

Performance Evaluation & Innovation (PEI) 2018 Statistical Performance Report



Division of Senior and Adult Services (DSAS)
Department of Health and Human Services
March 2019

Cuyahoga County
Together We Thrive

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Executive Summary

The 2018 Division of Senior and Adult Services (DSAS) Statistical Performance Report's purpose is to provide a snapshot of the services provided by DSAS, examine 5-year caseload trends, and identify key issues for each program.

In the last five years, client enrollment has increased by 6%. From 2017-2018, the increase was only 3%. Increases and decreases in client counts and provided services are dependent on a variety of factors, including available funding for contracts and services; marketing and outreach efforts; client needs; and regulatory requirements. For example, the increase in client count for the Community Social Services Program (CSSP) over the last five years is largely attributable to an increase in the number of contracts, while the increase in client count for Adult Protective Services in the last year is at least partially explainable by the change in the Ohio Revised Code in 2018 that expanded the definition of "mandated reporter".

DSAS serves only a fraction of seniors in Cuyahoga County. Based on U.S. Census data in 2018, approximately 222,000 people in Cuyahoga County were age 65 and older. Not counting the DSAS Centralized Intake Line, DSAS served less than 12,000 clients in 2018. Services are provided in every community in Cuyahoga County. More than 500 clients were enrolled in multiple DSAS programs.

The need for DSAS services is expected to increase based on population trends. According to data compiled by the Center for Community Solutions, 31% of the Cuyahoga County population by 2030 will be 60 years of age and older. The 2017 Profile of Older Americans conducted by the Administration for Community Living indicated that the percentage of the population aged 65 and older increased by 22.4% in Ohio from 2006-2016.

For many seniors, DSAS provides services that are critical to provide basic needs and enable them to remain living independently. Nearly 60,000 face-to-face visits were made by DSAS staff in 2018. The DSAS Home Support and Options for Independent Living programs offer subsidized home-based services to keep elderly and disabled citizens living independently. For the Options for Independent Living Program, 26% of active clients at the end of 2018 had been receiving services for six or more years; for the Home Support program that number was 20%. Adult Protective Services offers a safety net for the most vulnerable seniors at risk of abuse and exploitation. The Information Services program connects clients to supportive benefits, and the Community Social Services Program provides safe places for meals, transportation to run errands and attend community events, companionship, and activities.

The data provided in this report confirms the vulnerability of the clients served by DSAS. More than 2,000 nutrition risk assessment screens were conducted in 2018 and 61% of those indicated high food insecurity issues (up from 55% in 2017). Through the CSSP Congregate Meals, Options for Independent Living Home-Delivered Meals, and the Euclid Senior Center Food Insecurity Program, more than 224,000 meals were provided. Nearly 400 Falls Risk assessments were conducted by the DSAS Home Support program and 40% of those indicated the client was at high risk for falls. For Adult Protective Services, 45% of all allegations were due to client self-neglect. DSAS also provided emergency funds such as rent, furniture, utility and medical supplies in the amount of \$132,961.

Program Description

DSAS Centralized Intake Unit provides seamless intake services through the Centralized Intake phone number, (216) 420-6700 “One Call Does It All”. Seniors and adults with disabilities who call this number speak directly with a DSAS Centralized Intake social worker, who assesses their needs and refers them to the appropriate DSAS program. The Centralized Intake Unit became fully operational in January 2014. *Adult Protective Services (APS)* is a state-mandated service whose purpose is to protect and assist adults who may be victims of abuse, neglect, self-neglect, and exploitation. APS is mandated by the Ohio Revised Code (Section 5101.60 and 5101.71). *Home Support* provides home-based personal care (such as assistance with bathing, dressing, and grooming) and homemaking (such as light housekeeping and laundry) to high-need clients.

Options for Independent Living serves seniors and disabled adults with limited income and need help coordinating and financing their multiple home care needs. Eligible participants must not qualify for Medicaid Waiver services. Services include: Medical Transportation; Emergency Response System; Personal Care; Homemaking Services; Home Delivered Meals; Chore; Grab Bar; and Case Management. *Information Services Unit* improves the economic well-being of seniors and disabled adults by helping them to navigate through, link with, and enroll in the complex network of social service benefits. *Bed Bug Extermination Program* is contracted through Terminix to provide bed bug removal services for income-eligible seniors. *Community Social Services Program (CSSP)* allocates funding to 39 community providers/senior centers to reduce isolation and loneliness of seniors which will lead to improved overall health. Services provided include adult development services, congregate meals, adult day services, and transportation. A licensed social worker provides *Social Work Counseling* to Waiver clients.

The Senior Center Innovation Program began in 2017, when Cuyahoga County awarded two grants to promote innovative and collaborative models for senior centers. Four grants have now been issued. The One Call for Wellness (OCFW) provides an innovative and cost effective “one-stop-shop” model of service to reach older adults in Cuyahoga County delivering evidence-based and evidence-informed programs focused on health and wellness. The Communities Assisting Residential Elders (CARE) focuses on enhancing safety through minor home modification, repairs, maintenance and other tasks which would enable older persons to remain safely in their homes. There is also the University Settlement Paramedicine program, and the Food Insecurity program through the Euclid Senior Center. *The Smoke Detector Distribution program* is a collaboration between the Cuyahoga County Division of Senior and Adult Services and the Vanguard of Cleveland that provided specialized smoke alarm systems. DSAS collaborated with the Vanguard, who offered to install the devices for free. *DSAS Food Pantry* is a collaboration with the Cleveland Food Bank and the *Holiday Food Baskets* were a partnership with Save-A-Lot.

Program History

The Division of Senior and Adult Services (DSAS) was officially established as an independent agency on March 30, 1992. The *mission* of the Division of Senior and Adult Services is to empower seniors and adults with disabilities to age successfully by providing resources and support that preserve their independence. The *vision* of Senior and Adult Services will demonstrate a leading model of government collaboration within the community, provide needed supportive services for seniors and adults with disabilities, and strive for continuous improvement by measuring key performance outcomes.

Findings

DSAS Client and Services Count

Table 1

Clients Served	2014	2015	2016	2017	2018
Centralized Intake	18,345	19,346	18,257	18,245	18,982
Adult Protective Services	2,014	2,028	2,390	1,944	2,338
Home Support	518	422	571	547	530
Options for Independent Living	1,477	1,558	1,558	1,490	1,468
Information Services	5,299	4,642	4,499	3,389	3,211
Community Social Services Program	1,414	1,900	2,764	3,441	3,520
Counseling Services*			18	33	34
Bed Bug Extermination Program**	23	62	94	154	124
DSAS Food Pantry/Holiday Food Baskets**				220	154
Senior Center Innovation Grant**				400	1,500
Smoke Detector Distribution Program**					34
Totals	29,090	29,958	30,151	29,863	31,895

* Data unavailable for Counseling program in 2014-2015 ** Programs where no data is provided is due to the program not being operational in those years

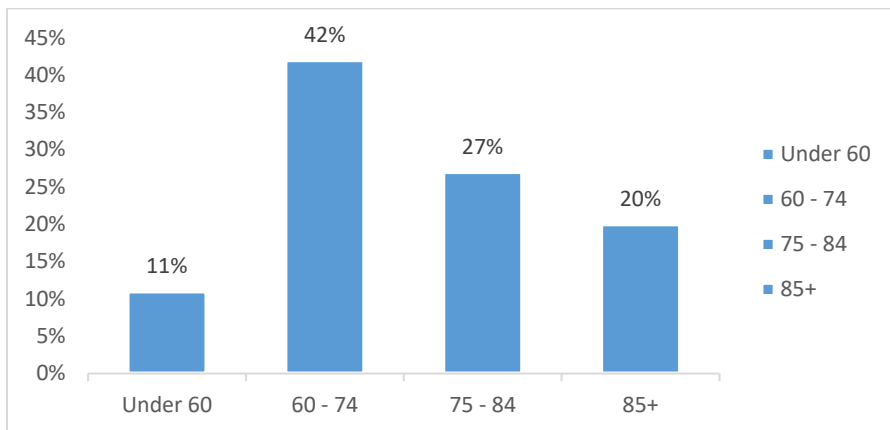
Table 2

Services Provided	2014	2015	2016	2017	2018
Adult Development	168,840	183,477	237,035	245,137	270,459
Transportation (1-way rides)	109,786	114,058	132,632	132,030	144,472
Congregate Meals	43,652	69,908	75,251	62,096	75,780
Home Delivered Meals	94,037	113,565	100,285	119,023	147,368
Adult Day Services	2,415	1,106	1,209	1,506	1,421
Homemaker Services***	76,968	80,397	86,927	80,753	89,526
Emergency Response System (Number of clients)****	700	1,168	1,147	891	926
Personal Care Assistance	8,809	9,278	16,474	14,978	15,586
Medical Transportation (Number of 1-way rides)	4,159	5,940	6,302	7,844	8,765
Chore Services (Number of clients)****	68	60	40	70	27
Grab Bar Services (Number installed)****	58	50	21	28	17
Totals	509,492	579,007	657,323	664,356	754,347

*** Includes counts for both the Home Support and Options for Independent Living programs **** For these programs a "client" equals a "unit of service"

DSAS Demographics

Figure 1-Age



- In 2018, DSAS served 20 clients age 100 or older
- In 2018, DSAS served 446 Veterans

Figure 2-Gender*

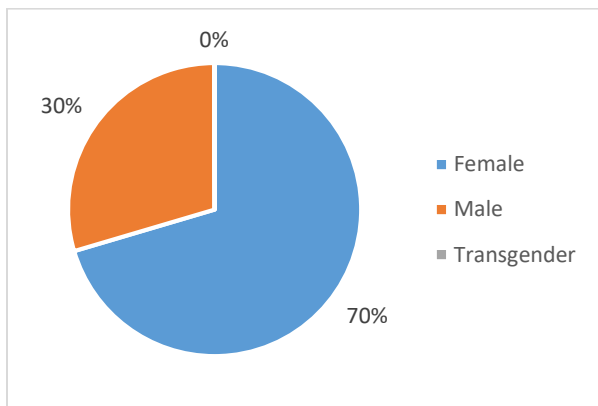
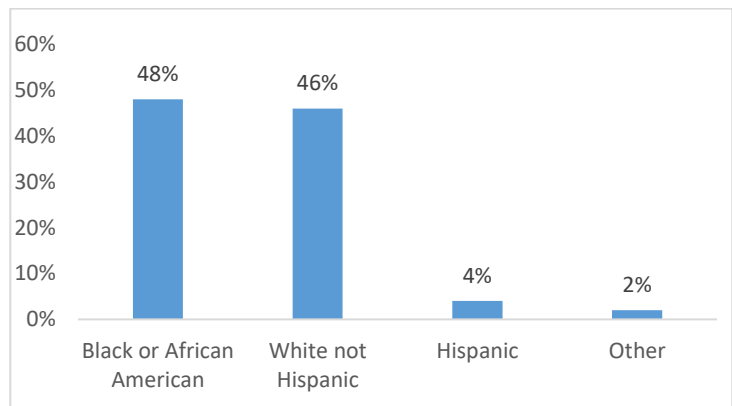


Figure 3-Race



*DSAS served 5 transgender clients in 2018

Figure 4-Living Situation

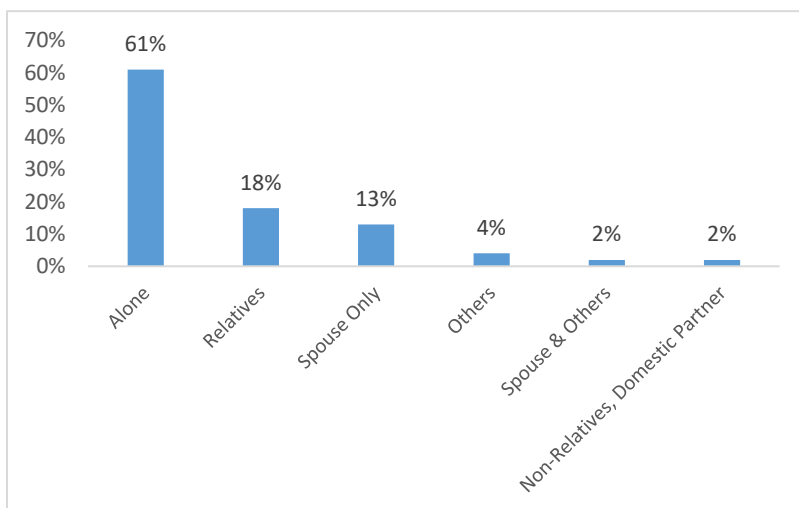
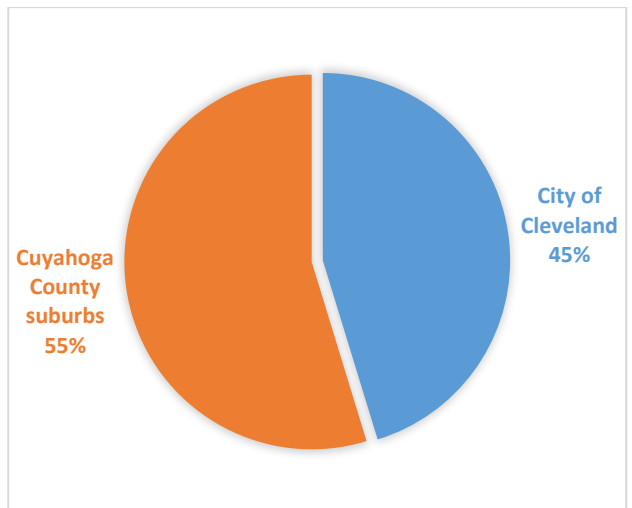
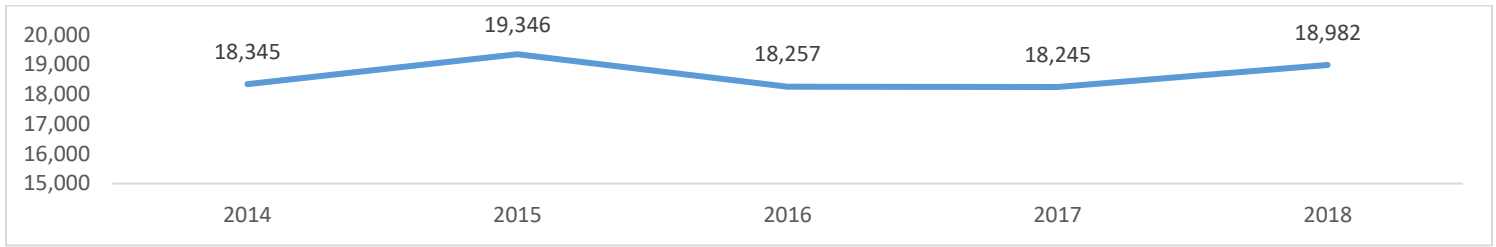


Figure 5-City of Residence



Centralized Intake Unit

Figure 6-Number of Calls Handled by the Centralized Intake Unit 2014-2018



Average speed of answered call: 21 seconds

Figure 7-Top Reasons for Contacting the DSAS Centralized Intake Line

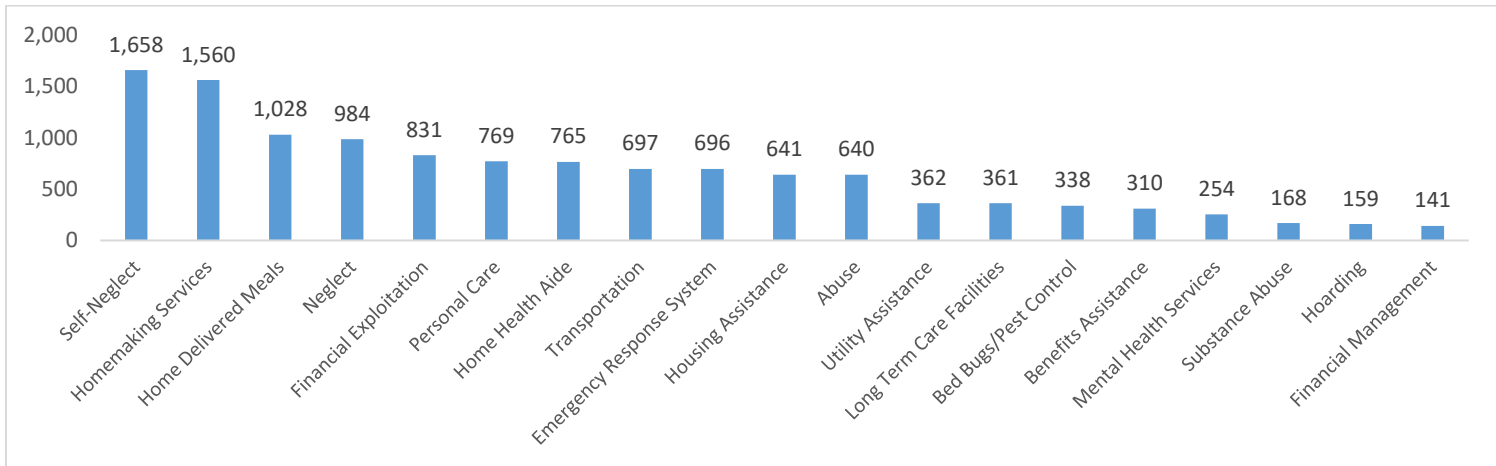
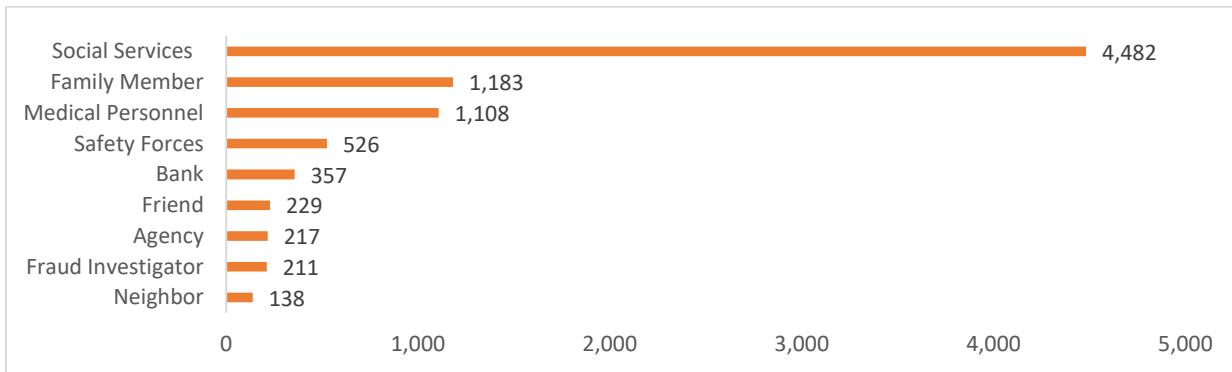
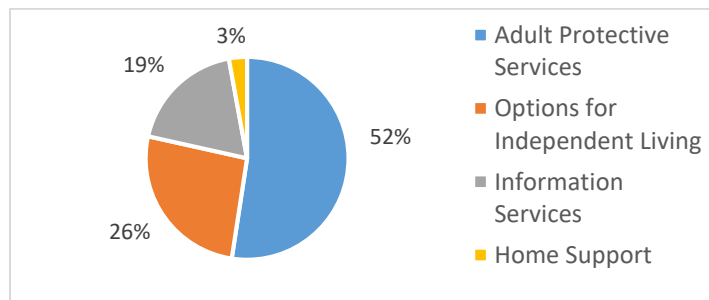


Figure 8-Relationship of caller to client



- United Way 211 made 1,233 referrals to DSAS in 2018

Figure 9-Referrals to DSAS Programs by the Centralized Intake Line



Adult Protective Services (APS)

Figure 10-Number of Cases

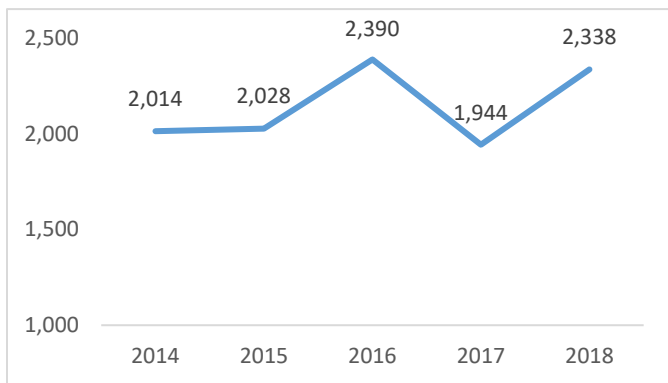


Figure 11-Allegations

(Cases may have more than one allegation)

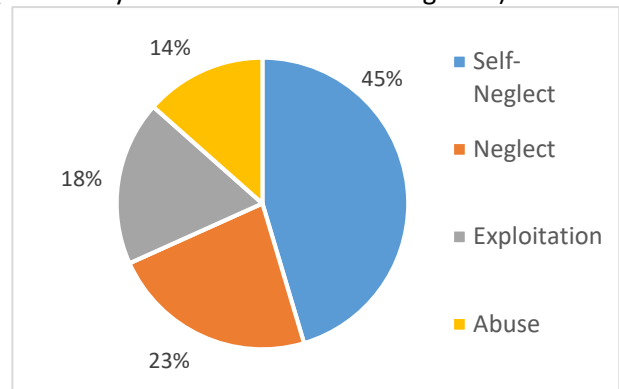
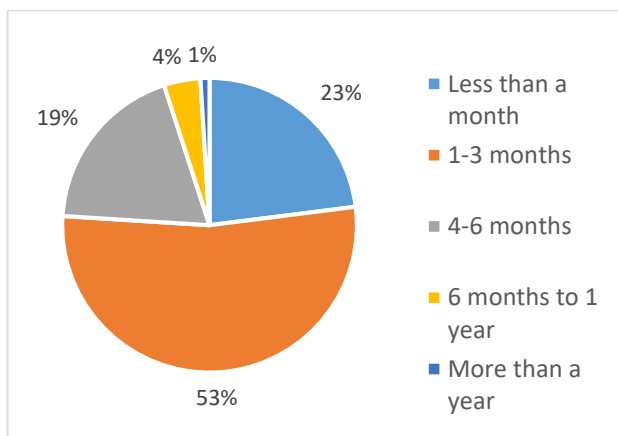
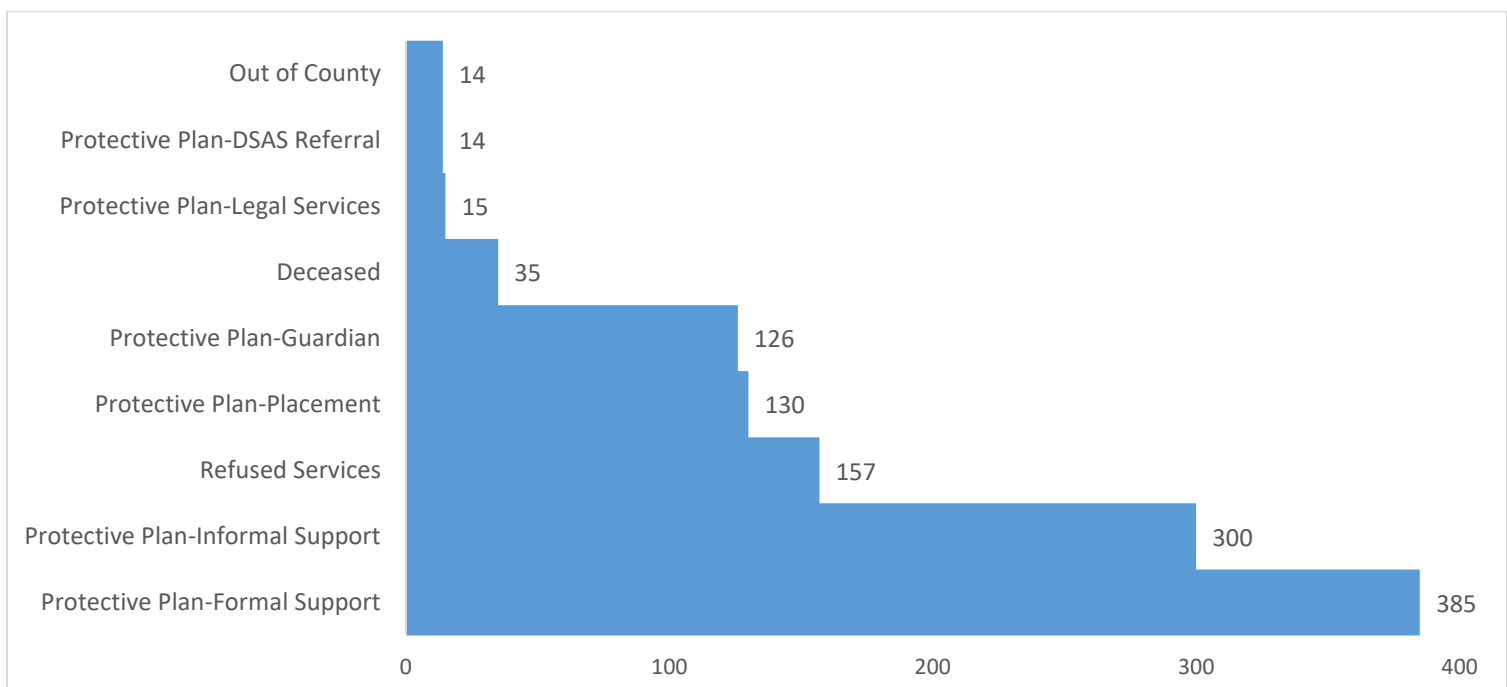


Figure 12-Length of APS Case



- Validation rate of 47% for assigned cases
- APS Staff participated in 383 legal consultations
- 26 same-day emergency referrals were made to APS
- 126 Protective Service Orders for clients were issued
- 437 referrals to APS were made through the APS web portal on the DSAS website
- Since 2014, the recidivism rate is 17%

Figure 13-Case Closure Reasons for Validated Cases



Home Support Services

Figure 14-Number of Cases

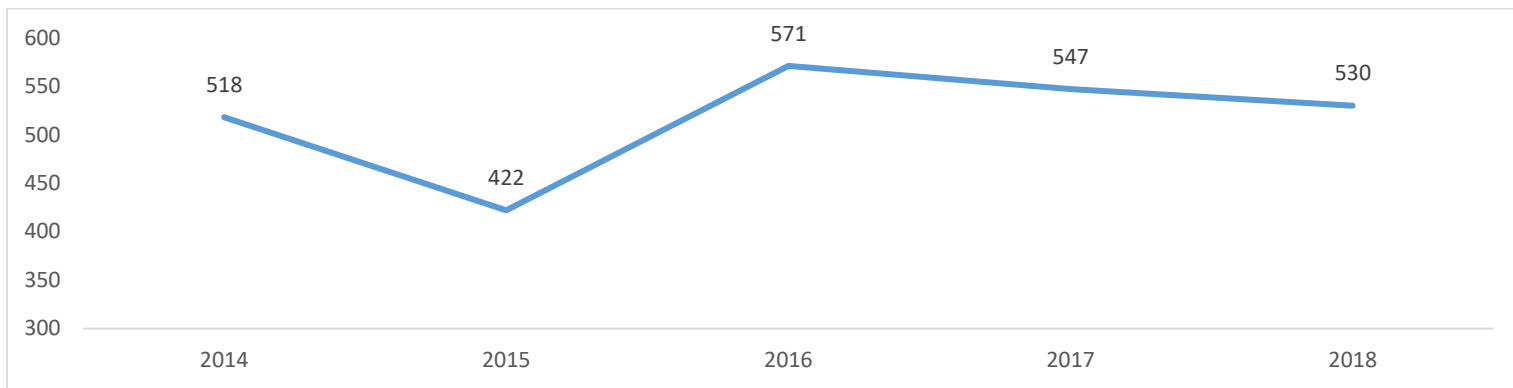
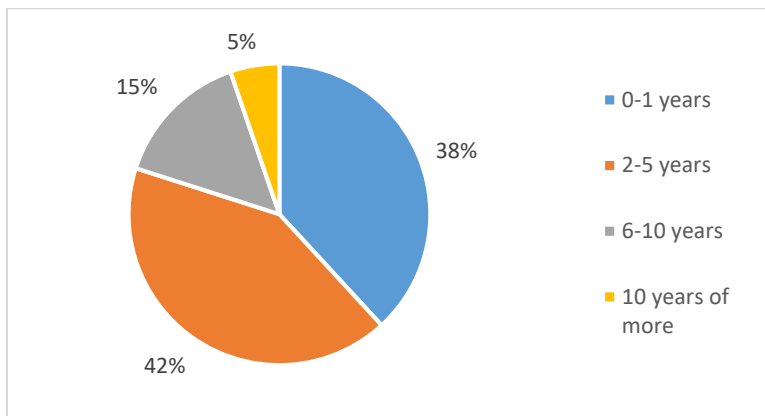
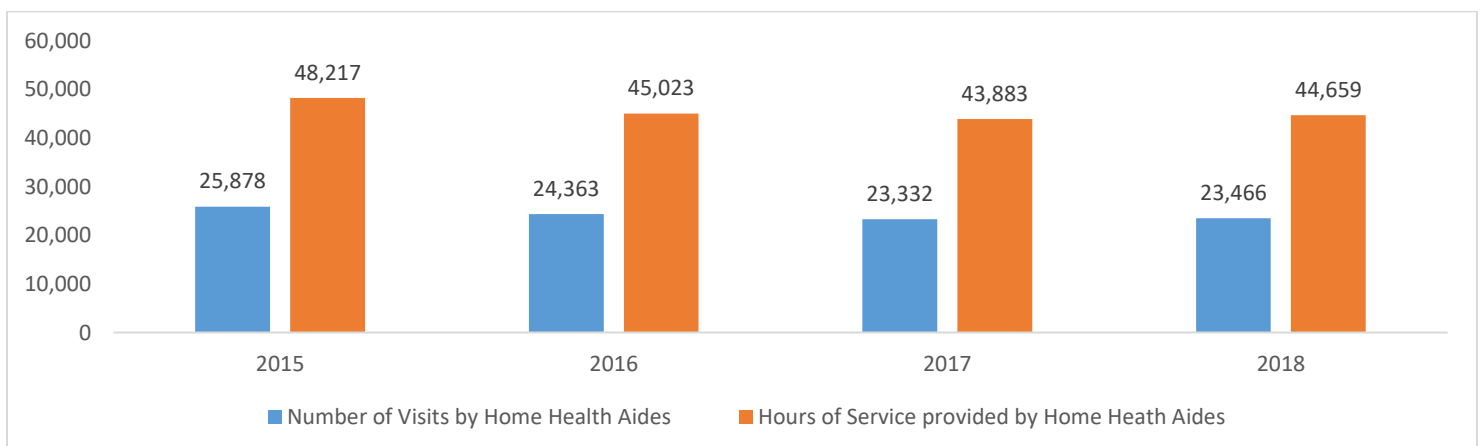


Figure 15-Length of Time on Caseload



- 362 Home Support clients received a standardized screen for depression; 81% scored “normal” on this screen, indicating no signs of depression
- 366 Home Support clients received a Falls Risk Assessment; 54% indicated a minimal risk for falls; 40% indicated a high risk; and 6% were at no risk
- 5,737 hours of Personal Care Assistance were provided
- 1,884 Home Visits were conducted by DSAS Nurses

Figure 16-Home Support Productivity



Options for Independent Living

Figure 17-Number of Cases (Clients in Receipt of Home-Based Services)

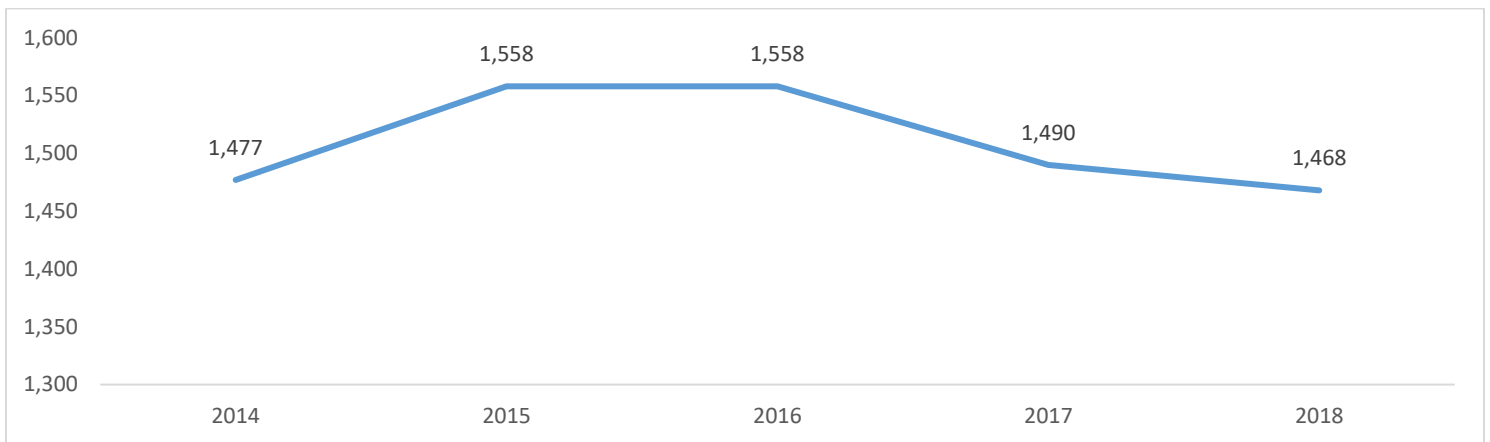
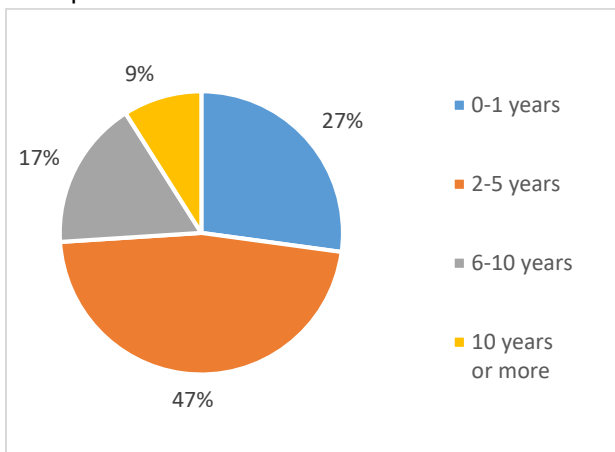
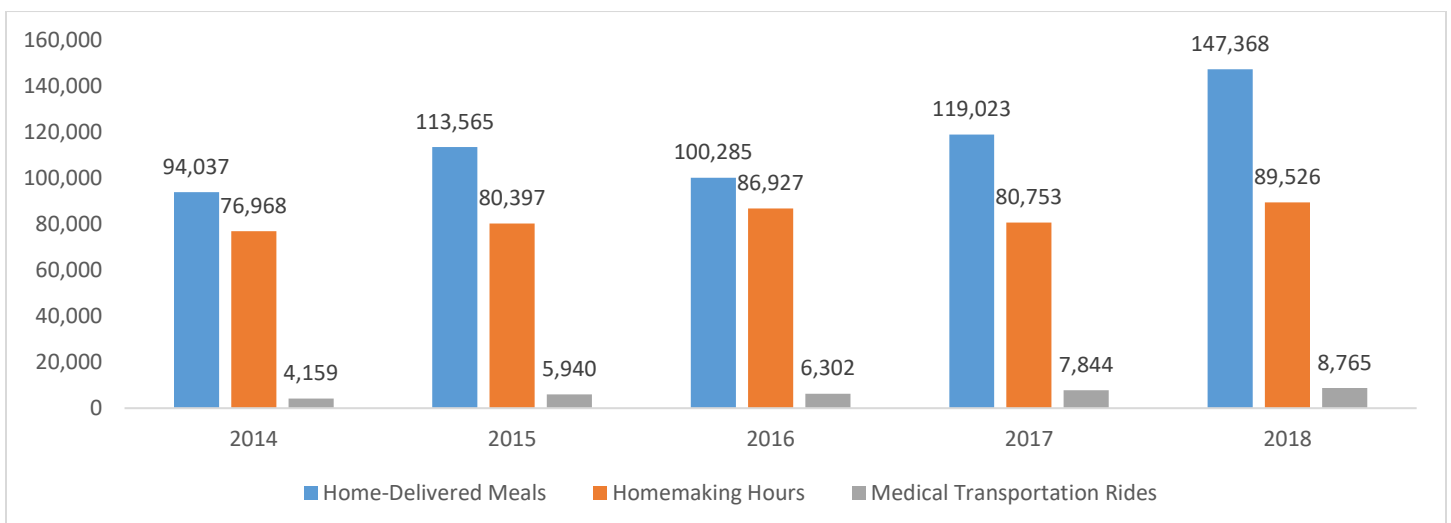


Figure 18-Length of Time on Caseload for clients in Receipt of home-based services



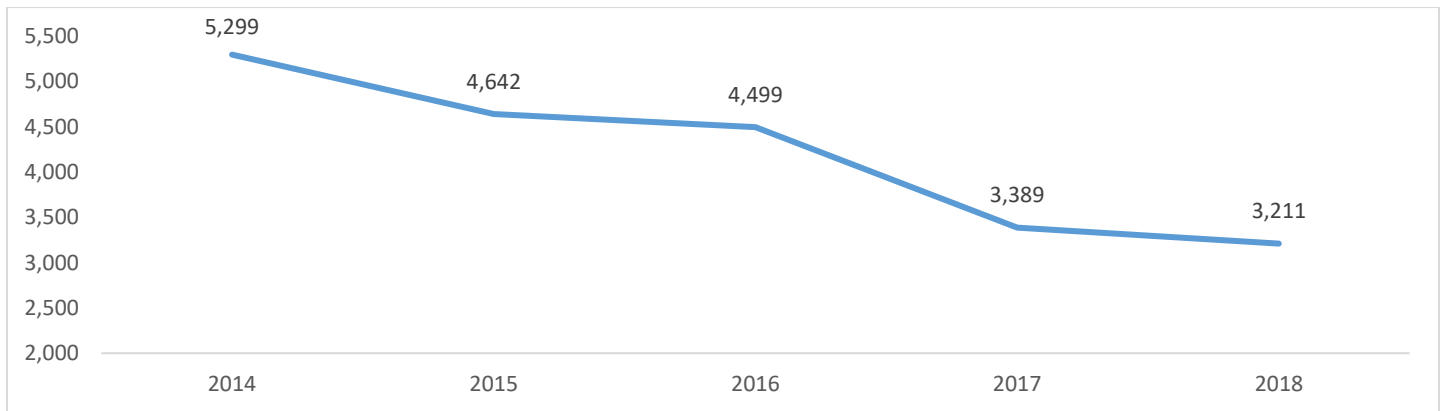
- 420 Clients received Case Management Services from Options for Independent Living staff
- 422 clients were in receipt of 3 or more Options services
- A licensed social worker provided social work counseling to 34 Waiver clients and conducted 349 home visits

Figure 19-Units of Service Provided



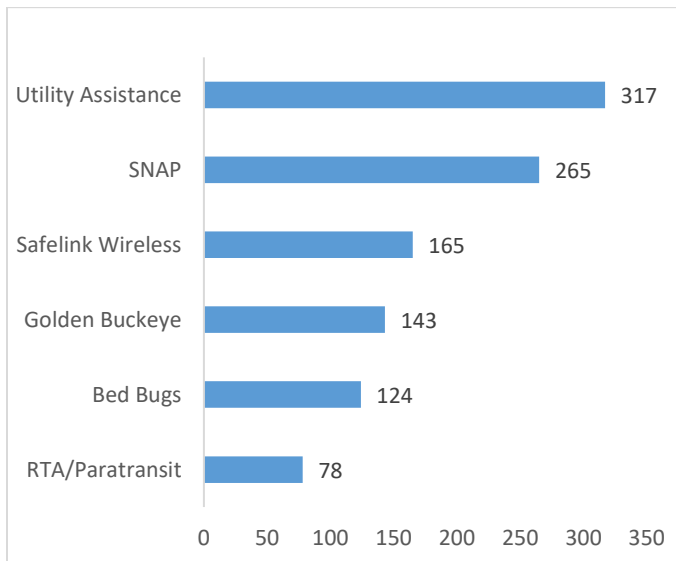
Information Services Unit Aging and Disability Resource Center (ADRC)

Figure 20-Number of Clients Served (includes those with service provided by a case worker and clients seen at Benefit Check-Up Events)



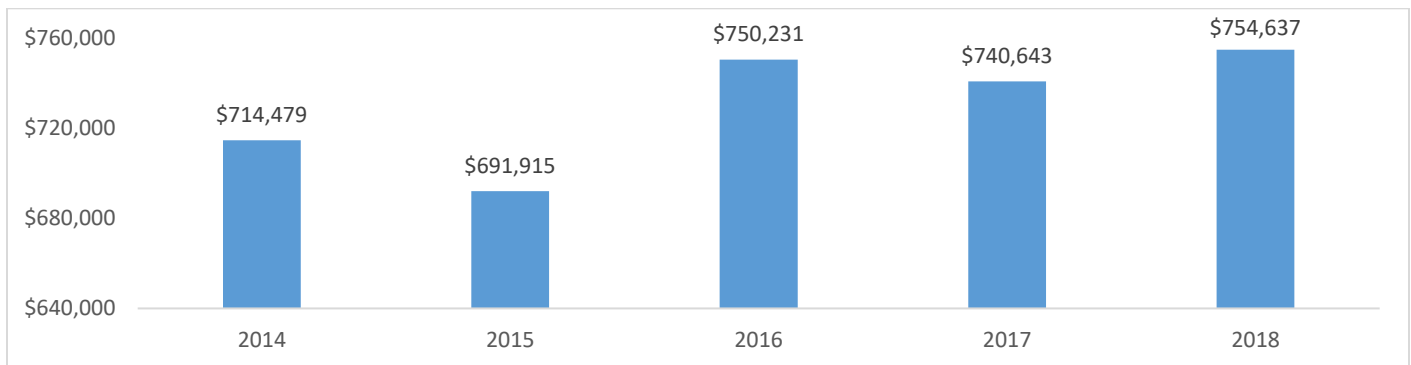
Marketing and Outreach events, conducted until 2016 by Information Services, were transferred to the Office on Aging in 2017

Figure 21-Most common types of benefits received through Information Services staff



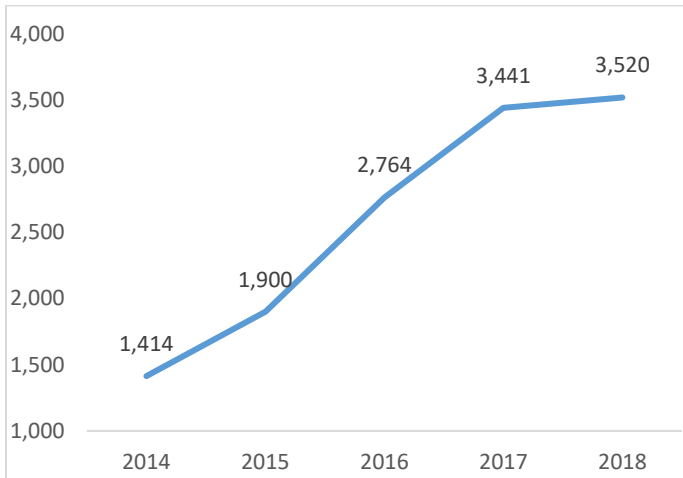
- 177 trainings and presentations were conducted
- 212 clients received HEAP benefits
- Since 2013, the Information Services Unit provided \$4,264,963 in cost-savings benefits to DSAS clients
- 124 clients received bed bug extermination services that were coordinated by the Information Services supervisor

Figure 22-Cost-Benefit Savings



Community Social Services Program (CSSP)

Figure 23-Number of Clients Served (39 contracted providers)



- In 2018, there were two CSSP providers that offered Adult Day Services that provided 1,421 units of service
- Four programs were operational through the Senior Center Innovation Program to promote innovative and collaborative models for senior centers; 1,500 clients were served through these grants

Figure 24-Age

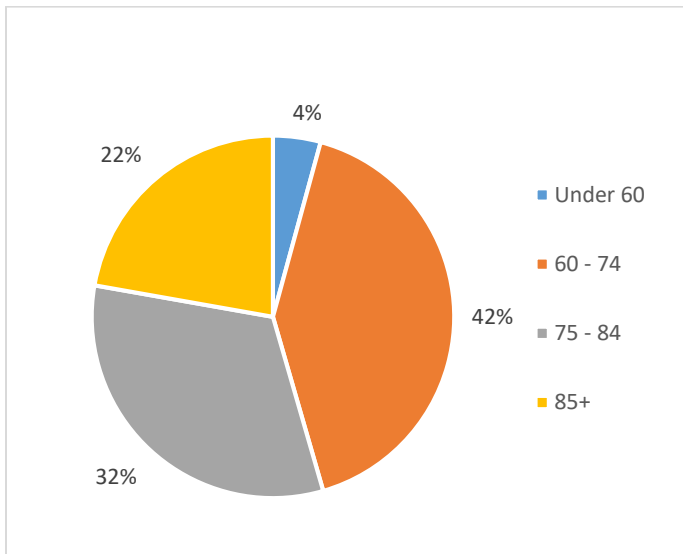


Figure 25-Gender

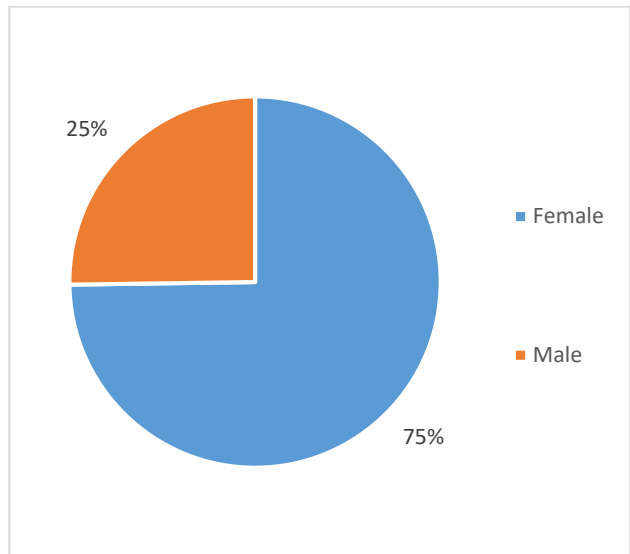
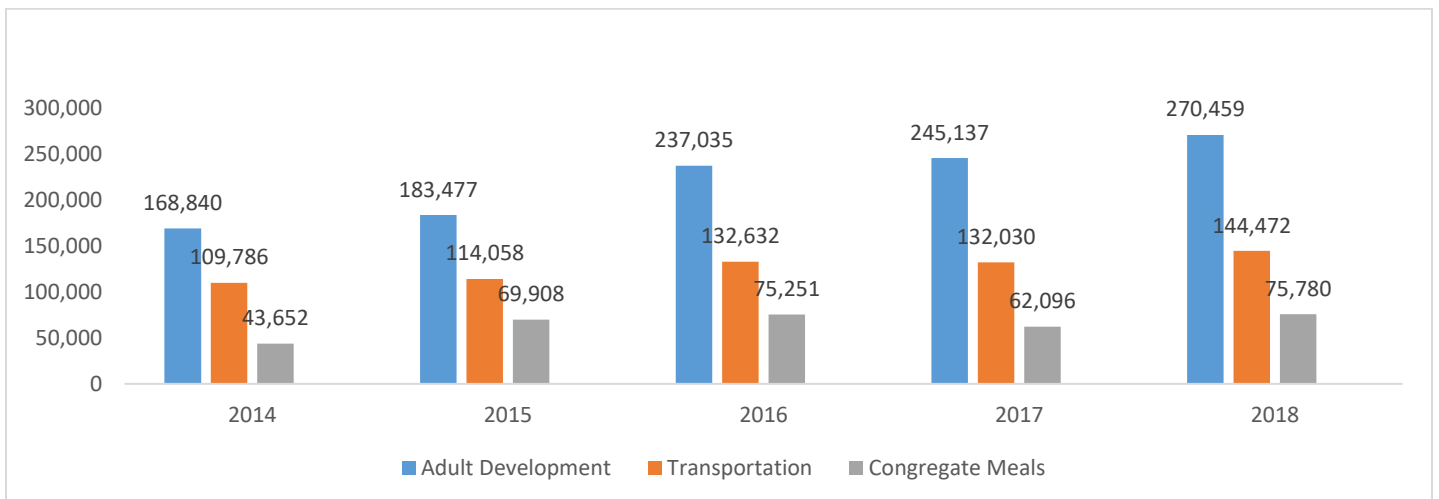


Figure 26-Units of Service Provided



Office on Aging

In 2018, the Office on Aging assumed the responsibility of conducting marketing and outreach events from the Information Services Unit. During 2018, 28 marketing and outreach events were conducted that were attended by 1,270 people. Attendees of these events may have applied for other DSAS services.

In addition to the marketing and outreach events, 31 other events were conducted by the Office on Aging, attended by more than 2,000 people. These events were conducted in 15 different communities throughout Cuyahoga County.

APS Clients by Zip Code

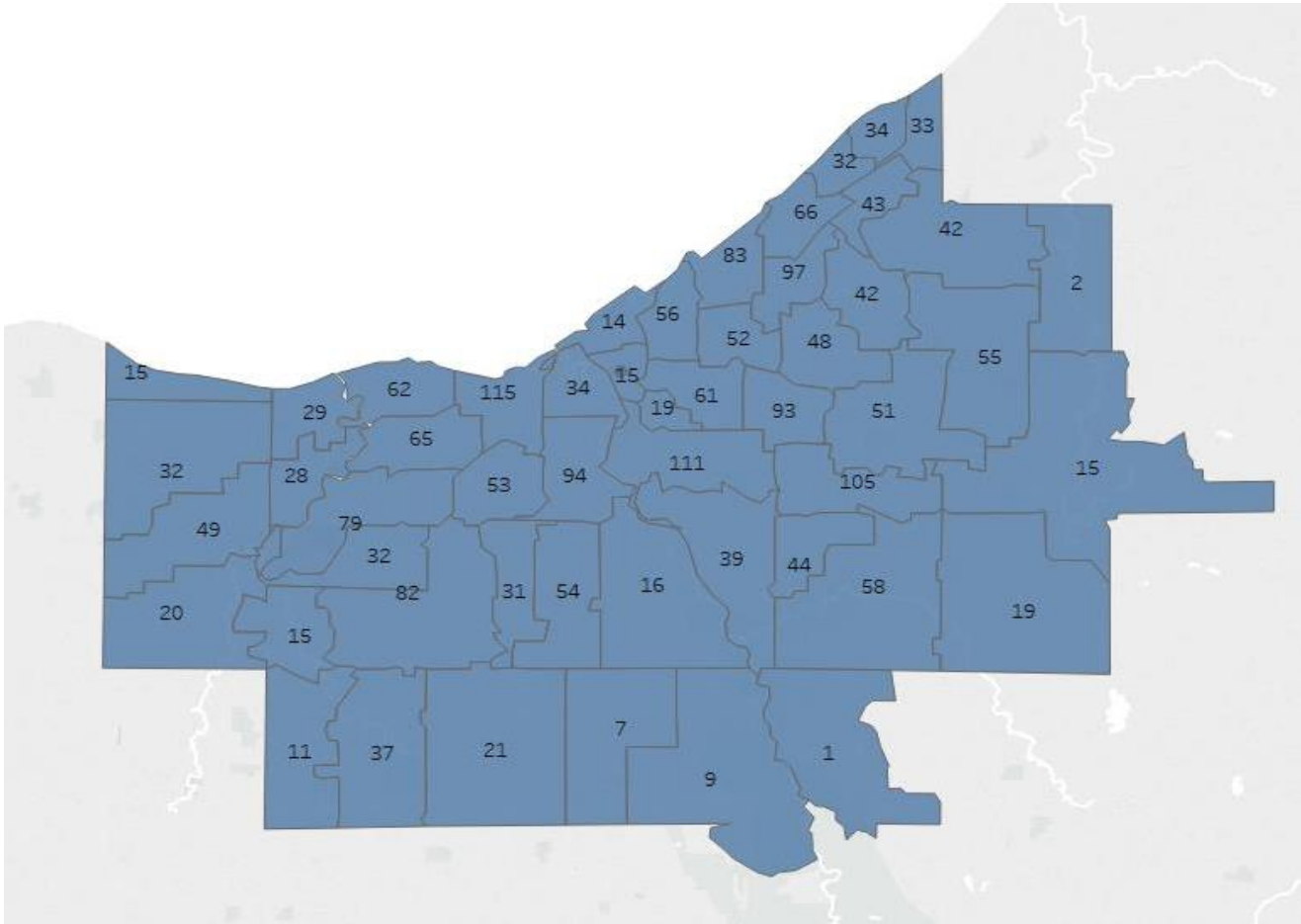


Table 3-APS Data by Zip Code

Zip Code	Client Count	Zip Code	Client Count	Zip Code	Client Count
44017	15	44116	29	44133	21
44022	15	44117	43	44134	54
44070	49	44118	48	44135	79
44102	115	44119	32	44136	37
44103	56	44120	93	44137	44
44104	61	44121	42	44138	20
44105	111	44122	51	44139	19
44106	52	44123	34	44140	15
44107	62	44124	55	44141	9
44108	83	44125	39	44142	32
44109	94	44126	28	44143	42
44110	66	44127	19	44144	53
44111	65	44128	105	44145	32
44112	97	44129	31	44146	58
44113	34	44130	82	44147	7
44114	14	44131	16	44148	1
44115	15	44132	33	44149	11

Home Support Clients by Zip Code

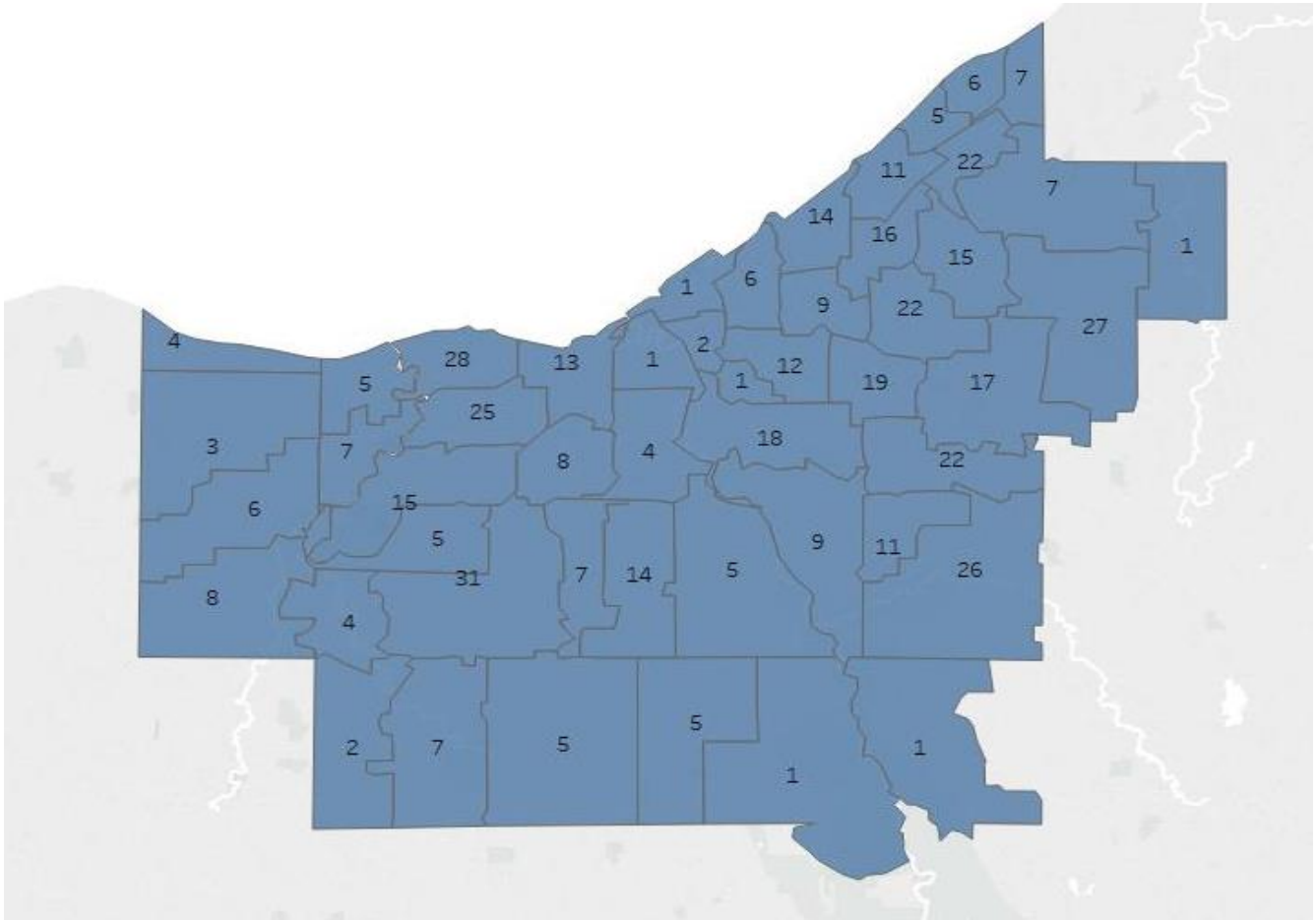


Table 4-Home Support Clients by Zip Code

Zip Code	Client Count	Zip Code	Client Count	Zip Code	Client Count
44017	4	44116	5	44133	5
44040	1	44117	22	44134	14
44070	6	44118	22	44135	15
44102	13	44119	5	44136	7
44103	6	44120	19	44137	11
44104	12	44121	15	44138	8
44105	18	44122	17	44140	4
44106	9	44123	6	44141	1
44107	28	44124	27	44142	5
44108	14	44125	9	44143	7
44109	4	44126	7	44144	8
44110	11	44127	1	44145	3
44111	25	44128	22	44146	26
44112	16	44129	7	44147	5
44113	1	44130	31	44149	2
44114	1	44131	5		
44115	2	44132	7		

Options for Independent Living Clients by Zip Code

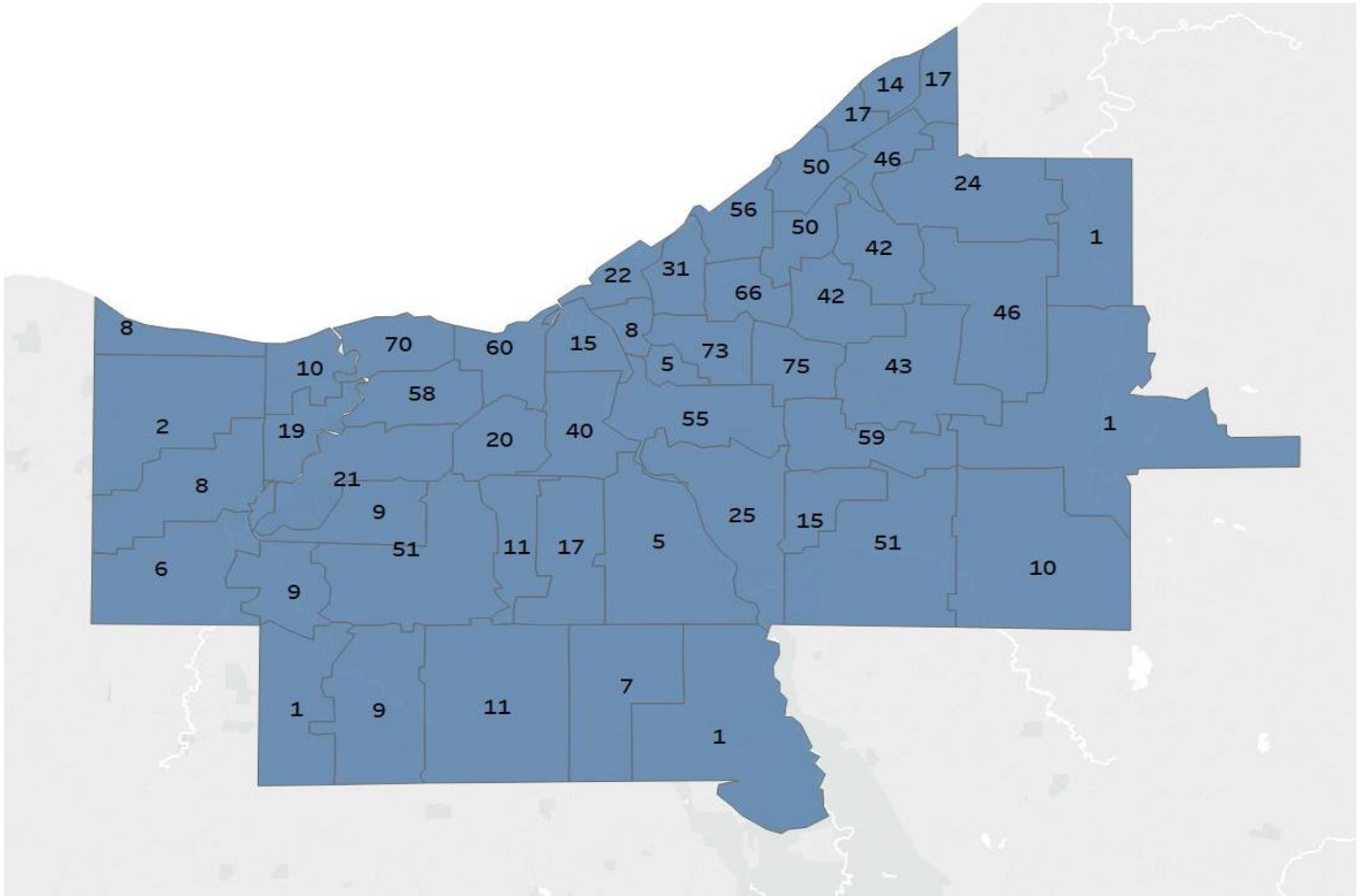


Table 5-Options for Independent Living Clients by Zip Code

Zip Code	Client Count	Zip Code	Client Count	Zip Code	Client Count
44017	9	44115	8	44132	17
44022	1	44116	10	44133	11
44040	1	44117	46	44134	17
44070	8	44118	42	44135	21
44102	60	44119	17	44136	9
44103	31	44120	75	44137	15
44104	73	44121	42	44138	6
44105	55	44122	43	44139	10
44106	66	44123	14	44140	8
44107	70	44124	46	44141	1
44108	56	44125	25	44142	9
44109	40	44126	19	44143	24
44110	50	44127	5	44144	20
44111	58	44128	59	44145	2
44112	50	44129	11	44146	51
44113	15	44130	51	44147	7
44114	22	44131	5	44149	1

Information Services Clients by Zip Code

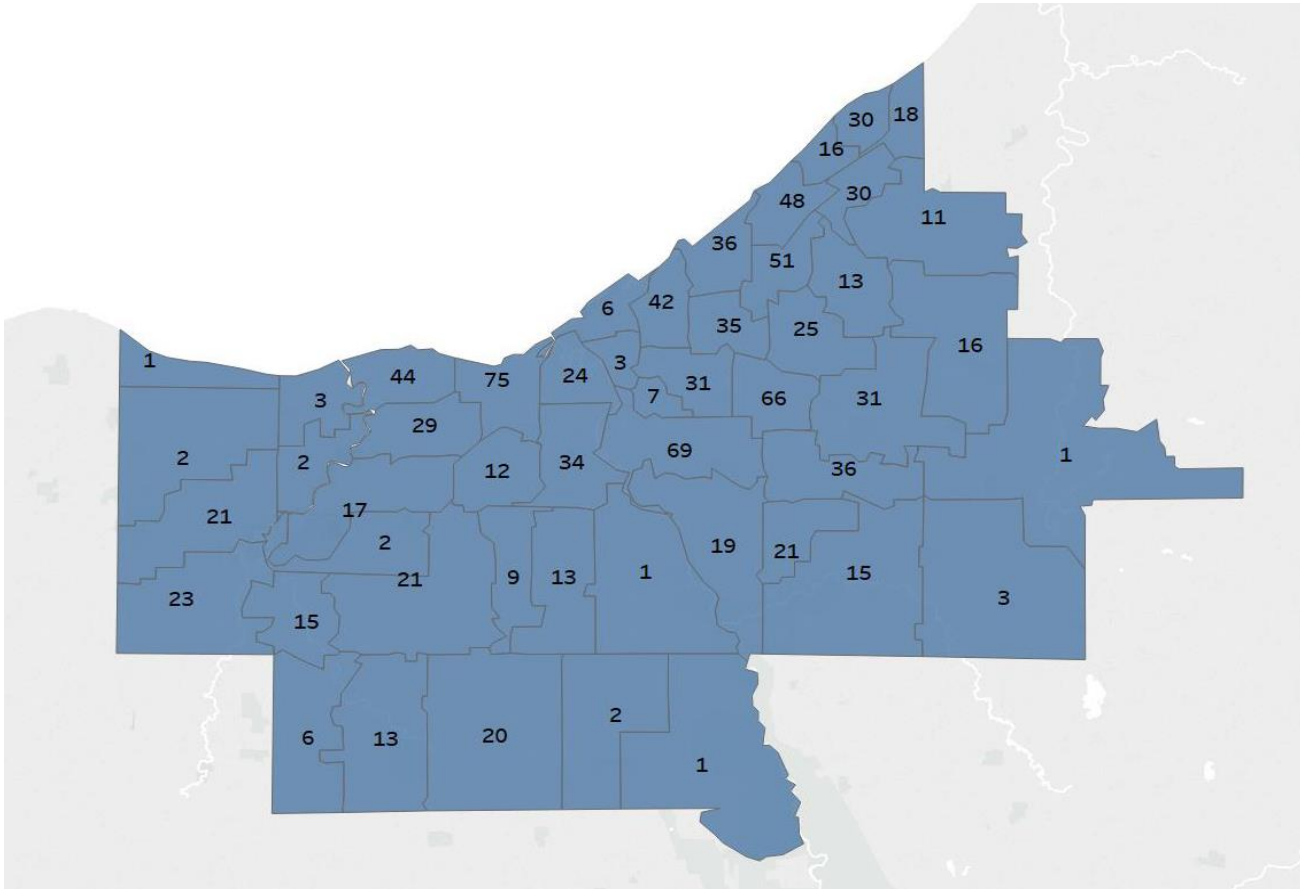


Table 6-Information Services Clients by Zip Code

Zip Code	Client Count	Zip Code	Client Count	Zip Code	Client Count
44017	15	44117	30	44134	13
44070	21	44118	25	44135	17
44102	75	44119	16	44136	13
44103	42	44120	66	44137	21
44104	31	44121	13	44138	23
44105	69	44122	31	44139	3
44106	35	44123	30	44140	1
44107	44	44124	16	44141	1
44108	36	44125	19	44142	2
44109	34	44126	2	44143	11
44110	48	44127	7	44144	12
44111	29	44128	36	44145	2
44112	51	44129	9	44146	15
44113	24	44130	21	44147	2
44114	6	44131	1	44149	6
44115	3	44132	18		
44116	3	44133	20		

Recommendations

Based on the data provided in this report, DSAS PEI staff will continue to monitor client program usage, reasons for contacting DSAS, and will consult with community experts on aging during 2019. Data received from United Way 211 indicates different reasons for contacting United Way 211 vs. contacting the DSAS Centralized Intake Line. None of the top 25 reasons for seniors contacting United Way 211 were issues handled by the DSAS APS unit, while three of the top 10 reasons for contacting the DSAS Centralized Intake Line were for APS services. This may indicate opportunities for additional outreach to provide a better picture of all services provided by DSAS.

It is critical to understand that increases or decreases in client counts are impacted by a variety of reasons, including funding and policy changes. Community Social Services Program (CSSP) unit counts have increased as the number of contracts has increased. Home-based services for Options for Independent Living clients tend to increase or decrease based on available funding for services such as home-delivered meals.

The change in the Ohio Revised Code that expanded the definition of “mandated reporter” may have impacted client counts for APS clients at the end of 2018. It is critical to monitor APS client counts monthly throughout 2019 to determine if there is a lasting impact due to this change. Also, in 2019, the State of Ohio is mandating use of a state-wide database for Adult Protective Services, meaning that DSAS APS staff will be using a different case management system than all other DSAS programs, resulting in reporting challenges for 2019.

Monitoring benefit usage of clients utilizing DSAS services continues to be critical to examine any changing community issues and concerns and needs of seniors. This will be tracked in 2019 by looking at reasons for client calls to DSAS, and the benefit assistance provided by the Information Services department.

In 2018, DSAS PEI staff met with, and will continue to meet in 2019, community experts on aging, including staff from the DSAS Advisory Council, the Center for Community Solutions, the Benjamin Rose Institute on Aging and Case Western Reserve University. Their feedback on community trends in aging will help PEI staff determine future areas for data collection.

Questions about this report should be directed to Kit Newell at kit.newell@jfs.ohio.gov
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