



**Testimony of United Neighborhood Houses
Before the New York City Council Committee on Aging
Council Member Margaret Chin, Chair, Aging**

Oversight – Serving Seniors in Senior Residences and Communities During the Pandemic

**Submitted by Tara Klein, Senior Policy Analyst
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Thank you for hosting today's important hearing on serving seniors in senior residences and communities during the pandemic. United Neighborhood Houses (UNH) is a policy and social change organization representing 44 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers.

Older adults are the age group most vulnerable to COVID-19, and settlement houses have acted phenomenally on the frontlines to meet their emergency needs throughout the pandemic. Over this time settlement house programs provided older people with food via home delivered meals programs, referred and signed people up for GetFood NYC deliveries, and partnered with private sources as well as NYCHA to coordinate free food deliveries in buildings. They assisted older adults in accessing financial benefits through one-on-one case assistance, and provided mental health supports through senior centers and NORCs. They have provided older adults with access to COVID-19 tests and vaccines – through referrals, serving as NYC direct enrollers for vaccine appointments, and by hosting their own testing and vaccination sites in partnership with the State and City. This has all taken place as congregate settings like senior centers remained closed to in-person activities.

On top of this laudable work, over the last several months providers have prepared applications for the Department for the Aging (DFTA)'s Older Adults Centers/Naturally Occurring Retirement Communities (NORC) Request for Proposals (RFP), as well as planned to reopen centers to in-person activities including cooling centers, grab and go meals, and regular senior center/NORC activities. As we enter a new phase in pandemic recovery with these in-person activities resuming, it is critical that we look to lessons learned in order to strengthen the aging services network, both in the next few months as RFP contracts are awarded and as we look ahead toward a new Administration in January.

Recommendations:

Ensure Contract Transition and Service Continuity Plans: New contracts are slated to begin on October 1, 2021. Given the high number of applicants versus number of planned contracts, it is likely there will be some new centers and that some existing centers may lose contracts and close. We have concerns about the feasibility of awards being selected and announced quickly enough for a strong transition plan to be in place. This is important for continuity of service for older adults whose centers may close. Community outreach and transportation plans will be key in these cases. For new centers, there may be limited time to hire staff, purchase equipment, and promote centers to the neighborhood. If necessary, DFTA should consider delaying the contract start dates to allow for this type of planning. Current contracts are in place until June 2022 with an expectation they will be canceled when new contracts begin, so a start date delay should not be a problem if it is needed. The Council must monitor the status of the RFP awards and speak up if a delay is warranted.

Provide FY22 Council Funding for Senior Centers and NORCs: Notably, the Administration's Community Care Plan will bring major investments that will allow senior centers and NORCs to expand and enhance services, including via this procurement. We are grateful to see \$39.4 million in the Executive Budget in the first year, as well as the long-promised \$10 million for the senior center "model budget." However, it is unclear whether this funding will cover all existing needs, including NORC nursing hours that the Council previously covered. The Council must follow these planned investments carefully and utilize its FY22 discretionary funding to ensure continuity of service. Most importantly, the Council must fund the senior centers and NORCs it currently supports for at least July through September 2021 until new contracts are scheduled to begin. It must also have a funding plan in place for these centers in case contracts begin later than October 1st. Finally, the Council must consider supporting centers that may lose their DFTA contracts to ensure older adults do not lose access to services. While there is still uncertainty about what RFP awards will look like, we urge the Council to set aside adequate funding to ensure a smooth transition to new contracts.

Take Action for Aging in the FY22 Budget: Even with the Community Care Plan investments, DFTA's budget remains less than 1/2 of 1% of the City's overall budget, despite a rapidly-growing population and increasing needs resulting from COVID-19. In the final days of the FY22 City Budget negotiations, we remind the Council to take on the Action for Aging budget recommendations to help strengthen the aging services network. These include:

- \$16.6 million for home delivered meals (HDM) to meet new demand and bring the per-meal rate to the national average, and to allow older adults who received GetFood meals to transition to traditional HDMs with higher quality meals and social services.
- \$48 million for a 3% COLA to support the full human services sector.
- Council discretionary funding to meet new and growing needs, including:
 - Restoring cuts from FY20, including \$2.04 million that was eliminated from the Healthy Aging initiative.
 - \$2.86 million for the Geriatric Mental Health Initiative (a DOHMH initiative), to meet growing mental health needs and allow programs to expand.
 - \$4.4 million for technology needs at senior centers and for individual older adults.
 - \$5.4 million for the NORC initiative, to support NORCs that are not eligible to be DFTA-funded NORCs.

Ensure Advance Notice and Sufficient Time to Providers: During the pandemic, providers were often challenged when DFTA would inform them of major operational changes with an unrealistically short timeframe to prepare and carry out the orders. While some of this was unavoidable due to an unprecedented and rapidly-changing world, the pattern of poor notice has accelerated in unnecessary ways. Friday evening emails for changes expected early the next week are all-too-common. A similar issue arose when the RFP unexpectedly included NORCs without any advance warning or any concept paper, leaving applicants in a position of scrambling to get necessary work completed on a short timeline. DFTA and other City agencies who play a role in the work of DFTA contractors, such as the Department of Health and Mental Hygiene, must take care to work together closely when issuing guidances, and must work more time into the implementation of guidances that they give to providers. The Council must also request DFTA and any other relevant City agencies share these guidances with them, monitor the timeline, and identify when it appears unrealistic for providers in their districts. Further, future RFPs across any and all City agencies must include fair and realistic timelines, including at least 30 days to apply after any final documents or addenda are released. The Council could explore addressing this issue through procurement reform.

Work With Providers in the Next Administration: While DFTA often points to monthly borough-based calls with providers and input they gathered to develop the RFP, providers have shared with us that these have not been meaningful exercises and they do not solicit or take provider feedback into account. Providers know their neighborhoods, older adults, and their workflows best; it is in the City's best interest to listen to and learn from them. As we move into 2022 and a new Administration, we urge DFTA and the City Council to systematically work in partnership with providers, as well as umbrella organizations like UNH that speak for many providers, as they make decisions. This must be done in a meaningful and substantive manner.

Thank you. To follow up, please contact me at tklein@unhny.org.