

MCS
CONSULTING SERVICE

**Report of Key Informant
Interviews on Needs and
Service Gaps for
Homebound Seniors in
Geauga County**

Submitted to
Geauga Community Impact Homebound Seniors Task Force
By
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TABLE OF CONTENTS

	EXECUTIVE	
SUMMARY.....		i
I.	FOREWORD.....	1
II.	METHODOLOGY.....	3
III.	THEMES.....	4
	Needs of Homebound Seniors in Geauga County.....	4
	Gaps in Services for Homebound Seniors in Geauga County.....	7
	Images of a Coordinated Network of Care for Homebound Seniors.....	11
IV.	Summary and Recommendations.....	13
V.	Appendices.....	15
	Appendix A – Key Informants	
	Appendix B – Services for Homebound Seniors Provide by Interviewees Organizations	

EXECUTIVE SUMMARY

One of the top three priorities established by Geauga Community Impact, or GCI, a collaboration of community leaders from local businesses, faith groups, law enforcement, health care, government and neighborhoods that have come together to plan for the future of Geauga County's health and human services, is services to homebound seniors. A task force has been established to develop and implement a plan for a system of services for homebound elderly in Geauga County.

To assist with the planning, GCI engaged MCS Consulting Services (MCS), a private research and planning consulting firm, to conduct key informant interviews with leaders in Geauga County's aging network between September and October 2007. MCS interviewed 12 stakeholders in Geauga County who have responsibility for providing services to homebound seniors. The questions were:

1. What are the top 3 identified needs for homebound seniors in Geauga County?
2. What are the top 3 identified gaps in services for homebound seniors in Geauga County?
3. If Geauga County were to create a coordinated network of care for homebound seniors, what would it look like?

THEMES

Needs of Homebound Seniors in Geauga County

A key assumption underlying the needs of homebound seniors in Geauga County is that older adults want to stay in their homes and in Geauga County. Key informants offered insight into the needs of older adults who reside in their own homes in the county which include:

- There are many older adults in the county who are socially isolated and do not have the support system to meet their psychosocial needs.
- There are many older adults (and even 50 to 60 year olds) who reside in the county, but are not safe in their homes because they do not have the support systems to meet their basic needs.
- There are older adults who are easily taken advantage of financially.

- There are chronically ill older adults whose needs are not met because they are uninsured.
- Mentally retarded older adults have a special set of needs if they want to continue to live in the community as their caregivers age; some of these have not yet been identified by the Board of Mental Retardation and Developmental Disabilities; some are marginal and therefore ineligible for MRDD services.
- There is a need to educate 50-60 year olds so they can function as caregivers and also prepare for their own aging.

Gaps in Services for Homebound Seniors in Geauga County

A number of gaps in services for the homebound were identified by key informants. More specifically these gaps were in transportation, in home assistance (homemaker/personal care), affordable/better housing for the older adult, preparation for aging (including financial, housing, health care, etc.), case management, access to in home medical and mental health services. Other gaps included nutrition, open communication with the homebound, and the future need for emergency response by safety forces and respite care.

Images of a Coordinated Network of Care for Homebound Seniors

As summarized from the comments of key informants, a coordinated network of care for homebound seniors can operate on three levels:

- Level 1: An informal coordinated network of care that involves family members, friends, and neighbors;
- Level 2: A formal coordinated network of care that involves formal caregivers (medical professionals, home health care agencies, etc.) plus the informal network in coordination of services; and
- Level 3: A coordinated system of care across provider agencies and organizations.

Currently, for Level 1, the perception is that many informal caregivers take responsibility for their own care management and coordination. Suggestions for improvement are to ensure that the informal caregivers are aware of available services, as well as build a community of caregivers (a family/friend corps of volunteers) by training family members and neighbors how to do nursing related services.

For Level 2, the perception is that currently social workers/other professionals/case managers typically connect with their counterparts in other agencies to access and/or coordinate services. Suggestions made to improve coordination of care at this level are to design and use a common assessment tool; to develop and use a safety prevention checklist with safety forces and aging network agencies; to encourage seniors to register with the Department of Aging; and to hold cross agency meetings regularly to brainstorm how to improve services for homebound seniors.

Level 3 system level coordination around services for older adults is not happening in the county according to some informants (the exception being the Geauga Community Impact's Homebound Senior Work Group). A suggestion is to initiate a system similar to the Family First Council that would involve all systems that impact the life of an older adult with formal memoranda of understanding.

I. FOREWORD

Geauga Community Impact, or GCI, is a collaboration of community leaders from local businesses, faith groups, law enforcement, health care, government and neighborhoods that have come together to plan for the future of Geauga County's health and human services. Funding for the collaboration has been provided in part by the Lake-Geauga Fund of The Cleveland Foundation, Geauga County Department on Aging, Geauga County Mental Health and Recovery Services Board, Geauga County Department of Job and Family Services, Geauga Family First Council and United Way Services of Geauga County.

After much research and community input, nine priority issues were identified as needs in the community. The nine issues include: affordable housing, transportation, services to homebound seniors, prevention of chronic physical diseases, support of persons who are unemployed or under-employed, addressing the basic needs of low income families, improving communications to promote a sense of community, ensuring that all students receive a high quality education, and improving coordination of the social service system.

One of the commitments made by GCI was to track the nine priority issues and provide progress reports on these issues. In addition, GCI agreed to develop task force groups for various issues, which would then be responsible for the development of strategy and resource plans. The focus of the strategy and resource plan is the formation of solutions to community issues that will create positive lasting change. It was determined by the GCI Steering Committee to move ahead with the top three priorities, but continue to monitor, as well as to serve as a resource, for any ongoing initiatives that address any of the remaining six issues.

One of the top three priorities to be addressed directly is services to homebound seniors. A task force has been established to develop and implement a plan for a system of services for homebound elderly in Geauga County. To assist with this particular part of the planning, GCI engaged MCS Consulting Services (MCS), a private research and planning consulting firm, to conduct key informant interviews with leaders in Geauga County's aging network. MCS

interviewed 12 stakeholders in Geauga County who have responsibility for providing services to homebound seniors.

The intention of this report is to provide a greater understanding of the perceived needs, gaps, and coordination issues relevant to providing services to homebound seniors and their caregivers for the Homebound Seniors Task Force. Findings from the key informant interviews along with those from an e-survey of a broader range of community organizations will guide GCI's planning to improve the lives of homebound older adults in Geauga County.

II. METHODOLOGY

To receive input from community leaders in Geauga County, Dr. Marlene C. Stoiber, President of MCS Consulting Service, a private research and planning consulting firm, conducted 12 interviews between September and October 2007. Appointments of one hour to one and one-half hours for the in-person interviews were scheduled by Ms. Julie Eyer, Assistant to Geauga Community Impact, in late August, 2007. A complete list of individuals interviewed is provided in Appendix A.

The questions asked of key informants were:

1. What are the top 3 identified needs of homebound seniors in Geauga County?
2. What are the top 3 identified gaps in services for homebound seniors in Geauga County?
3. If Geauga County were to create a coordinated network of care for homebound seniors, what would it look like?

In addition, informants were asked what services their respective agency or organization provides for homebound seniors. A description of each is in Appendix B.

III. THEMES

NEEDS OF HOMEBOUND SENIORS IN GEAUGA COUNTY

Key informants offered insight into the needs of older adults who reside in their own homes in the county. These include:

- ***Older adults want to stay in their homes and in Geauga County.*** (3 interviewees)*
This perception is supported by much research. However, one informant suggested that to stay in their homes successfully, middle age adults need to engage in futuristic planning to ensure they have supports to stay in the community. In home supports can be from their informal support system of family, friends and neighbors, and from the formal service system. (Note that several models of community-based approaches for aging in place with supports are discussed in a companion report prepared by MCS for the GCI Homebound Seniors Task Force.)
- ***There are many older adults in the county who are socially isolated and do not have the support system to meet their psychosocial needs.*** (4 interviewees) For example, a large proportion of older adults discharged from the hospital are alone or have limited family social support. Some of these fear letting others (even neighbors) into their homes. Some of these socially isolated seniors call the fire departments for human contact. Holidays present a special issue as some seniors call fire departments or EMS because they want to go to the hospital rather than be alone. This has many negative ramifications for the senior, the health care provider, and the mostly volunteer fire departments who leave home on the holiday and are not able to adequately respond if there is a real emergency. In some communities, Are You O.K.? calls do not go out on holidays. One informant also noted that seniors are more often depressed in the evenings.
- ***There are many older adults (and even 50 to 60 year olds) who reside in the county, and are not safe in their homes because they do not have the support systems to***

* Note that numbers are provided as points of reference rather than as statistically verified numbers; this is qualitative research and thus each concept raised deserves merit.

meet their basic needs. (3 interviewees) Many of these are discovered by fire and police departments who are called to the homes of these older adults in distress who are typically living alone without necessary supports. Examples include:

- an elderly woman who fell and could not pull the string for her emergency response device;
- an elder woman who was found lying on her couch with a severe case of pneumonia;
- a disabled senior who dropped applesauce on the floor and could not clean it up;
- another who fell and could not get up;
- a woman with one leg amputated and barely ambulatory sitting in her room at night watching TV who could not get out of the chair;
- a woman needing assistance late at night to get ready for bed because no family was near;
- a senior with a port-a-potty needing assistance getting off;
- a 50 year old working woman whose house looked good on the outside, but when the fire department was called for a kitchen fire, they had difficulty getting into the kitchen because of clutter.

One informant noted that some older adults in the county could have moved to a more appropriate setting when they were able to, but now find that it is too late or will not move because of pets or their smoking habits.

- ***There are older adults who are easily taken advantage of financially.*** (2 interviewees) For example, older adults are taken advantage of by home maintenance contractors, lenders, and even their own family members. In some cases, they have lost their life savings.
- ***Mentally retarded older adults have a special set of needs if they want to continue to live in the community as their caregivers age; some of these have not yet been identified by the Board of Mental Retardation and Developmental Disabilities; some are marginal and therefore ineligible for MRDD services.*** (1 interviewee) In

the county, there are currently 6 mentally retarded/developmentally delayed older adults living with aging caregivers (60+) and getting no other services; this number is expected to double. Some of these have caregivers who are too disabled to provide care while the caregivers of others have already passed away. And then there are those mentally retarded adults who have not yet been identified or with disabilities not diagnosed as mental retardation, but with some mental health conditions.

- ***Chronically ill older adults whose needs are not met because they are uninsured.*** (1 interviewee) No further elaboration was offered.
- ***There is need to educate 50-60 year olds so they can function as caregivers and also prepare for their own aging.*** (3 interviewees) Two informants suggested adapting the Help Me Grow program for seniors. The program targets newborn infants with a nurse visiting the home of every newborn to support the family and helping to identify problems at the earliest stage possible. The adaptation could be called the “Senior Network.” Other suggestions for education were to improve understanding of differences among generations, to help participants change attitudes about needing help and to learn to do with less.

GAPS IN SERVICES FOR HOMEBOUND SENIORS IN GEAUGA COUNTY

A number of gaps in services for the homebound were identified by key informants. More specifically these gaps were in transportation, in home assistance (homemaker/personal care), affordable/better housing, preparation for aging, case management, access to in home medical and mental health services. Other gaps included nutrition, open communication with the homebound, the future need for emergency response by safety forces and respite care.

- ***Transportation is considered a major gap.*** (5 interviewees) Geauga County Transit has almost no space for new riders after it provides its contractual obligations with the Department on Aging for transportation of the seniors and also transports the Amish to and from their places of employment each morning and afternoon. Starting the beginning of 2008, Saturday transportation will be eliminated because of budget constraints. Realistically, increased funding of transportation is needed to increase the supply. If Geauga County Transit and the Portage Area Regional Transportation Authority (PARTA) receive the funding to implement their plan for a coordinated approach to scheduling rides across multiple agencies/organizations and across adjacent county borders, there may be increased capacity and effectiveness.

More flexible scheduling of rides was mentioned as an issue. Currently riders can only schedule one week in advance of needing a ride; this rule apparently reduces the number of no-shows. Many homebound seniors also need escort service for their medical appointments.

- ***There is not enough current and estimated future capacity in the county for in home assistance (homemaker and personal care services) with a particular lack of supply in the eastern sections of the county.*** (5 interviewees) While home health agencies are available to assist patients with short term skilled care services and also homemaker, personal care and other supports for longer term service, a number of issues were identified by key informants. There are many challenges providing home health care in rural communities that are more severe in the winter. These are further

exaggerated because currently all home health agencies are from out of county and it is a fact that out-of-county care is also more expensive and at times unreliable. In fact, one informant reported that the actual and total cost of in home nursing in a rural area is greater than the cost of a day of nursing home care. Specifically it was noted that home health care in the eastern section of the county is very difficult to provide because of distance and weather conditions.

Another very specific actual current need is for in home assistance (homemakers and personal care) for the chronically ill with no insurance and for those with limited incomes since Titles 3 and 20 funds are very limited. It was noted that PASSPORT slots are limited and some persons choose not to use this service because of the estate recovery requirement.

The kind of service provided was also noted. Currently formal caregivers are in a person's home from two to four hours several times a week. However, some persons need daily checks, for longer periods, or split morning and evening care. For most, this does not exist.

There is concern that there are not enough paraprofessional and professional caregivers for disabled older adults now and will not be in the future as the population ages. (2) The trustworthiness of those who provide services in a person's home was also noted as an important consideration as was the quality of care.

Two specific suggestions in this are to develop a "rent a daughter" program to assist with bathing, meals, appointments, and other needs and to encourage more people to take people into their homes and care for them.

- ***Affordable and better housing plus supports with home maintenance*** (4 interviewees) Much of the county's housing does not match the needs of older persons; zoning is not senior friendly (e.g. need for 5-acre lots because of septic and wells that require higher maintenance than many older adults can provide or make it

difficult to develop affordable congregate housing for seniors); and there is need for retrofitting homes. For those seniors with very low incomes, Geauga Metropolitan Housing units are not available because vacancies are in two and three bedroom units while the need is for one bedroom.[†] Cleaning and yard work were also identified as important services for homebound seniors. Because of the cost of land, it has been very expensive to develop group homes where four unrelated persons with disabilities reside.

- ***There is need for increased emphasis on planning and preparation for the aging process.*** (4 interviewees) This can include financial planning and settlement of estates (sometimes with provisions to protect older adults from those who love them); a plan for a middle age person's future care; and preparation of one's home before frailty becomes too great. (2) It was also suggested that there should be conversations with the babyboomers to take care of their children who will likely be their caregivers some day. The proposed message: be prepared.
- ***Case management*** (3 interviewees) The purpose of case management as stated by one of the key informants is to help older adults stay in their own home. This would be most important for those who are at risk because they are not eating, not taking medications, and need durable medical equipment (e.g., oxygen tents, hospital beds, wheelchairs, and seat lift mechanisms which are used in the patient's home) and assistive technology plus those with no or limited social supports. It was noted that some could pay for this service.
- ***Access to good medical and mental health care in the home was noted as a need for some older adults.*** (3 interviewees) Specifically mentioned was the need for doctors who do home visits and it was noted that this is happening more frequently than in

[†] It was noted that Geauga Metropolitan Housing is required to hold a community meeting on its proposed CHAS; however, not all community agencies have been invited to participate and thus cannot get some of the important needs of homebound seniors articulated for inclusion in the plan.

recent decades. Timely mental health services for the homebound was also mentioned.

Other issues mentioned included good nutrition although one informant noted that many do not like the food provided through meals on wheels or cannot have their special dietary needs met. (2 interviewees) One informant noted the importance of having opportunities to stay in touch with the community through senior centers (2 interviewees); another noted the need for more diverse media-wide methods of information dissemination about issues of concern to older adults; and two others mentioned that the need for emergency response by safety forces and respite care will increase as the number of frail elderly increases.

IMAGES OF A COORDINATED NETWORK OF CARE FOR HOMEBOUND SENIORS

As summarized from the comments of key informants, a coordinated network of care for homebound seniors can operate on three levels:

- Level 1: An informal coordinated network of care that involves family members, friends, and neighbors; (4 interviewees)
- Level 2: A formal coordinated network of care that involves formal caregivers (medical professionals, home health care agencies, etc.) plus the informal network in coordination of services; (8 interviewees) and
- Level 3: A coordinated system of care across provider agencies and organizations. (5 interviewees)

Currently, for Level 1, the perception is that many informal caregivers do their own care management and coordination. One suggestion for improvement is to ensure that the informal caregivers are aware of available services.

Another informant reflected on the possibility of more seniors falling through the cracks as the babyboomers age and asked the question: who will care for them? There is great likelihood that there will not be enough professionals to do this in the future and that other models of caregiving need to be designed. One suggestion is to build a community of caregivers (a family/friend corps of volunteers) by training family members and neighbors how to do nursing related services. A model like this would fit the self-help culture of Geauga County. It could start by identifying 200 people who could provide care for those with simple to moderate needs. It could include updating plans, home visiting, and being involved in the care especially at the beginning and end of each day. The volunteer pool could also help with coordinating services for the homebound senior.

A similar suggestion is to create networks of care in the community that includes personal visits, contacts and socialization, helping those who are depressed especially around holidays and in the evenings. The natural supports of families are needed with other supportive services being available on a sliding fee scale.

For Level 2, the perception is that currently social workers/other professionals/case managers typically connect with their counterparts in other agencies to access and/or coordinate services. Suggestions made to improve coordination of care at this level are to design and use a common assessment tool; to develop and use a safety prevention checklist with safety forces and aging network agencies; and to encourage seniors to register with the Department of Aging. Another suggestion is to hold cross agency meetings regularly to brainstorm how to improve services for homebound seniors. The coordination between the Department of Aging and Lake Communities Development Corporation around rehabilitation of senior housing was suggested as an excellent model of Level 2 organizational cooperation and could expand to include snowplowing and grass cutting in the future.

Level 3 system level coordination around services for older adults is not going on in the county according to some informants (the exception being the Geauga Community Impact's Homebound Senior Work Group). One informant stated that the system needs tweaking, not a complete overhaul. Another suggested that there is need for a system similar to the Family First Council for children that would involve all systems that impact the life of an older adult with formal memoranda of understanding. The focus of coordination should be on housing, transportation, mental health services – essentially areas where there are service gaps.

Regarding the Levels 2 and 3, the following organizations were suggested by interviewees as being important to be at the table: Department of Aging; Adult Protective Services; Probate Court; Western Reserve Area Agency on Aging; senior centers; Sheriff's Department; safety forces; Geauga Transit.

IV. SUMMARY AND RECOMMENDATIONS

The primary needs of homebound seniors as identified by the key informants for whom services should be focused are those who are:

- Older home owners wanting to stay in their own homes and in Geauga County;
- Socially isolated with no support system to meet their psychosocial and basic needs;
- Easily taken advantage of financially;
- Mentally retarded and their aging caregivers;
- Chronically ill seniors, especially those who are uninsured.

Identified service gaps to be closed were in transportation, in home assistance (homemaker/personal care), affordable/better housing, preparation for aging (including financial, housing and health), case management, access to in home medical and mental health services. Other gaps included nutrition, open communication with the homebound, the future need for emergency response by safety forces and respite care.

When looking at a coordinated network of care, there are three primary levels:

- Level 1: informal coordinated network of family members, friends, and neighbors;
- Level 2: formal coordinated network involving formal caregivers (medical professionals, home health agencies, etc.) plus the informal network around service coordination; and
- Level 3: coordinated system of care across provider agencies and organizations.

Currently, for Level 1, the perception is that many informal caregivers do their own care management and coordination. One suggestion for improvement is to ensure that the informal caregivers are aware of available services. Another suggestions is to establish a community of caregivers (family/friend corps of volunteers) who are trained to do nursing related services

For Level 2, the perception is that currently social workers/other professionals/case managers typically connect with their counterparts in other agencies to access and/or coordinate services. Suggestions made to improve coordination of care at this level are to design and use a common

assessment tool; to develop and use a safety prevention checklist with safety forces and aging network agencies; and to encourage seniors to register with the Department of Aging. Another suggestion is to hold cross agency meetings regularly to brainstorm how to improve services for homebound seniors.

And finally, level 3 network of care across systems of care is perceived to be absent in the county except for the GCI Homebound Senior Task Force. A suggestion is to initiate a system like the Family First Council with memoranda of understanding across the respective systems.

V. APPENDICES

APPENDIX A KEY INFORMANTS

Sally Bell, Director, Geauga County Department on Aging

Kristina M. Fenselon, Director, Geauga County Transit

Charles Henry, Administrative Judge, Geauga County Probate Court

Scott A. Hildenbrand, Chief Deputy, Geauga County Sheriff's Department; Fire Chief, Hambden
Fire Department; President Fire Chief's Association

Tracy Jemison, Auditor, Geauga County

Suzanne Joseph, Director, Community Support/ Residential Services, Bessie Benner
Metzenbaum Center

Susan V. Juris, President, University Hospitals Extended Care Campus

Deborah O'Connor, Director, Geauga County Library

Mary Samide, Commissioner, Geauga County

Ed Samec, Corporal, Middlefield Police Department

Joe Stehlik, Chief, Middlefield Police Department; President Police Chief's Association

Cindy Turcu, LISW, Manager of Care Coordination, University Hospitals, Geauga Medical
Center

**APPENDIX B
SERVICES FOR HOMEBOUND SENIORS
PROVIDED BY INTERVIEWEES' ORGANIZATIONS**

Geauga County Auditor's Office

Geauga County has 51,855 separate parcels of Real Property. It is the duty of the County Auditor to assure that every parcel of land and the buildings thereon are fairly and uniformly appraised and then assessed for tax purposes. A general reappraisal of all Real Property is mandated by Ohio Law every six (6) years with an update during the third year after the appraisal.

More specifically for homebound seniors, the County Auditor administers the new and expanded Homestead Exemption program effective July 1, 2007 for tax bills paid in 2008. This new program will provide a tax credit on the first \$25,000 of market value of a home. In Geauga that credit will average approximately \$380 in real estate tax savings per year. To qualify, a homeowner must be 65 years of age by December 31, 2007 or older or permanently disabled.

Geauga County Board of Commissioners

The primary role of the Geauga County Board of Commissioners with respect to homebound seniors is to fund the Department on Aging through the levies, support Job and Family Services, and Meals on Wheels. In addition, other federal and state funding that flows through the county impacts the lives of older homebound adults.

Geauga County Board of Mental Retardation and Developmental Disabilities (MR/DD)

The Geauga County Board of MR/DD offers a full range of programs for adults with mental retardation and developmental disabilities throughout their life. Programs include work training, employment opportunities through Metzenbaum Sheltered Industries or the Community Employment Program, Multi-Handicap Classrooms, Adult Activities, Transportation Services,

and last but not least, Service Coordination for all eligible individuals. Service Coordinators offer individuals the opportunity to receive county operated services, or services through independent providers, if the individual/guardian chooses. The ultimate goal is independence, productivity and integration into the community.

Individuals can choose to live in their own homes or with family using supports provided through Family Resource Services, or one of two Medicaid Waiver Programs. Supports may include covering costs associated with adaptive equipment, special dietary requirements, home modification, counseling, training, home maker, personal care, and respite care.

Metzenbaum's Supported Living Program enables individuals with MR/DD an opportunity to enjoy "normal" community living throughout Geauga County in one of 13 Supported Living Homes. This program consists of two components, housing and services. Metzenbaum's non-profit housing corporation, "Maple Leaf Community Residences, Inc," purchases the homes. (By law, only four individuals can reside in a supported living home.) The Geauga County Board of MR/DD then assists individuals/guardians in choosing an agency and/or individual-certified providers to provide the service and supports identified in an Individual plan and paid through county board and Medicaid waiver funds.

The Board also administers programs to support individuals who want to remain living in the community. Two of these are the Individual Options (I/O) waiver and the Level I waiver. (See Table 1.) Formerly called case managers, staff who administers these programs are now called Service and Support Administrators (SSAs). Currently there are 10 SSAs with a targeted client caseload of 30. Their role is to link individuals to providers, monitor, assist with provider selection (although they cannot direct – there must be free choice of provider), and do re-determinations. The client has complete control to terminate services; the Board does not have contracts with providers.

Table A-1: Medicaid Waivers Available for Persons with Mental Retardation or Developmental Disabilities

	Individual Options (I/O) Waiver	Level I Waiver
Purpose	To support those who choose to live in the community with two or three others, no more than four.	To support those who choose to live in the home of a caregiver, typically the parents.
Eligibility	The Individual Options Waiver, commonly referred to as the I/O Waiver, is for people with mental retardation or developmental disabilities. With the waiver, Medicaid will allow people to stay in their homes and get support rather than require them to live in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).	The Level I Waiver is for people with mental retardation or developmental disabilities who: <ul style="list-style-type: none"> • Require the care given in an Intermediate Care Facility for the Mentally Retarded (ICF/MF) but want to live at home. • Have a network of families, friends, neighbors and professionals who can safely and effectively provide the needed care. The cost for this help cannot be more than what the Level I Waiver allows. Each service has an annual limit, but with prior authorization, the limits of coverage may be exceeded up to a combined benefit of \$5,000 in each year the individual is enrolled.
Covered Services:		
Adaptive & Assistive Equipment	X	X
Adult Day Services	X	X
Day Habilitation	X	X
Environmental Accessibility & Adaptations	X	X
Habilitation – Vocational Habilitation	X	X
Home Delivered Meals	X	
Homemaker/Personal Care	X	X
Informal Respite		X
Institutional Respite	X	X
Interpreter Services	X	
Nutrition	X	
Personal Emergency Response Systems		X
Respite Care	X	X
Social Work/Counseling	X	
Specialized Medical Equipment & Supplies	X	X
Supported Employment (community and enclave) – adaptive equipment	X	X

	Individual Options (I/O) Waiver	Level I Waiver
Transportation (Medical & Non-Medical)	X	X
Vocational Rehabilitation	X	X

In addition to the waivers, the Board has a state and locally funded program, Family Support Services, for those who meet family income eligibility and who live at home with family members. Available services include, but are not limited to: respite, therapeutic riding, summer camp, special equipment, etc. up to a value of \$1,000 per year, providing there is no other funding source. There is a sliding scale with family income up to \$40,000 per year.

A separate partner organization with the MR/DD Board is the Community Fund Management Foundation which sets up trusts to allow people with modest assets to pool their money and access a fund for extras not covered by basic care – e.g. vacations. Another partner is NEON (Northeast Ohio Network) which is a non-profit organization that helps recipients find providers.

Geauga County Department on Aging
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The Geauga County Department on Aging has a full menu of services for older adults who reside in the county. Among those that would be most beneficial to homebound seniors are the following:

- Chore and Home Maintenance whereby an assessment is done followed by work with the Department paying 100 percent of labor and the client paying 100 percent of materials. Currently the Department has an agreement with Lake Communities Development Corporation to provide these services for lower income seniors. Lake Communities also purchased a stock pile of hand rails, ramps, etc. which reduces the cost of materials for the client. As a result of education provided by the Department, Hambden Building Supply has conducted a seminar for builders and developers on universal design and is now a huge supporter of the concept.
- Nutrition:
 - Home delivered meals, typically available on weekdays

- Emergency meals - in winter enrolled clients receive three stored shelf-stable emergency meals
- Holiday Meals – delivered on the holiday for those who are 60+ and home alone; it consists of a full lunch and frozen meal supper
- Social Contact:
 - Friendly visiting and telephone reassurance
 - Girl Scout troops and other organizations making gifts; florists donating poinsettias, etc.
- Transportation:
 - Out of county medical transportation in adjacent counties paid by donations
 - Transportation vouchers for in county medical care – seniors receive a \$20 pass for Geauga Transit if they are income eligible
 - The Department owns three vehicles and employs two drivers
- Safety Seminars in collaboration with specific townships.

Geauga County Fire Chief's Association

Geauga County's fire departments are primarily staffed by volunteers. An example is Hambden Township which has three part-time fire fighters who get paid a part-time hourly rate. Volunteers receive a \$5 stipend. They schedule two weeks in advance and sign up for shifts.

The number of calls (Fires, Rescue and Service) has increased. For example in Hambden Township in 1981, there were 24 calls for service for the whole year; in 2006 there were 500 calls. This increase is primarily the result of population increases and growth is anticipated in the near future. With the increase in population comes an increased expectation of services. This places increased demands on volunteer fire departments, including increased requirements for training.

In terms of homebound seniors, fire departments are frequently called on to handle a number of situations beyond fires. For example, they get calls from seniors who fall and can't get up, can't get out of chairs or off the toilet, or need assistance getting ready for bed. The need for human

contact is also a reason that fire departments get called, particularly in the evenings and on holidays when more of them experience depression primarily because of the lack of family or friends.

Fire departments will provide safety checks in homes if they are requested.

Geauga County Probate Court

Along with its other responsibilities, the Geauga County Probate Court handles guardianships for older adults with dementia or other disabilities for which there is no durable power of attorney. The statutory guidelines state that a person must be adjudicated incompetent and unable to make decisions. The person could be homebound, in a nursing facility, or in the county home.

Geauga County Public Library

The Geauga County Public Library offers a volunteer delivery program to bring books and other library materials to residences of homebound patrons. Library patrons are considered homebound if they are unable to visit a library or the bookmobile due to age, disability, chronic illness, or a long-term recovery, and have no one who can pick up library materials for them. The program uses volunteers to visit homebound patrons approximately every three weeks to bring books and pick up items. Volunteers must be age 18 or over and have a valid driver's license.

The Library has been successful in making matches between homebound patrons and volunteers. The program serves between 45-50 people. Most of the volunteers are older adults and there is a need to increase the pool of volunteers and the numbers served. Volunteers are not reading experts; in fact there is no expectation about reading although many of the volunteers are library staff who suggests books to the homebound patron. This program includes both books and videos.

The National Library Service for the Blind and Physically Handicapped of the Library of Congress provides free recorded and brailled books to eligible adults and children. The Library

for the Blind and Physically Handicapped of the Cleveland Public Library serves as the Regional Library for the fifty-five northern Ohio counties. Geauga Public Library is a sub-lender of this program and serves Geauga County.

Anyone who cannot read regular print with conventional eye-glass correction, who cannot hold a book or turn a page, or who cannot read print because of a neurological handicap (e.g., dyslexia) is eligible for Talking Book library service. More than a thousand new titles are added to the collection each year. Braille, a system of writing using raised dots, adds almost four hundred titles each year. Many popular magazines reflecting a broad range of taste and interests are available in Braille, on discs or on cassettes. The Library also provides onsite computer access to reference sources in large print, Braille and "voice" output. Specialized items such as Brailed sports schedules and tax forms, raised line maps and recorded and Brailed foreign language books are also available. The Music Services section of the National Library Service lends large-type musical scores and instructional materials in Braille and recorded forms.

Special cassette and phonograph players are available to Talking Book users. Equipment is provided at no cost for as long as the individual needs it. Various attachments such as remote control units and amplifiers are available to patrons with special needs. All materials are mailed postage free at all times. Catalogs and special booklists, updated regularly, keep readers informed about new books.

Geauga County Transit

Geauga County Transit (GCT) is a public transit system funded in part by the Federal Transit Administration, the Ohio Department of Transportation, the Geauga County Board of Commissioners, and users. Its mission is to provide for the transportation needs of all county residents, in a safe, professional manner, thus providing the means to maintain mobility and quality of life. Additional funding is provided by contracts with agencies to provide the transportation necessary to maintain their respective programs.

GCT is a demand responsive transit system within the county. Service is provided Monday through Friday from 6:00 a.m. to 9:00 p.m. and Saturday 11:00 a.m. to 6:30 p.m. with fully equipped vehicles that meet all federal and state standards for accessibility and cost effectiveness. Trips can be scheduled up to one week in advance. Vehicles can go anywhere in the county; there is no fixed route service. Due to budget restraints, Saturday service will no longer be available after the first of the year.

GCT provides 200 demand responsive transportation trips per day with sixteen buses; at peak times, there are ten buses on the road. Monday to Friday from 7:30 a.m. to 2:00 p.m. six to seven buses are used for seniors. The cost for seniors is \$2.00 with the Golden Buckeye Card one-way and \$0.50 cents for an extra stop. Eighty percent of the ridership is seniors including senior center riders, but there are also others. Frailty levels are mixed. There is also a group of Amish who regularly schedule rides to their workplaces. Trip purposes (e.g. employment, medical care, grocery shopping, beauty salon, movie, church, etc.) cannot be prioritized. There is a stand by list. Between the regularly scheduled seniors and the Amish, there is not a lot of rider space for new riders.

Geauga County Transit and Portage Area Regional Transportation Authority (PARTA) have received a grant from the Federal Transit Administration (FTA) to develop a plan for a coordinated scheduling system that will allow persons to access any type of transportation in northeast Ohio. If selected by the FTA, the two transit organizations will be able to implement their plan with the assistance of federal funds.

Geauga Transit already makes connections with the Greater Cleveland Regional Transit Authority (GCRTA) in Chagrin Falls and at Hillcrest Hospital and with LakeTran at the Auburn Career Center. However, the caller must make separate calls to each transit system for scheduling. This inconvenience would be solved with new system with Portage County.

There are other funding sources for low income riders, for example, Medicaid funds transportation, vouchers, and a program for purchase of cars. However, Geauga Transit has found it difficult to work with these because of factors such as complex rules.

Middlefield Village Police Department

Middlefield Village has the largest number of seniors in the county and believes that it must proactively meet their needs, reduce risk, and safeguard them; its approach is to lead by doing. The Middlefield Village Police Department reflects this philosophy by implementing a number of programs targeting homebound seniors. These include:

- Ensuring that all units in the Briar Hill Northview senior housing complex have a medical alert system in the bedroom and bathroom.
- Collaborating with the county Sheriff's Department on the "Are You O.K.?" program: a free service where seniors receive a phone call at the same time every day. When the call comes in, the senior answers the phone and hears a recorded voice that asks if s/he is okay. The senior may say "yes" and simply hang up. If something is wrong, the senior says no and the Sheriff's officer will immediately pick up the phone to find out what is wrong and take the appropriate action. If a person does not answer the call, the computer automatically places a second call in five minutes. If there is still no answer, the Sheriff's officer will call a designated family member or friend to inform them. In some cases, the officer will contact local police and ask them to go to the senior's home.
- Distributing home delivered meals as a community service on behalf of the Department of Aging one day a week. At that time, they check to ensure that seniors have quality food in their refrigerators, easy to open cans of food; milk in the refrigerator. They also note the cleanliness of the house, and evaluate safety conditions and the mental capacity of the senior.
- Conducting training at the senior center in Middlefield on Internet and phone scams, personal safety, and safe use of banking.
- Providing Car Fit session to evaluate seniors in their car for safety.
- Offering "community policing" where officers are out on bike patrol going door-to-door in the community.
- Being part of Crisis Intervention Teams (CIT). The Middlefield Police Department recognizes that there are depressed older adults living in the community and that the police are often at the front line of identifying those problems. Therefore, it is part of

the CIT program which is a community partnership between safety forces, mental health professionals, mental health consumers, and their family members. Its goal is to set a standard of excellence for police officers with respect to treatment of individuals with mental illness. Trained officers are part of a specialized team that can respond to a crisis at any time.

The Ohio Department of Mental Health has established a goal of having 25 percent of the fire, EMS, police, nursing home staff, and social worker workforce CIT trained by 2010. The Middlefield Police Department is offering the training to these professionals in Geauga County.

University Hospitals Extended Care Campus

Founded in 1939, Heather Hill is now called University Hospitals (UH) Extended Care Campus which has a multi-level system of services including:

- *The Specialty Hospital (LTACH), including High-Observation (Critical Care) Unit* which serves the medically complex patient who would otherwise remain in the acute care setting. (56 beds)
- *Short-term and Outpatient Rehabilitation* which provides outcome oriented medical and rehabilitative care for persons who are too frail to return home following acute hospitalization but whose condition no longer warrants the resources of an acute hospital. Programs may be continued or initiated on an outpatient basis. (60 beds)
- *Extended Care* which provides around-the-clock medical care and specialized programming for persons in the later stages of Alzheimer's Disease and other dementias.
- *The Corinne Dolan Center for Memory and Aging* which serves persons in the early and middle stages of Alzheimer's through respite care, short-term overnight care and residential services. It was designed by architect Stephen Nemtin of the Frank Lloyd Wright Foundation to maximize independence and promote a high quality of life. (24 locked units)
- *The Liberty – Assisted Living* (70 apartments)

- *Outpatient Rehabilitation and Aquatic Center* which serves adults and adolescents recovering from head injury, stroke, spinal cord injury, amputation, orthopedic surgery, neuromuscular disease and other major illnesses.

Until recently, the previous Heather Hill provided a full one-day outpatient geriatric assessment which focused on physical, psychological, and social functioning. Administered by a part-time social worker, the assessment consisted of a 3-hour interview at Heather Hill followed by an in home evaluation by an Occupational Therapist within the same week. Within two weeks of the assessment, the social worker met with the family to share results. A written report was also given to the family, referral source, and primary care physician. In total there were approximately 160 referrals and a total of 75 patients assessed (an average of two per week).

University Hospitals, Geauga Medical Center
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University Hospitals (U.H.), Geauga Medical Center, employs three LISW social workers for social work/discharge planning services and three registered nurse case managers to handle utilization review and provide case management through the Care Coordination Department. They make referrals for home health care, skilled nursing facilities, rehab hospitals, private duty homecare, mental health services, protective services, drug and alcohol services, Meals on Wheels through the Department on Aging; Emergency Alert; the Are You O.K.? Program of the county Sheriff's Department; durable medical equipment for which Medicare pays 80 percent; and to Geauga Transit. Geauga Medical Center also has its own shuttle service that goes from a patient's home to Geauga Medical Center for surgery or appointments or to a U.H. doctor's office for appointments, or home from the hospital if needed. The hospital's transit program is typically at full capacity with no weekend service.

University Hospitals Home Care Services serves the homebound through its skilled care program covered by Medicare and private insurances. Services include: skilled nursing care; home infusion therapy; physical, occupational and speech therapy; social services; and home care aide services.