



Annual Plan Summary

Covering

April 1, 2020 – March 31, 2021

for

The Older Americans Act (OAA)

The New York State Community Services for the Elderly (CSE) Program

The Expanded In-Home Services for the Elderly Program (EISEP)

September 2019

Lorraine Cortés-Vázquez, Commissioner

New York City Department for the Aging

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www.nyc.gov/aging

New York City Department for the Aging 2019 Public Hearings

The New York City Department for the Aging (DFTA) has published the 2020-2021 [Annual Plan Summary](#) on the DFTA website: www.nyc.gov/aging.

This Plan provides a valuable opportunity for the Department to share its goals, objectives and program planning with the aging network.

DFTA encourages consumers, community partners, advocates and other interested parties to attend a public hearing and comment on the Plan or give testimony on other issues that impact New York City's older adults. **To register, email:**

testimony@aging.nyc.gov

If you are unable to attend one of the hearings, please feel free to submit written testimony or comments via email (above) or mail to:

NYC Department for the Aging
c/o Lorraine Bailey
2 Lafayette Street, 7th Floor
New York, New York 10007

The NYC Department of the Aging welcomes your input and values your expertise. We look forward to learning from you as you share your insights and ideas.

Queens

Wednesday, October 23, 2019

10:00am – 12:00pm
Sunnyside Senior Center
43-31 39th Street
Sunnyside, NY 11104

Manhattan

Friday, October 25, 2019

10:00am – 12:00pm
VISIONS at Selis Manor
135 W. 23rd Street
New York, NY 10011

Brooklyn

Monday, October 28, 2019

10:00am – 12:00pm
Park Slope Center for Successful Aging
463A 7th Street
Brooklyn, NY 11215

Bronx

Tuesday, October 29, 2019

9:30am – 11:30am
Bronx House Weinberg Neighborhood Senior Center
990 Pelham Parkway South
Bronx, NY 10461

Staten Island

Wednesday, November 13, 2019

1:30pm – 3:30pm
Staten Island University Hospital, North Campus
The Regina M. McGinn, M.D. Education Center,
2nd Floor Auditorium
475 Seaview Avenue, Staten Island, NY 10305

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Executive Highlights

The NYC Department for the Aging Annual Plan Summary (APS) covering April 2020—March 2021 is divided into two principal sections: 1) **Population Overview of Older New Yorkers**; and 2) **Program Descriptions and Upcoming Programmatic Initiatives**.

1. **Population Overview of Older New Yorkers.** Highlights include:

- The New York City older population continues to grow quickly, with the most recent American Community Survey estimating 1.73 million adults aged 60+ living in the City in 2017, an all-time high, with a projected 1.86 million expected by 2040.
- Life expectancy at birth is 81.2 in the City, also a record high. Women’s life expectancy is five years greater than men’s, and they comprise the large majority of those over 90, with consequences related to frailty, dementia, and other conditions found more commonly among those of advanced age.
- The older population has grown substantially since 2000 for Blacks, Hispanics and Asians/Pacific Islanders, with the largest percentage gain among the latter group, at +173%. Whites have declined slightly during this period (approximately -3.0%).
- Nearly 50% of older New Yorkers speak a language other than English in the home, which can result in issues related to access to services, social isolation, etc.
- The percentage of older adults below the Federal Poverty Level in 2017 was twice as great in New York City compared with the national level (18.0% versus 9.3%), with many implications for aging services and other health care/social services that address issues associated with extremely low income.
- In 2017, 35% of the civilian non-institutionalized population reported some disability, including 26% reporting disabilities affecting the ability to walk, climb stairs and/or reach/lift/carry, and 10% with a mental, cognitive and/or emotional condition.
- Social isolation is a significant factor based on several measures, and is tied to increased mental and physical health issues and other negative factors.

2. Program Descriptions and Upcoming Programmatic Initiatives:

- A home delivered meals RFP is scheduled for release in early Calendar Year 2020, for contracts to begin in mid-Calendar Year 2020. This RFP will focus on ways to maximize meal quality, choice and diversity.
- A senior center RFP will be released in mid-Calendar Year 2020 for contracts to begin on July 1, 2021. Its aim will be to engender the greatest possible level and types of creative programming responding to the wide variety of interests of older people of all ages, as well as a growing population overall that is becoming ever more diverse.
- A NORC RFP (Naturally Occurring Retirement Communities) will be released in Calendar Year 2020 for contracts to begin in Calendar Year 2021. It will seek proposals for strengthening connections with the large and rapidly growing number of older people living in individual apartment buildings and building complexes, as well as residents who are concentrated in neighborhoods of lower density in order to offer as wide and deep a range of services as possible.
- Various projects will be implemented – from point-to-point car service transportation to tele-behavioral health and health care integration collaborations – to test their viability in addressing unmet needs and their potential for bringing to scale.
- Implementation of new caregiver contracts is underway which is focused on more fully meeting the needs of people caring informally for friends or family members, using results from a 2018 survey of various segments of the caregiver population, from kin care to caring for those with dementia. This includes a larger investment of funds in respite, transportation and information about referrals and resources, which were the most often cited needs of the surveyed caregivers.
- Based on input and guidance from recently established stakeholder groups, DFTA seeks to enhance programming over the next year and beyond through obtaining frequent feedback from consumers of aging services; more robust measurement through the program assessments and evaluation process as well as development of additional performance metrics; implementation of several best practice models; tackling the myriad issues related to social isolation and ageism; and increasing public awareness of aging services overall.

Introduction

New York City Department for the Aging

The New York City Department for the Aging (DFTA or the Department) is the lead Mayoral agency addressing public policy and service issues for the aging; it is the largest agency in the federal network of Area Agencies on Aging (AAA) in the United States. Established to represent and address the needs of elderly residents of New York City, the Department administers and promotes the development and provision of accessible services for older persons and serves as an advocate on legislative and policy issues.

DFTA's mission is to work to eliminate ageism and ensure the dignity and quality-of-life of New York City's diverse older adults, and for the support of their caregivers through service, advocacy, and education.

DFTA continues its long history of collaborative partnerships with community-based organizations for the provision of programs and services, which aim to foster independence, safety, wellness, community participation and quality-of-life.

Purpose and Scope of the Annual Plan Summary (APS)

The Older Americans Act (OAA), Section 306(a)(6)(D), requires AAAs to develop an Area Plan that describes its activities for the upcoming four years. New York State also requires AAAs to submit an Annual Implementation Plan (AIP) to the New York State Office for the Aging (NYSOFA) on programs funded through federal and state resources, including the New York State Community Services for the Elderly Program (CSE) and the Expanded In-Home Services for the Elderly Program (EISEP). The Annual Plan Summary (APS) is a synopsis of the AIP and presents DFTA's strategic goals, programming, budget and service levels. This Plan represents the first year of a four-year plan covering the period April 1, 2020 to March 31, 2024.

The OAA requires the provision of various services for older adults, including access to nutrition, benefits counseling, employment opportunities, legal assistance, and in-home services. The CSE Program and EISEP require the provision of community-based services for the frail elderly. The Department works with its Senior Advisory Council, Interagency Councils on Aging, consumers, advocacy and provider groups, elected officials, and community boards to identify and address local needs.

The allocation of Department resources is determined by legislative mandates and directives, the availability of funding, the results of demographic analyses, assessment of unmet needs, recommendations from local communities, and the availability of services through alternate sources.

Community Dialogue and Feedback

DFTA engages in ongoing dialogue with various community partners and in various forums:

- **DFTA's Senior Advisory Council** is mandated by the OAA, Section 306(a)(6)(D), New York State, and the New York City Charter to advise DFTA and its Commissioner on matters related to the development, administration and operations of its area plan. The Council includes representatives from the social services, health and academic communities, as well as from among aging services consumers. The members all serve without compensation and are appointed by the Mayor for three-year terms.
- **Annual Plan Summary Public Hearings.** Each year, the Department for the Aging conducts public hearings to obtain recommendations and comments on its Annual Plan Summary. The public hearings provide an opportunity for older persons, service providers and advocates to identify priority needs, recommend ways to enhance services, and suggest an agenda for legislative advocacy to DFTA and its Senior Advisory Council. The Department welcomes written and oral testimony on the Annual Plan Summary at the hearings. This input helps DFTA prepare its plan for upcoming fiscal years and enhance its long-term efforts on behalf of the City's elderly.
- **Public Forums and Stakeholder Sessions.** Public forums, including the Annual Plan Summary Hearings and Borough Budget Consultations, encourage service providers, community leaders and the public to share their views and recommendations on aging services. Stakeholder sessions include forums to offer input into the design of solicitations and programs, as well as discussions with providers, elected officials, Interagency Councils, community boards, Borough President cabinets and older New Yorkers.

Statistical Overview of Older New Yorkers

New York City's rapidly growing older adult population of over 1.7 million is ethnically, culturally and economically diverse, with a wide range of service needs. Needs assessment is the first step to ensuring that the City's older adults have access to appropriate and effective services. The Department identifies these needs through ongoing consultation with consumers, providers, advocates, and elected officials, an examination of the potential impact of policy and legislative changes on New Yorkers, and an analysis of changing demographic patterns.

The results of the 2000 and 2010 Censuses, the 2017 American Community Survey (ACS), and population projections through 2040 provide a foundation to determine the current and future needs of New York City's elderly.

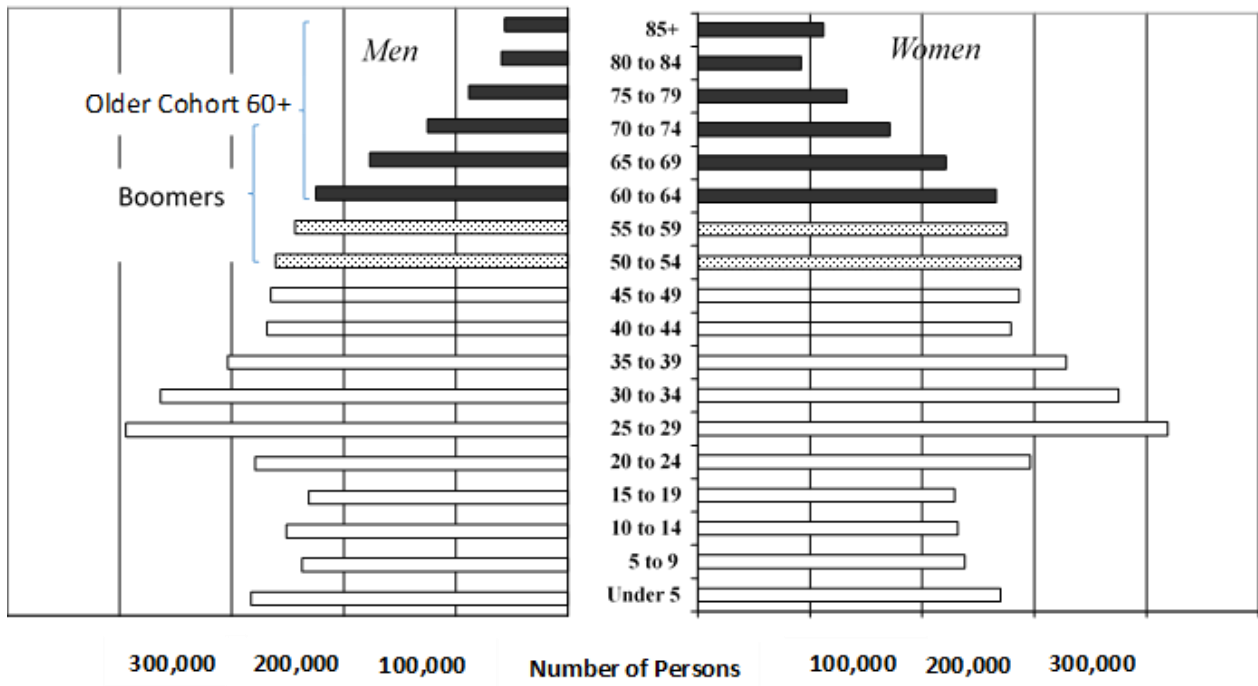
Demographics of the Aging Population: 2000-2040

The Age and Gender Pyramid that follows shows an overall profile of New York City's 2017 population. The area shaded in black reflects the **population aged 60+**, which **comprises 1.73 million adults, or 20% of the City's population**. The dotted bars represent those aged 50 to 59, who comprise 1,067,358 people, or 12.4% of the population¹.

By 2040, New York's 60+ population is projected to increase to 1.86 million, a 48.5% increase from 2000. The 2040 number will comprise 20.6% of the total population, similar to the current percentage, and about one-third above the 15.6% figure in 2000.² The absolute number of residents aged 60+ will increase into mid-century as part of the overall projected increase in the New York City population.

It should be noted that the 1.73 million figure for the current older population is based on a sample survey. Results from these surveys can vary upward or (on rare occasions) downward each year based on the sampling methodology. Nevertheless, the underlying trend of ongoing growth in the older population has held firm in nearly all of the annual projections in recent years.

Age and Gender Pyramid for New York City (2017)³

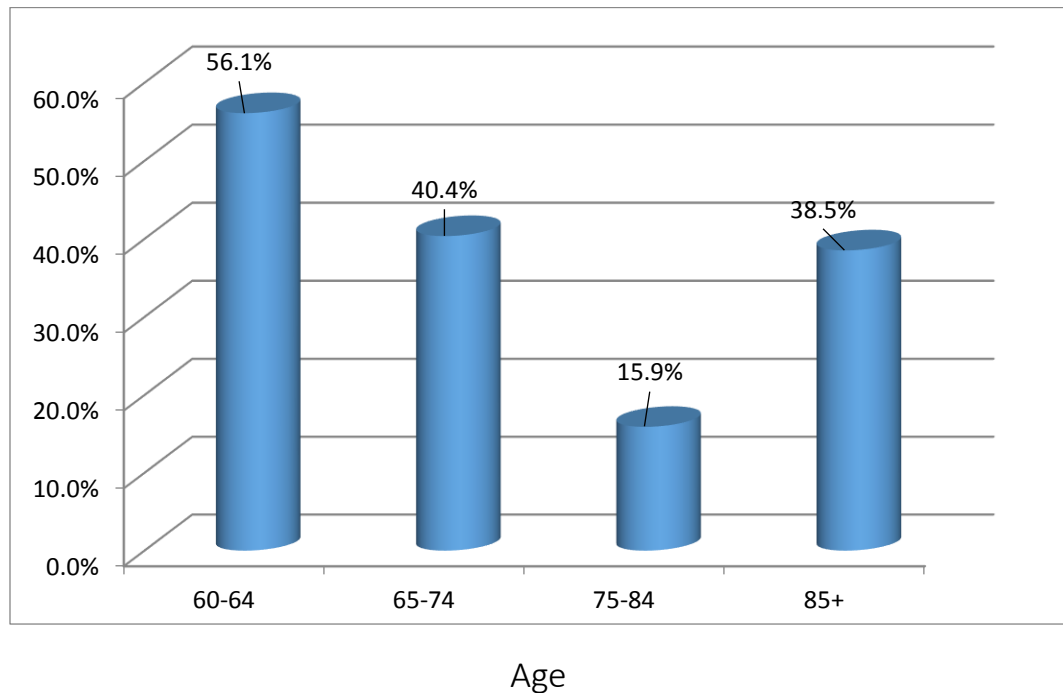


**Note: Each bar represents an age span of five years.*

Aging Within the Older Population

The City's total older population, which increased from 1.25 million in 2000 to 1.73 million in 2017, has significantly changed in age composition. From 2000 to 2017, the number of residents 60-64 years and older increased dramatically, by 56.1%. The number of people aged 65-74, and the eldest group (85 and older) also grew quickly, by 40.4% and 38.5% respectively. Those between ages 75 and 84 increased moderately, at 15.9%. By 2040, boomers will be part of the oldest population group, and the growth of this 85+ group will be 71.7% between 2000 and 2040.⁴

Percentage Change of Selected Age Groups, New York City (2000-2017)⁵



Increase in Life Expectancy

The latest figures indicate that New York City life expectancy at birth is still at an all-time high of 81.2 years, an increase of 3.6 years from 2000 to 2017⁶. However, life expectancy gains are not shared uniformly across gender or race. Women continue to experience longer life expectancies at birth compared to men. In 2017, New York City women had a life expectancy of 83.6 years, while men had an average life expectancy of 78.5 years⁷. Additionally, the 2010 U.S. Census shows the Hispanic population in New York City to have had an average life expectancy at birth of 81.9 years, the White population of 81.2 years, and the Black population of 76.9 years.⁸ Life expectancy data for Asians were not available in the 2010 US Census.

Given women's longer life expectancy, as of 2017, they continue to outnumber men by 263,479 within the 60+ age group. The number of women is almost double that of men among those 85 and older.⁹ By 2040, the sex ratio (number of males per 100 females) for New Yorkers is projected at 80 for those 55-64, 75 for those 65-74, 67 for those 75-84, and 52 for those 85 and older.¹⁰ Thus, as is the case currently, women 85+ in 2040 will outnumber men their age by nearly 2 to 1, and this greater longevity results in more women living alone during their later

years, which has various implications related to income, social isolation and other concerns.

Women 65 and older comprise 67.7% of the frail older population. More than one third of older women are frail. In contrast, less than one-fourth of older men are frail.¹¹

Increase in Diversity

American Community Survey data show that from 2000 to 2017, the non-Hispanic White older population decreased, whereas the number of other ethnic and/or racial populations grew rapidly. In 2017, 63% of New Yorkers 65 and older belonged to ethnic and/or racial groups other than Caucasian, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2017, the Black population increased by 58%, the Hispanic population by 94%, and the Asian/Pacific Islander population by 173%.¹²

Table A: Race/Ethnic Composition 65+ Population in New York City, 2000-2017¹³

Race/Ethnic Profile	2000 Census	2017 ACS	% Change 2000-2017
White (Non-Hispanic)	533,982	518,082	-2.98%
Black	185,088	291,794	57.65%
Hispanic	138,840	269,911	94.40%
Asian/Pacific Islanders	59,056	161,486	173.45%
All Minorities	382,984	723,191	88.83%

There are also significant linguistic differences: nearly 50% of older New Yorkers speak a language other than English at home.¹⁴ Linguistic and cultural differences coupled with the challenges of aging and disability can have a significant impact on health outcomes. A review of health literature found that language barriers have a negative impact on access to and quality of health care as well as patient satisfaction and, in certain instances, cost.

Income and Poverty

Inadequate income continues to be a critical problem facing the elderly in New York City. Whereas the United States has experienced a decline in the national poverty rate for older people, from 12.8% in 1990 to 9.3% in 2017, New York City's older adults experienced an increase in poverty from 16.5% to 18.0% for the same time period.¹⁵ Thus, the percentage of older New Yorkers below the Federal Poverty Level is nearly twice that of Americans in general. The 2017 Federal Poverty Level was \$11,756 for a one-person household and \$14,828 for older two-person households.¹⁶

Table B: Poverty by Race for Older New Yorkers Aged 65 and Above (2017)¹⁷

	Total Older Cohort*	Number Below Poverty	% Below Poverty Level (2017)
White	503,055	61,587	12.2%
Black	279,381	45,940	16.4%
Hispanic	262,484	73,428	28.0%
Asian	159,269	40,170	25.2%

Note: Totals do not match Table A as poverty information was not available for all persons.

A substantially higher proportion of other racial/ethnic groups than the White population live in poverty – 28% of Hispanics, 25% of Asians, and 16% of Blacks. In addition, the number of older women living below the poverty level (20%) is approximately 4 percentage points, or 25%, higher than that of their male counterparts (16%).¹⁸

In 2017, the median household income for older New Yorkers was \$36,342, lower than the nation's median of \$43,735.¹⁹ Median income also varies significantly by race. In 2017, the median income of:

- Hispanic households was \$22,500, 59% less than that of the White population, whose median household income was \$55,000;
- Black households was \$32,500 or 41% less than for the White population; and
- Asian households was \$27,500, 50% less than in the White population.²⁰

Functional Capacity and Mobility

As they age, some individuals lose independence due to decreased mobility and cognitive functions, as well as frailty. In 2017, 418,558 older people, or 35% of the civilian non-institutionalized population, reported some level of disability. Of this group:

- 26% had physical disabilities that affected walking, climbing stairs, reaching, lifting, or carrying;
- 19% had conditions that restricted their ability to go outside the home, shop, or visit the doctor;
- 10% had mental, cognitive or emotional conditions causing difficulties in learning, remembering, or concentrating;
- 12% were limited in their ability to perform self-care activities, such as dressing, bathing or getting around inside the home;
- 10% reported hearing disabilities; and
- 7% reported vision disabilities.²¹

Disability rates for older New Yorkers were nearly identical to national rates (34.9% vs. 34.6% respectively). Older women have more difficulty with activities of daily living (34.1%) than do older men (23.4%). Older Hispanic men, and especially women, have higher disability rates compared with their non-Hispanic counterparts. Disability is also associated with poverty: a higher proportion of older people with disabilities were in poverty (23.2%) than those without (12.8%).²²

Social Isolation

Social isolation can lead to declines in physical, mental, and cognitive health. Those living alone, as well as those in poverty, can be more vulnerable to social isolation. In 2017, 30.4% of persons age 65 and over, and more than 4-in-10 (43%) of persons 85 and older in New York City were living alone,²³ and those living alone had the highest poverty rate (29.9%) among all older households.²⁴ Social isolation is a complex concern for older adults, and it is important to note that living alone and having limited income are not the only factors that may contribute to vulnerability for certain older individuals. Other factors include disability, inadequate access to primary care, and the population density of older people, which measures the number of persons 65 and older in an area.²⁵ Loneliness and social isolation are associated with increased mortality among older adults.²⁶

Employment

As baby boomers continue to age, the number of older employees will become an increasingly significant proportion of all workers. In 2017, more than one out of every five workers in the American labor force was 55 or older (22%)²⁷, and projections have indicated that this age group will account for a quarter of the labor force in 2022.²⁸

Programs and Initiatives

This section highlights the programs and initiatives through which the Department realizes its mission and achieves its goals and objectives. DFTA and its partners assisted approximately 230,000 older New York City residents in FY 2019.

The Department is in the midst of an organizational restructuring, which will be finalized in November 2019. The structure below reflects the current organization of the agency; next year's Annual Plan Summary will reflect the new structure.

One new departmental initiative that will support the reorganization effort is implementation of Lean Six Sigma to improve process and reduce waste. Lean Six Sigma involves the use of a team-based decision-making process that expedites problem analysis, solution development, improvement planning, and implementation.

Operational Divisions

Bureau of Community Services (BCS)	Bureau of Long Term Care (LTC)	Bureau of Active Aging (BAA)	Bureau of HealthCare Connections (HCC)
Senior Centers	Case Management	Grandparent Resource Center (GRC)	Caregiver Resource Center (CRC)
-	Home Care	-	-
Naturally Occurring Retirement Communities (NORCs)	Home Delivered Meals	Senior Employment Service Program (SESP)	Contracted Caregiver Programs
-	-	-	-
Health Promotion Services Program (HPSP)	Elderly Crime Victims Resource Center (ECVRC)	Foster Grandparent Program (FGP)	NY Connects
-	-	-	-
Transportation Services	Contracted Elder Abuse Programs	Health Insurance Information Counseling and Assistance Program (HIICAP)	Social Adult Day Care Ombudsman
-			
Nutrition Counseling			

Program Support Divisions

<p>Bureau of Emergency Preparedness Bureau of External Affairs Division of Planning and Technology Bureau of Budget and Fiscal Operation Office of the General Counsel Learning Center</p>

Operational Divisions

The Bureau of Community Services (BCS)

The **Bureau of Community Services (BCS)** provides various community-based programs and services that help seniors remain active in their communities. BCS comprises the following units and programs:

- **Senior Centers.** DFTA currently funds 249 senior centers throughout the five boroughs, and there are additional sites affiliated with those centers. They provide congregate meals and an environment where older adults can participate in a variety of recreational, health promotional and cultural activities, as well as receive information on and assistance with benefits. DFTA senior centers and affiliated sites are attended by nearly 30,000 individuals daily.
- **Healthy Aging Initiatives** includes the **Health Promotion Services Unit**, and healthy aging-related, grant-funded projects. The **Health Promotion Services Unit** coordinates evidence-based programs throughout the senior center and NORC networks to promote Chronic Disease Management and Prevention, Falls Prevention, Exercise, and Social and Mental Health and well-being. Its network of older adult volunteers conducts health education programs and activities for older New Yorkers, including Stay Well exercise classes and Keep on Track Blood Pressure Monitoring.
- **The BCS Nutrition Unit** includes dietitians and nutritionists who serve as experts for the Department's community partners and for seniors living in the community who attend congregate meal programs or receive home delivered meals. They ensure that seniors receive nutritious meals that meet all city, state and federal guidelines. They also provide extensive technical assistance on meal planning, recipe development, food safety, and City Agency Food Standards.
- **The NORC and Senior Housing Initiatives Unit.** Senior Housing staff provides information on and referrals for low-income housing for seniors, as well as assistance on other housing-related issues. The Unit also oversees Naturally Occurring Retirement Community Supportive Service Programs (NORC SSPs), which provide case management, assistance with

entitlements and benefits, assistance with health care management, wellness activities, and other social and educational programs. There are currently 28 NORC SSP contracts funded by DFTA.

- **Transportation Services.** The Department provides transportation for older adults through contracted non-profit organizations. These providers transport older New Yorkers who have no access to, or cannot use public transportation, to senior centers and essential medical, social service and recreational appointments. The program serves all five boroughs.
- **Home Sharing** is a program that matches individuals wishing to rent out space in their homes with guests who are need of a living space; at least one of the two people in each match must be aged 60 or over. DFTA received substantial levels of new funding from the Administration to expand this affordable housing option and is currently working with the provider to market and otherwise gear up for the expansion.

Bureau of Long Term Care (LTC)

The Bureau of Long Term Care (LTC) provides various programs and services that help seniors remain active in their homes. LTC oversees several programs: **Case Management, Friendly Visiting, Home Delivered Meals, Home Care, Elder Abuse prevention and intervention services, and Multidisciplinary Teams (MDTs)**. In addition, the Bureau staff provides direct services to seniors and caregivers through the **Elderly Crime Victim's Resource Center** and the **Bill Payer Program**.

- **Case Management.** Case management services help older persons with functional impairments gain access to appropriate services, benefits and entitlements needed to age safely at home and maintain their quality of life. Case Management is the gatekeeper for DFTA funded in-home services such as home delivered meals, home care, friendly visiting and the Bill Payer program.
- **Home Care.** The Home Care program is designed for low-income seniors 60 years of age and older who have unmet needs in activities of daily living and do not qualify for Medicaid or other ongoing insurance-funded home care. The goal of this program is to maintain seniors safely at

- home and prevent or at least delay the placement of frail elderly individuals into more expensive Medicaid-funded nursing homes.
- **Friendly Visiting.** Made possible by ThriveNYC, the Friendly Visiting program matches seniors with dedicated volunteers who commit to making weekly home visits to seniors in their own homes. Friendly visiting often helps reduce loneliness and feelings of isolation and supports seniors in maintaining community connections and re-engaging in social activities. Depending upon available funding, DFTA would eventually like to expand both the DFTA Geriatric Mental Health (DGMH), a clinical mental health program lodged in a number of senior centers, and friendly visiting ThriveNYC initiatives.
 - **Home Delivered Meals.** The Home Delivered Meals (HDM) program provides 18,000 meals each weekday to the hungry and homebound, and its public/private partnership with Citymeals on Wheels supports weekend, holiday and emergency meals for these recipients. All home delivered meals meet prescribed dietary guidelines.
 - **The Bill Payer Program.** The Bill Payer Program assists low income seniors in paying their bills on time, while protecting them from financial exploitation. This program provides well trained and supervised volunteers to help eligible seniors deal with financial issues such as paying bills, maintaining a bank account, etc.
 - **Elderly Crime Victims Resource Center (ECVRC).** The Elderly Crime Victims Resource Center provides direct services to crime and elder abuse victims and training to groups that work with older adults on how to identify signs and provide intervention. The ECVRC and its community partners – including the Mayor’s Office to Combat Domestic Violence and the Family Justice Centers -- provide crisis intervention, counseling, advocacy, information and assistance, limited emergency financial assistance, and legal services referrals.
 - **Elder Abuse Prevention and Intervention Services.** Through this program, seniors who are experiencing maltreatment (physical, sexual, financial, psychological, and/or active or passive neglect) by someone who has a special or “trusting” relationship with the elder (a spouse, a sibling, a child, a friend, a caregiver, etc.), are provided with direct services. The

objective of elder abuse intervention strategies is to increase the client's sense of control and self-acceptance and to provide a range of legal and social service options for ending abuse.

- **Multidisciplinary Teams (MDTs).** Multidisciplinary teams bring together all of the key entities in their borough(s) that work with agencies serving victims of elder abuse in an effort to coordinate services in cases that have a high degree of difficulty and that involve a multi-agency response. These teams comprise groups of professionals from diverse disciplines who come together to provide comprehensive assessment and consultation on abuse cases.

Bureau of Active Aging (BAA)

The **Bureau of Active Aging (BAA)** provides services and programs that help older New Yorkers make an impact in their communities, either as workers, caregivers, mentors to children, or as providers of public service. The Units that make up the Bureau of Active Aging are as follows:

- **The Foster Grandparent Program** is a federally funded program sponsored by DFTA. It is a senior volunteer program whose primary focus is literacy support and mentoring to children with special and exceptional needs. Low-income older adults are placed in a variety of venues, such as schools, hospitals, family courts, Head Start programs and day care centers. Foster Grandparents assist teachers, medical staff and social workers in engaging children in literacy activities, as well as in providing nurturing and care for pediatric patients. In 2019 over 300 older adults throughout the five boroughs volunteered in the program.
- **The Grandparent Resource Center (GRC)** provides supportive caregiver services to older adults raising their grandchildren. As a member of the Mayor's Action Plan (MAP) for Neighborhood Safety in 15 NYCHA developments, the Grandparent Resource Center is collaborating with other City agencies and community leaders to address, seek and engage the grandparents/elderly caregivers of children under 18 years old who reside within designated NYCHA developments. In addition, GRC staff provides intergenerational programming, food-insecurity resources,

assistance with elder abuse and other senior issues at the MAP sites. GRC was the 2016 recipient of the Brookdale Foundation's Relatives as Parents Program (RAPP) grant and the winner for the 2018 Janet Sainer award for excellence in delivering social service programming for kinship caregivers.

- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** helps seniors navigate the complexities of Medicare and Medicaid. HIICAP publishes "A Complete Guide to Health Insurance Coverage for Older New Yorkers" annually. The book is translated into Spanish, Chinese and Russian, and is available in print and online.

HIICAP also oversees The Fully Integrated Duals Advantage program (FIDA), a demonstration program jointly administered by the federal Centers for Medicare & Medicaid Services (CMS) and the New York State Department of Health (NYSDOH). It is designed to integrate care for New Yorkers who have both Medicare and Medicaid.
- **The Senior Employment Unit** operates the **Title V Senior Community Service Employment Program (SCSEP)**, which provides training and employment opportunities for adults 55 and older, including job search skills workshops, career advisement, job fairs, and computer technology and customer service training. The SCSEP program provides ongoing support to the participants upon finding employment, such as retention and career advancement support and non-related support through partnerships with other city agencies.
- Retired professionals 55+ may apply through SCEP to participate in the **ReServe Program**. Candidates are matched with a specific short-term project in a New York City agency or a non-profit organization. Selected participants, called "**ReServists**," work on projects up to 15 hours a week and receive a stipend for their contribution. ReServe matches this talent with the expressed needs of 17 city government agencies to help fill critical gaps, such as support for social workers, strategic planning, foundation outreach, administrative support, event planning, and Information Technology administration.

Bureau of HealthCare Connections (HCC)

The **Bureau of HealthCare Connections (HCC)** oversees direct service programming, functions as the Ombuds Office for Social Adult Day Care programs, provides information, assistance, and referrals to community resources, and conducts educational and information sessions to caregivers, professionals, and the general public. HCC works to foster and strengthen linkages between the various service systems, working toward better coordination of care to older New Yorkers, their caregiving families, and the professionals who serve them. Within HCC are the following Units and Initiatives:

- **DFTA Caregiver Resource Center (CRC).** The Caregiver Resource Center has had a long history of providing information on Alzheimer’s disease, nursing home and long-term placement, and caregiver supports. CRC consists of social workers who offer support through the provision of information, assistance, and referrals to individuals caring for older New Yorkers. Serving nearly 5,000 callers during FY19, consultation is also provided to professionals who request guidance for their clients, with informational sessions on relevant long-term care topics conducted for caregivers, professionals, seniors, and non-profit and government entities, as well as the community at large. Ongoing relationships have been developed with a number of H+H facilities, as well as with other area hospitals in order to introduce hospital staff to the portfolio of DFTA services for caregivers and others in need of aging services.
- **Contract Caregiver Services.** DFTA contracts with 12 caregiver organizations. Nine of the contracts are geographically based, while three are citywide programs focused primarily but not exclusively on three populations: the LGBTQ community, the blind and visually impaired, and Asian populations. These organizations support caregivers by providing information on long term care topics and resources, assisting with accessing benefits and entitlements, offering individual counseling, support groups, and care-related training, linking clients with in-home, congregate, and overnight respite care, and offering supplemental support services.
- **Missing Persons.** Since 2010, DFTA has worked with the NYPD’s Silver Alert Notification System. Designed to locate individuals over 60 years of age with a diagnosed cognitive impairment, and who have been reported missing and are deemed to be in imminent danger, DFTA’s CRC receives

- referrals from NYPD's Missing Persons Bureau and offers the families support and information on available services geared toward the safety of the older adult. In FY 2019, 89 families caring for persons with dementia were assisted by the CRC.
- **Caregiver Survey.** In response to constituent advocacy efforts, City Council enacted Local Law 97, which required DFTA to work with other City agencies and non-profit entities on the implementation of a survey that identified caregiver needs. Results of the 2017 Survey of Informal Caregivers in New York City reported that the primary needs were for information and service referrals, respite services, and transportation. Additional funding received from City Hall has allowed DFTA's contracted Caregiver Programs to expand available respite and supplemental services for caregiving families, such that 114,461 hours of respite were provided to NYC caregivers, as well as 13,093 units of supplemental services such as incontinence supplies and transportation assistance. A successful media campaign advertising 'Caregiving Support' resulted in nearly 1,000 requests for information through 311.
 - **NY Connects** is a statewide 'no wrong door' program of information and referral for individuals across the lifespan in need of long-term services and supports. NY Connects is unique in its charge to assist older adults, persons of all ages with disabilities, and individuals with mental health and substance abuse issues. The goal of the program is to ensure that people receive assistance in such a way that they are seamlessly connected with services that help them with often multi-faceted, complex situations. HCC oversees five contracted borough-based community organizations in the provision of this service throughout New York City. In FY19, over 20,000 callers were assisted by DFTA's NY Connects.
 - **Social Adult Day Care (SADC) Ombuds Office.** In response to widespread community concern about the proliferation of unregulated social adult day programs, DFTA was designated as the SADC Ombuds Office through Local Law 9 of 2015. DFTA's SADC Ombuds Office is charged with registering all social adult day programs operating in New York City and receives and responds to SADC-related complaints or inquiries. The Office is authorized to issue civil penalties for violations of the NYS Office for the Aging's Social Adult Day Program Standards. In FY19, 317 SADCs

registered with the SADC Ombuds Office, and 108 complaints were received and processed.

- **Social Adult Day Services.** Social Adult Day is a supervised program for cognitively impaired and/or physically frail older adults, with program components designed to reduce isolation and maximize individual capabilities through socialization, structured activities, and nutritious meals. These services, combined with transportation and access to case managers, provide respite to caregivers of these participants. DFTA oversees nine discretionary Social Adult Day Service programs.

Program Support Divisions

Bureau of Emergency Preparedness

DFTA's **Bureau of Emergency Preparedness (BEP)** continues to work with New York City Emergency Management (NYCEM) on the design and implementation of emergency response plans and community partnerships. BEP is continually engaged in the preparation of DFTA's Coastal Storm Plan, Post Emergency Canvassing Operations and Food Access Lead Team. The Bureau also continues to incorporate its emergency response into the citywide Continuity of Operations Plan (COOP) to ensure that critical services continue to be available citywide following an emergency.

BEP interfaces with special citywide committees representing seniors and people with disabilities, gives emergency preparedness presentations, and participates on panels and in conferences and forums regarding emergency preparedness at various venues. These include senior centers, senior housing facilities, community boards, block associations, houses of worship, colleges and universities. The Office distributes and uses "My Emergency Plan, the Document Checklist for Go-Bags", and "Know Your Zone" materials as part of the presentations.

Division of Planning and Technology (P&T)

The **Division of Planning and Technology (P&T)** is the Commissioner's design and innovation center, involved in most major efforts to launch new initiatives and program and policy directions to ensure the ongoing evolution of aging services in New York City. P&T has taken the lead in the planning and design phases of many

of the newer initiatives described above. These efforts are accelerating during an era of rapid growth and change in the older adult population in order to address the various needs that older people present, especially but not exclusively those of low income.

Beyond its focus on innovation through strengthening existing programs and spearheading the planning and design of new initiatives, P&T is responsible for producing a wide range of data reports and special analyses that enable DFTA and its providers and oversight agencies to track progress in delivering services to older New Yorkers. The division carries out formal research to advance knowledge within the aging field nationally and is responsible for the Department's development/fundraising function. It also oversees the planning stages of numerous program development efforts, including the preparation of RFPs and other solicitations. DFTA's Information and Technology (IT) office is within P&T. The division is overseeing and coordinating efforts with its sister divisions and with DFTA's non-profit arm – the Aging in New York Fund – to promote connections between health care plans and providers on one hand, and the network of aging services providers on the other.

Several key projects and initiatives in the most recent year include:

- **RFPs.** DFTA is engaging with its partners on major solicitations of key contracts. In mid-FY 2020, an RFP for an enhanced Home Delivered Meals Program will be released, followed by release of a transformative senior center RFP in late FY 2020 and an RFP for Naturally Occurring Retirement Communities (NORCs) in early FY 2022.
- **Data Accuracy.** With the implementation of its official client tracking system, known as the Senior Tracking, Analysis and Reporting system (STARS), DFTA has vastly increased its capacity to gather and analyze key information about its programs. In a second phase, DFTA will be working with its own and provider staff to tackle various key data elements, such as income and certain senior center activities, where increased accuracy is needed. This work is necessary as part of a larger effort underway this year and next to expand the breadth of performance measures available to DFTA and its providers to measure program success.
- **Stakeholder Workgroups.** In FY 2020, the Commissioner has created stakeholder workgroups with support from DFTA operational and

planning staff to solicit input on how to strengthen aging services programs through implementation of Best Practices, enhanced Program Assessments, evaluations and performance measures, real-time feedback from consumers of aging services, and increasing public awareness concerning both social isolation specifically and aging services resources generally. Recommendations from the workgroups will inform a wide range of programming over the next two years, from projects such as the data accuracy initiative mentioned above to the upcoming RFPs.

- **Health Care Integration Projects.** DFTA is seeking avenues for better connections with health care entities. An MOU with MetroPlus, which is the health plan arm of Health and Hospitals, is under development to spur joint activities ranging from falls prevention programming in senior centers to home delivered meals for targeted MetroPlus consumers.
- **Senior Center Funding Models.** Last year, through senior center modelling work undertaken with OMB, DFTA obtained \$35 million in additional funding for senior centers, both to support overall staffing and programming as well as to provide adequate reimbursement for increasing food costs and to pay competitive salaries to attract and retain food staff. This major increase in support for senior centers sets the stage for uniformly strong senior center programming, to be fully realized through the upcoming RFP.

Bureau of External Affairs

The **Bureau of External Affairs** encompasses *Public Affairs; Intergovernmental/Legislative Affairs*, the *Volunteer Resource Center*; and the *Aging in New York Fund* (DFTA's affiliated not-for-profit).

Intergovernmental/Legislative Affairs Unit acts as the primary liaison to elected officials, community boards, aging services providers, and advocates, in order to promote DFTA's agenda; prepares the city, state and federal legislative agenda; represents the Commissioner at public hearings, high level meetings and community events; analyzes pending legislation; and keeps the Agency abreast of any relevant legislative developments. DFTA's advocacy initiatives include the following:

- Inform the local aging services network about pertinent legislative and budget issues; and
- Work cooperatively with interagency councils, advocacy groups, and with City and state citizen groups on behalf of elderly interests by participating in forums and meetings and collaborating on advocacy and policy concerns.
- Continue to implement and monitor recommendations from the report, “Age-Friendly NYC: Enhancing Our City’s Livability for Older New Yorkers.” The initiatives, impacting everything from community and civic participation to public spaces and transportation, help shape the way City government addresses the needs and desires of older New Yorkers.

The Public Affairs Unit provides community outreach through information and assistance to older New Yorkers and their caregivers regarding benefits and entitlement programs. Public Affairs staff members attend outreach events citywide year-round to conduct presentations and distribute information about DFTA programs and services to older New Yorkers, elected officials, caregiver organizations, government agencies, and community partners.

The Volunteer Resource Center (VRC) centralizes agency-wide volunteer efforts and also assists with larger volunteer initiatives. In Fiscal Year 2018, the VRC administered the annual Provider Network Capacity Survey that comprehensively measured volunteer capacity among DFTA’s network of aging service providers. Based on the results, the VRC was able to identify volunteer need and target referrals. The VRC continues to lead an interagency volunteer coalition of service providers to develop and implement an inclusive plan to increase volunteerism, engagement, and tracking at the provider level. DFTA’s Volunteer Resource Center (VRC) received the 2019 AAA Volunteer Innovations Award from the New York State Office for the Aging and the Association on Aging. The award was in recognition of VRC’s innovative use of volunteers in providing services that assist older adults in maintaining their independence, supporting the valuable contributions of informal caregivers, and other activities that further the overall goals and mission of the DFTA.

The Aging in New York Fund (ANYF) is an independent 501(c)(3) not-for-profit organization dedicated to enhancing the quality of life for older New Yorkers and their families. As DFTA’s charitable arm, ANYF seeks resources to develop

public/private partnerships that address the pressing unmet needs of New York City's elderly, their caregivers and the network of community service providers. The Fund has launched several of its own major impact projects and cultivated an expertise in incubating new service delivery models. The Fund's goal to be on the cutting edge of innovative senior programming, fill critical gaps in the aging services continuum, and offer fiscal and administrative support to DFTA and local nonprofits in their efforts to offer essential services to seniors.

Office of General Counsel

DFTA's **General Counsel's Office** oversees legal services for the Department, and in addition, manages two programs targeted to seniors:

- **Contracted Legal Services.** DFTA partners with providers in each borough to provide free legal services to seniors who do not have access to other public or private aid. Services include assistance with public benefits, landlord-tenant negotiations and long-term care and consumer issues.
- DFTA's **Assigned Counsel Project (ACP)** is a joint collaborative effort between the NYC Department for the Aging and the Civil Court of the City of New York Access to Justice Program. ACP social work staff/interns work in partnership with legal providers to offer needed services, such as home visits, and accompanying clients to Housing Court proceedings in order to provide support as well as advocacy.

Learning Center

The **Learning Center (LC)** offers a wide range of trainings and other learning opportunities for DFTA staff members, interns, Title V participants, ReServists and volunteers, as well as staff of DFTA's contract agencies

The primary goals of the LC are to expand, enhance and diversify the knowledge, skills, capacities and awareness of participants so that they will:

- address the diverse social, cultural and economic needs of New York City's growing and increasingly diverse older population; and
- maximize DFTA's ability to effectively and efficiently deliver its programs and initiatives.

The LC draws from a broad array of approaches to adult learning principles that tap into best practices. Its work focuses on the development of high-quality curricula and fulfillment of the unique goals and objectives designed for each learning opportunity the LC provides. It strives to recognize the value of all DFTA and contract agency staff and encourage their creativity in building the Department's capacity for continuous improvement.

The portfolio of LC trainings includes, but is not limited to those provided:

- For Contract Agencies: program performance standards, multiple series of foundation and core skills development for both line staff and managers, trainings focused on aging related issues, proprietary database utilization, and other relevant topics;
- For DFTA staff: professional skills development and mandated City employee trainings.

Projected Resources, Expenditures, and Service Levels

July 1, 2019- June 30, 2020

The Department receives funding from a variety of sources to support a broad range of services. Many state and federal grants require the City to “match” a certain proportion of their funding. A significant portion of City tax levy funds are dedicated to match state and federal grants. The majority of DFTA-funded services are provided through contracts with community-based organizations. DFTA also provides a number of services directly, including older adult employment assistance, the Elderly Crime Victims Resource Center (ECVRC), and other services for special populations.

The budget figures shown in the following tables are based on information as of August 2019 and are subject to change. Table B (Page 24) lists DFTA's revenue sources. For City Fiscal Year 2020 (July 1, 2019- June 30, 2020), the Department's budget is projected at approximately \$421 million, around 17% more than Fiscal Year 2019. City funding represents 72% of the Department's budget; federal funding 17%; and state funding 11%. Tables C and D represent DFTA's plan for the Fiscal 2020 Adopted Budget: Table C (Page 25) reflects planned support for each of the Department's contracted services, and Table D (Page 26) reflects planned service levels, but does not include some services provided directly by DFTA.

Table B: Projected Fiscal Year 2020 Budget

July 1, 2018 – June 30, 2020

FEDERAL FUNDS	
OAA Title III B Social Services	\$ 9,173,370
OAA Title III C Nutrition	\$ 17,979,891
OAA Title III D Health Promotion	\$ 690,238
OAA Title III E Caregiver Support	\$ 4,282,951
OAA Title V Senior Community Services Employment	\$ 3,234,705
NCOA Senior Employment	\$ 1,265,878
Nutrition Program For The Elderly	\$ 10,075,691
Title XX Social Service Block Grant	\$ 18,349,847
NY Connects Expansion & Enhance -BIP	\$ 3,752,635
ACTION - Foster Grandparents	\$ 1,637,485
HIICAP (Health Insurance Information, Counseling and Assistance Program)	\$ 564,964
Community Development Block Grant	\$ 2,250,659
Falls Prevention	\$ 149,770
MIPPA	\$ 272,695
Subtotal Federal Funds	\$ 73,680,779
STATE FUNDS	
CSE (Community Services for the Elderly)	\$ 11,356,817
EISEP (Expanded In-Home Services for the Elderly)	\$ 18,292,365
Foster Grandparents	\$ 18,443
SNAP (Supplemental Nutrition Assistance Program)	\$ 10,820,867
CSI (Congregate Services Initiative)	\$ 152,288
Crime Victims	\$ 500,648
Transportation	\$ 395,804
Unmet Needs	\$ 4,106,511
Seniors' Health Improvement & Nutrition Education	\$ 228,583
FIDA	\$ 193,254
Subtotal State Funds	\$ 46,065,580
CITY FUNDS	
City Tax Levy	\$300,610,873
NYC Community Programs	\$910,140
Intra-City Reserve	\$219,656
Subtotal City Funds	\$301,740,669

Table C: Planned Support by Community-Based Service

July 1, 2019 – June 30, 2020

FY 2020 PLANNED BUDGET		
ACCESS SERVICES		\$90,735,240
Case Management	\$39,221,643	
Transportation/Escort	\$15,156,471	
Information & Referral/Outreach	\$36,357,126	
NUTRITION SERVICES		\$136,658,817
Congregate Meals	\$93,597,592	
Home Delivered Meals	\$41,902,022	
Nutrition Education	\$1,045,536	
Shopping Assistance/Chore	\$113,667	
IN-HOME & CARE SERVICES		\$38,373,251
Home Care	\$35,245,279	
Friendly Visiting	\$1,800,000	
Telephone Reassurance	\$1,327,972	
LEGAL ASSISTANCE		\$1,372,588
EMPLOYMENT RELATED SERVICES		\$6,138,068
Senior Employment	\$4,500,583	
Foster Grandparent Program	\$1,637,485	
OTHER SOCIAL/HEALTH PROMOTION SERVICES		\$75,097,788
Education/Recreation	\$30,361,590	
Elder Abuse	\$5,030,846	
Health Promotion/Screening	\$21,670,205	
Caregiver	\$8,124,445	
NORCS	\$9,508,420	
Residential Repair	\$402,282	

Table D: Planned Service Levels by Community-Based Service

*July 1, 2019 – June 30, 2020**

Access Services		
Case Management	418,967	Hours
Information and Referral/Outreach	249,575	Hours
Transportation/Escort	571,463	One-Way Trips
Nutrition Services		
Congregate Meals	8,432,948	Meals
Home Delivered Meals	4,765,181	Meals
Nutrition Education	85,635	Participants
Shopping Assistance/Chore	4,105	Contacts
In-Home and Care Services		
Home Care	961,500	Hours
Friendly Visiting	6,313	Contacts
Telephone Reassurance	54,493	Contacts
Legal Assistance		
Legal Services	21,717	Hours
Other Social/Health Promotion Services		
Education/ Recreation	197,548	Sessions
Elder Abuse	15,671	
Health Promotion/Screening	2,210,914	Participants
Caregiver	50,187	Participants
NORCS	16,338	Clients
Residential Repair	4,500	Hours
Social Adult Services	15,250	Hours

**Data current as of September 24, 2019*

Frequently Used Acronyms

AAA – Area Agency on Aging

ACL – Administration for Community Living

ACS – American Community Survey

AIP – Annual Implementation Plan

ANYF – Aging in New York Fund

APS – Annual Plan Summary

CSE – New York State Community Services for the Elderly Program

DFTA – Department for the Aging

EISEP – Expanded In-Home Services for the Elderly Program

HIICAP – Health Insurance Information Counseling and Assistance Program

MIPPA – Medicare Improvements for Patients and Providers Act

NORC – Naturally Occurring Retirement Community

NORC SSP – Naturally Occurring Retirement Community Supportive Service Program

NYCHA – New York City Housing Authority

NYSOFA – New York State Office for the Aging

OAA – Older Americans Act

SCRIE – Senior Citizen Rent Increase Exemption Program

Section 202 – Federal Section 202 Supportive Housing for the Elderly

SNAP – Supplemental Nutrition Assistance Program, i.e., Food Stamp program

Endnotes

¹ 2017 ACS, U.S Census Bureau.

² 2000 Census; New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.

³ 2017 ACS, US Census Bureau.

⁴ 2000 Census; New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.

⁵ 2010 Census and 2017 ACS.

⁶ Bureau of Vital Statistics “Summary of Vital Statistics 2017”, July 2019, Table M25, p 75. The New York City Department of Health and Mental Hygiene (DOHMH).

⁷ *Ibid*, Table M25, p. 75.

⁸ *Ibid*. Table M24, p. 74.

⁹ 2010 Census and 2017 ACS.

¹⁰ New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.

¹¹ 2017 ACS PUMS.

¹² 2000 Census and 2016 ACS.

¹³ *Ibid*.

¹⁴ 2017 ACS PUMS.

¹⁵ 2017 ACS

¹⁶ Poverty Thresholds for 2017 by Size of Family and Number of Related Children Under 18 Years, US Census Bureau.

¹⁷ 2017 ACS.

¹⁸ *Ibid*.

¹⁹ *Ibid*.

²⁰ *Ibid*.

²¹ 2017 ACS.

²² 2017 ACS, 2017 ACS PUMS.

²³ 2017 ACS PUMS.

²⁴ *Ibid*.

²⁵ Gusmano, Michael K. and Victor G. Rodwin. “The Elderly and Social Isolation.” Testimony to the New York City Council Committee on Aging, February 13, 2006.

²⁶ Andrew Steptoe, Aparna Shankar, Panayotes Demakakos, and Jane Wardle, Social isolation, loneliness, and all-cause mortality in older men and women, PNAS 2013 110: 5797-5801

²⁷ 2017 ACS PUMS.

²⁸ U.S. United States Department of Labor. Bureau of Labor Statistics. “Employment Projections: 2012-2022 Summary.” Available at: <http://data.bls.gov/cgi-bin/print.pl/news.release/ecopro.nr0.htm>