



# Annual Plan Summary (APS)

April 1, 2019 – March 31, 2020

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)

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September 2018

New York City Department for the Aging  
2 Lafayette Street  
New York, New York 10007  
[www.nyc.gov/aging](http://www.nyc.gov/aging)

Donna M. Corrado, PhD.  
Commissioner

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## New York City Department for the Aging 2018 Public Hearings

The New York City Department for the Aging (DFTA) has published the 2019-2020 **Annual Plan Summary** on the DFTA website: [www.nyc.gov/aging](http://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](mailto: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, 7<sup>th</sup> Floor**  
**New York, New York 10007**

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

### Bronx

**Tuesday, October 16, 2018**

9:30am – 11:30am

BronxWorks Innovative Senior Center

80 East 181<sup>st</sup> Street

Bronx, NY 10453

### Brooklyn

**Wednesday, October 17, 2018**

10:00am – 12:00pm

Albany Senior Center

196 Albany Avenue

Brooklyn, NY 11213

### Manhattan

**Monday, October 22, 2018**

10:00am – 12:00pm

Leonard Covello Senior Center

312 East 109<sup>th</sup> Street

New York, NY 10029

### Staten Island

**Thursday, October 25, 2018**

9:30am – 11:30am

JCC of Staten Island

1466 Manor Road

Staten Island, NY 10314

### Queens

**Friday, October 26, 2018**

10:00am – 12:00pm

Sunnyside Community Neighborhood Senior Center

43-31 39<sup>th</sup> Street

Long Island City, 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.*

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## Introduction

### New York City Department for the Aging

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

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

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

### Purpose and Scope of the Annual Plan Summary (APS)

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

## **Community Dialogue and Feedback**

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DFTA engages in ongoing dialogue with community partners who provide invaluable input regarding the agency's services and programs. The Department provides opportunities for constructive engagement through its Senior Advisory Council, Annual Public Hearings, Public Forums and Stakeholder Sessions.

- **DFTA's Senior Advisory Council** is mandated by the OAA, Section 306(a)(6)(D), New York State, and the New York City Charter to advise DFTA and its Commissioner on matters related to the development, administration and operations of its area plan. The Council includes representatives from the social services, health and academic communities, 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.
- **Annual Plan Summary Public Hearings.** Each year, the Department for the Aging conducts public hearings to obtain recommendations and comments on its Annual Plan Summary. The public hearings provide an opportunity for older persons, service providers and advocates to identify priority needs, recommend ways to enhance services, and suggest an agenda for legislative advocacy to DFTA and its Senior Advisory Council. The Department welcomes written and oral testimony on the Annual Plan Summary at the hearings. This input helps DFTA prepare its plan for upcoming fiscal years and enhance its long-term efforts on behalf of the City's elderly.
- **Public Forums and Stakeholder Sessions.** Public forums, including the Annual Plan Summary Hearings and Borough Budget Consultations, encourage service providers, community leaders and the public to share their views and recommendations on aging services. Stakeholder sessions include forums to offer input into the design of solicitations and programs,

as well as discussions with providers, elected officials, Interagency Councils, community boards, Borough President Cabinets and older New Yorkers.

## **Advocacy Objectives**

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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. The agency develops policy objectives to be enacted into federal, state, and City legislation.

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 also 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. 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. (See page 24 for DFTA's advocacy initiatives.)

## Statistical Overview of Older New Yorkers

New York City's rapidly growing older adult population of over 1.6 million is ethnically, culturally and economically diverse, with a wide range of service needs. The composition of this population has been changing and will continue to 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. Needs assessment is the first step to ensuring that the City's older adults have access to appropriate and effective services. The Department identifies these needs through ongoing consultation with consumers, providers, advocates, and elected officials, an examination of the potential impact of policy and legislative changes on New Yorkers, and an analysis of changing demographic patterns.

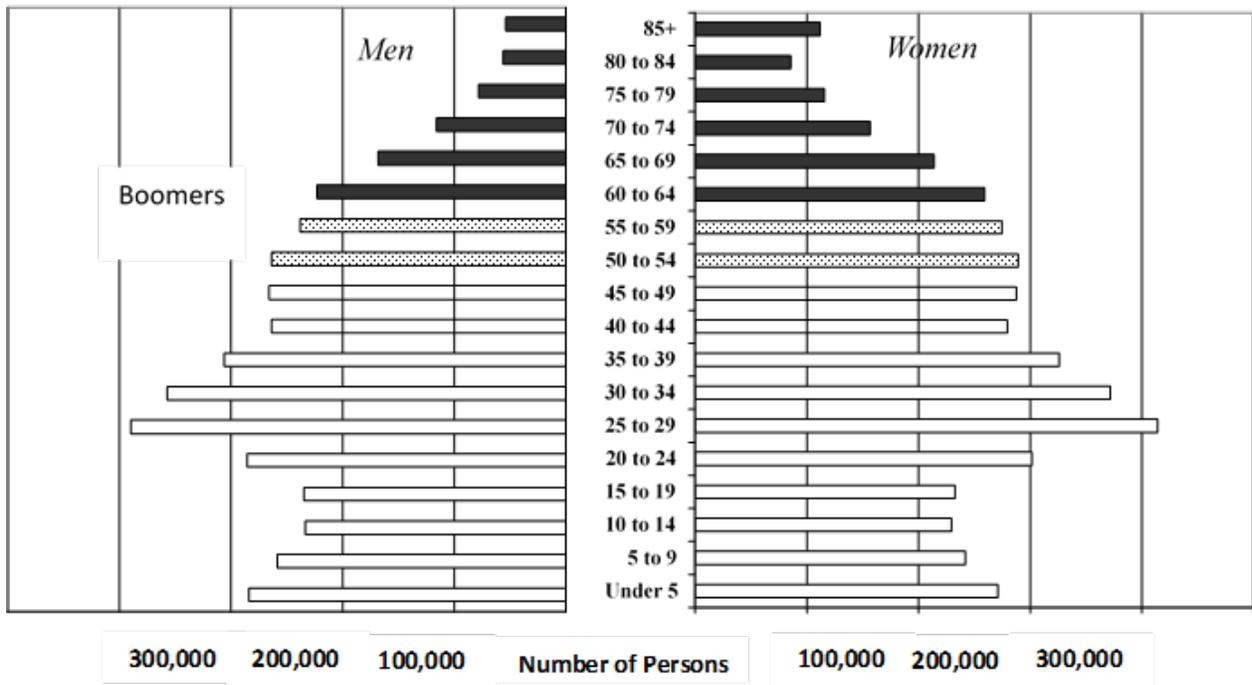
The results of the 2000 and 2010 Censuses, the 2016 American Community Survey (ACS), and population projections through 2040 provide a foundation to determine the current and future needs of New York City's elderly.

### Demographics of the Aging Population: 2000-2040

The Age and Gender Pyramid that follows shows an overall profile of New York City's 2016 population. The area shaded in black reflects the **population aged 60+**, which **comprises 1.64 million adults, or 19.2% of the City's population**. The dotted bars represent those aged 50 to 59, who comprise 1,065,529 people, or 12.5% of the population, the vast majority of whom are baby-boomers<sup>1</sup>.

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.<sup>2</sup>

### Age and Gender Pyramid for New York City (2016) <sup>3</sup>

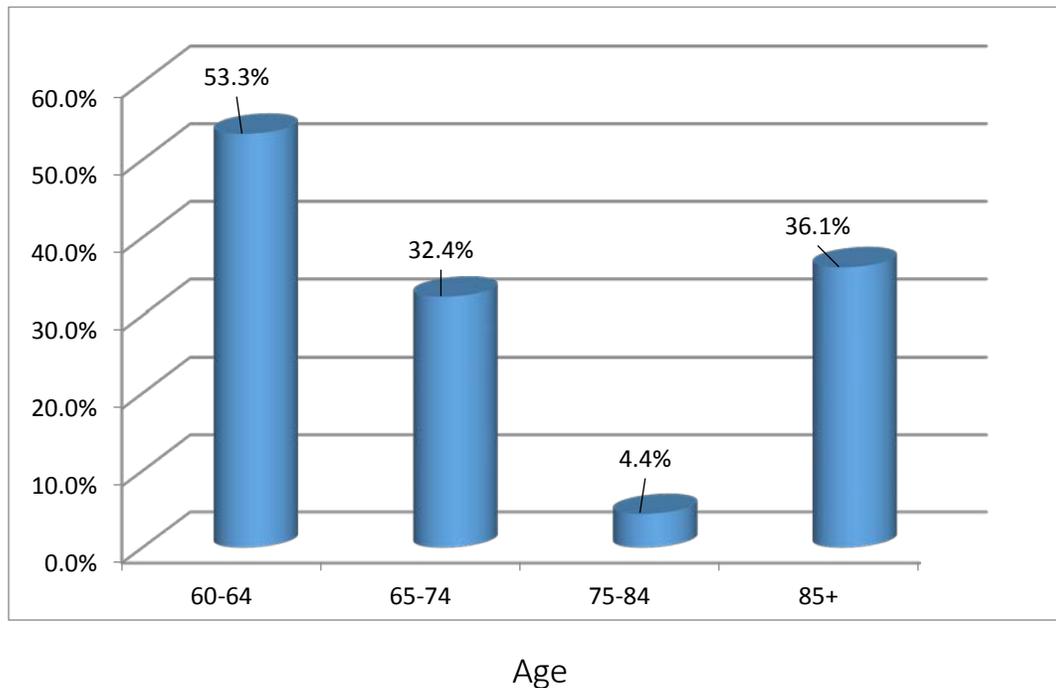


\*Note: Each bar represents an age span of five years.

### Aging Within the Older Population

The City's total older population, which increased from 1.25 million in 2000 to 1.64 million in 2016, has significantly changed in age composition. From 2000 to 2016, the number of residents 60-64 years and older increased dramatically, by 53.3%. The number of people aged 65-74, and the eldest group (85 and older) also grew quickly by 32.4% and 36.1% respectively. Those between ages 75 and 84 slightly increased by 4.4%. 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. <sup>4</sup>

### Percentage Change of Selected Age Groups, New York City (2000-2016) <sup>5</sup>



### 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 2016<sup>6</sup>. However, women continue to experience longer life expectancies at birth than men. In 2016, New York City women had a life expectancy of 83.5 years, while men had an average life expectancy of 78.5 years<sup>7</sup>. 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.<sup>8</sup> 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 2016, women continue to outnumber men by 247,314 within the 60+ age group. The number of women is more than double that of men among those 85 and older.<sup>9</sup> 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.<sup>10</sup> Thus, as is the case currently, women 85+ in 2040 will

outnumber men their age by nearly 2 to 1. This greater longevity results in more women living alone during their later years.

Women 65 and older comprise 66.6% of the frail older population. More than one-third of older women (or 34%) are in the frail status. In contrast, only one-fourth of older men (or 25.1%) are frail.<sup>11</sup>

### Increase in Diversity

American Community Survey data show that from 2000 to 2016, the non-Hispanic White older population decreased, whereas the number of minority members of that group grew rapidly. In 2016, 62% of New Yorkers 65 and older were members of minority groups, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2016, the Black population increased by 48%, the Hispanic population by 79%, and the Asian population by 147%.<sup>12</sup>

Table A: **Minority 65+ Population in New York City, 2000-2016**<sup>13</sup>

Race/Ethnic Profile	2000 Census	2016 ACS	% Change 2000-2016
White (Non-Hispanic)	533,982	489,585	-8.31%
Black	185,088	274,210	48.15%
Hispanic	138,840	248,466	78.96%
Asian/Pacific Islanders	59,056	145,973	147.18%
All Minorities	382,984	668,649	74.59%

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

## Income and Poverty

Inadequate income continues to be a critical problem facing the elderly in New York City. Whereas the United States has experienced a decline in the national poverty rate for older people, from 12.8% in 1990 to 9.2% in 2016, New York City's older adults experienced an increase in poverty from 16.5% to 18.4% for the same period.<sup>15</sup> The 2015 Federal poverty level was \$11,770 for a single person and \$15,930 for a couple.<sup>16</sup>

The Social Security Administration reports that the current average Social Security benefit for a retired worker is \$1,404 per month for 2018.<sup>17</sup> Social Security, which helps to lift seniors out of poverty, represented more than half the income for senior headed households in New York City in 2015.<sup>18</sup>

Table B: Poverty by Race for Older New Yorkers Aged 65 and Above (2016)<sup>19</sup>

	Total Older Cohort*	Number Below Poverty	% Below Poverty Level (2016)
White	475,299	60,941	12.8%
Black	261,640	45,670	17.5%
Hispanic	241,732	69,677	28.8%
Asian	143,453	34,024	23.7%

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

A substantially higher proportion of minority older people than the white population live in poverty – 29% of Hispanics, 24% of Asians, and 18% 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%).<sup>20</sup>

In 2016, the median household income for older New Yorkers was \$34,631, lower than the nation's median of \$42,113.<sup>21</sup> Median income also varies significantly by race. In 2016, the median income of:

- Hispanic households was \$22,500, 53% less than that of the white population, whose median household income was \$42,500;
- Black households was \$37,500 or 21% less than for the white population; and
- Asian households was \$27,500, 42% less than in the white population.<sup>22</sup>

## Functional Capacity and Mobility

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As individuals age, they lose independence due to decreased mobility and cognitive functions, as well as frailty. In 2016, 410,233 older people, or 37% of the civilian non-institutionalized population, reported some level of disability. Of this group:

- 27% had physical disabilities that affected walking, climbing stairs, reaching, lifting, or carrying;
- 20% 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
- 8% reported vision disabilities.<sup>23</sup>

Disability rates are slightly higher for older New Yorkers when compared nationally (36.6% vs. 35.2%). Older women have more difficulty with activities of daily living (34.3%) than do older men (25.1%). 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 (24.7%) than those without (13.5%).<sup>24</sup>

## Highlights of Plan 2025

### *A Blueprint for Responding to the Current and Future Needs of the Elderly*

The significant increase in the older adult population, along with rapidly changing demographics, as highlighted in the statistical overview above, presents challenges for planning and developing supportive services for older adults. With this in mind, DFTA has crafted “Plan 2025,” which lays out a blueprint to respond to the needs of the burgeoning older population. **The two principal goals of the Plan are: 1) to strengthen, expand and enrich existing aging services programs in New York City; and 2) to create new initiatives and supports that build on existing programs.** The complete Plan will be available on DFTA’s website, and will be updated based on continuing input from within DFTA and among aging services stakeholders.

In crafting Plan 2025, DFTA has taken into the following key **Priority Service Areas**:

- Increasing Affordable Housing Options
- Improving Mental Health
- Reaching the Social Isolated
- Employing Technology to Strengthen the Reach and Quality of Aging Services
- Improving Nutrition/Reducing Hunger
- Promoting the Health of Senior Center Attendees
- Supporting Caregivers

**The Need for Affordable Housing:** As with so many New Yorkers, many older adults are severely stretched in terms of housing costs. Additionally, a substantial number need supportive services to remain safe and healthy in their homes. The Mayor’s 2014-2026 housing plan, through its inclusion of 30,000 newly created or preserved units targeted to seniors, represents a major resource for older New Yorkers. DFTA plans to work with the NYC Department of Housing Preservation and Development to explore the possible provision of supportive services for those residents of the 30,000 units subject to the affordable housing plan who need assistance to remain at home, as well as residents living in other rental housing.

In addition, DFTA will join efforts with City agencies, including HPD, to explore possibilities for including affordable assisted living in the portfolio of City financed housing efforts for older New Yorkers. The Administration has also included funds beginning in FY 2019 to expand the Home Share program, whereby people in need of housing are matched with homeowners and holders of leases with space for an

additional person. This program is an affordable housing option for aging New Yorkers 55 and over.

**Improving Mental Health:** The level of moderate to severe depression among older people served by DFTA ranges from 7% of senior center participants to about 30% among the population suffering from elder abuse. DFTA has received substantial funds from ThriveNYC to combat depression and other mental health issues through a clinical mental health program lodged in a number of senior centers (DFTA **Geriatric Mental Health program** (DGMH), and through a **friendly visiting program** to combat isolation for homebound seniors.

DFTA is discussing the possibility of additional funding from ThriveNYC to support behavioral telehealth efforts as well as to expand its DGMH and friendly visiting programs.

**Reaching the Social Isolated:** Social isolation can lead to declines in physical, mental and cognitive health. Through the ThriveNYC friendly visiting program, DFTA aims to reduce isolation among largely homebound clients in its case management program. Also, other DFTA programs – from senior centers to NORCs – bring people together to socialize, thereby reducing isolation. DFTA is hoping to obtain support to better market its programs in order to reach the socially isolated as well as others in need. Additionally, the Aging in New York Fund (ANYF), which is DFTA’s non-profit arm, has named social isolation as one of the two core issues that it will focus on in upcoming months and years. (See page 26 for information on ANYF.)

#### **Employing Technology to Strengthen the Reach and Quality of Aging Services:**

Technological advances continue to improve the quality of life for older adults and hold great promise for extending the reach and quality of services available to seniors. DFTA plans to tap into the rapidly changing technological landscape to help the Department achieve a number of the goals outlined in Plan 2025.

DFTA will work with the NYC Department of Transportation, MTA Access-A-Ride, the Taxi and Limousine Commission, and others, to inventory current technologies that could expand the reach, quality and cost-effectiveness of a wide range of services critical to the health and well-being of older New Yorkers, as well as to make technology more accessible to older adults.

DFTA and the Mayor's Office for People with Disabilities have received a Federal Transportation Administration grant to test the usefulness of point-to-point car services to increase access for people of all ages who have disabilities and other conditions that limit their ability to use Access-A-Ride. This demonstration grant will begin in CY 2019, and results will inform efforts to create a more effective transportation network for older people and others with disabilities.

**Improving Nutrition/Reducing Hunger:** Numerous studies and analyses have found that seniors in New York City have significant levels of hunger and nutritional deficits, due in large part to income and certain health issues, such as depression and oral health problems.

DFTA is redesigning its home delivered meals program and reviewing the structure and funding of its senior center nutrition programs to determine ways to maximize the impact of dollars spent to combat nutritional deficits and hunger. Restructured programming will be incorporated into new home delivered meal contracts commencing July 1, 2020, and new senior center contracts on July 1, 2021.

**Promoting the Health of Senior Center Attendees:** A major goal of the senior center investment is to achieve maximum benefits from dollars invested in health and wellness programming, from education and nutrition classes to exercise sessions and mental health interventions. DFTA will be developing straightforward metrics to measure success.

**Supporting Caregivers:** Family members and other informal caregivers are vital to the supportive network that helps older adults remain living in their homes and communities. Approximately one million New Yorkers serve as caregivers of older people and people with dementia in New York City. DFTA and City agency and provider partners recently completed a survey of caregivers to hear firsthand about their lives and how government and non-profits can build on the services already offered to support them in their highly demanding and stressful work. The Administration has increased DFTA's caregiver program budget, in part based on recommendations developed by a consortium of agencies in response to the survey findings. Results from the survey will inform a concept paper and solicitation that will be released for new contracts commencing on July 1, 2019.

## Programs and Initiatives

This section highlights the programs and initiatives through which the Department realizes its mission and achieves its goals and objectives. Through a variety of programming, DFTA and its partners assisted 231,178 older New York City residents in FY 2017.

Oversight and coordination of DFTA’s program and services, including many of the Plan 2025 initiatives, are provided by the **four operational divisions** below.

The section begins with highlights of key activities conducted by the **Operational Divisions**, followed by the **Program Support Divisions**.

### Operational Divisions

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

### Program Support Divisions

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

## Operational Divisions

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### The Bureau of Community Services (BCS)

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

- **Senior Centers.** DFTA currently funds 249 senior centers throughout the five boroughs, and there are also 38 sites affiliated with those centers. They provide congregate meals and an environment where older adults can participate in a variety of recreational, health promotional and cultural activities, as well as receive information on and assistance with benefits. DFTA senior centers and affiliated sites are attended by nearly 30,000 individuals daily.
- **Healthy Aging Initiatives** includes the **Health Promotion Services Unit**, and healthy aging-related, grant-funded projects. The **Health Promotion Services Unit** coordinates evidence-based programs throughout the senior center and NORC networks to promote Chronic Disease Management and Prevention, Falls Prevention, Exercise, and Social and Mental well Being. Its network of older adult volunteers conducts health education programs and activities for older New Yorkers, including Stay Well exercise classes and Keep on Track Blood Pressure Monitoring programs
- **The BCS Nutrition Unit** includes dietitians and nutritionists who serve as experts for the Department's community partners and for seniors living in the community who attend congregate meal programs or receive home delivered meals. They ensure that seniors receive nutritious meals that meet all City, State and Federal guidelines. They also provide extensive technical assistance on meal planning, recipe development, food safety, and the City Agency Food Standards.
- **The NORC and Senior Housing Initiatives Unit.** Senior Housing staff provides information on and referrals for low-income housing for seniors, as well as assistance on other housing-related issues. The Unit also oversees Naturally Occurring Retirement Community Supportive Service Programs (NORC SSPs), which provide case management, assistance with

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

- **Transportation Services.** The Department provides transportation for older adults through contracted non-profit organizations. These providers transport older New Yorkers who have no access to, or cannot use public transportation, to senior centers and essential medical, social service and recreational appointments. The program serves all five boroughs.

## Bureau of Long Term Care (LTC)

LTC oversees several programs: **case management, friendly visiting, home delivered meals, home care, elder abuse prevention and intervention services, and Multidisciplinary Teams (MDTs).** In addition, the Bureau staff provides direct services to seniors and caregivers through the **Elderly Crime Victim's Resource Center** and the **Bill Payer Program.**

- **Case Management.** Case management services help older persons with functional impairments gain access to appropriate services, benefits and entitlements needed to age safely at home and maintain their quality of life. Case Management is the gatekeeper for DFTA funded in-home services such as home delivered meals, home care, friendly visiting and Bill Payer programs.
- **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.
- **Friendly Visiting.** Made possible by ThriveNYC, the Friendly Visiting program matches seniors with dedicated volunteers who commit to making weekly home visits to seniors in their own homes. Friendly visiting often helps reduce loneliness and feelings of isolation and supports seniors in maintaining community connections and re-engaging in social activities. Depending upon available funding, DFTA would

eventually like to expand both the DGMH and friendly visiting ThriveNYC initiatives.

- **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. DFTA’s home delivered meals (HDM) program provides 18,000 meals each weekday to the hungry and homebound, and its public/private partnership with Citymeals on Wheels supports weekend, holiday and emergency meals for these recipients. All home delivered meals meet prescribed dietary guidelines.
- **The Bill Payer Program.** The Bill Payer Program works to assist low income seniors in paying their bills on time, while protecting them from financial exploitation. This program provides well trained and supervised volunteers to help eligible seniors deal with financial issues such as paying bills, maintaining a bank account, etc. The program helps financially vulnerable seniors to remain in the community with the assurance that their monthly financial obligations have been met.
- **Elderly Crime Victims Resource Center (ECVRC).** The Elderly Crime Victims Resource Center provides direct services to crime and elder abuse victims and training to groups that work with older adults on how to identify signs and provide intervention. The ECVRC and its community partners – including the Mayor’s Office to Combat Domestic Violence and the Family Justice Centers -- provide crisis intervention, counseling, advocacy, information and assistance, limited emergency financial assistance, and legal services referrals. The ECVRC is active with a variety of Domestic Violence and Elder Abuse taskforces and committees.
- **Elder Abuse Prevention and Intervention Services.** Through this program, seniors who are experiencing maltreatment (physical, sexual, financial, psychological, and/or active or passive neglect) by someone who has a special or “trusting” relationship with the elder (a spouse, a sibling, a child, a friend, a caregiver, etc.), are provided with direct services. The objective of elder abuse intervention strategies is to increase the client’s sense of control and self-acceptance and to provide a range of legal and social service options for ending abuse.

- **Multidisciplinary Teams (MDTs).** Multidisciplinary teams bring together all of the key entities in their borough(s) that work with agencies serving victims of elder abuse in an effort to coordinate services in cases that have a high degree of difficulty and that involve a multi-agency response. These teams comprise groups of professionals from diverse disciplines who come together to provide comprehensive assessment and consultation on abuse cases. The teams function as a problem solving group for individual cases and create a wider, community-based approach to handling elder abuse.

## Bureau of Active Aging (BAA)

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

- **The Foster Grandparent Program** enables low-income older adults to provide one-on-one tutoring and mentoring to children at community sites citywide. In FY 18, the Foster Grandparents program placed 364 volunteers at 85 sites across all 5 boroughs.
- **The Grandparent Resource Center (GRC)** provides supportive caregiver services to older adults raising their grandchildren. GRC was the 2016 recipient of the Brookdale Foundation's Relatives as Parents Program (RAPP) grant and a nominee for the 2016 Janet Sainer award for excellence in delivering social service programming for kinship caregivers.

As a member of the Mayor's Action Plan (MAP) for Neighborhood Safety in 15 NYCHA developments, the Grandparent Resource Center is collaborating with other City agencies and community leaders to address, seek and engage the grandparents/elderly caregivers of children under 18 years old who reside within designated NYCHA developments.

- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** helps seniors navigate the complexities of Medicare and Medicaid so they can be informed participants and take charge of their

health care options. HIICAP publishes “A Complete Guide to Health Insurance Coverage for Older New Yorkers” annually. The book is translated into Spanish, Chinese and Russian, and is available in print and online.

HIICAP also oversees The Fully Integrated Duals Advantage program (FIDA), a demonstration program jointly administered by the federal Centers for Medicare & Medicaid Services (CMS) and the New York State Department of Health (NYSDOH) and is designed to integrate care for New Yorkers who have both Medicare and Medicaid.

- **The Senior Employment Unit operates the Title V Senior Community Service Employment Program (SCSEP)** which provides, training, and employment opportunities for adults 55 and older, including job search skills workshops, career advisement, job fairs, and computer technology and customer service training. In FY 18, SCEP assisted 444 older New Yorkers by preparing them for re-entry into the workforce.

The SCSEP program provides ongoing support to the participants upon finding employment, such as retention and career advancement support and non-related support through partnership with other city agencies. SCEP initiatives and other placement services resulted in 74 placements this past year.

- Retired professionals 55+ may apply through SCEP to participate in the **ReServe Program**. Candidates are matched with a specific short-term project in a New York City agency or a non-profit organization. Selected participants, called "**ReServists**," work on projects up to 15 hours a week and receive a stipend for their contribution. ReServe matches this talent with the expressed needs of 17 city government agencies to help fill critical gaps, such as support for social workers, strategic planning, foundation outreach, administrative support, event planning, and Information Technology administration. Currently, the city has 251 ReServists.

## Bureau of HealthCare Connections (HCC)

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

- **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.
- **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, assist with accessing benefits and entitlements, offer individual counseling, support groups, and care-related training, link with in-home, congregate, and overnight respite care, and offer supplemental support services.
- **Caregiver Survey (Local Law 97).** As mentioned earlier, DFTA engaged a consultant and worked with other City agencies as well as entities such as AARP on a survey of caregiver needs. Results indicated that the primary need of all caregivers was for information, with respite and transportation the most requested services needed but not accessed. DFTA is expanding respite hours based on results and additional funding received. The survey can be accessed on DFTA’s website at: <https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/UnpaidCaregivers2017.pdf>
- **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, NY Connects served nearly 16,300 callers in FY 2017. NY Connects is unique in its charge to assist older adults, persons of all ages with disabilities, and individuals with mental health and substance abuse issues. The goal of NY Connects is to ensure that people receive assistance in such a way that they are seamlessly connected with services that help them with often multi-faceted, complex situations. HCC oversees five contracted borough-based community organizations in the provision of this service throughout New York City.

- **Social Adult Day Care (SADC) Ombuds Office (Local Law 9).** DFTA was designated as the SADC Ombuds Office through Local Law 9 of 2015. DFTA's SADC Ombuds Office is charged with registering all social adult day programs operating in New York City and receives, investigates, and responds to SADC-related complaints or inquiries. The Office is authorized to issue civil penalties for violations of the NYS Office for the Aging's Social Adult Day Program Standards.
- **Social Adult Day Services.** HCC oversees nine discretionary Social Adult Day Services contracts. Social adult day is a supervised program for cognitively impaired and/or physically frail older adults, with program components that 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 day program participants.
- **Missing Persons.** Intro 270-A of 2010 established a Silver Alert Notification System in NYC, designed to locate older, cognitively impaired individuals who have been reported missing and are deemed to be in imminent danger. This legislation made New York City one of the first municipalities in the country to address individuals missing due to cognitive impairment and was the result of inter-agency collaboration.

## Program Support Divisions

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### Bureau of Emergency Preparedness

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

BEP is also involved in NYC's robust Hazard Mitigation Plan that focuses on priority dependencies and interdependencies of Electric Power, Communications, Transportation, and Community Resilience, and the devastating impacts Coastal Storms, Extreme Weather, and Power Outages could have these infrastructures.

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

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

### 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. DFTA's Information and Technology (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 projects and initiatives in the most recent year include:

- **Plan 2025.** The Planning and Technology Division is responsible for coordinating, designing and implementing Plan 2025 (see page 10).
- **Quality Assurance/Continuous Quality Improvement (QA/CQI).** As part of its Strategic Plan (see DFTA website), the Department's Office of Management Analysis and Planning (OMAP) and Development Units have 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.

- **Language Access.** In FY 2018, P&T's Planning and Analysis Unit (PPAU) collaborated with other agency divisions to write its Language Access Plan in compliance with Executive Order 120 and Local Law 30, which require the City's social service agencies to provide translation and interpretation services in the City's ten most spoken languages other than English (Spanish, Chinese, Russian, Haitian Creole, Korean, Bengali, Arabic, Urdu, French, and Polish). DFTA's Language Access and Implementation Plan is posted on the agency's website.
  
- **Management Services Organization (MSO).** In 2017, DFTA created a Management Services Organization (MSO), known as CommunityCare Link, through its non-profit arm, the Aging in New York Fund, to work with 11 DFTA-funded providers on developing linkages with the health care world. Through these linkages, health care providers and insurers would refer and pay for competitively priced aging services for their consumers, such as falls prevention programming and home delivered meals. This would allow aging services providers to expand the quality and quantity of services they can offer. DFTA is currently in negotiations with one of the City's major health care plans to provide assessment and navigation to aging and other services designed to address the social determinants of health to a targeted group of the health care plan's members.
  
- **Health Care Newsletter.** DFTA continues to publish its healthcare newsletter to help keep constituents abreast of changes in health care policies at all levels of government and within the for-profit and not-for-profit sectors. 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.
  
- **Senior Center Funding Models.** Through senior center modelling work undertaken with OMB, DFTA has received \$20 million in additional baseline funding to support senior center programming. In a second phase, P&T is working with DFTA colleagues and other stakeholders as well as OMB and a consultant to determine whether additional funding is needed to strengthen food programming and support food program staff. One aspect of the analysis is to determine whether food

preparation and other efficiencies can be achieved to support strengthened programming

- **Home Delivered Meals Redesign.** P&T is coordinating work with a consultant, along with other DFTA divisions and with aging services stakeholders, on a redesign of the home delivered meals program to achieve efficiencies in food sourcing, preparation and delivery, where savings achieved through the efficiencies, and perhaps other funding, can be used to improve quality and choice available to meal recipients, all aimed at enhancing the impact of the program on recipients' nutritional health.

## Bureau of External Affairs

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

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

### 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 services 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;
- Support ongoing efforts to expand 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:

- 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; and
- An additional increase in funding levels for the Federal Section 5310 Program – Transportation for Seniors and Persons with Disabilities and increase in funding for the National Technical Assistance Center for Senior Transportation.

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

The **Volunteer Resource Center (VRC)** centralizes agency-wide volunteer efforts and also assists with larger volunteer initiatives. In Fiscal Year 2018, the VRC administered the annual Provider Network Capacity Survey that comprehensively measured volunteer capacity among DFTA's network of aging service providers. Based on the results, the VRC was able to identify volunteer need and target referrals. The VRC continues to lead an interagency volunteer coalition of service providers to develop and implement an inclusive plan to increase volunteerism, engagement, and tracking at the provider level.

The **Aging in New York Fund (ANYF)** is an independent 501(c)(3) not-for-profit organization dedicated to enhancing the quality of life for older New Yorkers and their families. As DFTA's charitable arm, ANYF seeks resources to develop public/private partnerships that address the pressing unmet needs of New York City's elderly, their caregivers and the network of community service providers. The Fund has launched several of its own major impact projects and cultivated an expertise in incubating new service delivery models. The Fund's goal to be on the cutting edge of innovative senior programming, fill critical gaps in the aging services continuum, and offer fiscal and administrative support to DFTA and local nonprofits in their efforts to offer essential services to seniors.

## Office of General Counsel

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

- **Contracted Legal Services.** DFTA partners with providers in each borough to provide free legal services to seniors who do not have access to other public or private aid. Services include assistance with public benefits, landlord-tenant negotiations and long-term care and consumer issues.
- DFTA's **Assigned Counsel Project (ACP)**, 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, 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). Social work staff/interns work in partnership with the legal providers to provide needed services, such as home visits, and accompanying clients to Housing Court proceedings to provide support as well as advocacy.

## Learning Center

The **Learning Center (LC)** offers a wide range of trainings and other learning opportunities for DFTA staff members, interns and volunteers, as well as for the staff of its contract agencies. The primary goals of the LC are to expand, enhance and diversify the knowledge, skills, capacities and awareness of participants so that they will:

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

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

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

- contract agencies' program performance standards, multiple series of foundation and core skills development, and trainings focused on aging related issues, database utilization, computer-based trainings and other applicable topics;
- DFTA staff's professional skills development; and
- mandated City employee trainings.

## **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.

## Projected Resources, Expenditures, and Service Levels

*July 1, 2018- June 30, 2019*

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

The budget figures shown in the following tables are based on information as of August 2018 and are subject to change. Table B (Page 30) lists DFTA’s revenue sources. For City Fiscal Year 2019 (July 1, 2018- June 30, 2019), the Department's budget is projected at approximately \$387 million, around 6% more than Fiscal Year 2018. City funding represents 70% of the Department’s budget; federal funding 20%; and state funding 10%. Tables C and D represent DFTA’s plan for the Fiscal 2019 Adopted Budget: Table C (Page 31) reflects planned support for each of the Department's contracted services, and Table D (Page 32) reflects planned service levels, but does not include some services provided directly by DFTA.

Table B: Projected Fiscal Year 2019 Budget

*July 1, 2018 – June 30, 2019*

FEDERAL FUNDS	
OAA Title III B Social Services	\$11,017,351
OAA Title III C Nutrition	\$19,840,019
OAA Title III D Health Promotion	\$896,884
OAA Title III E Caregiver Support	\$3,578,781
OAA Title V Senior Community Services Employment	\$3,234,705
NCOA Senior Employment	\$1,262,108
Nutrition Program For The Elderly	\$10,272,714
Title XX Social Service Block Grant	\$17,197,720
NY Connects Expansion & Enhance -BIP	\$3,698,480
FIDA	\$179,849
ACTION - Foster Grandparents	\$1,617,485
HIICAP (Health Insurance Information, Counseling and Assistance Program)	\$564,964
Community Development Block Grant	\$2,241,011
Senior's Health Improvement & Nutrition Education	\$228,583
MIPPA	\$272,365
<b>Subtotal Federal Funds</b>	<b>\$76,103,019</b>
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
Chronic Disease Self-Management Education	\$50,000
Crime Victim Programs	\$385,114
<b>Subtotal State Funds</b>	<b>\$40,693,786</b>
CITY FUNDS	
City Tax Levy	\$269,471,024
NYC Community Programs	\$910,140
Intra-City Reserve	\$219,656
<b>Subtotal City Funds</b>	<b>\$270,600,820</b>
TOTAL PROJECTED FISCAL YEAR 2019 BUDGET	
<b>Total Agency Funds</b>	<b>\$387,397,625</b>

Table C: Planned Support by Community-Based Service

*July 1, 2018 – June 30, 2019*

FY 2019 PLANNED BUDGET		
<b>ACCESS SERVICES</b>		<b>\$85,263,016</b>
Case Management	\$38,058,140	
Transportation/Escort	\$14,766,222	
Information & Referral/Outreach	\$32,438,654	
<b>NUTRITION SERVICES [1]</b>		<b>\$137,690,573</b>
Congregate Meals	\$97,232,026	
Home Delivered Meals	\$39,594,246	
Nutrition Education	\$767,238	
Shopping Assistance/Chore	\$97,063	
<b>IN-HOME &amp; CARE SERVICES</b>		<b>\$36,137,808</b>
Home Care	\$33,119,625	
Friendly Visiting	\$1,800,000	
Telephone Reassurance	\$1,218,183	
<b>LEGAL ASSISTANCE</b>		<b>\$2,157,964</b>
<b>EMPLOYMENT RELATED SERVICES</b>		<b>\$6,114,298</b>
Senior Employment	\$4,496,813	
Foster Grandparent Program	\$1,617,485	
<b>OTHER SOCIAL/HEALTH PROMOTION SERVICES</b>		<b>\$74,208,780</b>
Education/Recreation	\$27,111,252	
Elder Abuse	\$4,903,340	
Health Promotion/Screening	\$17,272,419	
Caregiver	\$8,124,445	
NORCS	\$16,395,042	
Residential Repair	\$402,282	

Table D: Planned Service Levels by Community-Based Service

*July 1, 2018 – June 30, 2019\**

Access Services		
Case Management	418,967	Hours
Information and Referral/Outreach	270,537	Hours
Transportation/Escort	620,615	One-Way Trips
Nutrition Services		
Congregate Meals	8,948,424	Meals
Home Delivered Meals	4,676,082	Meals
Nutrition Education	91,277	Participants
Shopping Assistance/Chore	5,855	Contacts
In-Home and Care Services		
Home Care	961,500	Hours
Friendly Visiting	7,313	Contacts
Telephone Reassurance	54,493	Contacts
Legal Assistance		
Legal Services	21,717	Hours
Other Social/Health Promotion Services		
Education/ Recreation	218,543	Sessions
Elder Abuse	8,819	
Health Promotion/Screening	2,342,808	Participants
Caregiver	54,988	Participants
NORCS	16,338	Clients
Residential Repair	4,500	Hours
Social Adult Services	15,250	Hours

\*Data current as of August 22, 2018

## **Frequently Used Acronyms**

AAA – Area Agency on Aging

ACL – Administration for Community Living

ACS – American Community Survey

AIP – Annual Implementation Plan

ANYF – Aging in New York Fund

APS – Annual Plan Summary

CSE – New York State Community Services for the Elderly Program

DFTA – Department for the Aging

EISEP – Expanded In-Home Services for the Elderly Program

HIICAP – Health Insurance Information Counseling and Assistance Program

MIPPA – Medicare Improvements for Patients and Providers Act

NORC – Naturally Occurring Retirement Community

NORC SSP – Naturally Occurring Retirement Community Supportive Service Program

NYCHA – New York City Housing Authority

NYSOFA – New York State Office for the Aging

OAA – Older Americans Act

SCRIE – Senior Citizen Rent Increase Exemption Program

Section 202 – Federal Section 202 Supportive Housing for the Elderly

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

## Endnotes

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<sup>1</sup> 2016 ACS, U.S Census Bureau.

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

<sup>3</sup> 2016 ACS, US Census Bureau.

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

<sup>5</sup> 2010 Census and 2016 ACS.

<sup>6</sup> Bureau of Vital Statistics “Summary of Vital Statistics 2016”, July 2018, Table M25, p 75. The New York City Department of Health and Mental Hygiene (DOHMH).

<sup>7</sup> *Ibid*, Table M25, p. 75.

<sup>8</sup> *Ibid*. Table M24, p. 74.

<sup>9</sup> 2010 Census and 2016 ACS.

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

<sup>11</sup> 2016 ACS PUMS.

<sup>12</sup> 2000 Census and 2016 ACS.

<sup>13</sup> *Ibid*.

<sup>14</sup> 2016 ACS PUMS.

<sup>15</sup> 2016 ACS

<sup>16</sup> Poverty Thresholds for 2015 by Size of Family and Number of Related Children Under 18 Years, US Census Bureau.

<sup>17</sup> US Social Security Administration. Fact Sheet, 2018 Social Security Changes. Available at:

<https://www.ssa.gov/news/press/factsheets/colafacts2018.pdf>

<sup>18</sup> Office of the New York City Comptroller Scott M. Stringer, Aging with Dignity: A Blueprint for Serving NYC’s Growing Senior Population, March 2017. p. 13. Available at: [https://comptroller.nyc.gov/wp-content/uploads/documents/Aging with Dignity A Blueprint for Serving NYC Growing Senior Popul ation.pdf](https://comptroller.nyc.gov/wp-content/uploads/documents/Aging_with_Dignity_A_Blueprint_for_Serving_NYC_Growing_Senior_Population.pdf)

<sup>19</sup> 2016 ACS.

<sup>20</sup> *Ibid*.

<sup>21</sup> *Ibid*.

<sup>22</sup> *Ibid*.

<sup>23</sup> 2016 ACS.

<sup>24</sup> 2016 ACS, 2016 ACS PUMS.