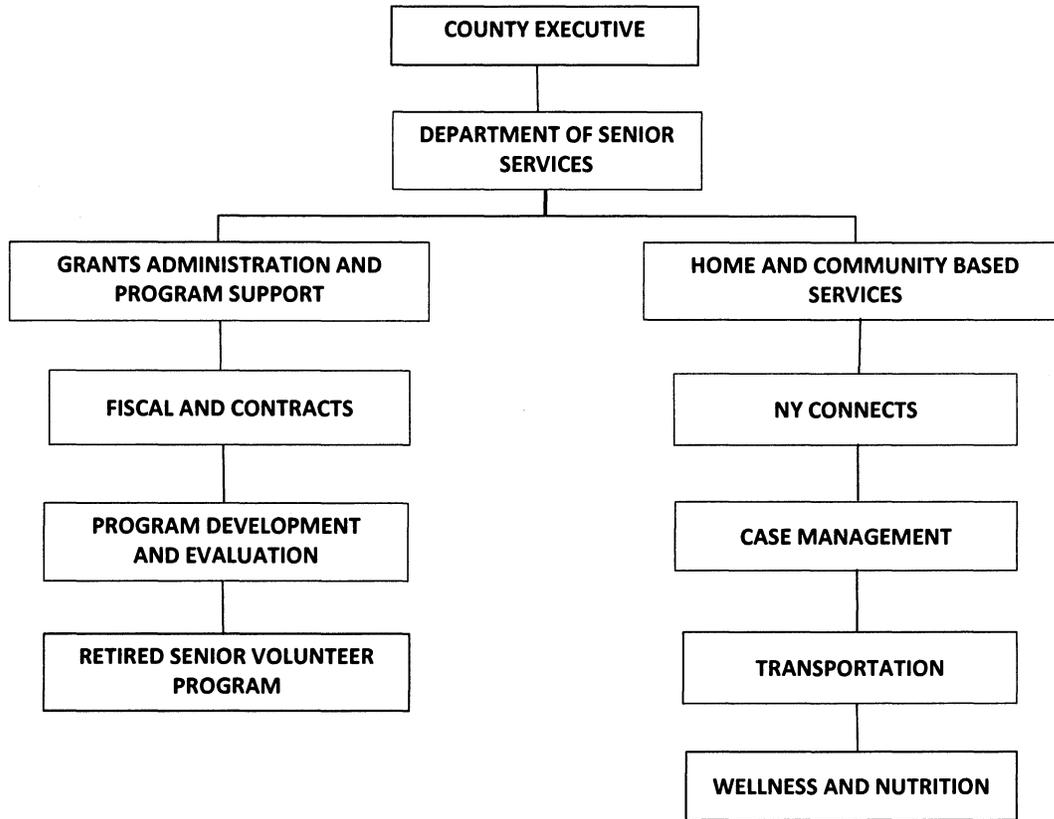


DEPARTMENT OF SENIOR SERVICES



SENIOR SERVICES	2015 Actual	2016 Adopted	2016 Adjusted	2017 Proposed
Personal Services	808,062	868,187	868,187	849,729
Other	<u>1,632,302</u>	<u>1,947,379</u>	<u>1,947,379</u>	<u>1,985,064</u>
Total Appropriation	2,440,364	2,815,566	2,815,566	2,834,793
Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
County Share	2,440,364	2,815,566	2,815,566	2,834,793

DESCRIPTION

The Department of Senior Services is responsible for planning and coordinating a comprehensive service delivery system to meet the needs of older persons in Erie County. Special emphasis is given to the needs of low-income, minority, and functionally disabled elderly persons to prevent costly institutionalization and foster the appropriate use of long-term care services.

MISSION STATEMENT

To promote the well-being of all older adults through coordinated and cost-effective services which enhance their independence, dignity and quality of life.

GRANTS ADMINISTRATION AND PROGRAM SUPPORT

Grants Administration and Program Support encompasses three functions within the Department of Senior Services: Fiscal Management and Contracts; Program Development and Evaluation; and the Retired and Senior Volunteer Program (RSVP).

Fiscal Management and Contracts

Program Description

Fiscal Management and Contracts is responsible for preparing and monitoring county and grantor budgets. The processing of reimbursement claims for Federal and State grants, vendor payments, revenue receipts, interdepartmental billings, the compiling of fiscal data for state quarterly reporting and reviewing subcontractor fiscal reports. This unit also encompasses the function of negotiating, executing, and monitoring contracts with providers of home and community-based services for older adults in the County.

Program and Service Objectives

- Apply for, receive and disburse grant funds for the delivery of services to seniors in Erie County in accordance with grant objectives.
- Prepare and negotiate contracts with service providers according to an annual schedule based on Federal, New York State or County of Erie fiscal year.
- Monitor performance of each subcontractor against contract expectations.

Top Priorities for 2017

- Continue to work with subcontractors to implement quality improvement processes for all services.
- Streamline assessment process for case management services.
- Increase the percentage of contracts fully executed prior to the beginning on contract term.

Key Performance Indicators

	Actual 2015	Estimated 2016	Estimated 2017
Number of executed contracts	118	115	118
Number of sub-contracts	89	90	93

Outcome Measures

	Actual 2015	Estimated 2016	Estimated 2017
Percentage of contracts initiated 50 days prior to contract period	71%	50%	60%

Performance Goal

	Estimated 2016	Goal 2017	Goal 2018	Goal 2019
Percentage of contracts fully executed prior to beginning of contract term	50%	60%	60%	65%

Program Development and Evaluation

Program Description

Program Development and Evaluation is responsible for planning, developing and monitoring services for the older adult population of Erie County. It evaluates the needs of older adults and develops programs to meet them, with the goal of helping seniors remain healthy and independent.

Program and Service Objectives

- Identify and cultivate resources, including Federal and State funds, private grants, and other sources of funding, to support the mission of the Department.
- Identify and address gaps in the older adult service system, and ensure effective targeting to at-risk populations (including low income, minority, and rural populations).
- Promote a vibrant community-based service system to ensure the availability of consistent, reliable services.
- Evaluate direct and sub-contracted services for efficiency and quality.

Top Priorities for 2017

- Address shortcomings in the availability of personal care services throughout Erie County by contracting with new agencies, expanding the use of consumer-directed services, and working with community partners to advocate for workforce development in this crucial area of need.
- Increase community capacity to serve family caregivers of the frail elderly, especially those with Alzheimer's disease, through new and expanded community partnerships.
- Identify resources to sustain the Ready Set Home program after the Balancing Incentive Program Innovation Fund pilot ends.
- Put infrastructure in place for Medicare billing for the Diabetes Self-Management Program.
- Increase capacity in the Ready, Set, Home program and build on the successes to enhance the No Wrong Door capability.
- Begin Medicare billing for the Diabetes Self- Management Program.

Key Performance Indicators

	Actual 2015	Estimated 2016	Estimated 2017
Percentage of services evaluated	45%	45%	55%
Number of new resources generated for the Department	6	4	4
Number of new and/or redeveloped programs	4	2	4

Outcome Measures

	Actual 2015	Estimated 2016	Estimated 2017
New revenue generated	\$1,023,463	\$898,544	\$199,000
Percentage of demographic targeting goals met	53%	65%	70%

Performance Goal

	Estimated 2016	Goal 2017	Goal 2018	Goal 2019
Increase percent of services evaluated	45%	55%	60%	60%

Retired and Senior Volunteer Program (RSVP)

Program Description

RSVP is a federally-sponsored program under the Corporation for National and Community Service to recruit, train and place persons fifty-five years of age and older in volunteer placements in the community. The program presently has approximately 800 volunteers placed in ninety-two nonprofit cultural and human service organizations in the county.

Program and Service Objectives

- Recruit older adults to serve as RSVP volunteers.
- Link older adults with opportunities for high value volunteering throughout Erie County.
- Formally acknowledge the value of RSVP volunteers through appreciation and recognition events.
- Document impact of RSVP volunteer service activities.

Top Priorities for 2017

- Achieve at least 66 percent of target number of unduplicated volunteers in each of Corporation's strategic priority areas by March 2017. Targets = 100 unduplicated volunteers in home-delivered meal programs; 100 volunteers in transportation programs; 10 volunteers making TAP calls or providing respite care; and 20 volunteer leaders for CDSMP, DSMP, Matter of Balance, and other evidence-based programs. Implement national performance measurement tools to document impact of volunteers serving in Aging in Place assignments.
- Develop strategies to increase return rate of Social Isolation surveys as required for CNCS grant, with the goal to at least 66 percent of target number of completed surveys by March 2017.

Key Performance Indicators

	Actual 2015	Estimated 2016	Estimated 2017
Number of volunteers participating in program	795	850	900
New volunteers recruited	120	125	130

Outcome Measures

	Actual 2015	Estimated 2016	Estimated 2017
Number of volunteer hours	112,747	118,000	125,000
Volunteers in Buffalo Public Schools	35	42	50
Volunteers in Home-Delivered meal programs	50	60	70
Volunteers assisting in transportation	52	60	70
Volunteers providing respite to caregivers	10	15	20
Volunteers leading CDSMP, DSMP and Matter of Balance	5	10	20

Cost per Service Unit Output

	Actual 2015	Budgeted 2016	Budgeted 2017
Cost per volunteer (annual)	\$211	\$198	\$187
Cost per volunteer hour (annual)	\$1.49	\$1.42	\$1.34

Performance Goals

	Estimated 2016	Goal 2017	Goal 2018	Goal 2019
Number of Home-Delivered meals volunteers will deliver to clients on a weekly basis	400	480	560	600
Number of elderly or disabled clients volunteers will transport on a weekly basis	208	225	250	275
Number of volunteers making TAP calls, assist in adult day programs, or provide respite for caregivers	15	20	25	30

HOME AND COMMUNITY BASED SERVICES

Home and Community Based Services encompasses all direct and sub-contracted services funded through grants and revenue received by the Department of Senior Services. Functional areas include: NY Connects, the Aging and Disability Resource Center for Erie County; Case Management; Transportation; and Wellness and Nutrition.

NY Connects

Program Description

NY Connects is the designated Aging and Disability Resource Center for Erie County, and provides information and assistance with long term services and support for older adults, the disabled, and caregivers. Case managers provide personalized options counseling to help individuals make informed decisions on long term care needs, and assist in accessing services and supports. NY Connects encompasses the Insurance Resource Center (IRC), which provides unbiased information on insurance options; the Caregiver Resource Center (CRC), which is dedicated to meeting the needs of informal caregivers by providing caregiver case management and information and assistance; and the Ready Set Home program that helps individuals transition from hospital care to home.

Program and Service Objectives

- Assist residents to maintain their safety and independence while remaining in their homes or returning home by providing person centered case management services and information on Long Term Services and Supports.
- Assist individuals in obtaining appropriate health care and long term care insurance.
- Assist families and caregivers to obtain needed financial benefits.
- Provide individualized support to caregivers who need help in continuing their care giving efforts.

Top Priorities for 2017

- Establish NY Connects as a No Wrong Door program as designed by the NY State Office for the Aging and NY State Department of Health by administering the No Wrong Door screening tool wherever the client is- home, hospital or rehab facility.
- Enhance the visibility and public awareness of NY Connects; expand staff presence in the community; and increase the number of clients served annually.
- Expand training to ensure NY Connects staff can expertly assist older adults, the disabled, caregivers and others in need of long term services and supports, and direct them to the most appropriate service or program to address their needs.

Key Performance Indicators

	Actual 2015	Estimated 2016	Estimated 2017
Number of incoming calls to NY Connects, including the Insurance Resource Center	17,930	18,000	18,000
Number of clients screened for Medicaid or other LTC programs	216	225	265
Number of utility-related calls to NY Connects	1,319	1,500	1,600
Number of NY Connects clients provided with person centered options counseling	4,308	2,785	3,000
Number of Insurance Resource Center outreaches	53	55	77
Number of Caregiver Resource Center outreaches	26	55	60

Outcome Measures

	Actual 2015	Estimated 2016	Estimated 2017
Percentage of surveyed callers rating the way the call was handled as good or excellent	93%	95%	95%
Percentage of surveyed callers indicating that the information they received was helpful	74%	85%	93%
Number of safe assisted discharges from skilled nursing facilities	59	60	62

	Actual 2015	Estimated 2016	Estimated 2017
Number of clients enrolled in Medicare Savings Plans	321	400	450
Number of caregivers being assisted with respite services	163	175	200

Cost per Service Unit Output

	Actual 2015	Budgeted 2016	Budgeted 2017
Cost per information and assistance session	\$24.99	\$25.59	\$25.63

Performance Goals

	Estimated 2016	Goal 2017	Goal 2018	Goal 2019
Number of under age 60 callers assisted or referred to appropriate services	1,000	1,200	1,400	1,600
Number of contacts in which options counseling was provided by staff	2,785	3,000	3,150	3,300
Number of caregivers receiving respite through social day care programs	175	200	225	225
Outreaches and promotional contacts - IRC	55	77	87	100
Outreaches - CRC	55	60	70	80

Case Management

Program Description

Case Managers meet with frail and homebound elderly in their homes to complete a full assessment of client assets and challenges. The client, caregivers and other informal supports may be involved in the discussion. A care plan is developed, of which the overriding goal is to assist people in staying in their homes and to avoid unnecessary institutionalization. Toward that end, care plans include services tailored to the individual, and may include programs in one or more of the following areas: mental health, home-delivered meals, home care, adult social day care, weatherization assistance, home repair, obtaining assistance with insurance and other financial needs, as well as supporting caregivers in sustaining their efforts on behalf of loved ones. The Case Management team provides supervision to community based agencies providing sub-contracted case management services to insure consistent assessment and care planning, and serves as the single point of authorization for all department funded home-based services including home care, home-delivered meals, social adult day, and other supportive services.

Program and Service Objectives

- Link older adults and their caregivers with services that enable the elderly to remain safely at home.
- Assist families and caregivers to obtain needed benefits.
- Conduct community outreach to increase awareness of the availability of services.

Top Priorities for 2017

- Strengthen processes for financial screening and referral to income-appropriate home and community based services.
- Increase referrals from the Department to programs and services available through community partners.
- Reallocate workforce-resources to maximize case manager time spent on high-need cases.
- Engage health insurance companies to provide case management services to their members as a subcontracted provider.
- Provide short term episodic overnight respite to caregivers in need.

Key Performance Indicators

	Actual 2015	Estimated 2016	Estimated 2017
Number of clients receiving case management services (intake, assessment, and/or full case monitoring)	6,105	6,000	6,100
Number of case management service hours provided	44,062	44,000	45,000
Number of behavioral health screenings	2,687	2,600	2,700
Number of Community Referrals made to assist clients with viable alternatives and/or supplemental services	1,756	2,000	3,000
Number of service referrals made to meet client needs	19,301	21,000	22,000
Number of clients receiving consumer directed home care	74	56	70

Outcome Measures

	Actual 2015	Estimated 2016	Estimated 2017
Percentage of existing clients maintained with no unmet needs	88%	90%	90%
Percentage of new clients with continued unmet needs (due to waitlists or lack of service availability).	16%	19%	19%
Number of hours of respite provided to caregivers	58,489	45,000	50,000
Number of service hours provided through the consumer directed home care program	16,333	13,700	15,755
Percentage of Community Referrals to supplement existing services and to assist clients who are on waiting lists for services	29%	20%	22%
Percentage of all home care cases that are consumer directed	8%	16%	20%
Percentage of clients who have a person centered care plan	N/A	50%	100%

Cost per Service Unit Output

	Actual 2015	Budgeted 2016	Budgeted 2017
Cost per client (annual)	\$346.82	\$352.88	\$347.10
Cost per case management hour (annual)	\$48.05	\$48.12	\$47.05
Average cost per hour of respite (Home Care)	\$19.16	\$20.00	\$20.23
Average cost per hour of respite (Social Adult Day)	\$7	\$7	\$7

Performance Goals

	Estimated 2016	Goal 2017	Goal 2018	Goal 2019
Decrease percentage of clients who have unmet needs	43%	35%	33%	32%
Increase community referrals made to address client unmet needs	1,394	2,000	3,000	3,500
Increase number of at-risk clients referred to fall prevention services	195	233	250	270

Transportation

Program Description

The transportation program provides older adults who are unable to drive with rides to medical appointments, grocery shopping, and senior centers for congregate meals. The Department performs the Central Dispatch function for Going Places, a transportation partnership with Erie County municipalities, and subcontracted transportation service providers.

Program and Service Objective

- Maintain a comprehensive community based transportation program to assist older adults who are no longer able to drive.

Top Priorities for 2017

- Increase awareness of transportation resources that are available to older adults in their communities. Ensure this information is provided to older adults and caregivers.
- Pilot streamlined access to transportation to targeted clients. Target populations include Case Managed clients and clients served through mental health partner agencies.
- Improve customer service experience.

Key Performance Indicators

	Actual 2015	Estimated 2016	Estimated 2017
Number of clients receiving transportation services	2,537	2,800	3,000
Number of rides provided through Going Places and sub-contracted transportation providers	68,345	72,000	74,000

Outcome Measures

	Actual 2015	Estimated 2016	Estimated 2017
Percentage of clients reporting service is excellent	65%	69%	70%
Percentage of clients reporting services help them stay in their home	63%	53%	75%

Cost per Service Unit Output

	Actual 2015	Budgeted 2016	Budgeted 2017
Cost per client (annual)	\$246.42	\$237.23	\$241.42
Cost per one way trip	\$9.15	\$9.23	\$9.79

Performance Goal

	Estimated 2016	Goal 2017	Goal 2018	Goal 2019
Increased percent of clients giving transportation service the highest rating of excellent	69%	70%	70%	70%

Wellness and Nutrition

Program Description

Wellness and Nutrition includes all of the Department's evidence-based health promotion activities and the Erie County Elderly Nutrition Services (ECENS) program. ECENS is the second largest in New York State, serving approximately a million meals annually to County residents 60 years of age or older. The program has two components, Stay Fit Congregate Dining and Home-Delivered meals. Health Promotion activities include "Club 99," the senior fitness program implemented in conjunction with local senior centers; and the Living Healthy program which offers Chronic Disease Self-Management classes and Diabetes Self-Management classes.

Program and Service Objectives

- Encourage healthy lifestyles that include greater levels of physical activity, increased control over chronic conditions, and pro-activity toward reducing individual health risks.
- Help older adults maintain health by providing nutritiously balanced meals, nutrition education, and nutrition counseling.
- Encourage social engagement through congregate dining, and use of volunteers to make friendly visits while delivering meals to home bound seniors.
- Provide evidence based health promotion activities including Chronic Disease Self-Management, Diabetes Self-Management, and Matter of Balance.

Top Priorities for 2017

- Continue to increase participation in the Stay Fit Dining Program.
- Work to attract new participants by offering morning meals at select dining sites.
- Continue to build capacity to provide A Matter of Balance with volunteer leaders.
- Expand Living Healthy programs: Chronic Disease Self-Management program (CDSMP) and Diabetes Self-Management program (DSMP).

Key Performance Indicators

	Actual 2015	Estimated 2016	Estimated 2017
Number of registered congregate meal participants	3,532	3,600	3,650
Number of clients receiving home-delivered meals	3,465	3,400	3,400
Average voluntary contribution per meal ordered - Stay Fit Dining	\$2.14	\$2.12	\$2.12
Number of Club 99 participants	1,028	1,117	1,206
Number of trained peer leaders supporting Living Healthy programs	29	36	46

Outcome Measures

	Actual 2015	Estimated 2016	Estimated 2017
Percentage of Stay Fit participants making the voluntary contribution	91%	90%	90%
Percentage of participants rating meals good or very good	82%	82%	85%
Total number of Club 99 exercise hours	36,906	40,100	43,295
Number of clients completing Living Healthy programs	207	396	450
Percentage of Living Healthy classes led by volunteer peer leader	63%	67%	70%

Cost per Service Unit Output

	Actual 2015	Budgeted 2016	Budgeted 2017
Cost per congregate meal *	\$4.66	\$4.81	\$4.97
Cost per home-delivered meal (lunch-dinner combo) *	\$6.85	\$6.87	\$7.10
Cost per exercise hour per participant	\$2.38	\$2.26	\$2.08
Cost per Club 99 participant (annual)	\$85.32	\$81.11	\$74.61

*Based on payments to food vendors divided by number of meals.

Performance Goals

	Estimated 2016	Goal 2017	Goal 2018	Goal 2019
Increase client participation in Living Healthy	52%	36%	25%	25%
Increase number of Matter of Balance Peer Leaders	30%	25%	25%	25%
Increased percentage of participants rating food good or very good to the 2011 level of 90%	82%	85%	85%	90%
Increase average voluntary contribution - Stay Fit Dining	\$2.14	\$2.16	\$2.17	\$2.20
Open new dining sites	2	2	2	2

2017 Budget Estimate - Summary of Personal Services

Fund Center: 163

			Job Group	Current Year 2016	-----	Ensuing Year 2017	-----				
Senior Services				No:	Salary	No:	Dept-Req	No:	Exec-Rec	No: Leg-Adopted	Remarks

Cost Center 1631010 Administration & Support

Full-time Positions

1	COMMISSIONER OF SENIOR SERVICES	17	1	\$81,689	1	\$88,991	1	\$88,991		
2	CHIEF DIETITIAN	12	1	\$71,172	1	\$70,899	1	\$70,899		
	Total:		2	\$152,861	2	\$159,890	2	\$159,890		

Cost Center 1632040 Senior HEAP

Full-time Positions

1	ENERGY CRISIS ASSISTANCE WORKER #3	08	1	\$46,402	1	\$46,748	1	\$46,748		
2	ENERGY CRISIS ASSISTANCE WORKER #2	05	2	\$73,122	2	\$73,522	2	\$73,522		
3	SENIOR CLERK-TYPIST	04	1	\$35,375	1	\$35,239	1	\$35,239		
4	ENERGY CRISIS ASSISTANCE WORKER #1	02	2	\$60,916	2	\$60,682	2	\$60,682		
	Total:		6	\$215,815	6	\$216,191	6	\$216,191		

Part-time Positions

1	ENERGY CRISIS ASSISTANCE WORKER #2 (PT)	05	2	\$26,882	2	\$26,882	2	\$26,882		
2	COMMUNITY SERVICE AIDE (PT)	01	2	\$19,330	2	\$19,330	2	\$19,330		
	Total:		4	\$46,212	4	\$46,212	4	\$46,212		

Cost Center 1632070 Community Services Coordinator

Full-time Positions

1	CASE MANAGER-SENIOR SERVICES	07	2	\$89,035	2	\$88,694	2	\$88,694		
	Total:		2	\$89,035	2	\$88,694	2	\$88,694		

Fund Center Summary Totals

Full-time:	10	\$457,711	10	\$464,775	10	\$464,775
Part-time:	4	\$46,212	4	\$46,212	4	\$46,212
Fund Center Totals:	14	\$503,923	14	\$510,987	14	\$510,987

Fund: 110
 Department: Senior Services
 Fund Center: 163

Account Appropriations	2015 Actuals	2016 Legislative Adopted	2016 Adjusted Budget	2017 Department Request	2017 Executive Recommendation	2017 Legislative Adopted
500000 Full Time - Salaries	455,742	480,364	480,364	464,775	464,775	-
500010 Part Time - Wages	39,453	46,212	46,212	46,212	46,212	-
500300 Shift Differential	23	-	-	-	-	-
500350 Other Employee Payments	1,151	4,751	4,751	1,400	1,400	-
501000 Overtime	317	2,000	2,000	2,000	2,000	-
502000 Fringe Benefits	311,375	334,860	334,860	331,612	335,342	-
505000 Office Supplies	1,954	2,400	2,700	3,000	2,675	-
506200 Maintenance & Repair	-	300	300	300	300	-
510000 Local Mileage Reimbursement	4,316	6,455	6,955	5,955	5,440	-
510100 Out Of Area Travel	2,600	2,600	8,900	2,600	2,000	-
510200 Training And Education	-	100	100	100	100	-
516020 Professional Svcs Contracts & Fees	-	300	300	300	275	-
516030 Maintenance Contracts	960	1,110	1,110	150	150	-
517194 Legal Services - Elderly & Disabled	40,000	40,000	40,000	40,000	40,000	-
517825 Supportive Services Corporation	60,000	60,000	60,000	60,000	60,000	-
530000 Other Expenses	10	200	700	700	650	-
559000 County Share - Grants	1,869,102	2,165,000	2,165,000	2,214,171	2,214,171	-
910600 ID Purchasing Services	20,379	23,475	23,475	23,475	19,327	-
910700 ID Fleet Services	7,916	3,593	3,593	3,593	6,735	-
912215 ID DPW Mail Svcs	19,907	21,630	21,630	21,630	20,927	-
912400 ID Mental Health Services	74,067	80,467	80,467	78,180	78,180	-
916300 ID Senior Services Svcs	(642,321)	(668,277)	(675,877)	(655,624)	(655,624)	-
916390 ID Senior Services Grant Services	-	26,826	26,826	22,087	22,087	-
980000 ID DISS Services	173,412	181,200	181,200	181,200	167,671	-
Total Appropriations	2,440,363	2,815,566	2,815,566	2,847,816	2,834,793	-