

Performance Evaluation & Innovation (PEI) 2021 Statistical Performance Report



Division of Senior and Adult Services (DSAS)
Department of Health and Human Services
March 2022

Cuyahoga County
Together We Thrive

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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

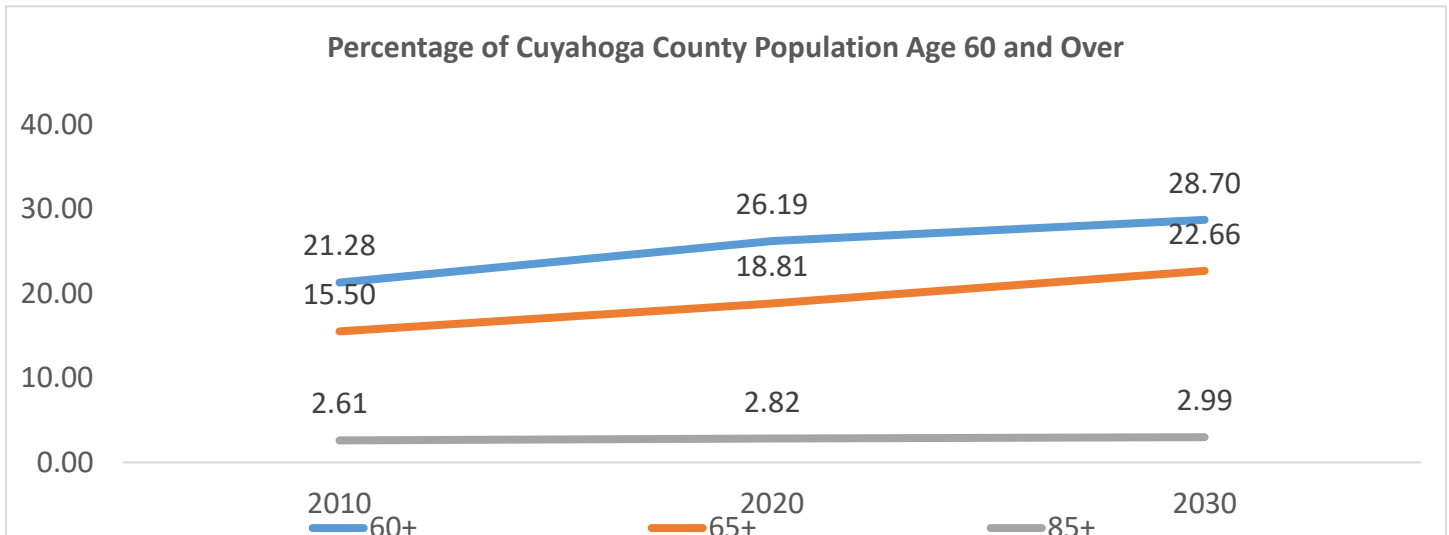
The 2021 Division of Senior and Adult Services (DSAS) Statistical Performance Report's purpose is to provide a snapshot of the services provided by DSAS, examine caseload trends, and identify key issues for each program. DSAS utilizes multiple case management systems to report data, including a system 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 70,000 direct contacts were made with DSAS clients, either via phone, home visit or email.
- In the last 5 years, the DSAS Information Services Unit has connected seniors and adults with disabilities with more than \$3 million in supportive benefits such as SNAP, HEAP, and transportation.
- In the last 5 years, DSAS has provided more **than 1.75 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/2021dsascustomersatisfactionreport.pdf?sfvrsn=ae1e8fcf_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.



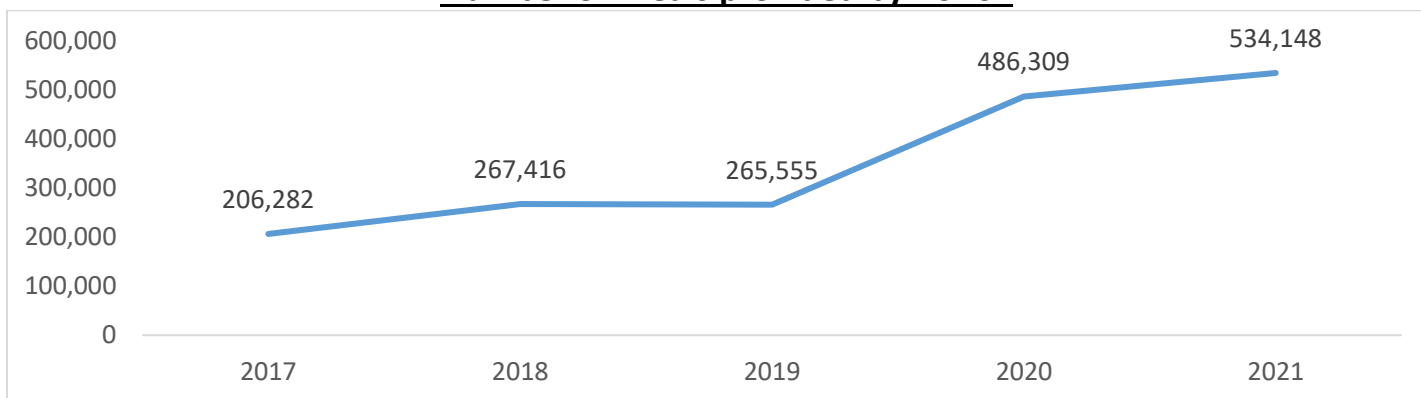
Response to COVID-19 and Addressing the Social Determinants of Health

Response to COVID-19

DSAS continued to adapt to the challenges of the COVID-19 pandemic. Staff are equipped with mobile devices allowing them to conduct nearly all case management activities in the field. Home visits continued to be mandated by the State of Ohio for Adult Protective Services, and DSAS gradually expanded home visits in the summer. **If the social worker determined a face-to-face visit was needed, or it was requested by the client, it was conducted, and clients could still request a phone call in lieu of a home visit.** DSAS programs adjusted service delivery in the following ways:

- Home visits and phone calls
 - Approximately 70,000 direct client contacts were made (phone calls and home visits).
 - Similar to nationwide issues with home health aide staffing, DSAS faced shortages and vacancies for home health aides in the DSAS Home Support program and with providers contracted to provide home health aide services.
- Partnered with other aging organizations, Cuyahoga County Board of Health, and Emergency Services to launch the Homebound Vaccination Program, vaccinating more than 1,100 homebound adults.
- Developed and executed a mass vaccination plan to contract with community partners to register 5,032 residents for vaccinations and provide transportation for 537 seniors to health care providers.
- Expanded network of health care partners to provide guidance in response to COVID-19 to the aging network:
 - Cuyahoga County's Board of Health
 - Federally Qualified Health Care Clinics/Better Health Partnership
 - State of Ohio Regional Rapid Response Assistance Program (R3AP)
- Developed and disseminated Re-Opening Guides for senior and adult day care centers to open safely, and with the necessary resources (e.g., testing kits, PPE, signage).
- Expanded marketing campaign to include postcards to residents and posters to community partners regarding DSAS programs and services and health information (e.g., vaccination, booster, flu shot).
- 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.
- Additional funding for home-delivered meals helped result in nearly 200 additional clients being added to the Options for Independent Living program and delivery of more than 300,000 home-delivered meals
- CSSP service adjustments:
 - Due to Covid-19, many community centers continued to shift 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 tracks 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:

Food Insecurity

- According to a study by Feeding America, food insecure seniors are more likely to experience chronic health conditions.
- More than 530,000 meals were provided by DSAS in 2021.

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 2021 DSAS Customer Satisfaction survey, 94% of Home Support clients and 87% of Options for Independent Living respondents indicated the services that they receive through DSAS 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 2021 DSAS Customer Satisfaction survey, 39% of respondents indicated they “strongly disagreed or disagreed” with the statement, “I have enough and sufficient technology to participate in online/internet activities”; 44% indicated “strongly agree” or “agree”; 44% of respondents indicated “strongly agree” or “agree” to the statement “I have felt lonelier while the community center has been closed”; 79% indicated “strongly agree” or “agree” to the statement, “When the center opens, I plan on returning”.

Transportation

- Transportation issues for seniors are "the first point of isolation and need," according to the National Association of Area Agencies on Aging.
- More than 100,000 rides were provided by contracted agencies in 2021.

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 in conjunction with local health care providers. The DSAS Geriatric Behavioral Nurse assisted APS clients more than 600 times and conducted more than 300 in-house consultations and home visits and more than 200 behavioral and geriatric assessments.
- The primary hospitals used by DSAS clients are the Cleveland Clinic, MetroHealth and University Hospitals .
- Overall satisfaction with DSAS programs has been consistent for the last 5 years. More detail about customer satisfaction can be found here: https://hhs.cuyahogacounty.us/docs/default-source/default-document-library/reports/dsas/2021dsascustomersatisfactionreport.pdf?sfvrsn=ae1e8fcf_4.
- DSAS tracks a variety of performance measures through an internal process known as SeniorStat. These measures include assessment timeliness; timeliness of initial contact and home visit; and number of home visits and phone calls conducted per day.

Findings

DSAS Client and Services Count

| Clients Served | 2017 | 2018 | 2019 | 2020 | 2021 |
|--|---------------|---------------|---------------|---------------|---------------|
| Centralized Intake | 18,245 | 18,982 | 19,339 | 17,142 | 17,171 |
| Adult Protective Services (APS) | 1,944 | 2,338 | 2,436 | 2,340 | 2,402 |
| Home Support | 547 | 530 | 542 | 445 | 415 |
| Options for Independent Living | 1,523 | 1,502 | 1,669 | 1,972 | 2,151 |
| Information Services | 3,389 | 3,211 | 3,411 | 1,427 | 853 |
| Community Social Services Program (CSSP) | 3,441 | 3,520 | 3,303 | 3,664 | 3,716 |
| TOTALS | 29,089 | 30,083 | 30,700 | 26,990 | 26,708 |

| Services Provided | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|----------------|----------------|----------------|----------------|----------------|
| Meals | | | | | |
| Home Delivered Meals-Options | 119,023 | 147,368 | 145,319 | 270,352 | 302,157 |
| Congregate Meals-CSSP | 62,096 | 75,780 | 77,713 | 124,083 | 138,813 |
| Food Pantry/Holiday Food Baskets* | 1,760 | 1,232 | 2,000 | 3,872 | 2,864 |
| SNAP Meals* | 23,403 | 43,036 | 40,523 | 30,002 | 24,314 |
| WRAAA Circle of Food Program | N/A | N/A | N/A | 58,000 | 66,000 |
| <u>Meals Totals</u> | 206,282 | 267,416 | 265,555 | 486,309 | 534,148 |
| Transportation-1-way rides | | | | | |
| Transportation-CSSP | 132,030 | 144,472 | 148,711 | 78,200 | 68,230 |
| Medical Transportation-Options | 7,844 | 8,765 | 8,305 | 7,011 | 8,754 |
| Senior Transportation Connection | N/A | N/A | N/A | 4,629 | 31,987 |
| <u>Transportation Total</u> | 139,874 | 153,237 | 157,016 | 89,840 | 108,971 |
| Activities-Hours of Service-CSSP | | | | | |
| Adult Development | 245,137 | 270,459 | 290,705 | 120,564 | 172,596 |
| Adult Day Services | 1,506 | 1,421 | 1,535 | 1,042 | 1,068 |
| <u>Activity Hours Total</u> | 246,643 | 271,880 | 292,240 | 121,606 | 173,664 |
| Personal Care Homemaking** | | | | | |
| Homemaker Services | 80,753 | 89,526 | 78,538 | 74,435 | 71,141 |
| Personal Care Assistance | 14,978 | 15,586 | 15,188 | 12,766 | 12,606 |
| Home Supportive Assistance | | | | | |
| Emergency Response System- Options | 891 | 926 | 925 | 1,055 | 1,355 |
| Chore Services-Options | 343 | 143 | 460 | 438 | 584 |
| Grab Bar Installation-Options | 28 | 17 | 86 | 41 | 61 |
| Bed Bug Extermination Program | 154 | 124 | 96 | 122 | 100 |
| Specialized Grants | | | | | |
| Faith-Based Initiative | N/A | N/A | 500 | 2,305 | 2,711 |
| ALL TOTALS | 689,946 | 798,855 | 810,604 | 788,917 | 905,341 |

*SNAP meals based on \$1.40 cents per meal based on benefits provided by DSAS Information Services Unit per Center on Budget Policies and Priorities: <https://www.cbpp.org/research/food-assistance/>; Food Pantry meals based on 8 meals provided to each recipient

** Includes totals for both Home Support and Options for Independent Living

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. Key highlights include:

- Developed and executed a mass vaccination plan to contract with community partners which registered 5,032 residents for vaccinations and transported 537 to health care providers.
- Expanded network of health care partners to provide guidance in response to COVID-19 to the aging network; added 7 new partners, including:
 - Cuyahoga County Board of Health; Ohio Department of Health; Ohio Department of Aging; Federally Qualified Health Care Clinics/Better Health Partnership; and the State of Ohio Regional Rapid Response Assistance Program (R3AP).
- Developed and disseminated two Re-Opening Guides for senior and adult day care centers to open safely and with the necessary resources (e.g. testing kits, PPE, signage).
- Expanded marketing campaign to include postcards to residents and posters to community partners regarding DSAS programs and services and health information (e.g. vaccination, booster, flu shot); 24,292 postcards mailed.
- Placed a series of robocalls to vulnerable communities regarding vaccination, booster and flu shot availability; with an average of 7,035 people reached each series.
- Planned and executed the Northeast Ohio Aging and Disability Summit, in partnership with MetroHealth and Western Reserve Area Agency on Aging, garnering over 418 participants.

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 2021, 723 outreach events were conducted; 38 seniors were referred to DSAS; 72 seniors were eligible for Medication Rx/Medicare/Medicaid eligible; and 2,563 individuals attended a friends/family educational session.

Senior Transportation Connection (STC)

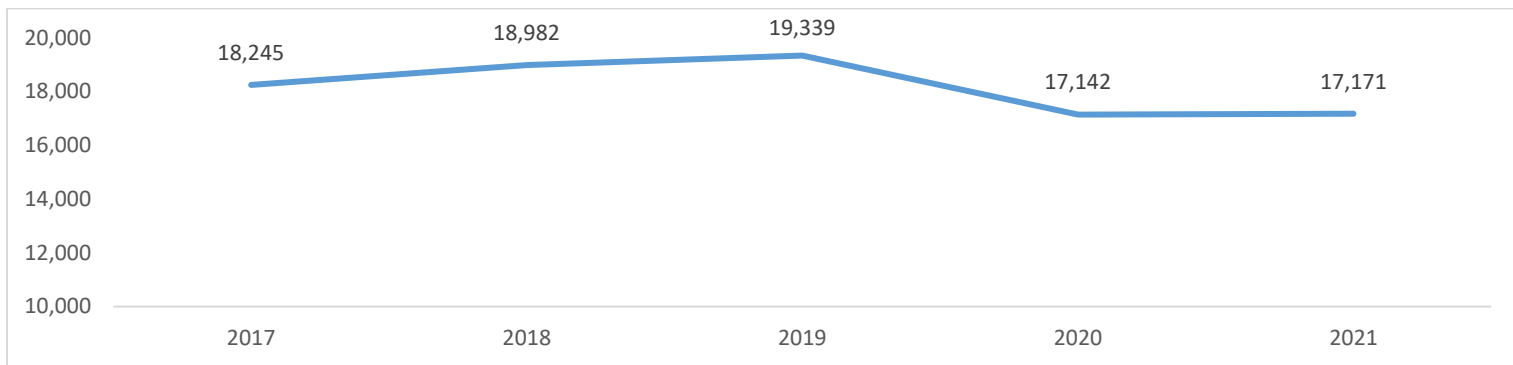
- A grant was provided to STC to support County-wide administrative operations. The grant contributes to salaries, contracted professional services and other client transportation services (county-wide, not just to DSAS clients), such as home-delivered meals, a main priority during the COVID-19 pandemic. 31,987 1-way trips were provided in 2021.

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

- The Circle of Food Program distributed 66,000 prepared meals to those in need, as well as provided work opportunities for restaurants and the delivery workforce due to the pandemic. The program specifically targeted senior apartment buildings, halfway houses, and community centers.

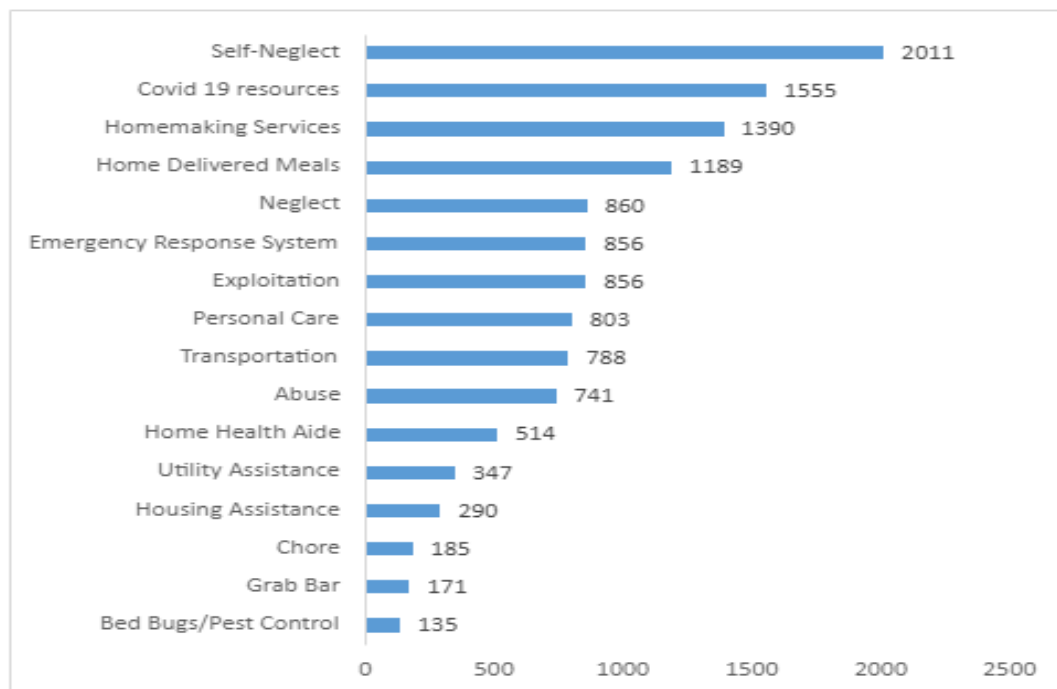
Centralized Intake Unit

Number of Calls Handled by the Centralized Intake Unit



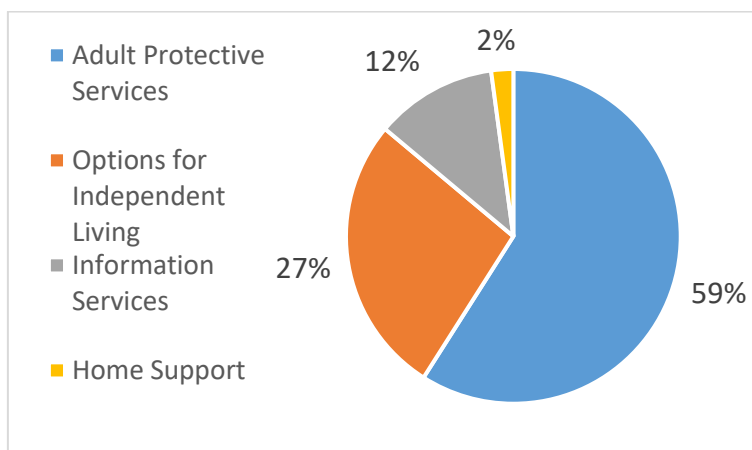
Average speed of answered call: 47 seconds

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



United Way 211 made 1,312 referrals to DSAS in 2021

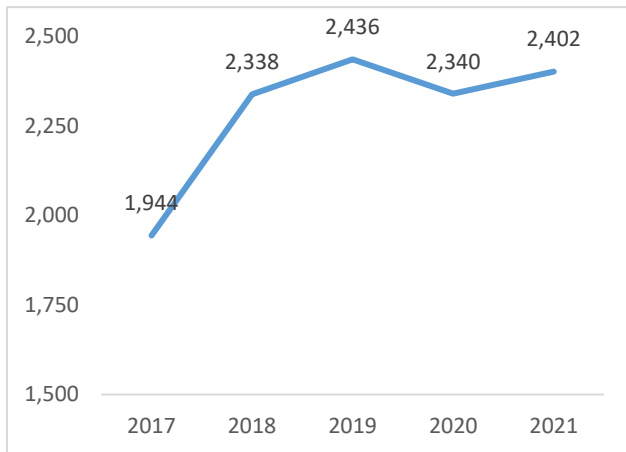
Referrals to DSAS Programs by the Centralized Intake Line



Most common referrals to agencies outside of DSAS include referrals to other HHS agencies; referrals to other community agencies for housing and legal issues; and information about COVID-19 testing and vaccination.

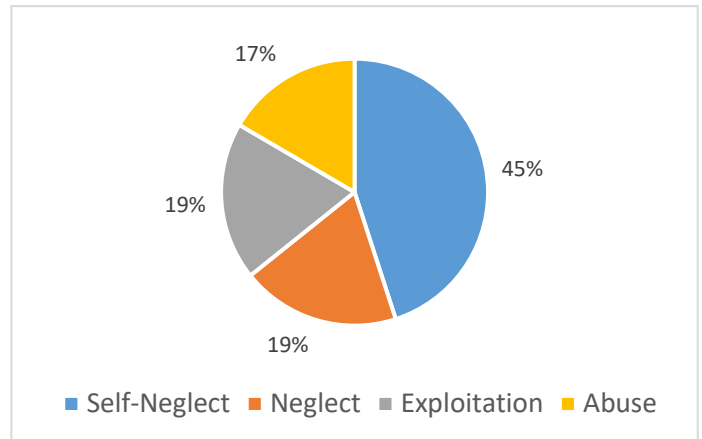
Adult Protective Services (APS)

Number of Unduplicated Clients

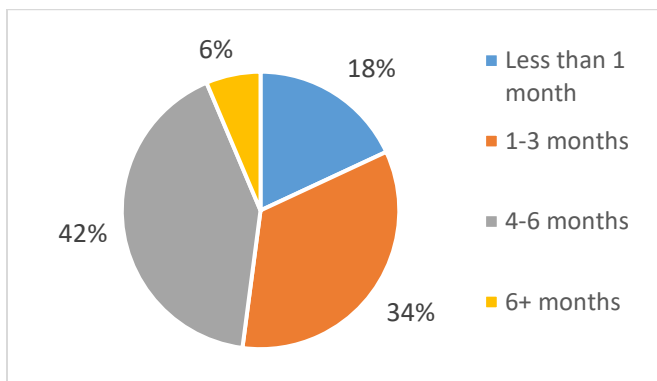


Allegations

(Cases may have more than one allegation)

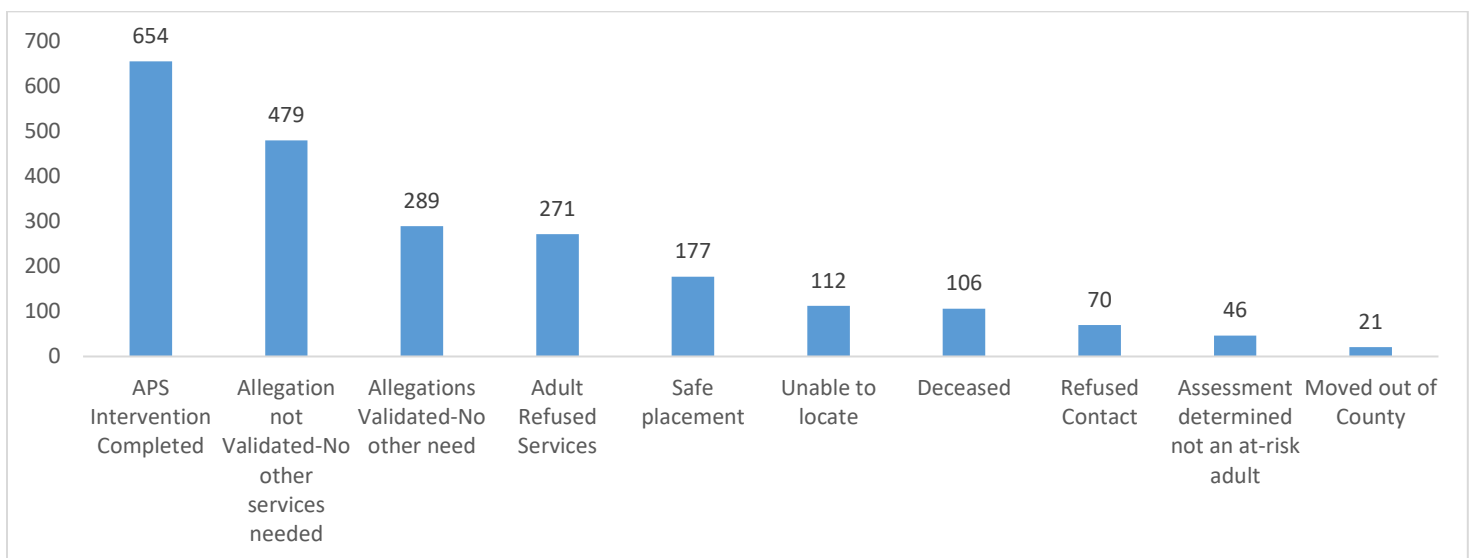


Length of APS Case



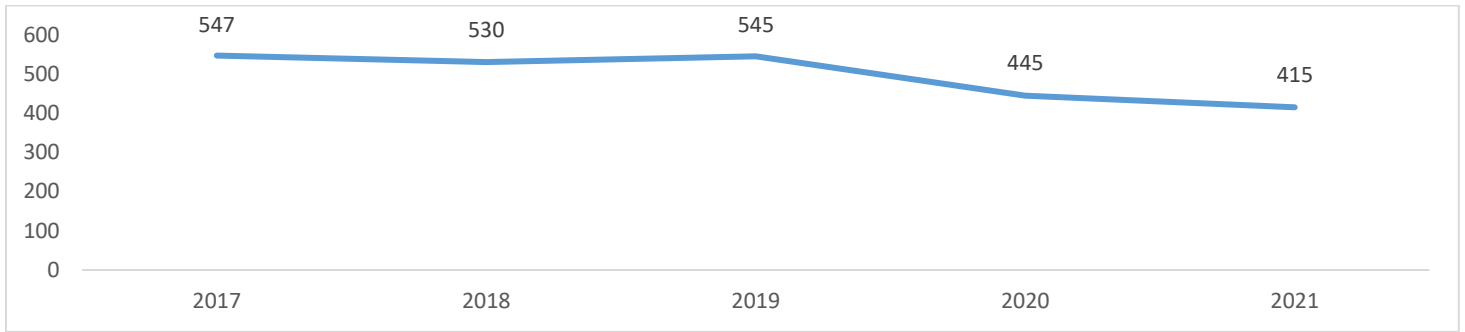
- The DSAS Geriatric Behavioral Nurse assisted APS clients more than 600 times and conducted more than 300 in-house consultations and home visits and more than 200 behavioral and geriatric assessments.
- 376 referrals to APS were made through the APS web portal on the State of Ohio website.

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

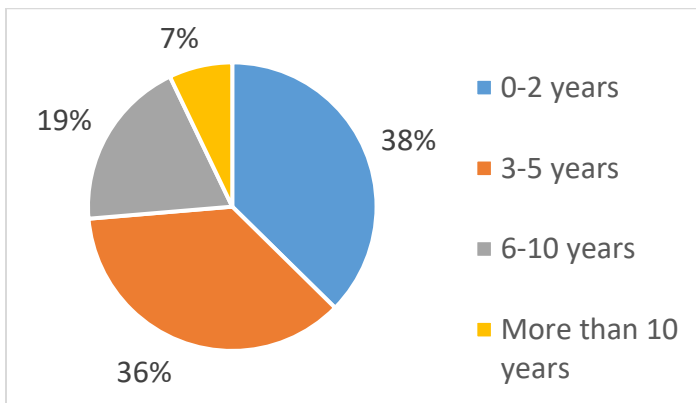


Home Support Services

Number of Unduplicated Clients

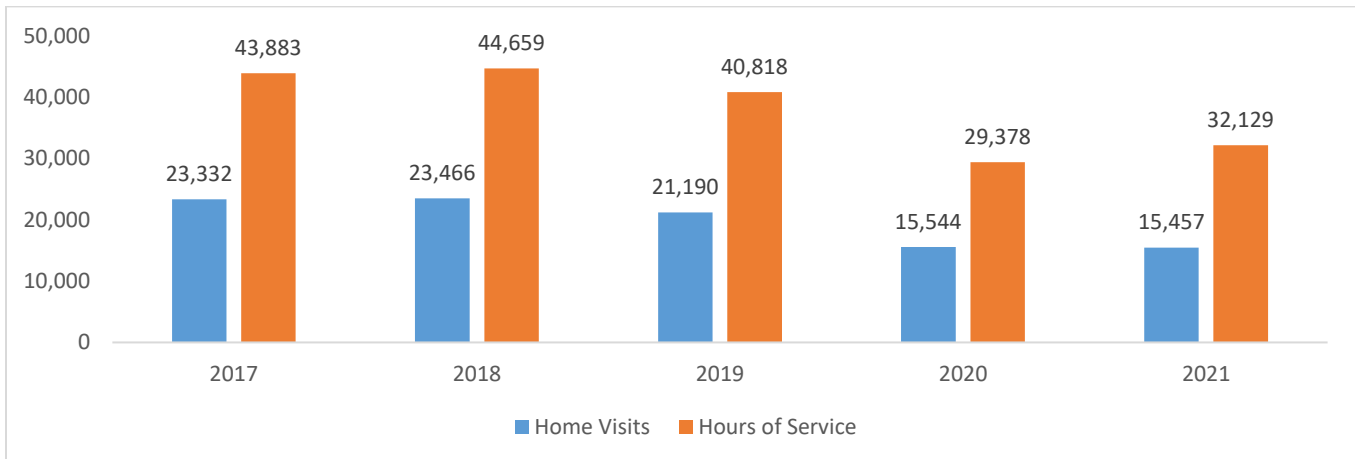


Length of Time on Caseload



- In 2021, 40 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; 59% indicated a minimal risk for falls; 39% indicated a high risk; and 2% were at no risk.

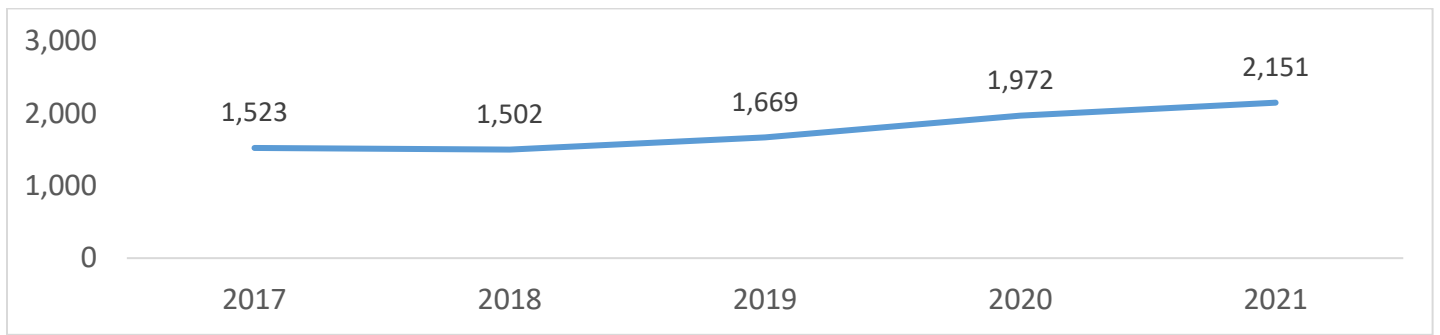
Home Health Aide Productivity



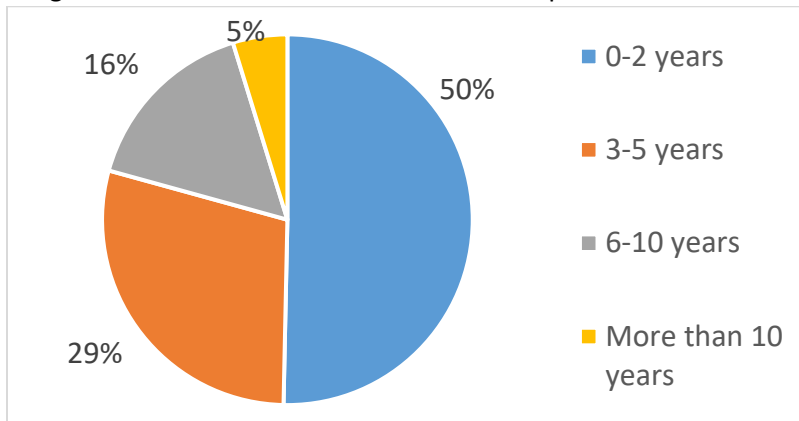
Most frequent types of service include house cleaning; assistance with dressing; running errands; laundry; bathing/showering assistance; transferring/mobility; and perineal care.

Options for Independent Living

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

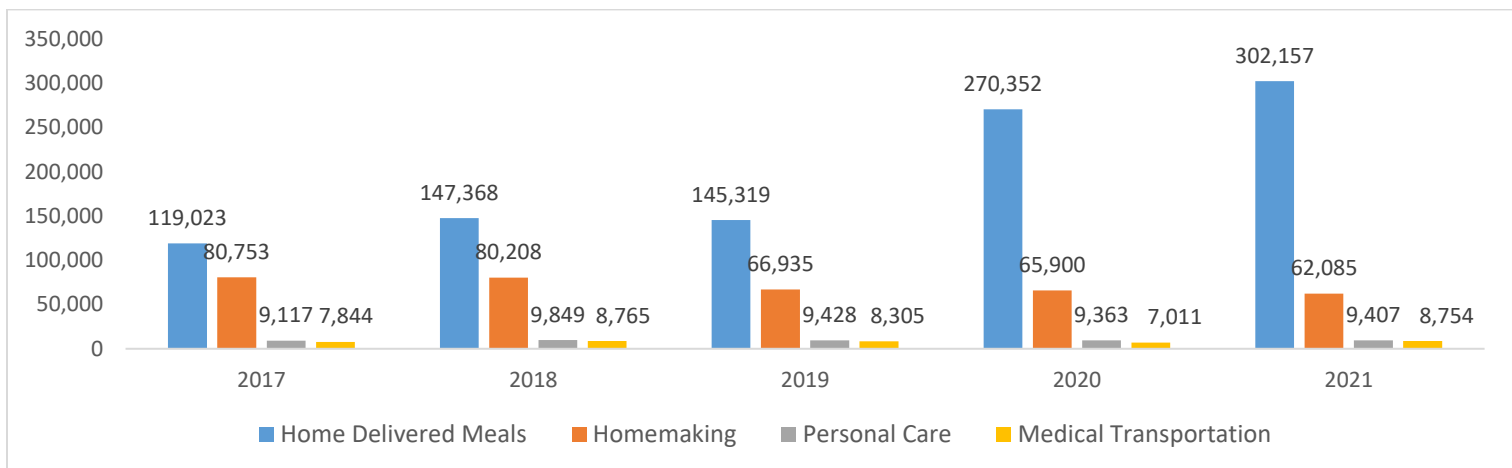


Length of time on caseload for clients in receipt of home-based services



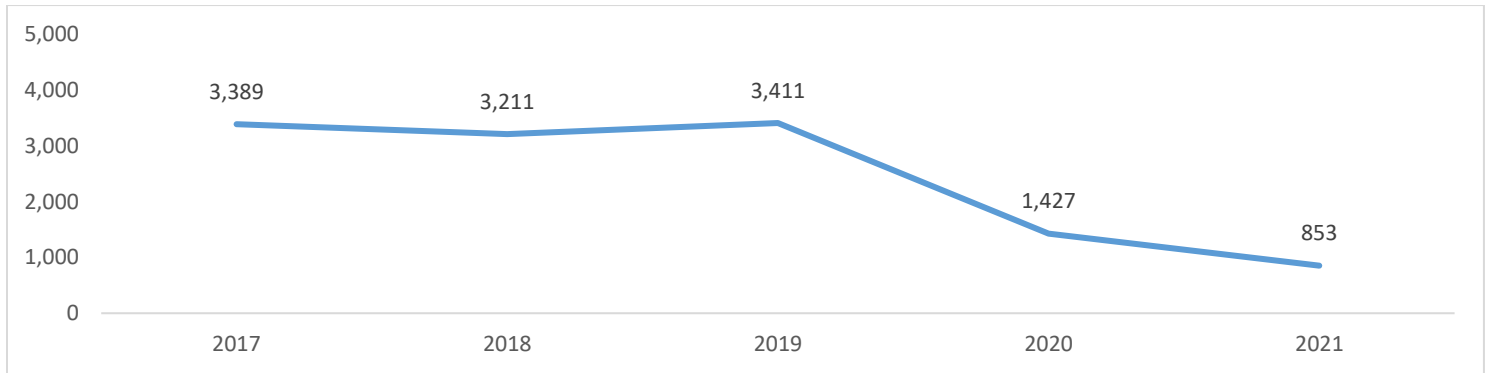
- Nearly 1 million home-delivered meals have been delivered in the last 5 years (984,219).

Units of Service Provided



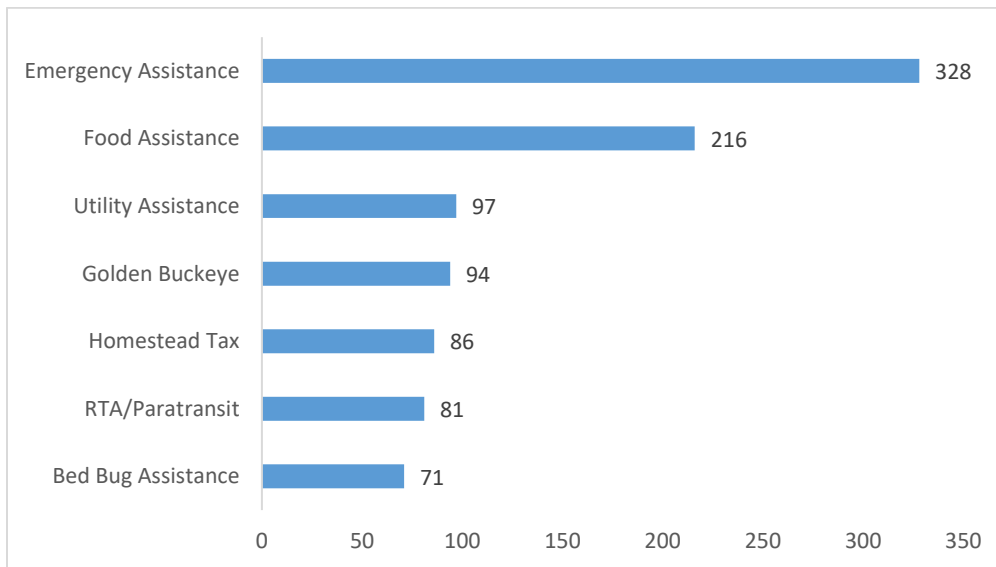
Information Services Unit Aging and Disability Resource Center (ADRC)

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



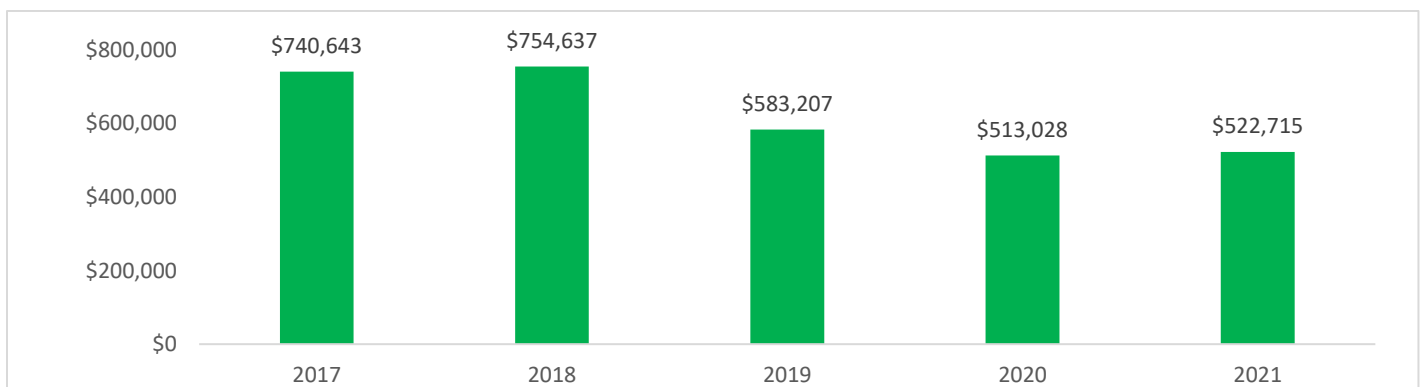
The reduction in client count is due to the inability to conduct large-scale, face-to-face benefit checkup events due to Covid-19; Staff who conducted these events focused on contacting clients individually to assist with benefit needs.

Most common types of benefits received through Information Services staff



Since 2017, the Information Services Unit provided **more than \$3.1 million** in cost-savings benefits to DSAS clients (See chart below).

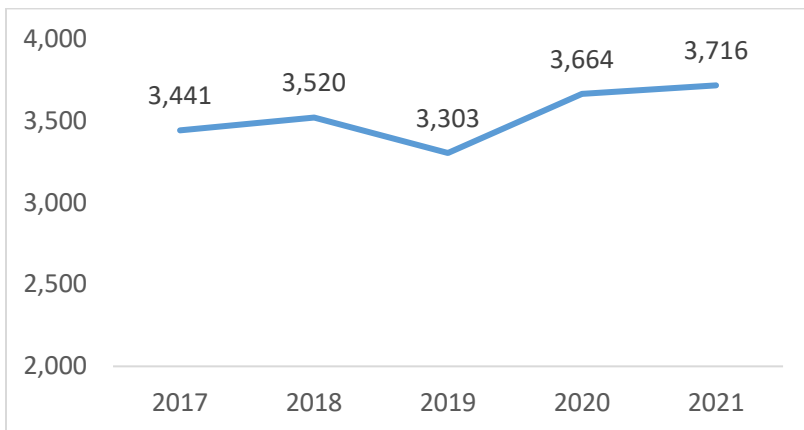
Cost-Benefit Savings



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

Community Social Services Program (CSSP)

Number of Clients Served

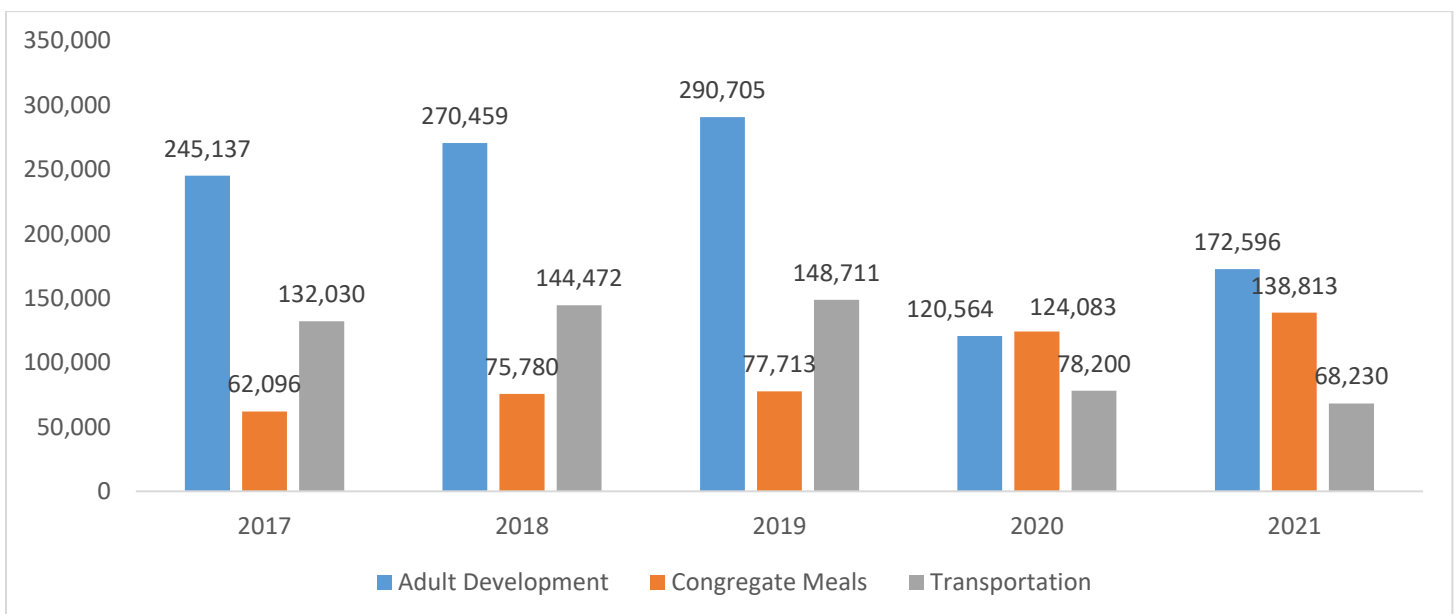


- Despite the continued closure of senior and community centers due to Covid-19, CSSP client counts increased in 2020 and 2021.
- This is primarily due to additional outreach efforts by centers to reach new clients to provide home-delivered and curbside meals. **More than 138,000 meals were provided in 2021.**
- 1,068 hours of Adult Day Care were provided in 2021.

In 2021 due to the continued closure of senior and community centers, DSAS sent a customer satisfaction survey to CSSP clients to examine how clients were adapting. Key results included:

- 39% of respondents indicated they “strongly disagreed or disagreed” with the statement, “I have enough and sufficient technology to participate in online/internet activities”; 44% indicated “strongly agree” or “agree”.
- 44% of respondents indicated “strongly agree” or “agree” to the statement “I have felt lonelier while the community center has been closed”.
- 79% indicated “strongly agree” or “agree” to the statement, “When the center opens, I plan on returning”.

Units of Service Provided



Conclusion

COVID-19 continued to present DSAS with a unique set of challenges in 2021. Most importantly was ensuring that clients continued to receive services (in some cases, 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. By the end of 2021, DSAS began to gradually return to pre-COVID-19 case counts and referrals.

A new challenge in 2021 was staffing issues, especially for home health services. At the end of 2021, more than 20% of all DSAS Home Health Aide positions were vacant, and contracted providers also coped with high vacancy rates. DSAS continues to examine ways to efficiently provide these services, as well as expand services through contracted providers and other community partners. **Data from 2021 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.**

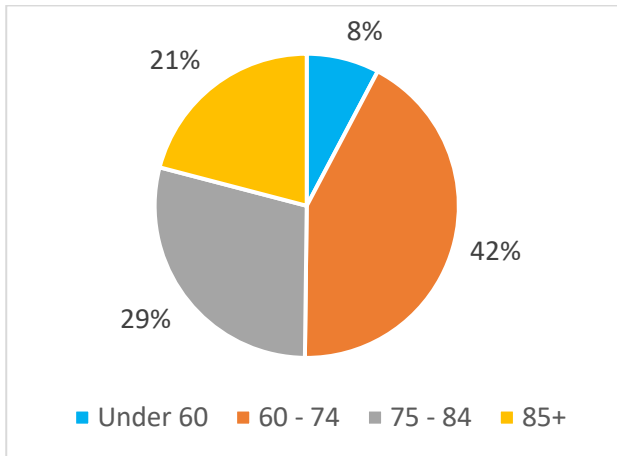
DSAS is focused on addressing Social Determinants of Health, and PEI will focus on those issues. A new tool for monitoring Food Insecurity, “The Hunger Vital Sign,” will be used to address immediate or long-term food insecurity issues. Data will be collected on hospital usage to determine how DSAS clients 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.

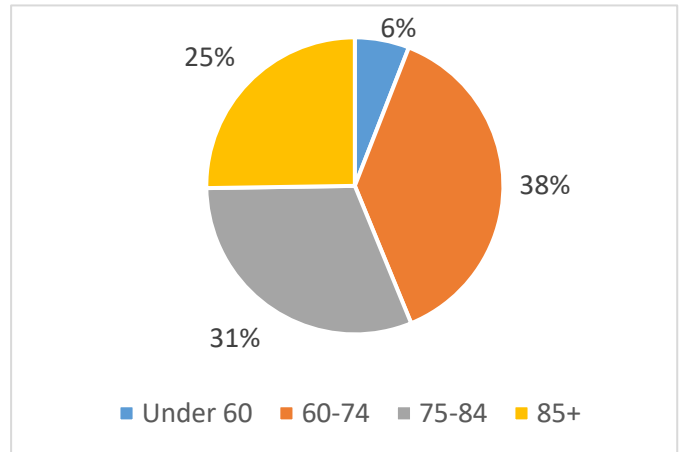
Questions about this report should be directed to Kit Newell at kit.newell@jfs.ohio.gov or Molly McLaughlin at molly.mclaughlin@jfs.ohio.gov

APPENDIX A-DSAS Demographics-AGE

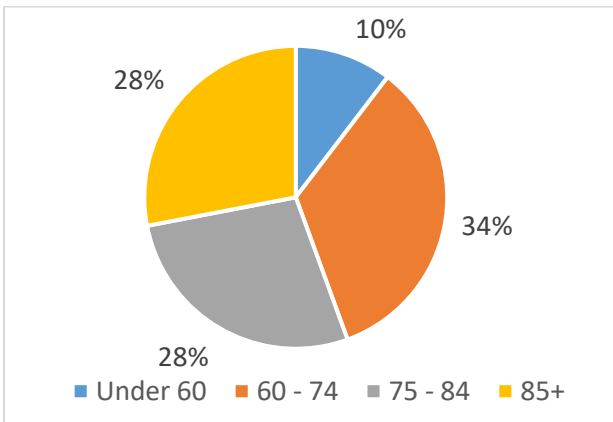
All DSAS



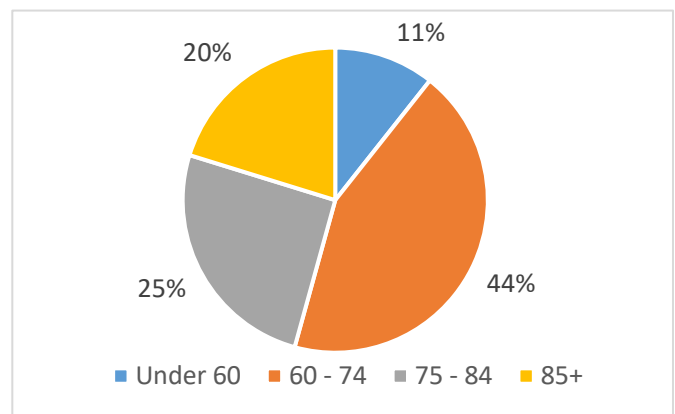
Adult Protective Services



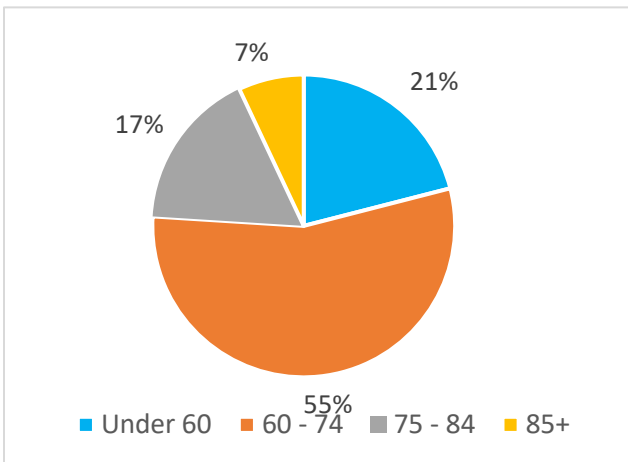
Home Support



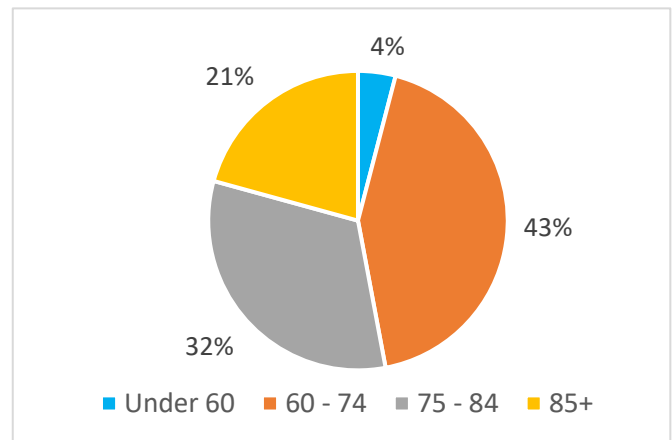
Options for Independent Living



Information Services

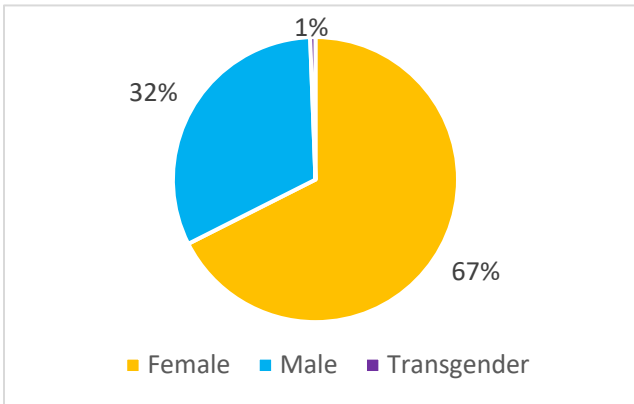


Community Social Services Program

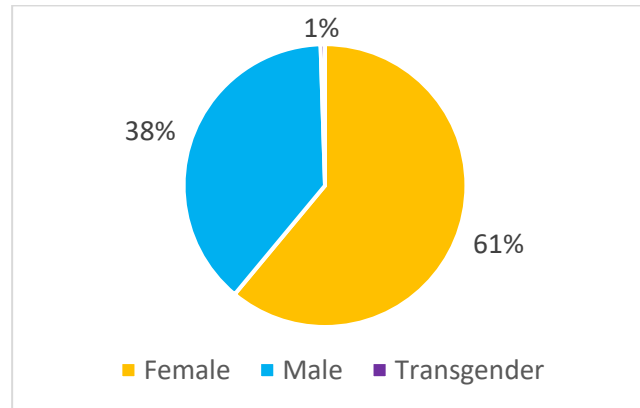


APPENDIX B-DSAS Demographics-GENDER

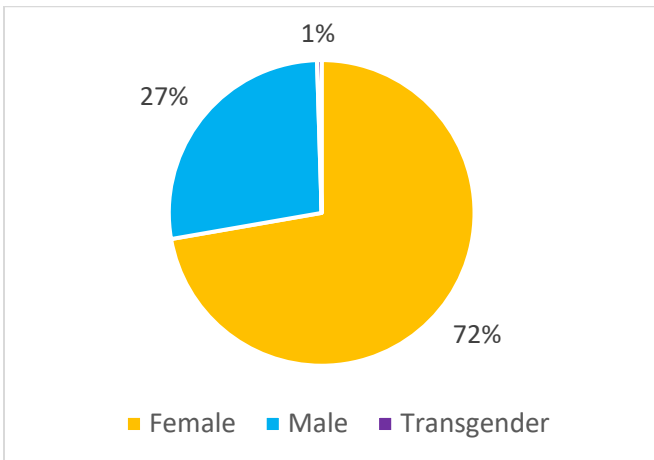
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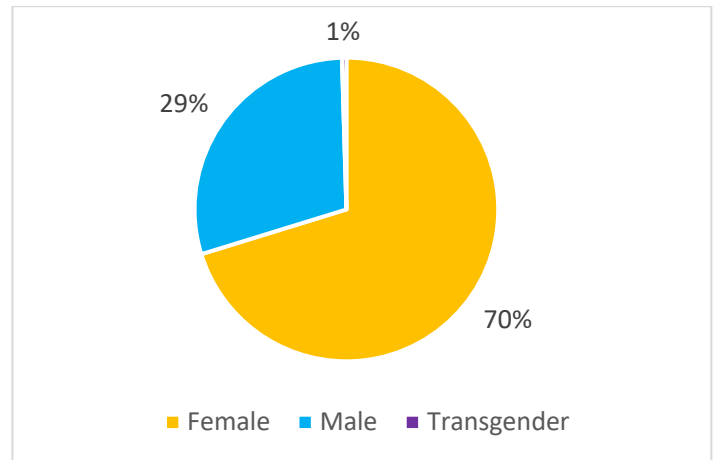
Adult Protective Services



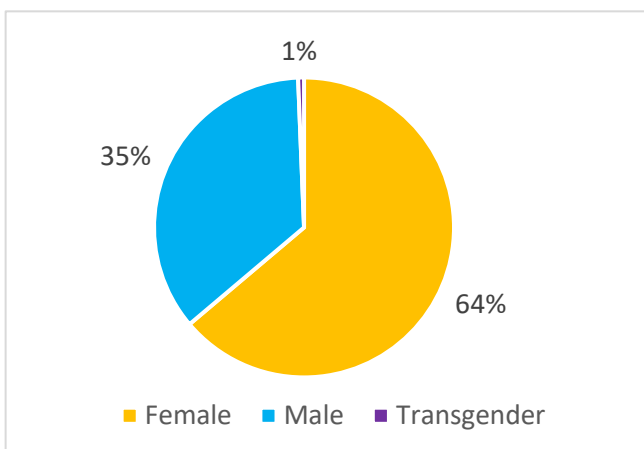
Home Support



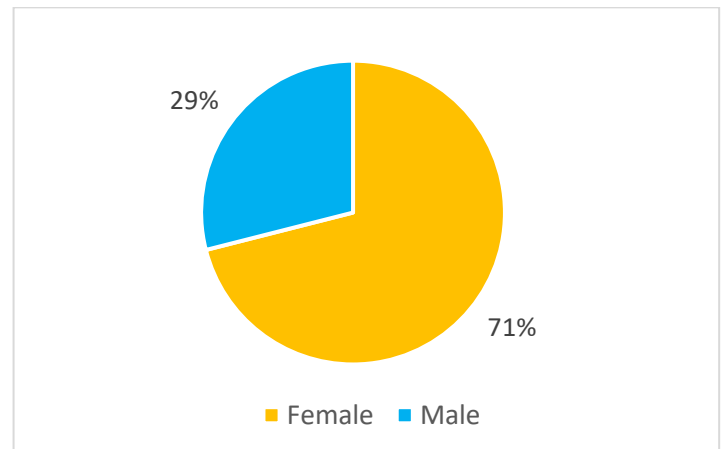
Options for Independent Living



Information Services

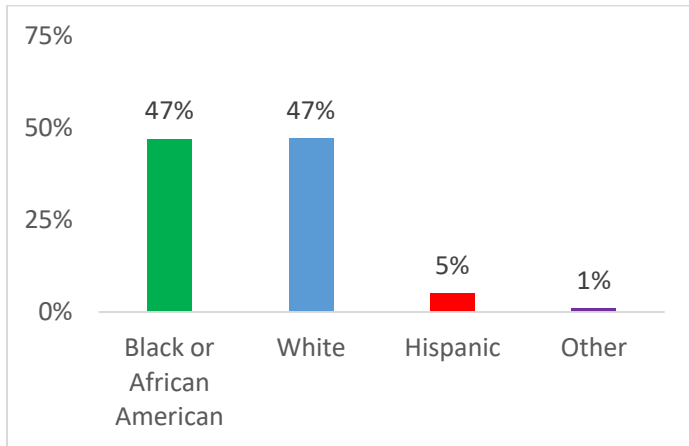


Community Social Services Program

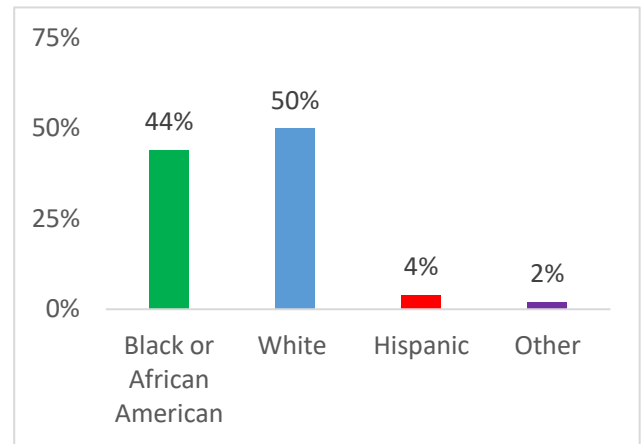


APPENDIX C-DSAS Demographics-RACE

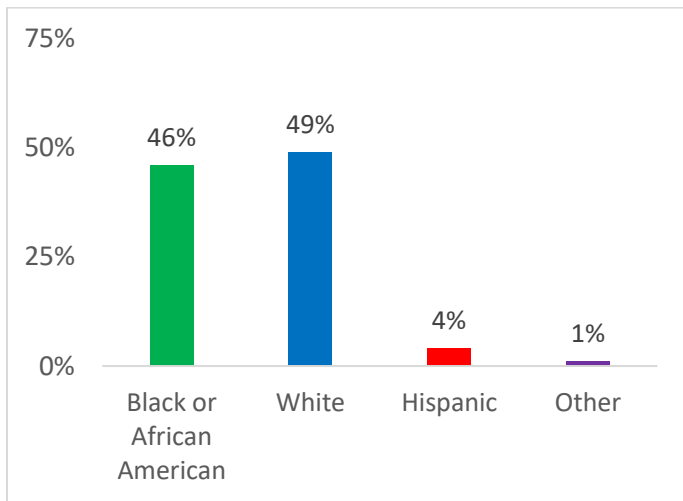
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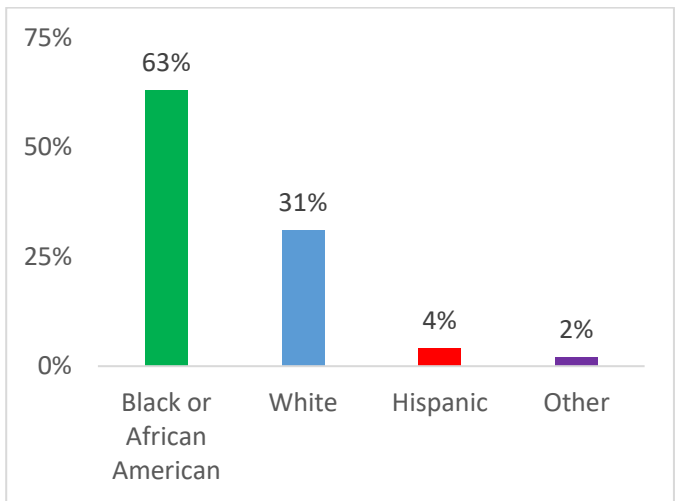
Adult Protective Services



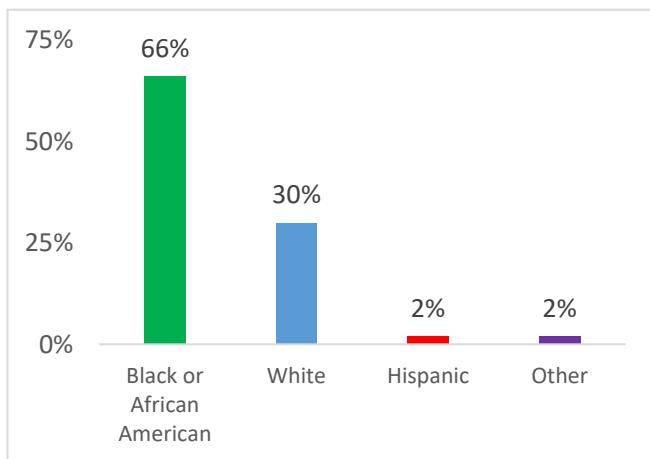
Home Support



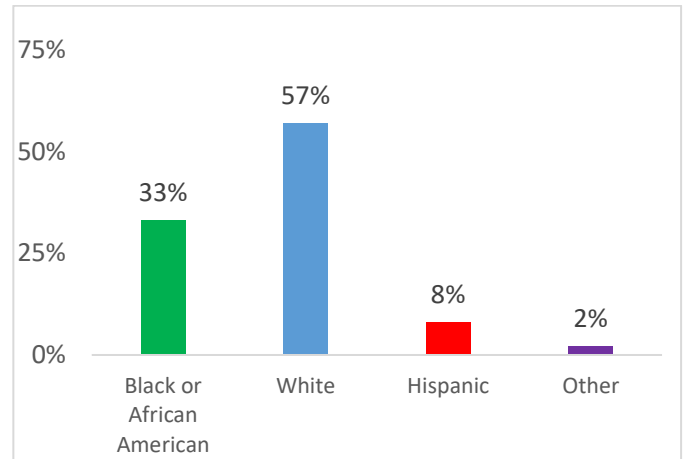
Options for Independent Living



Information Services

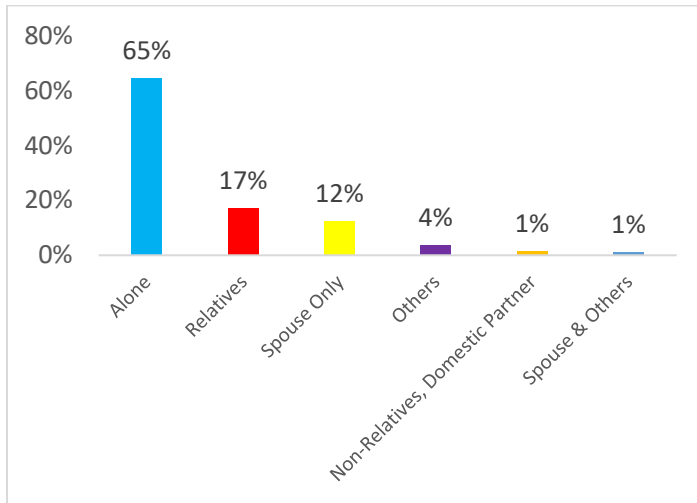


Community Social Services Program

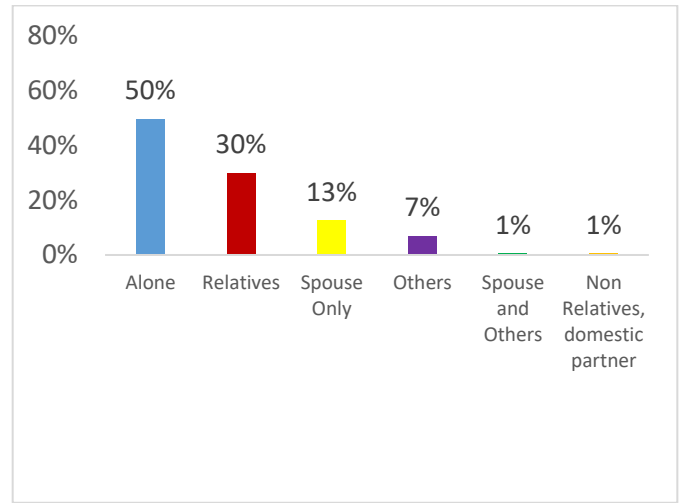


APPENDIX D-DSAS Demographics-Living Situation

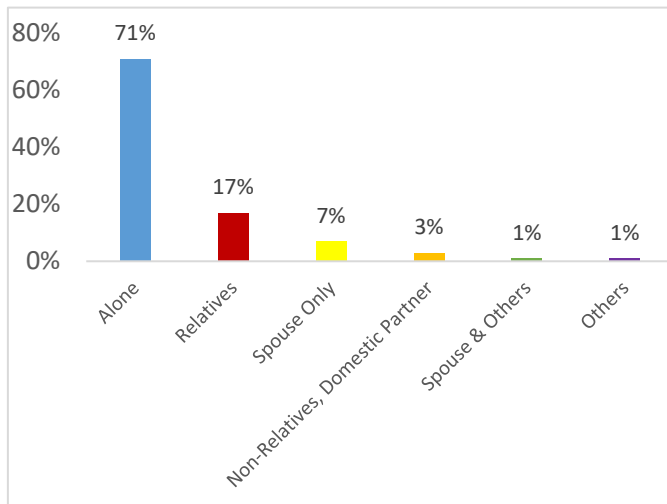
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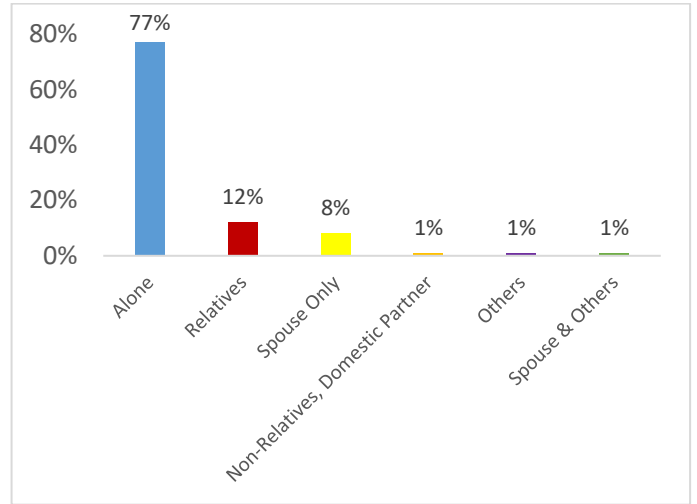
Adult Protective Services



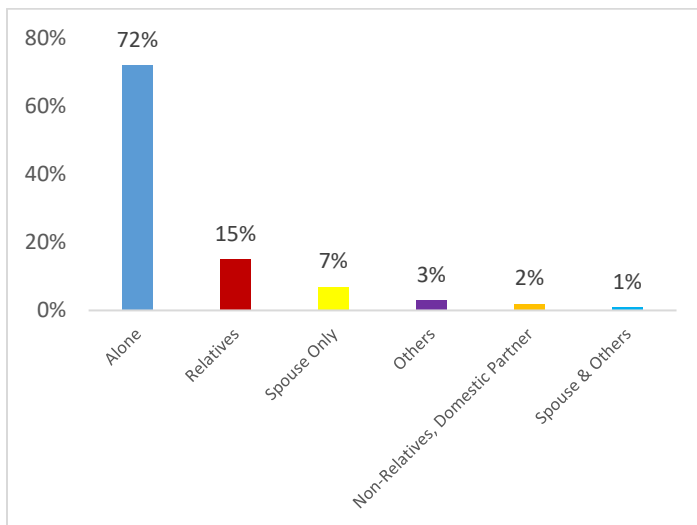
Home Support



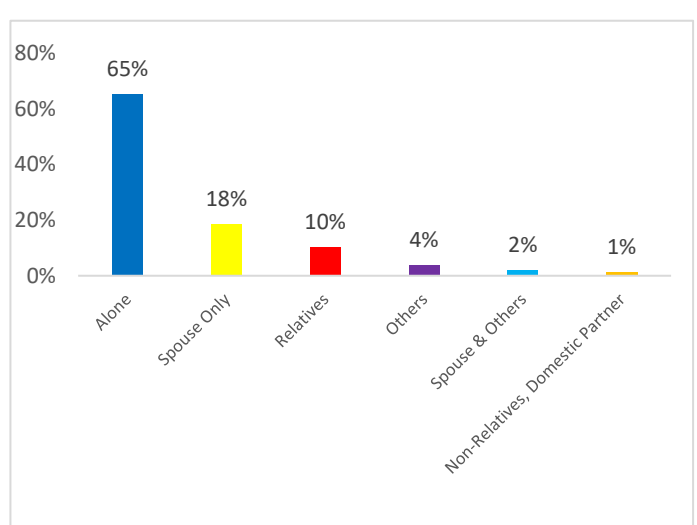
Options for Independent Living



Information Services

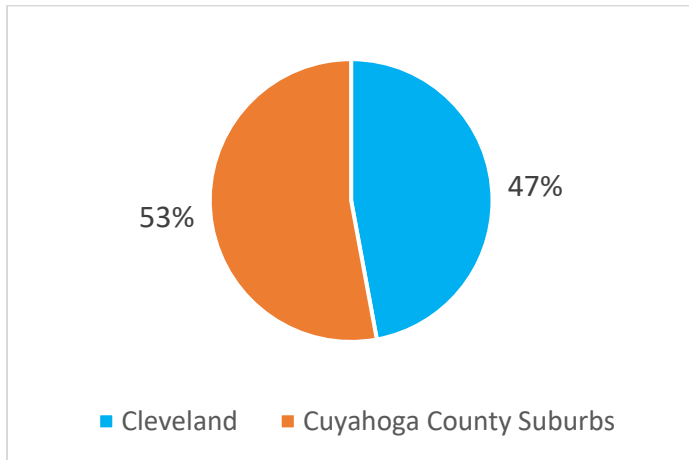


Community Social Services Program

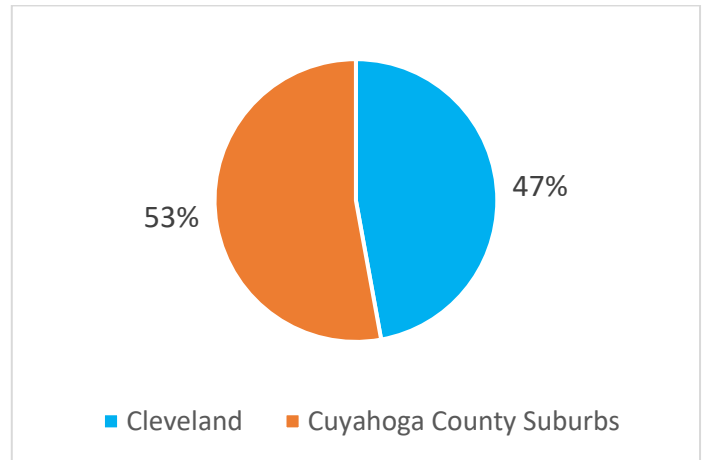


APPENDIX E-DSAS Demographics-City of Residence

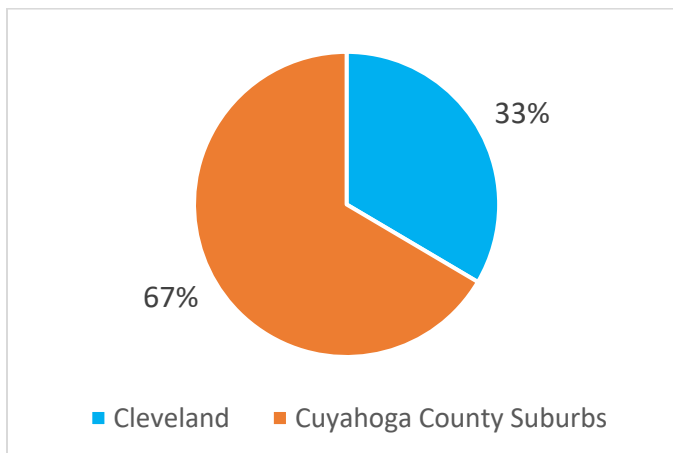
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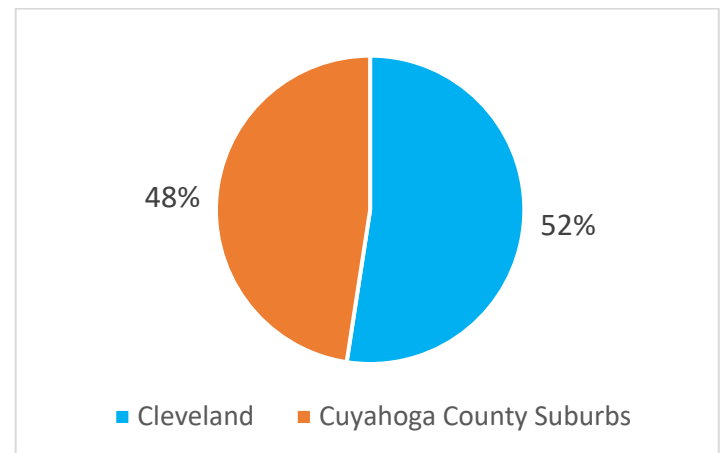
Adult Protective Services



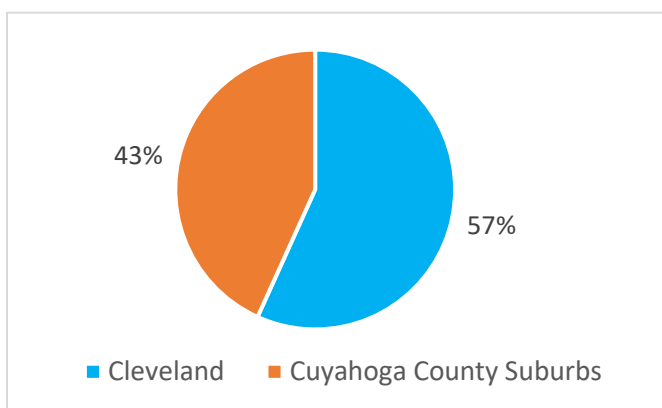
Home Support



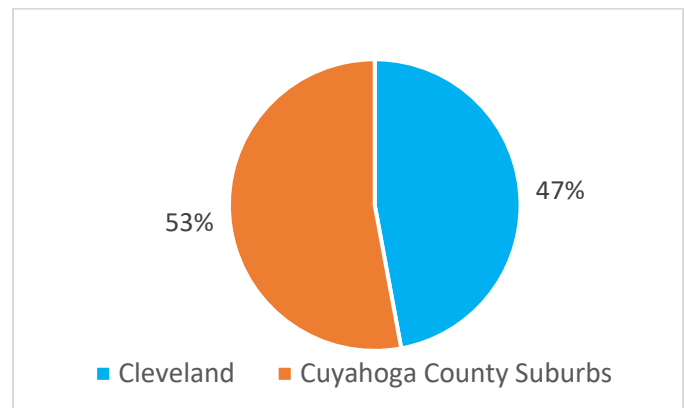
Options for Independent Living



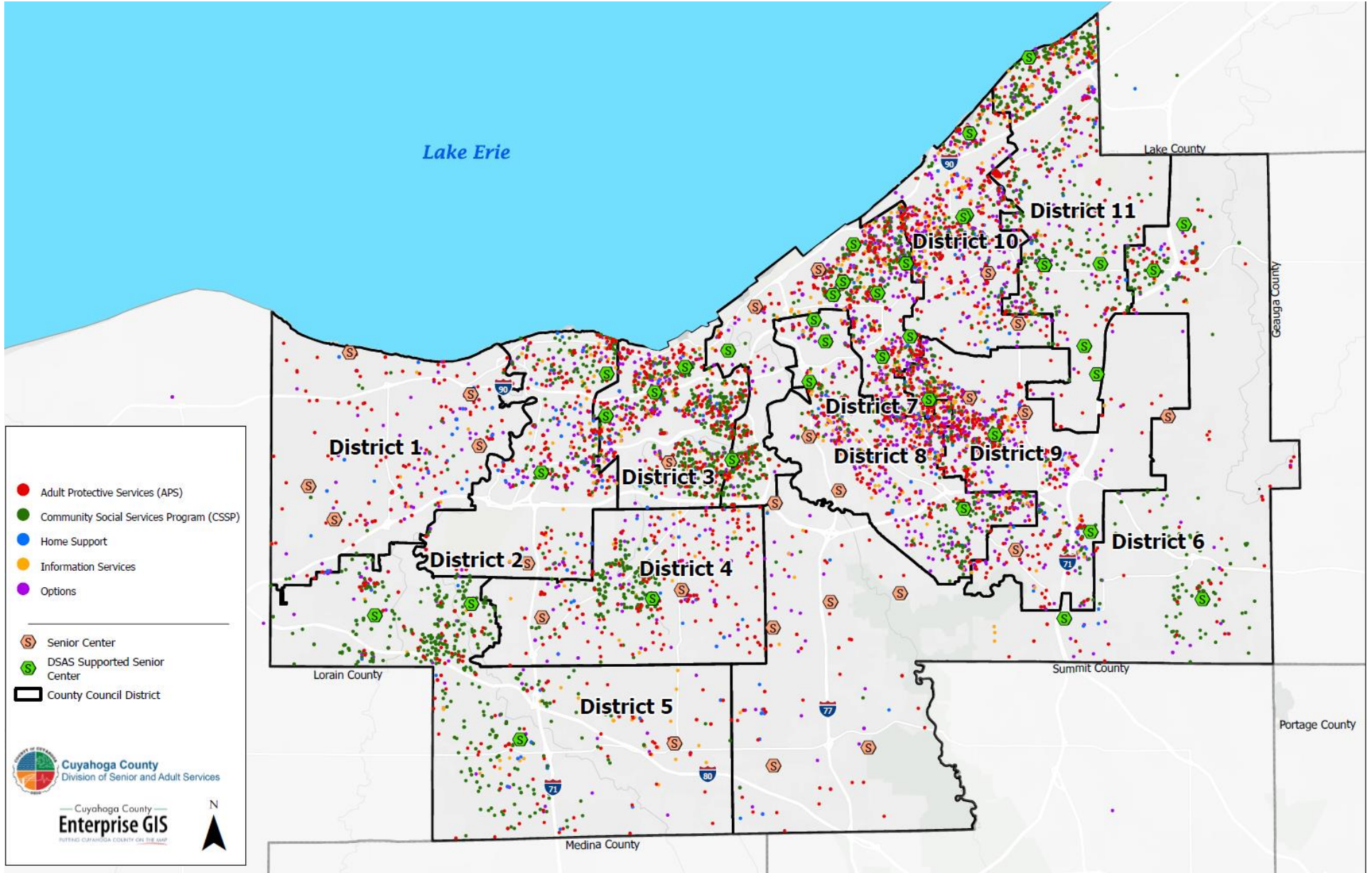
Information Services

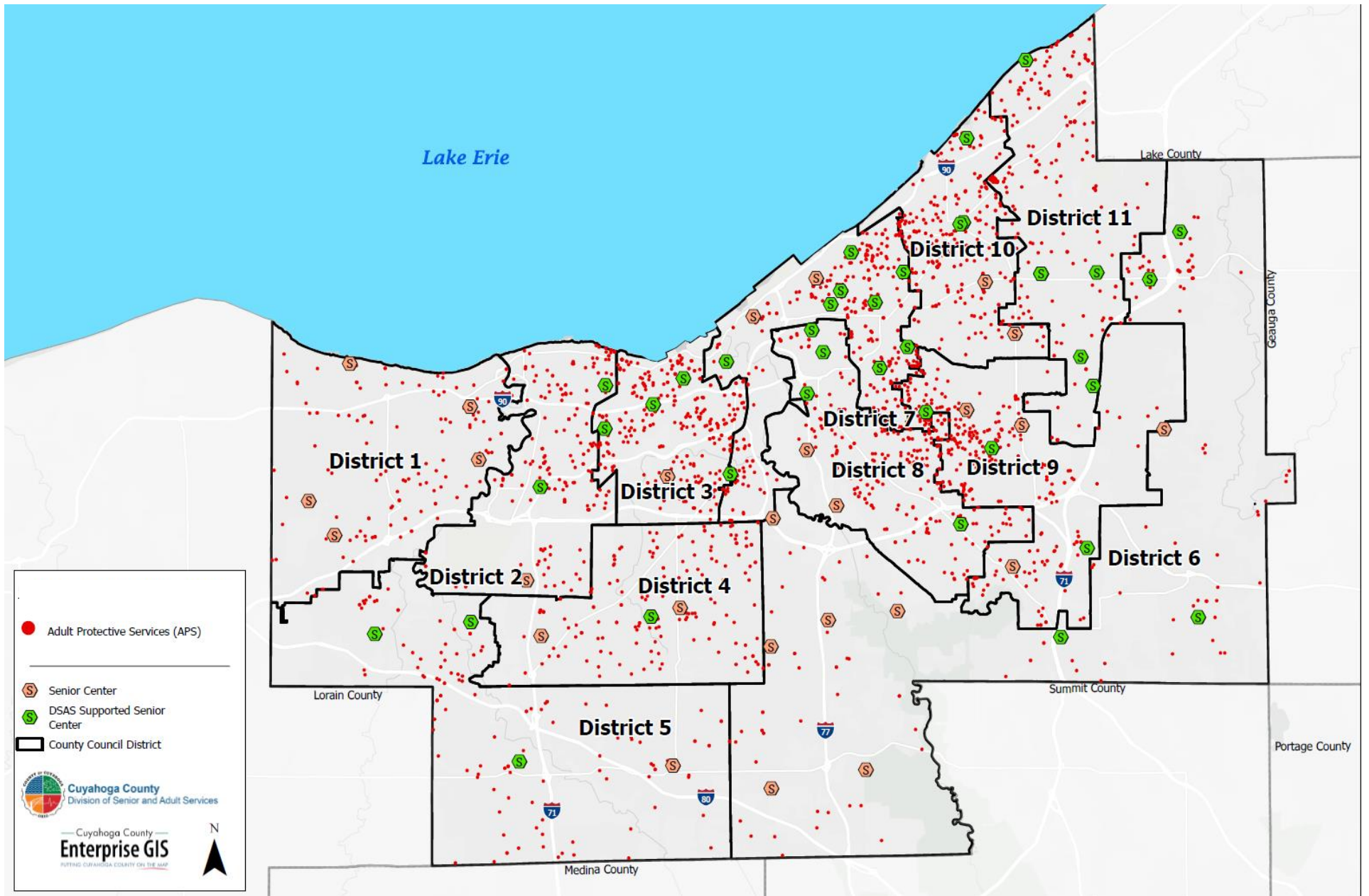


Community Social Services Program

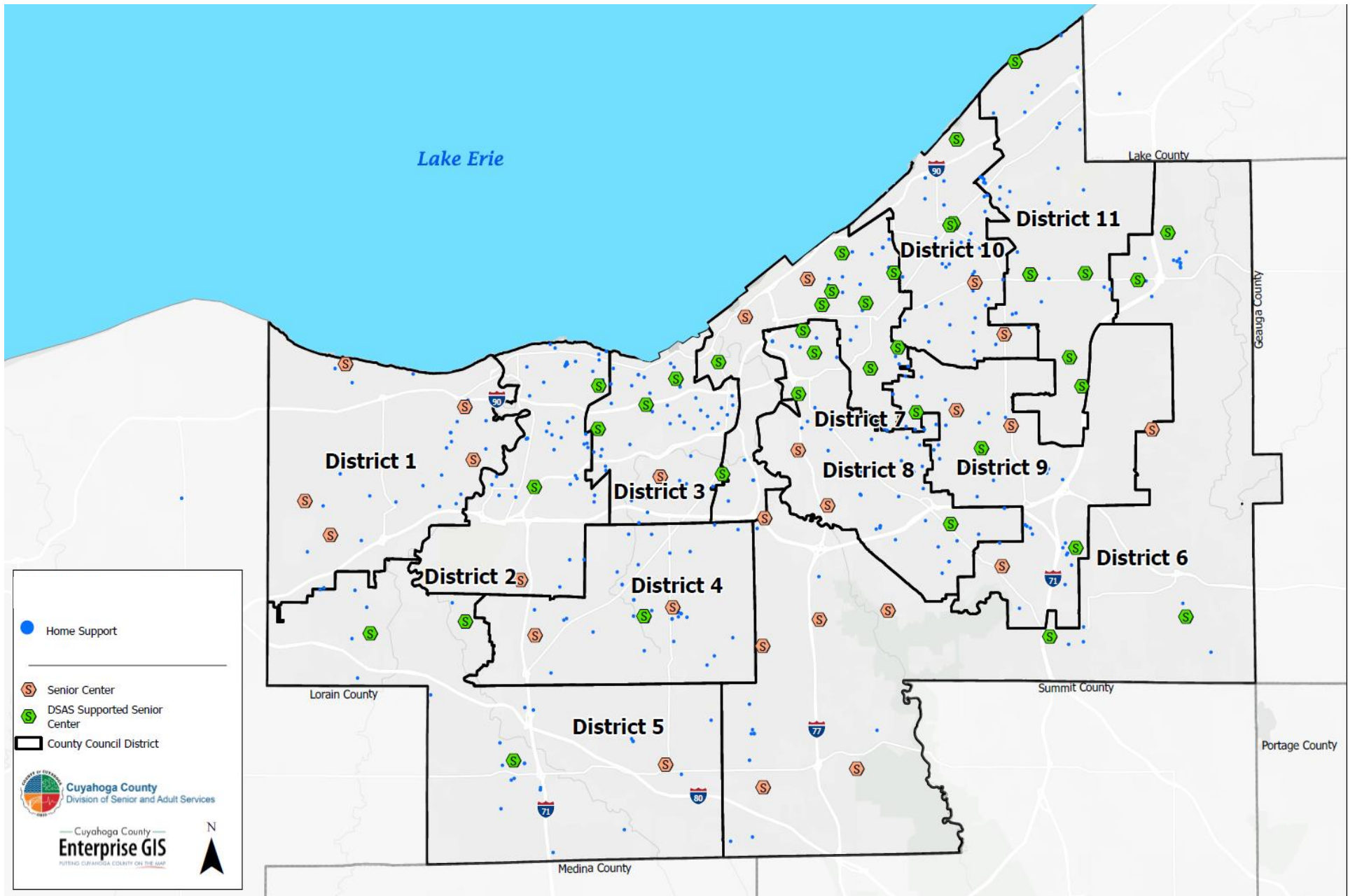


APPENDIX F-DSAS client map-Served client for all programs 2021





APPENDIX H-DSAS client map-Home Support-2021



APPENDIX I-DSAS client map-Options for Independent Living-2021

