

Department for the Aging

FY 2017 BOROUGH BUDGET CONSULTATION AGENDA

REMEMBER!

- Update previously submitted agenda items
- Be specific on subject matter
- List Capital and Expense questions under separate headings
- **To Receive the Most Detailed Answers, Agenda Items Pertaining to the Agency's CAPITAL and EXPENSE Programs Below Should be Clear and Detailed ! !**

*** CAPITAL DEFINITION - ITEM LASTS AT LEAST 5 YEARS, AND COSTS AT LEAST \$35,000***

EXPENSE

NUTRITION SERVICES:

Congregate Meals,
Home Delivered Meals,
Nutrition Education/Counseling
Shopping Assistance/Chores

ACCESS SERVICES:

Case Assistance/Counseling,
Case Management,
Information & Referral,
Transportation/Escort

FAMILY CAREGIVER SUPPORT:

Respite, Information & Outreach
Caregiver Services

EXPENSE

OTHER SOCIAL SERVICES:

Education & Recreation,
Health Promotion/Screening
Intergenerational services,
Minor Residential Repair

LEGAL ASSISTANCE

CRIME VICTIMS ASSISTANCE

SENIOR EMPLOYMENT

NATURALLY OCCURRING RETIREMENT

COMMUNITIES (NORCS)

IN-HOME & CARE SERVICES:

Homemaking/personal care,
Housekeeper/chores,
Social Adult Day Care/Respite,
Social Adult Day Services, Friendly Visiting

CAPITAL

**BUILDING-WIDE CONSTRUCTION &
RENOVATIONS TO SENIOR
COMMUNITY CENTERS USED
BY THE AGENCY**

THE AGENCY STRONGLY RECOMMENDS VISITING THEIR WEBSITE

WWW.NYC.GOV/AGING

BEFORE COMPOSING AGENDA ITEMS

BOROUGH: Manhattan

COMMUNITY BOARD: 1 - 12

1. Is funding secure for all Senior Centers (Manhattan 1-12)? how is this figure calculated? And is this by meals served? Also, please show number of slots for each center, average daily attendance and capacity for each. What is the projected budget for takeover of NYCHA Centers?

FY16 funding for DFTA sponsored senior centers is \$120 million. Each DFTA funded senior center is contracted for a specific number of meals and other services as proposed in the most recent solicitations for Neighborhood Senior Centers and Innovative Senior Centers. (See list of Manhattan senior centers with information on average daily meals.) On July 1st of this year, DFTA in partnership with contracted senior services providers assumed operation of 17 centers that were formerly operated by NYCHA. Six of those centers are located in Manhattan: Meltzer Tower in CB 3, Douglass in CB 7, Rangel in CB 10, King Towers in CB 10, Saint Nicholas in CB 10, and Lehman in CB 11. All programs are in operation with activities and, where feasible, meals are provided.

2. What is the outlook for funding for meals that in the past has left senior centers not being able to offer enough meals or trying to raise non-city funding? How many senior centers in Manhattan, by board, are considered over utilized and underfunded?

Funding is secure for existing meals at senior centers. An additional \$3.3 million was baselined in the budget to address rising food costs for congregated and home delivered meals. In FY16, the City Council allocated to DFTA \$3.578 million in Senior Centers, Programs and

Enhancements funding. This allocation enhances and restores baselined funding to DFTA senior center programs and services, and provides additional funding to senior centers that are underfunded or overutilized. The senior centers in Manhattan designated for this funding include the Bowery Residents' Committee Senior Center in CB 3, Chinese Planning Council Project Open Door Senior Center in CB 2, Chinese Planning Council NY Chinatown Senior Center in CB 3, Greenwich House Independence Plaza Senior Center in CB 1, Hamilton Madison House City Hall Senior Center in CB 1, Jackie Robinson Senior Center in CB 9, Stein Senior Center in CB 6, and United Block Association Mary Bethune Senior Center in CB 9.

3. What is considered optimal ratio of case worker to case load? What is the ration for FY15, and 16? Is the waiting list for case management expected to be cleared by FY17?

Due to an increase in demand, DFTA's FY14 caseload was nearly 80 per case manager. DFTA commissioned Fordham University to conduct a recent case management study, which determined that caseload sizes should average 65 per case manager. We are looking to enhance the ability of our case management programs to allow for flexibility in both the model and types of services provided. For example, some agencies may prefer a model which utilizes a central intake staffer. Other agencies may triage clients between intensive and low-need. These factors may result in variations in caseload size by caseworker. For case management services, DFTA received an additional \$2.6 million in funding to strengthen the system and support the reduction of caseloads. This led to a drop in caseloads where the caseload average systemwide is now 65 per case manager.

In FY15, the wait list for case management was approximately 2000. While awaiting full case management services, all eligible and interested wait list clients can receive home delivered meals and are called on a bimonthly basis. Additional funding in FY16 has been provided so that those case management agencies with a wait list can hire additional staff. It is anticipated that those presently on the wait list will then receive an in-home assessment. The City Council allocated \$3 million in FY16 to address DFTA's case management wait list.

4. Funding for Home Care programs were cut resulting in no new homebound elders receiving home care, plus a reduction of hours for current recipients. Are funding changes expected to relieve this situation in FY16 and what is the funding expectation for FY17?

DFTA's FY16 budget includes \$17.8 million to support home care for homebound seniors who are not Medicaid eligible. In addition, approximately \$4.2 million was added to DFTA's budget to address the wait list for home care services.

5. Are funding efforts being made to improve outreach to seniors before and during Natural Disasters and Emergencies? Is additional funding needed? What programs have been funded for Outreach?

DFTA, OEM, DOHMH, Red Cross, and other community based organizations conduct emergency preparedness presentations to seniors on an ongoing basis. Notifications are also sent to DFTA programs to inform providers and seniors about impending emergencies such as weather events, utility disruptions, disease epidemics, etc.

DFTA case management agencies serve approximately 20,000 seniors. When preparing for an emergency, case managers will contact those most at risk and seek to ensure their safety. In addition, many of our clients receive home delivered meals and thus have almost daily contact with HDML providers. If any of these clients need assistance or are in distress, the meal program can help to intervene and contact their case manager.

For senior centers, DFTA issues alerts to all programs via fax and e-mail prior to emergencies. Senior centers are expected to provide extra take-home meals the day prior to a possible disruption in service. Programs must also ensure that at-risk participants have adequate food and support by maintaining a current list of such participants as well as emergency contacts who may be able to assist. Senior centers are directed to confirm with DFTA that additional meals have been provided, or that an alternate plan is in place to ensure the safety of seniors in the event of an emergency. A clear system of communication must also be in place to inform participants if the center will not be open.

6. Are funding sources available for DFTA to reinstitute transportation programs for seniors?

DFTA's transportation program has not been eliminated. In fact, transportation services were included in baselined funding in DFTA's budget. This year, DFTA will provide more than 500,000 trips for seniors in New York City through contracts with non-profit organizations. These community based transportation programs are located in each of the five boroughs. This service is available to older adults who are age 60 or older for the purpose of attending congregational meal sites, senior centers and essential medical and social service appointments and activities. DFTA will be releasing a solicitation for Transportation Services in the fall of 2015. Contracts are expected to begin on July 1, 2016. In FY16, the City Council also allocated \$660,000 in Transportation Operating Costs funding to support insurance, fuel and maintenance of existing vans and other existing vehicles that are used by senior centers and other senior programs.

7. Has insufficient funding impacted the ability to provide special meals such as kosher meals, meals for different ethnic groups or meals for special health needs?

DFTA's community partners continue to offer culturally competent programming, including meals that cater to the dietary requirements and cultural preferences of its constituents. Last year, an additional \$3.3 million was baselined in DFTA's budget to address rising food costs, which also offsets the expenses of kosher home delivered meals. While DFTA has made significant strides in providing culturally relevant meals and programming, we seek to build capacity and improve food service delivery across the City by broadening menu options, addressing consumer choice and tailoring meals to meet the nutritional needs of diverse constituents.

8. Has insufficient funding impacted the Job Training and Volunteerism opportunities for Seniors? How do you measure the success of these programs?

DFTA's Senior Community Service Employment Program – Title V is funded by the US Department of Labor, Employment and Training Administration. DFTA receives funding from two grantors – the NYS Office for the Aging and the National Council on Aging. More than 80% of the funding is designated to pay the wages and fringe benefits of the program participants. The participants receive a minimum wage of \$8.75 per hour for 15-20 hours per week. To be eligible for the program, participants must be age 55 or older, a resident of New York City, low-income, unemployed, and willing to enter employment. There has been an increase in demand for the program as a vehicle for seniors to obtain training that can lead to employment.

In FY15, DFTA established its Volunteer Resource Center (VRC) to centralize recruitment, training and tracking of volunteers for agency programs; this was made possible with generous support from NYC Service. The agency programs include Health Promotion, Health Insurance Information Counseling & Assistance Program, Foster Grandparents, Bill Payer Services, and new initiatives focused on increasing enrollment in entitlements and benefits. Active recruitment of volunteers began in January of 2015. Since then, 490 have applied to volunteer through the VRC and 132 of those applicants have expressed an interest in serving in Manhattan.

9. Are funding sources in place to increase Public Awareness and vaccinations to combat painful and sometimes deadly diseases (i.e. Shingles & Pneumonia)?

In DFTA sponsored senior centers and naturally occurring retirement community (NORC) supportive service programs, Health Promotion services have increased according to the current contracts for Neighborhood Centers, Innovative Senior Centers and NORCs. These services are now part of the required services at these congregate sites. DFTA engages in outreach through community events, health fairs, public forums, social media, and other activities – some in collaboration with other agencies like DOHMH. These efforts serve to inform the public of the availability of preventative measures, such as vaccines and health screenings, and to promote awareness among older adults.

DFTA has also embarked on a number of initiatives to make evidence based health promotion programming more available in senior centers and NORC programs. These tested programs help seniors manage various chronic health conditions, including heart disease, diabetes, falls, and depression.

10. In the Mayor's effort to provide 200,000 affordable housing units over the next 10 years, are funds provided for Senior Affordable Housing? Please provide listing of programs and resources available to insure existing and future housing for seniors.

Senior housing is under the jurisdiction of HPD.

11. Please provide listing and number of seniors by Community District that have participated in the Assigned Counsel Project for seniors at risk of eviction from their homes.

In FY15, there were 137 Assigned Counsel Project cases in Manhattan.

12. Are there any Needs you would like us to assist you in requesting for the next fiscal year's budget?

As part of the agency's vision, DFTA sought to enhance case management in order to reduce caseloads to 65, increase food allocations for meals, broaden elder abuse programs, and address geriatric mental health needs. We are grateful that much of this has been accomplished in the FY16 budget and we look to building upon this success in FY17 onward.

Capital:

1. What funding are in place for Senior Centers in Manhattan that are in need of facility renovation?

Recently Completed

Central Harlem/Kennedy Center, CB 10 – Interior ramp

In Construction

Leonard Covello, CB 11 – East wall, chimney and restoration of community garden

Planned Projects

Leonard Covello, CB 11 – Interior reconfiguration and renovations

Sirovich, CB 3 – Additional toilet rooms; reconfigured senior activity room and offices

YM/YWHA of Washington Heights and Inwood, CB 12 – Kitchen reconfiguration, dining room flooring and acoustic treatment

UBA Beatrice Lewis, CB 11 – Lease renewal scope of work

Various planned expense funded projects, including furniture and equipment purchases throughout the borough.

Capital Projects under NYCHA Management

Project FIND Clinton, CB 4 – Renovations

Lenox Hill, CB 8 – Kitchen renovations

University Settlement, CB 3 – HVAC

Hudson Guild, CB 4 – Complete renovation