



Annual Plan Summary

April 1, 2018 – March 31, 2019

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 2017

New York City Department for the Aging 2017 Public Hearings

The New York Department for the Aging (DFTA) has published the 2018-2019 **Annual Plan Summary** on the DFTA website: www.nyc.gov/aging.

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

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

testimony@aging.nyc.gov

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

NYC Department for the Aging
c/o Yvette Parrish-Chenault
2 Lafayette Street, 7th Floor
New York, New York 10007

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

Manhattan

Tuesday, October 17, 2017

10:00am – 12:00pm

Lenox Hill Neighborhood House Auditorium
331 East 70th Street
New York, NY 10021

Bronx

Wednesday, October 18, 2017

10:00am – 12:00pm

Neighborhood SHOPP Casa Boricua Senior Center
910 East 172nd Street
Bronx, NY 10460

Brooklyn

Thursday, October 19, 2017

10:00am – 12:00pm

Ridgewood Bushwick Senior Citizens Council
Diana H. Jones Senior Center
9 Noll Street
Brooklyn, NY 11206

Staten Island

Monday, October 23, 2017

9:30am - 11:30am

Jewish Community Center of Staten Island
Joan & Alan Bernikow JCC
1466 Manor Road
Staten Island, NY 10314

Queens

Tuesday, October 24, 2017

10:00am – 12:00pm

Sunnyside Community Services
43-31 39th Street
Sunnyside, NY 11104

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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, Deputy Assistant Commissioner 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 to eliminate ageism and ensure the dignity and quality-of-life of New York City's diverse older adults, and for the support of their caregivers through service, advocacy, and education. DFTA continues its long history of collaborative partnerships with community-based organizations for the provision of programs and services, which aim to foster independence, safety, wellness, community participation and quality-of-life. 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 that describes its activities for the upcoming four years. New York State also requires AAAs to submit an Annual Implementation Plan (AIP) to the New York

State Office for the Aging (NYSOFA) on programs funded through federal and state resources, including the New York State Community Services for the Elderly Program (CSE) and the Expanded In-Home Services for the Elderly Program (EISEP). The Annual Plan Summary (APS) is a synopsis of the AIP and presents DFTA's strategic goals, programming, and budget and service levels. This Plan represents the third 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 2019 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 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.

- **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 include 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 aimed at gathering wide-ranging input to assist DFTA in strengthening its services.

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

The Department invites visitors to its 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 public 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 a wide variety of 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.

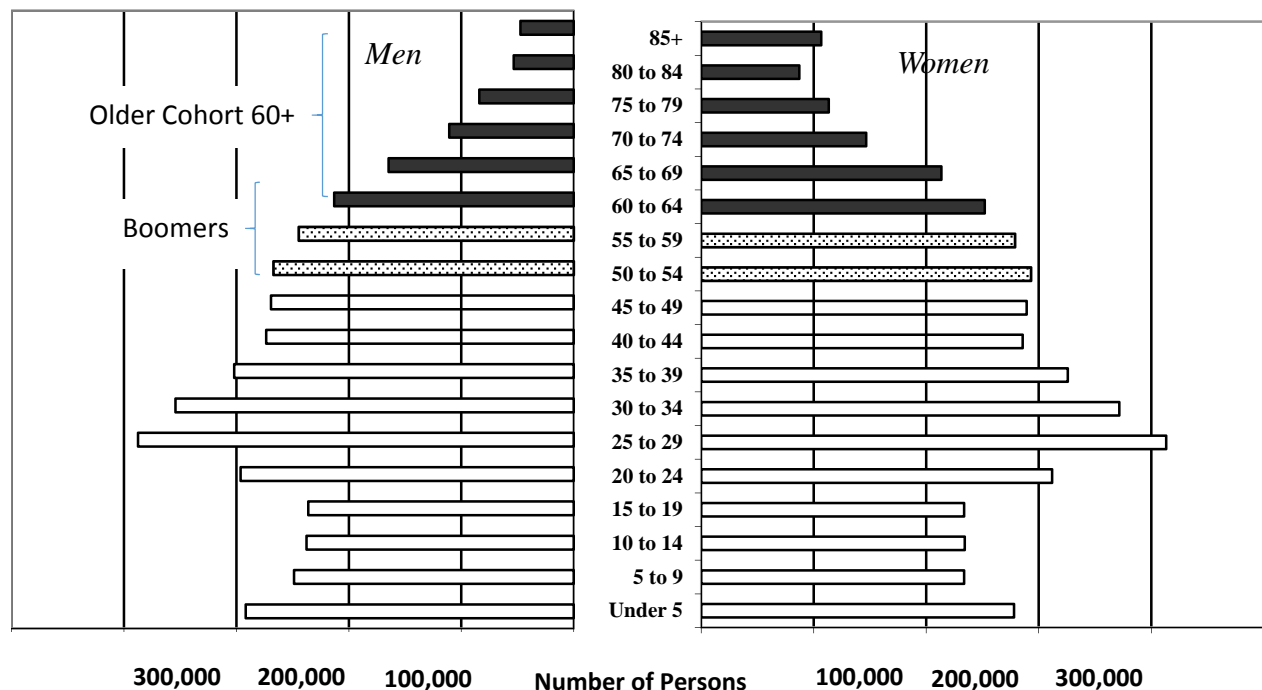
The results of the 2000 and 2010 Censuses, the 2015 American Community Survey (ACS), and population projections through 2040 provide a foundation to determine the current and future needs of New York City's elderly. As the City addresses the challenges and capitalizes on the opportunities presented by an aging population, information from many sources is critical to the formulation of policy, planning for services, and the effective allocation of resources.

The composition of New York City’s population will change dramatically in the next few decades 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 2015 population. The area shaded in black reflects the population aged 60+, which comprises 1.59 million adults, or 18.6% of the City’s population. The dotted bars represent those aged 50 to 59, who comprise 1,083,812 people, or 12.7% of the population, the vast majority of whom are baby-boomers¹. 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 (2015)²



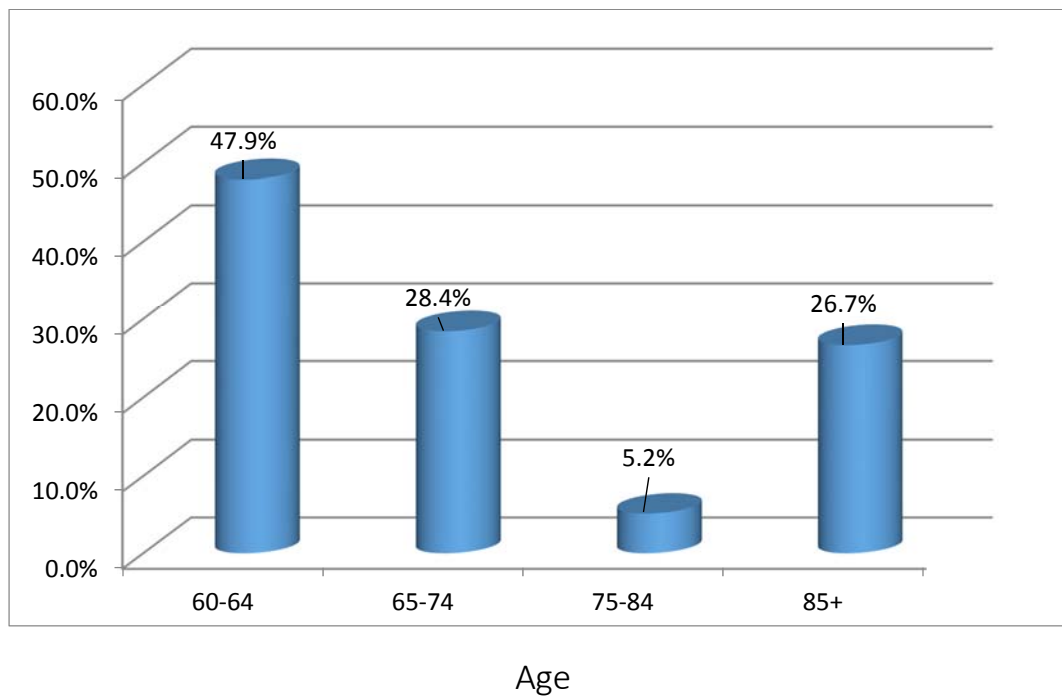
*Note: Each bar represents an age span of five years.

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 20.6% of the total population, compared with 15.6% in 2000. Thus, 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 1.59 million in 2015, has significantly changed in age composition.

Percentage Change of Selected Age Groups, New York City (2000-2015)⁴



From 2000 to 2015, the number of residents 60-64 years and older increased dramatically, by 47.9%. The number of people aged 65-74, and the eldest group (85 and older) also grew quickly by 28.4% and 26.7% respectively. Those between ages 75 and 84 slightly increased by 5.2%. By 2040, boomers will be part of the oldest population group, and the growth of this 85+ group will be 71.7% between 2000 and 2040.⁵ 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 81.2 years, an increase of 3.6 years from 2000 to 2015⁶. 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 2015, New York City women had a life expectancy of 83.5 years, while men had an average life expectancy of 78.6 years⁷. Additionally, the 2010 U.S. Census shows the Hispanic population in New York City to have had an average life expectancy at birth of 81.9 years, the white population of 81.2 years, and the black population of 76.9 years.⁸ Life expectancy data for Asians were not available in the 2010 US Census.

Increase in the Older Female Population

Not only do women have a greater life expectancy than men, but as of 2015, women continue to outnumber men by 246,580 within the 60+ age group. The number of women is more than double that of men among those 85 and older.⁹ By 2040, the sex ratio (number of males per 100 females) for New Yorkers is projected at 80 for those 55-64, 75 for those 65-74, 67 for those 75-84, and 52 for those 85 and older.¹⁰ Thus, as is the case currently, women 85+ in 2040 will outnumber men their age by nearly 2 to 1, and this greater longevity results in more women living alone during their later years.

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 the prevalence of lower paying salaries for women than their male counterparts during their years of employment.

Women 65 and older comprise 67.7% of the frail older population. More than one third of older women are in the frail status. In contrast, less than one-fourth of older men are frail.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 2015, the non-Hispanic white older population decreased, whereas the number of minority members of that group grew rapidly. In 2015, 61.5% of New Yorkers 65 and older were members of minority groups, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2015, the Black population increased by 44%, the Hispanic population by 74%, and the Asian population by 137%.¹²

Table A: Minority 65+ Population in New York City, 2000-2015 ¹³

Race/Ethnic Profile	2000 Census	2015 ACS	% Change 2000-2015
White (Non-Hispanic)	533,982	483,123	-9.5%
Black	185,088	267,037	44.28%
Hispanic	138,840	240,986	73.57%
Asian/Pacific Islanders	59,056	139,717	136.58%
All Minorities	382,984	647,740	69.13%

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

The development of a language assistance plan that includes interpreter services and bilingual clinicians is an effective measure for improving care.¹⁵ Executive Order 120 requires 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 175 languages and dialects.¹⁶

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 the 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 9.0% in 2015, New York City's older adults experienced an increase in poverty from 16.5% to 18.1% for the same time period.¹⁷ The 2015 Federal poverty level was \$11,770 for a single person and \$15,930 for a couple.¹⁸

The Social Security Administration reports that the current average Social Security benefit for a retired worker is \$1,368 per month.¹⁹ Social Security represents more than half the income for senior headed households in New York City in 2015.²⁰ This average benefit is often inadequate to cover the high cost of living in New York City.

Table B: Poverty by Race for Older New Yorkers Aged 65 and Above (2015)²¹

	Total Older Cohort*	Number Below Poverty	% Below Poverty Level (2015)
White	469,821	54,655	11.6%
Black	257,989	47,610	18.5%
Hispanic	234,238	68,697	29.3%
Asian	137,465	30,675	22.3%

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 for the white population. Data indicate that a substantial proportion of minority older

people live in poverty – 29% of Hispanics, 22% of Asians, and 19% of blacks. In addition, the number of older women living below the poverty level (20%) is approximately 4 percentage points higher than that of their male counterparts (16%).²²

In 2015, the median household income for older New Yorkers was \$33,917, lower than the nation’s median of \$40,971.²³ Median income also varies significantly by race. In 2015, the median income of:

- Hispanic households was \$17,500, 63% less than that of the white population, whose median household income was \$47,500;
- Black households was \$32,500 or 32% less than for the white population; and
- Asian households was \$27,500, 42% less than in the white population.²⁴

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. These include, but are 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, affordable housing programs, rent freezes through the Senior Citizen Rent Increase Exemption program (SCRIE), and property tax increase exemptions through the Senior Citizen Homeowner’s Exemption program (SCHE).

Nutrition and Hunger

Nutrition is an important determinant of health in persons over the age of 65.²⁵ 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.²⁶

According to a report by Hunger Free America, between 2013 and 2016, an average of 13.6% of New Yorkers over the age of 60 lived in food insecure households, approximately 30% more than between 2006 and 2008.²⁷ The U.S. Department of Agriculture (USDA) defines a food insecure household as one in which the food intake of one or more household members was reduced and their eating patterns were disrupted at times during the year because the household lacked money and other resources for food.²⁸

The USDA's Supplemental Nutrition Assistance Program (SNAP), also known as the Food Stamp Program, provides critical food assistance to many households, but many older New Yorkers who are eligible for SNAP do not receive it.²⁹

Some groups of seniors who are more likely to be at risk of hunger include those who have a disability, are younger than age 69, live with a grandchild, or are African American or Hispanic.³⁰ Special attention needs to be paid to older minorities, who comprise a dramatically increasing proportion of elderly persons.³¹

Integrated public policy among government and hunger relief 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 nutrition programs and supports legislation that combats hunger among older New Yorkers.

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 2015, there were 388,868 older people who reported some level of disability, or 36% 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;
- 12% were limited in their ability to perform self-care activities, such as dressing, bathing or getting around inside the home;
- 10% reported hearing disabilities; and
- 7% reported vision disabilities.³⁵

The number of Americans with age-related eye disease and resulting vision impairments is expected to double within the next three decades.³⁶ The leading causes of blindness and low vision in the United States are primarily age-correlated eye diseases such as macular degeneration, cataracts, diabetic retinopathy, and

glaucoma.³⁷ 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: a higher proportion of older people with disabilities were in poverty than those without.³⁸

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.³⁹

Chronic Illness and Preventive Health

Individuals are increasingly likely to suffer from chronic and acute illnesses as they age. Heart disease and cancer pose the greatest risks to the aging population, as do other chronic diseases and conditions, such as stroke, chronic lower respiratory diseases, Alzheimer's disease, and diabetes. Influenza and pneumonia also continue to contribute to deaths among older adults, despite the availability of effective vaccines.⁴⁰ Although heart disease can in many cases be prevented or its progression slowed, in 2015 it remained the leading cause of death for New York City residents aged 65 and older.⁴¹

The mortality rate for Alzheimer's disease increased dramatically over the past ten years, and over the past year, reflecting the aging of the population. Alzheimer's disease has risen from the 19th leading cause of death for New Yorkers in 2006 to the 8th in 2015, an increase that can in part be attributed to increased efforts to report cause of death.⁴²

Bone diseases are common in the United States, especially among the elderly, and they take a large toll on the nation's overall health status. Due primarily to the aging of the population, the prevalence of osteoporosis and low bone density is expected

to increase. By 2020, one in two Americans over age 50 is expected to have or be at risk of developing osteoporosis of the hip.⁴³ Despite numerous effective treatments for osteoporosis, many older adults are not screened for osteoporosis and are consequently left untreated.⁴⁴

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. 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.

Mental Health, Addiction and Developmental Disabilities

The number of adults aged 65 or older who have mental illness in New York State is expected to increase by 56 percent, from 495,000 in 2000 to 772,000 people in 2030.⁴⁵ Older people with serious mental illnesses experience service inequalities and higher mortality rates and are more likely to be placed in nursing facilities.⁴⁶

A substantial number and growing percentage of older people knowingly or unknowingly misuse alcohol, medications, and illegal substances. Substance abuse problems in older adults are most often associated with the misuse of alcohol and over-the-counter (OTC) and prescription drugs.⁴⁷ Rates of heavy alcohol use have also been shown to be higher among baby boomers than in older cohorts, and baby boomers are also more likely to be illicit drug and heavy alcohol users.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. Day program activities for persons with developmental disabilities should be age-appropriate and include education in health and wellness activities.⁴⁹ 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.

DFTA addresses the mental health needs of older New Yorkers through various programs, including the Thrive NYC initiative.

Health Care Expenditures

Health care is the only component of household expenditure that increases with age, both in terms of absolute dollars and as a share of total household expense.⁵⁰ Older Americans, although covered by Medicare, bear a large economic burden of medical expenses in the form of premiums for Medicare and supplemental plans, as well as the cost of uncovered or under-covered medical services. Medicaid provides a safety net for those who are most economically vulnerable; however, affordability of high-cost drugs for the management of chronic conditions continues to be a major national health policy challenge.⁵¹

It is essential for lawmakers to continue to seek solutions to address the uninsured and underinsured aging population. DFTA's Health Insurance Information Counseling and Assistance Program (HIICAP) has trained counselors who provide assistance with health care coverage choices and enrollment, including the latest information on health care reform law provisions. (See Page 37 for more details.)

Social Isolation

Those living alone, as well as those in poverty, can be more vulnerable to social isolation. In 2015, 30.8% of persons age 65 and over, and nearly one-half (46.5%) of persons 85 and older in New York City were living alone,⁵² and those living alone had the second highest poverty rate (28.6%) among all older households.⁵³ Social isolation is a complex concern for older adults, and it is important to note that living alone and having limited income are not the only factors that may contribute to vulnerability for certain older individuals. Other factors include disability, inadequate access to primary care, and the population density of older people, which measures the number of persons 65 and older in an area.⁵⁴ Loneliness and social isolation are associated with increased mortality among older adults.⁵⁵

Housing

The housing preferences of older adults are to age in place and to maximize autonomy, choice, familiarity, flexibility and privacy.⁵⁶ 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.⁵⁷

Section 202 Supportive Housing for the Elderly is the main source of subsidized, low-income housing for adults 62 and older in New York City. 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. However, no new units have been created through this program in many years.⁵⁸

Additional sources of housing include New York City Housing Authority (NYCHA) developments, where large numbers of older people reside and where some developments have units targeted solely to older New Yorkers, and Mitchell Lama sites. 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. Waiting lists for certain housing programs can be years long; therefore, additional financing and flexibility for housing development are crucial.

Subsidy programs are 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. In 2014, the household income eligibility limit for SCRIE was increased from \$29,000 to \$50,000, making it possible for more seniors to keep their rents affordable.⁵⁹ Since this increase, the City has enrolled over 6,500 new enrollees who would not have been eligible to obtain some relief from rising rents.⁶⁰

Another housing program, the Senior Citizen Homeowner's Exemption program (SCHE), provides homeowners 65 and older who have federal adjusted gross household incomes of up to \$37,399 with property tax exemptions.⁶¹

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. Under "Housing New York", the City committed to creating or preserving 10,000 affordable apartments for seniors over 10 years. In City Fiscal Year 2016, the City produced 1,166 senior housing units in a range of programs, spanning 29 projects.⁶²

DFTA's Senior Housing Initiatives Unit (see Page 27) continues to advocate for affordable new older adult housing as well as assisted living opportunities and provides information and referral.

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.⁶³ The design of safer roads is particularly important as seniors in New York City walk much more than those elsewhere in the United States, and 39% of New York City pedestrian traffic fatalities are older people.⁶⁴

The New York Metropolitan Transportation Council has 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.⁶⁵

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. (See page 28 for more on DFTA Transportation Services.)

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.⁶⁶ Many caregivers of older adults are older themselves, with an average age of 63, and significant numbers of them are also in ill health.⁶⁷

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.⁶⁸

According to a report by the Center for WorkLife Law at the University of California, Hastings College of the Law, while the number of employees who have caregiving responsibilities has increased, the failure of the workplace to adjust to this reality has significantly increased Family Responsibilities Discrimination (FRD) litigation. Known cases involving eldercare have increased dramatically between 1998 and 2012, and this trend is expected to continue as the population ages.⁶⁹

In 2016, Mayor de Blasio signed legislation expanding the New York City Human Rights Law to provide caregivers with protection from employment discrimination.⁷⁰

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 Caregiver Resource Center provides a variety of caregiver support services. (See Page 33 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 39, 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.⁷¹

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.⁷²

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. While over 9% of New York City residents aged 60 and over stated to the researchers that they had experienced abuse or neglect in the year prior to the survey, only a fraction of elder abuse cases in New York State and City are formally documented. For example, the study found that 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.⁷³ 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 also to provide a range of legal and social service options for ending abuse (see Page 31).

Lesbian, Gay, Bisexual and Transgender (LGBT) Elders

LGBT 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 their heterosexual counterparts, and are three to four times more likely not to have children, which can possibly lead to social isolation and a lack of caregiving.⁷⁴ Caregivers for LGBT people may also face unique challenges including accessing information and isolation.⁷⁵

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.⁷⁶

Psychological service providers and caregivers for older adults also need to be to be open-minded, affirming and supportive towards LGBT older adults to ensure accessible, competent and quality care.⁷⁷ Elected and government officials as well as advocacy and provider groups must identify and address local LGBT needs and rights to ensure the safety, wellness, independence and quality-of-life of 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 25 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.⁷⁸ “E-learning” is a growing resource for older adult online education, information, and referral, particularly for those with limited mobility.

The Pew Research Center reports that there is an increasing use of technology among older adults. Approximately 44% of adults 65 and older report owning a smartphone, up from just 18% in 2013. In addition, 67% of seniors use the internet, a 55 percentage-point increase in just under two decades. Also, for the first time, half of older Americans now have broadband at home.⁷⁹

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 understand the importance of security and privacy issues.⁸⁰

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. 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 2015, one out of every five workers in the American labor force was 55 or older (20%)⁸¹, and projections have indicated that this age group will account for a quarter of the labor force in 2022.⁸²

New York City Comptroller’s Office reports that between 2005 and 2015, the number of working seniors in New York City grew by 62%, and during that same time, the share of seniors in New York City’s labor force grew from 13% to 17%.⁸³

The U.S. Government Accountability Office recommends that government agencies work together to identify sound policies to extend the work life of older Americans.⁸⁴ 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.⁸⁵

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.⁸⁶ 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.⁸⁷ 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.⁸⁸

DFTA directly runs several volunteer programs and participates in others. Among these programs are Foster Grandparents (Page 35), Intergenerational (Page 37), ReServe (Page 38) and NYC Service. DFTA has also implemented the Volunteer Resource Center (VRC), which centralizes agency wide volunteer efforts and assists with larger volunteer initiatives. (See page 44 for more on VRC.)

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 entitled "**Age-Friendly NYC: Enhancing Our City's Livability for Older New Yorkers,**" which entails 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 below for more details on senior centers.)

The following sections highlight programs and initiatives the Department will direct its efforts toward during the 2017– 2018 program year. The sections begin with the operational divisions of the Department and then proceed to other divisions.

Bureau of Community Services (BCS)

The Bureau of Community Services (BCS) consists of the following units:

- **Senior Centers.** The Department currently funds 230 Neighborhood Senior Centers (NCs), 16 Innovative Senior Centers (ISCs), and 29 sites affiliated programs with those centers. The centers and affiliated sites are located in every Community Board and are attended by nearly 30,000 individuals daily.
 - **The Neighborhood Centers**, which were awarded through a solicitation for proposals in 2011, are designed to ensure 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 230 NCs, 76 are located in Brooklyn, 54 are in Manhattan, 51 in Queens, 43 in the Bronx, and 10 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.
 - **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. 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.

- **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.
 - **Other Affiliated Senior Center programs.** In addition to the Senior Social Clubs, DFTA funds another 12 programs through the Neighborhood Center contracts, some of which were previously funded through the NYC Council and are now baselined into DFTA's budget. These programs vary in size but offer many of the same services as Neighborhood Senior Centers.
- **Healthy Aging Initiatives** includes the **Health Promotion Services Unit**, and healthy aging-related, grant-funded projects. The **Health Promotion Services Unit** coordinates evidence-based programs throughout the senior center and NORC networks to promote:
 - Chronic Disease Management and Prevention
 - Falls Prevention
 - Exercise
 - Social and Mental Well-Being.

Its network of older adult volunteers conducts 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 or receive home delivered meals. They ensure that seniors receive nutritious meals that meet all City, State and Federal guidelines. They also provide extensive technical assistance on meal planning, recipe development, food safety, and the City Agency Food Standards. The Nutritionists participate in senior-focused community health fairs and provide nutrition education workshops at senior centers, as well as in-home nutrition counseling for homebound seniors. The Nutrition Unit recently developed a web-based tool to streamline the menu planning process and encourage the use of fresh, local produce in senior centers. The unit also runs an internship program, in which students work on a variety of projects, including the provision of nutrition education workshops at senior centers, while receiving school credit.

 - **The NORC and Senior Housing Initiatives Unit.** Senior Housing staff provides information on and referrals for low-income housing for seniors, as well as assistance on other housing-related issues. The 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. Through a Request for Proposals for Transportation Services, 10 new contracts began in July of 2017. These contracts will cover all Community Districts in the 5 boroughs.

In addition to the ongoing work of the BCS units as described above, the division carries certain special initiatives:

- 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 fruits 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 fruits and vegetables;
- Providing **Automated External Defibrillator (AED) and CPR training** to close to 41 staff monthly from program sites where defibrillators have been placed as well as maintaining and ensuring that over 320 senior centers and NORCs have working defibrillators ready to use in case of an emergency; and
- Working in conjunction with NYCEM and DFTA Emergency Management to activate **Cooling Center** sites at various locations throughout the five boroughs during heat emergencies.

Bureau of Long Term Care (LTC)

In pursuit of DFTA's goal to assist vulnerable older New Yorkers in remaining in their homes and to be engaged in their communities, DFTA's Bureau of Long Term Care includes oversight of **case management, friendly visiting, home delivered**

meals, home care, and elder abuse prevention and intervention services. In addition, the Bureau staff provides direct services to seniors and caregivers through the **Elderly Crime Victim's Resource Center** and the **Bill Payer Program**. This year, oversight will also be provided to a new DFTA service, **Multidisciplinary Teams (MDTs)**. In partnership with the Mayor's Office for Domestic Violence, the Department plans to procure for mental health services for victims of abuse as well as for homebound seniors.

- **Case Management.** Case Management is the gatekeeper for DFTA funded in-home services such as home delivered meals, home care, and friendly visiting. 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.
- **Home Care.** The Home Care program is designed for low-income seniors 60 years and older who have unmet needs in activities of daily living and do not qualify for Medicaid or other ongoing insurance-funded home care. The goal of this program is to maintain seniors safely at home and prevent or at least delay the placement of frail elderly individuals into more expensive Medicaid-funded nursing homes. Home care services are provided during the weekday 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. In general, housekeeping services are provided four hours weekly and home maker/personal care services are provided eight to 12 hours weekly. Note: Services are generally not provided during the weekend, nor are there any overnight services. Client income and housing expenses are considered when determining if a client requires a cost-share or a suggested contribution for their home care. This calculation is based on a formula provided by the State Office for the Aging. Clients who decline to share their financial information are informed that they must pay the highest cost-share rate.

- **Friendly Visiting.** The Friendly Visiting program matches seniors with dedicated volunteers who commit to making weekly home visits to seniors in their own homes. Many seniors suffer from loneliness and social isolation that affects their overall health and well-being. Friendly visiting may help alleviate those feelings by offering the seniors an opportunity to develop nurturing, long-lasting friendships with volunteers with whom they can share ideas, mutual interests, and experiences. It helps them maintain their connection to the community and the re-engage in social activities. Friendly visiting is also an enriching experience for volunteers, offering them the opportunity to cultivate a lasting friendship, to learn from a senior's life experiences, and to benefit from the personal satisfaction derived from community service. Many relationships are sustained over a number of years and can provide ongoing companionship for both seniors and volunteers. Case managers from DFTA funded case management agencies screen and refer seniors who could benefit from volunteer visits to the Friendly Visiting program. The coordinator of the Friendly Visiting program then visits the senior and matches them with a trained and screened volunteer. Both the senior and the volunteer remain connected to and supported by the Friendly Visiting program coordinator and the case manager through the duration of the relationship.
- **Home Delivered Meals.** 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 meet prescribed dietary guidelines. Those older adults assessed by their case manager as capable of reheating a meal 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. The home delivered meals providers are funded by DFTA to deliver weekday meals, whereas the weekend meals are funded by Citymeals on Wheels.
- **The Bill Payer Program.** The Bill Payer Program works to assist low income seniors in paying their bills on time, while protecting them from financial exploitation. The program helps financially vulnerable seniors to remain in the community with the assurance that their monthly financial

obligations have been met. This 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 addresses. Clients who are interested in this service are referred from DFTA's contracted case management agencies or other social service programs, 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.

- **Elderly Crime Victims Resource Center (ECVRC).** The Elderly Crime Victims Resource Center provides direct services to crime and elder abuse victims and training to groups that work with older adults on how to identify signs and provide intervention. The ECVRC and its community partners – including the Mayor's Office to Combat Domestic Violence and the Family Justice Centers of Brooklyn, Queens, Manhattan, the Bronx and Staten Island – provide crisis intervention, counseling, advocacy, information and assistance, limited emergency financial assistance, and legal services referrals.

The ECVRC is active with a variety of Domestic Violence and Elder Abuse taskforces, including the Bronx Taskforce on Elder Abuse, and the Manhattan and Brooklyn DA Offices' Elder Abuse Taskforces. The ECVRC also collaborates with the Mayor's Office Fatality Review Committee, the Intimate Partner Blueprint committee, Building Bridges committee, New York State Judicial Committee on Elder Justice, NYC Elder Abuse Coalition and the Downstate Coalition for Crime Victims.

- **Elder Abuse Prevention and Intervention Services.** Through this program, seniors who are 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.) are provided with direct services. The objective of elder abuse intervention strategies is to increase the client's sense of control and self-acceptance and to provide a range of legal and social service options for ending abuse. 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.
- **Multidisciplinary Teams (MDTs).** Multidisciplinary teams will bring together all of the key entities in their borough(s) that work with agencies serving victims of elder abuse in an effort to coordinate services in cases that have a high degree of difficulty and that involve a multi-agency response. These teams comprise groups of professionals from diverse disciplines who come together to provide comprehensive assessment and consultation on abuse cases. The teams function as a problem solving group for individual cases and create a wider, community-based approach to handling elder abuse. The teams identify service gaps and breakdowns in communication and coordination among agencies or individuals and help rectify any such gaps, which leads to improved client outcomes. It is anticipated that the following will participate on each borough-based team: District Attorney's Office, HRA Adult Protective Services, DFTA, New York Police Department, a financial institution, elder abuse prevention, social services, and medical and civil legal organizations. As appropriate, other organizations will be asked to join.
 - **Mental Health Services for Elder Abuse Victims and homebound seniors.** DFTA plans to expand an award-winning evidence-based mental health program to work with elder abuse victims in all five boroughs, Providing Options To Elderly Clients Together (PROTECT). Additionally, DFTA plans to provide in-home mental health services to frail and homebound older adults. Funding for mental health services is in part directly connected to the Mayor's ThriveNYC initiative. Providing mental health services within the community for homebound and at risk seniors reduces the barriers that older adults contend with when services are solely offered within the mental health clinic.

Bureau of HealthCare Connections (HCC)

The Bureau of HealthCare Connections (HCC) oversees direct service programming and provides topical information and community resource referrals to all inquirers, whether family caregivers, concerned friends and neighbors, or professionals. As an outgrowth of Bureau activities, HCC is uniquely positioned to foster and strengthen linkages between the healthcare and aging services systems, working toward better coordination of services to older New Yorkers and their caregiving families, with the goal of reducing emergency room visits and hospitalizations.

Within HCC are the following Units and Initiatives:

- **Caregiver Resource Center (CRC).** The Caregiver Resource Center consists of social workers who offer support through the provision of information, assistance, and referrals to individuals caring for older New Yorkers; consultation is provided to professionals who request guidance for their clients; and informational sessions on relevant long term care topics are conducted for caregivers, professionals, seniors, and the community at large. These presentations include areas such as Alzheimer’s disease, caregiving, residential alternatives, and community resources. These sessions are offered in English, Spanish and Mandarin. In support of the Department’s Health Promotions Unit, workshops on the evidenced-based Chronic Disease and Diabetes Self-Management programs are conducted in Mandarin and Cantonese.
- **National Family Caregiver Support Program.** HCC provides oversight of ten contracted Title III-E National Family Caregiver Support Programs. These community based organizations support caregivers by providing information on long term care topics and resources, assisting caregivers in accessing benefits and entitlements, offering individual counseling, support groups, and care-related training, linking with in-home, congregate, and overnight respite care, and offering supplemental supportive services. Grandparents or other older relatives who are solely responsible for raising their grandchildren age 18 and under are also eligible for services, as are older adults caring for their adult disabled child. Between the Caregiver Resource Center and these contracted Caregiver Programs, 11,000 caregivers were served in FY 2017.
- **Caregiver Survey (Local Law 97).** The City Council passed legislation in August of 2016 that required DFTA to conduct a citywide needs

assessment of caregivers of older adults, kinship caregivers, and caregivers of individuals with disabilities who are between the ages of 18 and 49. Also included in this survey are the providers of services to these caregivers. The intent is help shape a formal City response to the needs of caregivers. HCC and DFTA's Bureau of Planning and Technology are spearheading this initiative along with the DFTA Grandparents Resource Center, with support from the Mayor's Office of Operations. Pertinent City and State entities (MOPD, ACS, and OPWDD) and community agencies have been engaged as an advisory body in the survey development and implementation, as well as for review and comment on survey outcomes. A report will be finalized in September 2017. DFTA is to review the progress of recommendations within two years, followed by conducting another citywide survey after five years of the initial report to City Hall.

- **NY Connects.** A statewide 'no wrong door' program of information and referral for individuals across the lifespan in need of long term services and supports, NYConnects has served nearly 16,300 callers in FY 2017. NY Connects is a unique DFTA program in terms of its targeting of multiple groups: older people, persons of all ages with disabilities, people with mental health issues, and people with substance abuse issues. Five community organizations managed by HCC provide this service borough-wide. Strategic input and direction are provided to DFTA by an Implementation Team comprising relevant government agencies, which was created in order to facilitate cross-system referrals. A Long Term Care Council includes provider and consumer representation from the aging and disability communities and is charged with identifying gaps in services and providing recommendations for system change to the NYS Office on Aging.
- **Social Adult Day Care (SADC) Ombuds Office (Local Law 9).** DFTA was designated as the SADC Ombuds Office through the passage of Local Law 9 of 2015. DFTA's SADC Ombuds Office is charged with registering all social adult day programs operating in New York City and receives and responds to SADC-related complaints or inquiries. This office is authorized to issue civil penalties for violations of the NYS Office for the Aging Social Adult Day Program Standards. Residing within HCC, process and procedural development of this legislation has been a collaborative

effort, both within DFTA and with external government partners, including the NYC Law Department. The development of these external relationships has been critical to aiding in the response to complaints by bringing their respective areas of expertise to bear, serving to augment DFTA's programmatic proficiencies. To date, these partners include the Fire Department of New York, Department of Buildings, NYC Department of Health Bureau of Food Safety and Community Sanitation, NYC Human Rights Commission, the Office of the Medicaid Inspector General, the NYS Department of Health, and the New York State Office on Aging.

- **Social Adult Day Services.** HCC oversees ten discretionary Social Adult Day Services contracts. A supervised program for cognitively impaired and/or physically frail older adults, program components work to reduce isolation and maximize physical and cognitive capabilities through socialization, structured activities, and nutritious meals. These services, combined with transportation and access to case managers, provide respite to caregivers of these participants.
- **Missing Persons.** The Silver Alert program is designed to locate cognitively impaired individuals, age 60+, who have been reported missing and to reunite them with their family. Legislated locally in 2011, New York City is one of the first municipalities in the country to address individuals missing due to cognitive impairment. This legislation is the outgrowth of a longstanding collaboration between DFTA, the New York City Housing Authority, the New York Police Department (NYPD), the Office of Emergency Management, and the Department of Information Technology and Telecommunications (DoITT). The NYPD refers reported missing persons to the Caregiver Resource Center for follow-up with the family. Once contacted, families receive information on relevant community resources and services in an effort to safely support both the family and the person with dementia.

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. The Unit 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. As a 2016 recipient of the Brookdale Foundation's Relatives as Parents Program (RAPP) grant, the GRC received seed money to fund new support groups in diverse communities.

As a member of the Mayor's Action Plan (MAP) for Anti-Violence in NYCHA developments, the Grandparent Resource Center is collaborating with other City agencies and community leaders to address, seek and engage the grandparents/elderly caregivers of children under 18 years old who reside within designated NYCHA developments. 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, and the GRC has created and formed sites within the designated MAP developments. GRC Community Advocates placed in the developments provide case assistance, workshops, trainings and support group counseling to grandparents/relative caregivers.

The GRC has also partnered with Cornell University Cooperative Extension NYC on its “Parenting the Second Time Around” (PASTA) program.

- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** conducts public outreach presentations and workshops for older adults, community partners, and other groups on Medicare, Medicaid, Medigap, Elderly Pharmaceutical Insurance Coverage (EPIC), private health insurance and Medicare’s preventive services. HIICAP’s counselors are state certified who provide assistance with Medicare Part D prescription plan selection and enrollment by appointment and over the telephone, among other services. HIICAP has 33 community based sites citywide that offer 15 different language capabilities.
- **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)** which provides, training, and employment opportunities for adults 55 and older, including job search skills workshops, career advisement, job fairs, and computer technology and customer service training. The SCSEP training components include a variety of online courses geared toward helping participants become more successful in their job search.

This year, the unit will start a city-wide recruitment campaign to engage new host agency partners, primarily nonprofit organizations that are based in communities with limited resources, who are most in need of support and will host SCSEP participants.

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.

The unit's **Home Health Aide (HHA) Referral Program** has established external partnerships with 12 health care agencies that are interested in hiring seniors in the HHA field. The ultimate goal is to provide unsubsidized employment in HHA occupations for mature workers.

DFTA has built a strong partnership with Security Companies to hire participants who have the credentials for immediate hiring, and is also working closely with schools that provide trainings for the Commercial Drivers Licensing (CDL) to help interested seniors obtain a CDL. The program has also built a strong partnership with Airport Opportunities Inc., granting job opportunities for mature worker in local airports. SCSEP participants are offered various jobs, including customer service representative, sales assistant, ramp agent and maintenance worker.

Bureau of Emergency Preparedness (BEP)

DFTA's Bureau of Emergency Preparedness (BEP) continues to work with New York City Emergency Management (NYCEM) on the design and implementation of emergency response plans and community partnerships, including the Citizen Corps Council, the NYCEM Access and Functional Needs Working Group, Sandy Recovery Task Force, the Advance Warning System, the John D. Solomon Fellowship for Public Service and the NYC Voluntary Organizations Active in Disaster (VOAD). Additional organizations and workgroups that OEP is actively participating in include the Coastal Storm Plan Shelter Board, 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, DOHMH Community Preparedness Program Advisory Committee, the Weill Cornell Community Engagement Advisory Committee and Extreme Heat Pilot Project for the Vulnerable Population. BEP is continually

engaged in the preparation of DFTA's Coastal Storm Plan, Post Emergency Canvassing Operations and Food Access Lead Team. The Bureau also continues to incorporate its emergency response into the citywide Continuity of Operations Plan (COOP) to ensure that critical services continue to be available citywide following an emergency.

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 Bureau of Emergency Preparedness interfaces with special citywide committees representing seniors and people with disabilities. It gives emergency preparedness presentations and participates on panels, and 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 distributes and uses "My Emergency Plan, the Document Checklist for Go-Bags", and "Know Your Zone" materials as part of the presentations.

The Bureau of Emergency Preparedness improves communication with community partners by sending information on weather conditions, health issues, missing elders and other topics of importance.

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. 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.

Division of Planning and Technology (P&T)

The Division of Planning and Technology (P&T) is the Commissioner's design and innovation center, involved in most major efforts to launch new initiatives and program and policy directions to ensure the ongoing evolution of aging services in New York City. P&T has taken the lead in the planning and design phases of many of the newer initiatives described above. These efforts are accelerating during an era of rapid growth and change in the older adult population in order to address the various needs that older people present, particularly, but not exclusively, those of low income.

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

Several key initiatives in the most recent year include:

- **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. Through an agreement executed with DFTA, Health and Hospitals selected two DFTA providers – New York Foundation and Selfhelp -- to serve as care transition entities for Queens Hospital Center and for Elmhurst Hospital, also in Queens. In this role, they work with adults of all ages about to be discharged, and in the days following discharge, to address issues that could lead to readmission if left unaddressed.

- **Quality Assurance/Continuous Quality Improvement (QA/CQI).** As part of its Strategic Plan (see DFTA website), the Department has implemented an agency-wide QA/CQI function, where major issues are tackled using the basic precepts of QA/CQI theory. These issues are wide-ranging. For example, they include how to better measure senior center utilization to ensure maximal use of scarce dollars, and how to achieve more accurate and complete datasets from DFTA's client tracking system of record, utilized both by the Department itself as well as its network of some 500 contract providers. In addition, P&T is collaborating with the operational and support divisions of the Department on the development of standards and measures directly related to the well-being of older adults and their families, as well as the availability of and access to services and supports for seniors. The development and implementation of these measures is taking place through ongoing program performance, program evaluation, and other continual quality improvement strategies.
- **Research Utilizing Client Tracking System Data.** This tracking system – known as the Senior Tracking, Analysis and Reporting System (STARS) – yields extensive data that P&T, working with the operational divisions, is analyzing in order to apply lessons learned to program improvements. Currently, the P&T research office is exploring STARS data concerning falls as a way to pinpoint people most likely to suffer falls so that a special preventive focus can be offered to them. Additional efforts over the course of the coming year will focus on mental health, oral care and physical health issues that negatively impact the largest numbers of older people.
- **Management Services Organization (MSO).** In CY 2016, DFTA, through its non-profit arm known as the Aging in New York Fund, established an MSO that is now working with 10 DFTA providers to develop a portfolio of products that can be marketed to the health care world. The aim is to provide evidence-based programs promoting health and well-being, home delivered meals and/or other services to health care consumers referred by health care plans and organizations. A fee would be paid for this service by the plans/organizations, which the MSO members would use to expand their client base and enrich their programming. Marketing materials have been prepared, and staff trained in the first set of

evidence-based programs, so that the goal is to achieve the first referrals in the first quarter of CY 2018.

- **Health Care Newsletter.** With the ever-changing world of health care policy at all levels of government and within the for-profit and not-for-profit sectors, DFTA deemed it important to publish its own newsletter detailing these changes, both generally and from the perspective of the aging services world. The entire series of newsletters is on the DFTA website, and additional newsletters will be posted periodically by the Program Development unit of P&T.
- **Fordham University School of Social Service Senior Center Impact Analysis.** DFTA commissioned this study as the nation's first longitudinal research tracking the impact of senior center participation on the lives of senior center members over time. Twelve-month results are now in, and they unequivocally demonstrate that the modest investment in senior center programming extends lives and promotes greater well-being. The report can be found on the DFTA website.
- **Solicitations.** A number of solicitations have recently been completed, with others in development. Please visit the DFTA website for more information. They include a technical assistance RFP, homesharing, legal services, transportation programming, legal services, multi-disciplinary teams for complex elder abuse and neglect cases, and minor repairs. Planning and design work are underway for upcoming home delivered meals and senior center solicitations.
- **Senior Center Funding Models.** DFTA received \$10 million in additional funding in the current fiscal year for senior centers. In order to promote equitable distribution of these funds, plus create equitable funding allocation models for the upcoming senior center solicitation, P&T has been working with other divisions and the Commissioner to design distribution models. Discussions are underway with OMB concerning the models.

- **DFTA Financials/HHS Financials.** DFTA has created a state-of-the-art budget module to complement its existing invoicing module. Providers have been very receptive to the module as it has dramatically streamlined their budget and fiscal work. Discussions are underway with the Mayor's Office of Contract Services on how to interface with that office's HHS Financials module to provide what they need without losing the benefits achieved through the DFTA Financials system.

Bureau of Budget & Fiscal Operations (BBFO)

The Bureau of Budget and Fiscal Operations is responsible for the planning and fiscal operations of DFTA's agency budget. BBFO includes the areas of Grant Accounting, Vendor Payment, Contract Accounting, Budget, Internal Accounts, Audits, Discretionary Funding, and Fiscal Administration. Budget and Fiscal worked with the Division of Planning and Technology to develop DFTA Financials system described above, which as mentioned, has resulted in improved speed, efficiency and quality with which DFTA contractors can enter and make use of budget data, as well as facilitates the bureau's oversight of DFTA's budget.

Bureau of External Affairs

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

The *Volunteer Resource Center (VRC)* centralizes agency-wide volunteer efforts and also assists with larger volunteer initiatives. In Fiscal Year 2017, the VRC administered the annual Provider Network Capacity Survey that comprehensively measured volunteer capacity among DFTA’s network of aging service providers. Using the survey results, the VRC’s strengthened and refined DFTA Volunteer referrals to providers, which led to increased volunteer support and expanded capacity. The VRC continued to lead an interagency volunteer coalition of service providers to develop and implement an inclusive plan to increase volunteerism, engagement, and tracking at the provider level. In FY 2017, the VRC collaborated internally to create and execute two service campaigns: “Holiday Helpers” and “Spring into Wellness.” Both campaigns recruited and placed DFTA Volunteers into participating sites to help deliver key services, such as leading health

and wellness classes, meal preparation/service and event support. The VRC also expanded to include volunteer support for the newly launched DFTA Friendly Visiting program, and worked to create new service opportunities, both internally and externally, for volunteers. The VRC continues to recognize DFTA Volunteers for their outstanding service to older New Yorkers.

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.

As mentioned above, the DFTA Management Services Organization (MSO) is lodged within the Aging in New York Fund.

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, 2017- June 30, 2018

The Department receives funding from a variety of sources to support a broad range of services. Many state and federal grants require the City to “match” a certain proportion of their funding. A significant portion of City tax levy funds are dedicated to match state and federal grants. The majority of DFTA-funded services

are provided through contracts with community-based organizations. DFTA also provides a number of services directly, including older adult employment assistance, the Elderly Crime Victims Resource Center (ECVRC), and other services for special populations.

The budget figures shown in the following tables are based on information as of July, 2017, and are subject to change. Table B (Page 49) lists DFTA's revenue sources. For City Fiscal Year 2018 (July 1, 2017- June 30, 2018), the Department's budget is projected at approximately \$365 million, around 5% more than Fiscal Year 2017. City funding represents 69% of the Department's budget; federal funding 20%; and state funding 11%. Tables C and D represent DFTA's plan for the Fiscal 2018 Adopted Budget: Table C (Page 50) reflects planned support for each of the Department's contracted services, and Table D (Page 51) reflects planned service levels, but does not include some services provided directly by DFTA.

Table B: Projected Fiscal Year 2018 Budget

July 1, 2017 – June 30, 2018

FEDERAL FUNDS	
OAA Title III B Social Services	\$10,164,758
OAA Title III C Nutrition	\$19,991,993
OAA Title III D Health Promotion	\$1,301,314
OAA Title III E Caregiver Support	\$3,574,607
OAA Title V Senior Community Services Employment	\$3,571,750
NCOA Senior Employment	\$1,264,286
Nutrition Program For The Elderly	\$10,272,714
Title XX Social Service Block Grant	\$17,197,720
NY Connects Expansion & Enhance -BIP	\$1,709,817
FIDA	\$180,000
ACTION - Foster Grandparents	\$1,617,485
HIICAP (Health Insurance Information, Counseling and Assistance Program)	\$577,458
Community Development Block Grant	\$2,241,397
MIPPA	\$161,094
Subtotal Federal Funds	\$73,826,394
STATE FUNDS	
CSE (Community Services for the Elderly)	\$10,503,923
EISEP (Expanded In-Home Services for the Elderly)	\$18,251,518
Foster Grandparents	\$18,443
SNAP (Supplemental Nutrition Assistance Program)	\$10,248,027
CSI (Congregate Services Initiative)	\$151,784
Transportation	\$395,804
Crime Victim Programs	\$385,114
Subtotal State Funds	\$39,954,613
CITY FUNDS	
City Tax Levy	\$249,872,485
NYC Community Programs	\$910,140
Intra-City Reserve	\$219,656
Subtotal City Funds	\$251,002,281
TOTAL PROJECTED FISCAL YEAR 2017 BUDGET	
Total Agency Funds	\$364,783,288

Table C: Planned Support by Community-Based Service

July 1, 2017 – June 30, 2018

FY 2018 PLANNED BUDGET		
ACCESS SERVICES		\$74,600,465
Case Management	\$36,571,581	
Transportation/Escort	\$11,306,822	
Information & Referral/Outreach	\$26,722,062	
NUTRITION SERVICES [1]		\$135,134,448
Congregate Meals	\$96,595,093	
Home Delivered Meals	\$37,892,005	
Nutrition Education	\$557,472	
Shopping Assistance/Chore	\$89,878	
IN-HOME & CARE SERVICES		\$32,259,300
Home Care	\$29,912,300	
Friendly Visiting	\$1,800,000	
Telephone Reassurance	\$547,000	
LEGAL ASSISTANCE		\$2,157,964
EMPLOYMENT RELATED SERVICES		\$6,453,521
Senior Employment	\$4,836,036	
Foster Grandparent Program	\$1,617,485	
OTHER SOCIAL/HEALTH PROMOTION SERVICES		\$60,856,246
Education/Recreation	\$21,487,514	
Elder Abuse	\$4,903,340	
Health Promotion/Screening	\$15,660,441	
Caregiver	\$8,124,445	
NORCS	\$10,278,224	
Residential Repair	\$402,282	

Table D: Planned Service Levels by Community-Based Service

*July 1, 2016 – June 30, 2017**

Access Services		
Case Management	467,272	Hours
Information and Referral/Outreach	360,777	Hours
Transportation/Escort	685,858	One-Way Trips
Nutrition Services		
Congregate Meals	8,733,470	Meals
Home Delivered Meals	4,455,821	Meals
Nutrition Education	89,090	Participants
Shopping Assistance/Chore	6,145	Contacts
In-Home and Care Services		
Home Care	961,500	Hours
Friendly Visiting	6,609	Contacts
Telephone Reassurance	57,311	Contacts
Legal Assistance		
Legal Services	30,291	Hours
Other Social/Health Promotion Services		
Education/ Recreation	2,294,519	Sessions
Elder Abuse	9,865	
Health Promotion/Screening	2,660,895	Participants
Caregiver	54,988	Participants
NORCS	16,338	Clients
Residential Repair	4,500	Hours
Social Adult Services	17,577	Hours

**This table will be updated when FY 18 data is available.*

Frequently Used Acronyms

AAA – Area Agency on Aging
ACL – Administration for Community Living
ACS – American Community Survey
AIP – Annual Implementation Plan
ANYF – Aging in New York Fund
APS – Annual Plan Summary
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
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
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

¹ 2015 ACS, U.S Census Bureau.

² 2015 ACS, US Census Bureau.

³ 2000 Census; New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.

⁴ 2010 Census and 2015 ACS.

⁵ 2000 Census; New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.

⁶ Bureau of Vital Statistics “Summary of Vital Statistics, 2015”, March 2016, Table M25, p 67. The New York City Department of Health and Mental Hygiene (DOHMH).

⁷ Ibid, Table M25, p. 67.

⁸ Ibid. Table M24, p. 66

⁹ 2010 Census and 2015 ACS.

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

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²⁹ *City of New York, “Food Metrics Report 2015”*

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- ³⁰ National Council on Aging (NCOA), *Senior Hunger and SNAP Fact Sheet*. Available at: <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/>. Updated 12/2016.
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