Franklin County Office on Aging (FCOA)
2017 1.3 Mill Renewal Levy with .45 Mill Increase Proposal

HSLRC Meeting Minutes
August 25, 2016

The Human Services Levy Review Committee (HSLRC) meeting was called to order by Jesse Hemphill on August 25, 2016 @ 3:13 pm.

ROLL CALL

HSLRC members present: Jesse Hemphill, Denise Bronson, Jerry Friedman, Jean Carter Ryan, Zak Talarek, and Nathan Wymer.

HSLRC members absent: Jim Bowman.

Office of Management and Budget (OMB): Heidi Hallas and Garrett Crane.

County Administration: Ken Wilson and Erik Janas.

Franklin County Office on Aging (FCOA): Toni Carroll, Director, and Amy Funk, Manager of Finance and Operations.

WELCOME AND INTRODUCTION

Ms. Hallas opened the meeting by welcoming everyone and asking all the participants to introduce themselves. Each person in attendance provided a brief introduction.

PRESENTATION OF THE FCOA 2017 LEVY PROPOSAL

Toni Carroll presented an Executive Overview of the levy fact book. The Franklin Office on Aging administers Franklin County Senior Options, which is our levy program. When you hear in the community, I hope you hear Franklin County Senior Options and you know what it is, it's our levy program. I like to thank Heidi Hallas for giving us the template that helped us develop the levy document, which I hope is easy to understand and flows and hits all the important points that the committee needs. I am going to talk briefly about the mission of the office, the need and service utilization, what we've accomplished this levy cycle, and about performance measures and business environment. I'm not going to talk much about the operational needs, because we will have a presentation later in this process from Direct Effect Solutions that is doing the operational reviews. So I'll save most of that for them to present to you.

In Franklin County we're facing the aging of our population. We actually started, the Office on Aging stated planning for this what we are experiencing now back in the late 1980's when we were chosen to participate in a project that was put together by the National Association of Counties in the US Conference of Mayors on the Graying of Suburbia. How we were always a community planned for what everyone knew was coming. The discussions were very future oriented, but the future is now, it's upon us. Given what we know about seniors who are aging and the health problems that can impair functioning, we are recommending to the committee that we place a 1.3 mill renewal of our current levy and a .45 mill increase on the ballot in May. I'm not going to do the financial analysis piece, which will be more for Amy to talk to you about later. I'm going to focus on the clinical aspects and why the things we do are important to our community.

Ohio has the 7th largest older adult population in the nation. When we started building our current system of care back in 1993, long-time care in Ohio was very heavily invested in the institutional side of the continuum. Ninety cents of every state dollar was spent on institutional care. The very meager resources for, particular for low and moderate income, folks who wanted the services they needed to remain at home. So fast forward to 2015, Scripps Gerontology Center out of Miami University has done an analysis

indicating that at this point we are much more balanced in the State of Ohio. It's more like, 50/50 in terms of the balance between institutional care and home care. Much of that is due to state initiatives to do the rebalance, because they really understood that relying so heavily on a institutional continuum was going to bankrupt the state. But Scripps also acknowledges that part of this rebalance is a result of what or described as the assets that the state has in all the counties that have Senior Service Levies. So they are really a part of this rebalance.

I believe that Franklin County plays an important role in helping make that possible for our residents here. What's the mission? The mission of Senior Options is very straight forward is to help older adults maintain their sense of independence, retain a good quality of life and avoid or delay the need for costly institutional care. It is also every older adults' desire to avoid or delay nursing home placement. So there's a strong preference for older adults and their family members to remain at home. The guiding principles of Senior Options are the guiding principles that we developed in part in that initial agreeing of the Suburban project. One that there will be a central entry point, there's a one-stop shop which we maintain. It's answered by a trained individual. It's a very highly thought of way to get into our system. Also, somewhat in a reaction to the Passport Program which serves only folks on Medicaid, a person does not have to in our system spend-down to poverty in order to be eligible for services. We have cost sharing mechanism, so folks are on a sliding fee scale and they pay anywhere from zero percent to 100 percent of the cost of their service care plan. We also wanted a system that would not force a person to go without services until they declined into a nursing home level of care. So we don't require that someone be at that immediate level of care in order to get services. I also wanted to try not to have a cookie cutter approach that we have a diverse set of services that would be made available. We've seen during the last five (5) years, or the five (5) year period from 2011-2015, that we've had a sufficient increase in demand for the services that are provided by Senior Options. And they are fairly standard, fairly well known services. Home delivered meals, transportation, the emergency response buttons, homemaker, respite care, which is relief for a caregiver, personal care, which is bathing and hair washing, and adult day health.

So what's the role of the Office on Aging in this grand design? Office on Aging is guided by the strategic plan that the county developed for their managing for results initiative. You have a graphic in your document that sort of lays out what program are in the lines of business. We have three lines of business: Senior Services, Community Awareness, and Adult Safety.

Ms. Hallas: Page 13.

Ms. Carroll: We have under those three lines of business the following programs: Home and Community Based Care, Customer Service Management, which is the term we use for Case Management, Community Support, Outreach and Specialize Services, Public Information, and Safe Housing. So included in your document is information about each of those programs. The purpose statement, what are all the services that comprise those programs, what's the annual expenditure been and what's the number of people that are served by year, and we are using the five (5) year period, 2011-2015. So I'll highlight a little bit about each of those programs.

In Homing Community Based Care, if you look the expenditures, that is the real budget driver of the Senior Options Program. That's where the service piece is located, and this is where we actually have the services to put in place to help older adults and their families maintain their independence. These services are provided under contract to 84 for profit and non-profit agencies. The majority of those agencies at this point are for profit entities. As time goes by, there are fewer and fewer non-profits in the home care business. The contracts are competitively bid through Franklin County Purchasing. I am hoping that you might have had several months ago the opportunity to follow the Dispatch series on Home Care Agencies. It was really interesting. It's kind of like the Wild West out there. Franklin County for reasons that still aren't clear to me has a whole lot of Home Care Agencies, they're highly competitive, makes our life different because they are always merging, they are always going out of business and then opening up again as another business, it's really wild, and I don't know when that's going to calm down. But it's an interesting arena out there in terms of Home Care Agencies.

Community Support, Outreach and Specialized Services: these are grants to private non-profits. These are specialized services to help older adults improve their ability to live independently. These non-profit services are, I'll just hit a couple of them: things like the congregate meal program through Life Care Alliance, we have specialized programs for older adult refugees, we have some money management services, caregiver consultation, we also provide some support for health related services for those persons who are not eligible for Medicare or Medicaid and for services that are not fully funded by Medicare or Medicaid. We always try and get somebody else to fund it first. You will find in your document also a piece we've developed that describes in single sheet what all the communities support programs are. So you can in a snapshot where the money is going.

Ms. Hallas: Page 20.

Ms. Carroll: That's pretty helpful. I wish I had thought of that, page 20. There's also in your Appendix a worded detailed description about what each of those projects entails, and the target performance measures for each projects. Customer Service Management or Case Management that is a service that is provided by Office on Aging staff. The elements of that service are information and referral which I always say is actually the service that we offer to the largest number of people. It's a quick, many times it's a quick in and out, but people call us. We are still the only accredited I&R aging specialty in the state. We are accredited by the Alliance of Information and Referral Services which is the same entity that accredits Hands On. We're accredit as an aging specialty, so we are very proud of our I&R function. Client Advocacy: this is where someone's not necessarily going to enroll for our services, but they need us to help them with something, and it's going to take some time to help them out. Care Plan Development, assessment and ongoing Case Management account for approximately for 75% of the caseload.

We do work closely with another agency, the Central Ohio Area Agency on Aging, which is part of city government. They do all the initial in-home assessments for our clients. Plus they do care plan development and case management for about 25% of the caseload. These are individuals, not necessarily more frail, but they individuals with very limited support systems. They are not people who have a history of being able to advocate for themselves.

Safe Housing is our minor home repair program. We have staff that does the initial assessment and final inspection. The work is completed by licensed contractors, plumbers, electricians, furnace repair people, etc.

Public Information is our program that works to try and get the word out about what we do in the community, and help people understand that we do have a one-stop shop. If you only know one thing, if you know the phone number, you will have a place to get started. We are always pleased every time they are out at a health fair, church group or out and about. It is done by our staff. It is a small staff of two, but they do a great job. So these are the five (5) programs. Again, you have information, some of them are duplicated client count, and some are not duplicated.

How do we try to meet those needs? We, of course, have our own data on what kind of demand and utilization we have for the services we provide. We also rely on the Scripps Gerontology Center for the projections that they do. They have done projections, with regards to who is likely to need services going forward for all eighty-eight counties. In Franklin County, for the period of 2015-2025, the Scripps Gerontology Center projects a 48% increase in individuals ages 60 and over who will have a severe physical or cognitive disability and a 50% increase for those with a moderate physical or cognitive disability. To give you an idea of what our folks look like, there is a chart in your packets that looks at the functional limitations that the clients currently participating in our system are experiencing. What page is that on Ms. Hallas?

Ms. Hallas: Page 23.

Ms. Carroll: It is important to understand that programs and services are not limited to those individuals who meet a severe or moderate disability definition. However, those do constitute the largest part of the

people we serve. We have a lot of people with really small care plans that only have the ERS button (emergency response system). They would never consider themselves disabled, but they are home alone and have a history of falling, and they wear the pendent when they go down into the basement to do the laundry. We have a lot of those folks. It is $25 per month. It is a real low cost care plan, but these individuals would not consider themselves disabled. They still have a need we could help them out with.

Many of our other programs, such as the minor home repair as well as the community support and specialized services do not require one to be disabled. We are going to experience a significant increases in this community going forward in the number of people who are disabled.

Speaking of the assessment, how do we work with the senior or family member in this assessment process to try and figure out what the service needs are going to be? First of all, is the assessment of the demonstrated need for a particular service? This is done by a staff member. There are also some of the wishes of the client and caregiver taken into consideration. Service availability can enter into the equation. We will talk a little bit later about worker shortages that are making some of the services not as readily available as they used to be. Then there is the cost of the care plan. We use a monthly cost cap. The care plan must fit within the cost cap. As part of the assessment, we are reviewing income and assets so we can place them on the sliding fee scale.

So looking at service utilization, on page 33, will tell you by year how many utilized that service, and what the expenditure was. You will notice that most of the services are showing an increase in utilization. We did have a decline in utilization of personal care. That is reflective of the workers shortage. We are finding ourselves trying to combine two services, so we will only need one worker instead of two if we can. We are shifting as many as we can to our respite care service. You can see that this service is going up, but this is because of the decline of personal care. We also has had a historical fluctuation in adult day health. This is a very expensive service. It is also a service that some family members are reluctant to accept. It makes them feel like they have given up. If you look at the cost, and try to put it within a care plan, adult day care can be expensive. You will note that there are hefty increases in utilization in transportation and home delivered meals.

Our basic demographics over the years have not changed much. (See page 26). These are some basic demographics. We continue to serve a majority of females, who live alone, typically widows. We serve a larger non-white population than what the county represents as a whole. We are mindful of some areas of the community where there is a history of not having good access to healthcare and low-income areas. We want to be sure we stay in these areas. On page 28, we worked with Mid-Ohio Regional Planning to map out where our clients are. This is a map we give the Committee every time we want to do a levy so we can continue to focus on areas that are perceived to be the greatest need. We have a lot of individuals on the south side, Linden area and parts of the west side. I believe we are still in those areas of community most aggressively where we need to be.

Why is it important to what we are doing? In addition to being less costly than institutional care, it also supports one's desire to avoid or delay institutional care. There is also a growing interest and growing acknowledgement that linking the community services that we provide with the healthcare system is really the best path to healthy aging. We see at least two big examples in this community of coming to this realization that these two systems must work together. One is in the Age Friendly Columbus Initiative, which I will talk about later, and the Healthcare Collaborative of Greater Columbus. Stronger social supports lower the risk of physical diseases in older adults. Two of the services we provide are often mentioned as important ones. They are Transportation, it is hard to maintain your health when you cannot get back and forth to the doctor, and food. There is interest, nationally and in the county, around issues of food insecurity for older adults. Ohio is ranked pretty high in Midwest states for food insecurity for seniors. We are happy to be doing work to try and ameliorate this issue.

Looking at this current levy cycle, what did we accomplish? We served as many people we could support financially. We usually get a big bump in the first year of the levy because of the levy campaign itself. We had an 8% increase from 2014 to 2015. Even with the increase, our performance measures stayed high.

Even with high volumes, we still performed well at a reduced cost. The approximate cost of a long term care facility in Franklin County is $6,758 per month. The average cost of home care services plus case management for Franklin County Senior Options was $260 per month.

We had our AIRS Re-Accreditation (Alliance of Information and Referral Systems) for the next five years.

We continued to work with the Central Ohio Area Agency on Aging on the Village to Village Connections. This helps seniors to "age in place." This is typically a membership/grassroots organization that uses volunteers and paid staff to provide access to services, so seniors can stay in the community. We use our dollars to help seniors participate in these models. These Village to Village connections are located in German Village, Southside Columbus Merion Village and will be launching one in the Clintonville area this year. These models offer services that we cannot offer like lawn care and snow removal.

We jointly conducted a needs assessment to cover the entire Central Ohio area with the Central Ohio Area Agency on Aging. The needs assessment gave us Franklin County specific data as well. This collaboration maximizes what we can do for our community. The needs assessment covered ages 55-64 to see if they knew about us, since they are in the pipeline of using our services. We also did a focus group of our non-English speaking communities to see what barriers were out there preventing them from accessing services. Some interviewed said they would rely on family and would not need any services. We also looked at technology. There might be some improvements in communications we might need in the future. Transportation came up as an issue.

We had the opportunity to be on the Advisory Council for a similar assessment being done by the Columbus Foundation and The Osteopathic Heritage Foundation (See Appendix E). The key focus of this research was the identification of the "Senior Vulnerability and Density Map." There is a wide variety of life expectancy depending on what zip code you reside. This study confirms that we are serving in the right places and investing our energy into the right population.

We had a lot of collaborations during this levy cycle. I mentioned the "Age-Friendly" city designation that Columbus is trying to get. The Mid-Ohio Regional Planning Commission is taking the lead. It is a two year plan. You should start seeing some broader surveys about what it is to make people stay in our community. Looking again at transportation, housing, social participation, inclusion, emergency preparedness, employment, and health services.

We also had the opportunity to start a process with the Franklin County Coroner, in what she sees as a serious uptick in suicides among the elderly. In part because of the lack of social connectedness. We are trying to provide services that help them stay connected, so suicide is not much of an option. I anticipate this turning into a community education campaign with particular profession groups that might be in a position to see when someone is in trouble.

We have a great collaboration with the Veterans Service Commission. Since 2011, we have worked closely with the Veterans Service Commission around service needs of veterans who qualify for both their and our services. They do the emergency response systems, minor home repairs and home delivered meals. The home delivered meals might be more than they can handle and we may have to pick up the extra load in the next levy cycle.

We have been able to leverage additional dollars by the collaborations we have had over the years (See page 49-50).

Performance measures (See page 51): This is how we know we are doing a good job. The biggest measure is how we are performing in allowing seniors to maintain their independence. I have to go back to the 2010 census that said that Franklin County did the best job in the State at keeping people at home. We wanted to find out about people who go into nursing homes. We started a pilot project and we are going to expand it. In talking to the family members, we wanted to know if there was anything we could have done to stop you from making that decision. We also wanted to know if having our services help them delay that decision.

91% of respondents indicated that Senior Options helped delay the need for a nursing home and 95% were sure that Senior Options had improved the quality of life for their loved one. Some respondents said they needed 24-hour care and needed services we could not provide. We are putting together a mail survey, so we can continue to gather the information. Our goal is that a person dies at home. We have performance measures with each of our programs in our strategic business plan. They are reported to Ms. Hallas quarterly. In general, we meet or exceed those targets. In our home repair program in 2014 (See page 54) we had a problem getting the projects completed within time standards for a couple of reasons: 1. We were not adequately staff, but we have rectified this issue and 2. We did not have enough contractors, but we have rectified this issue. We were please to get some data from VRI (Valued Relationships, Inc.).

Ms. Hallas: Page 55

Ms. Carroll: During the period 2011-2015, in the lowest year, only 88% of participants used their emergency response device and the high was 93% usage rate. This tells us that we are providing the right service to the right people. It is a high tech, low cost type of intervention. We have technology now that if a person is cognitive, they can push the emergency button and we have fall detectors.

The business environment are the challenges we will be faced in the future. (See page 57) We have been working with a potential grant opportunity, the Accountable Health Communities Model Grant. This is an initiative of the Healthcare Collaborative to address the gaps that exist between clinical health care and community-based social services and trying to make sure they work better together. This grant is zip code oriented, and if we received this grant, we will be working in those zip codes where we are heavily invested. The Hospital Care Transitions is similar notion that social services are important to a person's maintenance of health. Particularly in nutrition, transportation and stable housing. The Central Ohio Area Agency on Aging is doing a project in Fairfield County and we are looking for a funder within Franklin County to see if we can do a hospital care transition in Franklin County because it has done well in Fairfield County.

The challenge for us is helping the people we serve understand the changes happening in Medicaid on the State level. MyCare Ohio is a program for those who are dually eligible for Medicare and Medicaid putting their services into a managed care environment. Part of our challenge is helping our clients understand that they have to choose a managed care provider. It is challenging because case managers will have to become experts. We are transitioning from a 209(b) State to a 1634 State for the purposes of Medicaid eligibility. The Medicaid "spend-down" is going to be eliminated. There will be some individuals losing their Medicaid and some will be eligible for Medicaid. Getting our staff to understand the changes, so they can help their clients will be challenging for us. It will require additional training.

The worker shortage began in 2014 and we are still seeing the effects of this shortage. The reason our agencies could not respond to us quickly is because they did not have the workers. We are being careful on how we are putting our care plans together because of the worker shortage, but it is still going to be an issue for us. We are going to re-bid our services in 2017 and I anticipate that we are going to see an increase in unit rates because the agencies cannot compete in the market place.

Bed bug infestations continue to be an issue. It is a client and worker issue in terms of getting agencies to serve individuals that have bed bugs. We are also trying to educate the public about how not to get bed bugs. The bed bugs are becoming more and more resistant to the products that are available for extermination. It is hard to gain rapport with clients that have bed bugs because case managers are not comfortable.

We are seeing more and more hoarding behavior as well. We have difficult time serving these clients because the house does not have clear pathways. There is a pilot project on the west side with the Environmental Court in the Franklinton area. We are going to continue to work with the ADAMH Board to see if there are any new effective treatments to deal with hoarders.

We are working with Direct Effect Solutions for our operational review. They are looking at people issues, technology issues and process issues. I believe that Direct Effect will be giving a presentation to the Levy Review Committee in September.

We will be getting some new service providers on board when we do the re-bid in 2017. I do anticipate rate increases, but we will try and hold at the current rates as long as we can.

We laid out how we monitor quality. (See page 62) As in every levy request, we will be looking at staffing levels through the budget process. In technology, we will be looking at how we are using our phone capabilities. Direct Effect believes there are capabilities on our phones that we are not using to its full potential. We have concerns about space. There are two agencies in Memorial Hall that are growing and not enough space to grow in.

From a clinical and programmatic standpoint, our recommendation would allow us to keep offering these services going forward, a very modest growth would be the 1.3 mill renewal and the .45 mill increase. This would cost an owner of a $100,000 home an increase of $15.75 a year. I am going to turn it over to Amy Funk to show how we derived at the levy request.

Ms. Funk: The Franklin County Office on Aging (FCOA) fiscal and clinical staff members considered several external factors that impact revenues and expenditures when determining the 2018-2022 levy request. FCOA's revenue has been impacted by HB 153, which was passed in 2011. It accelerated the phase-out of both the Tangible Personal Property Tax and Public Utility Deregulation Replacement revenues. As a result, FCOA is projected to lose an additional $753,000 between 2015-2018. Another reduction in revenue is the Older Refugee Discretionary grant. It has been eliminated in 2016. These grant funds originated in the U.S. Department of Human Services. These funds helped refugee seniors to access social, medical, and actualization services in Franklin County. In 2015, the amount of the Older Refugee Grant was $50,872.

In addition to these external revenue factors, FCOA had to consider the growth in enrollment of the current levy cycle and the significant anticipated growth of Franklin County's senior population. FCOA experienced a 45% increase in enrollment from 2006-2015.

Scripps Gerontology projects an increase in the number of seniors with moderately and severe physical and cognitive disability. Census data from 2010 indicates that there were 170,455 people aged 60 and older in Franklin County. This is a 23% increase over the 2000 census. Scripps estimates an additional 37% increase in the age 60+ population by 2020. From 2010-2025, Scripps projects a 48% increase for those 60 and older residing in Franklin County with a severe physical and/or cognitive disability and a 50% increase for those with a moderate physical and/or cognitive disability. Although not all elderly seniors will want or need services from Senior Options, frail seniors without a support system will be at risk for institutionalization without publically funded services. Senior Options participants are part of an identified vulnerable group of seniors, older females living alone. We also serve a disproportionate number of non-white seniors who have historically had poor access to health and social services.

After considering all of these factors, the FCOA reviewed two scenarios for the 2018-2022 levy request. The first scenario increases the mill by .3 mill to a 1.6 mill levy. The second scenario increases the mill by .45 mill to a 1.75 mill to meet the expected increase in demand for services.

The first scenario FCOA considered was a 1.3 mill renewal plus a .3 mill increase. There are two five (5) year cash flow statements of this 1.6 mill levy request that are located on (See page 85-86). Page 85 shows the actuals and remaining projections for the current levy cycle and Page 86 shows the projections for 2018-2022. In considering the 1.3 mill renewal plus .3 mill increase, this would require consideration of program design features that differ from current and historical practice. Components of Senior Options such as, enrollment methodology, co-payment approach and community education would need to be revised. With reductions in revenue and growing demand for services, a 1.6 mill levy would not support the projected enrollment for Senior Options (See page 69). Additional enrollment would need to be closed down during

2017 until a target is reached that could be maintained. Meaning, during 2017 no new seniors would be enrolled and participants would only be dis-enrolling. This would also assume that there is no growth between 2019-2022. Enrollment would be limited beginning in 2019. Enrollment would be balanced with the "natural disenrollment" of seniors out of the program. For example, if 200 people left the program in the fourth quarter of 2018, then during the first quarter of 2019, only 200 new seniors would be enrolled. When that number was reached, enrollment would cease for the quarter. Rather than begin assessment whose data would not be current at the time of completion, it is anticipated that callers needing services would be given a date on which they should call back in to begin their assessment process. Given that there has been some cost-shifting from other funding sources such as, Title XX and United Way, there is a lack of resources for low-income seniors. FCOA would like to focus on those most at risk financially, which could mean a declining enrollment of those with higher co-payments. Grants to non-profits would be maintained and increased annually using the Consumer Price Index for All Urban Consumers. Community services would become more critical as meeting the needs of seniors would shift away from Senior Options and onto underfunded neighborhood agencies. Assistance to the VSC for home delivered meals would be eliminated. FCOA would focus on its I&R function for community education. Seniors and their families will need assistance understanding the new Senior Options and will need assistance with linkage to other limited resources. This enrollment closure strategy and services reductions in light of the anticipated demand for senior services would be a challenge to interpret to the community.

The second scenario FCOA considered is the 1.3 mill renewal and .45 mill increase. There are two five (5) year statements of the 1.75 mill levy (See page 82-83). Page 82 shows the actuals and remaining projections for the current levy cycle and Page 83 shows the projections for 2018-2022 of this levy scenario. In considering a 1.75 mill levy, this scenario would enable FCOA to respond in a reasonable manner to the needs of seniors in our community. Passage of this levy will support the anticipated growth in 2018 with modest growth in 2019-2022. This levy will also maintain the availability of Senior Options provide a range of home and community based services, customer service management, minor home repair, community awareness efforts and specialized services to designed to fill the gaps for those in need. These services could not be preserved for those in need without moderate growth in a senior services levy. The informal care system of friends, family, neighbors and churches will not be able to support the services the levy provides. Those older adults lacking in informal support system may enter into institutions voluntary or through court order. Without these services, quality of life of those in need will diminish. The commitments for the senior services levy for 2018-2022 are: to serve as many seniors as possible with existing resources; to make every effort to avoid closing down enrollment; to maintain a central entry point, one-stop shop, for Senior Options; to continue our focus on service quality; and enrollment will focus upon serving the diversity that represents Franklin County's older adult population.

Looking back at our levy history, since our first levy in 1992 (See page 72) the senior levy has gotten strong support.

The financials section begins on Page 74. The pie chart shows that FCOA have four (4) sources of revenue: Levy funds, Federal funds, Local funds, and Client co-payments. No State dollars for ongoing operations are available or received, since no State mandated services have been provided using levy dollars. Levy funds make up the largest part of funds, consisting of 94.4%. The Franklin County Auditor assess evaluation for Fiscal Year 2015 was $26.6 billion. A property tax levy renewal in 2017 would be calculated upon this figure and would generate approximately $46.6 million annually (See page 84). Levy revenue is based upon a 97% collection rate. FCOA is also projecting a slow growth in new construction and has included a conservative .5% annual increase in levy revenue for this levy cycle. The collection would begin in January 2018.

Client co-payments is the second largest revenue and makes up 3.6% of total revenue. Participants in Senior Options are placed on a sliding fee scale based on income and liquid assets. The co-payment can range from 5% to 100% of the care plan cost.

Federal funding makes up about 1.3% of total revenue. These funds include funds from the National Family Caregiver Support Program and generates approximately $230,000 annually. This grant is authorized by

Title III-E of the Older Americans Act and provides core, support services and emergency supplemental services for caregivers. Another source of federal funds is the Nutritional Services Incentive Program. It is administered by the Administration for Community Living for the purpose of reducing the hunger and food insecurity of the elderly. This program is funded through Title III-C of the Older Americans Act and provides access to healthy meals, nutrition education and nutrition counseling for older adults. The funding for this program is expected to generate approximately $150,000 annually.

The last category is local funds, which makes up .7% of total revenue. FCOA has partnered with VSC to provide qualified veterans with emergency response devices and minor home repairs. This generates approximately $300,000 per year in reimbursements.

There has been no replacement of revenues lost in the tangible personal property tax, Title XX or United Way for senior programs.

On top of Page 77, you will see an expenditure pie chart. It shows the six categories that drives FCOA annual budget. These categories are: Personal Services; Fringe Benefits; Materials and Services; Capital Outlays; Grants; and Social Services. Social services account for 75.8% of total expenditures. This captures the homecare service costs. These costs are projected on client enrollment and average care plan costs. Looking at the projected client enrollment on Page 78, we project a 4% increase from 2017-2018 and a 3% increase from 2019-2022. An average monthly care plan cost is on Page 79. In 2015, the average monthly care plan costs $185.74 compared to an estimated monthly cost of $6,758 for institutional care. Due to the VSC being burdened with unanticipated financial obligations, FCOA is projecting a $100,000 annual commitment starting in 2018 to support the rapid growth of veterans needing meals.

Personal Services makes up 8.8% of total expenses. This category includes 79 full-time employees. FCOA delayed in hiring its case management team until July of 2016. The ramp-up anticipated in 2013 was not experienced until 2014, however there was no office space made available for the team when it was needed. Due to the delay in hiring, FCOA had approximately a $1.8 million in savings during this levy cycle. If enrollment projections are met and adequate office space is made available, an additional case management team of seven case managers and a case manager supervisor will be included in 2020. This will bring the staffing level to 87 full-time employees in the next levy cycle. The 27th pay, which occurs every 11 years, in also included in 2020. Four case managers and a supervisor at the COAAA have also been included in the 2019 projection to handle the in-home assessments for the anticipated increase in enrollment.

The Grants category makes up 8.7% of total expenses. FCOA grant program involves funding for 31 private non-profit agencies that provide 44 specialized service programs for older adults. In 2016, FCOA included $60,000 for the expansion of the Village Connections Project into the Clintonville community, as well as the Catholic Social Services' Friendly Visiting Program. FCOA has included annual increases for these 31 grants using Moody's Analytics forecasted CPI-U.

The Fringe Benefits makes up 4.2% of total expenses. Franklin County is projecting a 16% increase in employee healthcare costs from 2016-2017. The County is also changing the plan year from April through March to January through December beginning in 2017. FCOA has projected an 8% annual increase in healthcare cost for 2018-2022.

The Materials and Services makes up 2.6% of total expenses. Annual increases are based on CPI-U forecast.

The Capital Outlays usually makes up less than 1% of total expenses. These are purchases of equipment with a cost of $5,000 or more and a useful life of more than one year. These costs should be minimal in the next levy cycle.

See page 83. The ending cash balance at the end of 2022 is projected to be $14.9 million. This cash reserve is slightly higher than the three-month average expenditure requirement of $12.8 million. FCOA's proposed ending cash balance will allow the agency some flexibility to cover any additional funding losses, cover any unanticipated expenses and meet any unforeseen demand.

In closing, the FCOA recommends a levy request of 1.75 mill five year levy be placed on the May 2, 2017 ballot. This 1.3 mill renewal plus a .45 mill increase. This levy will cost a homeowner of a $100,000 home $55.45 a year, which is an annual increase of $15.75 over the current levy.

Ms. Ryan: I really appreciate the way the book was laid out and it was very helpful. I am sure we will have plenty of discussion about the level of increase.

Mr. Hemphill: I think you and Ms. Funk did a great job. You both knew the material. Did we skip the agenda item for the election of officers?

Ms. Hallas: We did, but we can do it next after any questions and answers. We will have more discussion at our next meeting but if you have any now that is fine.

QUESTIONS & ANSWERS

Ms. Ryan: Toni, I know we're the 7th largest older adult population in the country, how is Franklin County compared to urban counties? I am assuming probably one of the younger. Is that true?

Ms. Carroll: We are the youngest of the urban. I think Cleveland is obviously an older population, and they are working on developing their Senior Options program. They are going to come down and visit us in a bit, so they can figure out how to do their Options program out there. There's already one also operating in Hamilton County. I can't quite remember how we compare to Hamilton with regard to demographics. But you are correct; we are not the oldest urban area in the state.

Ms. Ryan: I think this is important because this is probably aggregate numbers of the people that we are serving that are in the category that you are pulling out.

Mr. Hemphill: What percentage of the eighty-eight counties have levies that were funded?

Ms. Carroll: You know, I'll track that down. It increases all the time. I wanting to say maybe over 60 now. When we started back in 1992, we were the first urban and we were followed by Cincinnati. Cleveland was doing something a little different. But now they want to go a somewhat of a Senior Options model. They are going to come down and visit us, but the nice thing about Senior Levies is they are appropriately fitted to the local communities. Delaware County came after us and we worked with them to put their program together. So I'll research that. We don't have and we actually need, we don't have an association, we need to have an association of levy agencies. The Department of Aging I think maintains that book. But I want to say there are 60, there at least 60 of the eighty eight counties that do, and maybe more.

Ms. Ryan: I am getting a little confused. I am looking at the Customer Services Management, on page 16. So we have the amount of money we put towards that, and the number of seniors served, and I&R stands for Information and Referral, and Advocacy. So, these numbers are 15,200 contacts?

Ms. Carroll: Yes. The I&R number could reflect more than one phone call per person. The Advocacy is an unduplicated count. With I&R, you can have people calling multiple times. We hope that is the case because we want to establish a good reputation and rapport with people so they will call back. The Advocacy piece is an unduplicated client count.

Mr. Wymer: So the 13,797, in a sense, what is the real number? This 13,797 number could be someone counted twice?

Ms. Carroll: We do not know sometimes who is calling. Someone might call about housing. We do try when we are doing quality control to get people to let us send them a postcard so we can get their name and address. People do not have to spill their guts in order for us to help them get a question answered.

Ms. Ryan: Can you help us understand. The percent of participants (pg. 23) are those who have found their way into your office?

Ms. Carroll: Anyone who is enrolled into our program. I use the participant terminology rather than client because no one wants to be a client.

Ms. Ryan: Going back to this functional limitation, are these a self-assessment or an assessment done by the agency.

Ms. Carroll: Assessment done by the agency.

Mr. Hemphill: What is that cap?

Ms. Carroll: Right now, it is $1,000 a month.

Ms. Ryan: Are you assuming that because where people cannot afford to do this on their own?

Ms. Carroll: It is part of that, plus we have intentional outreach in those areas. Some people do not come forward, even if they can afford the services. It is hard to ask for help. It can be very intimate. We do a lot of outreach. We work with the neighborhood organizations to try and be sure that anybody who needs the services and can benefit are aware and have the option to come forward if they want to.

Mr. Wymer: Are these demographics the norm?

Ms. Carroll: Yes. In most programs you will see females living alone. I believe there is something in your packet about the study Scripps has done with the state and we are in line with that. We are intentional about trying to looking at non-white population. We do a lot with the refugees and the Asian community.

Mr. Wymer: I guess that goes to my question about the race demographic. 6% is other and we are serving more whites than African American.

Ms. Carroll: Correct, but the African American community in the county is 13% and we are service 39%. I feel very good about that.

Mr. Friedman: The copayment, is that based on income stratification?

Ms. Carroll: Income and liquid assets. Monthly income and liquid assets.

Mr. Friedman: Do you have a stratification of how many fall into each income category?

Ms. Carroll: Yes.

Mr. Friedman: When does the copayment apply? At what percentage of property?

Ms. Carroll: Right now, it starts applying around 100% poverty level. I believe the poverty level for a single person is $11,700. I think our starts at around $12,000.

Mr. Friedman: Does that apply across all services?

Ms. Carroll: Yes, all the enrolled services. The ones that goes out to private non-profit, most do not have a copay.

Mr. Hemphill: So, the model for providing services that each senior enroll, are they provided a case worker to help them manage the care plan and services?

Ms. Carroll: Yes, that is our customer services management division.

Ms. Ryan: Food insecurity for seniors. Does this mean they do not have enough food?

Ms. Carroll: They do not have enough food, it has been a long time since they have eaten and do not know where the next meal is going to come from or whether the meal is going to be fully nutritional.

Ms. Ryan: Is there an alternative issue, that a lot of the older population are less interested in eating? Even if you bring them food, they are less likely to eat it. The nutrition issue is a big issue.

Ms. Carroll: It is a big issue. I try to encourage as many people as possible to get out to the congregate dining centers because I think it will make it much more likely they are going to eat. They are interacting with people and they are not isolated. There are barriers to getting people to congregate dining. We do a big home delivery meal as well but we do have a strong congregate dining center.

Mr. Friedman: Where does the congregate dining show up in this packet?

Ms. Carroll: It is one of the community support and outreach specialized services. It is in the chart way back.

Ms. Hallas: Page 20.

Mr. Hemphill: What percentage of the clients served would need meals? Home delivered or congregate dining. Is it 100%?

Ms. Carroll: No. The congregate clients are not enrolled and are not clients of ours per se. I would say that those that are enrolled, it is over fifty percent get a meal a day. Some get seven days a week meal if they are alone. If they have family, their family might provide meals on the weekend but do not provide meals during the week. We do a lot of meals.

Ms. Ryan: Is AIRS a federal association?

Ms. Carroll: The Alliance of Information and Referral Systems accredits aging specialty.

Ms. Ryan: Why did you target those two areas (Clintonville, Merion Village)? When I look at your map (See page 28) is there less usage in those two areas?

Ms. Carroll: These are just where the community was ready. We did not go to them, as much as they came to us. They wanted to develop something. That is why it is so great. They were developing what they thought their community needed. We wanted to make sure they were serving areas we had an investment in. Clintonville is a significant part of our community where folks are aging in place.

Mr. Hemphill: You mentioned that there was some degree of coordination between Franklin County Office on Aging and the Central Ohio Area Agency on Aging. There is a state agency as well.

Ms. Carroll: The Department of Aging.

Mr. Hemphill: What is your coordination between the three agencies?

Ms. Carroll: We do not work much with the State. With the emergence of the Office of Health Transformation, and the things going on with Medicaid, the Department of Aging does not have the same lines of businesses it once had. We are very coordinated with our local Central Ohio Area Agency on Aging on many projects. We work with them on the case management of our Senior Options clients. It is not uncommon for us to be funding partners.

Ms. Ryan: What does Senior Options do with transportation? Do they make referrals?

Ms. Carroll: If someone can use COTA, we want them to use it. We do small group transportation that uses vans. We do a lot of taxi business. You name it and we are doing a lot of it. It is one of the biggest services we provide for people.

Ms. Ryan: Will VSC reimburse you for taking the home delivered meals they cannot handle?

Ms. Carroll: No because they do not have the dollars. They are reimbursing us for the emergency response systems and minor home repairs. They are doing their own home delivered meals, but if it continues to grow they are going to have to send them our way.

Mr. Friedman: What is the Nutritional Services Incentive Program? Where does that come from?

Ms. Carroll: It is an arrangement between The Administration on Aging and the United States Department of Agriculture for some reimbursement that comes from some of the food that gets used for the home delivered meals and congregate dining.

Mr. Friedman: It's federal money?

Ms. Carroll: Yes.

Mr. Hemphill: On page 50, there is a grand total of $12,219,679.41, is that the amount received from these collaborations?

Ms. Carroll: Collaborations or other leverages. Collaborations is part of it, client copayment is part of it, and we also saved some money by delaying hiring our case management team. It is a variety of things.

Mr. Hemphill: Is this over the five year levy cycle?

Ms. Carroll: It is not the levy cycle, but the period of 2011-2015. So it overlaps levy cycles.

Ms. Ryan: Are we using Franklin County Senior Options and Franklin County Office on Aging synonymously?

Ms. Carroll: The Franklin County Office on Aging does more than just Senior Options. Franklin County Office on Aging is the agency. We also do Adult Protective Services, which does not receive any levy funding. Franklin County Senior Options is the program.

Ms. Ryan: Everything funded through the levy is Senior Options?

Ms. Carroll: Yes.

Mr. Hemphill: Who pays the $25 per month?

Ms. Carroll: Franklin County Office on Aging, unless the person has a copay. If so, they pay a portion of the $25. For a zero percent person, they are not going to pay. For a 100% person, they are going to pay the full amount.

Ms. Ryan: Direct Effect will have completed their review and share their recommendations with us?

Ms. Carroll: That is my understanding.

Ms. Ryan: We are currently a third of the way through the Scripps projections between 2010-2025. Do we know the actual numbers of the increase of seniors 60 and above in Franklin County?

Ms. Carroll: I do not think they have done any more than those projections, but I can check to see if they have done anything more recent.

Ms. Ryan: It would be good to know if those numbers are on track with what they are projecting.

Ms. Carroll: We do not pay for this data because they are working for the State, but I will check for more recent information.

Mr. Friedman: We talked about social determinants of health and delaying the deterioration of someone's health. What are the opportunities for Senior Options to interact directly with the individuals' medical care providers at a case level? Is there an opportunity for some coordination?

Ms. Carroll: Right now we do not have that coordination. As I am sure you are aware, the healthcare system and the social services system do not play well together. That is what I am hoping in the next levy cycle, with COAAA, to move forward in some type of hospital transitions. Having a closer relationship with the physician and making that link. It is clear that we are not doing so effectively now. People are being discharged and are coming right back because they are not getting linked up with transportation, meals, and the things that will make their recovery better. There is a wonderful opportunity in this community to do so.

Mr. Friedman: When I think about where the opportunities are, you mentioned Healthcare Collaborative Greater Columbus, they have a project called Medical Neighborhood where they are connecting social services and medical systems to communicate without breaching HIPAA.

Ms. Carroll: We are a partner in that effort. We are getting referrals through their system. I think it is an exciting time for this, but we are not there yet. Since we have a strong levy program and PASSPORT program, it is excited to be looking at these areas.

Mr. Friedman: A second level is dealing with the hospitals and health systems. The ACA requires hospitals to do community assessments and to focus their funding. I was curious to know if you have made a pitch that some of their charitable funds be used for seniors. Secondly, it is in the hospital's best interest to delay a readmission. I would think that there would be some way the hospital could underwrite it. Right now, the hospitals get penalized for a readmission within 30 days.

Ms. Carroll: That is exactly what I think should happen as well. Cindy and I have had some conversation recently trying to interest a funder in doing a pilot with a hospital so they can be convinced that it is worth their investment. We have not gotten any funders yet, but we are not going to give up.

Mr. Friedman: Structurally, it strikes me that you do not have any intermediaries like the other agencies have. You do not have a board that could communicate at that level. I wonder whether the Commissioners could serve in that capacity to kick it up a notch, so you have that conversation more realistically about what the community needs to do in terms of stepping up on these issues. We are talking about a 37% increase in costs to a homeowner. From $40 now to $55, it looks like a big number when begin looking at growth rate.

Ms. Carroll: It is a small levy and it is a small number.

Mr. Friedman: Another issue, I think for this committee, as we look across all the agencies and talk about suicide prevention, why is ADAMH not at the table.

Ms. Carroll: They are at the table. It is a collaborative. A lot of the suicide prevention entities and Netcare are at the table. That is why I think it will develop into a community effort that we all are going to be working on together.

Mr. Friedman: I do appreciate your presentation. It was very informative and we have some work to do trying to digest all the information.

Mr. Hemphill: Is Direct Effect Solutions local?

Mr. Wilson: Yes. They have worked with the Columbus Metropolitan Airport Authority, Franklin County Public Health and other agencies around town.

Mr. Hemphill thanked the Franklin County Office on Aging and Staff for their time in preparing the levy fact book and presenting the request to the Committee.

ELECTION OF HSLRC CHAIRPERSON

Mr. Hemphill was elected chair of the HSLRC through a consensus vote.

CLOSING REMARKS

The next HSLRC meeting will be held Thursday, September 15th from 3:00-5:00pm at 373 S. High Street, 26th Floor in the Briefing Room.

Franklin County Office on Aging will meet again with the HSLRC on Thursday, September 29th for further discussion related to the levy request and have a presentation by Direct Effect Solutions, Inc. Mr. Wilson will provide a bio of Direct Effect Solutions to the committee. Ms. Hallas will send the HSLRC questions to Franklin County Office on Aging in advance of the meeting.

Nathan Wymer made a motion to close the HSLRC meeting and Denise Bronson seconded.

The meeting was adjourned at 5:04 pm.