

Office of the Mayor Health and Human Services

Mayor's Office for Economic Opportunity | December 2021



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Community Care Plan

Agency: **Department for the Aging (DFTA)**

Context

Older Adult Centers (OACs), also known as senior centers, currently comprise 249 sites throughout the City that are run by non-profit aging services organizations under contract with DFTA. They provide services and activities – ranging from nutritious meals to health and wellness education and exercise – to promote the health and well-being of older New Yorkers. DFTA also currently funds 28 NORCs, which are individual buildings or groups of buildings, either privately owned or publicly owned or subsidized, that are home to large numbers of older adults (60 years and older) with low to moderate incomes. NORC staff provide case management, health-related supports, and activities to engage clients and help them remain connected and in a good state of physical and mental health. Both are local, community-based programs for New York's older adults, providing individual and congregate services on-site (and sometimes virtually) that offer socialization and promote well-being and wellness.

There were two problems to be addressed. First, OAC and NORC networks both require enhancements in order to best respond to the needs of an ever diversifying and growing older

population. Since the commencement of the 21st century, the older adult population has grown dramatically and become more diverse, has shifted among New York City neighborhoods, and has faced growing income and other challenges. The second problem area and associated goal to be addressed is the avoidance of institutionalization of older adults: about 90% of older people express a strong preference to age at home and in their communities, and helping people age in place is cost-effective compared with institutionalization. To reach this growing and diversifying population and to better meet their varied needs, DFTA created the Community Care Plan and commenced implementation during the de Blasio Administration with an OAC/NORC RFP.

Response

DFTA laid out a community care vision and roadmap, which we call our “Community Care Plan.” As summarized in a document entitled “Building Community Care for an Age-Inclusive New York City,” the Community Care Plan provides a framework for the types of services and supports essential to keeping people in good physical and mental health as they age, with a strong sense of well-being and security. Twelve program elements form the core of the Plan. The de Blasio Administration identified \$48 million in funding for the five most immediately pressing elements, listed as #1-#5 immediately below, and has proposed future funding for the remaining seven items (#6-#12):

- 1.** Additional OAC and NORC sites. Currently, there are 249 OACs and 28 DFTA-funded NORCs, for a total of 277 sites, and once RFP contract negotiations are finalized (anticipated by the end of the year), this number is expected to grow by approximately 30;
- 2.** Marketing and outreach, of a mix still to be determined, especially to under-served groups and those in transportation/service deserts, in order to ensure that the full range of New Yorkers in need of DFTA-funded services are connected to services to promote their health and well-being;
- 3.** Increased transportation capacity in order to serve more people than is currently possible at a level still to be determined as RFP proposals are reviewed and approved/adjusted based on negotiations;
- 4.-5.** Expanded OAC and NORC staff and programming budgets;
- 6.-10.** Increased case management, home-delivered meal, home care, and caregiver budgets to allow for client growth; increased home care hours per client. This set of programs is designed to provide supports such as meals, home care, mental health services, etc., that are determined to be needed through discussions that case managers have with the largely or fully homebound;
- 11.** Building upon the virtual programming resources already in place within the network of DFTA-funded aging services providers; and
- 12.** Tech devices and connectivity in order to provide much needed access to a variety of virtual programming, including discussion groups, arts presentations, health and exercise classes, etc., that can help people unable to or unwilling to come to OACs or join NORC activities in-person to remain healthy while addressing social isolation.

Results

Specific outcome levels are still to be determined since the Community Care Plan funds have been flowed through the RFP for OACs and NORCs, with contracts currently under negotiation for a start date by the end of the year.

That said, based on existing research and evidence, we are expecting to see various strengthened outcomes in the areas listed immediately below, and DFTA plans an analysis of data over the course of Calendar Year 2022:

Increases in: member/client participation in OAC and NORC programming, and in case management, home delivered meal, home care and caregiver clients when future funding is obtained for Items #6-#12 above;

Various forms of enriched programming: number and types of innovations by site and catchment area with measurement of client satisfaction; number and types of collaborations by site and catchment area with measurement of client satisfaction; measurement of contractor success through the annual Program Assessments;

Demonstrably wider client reach to: under-served ethnic, immigrant and non-English speaking populations, as well as residents living in service and transportation deserts and those who are socially isolated, as measured by spatial analysis of service uptake among people living within deserts, as well as overall growth in service utilization by each of these population groups; and

Impacts: improved physical and mental health; less social isolation; able to remain at home and in community.

Beneficiary Stories

The Community Care Plan and new contracts from the OAC/NORC RFP are to be implemented by the end of the year; various beneficiary stories will be obtained over the course of the contract. One story already realized is the overall expansion made possible through the investment in the Community Care Plan, as well as specific communities impacted, most especially TRIE communities. Another achievement is the impact of the work of DFTA staff, who offered technical assistance to CBOs, which resulted in bringing in new, ethnically diverse organizations. Monthly provider meetings were held with the Commissioner, which helped existing organizations better understand the aims of the Community Care Plan and how they can contribute to attaining those goals.

Next Steps

Pending finalization of the contract negotiation process by the end of the year, contract awards will be made to some 136 not-for-profit community-based aging services organizations located in all 59 Community Districts. Some of the contracts will commence on December 1, 2021; others on December 16, 2021. They focus on the first five elements of the Community Care Plan.

Work will be needed with the upcoming Mayoral administration and City Council to expand Community Care Plan funding to Items #6-#12 above, namely, increased funding for case management, home delivered meals, and home care total hours and average hours of service per client; increased caregiver budgets; building on existing virtual programming services; and providing tech devices and connectivity to the socially isolated and others who cannot afford them.

Relevant Publications

- Building Community Care for an Age-Inclusive New York City
<https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/DFTACommunityCarePublicVisionFinal040221.pdf>