

**STATEMENT BY
NYC COMPTROLLER WILLIAM C. THOMPSON, JR.
BEFORE THE
NEW YORK CITY COUNCIL COMMITTEE ON THE AGING
REGARDING INTRO 821-A**

DECEMBER 4, 2008

Chairperson Arroyo and Committee members, thank you for the opportunity to testify today. I fully support Intro 821-A, which would require a 60-day notice before a DFTA- funded senior citizen center can close. Senior centers are a lifeline for many of our city's frailest and most vulnerable citizens. It is essential that all community stakeholders have adequate time to review any decision to close a center and to explore available options to avoid any service disruption to seniors.

Indeed, I would recommend that the bill include requirements for DFTA to hold a public meeting prior to any final closure decision. Furthermore, if a center must be closed, DFTA should be required to create a transition plan that guarantees seniors continued access to comparable supports and programming offered by the discontinued center.

Unfortunately, it appears that under the RFP that DFTA released on November 3rd, Intro 821-A will be needed sooner rather than later. DFTA itself projects that as many as 89 centers may be forced to close.

Some of the reasons for this are as follows.

The RFP imposes costly requirements that will likely exhaust the available funding, leaving some current centers without funds to continue operating.

While I applaud DFTA's decision to embrace the concept of healthy aging, a survey of 61 senior centers throughout the city by my office revealed that most centers have a long way to go before the RFP's mandates can be fulfilled. For example, while 90 percent of centers provide blood pressure screening, many fewer screen for other age-related conditions, such as hearing loss, diabetes and glaucoma (which can lead to blindness).

Also, most centers have very limited health education programs. In our survey, only one center offered education about depression, and only three offered glaucoma education programs.

Center directors told my office that they absolutely want to provide additional health promotion services but they need help in identifying and recruiting providers to perform additional health screenings and need funding for these services. While the RFP alludes to assistance from the City's Department of Health and Mental Hygiene, there are no details of how this will be accomplished.

It appears that providers will have to pay for many of the start-up and ongoing expenses associated with these added health and wellness services out of their contract funds. For example, all centers will need to obtain increased health screening capacity and more expansive education programming. To help fulfill the daily requirement for three health and wellness-related activities, Senior Hubs must purchase one of two evidence-based health programs selected by DFTA. These programs are costly and involve additional expenses related to staff training.

Providers will also need to cover any transportation or rent costs, meet specific space requirements, purchase DFTA-mandated performance reporting software, and, in the case of the Senior Hubs, provide a computer lab, to cite a few examples of additional, potentially expensive, directives.

Consequently, senior advocates believe that proposers will likely need the full \$500,000 for the neighborhood centers and \$1 million for the Senior Hubs to satisfy these and other new requirements. If all centers propose at these maximum levels, and the overall funding remains at the projected \$117 million, there will be insufficient money to retain the current 329 centers. Using DFTA's ranges for the projected number of neighborhood centers and Senior Hubs it expects to award, the available funding would cover between 209 and 239 centers.

The amount of funding that will be available is unclear, but could decline.

At the same time as new requirements are being imposed, the level of funding for senior centers next year cannot be reliably determined. The RFP pegs available funding at \$117 million, up from the \$94 million originally discussed by DFTA.

However, it has been well reported that the additional funds represent City Council and Borough President allocations for senior services that have been redirected from their original purposes. I am concerned that upwards of \$20 million in funding for these contracts may not be available on a consistent basis or intended for use in this manner. At \$500,000 per neighborhood center, this represents up to 40 centers whose ongoing funding may be vulnerable in the future.

We must ask ourselves what the outcome could be if DFTA continues along its proposed plan for revamping senior centers:

As with any change in policy, there are "winners" and "losers." At all costs, we must ensure that our neediest seniors are not among the losers. Given the complex proposal requirements as well as the actual changes to daily operations for successful bidders some of which I described earlier, it is the smaller centers, those serving recent immigrants or other niche communities that may face the greatest hurdles in competing successfully.

If these smaller, community-based centers are forced to close, what will become of the seniors who rely upon them for meals, socialization and assistance? Many of them,

especially the oldest and frailest, will find it difficult to travel to a new center that is farther away -- if transportation is even available. Others, who thrive on familiarity and routine, may find the new faces and new approach unwelcome and unappealing.

By electing to impose a top-down, highly prescriptive approach to senior center "modernization," DFTA risks alienating and isolating seniors who depend heavily on their local centers.

I have many other unanswered questions which time does not permit me to cover today. For that reason, I have laid out my concerns in greater detail in a letter to Commissioner Mendez. I am asking that if the concerns I raise in this letter are not addressed thoroughly and in an adequate time frame, the Department withdraw the RFP and reissue it at a future date with appropriate modifications.

Again, thank you for the opportunity to appear before you today.