

NACo 2012 Annual Conference

***Planning for Health and Support Needs
of an Aging Population***

Tuesday, July 17, 2012



Speakers

Julie Jarvis

Director, Planning and Community Resources, Western Reserve Area Agency on Aging

Mae Carpenter

Senior Programs and Services Commissioner
Westchester County, NY

Erin Shvetzoff Hennessey

Director of Business Development
Health Dimensions Group

Survey Highlights

Maturing of America:

Communities Moving Forward for an Aging Population

Julie A. Jarvis

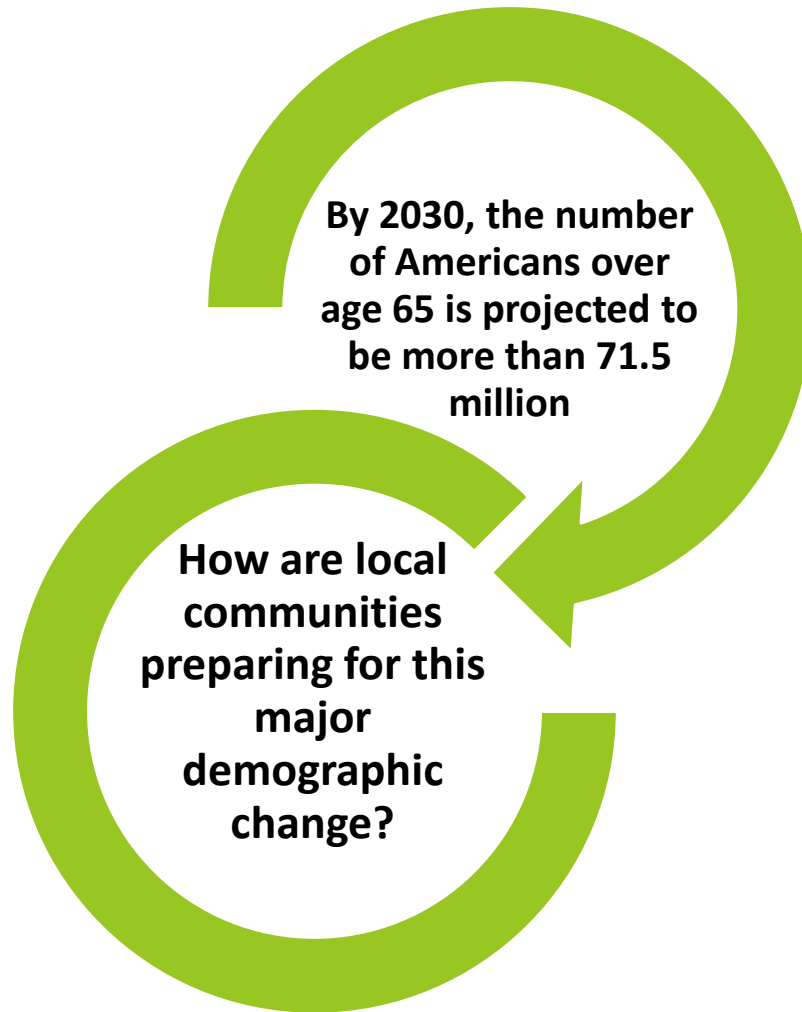
Director of Planning

Western Reserve Area Agency on Aging

July 17, 2012

NACo Annual Conference

PREPARING FOR CHANGE



ACKNOWLEDGEMENTS

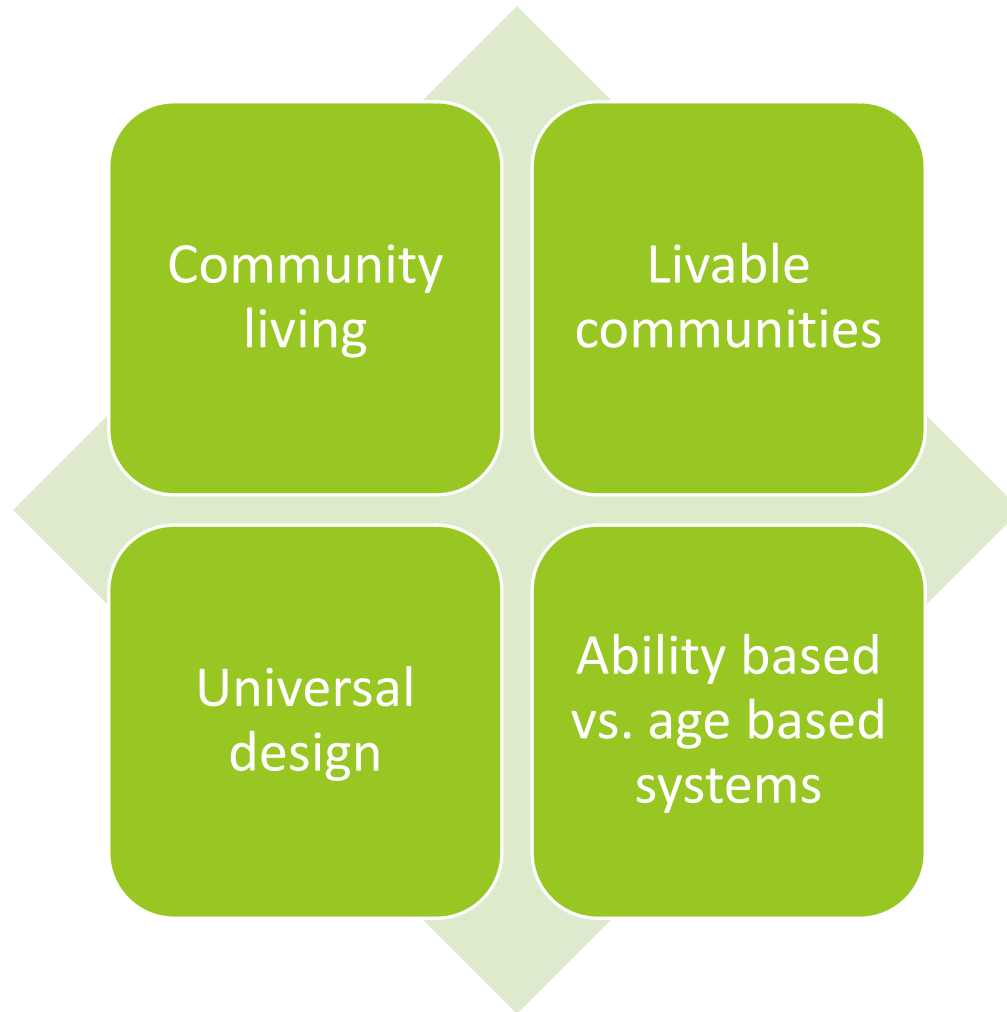
- National Association of Area Agencies on Aging (n4a)
- MetLife Foundation
- International City/County Management Association (ICMA)
- American Planning Association (APA)
- National Association of Counties (NACo)
- National League of Cities (NLC)
- Partners for Livable Communities (Partners)

CONTEXT

- Demographic: rapid and dramatic aging of the US population
- Economic: spending for community based aging services and supports is shrinking precisely at the time it is needed most



TRENDS

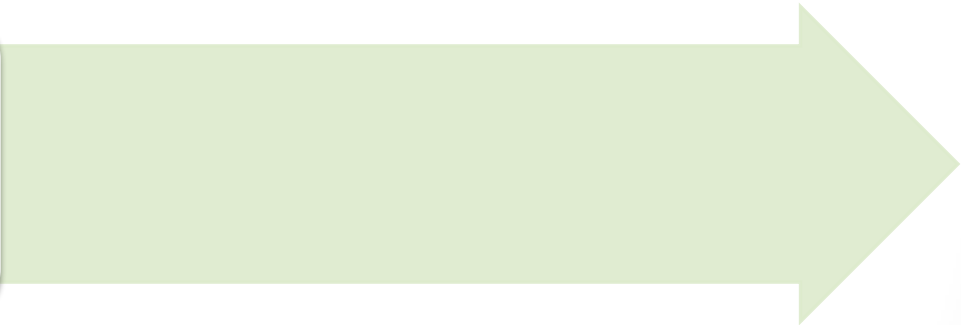


NOTABLE ADVANCES

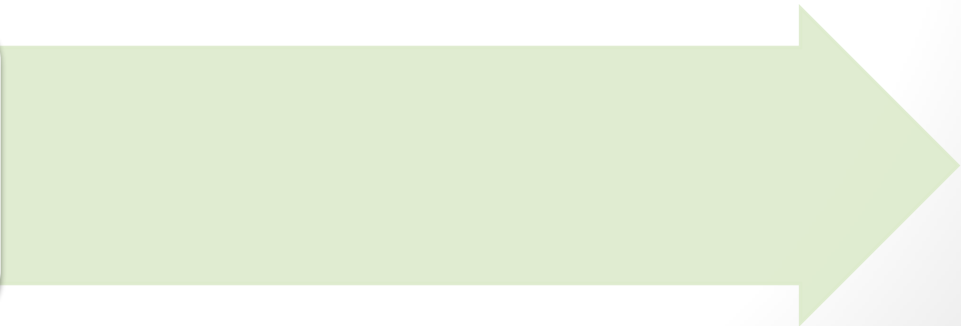
Increased support for
older adults



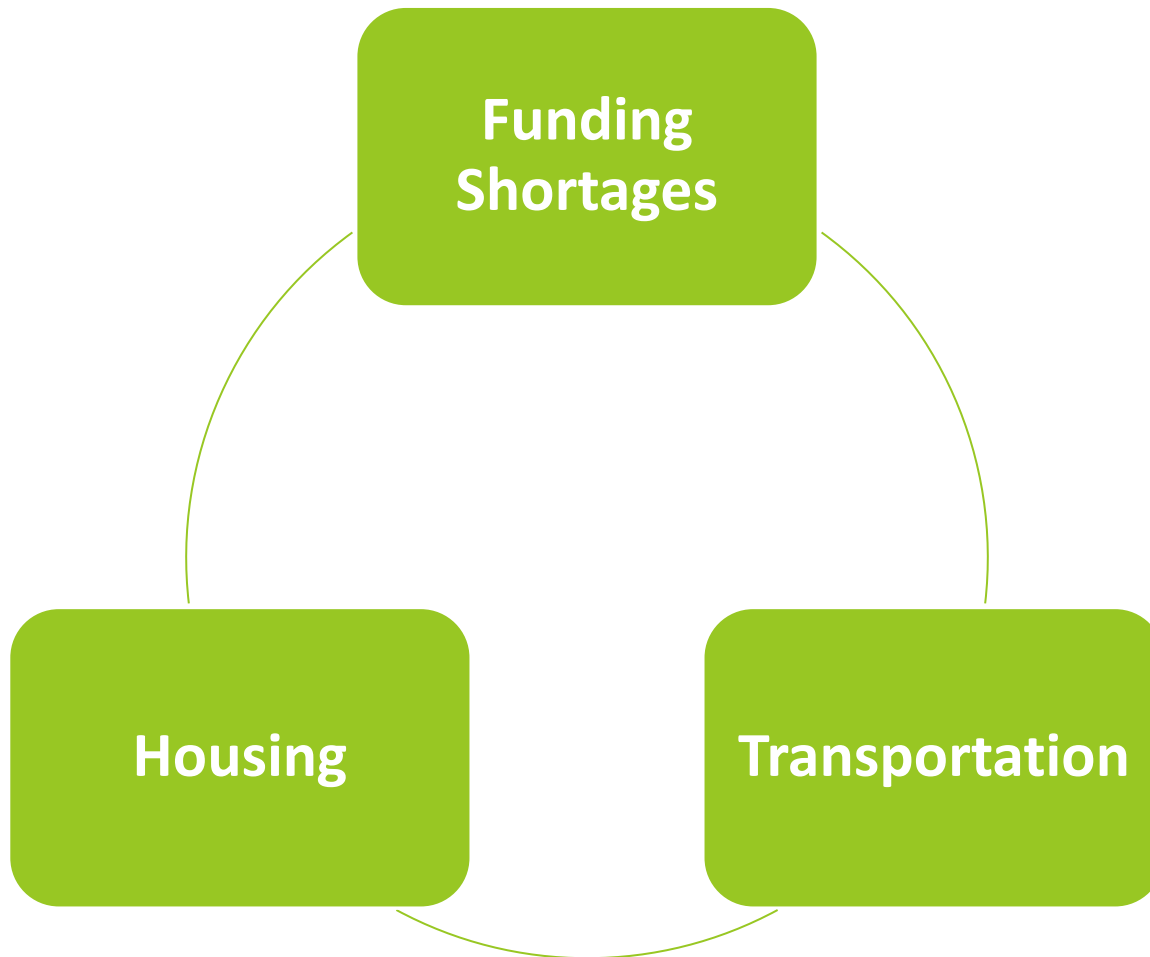
Greater support for
advanced education &
retooling of workforce



Expanded opportunities
for older adults
contribution to the
community

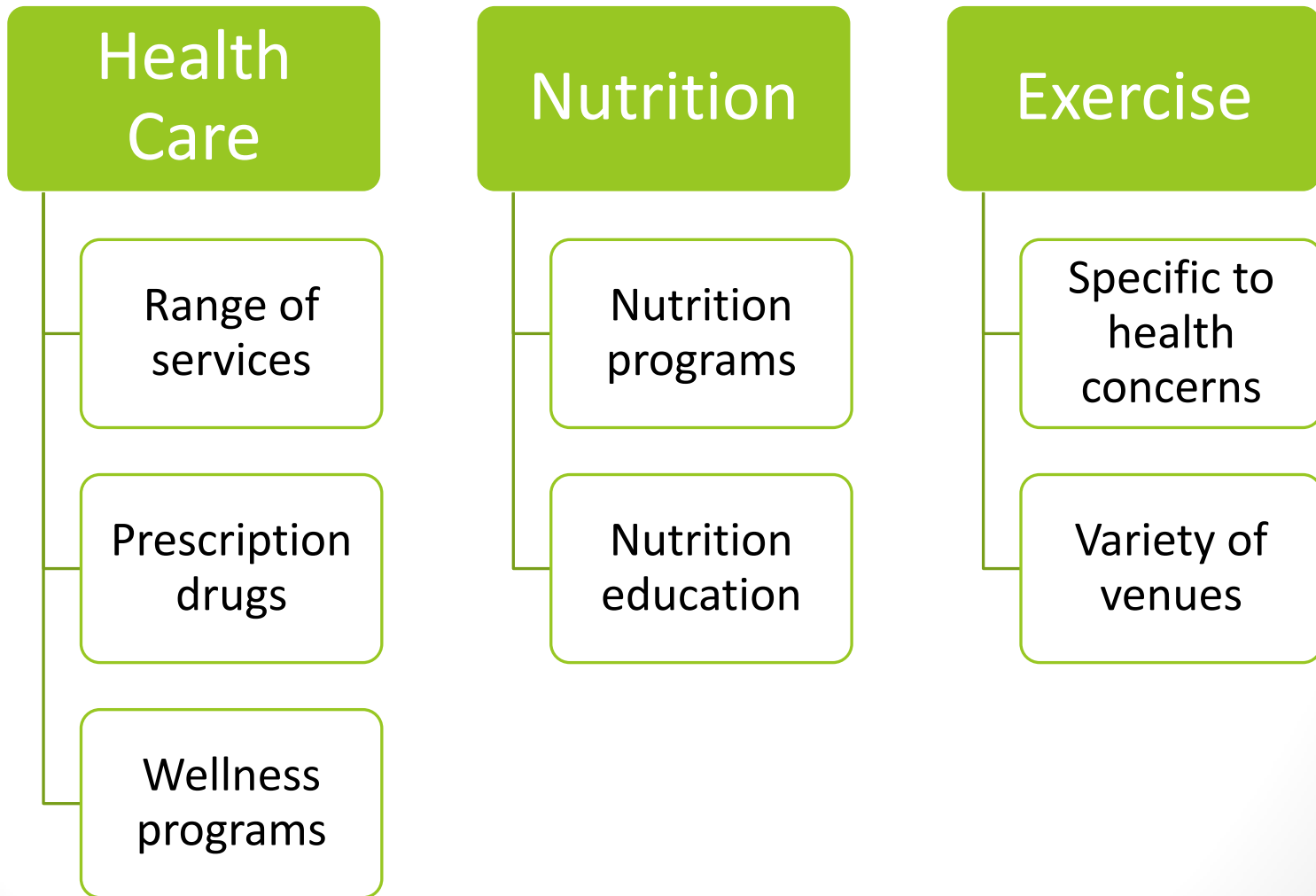


NOTABLE CHALLENGES

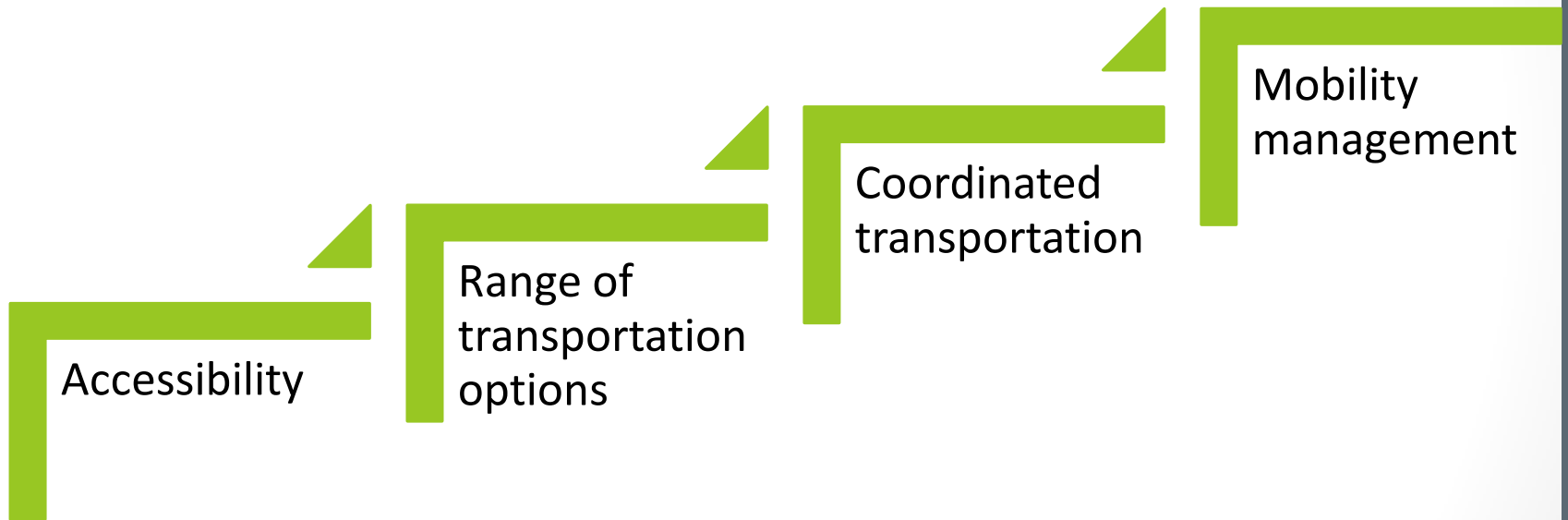


KEY FINDINGS...

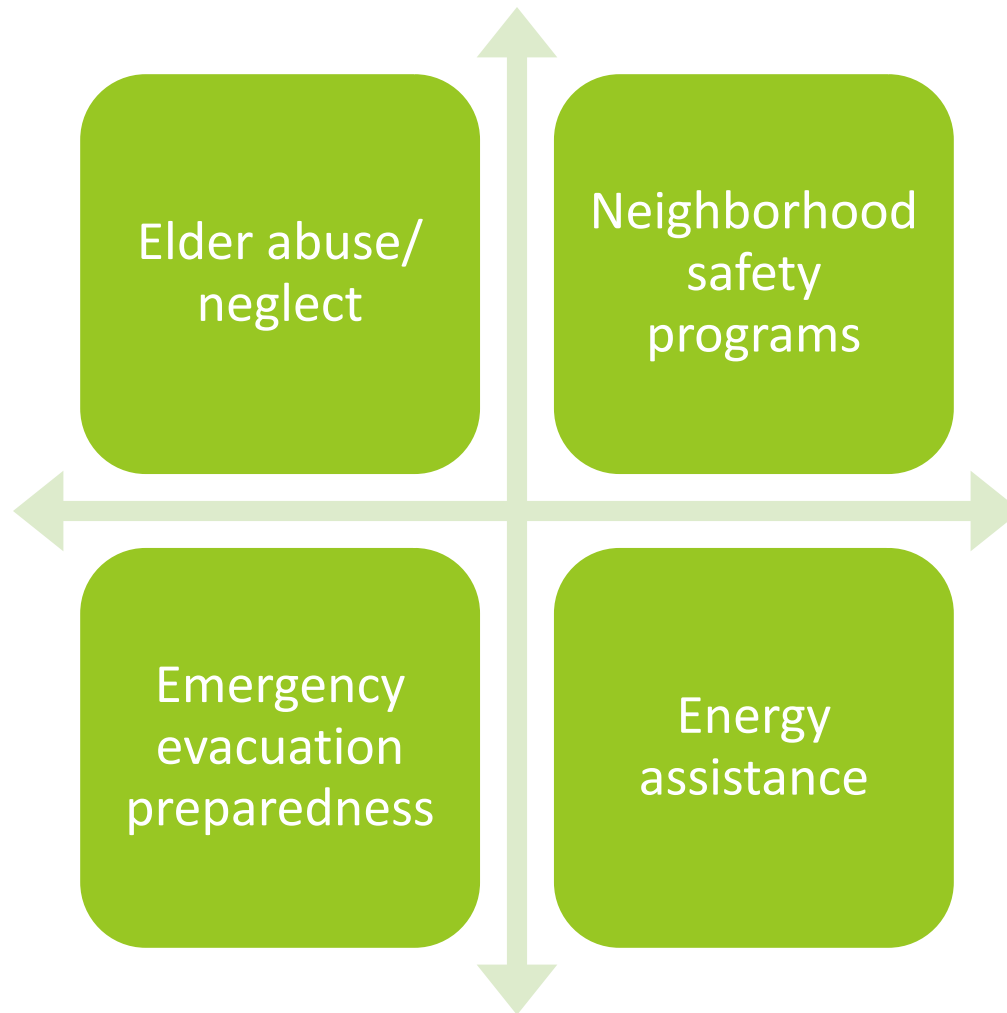
HEALTH



TRANSPORTATION



PUBLIC SAFETY/EMERGENCY



HOUSING

Home maintenance/repair assistance

Home modifications

Targeted services

Subsidized housing

FINANCIAL

Tax relief and assistance

Financial fraud

Predatory lending

WORKFORCE

A graphic consisting of a solid green rounded rectangle in the background and a white rounded rectangle with a thin green border in the foreground, overlapping the bottom-left corner of the green one.

**Workforce skill
development services**

A graphic consisting of a solid green rounded rectangle in the background and a white rounded rectangle with a thin green border in the foreground, overlapping the bottom-left corner of the green one.

**Employer
engagement/education**

CIVIC ENGAGEMENT



AGING SERVICES

In home
support
services

Growth in
service
availability

Single-entry
point model
for services

63% indicate
program is
not available

PLANNING



MATURING OF AMERICA SURVEY

Available at the National Association of Area Agencies on Aging (n4a) website:

http://www.n4a.org/files/MOA_FINAL_Rpt.pdf

THANK YOU!!

LIVABLE COMMUNITIES: A VISION FOR ALL AGES - BRINGING PEOPLE AND PLACES TOGETHER



2012 NACo Annual Conference and Exposition
JULY 17, 2012

Mae Carpenter, Commissioner
Westchester County Department
of Senior Programs and Services

Westchester County



THE LIVABLE COMMUNITIES' STORY



PART 1

INTRODUCTION & OVERVIEW

PART 2

**DATA COLLECTION FOR PROGRAM
BUILDING**

PART 3

BRINGING VISION TO LIFE

PART 4

INVOLVING THE COMMUNITY

PART 5

**SPECIAL PROJECT THAT ADVANCE THE
LIVABLE COMMUNITIES AGENDA**

PART 7

LIVABLE COMMUNITIES RESOURCES

PART 8

LIVABLE COMMUNITIES URL CONNECTIONS

ACKNOWLEDGEMENTS

GOAL



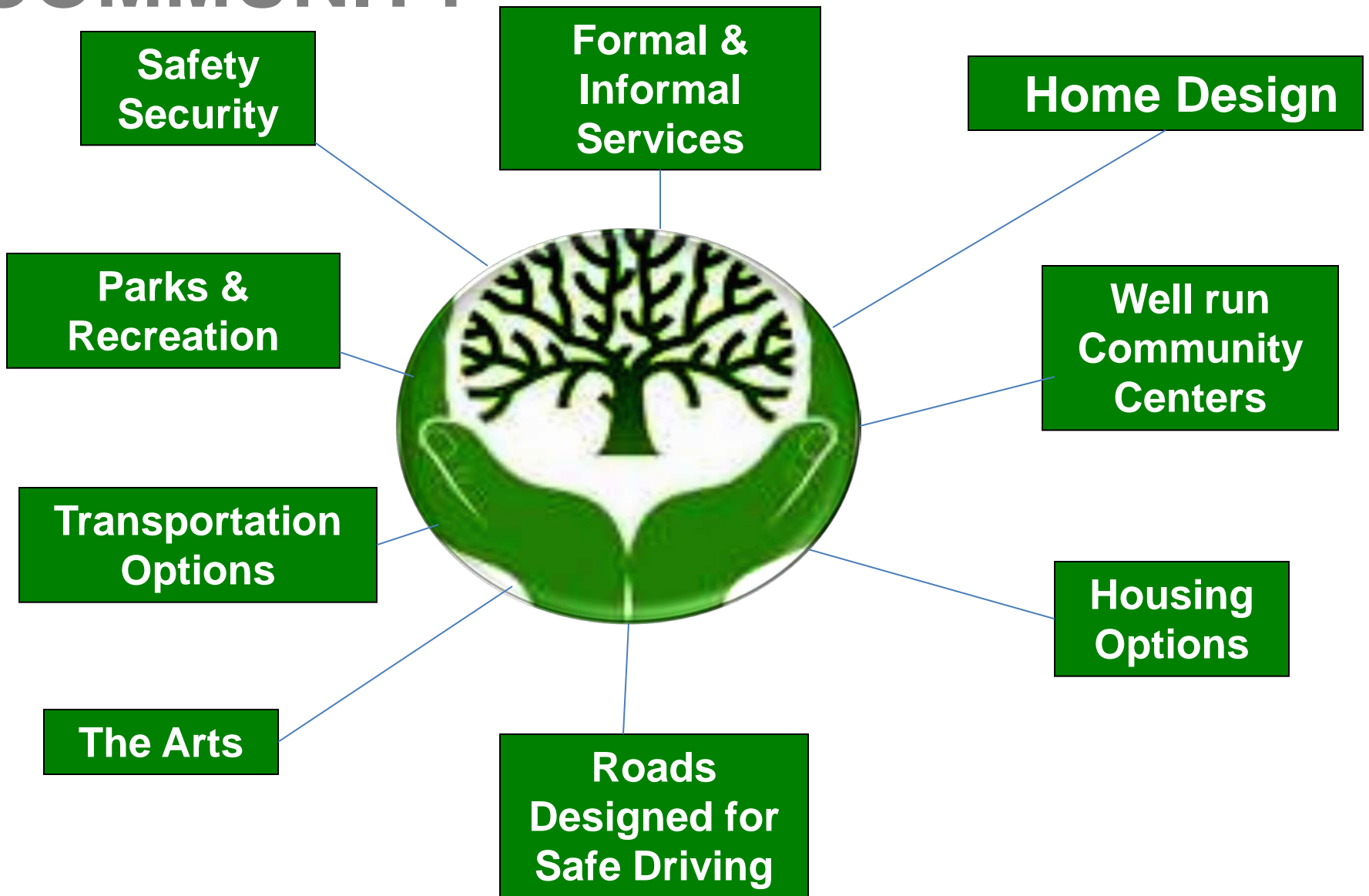
TO
CREATE A LEGACY
OF
EMPOWERMENT
AND
COLLABORATION

WHAT IS A LIVABLE COMMUNITY



“ A livable community is one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitates personal independence and the engagement of residents in civic and social life.” AARP

FEATURES OF A LIVABLE COMMUNITY



MISSION



**To Create A
Caring
Revolution!**

**We turned our
mission into a
road map**

OBJECTIVES OF THE WESTCHESTER LIVABLE COMMUNITIES PROGRAM



HEIGHTEN THE AWARENESS OF COMMUNITY ASSETS

DEVELOP A NETWORK OF LIVABLE COMMUNITIES PARTNERS

SUPPORT AFFORDABLE, ACCESSIBLE AND APPROPRIATE TRANSPORTATION AND HOUSING OPTIONS

PROMOTE PHYSICAL AND SOCIAL ENVIRONMENTS THAT SUPPORT A VARIED LIFESTYLE AS ONE AGES IN PLACE

ENCOURAGE HEALTH AND WELLNESS OPPORTUNITIES

DEVELOP SMART GROWTH COMMUNITY DEVELOPMENT (INCLUDING ENVIRONMENTAL FACTORS SUCH AS, SIDEWALKS, EASY ACCESS TO SHOPPING)

ENCOURAGE VOLUNTEERISM!

LIVABLE COMMUNITIES INITIATIVE EMPHASES



**Community
Engagement**



**Features of
Home &
Community**



**Transportation
and mobility**

A STRATEGIC PLAN FOR ELDER FRIENDLY COMMUNITIES



Although livable communities are for people of all ages, a particular emphasis is that communities be elder-friendly

LET'S TALK ABOUT WESTCHESTER



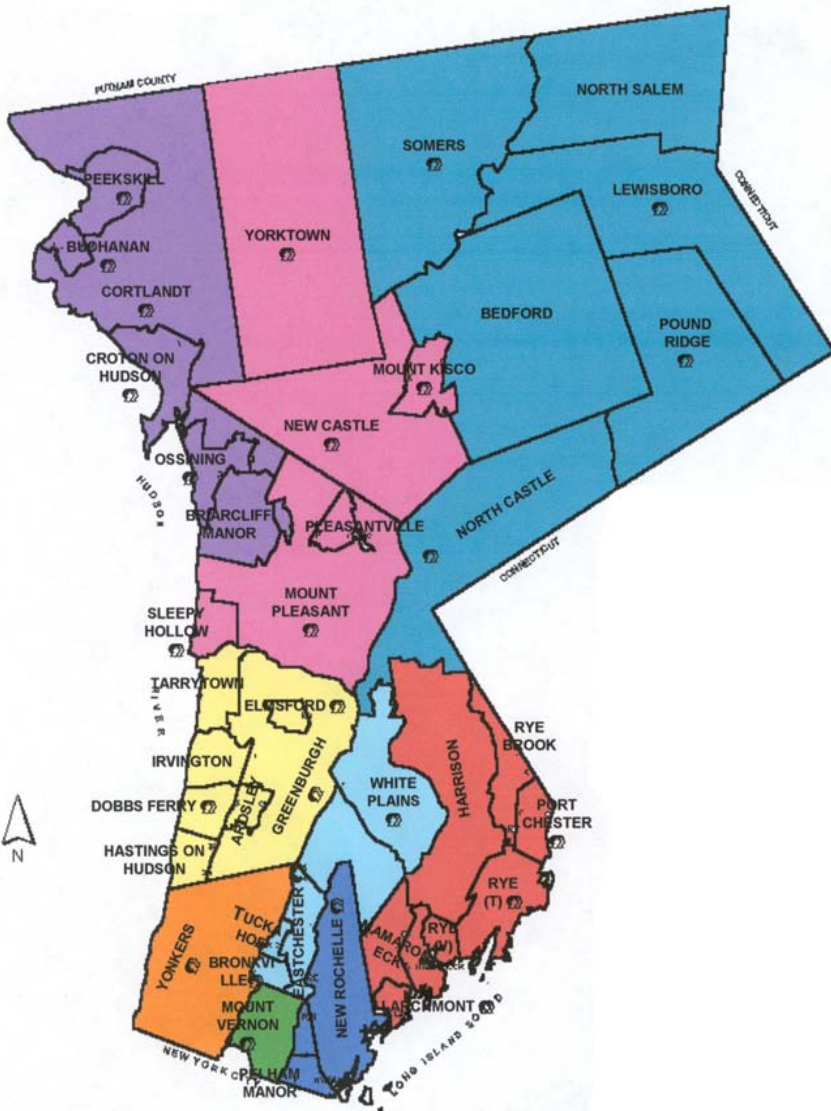
About Westchester County

WESTCHESTER COUNTY IS THE 8TH LARGEST COUNTY IN NEW YORK STATE

COUNTY POPULATION 2010 - 949,113

**WESTCHESTER COUNTY HAS 43 MUNICIPALITIES
- 440 TAXING DISTRICTS**

**BY YEAR 2020 THE ELDERLY POPULATION WILL
HAVE GROWN BY 37%**



About Westchester County Residents

ONE IN EVERY FIVE WESTCHESTER COUNTY RESIDENT IS 60 YEARS OF AGE AND OLDER

THE 85+ POPULATION IS GROWING FASTER THAN ANY OTHER COHORT

WESTCHESTER COUNTY HAS APPROXIMATELY 33,000 CAREGIVERS CARING FOR LOVED ONES 60 YEARS AND OLDER

WESTCHESTER COUNTY HAS THE HIGHEST LONGEVITY RATE OF ALL OF NEW YORK STATE - 79.2 YRS

ALMOST 80% OF THE PEOPLE 65+ LIVING ALONE ARE WOMEN

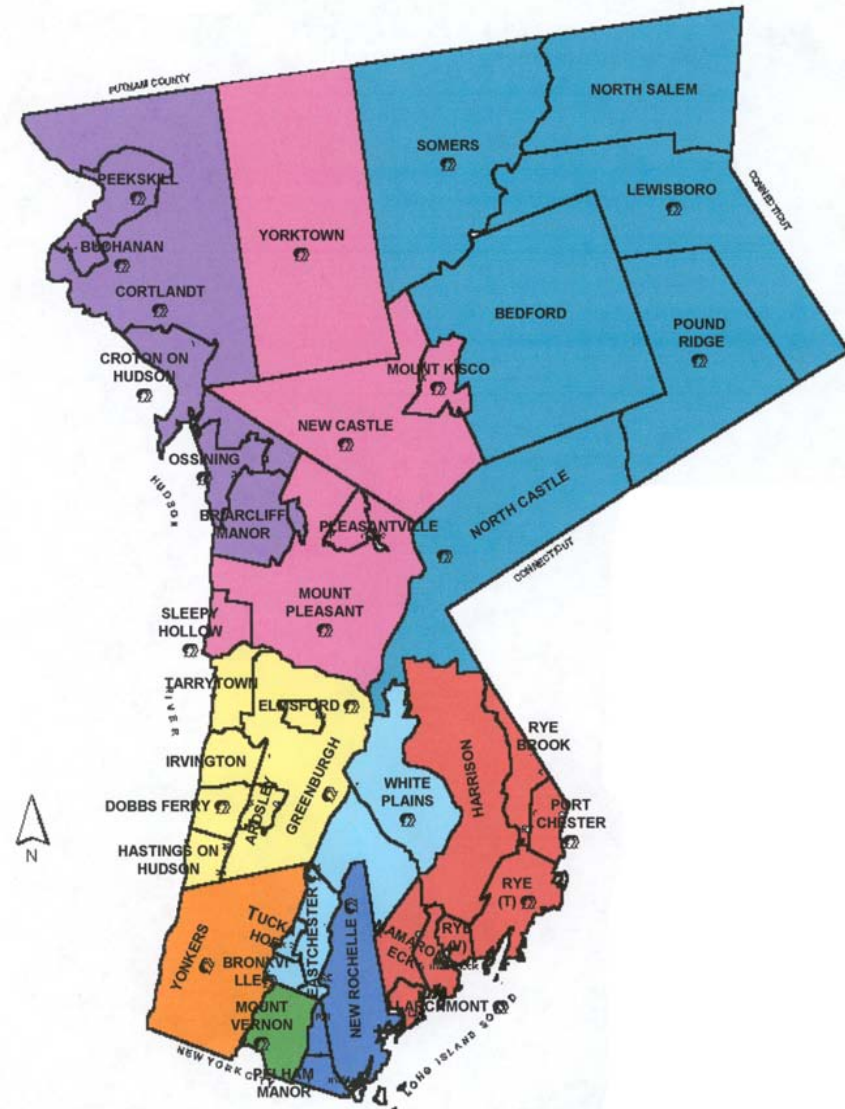
6,911 PEOPLE LIVE IN NURSING HOMES

A LITTLE OVER 1/3 OF PEOPLE 65+ REPORT A DISABILITY

$\frac{3}{4}$ PHYSICAL DISABILITY

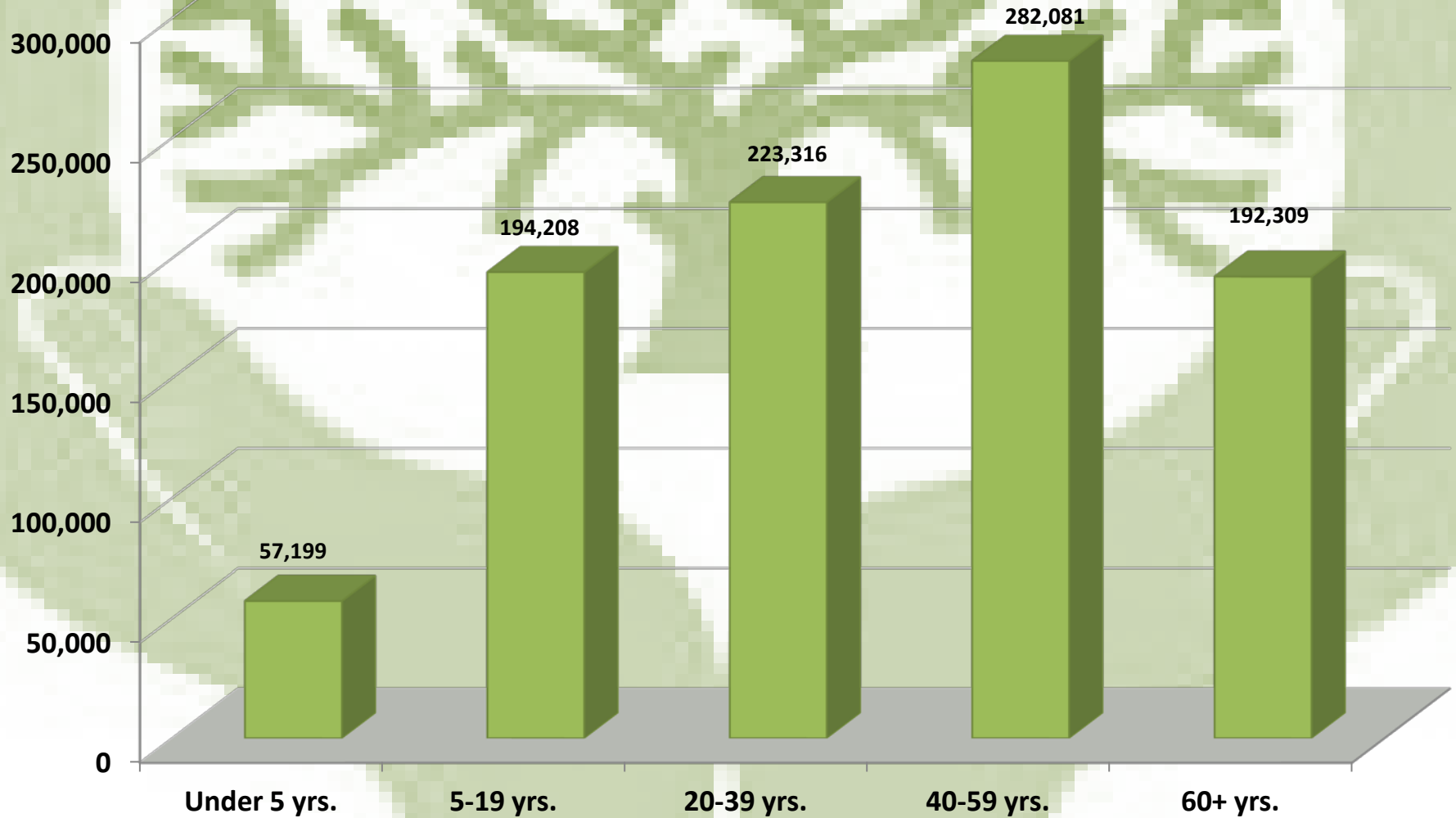
NUMBER AND SEVERITY INCREASE WITH AGE

9.0% PEOPLE LIVE IN POVERTY



Population in Westchester County (by age)

TOTAL POPULATION 949,113



MAJOR CHALLENGES



These notable statistics gave just cause to the development of the Westchester County Livable Communities Program

LIVABLE COMMUNITIES INITIATIVES' FOUNDATION



WESTCHESTER COUNTY WAS INFLUENTIAL IN THE 2005 WHITE HOUSE CONFERENCE ON AGING BY SPONSORING THE WESTCHESTER COUNTY PRE-WHITE HOUSE CONFERENCE ON AGING

THE RESULTS WERE ASTOUNDING!

- CONVENED 18 CAUCUSES
- PARTICIPATION OF OVER 270 VOLUNTEERS
- DEVELOPED 97 QUALITY OF LIFE RESOLUTIONS

THE PRE-WHITE HOUSE CONFERENCE RESOLUTIONS MADE THE TOP 10 AND THE TOP 50 OF WHITE HOUSE CONFERENCE ON AGING RESOLUTIONS
RESOLUTION #18 "OUR COMMUNITIES" IS THE FOUNDATION FOR LIVABLE COMMUNITIES

FORGED KEY PARTNERSHIPS



LEAD PARTNERS

WESTCHESTER COUNTY DEPARTMENT OF
SENIOR PROGRAMS AND SERVICES (DSPS)

WESTCHESTER PUBLIC/PRIVATE
PARTNERSHIP FOR AGING SERVICES (PPP)

AARP

PARTNERS FOR LIVABLE COMMUNITIES

VOLUNTEER CENTER OF WESTCHESTER AND
PUTNAM

FORDHAM UNIVERSITY RAVAZZIN CENTER
ON AGING

ESTABLISHED A PROJECT ADMINISTRATION TEAM



**PROJECT CHIEF
EXECUTIVE**

**EXECUTIVE
DIRECTOR**

**DEPUTY EXECUTIVE
DIRECTOR**

**REGIONAL
COORDINATORS**

DATA COLLECTION FOR PROGRAM PLANNING



IN ORDER TO CREATE AN INITIATIVE THAT RESPONDS TO COMMUNITY MEMBERS INTERESTS

WE COLLECT ALL TYPES OF DATA:

1. ASSET MAPPING
2. AARP FORMAL TELEPHONE SURVEY
3. COMMUNITY VISIONING
4. VILLAGE NEEDS AND INTERESTS SURVEYS
5. ELDER ECONOMIC SECURITY STANDARD INDEX SURVEY
6. REGIONAL COUNCILS AND MUNICIPAL TASK FORCE ISSUES

BRINGING THE VISION TO LIFE



DESIGNING A STRATEGIC PLAN



INCORPORATING RESIDENTS' INPUT

ESTABLISHED NINE LIVABLE COMMUNITIES CONNECTIONS – REGIONAL HUBS FOR GRASSROOTS ORGANIZING

APPOINTED LIVABLE COMMUNITY ADVISORY BOARD – 30 MEMBERS

PREPARED COMMUNITY ASSET MAPS WITH THE HELP OF WESTCHESTER COUNTY COLLEGE STUDENTS – 43 MAPS

HELD COMMUNITY VISIONING SESSIONS – EXERCISES TO EXPLORE HOW TO ENHANCE LIVABILITY OF LOCAL COMMUNITIES – 15 MUNICIPALITIES FORMED REGIONAL COUNCILS FORMED MUNICIPAL ISSUE TASK FORCES

FORMING REGIONAL LIVABLE COMMUNITIES CONNECTIONS (LCC'S)



WESTCHESTER COUNTY'S NINE REGIONAL LCC'S ARE RUN BY NOT-FOR-PROFIT ORGANIZATIONS:

NORTH WEST - WESTCHESTER COMMUNITY COLLEGE

NORTH CENTRAL – FAMILY SERVICES OF WESTCHESTER

NORTH EAST – FAMILY SERVICES OF WESTCHESTER

WEST CENTRAL- WESTCHESTER JEWISH COMMUNITY SERVICES

MID CENTRAL - ELDERSERVE SAFE CENTER FOR SENIORS

EAST CENTRAL – FAMILY SERVICES OF WESTCHESTER

SOUTH WEST – YONKERS OFFICE FOR THE AGING

SOUTH CENTRAL – FAMILY SERVICES OF WESTCHESTER

SOUTH EAST - NEW ROCHELLE OFFICE FOR THE AGING IN PARTNERSHIP WITH UNITED HEBREW OF NEW ROCHELLE

COMMUNITY VISIONING



LCC PROJECTS



ADVOCACY SKILLS TRAINING (COMMUNICATE WITH ELECTED OFFICIALS)

CAREGIVING (LEARN MORE ABOUT SUPPORT SERVICES FOR CAREGIVERS)

DIVERSITY-CULTURAL SENSITIVITY TRAINING

EDUCATION (LIFE-LONG LEARNING AND SKILL DEVELOPMENT)

EDUCATION ON ENVIRONMENTAL ISSUES (GLOBAL WARMING, ENVIRONMENTAL PROTECTION, ENERGY CONSERVATION & SMART GROWTH)

EMPLOYMENT (AGEISM IN EMPLOYMENT, WORKFORCE RETOOLING AND RETENTION)

HEALTH AND WELLNESS (ASSISTIVE TECHNOLOGY, EXERCISE, MENTAL HEALTH CARE NAVIGATION, NUTRITION)

HOUSING (ALTERNATE HOUSING OPTIONS, AFFORDABLE HOUSING, HOME REDESIGN)

LCC PROJECTS



LEGAL SERVICES (FINANCIAL ABUSE, GUARDIANSHIPS, HEALTHCARE PROXIES, HOUSING EVICTIONS, POWER OF ATTORNEYS, WILLS)

LEISURE AND ENRICHMENT (ARTS, ENTERTAINMENT, RECREATION)

LONG TERM CARE SERVICES (ADULT DAY CARE, END-OF-LIFE PALLIATIVE CARE, HOME CARE SERVICES)

MONEY MANAGEMENT (BILL-PAYING SERVICES, ESTATE PLANNING AND INVESTING)

PLANNING AND ZONING (ROAD DESIGN, SIDEWALK DESIGN, SIGNAGE)

RETIREMENT (DOWNSIZING, TIME MANAGEMENT, VOLUNTEERISM)

INVOLVING COMMUNITY



LIVABLE COMMUNITIES CLERGY FORUM



“NEIGHBOR HELPING NEIGHBOR ”



“VILLAGE APPROACH”

ESTABLISHMENT OF “VILLAGES” THAT ARE NETWORKS OF PEOPLE JOINED BY SHARED INTERESTS, SUCH AS HOUSES OF WORSHIP, ARTS ORGANIZATIONS, NEIGHBORHOOD WATCHES, SENIOR HOUSING, CIVIC SERVICE ORGS. & MORE

THERE ARE 163 VILLAGE DESIGNATIONS ABOUT 58,000 VILLAGE MEMBERS ENCOURAGING A “NEIGHBOR HELPING NEIGHBOR” WAY OF LIFE

GRASSROOTS SOURCES OF INFORMATION



“VILLAGES” ARE GRASS ROOTS SOURCES OF INFORMATION AND SUPPORT THAT CONTRIBUTE TO CHANGES NEEDED TO HELP MAKE A NEIGHBORHOOD MEET THE STANDARDS OF A LIVABLE COMMUNITY

SPECIAL PROJECTS THAT ADVANCE THE LIVABLE COMMUNITIES AGENDA



SUPPORT FOR FAMILY CAREGIVERS



**“CAREGIVER COACHING
PROGRAM”**

**VOLUNTEERS TRAINED
BY PROFESSIONALS TO
HELP FAMILY
CAREGIVERS BETTER
CARE FOR AN OLDER OR
DISABLED PERSON**

**THERE ARE 65 TRAINED
CAREGIVER COACHES
HELPING THOUSANDS
OF CAREGIVERS**

STEPPING FORWARD AND GIVING BACK



“CARE CIRCLES OF WESTCHESTER “

A GROUP OF VOLUNTEERS WHO ASSIST AN INDIVIDUAL WITH THE BASIC NEEDS OF DAILY LIVING THAT CANNOT BE MET WITH PUBLIC FUNDS

CARE CIRCLES TRAINING IS PROVIDED BY THE DSPS’ CAREGIVER COALITION MEMBERS

MATERIALS ARE BEING TRANSLATED INTO CHINESE AND SPANISH LANGUAGES

PUTTING LIFE BACK INTO LIFE



**“LIVING WELL LIVABLE COMMUNITIES”
CHRONIC DISEASE SELF MANAGEMENT
PROGRAM (CDSMP)**

**A FEDERAL PROGRAM THAT
ENCOURAGES OLDER PEOPLE TO
MANAGE THEIR CHRONIC HEALTH
CONDITIONS**

**SENIORS RECEIVE INFORMATION AND
LEARN TECHNIQUES FROM VOLUNTEER
MASTER TRAINERS AND PEER LEADERS**

**A PROGRAM DEVELOPED BY STANFORD
UNIVERSITY**

56 – MASTER TRAINERS

42 – PEER LEADERS

OVER 400 WORKSHOP PARTICIPANTS

SPEAKERS BUREAU DIRECTORY



**“ON LINE SPEAKERS
BUREAU”**

**PROFESSIONALS
VOLUNTEER THEIR
TIME AND EXPERTISE
TO PRESENT FREE
PROGRAMS ON
TOPICS RANGING
FROM HEALTH CARE
TO LEGAL SERVICES**

**145 SPEAKERS
AND OVER 15 TOPICS**

CREATING VIRTUAL IMPACT



**“THE LIVABLE COMMUNITY
WEBPORTAL”**

**A SINGLE SITE THAT OFFERS
ACCESS TO A BROAD ARRAY OF
RESOURCES AND SERVICES FOR
EDUCATION AND ADVOCACY**

**THIS IS A COLLABORATION
AMONG THE DSPS, PPP AND
AARP**

**[WWW.LIVABLECOMMUNITIESWESTCHESTER.
ORG](http://WWW.LIVABLECOMMUNITIESWESTCHESTER.ORG)**

DESIGNING A LEGACY



**“THE LIVABLE COMMUNITIES
EMPOWERMENT TOOL KIT”**

**THE WESTCHESTER COUNTY LIVABLE
COMMUNITIES PROGRAM CAN BE
FULLY REPLICATED AND ADAPTED FOR
OTHER COMMUNITIES OR
COMPONENTS OF IT CAN BE
IMPLEMENTED ON A SMALLER SCALE**

AARP WALKABILITY AUDITS



ON-GOING PROJECTS



**BUSINESS TO BUSINESS
FORUMS**

**LIVABLE COMMUNITIES
VILLAGE FORUMS**

**WESTCHESTER COUNTY
CLERGY FORUMS**

WALKABILITY AUDITS

SENIOR LAW PROGRAMS

**MOBILITY AND
TRANSPORTATION FORUMS**

**COMMUNITY EDUCATION
SEMINARS**

**LIVABLE COMMUNITY VILLAGE
ENEWSLETTER**

FINANCING THE INITIATIVE



**LIVABLE COMMUNITIES IS AN
INTER AND INTRA GOVERNMENT
PUBLIC PRIVATE PARTNERSHIP**

**FUNDING COMES FROM MULTIPLE
SOURCES; SENIOR PROGRAMS
AND SERVICES, PRIVATE
FOUNDATIONS, AARP & PPP**

**SUBSTANTIAL IN-KIND SUPPORT IS
PROVIDED BY LOCAL PARTNERS**

LIVABLE COMMUNITIES AWARDS



LIV COM INTERNATIONAL AWARDS

NATIONAL ASSOCIATION OF
COUNTIES NACo

NATIONAL ASSOCIATION OF AREA
AGENCIES ON AGING N4a FOR
INNOVATION & ACHIEVEMENT

NATIONAL CAREGIVERS ALLIANCE
AWARD FOR AN EMERGING
PROGRAM

AMERICAN SOCIETY ON AGING
AWARD

METLIFE MIND ALERT AWARD

GENERATIONS UNITED
RESEARCH AWARD FOR
INTERGENERATIONAL
PROGRAMMING

THE FUTURE OF LIVABLE COMMUNITIES



AN OFFICIAL DESIGNEE OF
THE WORLD HEALTH
ORGANIZATION AND AARP
GLOBAL NETWORK OF AGE-
FRIENDLY CITIES AND
COMMUNITIES

WESTCHESTER IS THE FIRST
COUNTY IN THE NATION TO
RECEIVE THIS
DESIGNATION!

LIVABLE COMMUNITIES RESOURCES



FORMAL ASSET MAPS

**COMMUNITY VISIONING WORKSHOP
TEMPLATES**

VILLAGE NEEDS & INTEREST SURVEY BOOKLET

MAPPING WESTCHESTER USER GUIDE

VILLAGE APPROACH BROCHURE

WALKABILITY AUDIT TEMPLATE

**CAREGIVING COACHING BROCHURE +
MATERIALS**

**LIVING WELL CHRONIC DISEASE SELF
MANAGEMENT PROGRAM BROCHURE**

LIVABLE COMMUNITIES VILLAGE ENEWSLETTER

SPEAKERS' BUREAU DIRECTORY

ACKNOWLEDGEMENTS



AARP

DEPARTMENT OF SENIOR PROGRAMS AND SERVICES

DEPARTMENT OF TRANSPORTATION

DEPARTMENT OF HEALTH

DEPARTMENT OF PLANNING

GEOGRAPHIC INFORMATION SERVICES

OFFICE FOR WOMEN

WESTCHESTER LIBRARY SYSTEM

LIVABLE COMMUNITY CONNECTIONS

THE VOLUNTEER CENTER OF WESTCHESTER AND PUTNAM

VISITING NURSE SERVICES OF WESTCHESTER

VISITING NURSE ASSOCIATION OF HUDSON VALLEY

WESTCHESTER COMMUNITY FOUNDATION

WESTCHESTER PUBLIC/PRIVATE PARTNERSHIP FOR AGING SERVICES

HOSPITALS AND MEDICAL CENTERS

LIVABLE COMMUNITIES URL CONNECTIONS



WWW.WESTCHESTERGOV.COM/SENIORS

WWW.WESTCHESTERPARTNERSHIP.ORG

WWW.AARPLIVABILITY.ORG

WWW.LIVABLECOMMUNITIESWESTCHESTER.ORG

WWW.LIVABLE.COM

WWW.VOLUNTEER-CENTER.ORG

WWW.AGING.NY.GOV

THE WESTCHESTER COUNTY LIVABLE COMMUNITIES AGENDA



THE WESTCHESTER COUNTY
LIVABLE COMMUNITIES
PROGRAM IS GRASSROOTS

IT IS AN ON-THE-GROUND
UNDERTAKING THAT IS
EMPOWERING PEOPLE AND
CAUSING THEM TO TAKE
OWNERSHIP OF THEIR
COMMUNITIES

CONTACT US



**CHIEF EXECUTIVE
COMMISSIONER MAE CARPENTER
(914) 813-6435**

**EXECUTIVE DIRECTOR
COLETTE PHIPPS
(914) 813-6441**

**REGIONAL COORDINATOR
MARTIN YABLONSKI
(914) 813-6408**

**VILLAGE COORDINATOR
DEBBIE LORENZO
(914) 813-6263**



*Planning for Health and Support
Needs of an Aging Population*

National Association of Counties

July 17, 2012

Planning for Health and Support Needs of an Aging Population

Erin Shvetzoff Hennessey, Director of
Business Development

Health Dimensions Group

Health Dimensions Group

- Offers industry-leading expertise in consulting and management services to hospitals, health systems, post-acute, long-term care, and senior living providers nationwide
- Operates 28 senior living communities across the country, including skilled nursing facilities, independent living and assisted living communities, and hospice and home care agencies
- Actively involved with National Association of Counties (NACo) and sits on the NACo Healthy Counties Initiative advisory board
- Actively involved in many state county associations due to significant work with counties throughout the country

History of County Senior Care

- During the latter part of the 19th century, governments across the country opened health centers, then called “poor farms,” making a commitment to care for the older and more vulnerable residents of their counties
- This long-standing commitment to caring for seniors in high-quality local centers continues today across country with hundreds of counties still operating nursing homes
- Since these centers opened, the landscape of senior care has changed drastically, most significantly with the advent of Medicare and Medicaid, and with the entry of many privately owned and operated skilled nursing centers and senior living locations in the marketplace

Health Care Evolution

- Significant cuts to revenue from Medicare and Medicaid payment reductions
- Growing use of home- and community-based services reduces need for residential long-term care services
- Lengths of stay measured in weeks or months
- Frail elderly able to remain at home and in assisted living much longer
- Increased pressure from health care reform and hospital partnerships

Nursing Home Business is Changing

- Residents most likely enter center as *patients* with much higher medical acuity
- Requires more advanced skill set for nursing staff
- Higher expectations for accommodations
- Increased regulatory scrutiny
- Need for clinical pathway development and close partnerships with hospitals and physicians
- Providers need to focus on goal of maintaining senior independence in community-based versus institutional setting

Revenue Flat to Declining

- Effective October 1, 2011, Medicare cuts at 11.1%
- Most states looking to reduce Medicaid expenditures; significant impact for counties
- Families providing more direct care at home
- Taxpayer willingness to subsidize health care centers is waning

Expenses are Mounting

- Wage pressures
- Rapidly rising medical insurance for employees
- County-based wage and benefit structures are traditionally:
 - Much higher than can be supported by revenue stream of health care center and
 - Much higher than local market health care providers
- Increased patient acuity requires higher cost medications and equipment
- Many centers that have completed construction in past 3-5 years are struggling to meet bond covenants and debt obligations

Financial Impact of County Health Care Facilities

- County A: \$500,000 in annual losses
- County B: \$1.6 million in annual losses
- County C: \$10 million in annual losses
- County D: \$30 million in annual losses

How else can county government potentially use these resources?

- Repurposed dollars to support *proactive* health care
 - NACo Healthy Counties Initiative
- Redirect resources to other pressing county needs
- Reduce tax burden for constituents

County-Operated Health Care Centers are Often at a Disadvantage When Compared to Privately Operated Centers

- Bound by labor contracts impacting all county employees
- Financially unable to make needed capital improvements to compete in the marketplace
- Limited ability to reduce expenses within negotiated wage and benefit structures
- County leadership must focus on a myriad of public issues, not just senior health care
- Often have no industry expertise to provide consultation or guidance

Many counties are determining what to do with their health care facilities:

Reposition? Re-engineer? Retreat?

Reposition

- Provide different services
- Scale back on scope of operations:

PROs:

- Often the first step taken by counties to curtail financial losses
- Curtails costs
- Limit risks
- Shifts care responsibility to other providers

CONs:

- Can be viewed as reduction in county services
- Often does not have desired financial impact

Re-engineer

- Completely change how care is managed and administered
- Requires significant planning and focus
- Usually requires external facilitation, oversight, and direction:

PROs:

- Broad strategic approach
- Achieves substantive change

CONs:

- Requires commitment from county leadership
- Union contracts may limit potential impact

Retreat: SELL or CLOSE

PROs:

- Immediate end to financial losses
- Potential revenue with sale

CONs:

- Potential loss of jobs
- Potential loss of facility to the community
- Management of safety net at risk
- Potential political fallout
- Highly sensitive topic

Hybrid: Regroup and Reform

- Building remains county property
- Business is transferred to private nonprofit or for-profit operator
- Unions recognized and contracts renegotiated with new ownership
- Market-based compensation and benefits provided to employees
- Operations reformed under direction of business owner

Regroup and Reform

- To maintain safety net services previously provided by county, safety net agreement is made between county and lessee
- Jobs remain in county
- Services remain in county
- Financial losses previously sustained by county end immediately
- Dollars then redirected to other county spending priorities

County-Operated Senior Care Facilities

Case Studies

Chris Jensen Health and Rehabilitation St. Louis County, Minnesota

Anatomy of a Successful Transition:

Chris Jensen

- Chris Jensen Health and Rehabilitation Center in Duluth, MN was St. Louis County's 189-bed facility for nearly 50 years
- Long history of regulatory challenges
- Inconsistent management and leadership
- History of significant labor strife
- \$1.5 million-\$2.0 million deficit funded by taxpayers every year
- Faced with decision to close, find care for 170 elderly residents, and terminate more than 200 employees

Anatomy of a Successful Transition:

Chris Jensen (continued)

- HDG assumed management of the facility November 1, 2009
- Assisted the county in identifying a leaseholder for the business
- Leased to the county each month
- County provided one-time capital resource to ensure the center was competitive in the market
- Provided regularly scheduled, transparent communication to all constituents; absolutely critical to success

Anatomy of a Successful Transition:

Chris Jensen (continued)

- Management group provided market based wages and benefits to all employees and recognized the employees' existing union relationship with a new contract
- Developed a consistent, daily sales and marketing strategy
- Implemented clinical standards and education to address regulatory challenges

Anatomy of a Successful Transition: Chris Jensen (continued)

- After one-year:
 - Improved regulatory performance
 - Eliminated agency nursing staffing
 - Increased short-term rehab census from ADC of 12 to 26
 - Maintained 95% average occupancy
 - Improved resident, family, and employee satisfaction
 - \$1.4 million surplus
 - \$2.0 million in county funds not spent on subsidizing the center
 - Very positive public feedback and media coverage of conversion

Manitowoc Health and Rehabilitation Center Manitowoc County, Wisconsin

Challenges for the County

- Commitment to care for challenging population
- Replaced aging physical plant with \$14 million new facility
- Losses of \$4 million–\$6 million annually
- Challenging labor relations and costs

Manitowoc's Solution

- Sold facility for a loss; however, ended million dollar annual funding of operations
- Recouped financially within three years
- Established Accountability Advisory Board with new operators to monitor service to county residents and ensure no county resident was denied needed services

Winchester House Lake County, Illinois

Challenges and Goals

- Lake County had been struggling with significant losses and operational challenges at Winchester House and had been funding losses from 1982 tax levy
- County and public were committed to new state-of-the-art facility but current financial situation was hindering plans with losses of more than \$1 million annually
- Goals:
 - Preserve mission
 - Ensure that high-quality care continues
 - Maintain county oversight
 - Provide safety net and maintain majority Medicaid population

Solution

- Health Dimensions Group began management of the Winchester House for Lake County in December of 2011
- Estimated that this partnership saves Lake County approximately \$1 million-\$2 million dollars per year
- Union relations have improved
- Planning in progress for new facility
- Staff, county board, residents, and families are extremely pleased with changes

HOSPITALITY

STEWARDSHIP

INTEGRITY

RESPECT

HUMOR