



Annual Plan Summary

April 1, 2016 – March 31, 2017

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)

Donna M. Corrado, PhD, Commissioner

2 Lafayette Street
New York, New York 10007

September 2015

2015 Public Hearings

The New York City Department for the Aging (DFTA) has published the 2016-2017 **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, call one of the numbers listed or e-mail:**

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 Yvette Parrish-Chenault
2 Lafayette Street, 7th Floor
New York, New York 10007

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

All sites are ADA accessible.

Queens

Monday, October 19, 2015

9:30 am – 11:30 am

Sunnyside Community Services Neighborhood Senior Center

43-31 39th Street, Sunnyside, NY 11104

RSVP: Darnley Jones (212) 602-4264

Staten Island

Thursday, October 22, 2015

9:30 am – 11:30 am

Jewish Community Center of Staten Island
Joan & Alan Bernikow JCC

1466 Manor Road, Staten Island, NY 10314

RSVP: Y. Parrish-Chenault (212) 602-4144

Brooklyn

Friday, October 23, 2015

10:00 am – 12 noon

Brooklyn Borough Hall Courtroom

209 Joralemon Street, Brooklyn, NY 11201

RSVP: Charise Lawrence (212) 602-4265

Manhattan

Monday, October 26, 2015

10:00 am – 12 noon

125 Worth Street, Auditorium
New York, NY 10013

RSVP: Verna Arthur (212) 602-4261

Bronx

Wednesday, October 28, 2015

2:00 pm – 4:00 pm

Concourse Plaza Wellness
Neighborhood Senior Center

900 Grand Concourse, Bronx, NY 10451

RSVP: Y. Parrish-Chenault (212) 602-4144

TABLE OF CONTENTS

Introduction	5
New York City Department for the Aging	5
Purpose and Scope of the Annual Plan Summary (APS)	5
Annual Plan Public Hearings	6
Community Dialogue and Feedback	6
DFTA's Website: www.nyc.gov/aging	7
Assessing the Current and Future Needs of the Elderly	7
Demographics of the Aging Population: 2000-2040	7
Aging Within the Older Population	8
Increase in Life Expectancy	9
Increase in the Older Female Population	9
Increase in Diversity	10
The Supportive Service Needs of Older Adults	11
Income and Poverty	11
Nutrition and Hunger	12
Functional Capacity and Mobility	13
Chronic Illness and Preventive Health	14
Mental Health, Addiction and Developmental Disabilities	14
Health Care Expenditures	15
Social Isolation	15
Housing	15
Transportation	16
Caregiving	17
Legal Services	17

Elder Abuse	18
Lesbian, Gay, Bisexual and Transgender (LGBT) Elders	19
Technology	19
Employment	20
Volunteerism and Intergenerational Exchange	20
Program Initiatives	21
Grant-Funded Initiatives	21
Bureau of Active Aging (BAA)	23
Bureau of Community Services (BCS)	26
Bureau of HealthCare Connections (HCC)	28
Bureau of Long Term Care (LTC)	31
Emergency Preparedness	33
Legal Services	35
Planning Division	35
Bureau of External Affairs	38
Advocacy Objectives	39
Projected Resources, Expenditures, and Service Levels	41
Table B: Projected Fiscal Year 2016 Budget	43
Table C: Planned Support by Community-Based Service	44
Table D: Planned Service Levels by Community-Based Service	45
Frequently Used Acronyms	46
Endnotes	47

With support from DFTA's operational and budget and fiscal divisions, the Annual Plan Summary was prepared by the Planning and Policy Analysis Unit: Sandy March, Planning and Policy Analyst; LaTrella Penny, Director; and Joyce Chin, Director of the Office of Management Analysis and Planning. Juxin Di, Research Analyst, prepared the demographic analyses.

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 a local government agency and 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 for the empowerment, independence, dignity and quality-of-life of New York City's diverse older adults and for the support of their families through advocacy, education, and the coordination and delivery of services. 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. DFTA's various programs and initiatives pursue the following strategic goals:

- Foster independence and individual choices, confront ageism, and promote opportunities for older people to share their leadership, knowledge and skills;
- Inform and educate the general public about aging issues, including services, supports and opportunities for older New Yorkers and their families;
- Serve as a catalyst for increased resources to enhance and expand programs and services for older New Yorkers;
- Ensure the provision of quality services fairly and equitably to older New Yorkers;
- Enhance and expand effective, productive partnerships with consumers, advocates, and private and public organizations; and
- Recognize the value of all staff and encourage their creativity in building the Department's capacity for continuous improvement.

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. 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, and budget and service levels. This Plan represents the first year of a four-year plan covering the period April 1, 2016 to March 31, 2020.

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.

Annual Plan 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. This input will help DFTA prepare its plan for Fiscal Year 2017 and enhance its long-term efforts on behalf of the City's elderly.

Community Dialogue and Feedback

In addition to an ongoing dialogue and meetings with community partners, who provide invaluable feedback and input regarding DFTA services and programs, the Department provides opportunities for constructive engagement through its Senior Advisory Council and public 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 all matters relating to the development, administration and operations of its area plan. The Council is made up of 31 members serving three-year terms, at least 16 of whom are service recipients. The Council includes representatives from the social services, health and academic communities and from New York's major neighborhoods, all of whom offer a unique perspective on aging issues and services. The members all serve without compensation and are appointed by the Mayor for three-year terms. Ten of these members (two from each borough) are recommended by the City Council.
 - **Public forums** encourage service providers, community leaders and the public to share their views and recommendations on aging services, including the Annual Plan Summary Hearings and Borough Budget Consultations. Stakeholder sessions of various kinds, including forums to offer input into the design of solicitations and programs, as well as other discussions with providers, elected officials, Interagency
-

Councils, community boards, Borough President Cabinets and older New Yorkers, have been held to assist DFTA in strengthening its services.

DFTA's Website: www.nyc.gov/aging

The Department invites visitors to the DFTA website, which includes a calendar of events as well as information and resources about older adult programs, services and publications. Each year, the Annual Plan Summary and hearings schedule are posted on the site.

Assessing the Current and Future Needs of the Elderly

New York City's large older adult population is ethnically, culturally and economically diverse, with wide-ranging service needs. Needs assessment is the first step to ensure 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.

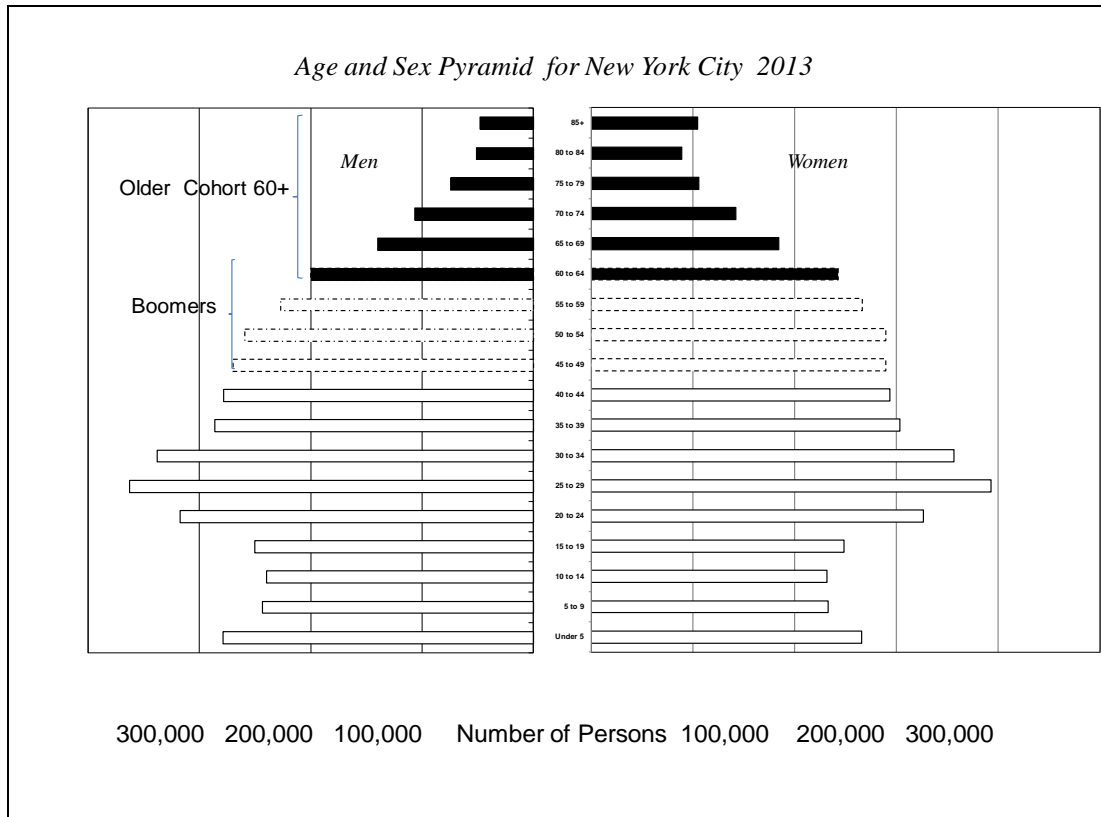
The results of the 2000 and 2010 Censuses, the 2013 American Community Survey (ACS), and population projections through 2040 provide a foundation to determine the current and future needs of New York City's elderly. As the City addresses the challenges and capitalizes on the opportunities presented by an aging population, knowledge becomes critical in formulating policy, planning for services, and effectively allocating resources.

In the next few decades, the composition of New York City's population will change dramatically as a result of the aging of the "Baby Boom" population, continuing increases in life expectancy, and the City's increasing diversity. As these demographic shifts occur, the needs of the elderly will expand and change.

Demographics of the Aging Population: 2000-2040

The Age and Gender Pyramid below shows an overall profile of New York City's 2013 population. The area shaded in black reflects the population aged 60+, which comprises 1.52 million adults, or 18.1% of the City's population. The dotted bars represent those 45 to 59, who comprise 850,528 people, or 10.1% of the population, the majority of whom are baby-boomers.¹ The first of the boomer generation – those born in 1946 – turned 65 in 2011, and as they continue to mature, the demand for aging services will increase.

Age and Gender Pyramid for New York City (2013)²



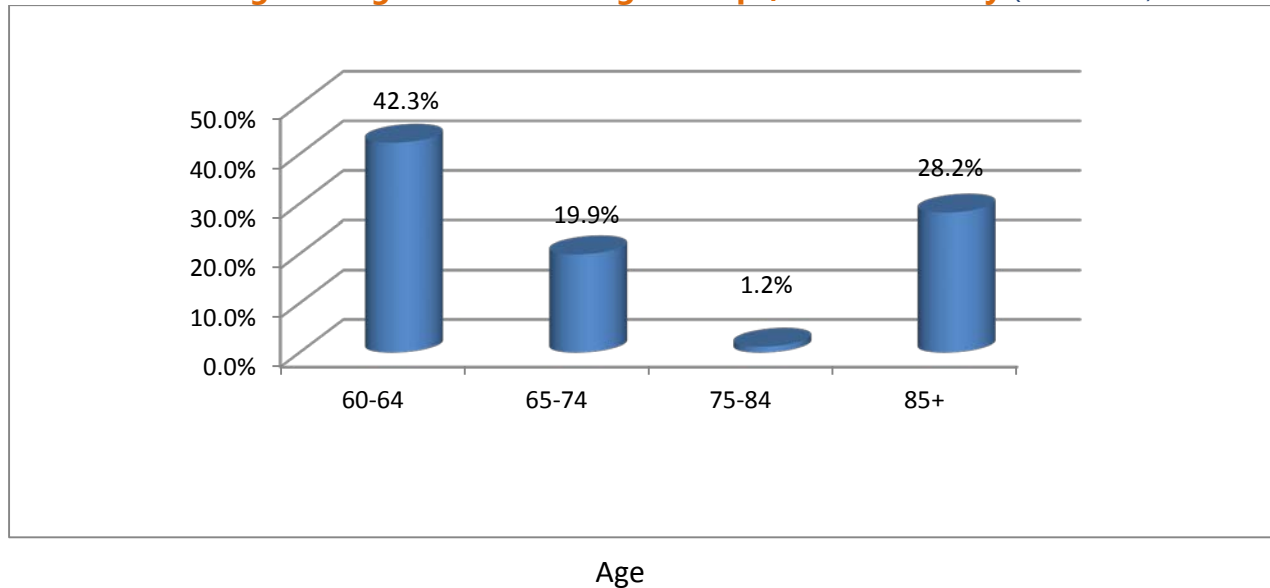
*Note: Each bar represents an age span of five years.

By 2040, New York's 60+ population will significantly increase to a projected 1.86 million, a 48.5% increase from 2000. This group will comprise 20.1% of the total population compared with 15.6% in 2000. Consequently, the elderly, who were less than one in every six New Yorkers in 2000, will make up more than one in every five in 2040.³

Aging Within the Older Population

The City's total older population, which increased from 1.25 million in 2000 to 1.52 million in 2013, has significantly changed in age composition.

Percentage Change of Selected Age Groups, New York City (2000-2013)⁴



From 2000 to 2013, the number of 60-64 years and older was increased dramatically by 42.3% and the eldest group (85 and older) grew fast too by 28.2%. The number of the people aged 65-74 was increased by a relatively modest rate of 19.9% and those between ages 75 and 84 slightly increased by 1.2%. By 2050, boomers will be part of the oldest population group, and the cumulative growth of this 85+ group will be nearly 200%, constituting 4% of the total population compared with 1.5% in 2000.⁵ Disability is prevalent among the oldest cohort, creating a growing need for long-term care services.

Increase in Life Expectancy

The latest figures indicate that New York City life expectancy at birth is at an all-time high of 81.1 years, an increase of 3.5 years from 2000 to 2012.⁶ 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 2011, New York City women had a life expectancy of 83.4 years, while men had an average life expectancy of 78.4 years.⁷ 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.

Increase in the Older Female Population

Not only do women have a greater life expectancy than men, but as of 2012, women continue to outnumber men by 251,885 within the 60+ age group. The number of women is more than double that of men among those 85 and older.⁹ By 2030, the sex ratio (number of females per 100 males) for New Yorkers is projected at 118 for those 55-64, 131 for those 65-74, 159 for those 75-84, and 213 for those 85 and older.¹⁰ Thus, as is the case currently, women 85+ in

2030 will outnumber men their age by more than 2 to 1, and this greater longevity results in more women living alone during their later years. Poverty rates are higher, on average, for women living alone than for those living with a partner or for men living alone or with another person. To a significant degree, this is due to the fact that women tend to receive lower Social Security payments because of time spent out of the paid workforce, as well as a prevalence of lower paying salaries for women than their male counterparts during their years of employment.

Women 65 and older comprise 70% of the frail older population.¹¹ Frailty can lead to functional impairments, which may require long-term care.

Increase in Diversity

American Community Survey data show that from 2000 to 2013, the non-Hispanic white older population decreased, whereas the number of minority members of that group grew rapidly. In 2013, 59% of New Yorkers 65 and older were members of minority groups, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2013, the black population increased by 36%, the Hispanic population by 61%, and the Asian population by 102%.¹²

Table A: **Minority 65+ Population in New York City, 2000-2012**¹³

Race/Ethnic Profile	2000 Census	2013 ACS	% Change 2000-2013
White (Non-Hispanic)	533,982	481,275	-9.87%
Black	185,088	250,851	35.53%
Hispanic	138,840	223,593	61.04%
Asian/Pacific Islanders	59,056	119,175	101.80%
All Minorities	382,984	593,619	55.00%

There are also significant linguistic differences: English is not the primary language of 25% of New Yorkers¹⁴, and nearly 50% speak another language at home.¹⁵ 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. The development of a language assistance plan that includes interpreter services and bilingual clinicians is an effective measure for improving care.¹⁶ In July 2008, Mayor Bloomberg signed Executive Order 120 requiring the City's social service agencies to provide translation and interpretation services in the top six languages spoken by New Yorkers; each of these agencies, including DFTA, has developed a language access implementation plan for at least six languages. New York City's 24-hour information and services number, known as 3-1-1, provides services to callers in 170 languages.¹⁷

The Supportive Service Needs of Older Adults

The significant increase in the older adult population, along with rapidly changing demographics, presents challenges for planning and developing supportive services for older adults. When considering the following service issues, the aging network needs to balance the needs of a new cohort of well elderly with the service needs of the increasing number of frail elderly.

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 9.6% in 2013, New York City's older adults experienced an increase in poverty from 16.5% to 18.8% for the same time period.¹⁸ The 2013 federal poverty level is \$11,173 for a single person and \$14,095 for a couple,¹⁹ and the current average Social Security benefit is \$1,294 per month, or \$15,528 a year for a retired worker.²⁰ This average benefit is often inadequate to cover the high cost of living in New York City but does not allow many to qualify for public assistance benefits. In 2010, 84% of native-born seniors had Social Security income, while only 69% of older immigrants did.²¹

Table B: **Poverty by Race for Older New Yorkers Aged 65 and Above** (2013)²²

	Total Older Cohort*	Number Below Poverty	% Below Poverty Level (2013)
White	462,648	58,021	12.4%
Black	235,235	46,318	19.3%
Hispanic	209,446	63,932	29.5%
Asian	109,397	28,723	24.7%

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

The percentage of minority elderly living in poverty is significantly higher than the white population. Data indicate that a substantial proportion of minority older people live in poverty – 30% of Hispanics, 25% of Asians, and 19% of blacks. In addition, the number of older women living below the poverty level (20.6%) is approximately 5 percentage points higher than that of their male counterparts (16.2%).²³

In 2013, the median household income for older New Yorkers was \$31,059, lower than the nation's median of \$37,847.²⁴ Median income also varies significantly by race. In 2013, the median income of:

- Hispanic households was \$17,500, 53% less than the white population, whose median household income was \$37,500;
- Black households was \$27,500 or 27% less than the white population; and²⁵
- Asian households was \$22,500, 40% less than the white population.

With an increasing percentage of New York City's older adults living in poverty, a targeted expansion of multiple income supports would help those most in need, including but not limited to Supplemental Security Income (SSI), Medicaid, the Medicare Savings Program and other Medicare subsidies for people of lower income, SNAP ("food stamps"), the Home Energy Assistance Program, and affordable housing programs and subsidies such as the Senior Citizen Rent Increase Exemption program (SCRIE).

Nutrition and Hunger

Good nutrition is a vital component in maintaining health and optimal functioning; for example, older adults who eat breakfast have greater energy/nutrient intake, less worry about whether they would be able to get food or run out of food, and have fewer depressive symptoms.²⁶ Hunger and malnutrition may contribute to the decline in resistance to disease as people age, hasten the onset of a number of degenerative diseases, and can exacerbate cardiovascular disease, hypertension, osteoporosis, cancer, diverticulitis, and diabetes.²⁷ In 2012, more than one in three New York City residents ages 50 to 64 (35 percent) experienced difficulty affording food. This represents a 40 percent increase from 2003 (25 percent).²⁸

The U.S. Department of Agriculture's (USDA) Supplemental Nutrition Assistance Program (SNAP), also known as the Food Stamp Program, provides critical food assistance to many households. However, approximately half of older New Yorkers who may be eligible do not receive SNAP benefits.²⁹ In 2007, 12% of those who utilized emergency food programs (EFPs) – food pantries and soup kitchens - were 65 and older (154,000 persons);³⁰ in 2009, 66% of EFPs saw an increase in the number of older adults at their sites, and 28% saw an increase of 25% or more in the number of seniors.³¹

Integrated public policy among government and hunger organizations aids older adults experiencing food insecurity by ensuring greater access for them to available services.³² Integrated policy should also emphasize increased food stamp outreach, greater availability of nutrition services, and screening for older adults for risk factors.³³ DFTA is committed to various programs and supports legislation that combats hunger among older New Yorkers, including SNAP.

Functional Capacity and Mobility

As individuals age, their range of mobility decreases and the need for appropriate in-home services, adaptive equipment, and the least restrictive environment increases.³⁴ In 2013, there were 246,971 older people who reported some level of disability, or 40% of the civilian non-institutionalized population. Of this group:

- 27% had physical disabilities that affected walking, climbing stairs, reaching, lifting, or carrying;
- 18% had conditions that restricted their ability to go outside the home, shop, or visit the doctor;
- 11% had mental, cognitive or emotional conditions causing difficulties in learning, remembering, or concentrating;
- 11% were limited in their ability to perform self-care activities, such as dressing, bathing or getting around inside the home;
- 11% reported hearing disabilities; and
- 8% reported vision disabilities.³⁵

The Eye Disease Prevalence Research Group reports that blindness and low vision increase significantly with age, with Americans 80 years and older accounting for 69% of the blind population; the most common eye diseases for those 40 and older are age-related macular degeneration (AMD), cataracts, glaucoma and diabetic retinopathy.³⁶ Adaptive devices, rehabilitative services, and environmental adaptations to a home and work setting can provide support for this population.

Disability rates are slightly higher for older New Yorkers when compared nationally. Older women have more difficulty with activities of daily living than do older men. Older Hispanic men, and especially women, have higher disability rates compared with their non-Hispanic counterparts. Disability is also associated with poverty: older people with disabilities reported higher poverty rates than those without.³⁷

The Olmstead Act (1999), not limited to Medicaid-funded services, gave individuals with disabilities the right to be placed in the least restrictive and most integrated environment appropriate to their needs. The Supreme Court's decision calls upon states to develop accessible community-based services for disabled persons of all ages. Supportive social services provided in the home remain the services most in demand by older adults with functional impairments, and OAA services are intended to help adults maintain their independence, remain in the community, and delay institutionalization.³⁸

Chronic Illness and Preventive Health

As individuals age, they are increasingly likely to suffer from chronic and acute illnesses. Four out of five Americans 50 and older experience at least one chronic condition, the most common being high blood pressure, high cholesterol, mental illness, diabetes, and heart disease.³⁹ In 2012, the leading cause of death by far for New York City residents age 65 and older was heart disease, accounting for 37.1% of all older adult deaths, despite the fact that heart disease can in many cases be prevented or its progression slowed.⁴⁰ There are also more than 110,000 people living with HIV/AIDS in New York City, with 41.7% being 50 and older.⁴¹ Bone loss intensifies after age 50, particularly for postmenopausal women, and an estimated 54% of American women 50 and older will suffer a fracture during their lifetimes due to osteoporosis.⁴²

Preventive care, including immunization, health screenings, and education on effective coping and treatment mechanisms is essential to help New Yorkers avert or manage debilitating aspects of disease. As part of its Take Care New York health policy, the New York City Department of Health and Mental Hygiene (DOHMH) has a number of goals associated with efforts to improve the health of New Yorkers and has succeeded in reducing diabetes, smoking, hypertension, and cardiovascular disease. In 2003, only 42% of New Yorkers 50 and older were screened for colon cancer, a disease with high rates of treatment success if diagnosed in its early stages; that number increased to 66% in 2009, with a target of 80% by the end of 2012.⁴³ In 2008, 80% of adults 65 and older received a flu shot,⁴⁴ a 17% increase from 2005.⁴⁵ Medical and social service providers must work together to improve the quality of health for older adults by data sharing and increasing coordination of patient care and advocating for resources to support research on prevention and treatment of diseases. DFTA has a number of preventive health and disease management programs, including the Community Innovations for Aging in Place Grant.

Mental Health, Addiction and Developmental Disabilities

DOHMH estimates that approximately 20% of New Yorkers 55 and older experience a psychiatric disorder not part of the normal aging process; this number is expected to double by 2030.⁴⁶ Older adults with serious mental illnesses experience service inequalities and higher mortality rates and are more likely to be placed in nursing facilities.⁴⁷ New York State's Office of Alcoholism and Substance Abuse Services estimates that approximately half a million older New York State residents experience problems because they are knowingly or unknowingly misusing alcohol and/or drugs. These chemical dependencies are primarily related to alcohol misuse and deleterious interactions between alcohol and prescription or over-the-counter medicines.⁴⁸ The growth in the number of older adults with mental health needs and addiction issues will have a major impact on health service utilization and costs, highlighting the need to integrate mental health into an affordable and accessible continuum of community-based health and long-term care.

An estimated 6.6% of adults 55 and older in New York City have a severe cognitive impairment.⁴⁹ Day program activities for persons with developmental disabilities should be age-appropriate and include education in health and wellness activities.⁵⁰ The public and private sectors must forge new partnerships to develop and expand appropriate services for older people with special needs, including increased adult day programs.

Health Care Expenditures

Health care costs have risen substantially, even after adjusting for inflation. Out-of-pocket health care costs pose a particular burden for those in need of long-term care services – which Medicare does not cover – prescription drugs, and those not eligible for Medicaid or Medicare.⁵¹ A study by the Kaiser Family Foundation found that Medicare covered only 45% of a beneficiary’s total health care costs, and AARP estimated that out of pocket costs for these participants were an average of almost \$3,500 per year.⁵² Among older adults in New York City, 36% rely only on Medicare with no supplemental private coverage. These older adults are considered underinsured, and results can include delayed care, not seeking preventive care, and limited or skipped medication doses.⁵³ In 2010, legislative changes to the Medicare prescription drug plan, or Part D, helped to address this coverage gap, or “doughnut hole” for 18 million older Americans, including 57% of New York State’s Part D enrollees.⁵⁴ It is essential for lawmakers to continue to seek solutions to address the growing underinsured population. DFTA’s Health Insurance Information Counseling and Assistance Program (HIICAP) has trained counselors that provide assistance with health care coverage choices and enrollment, including the latest information on health care reform law provisions (see Page 24 for more details).

Social Isolation

Those living alone as well as those in poverty can be more vulnerable to social isolation. In 2013, 33.6% of persons age 65 and over and nearly one-half (46.8) of persons 85 and older in New York City were living alone,⁵⁵ and those living alone had the second highest poverty rate (30.2%) among all older households.⁵⁶ However, social isolation is a complex concern for older adults, and it is important to note that these are not the only factors that may contribute to vulnerability. 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.⁵⁷

Housing

The housing preferences of older adults are to age in place and to maximize autonomy, choice, familiarity, flexibility and privacy;⁵⁸ therefore, appropriate and stable housing is vital, but not always possible, due to fixed incomes, high housing costs, competing healthcare expenditures, and physical limitations that must be addressed by in-home care or structural modifications.⁵⁹

The main source of subsidized, low-income housing for adults 62 and older in New York City is Section 202 Supportive Housing for the Elderly. Federally operated by the U.S. Department of Housing and Urban Development (HUD), it provides funding to not-for-profit groups for the new construction or rehabilitation of permanent low-income rental housing with support services. Income limits are currently \$30,100 for a single person and \$34,000 for a couple,⁶⁰ and there are 190 Section 202 buildings with over 17,000 units in the City.⁶¹

Additional sources of housing include 56 New York City Housing Authority (NYCHA) developments with more than 10,000 units targeted solely to older New Yorkers and 18 Mitchell Lama sites with 3,533 units.⁶² There are also assisted living facilities for those who need an increased level of care, including the Assisted Living Program (ALP), adult homes, and the Enriched Housing program, providing 10,760 beds.⁶³ Waiting lists for certain housing programs can be years long; therefore, additional financing and flexibility for housing development is crucial.

In 2014, Mayor Bill de Blasio unveiled “Housing New York: A Five Borough, Ten-Year Plan”, a plan to build and preserve 200,000 units of affordable housing in ten years. As part of the Plan, the City created the “Senior Affordable Rental Apartments (SARA) Program”, launched by the Department of the Housing Preservation and Development (HUD), to finance affordable housing especially for low-income seniors. This year, the administration announced that the City financed the creation of a record-breaking 20,325 affordable apartments and homes during Fiscal Year 2015, including 1,544 units for seniors.⁶⁴ DFTA’s Senior Housing Initiatives Unit (see Page 28) continues to advocate for affordable new older adult housing as well as assisted living opportunities, and provides information and referral.

There are subsidy programs available to older adults to assist with aging in place, including the Senior Citizen Rent Increase Exemption Program (SCRIE), which is administered by the NYC Department of Finance. SCRIE assists adults age 62 and older who reside in rent regulated apartments by authorizing exemptions from future increases to their monthly rent; State legislation was passed last year and signed into law to increase the household income eligibility limit for SCRIE from \$29,000 to \$50,000. Tenants must already be paying more than 30% of their income toward rent.⁶⁵ In FY 2009, 44,775 households received SCRIE.⁶⁶ Another housing program, the Senior Citizen Homeowner Exemption Program (SCHE), provides homeowners 65 and older who have federal adjusted gross household incomes of up to \$37,399 with property tax exemptions.⁶⁷

Transportation

Given the functional decline in mobility as people age, the availability and subsidization of appropriate transportation is a critical factor in enabling an individual to live independently. The Council of State Governments recommends policies to keep older American drivers and

pedestrians safer, including an improvement in infrastructure, better access to and more options for public transportation, and better coordination of transportation resources via mobility management.⁶⁸ The design of safer roads is particularly important as older pedestrians make up 37 percent of all pedestrian fatalities in New York State.⁶⁹

The New York Metropolitan Transportation Council has also identified some of the following transportation service issues for New York City's older adults:

- Varied pedestrian environments that can create issues for those who move slowly and those who need increased waiting areas for public transportation;
- A lack of accessible and well-maintained subway system infrastructure, including signage; and
- A need for increased DFTA-sponsored transportation outside of normal business hours.⁷⁰

The Department provides some transportation for older adults through contracted non-profit organizations and continues to advocate for increased transportation funding. DFTA also offers free bus trips for older adults to numerous sites ranging from supermarkets to museums.

Caregiving

Family members and other informal caregivers are vital to the supportive network that helps older adults remain living in their homes and communities. According to the New York State Office for the Aging (SOFA), approximately 3 million caregivers provide more than 2.6 billion hours of unpaid care to loved ones each year at an estimated worth of \$32 billion.⁷¹ Many caregivers of older adults are older themselves, the average age being 63 with many of them being in ill health.⁷² There is a need for services that benefit both caregiver and recipient, including respite care, transportation, information and outreach, civic engagement, and affordable and alternative housing models and adaptive support.⁷³ Title III-E of the OAA Amendments of 2000 established the National Family Caregiver Support Program (NFCSP), which provides basic services for family caregivers including information and referral, assistance in accessing benefits and entitlements, peer support, individual counseling, respite care and supplemental services. This program represents an important model for supporting caregivers and care recipients. DFTA's Alzheimer's and Caregivers Resource Center provides a variety of caregiver support services. (See Page 28 for more details).

Legal Services

Legal assistance can be critically important for older adults when dealing with issues of housing, landlord/tenant disputes, entitlements, consumer affairs and family issues, and may also involve planning for retirement, long-term care, loss of capacity, and end-of-life matters. The expanding use of free websites and legal hotlines offers opportunities for older persons to independently

obtain information on legal issues, and publicly-funded and private legal services help older New Yorkers access benefits and services to which they are entitled. The majority of cases handled by DFTA-funded legal services are housing cases, including eviction intervention services and those situations in which the landlord fails to make needed upgrades, a factor that can pose safety problems (see DFTA’s Assigned Counsel Project, Page 35, for more details).

Elder Abuse

Elder abuse includes physical and psychological abuse, financial exploitation, and neglect. Many types of fraud, including predatory lending, internet scams and identity theft, are common examples of financial elder abuse crimes.⁷⁴ Perpetrators of elder abuse crimes are often family members, friends or caregivers of victims. Because of the relationship, victims are often fearful or reluctant to report the abuse, and as a result, the incidence and prevalence of elder abuse is grossly under-reported.⁷⁵ DFTA, Lifespan of Greater Rochester, Inc., and Weill Cornell Medical Center collaborated on an in-depth, statewide elder abuse incidence and prevalence study. The aims of the study were to estimate the prevalence of elder abuse in both self-reports and documented cases, estimate rates of under-reporting, and identify demographics. The study found that only a fraction of elder abuse cases in New York State are formally documented; elder abuse occurs at a rate nearly 24 times greater than the number of reported cases referred to social service, law enforcement or legal authorities.⁷⁶ The full study can be found at:

http://www.nyc.gov/html/dfta/downloads/pdf/publications/under_the_radar.pdf.

Education and community outreach are essential to prevent elder abuse and increase safety, as well as advocating for legislation that takes a proactive approach to violence prevention. DFTA’s Elderly Crime Victims Resource Center and its community partners provide 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. Services include crisis intervention, counseling, advocacy, information and assistance, limited emergency financial assistance, and legal services referrals (see Page 31). DFTA provides Elder Abuse intervention strategies to seniors experiencing any of several forms of maltreatment by someone who has a special or “trusting” relationship with the elder. The aim 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 (see Page 33). The Problem Solving Therapy Elder Abuse Initiative aims to increase self-determination of elder abuse victims through use of an evidence-based therapeutic technique (see Page 22).

Lesbian, Gay, Bisexual and Transgender (LGBT) Elders

Lesbian, gay, bisexual and transgender (LGBT, or GLBT) older adults are particularly vulnerable to service barriers, including discrimination, lack of access and community engagement. Twice the percentage of LGBT older adults live alone than heterosexual elders and are three to four times more likely not to have children, which can possibly lead to social isolation and a lack of caregiving.⁷⁷ Medical and community providers must be aware of health risks that particularly affect the underserved LGBT older community, including depression and anxiety; breast cancer in women over 40; HIV, prostate, testicular and colon cancer in men over 50; sexually transmitted diseases (STDs), including hepatitis and Human Papilloma Virus (HPV); alcohol and substance abuse; tobacco-related health issues; and eating disorders.⁷⁸ Elected and government officials, and advocacy and provider groups, must identify and address local LGBT needs and rights to ensure the safety, wellness, independence, and quality-of-life for LGBT older adults.

DFTA provides training sessions on LGBT cultural competency with our service providers, including all directors, supervisors, and frontline case managers in DFTA-contracted case management agencies. In addition, DFTA has trained managers and supervisors in DFTA-contracted senior centers and Naturally Occurring Retirement Community (NORC) programs on the topic of "Creating an LGBT Welcoming Center." Community organizations, including Services and Advocacy for GLBT Elders (SAGE), provide training and assistance to providers in LGBT programming and sensitivity. SAGE was awarded an Innovative Senior Center (ISC) contract, and opened its doors in March 2012 (see Page 27 for more on ISCs). The SAGE Center for LGBT Older Adults is the nation's first full-service senior center that specifically serves LGBT elders, integrating congregate meals, social services, and a wide range of activities available to participants. SAGE will also be working with satellite sites to provide programmatic opportunities for LGBT older adults in every borough.

Technology

Technological advances continue to improve the quality-of-life for older adults. Remote diagnoses and continuous health monitoring deliver high-quality medical services via computerized home health care systems. Tele-healthcare machines store patient records, monitor health, and connect patients and doctors by video, and all stored data are accessible by health care providers in clinical settings.⁷⁹ "E-learning" is a growing resource for older adult online education, information, and referral, particularly for those with limited mobility. According to a February 2012 survey by the Pew Internet and American Life Project, 53% of Americans 65 and older used the internet or email, representing the first time that half of older Americans were online; this represented a large increase from 38% in 2008. In 2013, 59% of seniors reported that they go online - a six-percentage point increase in the course of a year.

In addition, 77% of older adults had a cell phone, up from 69% in April 2012.⁸⁰ New York State recommends that to better serve the older population, there needs to be an increasing reliance on existing and new technologies to improve communication and streamline service access and delivery.

State agencies emphasize the need to adapt solutions to the age, language ability level and educational characteristics of users, recognize that users will need education and personal assistance in using technologies, and recognize the importance of security and privacy issues.⁸¹ NYC Connected Communities (formerly BTOP) has established sites to improve digital literacy and provide multimedia training for low-income older adults in vulnerable population areas. (See Page 22 for more details.) Technological developments are essential to increasing access and linking services to help support and enhance the lives of older adults.

Employment

As baby boomers continue to age, the number of older employees will become an increasingly significant proportion of all workers. In 2013, one out of every five workers in the American labor force was 55 or older (20.7%)⁸², and projections have indicated that this age group will account for a quarter of the labor force in 2022⁸³. Additionally, more than 70% of older workers work full-time, and 97% of those who work part-time do so by choice.⁸⁴ The U.S. Government Accountability Office recommends that government agencies work together to identify sound policies to extend the work life of older Americans.⁸⁵ There will be a growing demand for employers to ensure that work environments are adjusted in response to the needs of older and disabled workers, including physical modifications, assistive devices, flexible work schedules, off-site work arrangements including telecommuting, and greater use of family leave for caregivers.⁸⁶

Volunteerism and Intergenerational Exchange

Volunteer programs increase community resources while simultaneously providing older adults with opportunities to contribute their talents and skills and remain active. Volunteering is positively associated with life satisfaction and perceived good health among older adults,⁸⁷ and those who volunteered at least 15 hours per week with Experience Corps, a program that places older adults in public elementary schools, had increased physical, cognitive and social activity levels relative to their peers who did not volunteer.⁸⁸ Yet, less than half of those over 50 are being asked to volunteer, despite research indicating that the volunteer rate for those who were asked is three times higher.⁸⁹ Programs including Foster Grandparents (Page 23), Intergenerational programs (Page 24), ReServe (Page 25) and NYC Service have tapped into the invaluable resource of the City's older adults.

DFTA also continues its partnership with NYC Service to implement the Volunteer Resource Center (VRC), which centralizes agency wide volunteer efforts and also assists with larger volunteer initiatives. In Year One of the program, the VRC identified volunteer opportunities, developed outreach and recruitment strategies and practices, and created a data collection and reporting module in DFTA's Senior Tracking, Analysis and Reporting System (STARS). (See page 37 for more on STARS.) In Year 2 (FY 2016), VRC will seek to expand its volunteer outreach, recruitment and placement efforts to include working with agency partners in aging to help meet volunteer needs outside of DFTA as well as internally.

Program Initiatives

DFTA has been deeply engaged in developing ideas and programs to enhance the City's livability and capacity to support people of all ages and abilities; this includes addressing the social dimensions of our City's sustainability. The Department is part of the Age-Friendly NYC Commission and continues to implement recommendations from the report, "**Age-Friendly NYC: Enhancing Our City's Livability for Older New Yorkers**," which impacts everything from community and civic participation to public spaces and transportation.

The establishment of a system of comprehensive **senior congregate services**, which includes **Innovative Senior Centers (ISCs)** and **Neighborhood Centers**, is a cornerstone of Age-Friendly NYC. In 2011, DFTA released new and streamlined solicitations for the procurement of both types of centers, and broad stakeholder input as summarized in a New York Academy of Medicine report entitled "NYC Senior Centers: Visioning the Future" (found at <http://www.nyam.org/intiatives/sp-pub.shtml>) was instrumental in shaping the solicitation. A list of centers awarded contracts is posted on the DFTA website. (See Page 27 for more details on senior centers.)

The following sections highlight programs and initiatives the Department will direct its efforts toward during the 2015– 2016 program year.

Grant-Funded Initiatives

The Department for the Aging, as well as its not-for-profit charitable arm, the Aging in New York Fund (ANYF), seeks resources through public and private partnerships to develop innovative service models that address the unmet needs of older New Yorkers, their caregivers, and the aging services network. Current research and development programs funded by grants that serve New York's older adult community include:

- **NYC Connected Communities (formerly BTOP):** DFTA, in partnership with Older Adult Technology Services (OATS), receives City tax levy funding through the NYC Department for Information Technology and Telecommunication (DoITT) to sustain the work done through the federal Broadband Technology Opportunities Program (BTOP), which ended in December 2013. The original grant provided for broadband access, upgraded or newly installed workstations, and computer training sessions at 23 community-based sites, including 20 DFTA-funded senior centers. The grant also provided funding for the development of a Center for Technology Exploration, Training, and Support (Senior Planet Exploration Center - SPEC) for older New Yorkers, which is located in the Chelsea area of Manhattan and operated by OATS. The current funding continues to provide for broadband access, additional training and on-going technical assistance to these programs.
 - **The “Parenting the Second Time Around” (PASTA) Project:** The Grandparent Resource Center (GRC) began its fourth year with the Cornell University Cooperative Extension NYC for a project to introduce grandparents and other relative caregivers in New York City to information, skills, and resources designed to enhance their ability to provide effective care for the young relatives they are parenting. The information is provided by use of a curriculum entitled “Parenting the Second Time Around” (PASTA), which has been used successfully in other areas of New York State and throughout the country. A research study will allow DFTA to obtain data regarding the effectiveness and impact of the PASTA program in a large urban setting as well as to learn more about how the PASTA project impacts grandparents and other kinship caregivers’ ability to effectively care for the children they are responsible for as well as themselves. The intention is for PASTA participants to strengthen their communication skills with the children they take care of and identify new resources for support based on their needs. A nutritional component was added to the PASTA project for its second year. The nutrition classes are designed to inform grandparent or older relative caregivers of the new federal nutritional guidelines. (For more information about kinship caregiver programs, see “The Grandparent Resource Center,” Page 23.)
 - **The Problem Solving Therapy Elder Abuse Initiative:** DFTA is working with the Department of Psychiatry at Weill Cornell on a one-year mental health initiative for elder abuse victims served by the Elderly Crime Victims Resource Center (ECVRC), the first project of its kind. National studies have illustrated a link between elder abuse and mental health problems.⁹⁰ There is some evidence that depression may make older adults less likely to ask for help, and therefore more vulnerable to elder abuse. The goal of the project is to decrease mental health issues such as depression and anxiety in order to increase elder abuse victims’ acceptance of
-

services that have the potential to decrease abuse. Elder abuse social workers screen victims for depression and anxiety; victims suffering from a mental health issue are assisted by a mental health worker who implements Problem Solving Therapy, a short-term evidence-based therapeutic technique.

- **Seniors Partnering with Artists Citywide (SPARC):** The Department for the Aging and the Department of Cultural Affairs, along with five borough arts councils continues SPARC, a community arts engagement program that places artists-in-residence at senior centers across the five boroughs of the City. Selected artists work with senior centers to create and deliver high-quality arts programming for seniors. Seniors are engaged in an art project or series of cultural programs over the course of the residencies, which also include a public program component - exhibits, open houses, performances and other cultural interactions open to the surrounding community. In CFY 2015, 50 artists were placed at 50 senior centers citywide. The program will be expanded in CFY 2016 with 102 artists and senior centers participating in this program.

Bureau of Active Aging (BAA)

The Units that make up the Bureau of Active Aging are as follows:

- **The Foster Grandparent Program** enables low-income older adults to provide one-on-one tutoring and mentoring to children at community sites citywide. Screened and trained Foster Grandparent volunteers are placed in day care centers, elementary schools, Head Start programs, Reach Out and Read Literacy Programs, hospital pediatric and child life units, courts in the juvenile justice system, and NYCHA after-school programs. Specially trained Foster Grandparent volunteers provide mentoring for children in foster care and for children who are chronically absent from school. The program has successfully developed partnerships with the Administration for Children's Services (ACS), the Department of Education, the NYC Housing Authority and the Department of Juvenile Justice.
 - **The Grandparent Resource Center (GRC)** provides supportive caregiver services to older adults raising their grandchildren. The GRC has built a network of support groups, programs, services and community partners across the City, including intergenerational programs, and provides trainings and presentations on grandparent caregiving, self-advocacy and empowerment, support group start-up, sensitivity training, recreational opportunities, and health education to grandparent caregivers, community-based groups and City employees. Staff and support group
-

members have been featured in various media outlets discussing issues relating to grandparent caregiving. GRC staff has worked with African-American religious leaders on HIV/AIDS and delivered LGBTQ Sensitivity training for grandparent caregivers, and has also worked with the Administration for Children's Services' Infant Safe Sleep Initiative to provide training and information to grandparent caregivers. The GRC will continue to increase outreach to diverse communities, including Latino, African, Caribbean and Russian grandparent families.

In a new initiative, 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. The goal of the project is to enhance the quality of life in the NYCHA kinship families by providing case assistance, support groups and educational trainings. There are 15 designated NYCHA developments in this NYCHA Anti-Violence Initiative. The GRC will create and form sites on a rolling basis. There are currently GRC Community Advocates placed in 12 developments providing workshops, trainings and support group counseling to grandparents/relative caregivers. The GRC is expected to be in the 15 NYCHA developments by the end of Calendar Year 2015.

The GRC has also partnered with Cornell University Cooperative Extension NYC on its "Parenting the Second Time Around" (PASTA) program. (See Page 22.)

- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** conducts public outreach presentations for older adults, community partners, and other groups on Medicare, Medicaid, Medigap, Elderly Pharmaceutical Insurance Coverage (EPIC), private health insurance, preventive services, and long-term care planning. HIICAP's trained counselors provide assistance with prescription plan selection and enrollment by appointment and over the telephone at 33 community based sites citywide and in 17 languages. HIICAP is also responsive to the needs of boomers new to Medicare who need special assistance with health care coverage choices, including those still working. Counselors have been trained in the new health care reform law provisions, including additional benefits and effective dates.
 - **The Intergenerational Work Study Program (IWSP)** operates in partnership with the Department of Education. The IWSP is a year-round program for public high school students and older adults to interact at senior centers, in nursing homes, and in home-based service settings. Students gain valuable work experience and receive academic and community service credits toward graduation. The IWSP also offers
-

scholarships to graduating high school seniors and encourages students to pursue careers in aging services.

- **The Senior Employment Unit operates the Title V Senior Community Service Employment Program (SCSEP)** and provides recruitment, 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. This year, the SCSEP expanded training components to offer a variety of online courses geared to helping participants become more successful during their job search. The Senior Employment Unit will continue to expand partnerships with organizations that provide marketable skills training and demonstrate a commitment to creating job and training opportunities for older adults.

This year, the program will also start a city-wide recruitment campaign to bring in new host agency partners, primarily nonprofit organizations that are based in communities with limited resources, are most in need of support and will be willing to provide quality of training to SCSEP participants in the program. The unit plans to enroll 150 new SCSEP participants who need assistance to enter the City's workforce within a short period of time. These trainees will be part of the unit's "Fast Track" process designed to expedite re-employment for mature workers.

SCSEP also hosts two senior employment job fairs each year, providing direct connections to employers who have experienced tremendous benefits from hiring mature workers from the program.

DFTA offers the **ReServe** program, in partnership with ReServe Elder Services, a program that matches retirees/ReServists with short-term City agency projects that utilize their experience and expertise. Since the inception of the contract between DFTA and ReServe, **609** ReServists have been placed in **1,704** assignments at **25** City agencies. The **Summer Meals Program**, which DFTA participates in with the Mayor's Office and the NYC Public Library, connects older adult workers with children at public libraries in the summer through reading, math and art, as well as by serving meals and providing light clean-up support.

The unit's **Home Health Aide (HHA) Referral Program** has established external partnerships with 10 health care agencies that are interested in hiring seniors in the HHA field. They provide training in HHA work to new clients, or they accept referrals of already certified candidates who are currently unemployed and seek placement. The ultimate goal is to provide unsubsidized employment in HHA occupations to mature workers.

Senior employment collaborates with the NYC Workforce Career Centers, where participants have access to job readiness workshops and other services to enhance their employability. Participants are invited to numerous employer recruitment events throughout the year.

Bureau of Community Services (BCS)

The Bureau of Community Services (BCS), in addition to the Units listed below, organizes a variety of projects for older adults each year, including:

- Distributing close to 40,000 **Farmers' Market check booklets** to eligible low-income older adults through a network of participating contractors to encourage the consumption of more fresh fruit and vegetables;
- Sponsoring close to 340 **free bus trips** for older adults to numerous sites, including supermarkets, museums and flea markets, in partnership with the Department of Education (DOE). Over 50 of these trips are made to sites selling a wide variety of fresh fruit and vegetables; and
- Providing **Automated External Defibrillator (AED) and CPR training** to close to 41 staff from senior centers where defibrillators have been placed.

The Units that make up the Bureau of Community Services are as follows:

- **Healthy Aging Initiatives** includes the **Health Promotion Services Unit**, and healthy aging-related, grant-funded projects. The **Health Promotion Services Unit** coordinates a corps of leaders who conduct evidence-based workshops that help seniors prevent and/or manage chronic diseases and conditions. Its network of older adult volunteers conduct health education programs and activities for older New Yorkers, including:
 - **Stay Well exercise classes** geared toward all levels and abilities, with routines to enhance balance, build muscle strength, and reduce stress;
 - **Keep on Track Blood Pressure Monitoring programs** to measure blood pressure and help participants understand their readings; and
 - **The Big Apple Senior Strollers Walking Clubs**, where participating chapter members walk to attain three levels of achievement.
 - **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 that attend congregate meal programs. 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 the City Agency Food Standards. The Nutritionists also participate in senior-focused community health fairs, and provide nutrition education workshops at senior centers. The Nutrition Unit has recently developed a web-based tool to streamline the menu planning process and encourage the use of fresh, local produce in senior centers. The Nutrition Unit also runs an internship program, in which students work on a variety of projects while receiving school credit; during the summer, some paid internships are offered as well.

- **Senior Centers:** The Department currently funds 235 Neighborhood Senior Centers (NCs) and 16 Innovative Senior Centers (ISCs), located throughout the five boroughs, which are attended by over 27,000 individuals daily. **The Neighborhood Centers**, which were awarded through a solicitation for proposals in 2011, are designed to insure that all senior centers have a consistent set of services, including a minimum of 60 meals per day, an average daily attendance of 75 persons, and a required Health and Wellness component. The NC providers include six new sponsoring agencies that were not previously funded by DFTA, including two agencies serving the growing Asian-American community in Brooklyn. Of the 235 NCs, 76 are located in Brooklyn, 54 are in Manhattan, 51 in Queens, 43 in the Bronx, and 11 on Staten Island. All centers 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.
- **Senior Social Clubs-** Beginning in CFY 2016, DFTA funded this new service for seniors in 17 public housing developments. Social clubs are smaller programs that provide seniors the opportunity to socialize and engage in recreational activities. Some of the clubs also offer a meal program.

The Innovative Senior Centers provide enhanced programming such as robust health and wellness programs, additional access to health care services, arts and cultural programs, and technology and volunteer opportunities. Some ISCs have more flexible and expanded hours, including evenings and weekends, as well as transportation options to facilitate access to the centers, particularly those in Queens and Staten Island. Eight of the ISCs opened in early 2012 in the Bronx, Manhattan, Queens and Staten Island and are now in their fourth year of operation, having implemented many innovative program features, and two additional ISCs opened in Brooklyn in early 2013. A second citywide ISC solicitation was issued in 2013, resulting in six additional ISCs that started in July 2014. In addition, two of the ISCs are ground-breaking programs designed for special populations: VISIONS, the first senior center in the nation for the

blind and visually impaired, and SAGE (Services and Advocacy for GLBT Elders), the first center in the nation geared to the LGBT community.

- **The Senior Housing Initiatives Unit:** Senior Housing staff provides information and referral on low-income housing for seniors and other housing-related issues. The Senior Housing Initiatives Unit also oversees City-funded Naturally Occurring Retirement Community Supportive Service Programs (NORC SSPs), which provide social work services, assistance with health care management, wellness activities, and other social and educational programs. There are currently 28 NORC SSP contracts funded by DFTA, which started in July of FY 2014. Senior Housing staff will also work with the NORC SSPs in continuing the **NORC Health Indicators Project**, which strives to improve the management of and reduce the risks associated with diabetes, depression, falls, heart disease and other chronic conditions.
- **Transportation services:** The Department provides transportation for older adults through contracted non-profit organizations. These providers transport frail older New Yorkers who have no access to, or cannot use public transportation, for the purpose of attending senior centers and essential medical and social service appointments.

Bureau of HealthCare Connections (HCC)

The newly created Bureau of HealthCare Connections (HCC) oversees direct service programming, providing topical information and community resource referral to all inquirers, whether family caregivers, concerned friends and neighbors, legislators, or other professionals. As an outgrowth of project activities managed by the Alzheimer's & Caregiver Resource Center, HCC is uniquely positioned to strengthen linkages forged between the healthcare and aging services systems, to work toward better coordination of services to older New Yorkers and their caregiving families, thereby reducing unnecessary emergency room visits and hospitalizations. Within HCC are the following Units and Initiatives:

- **The Alzheimer's & Caregiver Resource Center** consists of social workers and community outreach workers who provide caregiver support through information, assistance, and referral to caregivers of older New Yorkers, and consultation to community professionals seeking guidance in their client work, and public education. Presentations on Alzheimer's disease, residential alternatives, caregiving, and senior safety are provided to caregivers, professionals, seniors, and the community at large. An interactive program, Keeping Your Mind Sharp, is designed to increase awareness about the importance of mental and physical activity in reducing stress and maintaining good health. Most educational sessions are offered in English, Spanish, and Mandarin.
-

Workshops on the evidenced-based **Chronic Disease Self-Management Program** are offered in English, Spanish (Tomando Control de Su Salud), and Mandarin, with a **Diabetes Self-Management Program** also conducted in English, Spanish, and Mandarin. In support of the Department's Health Promotions Unit, staff of community agencies and interested seniors can be trained by Alzheimer's staff to become peer leaders in these programs. The caregiver website developed by this Unit, www.nyc.gov/caregiver (soon to be moved to DFTA's main website), offers online information and resources to caregivers and is available in English, Spanish, Russian, and Chinese. The Unit has translated the Departmental e-learning module *Understanding Alzheimer's Disease*, into English, Spanish, Russian, Chinese, Korean, & Bengali, available for viewing on the Department's website. Also available, in English, is *Caregiving Can be a Tough Job*, and *Community Care Options for the Alzheimer Family*.

- **The Office of the Social Adult Day Care Ombudsman** was legislated by the NYC Council in January, 2015, authorizing the Department to monitor and ensure that NYC social adult day care (SADC) programs that contract with Managed Long Term Care (MLTC) insurance companies are in compliance with New York State SADC regulations. Responsibilities of the Ombudsman Office are far-reaching and include establishing a registration mechanism for the SADCs, investigation of consumer complaints, levying fines for failure to register and failure to comply with corrective actions, and developing a fair hearing process. Registration began on July 17, 2015.
- Oversight of ten DFTA-contracted Title III-E **National Family Caregiver Support Programs** is provided by HCC. These community based organizations support caregivers by providing information on long term care topics and resources, assist caregivers in accessing benefits and entitlements, provide individual counseling, support groups, and care-related training, link with in-home, congregate, and overnight respite care, and offer supplemental supportive services. Grandparents or other older relatives with the sole responsibility for raising their grandchildren age 18 and under are also eligible for services, as are older adults caring for their adult disabled child. Nearly 7,000 caregivers have been served in 2015 through this program.
- HCC oversees ten discretionary **Social Adult Day Service** contracts. A supervised program for cognitively impaired and/or physically frail older adults, program components serve to reduce isolation and optimize functioning through socialization, nutritious meals, and structured activities, using multiple modalities to improve short-term memory, language, problem solving, and attention. Where needed, assistance is provided with eating, toileting, and ambulation. These services, combined with transportation and access to case managers, provide respite to caregivers of these participants. Approximately 163 individuals were served during FY 2015.

- Partnering with the Department for the Homeless (DHS), HCC will oversee contracted **LINC IV Aftercare** services for persons age 60 and older, and the disabled of any age, who are exiting from the shelter system and residing in subsidized housing. The intent is to provide community supports such that these individuals will remain housed in the community.

 - Assisting families of **Missing Persons**, who are the cognitively impaired individuals reported missing to the New York City Police Department (NYPD) through the **Silver Alert** notification system. In effect since its 2011 legislation, Silver Alert is designed to locate cognitively impaired individuals and reunite them with their family. Subsequent referrals to the Alzheimer's & Caregiver Resource Center results in pertinent community resources, supports, and services being provided to family members, working to maintain the safety of the community-dwelling person with dementia. Silver Alert is the outgrowth of a long-standing collaboration between DFTA, the New York City Housing Authority, the NYPD, the Office of Emergency Management and the Department of Information Technology and Telecommunications (DoITT).

 - **NY Connects**, a statewide No Wrong Door approach to long term care service delivery across the lifespan, will be implemented in New York City in the fall of 2015, with HCC oversight. Five hubs of aging services, one per borough, will interface with the disabled, behavioral health, substance abuse, and child service systems. Services will range from simple information and referral to more in-depth assessment, referral, and monitoring of ongoing needs. (Please see Page 36 of the Planning Division section for more information.)

 - The **Community-Based Care Transitions Program (CCTP)**, coordinated by HCC and the DFTA Planning Division, was a multi-year evidence-based collaboration among five hospitals and four DFTA-funded community-based organizations in Queens, designed by the Center for Medicare and Medicaid Services (CMS) to reduce Medicare fee-for-service hospital readmissions. Completed in spring of 2015, the efforts of this Collaborative worked to reduce hospital readmissions by 23.9%.

 - Building on the relationships developed through CCTP, DFTA has been invited to participate in the statewide initiative, **Delivery System Reform Incentives Program (DSRIP)**, funded through the Centers for Medicare and Medicaid Services (CMS). Hospitals systems and selected Preferred Provider Systems, a comprehensive network of community providers encompassing health and social services, DSRIP aims to improve coordination of hospital-to-community services, designed to reduce hospital readmissions by twenty-five percent. This project is central to DFTA's efforts to strengthen linkages between the health care and aging services systems to ensure
-

better coordinated services to older New Yorkers and promote the use of health care dollars to build the capacity of aging services to reach a growing number of older New Yorkers. This initiative is currently in the planning phase, with the Planning Division taking the lead. (Please see Page 36 of the Planning Division section for more information.)

Bureau of Long Term Care (LTC)

In pursuit of DFTA's goal to assist vulnerable older New Yorkers to remain living in their homes and be engaged in their communities, DFTA's Bureau of Long Term Care includes oversight of **case management, home delivered meals, home care, and elder abuse services**. In addition, the Bureau staff provides direct services to seniors and caregivers through the Elderly Crime Victim's Resource Center.

- **The Elderly Crime Victims Resource Center (ECVRC)** 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 of Brooklyn, Queens, Manhattan and the Bronx – provide crisis intervention, counseling, advocacy, information and assistance, limited emergency financial assistance, and legal services referrals. DFTA is a founding member of the NYC Elder Abuse Network (NYCEAN), made up of non-profit organizations, government agencies, law enforcement personnel, district attorneys, academic institutions and private sector groups. The Network was formed to assist victims with a coordinated service response, identify service gaps, and improve information sharing, and recently launched a new website, www.nycean.net, to serve as a resource and connection point for professionals working with elder abuse victims.

DFTA is also part of both the Brooklyn and Manhattan Multidisciplinary Team on Elder Abuse (MDT), which coordinates care and creates solutions for the growing number of complex cases of elder abuse in New York City. The team includes representatives from DFTA and HRA, including their Adult Protective Services (APS) program, the District Attorney's office, the Jewish Association for Services for the Aged (JASA), the Hebrew Home for the Aged, Cornell Weill Medical College, DFTA's elder abuse contract agencies and other community-based organizations. The team utilizes a case consultation model to improve the health and quality-of-life for older adults by reviewing, discussing and coordinating cases of elder abuse. The ECVRC is also active with a variety of Elder Abuse taskforces, including the Bronx Taskforce on Elder Abuse, the Safe Horizons Elder Abuse Working Group at Queens Family Court, and the Manhattan and Brooklyn DA Offices' Elder Abuse Taskforces.

In collaboration with the Weill Cornell Institute of Geriatric Psychiatry of Weill Cornell Medical College, the ECVRC have worked to integrate skill-based mental health interventions into elder abuse services to improve mental health and promote abuse resolution for older adults in crisis. The program is based on the premise that without tackling the victim's mental health needs, the elder abuse services will be less effective, more costly to provide, and miss opportunities to improve both mental health and elder abuse outcomes. All eligible victims are screened for depression and offered additional mental health services.

In 2015 the Department released a request for proposals for elder abuse programs, and new contracts started on July 1, 2015. There are now five elder abuse programs, each serving one of the five NYC boroughs.

- **Home Care:** This program is designed for low-income seniors 60 years and older that 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. Home care services are provided to assist seniors who need help with activities of daily living (e.g., dressing, bathing, personal care) and instrumental activities of daily living (e.g., shopping, cooking, house cleaning) to remain safely at home. As part of a comprehensive assessment, case managers assess senior needs and if home care is needed and there are available hours to provide, clients are authorized for home care. Client income and expenses are considered when determining if a client requires a cost-share or a suggested contribution for their home care.
 - **Case Management** is the gatekeeper for in-home services such as home delivered meals and home care: all clients receiving an in-home service funded by DFTA receive a comprehensive assessment from a case management agency. Case managers provide assessments to identify the strengths and needs of older persons and work with clients to plan and coordinate services and resources on their behalf.
 - **The Home Delivered Meals** program provides nutritious meals to older New Yorkers while creating greater choice to address the future needs of a growing homebound population. All home delivered meals continue to meet prescribed dietary guidelines. Those older adults assessed by their case manager as capable of reheating a meal now have choice and flexibility between choosing twice weekly delivery of frozen meals or daily delivery of a hot meal. The selection of frozen meal
-

delivery provides the option to decide when clients are ready to eat and which meal they wish to eat that day.

- **Elder Abuse** services are provided directly or via one of the contracted community based agencies to seniors experiencing any of several forms of 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.). 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. This is accomplished by: 1) development of a safety plan with the client; 2) providing psycho-education about the nature of elder abuse including patterns of escalation over time; 3) encouragement to decrease levels of isolation; 4) provision of accurate and sufficient information about resources, services, and opportunities (e.g., safety planning, discussion of legal options and instruments, supportive services); 5) assistance with benefits; 6) supportive contacts; 7) advocacy; 8) counseling; 9) support groups; and 10) ancillary services such as escorted trips, other transportation, security device installation and emergency financial assistance.
- **The Bill Payer Program:** This past year, DFTA began to offer a bill payer service for eligible seniors. This program was inherited by DFTA from the Council of Senior Centers and Services (now known as LiveOn NY). The program provides well trained and supervised volunteers to help clients deal with financial issues such as paying bills, maintaining a bank account, etc. Improving the financial security of frail, low-income seniors is an important unmet need that the bill payer initiative will address. Clients who are interested in this service are referred primarily from DFTA’s contracted case management agencies, who screen for bill payer eligibility during client assessments. Those seniors eligible for the program are matched with screened and trained volunteer bill payers, and all bill payer activities are professionally supervised.

Emergency Preparedness

DFTA’s Office for Emergency Preparedness (OEP) continues to work with New York City Emergency Management (NYCEM) on the design and implementation of emergency response plans and community partnerships, including the Citizen Corps Council, the NYCEM Access and Functional Needs Working Group, Special Needs Sandy Task Force, the Advance Warning System and the NYC Voluntary Organizations Active in Disaster (VOAD). Additional organizations and workgroups that OEP is actively participating in include the Heat and Winter Weather Emergency Steering Committees Disability and Community Advisory Panel, Snow

Removal Workgroup, the DOHMH Adult Immunization Coalition, the West Nile Virus Task Force, Pandemic Community Preparedness Toolkit Workgroup, DOHMH Community Preparedness Program Advisory Committee, and the Weill Cornell Community Engagement Advisory Committee. OEP is continually engaged in the preparation of DFTA's Coastal Storm Plan, the Area Evacuation Plan and Food Access Lead Team. The Office 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.

The Department's senior centers function as cooling centers when heat emergencies are declared, and DFTA works with both NYCEM and 311 to ensure that all information, including locations, is readily available.

The Office for Emergency Preparedness interfaces with special citywide committees representing seniors and people with disabilities. It gives emergency preparedness presentations and participates on panels, in conferences and forums regarding emergency preparedness at senior centers, senior housing facilities, community boards, block associations, houses of worship, colleges and universities, and other venues. The Office continues to distribute and use "My Emergency Plan, the Document Checklist for Go-Bags", and "Know Your Zone" materials as part of the presentations. During this reporting period, 76 interactions occurred that included presentations and/or mailings of information on emergency preparedness to community partners.

The Office for Emergency Preparedness continues to improve communication with community partners by sending information on weather conditions, health issues, missing elders and other topics of importance. OEP sent 177 notices of missing elders and 82 notices of other information including health and weather conditions.

Hurricane Sandy

The impacts of Hurricane Sandy and a power outage in Manhattan were immense. The Department for the Aging continues to work with its community partners in addressing the continuing effects of Hurricane Sandy on the elder community. Some elders have not returned to their homes, some are experiencing mental health issues, and some are facing issues of reimbursement for damages to their homes

DFTA's Office for Emergency Preparedness is involved in addressing the issues of Sandy in the following ways:

- Providing presentations on emergency preparedness to community partners and non-affiliated groups;
 - Participating in conferences and community health and information fairs;
-

- Participating on Sandy task forces and groups established to address the many continuing effects of Sandy. The activities include identifying ways to better prepare elders for emergencies, getting communities more involved in knowing and helping elders with preparations for emergencies; addressing disability, access and functional needs in shelters and buildings; post emergency canvassing operations (PECO); and transportation needs.

Legal Services

Legal Services offers the **Assigned Counsel Project (ACP)**, 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 provides legal representation to older adults at risk of eviction from their homes and also to seniors who wish to commence a proceeding against tenants/subtenants on whom they are dependent for income. The primary goals of ACP are to preserve current housing, advocate for alternative housing options, and address the immediate short-term social service needs of the older adult litigants that are accepted into the program. Upon referral from Housing Court Pro Se attorneys, DFTA-contracted legal providers offer legal representation to the client(s), with social work staff/interns working in partnership to provide needed services, such as home visits, and accompanying clients to Housing Court proceedings to provide support as well as advocacy. The ACP is currently operating in the boroughs of Manhattan, Brooklyn, Queens and the Bronx.

Planning Division

The Planning Division is responsible for producing a wide range of basic data reports and special analyses that enable the Department for the Aging, its providers and its 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 and incorporates the DFTA IT function. Some of the initiatives coordinated by the Planning Division in the most recent year include:

- **Integrating Healthcare Into Aging Services: A five year plan.** Over the past three years, the Planning Division's Program Development Unit has been engaged in early efforts within DFTA and with other aging services organizations and health care entities to define ways to develop linkages between health care and aging. In October 2015, this early work moves into a second phase with the publication of the Healthcare Integration Plan, which lays out the blueprint from CY 2015 through CY 2019 for formalizing these linkages. The major focal area of the Implementation Plan
-

is the development of a Management Services Organization (MSO), ultimately to be lodged in the Aging in New York Fund, which is the non-profit arm of DFTA. The MSO, working closely with several DFTA divisions, will provide technical assistance on contracting and Medicare/Medicaid reimbursement, as well as marketing guidance and a quality assurance function, in order to promote linkages between health plans, hospitals, and managed care organizations on one hand, and aging services providers on the other. The aging services providers will offer evidence-based programming in senior centers and NORCs, case management assessments, home delivered meals, and care transitions assistance from hospitals and residential facilities in exchange for Medicaid and Medicare reimbursement from the health care entities. The goal is for upwards of 5% to 10% of the DFTA budget to be derived from such reimbursement by the end of CY 2019.

- **Delivery System Reform Incentive Program (DSRIP).** As part of the State’s Medicaid Reform effort, DSRIP was established to encourage hospitals to more effectively link with downstream providers in delivering health care services to communities. The Health and Hospitals Corporation (HHC) is including DFTA and some of its providers in its DSRIP model, and this fall, a contract will be executed to specify how DFTA will work with HHC and with DFTA’s network of providers to promote better ties between the hospital system and the aging services network to benefit HHC patients and clients. The Program Development Unit has been working closely with other DFTA divisions and with HHC to coordinate this planning phase, and as part of contract discussions, will be raising the issue of reimbursement of providers for some of this work.
 - **NY Connects.** This statewide program is designed to streamline the provision of information, assistance and counseling to older people and to people of all ages with disabilities about their options for long-term care services and supports to remain at home and in the community. The goal of NY Connects is to ensure that people receive this assistance in such a way that they are seamlessly connected with services to deal with often multi-faceted, complex situations. Coordinated through the Program Development Unit, DFTA named five contract agencies – one to each borough – to provide assistance to the target individuals referred to the agencies via 311 as well as a State 1-800 number. DFTA will be working closely with several other State and City agencies to ensure the smooth implementation of this program, which will have a “soft” launch on September 30, and as the contract agencies grow more familiar with the types of cases that come their way, will expand over the next two years through various State and City marketing efforts.
-

- **Senior Tracking Analysis and Reporting System (STARS).** In April of 2013, DFTA implemented the Senior Tracking, Analysis and Reporting System, also known as STARS. STARS provides a framework that for the first time allows DFTA and all of its direct service contract providers to share information using one master client database. Data from the system are available in real time or in some cases with a delay of no more than 24 hours. STARS contains individual modules specifically tailored to the needs of each DFTA-funded program area while at the same time serving as one central point of access to all reported data. In addition, with this new system, DFTA is now able to obtain unduplicated counts of the number of clients it serves over the course of a year or any other desired time period.

Over the past year, the Planning Division and IT unit have been developing numerous reports that for the first time allow both DFTA staff and provider agencies to directly tap into a wealth of data to help them analyze the success and problems they may be encountering in their various programs in order to take steps to address those problems and to better manage their programs.

- **Geriatric Mental Health Program.** As part of the Mayor's and the First Lady's emphasis on expanding mental health supports for a range of population groups in New York City, DFTA was awarded \$1.4 million annually to embed mental health practitioners in 20-25 high-need senior centers to help members with issues ranging from depression and anxiety to highly disruptive behaviors. DFTA staff are now developing the details of a two-year pilot, which will be released this fall.
 - **The Social Work Education Program** is an internship program for social work graduate students interested in the growing field of gerontology. Interns are placed within DFTA to provide all levels of social work and administrative services for the City's older adult population.
 - **Benefits and Entitlements Project with the Human Resources Administration, Department of Finance, Single Stop, and the Medicare Rights Center.** Through this project, which was launched this year at 14 senior centers, DFTA aims to increase access of older New Yorkers to an estimated multi-million dollar set of unused benefits, including the Supplemental Nutrition Assistance Program (SNAP), the Medicare Savings Program (MSP), the Home Energy Assistance Program (HEAP), and the Senior Citizen Rent Increase Exemption Program (SCRIE). This initiative will increase the enrollment of eligible older New Yorkers into these programs by making use of Single Stop and Medicare Rights Center counselors and trained volunteers and DFTA senior center staff to guide older people through the counseling and enrollment processes in order to maximize access to benefits. The project is
-

expected to bring an average of \$3,000 in annual benefits to each enrolled senior, though specific amounts will vary based on individuals' eligibility. The projects ends in November 2015, but may be extended and expanded depending upon its success.

- **Sandy Mobilization, Assessment, Referral and Treatment for Mental Health (SMART-MH):** DFTA's project with Weill Cornell Medical College has been granted a one-year extension. SMART-MH, funded by a federal Social Services Block Grant (SSBG) and overseen by New York State, identifies the social service and mental health needs of older adult survivors of Hurricane Sandy. Community outreach teams combine outreach, assessments, clinical evaluation with social service referrals, mental health treatment referrals, and interventions. Clinical SMART-MH staff provide free short-term mental health services, on-site at various community locations. SMART-MH staff members have assessed over 1,500 older adults within the past year. The SMART-MH team also makes use of an electronic module that has been developed within the STARS platform to facilitate the implementation of Sandy-specific interventions.

Bureau of External Affairs

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

Intergovernmental/Legislative Affairs 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; drafts and finalizes all testimony for public hearings; represents the Commissioner at public hearings, high level meetings, and community events; and, analyzes pending legislation and keeps the Agency abreast of any relevant legislative developments.

The Public Affairs Unit provides community outreach through information and referral 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.

Public Affairs is in the midst of a redesign of its website to create a simplified format that is more user-friendly and more dynamic in both its presentation and its content. The website redesign will coincide with Public Affairs' rebranding of its publications containing information

on services and resources available to seniors through DFTA and its not-for-profit partners. The publications are handed out to guests at community outreach events throughout the City.

As a complement to the website and its publications, the Public Affairs Unit re-launched its social media initiatives for both Facebook and Twitter in May 2013. The DFTA Facebook page is geared towards seniors, their friends and family members, and caregivers. The Facebook page works to “Change the Face of Aging,” by highlighting members of seniors centers in the five boroughs through high-resolution photos professionally shot in the style of a fashion shoot. The page also promotes activities at those senior centers to help boost participation in such programs. In addition, the Facebook page introduces users to DFTA’s outreach team as they attend events aimed at promoting the agency’s services to the public. The page offers up-to-the-minute information during emergencies, such as a heat wave or natural disaster, and provides links back to the DFTA website to help users find information pertinent to their needs. The Twitter page works in a similar manner, but has a main objective of promoting DFTA services to press and like-minded agencies, such as AARP. The success of Facebook and Twitter led to the creation of DFTA’s Tumblr and Instagram pages in October 2013. By developing connections between DFTA and other organizations, the agency’s social media initiatives have helped improve our standing in the public eye, both here and abroad.

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. It 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. In addition to serving as the charitable arm of DFTA, the Fund has launched several of its own major impact projects and cultivated an expertise in incubating new service delivery models. It is 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.

Advocacy Objectives

The Department’s advocacy efforts are directed towards improving the quality-of-life for older New Yorkers. The Department evaluates and comments on the fiscal, policy, and programmatic implications of proposed local, state, and federal laws, regulations, and policies affecting the elderly. It develops policy objectives to be enacted into federal, state, and City legislation and proposes them to the Mayor’s Office.

The Department presents testimony at legislative and administrative agency hearings, disseminates information about the findings of its impact analyses, and participates in local, state, and national meetings and conferences.

The Department advocates for funding strategies that more effectively support longevity and aging in place, including health promotion and overall wellness. Countless studies have not only demonstrated older adults' preference to continue living in their homes and communities as long as possible, but have also demonstrated the value of home- and community-based care. As such, DFTA will continue to advocate for more cost-effective home- and community-based supportive care options that enhance quality-of-life and sustain individuals in their communities for as long as possible.

Advocacy initiatives include the following:

Community Level

- Analyze and disseminate information and data to the elderly and the aging services network to use in their advocacy efforts;
- 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.

City Level:

- Continue to promote awareness among other City agencies and external partners by reviewing, analyzing, and coordinating activity on City, state, and federal matters of interest to the elderly, including the impact of proposed legislation;
- 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;
- Develop City, state and federal agendas on aging service priorities for inclusion in New York City's comprehensive legislative agenda; and
- Continue to pursue innovative solutions to service needs of the elderly.

State Level:

- Increased funding for aging programs, including CSE, EISEP, and SNAP.
 - Funding for legal representation and social services for the elderly in Housing Court, modeled after the collaborative Assigned Counsel Project between the Department for the Aging and New York Civil Court;
 - Increased funding for and expansion of NORC SSPs, which provide supportive services to elderly individuals in residential buildings;
-

- Expansion of more affordable older adult housing units, assisted living opportunities, and financing for the development of new housing for older New Yorkers; and
- Support for programs that help kinship caregivers (grandparents and other relatives) raise children.

Federal Level:

- Effective utilization of funding associated with the Affordable Care Act to maximize benefits to older adults;
- Additional funding and increased flexibility in the Older Americans Act as part of the Act's reauthorization, so that local AAAs can adequately support programs in the areas of aging in place, nutritional supports, socialization, health maintenance and prevention, transportation services, and benefits outreach and counseling, among others;
- Implementation of the Elder Justice Act in a way that will support the efforts of elder abuse providers within the aging services network;
- The expansion of the Federal Section 202 Housing Program and the Assisted Living Conversion Program for Section 202 buildings;
- An additional increase in funding levels for the Federal Section 5310 Program – Transportation for Seniors and Persons with Disabilities. In addition, an increase in funding for the National Technical Assistance Center for Senior Transportation;
- Federal funding formulas that ensure New York's fair share of funding for vital programs and services for older New Yorkers; and
- Increased appropriations for the Senior Farmers' Market Nutrition Program.

Projected Resources, Expenditures, and Service Levels

July 1, 2015- June 30, 2016

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 Home Energy Assistance Program (HEAP), and other services for special populations.

The budget figures shown in the following tables are based on information as of September, 2015, and are subject to change. Table B (Page 43) lists DFTA's revenue sources. For City Fiscal Year 2016 (July 1, 2015- June 30, 2016), the Department's budget is projected at \$325 million,

approximately 14% more than Fiscal Year 2015. City funding represents 62% of the Department's budget; federal funding 25%; and state funding 13%. Tables C and D represent DFTA's plan for the Fiscal 2015 Adopted Budget: Table C (Page 44) reflects planned support for each of the Department's contracted services, and Table D (Page 45) reflects planned service levels, but does not include some services provided directly by DFTA.

Table B: Projected Fiscal Year 2016 Budget

July 1, 2015 – June 30, 2016¹

FEDERAL FUNDS	
OAA Title III B Social Services	\$11,001,687
OAA Title III C Nutrition	\$20,358,050
OAA Title III D Health Promotion	\$1,013,381
OAA Title III E Caregiver Support	\$3,607,734
OAA Title V Senior Community Services Employment	\$3,544,136
OAA Title VII (Ombudsman)	\$177,924
NCOA Senior Employment	\$300,714
Nutrition Program For The Elderly	\$10,326,078
Title XX Social Service Block Grant	\$18,632,772
NY Connects Expansion & Enhance -BIP	\$6,800,000
FIDA	\$140,000
ACTION - Foster Grandparents	\$1,617,485
HIICAP (Health Insurance Information, Counseling and Assistance Program)	\$468,610
Community Development Block Grant	\$2,241,713
MIPPA	\$169,368
Subtotal Federal Funds	\$80,399,652
STATE FUNDS	
CSE (Community Services for the Elderly)	\$9,245,042
Direct Care Workers Program	\$2,843,892
EISEP (Expanded In-Home Services for the Elderly)	\$18,305,171
NY CONNECT- Choices For Long Term Care	\$60,744
Foster Grandparents	\$18,443
SNAP (Supplemental Nutrition Assistance Program)	\$10,902,567
CSI (Congregate Services Initiative)	\$152,288
Transportation	\$395,804
LTCOP (Long-term Care Ombudsman Program)	\$113,789
Crime Victim Programs	\$377,562
Subtotal State Funds	\$42,415,302
CITY FUNDS	
City Tax Levy	\$200,947,746
NYC Community Programs	\$740,940
Intra-City Reserve	\$200,000
Temp Care	\$300,000
Subtotal City Funds	\$202,188,686

Foundation and other private support also support Departmental activities.

Table C: Planned Support by Community-Based Service

July 1, 2015 – June 30, 2016

FY 2016 PLANNED BUDGET		
ACCESS SERVICES		
		\$50,175,833
Case Management	\$ 22,547,225.00	
Case Assistance/Counseling	\$5,872,208	
Transportation/Escort	\$14,088,675	
Information & Referral/Outreach	\$22,708,746	
NUTRITION SERVICES [1]		
		\$116,976,364
Congregate Meals	\$82,878,368	
Home Delivered Meals	\$33,164,640	
Nutrition Education	\$824,804	
Shopping Assistance/Chore	\$108,552	
IN-HOME & CARE SERVICES		
		\$17,410,418
Home Care	\$16,887,190	
Friendly Visiting	\$65,610	
Telephone Reassurance	\$457,618	
LEGAL ASSISTANCE		
		\$2,615,499
EMPLOYMENT RELATED SERVICES		
		\$5,402,627
Senior Employment	\$3,544,136	
Foster Grandparent Program	\$1,617,485	
OTHER SOCIAL/HEALTH PROMOTION SERVICES		
		\$52,746,620
Education/Recreation	\$22,530,159	
Elder Abuse	\$1,800,000	
Health Promotion/Screening	\$13,558,338	
Caregiver	\$4,000,000	
NORCS	\$8,826,521	
Residential Repair	\$402,282	

[1] Citymeals-On-Wheels no longer contracts through DFTA. The value of those contracts is not shown on this chart.

Table D: Planned Service Levels by Community-Based Service

July 1, 2015 – June 30, 2016

Access Services		
Case Management	451,566	Hours
Case Assistance/Counseling	236,692	Contacts
Transportation/Escort	676,685	One-Way Trips
Information & Referral/ Outreach	120,826	Hours
Nutrition Services		
Congregate Meals	8,626,52	Meals
Home Delivered Meals	4,390,494	Meals
Nutrition Education	89,602	Participants
Shopping Assistance/Chore	7,562	Contact
In-Home and Care Services		
Home Care	961,500	Hours
Friendly Visiting	6,313	Contacts
Telephone Reassurance	55,059	Contacts
Legal Assistance		
Legal Services	28,795	Hours
Other Social/Health Promotion Services		
Education/ Recreation	203,918	Sessions
Elder Abuse	15,671	
Health Promotion/Screening	2,273,064	Participants
Caregiver	51,874	Participants
NORCS	181,118	
Residential Repair	4,500	Hours
Social Adult Services	17,413	Hours

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
AoA – Administration on Aging
APS – Annual Plan Summary
ARRA – American Reinvestment and Recovery Act
CDSMP – Chronic Disease Self-Management Program
CSE – New York State Community Services for the Elderly Program
DFTA – Department for the Aging
DOHMH – New York City Department of Health and Mental Hygiene
DoITT – New York City Department of Information Technology and Telecommunications
EFPs – Emergency food programs
EISEP – Expanded In-Home Services for the Elderly Program
HIICAP – Health Insurance Information Counseling and Assistance Program
HRA – Human Resources Administration
HUD – Department of Housing and Urban Development
LGBT (aka GLBT, GLBTQ) – Lesbian, gay, bisexual, transgender, queer
MHA – New York City Mental Health Association
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
OEM – New York City Office of Emergency Management
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
USDA – United States Department of Agriculture

Endnotes

¹U.S Census Bureau. 2010 Census

² 2010 Census.

³ New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.

⁴ 2010 Census and 2013 ACS.

⁵ 2010 Census.

⁶ Bureau of Vital Statistics “Summary of Vital Statistics, 2013: Supplemental Population, Infant Mortality, and Pregnancy Outcome Data Tables.” New York City Department of Health and Mental Hygiene (DOHMH), December 2013, Table M25, p. 30.

⁷ Ibid, Table M24, p.30.

⁸ Ibid.

⁹2010 Census and 2012 ACS.

¹⁰ 2010 Census.

¹¹2013 ACS.

¹² 2010 Census and 2012 ACS.

¹³ Ibid.

¹⁴ City of New York Office of the Mayor. “Mayor Bloomberg Signs Executive Order 120 Requiring Citywide Language Access.” Press Release, PR- 282-08, July 22, 2008.

¹⁵2013 ACS.

¹⁶ U.S. Department of Health and Human Services. “Health plans take action to improve services for members with limited English proficiency.” Research Activities, No. 295, Agency for Healthcare Research and Quality, March 2005.

¹⁷ City of New York Office of the Mayor, PR- 282-08.

¹⁸ 2013 ACS.

¹⁹ Poverty Thresholds for 2013 by Size of Family and Number of Related Children Under 18 Years, US Census Bureau.

²⁰ U.S. Social Security Administration. “Average monthly Social Security benefit for a retired worker.” Social Security Online: Frequently Asked Questions, updated July 2, 2012, at http://ssa-custhelp.ssa.gov/app/answers/detail/a_id/13/~/average-monthly-social-security-benefit-for-a-retired-worker.

²¹Center for an Urban Future. “The New Face of New York’s Seniors.” July 2013 p.18 at <http://nycfuture.org>

²² 2013 ACS.

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Spark, Arlene. “Nutrition” Project 2015: The Future of Aging in New York State. New York State Office for the Aging, revised 2002, p. 156.

²⁷ Ibid.

²⁸ Food Bank For New York City. “NYC Hunger Experience 2012: One City, Two Realities” Department of Research and Evaluation, 2012, p. 46, Figure 5.

²⁹ AARP Foundation. 2012. Summit. “Hunger Among Older New Yorkers. Breaking Down the Barriers”, p.9.

³⁰ Food Bank For New York City. “NYC Hunger Safety Net 2007. A Food Poverty Focus.” Division of Government Relations, Policy and Research, 2007, p. 9.

³¹ Food Bank For New York City. “NYC Hunger Experience 2009: A Year in Recession.” Division of Research, Policy & Education, 2009, p. 8.

³²Food Bank For New York City. “Hunger: An Aging Issue.” Division of Government Relations, Policy and Research, 2005, p.14.

³³ Spark, p. 156.

- ³⁴ Westat, Inc. “Highlights from the Pilot Study – First National Survey of Older Americans Act Title III Service Recipients – Paper No.2.” Survey conducted Nov. 2002-Feb. 2003 for the Administration on Aging, pp. 6 -8.
- ³⁵ 2013 ACS.
- ³⁶ National Institutes of Health. “Vision Loss from Eye Diseases Will Increase as Americans Age.” Press Release, National Eye Institute, April 2004, at <http://www.nei.nih.gov/news/pressreleases/041204.asp>.
- ³⁷ 2013 ACS.
- ³⁸ Westat, Inc., pp. 6-8.
- ³⁹ AARP. “Beyond 50.09 Chronic Care: A Call to Action for Health Reform.” AARP Public Policy Institute, March 2009, pp. 10, 12.
- ⁴⁰ “Summary of Vital Statistics 2013,” Table 2, p. 28.
- ⁴¹ DOHMH. “New York City HIV/AIDS Annual Surveillance Statistics 2010.” HIV Epidemiology and Field Services Program, January 4, 2012, Table 1.1.
- ⁴² U.S. Department of Health and Human Services. “Comparative Effectiveness of Treatments To Prevent Fractures in Men and Women With Low Bone Density.” Agency for Healthcare Research and Quality, December 2007, p. 2.
- ⁴³ DOHMH. “Take Care New York 2012: Tracking the City’s Progress 2009-2010.” June 2011, pp. 3-4.
- ⁴⁴ DOHMH. “Take Care New York 2012: A Policy for a Healthier New York City,” September 2009, p. 4.
- ⁴⁵ DOHMH. “Women at Risk: The Health of Women in New York City,” March 2005.
- ⁴⁶ DOHMH. “Depression, Social Isolation and the Urban Elderly.” Power Point presentation by Lloyd I. Sederer, MD, Executive Deputy Commissioner, Mental Hygiene Services, at the Conference on Geriatric Mental Health, May 18, 2006.
- ⁴⁷ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. “Community Integration for Older Adults with Mental Illnesses: Overcoming Barriers and Seizing Opportunities.” Center for Mental Health Services, DHHS Pub. No. (SMA) 05-4018, 2004, p. v.
- ⁴⁸ New York State Office of Alcoholism and Substance Abuse Services. “Substance Abuse Prevention and Treatment: Senior Forums Summary Report.” May 2005, p. 1.
- ⁴⁹ DOHMH. “Prevalence and Cost Estimates of Psychiatric and Substance Use Disorders and Mental Retardation and Developmental Disabilities in NYC.” 2003, p. 6.
- ⁵⁰ Overeynder, Jenny C. “Aging Persons with Developmental Disabilities.” *The Future of Aging in New York State*. New York: State Society on Aging of New York, 2000, p. 92.
- ⁵¹ AARP. “Beyond 50: A Report to the Nation on Trends in Health Security.” 2002, p. 103.
- ⁵² United Hospital Fund. “Gaps in Coverage Among the Elderly in New York.” Medicaid Institute, April 2007, pp. 2-3.
- ⁵³ *Ibid*, pp. 6-8.
- ⁵⁴ AARP Public Policy Institute. “New Health Care Law Helps Protect 18 Million Medicare Beneficiaries from High Drug Costs.” Fact Sheet 213, February 2011.
- ⁵⁵ 2012 ACS.
- ⁵⁶ *Ibid*.
- ⁵⁷ 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.
- ⁵⁸ Prosper, Vera. “Living Arrangements for Older New Yorkers.” *Project 2015: The Future of Aging in New York State*. New York State Office for the Aging, revised 2002, p. 1.
- ⁵⁹ Joint Center for Housing Studies of Harvard University. “The State of the Nation’s Housing,” 2004, pp. 26-27.
- ⁶⁰ Department of City Planning City of New York. “Proposed Consolidated Plan 2014: Volume 2,” November 15, 2014, p. I-186.
- ⁶¹ *Ibid*, p. I-186.
- ⁶² *Ibid*, p. I-186.
- ⁶³ *Ibid*, p. I-186.
- ⁶⁴ The Official Website of the City of New York. “De Blasio Administration Announces a Record-Breaking 20,325 Affordable Apartments and Homes Financed in Last Fiscal Year, Enough for 50,000 New Yorkers” found at

<http://www1.nyc.gov/office-of-the-mayor/news/482-15/de-blasio-administration-record-breaking-20-325-affordable-apartments-homes#>

⁶⁵ NYC Department of Finance. “Senior Citizen Rent Increase Exemption (SCRIE) Program Information for Tenants” at http://www.nyc.gov/html/dof/html/property/property_tax_reduc_drie_sc_te.shtml.

⁶⁶ New York City Department of City Planning. “2011 Consolidated Plan: Volume 2,” p. 1-188.

⁶⁷ “Proposed Consolidated Plan 2014: Volume 2,” p. 1-185.

⁶⁸ Slone, Sean. “Improving Transportation Options for Older Americans.” *The Council of State Governments*, April 25, 2012, found at <http://knowledgecenter.csg.org/drupal/content/improving-transportation-options-older-americans>.

⁶⁹ Tri-State Transportation Campaign. “Older Pedestrians at Risk and How States Can Make it Safer and Easier for Older Residents to Walk.” August 2012, pg. 2.

⁷⁰ New York Metropolitan Transportation Council (NYMTC). “A Coordinated Public Transit-Human Services Transportation Plan for the NYMTC Area.” *New York City – Final Plan, June 2009, Volume I, Chapter 7*, p. 4.

⁷¹ New York State Office for the Aging at <http://www.aging.ny.gov/Caregivers/Index.cfm>.

⁷² Association on Aging in New York Fact Sheet. “Caregivers: Providing the Lion’s Share of Long-Term Care” available at <http://www.agingny.org/Portals/13/Fact%20Sheets/Fact%20Sheets%202014/03-CaregiversJune2015>.

⁷³ New York State Family Caregiver Council, pp. iii-iv.

⁷⁴ MetLife Mature Market Institute, National Committee for the Prevention of Elder Abuse, and the Center for Gerontology at Virginia Polytechnic Institute and State University. “Broken Trust: Elders, Family, and Finances.” March 2009.

⁷⁵ Bonnie, Richard J. and Robert B. Wallace, eds. “Elder Mistreatment Abuse, Neglect, and Exploitation in an Aging America.” National Research Council, Panel to Review Risk and Prevalence of Elder Abuse and Neglect, 2003.

⁷⁶ Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, and the New York City Department for the Aging. “Under the Radar: New York State Elder Abuse Prevalence Study.” May 2011.

⁷⁷ Services and Advocacy for GLBT Elders (SAGE) Website, 2014, at <http://www.sageusa.org/issues/economic>.

⁷⁸ SAGE. “SAGEMatters, The Newspaper on GLBT Aging.” Spring 2007, found at <http://www.sageusa.org/uploads/SageMattersSpring07.pdf>, p. 4.

⁷⁹ Housing the Elderly Report. “Telehealth Developments Expected to be Widespread in Housing within a Decade, Experts Estimate.” May 2003, p.1.

⁸⁰ Pew Research Center, April 2014, “Older Adults and Technology Use” Available at: <http://www.pewinternet.org/2014/04/03/older-adults-and-technology-use/>

⁸¹ Prosper, Vera. “Analysis and Summary of 36 State Agency Briefs.” *Project 2015: State Agencies Prepare for the Impact of an Aging New York*. New York State Office for the Aging, 2002, p. 23.

⁸² ACS 2009-2011 – three -year estimates

⁸³ U.S. United States Department of Labor. Bureau of Labor Statistics. “Employment Projections: 2012-2022 Summary” at <http://data.bls.gov/cgi-bin/print.pl/news.release/ecopro.nr0.htm>.

⁸⁴ Rix, Sara E. “Update on the Aged 55+ Worker: 2007.” AARP Public Policy Institute, Fact Sheet 142, May 2008.

⁸⁵ United States General Accounting Office. “Older Workers: Demographic Trends Pose Challenges for Employers and Workers.” November 2001, p. 34.

⁸⁶ Prosper, Vera. “Department of Labor.” *Project 2015: State Agencies Prepare for the Impact of an Aging New York*. New York State Office for the Aging, 2002. pp. 27, 170.

⁸⁷ Willigen, Van. “Differential Benefits of Volunteering Across the Life Course.” *The Journals of Gerontology: Social Sciences*. The Gerontological Society of America, September 2000, p. S312.

⁸⁸ March 2004 issue of the *Journal of Urban Health*, cited in “Volunteer for Health,” *HealthNews*, June 2004.

⁸⁹ Experience Corps. “Appealing to Experience: Zeroing in on the Right Message.” Civic Ventures, 2005.

⁹⁰ Beach, S. R. “Elder mistreatment research six years after the NRC/NAS report: New developments, remaining challenges.” Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22, 2010; see also Dyer, C.B., Pavlik, V.N., Murphy, K.P. and D. J. Hyman. “The high prevalence of depression and dementia in elder abuse or neglect.” *Journal of American Geriatric Society, Brief Reports*, 48, 2000, pp. 205-208.
