



**Testimony of United Neighborhood Houses
Before the New York City Department for the Aging
Public Hearings on the 2019-2020 Annual Plan Summary
Donna Corrado, Commissioner**

Presented by Tara Klein, Policy Analyst

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Sunnyside Community Neighborhood Senior Center**

Thank you for the opportunity to testify on the Department for the Aging (DFTA)'s 2019-2020 Annual Plan Summary. My name is Tara Klein, and I am a Policy Analyst at United Neighborhood Houses of New York (UNH). UNH is New York's association of settlement houses whose membership includes 40 New York City settlement houses and two upstate affiliate members who collectively reach more than 765,000 people across all ages at over 680 sites throughout the city.

UNH members provide a wide variety of services to over 80,000 older New Yorkers each year by operating programs such as senior centers, Naturally Occurring Retirement Communities (NORCs), home delivered meal programs, case management programs, and others, often funded by New York City's Department for the Aging (DFTA). UNH and its settlement house members employ the philosophy that older adults are valued members of our neighborhoods, whose wisdom and experience are important to the fabric of our communities. UNH believes that senior centers, NORCs, and case management programs, among others, are in themselves strong interventions that promote health and wellness, address social isolation, and provide meaningful opportunities for participants to be involved in broader community life.

Today, I will focus on three key components of the Annual Plan Summary and accompanying needs: the need for stakeholder engagement in the development of upcoming concept papers for senior center and home delivered meal procurements, the senior center "model budget" process, and the need for additional funding to cover nursing hours in NORC contacts.

Requests for Proposals: Senior Centers and Home Delivered Meals

We appreciate DFTA's attention to looking at how senior services are provided, with new requests for proposals (RFPs) expected on home delivered meals and senior centers with contracts commencing in July 2020 and July 2021, respectively. These RFPs represent an opportunity for comprehensive, systemic change in how the city provides supportive senior services, with opportunities for new frameworks, programmatic adjustments, and increased funding to support robust service delivery. It also presents an opportunity to find ways to mobilize and empower older adults as drivers of community change. As the city's population ages, with a projected increase in the 60+ population from 2000 to 2040 of 48.5%,¹ these adjustments are critical to respond to a growing and evolving set of needs and opportunities for New York's older adults.

¹ DFTA Annual Plan Summary 2019-2020, page 4

In order to best take advantage of this opportunity to modernize and bolster the City's supportive services for older adults, it is essential that DFTA consider the experience and recommendations of those served by the system, as well as the contracted providers delivering the services. Providers in particular have unique insight into the current efficacy of DFTA contracts, and DFTA should see this as an asset as it re-procures the system.

As such, DFTA should conduct a robust process that comprehensively engages relevant stakeholders, especially service providers, advocates, elected officials, and the older adults who use these services. This process should include site visits, focus groups, forums, or other activities to gather input at this early stage. These information-gathering activities should be conducted before the concept papers are released, and the input gathered should be used to inform the substance of the concept papers.

Senior Center “Model Budget”

As DFTA works to develop the next RFP for senior centers, it must also focus on the immediate needs of current senior centers and the communities they serve. The system is under-resourced, and too often the resources given to a senior center do not match the expectations of a center's contract. Meanwhile, major funding disparities persist across the system. The City's “model budget” process for neighborhood senior centers began to address these deficiencies, and the initial baselined investment of \$10 million in FY 2018 was a critical beginning to this effort. A second \$10 million investment has been promised by FY 2020, which we are now approaching, and that funding must be included in the Executive Budget.

Unfortunately, this \$20 million investment will not go far enough in addressing the deep systemic funding deficiencies across DFTA's 249 contracted senior centers, and will not allow every center to receive a true “model budget” that supports a model senior center. Even with the first \$10 million already worked into budgets, senior centers continue to express concerns with maintaining competitive salary levels (especially with the forthcoming minimum wage and overtime exemption changes in 2019), OTPS, investing in kitchen staff and food – a component that was excluded in the first round of funding – and other concerns. A fully funded system without basic operational gaps is a necessity.

NORCs and Nurse Funding

Many of the City's Naturally Occurring Retirement Communities (NORCs) are facing a growing challenge. In addition to common funding challenges such as maintaining quality staff while only being able to offer low salaries, NORCs are struggling to meet requirements for on-site nursing hours, which are mandated in DFTA contracts in the health care management and health care assistance categories. In alignment with the NORC model, these nurses provide important services that would not otherwise exist in the community, such as medication education, diabetes testing, flu shots, mobility and balance screenings, and helping clients get in touch with doctors. Many residents rely on these nurses as their main source of health care.

At many NORC sites, providers secure pro-bono nursing service using Visiting Nurse Service, hospitals, students, retired volunteers, and other means. However, these arrangements are becoming unstable in the wake of recent state billing changes and many nurses and NORC directors are worried about being able to maintain the arrangement. Consequently, NORCs are

spending more to maintain the same level of service they have continuously been providing. In effect, nursing hours represent an unfunded, though important, mandate in DFTA contracts.

We recommend that DFTA look seriously at this growing funding challenge for NORC programs, and work to identify a mechanism to explicitly cover nursing services required in NORC contracts without adjusting unit of service requirements.

UNH is eager to work with DFTA to preserve and improve senior services in New York City while ensuring contracts are fully and appropriately funded. In addition to a focus on the RFPs, the senior center “model budget” process, and NORC nursing hours, we look forward to working together to strengthen additional key services covered in the Annual Plan Summary, including case management, the Geriatric Mental Health program, and others.

Thank you for your time. For questions, I can be contacted at 917-484-9326 or tklein@unhny.org.