



HAMILTON COUNTY TAX LEVY REVIEW COMMITTEE

MAY 23, 2022



ORIGINAL 5 YEAR LEVY PLAN VS. ACTUAL

	Senior Services Levy of Hamilton County		
	5 Year Planned	5 Year Actuals Est.	Variance
Beginning carryover	8,422,885	8,422,885	0
REVENUES (Total)	126,009,243	131,159,790	5,150,547
Tax Levy	126,009,243	131,159,790	5,150,547
EXPENDITURES (Total)	127,716,928	111,482,271	-16,234,656
Council on Aging	120,084,737	105,099,764	-14,984,973
Patient Navigation	1,250,000	590,120	-659,880
Senior Homless Medical	1,250,000	920,470	-329,530
Human Services	1,958,619	1,900,372	-58,247
Veteran's Services	1,025,000	922,793	-102,207
Levy Administration	2,148,572	1,798,752	-349,820
Care for Caregivers	0	250,000	250,000
Ending Carryover	6,715,200	28,100,404	21,385,204

COUNCIL ON AGING – ESP PROGRAM DETAIL

	Hamilton County ESP Program		
	5 Year Planned	5 Year Actuals Est.	Variance
Beginning Fund Balance	8,422,885	8,422,885	-
Levy Collections	126,009,243	131,159,790	5,150,547
COA Levy Draw	120,084,737	105,099,764	(14,984,973)
Title III and State Funding	4,833,660	9,228,613	4,394,953
Client Donations	28,256	23,217	(5,039)
Client Co-Payments	2,926,724	2,339,550	(587,174)
Total COA Operational Revenue	127,873,377	116,691,144	(11,182,233)
COA Operational Expenses			
Provider Services	93,478,686	85,026,844	(8,451,841)
Information & Assistance	908,702	781,835	(126,867)
Care Management	20,478,358	19,075,172	(1,403,186)
FTH Care Management	4,707,024	3,550,613	(1,156,411)
On-Demand Transportation	363,846	200,273	(163,573)
Utility Assistance Program	-	1,025,000	1,025,000
Program Management	7,936,762	7,031,407	(905,355)
Total COA Operational Expenditures	127,873,377	116,691,144	(11,182,233)
Job and Family Services (Cash Basis)	1,958,619	1,900,372	(58,247)
Veteran's Services (Cash Basis)	1,025,000	922,793	(102,207)
Levy Administration (Cash Basis)	2,148,572	1,798,752	(349,820)
Patient Navigation	1,250,000	590,120	(659,880)
Senior Homeless Medical	1,250,000	920,470	(329,530)
Care for Caregivers	-	250,000	250,000
Total Non COA Programs	7,632,191	6,382,507	(1,249,684)
Total Levy Program	135,505,568	123,073,651	(12,431,917)
Estimated Fund Balance	6,715,200	28,100,404	21,385,204

VARIANCE ANALYSIS THAT LED TO \$21.4 MILLION HIGHER THAN PLANNED FUND BALANCE

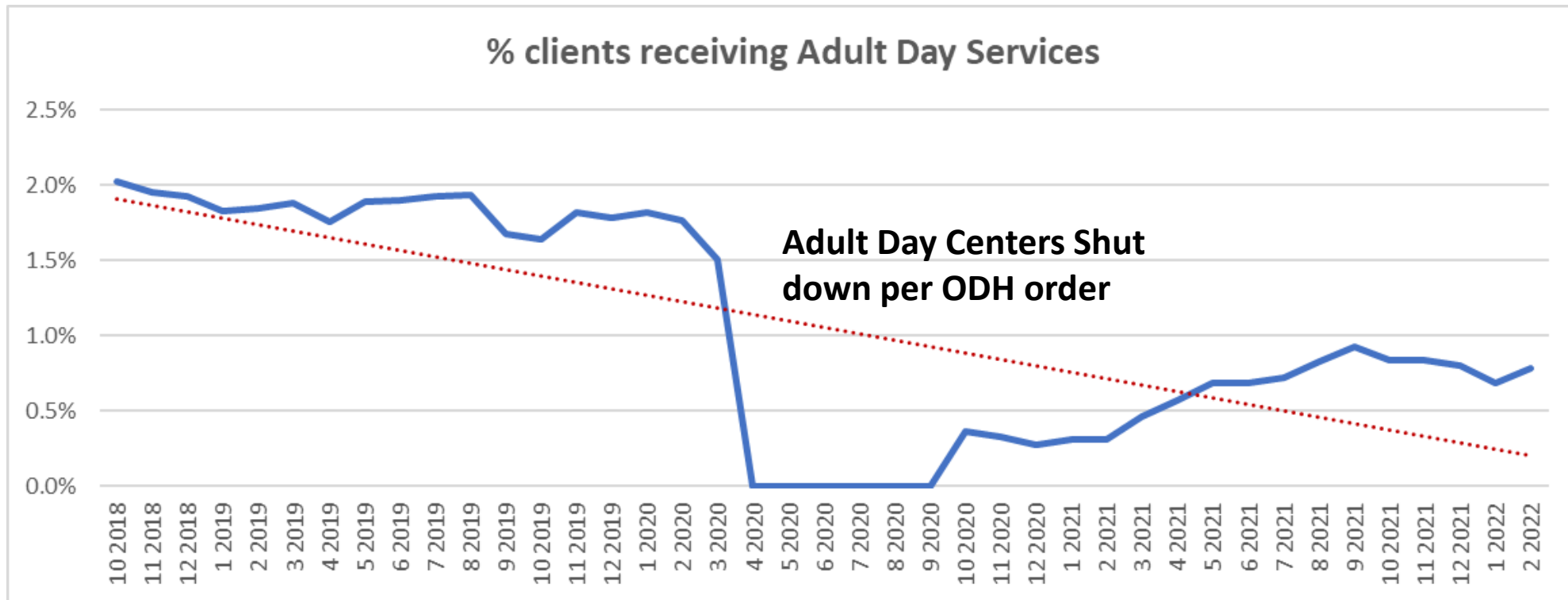
Revenue Variance:

- The levy generated **\$5.1** million additional collections than estimated by the auditor's office
- COA leveraged **\$4.4** million additional federal revenue than planned – most of this is from one-time federal COVID relief funding
- Client copays and donations was **-\$592,000** lower – largely driven by less home care service spending during the pandemic which resulted in lower copay invoices sent to clients.
- **APPROXIMATELY \$9 MILLION IN ADDITIONAL REVENUE WAS UNPLANNED DUE TO TAX COLLECTION PROJECTIONS AND COVID RELIEF FUNDS BEING UTILIZED TO OFFSET LOCAL FUNDS (payer of last resort)**

Expenditure Variance:

- COA spent **\$11.2** million less than original 5-year plan
 - **66% this variance occurred in 2021 and 2022- a direct result of the pandemic and certain services that were shut down or minimized** (examples to follow)
 - \$8.5 million of the \$11.2 million variance is from sub contracted provider services
- The county spent **\$1.3** million less than original 5-year plan

PANDEMIC IMPACT EXAMPLE: ADULT DAY



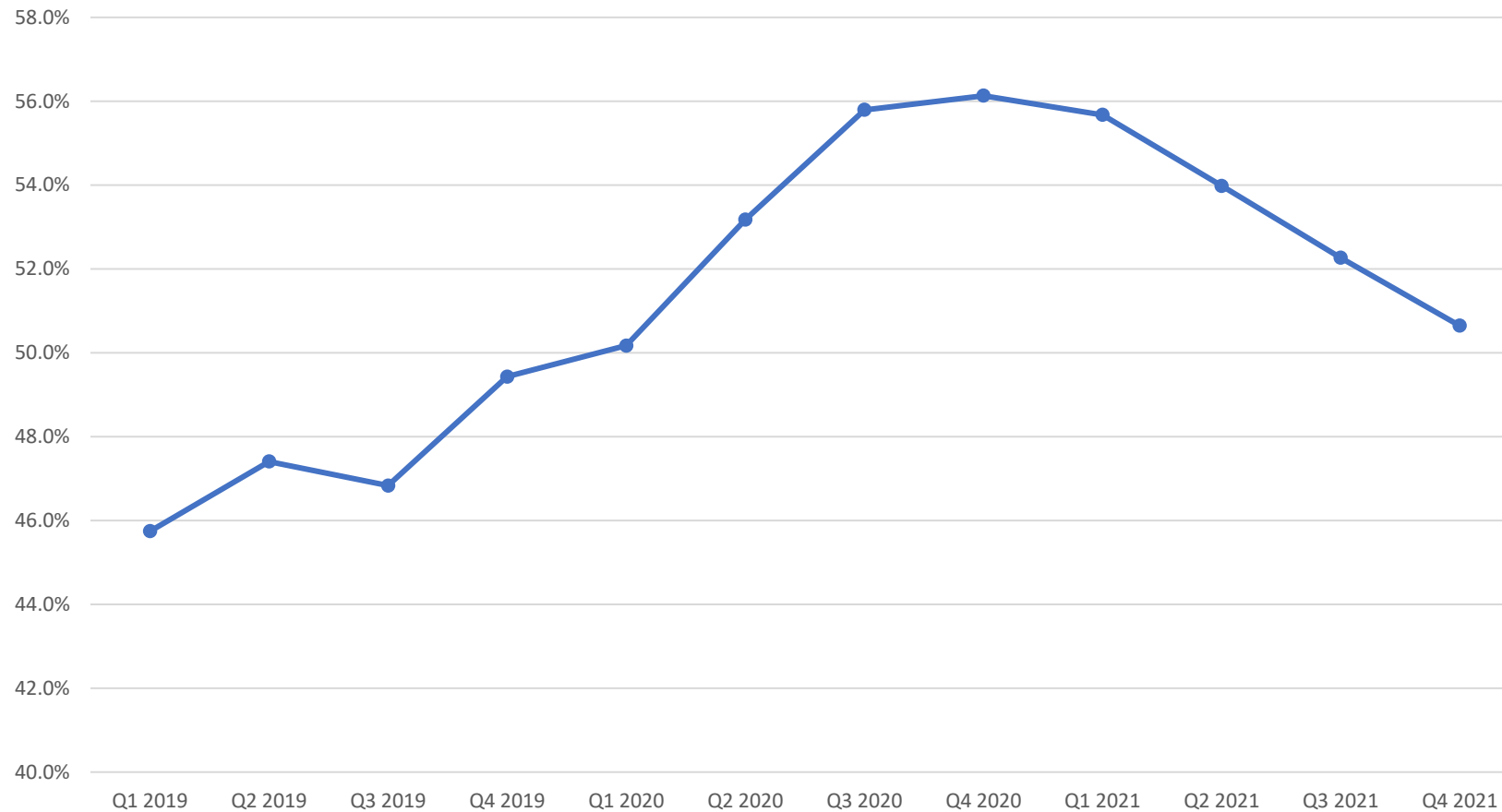
- Adult Day programs were closed in March 2020. When they were allowed to reopen in the fall, most staff had left for other employment, and some centers have not been able to reopen.
- **\$1.3 million** less expenditures resulting from the pandemic's disruption of this service.
- Plus, an additional \$186,870 less expenditures on adult day transportation.

COA'S RESPONSE TO ADULT DAY CLOSURES

- We started an institutional respite program as an alternative respite model. Currently 100% federally funded with COVID relief funds.
- We are using Federal ARP funds to encourage re-opening of Adult Day Centers.
- 20% rate increase with Federal ARP effective 5/1/22 to cover higher wage and food costs.

PANDEMIC IMPACT EXAMPLE: HOME DELIVERED MEALS

% clients with home delivered meals



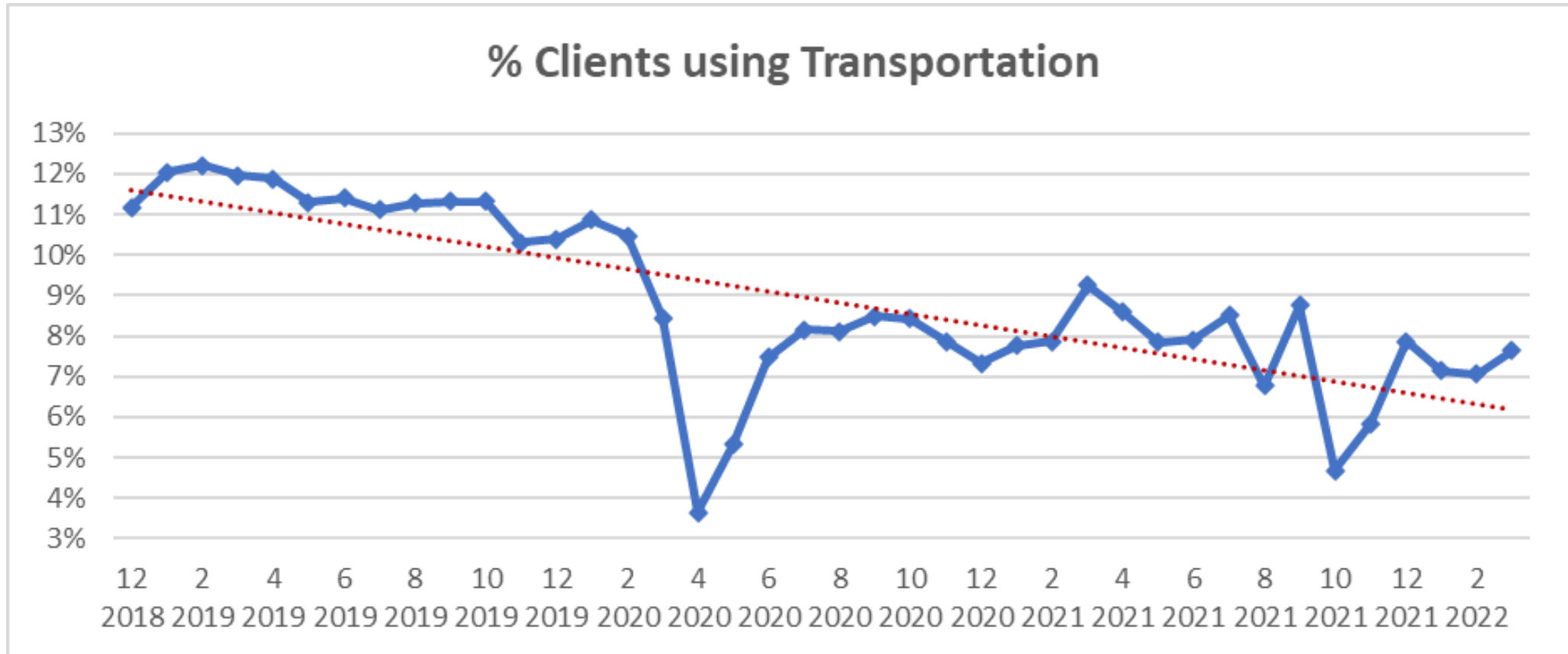
- The pandemic dramatically increased the need for home delivered meals. The number of clients receiving meals increased in addition to the avg. number of meals they were receiving.
- The demand is dropping back to normal pre-pandemic levels.
- This resulted in \$1.6 million in additional spending which was covered with additional one-time federal revenue (not covered by levy revenues).

STAFF VACANCIES IN HAMILTON COUNTY ESP AND FAST TRACK HOME

COA has been experiencing workforce challenges as are all other organizations. Post pandemic we are seeing burnout and individuals leaving the field. Recruiting is difficult and individuals are reluctant to want to do home visiting work.

- 2020 2 vacancies
 - 2021 4 vacancies
 - 2022 13 vacancies
-
- 2 vacancies is a normal baseline. Carrying 11 vacancies results in \$780,000 less spending annually.

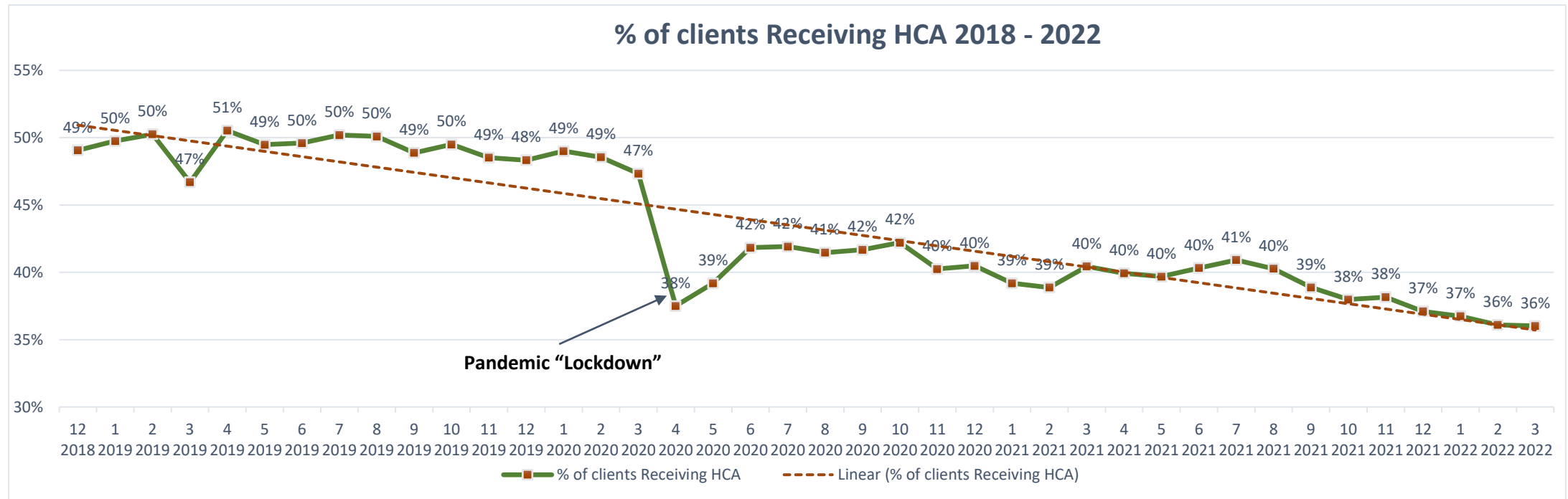
PANDEMIC IMPACT EXAMPLE TRANSPORTATION



- Transportation was disrupted during COVID surges, and medical appointment cancellations.
- During 2021, some Medicare Advantage plans began offering some transportation benefits. We had a benefits analyst ensuring the use of Medicare first (payor of last resort). 52 clients were transitioned to this Medicare benefit generating \$132,430 savings to date.
- \$1.6 million in less expenses resulting from the pandemic and recent work to utilize Medicare Advantage plan benefits for transportation

HOME CARE ASSISTANCE STAFFING CRISIS

- During 2017 when the levy was originally sized, 59% of clients were receiving home care assistance.
- Client utilization dropped to 50% during 2019 (pre-pandemic).



HOME CARE STAFFING CRISIS

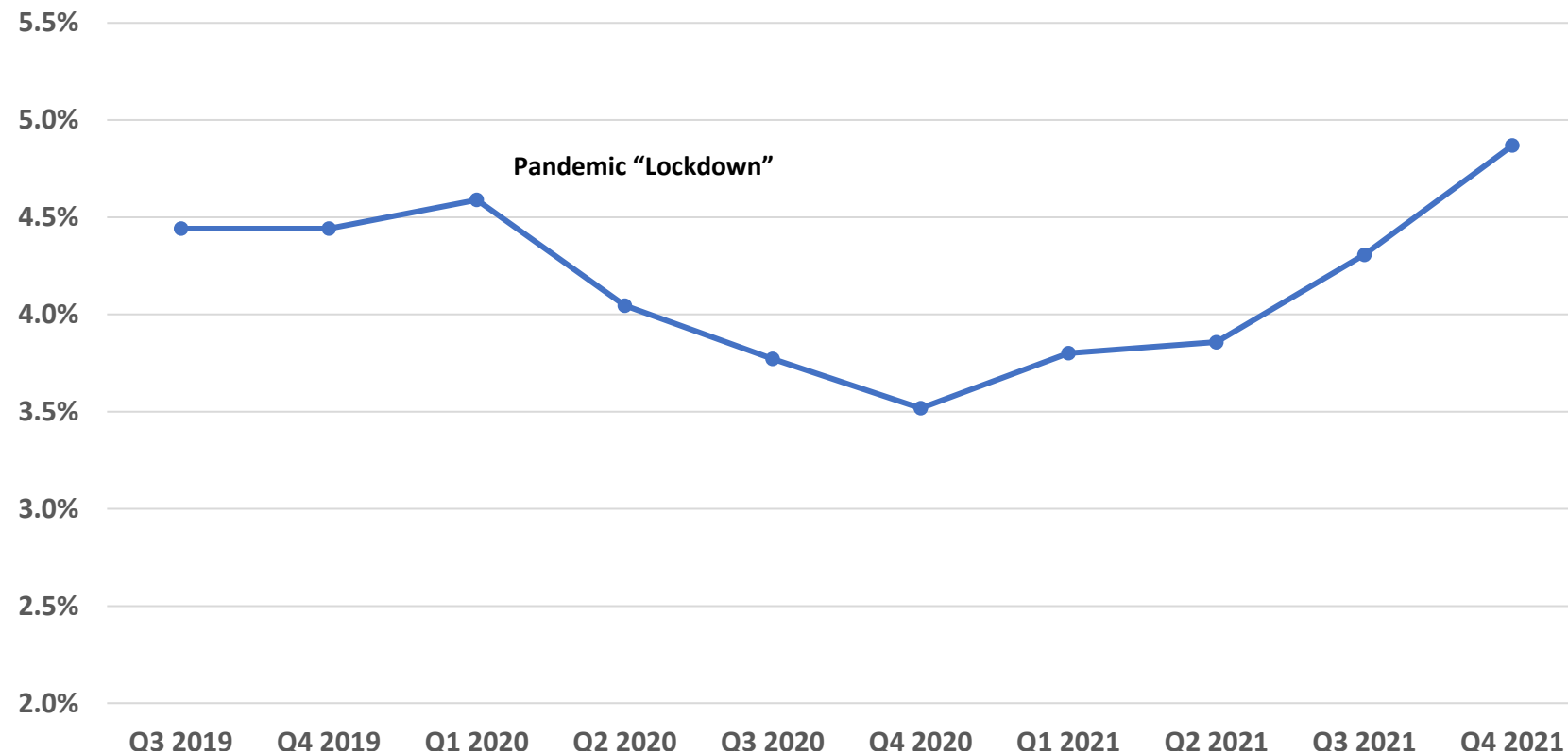
- During the pandemic in 2020, many seniors asked for home care services to be suspended. Since the demand has returned, the home care providers have experienced significant staffing shortages.
- During 2022, home care utilization has declined to 36%.
- 2,775 clients currently need home care assistance. Of these individuals, 25%, or 685 are going without care because of staffing shortages at the home care agencies. The average wait time to find a home care provider is 85 days and growing.
- If the pandemic had not disrupted the workforce, we would have had at least **\$5 million** in additional expenditures 2020 – 2022.
- If the utilization of home care had stayed at the 2017 level when the plan was put together at 59% utilization level, we would have incurred an additional **\$7.8 million** in additional expenditures over the five-year levy cycle.

COA RESPONSE TO HOME CARE CRISIS

- COA began taking steps in 2017 when seeing the drop in home care utilization.
- In 2018 COA had a pilot initiative in the Warren County ESP program to increase the hourly rate by \$2/hr to the direct care workforce (agency did not keep any of the increase). **Result: Utilization rates did not increase in a material way**
- COA also began taking steps such as streamlining the specification to eliminate non-value add requirements, batching referrals, (ken fill in other details)
- Expanding use of consumer directed care (see next graph)
- Experimenting with innovative delivery models (For example: Happy Nest, a laundry delivery service)

CONSUMER DIRECTED CARE UTILIZATION IS GROWING

% of ESP Clients receiving consumer directed home care 2019 - 2022



In 2019, COA joined Live Well Collaborative to assist COA in evaluating the issue and identifying potential solutions for addressing the home care workforce crisis

About the Live Well Collaborative

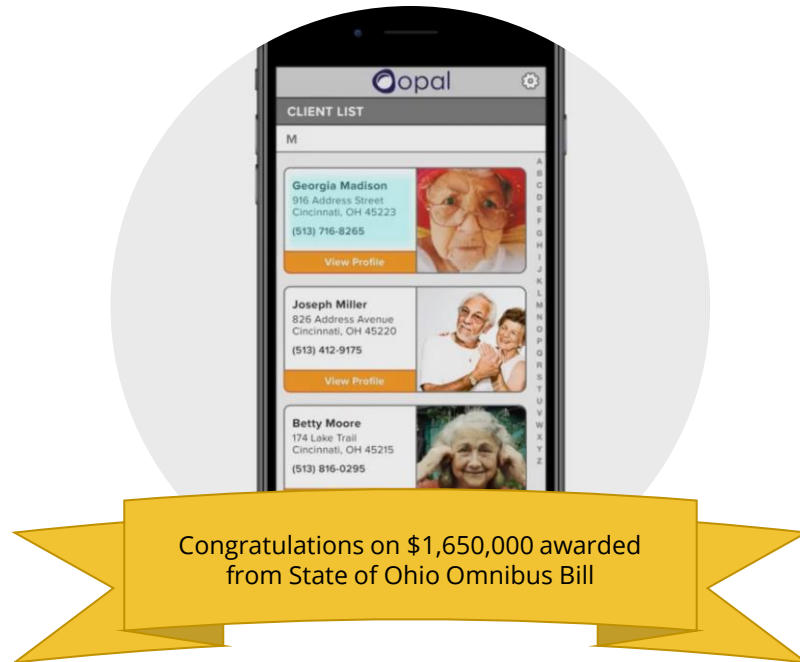
The Live Well Collaborative is a nonprofit founded in **2007** by the University of Cincinnati and P&G, **partnering with COA since 2019.**

During 16-week semesters, Live Well Collaborative uses a validated **design thinking process** to translate user centered research into products and services that meet the needs of the end user.



It is a unique **academic-industry** innovation center that leverages the vitality and unbiased innovation capability of multi-disciplinary teams of UC faculty and students.

Live Well + COA



Home Health Aide App

Over **four semesters**, we dove into the health aide shortage and created an app designed to easily connect home health aides to the unique needs of older adults desiring to remain independent in their homes.



VR Caregiver Education

Over **five semesters**, we explored how new technology could address caregiver needs, creating **EVRTalk**, an immersive VR educational experience for non-professional caregivers intended to shift perspectives and create empathy.

Note: The Home Health Aide App and the VR Caregiver Education tools were Funded with COA discretionary revenues not Hamilton County levy funds.

THE RESULT FORM THE LIVEWELL WORK?

- Livewell researched the issues, conducted focus groups, and identified potential solutions to bring more staff to the workforce.
 - Livewell research identified "scheduling" as the primary driver behind home care aides leaving the field
 - Livewell recommended the development of an app to address this issue (and others)
 - COA has invested \$1.7 million of our discretionary funds into the development of this technology
 - Hamilton County has approved funds from the levy to market in Hamilton County
- Promote expansion of consumer directed care program.





OBJECTIVE OF ADDNAIDE

- Streamlined management of Consumer Directed Care (CDC) service
- Scalable to multiple audiences.
- Attracts new individuals to help grow this critical workforce.
- Creates a fully-connected care team.
- Gives home health aides a fair and livable wage while providing training to help them better serve their clients.



EXPANDING OPTIONS FOR CARE

- AddnAide will help more ESP clients get the care they need (and have been waiting for).
- In the traditional consumer-directed care (CDC) model, the client bears the responsibility for finding and hiring someone to provide their care. Usually, the client hires someone from their social/familial network. This leaves clients with no family/social support at a disadvantage.
- Most ESP clients who are currently waiting for homecare assistance service do not have friends, family or other acquaintances they can hire as an aide.
- AddnAide provides a pool of willing caregivers from which clients can choose and hire an aide.



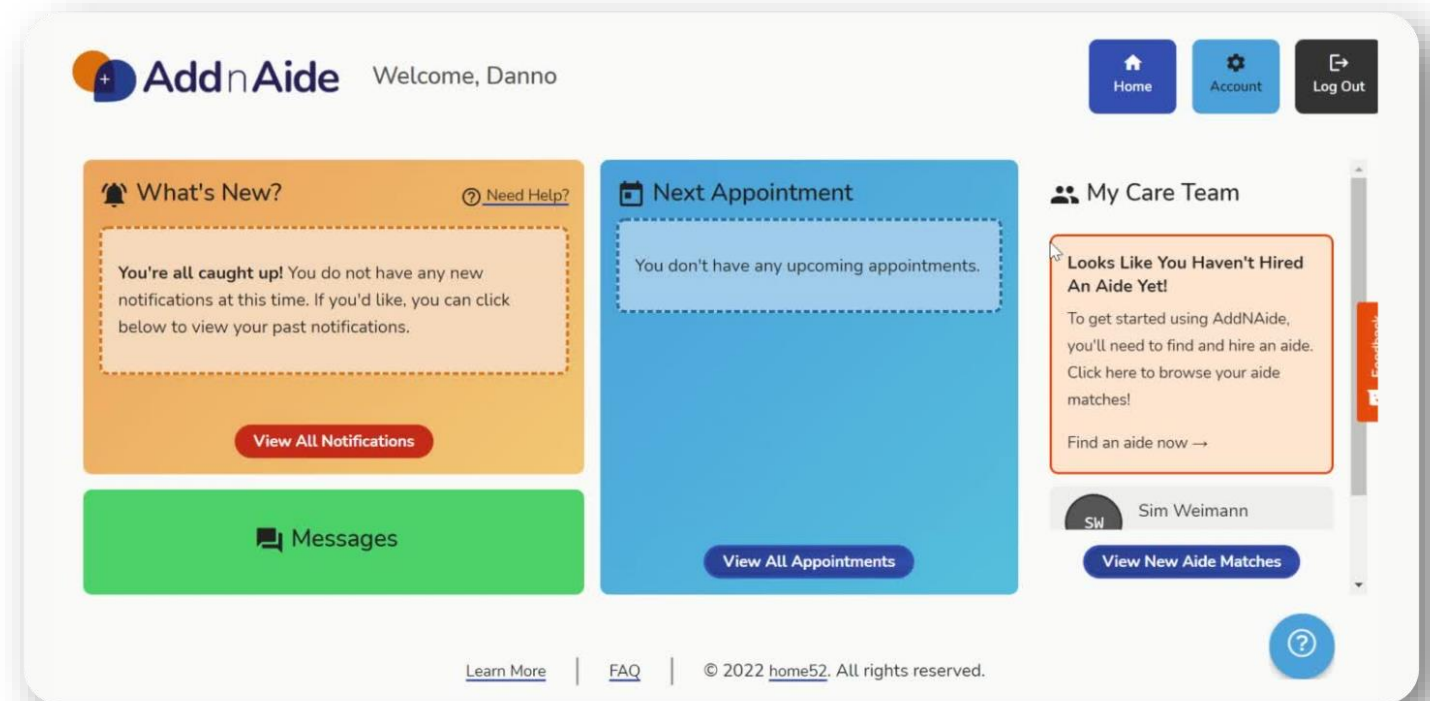
MATCHING: CLIENT EXPERIENCE

Clients are shown potential aide candidates who match their needs based on preferences, experience and availability.

Clients can browse and review aide profiles, connecting with aides they feel would be a good fit.

Once a client and aide agree to work together, the employment is formalized, and service can begin.

Clients may hire more than one aide to meet their service needs (based on their ESP care plan and allowable costs).



MARKETING STRATEGY

Goal: Generate app downloads from candidates (aides) able to serve older adults waiting to be matched with an aide in Hamilton County's Elderly Services Program

Objectives:

- Reach potential aides over the first 4-6 months of the campaign through paid media (print, digital and social ads) and organic marketing efforts (news stories, grassroots outreach).
- Drive potential aides to the AddnAide web page in the first 4-6 months of the campaign.

Target Audiences:

- Current home care aides who want to pick up additional shifts to fit their own schedules
- Potential home care aides – people who do not currently work as aides but who may enjoy the flexibility and ability to work with older adults
- Purpose-driven home care aides – people who may or may not already provide this type of care but who are driven to serve older adults
- Influencers – nursing/social work students, other health-related fields, chambers, women's groups, caregiver groups, neighborhood groups, churches, city governments, local media, etc.



HAMILTON COUNTY ELDERLY SERVICES PROGRAM

BOCC CONTRACT: PROGRAM FOCUS AREAS





Your Ride. On Demand.

Transportation Coordination

A transportation
coordination model
designed to meet the needs
of vulnerable populations.

WHY TRANSPORTATION?

- Transportation is one of many services our clients receive.
- Along with our healthcare partners, we began looking at Transportation is a social determinant of health (SDoH).
- We asked the following questions.
 - What would transportation services need to look like to support positive health outcomes?
 - How can we reduce cancellations for routine and preventative care appointments?
 - How can we reduce Urgent Care Visits, 9-1-1 calls and ER Visits?



COA IDENTIFIED NEED FOR IMPROVING TRANSPORTATION AVAILABILITY, ACCESSIBILITY AND QUALITY

- COA/home52 applied for an ICAM Federal Transit Administration (FTA) Access & Mobility grant and was awarded \$470K to create a transportation coordination service to meet the unique needs of older adults and individuals with disabilities.
- We purchased the NovusMED product, a transportation coordination system from TripSpark.



TECHNOLOGY SOLUTION FOR SENIORS AND INDIVIDUALS WITH DISABILITIES

- Along with transportation coordination, we have a technology solution for seniors and health care partners to schedule trips through an app.
 - **DriverMate** software is used by drivers.
 - Riders can schedule a trip through the **Passenger Portal**.
 - Medical providers can schedule a trip through the **Delegate Module**.

The screenshot displays the home52 Passenger Portal interface. The top header features the home52 logo and a user profile dropdown for Indiana Jones. The left sidebar contains navigation links: Home, My Trips, Book a Trip, Bulletins, Profile, Service Area, home52, and Help. The main content area is divided into two panels. The left panel, titled 'My Upcoming Trips', shows a message that the user has no upcoming trips and a link to 'View All Trips'. The right panel, titled 'New Booking', includes a 'BOOK AGAIN (OPTIONAL)' section with a 'Select a Recent Booking' button. Below this is a form for booking a trip, with fields for 'FROM' (Origin Address, Unit #) and 'TO' (Destination Address, Unit #). It also has a 'DATE' section with a 'REPEAT' checkbox and a 'Select Date' button. The 'OUTBOUND TRIP' section has a dropdown for 'I have an appointment at' and a 'Select a time' dropdown. The 'RETURN TRIP' section has a 'ONE-WAY' checkbox, a dropdown for 'Pick me up at', and a 'Select a time' dropdown. A 'Continue' button is at the bottom right.

home52
YOUR HEALTH YOUR HOME

Indiana Jones

Indiana Jones
Birth Date: 1/9/1951

Home Address:
175 Tri County Pkwy, Springdale

Seat Type:
Ambulatory

You are currently not eligible for trips. You will only be able to book trips on days where you are eligible.

Remaining Funding:
Trips: 24
Distance: 0 mi
Amount: \$0

Home

My Trips

Book a Trip

Bulletins

Profile

Service Area

home52

Help

My Upcoming Trips

You do not have any upcoming trips.

[View All Trips »](#)

New Booking

BOOK AGAIN (OPTIONAL)

[Select a Recent Booking »](#)

FROM TO

Origin Address Unit # Destination Address Unit #

DATE REPEAT

Select Date

OUTBOUND TRIP RETURN TRIP ONE-WAY

I have an appointment at Pick me up at

Select a time Select a time

[Continue »](#)

HOW WAS OUR MODEL DEVELOPED?

We listened to feedback from:

- **Clients** - We considered client feedback. We reviewed customer satisfaction survey responses from our existing clients that use contracted transportation services.
- **Transportation Providers** - We met with our existing contracted transportation companies to learn from them what was working well, understand their pain points and listen to suggestions for improvements.
- **Healthcare Partners** - We partnered with The Health Collaborative to facilitate Learning Collaboratives with area hospitals, FQHC, health plans, behavioral health organizations and primary care offices.

WHO WE ARE



our vision

Greater Cincinnati is healthy by design and everyone is connected to quality, affordable healthcare

our mission

To lead data-driven improvement that results in healthier people, better care, and lower costs

We bring healthcare stakeholders together for the good of the community and provide them with the actionable data they need.



what we do

Serving the Greater Cincinnati-Northern Kentucky Region



We bring healthcare stakeholders together.

We act as a facilitator to bring all the healthcare stakeholders in our region to the table. We provide a **supportive space** where everyone from large health systems to small practices can **come together** to share best practices, discuss common challenges and learn from one another.



We work for the good of the community.

We bring healthcare stakeholders together to **work for a common good**. We foster a culture of responsibility to our community by focusing on critical issues, such as COVID-19, disaster preparedness and opioid addiction.



We provide actionable data.

Our health information exchange keeps patients from falling through the cracks. We provide **real-time information** to healthcare providers so they will know immediately when a patient has been hospitalized, discharged, or taken to an emergency room. This makes it possible for providers to ensure **continuity of care** no matter which health system in our region their patients choose to use.



our partnership

over a decade of collaborating for impact

COA and The Health Collaborative History

COA has been a Business Partner to The Health Collaborative (and Healthbridge) for over a decade, including serving as a generous sponsor for our Annual Inspire Healthcare Awards Event.

COA and Gen-H

With THC's expertise in convening healthcare organizations, data analytics, and population health strategy, it was a natural partnership to work on the transportation health needs of home52's population, a critical social determinant of health for Greater Cincinnati residents.

Metrics of Success to date:

- Co-hosted 5 learning collaboratives from July 2020 – March 2021 to co-create and design a model that fit providers needs
- Developed data sharing and evaluation plan with through existing Healthbridge account for COA patient portal to examine specific transportation needs in their priority population
- Gen-H provided project management and strategy development on accessing HIE data to inform home52 on internal measures, partnerships with providers, and sustainability (funding)



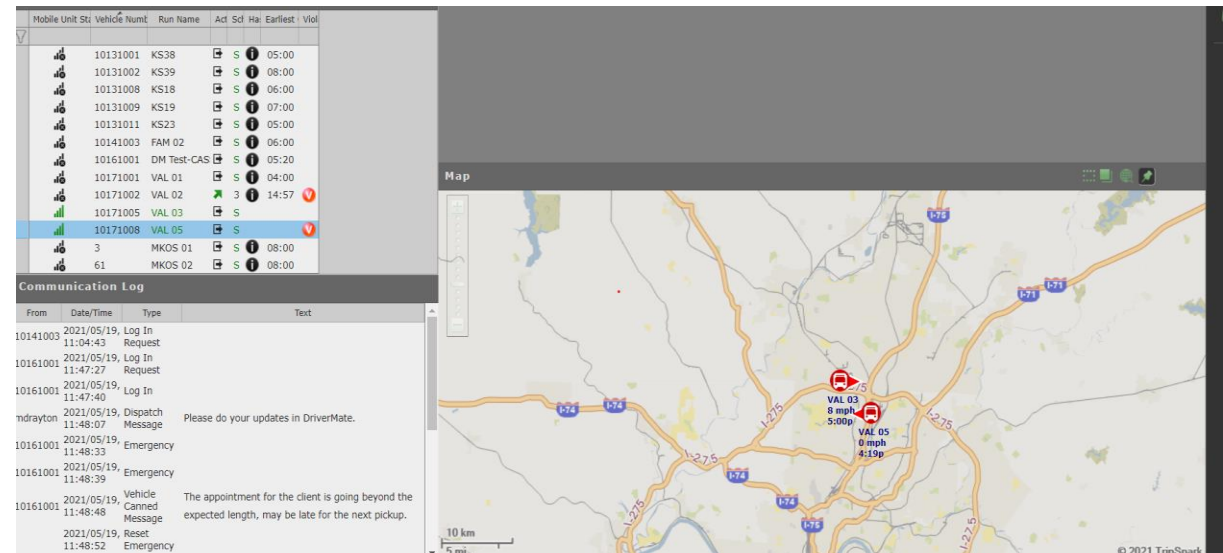
OUR MODEL INCLUDES...

- Right vehicle type, closest to pick-up location for the cheapest price.
- Providing a cost savings to the transportation company and funder
- Door-to-door and through-the door service
- Required driver training: PASS Training & DRIVE Training
- Same-day / on-demand service available



OUR MODEL INCLUDES...

- We intervene when the rider is unresponsive to the driver.
- The driver must contact home52 if rider does not answer.
- We track the ride progress and communicate with medical appointment if rider will be late.
- Driver's use DriverMate software.
- Collect client feedback 1 – 3 days after ride completion.



PROGRAM DATA: MAY 3, 2021 – APRIL 30, 2022

UNDUPLICATED INDIVIDUALS SERVED

- 1080 individuals served
- Some individuals travel multiple times a week for treatment (dialysis, chemotherapy)
- Many others use transportation 1 – 2 times per month.

CALL CENTER DATA

- 78,789 total completed phone calls
- Phone queue options:
 1. Call Back Option
 2. Voice Mail Option
 3. Talk to Specialist
- Call Volume is highest on Mondays and lowest on Fridays.
- April 2022 – 8,944 calls completed – Abandonment rate is 4.5%
- Average talk time is 03:33 minutes

TRIPS COORDINATED TO DATE

Total Trips (Year to Date)	32,483	May 3, 2021 - April 30, 2022
	Number of Trips	Percentage
58 - A-List Cleaning & Transportation	674	2.07%
33 - Cincinnati Area Senior Services, Inc.	2415	7.43%
40 - Cincinnati Medical Transport	165	0.51%
60 - Extended Hearts LLC	1109	3.41%
42 - Family Support Care	1148	3.53%
35 - Kemper Shuttle Service	6445	19.84%
63 - Lincoln Heights Outreach Inc.	204	0.63%
10 - Maple Knoll Outreach Services for Seniors	1641	5.05%
36 - MedaCare Transportation Inc	8729	26.87%
61 - Ny's Transportation	158	0.49%
64 - R Chappell Transportation	133	0.41%
11 - UTS	1740	5.36%
Valley Transport	7922	24.39%

TRANSPORATION PROVIDER RECRUITMENT

- We are recruiting additional transportation providers.
- We are targeting our recruitment efforts with small businesses.
- We have 2 small businesses currently going through the onboarding process.

TRANSPORTATION RATES

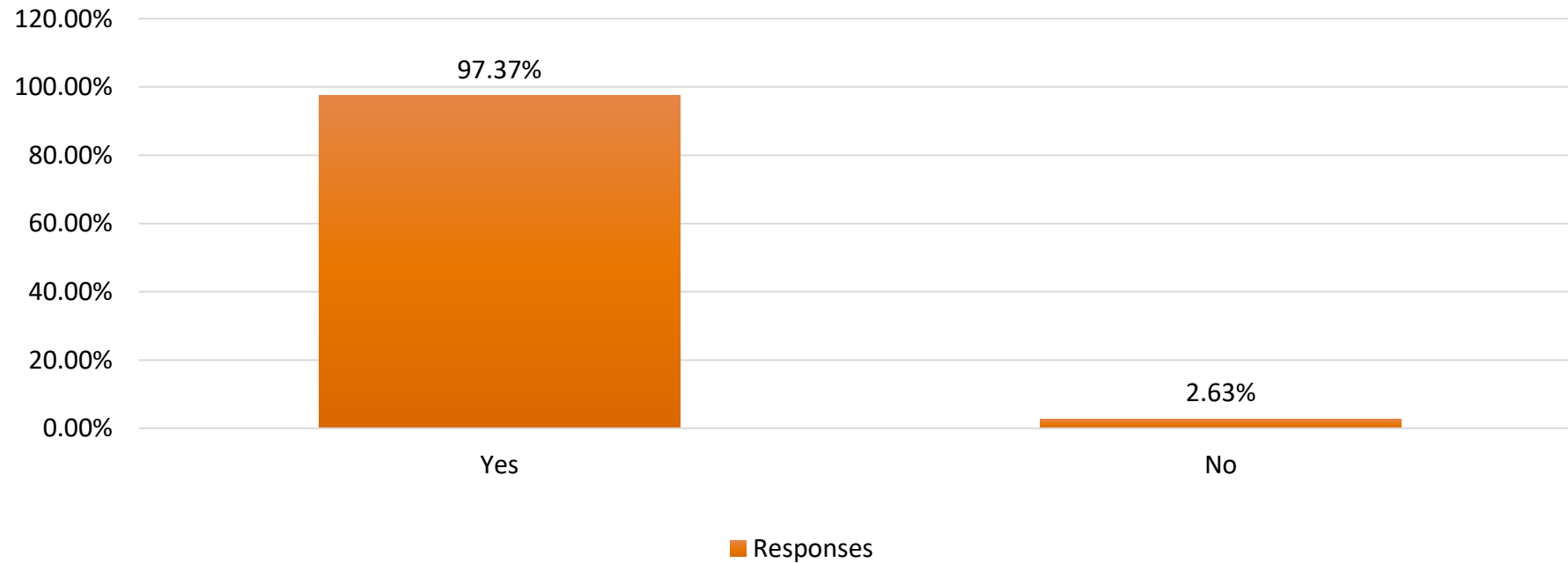
Ambulatory Non-Dedicated Rates		
Provider	5 Mile Base Rate	Additional Mile Charge
#1	\$20	\$4
#2	\$28	\$1.40
#3	\$35	-0-
#4	\$38.50	\$1.24

NovusMED will select the cheapest ride.

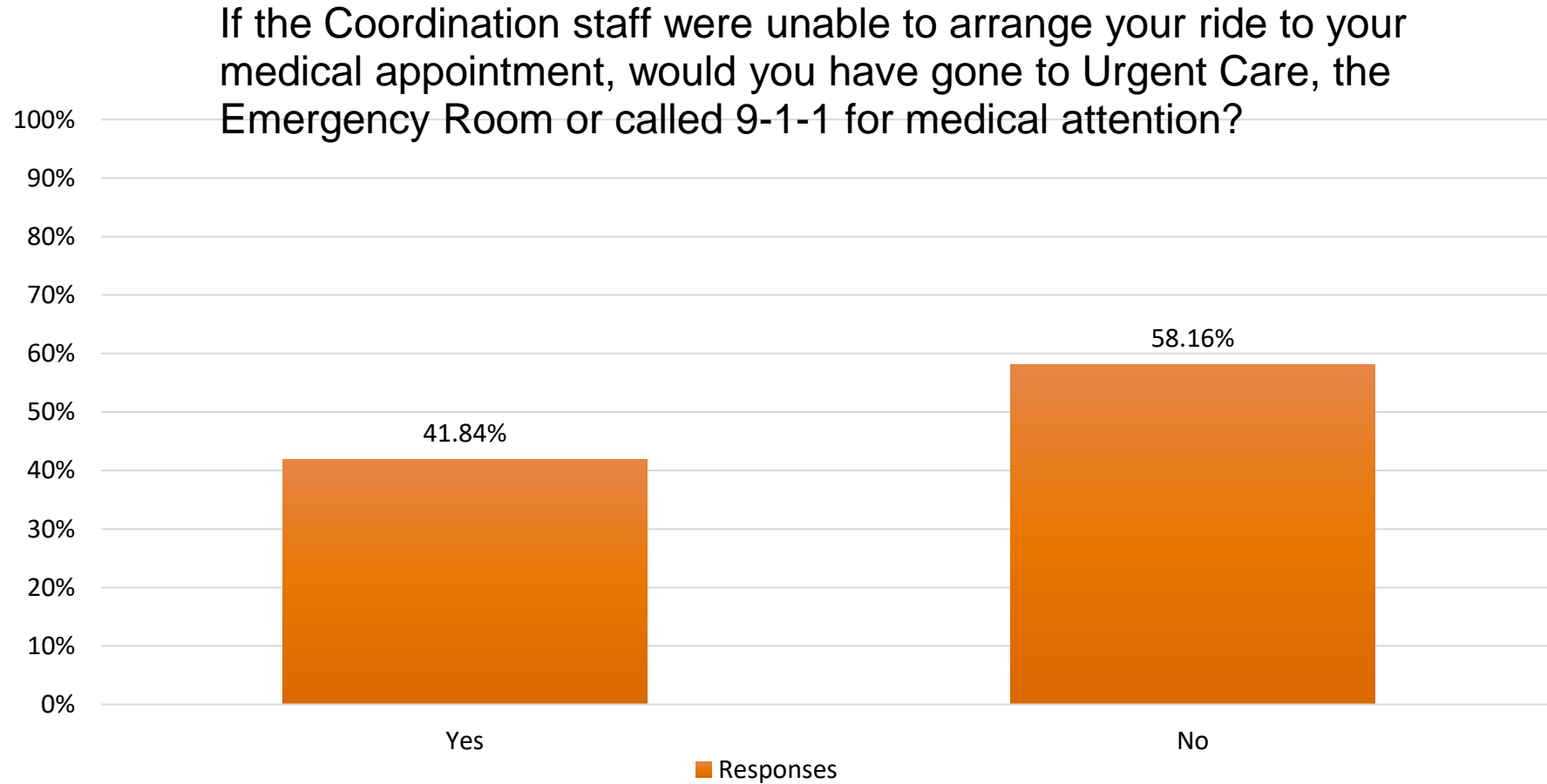
We expect to find cost savings with dedicated vehicles.

RIDER FEEDBACK FOR THE COORDINATION CENTER

Do you believe that access to home52 transportation helped improve your health?



RIDER FEEDBACK FOR THE COORDINATION CENTER





FastTrack home Innovation

“FastTrack Home has made my life really blessed, because I’ve been able to leave the hospital and come home with supports. It’s just much easier to recuperate at home, where you’re around familiar people and things, and it’s given me incentive to get back my life.”

Terre

TWO PROGRAMS

Elderly Services Program:

- Long-Term chronic needs: 2+ years
- Primary aim: decreasing risk of nursing home placement
- 60+, chronic functional impairments, copayment requirement
- Full array of community services to maintain independence

FastTrack Home:

- Short-Term acute needs: up to 60 days
- Primary aim: decreasing risk of re-hospitalization, and successful recovery at home
- Transitioning from a hospital or nursing facility, 60+ with acute functional impairments
- Short term services focused on patient transition, meals/nutrition, home care, medical devices, and transportation.

INNOVATIVE FASTTRACK HOME MODEL

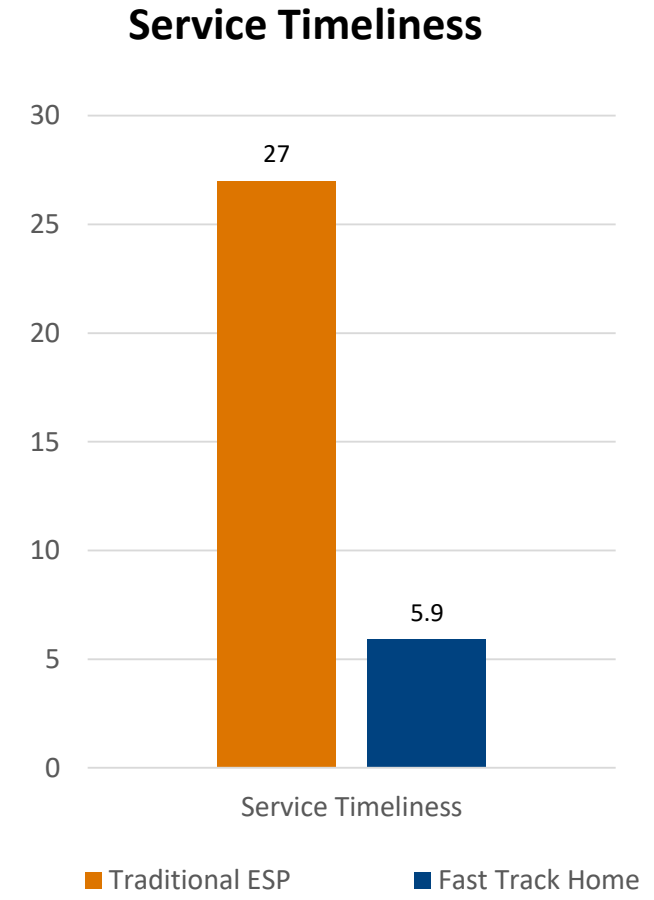
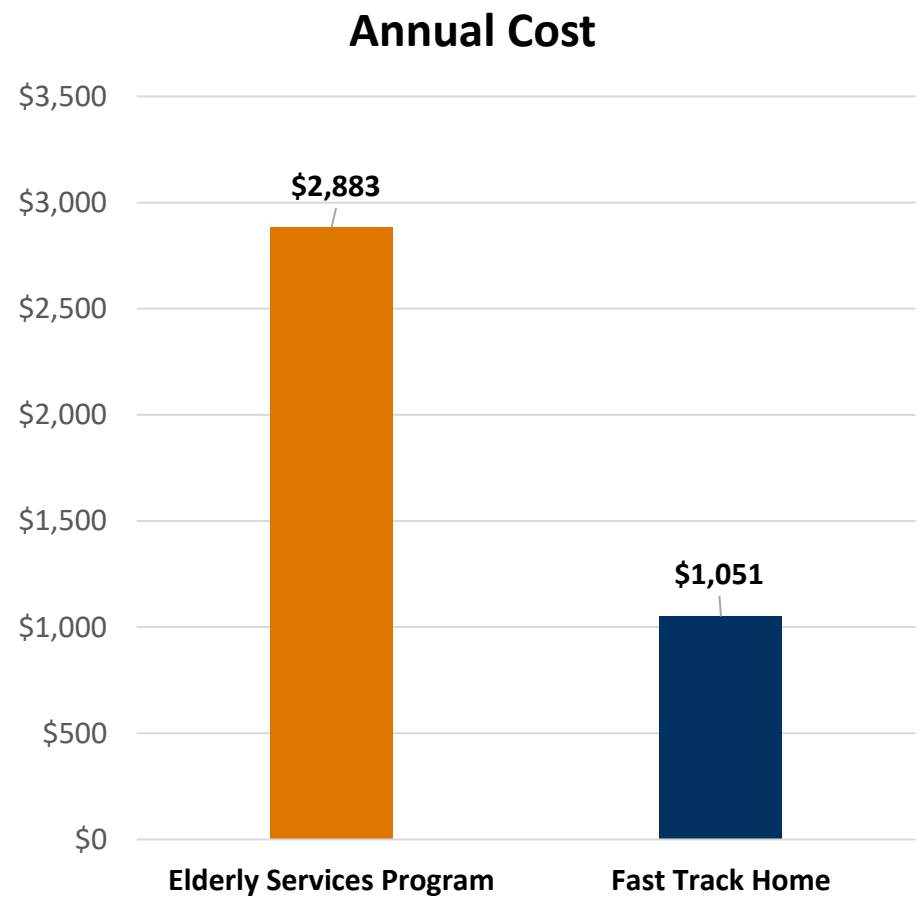
- A new, short-term program providing care when older adults need it most
- Developed during this levy cycle in response to TLRC recommendations to find new ways that meet the needs of more older adults at a lower ongoing cost.
- Uses evidence-based care transitions model, in which COA was a national leader
- Available to all older adults in Hamilton County who are transitioning from a hospital, rehab, or nursing facilities – expands the reach of the levy
- Provides support for older adults and families when it's most needed – during transition from hospitals/nursing facility



FASTTRACK HOME

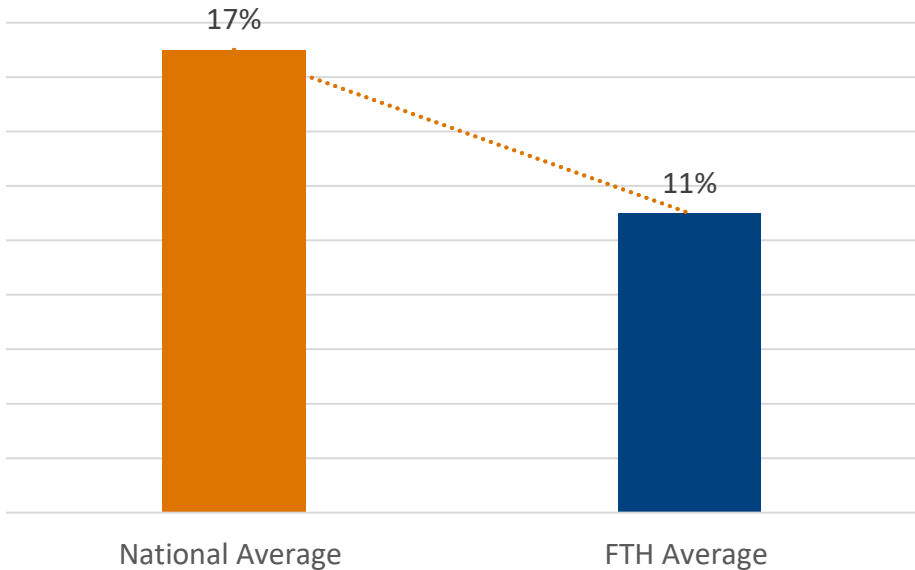
- FastTrack Home is 10% of the clients served, and only 4.4% of the cost.
- Progress:
 - Piloted, then made a permanent part of the program by the BOCC in June 2018.
 - Expanded Hospital Systems: Good Sam, Bethesda North and Mercy Network
 - Expanded to Skilled Nursing Facilities and Rehab Centers
 - Expanded regional hospital and nursing facility infrastructure to include Warren, Clinton, and Hamilton County levies which spreads the fixed costs across multiple programs.
 - Was quickly adapted to fill a critical need during the pandemic, helping patients safely discharge home (regardless of COVID status) and freeing up valuable health care resources during COVID surge periods

FASTTRACK HOME RESULTS

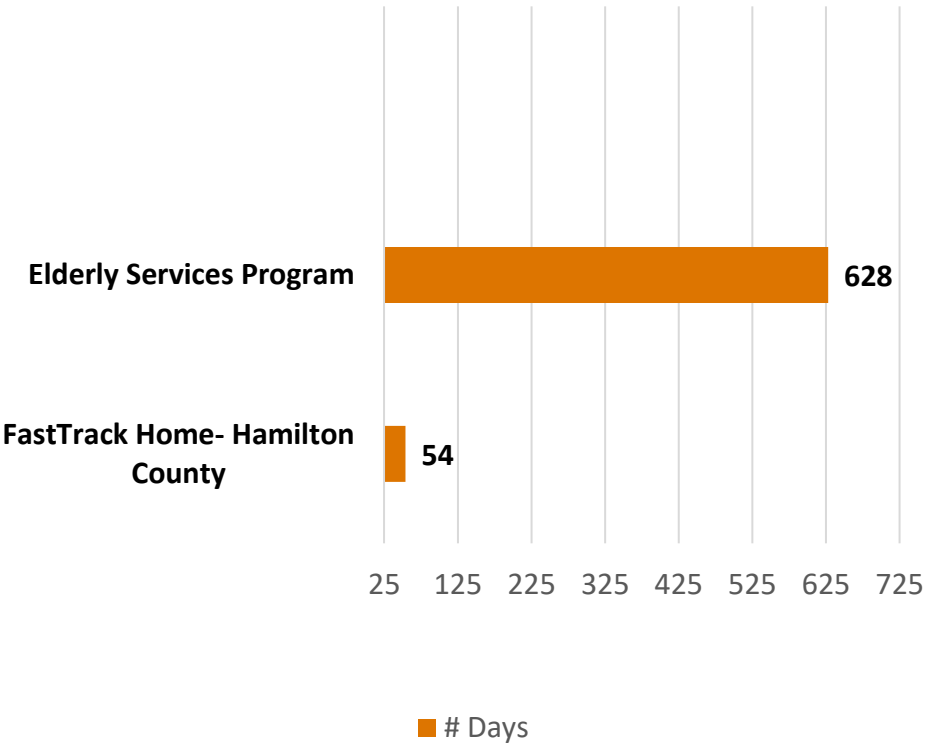


FASTTRACK HOME RESULTS & DATA

30 Day Readmission Rates

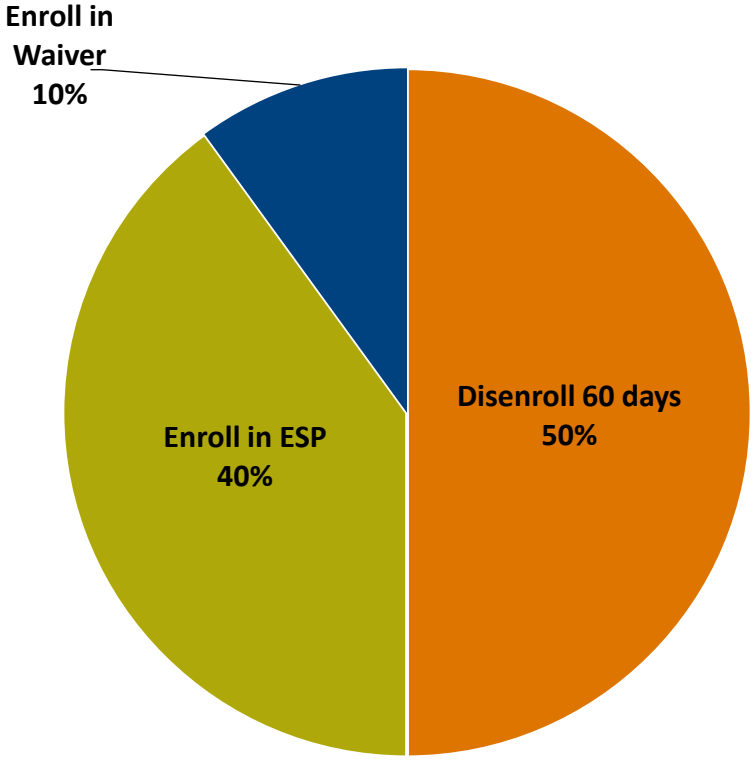


Average Length of Stay

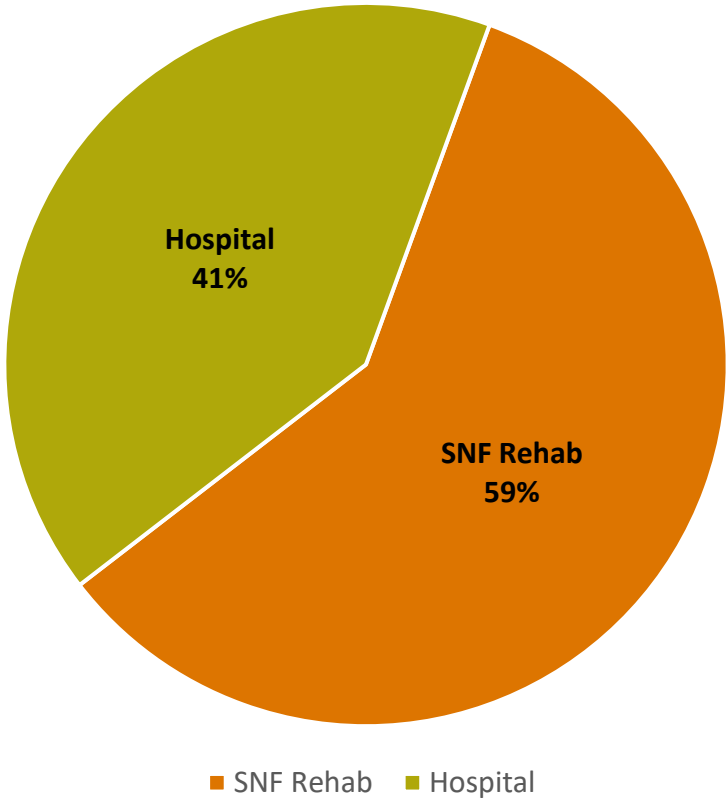


FASTTRACK HOME DATA

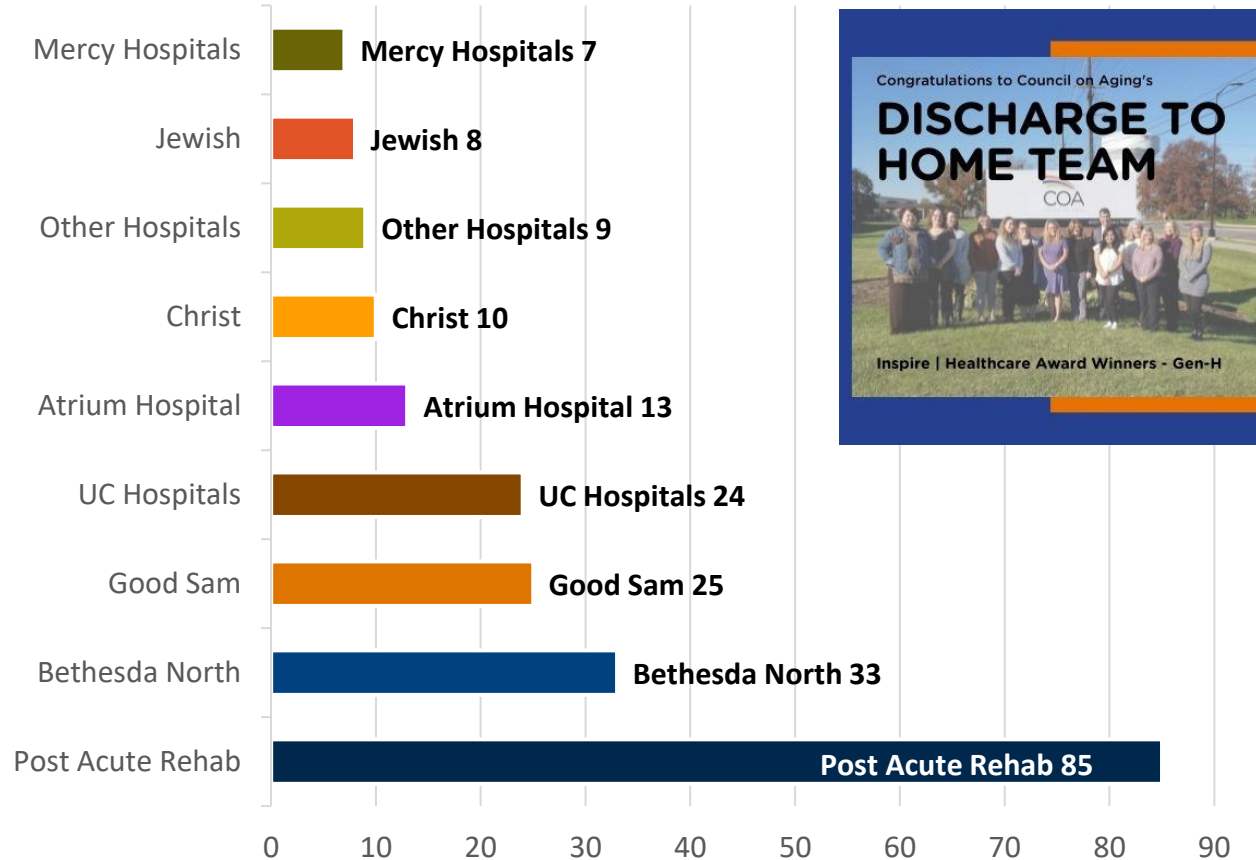
Fast Track Home Disenrollment



Enrollment by Setting



FASTTRACK'S ROLE IN THE COVID-19 PANDEMIC



- FastTrack Home had a significant role in hospital and rehab facility decompression during the November hospital surge.
- In November 2020, there were 214 FastTrack Home discharges across all regional hospitals and many nursing facilities.
- COA received an Inspire Healthcare award from The Health Collaborative for this work, known in the clinical setting as Discharge to Home.

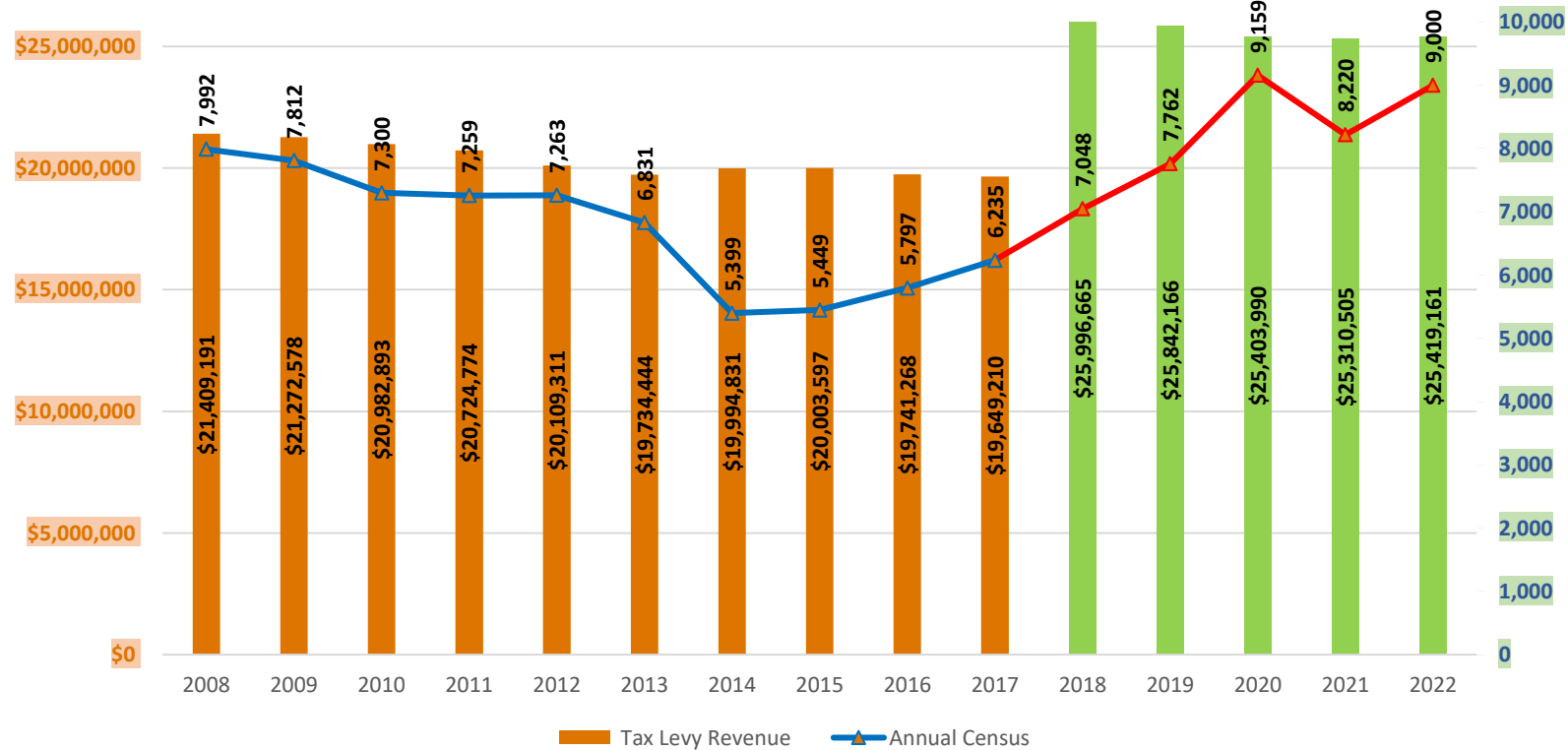


WAS THE LEVY INCREASE NEEDED?

Up until 2020, the levy plan was experiencing the growth and demand we had projected. The program was tracking as planned until the disruption of the pandemic.

PROJECTION: HAMILTON COUNTY ANNUAL CENSUS & TAX LEVY REVENUE HISTORY 2008 - 2022

* 2020-2022 revenue collection and census is a projection



CURRENT ENVIRONMENT

- Staffing shortages
- Wage increases
- Inflation
- Pandemic impact on seniors

INFLATION – THE CURRENT DISRUPTER

- Home Delivered Meals: 35% bump in reimbursement rates
- Change in cost between 2021 and 2022:

Suppliers:

- Fruit Cup Diced Pears: +44% (\$20.14 - \$28.94)
- Sliced Turkey: +64% (\$61.54 – \$100.81)
- Chicken Breast Strip: +29% (\$28.41 - \$36.52)
- Beef Pot Roast: +48% (\$5.07 – \$7.50)
- Vegetable blend Italian +19% (\$37.68 - \$45.02)
- Fudge Cookies +62% (\$25.02 - \$40.64)
- Black Plastic Tray +21% (\$106.92 - \$129.00)

- Fuel +39% (\$2.93 - \$4.07)
- Staff Wages +25% (\$12.00 - \$15.00)
- Lead Staff Wages +39% (\$13.00 - \$17.00)



ESP Service Gaps & Opportunities

Spring 2022



Project Goal



How might COA support the growing number of older adults that are choosing to live in their homes through a sustainably designed ESP system?

- + **Evaluate** the current Elderly Services Program
- + **Identify service gaps** and recommend potential new services or improvement to current services
- + **Create opportunities and insights** to inform the strategic direction of COA

Program Opportunities

The changing needs of Cincinnati aging adults **creates opportunities for new services and/or programs.**

Respite
Relief

Housing
Assistance

Mental Health /
Social Isolation
Services

Eligibility
Gaps

*currently being pursued
by COA

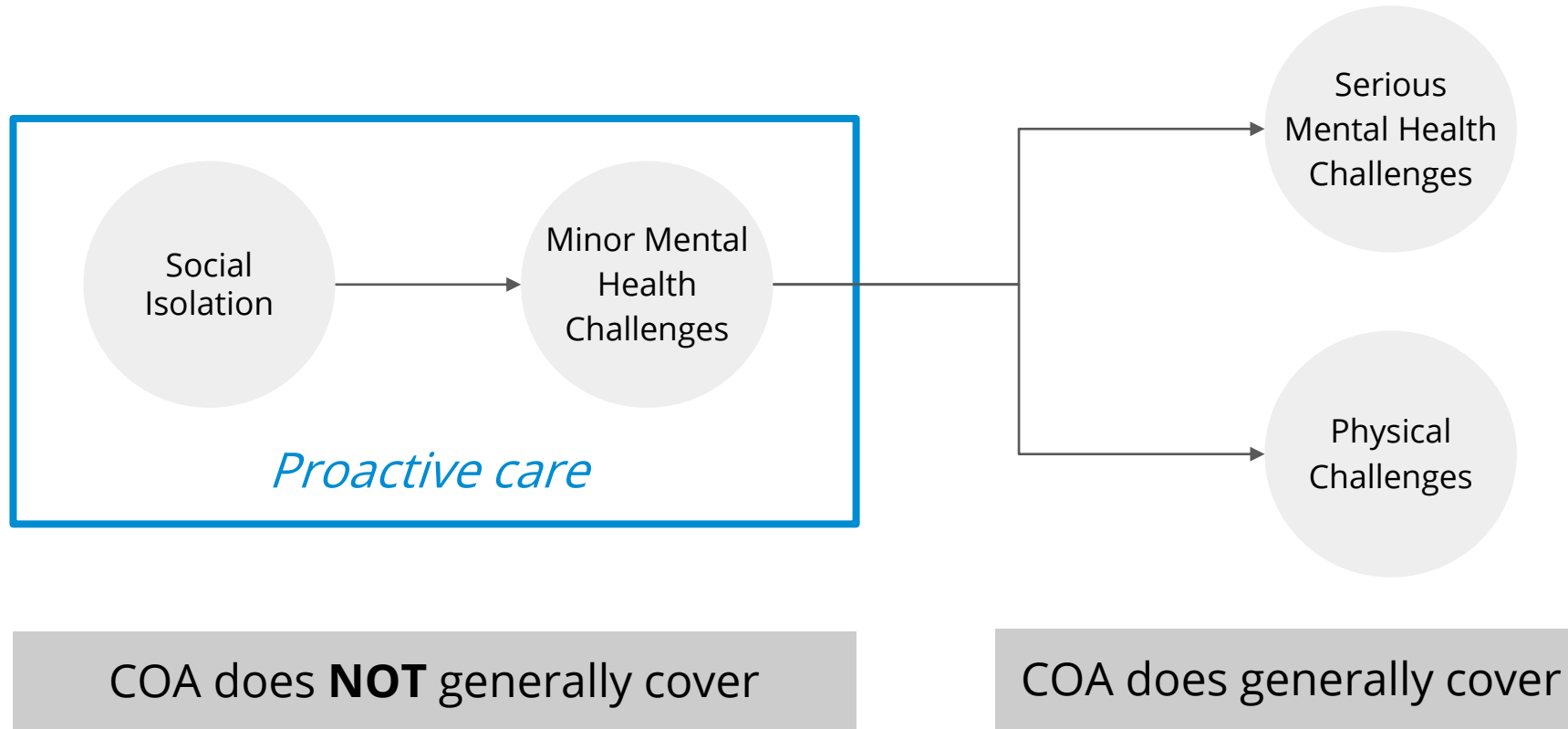
Priority Level



"We're dealing with things that [ESP] wasn't set up [for]. The program was set up to take care of the cute little grandmas."

-Case Manager

The Hidden Challenge



There is an opportunity to address social isolation and minor mental health challenges to prevent serious mental health and physical challenges.

COA CONTINUES THEIR WORK WITH LIVEWELL ON ESP RECOMMENDATIONS...

Two primary older adult needs have emerged:

1. Social Isolation Programming- social isolation is a common experience for older adults that has a negative impact on their emotional and physical health. This is more evident than ever with the removal of many options during the pandemic.
2. Behavioral Health/Mental Health Programming- very few mental health resources exist for the older adult population, especially for those who are homebound.

Council on Aging is planning to leverage Federal ARP funding (that is available in the short term) to develop new innovative models that address these unmet needs.

PROJECTIONS FOR THE NEXT LEVY

- Our projection models are conservative and assume the current unmet needs for home care continue.
 - If we are successful with the home care app, we will recruit more aides and the home care costs will increase.
 - Home care aide availability directly correlates to the economy – when the economy is good, and jobs plentiful, aides leave. When the economy downturns, aides return to the field. If a recession occurs, we can expect costs to increase as individuals return to agencies.
- If we are able to return to the 2017 levels of 59% of individuals receiving home care assistance, we would incur an additional \$25 million in expenditures.
- We don't believe getting back to 59% is likely, but we are also optimistic that some of our efforts will grow the home care aide workforce. We have not budgeted for this growth factor and would like to arrive at a growth percentage, in conjunction with the consultant and the sub-committee, which we will use in our projections.