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
By 2030, the number of Americans over age 65 is projected to be more than 71.5 million.

How are local communities preparing for this major demographic 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)
• 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

Community living

Livable communities

Universal design

Ability based vs. age based systems
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

- Funding Shortages
- Housing
- Transportation
KEY FINDINGS...
HEALTH

Health Care
- Range of services
- Prescription drugs
- Wellness programs

Nutrition
- Nutrition programs
- Nutrition education

Exercise
- Specific to health concerns
- Variety of venues
TRANSPORTATION

Accessibility

Range of transportation options

Coordinated transportation

Mobility management
PUBLIC SAFETY/EMERGENCY

- Elder abuse/neglect
- Emergency evacuation preparedness
- Neighborhood safety programs
- Energy assistance
HOUSING

Home maintenance/repair assistance
Home modifications
Targeted services
Subsidized housing
FINANCIAL

- Tax relief and assistance
- Financial fraud
- Predatory lending
WORKFORCE

- Workforce skill development services
- Employer engagement/education
CIVIC ENGAGEMENT

- Local planning & decision making
- Volunteer opportunities
- Educational opportunities
- Intergenerational activities
AGING SERVICES

In home support services

Growth in service availability

Single-entry point model for services

63% indicate program is not available
Comprehensive assessment

Strategic plan

Zoning and building codes
MATURING OF AMERICA SURVEY
Available at the National Association of Area Agencies on Aging (n4a) website:

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
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

- Safety Security
- Formal & Informal Services
- Home Design
- Well run Community Centers
- Housing Options
- Transportation Options
- Parks & Recreation
- The Arts
- Roads Designed for Safe Driving
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%
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

¾ 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.
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 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
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 & SMARTH 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.

[Image of green hands with a tree symbol]
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
“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

SENIOERS 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
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

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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 the 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