

Performance Evaluation & Innovation (PEI) 2020 Statistical Performance Report



Division of Senior and Adult Services (DSAS)
Department of Health and Human Services
March 2021

Cuyahoga County
Together We Thrive

Table of Contents

Program History and Description	2
Executive Summary	3
Response to COVID-19 and Addressing the Social Determinants of Health	4
Findings	6
DSAS Client and Services Count	6
Centralized Intake Unit	8
Adult Protective Services (APS)	9
Home Support Services	10
Options for Independent Living	11
Information Services Unit Aging and Disability Resource Center (ADRC)	12
Community Social Services Program (CSSP)	13
Conclusion	14
APPENDIX A-DSAS Demographics-AGE	15
APPENDIX B-DSAS Demographics-GENDER	16
APPENDIX C-DSAS Demographics-RACE	17
APPENDIX D-DSAS Demographics-Living Situation	18
APPENDIX E-DSAS Demographics-City of Residence	19
APPENDIX F-DSAS client map-Served client for all programs 2020	20
APPENDIX G-DSAS client map-Adult Protective Services-2020	21
APPENDIX H-DSAS client map-Home Support-2020	22
APPENDIX I-DSAS client map-Options for Independent Living-2020	23
APPENDIX J-DSAS client map-Information Services-2020	24
APPENDIX K-DSAS client map-Community Social Services Program-2020	25

Program History and Description

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.

Guiding principles include using innovative evidence-based practices that bring the benefit of the latest research to our clients; encourage self/directed care whenever possible; collaborate and convene stakeholders in vital discussions regarding relevant issues; advocate for older adults and adults with disabilities; support families and caregivers; and train and empower staff to provide culturally competent care.

DSAS offers the following programs and services:

- **The DSAS Centralized Intake Unit** provides seamless intake services through the Centralized Intake phone number, (216) 420-6700 “One Call Does It All”. A web-portal is also available to make referrals for Adult Protective Services that is accessible through the State of Ohio website.
- **Adult Protective Services (APS)** is a state-mandated program to protect and assist adults 60 and older who may be victims of abuse, neglect, self-neglect, and/or financial exploitation. Allegations of abuse of adults with disabilities ages 18 and over are investigated on a voluntary basis.
- **Home Support** provides person-centered home care (personal care and homemaking) that helps clients maintain a safe, wholesome environment in their own home at an affordable price. Clients must be age 60 and older, or age 18-59 with a disability and living in their own home or apartment. Clients may be eligible for funding through the Multiple Sclerosis Society, and Ryan White funding.
- **Options for Independent Living** serves older adults and adults with disabilities age 18 and older who are low-income, and not yet eligible for any Medicaid Waiver programs. Person-centered services include home-delivered meals, personal care, emergency response systems, homemaker services, chore services and medical transportation. Minor bathroom modifications are also available. DSAS is Medicare/Medicaid certified.
- **Information Services (Aging and Disability Resource Center)** partners with the Western Reserve Area Agency (WRAAA) on Aging to provide an array of public benefits, including HEAP, to seniors, caregivers, and persons with disabilities. This includes information assistance, benefits assistance and MIPPA (Medicare Improvement for Patients and Providers Act) assistance. Person-centered case management assistance to address complex needs and navigate available resources is also provided.
- **Bed Bug Extermination Program** provides bed bug removal services for income-eligible and disabled adults.
- **Community Social Services Program (CSSP)** provides services through community-based contracts. Services are provided to older adults and adults with disabilities including adult day services, adult development, congregate meals, and transportation designated to reduce social isolation and loneliness.
- **DSAS Food Pantry** collaborates with the Greater Cleveland Food Bank to provide supplemental food assistance to seniors and adults with disabilities.
- **Community Office on Aging (COA)** increases DSAS’s visibility in the community through planning, research, and communications by strategically partnering with other agencies and external organizations including private, public, and academic institutions.

Executive Summary

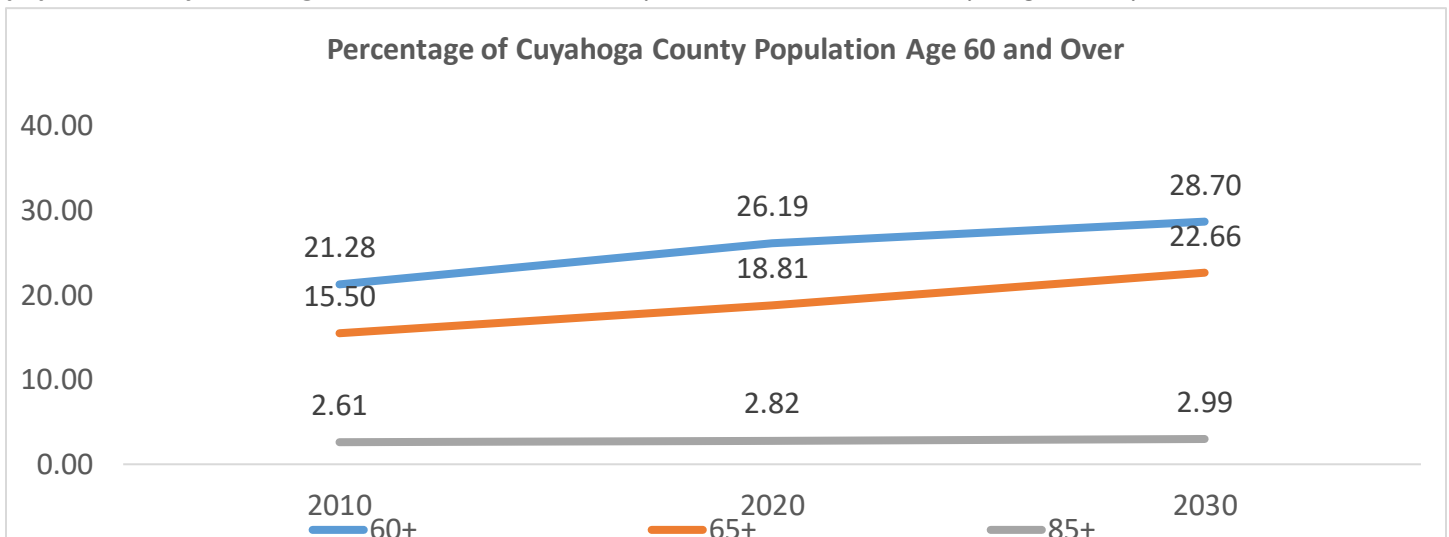
The 2020 Division of Senior and Adult Services (DSAS) Statistical Performance Report's purpose is to provide a snapshot of the services provided by DSAS, examine caseload trends, and identify key issues for each program. DSAS utilizes multiple case management systems to report data, including a system to record phone calls, a state-mandated database for Adult Protective Services, and a database for all other programs also used for billing and contracted providers.

Key Highlights:

- More than 75,000 direct contacts were made with DSAS clients, either via phone, home visit or email.
- In the last 6 years, the DSAS Information Services Unit has connected seniors and adults with disabilities with more than \$4 million in supportive benefits such as SNAP, HEAP, and transportation.
- In the last 6 years, DSAS has provided more than 1.1 million meals through congregate meals at community centers, home-delivered meals, and food pantry services.
- DSAS tracks client satisfaction and health-related outcomes through the yearly Customer Satisfaction Survey
 - Satisfaction with programs that improve mental and physical health, reduce loneliness and the ability to remain living independently is tracked. The full report is available on the DSAS website at: https://hhs.cuyahogacounty.us/docs/default-source/default-document-library/reports/dsas/2020dsascustomersatisfactionreport.pdf?sfvrsn=4ce161a_4

Senior Population and Poverty Trends

The need for DSAS services is expected to increase based on population trends. In Ohio, the Miami University School of Gerontology estimates that by 2030, 26.3 percent of the population of the state will be 60 years of age or older. [14] Closer to home, **by 2030, Cuyahoga County's population will have almost 30 percent (28.7) of the total population 60 years of age or older.** DSAS serves only a fraction of seniors in Cuyahoga County.



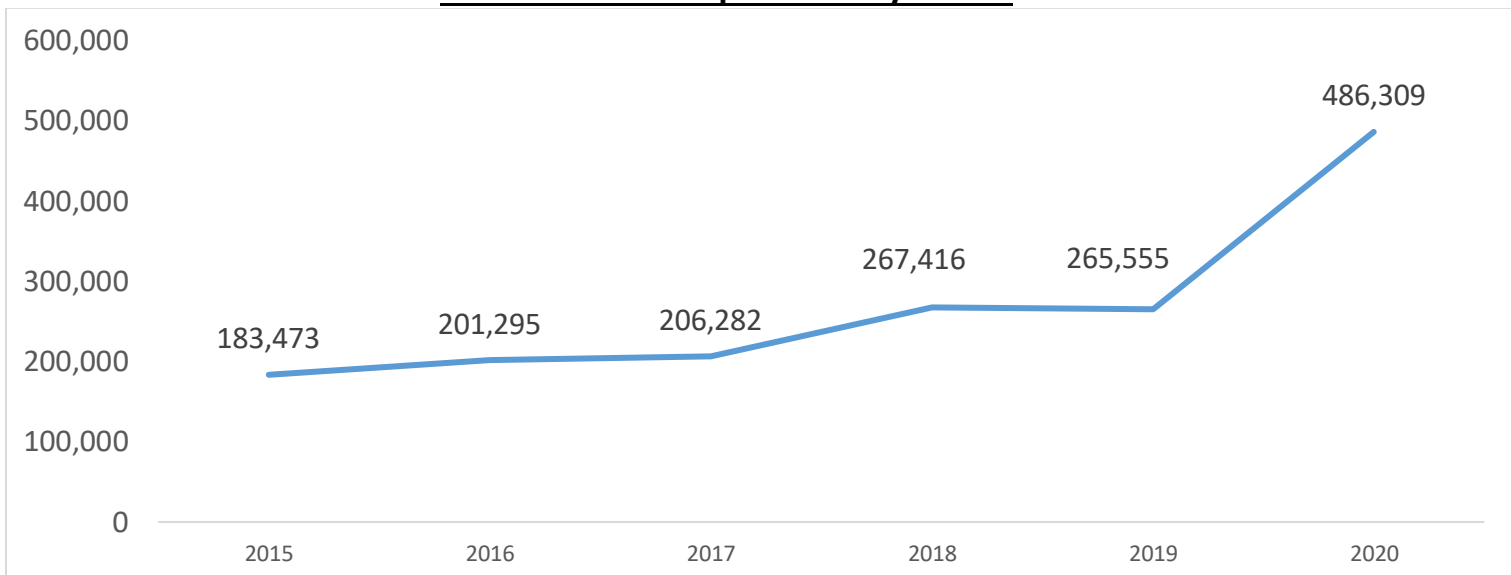
Response to COVID-19 and Addressing the Social Determinants of Health

Response to COVID-19

At the end of March, DSAS staff began working remotely. Staff are equipped with mobile devices allowing them to conduct nearly all case management activities in the field. Due to COVID-19, except for Adult Protective Services who were mandated by the State to continue to conduct face-to-face initial visits, DSAS staff conducted phone calls and wellness checks in lieu of home visits. **If the social worker determined a face-to-face visit was needed, or it was requested by the client, it was conducted.** In June, the number of home visits began to increase, as staff gradually resumed conducting home visits. DSAS programs adjusted service delivery in the following ways:

- Home visits and phone calls
 - More than 50,000 phone calls and 25,000 home visits were made to DSAS clients
- PPE (Protective Personal Equipment) distribution
 - Distributed more than **260,000** items to senior centers, including gloves, face shields, masks, and hand sanitizer
 - More than \$30,000 spent to equip DSAS front-line workers for home visits
- DSAS Home Support Nurses and Home Health Aides conducted more than 40,000 COVID-19 screenings throughout all County buildings.
- Established a partnership with MetroHealth to create a Falls Prevention Initiative, which conducted assessments and provided tools to prevent falls for nearly 1,500 Options for Independent Living clients. This is an evidenced-based program consisting of eight, 2 hour sessions, with two trained coaches teaching health behaviors.
- Information Services staff normally responsible for conducting large-scale benefit check-up events instead focused on contacting home-bound clients individually to ensure safety and well-being.
- The Options for Independent Living waiting list for home-delivered meals was eliminated, resulting in an increase in clients of nearly 20%, and nearly doubling the number of home-delivered meals from 2019.
- The DSAS Geriatric Behavioral Nurse assisted APS clients more than 700 times and conducted more than 400 in-house consultations and home visits, and more than 200 behavioral and geriatric assessments.
- CSSP service adjustments:
 - Due to Covid-19, many community centers shifted service delivery to provide virtual activities, activity bags, home-delivered meals, and curbside meals.
 - While the number of adult development hours significantly decreased, the client count for CSSP increased due to additional client outreach for home-delivered and curbside meals.

Number of Meals provided by DSAS*



* Includes meals provided through all contracted services; DSAS food pantry; and SNAP benefits provided by Information and Outreach staff

Social Determinants of Health and Key DSAS Priorities

In addition to population and poverty trends, DSAS PEI staff is tracking data on key research trends in aging, including the Social Determinants of Health. This is defined by the World Health Organization as *“the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”* These include food insecurity, training and employment, behavioral health, social connection, financial strain, housing insecurity, transportation, utilities, intimate partner violence, childcare and education. Key DSAS priorities include the following:

Food Insecurity

- According to a study by Feeding America, food insecure seniors are more likely to experience chronic health conditions.
- Nearly 500,000 meals were provided by DSAS in 2020.

Housing Insecurity

- According to a study of Cleveland residents by the Center for Community Solutions, 56% of older adults in Cleveland reported that if they need to move out of their home due to health or mobility issues, they were unsure that they could find a care facility or nursing home to meet their needs.
 - According to the 2020 DSAS Customer Satisfaction survey, 100% of Options for Independent Living respondents indicated the services that they receive through Options help them to live independently.
 - **Nearly two-thirds of all DSAS clients live alone**

Social Connection

- A study conducted by researchers at Brigham Young University puts the heightened risk of mortality from loneliness in the same category as smoking 15 cigarettes a day and being an alcoholic.
- According to the 2020 DSAS Customer Satisfaction survey, while senior centers were closed due to Covid-19, 29% of respondents indicated they “strongly disagreed” with the statement, “I have enough and sufficient technology to participate in online/internet activities; 58% of respondents indicated “strongly agree” or “agree” to the statement “I have felt lonelier while the community center has been closed.

Transportation

- Transportation issues for seniors are "the first point of isolation and need," according to the National Association of Area Agencies on Aging.
- Nearly 80,000 rides were provided by DSAS CSSP community centers and nearly 8,000 rides to medical appointments were provided by the DSAS Options for Independent Living Unit.

Behavioral Health/Health Outcomes

- In 2019, DSAS created a position of a Geriatric Behavioral Health Nurse who is available on a case-by-case basis as needed for all DSAS programs to provide geriatric assessments; depression and dementia screening and assist in determining other health-related needs. The DSAS Geriatric Behavioral Nurse assisted APS clients more than 700 times and conducted more than 400 in-house consultations and home visits, and more than 200 behavioral and geriatric assessments.

Findings

DSAS Client and Services Count

Clients Served	2015	2016	2017	2018	2019	2020
Centralized Intake	19,346	18,257	18,245	18,982	19,339	17,142
Adult Protective Services (APS)	2,028	2,390	1,944	2,338	2,436	2,340
Home Support	422	571	547	530	542	445
Options for Independent Living	1,558	1,558	1,490	1,468	1,632	1,935
Information Services	4,642	4,499	3,389	3,211	3,411	1,427
Community Social Services Program (CSSP)	1,900	2,764	3,441	3,520	3,303	3,664
Counseling Services for Passport Clients	N/A	18	33	34	37	37
TOTALS	29,896	30,057	29,089	30,083	30,700	26,990

Services Provided	2015	2016	2017	2018	2019	2020
Meals						
Home Delivered Meals-Options	113,565	100,285	119,023	147,368	145,319	270,352
Congregate Meals-CSSP	69,908	75,251	62,096	75,780	77,713	124,083
Food Pantry/Holiday Food Baskets	N/A	N/A	1,760	1,232	2,000	3,872
SNAP Meals	N/A	25,759	23,403	43,036	40,523	30,002
WRAAA Circle of Food Program	N/A	N/A	N/A	N/A	N/A	58,000
<i>Meals Totals</i>	183,473	201,295	206,282	267,416	265,555	486,309
Transportation-1-way rides						
Transportation-CSSP	114,058	132,632	132,030	144,472	148,711	78,200
Medical Transportation-Options	5,940	6,302	7,844	8,765	8,305	7,011
Senior Transportation Connection	N/A	N/A	N/A	N/A	N/A	4,629
<i>Transportation Total</i>	119,998	138,934	139,874	153,237	157,016	89,840
Activities-Hours of Service-CSSP						
Adult Development	183,477	237,035	245,137	270,459	290,705	120,564
Adult Day Services	1,106	1,209	1,506	1,421	1,535	1,042
<i>Activity Hours Total</i>	184,583	238,244	246,643	271,880	292,240	121,606
Personal Care Homemaking						
Homemaker Services	80,397	86,927	80,753	89,526	78,538	74,435
Personal Care Assistance	9,278	16,474	14,978	15,586	15,188	12,766
Home Supportive Assistance						
Emergency Response System-Options	1,168	1,147	891	926	925	1,055
Chore Services-Options	119	204	343	143	460	438
Grab Bar Installation-Options	50	21	28	17	86	41
Bed Bug Extermination Program	62	94	154	124	96	122
Smoke Detector Distribution Program	N/A	N/A	N/A	34	8	7
Specialized Grants						
Senior Center Innovation Grants	N/A	N/A	400	1,500	2,829	N/A
Faith-Based Initiative	N/A	N/A	N/A	N/A	500	2,305
ALL TOTALS	579,128	683,340	690,346	800,389	813,441	788,924

DSAS Special Initiatives

Community Office on Aging (COA) increases DSAS's visibility in the community through planning, research, and communications by strategically partnering with other agencies and external organizations including private, public, and academic institutions

- In 2020, the COA led the DSAS Census initiative "Cuyahoga Counts", targeting DSAS clients with mailings about completing the 2020 Census. More than 2,000 clients received direct mailings and information was distributed throughout the county at community agencies serving seniors.
- The COA began an Online Video Campaign to increase the visibility of DSAS programs through the DSAS Website.
- The National Voter Registration Act continued with clients having the opportunity to register to vote during any contact with DSAS staff.

The Cleveland Clergy Alliance (CCA) is a faith-based collaboration that provides information about benefits assistance programs for which clients may be eligible and other services offered by DSAS.

- In 2020, 466 outreach events were conducted; 38 seniors were referred to DSAS; 100 seniors were eligible for Medication Rx/Medicare/Medicaid eligible; and 2,165 individuals attended a friends/family educational session.

Senior Transportation Connection (STC)

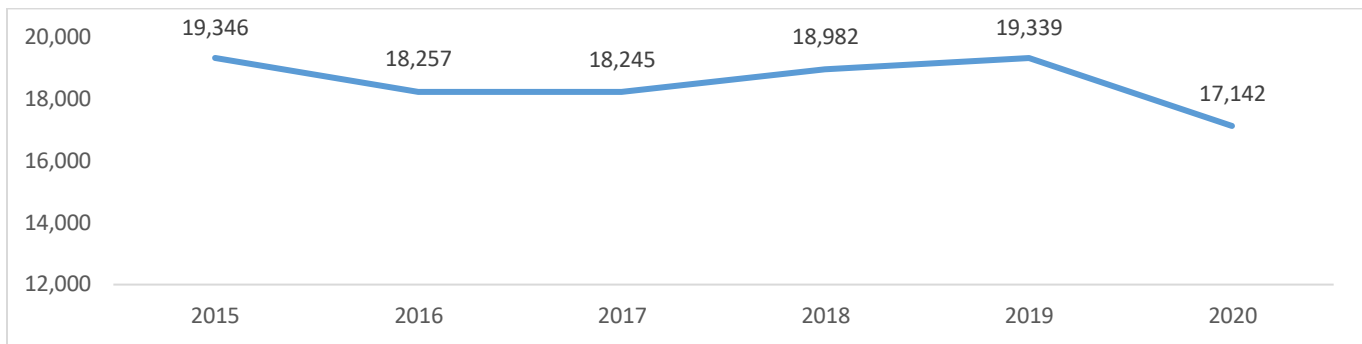
- A grant was provided to STC to support County-wide administrative operations. The grant contributes to salaries, contracted professional services and other client transportation services (county-wide, not just to DSAS clients), such as home-delivered meals, a main priority during the COVID-19 pandemic. 4,629 1-way trips were provided in 2020.

Western Reserve Area Agency on Aging (WRAAA) Circle of Food Program

- The Circle of Food Program distributed 58,000 prepared meals to those in need, as well as provided work opportunities for restaurants and the delivery workforce due to the pandemic, since mid-August. The program specifically targeted senior apartment buildings, halfway houses, and community centers.

Centralized Intake Unit

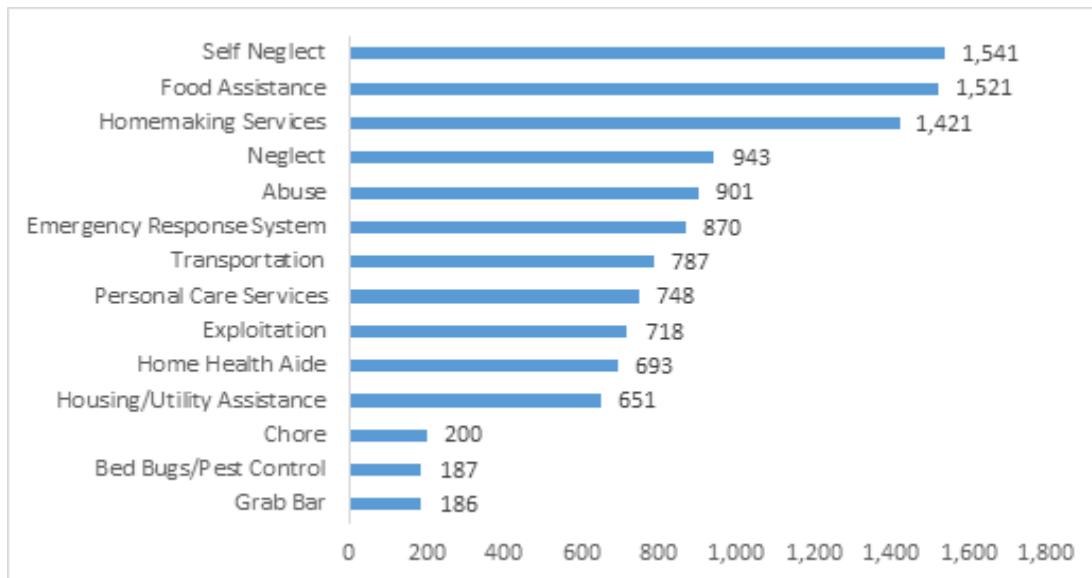
Number of Calls Handled by the Centralized Intake Unit 2015-2020*



* Beginning in 2017, referrals from the Adult Protective Services web-portal are included in the totals

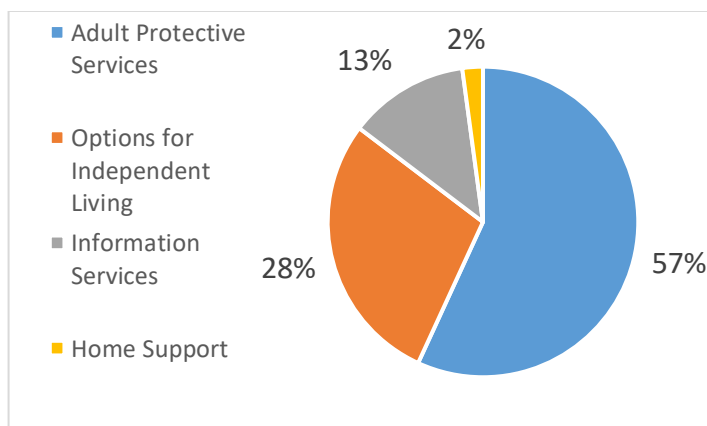
Average speed of answered call: 30 seconds

Top Reasons for Contacting the DSAS Centralized Intake Line (clients may indicate more than one topic)



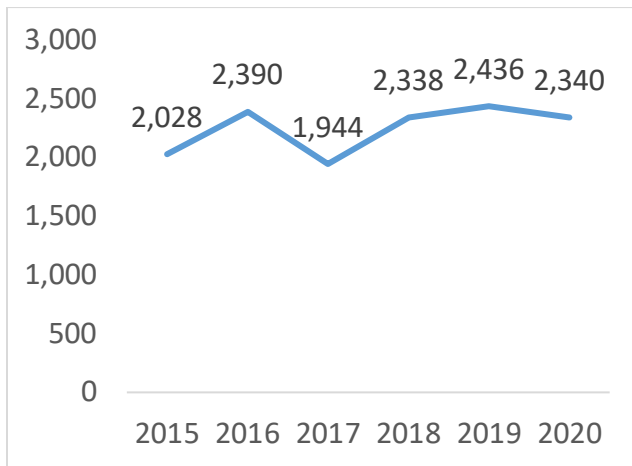
United Way 211 made 1,403 referrals to DSAS in 2020

Referrals to DSAS Programs by the Centralized Intake Line



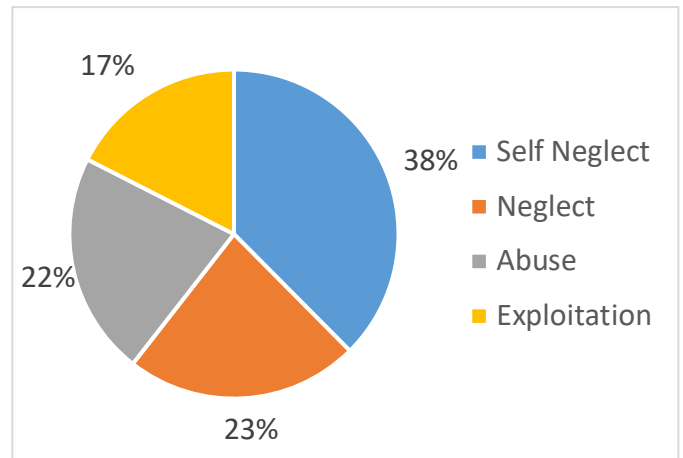
Adult Protective Services (APS)

Number of Unduplicated Clients

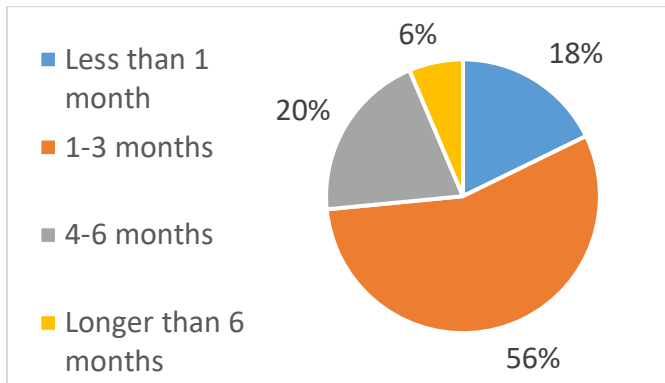


Allegations

(Cases may have more than one allegation)

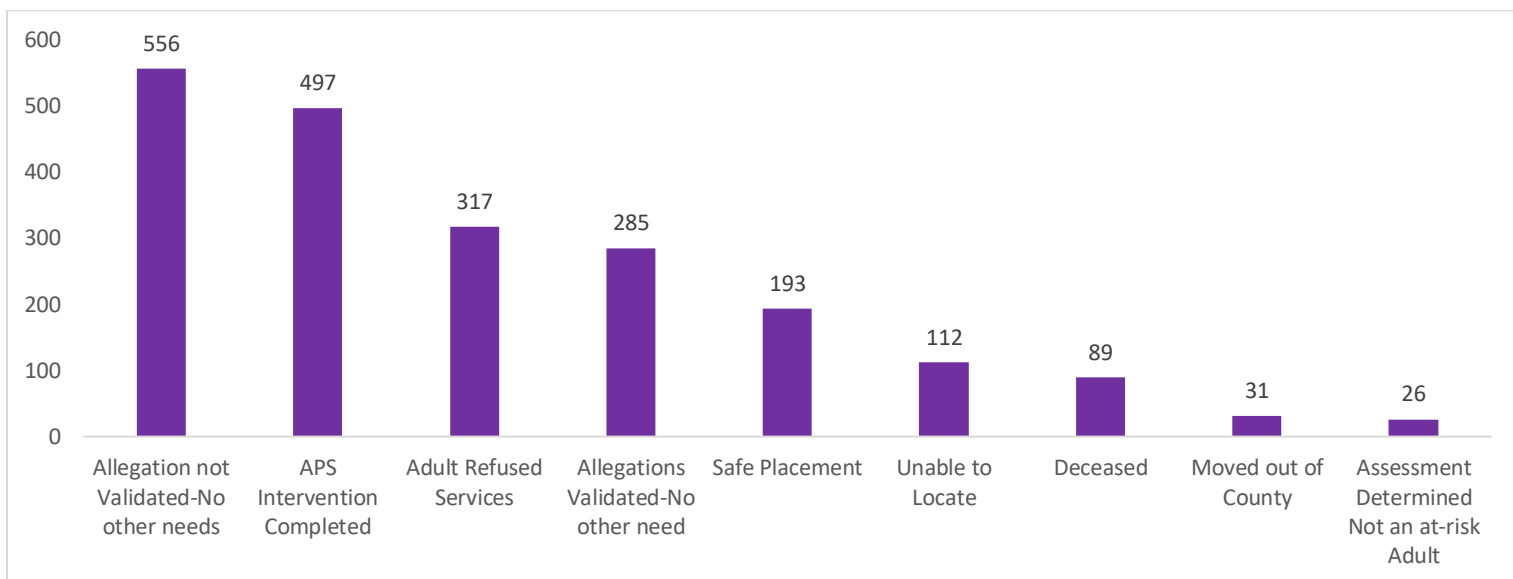


Length of APS Case



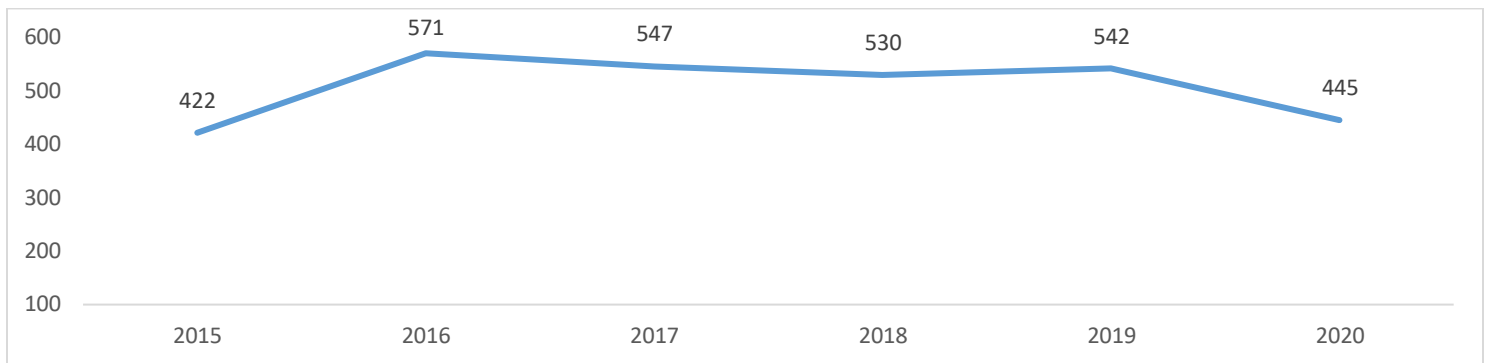
- The DSAS Geriatric Behavioral Nurse assisted APS clients more than 700 times and conducted more than 400 in-house consultations and home visits and more than 200 behavioral and geriatric assessments
- 496 referrals to APS were made through the APS web portal on the State of Ohio website
- The State of Ohio mandated APS workers to continue to conduct home visits during the COVID-19 pandemic; APS workers conducted **more than 2,600** home visits in 2020

Case Closure Reasons (codes mandated by the State of Ohio)



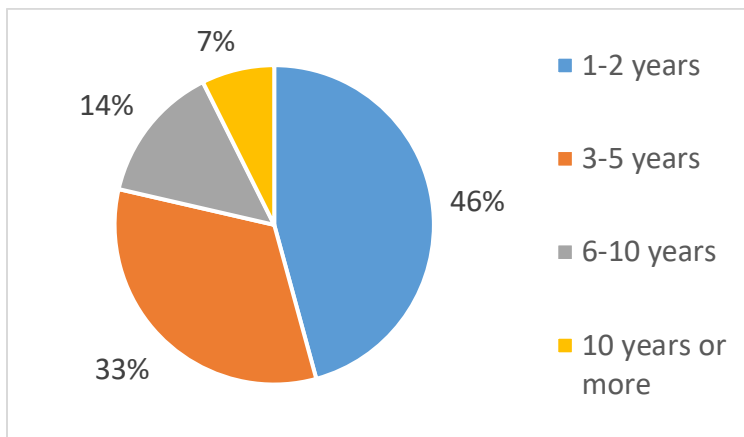
Home Support Services

Number of Unduplicated Clients



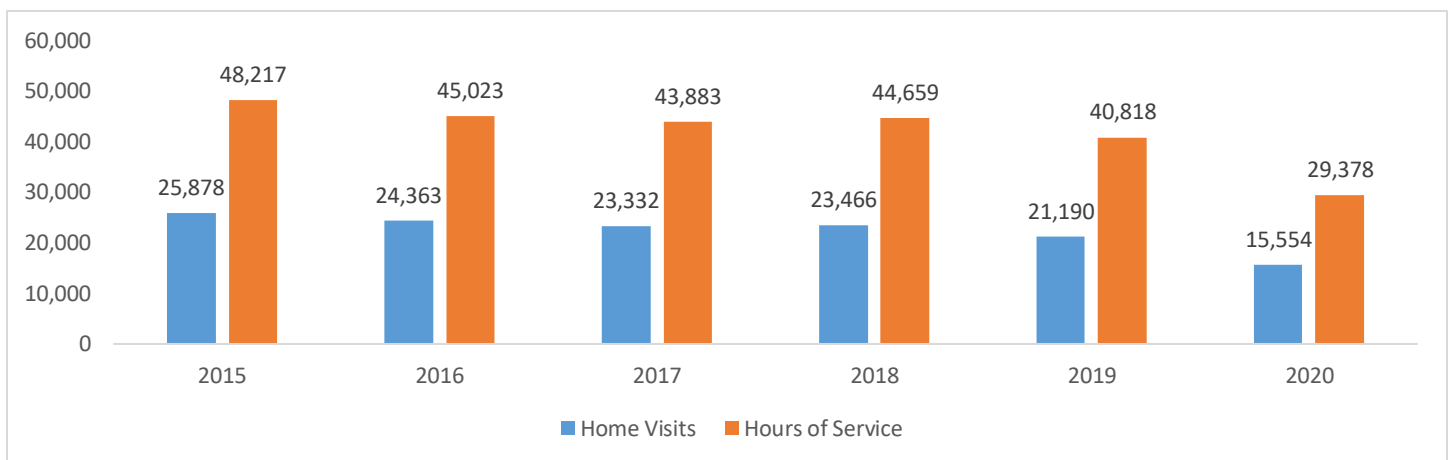
The reduction in client count is due to many clients requesting services be suspended due to Covid-19 and the inability to see new clients due to DSAS nurse's responsibility for conducting employee health screens at County buildings

Length of Time on Caseload



- In 2020, 46 clients were served through the Ryan White Program and 29 clients received services through a partnership with McGregor PACE
- All Home Support clients received a Falls Risk Assessment; 68% indicated a minimal risk for falls; 26% indicated a high risk; and 6% were at no risk

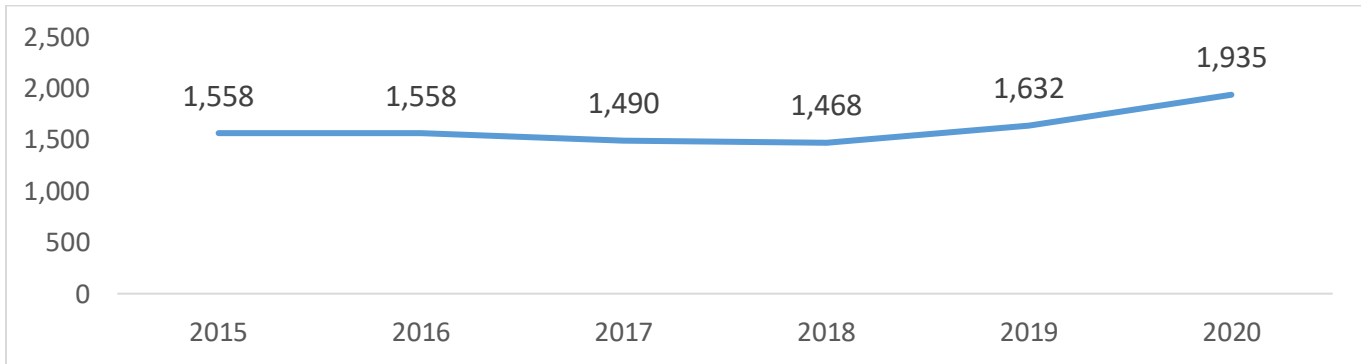
Home Health Aide Productivity



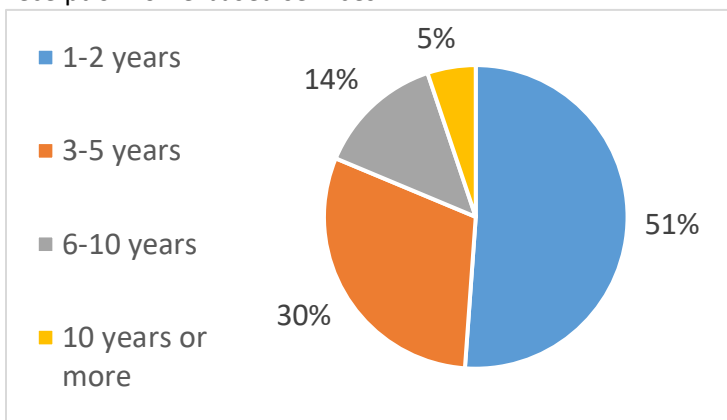
In lieu of home visits due to Covid for some clients, 587 "wellness checks" were made by DSAS Home Health Aides

Options for Independent Living

Number of Unduplicated Clients in receipt of at least one home-based service

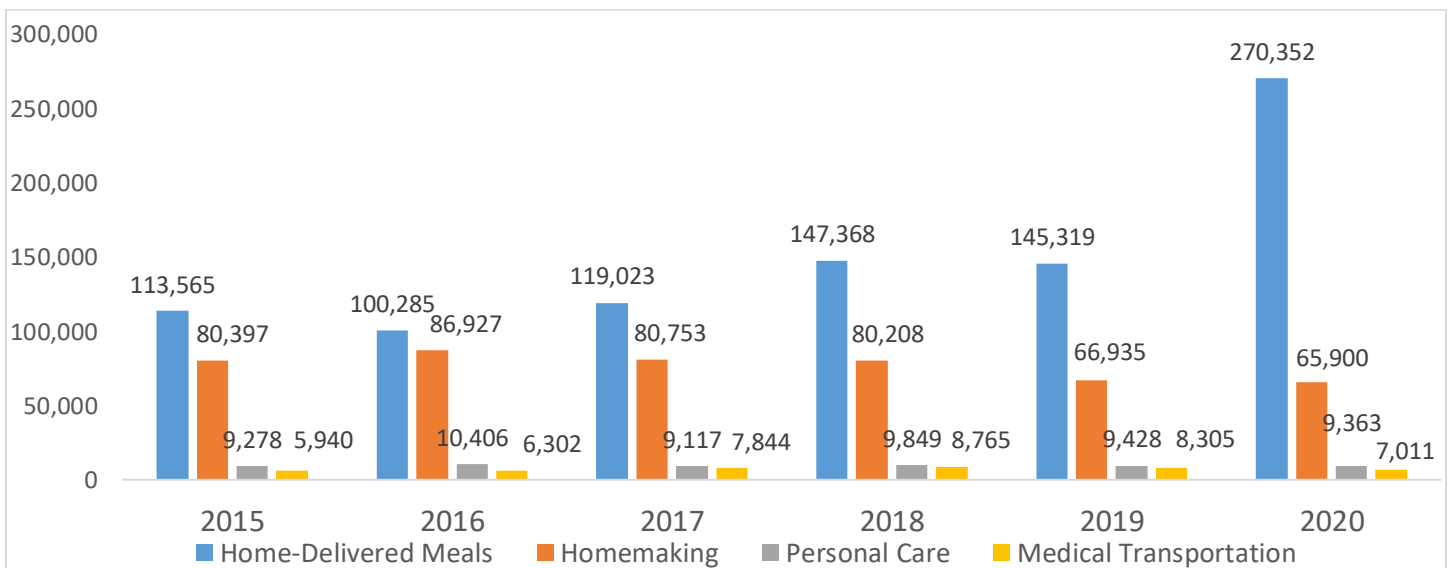


Length of time on caseload for clients in receipt of home-based services



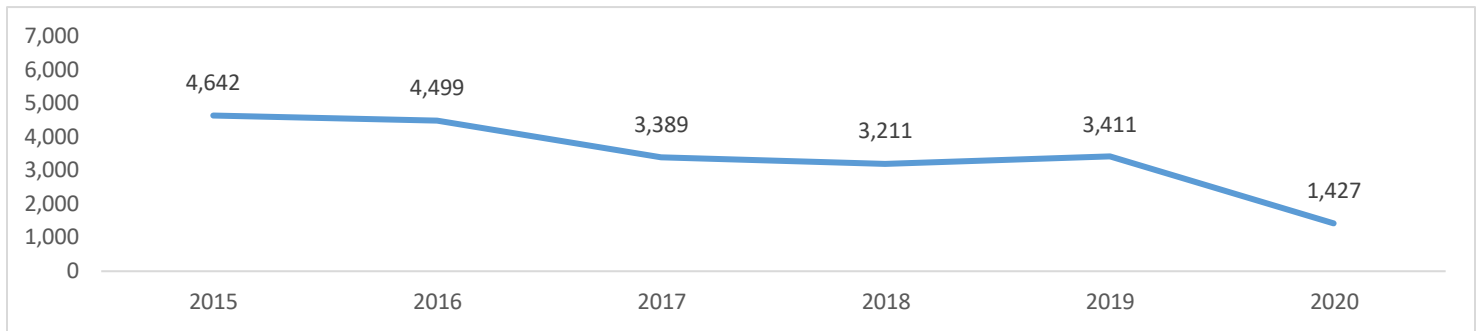
- A licensed social worker provided social work counseling to 37 Waiver clients
- Nearly 900,000 home-delivered meals have been delivered in the last 6 years

Units of Service Provided



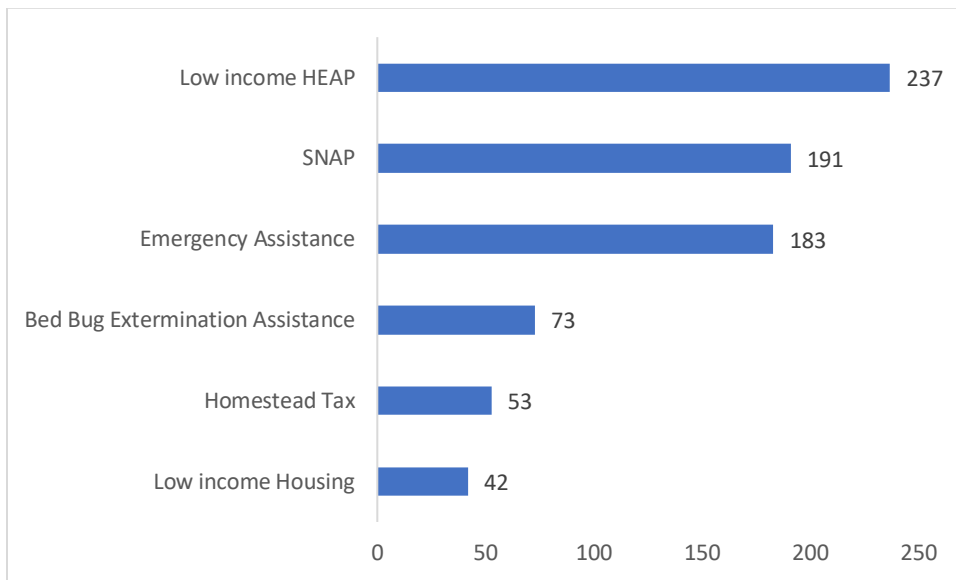
Information Services Unit Aging and Disability Resource Center (ADRC)

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



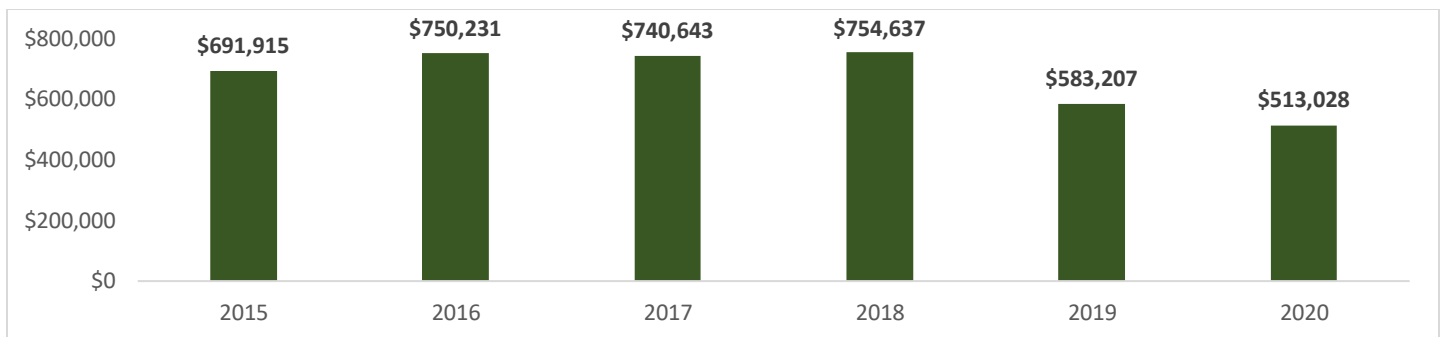
The reduction in client count is due to the inability to conduct large-scale, face-to-face benefit checkup events due to Covid-19; Staff who conducted these events focused on contacting clients individually to assist with benefit needs.

Most common types of benefits received through Information Services staff



Since 2015, the Information Services Unit provided **more than \$4 million** in cost-savings benefits to DSAS clients (See chart below)

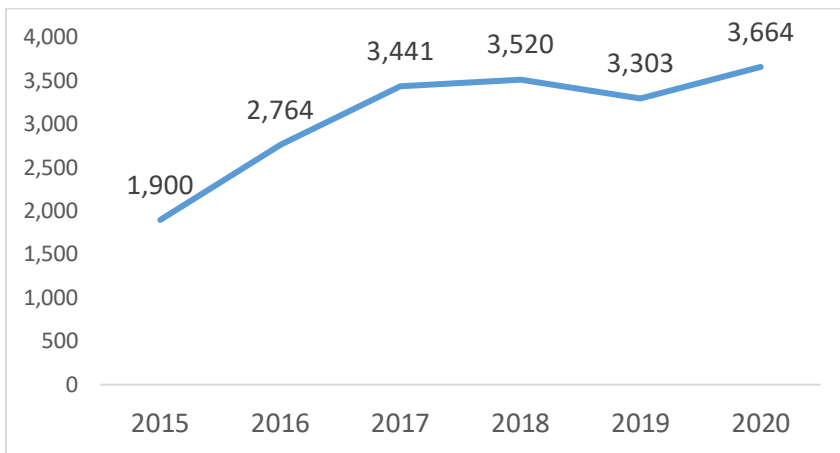
Cost-Benefit Savings



Cost-benefits savings represents the total amounts of benefits received by clients who were assisted by Information Services staff

Community Social Services Program (CSSP)

Number of Clients Served

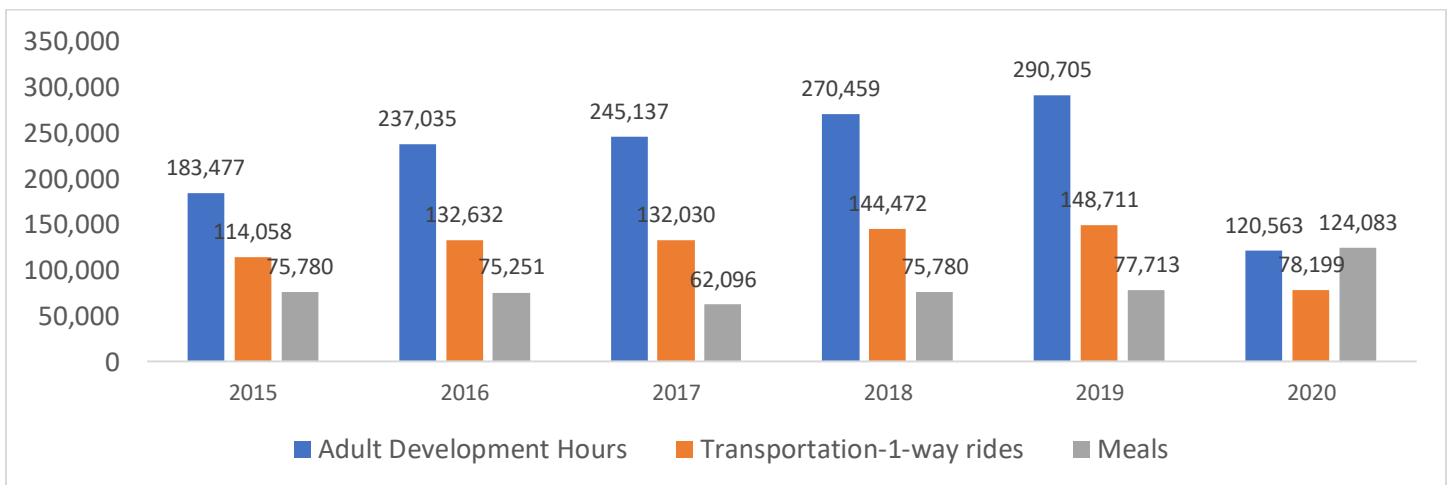


- Despite the state-mandated closure of senior and community centers due to Covid-19, CSSP client counts increased in 2020.
- This is primarily due to additional outreach efforts by centers to reach new clients to provide home-delivered and curbside meals. **More than 124,000 meals were provided in 2020.**
- 1,042 hours of Adult Day Care were provided in 2020

In 2020 due to the mandated closure of senior and community centers, DSAS sent a customer satisfaction survey to CSSP clients to examine how clients were adapting. Key results included:

- 29% of respondents indicated they “strongly disagreed” with the statement, “I have enough and sufficient technology to participate in online/internet activities; Only 40% indicated “strongly agree” or “agree”
- 58% of respondents indicated “strongly agree” or “agree” to the statement “I have felt lonelier while the community center has been closed.
- 83% indicated “strongly agree” or “agree” to the statement, “When the center opens, I plan on returning”

Units of Service Provided



Conclusion

COVID-19 presented DSAS with a unique set of challenges in 2020. First and foremost, was ensuring that clients continued to receive services (in some case, life-saving services), while keeping staff and clients safe. Fortunately, DSAS was equipped with technology to allow for a remote work environment with minimal disruptions. Phone calls in lieu of home visits were conducted, often at the client request. Fewer referrals were made to the DSAS Centralized Intake Line, not due to a lack of need, but due to fewer referrals from community providers who had to shut their doors at least temporarily.

With the hope of a return to “normalcy” in 2021, PEI will continue to monitor client counts, numbers of referrals, demographic shifts, and service model changes. The expectation is that some benefit check-up events will be held, and more home visits will be conducted. **Data from 2020 must be examined in context of Covid-19, as increases or decreases in services were not necessarily based on a lack of need or increased need.**

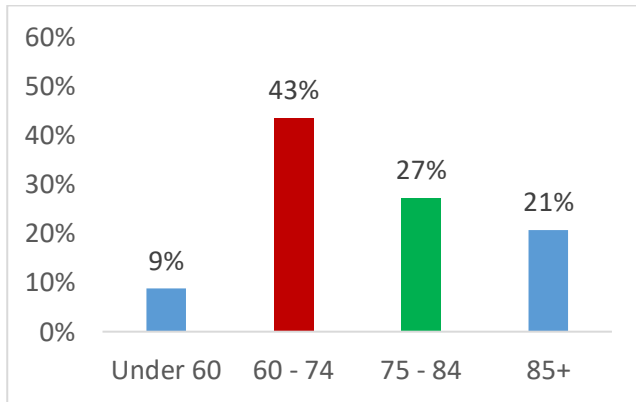
DSAS is focused on addressing Social Determinants of Health, and PEI will focus on those issues. A new tool for monitoring Food Insecurity, “The Hunger Vital Sign”, will be used to address immediate or long-term food insecurity issues. Data will be collected on hospital usage to determine how DSAS clients address health needs. PEI will continue to research more efficient ways to monitor and report client outcomes. This includes researching acuity scales to measure client outcomes; utilizing existing standardized assessment tools; collecting client feedback and performance measures from satisfaction surveys; and modifying the DSAS case management system as needed to collect additional data. PEI will also continue to meet with local experts on aging, including members of the DSAS Advisory Board.

DSAS provides a safety net to low-income seniors and adults with disabilities. It is critical that PEI staff is transparent and accountable when reporting data so that services can be designed in the most efficient way to serve these clients.

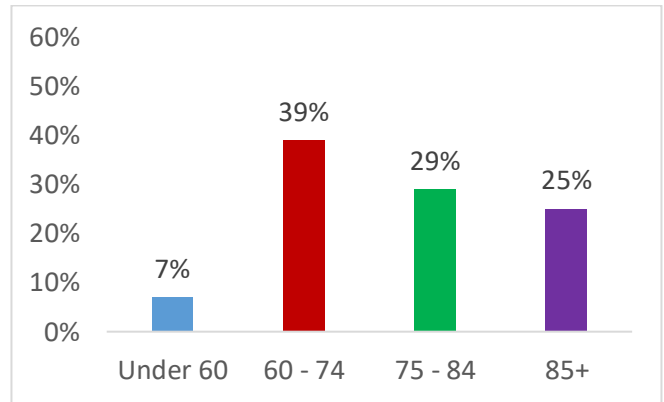
Questions about this report should be directed to Kit Newell at kit.newell@jfs.ohio.gov or Molly McLaughlin at molly.mclaughlin@jfs.ohio.gov

APPENDIX A-DSAS Demographics-AGE

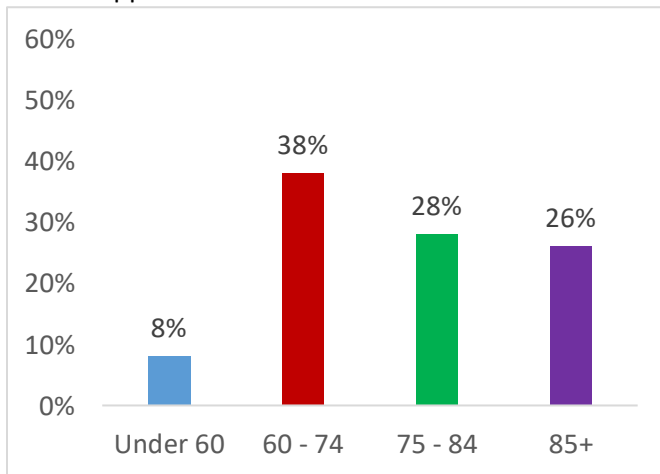
All DSAS



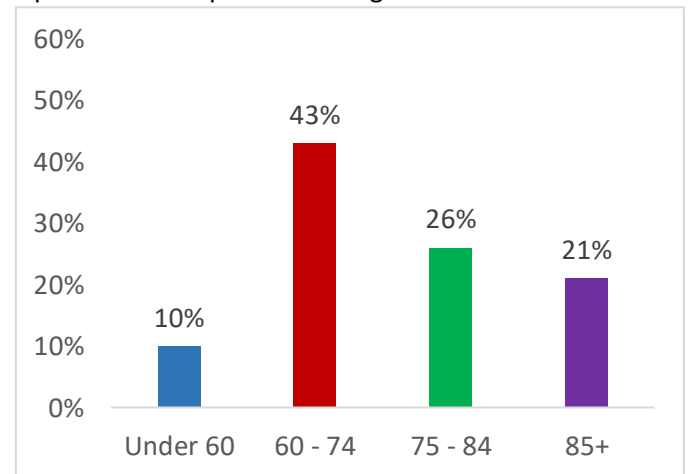
Adult Protective Services



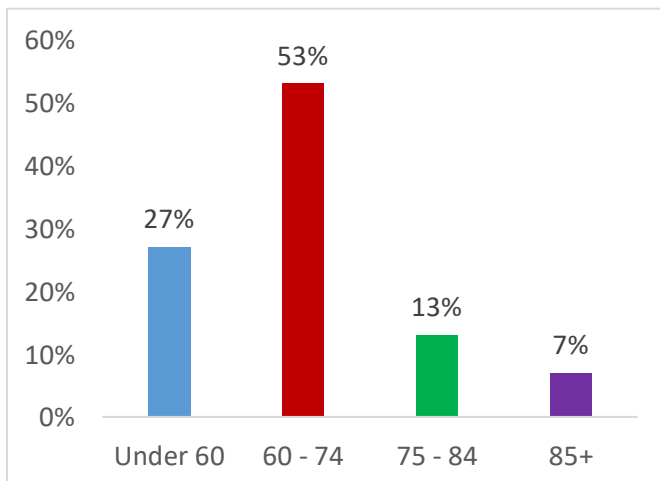
Home Support



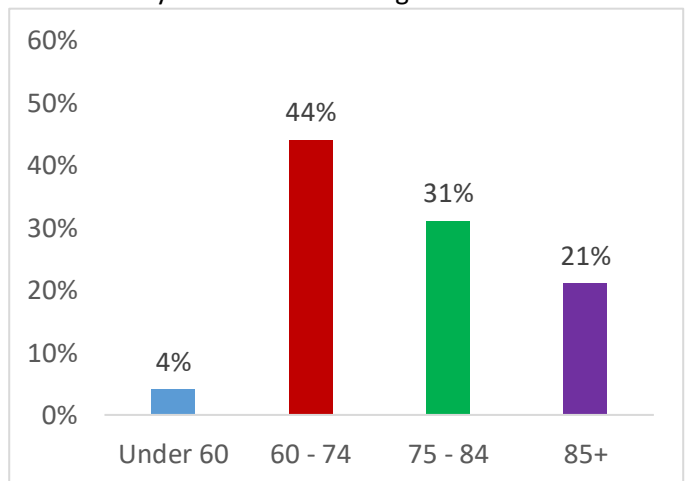
Options for Independent Living



Information Services

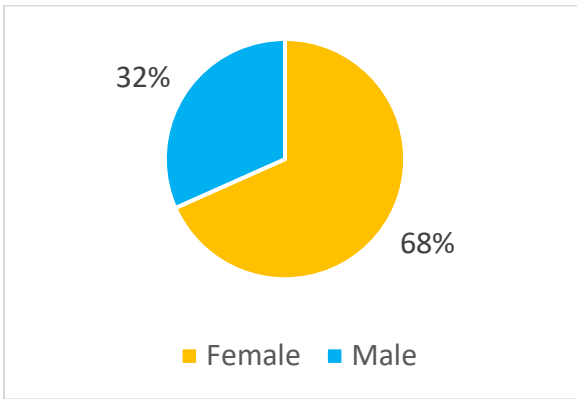


Community Social Services Program

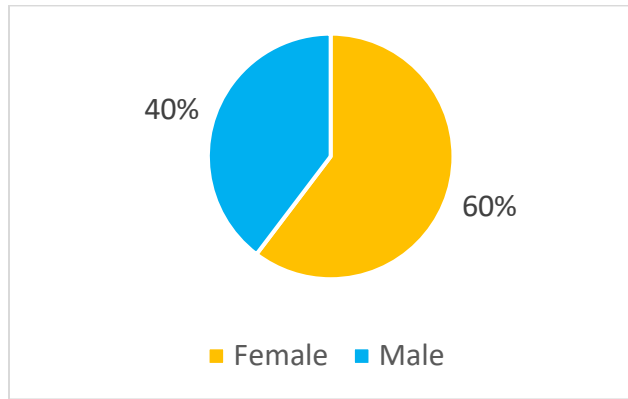


APPENDIX B-DSAS Demographics-GENDER

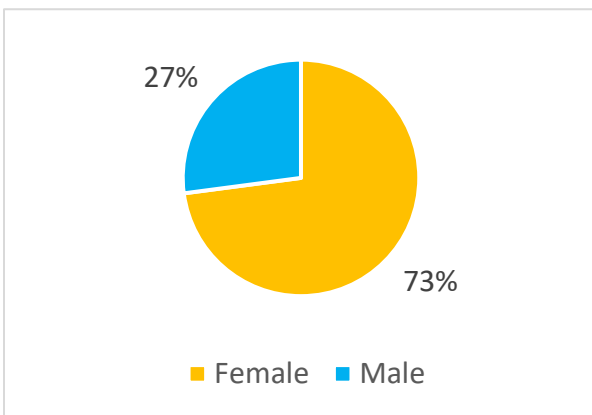
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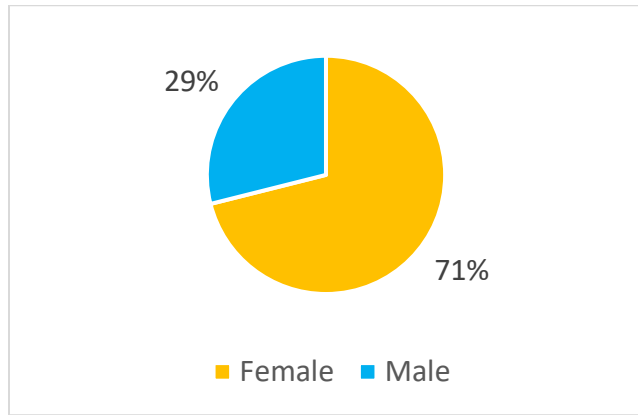
Adult Protective Services



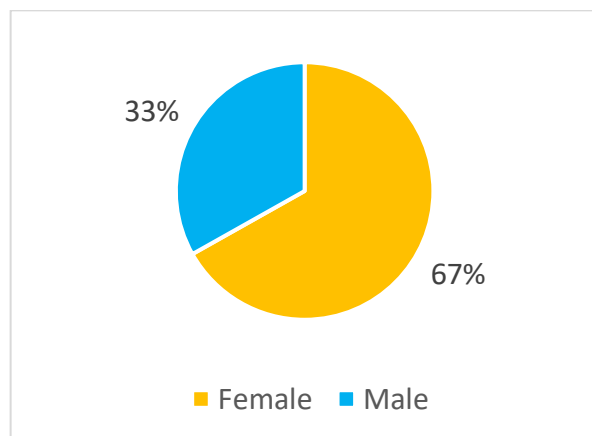
Home Support



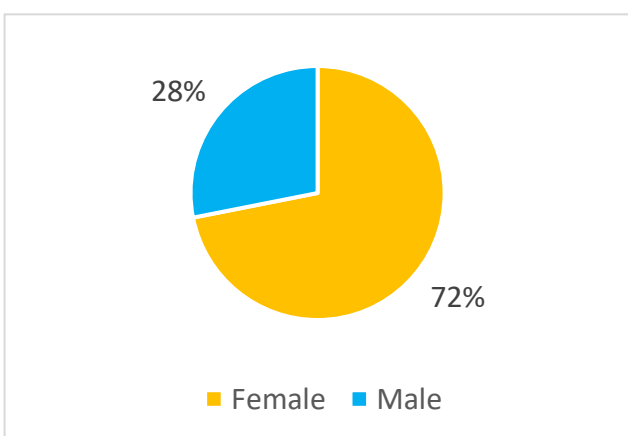
Options for Independent Living



Information Services

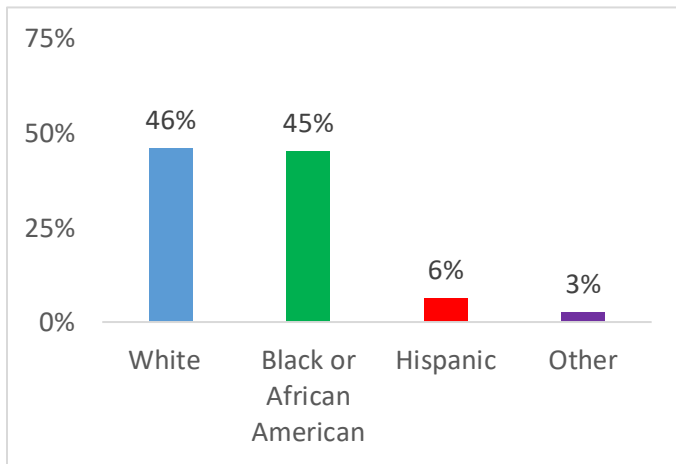


Community Social Services Program

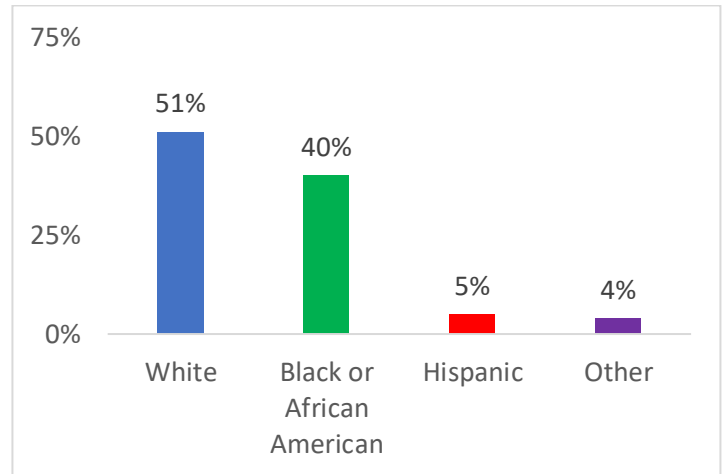


APPENDIX C-DSAS Demographics-RACE

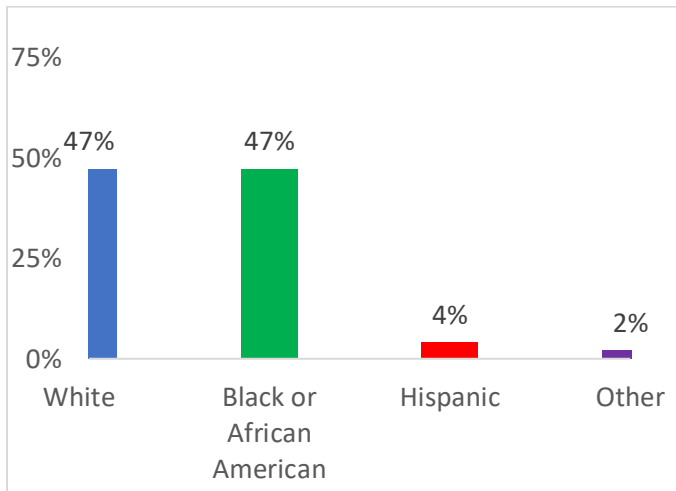
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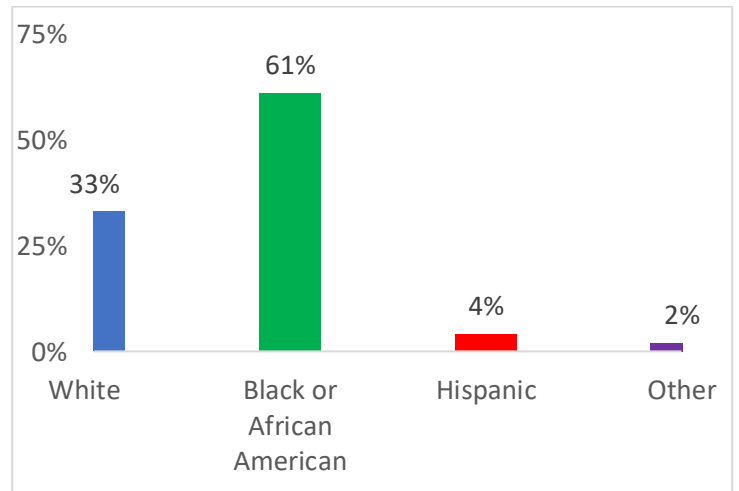
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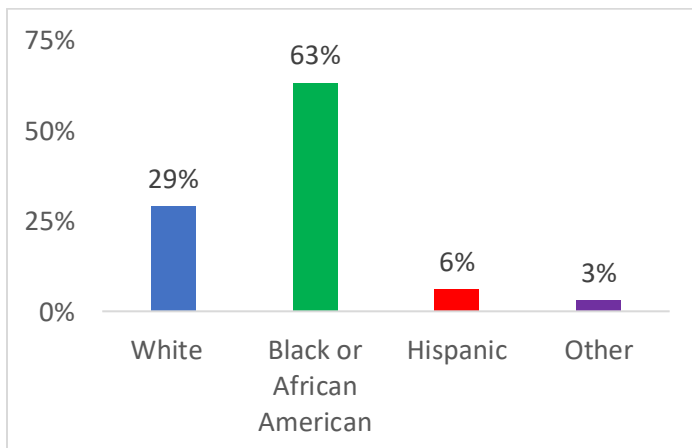
Home Support



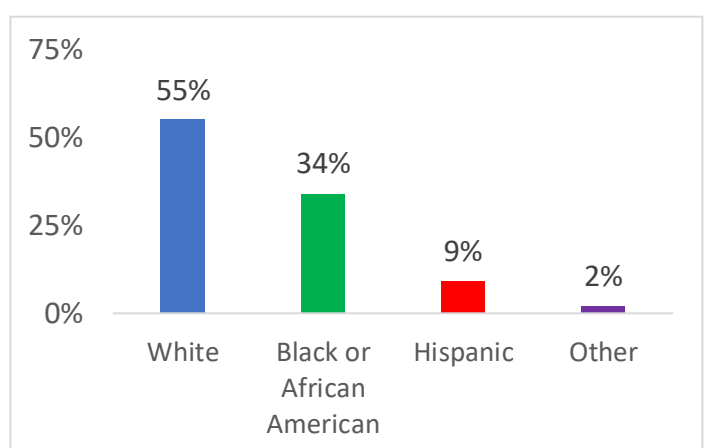
Options for Independent Living



Information Services

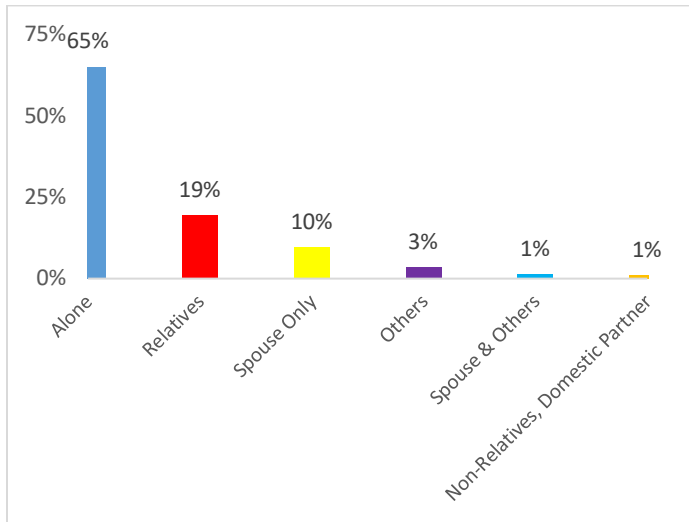


Community Social Services Program

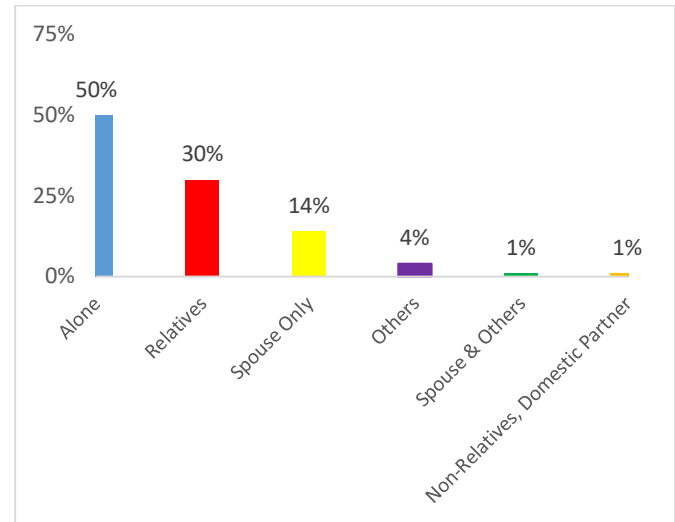


APPENDIX D-DSAS Demographics-Living Situation

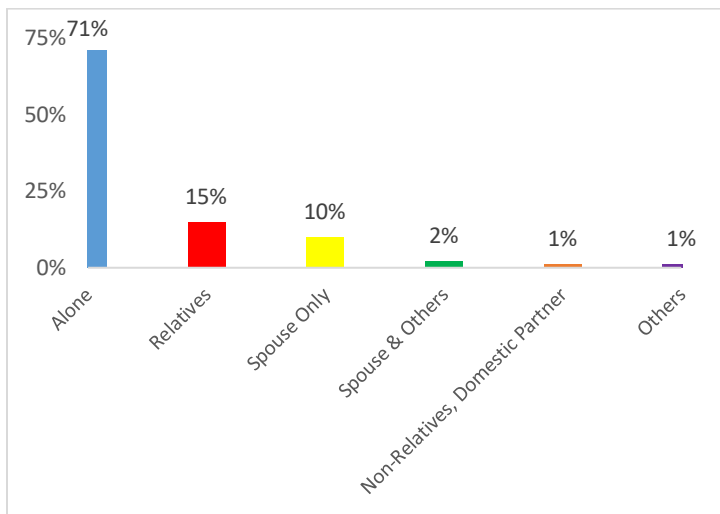
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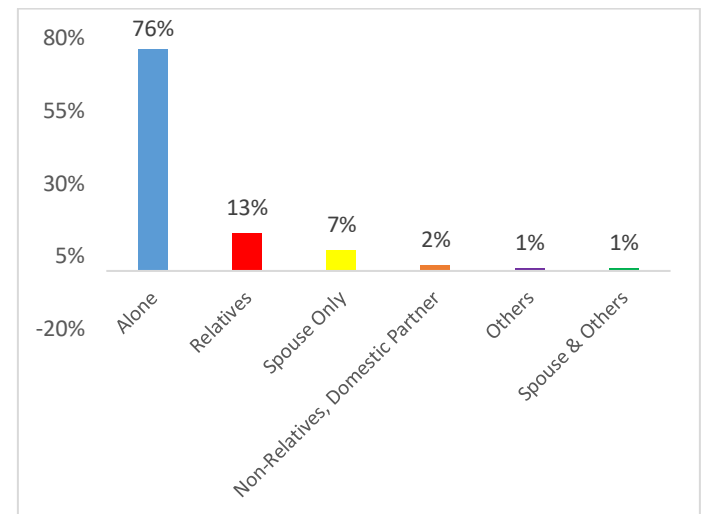
Adult Protective Services



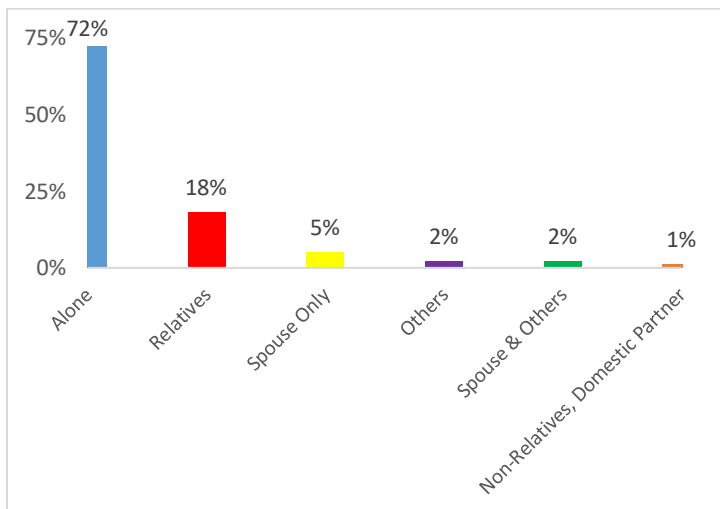
Home Support



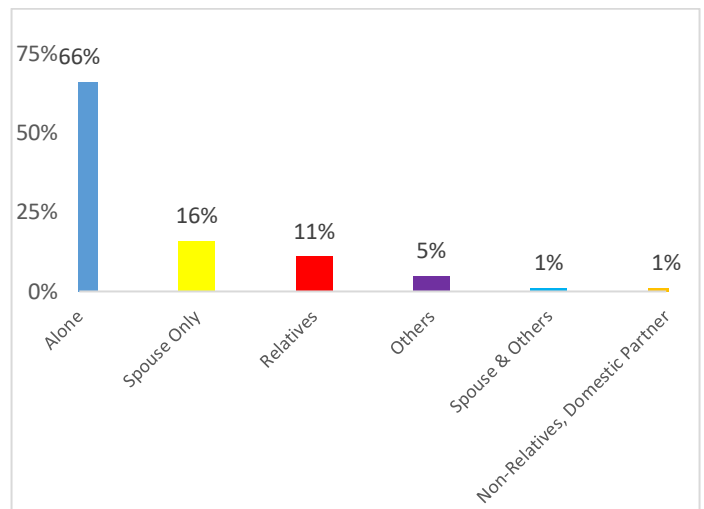
Options for Independent Living



Information Services

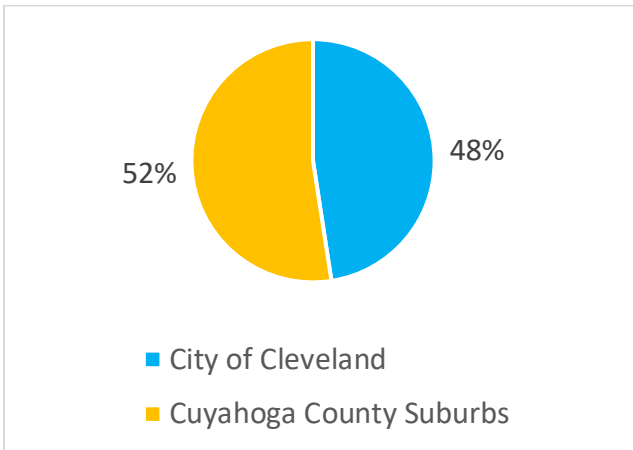


Community Social Services Program

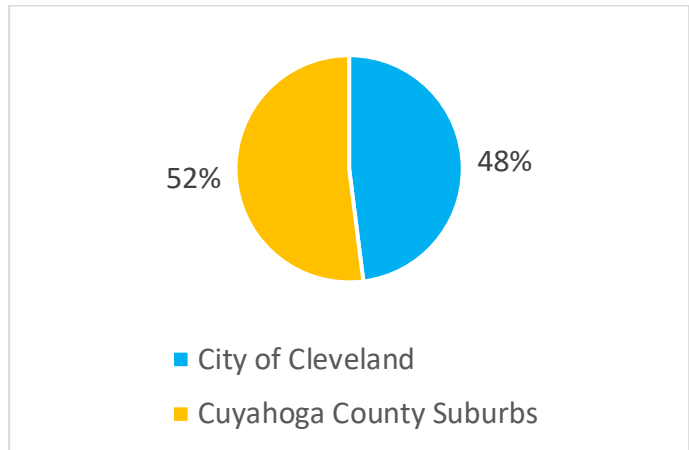


APPENDIX E-DSAS Demographics-City of Residence

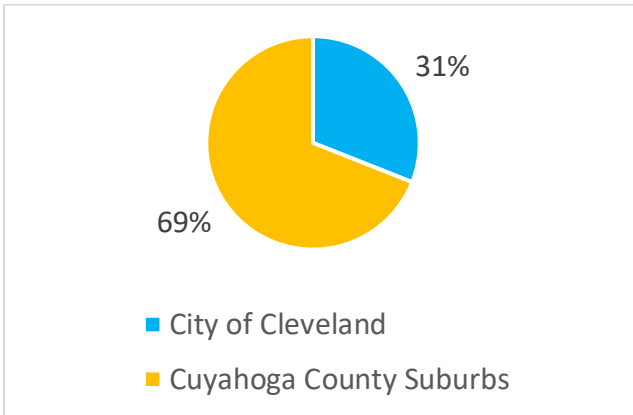
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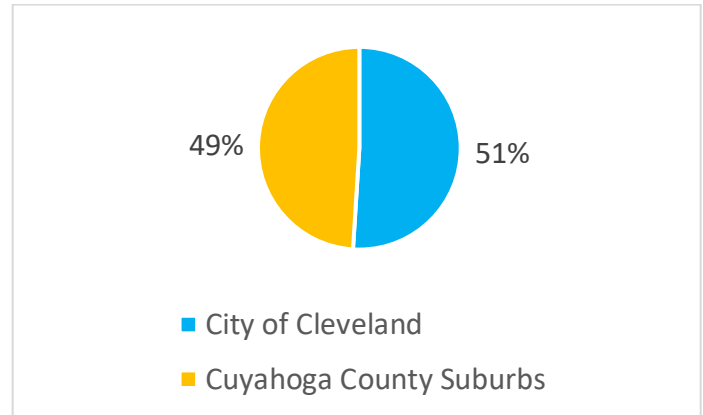
Adult Protective Services



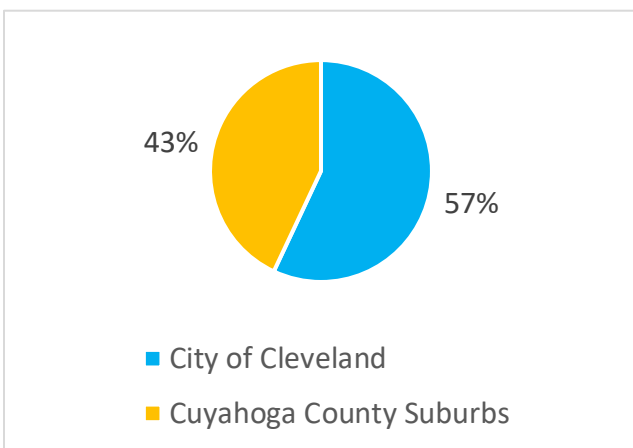
Home Support



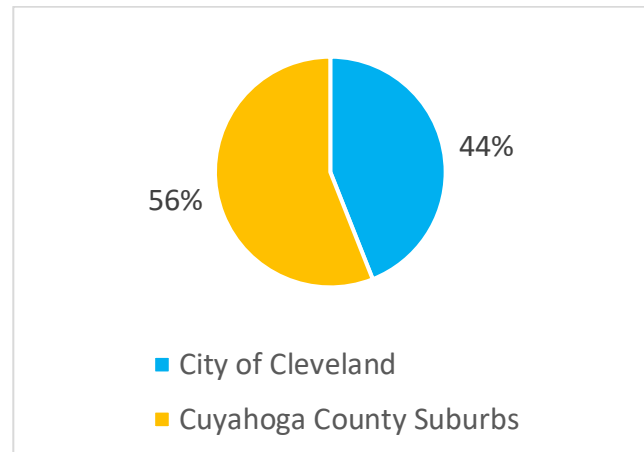
Options for Independent Living



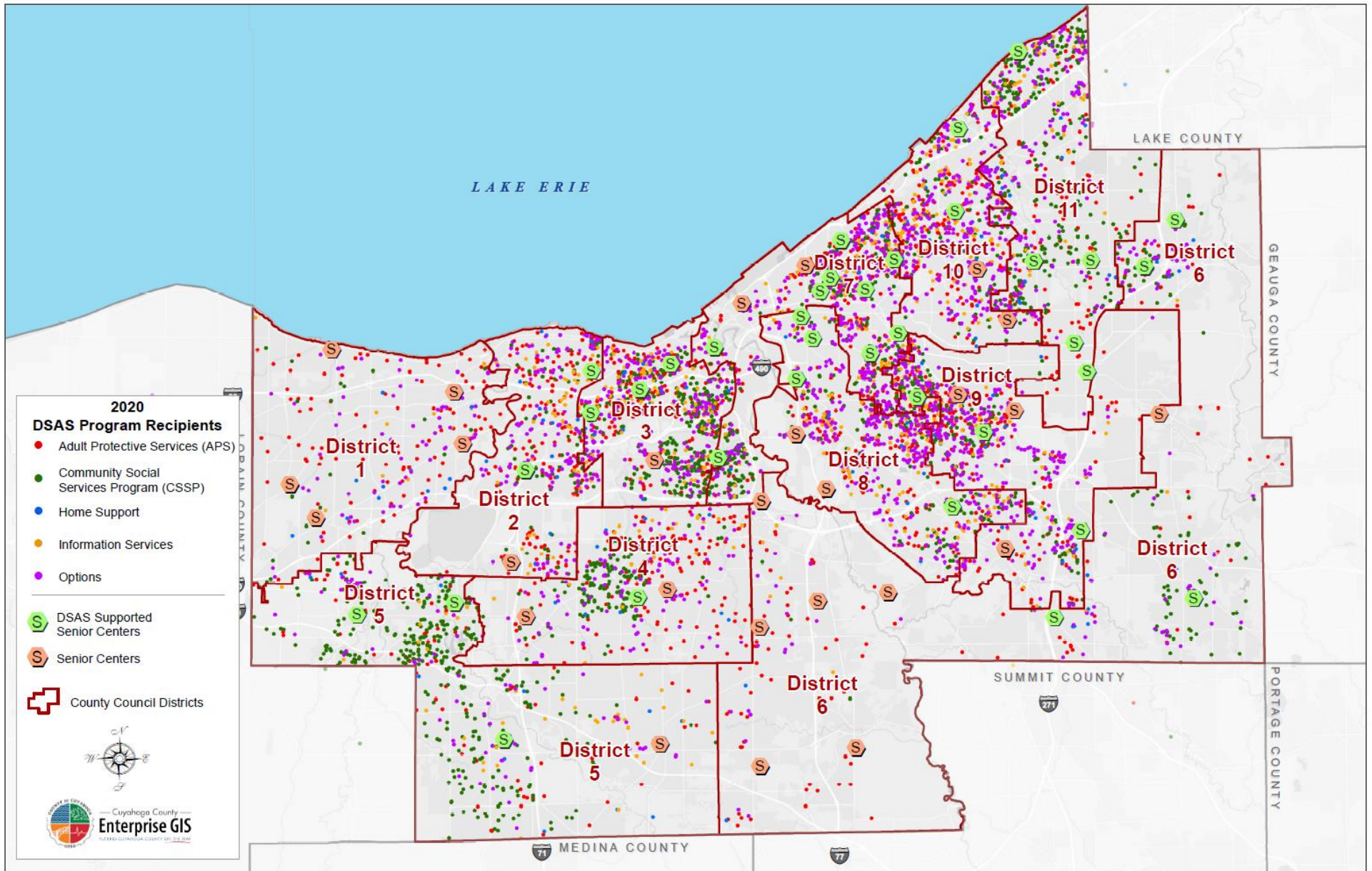
Information Services



Community Social Services Program

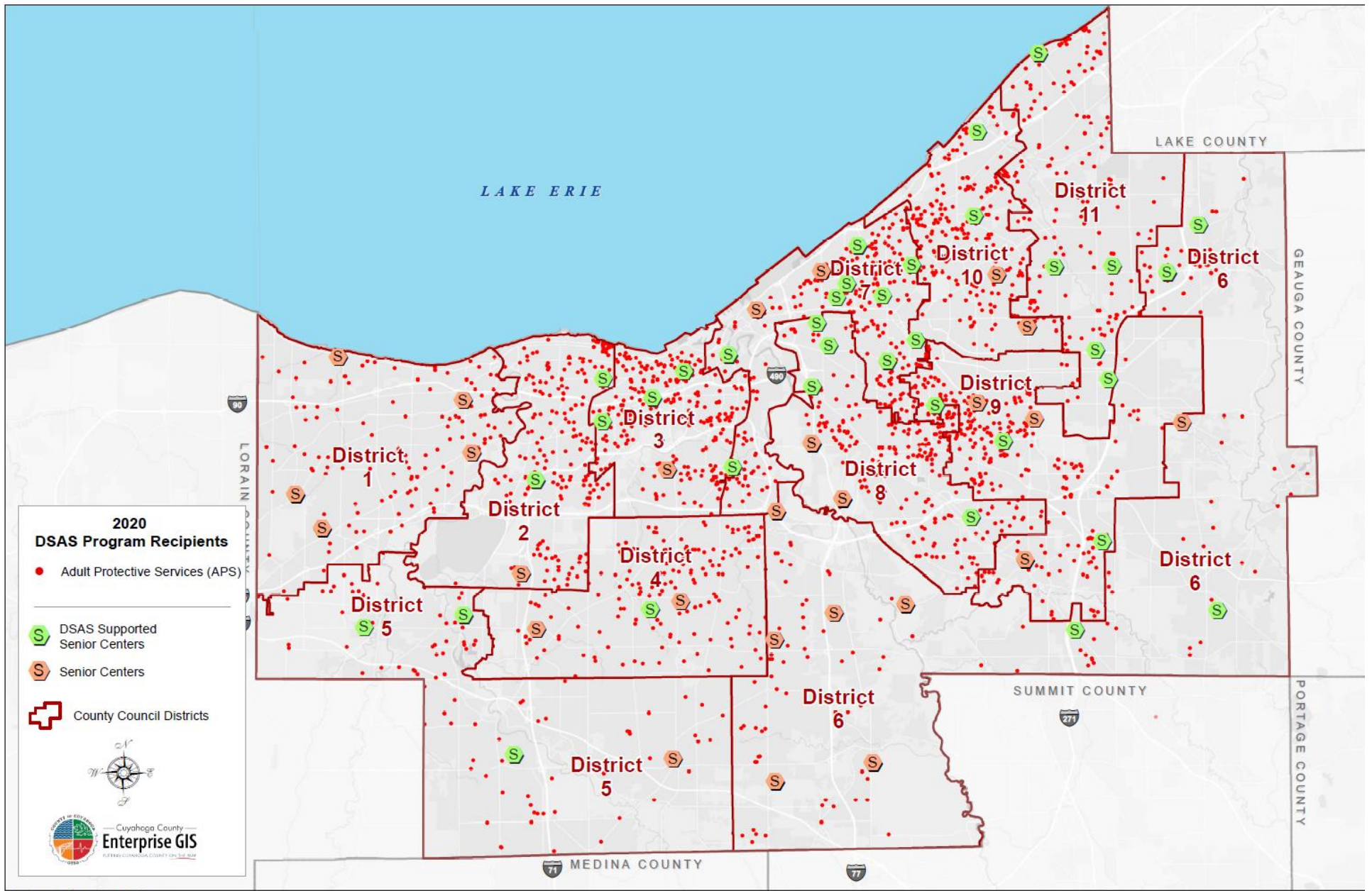


APPENDIX F-DSAS client map-Served client for all programs 2020



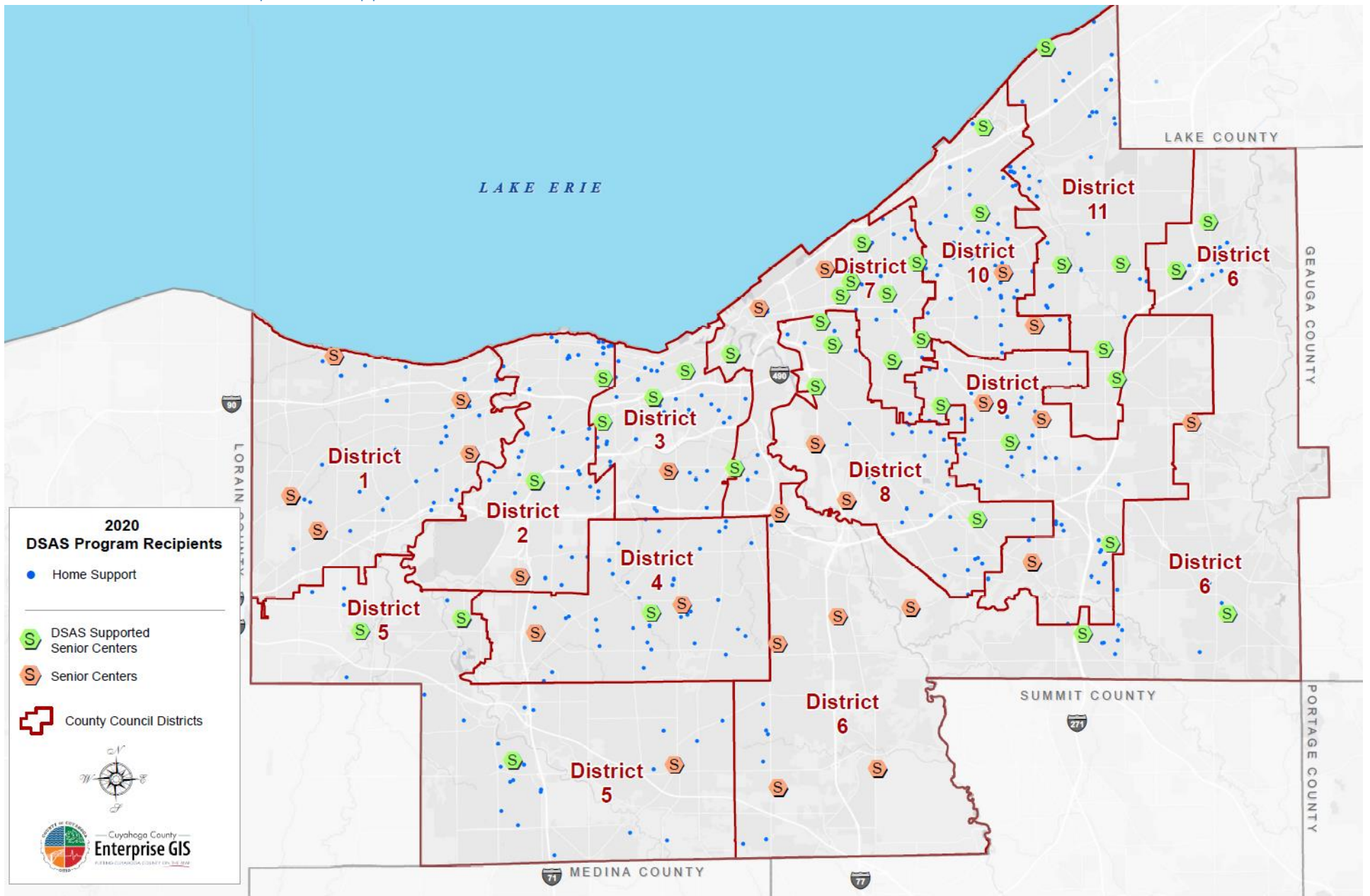
Cartographer By: Justin T. Haines

APPENDIX G-DSAS client map-Adult Protective Services-2020

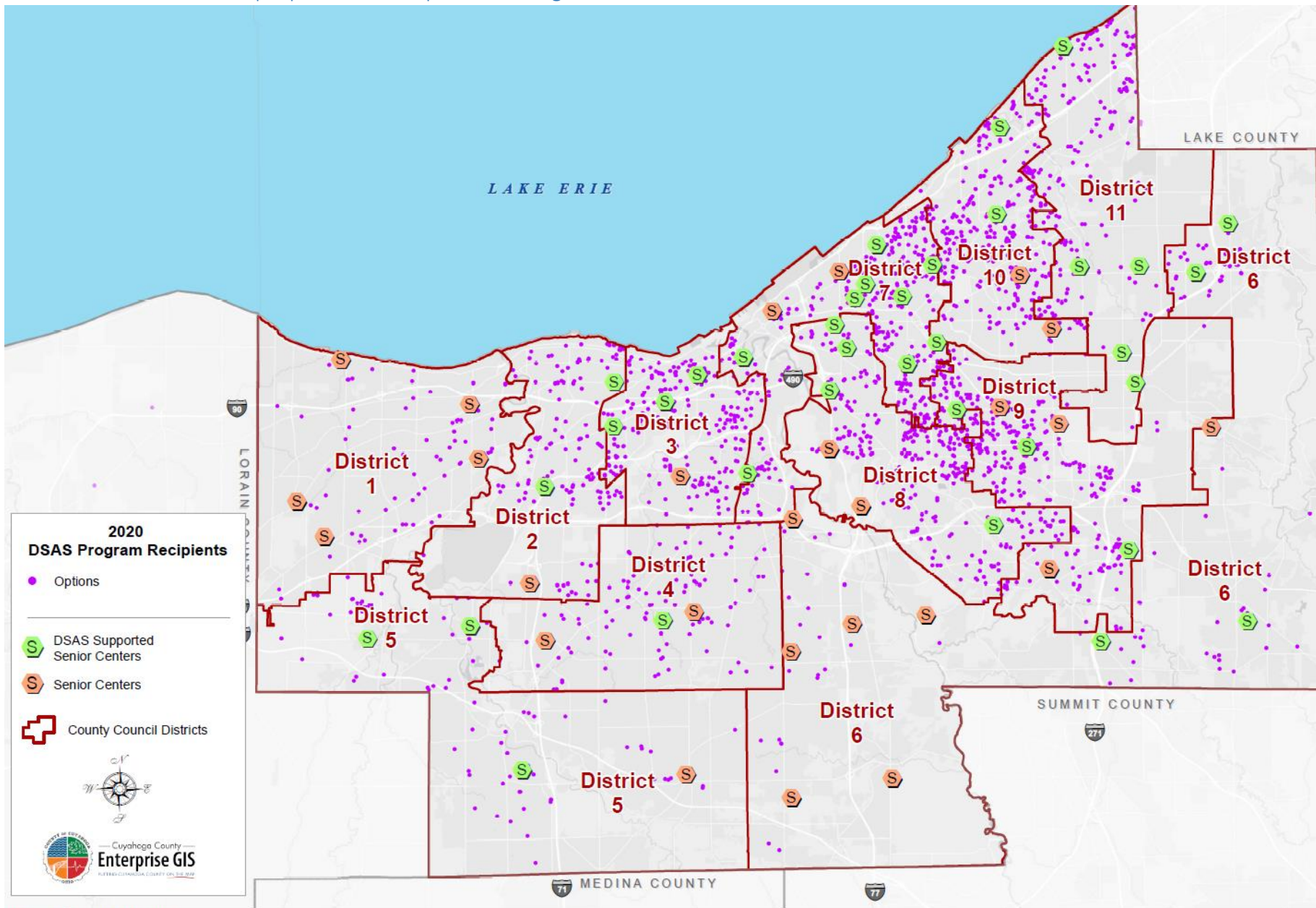


Cartography By: Justin T. Hanson

APPENDIX H-DSAS client map-Home Support-2020

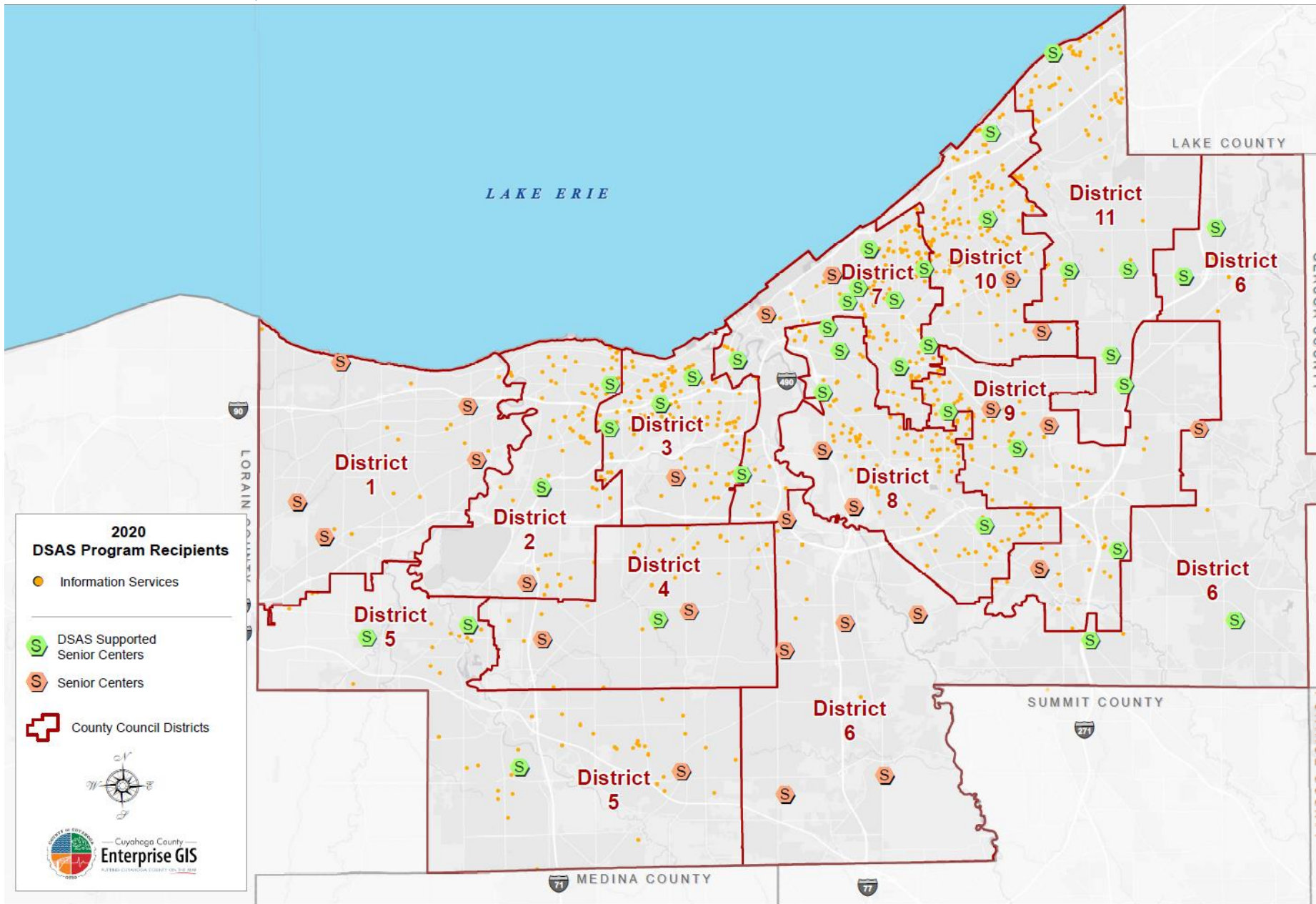


APPENDIX I-DSAS client map-Options for Independent Living-2020



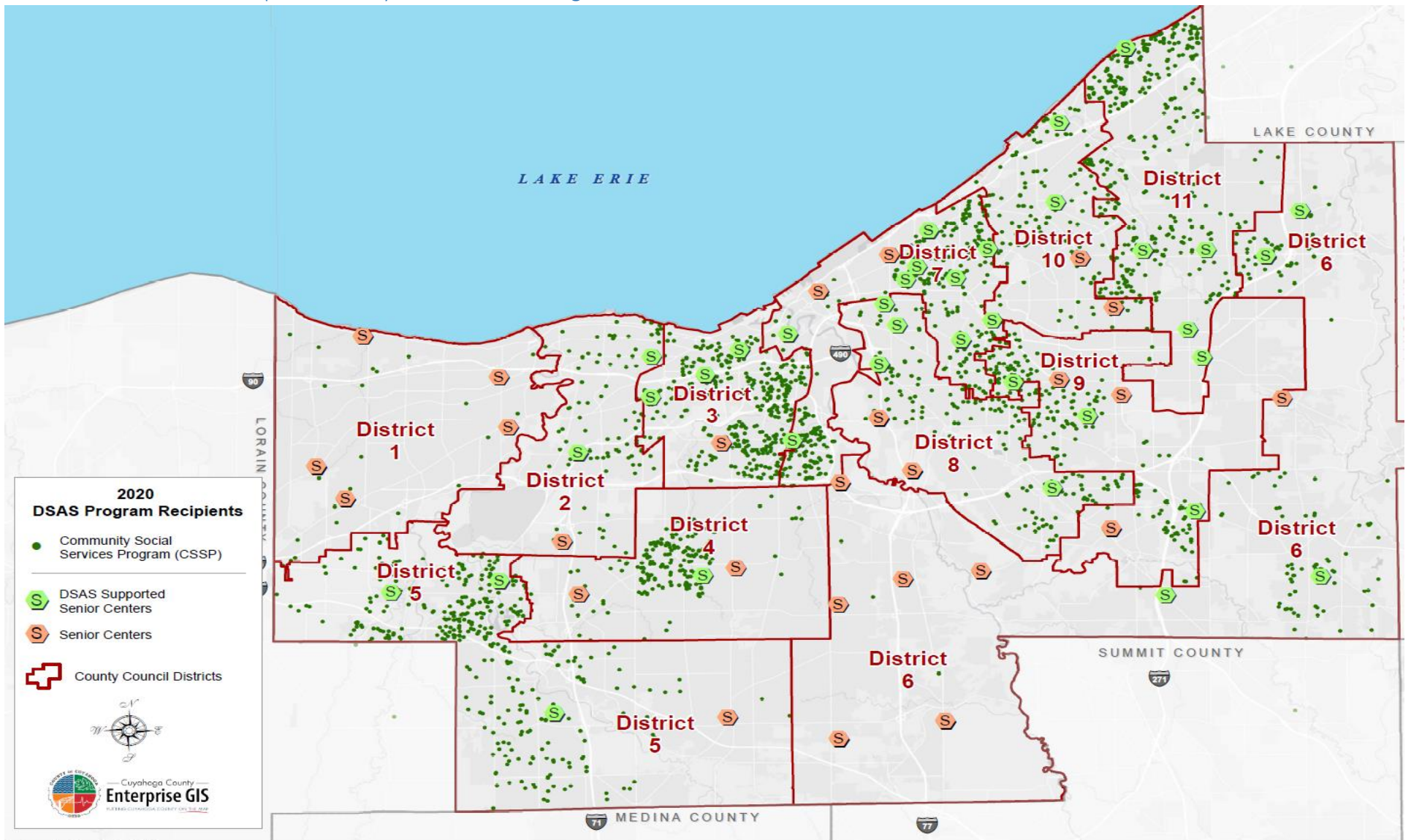
Cartography By: Justin T. Haynes

APPENDIX J-DSAS client map-Information Services-2020



Cartography By: Justin T. Houser

APPENDIX K-DSAS client map-Community Social Services Program-2020



Cartography By: Justin T. House