



**Council of Senior Centers & Services of NYC, Inc.**

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**ISSUES REGARDING SENIOR CENTER RFP  
NOVEMBER 11, 2008**

The total budget for the senior center RFP, “Congregate Programs for Older Adults.” is \$117 million. This is an increase from the original \$94 million DFTA had indicated would be in the RFP. The additional funds came from the administration unilaterally incorporating about \$11 million of City Council funds for meals, vans, rent, and the Healthy Aging Initiative, and \$7.5 million of Borough President funds for senior services. A substantial number of senior centers across the city will undoubtedly be closed via this RFP. Additionally, the cumulative effect of budget cuts and the RFP will also make it difficult, if not impossible, for some agencies to apply.

The NYCHA budget deficit left a \$30 million gap in DFTA's budget for senior centers. City Council allocated \$18 million towards the gap. It appears as though at least part of the remaining \$12 million gap is being covered by the utilization of City Council and Borough President funds. This results in taking services away from one senior to serve another senior. Some NYCHA senior centers will be closed via the RFP process.

Additionally, there will be about a \$2 million reduction in meals-on-wheels funding available due to the City Council and Borough President meals and transportation funds being taken away.

The RFP includes the budget for each of the 23 regions (same as case management regions) for senior centers. DFTA's bidder's conference is Dec. 2<sup>nd</sup> and the due date for submission is Jan. 23, 2009. Expected implementation is July, 2009.

Two types of senior centers in the RFP:

1. Option 1 – Neighborhood Center: maximum annual budget is \$500,000. There will be 225-310 Neighborhood Centers. Required to serve 75 meals a day and three health and wellness and arts programs daily.
2. Option 2 – Senior Hub: maximum annual budget is \$1 million. There will be 15-25 Senior Hubs. Required to serve 200 meals a day and six daily activities of health and wellness, art and other activities. Also required to provide “evidence-based programming” for falls prevention and the management of chronic diseases. These interventions are already established programs with outcomes and evaluations of senior participants. While they are valuable programs, it is very expensive to train staff, implement and operate these programs. It also takes time to phase them in both in terms of staff training and seniors wanting to participate (it will be a culture change for seniors).

This information is based on feedback from CSCS members:

- 1. Senior centers will close because there is not enough money per region to retain the current number of senior centers:**
  - What funding formula/criteria did DFTA use to decide how much money each regions received?
  - Clarification is needed as to how regions are defined. Will they be pre-set by DFTA or to be determined by the applicants? How does a region of service correspond with the budget
  - As with the case management and MOW RFP's, DFTA has put together regions collapsing neighborhoods together that are too unwieldy both geographically, culturally and economically.
  - There will lots of job losses. Most employees at senior centers come from the local community or within NYC.
- 2. Senior center hubs:**
  - If a senior doesn't live near a hub, they are unlikely to use it. Most seniors will want to access a senior center in their neighborhood. Seniors will most likely not travel a distance to get to a centralized hub.
  - Minimum number of meals in RFP for a hub is 200. Budget doesn't sustain providing 200 meals a day, unless it is catered at cheaper prices. In some cases, 200 meals is high.
  - Is a combination of meal types acceptable to meet the 200 count? For example, can a Hub serve 50 breakfasts and 50 lunches or some early dinners? Can meals be served offsite? Do they have to be 200 unduplicated seniors receiving meals in one given day?
  - This brings into question the quality of the food seniors will be eating and the capacity to provide hot freshly cooked meals.
  - Also need to make sure meals appropriate for a diverse population.
  - If an agency applies for a hub, do they have to do a second RFP for the same center to be a smaller neighborhood center in case they aren't chosen as a hub?
- 3. Loss of core services at senior centers:**
  - Because health and wellness programs weigh so heavily in the RFP, the budget will not leave sufficient funds for transportation and casework services.
  - The way the RFP is written, the incentives and requirements are to do three health and wellness programs a day in smaller neighborhood senior centers and six in the larger senior center hubs.
  - For low income immigrant seniors, casework and meals are extremely important. A one size fits all senior center model does not serve the needs of seniors in a particular community.
- 4. Emphasis on health and wellness programs leaves senior centers with unbalanced funding and programming:**
  - There is insufficient funding to do both evidenced-based health promotion programs and meals. Evidence based programs, like the Stanford model, costs many thousands of dollars to implement and operate. (Stanford costs \$15,000 or more to implement)
  - For example, some senior centers will have to eliminate breakfast which is important, especially in low income communities.
  - The combination of budget cuts and the inadequate budget in the RFP will prevent many agencies from being able to successfully apply.

**5. Meals:**

- There is no specific per meal cost in the RFP and the RFP states that meals are only “incidental”.
- The 200 meal requirement in the Senior Hub model is a high number and will be difficult, if not impossible, to achieve within the given budget. In some cases, it is an unrealistic number and will not work for a community.
- The budget includes a line for a dining room aide, but no cook or kitchen aides. This lack of staffing and insufficient funds, probably means that DFTA expects senior centers to utilize catered meals, eliminating freshly cooked meals at senior centers.
- Do offsite meals have to be provided within the designated region only?

**6. Physical plant requirements exclude many senior centers from even applying:**

- The RFP requires that there be sufficient rooms for three or six health and wellness programs each day and that each can hold at least 25 people. This is a major shift from the current physical plant requirements DFTA has had for decades. A substantial number of senior centers located in churches, synagogues, NYCHA sites and other community sites simply cannot meet this requirement and so cannot even apply for the RFP.
- It is unclear why DFTA would impose a requirement they know the system of senior centers cannot meet.

**7. Transportation:**

- Not enough funds in RFP to maintain vehicles now operated by senior centers. The RFP says to plan for transportation as though you don't already have any vans. Is DFTA planning to take away the vehicles?
- Ironically, if DFTA wants to set up hubs, transportation will be more important than ever. Not all seniors can use public transportation easily and some neighborhoods don't have good public transportation.

**8. New rent requirement in NYCHA sites:**

- Agencies applying for senior centers in NYCHA buildings will have to include rent for the first time ever in their budget.
- This rent could be at market value and will obviously cut into funds available for meals and services. Guidance from DFTA is needed to suggest the rental value of NYCHA space taking into consideration the neighborhood it is located in.
- The rent will likely go towards filling NYCHA's budget deficit. Senior centers should not have to use scarce dollars to pay rent towards NYCHA's budget deficit.

**9. Voluntary contributions and private fundraising dollars:**

- The RFP doesn't mention either. How will voluntary contributions be incorporated into the budgets?
- What are the expectations of how privately raised money is used?

**10. Vendex:**

- Why are the vendexes of an organization's city contracts required rather than just for their DFTA contracts?

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