

Good morning/afternoon. I want to thank you for allowing me a chance to testify today on the Governor's Proposed Executive Budget and its impact on the aging service network in New York State.

The New York State Coalition for the Aging is a statewide association representing community-based senior service providers throughout New York State. Our members include senior centers, town senior providers, adult day service providers, Catholic Charities, Jewish and Protestant senior providers, some county offices for the aging and so forth. We represent almost 200 providers serving hundreds of thousands of senior citizens and their families. *We believe that older adults have the right to live as independently as possible, with dignity, in their homes and communities.*

### **Executive Budget Proposal**

Overall, the proposed Executive Budget was what we had anticipated. It is identical to the bare bones budget that was passed in the Fall of 2001. While we are thankful that funding was not cut in the wake of the deficits that the state is facing, we believe that the state could, and should be doing more to meet the current community-demand for service as well as prepare for the coming years.

We are very pleased with the new leadership at NYSOFA. They are accessible, they seek public comments from the advocacy and provider community, they reach out to groups and they have created an atmosphere where we can work together and build coalitions to make some positive changes that will better serve the elderly of this state.

All told, the budget appropriates \$62.9 million for community-based services. This funding falls primarily on three services – the Supplemental Nutrition Assistance Program (SNAP) which provides home-delivered meals, the Expanded In-home Services for the Elderly Program (EISEP) which provides non-medical in-home care to seniors above the Medicaid eligibility criteria and the Community Services for the Elderly Program (CSE) which provides funding to local area agencies on aging to spend on a variety of services such as case management, home-delivered meals and social adult day

care. Together, these three programs account for \$58.5 million, or 93% of total state spending. Important programs such health prevention and wellness, long term care ombuds, respite, caregiver supports, elder abuse outreach and so forth receive very little in state funding.

What we are very concerned about is this proposed budget incorporates the cuts to aging programs from last years budget. Last years budget cut the \$500,000 increase the legislature had added the year before for the Congregate Services Initiative (CSI) which provides health and wellness education programs in senior centers. Also cut were respite programs for caregivers, the Elder Abuse Outreach program was zeroed out as well as the first time funding for Social Adult Day Care (\$1 million) and the Capital Grants (\$750,000) Collectively, this represented almost \$3 million in cuts. What was worse however was the funding cut to the aging network that came in the form of member items. While many in the public believe these funds to be inappropriate in one way or the other, the \$10 million that was provided to community-based senior providers represented a significant amount of money that is having devastating effects on the network. These funds paid for staffing, special programs, kept vans on the roads, paid for maintenance of facilities and equipment and is very important to senior centers and other programs that have no other avenue to receive funds for these purposes. There is no dedicated funding stream that supports the important work that senior centers do. These facilities have to piece different program funds together – this member item money was critical. Collectively, the network was cut about \$13 million, or 18% in last years budget. While we applaud the legislature for restoring some of these funds, the funding has not yet been released and it is significantly less than in years past. So while we are pleased that more cuts were not proposed, our network sustained an 18% cut at a time when we need funds to build the system.

### **Aging Services Funding in the Past**

Going back 13 years to FY 1989/90, the State Office for the Aging Budget was \$62 million. Thirteen years later and the state budget is at \$62.9 million. While there has been

some fluctuation over the years, state funding has remained relatively steady. At the same time, counties are spending over \$113 million to meet the needs of their constituents and to fill gaps in services. This cannot and will not continue as counties are facing more and more of a budgetary crisis themselves. We need the support from the state, as a collector of taxes, to aid communities in serving their seniors. New York currently has 3.2 million individuals over the age of 60. This figure will rise to 5.5 million by 2010 and continue to grow with the fastest segment being the 75+ and 85+ population. These individuals are the ones who use the community based services described above to remain independent in their homes. Level funding and a population increase means that community providers are unable to meet the growing need for services and the quality of services declines because the funding does not even keep pace with inflation. In addition, our network has a major infrastructure problem including the need for capital funding, equipment fixing or replacement, and an investment in the workforce – increased salaries, benefits, training, etc.

We are very concerned that cost-effective front end community-based services that help keep individuals and families healthy, that promote health and wellness, that provide supportive services that help individuals live as independently as possible are barely a blip on the radar of the state. Instead, our focus at the state level is on medical care and medical services provided in the most restrictive and most expensive settings, hospitals and nursing homes. It is our firm belief that New York can save Medicaid dollars and help the economy by investing in services provided by senior centers, town senior programs, adult day service programs, county offices for the aging and their many subcontractors throughout the state. In addition, better coordination with the medical community will help create a more seamless system and better use limited resources.

This approach seeks to identify and meet the needs of an individual before their problems become more chronic in nature and require more intensive services that are more costly. It is in New York's interest and the interest of the individual and their family to be served in the home when appropriate. Serving individuals in the home is almost always more cost efficient, produces better outcomes and helps the economy by creating jobs in the

aging network while allowing individuals and their families to continue to participate in the economy, buying goods and services.

For example, if an individual is not able to access transportation to and from their doctor, they may not go to their appointments, their condition may get worse and they may wind up in a hospital, nursing home or some form of rehab. If a family is not able to access an adult day program for their loved one to go to during the day to receive services in a safe environment, that loved one may be inappropriate to stay home by themselves and may have to go to an institution or the caregiver may have to adjust their work schedules to accommodate their loved one. If a hospital discharge planner cannot secure support services as part of the discharge plan for a senior because they are unavailable due to a lack of funding or waiting lists, then legally, the senior cannot be discharged. The individual may remain in the hospital or may be discharged to another facility or other options that are more costly and inappropriate.

A strong community-based service system that is easily accessible should be a priority for New York State. The demand on these services will continue to grow for many years to come. This will be true because overwhelmingly people want to remain at home, because the population of both the elderly and those with disabilities is growing, because it is much more cost effective and because the current system, which rewards institutional placement is simply not sustainable.

Furthermore, we believe that the recent Olmstead Supreme Court decision, which states that person with disabilities of all ages should live in the most integrated community-based setting provides the legal backing and moral authority to review our long-term care system and push for more of a balance between institutional and community-based services.

### **Minority and Diverse Seniors**

There is a problem of service delivery within the neighborhoods of minority seniors, most notably in upstate New York and Long Island. There are less services, less capacity to

serve and in some instances, lack of services all together. The diversity of the senior population is growing and I am sure that the Census numbers, when released in full, will demonstrate this fact. There are pockets of different ethnic seniors throughout the state, some are in large urban areas and some are not. While the law requires that low income and minority seniors be priorities in service delivery, this may not always be happening and the fact that many providers of service are white, this poses additional barriers. It is incumbent upon us to look at inner cities and other areas where there is a large population of diverse elderly and do a capacity assessment to determine our ability to actually provide services, find out what there is and there is not and then address some of the issues around culture. Are there ways in which meals can be prepared differently to take into account one's culture. Is accepting services culturally acceptable. Are there different ways in which services can be delivered? These are questions that need to be asked but also needed is a comprehensive look at the infrastructure of these communities.

### **What We Need in New York**

- New York service programs need an annual COLA like Medicaid gets. We cannot serve our seniors on consistently stagnant funding.
- We need a commitment from the state to build up cost-effective community based services. While we spend billions on Medicaid services for older adults, the state spends only \$62.9 million to provide community-services to older adults. This funding has remained consistent for over 10 years. In response, counties and towns have stepped up and have been spending hundreds of millions on these programs and services. Their ability to continue this trend is in question due to the national, state and local economy.
- We need an investment in infrastructure and capacity – including capital funds to fix up old buildings, to purchase equipment and to fix equipment.
- We need an investment in human capital. The aging network, according to preliminary data collected by the Human Services Campaign, show that the aging network has the highest turnover rate and the lowest pay of human service

organizations. We get what we pay for. We need higher pay and more training to attract and retain a quality and professional workforce.

- We need to end waiting lists for home-delivered meals and the EISEP program.
- We need to invest in the infrastructure of NYSOFA. Over the years they have lost about 50 of their staff and this has a direct impact on delivery in the state – it affects field work, the ability to lead, contract processing and the ability to conduct studies and analysis just to name a few.
- We need better service coordination and a “one-stop shopping” approach to information and assessment.
- We need a statewide needs assessment and capacity study.
- We need to know where increases in program dollars are actually going. Did they go to administrative functions or direct services?
- We need an increase in caregiver supports such as social adult day, respite and so forth.

The aging network has been very creative over the years to meet the demand for services with little to no additional funding and in some cases, cuts to core services. We are being asked to do more every year with less. We are being asked to serve those under 60 as well as those over 60 but we receive little to make this happen.

Some believe we are in a crisis now that will only grow worse over the next few years as more and more older New Yorkers seek community-based supportive services.

We believe New York has a responsibility, as a collector and a distributor of tax dollars and as an entity looking out for the welfare of its populace, to meet the needs of its residents in the most cost-effective and appropriate way so as to maximize the ability to live independently and participate in community life. Supportive services provided in the community are the way to achieve this and will have a positive impact on the individual, their families, their caregivers and the state of New York.

Thank You.