

**HAMILTON COUNTY TAX LEVY REVIEW COMMITTEE
SENIOR SERVICES LEVY SUBCOMMITTEE
138 EAST COURT STREET, ROOM 603
CINCINNATI, OHIO 45202**

June 21, 2022

Hamilton County Board of Commissioners
Commissioner Stephanie Summerow Dumas, President
Commissioner Alicia Reece, Vice-President
Commissioner Hon. Denise Driehaus
138 East Court Street Room 603
Cincinnati, Ohio 45202

Re: Proposed Senior Services Levy

Dear Honorable Commissioners:

The Hamilton County Tax Levy Review Committee, under Chair Gwen McFarlin, appointed a subcommittee for a review of the Senior Services Tax Levy. The subcommittee members are Mark Quarry, John Silverman, and Jenny O'Donnell. Support for the subcommittee was provided by Lisa Webb, Assistant Hamilton County Administrator.

The professional consultants for this subcommittee, HW & Co. made a thorough financial report of the costs and projections of all the projects funded by the Senior Services Levy. That is not the expertise of the TLRC, and therefore is not the focus of this report. Instead, we hope to provide you with a taxpayer perspective of the value afforded to our community from the funding received and any potential additional need. *We are recommending no change in the levy amount, though recommend a mid-levy review for reasons which shall become clear. We are also recommending a change in how some of the funds are distributed because of duplication of services.*

Background

The Senior Services Levy ("the Levy") has historically provided funding to three programs:

- Elderly Services Program (ESP) - designed to assist Hamilton County seniors to remain living in their homes. This program is provided by the Council on Aging of Southwestern Ohio (COA)
- Adult Protective Services that are provided by Hamilton County Jobs and Family Services (APS); and,
- Veteran-focused services for Hamilton County seniors are provided through The Veteran's Services Commission (VSC).

In 2017, at the recommendation of the Hamilton County commissioners the Senior Services levy was increased for all of the previous recipients and three* new programs were added, each

receiving \$250,000/year in funding. These new programs were predicated on providing additional services to Hamilton County seniors and their caregivers. The new programs were:

- Providing for Hamilton County's unstably and unhoused (homeless) senior citizens. The Center for Respite Care, a partner of the homeless services coalition was engaged to provide outreach, identification, and respite services for seniors (over the age of 60) to help them access any housing, medical, or support needed, including respite and hospice care.
- Navigation services were identified as needed for Hamilton County seniors who were unable to negotiate the existing state automated system that provided a telephone-based network of providers. This senior navigation service provider contract was awarded to CareStar.
- And, after several changes to the original idea of additional in-home health care for seniors, this third project was modified to become an investment in those African American families who were providing care for their senior relatives. This program targeted the short and long-term needs of the caregivers to promote caregiver wellness. That program was awarded to Closing the Health Gap.

The new programs were developed through a Request for Proposals (RFP) process for all three programs released in June 2018 and due in July 2018. Two of the three programs were awarded through this competitive bid process based on the response to the RFPs. In February 2019, the Center for Respite Care, a non-profit organization began billing through the levy for senior medical care services for those seniors who were homeless and they have continued to consistently provide important services with this funding. CareStar, a for-profit patient navigation company, was contracted to provide the senior patient navigation program and have been helping clients with the coordination of medical care services since June of 2019, connecting Hamilton County seniors primarily through referrals from St Vincent DePaul Charitable Pharmacy and (very few) from the Ohio Benefits Long-term Services and Supports (OBLTSS).

The third newly proposed in-home health care program had no bidders initially so the RFP was reimagined to be a *care-for-caregivers* program in 2019, and then a more detailed RFP with a focus on support, training, and education services for primarily African American caregivers was released in late 2019. Closing the Health Gap was selected as the vendor in early 2020, but then contract negotiations for this direct service program were paused due to COVID-19. The final contract was not approved by the Commissioners until March 2021, and the program spent the next year building and then launching its first pilot group in June 2022. The program goals are to identify barriers to caregiver self-care and to promote, educate, and support healthy goal setting to impact the disparities of health risks faced by African American caregivers.

*In the spring of 2022, a *fourth program* was introduced to use Senior Services levy funds that were going to be unused due to some higher than expected levy revenue, chronic staffing shortages, the effects of COVID, and the slower than anticipated launch of at least one of the new programs. This fourth program, also a pilot program, assists income-qualified seniors with their increased utility bills. That program, funded with *up to* \$1,025,000 of levy funds from the current levy was initiated in the spring of 2022.

About 90% of the senior levy funds are provided directly to Council on Aging (COA), Hamilton County's Elderly Services Program (ESP) provider. That means that the existing levy balance is heavily dependent on the COA's use of the levy. The other providers have a very small portion of the levy shared between them (all are allotted \$250,000 or less per year). That means that the rate of spending by COA dwarfs all the other programs so any significant changes to COA's service delivery create either a significant problem or if services cannot be delivered, a significant abundance of levy funds. In this past cycle, we saw a confluence of events that led to a higher levy reserve, and given that the caregiver support program allotment of \$250,000 per year was not used for four of the first five years of the levy, the \$1,025,000 for the utility program became available for that pilot program.

The key piece of information that the TLRC wants to convey is that all of the providers showed great flexibility, creativity, courage, and commitment during the extremely disruptive time of this levy cycle. The impact of COVID-19 on seniors, their caregivers, and the professionals who are dedicated to this population cannot be underestimated. Nearly 30 months after the first outbreak of cases, it might be hard to remember the level of disruption, but for most of the providers being discussed in this review, services did not stop at all. Seniors were not left to feed themselves or to find services without a warm handoff even when mandates said absolutely no contact, and particularly for this extremely physically vulnerable population, all the creativity and flexibility were paramount to survival. What these providers recognized was that the social isolation brought on by this pandemic would be as catastrophic as the exposure to the virus, and therefore the only solution was to keep the emotional contact even if we could not make the physical contact. Those who were connected to these providers were cared for as powerfully as was humanly possible during these extremely trying times.

In the 2017 Senior Services Levy subcommittee report, the author, Dr. Edward Herzig noted about COA:

"...provides high quality, cost-effective social services for a vulnerable and growing segment of Hamilton County...the goal of the (ESP) program is to allow the elderly to remain independent and in their homes. These services allow seniors to remain in their homes and delay or avoid the cost of nursing home placement. The problem is that the number of elderly citizens is rapidly increasing in Hamilton County and there is a real and growing need for these services. Therefore, the amount of financial support necessary to underwrite these programs will continue to grow even with COA's continued restructuring and management efforts. A long-term solution must be found that will allow for more clients to be served while reducing or eliminating reliance upon property taxpayers.

The 2017 subcommittee recommended the COA form a strategic planning committee to review its scope of services that can be reasonably provided to senior citizens, address the growing elderly population, and develop plans for increased funding that does not only depend on taxes. The commissioners then granted an increase from 1.29 mills to 1.6 mills, an increase of \$10.85 annually per \$100k of valuation. The Levy was approved by 72% of Hamilton County voters.

All indications are that consistent with these recommendations, COA put together some innovative projects that did enhance service delivery, and did recognize not only the growing population but also the increased needs of this population.

New Program for this Levy Cycle: Fast Track Home

COA implemented a new program in 2018 called Fast Track Home to provide care for seniors and families to shorten the time it takes to transition from the hospital or nursing facility *back to the senior's permanent residence*. In 2019, its first full year of operation, Fast Track Home represented 8.5% of the clients served at only 2.9% of the cost. In 2022, they continue to show high utilization and efficient use of the funding. And there is no waiting list for Fast Track Home and there are no significant staffing shortages in this program. This is an example of how COA leveraged the increased levy funding and provided additional services to more seniors in a cost-effective manner as was asked by the 2017 TLRC.

All indications (the consultant's report, agency's report, personal stories, and financial reports) are that Fast Track Home was wildly successful, even with some of the issues that crippled many of the social service providers, not the least of which was COVID-19.

Existing Program for this Levy Cycle: Elderly Services Program

This is the major funded program for this levy. It serves around 5,500 Hamilton County seniors per typical year, and COA serves as the broker for vendors who provide everything for seniors to remain living in their private homes. This runs the gamut from home medical equipment to minor home repairs to meals and transportation. This service is provided based on a sliding scale linked to income verification, and the levy funds pay for those individuals who cannot pay for themselves.

The key issue for the success of ESP is the network of vendors who are managed by COA. If there are not enough qualified vendors or staffed agencies, ESP becomes difficult to operate. The staffing shortage that COA (to a minor extent) and the COA vendors (to a very serious extent) is crippling to not only the delivery of services to one senior, but to the number of seniors that can be supported. Drivers, paid caregivers, nursing staff, housekeeping, etc. are crucial to successful in-home care, and like the rest of the country, COA's vendors are seeing extreme shortages of qualified staff. This shortage has caused COA to see drops in the number of services they can provide, thereby showing a decrease in their billing to the levy fund. The result is a higher than usual levy fund balance, though not extraordinarily high. The number of clients served by providers has seen a decrease over the past two years since a significant spike in the first quarter of 2020. That said, there has been an increase in the number of services provided to those clients who do have service providers, and this suggests that there is a much greater need for services than was even projected, if only there was more staff to provide those services. There is no lack of need for services and this has created a waitlist for Home Care Assistance.

COA has responded to this difficult situation of staffing shortages from multiple entry points. While they experimented with raising hourly wages, they found no significant increase in staff building or retention. So now, they are trying to recruit more caregivers from outside the usual pool of professionals who want to go into the caregiving profession (full-time or as a career). COA is rolling out a program to recruit those who only want to work for a very small population of seniors, possibly only one or two neighbors or only 4 hours per week, allowing this type of caregiver to have more flexibility in their schedule and their transportation expenses, for

example, with the hope that COA can then match this person to seniors who would not otherwise be matched with home care assistance.

Effects of the COVID-19 Pandemic

COA began planning its COVID -19 response in January 2020. COA issued its emergency response plan on March 12, 2020, using CARES ACT Funding and levy funds (as a last resort) to continue to serve individuals already enrolled in programs and services, as well as the newly identified community members who had not previously needed help but did now because of COVID and the loss of services in the community that those seniors had been able to access when they could easily leave their homes or get services through other means. COA was awarded \$3.3M in CARES Act Funding that allowed COA the ability and flexibility to meet growing community needs during the time of crisis. The CARES Act funding will continue to play a vital role in helping COA to continue to meet this community need while continuing to offer the traditional home and community-based services to thousands of individuals in the region, according to COA's estimates.

COA provided this description of their COVID-19 response and relief efforts:

1. FOCUS: Food Security

COA worked to ensure Hamilton County seniors had access to food.

- Distributed two rounds of Emergency Food Boxes - nearly 7,295 boxes in Hamilton County - to older adults already enrolled in home-delivered meals and those who previously attended congregate programs.
- Enrolled 595 additional older adults onto the home-delivered meals program.
- Partnered with six area restaurants including LaRosa's, Frisch's, and small, minority-owned restaurants to deliver more than 12,000 "comfort" meals to older adults in low-income senior apartment buildings.
- Provided emergency meals and other supplies to Mt. Healthy-area older adults impacted by weather-related power outages.
- Launched the federal Senior Farmers' Market Nutrition Program, enrolling 607 low-income older adults in Hamilton County.

2. FOCUS: Personal Care Supplies

COA partnered with several charitable, volunteer efforts to gather and distribute essential supplies to seniors in need.

- Partnered with Frame USA to collect cash donations and items including toilet paper, cleaning supplies and personal care items at sites across the region.
- Partnered with Crossroads Church on April 4 donation drive, collecting 27 pallets of supplies.
- Partnered with Hamilton County Emergency Management Agency to procure personal care, PPE, and household supplies for county seniors.

- Sorted and repackaged all supplies for distribution to 635 Hamilton County seniors.

3. FOCUS: Protecting Essential Workers

COA worked with its provider network to provide safe, effective home and community-based services to older adults in need.

- Worked with staff, provider network, funders, and local health departments to adopt policies and procedures so programs and services could be delivered in a safe and effective manner.
- Worked closely with county Emergency Management Agencies and Ohio Department of Aging to secure and distribute thousands of items of PPE to the provider network. Items distributed include face masks and shields, gloves, disinfecting cleaner, hand sanitizer, infrared thermometers, and gowns.
- Maintained open channels of communication with the provider network, including town hall meetings with home care assistance meals providers.

4. FOCUS: Older Adult Health, Wellness, and Safety

Despite the suspension of face-to-face visits in March 2020, COA staff maintained contact with clients and caregivers, developing initiatives to help protect and support older adults.

- By April 3, 2020 COA staff contacted all 5,163 Hamilton County Elderly Services Program clients to ensure their needs were met. The outreach encompassed 10,400 calls.
- Distributed education kits and masks to 5,800 older adults living in 107 senior buildings in Hamilton County. This was part of COA's leadership and work on the Congregate Living Steering Committee, a subcommittee of Governor Mike DeWine's Multi-Agency Coalition.
- Implemented a volunteer-driven Adopt a Senior program, connecting weekly with 145 Hamilton County residents not enrolled in COA programs. Services provided included: support signing up for Click List and similar shopping services, regular friendly check-ins, and help to obtain personal care supplies.
- Worked to address social isolation by converting community-based health and wellness workshops (Healthy U) to virtual and telephonic formats.
- Through a regular COVID-19 e-newsletter and other outreach, provided education to older adults and caregivers regarding timely topics including frauds and scams, mental health resources, and U.S. Census.

Future Needs and Issues

COA identified several areas that will impact its ability to effectively manage ESP in the future.

Aging Population

As previously highlighted, previous Senior Services Levy funding has enabled COA to increase its market penetration and provide services to a greater number of elderly residents. However, projections for the number of elderly residents needing care in the future will increase.

- Rapidly Aging Population
By 2035, there will be more people aged 65+ than those aged 18 and younger.
- Additional Issues
1/3 of people age 65+ have at least one disability; 1 in 5 households includes someone age 65+.
- Caregivers in Short Supply
Families are smaller and more spread out. Adult children have many responsibilities to juggle, including work and child-rearing.
- Long-term Care
7 out of 10 people will need some form of long-term care during their life.
- Residential Preference
Most people, 9 out of 10, prefer to stay in their homes as they age. (AARP)

Rising Costs of Services

A key factor to consider, and perhaps to be carefully addressed at the mid-levy review is the impact of inflation on the services and goods that COA provides. COA made a strong case for how their food, transportation, and service delivery costs are escalating very quickly post-pandemic and that they are just now starting to negotiate the contracts that will last for the next levy cycle, so they are unsure about what those price points will be. This is a valid point and could be best addressed when there is more concrete data.

COMMENTS ABOUT OTHER LEVY-FUNDED PROGRAMS

Adult Protective Services (APS): Mandated by the Ohio Revised Code, APS of Hamilton County Job and Family Services investigates reports of abuse, neglect, and exploitation of adults aged 60 or older. APS receives the majority of its funding from the Senior Services Levy.

In the 2017 Senior Services Levy TLRC report, Health Management Associates provided a positive report about the administration, provision of services, and finances of APS. However, those consultants recommended *“One possible improvement might be to track whether... individuals who have cases opened at APS receive other services from various levy programs. This might provide the opportunity to assess whether a reallocation of these funds could produce better outcomes for the individuals served.”* There was no additional information provided about this suggestion in the current levy review.

Of the three agencies who received Senior Services Levy funding for the first time from the 2017 levy, (1) Center for Respite Care; (2) CareStar; and (3) Center for Closing the Health Gap we have already given an overview of Center for Closing the Health Gap and their very new program.

Center for Respite Care continues to use nearly 80% of the funding allotted to them by the levy and would be able to use more, except for the strict interpretation of the age limit that defines “senior” in the federal definition. There is substantial evidence of the increased aging process and shortened lifespan of individuals who spend a significant amount of time homeless or unhoused or in unstable housing conditions. This population is significantly more likely to use emergency medical services, or none at all until their condition is so life-threatening that someone is so incapacitated, that they can only be helped with life-saving or life-ending palliative

care. Because of this, the Center for Respite Care made a good argument for why they would like to extend their eligible population to those 50 and older, rather than 60 and older, as senior is defined. There is a gap here, and while the senior services levy is maybe not the correct levy, funding this organization is very much within the mission of this levy, and Center for Respite Care is an excellent steward of the funding.

As part of this process, the efforts of CareStar came into question, not because of anything that they are doing but because their service is most likely duplication of services offered by a program through COA called Front Door that is state mandated to provide the same services CareStar is providing, and CareStar is reimbursed by COA at the rate of \$33.26 per hour for the services that CareStar provides. CareStar passionately made the case that they are providing in-person and over-the-phone one-on-one contact to seniors who are looking for patient navigation. They reported serving approximately 450 seniors annually and noted they often referred their clients to COA for the menu of services provided through the ESP program. COA and CareStar both reported receiving very few referrals from the Ohio statewide access phone number (OBLTSS) for navigation services but both have the potential of getting a referral from that automated system. CareStar compared their services to the limits of the OBLTSS program, and we completely agree that a local, in-person provider is much preferred by everyone, including the often technologically-challenged seniors. COA, which provides nearly 5,000 monthly contacts to seniors and their families seeking navigation help assured the committee that they too have an in-person response team, who are very familiar with the local services, particularly those who are directly subcontracted with COA.

In the opinion of this subcommittee, CareStar's efforts are duplicative of those offered by COA. The key question here is whether there is a need for someone managing an additional 500 referrals a year to COA's nearly 5,000 per month and if CareStar is providing something so specifically different from COA to receive a special carve out of this levy; and particularly if CareStar is billing/getting reimbursed for these services through COA. Could CareStar be an agency that COA should consider as a vendor of this service, as they do with most of the other provider agencies if there is a need for additional service providers in this area of service? CareStar said their primary referral source is St. Vincent de Paul Charitable Pharmacy, and regardless of whether their services were directly funded through the levy or if they were a subcontractor for a larger provider there is no reason that that would have to change.

OPINION

The TLRC recommends no levy increase for the upcoming Senior Services Levy. We applaud the services being provided and the leadership in all the agencies involved. We recognize the great effort that goes into managing these budgets as they now stand in the increasingly shifting environment. We recommend a mid-levy review to further understand if the last couple of years were an anomaly or if the events of the last three years predict a significant change in costs and ability to deliver services going forward, either in the fact that costs are rising permanently, or if there is a correction found to the limited workforce situation, which would continue to limit the ability to deliver services, no matter how much money is available to fund those services. In either or both cases (increased costs and increased service delivery), the funds available from this levy

will no longer be adequate to meet the level of the need that is in our community and we will have to consider how to address that at the end of this levy. At this time, however, we recommend full support of the existing levy amount.

Thank you for the opportunity to provide this review of the Senior Services Levy. We are happy to provide any additional information and answer any questions you may have.

Sincerely,

A handwritten signature in dark ink, reading "Jenny O'Donnell". The signature is fluid and cursive, with the first name "Jenny" and last name "O'Donnell" clearly distinguishable.

2022 Senior Services Levy Subcommittee
John Silverman
Mark Quarry
Jenny O'Donnell, Chair