



**Robert P. Astorino, Westchester County Executive
Westchester County Board of Legislators**

**2017 BUDGET PRESENTATION TO
THE BOARD OF LEGISLATORS
BUDGET AND APPROPRIATIONS COMMITTEE
NOVEMBER 29, 2016**

Supplemental Information to the County Budget

**WESTCHESTERCOUNTY
DEPARTMENT OF SENIOR PROGRAMS AND SERVICES
Mae Carpenter, Commissioner**

WESTCHESTER COUNTY
DEPARTMENT OF SENIOR PROGRAMS AND SERVICES

BACKGROUND

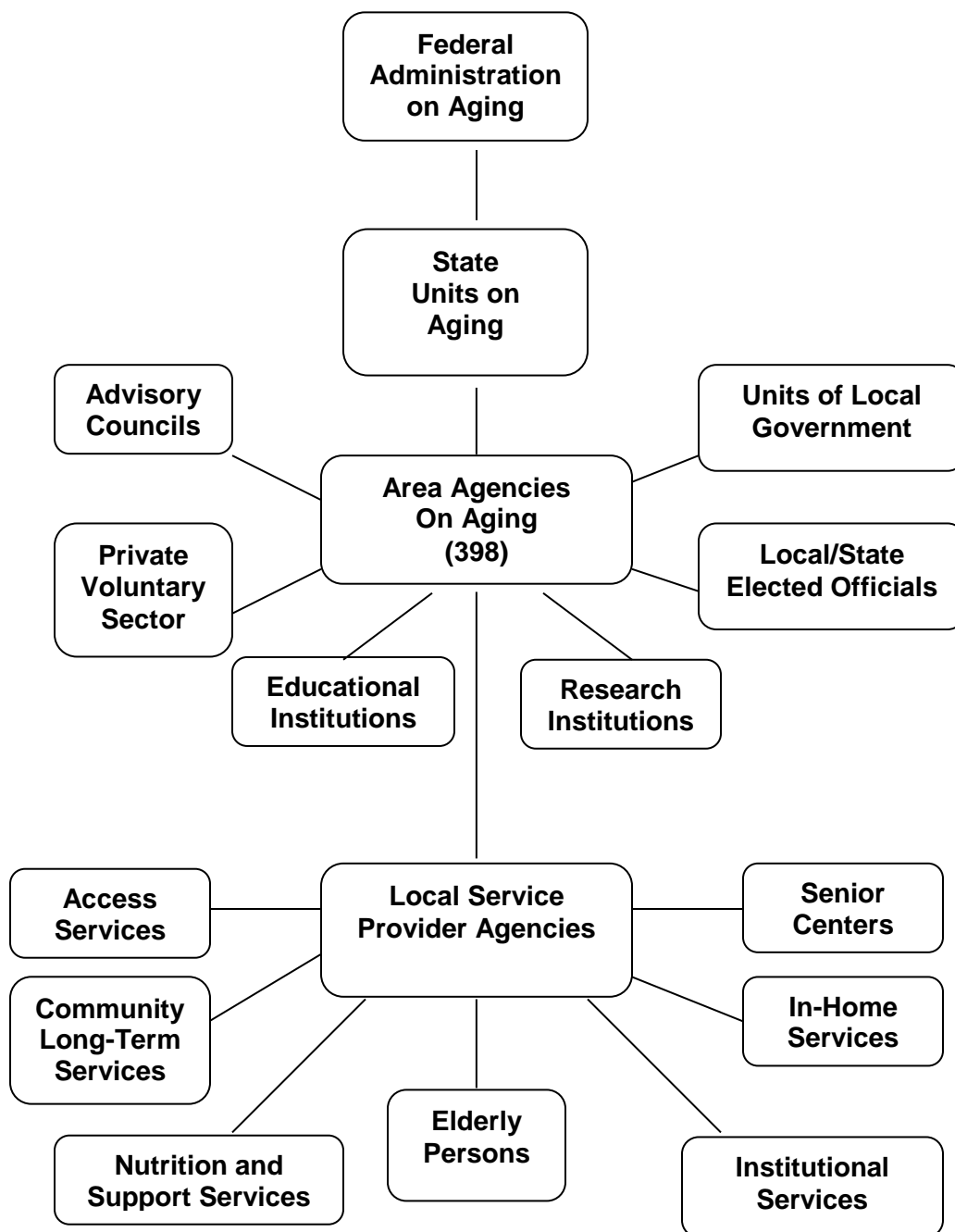
The Westchester County Department of Senior Programs and Services is the New York State designated Area Agency on Aging for the federal Administration on Aging. The Older Americans Act of 1965 was enacted by the U.S. Congress to provide assistance in the development of new or improved programs to help older persons secure equal opportunity to vital necessities in order that they may live independently with dignity. The Act established the Administration on Aging as the focal point at the federal level to oversee the development of a national network of comprehensive coordinated service opportunities for older persons.

The Administration on Aging provides Older Americans Act funds to State Units on Aging. The State Unit on Aging is an agency of state government designated by the governor to be the focal point in the state for issues and matters pertaining to older persons. State Units allocate federal and state funds to local Area Agencies on Aging which in New York State are primarily county-based and county operated, and provide leadership to state agencies and other statewide organizations to create and support services and opportunities for older persons.

The Area Agency on Aging (AAA) is the focal point within the areas of the state designated as planning and service areas (PSAs). The national network of area agencies on aging was established in 1974. This agency is responsible for advocating, planning, coordinating, and funding services and opportunities for older persons. There are 667 Area Agencies on Aging nationwide.

The New York State Office for the Aging and the Local Network of 59 Area Agencies on Aging/County Offices for the Aging were established under the Older Americans Act of 1965, as Amended. The Older Americans Act is the nation's largest single source of social supportive services aimed at the elderly, outside of programs such as Social Security, Medicare and Medicaid.

The Westchester County Department of Senior Programs and Services is responsible for assessing and prioritizing the needs of the elderly within Westchester County; creating comprehensive and coordinated plans for meeting those needs; advocating for responsive policies, programs, actions, legislation and resources on behalf of the elderly; and for administering programs under the federal Older Americans Act, the New York State Community Service for the Elderly Act and other federal and state funds. Federal and state funds are allocated to Westchester County on a per capita basis set aside specifically for Westchester County's population age 60 and over.



THE AGING NETWORK

The Area Agencies on Aging are the local points of focus of the Aging Network. They serve the interest of the elderly and their families as well as bringing service provider agencies into the network. Throughout the country, there exists a referral structure that responds to and follows up on the needs of the individual older people. The Area Agency plays a pivotal role in the network and links practice with policy at the local level.

MISSION

The mission of the Westchester County Department of Senior Programs and Services is to preserve the independence and dignity of the County's elderly population by providing services and programs to maintain physical, mental, social, health and wellness needed to prevent unnecessary and premature dependence and institutionalization thereby allowing older persons to remain in their own homes and continue active participation in community life for as long as possible. Community-based services support cost containment and are cost-avoidance for tax payers. The Department's mission also includes providing assistance to family caregivers who provide 80% of the care for the frail elderly to enable them to remain at home and thereby avoiding the costs to taxpayers for more expensive Medicaid funded services such as round the clock in-home services or nursing home placement.

Statistics from the AARP Public Policy Institute show that the value of unpaid care giving is \$350 billion exceeding the \$342 billion for Medicare and \$300 billion for the Medicaid Programs in 2005. In fact it is greater than "the total sales of the world's largest companies, including Wal-Mart (\$349 billion in 2006) and Exxon Mobil (\$335 billion). Where would the taxpayers and economy be without the 80% of the care provided by family and friends who are asking for just a little more assistance to continue their humanitarian acts of caring.

GUIDING PRINCIPLES FOR 2017 BUDGET

Expenses are categorized by the categories below with funds allocated based upon mandates and restrictions by the federal and state funding sources:

- Required Area Agency on Aging functions that advance the Mission and increases the number of elderly that can be served with reduced resources
- Restricted Services Provided by the Department
- Restricted Services Provided by Subcontractors
- Restricted Administrative Activities required for AAA's
- Discretionary Services Provided by the Department
- Discretionary Services Provided by Subcontractors

Also, where there was flexibility, services are further sub-categorized by:

- Quality of life and preventive activities
- At-risk of being in crisis services

The Older Americans Act programs primarily focus upon quality of life and preventive services such as information on available services, access by transportation to multi-purpose senior centers for socialization, health and wellness through nutrition, exercise, participating in the arts, legal assistance and life-long learning programs.

With the increased aging of the population, New York State allocated funds to increase quality of life supportive services and to provide some preventive services that keep older persons in their

communities such as expanded home delivered meals, adult day care, housekeeping and homemakers.

2016-2017 CHANGES IN FUNDING

- 1) County Comprehensive Aging Funds of \$2,608,736 represents an increase of \$ 256,378
- 2) Federal & State Funding of \$9,980,144 represents an increase of \$123,501

ACTIONS TAKEN TO PROTECT AND ENHANCE SERVICES WHILE PROVIDING SAVINGS TO TAXPAYERS

- Transferred the supportive services subcontractors to Performance-based Unit Cost Reimbursement as previously done with the nutrition sites. By eliminating reimbursements on a line- item budget claim system to a unit cost system, the Department and the subcontractors are able to reduce fiscal staff. The providers already enter the number of defined units into the required National Aging Program Information System (NAPIS). The computer will generate the claim based upon the negotiated unit cost. The negotiated unit cost for a service will be within a 10% range of the average unit cost for the service in NYS urban counties.
- Block granting the funding for restricted Older American Act programs subcontracted to municipalities. This allows for greater local determination and coordination with other local resources. The regulations allow up to 30% grant transfers. These services include information and assistance, nutrition site congregate meals, home delivered meals, nutrition site transportation and supportive transportation.
- The Department has used required targeting demographic data to allocate resources to municipalities and regions of the county based upon the percentage of the county's weighted target population that reside in the geographical area. The new guidelines use the categories of minority, low-income, frail and vulnerable populations.
- Municipalities who lose funding due to targeting may share services through regionalization with neighboring municipalities and/or may also decide to reduce service days as has already occurred in other counties. The Department will not initiate this conversation but will be receptive if the municipalities cannot continue to find additional resources as they have done in the past.
- Meeting with the Managed Care agencies to provide funds to the municipal nutrition programs and transportation for their enrollees as well as funds for Adult Day Services.

- Increasing outreach to houses of worship and the 206 Livable Community Villages to form care circles and implement other self-help volunteer initiatives developed by the Department of Senior Programs and Services.
- Working with the Public Private Partnership to increase the number of proposals submitted to Foundations for quality of life programs such as telemedicine.
- Working with the Public Private Partnership to develop the Aging Network Leadership Collaborative inviting all providers to become members of a Common Interest Group (CIG). The purpose is to develop recommendations that will reduce duplication, fragmentation and better coordinate services on a more cost-effective basis. Also the CIG will carry out joint training and community education programs.
- Will issue geographical RFP's with targeted funding to licensed home care agencies in New York City and the Hudson Valley Region (as per the legal requirement for widespread advertising). Westchester County subcontracts with more home care agencies per capita than New York City and other counties. This will insure that all residents have equal access and save staff administrative costs. Subcontractors can use volunteer time and other resources to provide 10% of the required 25% local match. Also, larger agencies can subcontract with smaller vendors further reducing the county's subcontracting, reporting, vouchering and monitoring costs. These programs serve those who are above Medicaid eligibility guidelines. Free county subsidized case management will still be available.

WHO ARE TODAY'S WESTCHESTER SENIORS



They are the Fastest Growing!



Estimated 60+ Population: 193,792



They are a Diverse Population



They Have the Highest Longevity in the State: 79.2 yrs



They represent a growing minority population:

The 60+ minority population is estimated to be over 52,000

The 2014 Census Update reports that the Hispanic population is the largest minority group in New York State.

The growth rate for minority populations is expected to differ greatly over the 2010-2025 period.

- ***They are experiencing Very Dynamic Demographic Events!***

Forces such as foreign immigration, high levels of domestic in- and out-migration, and expanding ethnic populations are beginning to shape Westchester's population and will continue to do so in the future.

- ***They very often have Disabilities***

60+ Population with one or more types of disabilities is estimated to be over 50,000

- ***Many are Minorities with various issues affecting Quality of Life***

The older aged (75-plus) elderly with mobility limitations and minority elderly – has continued to grow at a much faster rate than that of the general population. They are the seniors most affected by long term care needs and compounding health, social and economic problems.

- ***Many have Chronic Illnesses***

Chronic conditions are singled out as the major cause of illness, disability, and death in the United States. It is estimated that the cost of chronic conditions will reach \$864 billion by 2040, with chronic conditions among older adults being more costly, disabling, and difficult to treat – and also the most preventable.

- ***They represent dramatic changes in growth***

Census attests to the dramatically greater rate of growth in the most vulnerable elderly population cohorts. Over the last decade, the number of elderly (age 65+) with mobility limitations has grown exponentially.

- ***The Majority are on Fixed Incomes***

Economic security of the older adult is founded on Social Security, and for many, on retirement income from private and public retirement and pension plans and other sources such as annuities.

- ***Some live in poverty***

Over 9,000 65+ population live in poverty
Below 150% = over 19,000

Below 200% = over 27,000

- ***For some, income conflicts with expenses***

Prescription drug and other out-of-pocket health care costs, local property and other taxes and household and housing expenses remain vital concerns of some older Westchester residents, particularly, with advancing age and among minority and impaired elderly.

- ***Among the population aged 60 to 79 years old, about eight percent of women are below the Federal poverty guideline while four percent of men are below the federal poverty line.***

- ***The greatest population of seniors Living in Poverty are located in these municipalities***

Yonkers
Mount Vernon
New Rochelle
White Plains
Port Chester

- ***Are disproportionately impacted by Health Care Costs***

Health care costs disproportionately impact older persons and increase with the onset of chronic health conditions. While more elders today, are insulated against rising costs by insurance covering gaps in Medicare, out-of-pocket expenditures continue to rise dramatically for the uninsured - often the poor and those with chronic health problems - as health care costs outpace inflation.

- ***May Find it Difficult to handle Their Financial Responsibilities***

The Consumer Price Index for the New York region for all urban consumers is 5.4% for the last year. In 1999 to 2003, the CPI of "All Urban Consumers" increased by 12.97 percent for all consumer items. Health care costs and the cost of prescription drugs and supplies increased by 25.79 percent and 22.52 percent, respectively.

Cost-of-Living-Adjustments (COLAs) during the same 5-year period increased Social Security checks by only 12.4 percent, close to the overall CPI increase but well behind the increase in costs for medical expenses, fuel and energy and property taxes likely to be incurred by the elderly.

- ***They are mostly women***

Women spend less time in the workforce than their male counterparts. This translates into lower pay rates, lower personal earnings, and lower retirement income compared with men.

The greater longevity among women compared to men tends to translate into women spending more time living alone as they age and more likely to be in need of long term care services, and therefore, Medicaid.

- ***They are Caregivers***

There are over 33,000 family caregivers in Westchester –caring for their loved one 60+

Middle-aged adults are devoting more resources to their grown children. Among all adults, 75% say adults have a responsibility to provide financial assistance to an elderly parent who is in need

The average caregiver is 46 years old, female, married, working outside the home, and earning an annual income of \$35,000.

Women who assume elder care responsibilities early in life are at a higher risk of poverty later because of foregoing promotions, reducing their working hours or quitting their jobs altogether to care for a loved one.

- ***They have nutritional needs Seniors***

The nutritional needs of older adults become more critical with advancing age especially when recuperating from acute and chronic health problems.

Malnutrition has been found to affect one out of four older Americans living in the community and is a factor in half of all hospital admissions and readmissions of older people.

- ***They are the Baby Boomers! Many want to AGE IN PLACE***

The aging of the Baby Boomers provides us with challenges as well as tremendous resources and opportunities. Westchester County has developed and continues to develop strategies to:

- Ensure individuals of all ages have access to a single, accountable and responsible entity at the local level that can provide information, assistance and screening for all long-term care services in the community.
- Ensure an adequate and trained workforce exists in health, long term care and social services.

- ***They want to remain active and engaged***

- Provide affordable and accessible housing and develop innovative community-supported transportation models.
- Redefine the role of the senior center and encourage its evolution into an intergenerational community center model.
- Promote health and wellness and provide new community integrated strategies for chronic disease management.

- Identify and reach hard to serve older adults from ethnically and culturally diverse backgrounds.

- ***They want to remain involved in their communities***

- Reduce the factors that contribute to elder abuse.
- Support family caregivers.
- Provide unbiased and accurate information to ensure that good choices can be made about health care options, prescription drugs, long term care insurance, etc.
- Integrate systems that embrace personal and family centered care, reduce the fragmentation and silos of care, and allow flexibility and reduce risk in service delivery.
- Provide opportunities for older adults to fill these positions in the workforce, have second careers and have an opportunity for meaningful paid and non-paid volunteer opportunities.



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Robert P. Astorino
Westchester County Executive



County Executive Astorino uses three guideposts –
“Three Ps” – to manage Westchester County:

- Preserve Essential Services
- Protect Taxpayers
- Promote Economic Growth

MISSION STATEMENT

✂ The mission of the Westchester County Department of Senior Programs and Services is to identify and prioritize the needs of the elderly within Westchester County; create comprehensive and coordinated plans for meeting those needs; advocate for responsive policies, programs, actions, legislation and resources on behalf of the elderly; and to administer programs under the federal Older Americans Act, the New York State Community Services for the Elderly Act and other federal, state and county funded programs and services for the elderly.

Maslow's Hierarchy of Needs

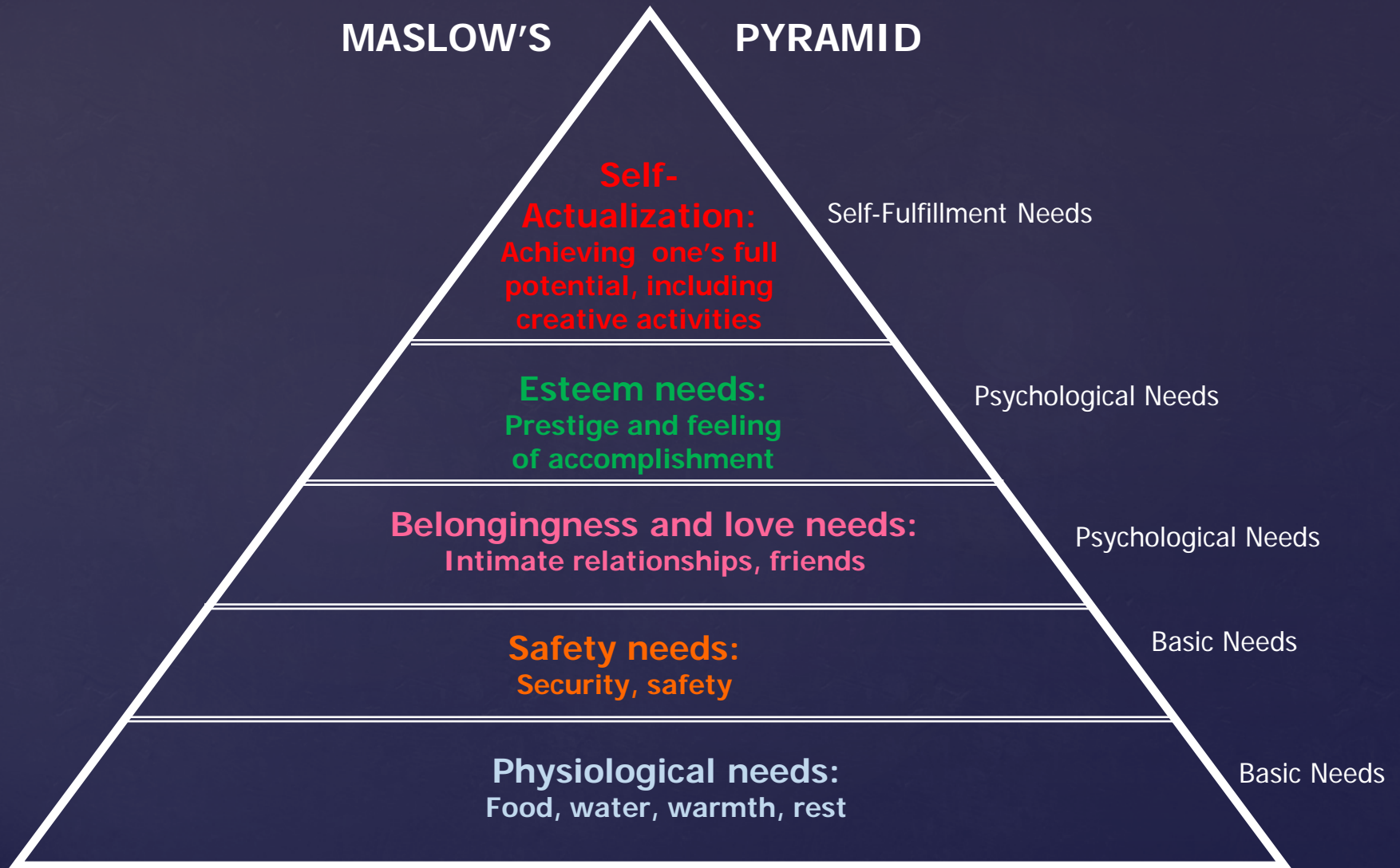
Primary Needs

Hierarchy of Needs

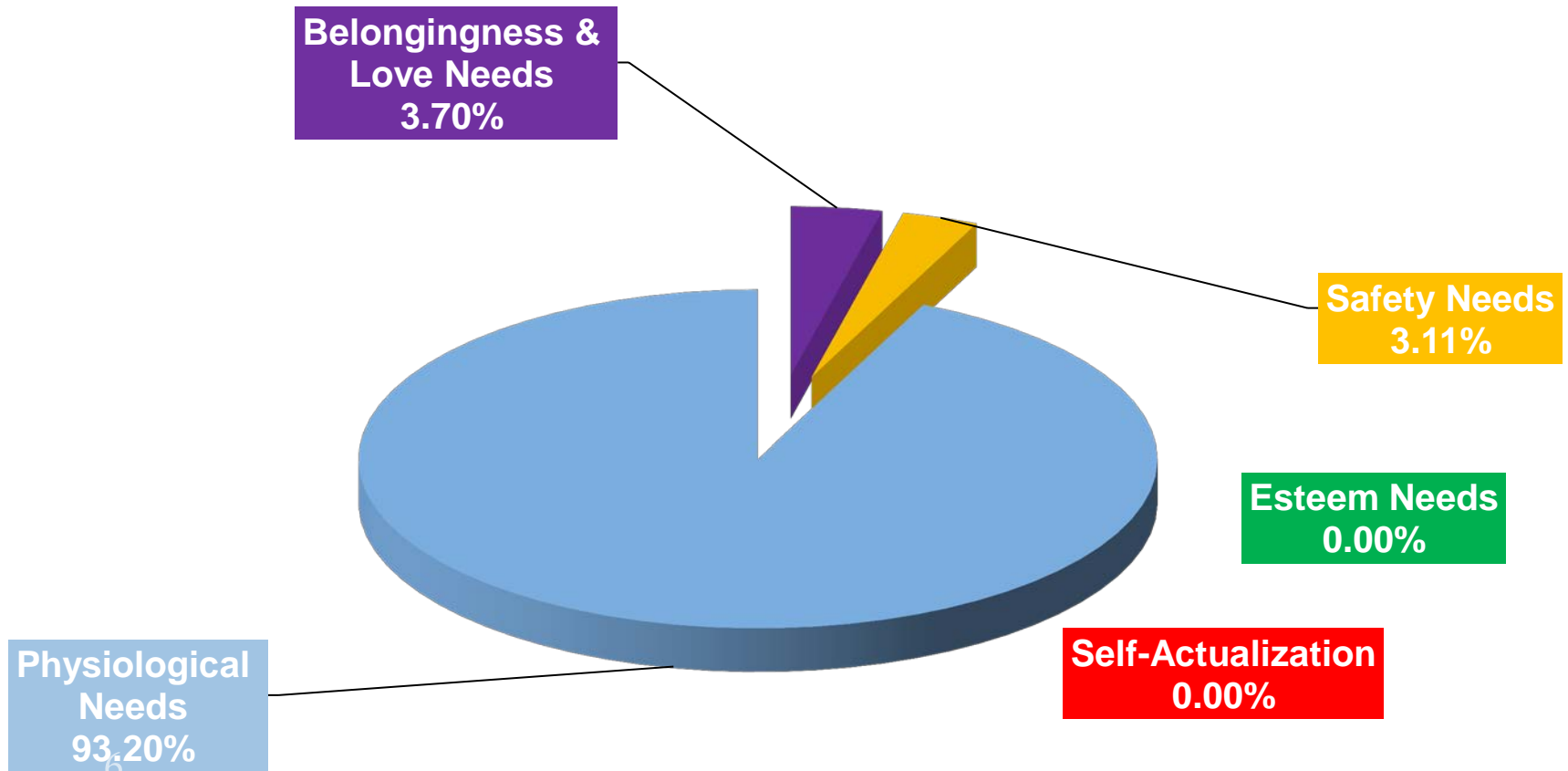
- ⌘ Motivation theory which suggests five interdependent levels of basic human needs (motivators) that must be satisfied in a strict sequence starting with the lowest level. Physiological needs for survival (to stay alive and reproduce) and security (to feel safe) are the most fundamental and most pressing needs. They are followed by social needs (for love and belonging) and self-esteem
- ⌘ needs (to feel worthy, respected, and have status). The final and highest level needs are self-actualization needs (self-fulfillment and achievement). Its underlying theme is that human beings are 'wanting' beings: as they satisfy one need the next emerges on its own and demands satisfaction ... and so on until the need for self-actualization that, by its very nature, cannot be fully satisfied and thus does not generate more needs. This theory states that once a need is satisfied, it stops being a motivator of human beings.

MASLOW'S

PYRAMID



**Westchester County Department of Senior Programs and
Services**
**Funding Distribution Categories By Maslow's Hierarchy
of Needs**



- ⌘ Congregate Nutrition Site Meals: Basic Needs/Physiological
- ⌘ Home Delivered Meals: Basic Needs/Physiological
- ⌘ Home Care: Basic Needs/Physiological
- ⌘ Case Management: Basic Needs/Physiological
- ⌘ Family Caregivers Programs: Basic Needs/Safety
- ⌘ Legal Services: Basic Needs/Safety
- ⌘ Health Promotion: Basic Needs/Physiological
- ⌘ Livable Communities Volunteers: Psychological Needs/Belongingness and Esteem
- ⌘ Transportation: Basic Needs/Physiological
- ⌘ Senior Recreation and Education: Psychological Needs/Belongingness

AGING AND HEALTH WORKFORCE DEVELOPMENT INSTITUTE

Why We can't Wait!!

A Failure to Plan is a Plan to Fail.

Eight years ago, the Institute of Medicine published “Retooling for an Aging American”. Yet in examining the unfulfilled recommendations of that report, it is clear that the arc of eldercare workforce reform is wholly failing to keep pace with the arc of eldercare service demand.

Lacking a political will to fund a new LTC system or effective changes to Medicare and Medicaid, only minimal change will occur in the eldercare workforce situation.

AGING AND HEALTH WORKFORCE DEVELOPMENT INSTITUTE

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Therefore, adequate training opportunities must become available in communities to assist family caregivers.

Generations, the Journal of the American Society on Aging dedicated its 2016 Spring issue to "American's Eldercare Workforce: Who Will Be There to Care".

One section dealt with the "Community Health Workers ---Birth Of A New Profession"

Where can individuals interested in working with the elderly receive skills assessment, job readiness, counseling and referral services?

Why We can't Wait!!

A Failure to Plan is a Plan to Fail.

What is the difference between training and education?

Many professionals must understand the principles of their field before they learn to deploy it. For example, a surgeon must have a detailed knowledge of anatomy before picking up the scalpel. That knowledge through education is the foundation upon which to build skills from training. There is learning to gain knowledge and there is training to gain skills.

AGING AND HEALTH WORKFORCE DEVELOPMENT INSTITUTE

Why We can't Wait!!

A Failure to Plan is a Plan to Fail.

Building a successful workforce development program requires providers to be aware of and responsive to emerging trends.

What are some of the employment trends of jobs that need to be filled today and in the future?

Don't train for yesterday's jobs

America's population is aging and they will require a well-trained workforce sensitive to their needs.

Shared Housing:

A Solution for Older Adults
To Reduce Financial Stress
and Isolation

Presentation

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

TWO TYPES OF SHARED HOUSING

Match-up: An arrangement in which two individuals agree to pool together available resources such as personal, financial, and physical support to create a shared dwelling.

Group Shared Residence(GSR):

An arrangement in which three or more unrelated individuals share common areas such as kitchen, dining and living facilities while maintaining a private bedroom.

Management and maintenance of the household are decided upon mutually.

WHY THE NEED FOR SHARED HOUSING ?

- Supports Aging in Place – allows older adults to remain in their homes in Westchester County*
- A community focused solution that creates mutually beneficial relationships
- Supports the elderly veterans, those in transition and other vulnerable groups
- More than 1.3 MM people over age 62 have unmet “worst case housing needs”**

WHY THE NEED FOR SHARED HOUSING?

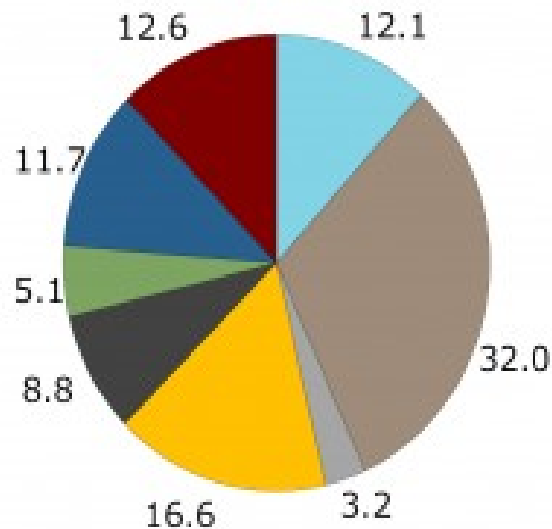
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- In 2010, 45% of adults age 62 or older still had a mortgage payment (increased from 25% in 1992)
- Older renters are most at risk for being economically insecure, and are disproportionately minority households.*
- Approximately 3.5 million older homeowners are underwater on their loans and have no home equity.**

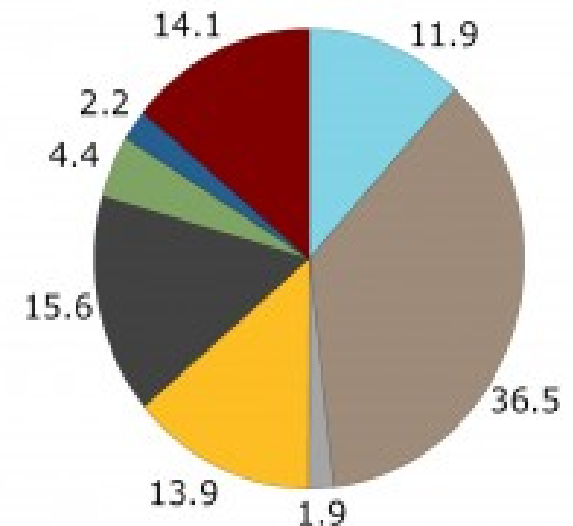
OVER 1/3 OF SPENDING IS FOR HOUSING

Where the Money Goes

Ages 55-64: \$56,267
total household spending



Ages 75 and over: \$36,673
total household spending



Source: U.S. Bureau of Labor Statistics.

OLDER ADULTS WITH FEELINGS OF ISOLATION AND LONELINESS :

- Face a higher risk of mortality (age 52 and older).*
- Are more likely to report also having poor physical and/or mental health**
- These feelings are linked to poor cognitive performance and quicker cognitive decline.
- Many studies show a connection between social isolation and higher rates of elder abuse***
- Loneliness and social isolation are major predictors of seniors utilizing home care, as well as entering nursing homes .

* 2012 study in the Proceedings of the National Academy of Sciences

** 2009 study National Social Life, Health, and Aging Project

*** National Center on Elder Abuse

CHARACTERISTICS OF AN OLDER ADULTS IN WESTCHESTER COUNTY

- There are 193,752 residents age 60 +
- Have the highest longevity rate of all NY Counties(79.2 years)
- Almost 85% age 65+ living alone are women

PRIME CANDIDATES FOR SHARED HOUSING:

- Own home
- May need help with mortgage –house rich, cash poor
- In need of support to maintain independence

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Telehealth
Intervention
Programs
for Seniors

Westchester County - Dep't
Of Senior Programs and Services



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TIPS is a unique, multi-award-winning, multi-state, multi-disciplinary, multi-lingual, affinity and congregate setting, intergenerational, high-tech/high-touch, HIPAA-compliant, long-term, community-embedded remote participant health monitoring program, enhanced with wrap-around aging services and workforce development funded by the Weinberg Foundation, AARP Foundation (iTIPS), Westchester County government, and community partners, targeting low-income, high health-risk seniors to improve individual and system health care and health outcomes, benefits access, and reduce health care costs.



TIPS

Overview:

Q: Is it making a difference?

A: Yes!

Across-the-Board Improvements **Compared to Pre-TIPS Levels**

Significant reductions in anticipated

- Hospitalizations,
- ER visits,
- ²² <30-day hospital re-admissions



Hospitalizations

ER

All Enrolled (765):

↓ 30%

↓ 31%

Female (615):

↓ 29%

↓ 31%

Male (150):

↓ 44%

↓ 42%

²³
Medicare (347):

↓ 60%





↓ 57%

HTN: Hypertension -
COPD – Chronic Obstructive Pulmonary Disease –
CHF – Chronic Heart Failure

Hospitalizations

HTN (392):		36%
COPD (88):		52%
CHF (27):		63%
Diabetes (172):		45%

ER

^H 	35%
	47%
	57%
	50%

CAD- Coronary Artery Disease CHC-Congestive Heart Condition

Hospitalizations

ER

Stroke (34): ↓ 49%

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CAD (66): ↓ 69%

↓ 59%

3 CHC (155): ↓ 61%

↓ 61%

²⁵
4 CHC (65): ↓ 59%

↓ 61%

COPD- Chronic Obstructive Pulmonary Disease
CAD- Coronary Artery Disease

< 30-day Re-Hospitalizations

COPD (88): ↓ 70%

CAD (66): ↓ 100%

Medicare (347): ↓ 75%