



Annual Plan Summary

Covering

April 1, 2021 – March 31, 2022

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)

November 2020

Lorraine Cortés-Vázquez, Commissioner

New York City Department for the Aging

2 Lafayette Street

New York, New York 10007

Stakeholder Input

The New York City Department for the Aging (DFTA) has published the 2021-2022 **Annual Plan Summary** on its 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.

Due to COVID 19, no public hearings will be held this year. However, DFTA encourages consumers, community partners, advocates, and other interested parties to comment on the Plan or submit testimony on other issues that impact New York City's older adults via email at:

testimony@aging.nyc.gov

All comments must be received by **Monday, November 30, 2020**

The NYC Department for the Aging welcomes your input and values your expertise.

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With support from DFTA's operational and financial divisions, the Annual Plan Summary was prepared by the Planning, Policy and Analysis Unit: Sandy March, Senior Analyst; LaTrella Penny, Director; and Joyce Chin, Senior Director of the Office of Management Analysis and Planning. Ryan Gardener-Cook, Demographer, 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 also 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)

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 second year of a four-year plan covering the period April 1, 2020 to March 31, 2024.

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

DFTA engages in ongoing dialogue with various community partners and in various 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 matters related to the development, administration and operations of its area plan. The Council includes representatives from the social services, health, and academic communities, as well as from among aging services consumers. The members all serve without compensation and are appointed by the Mayor for three-year terms.
- **Annual Plan Summary Public Hearings.** The Department for the Aging usually 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. Due to COVID – 19 restrictions on public gatherings, the 2020 Public Hearing requirement has been suspended. However, the Department welcomes written comments on the Annual Plan Summary. 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.

STATISTICAL OVERVIEW OF OLDER NEW YORKERS

New York City's rapidly growing older adult population of over 1.7 million is ethnically, culturally and economically diverse, with a wide range of service needs. 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 2018 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

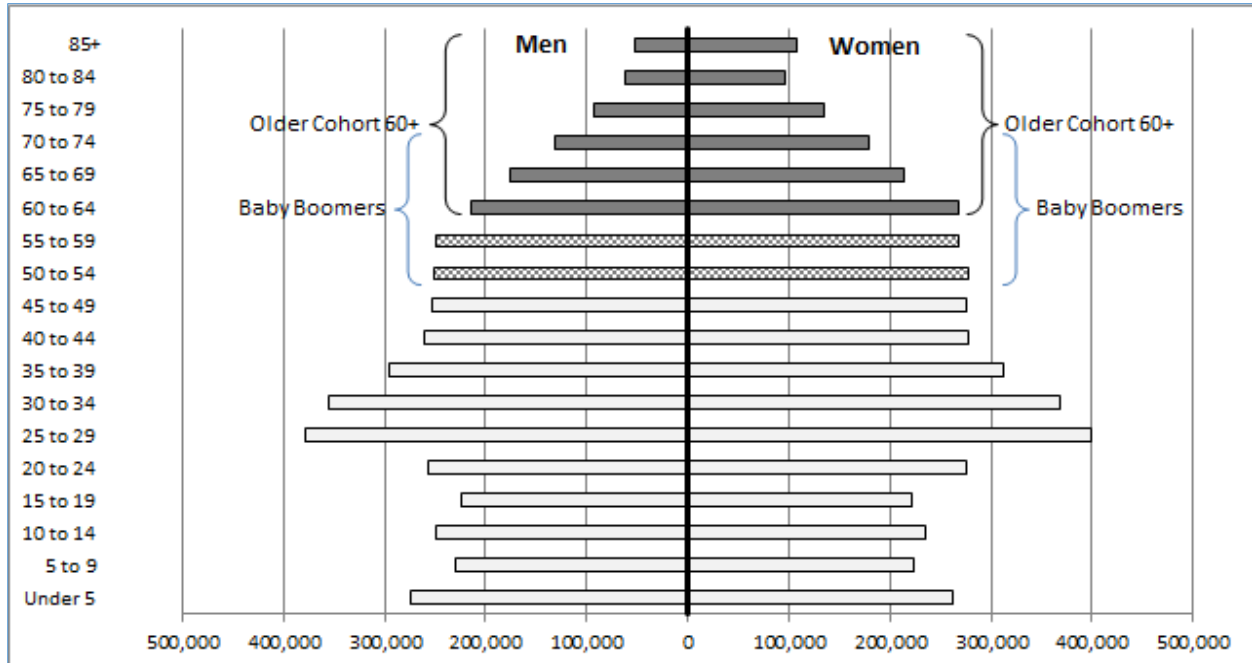
The Age and Gender Pyramid that follows shows an overall profile of New York City's 2018 population. The area shaded in dark gray reflects the **population aged 60+**, which **comprises 1.73 million adults, or 20.6% of the City's population**. The dotted bars represent those aged 50 to 59, who comprise 1,044,798 people, or 12.5% of the population¹.

By 2040, New York's 60+ population is projected to increase to 1.86 million, a 48.5% increase from 2000. The 2040 number will thus remain at 20.6% of the total population, about one-third above the 15.6% figure in 2000.² The absolute number of residents aged 60+ will increase into mid-century as part of the overall projected increase in the New York City population.

It should be noted that the 1.73 million figure for the current older population is based on a sample survey. Results from these surveys can vary upward or (on rare

occasions) downward each year based on the sampling methodology. Nevertheless, the underlying trend of ongoing growth in the older population has held firm in nearly all of the annual projections in recent years.

Age and Gender Pyramid for New York City (2018)³

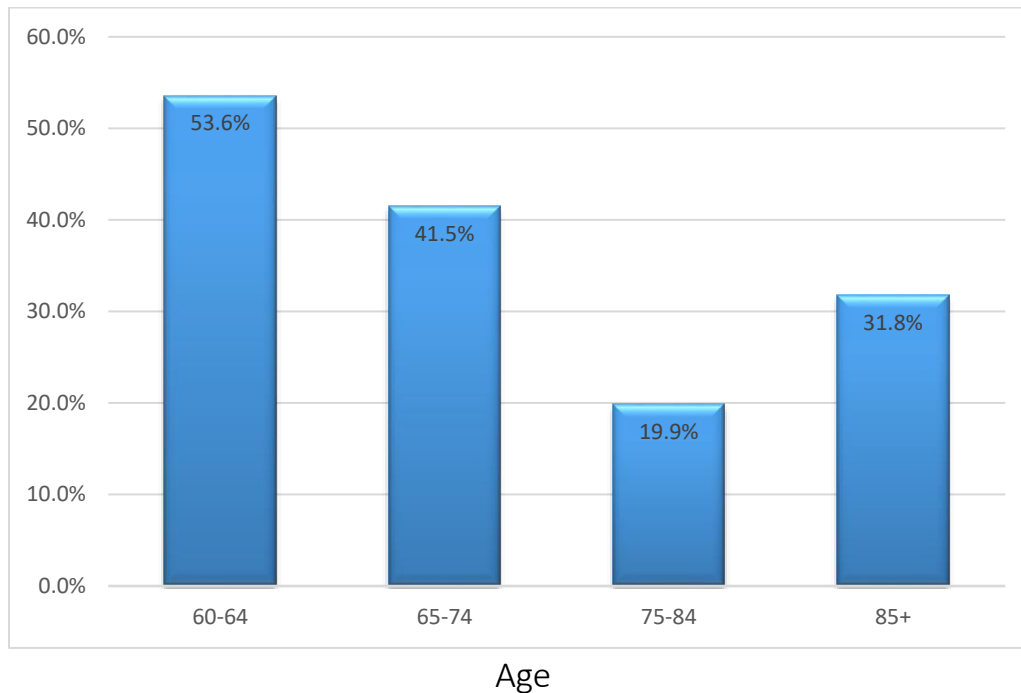


*Note: Each bar represents an age span of five years.

AGING WITHIN THE OLDER POPULATION

The City's total older population, which increased from 1.25 million in 2000 to 1.73 million in 2018, has significantly changed in age composition. From 2000 to 2017, the number of residents 60-64 years and older increased dramatically, by 53.6%. The number of people aged 65-74, and the eldest group (85 and older) also grew quickly, by 41.5% and 31.8% respectively. Those between ages 75 and 84 increased moderately, at 19.9%. 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 2040.⁴

Percentage Change of Selected Age Groups, New York City (2000-2018)⁵



INCREASE IN LIFE EXPECTANCY

The latest figures indicate that New York City life expectancy remains at an all-time high of 81.2, an increase of 3.6 years from 2000 to 2017⁶. 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 2017, New York City women had a life expectancy of 83.6 years, while men had an average life expectancy of 78.5 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.

Given women's longer life expectancy, as of 2018, they continue to outnumber men by 273,070 within the 60+ age group. The number of women is just over 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 roughly 2 to

1, and this greater longevity results in more women living alone during their later years, which has various implications related to income, social isolation and other concerns.

INCREASE IN DIVERSITY

American Community Survey data show that from 2000 to 2018, the non-Hispanic White older population decreased, whereas the number of other ethnic and/or racial populations grew rapidly. In 2018, 59% of New Yorkers 65 and older belonged to ethnic and/or racial groups other than Caucasian, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2018, the Black population increased by 59%, the Hispanic population by 98%, and the Asian/Pacific Islander population by 180%.¹¹

Table A: Race/Ethnic Composition 65+ Population in New York City, 2000-2018¹²

Race/Ethnic Profile	2000 Census	2018 ACS	% Change 2000-2018
White (Non-Hispanic)	533,982	516,874	-3.2%
Black	185,088	293,933	58.8
Hispanic	138,840	275,251	98.3%
Asian/Pacific Islanders	59,056	165,648	180.4 %
All Minorities	382,984	734,832	91.9%

There are also significant linguistic differences among older New Yorkers: nearly 50% speak a language other than English at home. Linguistic and cultural differences, coupled with the challenges of aging and disability, can limit older adults' access to services and 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.

Table B: Top 10 Languages other than English spoken at home amongst the 65+ Population in New York City,

Language other than English spoken at home	2018 ACS
Spanish	240,893
Chinese	80,808
Russian	50,518
Italian	29,363
Haitian	17,993
French	12,688
Greek	11,076
Korean	11,009
Yiddish	8,622
Polish	7,695

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 9.9% in 2000 and then remaining relatively stable through 2018, New York City's older adults experienced an increase in poverty from 16.5% to 18.3% for the same time period.¹⁴ The result is that the percentage of older New Yorkers below the Federal Poverty Level is nearly twice that of Americans in general. The 2018 Federal Poverty Level was \$12,140 for a one-person household and \$15,193 for older two-person households.¹⁵

Table C: Poverty by Race/Ethnicity for Older New Yorkers Aged 65 and Above
(2018)¹⁶

	Total Older Cohort*	Number Below Poverty	% Below Poverty Level (2018)
White	500,027	62,895	12.6%
Black	280,945	51,858	18.5%
Hispanic	269,111	72,902	27.1%
Asian	161,668	41,119	25.4%

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

A substantially higher proportion of other racial/ethnic groups than the White population live in poverty – 27% of Hispanics, 25% of Asians, and 19% of Blacks. In addition, the number of older women living below the poverty level (21%) is approximately five percentage points higher than that of their male counterparts (16%), which translates to 31% higher poverty among older women relative to the population of older men.¹⁷

In 2018, the median household income for older New Yorkers was \$37,417, lower than the nation’s median of \$44,992.¹⁸ Median income also varies significantly by race. In 2017, the median income of:

- Hispanic households was \$22,500, 59% less than that of the White population, whose median household income was \$55,000;
- Black households was \$32,500 or 41% less than for the White population; and
- Asian households was \$27,500, 50% less than in the White population.¹⁹

FUNCTIONAL CAPACITY AND MOBILITY

As they age, some individuals lose independence due to decreased mobility and cognitive functions, and other disabilities. In 2018, 405,927 older people, or 34%

of the civilian non-institutionalized population, reported some level of disability. Of this group:

- 25% 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;
- 10% had mental, cognitive or emotional conditions causing difficulties in learning, remembering, or concentrating;
- 11% were limited in their ability to perform self-care activities, such as dressing, bathing, or getting around inside the home;
- 9% reported hearing disabilities; and
- 7% reported vision disabilities.²⁰

Disability rates for older New Yorkers were nearly identical to national rates (33.6% vs. 33.9% respectively). Just under one-half of older women have some disability. In contrast, less than one-third of older men are disabled. However, as a result of that contrast and the larger population of older women as compared to men, women make up almost two-thirds of all disabled older adults. When examining these rates by ethnicity, older Hispanic men (37.3%), and especially women (46.6%), 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 (23.8%) than those without (14.9%).²¹

SOCIAL ISOLATION

Social isolation in older people is a growing public health concern. Social isolation is prevalent amongst older people, and evidence indicates the detrimental effect that it can have on health and well-being, e.g., declines in physical, mental and cognitive health. It has been associated with an approximately 50% increased risk of developing dementia.²² Research indicates that living alone is one of the main risk factors for social isolation. In 2018, 30.8% of persons age 65 and over in New York City were living alone, going up to 42.9% for persons aged 85 and over.²³ Compounding this, those living alone had the highest poverty rate (29.7%) among all older households.²⁴ Social isolation is a complex concern for older adults, and it is important to note that living alone is not the only factor that may contribute to

vulnerability for certain older individuals. Other factors include limited income, 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.²⁵ Loneliness and social isolation are associated with increased mortality among older adults.²⁶

EMPLOYMENT

As baby boomers continue to age, the number of older employees will become an increasingly significant proportion of all workers. In 2018, more than one out of every five workers in the American labor force was 55 or older (22%)²⁷, and projections have indicated that this age group will account for a quarter of the labor force in 2022.²⁸

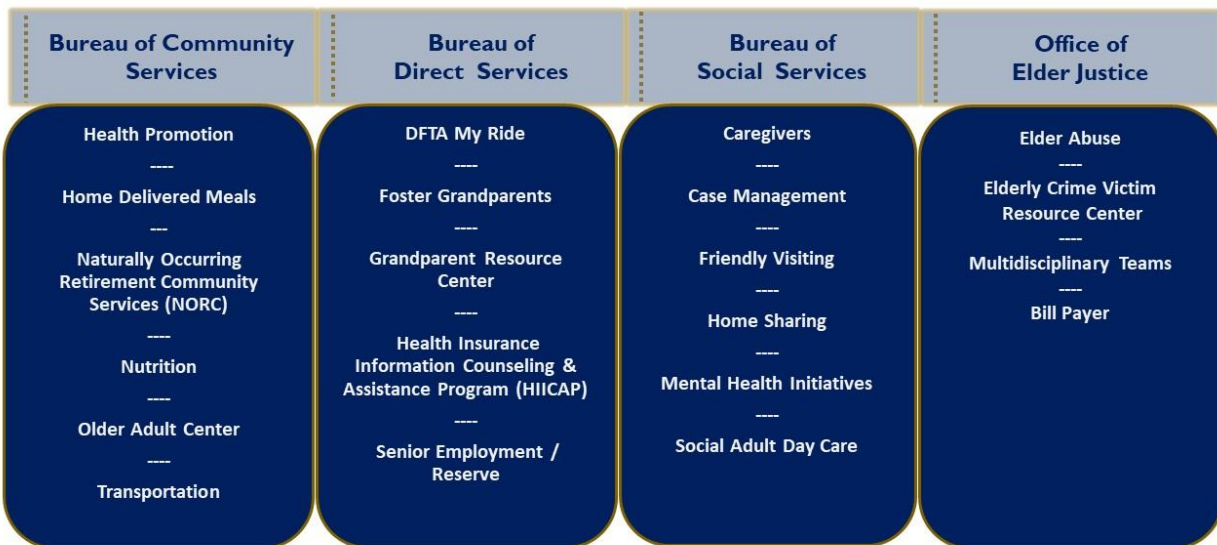
DFTA SERVICES TO OLDER ADULTS

The significant increase in the older adult population, along with the rapidly changing demographics as highlighted in the statistical overview above, presents challenges as well as opportunities for planning and developing supportive services for older adults. The next two sections highlight the programs, initiatives, and services through which the Department achieves its goals and objectives and responds to the current and emerging needs of the elderly. They outline the services provided through the **Division of Programs**, as well as through **Other Programs and Initiatives**.

In Fiscal Year 2020, DFTA served over 240,000 older New York City residents through its in-house programs and contracted providers. DFTA programs, including Friendly Visiting, Mental Health, Caregiver and Social Adult Day pivoted during the COVID -19 period to offer a range of virtual programming to address loneliness, social isolation and/or mental health needs of older New Yorkers and Caregivers. Since the closures of congregate sites, over 2.2 million telephone contacts were made with clients at home, and virtual program offerings made available to senior center clients tripled. DFTA also increased meal deliveries during the pandemic to respond to the needs of older adults.

In the current fiscal year and beyond, DFTA will focus on the continuing evolution of its aging services programming to meet the needs of the City’s dynamic and increasingly diverse older population. As one example of these efforts, DFTA will work with stakeholders to create the “senior center of the future.” This will be achieved through the release of an older adult center (senior center) RFP. It will seek innovative proposals in areas that include the use of technologies such as virtual programming to extend centers’ reach beyond their physical sites to engage more older people in services and activities, including those who are frail, homebound and/or socially isolated.

Division of Programs



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 comprises the following units and programs:

- **Older Adult Centers.** DFTA currently funds 249 older adult centers throughout the five boroughs, and there are additional 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. Prior to the COVID-19 pandemic, close to 30,000 individuals attended DFTA older adult centers and affiliated sites daily. In March 2020, DFTA followed City guidance and suspended congregate activities at centers across the city. In response to the closing of centers, DFTA staff and contracted providers increased telephone contacts with, and virtual programs offered to, older New Yorkers. Additionally, congregate meal service was transitioned to a combination of Grab and Go and meals delivered to clients at their homes by both DFTA and GetFood NYC contractors. This continued until the implementation of the GetFood NYC program.
- **Home Delivered Meals.** The Home Delivered Meals (HDM) program provides meals each weekday to hungry and homebound older adults, 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.
- **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 Health and 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.
- 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 City Agency Food Standards. The nutrition unit will oversee the execution of a new ACL Grant – the Virtual Smart Living Initiative. The Virtual Smart Living Initiative is a three-year project that will take a holistic approach to address the nutritional, social, and mental health needs of older New Yorkers.

- **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.

In the upcoming year, BCS and the agency will incorporate the lessons learned during the pandemic and will seek to develop additional virtual programming to better serve older adults.

THE BUREAU OF SOCIAL SERVICES (BSS)

The **Bureau of Social Services (BSS)** provides various programs and services that help seniors remain active in their homes. BSS oversees several programs: **Case Management, Home Care, Friendly Visiting, Caregiver Services** (including Contract caregivers services, missing persons and caregiver survey), **Social Adult Day, Home Sharing,** and **Mental Health Initiatives.** In addition to these core programs, a new program was created and launched through Mental Health Initiatives, known as the Reassurance Initiative for Support and Engagement (RISE). An

electronic/animatronic pet project was also launched for SADS and Friendly Visiting participants.

- **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 the Bill Payer program.
- **Home Care.** The Home Care program is designed for low-income seniors 60 years of age 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 delay the placement of frail elderly individuals into more expensive Medicaid-funded nursing homes. In FY20, 3,780 clients received 1,260,142 hours of home care. A Home Care concept paper and RFP are planned for Fiscal Year 2021.
- **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. DFTA would eventually like to expand both the DFTA Geriatric Mental Health (DGMH), a clinical mental health program lodged in a number of senior centers, and friendly visiting ThriveNYC initiatives. The success of the Friendly Visiting Program has led DFTA to create a new program to combat social isolation among seniors called Friendly VOICES. (See page 16 for more on Friendly VOICES.)
- **Home Sharing.** The Home Sharing Program was established over three decades ago by the New York Foundation for Senior Citizens with State and private funding. Home Sharing became a program of the City over a decade after its inception when it became clear the service was a useful, safe way to help older adults find roommates which had financial, social, and other benefits. The Home Sharing program involves contracted staff using a combination of matchmaking software for compatibility and

social work staff oversight, matching older adults with roommates to reduce the older adult's risk of social isolation while creating affordable housing opportunities for both hosts (person with space in their home for a guest) and guests (person needing a place to live). At least one of the matched pair must be an older adult.

- **Social Adult Day Services.** Social Adult Day is a supervised program for cognitively impaired and/or physically frail older adults, with program components designed to reduce isolation and maximize individual 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. DFTA oversees nine discretionary Social Adult Day Service programs.
- **Caregiver Services.** DFTA contracts with 12 caregiver organizations. Nine of the contracts are geographically based, while three are citywide programs focused primarily but not exclusively on three populations: the LGBTQ community, the blind and visually disabled, and Asian populations. These organizations support caregivers by providing information on long term care topics and resources, assisting with accessing benefits and entitlements, offering individual counseling, support groups, and care-related training, linking caregivers with in-home, congregate, and overnight respite care, and offering supplemental support services.
- **DFTA Geriatric Mental Health Program (DGMH).** DFTA oversees three contracted mental health programs. The Geriatric Mental Health Program (DGMH) embeds mental health clinicians in community based senior centers. Mental health clinicians provide engagement activities and programs, conduct mental health assessments, and provide mental health treatment. The Hub and Spoke Program, similar to DGMH in the sense that mental health clinicians are embedded at senior centers providing the same services as DGMH, but in addition, this program provides engagement activities/programs and assessments at neighboring senior centers. PROTECT and Clinical Services – for homebound older adults (PACS-HB) is an in-home, evidenced-based program (PROTECT) for victims of elder abuse referred from our DFTA

funded Elder Abuse programs. PACS-HB also provides in-home clinical counseling for clients from our Case Management Programs.

- **Missing Persons.** Since 2010, DFTA has worked with the NYPD's Silver Alert Notification System. Silver Alert locates individuals over 60 years of age with a diagnosed cognitive impairment and who have been reported missing and are deemed to be in imminent danger. DFTA's contracted caregiver programs reach out and offer the families support and information on available services geared toward the safety of the older adult.
- **Caregiver Survey.** In response to constituent advocacy efforts, City Council enacted Local Law 97, which required DFTA to work with other City agencies and non-profit entities on the implementation of a survey that identified caregiver needs. Results of the 2017 Survey of Informal Caregivers in New York City reported that the primary needs were for information and service referrals, respite services, and transportation. A successful media campaign advertising 'Caregiving Support' resulted in nearly 1,000 requests for information through 311.

BSS will be launching two new programs, Friendly VOICES (Virtual Opportunities Improving Connections with ElderS), and Tele-PROTECT. The Friendly VOICES program will work to limit social isolation among older adults by providing them with friendship and social engagement through one-on-one relationships and small groups. DFTA will identify older adults, recruit and screen volunteers, and provide training and ongoing support to volunteers and clients to ensure engagements are rewarding to both parties. This program is designed to expand friendly visiting to people can benefit from it beyond the program in existence for case management clients. Tele-PROTECT is a partnership between DFTA and Weill Cornell Institute of Geriatric Psychiatry that aims to deliver an evidence-based mental health intervention to victims of elder abuse and/or elder crime. BSS is also developing a robust social work intern mental health initiative, engaging social work interns in the provision of mental health services to older adults with the goal of work force development.

THE BUREAU OF DIRECT SERVICES (BDS)

The **Bureau of Direct Services (BDS)** 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 Direct Services are as follows:

- **The Foster Grandparent Program** is a federally funded program sponsored by DFTA. It is a senior volunteer program whose primary focus is literacy support and mentoring to children with special and exceptional needs. Low-income older adults are placed in a variety of venues, such as schools, hospitals, family courts, Head Start programs and day care centers. Foster Grandparents assist teachers, medical staff, and social workers in engaging children in literacy activities, as well as in providing nurturing and care for pediatric patients. Over 300 older adults throughout the five boroughs volunteer in the program.
- **The Grandparent Resource Center (GRC)** provides supportive caregiver services to older adults raising their grandchildren. 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. In addition, GRC staff provides intergenerational programming, food-insecurity resources, assistance with elder abuse and other senior issues at the MAP sites. GRC was the winner of the 2018 Janet Sainer award for excellence in delivering social service programming for kinship caregivers.
- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** helps seniors navigate the complexities of Medicare and Medicaid. 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). It 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. The SCSEP program provides ongoing support to the participants upon finding employment, such as retention and career advancement support and non-related support through partnerships with other city agencies.
- Retired professionals 55+ may apply through SCSEP 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 the employer to help fill critical gaps, such as support for social workers, strategic planning, foundation outreach, administrative support, event planning, and Information Technology administration.

THE OFFICE OF ELDER JUSTICE

The **Office of Elder Justice** works to protect older New Yorkers from crimes and abuse and helps victims of crimes address their safety, emotional and financial concerns. The Office of Elder Justice is made up of the Elderly Crime Victims Resource Center, Elder Abuse Prevention and Intervention Services, the Bill Payer Program, and Multidisciplinary teams.

- **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.

- **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 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. For the coming year, MDT will also expand their scope of service to include training professionals in both the financial and medical fields to identify cases of elder abuse and then refer to the appropriate community service provider.
- **The Bill Payer Program.** The Bill Payer Program assists 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.

Other Programs and Initiatives

AGING CONNECT

In February 2020, DFTA launched **Aging Connect**, a contact center that connects older New Yorkers, caregivers, and professionals to age-inclusive programs, resources, and opportunities. In close partnership with NY Connects and 311, Aging Connect aims to eliminate confusion and provide information and direct referrals to services. Aging Connect's multi-lingual Aging Specialists are trained to connect callers to direct services provided by DFTA providers, community partners and city agencies. Aging Connect also oversees DFTA's work with NY Connects, School Bus Transportation, Senior Farmer's Market Nutrition Program, Correspondence, Volunteer Opportunities and more. Since the launch of the program, Aging Specialists have handled thousands of calls from older adults, caregivers and professionals who otherwise may not have received the assistance they need.

In the upcoming year, DFTA plans to broaden the awareness of Aging Connect through social media platforms and outlets most accessible to older adults. DFTA will also aim to strengthen the relationship between Aging Connect and other sister agency call centers (Department of Consumer Affairs' Office of Financial Empowerment and Human Resource Administration), to improve and streamline interagency information sharing. This will result in providing the most up-to-date information and referrals to Aging Connect callers.

The New York State Farmers Market Nutrition Program (SFMNP) was implemented in July 2020. Through its partnership with the Department of Agriculture, DFTA mailed coupon booklets and nutritional information to approximately 45,000 older adults. Additionally, DFTA developed a partnership with the NYPD Explorers program to assist homebound seniors with redeeming coupons at the local farmers markets and stands, citywide.

Aging Connect also played an essential role in identifying and recruiting volunteers for Senior Centers and others during the height of COVID -19. Since COVID-19, Aging Connect has identified and recruited hundreds of volunteers interested in helping the most vulnerable aging population with gaining access to food, medicine, and other needed supplies.

NY CONNECTS

NY Connects is 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 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 the program is to ensure that individuals receive assistance in such a way that they are seamlessly connected with services that help them with often multi-faceted, complex situations. NY Connects oversees five contracted borough-based community organizations throughout New York City. In FY20, over 20,000 callers were assisted by DFTA’s NY Connects providers. Since its launch, NY Connects has consistently exceeded its annual goals by 10%. This was accomplished through outreach to the community, providing public education on topics related to long term services and supports, as well as providing barrier-free access to accommodate all individuals, including those with disabilities and who communicate in languages other than English.

As a result of the pandemic, NY Connects providers saw an increase in calls, and in response to the new needs of consumers, providers were able to conduct grass-root efforts to explore food security resources and mobilize efforts to connect a food bank with resources for transporting food to its local community. Providers also assisted families who suffered loss to navigate the systems and locate means and places to bury loved ones.

A major priority for the upcoming year is to seek creative ways to conduct outreach efforts to the community and provide public education in the COVID 19 environment. This effort will include collaborating with NY Connects partners, creating education and training series for the public addressing current issues, and assessing community programs that offer services related to the needs of the NY Connects consumer.

ASSIGNED COUNSEL PROJECT

The **Assigned counsel Project (ACP)** is a joint collaborative effort between the NYC Department for the Aging, NYC Human Resources Administration (HRA), Office of the Criminal Justice (OCJ) and the New York State Civil Court Access to Justice Program. The goal of the program is to prevent evictions of persons over the age 60. Potential clients for the program are older adults who are at risk of

being evicted from their homes, and who have an active case on the New York City Housing Court calendar. HRA OCJ contracted community based legal services providers provide clients with legal representation, and DFTA/ACP provides social service assistance geared toward identifying service needs and assessing eligibility for various entitlements. The overall objective of the Assigned Counsel Project is to preserve long term tenancy and to assist older adults in obtaining the services that will allow them to remain safe in their communities.

THE BUREAU OF PLANNING, RESEARCH, EVALUATION AND TRAINING (PRET)

PRET is the research and development arm of the agency, involved in many of the key efforts to launch new initiatives and program and policy directions to ensure the ongoing evolution of aging services in New York City. This work is accelerating during an era of rapid growth and change in the older adult population in order to address the various needs and interests of the highly diverse older population in the City. In designing new efforts and assessing the success of current initiatives and programs, PRET and the Department consider how this work can promote greater equity. This includes accounting for the large number of cultural backgrounds comprising the older adult population and striving to offer particular support for those who are facing a number of issues associated with lower income.

Beyond its focus on innovation through strengthening existing programs and engaging in the planning and design of new initiatives, PRET is responsible for producing a wide range of data reports and special analyses that enable DFTA and its providers and oversight agencies to track progress in the Department's delivery of services to older New Yorkers. The bureau 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. PRET coordinates efforts with other DFTA program areas and with the Department'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. Finally, the bureau carries out the provider training and capacity building functions of the agency, offering a wide range of curricula that promote professionals' knowledge base and skill sets.

Several key projects and initiatives in the most recent year include:

- **Requests for Proposals (RFPs).** DFTA is engaging with its partners in an unprecedented six solicitations in the current year. Awards were announced for the DFTA Geriatric Mental Health program and are about to be announced for the Home Delivered Meals program, for a contract start of January 2021. A concept paper for older adult centers (senior centers) was active through October 5, 2020, and an RFP is currently in the preparation phase. In addition, a concept paper related to the elder justice program was recently released, and a home care concept paper will soon be released. All three of these solicitations are for contracts scheduled to begin by July 2021.
- **Data Accuracy.** DFTA hired a consultant this year, who will be working with the agency and provider staff to improve accuracy and completeness of data processed through the official client tracking system known as the Senior Tracking, Analysis and Reporting System (STARS). Elements to be addressed range from income to certain senior center activities and client identifying information, where increased accuracy is needed. This work is necessary as part of a larger effort underway this year and next to expand the breadth of performance metrics available to DFTA and its providers to measure program success.
- **Health Care Integration Projects.** In June 2020, DFTA implemented its first pilot with a health care provider – Healthfirst – linking Medicare Advantage clients with aging services providers who are helping to assess their needs and to navigate through various referrals, as well as to connect the consumers to a PCP where they currently do not have one, or re-connect where they have not visited recently. This groundbreaking pilot will result in a wealth of information about the potential for linkages between health care and aging services entities to lead to better health and social outcomes for older people.

In the upcoming year, PRET will be working with other DFTA and provider staff on the following initiatives that will enhance the provision of programs and measurement of their success:

- **Performance Metrics.** A particular emphasis is being placed on outcomes measures for virtually all DFTA-funded programs to ensure that intended results are being achieved. Metrics are currently being finalized, for implementation in phases between late CY 2020 and late CY 2021. **Customer surveys**, to obtain direct consumer input, are being expanded and refined as part of this process. One set of surveys will be incorporated into future senior center annual Program Assessments; these surveys coupled with additional PAS questions are all designed to measure members' satisfaction through "softer" measures such as perception of staff helpfulness and engagement of members.
- **Virtual Programming.** The number of senior centers that offer virtual programming tripled during the COVID-19 pandemic, and offerings increased as well in other DFTA-funded programs. Virtual programming holds great promise as a way to stay in touch with older people both during and after crises such as pandemics, and generally to combat social isolation. DFTA is working to expand these offerings and consumers' access to them.
- **E-Learning.** The demand for DFTA Provider Training and Capacity Building Unit services is large and growing. That Unit has engaged an e-learning specialist to increase offerings through electronic channels, which will greatly increase the number of professionals who can benefit from this resource.
- **Home Delivered Meals App.** To streamline the HDM delivery process, DFTA is implementing a new home delivered meals app using smartphones to record deliveries in real time.

SOCIAL ADULT DAY CARE (SADC) OMBUDS OFFICE

In response to widespread community concern about the proliferation of unregulated social adult day programs, 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 and responds to SADC-related complaints or inquiries. In February 2020, Rules for Local Law 9 of 2015 were promulgated authorizing the Office to issue civil penalties for violations of the NYS Office for the Aging's Social Adult Day Regulations.

PRESS AND PUBLIC INFORMATION UNIT

The **Press and Public Information Unit** promotes the agency's services and resources in the community through media and public outreach. The unit oversees internal and external communications. This includes managing press inquiries, DFTA's public-facing website, social media channels, the creation and distribution of marketing materials, and media campaigns. In addition, the unit organizes the agency's press events, and helps prepare senior leadership and DFTA staff for public speaking events.

In 2019, the Press and Public Information office helped promote programs and services through the press and the agency's public-facing channels, as well as through media campaigns, including the expansion of the Home Sharing program. The unit also focused on raising awareness about elder abuse by partnering with sister-City agencies, including the NYC Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV), the Department of Health and Mental Hygiene, and the Mayor's Office of ThriveNYC to re-launch the Elder Abuse media campaign. The Elder Abuse media campaign appeared on LinkNYC kiosks, bus shelters, Facebook and in community and ethnic newspapers.

The Press and Public information team launched a Social Isolation campaign in June 2020 that included visual and audio PSAs to spotlight the issue of social isolation and ask New Yorkers to reach out and call an older neighbor, friend, or relative, and volunteer for DFTA's Friendly Visiting program. The radio PSA was voiced by Broadway star Lin-Manuel Miranda and aired on local radio stations. During the campaign's month-long run, more than 200 individuals signed up to volunteer to the Friendly Visiting program. The Press and Public Information team are working to launch an anti-ageism campaign in Spring 2021.

Projected Resources and Expenditures

July 1, 2020 - June 30, 2021

The Department receives funding from a variety of sources to support the broad range of services described above. 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. Most 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 September 2020 and are subject to change. Table D (Page 28) lists DFTA’s revenue sources. For City Fiscal Year 2021 (July 1, 2020- June 30, 2021), the Department's budget is projected at approximately \$417 million, around 1% less than Fiscal Year 2020. City funding represents 71% of the Department’s budget; federal funding 18%; and state funding 11%. Table E (Page 29) reflects planned support for each of the Department's contracted services.

Table D: Projected Fiscal Year 2021 Budget

July 1, 2020 – June 30, 2021

FEDERAL FUNDS	
OAA Title III B Social Services	\$ 9,194,302
OAA Title III C Nutrition	\$ 19,619,248
OAA Title III D Health Promotion	\$ 691,093
OAA Title III E Caregiver Support	\$ 4,264,028
OAA Title V Senior Community Services Employment	\$ 3,270,575
NCOA Senior Employment	\$ 1,277,412
Nutrition Program for The Elderly	\$ 10,075,691
Title XX Social Service Block Grant	\$ 18,349,847
NY Connects Expansion & Enhance -BIP	\$ 3,752,635
ACTION - Foster Grandparents	\$ 1,835,730
HIICAP (Health Insurance Information, Counseling and Assistance Program)	\$ 575,082
Community Development Block Grant	\$ 2,252,088
Fall Prevention	\$ 149,770
MIPPA	\$ 277,810
Subtotal Federal Funds	\$ 75,585,311
STATE FUNDS	
CSE (Community Services for the Elderly)	\$ 11,356,817
EISEP (Expanded In-Home Services for the Elderly)	\$ 18,251,813
Foster Grandparents	\$ 18,443
SNAP (Supplemental Nutrition Assistance Program)	\$ 10,820,867
CSI (Congregate Services Initiative)	\$ 152,288
Crime Victims	\$ 422,554
Transportation	\$ 395,804
Unmet Needs	\$ 4,106,511
Seniors' Health Improvement & Nutrition Education	\$ 228,583
FIDA	\$ -
Subtotal State Funds	\$ 45,753,680
CITY FUNDS	
City Tax Levy	\$ 294,242,688
NYC Community Programs	\$ 910,140
Intra-City Reserve	\$ 462,698
Subtotal City Funds	\$ 295,615,526

Table E: Planned Support by Community-Based Service

July 1, 2020 – June 30, 2021

FY 2021 PLANNED BUDGET		
ACCESS SERVICES		
		\$81,176,638
Case Management	\$39,136,196	
Transportation/Escort	\$5,683,316	
Information & Referral/Outreach	\$36,357,126	
NUTRITION SERVICES		
		\$135,834,460
Congregate Meals	\$93,597,592	
Home Delivered Meals	\$41,837,180	
Nutrition Education	\$286,021	
Shopping Assistance/Chore	\$113,667	
IN-HOME & CARE SERVICES		
		\$37,610,614
Home Care	\$34,482,642	
Friendly Visiting	\$1,800,000	
Telephone Reassurance	\$1,327,972	
LEGAL ASSISTANCE		
		\$2,431,982
EMPLOYMENT RELATED SERVICES		
		\$6,383,717
Senior Employment	\$4,547,987	
Foster Grandparent Program	\$1,835,730	
OTHER SOCIAL/HEALTH PROMOTION SERVICES		
		\$73,992,960
Education/Recreation	\$30,361,590	
Elder Abuse	\$5,351,988	
Health Promotion/Screening	\$21,670,205	
Caregiver	\$8,183,027	
NORCS	\$8,043,346	
Residential Repair	\$382,804	

FREQUENTLY USED ACRONYMS

AAA – Area Agency on Aging

ACL – Administration for Community Living

ACS – American Community Survey

AIP – Annual Implementation Plan

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

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

ENDNOTES

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- ¹ 2018 ACS 1-Year, Table S0101, U.S. Census Bureau.
- ² 2000 Census; New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.
- ³ 2018 ACS 1-Year, Table S0101, U.S. Census Bureau.
- ⁴ 2000 Census; New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.
- ⁵ 2000 Census and 2018 ACS 1-Year, Table S0101, U.S. Census Bureau.
- ⁶ Bureau of Vital Statistics “Summary of Vital Statistics 2017”, July 2019, Table M25, p 75. The New York City Department of Health and Mental Hygiene (DOHMH).
- ⁷ *Ibid*, Table M25, p. 75.
- ⁸ *Ibid*. Table M24, p. 74.
- ⁹ 2010 Census and 2018 ACS 1-Year, Table S0101, U.S. Census Bureau.
- ¹⁰ New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.
- ¹¹ 2000 Census and 2018 ACS 1-Year, Table S0103, U.S. Census Bureau..
- ¹² *Ibid*.
- ¹³ 2018 ACS 1-Year, Table S0103, U.S. Census Bureau, .2018 ACS 5-Year PUMS Custom Table
- ¹⁴ 2019 Census Table 3. Poverty Status of People by Age, Race, and Hispanic Origin: 1959 to 2019, 2018 ACS 1-Year, Table B17001.
- ¹⁵ Poverty Thresholds for 2018 by Size of Family and Number of Related Children Under 18 Years, US Census Bureau.
- ¹⁶ 2018 ACS 1-Year, Tables B17001B, B17001D, B17001H, B17001I.
- ¹⁷ 2018 ACS 1-Year, Table B17001.
- ¹⁸ 2018 ACS 1-Year, Table B19049.
- ¹⁹ *Ibid*.
- ²⁰ 2018 ACS 1-Year, Table S1810.
- ²¹ 2018 ACS PUMS Custom Table.
- ²² National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>
- ²³ 2018 ACS 1-Year PUMS Custom Table.
- ²⁴ *Ibid*.
- ²⁵ Gusmano, Michael K. and Victor G. Rodwin. “The Elderly and Social Isolation.” Testimony to the New York City Council Committee on Aging, February 13, 2006.
- ²⁶ Andrew Steptoe, Aparna Shankar, Panayotes Demakakos, and Jane Wardle, *Social isolation, loneliness, and all-cause mortality in older men and women*, PNAS 2013 110: 5797-5801
- ²⁷ 2018 ACS 1-Year, Table S2301.
- ²⁸ U.S. United States Department of Labor. Bureau of Labor Statistics. “Employment Projections: 2012-2022 Summary.” Available at: <http://data.bls.gov/cgi-bin/print.pl/news.release/ecopro.nr0.htm>