integrated. As an
18 elderly or single individual may need
19 services from one or more component at
20 any given time.
21 For example, a single individual in
22 the system may start out at the home
23 using the community based services we're
24 talking in the annual plan, but within a
25 given year they may go through a cycle

2 from home to hospital to a rehabilitation
3 facility, sometimes even to a psychiatric
4 facility, back to the hospital, the
5 nursing home and eventually back to the
6 home where they will use community based
7 services again.

8 Accordingly we ask that records
9 should be standardized across these
10 services. Applications to entitlement
11 benefits should be made easier and that
12 case management and oversight should be
13 made more holistic across the various
14 system components.

15 Thank you for giving me the
16 opportunity to voice these concerns.

17 MR. ROMERO: Cynthia Maurer,
18 Visiting Neighbors.

19 MS. MAURER: Thank you for this
20 opportunity to express our concerns about
21 DFTA's annual plan. I represent Visiting
22 Neighbors. We're a nonprofit agency
23 that's been serving the homebound and
24 frail elderly since 1972. Our mission is
25 to keep our older adults independent at

2 home as long as possible, promote a
3 better attitude toward the elderly in
4 general and to support volunteering and
5 intergenerational programs.

6 Our dedicated professional staff of
7 just 12 support over 400 seniors in a
8 given day. And over 400 volunteers help
9 700 seniors on an annual basis. Most of
10 our seniors have loss their families and
11 friends. In fact, 90 percent. I can't
12 tell you how many have said to me how can
13 anybody be alone in New York City? Very
14 easily. When you're over 80 and crossed
15 out every name in your personal phone
16 book and your friends have died and
17 family has moved away or not in town, or
18 maybe never married it's very easy to be
19 alone and isolated in New York City.

20 Our seniors suffer with many
21 chronic health conditions that limit
22 their ability to leave their apartments
23 and face economic hardship as they
24 struggle to struggle on their limited
25 fixed incomes. Believe it or not there

2 are a lot of people out there who also do
3 not understand that a lot of our clients
4 have to choose between getting a
5 prescription drug or eating in the course
6 of a day.
7 They often face neglect, they
8 become depressed and struggle to survive
9 the challenges of aging alone in our
10 great city.
11 Visiting Neighbors has become a
12 trusted lifeline for these seniors,
13 providing volunteers who visit with them
14 to encourage them to stay connected to
15 the community and take care of
16 themselves. We help with errands and
17 shopping, escort to medical appointments
18 on a limited basis we are able to offer
19 opportunities for them to come out to our
20 office, even to join in little support
21 groups.
22 We have started a project called
23 Laugh and Learn. And it sounded like a
24 simple little thing. These simple little
25 things add to the quality of life. Laugh

2 and learn is basically coming to our
3 office, having some lunch and basically
4 telling jokes. Sounds nice. Doesn't
5 sound like something that is dire,
6 right? If it gets cut, who cares?
7 However, what we did is, we use it
8 as a tool to target some of the most
9 isolated seniors who would not normally
10 go to a senior center. Who may say,
11 well, I'm too depressed to go to a senior
12 center. So I'd really just rather sit
13 home and I'm too prideful to ask for
14 help.
15 We had one such woman -- this is a
16 perfect example -- who had lost her
17 husband of 49 years and had stopped going
18 to her local senior center. Through a
19 lot of coaxing and a lot of pushing we
20 got her to come in to our office to do
21 the Laugh and Learn program. She enjoyed
22 it so much and the next thing you know
23 she really wanted to have a friendly
24 visitor and stay connected. Next thing I
25 hear form a social worker from one of the

2 senior centers calling saying what did
3 you do to Rosa? She's now happy and
4 perky. I haven't seen her this way. We
5 tried to get her back to the center. She
6 would not come back. What did you do?
7 We didn't do anything except reach out
8 and connect in a different way. A very
9 personal way.

10 With that said, the social worker
11 said I have another two dozen. Would you
12 like them? I can send them over to your
13 agency. We have plenty of our own.

14 Though we did accommodate. We wound up
15 adopting another 12 people.

16 This is the first time also that
17 this particular senior had gotten out of
18 her home to other than, as she put it, go
19 to a doctor or funeral. That's true of
20 many of our clients before they involve
21 themselves in the program.

22 Your annual plan highlights the
23 anticipated growth and numbers of the
24 oldest elderly, those seniors who need
25 the most services. And we can certainly

2 attest to that with the number of seniors
3 we've seen elders in our agency. Eight
4 years ago the average age was 68. Now
5 it's 89. Do the math. We're getting
6 older and we want to be able to stay
7 independent in our own homes.
8 These seniors, these older adults
9 are more likely to live alone, to have
10 few supports, to suffer with health
11 impairments and to struggle to survive on
12 a limited income.
13 You refer to the problems of
14 socialized isolation but a solution you
15 cite the Carrier Alert Program, a program
16 to train building employees. These are
17 both valuable programs but they do little
18 to sustain our city's homebound elderly.
19 Most of our clients, when we get them,
20 they don't just come in for one time
21 usage, they're here for us to be the best
22 day of their lives. We help keep people
23 out of nursing homes. That costs the
24 city money too. In fact, we are one of
25 the most cost effective programs.

2 Because by keeping people at home, away
3 from the nursing home population --
4 listen, there are times when you need to
5 be there, that's understandable, but
6 there are many times when people are
7 forced to because they don't have any
8 other choice.

9 Frail seniors throughout the city
10 need more programs like ours for seniors
11 that help sustain emotional, physical and
12 spiritual well being. That's another
13 piece I would like to talk to. It's not
14 only about staying home, eating, having
15 their medication, it's also about feeling
16 happy, enjoying your life, quality of
17 life. The golden years. A little
18 tarnished. We want to make them polished
19 and make life a little nicer.

20 Someone will say what happens if
21 you help that one more? What's the
22 difference of one more? That one more
23 will make a difference if it's your
24 relative, your neighbor, your friend or
25 you.

2 We need to encourage community
3 organizations to be more mindful of the
4 ways to keep our older adults in the
5 community. From our 36 years of
6 experience we know that people care and
7 that volunteers are underutilized
8 resources.

9 Another piece of it is by keeping
10 our seniors at home we basically have a
11 wonderful resource, volunteers who go and
12 visit them. They get so much out of it
13 and there really is a lovely connection.

14 I would like to call upon DFTA to
15 reach out to encourage the development of
16 more such programs for our seniors. Our
17 programs provide cost effective ways to
18 keep our seniors at home, and Visiting
19 Neighbors will help in whatever way we
20 can within the confines of our limited
21 budget for this effort.

22 One last statement. If we unravel
23 that thread the whole tapestry of our
24 system will unwrap. We need to keep our
25 people at home, our seniors.

2 Thank you.

3 MR. ROMERO: Laura Radensky,

4 Jewish Home Lifecare.

5 MS. RADENSKY: Hello. I'm

6 speaking on behalf Jewish Home Life Care,

7 which is the single largest

8 not-for-profit multisite senior living

9 provider in New York State serving over

10 10,000 elders annually through our

11 skilled nursing facilities, senior

12 housing and community programs.

13 As an agency which provides

14 predominantly health care services to the

15 elder population, we encourage DFTA to

16 support the use of health care technology

17 within its senior centers as well as NORK

18 sites. For example, we envision a

19 scenario in which telehealth kiosks are

20 installed in public environments such as

21 senior centers. These units, which are

22 used by multiple individuals and

23 programmed also in multiple languages,

24 are simple user-friendly computers which

25 ask health-related questions.

2 Information is sent via the internet to a
3 telehealth nurse who then follows up on
4 the answers.
5 Data which we've collected in our
6 New York State Department of Health
7 demonstration project on similar
8 individual telehealth units in the homes
9 have shown extremely impressive results
10 regarding better disease management,
11 falls management, pain management as well
12 as medication compliance. We also have
13 shown lowering of hospitalization rates
14 for those using them.
15 The financial implication for these
16 outcomes is tremendous. And
17 additionally, kiosks can be a program to
18 help carry public health messages that
19 DFTA would want to get across. For
20 example, to remind people get a flu
21 shot. To stay hydrated et cetera.
22 We hope that the city will also be
23 able to work with providers in developing
24 and implementing technology for use
25 during times of emergency. This might

2 include television channel, webbed or
3 phone and e-mail blasting. For example,
4 in the case of pending emergencies like a
5 hurricane or storm use of e-mail phone
6 blasting could be broadcast to registered
7 elders throughout the city with service
8 messages.

9 We also encourage use of video
10 conference technology to assist and
11 disseminate in public education. Such as
12 conferences on disease management and
13 wellness. For example, presentations
14 such as our diabetes public health forum
15 could be videotaped and then broadcast at
16 multiple senior centers simultaneously.
17 This technology also is amenable for
18 staff trainings.

19 We are pleased that the city has
20 been able to provide funding for OATS,
21 the Older Adults Technology Services
22 programing, through different agencies.
23 Our experiences with OATS has been
24 extremely good. We find that in our
25 adult day health centers it's one of our

2 most in demand health services. We
3 service providers look to DFTA to work
4 with as an advocate for regular funding
5 streams and/or subsidies for these
6 technologies so that all members of our
7 community can avail themselves of these
8 services.

9 We also look to DFTA to continue
10 working with us on workforce development
11 for the field of aging. Especially with
12 an emphasis on cultural diversity. We
13 believe it's not only important to make
14 sure the current work force is culturally
15 competent, but that aging services work
16 force of tomorrow is representative of
17 the community members they service.

18 Initiatives such as the youth work
19 force geriatric career development
20 programs, elderly reentry to the work
21 force programs, programs to train the
22 next generation of leaders in the field
23 of aging and career ladder training
24 programs for geriatric work force are all
25 important. Especially those that are

2 developed for the ethnically and
3 culturally diverse populations.
4 Jewish Home Life Care is very
5 thankful for the funding we receive for
6 our intergenerational geriatric work
7 force program and hope that the
8 importance of developing the geriatric
9 work force remains a priority even in the
10 current economic climate.
11 We ask that DFTA assist and support
12 us in diversifying our own work force.
13 We providers also hope to partner with
14 DFTA to advocate for funding for programs
15 which will enhance work force diversity.
16 We appreciate the wonderful work that's
17 been done with Reserve and DFTA. And
18 wonder if DFTA could help us place
19 Reserve volunteers within the multitude
20 of agencies within the city in general.
21 Finally, in regards to information
22 and referral. As the city's 311 referral
23 services evolve we hope that DFTA will
24 continue to insure the process of its
25 development and implementation remains

2 transparent to all providers. We
3 strongly feel it's important for
4 referring entities to use provider
5 supplied information on programs and
6 services that are offered.
7 We also encourage DFTA to canvas
8 nonprofit and other organizations in
9 regards to the information and referral
10 services they already may have in place.
11 Including with non-DFTA funded agencies.
12 We'd like to help maximize existing
13 expertise in order to best service the
14 needs of our elder adults.
15 We are cognizant of the need of all
16 of us to provide services in the most
17 efficient and cost effective ways. Most
18 of what I discussed here should result in
19 long-term financial savings, even though
20 some of them do require funding and right
21 now for new and innovative programs. We
22 would consider it an honor to be called
23 upon to assist DFTA in justifying and
24 advocating for budget expenditures should
25 that be helpful.

2 Thank you for your time.

3 MR. ROMERO: Gerard Petite,

4 Manhattan Borough President's Senior

5 Advisory Group.

6 MR. PETITTE: Good morning

7 Commissioner Méndez Santiago and members

8 of the committee on aging. My name is

9 Gerard Petite, and I'm here on behalf of

10 the senior advisory group of Manhattan

11 Borough President Scott Stringer's

12 office, and we thank you for the

13 opportunity to present our testimony

14 today.

15 As a senior advisory group member

16 I'm here to express our concerns

17 regarding the future of senior centers

18 and to share our priorities for senior

19 programing. Senior centers provide a

20 social outlet for their communities. The

21 activities that they provide, from bingo

22 to film screenings to exercise programs

23 to group meals are a cherished part of

24 many seniors' daily lives. For many it

25 is not just the program being provided

2 but an opportunity to have someone play
3 Scrabble with or talk about current
4 events that is so valuable.
5 One of the primary functions of the
6 senior center is that it brings us
7 together and gives us a place to go.
8 Many of us have lost our spouses and
9 friends and our children, if we have any,
10 they live far away. Without the senior
11 center many would face isolation in their
12 homes. Some seniors rely on their
13 centers to provide culturally appropriate
14 programs and food that meets their
15 dietary restrictions. Services that are
16 delivered in their native language. We
17 are concerned about how the diverse
18 cultural and linguistic needs of seniors
19 will be met if centers are closed or
20 moved.
21 Senior centers throughout the city
22 provide wonderful and diverse programs
23 and these services must not only be
24 provided but also accessible.
25 Disabilities and physical limitations as

2 well as visual and hearing impairments
3 prevent some seniors from making long
4 trips. Trips that involve fares, trips
5 with limited handicapped accessibility or
6 trips to busy streets or intersections.
7 It is not simply the location of a
8 senior center that makes it accessible,
9 but also a journey free of difficulty
10 between the senior's home and that
11 center. Some of us are no longer able to
12 take the bus and subway and lack
13 reasonable alternatives. Many seniors
14 will stay home if it becomes too
15 difficult for them to make the trip to a
16 senior center. Unless senior centers are
17 easily accessible welcoming to the people
18 they serve they cannot be a fundamental
19 component in the development of
20 age-friendly communities within our
21 neighborhoods.
22 Finally, we would consider these
23 centers our home away from home.
24 Adjusting to major changes in our daily
25 routine can be difficult. We have grown

2 to trust our center's staff and cherish
3 the friendships that we have there.
4 We, as members of the Manhattan
5 Borough's Senior Advisory Group and as
6 senior centers of New York City, are
7 counting on DFTA to not only consider the
8 needs being discussed today but to
9 address some appropriately and insure
10 that all seniors are being served,
11 including the most vulnerable. We urge
12 the city to decrease its cuts of DFTA's
13 budget so that seniors can be
14 successfully be provided for. Once again
15 I thank you for your time and
16 consideration.

17 MR. ROMERO: David Gillcrest,
18 Project FIND.

19 MR. GILLCREST: Good morning. I'm
20 David Gillcrest, the executive director
21 of Project Fine. I will be directing my
22 testimony towards the next phase of
23 DFTA's modernization plans, the
24 restructuring of the congregate meals
25 program.

2 The proposed restructuring will
3 promote two center models. One model
4 will be the neighborhood center and will
5 closely resemble the senior centers of
6 today. The other model will be the
7 enriched center which will feature a
8 number of evidenced based healthy aging
9 activities.

10 DFTA anticipates funding up to 30
11 of these enriched centers each with a
12 budget ranging from half a million to a
13 million dollars. Without a doubt the
14 programs at these new enriched centers
15 will be of great interest and utilities
16 to seniors, but at what cost? The math
17 doesn't look promising. Even if DFTA is
18 able to maintain its fiscal year '08
19 level of spending, roughly 94 million
20 dollars, these 30 centers will account
21 from anywhere between 16 and 30 percent
22 of the entire congregate program budget.

23 The remaining funds will be used to
24 support the neighborhood centers, but how
25 many? If DFTA funds the enriched centers

2 at the minimal level of half a million
3 each, it will leave only enough funding
4 for a total of 226 neighborhood centers,
5 assuming an average contract amount of
6 \$350,000 contract. This is down from 327
7 centers that exist today. System-wide
8 this would lead to the loss of over 70
9 senior centers and the number could
10 easily go higher.

11 According to a rough estimate
12 performed by the Federation of Price and
13 Welfare agencies over 110 centers will be
14 shuttered. These enriched centers will
15 come in to existence literally through
16 the cannibalization of the existing
17 network of centers and provider groups.

18 Concurrent with these center closings
19 will be a proportionate reduction in the
20 meal serving capacity of the total
21 system. All at a time when the
22 population of city residents 60 and over
23 is growing and the economic situations
24 for persons on fixed income is
25 deteriorating. This is not sound public

2 policy.

3 The neighborhood center model has
4 been in existence for over 30 years and
5 it has, on the whole, successfully
6 delivered a vital service to a vulnerable
7 population at very low cost. Fresh
8 cooked nutritionally complete meals are
9 the backbone of this model and its
10 relevance to seniors is clearly evident
11 during periods of economic uncertainty
12 and high inflation such as we are now
13 experiencing.

14 At Project FIND we've seen this
15 impact reflected in the daily meal counts
16 at our five centers. Overall we are
17 serving 17 percent more breakfasts and 26
18 percent more lunches than we did two
19 years ago. The people are coming in much
20 greater numbers and frequency, primarily
21 because their household budgets are
22 strained. Our economy is in turmoil and
23 the city budget is already feeling the
24 pinch. Is this really the appropriate
25 time to unveil a costly untested models

2 which will result in the closing of 70 or
3 more senior centers citywide? The answer
4 is an emphatic no. This is not the time
5 for bells and whistles experiments. It
6 is time for the preservation of capacity
7 and the neighborhood infrastructure that
8 delivers it.

9 Thank you very much.

10 MR. ROMERO: Tim Ettenheim,
11 Stanley Isaacs Neighborhood Center.

12 MR. ETTENHEIM: Mr. Commissioner,
13 thank you for holding this important
14 hearing and for discussing the issues
15 involved with the modernization program.

16 My name is Tim Ettenheim, the chief
17 financial and administrative officer at
18 the Stanley Isaacs Neighborhood Center
19 and I'm pleased to represent the Isaac
20 Center and Wanda Wooten our executive
21 director here at this important hearing
22 today.

23 The Stanley M. Isaacs Neighborhood
24 Center, which is located in New York City
25 Housing Authority's Isaacs Houses Homes

2 Towers Development in Yorkville reaches
3 across generations and cultures with
4 innovative programing that encourages
5 growth and self reliance throughout every
6 stage of life. Reaching the
7 neighborhoods of Yorkville and East
8 Harlem the center provides educational
9 and cultural opportunities and promotes
10 social and physical well being while
11 responding to the changing needs of the
12 communities we serve.
13 Founded in 1964 in the settlement
14 house tradition, our services include
15 Meals on Wheels, which we pioneered in
16 New York State before DFTA was DFTA. A
17 very active senior center of over 1400
18 members, a naturally occurring retirement
19 community, after school and evening
20 programs for children and teens, youth
21 employment services, cultural and
22 educational events and workshops. We
23 have a long track record of program
24 innovations that have served as models
25 for others in the field of older adult

2 services and youth services.
3 As you know, the Isaac Center is
4 already an active participant in the
5 first two phases of the department's
6 modernization program. We are a partner
7 in the East Side case management
8 consortium in which the Lennox Hill
9 Neighborhood House is the lead agency.
10 We have also recently been selected for
11 the Manhattan number three contract in
12 the new home delivered meals program in
13 which we will be the lead contractor
14 partnering with Union Settlement
15 Association, Carter Bergen Center for the
16 Aging and the Roosevelt Senior Center.
17 We have every intention of continuing our
18 contributions to the Yorkville and East
19 Harlem communities with the advent of the
20 new senior centers RFP and await its
21 promulgation so we can get to work.
22 I'm not here today to protest but I
23 do have a request. The Isaac Center
24 fully understands that we need to find
25 ways to spend society's limited resources

2 in the best possible manner. We are
3 trying our hardest to preserve the
4 community traditions that make New York
5 City the wonderful fabric that it is
6 today. The modernization program has
7 presented the Isaac Center and its
8 colleague agencies with huge, sometimes
9 daunting challenges. Chief among them
10 being the need to do more with less which
11 we also understand given the current
12 economic climate.
13 Difficult as it is for us to
14 conceive, budget, build and implement all
15 new ways to accomplish major programs in
16 very short time frames, it is all the
17 more harder when the development time
18 frames overlap with critical information
19 needed from one to build the next.
20 Finally, during all this, during
21 the same period that all of our New York
22 City and New York State contracts are
23 being reduced is causing us to revise all
24 of our plans, almost on the fly, and
25 while all the program parts are in

2 motion.

3 In addition, the new contracts

4 under the changed system include

5 financial penalties that are related to

6 performance measures, and these penalties

7 are not phased in. There's no break-in

8 period. No chance for us to metabolize

9 the new programs. No opportunities for

10 us to make organizational adjustments to

11 insure adequate performance.

12 All of this said, I'm here to today

13 to specifically and strongly recommend

14 and request that the contract agencies be

15 held harmless from penalties for the

16 first year of the contracts to provide

17 for an adequate and fair transition

18 period. There is simply too much change

19 in too short a period of time to have

20 three major areas of DFTA's funded

21 program change, and also suffer the risk

22 of financial penalty if everything does

23 not work perfectly and immediately.

24 Please know that we are fully

25 mindful that this transition is not

2 difficult just for us and the contract
3 agencies. You've heard rumor that it's
4 equally difficult for the staff at DFTA,
5 who are also juggling multiple program
6 changes. As well as our colleague
7 agencies operating for the first time as
8 subcontractors.

9 But more important, let us also
10 recognize that all of the change is
11 equally difficult for our seniors. Many
12 of whom have been clients in specific
13 programs and recipients of services from
14 certain agencies for many years. Change
15 is hard for seniors and all of these
16 changes affect their comfort and
17 security. Which we are all trying to
18 enhance with the services we are
19 providing. We owe it to our seniors to
20 get it right, but we need an opportunity
21 to get there amidst all the change
22 without penalty.

23 The Isaac Center is asking for a
24 transition period of a year that is free
25 of financial penalty. To give us the

2 time to absorb the new programs to
3 provide the services to our seniors for
4 whom we exist. A provide without fear of
5 debilitating penalties should our
6 operating systems not succeed or
7 environmental effects force unforeseen
8 changes. We welcome the commitment to
9 provide the service. All we ask is to
10 have a fair chance to succeed.
11 Thank you again for holding this
12 hearing.

13 MR. ROMERO: Vaylateena Jones,
14 Manhattan Community Board 3.

15 MS. JONES: I just have one thing
16 I really want to point to. Modernization
17 of senior centers where it says a
18 multiservice center in your borough.
19 What I think we need in our particular
20 zip is to hold off on the RFP, do some
21 type of pilot project and our community
22 board what I think we need to do is
23 maintain all of our community centers. I
24 think what can be done is this
25 multiservice center can train people and

2 have a collaborative program planning
3 type situation. Where people are trained
4 in terms of volunteers, in terms of
5 nurses et cetera and those volunteers can
6 go out to the various community centers.
7 Rather than have the seniors go to this
8 multiservice center. This service center
9 can prepare people to go to the community
10 that the community needs.
11 One of the things that I looked up
12 was a program -- what do we call this --
13 evidence based programs. And I looked up
14 one of the programs of excellence that
15 was in Philadelphia, because I assume
16 Philadelphia is probably very similar to
17 New York. This program was basically a
18 program that I think addressed diabetes,
19 blood pressure, asthma. And this program
20 was basically a two hour program. 15
21 weeks two hours. When I thought about
22 that I said that is a part-time type
23 position.
24 If we had a nurse that was sent out
25 from this multiservice center this nurse

2 could do, say in my community, this nurse
3 could do five community centers in the
4 afternoon that exact program. Because
5 you're talking about a two hour program.
6 So that nurse could actually go out to
7 say the Harris Street Settlement, Jacob
8 Reece et cetera. That nurse could go out
9 to those programs five days a week to
10 different programs. So we could maintain
11 the programs and have these expert
12 workers as well as cultivate volunteers.
13 Nurses like to volunteer if the program
14 is set up.
15 This past this weekend or weekend
16 before I participated in the lower East
17 Side Go Green. I had all registered
18 nurses as my volunteers. We manned those
19 tables the whole time. Because they knew
20 that what I had set up, they showed up,
21 did what they had to do. They understood
22 what we were doing because we were
23 basically doing nutrition. So I did not
24 have to explain this. I think all of the
25 nurses, we didn't realize it, but we were

2 all seniors, because I happen to be a
3 senior that's still working.
4 So I think that before we close any
5 centers, especially in community district
6 that I'm in and especially what I said,
7 one of the other things -- I spoke last
8 week at the hearing for primary care.
9 The issue of diabetes as low blood
10 pressure is not something that is
11 restricted to seniors. They're looking
12 at primary care. They're looking at the
13 same type of thing. If you have no money
14 you need to cultivate volunteers. And I
15 think that's one of the things we are
16 missing. And when you think about the
17 physical ability of seniors I don't think
18 it's right to try to have seniors have to
19 make it to a multiservice center. If you
20 hire somebody at this multiservice center
21 let them make it out to the community.
22 Let them train people in the community.
23 Let them advocate for volunteers. When
24 the well run dries you need volunteers.
25 And I think the health care workers would

2 volunteer if things were set up.
3 So my suggestion is before you
4 close anything in my community district,
5 I would like for there to be some kind of
6 discussions as to how we could promote
7 volunteerism. How we could do some type
8 of collaborative approach. Because the
9 district that I live in there are no
10 hospitals in our district. But there are
11 a variety of very good programs right
12 outside of our district.
13 Recently at our board meeting
14 Downtown Hospital said they are connected
15 with Columbia Presbyterian and their
16 doctors will come out and speak. What
17 they need is somebody to coordinate that
18 and have them come to different places
19 and speak.
20 So I think more than anything we
21 need a program coordinator that can
22 coordinate the resources that are around
23 us to the various places.
24 So hopefully before you close
25 anything in our community, I think give

2 us the opportunity as a community to get
3 together. I went over to Henry Street
4 before I came because I really did not
5 totally understand this. I work in a
6 hospital and I have been a bed-surg nurse
7 for like 30, 40 years. When I did my
8 internship from City College we did it at
9 the Educational Alliance.
10 So I'm saying before you close
11 anything in our community, give us a
12 chance, sit down with us and let us try
13 to figure out how we can maintain our
14 centers, promote volunteers of nurses,
15 doctors et cetera. Use the resources
16 that are around us before you close
17 anything. That's my feeling about this.
18 That we can promote volunteerism and we
19 can go forward in that manner before you
20 go forward with closing anything in my
21 community. Thank you.

22 MR. ROMERO: Joel Kaplan, United
23 Jewish Council.

24 MR. KAPLAN: Good morning. My
25 name is Joel Kaplan and I serve as the

2 executive director of the United Jewish
3 Council of the East Side. The council is
4 a 30 plus year old community based
5 not-for-profit affiliated with the Met
6 Council on Jewish Poverty and UJA
7 Federation. The counsel provides amongst
8 the widest range of programs for seniors,
9 home care, senior and special needs
10 housing, hot meals to seniors. We're
11 partners in INOR, entitlement counseling,
12 recreational and educational programing
13 for seniors, transportation for seniors
14 and a host of other programs for
15 nonseniors.
16 We provide all of these services
17 with staff who speak five languages,
18 Spanish, Chinese, Russian, English and
19 Yiddish. We provide the services to the
20 what is a broad spectrum of ethnicities
21 in the city of New York. Services
22 provided by a very dedicated staff with a
23 very lean management structure. We don't
24 have an assistant anything. Not an
25 assistant director or assistant

2 comptroller, nor a director of
3 development. But our staff does assist
4 anyone who walks in.
5 My point is now is not the time to
6 visit wholesale whole sail changes on the
7 smaller community based not-for-profits.
8 As we all know, seniors don't take well
9 to change. Having likely sustained
10 financial losses in the last month or so,
11 is now the time for seniors to experience
12 what may be traumatic changes in the
13 daily routine? Is now the time to
14 distract our staff time from navigating
15 these treacherous economic waters in
16 trying to formulate or implement new
17 models of service delivery? Multiple new
18 models of service delivery.
19 In this time of great turbulence
20 and turmoil is now the time to create
21 more turbulence and turmoil for the
22 not-for-profits for our city who render
23 to our clients crucial services? Is now
24 the time to shake things up without
25 necessarily knowing how it will really

2 affect our seniors? And is now the time
3 to possibly put more people out of work
4 and make clients have providers?
5 Or should we all take a deep
6 breath, take a step back, allow us to
7 steer ourselves and our clients through
8 what promises to be a very, very
9 challenging period coming up. Now is a
10 time to permit us to focus our attention
11 on keeping all of our own heads above
12 water and to making sure that our clients
13 don't drown either.

14 Thank you very much.

15 MR. ROMERO: Jane Barry, Stein

16 Senior Center.

17 MS. BARRY: Good morning

18 commissioner, DFTA staff and interested

19 stakeholders. I'm here this morning to

20 tell you how restructuring of DFTA's

21 programs have affected community

22 agencies, staff and seniors in the city

23 up.

24 Until last week I had been

25 executive director of Prospect Hills

2 Senior Services in Brooklyn for nine
3 years. We were a multiservice agency
4 with a senior center, Meals on Wheels,
5 case management department, serving
6 almost 600 homebound seniors in
7 Brooklyn.

8 When the RFP for case management
9 came out the contract had 6 CDs in it as
10 opposed to the two CDs that we had
11 historically served. It was the most CDs
12 grouped together in the city case
13 management contracts. We and our sister
14 agency asked that DFTA split up the
15 contracts into two contracts. But DFTA
16 refused. Thus, the smaller sister agency
17 got the contract. I had to layoff 11
18 staff members and close the case
19 management department.

20 Once the new agencies got the new
21 cases they found that the number of
22 clients were vastly undercounted in the
23 RFP. Instead of the stated 774 they got
24 about 1600 clients. Many case management
25 agencies were having similar experiences

2 and there are now hundreds of clients who
3 have not been assigned and served as
4 yet. On top of this, DFTA has not
5 allocated monies for the necessary
6 increase in staff that these agencies
7 were promised. As committed
8 professionals we feel it is almost
9 disgraceful that the city is now
10 underfunding services for the aging. Of
11 course we are still expected to provide
12 services at the full contracted levels.
13 Prospect Hill will no longer
14 deliver Meals on Wheel after March 31,
15 2009. Thus the loss of more services to
16 the agency and the community. It will
17 revert to its original mission, a senior
18 center, if it wins the RFP for senior
19 centers.
20 I have just become executive
21 director of the Stein Senior Center. The
22 program is a thriving hub of activity
23 serving seniors in a naturally occurring
24 retirement community of Stuyvesant Town
25 and Peter Cooper Village and Phipps Plaza

3 We know the needs of the community
4 are only going to grow sooner rather than
5 later due to the economic downturn.
6 Stein will lose the Meals on Wheels
7 component when the new contracts start,
8 and that means laying off our meal
9 deliverers, who are a dedicated caring
10 group of people. Additionally, we will
11 have to come up with another 2.5 percent
12 cut this fiscal year and another five
13 percent cut next year. There is just so
14 much you can cut before you have to lay
15 off more staff.
16 Senior centers offer stability to
17 our seniors in this wildly unstable
18 world. Our seniors are losing so much
19 right now with the downturn in the
20 economy. They are terrified of these
21 changes. To them change means loss. To
22 take away something as important to them
23 as their senior center seen would be
24 devastating. Each center has its own
25 personality and strengths. It is

2 daunting for many seniors to go to a new
3 senior center. It is also impossible to
4 combine two centers due to lack of
5 space. I understand it is imperative to
6 eliminate waste, but don't eliminate
7 something that works so well and supports
8 the important mission of DFTA.
9 Stein Senior Center has laid the
10 foundation to become the center of the
11 future. There is a computer lab with 16
12 computers with plans to develop a cyber
13 cafe. We will use a new brain fitness
14 program on the computers for our
15 seniors. Laptops will be available to
16 the seniors and our WiFi Rem center.
17 We are planning to develop a video
18 program that will connect seniors to
19 other programs in a hub for learning and
20 sharing of information. We will keep the
21 exciting cultural programs and will
22 embrace programs that will bring in our
23 younger seniors.
24 I've been doing this work for over
25 30 years and there has never been such a

2 critical time for agencies serving the
3 elderly. Many of our seniors are
4 vulnerable, frail and isolated. They
5 won't get another chance to be supported
6 and listened to. Please don't
7 shortchange our seniors.

8 Thank you.

9 MR. ROMERO: Clare Dockery,
10 Goddard Riverside.

11 MS. DOCKERY: There's been a
12 little confusion. I am speaking for
13 myself rather than Goddard Riverside.
14 Goddard Riverside is a large community
15 center in the upper west side. I'm also
16 speaking as a senior. Some of you may
17 have known me ten years ago when I was
18 working for JPAC and running all over
19 town. I could not do that now. So I
20 realize the needs of seniors and the need
21 for senior centers.

22 DFTA has already cut back Goddard
23 Riverside's budget. I sell meal tickets
24 at lunchtime and I see what has
25 happened. We have had to raise the price

2 of lunches. Voluntarily we ask people to
3 pay, but many people cannot afford the
4 increases. They look and say -- they
5 don't say they do what I do, shrug their
6 shoulders. The number of people has
7 increased. It used to be around 130,
8 135. We're budgeted by DFTA for 133.
9 It's now pushing close to 200 almost
10 every day. That's a big difference for
11 the center to absorb.

12 Also, when I was working ten years
13 ago I could run around all over the
14 place. As I came here today I spoke to
15 somebody who said You know, when are you
16 going to get a bus that comes down here
17 so I can get to the BP's office. It's
18 very painful for me. And I'm typical of
19 the other seniors. Those damn subway
20 steps are very difficult for all of us.

21 A senior will not schlepp someplace where
22 he or she has to take steps unless it's
23 critical. To go to the doctor, yeah.

24 But the senior centers are a place
25 for meals, for contact, for playing your

2 Scrabble, for playing games. As somebody
3 said before, many of us have lost our
4 spouses, our children, our neighbors. I
5 live in a large building. It's rent
6 regulated. Partly rent regulated. It's
7 practically a senior community in a young
8 community of very wealthy people. The
9 seniors are hurting.

10 We took two other folks to the
11 emergency room and then somebody took me
12 the next week. We need help. We need
13 expansion of DFTA's budget into more
14 senior centers, into more homes. I would
15 like to really see a counselor condition
16 in my building but I know we're not going
17 to get it.

18 But I urge you to think about what
19 happens. You younger folks, you're going
20 to get to my age you soon. You may be
21 running around now but in a few years
22 it's not going to be the same. And we
23 need to plan for this expanding
24 population of folks like you and me. So
25 please think about all the seniors and

2 don't cut back any more than you must.

3 Thank you.

4 MR. ROMERO: Madge Rosenberg,

5 Community Board 7.

6 MS. ROSENBERG: I'm not a

7 professional but I just have a few

8 questions from Community Board 7 health

9 and human services committee. One is

10 whether there was ever a pilot project?

11 What money will really be saved

12 especially with the built in added cost

13 added cost of transportation. Scott

14 Stringer said it's not going to be easy

15 for people to take the subway. And with

16 the growing population of seniors why are

17 we closing centers that in the future we

18 have to reopen as the population

19 increases? Our centers are absolutely

20 revered in our community and used

21 tremendously, and the thought of any of

22 them closing, that have been there for

23 years and grown as our senior population

24 has grown, seems to us throwing money

25 down the drain with all their experience

2 and all the good work they've done and
3 the work they're willing to do make
4 consortiums or whatever is needed.
5 But this RFP seems to have kind of
6 terrorized the agencies. The fact that
7 they need to have answers so quickly.
8 That many of them I think need help
9 probably. And it's just a scary
10 situation for the seniors and I think for
11 the centers as well.

12 Thank you.

13 MR. ROMERO: Fern Herzberg, ARC
14 Port Washington.

15 MS. HERZBERG: I first want to
16 thank all my colleagues. I think they've
17 been amazing and they've made the point
18 that's been made in various advocacy
19 groups and by the seniors extraordinarily
20 well. I'm not going to repeat anything
21 of that nature. I'm mostly talking about
22 work force development today.
23 I'm the executive director of ARC
24 16 Port Washington and the cochair of the
25 Washington Heights and Inwood Council on

2 Aging. The only thing I'm saying that's
3 not in my testimony is please maintain
4 the IACs. We're really worried about
5 their funding when potentially borough
6 president discretionary money
7 disappears.

8 Last year I spoke to you about how
9 we in the social services industry have
10 determined that many of our industry's
11 work force will live on an impoverished
12 economic level upon reaching retirement
13 age without city benefit programs. This
14 will result in our own industry work
15 force looking for jobs after retirement
16 and becoming part of the welfare system.
17 I told you then that most of our work
18 force would be forced to live in poverty
19 as they do not have pensions. Social
20 security alone at retirement will not
21 afford them the livelihood of continuing
22 to live in the communities in which they
23 are currently because the living wages of
24 today will leave them destitute
25 tomorrow.

2 This year again, in addressing the
3 issues imposed in the annual planned
4 summary, work force development for the
5 future of the senior services is my
6 theme. Recruitment and retention of all
7 types of health care workers is a
8 significant problem especially in
9 long-term setting, and my colleagues from
10 the long-term settings spoke about that.
11 We, who in many ways have been
12 pioneers in the development of senior
13 services, have always been ahead of
14 government preparedness. Private funding
15 was taken into account. Governmental
16 funding changes are fostering work force
17 development components from most of their
18 senior services sector grants. To
19 support this avant guard move we should
20 speak of a necessity to have work force
21 development components in our contracts
22 that are funded so as to be able to
23 prepare future gerontological career
24 paths. We have the facilities and the
25 environment through a work force programs

2 can be developed both through field work
3 studies and internships insuring future
4 generation of superior level services
5 through real job experience.
6 Meeting the demand that is expected
7 in the coming years will require
8 expansion of the roles of many members of
9 the work force. Health care included.
10 Technicians, direct care workers and
11 informal care givers. All of whom
12 already play significant roles in the
13 care of older adults.
14 These changes are urgently needed
15 to prepare for the sizeable demographic
16 shift that threatens to overwhelm present
17 and future capacity. The dramatically
18 rising number of older Americans, along
19 with changes in their demographic
20 characteristics will necessitate
21 transformations related to the education,
22 training, recruitment and retention of
23 the work force.
24 DFTA should provide funding that
25 encourages senior service agencies to

2 create these meaningful work force
3 development programs. In short, require
4 training and benefit entitlements in
5 senior insurance plans, navigation of
6 social security, as well as all services
7 related to senior mental health,
8 preventive health and disability
9 provisions. With specific attention to
10 future seniors who will be impacted by
11 sexually transmitted diseases, drug
12 abuse, drug related chronic mental and
13 physical disabilities at younger ages.
14 As it stands now, there are not
15 nearly enough work force development
16 programs to address the future impacts
17 that seniors will have on our national
18 and local economy.
19 If the work force, already too low
20 in numbers and competence levels to
21 provide adequate care to the current
22 population of older adults is to be
23 prepared for the coming spike in demands
24 for services serious reforms need to be
25 considered.

2 I'm going to skip the statistics
3 because you guys probably all know them.
4 So, having personnel at our
5 agencies that are exceptionally
6 proficient in navigating social services,
7 entitlements, and benefits will be ever
8 more crucial. The most comprehensive way
9 to facilitate these changes would be
10 through the creation of funded work force
11 development programs, with on-the-job
12 training that leads to the inclusion of
13 geriatric content on examinations for
14 licensure and certification of senior
15 care workers on all levels. Including
16 geriatric field rotations from medical
17 and health personnel prior to receiving
18 licenses.

19 Thank you.

20 MR. ROMERO: Jean-Daniel Noland.

21 MR. NOLAND: My name is

22 Jean-Daniel Noland. I'm the chair of

23 Community Board 4 in Manhattan. As you

24 may not know, Community Board 4 is

25 Chelsea, Hell's Kitchen, west side town

2 of Manhattan.

3 We are a diverse community in terms

4 of age, ethnicity and income. More than

5 11 percent of our population are seniors

6 and more than 17 percent of all Manhattan

7 Community Board 4 households have seniors

8 in the residence.

9 Seniors concerns are especially

10 highlighted in Community Board 4 as more

11 than one half of the seniors living in my

12 district live alone. Almost double the

13 city wide average. I don't have to tell

14 you, seniors living alone are more in

15 need of social services. They have less

16 disposable household income and they need

17 senior centers for regular contact.

18 I know we're facing tough economic

19 times, and we have to carefully balance

20 cost efficiency with human needs. For

21 example, the delivery of frozen meals.

22 Let me just think about that. Frozen

23 meals in place of hot Meals on Wheels.

24 That may be cost efficient, but seniors

25 lose the daily contact and interaction,

2 which may been the only social contact of
3 their day.

4 We need affordable, supportive
5 housing. As we all know, we need legal
6 services for seniors, and we need to
7 increase the SCRIE income limits to make
8 it better reflect the actual costs of
9 living in New York City, as we all know
10 I'm sure.

11 Let me conclude by saying senior
12 centers, as we all know, are important
13 social centers and they are also the
14 gateway to other needed services such as
15 mental health counseling, financial
16 management, home care services and Meals
17 on Wheels. In our district we rely on
18 Hudson Guild, Project FIND and their
19 continued operations are really essential
20 to our significant senior population.

21 Which I'm going to be joining soon as I
22 continue with chair of Community Board
23 4.

24 Because of the turmoil caused by
25 the restructuring of case management and

2 soon Meals on Wheels and the budget cuts,

3 we ask you to delay the senior center RFP

4 until the services have been stabilized.

5 I thank you very much for this

6 hearing and for listening to us. Thank

7 you, commissioner.

8 MR. ROMERO: Keen Berger,

9 Community Board 2.

10 MS. BERGER: I am chair of the

11 social services committee. I speak for

12 my entire board because we have focused

13 on this issue over the last several

14 months and we have a resolution.

15 One of the things that we just got

16 hung up on is this word modernization.

17 And it made me think about if you

18 remember what Ronald Reagan called the

19 nuclear missiles. Peace keepers. It

20 doesn't sound like modernization to us

21 because there are two things about it,

22 two facts that look bizarre.

23 One of them is that centers that

24 aren't working right are going to be

25 closed instead of fixed. And the other

2 is meals are going to be delivered less
3 often. Now, it's clear that the meal is
4 the entree to get into the house. But
5 it's not just the food, it's the social
6 interaction. So you save money on the
7 food but you eliminate social
8 interaction. Wait a minute. This is
9 like back to ignoring the needs of the
10 seniors. The real needs. If you go to
11 somebody's house and they offer you some
12 coffee you drink it because you want to
13 be a nice person. The food is the
14 vehicle, not the reason.
15 So we passed a resolution,
16 unanimously, full board, Community Board
17 2 that reads many things, but it
18 includes, Without the meals and the
19 socialization provided by their centers
20 many more seniors will be hungry, lonely
21 and sick. Centralizing case workers by
22 region, thus reducing local
23 accountability, adds confusion, delays
24 depersonalization and needless change,
25 harming seniors in the name of

2 bureaucratic simplicity.
3 Therefore, be it resolved,
4 Community Board 2 Manhattan requests the
5 Department for the Aging to provide
6 compelling data, not just financial, to
7 the community of seniors, to Community
8 Board 2, us, and to our local elected
9 officials before any decisions are made
10 that would reduce funding or close our
11 existing senior centers.

12 So we met with DFTA. We've read a
13 lot of pages. We tried to analyze this,
14 but we still don't have any compelling
15 data that justifies these changes. So we
16 oppose what is deceptively called
17 modernization until and unless we are
18 convinced that it will help, not harm our
19 seniors.

20 Thank you.

21 MR. ROMERO: Alice La Brie,
22 senior.

23 MS. LA BRIE: My name is Alice La
24 Brie, a senior citizen of two years. I'm
25 a former member of the US Department of

2 State Foreign Service where I was posted
3 to Turkey and Sweden and I'm presently
4 under contract at the United States
5 mission to the UN. And while abroad I
6 had the opportunity to see how seniors
7 are treated in the other countries.
8 I'm also an on-call green room
9 coordinator at Weekend Good Morning
10 America. I reside in Harlem's Mitchell
11 Lama Co-op Esplanade Gardens as an
12 original tenant since 1967 and in the
13 district of city counsel member Inez E.
14 Dickens. My mother spent her last six
15 months before her death in a wonderful
16 nursing home. My gratitude to my city,
17 Michael Bloomberg, mayor, and Edwin
18 Méndez Santiago for senior citizen
19 centers.
20 In April 2007 recovering from an ER
21 admission to Columbia Presbyterian for a
22 cerebral aneurism I was scared and
23 lonely, missing my socialization at work,
24 my work routine, I got the idea to seek
25 refuge in a senior citizen center. The

2 one at J. Phillip Randolph, which is
3 across from my development, and Kennedy
4 Center at 135th and Fifth Avenue. Their
5 lunchtimes provided the socialization I
6 needed for my recovery. I'm happy to say
7 all is well now.

8 I came today to say thank you again
9 and to say I think because of economic
10 constraints that the federal government
11 should take over providing senior citizen
12 centers.

13 Also, in conclusion, with my
14 background as a television producer and
15 PR in marketing, I will be in touch with
16 your department to propose a campaign to
17 solicit donations from celebrities to
18 adopt a senior citizen center and visit
19 them when possible.

20 Thank you again to the department,
21 the panel and attendees for your public
22 service to the city of New York and the
23 United States of America.

24 MR. ROMERO: Bobbie Sackman CSCS.

25 MS. SACKMAN: I don't have

2 written testimony. We will submit some.
3 Thank you for letting me speak today.
4 I think that I'm just going to fill
5 in probably what you've been hearing all
6 morning. Something we call connect the
7 dots. This isn't about your annual but
8 obviously what's on the minds of
9 everybody is the senior center RFP. But
10 also mixed in with the case management
11 changes and what's about to be the Meals
12 on Wheels changes and the city and state
13 budget cuts. One wave after another all
14 mixed in together.
15 On the case management side we
16 began with the 3500 undercounted current
17 clients. We now have 750 people across
18 the city at case management agencies on
19 waiting lists only just for intake.
20 Meaning they haven't been seen yet. 750
21 people. We've always had waiting lists
22 but this is larger and more pressing than
23 every because only case management
24 agencies can turn on Meals on Wheels now,
25 so we are seeing gridlock.

2 It's difficult, if not impossible,
3 to get new clients onto Wheels on
4 Wheels. And there's actually some Meals
5 on Wheels agencies that are watching
6 their counts go down. While on the other
7 hand we have waiting lists for Meals on
8 Wheels. In some parts of the city 250
9 people. These are good approximations.
10 Maybe not to everyone. But about 750
11 waiting for case management, 250 for
12 Meals on Wheels. Including the Bronx
13 now. One of the programs has 95 people
14 waiting for Meals on Wheels, because
15 anybody can restructure. But if there's
16 no money there's no money. We run out at
17 some point.
18 So we have a lot of turmoil. And
19 from the viewpoints of the seniors, as
20 we've heard in the agencies, there's a
21 lot of turmoil.
22 So obviously my message is like I
23 think everybody else's today is to
24 indefinitely delay and halt the senior
25 center RFP. There's too much going on.

2 CSCS has begun a survey, a budget cut
3 impact survey as best we could do it
4 because some of it has happened some of
5 it is about to happen. We heard so far
6 from about 50 agencies. I don't think
7 it's going to be a surprise what's being
8 cut. The number one thing is staff.
9 Number two thing is meals, exercise
10 classes, art classes. So all the efforts
11 towards healthy aging are already being
12 lost. Meal funds obviously key to proper
13 nutrition. Transportation dollars are
14 being cut for access. Fuel cost. And as
15 I talk to agencies around the city, I
16 think you heard from David Gillcrist as
17 an example, we are seeing places where
18 the congregant meal count is going up.
19 We think, at least in some part, it's the
20 economic, it's pretty obvious, and the
21 cost of food and how this stretches the
22 senior's budget to go to a center.
23 I don't know and it would be really
24 helpful if DFTA has this information and
25 has captured, if there are pockets around

2 the city, I couldn't tell you how
3 widespread it is, where they are seeing
4 the congregant meal count go up. I think
5 this is especially important in times of
6 budget cuts to be able to show that
7 seniors are going to need these programs
8 more than ever.

9 We are also seeing cuts in the ESL
10 classes. Immigrant seniors. And the big
11 concern is borough president money. I
12 think it was mentioned a lot today. And
13 I think just to say that borough
14 president money, it's like a civil war of
15 seniors that's being set up. One program
16 who now gets borough president money
17 program and adult day program serving
18 people with Alzheimer's will lose the
19 money. So maybe it will end up at senior
20 centers somewhere I guess as part of the
21 RFP. We've clearly not gained anything
22 overall in serving seniors in this city.

23 We deprived one senior very directly at
24 the cost of another. Which doesn't seem
25 like the right direction to go in.

2 The other things I just wanted to
3 add is some suggestions. An old, old
4 problem is that PDS just doesn't work.
5 It's working less and less well with
6 larger contracts. I've been told by
7 providers because they're the ones who
8 teach me, that because of large delays by
9 hours of input of information it makes it
10 harder to see clients.

11 So, I don't know if there are plans
12 at this point that we will all live to
13 see. Where either PDS is enormously
14 over -- fixed or we just have a new
15 system.

16 It's also my understanding that
17 Medicaid, and there may be ways of
18 maximizing Medicaid dollars into our
19 system, that Medicaid pays 75 percent of
20 cost, administration costs, if you work
21 with Medicaid clients. And obviously
22 some of our ISEP case management agencies
23 do interface with Medicaid clients. At
24 least for a while. And that they also
25 pay -- I was told -- 90 percent of IT.

2 Which could be PDS.
3 So we're trying to search out ways
4 of bringing money into this system and
5 obviously we would love to do this in
6 partnership with the Department for the
7 Aging.
8 Just to finish off. I haven't been
9 here all morning so I can't say, but I
10 certainly haven't heard anybody who's in
11 favor of the RFP. I don't think it's
12 just to be obstinate or adversarial. I
13 think there has been heartfelt, well
14 thought out arguments here and everybody
15 is saying the same thing and we didn't
16 get together and plan it. I hope you can
17 take that back. I know sometimes
18 decisions are made above your heads.
19 Everybody has somebody they report to.
20 That we need to stop this senior center
21 RFP and find out what is going on with
22 the New York City Housing Authority
23 senior centers. Because that is a big
24 piece of this mix.
25 And my only final thing is I want

2 to reach out a hand to DFTA that we go to
3 the state and we go to the federal
4 government if there is an economic
5 stimulus package. Get money in there for
6 public housing. I was in Washington
7 about a month ago. I briefed many chiefs
8 of staff of the congressional delegation
9 from New York City on public housing and
10 it's sort of the end of the feeding
11 chain. In this case literally the senior
12 centers being impacted. And I'm still in
13 touch with NYCHA people. If there's a
14 way we can all work together. There may
15 be a piece in the Old Americans Act. I
16 don't know how much of that ever gets to
17 New York. I think Housing Authority
18 might be sort of a bigger target to go
19 for.

20 And CSCS believes that the state
21 office for the aging and DFTA should be
22 exempt from cuts. You are small
23 agencies. We depend on small agencies.
24 There's nowhere to go. It's below the
25 bone already. I've been to agencies like

2 Prospect Hill. They're being
3 dismembered. Ridgewood Older Adults
4 being dismembered and so are other
5 agencies around the city. They're not
6 going to make it if we continue down this
7 path.

8 MR. ROMERO: Po Ling Ng.

9 MS. NG: Commissioner and the very
10 important persons. Good afternoon. My
11 name is Po Ling Ng. I on behalf of the
12 Chinese American Planning Council Open
13 Door and speak a few words.

14 I remember that, especially our
15 lovely commissioner, he love our song.

16 It's open your heart open the door let
17 the senior have the floor.

18 Thank you your supporting of us and
19 funding of us since 1972. Open Door, you

20 know, try to do a wonderful job. Basic

21 of the last Friday that PDS, the Open

22 Door kids key members is more than 4,450

23 members. You can see the update.

24 But today I really want to tell you

25 this 4,450 members talking about the low

2 income, under 90,300, is 91 percent. We
3 are the minority of the majority. Our
4 members 99 percent are Asian Americans.
5 In talking about the age. Under 70 is 35
6 percent only. 70 and up is 75 percent.
7 Very, very old age. Most of them live
8 alone. Even with their spouse both of
9 them are very old and homebound.
10 So today I'm not talking about too
11 much but I really was. The Department
12 for the Aging have free lessons talking
13 about senior center. We did wonderful
14 job. I showed you our schedule. Thank
15 you for your power over us.
16 The second, talking about the case
17 manager I don't want to talk. Talking
18 about Meals on Wheels that my concern.
19 Because today I really want to pay
20 special attention for our homebound
21 hunger person. Not only homebound,
22 hunger. Because I just mentioned before
23 most of them are low income. Very, very
24 low income. After they pay the rent,
25 after they pay a lot of things, how much

2 money they left for the food?
3 Somebody just said if they don't
4 have enough money for food they can apply
5 for food stamps. Let me ask you, the
6 food stamp the restaurant you accept the
7 food stamp? And the coffee shop, you
8 accept the food stamp? The street stand
9 accept the food stamp? A lot of the
10 stores not accept the food stamp.
11 So because they are human being
12 they thinking about sometimes they want
13 to enjoy their coffee and cake but they
14 don't have chance to go to the coffee
15 shop. Just buy one coffee.
16 But I tell you right now the time
17 is coming soon. You don't understand how
18 to really care of the homebound and
19 social isolation and hunger person. Only
20 Open Door pay special attention.
21 Since 1981 Open Door, the first
22 organization that deliver meals. A lot
23 of people love us. Not because we just
24 deliver meals. We really help them to a
25 pride and entitlement benefits. We

2 really want help them to do whatever they
3 can. Especially when the time is coming
4 soon. We really pay individually
5 attention and make sure they have money
6 to pay the electric bill or not. And
7 make sure they have a book of needle or
8 not. And make sure they have enough
9 clothing or not. And make sure they have
10 enough food or not.
11 We only deliver six meals a week.
12 They are human being. They need three
13 meals a day, but they get only one meal a
14 day. I'm so sad when I see all of them.
15 So this why ask the restaurant to give me
16 the food and deliver it to them. Because
17 they are human beings. One meal is not
18 enough.
19 Commissioner, are we talking about
20 how wonderful 311? I tell you you feel
21 power over us. Open Door is 311. Where
22 they have any problem, any person, the
23 first one they call Open Door first. So
24 we take over the 311. Not only 311. The
25 very famous number is 911. So that's why

2 fire department know us very well. The
3 police department know us very well.
4 But I tell you, please don't
5 terminate our homebound and hunger
6 persons Meals on Wheels program. Because
7 I do a survey. Most of them who receive
8 the Meals on Wheels clients not only
9 homebound and a lot of legal pride cannot
10 see.
11 A lot of seniors they don't know
12 what's going on. They have a lot of
13 senior they have the cancer. They said
14 how long I could survive? Could you
15 know? Because not only from the paper
16 you could touch really their need.
17 Really open our heart. We really care.
18 You know, we love them, so that's why I
19 train all my staff really pay attention
20 for the poor, for the low income, for the
21 non-English speaking elderly.
22 I tell you, if we do a good job I
23 think a lot of people give the credit,
24 not only the Open Door. Give all the
25 credit to the Department for the Aging,

2 our income lovely commissioner, our
3 lovely mayor, all the very important
4 persons. So please, from my heart, don't
5 forget our poor people. Hungry people.
6 Here is America. We want the seniors to
7 live healthy, longer and happy life.
8 Thank you. Good luck to all of
9 you.

10 MR. ROMERO: Andrew Martin, DOROT.

11 MR. MARTIN: On behalf DOROT, one
12 of the city's largest providers of
13 services to 10,000 homebound, frail and
14 elderly with an average age of 89 and
15 their caregivers, I want to thank the
16 Department for the Aging and the
17 commissioner for allowing us to testify
18 today on matters relating to the annual
19 plan summary.
20 Since being founded by a group of
21 students from Columbia and Barnard in
22 1976 DOROT has created 37 programs in our
23 senior community. These include meal
24 delivery to the homebound, transitional
25 housing and support for the homeless

2 elderly, social companionship through
3 family visiting and education and support
4 networks for the homebound via telephone
5 conference calls. Our staff of 60 relies
6 on mobilized core of almost 7,000
7 volunteers of all ages who serve the
8 elderly.

9 DOROT also founded and supports the
10 Friendly Visiting Association of New York
11 City. This coalition of some 30 New York
12 City friendly visiting programs seeks to
13 strengthen volunteer visiting programs
14 that reach out to homebound elders. By
15 fostering best practices that include
16 careful screening of friendly visitors,
17 the association strives to insure the
18 safety of vulnerable frail seniors. For
19 our seniors enjoy the companion of these
20 friendships, we wish to prevent their
21 falling prey to elder abuse.

22 Our efforts come at a time when
23 New York is facing one of the fastest
24 growing senior populations in the
25 nation. Nearly a million residents are

2 65 and older, and of this number
3 approximately 120,000 are 85 and older.
4 Seniors living on fixed incomes are
5 being imperiled by the nation's financial
6 crisis through higher food medical and
7 prescription costs. Many are likely to
8 face housing difficulties that they are
9 no longer able to their mortgages or
10 their rent increases.
11 The economic turbulence is already
12 playing out here at DOROT. It is
13 reflected in the increased demand for
14 services for frail and homebound homeless
15 seniors. These growing needs compound
16 the agonizing decisions we are trying to
17 make as we carefully prepare for the
18 anticipated decrease in our income.
19 Like many senior service providers
20 here today, DOROT is reeling from this
21 year's cuts in citywide health and
22 education teleconference programs for our
23 homebound seniors. As well as the
24 projected cuts from the state and city
25 agencies in the next fiscal year. This

2 is in addition to anticipated cuts in
3 funding from our partners in the
4 foundation and corporate worlds.
5 Since its beginning the New York
6 City Department for the Aging
7 streamlining process and the
8 consolidation of case management and meal
9 delivery has caused DOROT to lose its 22
10 year old contract to deliver kosher meals
11 to city residents. Another program will
12 deliver these meals, but people cannot
13 live by bread alone. At risk is the case
14 assistance component of DOROT's meals
15 program. Let me explain that our frail
16 homebound seniors, again, whose average
17 age is 89, endure limited sight, hearing
18 and mobility, and are challenged by
19 multiple illnesses and live with chronic
20 pain. They struggle to survive without
21 family or friends.
22 These seniors have become dependent
23 upon DOROT and many other service
24 agencies case assistance programs which
25 link our clients to volunteer visitors,

2 escort services, information and
3 referral, homelessness prevention,
4 wellness programs and more. Case
5 assistance provides the safety net of
6 services that brings a human face to
7 isolated seniors and ameliorates
8 debilitating social isolation.

9 These services enable the frail
10 elderly to live out the last years of
11 their lives in the comfort and dignity of
12 their own homes. It should come as no
13 surprise to anyone here that helping
14 seniors to remain in their homes is both
15 humanistic and cost effective. We don't
16 have to remind you that the cost of
17 institutionalization in New York City and
18 around the country is growing at a rapid
19 rate. Inevitably that cost falls on the
20 taxpayers' shoulders.

21 As it has in the past, we hope that
22 DFTA will continue to work with DOROT and
23 other senior service agencies to
24 staunchly protect this important
25 ancillary fabric of programs and other

2 senior services that serve Manhattan.
3 And when DFTA awards contracts for its
4 senior centers, we hope you will help to
5 insure that the Manhattan seniors,
6 particularly those on the west side and
7 other areas of our catchment area, will
8 be the beneficiaries. We hope these
9 awards will promote out of the box
10 virtual senior centers such as
11 teleconference programs that can share
12 dwindling resources and build thriving
13 homebound communities.
14 In conclusion, as both presidential
15 candidates and local legislators talk the
16 talk about national community service
17 initiatives, we hope the city will become
18 the model for the country as it embraces
19 and it promotes volunteerism to benefit
20 the frail elderly. Together, we can
21 bring that human touch of a friendly
22 visitor into the homes and lives of every
23 isolated senior in our city.
24 Again, we thank DFTA for inviting
25 us to join to in this dialogue in order

2 to promote opportunities that will
3 enhance the well being of thousands of
4 New York City's frail, homebound seniors
5 today and for decades to come.

6 MR. ROMERO: Joyce Brown.

7 MS. BROWN: My name is Joyce

8 Brown, concerned citizen, political

9 activist.

10 Karen Taylor, when I produce

11 programs, my own programs on the

12 advocate -- what is it -- the Manhattan

13 neighborhood network, which is public

14 access program, she has the honor of

15 having been to my worse production.

16 Everything went wrong. The people who

17 came with her were negative.

18 Everything. It was perfect storm.

19 Since that time I became one of

20 their ace producers. People asked me to

21 assist them, including with editing. So

22 I remember you Ms. Taylor and I asked you

23 at 2 Lafayette, but I think now you are

24 in the rarified atmosphere of the higher

25 echelon where everything is screened,

2 particularly negative things. That's one
3 the reasons why these public meetings are
4 so important. So that you are able to
5 hear some things that are positive as
6 well as some things that are negative.
7 And if you will listen to the negative
8 things you will be able to perfect your
9 program and increase its excellence.
10 Now, I have a number of things to
11 say about DFTA. As I said, I live on the
12 upper west side. I also go to the
13 Manhattan borough president's senior
14 committee, which I believe every
15 Manhattan borough presidents like
16 Virginia Fields had it, as well as our
17 present Manhattan borough president.
18 Earlier this month I went to their
19 meeting. You had a member of DFTA
20 there. Now, when she finished speaking
21 and left the room I followed her. I told
22 her about a complaint about one of
23 Project Find's senior centers. Where I
24 felt it was deficient and the
25 administrator there was not a good fit.

2 He did not know the cliental and the
3 program decreased. She became negative.
4 Of course, anybody criticizes you you get
5 your back up. But this person from DFTA
6 thought it over, came back in Manhattan
7 borough president's office, made an
8 announcement as to who you can call if
9 there is a problem with your senior
10 center.
11 Now I think that should be put in
12 every senior citizen center, who to call
13 if there is a problem, because this will
14 help you monitor your program and improve
15 it. So that was a good experience. You
16 have some great employees here. But you
17 also have some employees who are not so
18 great. As with any organization, you
19 have your good and your bad.
20 I'm a senior citizen living on
21 social security, and I heard about your
22 employment program downstairs. I went
23 and interviewed. The people who
24 interviewed me were not your good
25 employees. They were aggressive and

2 negative. Complaint came back and spoke
3 to the person who was in charge
4 downstairs on the first floor. She gave
5 me what was said that I told them. It
6 was entirely false. And this person who
7 was the supervisor told me what they said
8 I said. Which I did not. I complained
9 and called 2 Lafayette. Spoke to someone
10 on the phone and she just gave me the
11 telephone number to speak to the negative
12 supervisor.

13 So, as you can see, you have good
14 and bad. But I wish you would monitor
15 your program, monitor your employees to
16 improve it. Because as you know, some
17 employees, as one of the people down
18 there kept on saying, I have five minutes
19 until it's time for me to leave, and that
20 was all she was going to do. So you have
21 negative. But monitor so you will
22 improve your program and maintain good
23 quality.

24 Now, I have some questions. The
25 HEAT program I believe it's \$40 for the

2 year. That's all they give? I asked for
3 that. I'm a senior.
4 Also, there's another thing. Your
5 NARK project, I believe that the
6 apartments or the housings have to
7 contribute to the NARK, it used to be,
8 and they are exploring new ways to work
9 on the NARK. I don't know what happened
10 to that.
11 Also, the End of Life program. I'm
12 a registered nurse. Degrees in
13 in-service education, community health
14 nursing, which is where health is going
15 now, into the community, since they have
16 limited hospital stays.
17 I worked on the Lombardi Program as
18 a community health nurse. The Lombardi
19 program is Nursing Homes Without Walls
20 where the nurse visited people in their
21 home, they're homebound, and coordinated
22 the program. Is that the same as the End
23 of Life program? Entirely different. I
24 was wondering. It sounded similar. Very
25 similar. And it did keep people out of

2 nursing homes and nursing homes cost so
3 much more than keeping the people in
4 their homes.

5 You said at the beginning that
6 people who do not have a written
7 transcript should send one in. What is
8 that man there for? Is it a duplicate or
9 what?

10 Continuing with employment. Now, I
11 believe the committee, city counsel
12 committee has a meeting on Thursday or
13 Friday 10 o'clock I think at 250 Broadway
14 on employment of older citizens, and I
15 think I'll attend. That's it.

16 COMMISSIONER MÉNDEZ-SANTIAGO:

17 Ms. Brown, before you leave I would like
18 you to speak to Mira Braun of our staff
19 so we can follow-up on some of your
20 complaints and questions. Thank you.

21 MR. ROMERO: Ellen Polivy,

22 Manhattan Community Board 8.

23 MS. POLIVY: My name is Ellen

24 Polivy. I'm the cochair of the newly

25 created care Health, Seniors and Social

2 Services Committee at Community Board 8

3 Manhattan.

4 First, I want to apologize for

5 getting here so late. I was up all night

6 with a family issue. I had plenty of

7 opportunity to think about the joys and

8 heartache of having family. So many of

9 our seniors don't have family. And the

10 frail elderly, many of them have lost

11 everybody they know and the closest

12 people they have are the seniors centers

13 and the people they meet every day in

14 their senior centers. So I think it's

15 very important to think family when you

16 think of small, local senior centers or

17 even large local senior centers as long

18 as they're local and people have an

19 opportunity to get there very easily and

20 it's something that they know and people

21 that they have contact with every day,

22 lunches that they eat. People that

23 deliver food to them kindly and home

24 cooked meals that they've had cooked for

25 them. The same meals perhaps they had at

2 the senior center that day.
3 So, we had the opportunity in
4 Community Board 8 to start up just at the
5 time when the issues of DFTA were coming
6 out, and we had lots and lots of
7 meetings. We did lots of fact finding
8 sessions and asked lots of questions and
9 held lots of round table discussions. As
10 a result, at our June 18 land use and
11 full board meeting Community Board 8
12 overwhelming adopted a number of
13 resolutions to DFTA asking for financial
14 parity and transparency, slowing down of
15 the process and keeping local senior
16 centers intact.
17 The most relevant resolution for
18 today's hearing is related to the NYCHA
19 budget cuts. Everybody has been talking
20 about that and I'm going to read it.
21 Whereas, seniors need the
22 socialization and care provided by
23 neighborhood senior centers, and whereas,
24 NYCHA-based facilities such as Lennox
25 Hill Neighborhood House and Stanley

2 Isaacs provide multiply vital services to
3 our community such as senior centers, day
4 care, youth centers and Meals on Wheels,
5 therefore, be it resolved, that Community
6 Board 8 strongly supports the continued
7 full funding of all NYCHA based community
8 facilities.

9 That was actually sent to NYCHA so
10 you might not have seen it.

11 Now a bit of my own
12 editorializing. The number of seniors in
13 our community are growing at a very rapid
14 rate. Senior centers help them age at
15 home with safety and dignity. We believe
16 strongly that if neighborhood centers are
17 removed the effect will be tremendous.

18 People need local places where they can
19 feel at home, meet their friends and be
20 known.

21 As an example, my cochairperson was
22 waiting outside one of our neighborhood
23 centers a couple of months ago for a late
24 afternoon meeting to begin when one
25 senior approached her for help. She was

2 confused. She came to her center at the
3 wrong time of day thinking it was lunch.
4 I think she was probably hungry and it
5 was dinner time. It was her only social
6 outlet and she ate lunch there every
7 day. She had come thinking it was time
8 for her meal and could not remember how
9 to get home.

10 There were several residents nearby
11 who knew her and with the help of the
12 center's staff that was still there they
13 found out where the woman lived. Once
14 reoriented the woman went to her home
15 quite happily. Even with her handicaps
16 she wants to and is still capable of
17 living independently with the help of her
18 daily visits to the senior center.

19 And the community center helps her
20 do so. The staff at the center watches
21 out for her and plans to offer her
22 additional as she needs and accepts and
23 them. If this center is removed from her
24 neighborhood this woman will no longer
25 have a familiar place to come every day,

2 with familiar faces and a hot meal
3 waiting.
4 We are concerned that as a
5 consolidation of the meal delivery system
6 takes away the meal deliveries from the
7 smaller centers it will leave less budget
8 for the lunchtime meals at the centers,
9 since a smaller budget needs to cover the
10 same fixed expenses like a cook and a
11 kitchen. This affects the total budget
12 at the smaller centers and the people,
13 like the lady I spoke about, rely on
14 these meals and the center that serves
15 them as her lifeline will be the ones who
16 suffer.
17 We urge DFTA to slow down the rate
18 of changes so that the humans who are
19 affected don't suffer in the process.
20 Please save our local senior centers.
21 MR. ROMERO: I would like to
22 thank our speakers for sharing their
23 views this morning. I would also like to
24 thank all the DFTA staff which helped
25 organize today's event.

2 The department will issue a formal
3 response to the testimony presented at
4 this year's annual hearings which will be
5 posted on our website in late November.

6 We encourage everyone to visit our
7 website at www.nyc.gov/aging for the
8 latest news, press releases and
9 information on problems and services.

10 This morning's hearing is officially
11 closed.

12 (TIME NOTED: 12:55 P.M.)

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1 CERTIFICATION

2

3 I, FRANCIS X. GRAY, a Notary

4 Public in and for the State of New

5 York, do hereby certify:

6 THAT the foregoing is a true and

7 accurate transcript of my stenographic

8 notes.

9 IN WITNESS WHEREOF, I have

10 hereunto set my hand this 18th day of

11 November 2008.

12

13

14 -----

15 FRANCIS X. GRAY

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18

19

PRECISE COURT REPORTING

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