



Onondaga County Legislature

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WAYS AND MEANS COMMITTEE 2012 TENTATIVE BUDGET REVIEW OF HEALTH A.M. SEPTEMBER 26, 2011 CASEY E. JORDAN, CHAIRMAN

MEMBERS PRESENT: Mr. Corbett, Mr. Warner, Mr. Kinne, Mr. Stanczyk

MEMBERS ABSENT: Mr. Lesniak, Mr. Buckel, Mr. Holmquist, Mr. Kilmartin

ALSO PRESENT: Mr. Rhinehart, Mrs. Ervin, see attached list

Chairman Jordan called the meeting to order at 9:08 a.m.

MENTAL HEALTH: Robert Long, Commissioner; Sandra Miller-Martins, Fiscal Officer

Mr. Long:

2012 Budget Presentation

Onondaga County Department of Mental Health

Robert C. Long, Commissioner

September 26, 2011

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Three Disability Groups Served:

Mental Health

(e.g. Depression, Anxiety, ADHD, Schizophrenia)

Addictive Disorders

(e.g. Alcohol & Other Drug Abuse and Dependency, Problem Gambling)

Developmental Disabilities

(e.g. Autism Spectrum Disorders, Pervasive Development Disorders)

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Onondaga County Need

- Children
 - 11,350 children age 9 to 17 (21%) have a mental or addictive disorder with a functional impairment that interferes with daily living.
- Adults
 - 4,000 adults have schizophrenia
 - 29,000 adults have an addictive disorder
 - 33,000 adults have a mood disorder (e.g. major depression, bipolar disorder)
 - 45,000 adults have an anxiety disorder (PTSD, panic disorder, obsessive compulsive disorder, phobias)

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2011 Accomplishments

- Continued development of cross systems (mental health, child welfare and juvenile justice) restructuring to improve access as part of the system of care (OnCare) initiative. RFP, innovation fund, crisis services.
- Implementing State Regional Behavioral Health Organizations and Federal Health Homes in Onondaga County
- Implementing revised Medicaid rates for mental health clinic providers that will allow for greater access to clinic services, less use of more expensive services. Promise Zone expansion and integration of clinics in schools to assist with early identification and treatment if needed.

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Overview of Key Department Functions

Planning & Quality Improvement

Statutory mandate: NYS Mental Hygiene Law §41.05-41.31

Direct and administer a comprehensive local planning process.
Seek to assure:

- all population groups are adequately covered and sufficient services are available for all mentally disabled in the area.
- there is coordination and cooperation among local providers of services
- there is continuity of care among all providers of services.

Number Served: 90,500 Onondaga County Residents with Behavioral Health conditions.

Contract Management

Statutory Mandate: NYS Mental Hygiene Law §41.07, 41.13

- Program management of \$19,994,696 in contracts for behavioral health services
 - define scope of services & performance indicators
 - oversee performance of contracted agencies.
- **Number Served:** 46,000 people served (900 people employed)
 - 99 Programs in 23 Agencies
 - Mental Health – 71
 - Chemical Dependency – 22
 - Developmental Disability - 6

Contract Agencies

- | | |
|---|---|
| ARC Of Onondaga
ARISE
BOCES
Liberty Resources/Brownell Center
Catholic Charities
Central New York Services
Contact Community Services
Coordinated Care Services
Crouse Hospital
ENABLE
Exceptional Family Resources
Hillside Children's Center
NAMI-PROMISE | Onondaga Case Management
Prevention Network
Rescue Mission
Salvation Army
St Joseph's Hospital Health Center
Syracuse Behavioral Healthcare
Syracuse Model Neighborhood Facility (Southwest Comm. Ctr.)
Transitional Living Services
Upstate Medical University
YWCA |
|---|---|

Contract Management

Statutory Mandate: NYS Mental Hygiene Law §41.07, 41.13

Revenue	\$ 19,306,026
Gross Expense	\$ 19,994,696
Revenue minus Gross Expense	\$ -688,670
Local Dollars:	\$ -688,670 3.4%

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Assisted Outpatient Treatment

Statutory Mandate: §9.48,9.60 NYS Mental Hygiene Law

Operate, direct and supervise an 'assisted outpatient treatment' program to investigate, obtain court orders and supervise people in need of involuntary outpatient services (Kendra's Law)

- **Investigations:**
 - Total: 282
 - Open: 20
- **Court Orders:**
 - Total: 66
 - Active: 6
- **Enhanced Services (alternate dispositions):**
 - Total: 110
 - Active: 14

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Assisted Outpatient Treatment

Revenue	\$ 179,927
Gross Expense	\$ 186,505
Revenue minus Gross Expense	\$ 6,578
Local Dollars:	\$ 6,578 3.5%

Funded Positions	
2002	2012
1	1

Clinic Treatment for Children

Regulatory requirements: 14 NYCRR Part 587 & 588

- Specialized child and adolescent (age 4-17) licensed mental health clinic. Safety net program that serves the most seriously ill children with the most complex needs, offers sliding scale fee payment for the uninsured and underinsured.
- Provides a comprehensive array of service to children and their families, including assessment and treatment planning, verbal therapy, medication therapy, crisis intervention (including home based crisis intervention), case management services and family support.
- **Number Served:** 330 children and their families

Clinic Treatment for Children

Revenue	\$ 1,675,133*
Gross Expense	\$ 2,190,009
Revenue minus Gross Expense	\$ 514,876
Local Dollars:	\$ 514,876 23.5%

*Notes: Clinic also generates \$849,289 in 'CSP' revenue used to fund FSS, AOT, & HBCI, reducing local dollars in those programs by \$849,289; Medicaid rate increase being phased in 2011-2013 will increase revenue.

Funded Positions	
2002	2012
22	15

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Children's Day Treatment

Regulatory requirements: 14 NYCRR Part 587 & 588

Need: Only children's (age 5-12) licensed mental health day treatment program in Onondaga County

A comprehensive array of services for seriously emotionally disturbed children, including assessment and treatment planning, verbal therapy, medication therapy, crisis services, skills training, social training, and an integrated educational program, on a full or half day basis.

Sites: Cedar Street (main site), satellite sites at Palmer Elementary (Baldwinsville), Porter Elementary (SCSD).

Maximum Capacity: 62 children

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Children's Day Treatment Budget

Revenue	\$ 2,776,282
Gross Expense	\$ 3,185,524
Revenue minus Gross Expense	\$ - 409,242
Local Dollars:	\$ 409,242 12.8%

Funded Positions	
2002	2012
29	27*

*Minimum staffing standard required by State licensing authority

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Forensic Hospitalization*

Statutory Mandate: 402,508 NYS CL; 730 NYS CPL

Revenue	\$ 0
Gross Expense	\$ 800,000
Revenue minus Gross Expense	\$ 800,000
Local Dollars:	\$ 800,000 100%

*Projected based on historical trends.

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Budget Summary

2010 Budget Summary

Total Appropriation	\$27,898,541
Revenue	<u>\$25,144,417</u>
Total County Funding	\$ 2,754,124 9.8 %

Summary of Funded County Positions

2002	2009	2010	2011	2012*
104	85	69	55	54
	-18%	-34%	-47%	-48%

*Proposed

2011/2012 Summary of Budget Variances

(greater than \$25,000)

	Variance
Salaries	31,060 ¹
Professional Services	35,220 ²
Contracts	-905,940 ³

¹ CSEA contractual increases; step increases.

² Increased translation costs (serving more non-English speaking clients) and child psychiatrists

³ Reduction in contracted services as a result of reductions in State Aid

Mr. Long:

- 2 vacant funded positions:
- Nurse practitioner – hired under contract currently, created the position because not sure if able to recruit without benefits; using contract but want to keep if needed
- Child care worker – day treatment program, vacated recently, should fill shortly

Chairman Jordan requested a list of the vacant funded and vacant unfunded positions. Ms. Martins responded to Chairman Jordan the anticipated salary savings for this year will be \$115,000.

Mr. Long:

- Cedar Street – school provides an 811 classroom (8 children, 1 teacher, 1 teacher aid), child care worker and part time social worker; between all satellites; provide mental health component
- Goal to keep kids in the school to bring back into main stream – start by eating lunch or math with kids; return to 811
- Prefer not to have kids at Cedar Street but most are unable to be in main stream
- About a year for kids that are behind and are able to be put back into main stream after that year or in an 811 class
- Promise Zone: program within Syracuse; grant from the State; Buffalo, Syracuse and NYC; specific target is distressed urban school districts; if succeed in integrating, then continue with suburban schools; entirely grant funded
- 051 - rental income line – 2008 audited for '06 and '07; recouped \$90,000 out of \$8 million collection – primarily clerical errors; decided to implement an electronic medical record; fees are license fees – reoccurring every year
- Forensic hospitalization – not reimbursed for this program; if reduced from \$800,000 to \$400,000 or less – State will continue to bill for hospitalization and if not paid, the state will take from Medicaid
- Problem in jail – cannot force someone to take medication; hospital can go to court and force them to take medication to help them recover; calling every couple weeks for status of each person; Hawthorne affect will help shorten the stay
- Number of patients can vary but fairly consistent, same amount as last year's budget
- 534 – \$1 million; hospitalization that moved from budget to interdepartmental line
- Approx. \$30,000 in travel and training; most is travel; employees use personal cars and are reimbursed for mileage; little bit of training; keep medical staff current with medications
- One vehicle - 2001 Taurus; requested replacement this year; will cost \$1,800 to purchase because of Federal Aid
- Cheaper than renting or mileage; use County car for distance traveling so County does not have to pay mileage

Mr. Rowley replied to Mr. Rhinehart that the reimbursement for mileage is \$.555 and will show up in revenue.

LONG TERM CARE – VAN DUYN, COMMUNITY SERVICES; Maureen Cerniglia, Deputy Commissioner

Good morning. I am Maureen Cerniglia, Deputy Commissioner of the Department of Long Term Care – Van Duyn Home and Hospital – and I am here to present to you the 2012 recommended budget for Van Duyn.

Joining me today at the table is:

- *Maria Cirman, Van Duyn's Director of Fiscal Management*
- *Patrice Gile, Budget Analyst from the Office of Management and Budget*

Also with us in the audience are:

- *Jolene Trombetta, Assistant Administrator – VDHH*
- *Kimberly Kohner, Assistant Administrator – VDHH*
- *JoAnne Shandorf, Director of Nursing - VDHH*
- *Ann Debejian, Personnel Administrator – VDHH*
- *Ronald Sapio, Program Analyst – VDHH*
- *Tom Dennison, PhD – Consultant to Onondaga County*

We have prepared a power point presentation to guide our discussion. Please refer to the additional hand outs for more detailed information.

KEY ACCOMPLISHMENTS of 2011 (Slide 4)

As you are aware, upon approval of the 2011 budget, Resolution #239 was issued by the Onondaga County Legislature. This resolution called for the Onondaga County Division of Purchase to issue a Request for Qualifications (RFQ) for individuals and/or firms interested in the acquisition of Van Duyn Home and Hospital. The RFQ was released in November of 2010. Eight firms/individuals submitted qualifications. After much deliberation, it was determined that SUNY Upstate Medical University's qualifications most clearly met the needs of our residents, staff and the community. Formal negotiations began March 14, 2011.

Since that time, many, many hours by both parties, Upstate and Onondaga County, have been logged as Upstate conducts their "Due Diligence". At this time I would like to publicly thank everyone that has stopped their everyday duties to answer a question, look for paperwork, conduct multiple analyses, attend meetings, etc. As the Due Diligence is drawing to its final phases we look forward to concluding the future path of Van Duyn.

KEY ACCOMPLISHMENTS of 2011 (Slide 4) (cont.)

Two initiatives of outsourcing came to fruition in 2011. Personal laundry services are now handled by Lazybones and we have successfully improved the turnaround time and reduced the number of lost articles of clothing for our residents. Also Van Duyn staff cooks became part of our food service contractor's employment, Advanced Meal during 2011. This change allows the food service company full control of the 1500 meals produced daily, improving the quality of the service provided to the residents.

The completion of the capital projects started in 2009/2010 as a result of the HEAL IV grant came to a close in 2011. All eight elevators in the facility were successfully renovated and include voice audible announcement of floor arrival to better serve our residents. The fire alarm system and nurse call system upgrade have greatly reduced excessive environmental noise as well as enhancing the safety of the facility. At the end of the packet we have a one page summary of Van Duyn's capital projects for your review.

A transition to a new financial software package was undertaken. This software upgrade was crucial as our old software program was no longer supportable due to its age. This transition will allow for more accurate and timely billing for services provided and will eventually be able to interface with our electronic medical records.

With the retirement of the Commissioner and Assistant Administrator in early 2011 it was decided to recruit and hire two Assistant Administrators that held nursing home administrator licenses. We were successful in this effort and hired Jolene Trombetta in March and Kim Kohner in May. The addition of two senior administrative staff members that have nursing home management experience and understand the myriad of regulations that Van Duyn must meet every day has been extraordinary. Jolene and Kim have embraced the challenge of operating and serving up to 513 residents within the current constraints we face and have hit the ground running, promoting and imparting their knowledge and experience with the staff, residents and families.

Leadership training for the Assistant Directors of Nursing was accomplished in 2011. A five session course covering Leadership Style, Time Management, Critical Thinking, Team Work Concepts and Communication was presented by NYAHS. Also, we have sent and/or participated in over 30 additional training sessions for our staff in all departments focusing on important, critical topics in the nursing home industry.

2011 BUDGET REVIEW

Medicaid Rates/IGT (Slide 5)

As we had been waiting for approved Medicaid rates for some time, for the first half of 2011, Van Duyn was being paid at the same Medicaid rates that it had been for the last three years. In June of 2011 we received notice that our Medicaid rates were approved back to 4/1/2009. These approved rates are reflective of the new reimbursement rebasing model. This model changed from a base year of 1983 to using 2002 costs as the base year to compute the rates. As a result, our daily Medicaid reimbursement rate increased approximately \$35 per day. Please note that we believe there were errors in the calculations and our rates are currently being reviewed for accuracy. As appropriate, appeals will be filed with the Department of Health to adjust our rates accordingly. We believe our rates will be reduced approx \$15/day.

In July 2011, Van Duyn received a lump sum payment to reconcile our Medicaid payments received to what we should have been paid under the new rebasing methodology (described above). The payment covered the period of April 1, 2009 through June 30, 2011. As of July 1, 2011 we are being paid at the published rebasing Medicaid rates.

In August of 2011, the County received notice that Upper Payment Limit (UPL) or IGT funds have been authorized for the state fiscal years of 2009/2010 and 2010/2011. Resolution #471 by the County Legislature approved the amending of the 2011 county budget to allow Van Duyn to claim the retroactive IGT funds for 2009/2010.

The IGT funds are planned to be used in 2012 to cover the anticipated budget gap.

2012 BUDGET OVERVIEW

Expense Overview (Slide 7)

The 2012 recommended budget calls for an increase of \$2.9 Million over the 2011 BAM. This increase equates to \$1.8 Million in direct appropriations and \$1.1 million in interdepartmentals (\$655,000 attributable to fringes and retirement benefits). Operating expenses have increased due to the addition of contract expenses to the 300 (Food Service contract) and 408 (Contract nursing and Consulting contract for DOH deficiency issues) lines of the budget. Also included in the operating expenses are increased salary costs due to contractual obligations.

Revenue Overview (Slide 7)

Private Pay rates will be increased by 5% effective January 1, 2012. The new rate will increase from the 2011 rate of \$306/day to a 2012 rate of \$321.30/day. Private pay residents represent approximately 7% of our census days budgeted for 2012, equating to \$5 million in anticipated revenues.

Medicare Part A rates will suffer devastating cuts in the skilled nursing facility prospective payment system for federal fiscal year 2012 (effective Oct. 1, 2011). The Centers for Medicare and Medicaid Services (CMS) will be implementing an **11.1% decrease in overall payments**. Our average Medicare rate estimate for 2012 is \$411.31 per day. Medicare Part A residents represent 6% of our census days budgeted for 2012, equating to \$3.6 million in anticipated revenues.

CMS is proposing a dramatic 29.5% reduction in Medicare Part B rates for calendar year 2012 for physician/ancillary/therapy services billed by skilled nursing facilities. Medicare Part B rates are tied to growth in the economy and since the year 2000 CMS has been calling for negative adjustments to the rates. Accordingly the 2012 revenue estimate for Medicare Part B has been reduced by \$771,000.

For 2012, a new Medicaid “Statewide Pricing” model will be enacted and is to be effective 10/1/2011 or 1/1/2012. **The Statewide pricing model is not final. It is still being modified and could change before implementation.** We anticipate our daily Medicaid rate under statewide pricing to be approximately \$184.92/day. The rate includes an estimated \$9.92/day capital component which is a direct result of the recent major capital improvement expenditures of 2009/2010. The anticipated decrease in revenues as a result of this change in the reimbursement model is \$4.9 Million.

Personnel Overview (Slide 8)

The number of positions requested in the 2012 budget remains constant with the 2011 BAM.

Staffing Challenges (Slide 9)

Any given day VDHH has open positions. A snapshot on September 8, 2011 revealed the following:

Open Positions	Employees Out Of Work
RN - 6	
LPN - 8	LPN – 5
CNA - 30	CNA- 21
Nurse Practitioner - 2	
ADON - 2	

Having this many open positions causes the use of agency services and overtime to staff the facility. We are obligated to provide the staff necessary to take care of the residents. Van Duyn is continuously hiring and recruiting for staff which adds additional strain to our administrative team.

Within the last year VDHH has hired 2 Assistant Administrators, 1 Director of Operations, 2 Assistant Director’s of Nursing, 1 Director of Fiscal Services, 1 Personnel Administrator, 1 Program Analyst, 1 Inventory Control Supervisor, and 2 Directors of Social Services and most recently, we have had a resignation of another Assistant Director of Nursing. These constant changes would cause great strife for any business, let alone a nursing home where stability of staff to provide consistent quality care for our residents is critical.

The Director of Fiscal Services position has turned over 3 times in three years. In the 4 years that the Assistant Directors of Nursing have been in place the turnover rate is at 85%. VDHH cannot continue to replace and train key management staff positions. We need to provide competitive wages to recruit and retain talented staff. Upon discussions during exit interviews, non-competitive salary linked with the demands of the positions is one of the main reasons cited by employees for leaving Van Duyn.

(Slide 10)

As was requested last year, this budget recommends upgrades for three key positions:

- ❖ Director of Nursing (Grade 35 to Grade 36)
- ❖ Assistant Director of Nursing (Grade 33 to Grade 34)
- ❖ Director of Fiscal Management (Grade 33 to Grade 35)

Approval of these upgrades will be a significant start to recognizing and addressing the value of the management workforce and the responsibility undertaken in serving 513 residents.

Other Challenges

State Survey Changes – Starting early in 2012, the Central New York office of the Department of Health will be transitioning to the QIS (Quality Indicator Survey) process. This is a dramatic change from their traditional survey process that all nursing homes have been using since the 1990’s. This transition will be taxing for both the facilities and the surveyors. Van Duyn has purchased the ABAQIS system to help us prepare for this change.

Supplies – An Online Incident Report management system is included in the Professional Services line budget. Timely and complete investigations of incidents have been a focus by both Van Duyn and the Department of Health. Currently we are using a paper based, manual system. Van Duyn is too large of a facility to continue using this manual system. The Online Incident Report management system will enable the facility to initiate investigations more timely, notify all appropriate individuals immediately via an email message, and allow for a quicker resolution and completion of the incident investigation. Data reports of the incidents are available to determine trends, outliers, time factors, etc. We must have this system to move forward.


Future Goals/Initiatives (Slide 11)

- Continue working with SUNY Upstate on the due diligence
- Prepare the necessary documentation needed to apply for the CON for the federal Sprinkler Mandate of 2013
- Complete the digital security camera system installation
- Look to restructure nursing units and/or services to provide increased opportunity for higher quality of care as well as economic efficiencies
- Provide necessary training to have Van Duyn staff prepared for the new survey process
- Begin to develop additional clinical programs
- Institute Online Incident Report management system software
- Market and develop our volunteer base to assist with operations of the facility gift shop and other volunteer based programs

Conclusion

Nursing homes will be facing daunting challenges within the next few years. The changing and ever declining reimbursement methods add stress to an already fragile system. Van Duyn will continue to work with SUNY Upstate on the due diligence and will report new information as it becomes available. Amidst the challenges that the declining reimbursement methods present to us, we will continue to do our best to provide quality care to the residents of Van Duyn Home and Hospital.

<h2 style="color: white; background-color: #4F81BD; padding: 10px;">2012 RECOMMENDED ANNUAL BUDGET</h2> <p style="background-color: #A68D5F; color: white; padding: 5px;">VAN DUYN HOME & HOSPITAL</p> <p>ANN ROONEY, DEPUTY COUNTY EXECUTIVE, HUMAN SERVICES MAUREEN CERNIGLIA, DEPUTY COMMISSIONER MARIA CIRMAN, DIRECTOR OF FISCAL MANAGEMENT</p> 		<p style="text-align: center;"><u>Table of Contents</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>Slides</u></th> </tr> </thead> <tbody> <tr> <td>2011:</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">I. 2011 Accomplishments</td> <td style="text-align: right;">4</td> </tr> <tr> <td style="padding-left: 20px;">II. 2011 Budget Review</td> <td style="text-align: right;">5</td> </tr> <tr> <td>2012:</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">I. 2012 Budget Overview</td> <td style="text-align: right;">7</td> </tr> <tr> <td style="padding-left: 40px;">a. Personnel</td> <td style="text-align: right;">8</td> </tr> <tr> <td style="padding-left: 40px;">b. Staffing Challenges</td> <td style="text-align: right;">9 - 10</td> </tr> <tr> <td>Future Goals/Initiatives</td> <td style="text-align: right;">11</td> </tr> </tbody> </table> <p style="text-align: right; font-size: small;">2</p> 		<u>Slides</u>	2011:		I. 2011 Accomplishments	4	II. 2011 Budget Review	5	2012:		I. 2012 Budget Overview	7	a. Personnel	8	b. Staffing Challenges	9 - 10	Future Goals/Initiatives	11
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2011 – YEAR IN REVIEW


2011 Key Accomplishments

Some key accomplishments were:

1. Chose SUNY Upstate Medical University as the entity to pursue acquisition of Van Duyn Home and Hospital
2. Outsourcing of our personal laundry services - 2/14/11
3. Full outsourcing of our food services operations - 4/1/11 – Expected salary/fringe savings of \$80,000
4. Outsourcing of our Therapy operations – September, 2010 – Expected salary/fringe savings of \$798,000
5. Completion of the remainder of our capital projects relative to the HEAL 4 grant (see handout)
6. Implementation of a new financial billing software system - 2/1/11

Resident Centered Accomplishments

1. Implemented a new wound care program/protocol and changed our Part B supplier (September, 2011) to include the ability to bill Medicare for wound care supplies – this provides better services to our residents
2. Changed our resident menu from a 3 week cycle to a 4 week cycle which allows more choice and selection for the residents
3. Personal laundry outsourcing provides quicker turnaround time for residents to receive their personal laundry back
4. Approximately 380 new residents and 350 re-admissions were welcomed and processed by our staff.

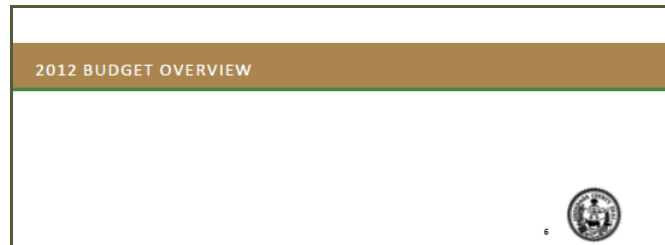
Employee Centered Accomplishments

1. Hired (2) licensed Nursing Home Administrators
2. Created a Corporate Compliance work group
 - **Enhances operations by providing a means for resident fraud & abuse allegations and also billing fraud investigations
3. Provided Leadership training to our Assistant Directors of Nursing
4. Over 30 Educational sessions were offered to facility staff to enhance their knowledge and keep abreast of current trends in providing quality care to the residents

2011 Budget Review

2011 has been a challenging year due to many factors, including the uncertainty of Medicaid revenues. However, as the year is coming to a close, we have:

- Received approved Medicaid rates going back to 4/1/09 (in June, 2011)
 - These rates are higher than what we have been paid up to this point
 - New payment rates were computed using a 2002 base year vs. 1983 base year
- Received a lump sum Medicaid payment in July, 2011
 - Payment reconciled what we should have been paid with the new base year vs. what we have been paid
 - Payment covered period of 4/1/09 – 6/30/11
 - Dates of service after 6/30/11 are being paid at the 'new' rates
 - Payment also included a reconciliation of 2008 & estimated 2009 cash receipts assessment payments
- Received authorization for claiming SFY 2009/2010 and 2010/2011 Upper Payment Limit (UPL) or IGT
 - 2009/2010 allocation = \$7,788,167
 - 2010/2011 allocation = \$9,050,636
 - 38.41% local share
 - The use of the IGT funds is planned to offset the anticipated 2012 budget gap



2012 Budget Overview

Van Duyn's 2012 recommended budget includes the necessary costs of running a 513 bed Skilled Nursing Facility. We are faced with difficulties as reimbursement rates are being adjusted downward, while our expenses continue to climb. The 2012 recommended budget includes a \$2.9 Million increase over the 2011 BAM.

Expenses Overview:

- Increased salary costs of \$1.1 Million due to contractual obligations
- Uncontrollable costs (i.e. employee benefits) increased our operating budget by \$1.1 Million
- The remaining \$700,000 is attributable to increases in contract rates, New York State mandates and other costs

Revenue Overview:

- Private Pay rate will be increased 5% effective January 1, 2012
- Medicare Part A revenue is being reduced 11.1%
- Medicare Part B rates (physician, therapy, ancillary services) are anticipated to be cut 29.5%
- Medicaid revenue will be based upon a 'Statewide Pricing' model
 - The estimated daily reimbursement is less than the 2011 BAM, which was based upon a 'Rebasing' model
 - Increased estimated capital component reimbursement as a result of the major capital projects put into place in 2010

2012 Budget Overview

Personnel:

- Requested positions remain at 550: (No change from 2011 BAM)
 - Skilled Nursing - 397
 - Ancillary – 6
 - Support – 42
 - General & Administrative – 37
 - Plant Operations & Maintenance – 68
- Overtime will be held at 2011 BAM with only a contractual increase
- 103 or Part time workforce wages will be held at 2011 BAM with only a contractual increase

2012 Budget Overview

STAFFING CHALLENGES

- Open Positions
- Turnover of Key Positions
- Difficulty in attracting and retaining the best, brightest and greatest employees
- Entry level salaries
 - Current starting salaries are lower than comparable facilities
 - Director of Nursing
 - ADON's
 - Director of Fiscal Management
 - Salary grade increases requested to assist with recruiting quality, knowledgeable staff
 - Director of Nursing (Grade 35 to Grade 36)
 - ADON's (Grade 33 to 34)
 - Director of Fiscal Management (Grade 33 to 35)

2012 BUDGET OVERVIEW

<u>Salary Comparison - Comparable Counties</u>									
	Director of Nursing		Assistant Director of Nursing				Fiscal Officer		
	Salary	Cost/Bed	Salary		Cost/Bed	Cost/Bed	Salary	Cost/Bed	
			Min	Max	Min	Max			# of Beds
Cayuga	63,071	788.39			-	-			80
Genesee	74,758	467.24					62,282	389.26	160
Wayne	73,943	385.12	62,500	65,394	325.52	340.59	66,036	343.94	192
Chautauqua	73,903	342.14	55,744	72,134	258.07	333.95	67,035	310.35	216
Albany				68,743	-	274.97			250
Livingston	75,550	284.02		68,175	-		76,775	288.63	266
Broome			49,275	60,135	128.66	157.01			383
Monroe			65,312	84,136	157.76	203.23			414
Onondaga	81,687	159.23	62,106	80,235	121.06	156.40	59,947	116.86	513



2012 Budget Overview

Future Goals/Initiatives:

- Continue working with SUNY Upstate on the due diligence
- Prepare the necessary documentation needed to apply for the CON for the federal Sprinkler Mandate of 2013
- Complete digital security camera installation
- Look to restructure nursing units and/or services to provide increased opportunity for higher quality of care as well as economic efficiencies
- Provide necessary training to have Van Duyn prepared for new survey process
- Begin to develop additional clinical programs
- Institute Online Incident Report management system software
- Market and develop our volunteer base to assist with operations of the facility gift shop and other volunteer based programs

UPDATE ON VAN DUYN CAPITAL PROJECTS

- **Boiler Replacement:** Installed three new flexible tube steam boilers along with a direct digital control system that allows for automated operation.
Status: COMPLETE
- **Oil Tanks:** Above ground tank were installed.
Status: COMPLETE
- **Kitchen Modernization:** Several large pieces of equipment for the kitchen were replaced including ovens and coolers. Ice Machines were replaced on resident floors.
Status: COMPLETE
- **Electronic Medical Record (EMR):** Completed implementation of the Sigma Care Electronic Medical Record System, streamlining point-of-care documentation and increasing the accuracy and efficiency of the flow of resident information.
Status: COMPLETE
- **Interface** of Electronic information with Upstate University Medical Center @ Community General Hospital.
Status: ONGOING
- **Sidewalk Replacement:** 13,200 square feet of decayed sidewalks were replaced with a combination of Flexi Pave and concrete.
Status: COMPLETE
- **Elevator Renovation:** All 8 elevators have been renovated and modernized, meeting all appropriate Life Safety Codes.
Status: COMPLETE
- **Nurse Call System Renovation:** First phase of the project is complete. The new system allows for identification by color and sound where the call is coming from to enable staff to respond in a quicker more efficient manner.
Status: COMPLETE
- **Nurse Call System (Beeper Use):** Second phase of the project. Continue to work with the installer to allow the use of beepers carried by staff to receive the resident call's through the nurse call system. Status: ONGOING
- **Fire Smoke Detection and Alarm System Replacement:** Replaced to meet all Life Safety Codes.
Status: COMPLETE
- **Phone System:** Installation of VOIP system, use of cordless phones for key staff and ability to activate phone service for our residents timely for our residents.
Status: COMPLETE
- **Main Lobby "Facelift":** The changing of the fire alarm system resulted in the need to update and renovate the main reception area located in the south lobby.
Status: COMPLETE
- **Security Cameras:** Replacing analog security system with a digital security camera system to better insure the safety of our residents, staff, visitors and property.
Status: ONGOING

- **S1 Building Demolition:** *The S1 building suffered major roof leakage in September of this year (2011). It was decided to move the Community Resources Division downtown to the County Office Building immediately. The building will be closed up and prepared for demolition.*
Status: ONGOING
- **Sprinkler Mandate of 2013:** *A federal mandate that all nursing homes be “fully” sprinklered by August of 2013. We are currently working on obtaining a code review of what will be needed to comply. Once this is received we will request an architectural review and submit a CON to the DOH for approval*
Status: ONGOING

Mrs. Cerniglia, Mrs. Cirman, Mrs. Rooney and Mrs. Gile:

- Retroactive payment for Medicaid – \$11.1 million; includes current payments, reconciliation of cash receipts for 2008/2009; Medicaid rate being reviewed; payment for Medicaid was overstated; still being worked on
- \$11.1 million - \$1.4 million factored in budget; \$9 million was rebasing; money to give back to state; unsure of amount
- \$1.4 million anticipated, leaving \$8 million+ - would go to fund balance; other sources shows amount being brought in
- Average rate for Medicare part A from \$250 – \$600/day; depending what patient needs; not extensive rehab facility
- Starting to build up rehab facility and attract more Medicare A patients to raise revenue; will offset some losses
- Private pay rate – determine by calling around to other facilities; get idea of charge for private pay; cannot be more than average Medicare rate, have to be under; do not want to charge more - most facilities increase 3-5% every year
- 26 employees: 5 LPNs, 21 CNAs, out of work due to workers comp, medical leave, medical disability or maternity leave; still have to cover the positions
- Percentage of rate private vs. public nursing homes – depends on nursing home and base year using
- For profit nursing homes run leaner with staffing levels to reduce cost; depends on individual
- No difference in cost equation of how rates are determined; for profit facilities use same type of methodology; higher base cost with pension and fringe benefits for County
- Director of nursing – cost/bed; 80 bed facility; paying \$63,000 equating to \$788/bed; paying \$81,000 equating to \$159/bed at County
- Amount of work for facility being 5x the amount of beds; recognize amount of work; not competitive on salaries
- Public nursing homes in NYS – approx 20s; trend - get out of public nursing business; hear same from other counties
- 408 has contracting nursing services, all physicians, consultants, safety and security guards, x-ray, consolidated billing expenses and pharmacy
- 410 – cash received assessment, administration costs, operations, laundry/linen services, medical waste, housekeeping, rubbish removal and certification for nurse aides (yearly)
- Food service always outsourced except cooks until last year, working well
- Laundry for facility always outsourced; now outsourcing personal laundry; volumes of laundry piled up; no space or resources to add and fix/buy new washers and dryers; 3 or 4 day delivery to get laundry back
- Wrong clothes to wrong resident does happen; label everything; person delivering doesn't read right; staff still handling no matter outsourced or not
- Have been handling own accounting and personnel services; truly different; experts at it, a little different
- Opportunity to use Personnel Department instead of in-house personnel; volume of hiring, difficult to retain employees; fiscal side separate - DMB is overseeing total; day to day are appropriate at Van Duyn with billing

Chairman Jordan stated his wife is in the business and everything is done electronically. Her company does off sight medical billing, and maybe Van Duyn could realize certain efficiencies under one umbrella. They may have a sub group within DMB for billing for Van Duyn; not sure they need to have someone onsite.

Mrs. Rooney responded:

- Have looked at outsourcing parts of Van Duyn; put hold on looking at outsourcing while continued negotiations with Upstate; need to reengage each aspect to see what's right for outsourcing

Mrs. Cerniglia:

- Total prescription drug costs budgeted for 2012 is \$555,000/year; all through one company

Mr. Warner requested Mrs. Cerniglia send the list of prescriptions purchased to Canada Rx to find out what their cost would have been for the same \$555,000. Mr. Rowley responded the issue of legality still exists. Mr. Warner responded he is requesting to see what the cost difference would be. Mrs. Tarolli commented last time it was not legal to buy from Canada, but she will look to see if anything has changed. **Mr. Warner requested the list to do the research.** Chairman Jordan clarified Mr. Warner is not looking for exact prescriptions only cost differences of what it would be from Canada Rx versus where we are getting the

prescriptions. Mrs. Rooney responded she will get a list. Mrs. Cerniglia replied to Mr. Warner that she will talk to Kinney Drugs, and see if it is possible to get an answer within two weeks. Mr. Warner stated that will work.

Mrs. Cerniglia and Mrs. Rooney:

- IGT funds to cover gap in 2012 - \$10,361,565; gap between revenues bringing in and expenses
- Page 10 of presentation – LPNs, RNs and CNAs are contractual and get raises through contract; going up 3.5%
- Asked for upgrade to be competitive; reiterating what was requested last year.
- Director of fiscal management - from \$61-\$81 to \$74-\$96; large step; job itself is same but the facility is large (513 beds); many other issues; need to stay competitive
- One other position in the County where fiscal officer is paid at a 35 - deemed work at Van Duyn as complicated as the Health Department – due to billing structure, Medicaid, Medicare, private insurance, etc.
- Assistant director of nursing – 7; smaller facility may not have one or only a couple; only have one when there is a higher number of beds (i.e. 192 beds); jumping them one grade

Mr. Rhinehart commented he was surprised to hear the \$10 million number because he was still under the impression it was around \$7 million; already a big number at \$7 million. Added up the lower number of reimbursements is \$3 million. This number is 20% of the revenues of a \$50 million per year operation. Mr. Rhinehart reiterates talking about having to get out of the nursing business. Mr. Rowley agreed with Mr. Rhinehart that 2012 will be no local dollars only IGT and fund balance to carry it. Mr. Rhinehart asked if there was anything hidden within the interdepartmentals. Mr. Rowley replied the interdepartmental charges are overhead departments such as IT, Purchasing and Law.

Mrs. Cerniglia, Mrs. Cirman, and Mrs. Rooney:

- S1 – moved downtown a couple weeks ago; rainstorm prompted emergency evacuation
- Collections – continues to be a challenge; 1 year ago – 3 or 4 months behind in billing
- Some headway; little backwards when changed software
- Changed software in February 2011 – learning curve; staff able to use software; main issue and focus on prior collections
- Collection rate – hard to quantify; \$300,000 into bad debt – trying to stay on top of; average aging – getting better
- Making changes; clearer on expectations to the people coming in and VDNH getting information; more diligent
- Looking carefully at any person requested for admission; looking for true payer source; If not, is the family going to work with VDNH
- Other facilities (Loretto, Rosewood, Central Park) - taking fair share; reports looked at on a monthly basis
- Do say can't do them all; diligent on looking at resident before making offer; make sure it works and meeting needs

Mr. Rhinehart commented at Van Duyn the payment schedule is not competitive with the private sector; a lot throughout County. This was the motivation at budget time to use to push to remedy the Van Duyn situation. The concern is if the County brings VDNH up to be competitive with everyone else, the motivation to move on from the facility will go away as it did under the previous administration.

Mrs. Cerniglia and Mrs. Rooney:

- Not the motivation – this is to address day to day; not looking long term at Van Duyn; fully committed to not having Van Duyn under the County umbrella
- Upstate: representing County and figure out where the point is to agree on numbers; \$10 million to use out of IGT – Upstate seeing how much would cost them in the same situation
- Once numbers are agreed on, Upstate will have to go to the state of NY and regents because it falls under SUNY
- Want Upstate to come to that number; prepared to go to next respondent if they don't
- Have an answer with either Upstate or elsewhere by end of year

Mr. Rhinehart stated several years ago Van Duyn did not use every floor. This legislature, if it comes back in the budget next year with \$10 million in spending, will be forced to look at making Van Duyn smaller by closing a floor and lower the amount of patients. Mrs. Rooney agreed.

Mrs. Cerniglia and Mrs. Rooney:

- Upstate – process similar to Upstate with Community General Hospital; approvals over head
- Upstate saying they cannot operate a facility that will operate in red
- Trying to figure out with Upstate - get number to zero – there wouldn't be an ongoing subsidy
- \$10 million – reimbursement VDNH should have been receiving; getting in lump sum to make up for losses in past

- No different than any other nursing home – costs are higher than revenue
- Was \$7 million but reduction of \$3 million in Medicaid boosted it to \$10 million; total cost of running VDNH \$51 million
- Change between 2012 and 2013 – revenues may get worse

Mr. Stanczyk requested a short paper on the change between 2012 and 2013.

Mrs. Cerniglia, Mrs. Cirman, and Mrs. Rooney:

- Positions exactly what was requested last year; commissioner and assistant administrator left due to retirement
- Successful in hiring 2 assistant administrators, both are licensed home administrators
- Other key management positions – Mrs. Cirman is the third fiscal officer in three years; too complex of a system to turn over every year
- Page 5 of handout included – written all positions turned over; compounded with nurse recruitment
- Medicare – 11.1% reduction that is affecting part A; how many people a therapist can see is cut in half
- Billing system new; 11.1% will have to be uploaded manually
- Medical billing – new system at Upstate Medical; not sure if same as upstate; current software could not be supported; 2.5 year process to find new system

DEPARTMENT OF AGING AND YOUTH; Lisa Alford, Commissioner

Good Morning

I'm Lisa Alford, Commissioner of Aging and Youth.

Joining me here at the table are : Chris Flynn, Youth Bureau Administrator,

Lisa Farewell, Accountant II and Edie Williams, Budget Analyst.

Ann Read, Public Information Specialist, is acting as my technical assistant for this presentation.

Please refer to section 4, page 90 for the Aging budget

And to page 104 for the Youth budget.

<p><u>2012 Budget Presentation</u> ***</p> <p>Onondaga County Department of Aging and Youth</p>  <p><i>"Meeting Needs That Span The Generations"</i></p> <p>Lisa D. Alford, Commissioner September 26, 2011</p>	<p><u>Our Mission:</u></p> <p>To support a comprehensive system of services for:</p> <ul style="list-style-type: none"> ▪ Children and Youth ▪ Senior Citizens ▪ Caregivers and Families <p>Through advocacy, planning, coordination, direct services and program funding</p>
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Our Department's Mission is to support a comprehensive system of services for children and youth, senior citizens, and their families.

We accomplish this and support our community through advocacy, planning, coordination, direct services and program funding.

Our Goals:

- Increasing access to services for seniors
- Promoting activities to ensure healthy youth and older adults
- Supporting quality programs that help youth gain knowledge, skills and competence
- Serving as the primary source for information on programs and services, trends, problems and causes, best practices, and funding resources relating to older adults and youth

Measuring Community Impact

- 352,236 Meals provided
- 25,116 Rides provided to seniors
- 45,349 Hours of in-home aide and respite services
- 54,441 Hours of respite in social adult day programs
- 7,928 Youth engaged in community based programs
- 315 Youth work professionals trained
- 5,262 Households applied for HEAP
- 492 Households received weatherization services
- 510 ICare class attendees

Our goals include:

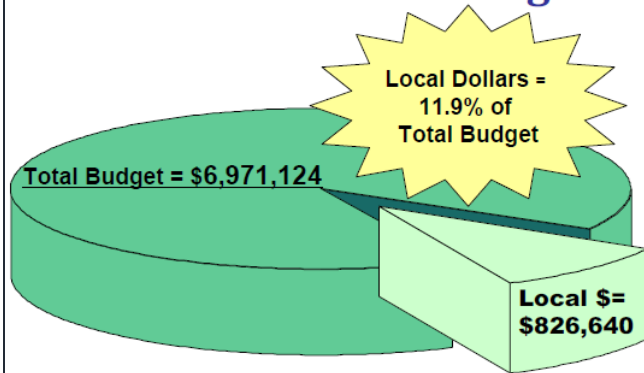
- 1) Increasing access to services for older people to enable them to remain in a safe and appropriate living environment
- 2) Developing and supporting wellness activities to promote healthy youth and older adults
- 3) Increasing the number of youth programs that utilize best practices and
- 4) Strengthening our leadership and advocacy role in the community

Today's presentation will highlight some of the ways our department is meeting these goals.

The Department of Aging and Youth has far-reaching influence on our community. Here are a few metrics associated with the many services we provided in 2010:

352,000 Meals through Meals On Wheels and at senior dining sites
Over 25,000 Rides by funded agencies – a **15% increase over 2009**
Close to 100,000 Hours of in-home aide, respite and social day services – a **25% increase**
Over 7,900 Youth engaged in community based programs and
315 Youth Work Professionals were trained

2012 Combined Budget

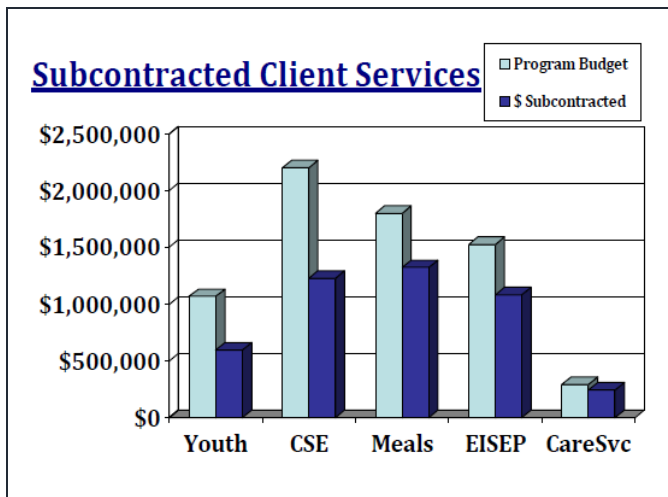


Combined Budget Variances

Object	Description	\$ Change	Explanation
101 and 103	Personnel	\$157,562	Includes three positions from DSS for the NY Connects grant
410	All Other Expenses	(\$18,796)	2011 includes marketing for Falls grant
570	Contracted Client Services	(\$669,159)	Decreases in Federal, State and Local Dollars

Our Total combined budget is just under \$7 million dollars, over \$673,000 thousand dollars less than last year's budget. Our local dollar amount of \$826,000 is less than 12% of our total budget.

Our most significant 2011 combined budget variances include the following:
Net Personnel increase includes three positions from DSS for the NY Connects grant, reflecting changes in New York State appropriations structure.
All Other Expenses decreased due to expenditures related to the Step Up To Stop Falls grant in 2011 that will not reoccur in 2012. Decreases in federal, state and local dollars caused us to reduce our **Contracted Services**.



- ### Other Sources of Support
- Private Agency Match:
 - \$906,000 Cash and in-Kind in 2010
 - Client Cost Sharing
 - \$96,000 EISEP participant contributions in 2010
 - Client and Family Contributions
 - \$328,000 in voluntary contributions from nutrition program participants in 2010

This chart represents our subcontracted dollars compared to their total respective program budgets. Nearly \$4.5 million dollars – 64% – of our budget is subcontracted to community based organizations.

A significant portion of our non- subcontracted budget consists of costs associated with services and programs provided directly by department staff.

These direct services include:

- Telephone and face-to-face counseling*
- Service coordination and support services*
- Health insurance and senior employment counseling*
- training and technical assistance*
- HEAP*

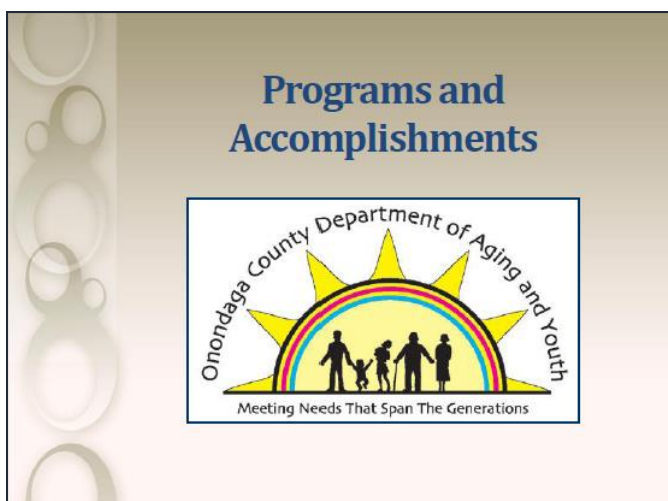
And fiscal and programmatic monitoring of the nearly \$4.5 million we subcontract out.

In addition to the revenues you see in our budgets, we receive over \$1.3 million in support from various community sources to provide services to older adults and youth. Here are some examples: In 2010, our department received over \$900,000 in matching funds from our community based organizations.

More than 40% of our EISEP clients pay a percentage of their service cost. Last year this program income amounted to \$96,000.

Voluntary contributions made by Nutrition program participants totaled \$328,000 in 2010 and helped us serve additional meals beyond the funding we received.

With local dollars and these sources of support we are able to draw down all allocated state and federal funds to provide better services for Onondaga County residents.



- ### Youth Bureau Services
- Subcontracted \$597,690 to Provide Support to 27 Programs
 - Including help for at-risk youth, social and emotional child development, and runaway and homeless youth programs
 - Provided \$180,000 to 30 Municipalities Supporting 45 Programs
 - Not reflected in budget
 - Responsible for monitoring, technical assistance and conducting audits

Now I'd like to highlight some of our department's programs and share with you the many ways we are strengthening our community and positively affecting the people we serve.

Turning to our Youth Bureau budget:

Funding totaling over \$597,000 will be provided to support 27 programs, ranging from those that help children develop socially and emotionally to programs that work with at-risk youth, including those who are runaway and homeless.

\$180,000 that is not reflected in our budget will go directly to municipal programs based on population. The youth bureau is responsible for monitoring, conducting audits and providing technical assistance to these programs.

Youth Bureau Services

Training & Technical Assistance in the Community

- 20 Training sessions for youth workers in 2010
- Training for Say Yes to Education staff at 20 school-based sites starting in Fall 2011
- 315 Youth Workers trained 2010
- Technical support to non-funded agencies

Parent Education and Information

- Training on managing youth behaviors
- Information and assistance to parents

Community Based Services

Subcontracting \$1.2 million to 23 community-based organizations, supporting 27 programs

- Including health promotion, housing, legal assistance, elder abuse prevention and transportation

Neighborhood Advisor Program

- 12 Advisors made 13,119 contacts with seniors
- Income stretching programs
- Work with Adult Protective on at-risk cases

• United We Ride Grant

- Expanded transportation for seniors and adults with disabilities

• Home Energy Assistance Program

- \$2.4 million in federal benefits to low-income seniors
- 5,262 seniors assisted with benefits

The training and technical assistance the Youth Bureau staff provides to youth workers and agencies improves the quality of the programs where youth spend their time. In 2010 we provided 20 training sessions for 315 youth workers. We will also partner with Say Yes to Education and the Syracuse City School District to train staff at 20 school-based sites beginning in Fall 2011. The Youth Bureau has lent its expertise to other non-funded public and private agencies. In 2010, we provided staff development resources to Hillbrook Detention Center and Say Yes. County Departments such as Probation and Public Library staff regularly attended youth bureau training sessions. In addition, 100 parents were trained on managing youth behaviors through presentations for the Syracuse City School District and the CNY Family Support Networks.

Before we turn to our Aging budget, I'd like to note a few statistics. According to the 2010 U.S. Census, Onondaga County is home to more than 89,000 adults age 60 and older - a 9% increase over the 2000 Census. County data projections indicate that by the year 2015, we will experience a 19% increase in persons 60 and older and a remarkable 66% increase in adults age 85 and older, as compared to the 2000 Census. Our programs meet that critical and growing need in our community. Our Community Based Services Programs will subcontract out over 1.2 million dollars to 23 organizations supporting 27 programs working to promote healthy aging in place, including: transportation, housing, health promotion and legal assistance. Neighborhood Advisors provide assistance to frail and at risk seniors in their homes and neighborhoods. In 2010, 12 Neighborhood Advisors made over 13,000 individual contacts with seniors, linking them to income stretching programs such as HEAP, SNAP and the Medicare Savings Program. Thanks to our federal United We Ride grant, we have expanded transportation to vital appointments and services for seniors and adults with disabilities in places where there is little or no public transit. Our HEAP program helps seniors with the high cost of energy, and we are thankful to those of you who invite us to speak to your constituents about HEAP. Last year's benefit to seniors and persons with disabilities added more than \$2.4 million in federal dollars to the local economy.

Senior Nutrition Services

Subcontracting \$1.3 million to support 9 community based organizations providing nutrition services

- Congregate Dining
 - 140,445 Meals served at 45 locations to 4,321 participants
- Meals on Wheels
 - 211,791 meals delivered to 1,029 at-risk elders by 1,500 volunteers
 - Expanding MOW services to Baldwinsville area in 2011
- Counseling and Education
 - Risk-screening and education for 4,600 participants
 - Individual counseling for 279 clients and caregivers

Personal Care Services

Subcontracting over \$1 million to 17 community-based organizations and home care agencies

- Expanded In-Home Services for the Elderly
 - Helps Delay Higher Cost Nursing Home Care
 - Nursing Home average = over \$80,000 per year (Medicaid)
 - EISEP Non-Medical Home Care average = \$4,000 per year
 - Half of the EISEP participants are age 85-104
 - 95% of EISEP participants report an improvement in their quality of life
- Veterans Directed Community Based Program
 - 90% of Veterans served have avoided nursing home placement
 - 100% of participants reported that the services were very helpful in terms of allowing them to remain in their homes

Nutrition Services will subcontract \$1.3 million to 9 community-based organizations providing congregated and home delivered meals. In addition, our Registered Dietitians provide nutrition counseling and education throughout the county. In 2010, over 140,000 meals were served at 45 locations through our congregated dining sites. 1,500 Meals On Wheels volunteers delivered 211,000 well-balanced, hot meals to the homes of at-risk elders, providing daily contact and a safety check. Emergency shelf-stable meals were also delivered, ensuring that in the event of a blizzard or other catastrophic event our most at-risk seniors will not go hungry. In 2010, we screened over 4,600 participants for nutrition risk factors associated with chronic diseases, and provided nutrition counseling sessions promoting healthy change for 279 clients and caregivers.

Our Expanded In-Home Services for the Elderly Program will subcontract over \$1 million to 17 community based organizations and home care agencies to provide seniors non-medical assistance to remain in their homes for as long as it is safe and feasible.

The average Medicaid cost of nursing home care for an individual in Onondaga County is \$80K annually. By incorporating the efforts of family, informal caregivers and community services, EISEP case managers create cost effective care plans offering an alternative. On average, EISEP clients receive fewer than 4 hours per week of program provided aide service. The average annual cost of this care is less than \$4,000. EISEP services help our increasing senior population to age in place with dignity. Over 50% of our EISEP clients are between the ages of 85 – 104. More than 60% of clients over age 90 receive services that have safely maintained them in their homes for 2 – 7 years. Our department is partnering with the VA to provide consumer directed home care services to veterans of any age to delay costly nursing home placement. The VA provides funds to the Department of Aging and Youth for completing the initial assessments and providing ongoing care coordination.

Caregiver Services

Subcontracting \$244,363 to 7 community-based organizations for the provision of Caregiver Services

- 22,963 hours of Respite provided
 - In-home and community-based
- Over 1,000 units of Information & Assistance provided through:
 - Telephone Information & Assistance
 - Caregivers in the Workplace
 - Caregiver Discussion Groups
 - Family Caregiver Planning
- Institute for Caregivers
 - 510 attendees
 - 31 classes taught by 28 instructors

Our Caregiver Support Program will subcontract over \$244,000 to 7 community based organizations to provide services such as respite and information and assistance.

In 2010 we provided 538 in-home respite visits for those with limited mobility and over 22,000 hours of respite in a community setting, such as social adult day centers.

Caregiver Services offers information about and referrals to programs and services in our community. Caregivers in the Workplace learning sessions and Caregiver Discussion Groups offer peer support and expert advice. In 2010, over 1,000 contacts were made through these programs, ensuring caregivers accessed information, practical skills, and support.

Last year, 510 attendees benefitted from our nationally recognized Institute for Caregivers, offering free classes on a variety of topics specifically helpful to family caregivers.

New Initiatives ~ 2011

- **Step Up To Stop Falls**
 - \$160,000 grant to reduce falls and fall-related injuries
 - Partnering with 18 community based organizations
- **Say Yes to Education**
 - Training, monitoring and technical assistance
 - 20 school-based sites
- **Strong Bones Strong Bodies**
 - Research based fitness program for older adults
 - Free weekly classes offered at two sites
- **Nutrition Services Expansion**
 - Baldwinsville Meals On Wheels agency added
 - Brighton Towers added as meal site

We are always looking for ways to adapt and grow with the needs of the community, and 2011 has provided us with several opportunities to broaden our reach and improve services and outcomes. A few new initiatives I'd like to highlight include:

***Step Up To Stop Falls**, a \$160,000 grant awarded to the department by the Community Health Foundation of Western and Central New York to reduce falls and fall-related injuries in Onondaga County. The need for this is clear: our county has the highest incidence of deaths due to falls in the service area of the Foundation.*

*Our Youth Bureau is providing training, monitoring and more for the **Say Yes to Education after school programs**, serving youth workers at 20 school based sites in the Syracuse City School District.*

***Strong Bones, Strong Bodies** is a research based fitness program developed at Tufts University currently offered free to older adults weekly at two sites in Onondaga County.*

***Baldwinsville Meals on Wheels** is joining us as a new contract agency for senior clients in the Northwest portion of the county, and Brighton Towers is a new dining site location. Participants in both locations will enjoy the benefits of nutritional support and easy access to all other Department aging services.*



I want to end today not with my words, but with our client's.

Chris Abbott, Program Director for Syracuse Parks and Recreation, captures in his letter how important the availability of our youth worker training is to programs that simply cannot afford the level of training we provide, calling us "an invaluable resource" and our training a tremendous benefit for the youth patrons of parks and rec's programs.

And Barbara Conway took the time to write an unsolicited letter to the editor of the Post Standard after utilizing several of our programs for older adults – she wanted to make sure other seniors knew about the services we provide. "From experience" she writes, "I can tell you that the caring, compassionate staff can help you through whatever you are facing."

My staff and I feel privileged to be able to do the work that we do every day for the older adults and youth in our community.

Chairman Jordan commented that Meals on Wheels is a great service, and the demand for senior services will increase over the years.

Mrs. Alford:

- Keep people in own homes – types of things include community based services, neighborhood advisors,
- Advisors go to homes, help fill out applications for HEAP, EISEP, SNAP program, nutrition from Meals on Wheels and programs that provide non-medical care
- Just a short help during the week; EISEP provides non-medical care: bathing, medications, light housekeeping
- From economic piece – stretch dollars, personal care, meals received
- Don't have authority to tell someone they don't need nursing home care but work with them to plan to stay home
- As long as the person is safe and can stay home; will assist in finding assisted living or nursing home if necessary
- Assisted living, adult homes, senior apartment housing, many options for assisted living over a nursing home
- People understand the community based services part of long term care system; do things on front end to delay someone going to nursing home

The meeting was adjourned at 11:00 a.m.

Respectfully submitted,

JAMIE M. MCNAMARA, Assistant Clerk
Onondaga County Legislature