

Core Service Report

Adult Protective Services

Consumer Category:
Age

Primary Consumer Group:
**Seniors and Other Adults
Remaining Independent**



February 2007

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COMPANION REPORTS

In addition to the information included in this report, a report of the other core services (80 in total), community leader key informant interviews, United Way - First Call for Help staff focus groups, consumer snapshots, and e-survey of United Way funded executive directors, board presidents, and United Way Community Investment staff are available at <http://www.uws.org>.

ACKNOWLEDGEMENTS

We are grateful to the multiple public and private funders, provider agencies, experts in the various fields of interest, external reviewers, United Way Community Investment Committee clusters, and staff of United Way for their assistance, support, information, and insight.

Additionally, MCS Consulting Service's "Report to Adult Guardianship Services and Partner Agencies" and Dr. Georgia Anetzberger's "Study of Select Best Practices in Guardianship Services" were integral to the creation of this core service report. Additionally, David A. Zwyer's "Guardianship in Ohio," published by the Developmental Disabilities Council of Ohio, provided background on legal issues relating to guardianship and possible less restrictive alternatives. Linda Proffitt, Program Director of Adult Guardianship Services, provided invaluable information on the national, state, and local funding issues.

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This report reflects the comments from reviewers and United Way Community Investment Committee cluster volunteers.

Suggested Citation: MCS Consulting Service. (2007). Core service report: Adult protective services (adult guardianship services). United Way of Greater Cleveland. Available at <http://uws.org>

SNAPSHOT

AIRS Code Level I: Individual & Family Life (P)

AIRS Code Level II: Family Support Services (PH)

AIRS Code Level III: Adult Protective Service (PH-650)

AIRS Code Level IV – Core Service: Adult Protective Services (PH-650.050)

Investment Committee: Senior Success

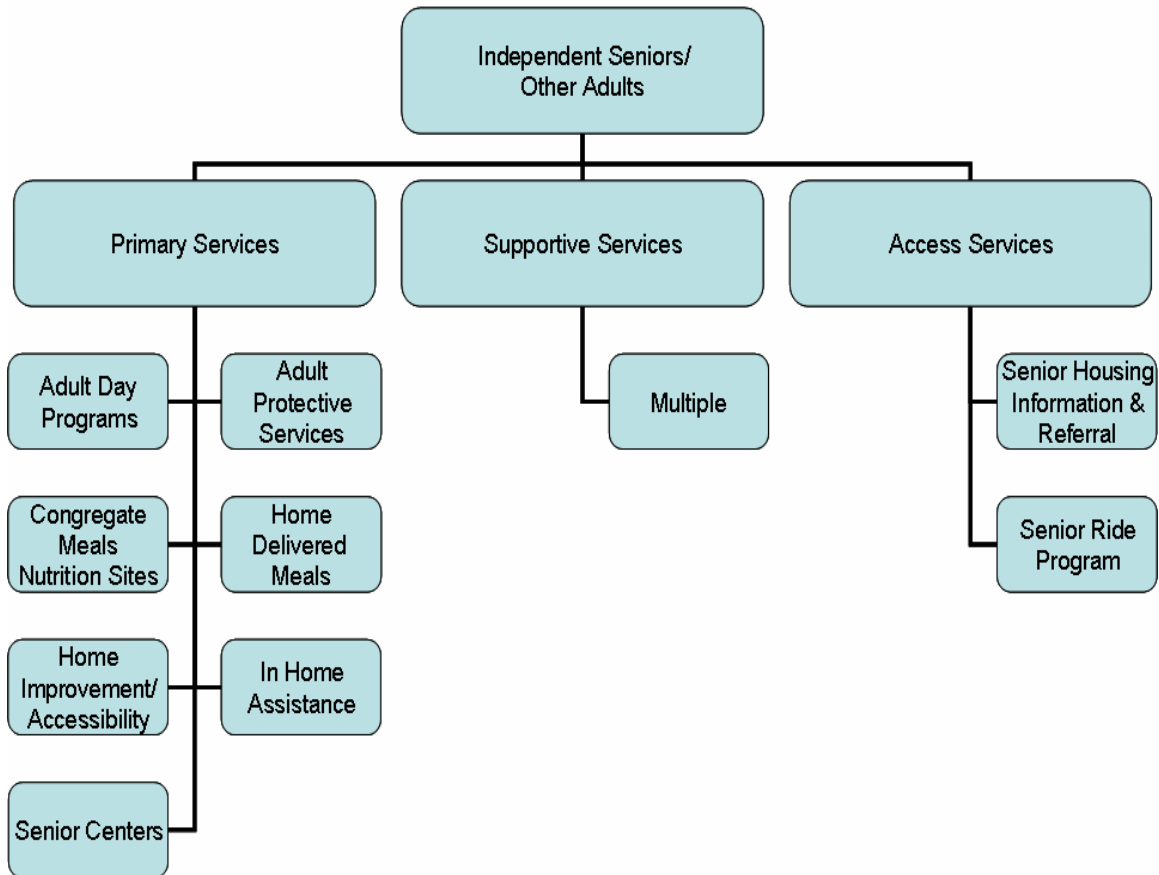
Cluster: Basic Subsistence/Supportive Services

AIRS Definition: Programs that provide assistance for adults who are unable to act on their own behalf or manage their own affairs, or who are in immediate danger due to physical or emotional abuse, unsafe or hazardous living conditions, exploitation, neglect, or abandonment.

Special Note: This report only addresses one aspect of adult protective services – indigent guardianships - because this is the specific focus of United Way’s funding. General background on elder abuse is in the Family Violence Prevention core service report. An AIRS Code Level V category for this service is Private Guardianship/Conservatorship Programs (PH-650.050-65) which might be a more appropriate AIRS category for this service.

Adult Protective Services (Adult Guardianship Services) is part of a family of services for older adults. The service targets independently functioning older adults and other adults and is one of seven services targeting this consumer group. In addition, there are two services that are necessary to access other services. (See figure below.)

**Family of Services
AIRS: Multiple**



Core Service Environment

In the next century, the oldest old are projected to be the fastest growing cohort of the elderly population. Increased cognitive impairment often comes with aging. A study funded by the National Institute of Aging found that nearly one in four individuals 65 and older had measurable cognitive problems and 38 percent of people age 85 and older had some degree of cognitive impairment. About 3 percent of individuals 65-74 have Alzheimer’s disease, and by age 85 the risk reaches nearly 50 percent (Alzheimer’s Association, 2001). There are indications that the dramatic growth in the “old old” (age 85+) will mean more persons living beyond their capacity to completely manage their own personal care and property, resulting in increased reliance on long-term care and other support services including surrogate decision making services. The aging of the population also indicates that many older persons are outliving their traditional support network of family and friends (Select Committee on Aging, House of Representatives, 1988 in Stoiber & Anetzberger, 2004).

Adult guardianship removes considerable rights from an individual. It is therefore considered the last resort alternative for individuals whose impaired decision making capacity renders them incapable of caring for themselves.

Policy changes in the care of individuals with severe mental illness have also increased the need for adult guardianship services. The deinstitutionalization movement has resulted in an influx of mentally ill persons into the community. Some of them are incapable of, or need assistance in, handling all or some of the affairs of daily living.

Petitions for surrogate decision-makers and requests for representative payees (wanted by health care and long-term care facilities looking to protect their legal and financial interests) have increased. As noted by MCS Consulting Service (2004):

These efforts to routinely obtain surrogate decision makers for elderly patients are occasioned by the institutions' fear of suit and in some cases by matters of finance or convenience. Hospitals confronting Medicare regulations which limit coverage for extended care, may be using guardianships to move patients to nursing homes. (Stoiber & Anetzberger, 2004)

Finally, the MRDD service delivery system is increasingly turning to Medicaid to pay for many services. Medicaid prefers interacting with a legally responsible party. For example, if Medicaid officials doubt the competency of a mentally retarded person to speak for him- or herself, they may insist on guardian representative (Stoiber & Anetzberger, 2004). Medical providers will also often refuse to accept consent from someone with a disability (Zwyer, 2003).

Core Service Consumers

The target population addressed in this core service report is indigent adults 18 years and older, declared mentally incompetent by Probate Court. They have physical or mental limitations that render them unable to make basic personal, medical, and financial decisions for themselves, and are highly vulnerable to physical, emotional, or financial abuse and are in need of surrogate decision making (guardianship) For quantification purposes, this was operationalized as Medicaid-eligible persons 18 and older declared mentally incompetent by Probate Court and who are not mentally retarded. (There is a specific service available for the population with mental retardation).

Per an article in *AARP: The Magazine*, there are no reliable statistics on the number of people under guardianship in the U.S., but estimates run upward of 600,000—the vast majority of whom receive care from people without certification. This number will increase exponentially with the aging of baby boomers (Yeoman, 2004). The proportion of indigent persons is substantially smaller.

Data is lacking on the size of the unbefriended elderly population. Experts have speculated (without statistical basis) that about 3 to 4 percent of the total nursing home population is unbefriended. “Unbefriended elderly” are defined as those who have no decisional capacity to give informed consent to the treatment at hand; have not executed an advance directive that addresses the treatment at hand and has no capacity to do so; and/or have no legally authorized surrogates, family, or friends to assist in the decision making process (Gillick, 1995 & Miller, 1997 in Karp and Wood, 2003; Kapp, 1997 in Stoiber & Anetzberger, 2004).

The Hastings Center on Bioethical Research in New York uses a somewhat broader definition and estimates “a substantial number of long-term care residents are isolated and unbefriended, perhaps as high as 30 percent or more in some facilities” (Jennings, 2001 in Karp and Wood 2003 in Stoiber & Anetzberger, 2004).

Thus existing data sources dance around the central question of the size of the unbefriended population. All that can be gleaned with certainty is that the numbers are significant (Karp and Wood 2003 in Stoiber & Anetzberger, 2004).

Adult Guardianship Services of Lutheran Metropolitan Ministries is the sole provider of adult guardianship to indigent individuals deemed incompetent by the Cuyahoga County Probate Court. Although the elderly female with dementia in a nursing home commonly makes up a large part of the ward population, more and more wards are men, are younger, have mental illness, and are minorities. Younger wards who are often more ill and have mental illness require more intensive services.

In 2005, there were 445 indigent unbefriended persons 18 years and older in Cuyahoga County. Based on a time-series analysis (Stoiber & Anetzberger, 2004) the number is projected to increase to 830 by 2008.

Core Service Delivery

The definition of the core service for this report is as follows: programs that provide surrogate decision making in all areas of life, including medical, personal, and financial situations, to indigent individuals deemed incompetent by the state, with the goal of keeping them safe from neglect, abuse, or abandonment. Types of services could include locating appropriate housing or shelter, establishing eligibility for government and private benefit programs, securing client property and assets, approving or denying authorization for medical treatment, ensuring appropriate social work, money management and budgeting, and securing overall client well-being.

A guardianship is an involuntary trust relationship in which one party (the guardian) acts for an individual (the ward). The law regards the ward as incapable of managing his or her personal care and/or affairs. Given the extremely serious nature of removing an individual's right to personal decision making, courts and providers consistently state that less restrictive alternatives to guardianship should always be sought first, and guardianship should be the last resort alternative.

Adult guardianship services workers are frequently called upon at all hours of the day to make critical, life-altering decisions in complex situations. Many cases involve life-and-death medical issues and complicated legal issues involving questions of capacity, undue influence, guardianship, powers of attorney, and victims' rights to self determination versus the state's duty to protect its helpless citizens. Other situations may involve complicated financial matters, mental health concerns, substance abuse problems, domestic violence, and family dysfunction.

Based on United Way - First Call for Help (FCFH) research as of February 2005, there are 7 adult protective services providers operating from 7 different sites, 4 of which are nonprofit, 2 are government, and 1 is designated "other." In FY 2004 (July 2003 to June 2004), United Way did not fund any of these providers. FCFH call data shows an increase in the number of total requests for adult protective services in the county: from 177 in 2000 to 322 in 2004 (82 percent). Over the same five-year period, FCFH had 1,266 requests for information about adult protective services. Of these requests, they were able to make referrals to 99 percent of callers. Many of these calls were for adult protective services mandated by the Cuyahoga County Department of Senior and Adult Services, not just for guardianship services.

There are no funds reserved exclusively for adult protective services (adult guardianship services) at either the federal or state level. Across the U.S., many local governments are left to patch together funding for this service. In Cuyahoga County, however, there has been an increased recognition of the importance of adult guardianship with substantial increases in local government funding, especially from the Cuyahoga County Community Mental Health Board (CCCMHB). Local government funders are Cuyahoga County Probate Court—Indigent Guardianship Fund, Cuyahoga County Department of Senior & Adult Services, Western Reserve Area Agency on Aging, and Cuyahoga County Community Mental Health Board. Foundation funding for adult guardianship services was projected to decrease by almost half in 2005 and into 2006. It is projected to remain at this lower level as the foundation community has provided significant support to help establish adult guardianship services and is now looking to other sources to sustain the program.

As of May 11, 2006, more than \$439,000 in revenues for adult guardianship services has been identified countywide. No United Way dollars were allocated for adult guardianship services in its 2004 fiscal year. Adult guardianship services, which United Way began funding in FY 2005, provided its CY 2003 actual for this report. Of identified countywide funding for FY 2004, more than 95 percent comes from government sources, with the rest coming from federated fundraising organizations.

Adult Guardianship Services calculates the average cost of guardianship services to be about \$1,500 to \$1,700 per ward per year. Cost can vary widely given the complexity of the ward's mental and physical status.

What Works; What Doesn't

Given the power guardians have over their wards, guardians must be held to the highest levels of integrity and competency. The National Guardianship Association has established guidelines and a code of ethics. The Association also offer two levels of certification for guardians.

Volunteers are often an important resource for guardianship programs. Comprehensive and thorough training, as well as on-going support for volunteers, is essential to providing quality guardianship care given the often serious and complicated decisions guardians must make.

There are a number of best practices found appropriate for guardianship services. For example, for over a decade the Center for Social Gerontology (n.d. in Stoiber & Anetzberger, 2004) has been pioneering the use of mediation in cases where guardianship is being considered for older persons. When caregivers encounter difficulties in making decisions with and for older persons, particularly when a number of family members are involved, mediation should be one of the first paths pursued and guardianship one of the last. The literature and most national experts also suggest that guardianship organizations, including Adult Guardianship Services, should focus exclusively on this program and not involve other supplement services. Concerns focus on the fear that other services would dilute the efforts required to deliver guardianship services to indigent and vulnerable clientele (Stoiber & Anetzberger, 2004). Note that mediation is not a viable options to guardianship services for wards served by AGS who have no family and are usually un-befriended. (Proffitt, 7/2006 personal communication)

The impact of adult guardianship services on the individual and on the community is substantial. While protecting the dignity of its most vulnerable populations, adult guardianship services also benefit society by focusing on indigent clients and linking them to appropriate services that then may permit less restrictive care and reduce cost to public systems.

The National Guardian Foundation Guardian Certification Plan provides two levels of certification: “registered guardian,” which demonstrates entry-level experience, and “master guardian,” which demonstrates a higher level of experience and responsibility.

Gap Analysis

The estimated universe of possible consumers is 445, including both realized (445) and unrealized (0) access. Since it is a policy of the Cuyahoga County Probate Court that all persons in need must be served by adult guardianship programs, the universe of possible consumers is the same as the number of persons in need. It must be noted, however, that not everyone who needs a guardian in the county gets one. The only reason everyone for whom AGS applies for guardianship for at the Cuyahoga County Probate Court gets a guardian is because AGS keeps its criterion very tight. As a result, AGS does not file on many people who could benefit from a guardian until a later date when they are in a more severe and desperate condition. The projected need for guardians in 2008 is 830 guardians for indigent persons. (Proffitt, 7/2006, personal communication)

I. FOREWORD

INTRODUCTION

United Way of Greater Cleveland (UW), in partnership with the Cuyahoga County Board of Commissioners, has initiated a large scale core service planning process to generate data and engage in community-wide dialogue about the community's safety net of core service and consumer needs in the Greater Cleveland area. In addition, UW envisions this process as an opportunity to better understand its role in the community and its long term capacity to improve the lives of Greater Clevelanders.

The primary goal of the Cuyahoga County core service research is to identify consumer needs and assess whether there are service gaps/duplications on a community-wide level. The findings from this research will guide future funding decisions at UW, and they will also be used to stimulate dialogue with other funders and groups in the community. United Way intends to continue to fund a broad array of "safety net" services that are important to the Greater Cleveland area. But it is hoped that the research findings will inform how UW dollars may be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

METHODOLOGY

United Way contracted with MCS Consulting Service, LLC, to conduct the core service research, which focuses on both the consumers served and services provided. (See Attachment 1 for list of members of the research team.) The research team has obtained information about each core service from multiple data sources. At the end of the research process there will be substantial information available for some services and less for others, which will provide a clearer picture of what information *is* available and where there are *significant gaps*.

The questions addressed are:

- Including public policies, what are the environmental influences that are impacting both service consumers and the capacity for service delivery?
- Who are the service consumers? What are the factors that lead to a need for services? How many consumers are there? How many have there been in the past several years and what factors influenced the historic trend line? What are the projected numbers for the future? What is their demographic profile? Where do they reside? How many are receiving services funded by government and/or United Way?
- What is the philosophy that drives service delivery? Has it changed? What does the service consist of? Who provides the service?
- What are the funding sources? What are the annual revenues from government sources, federated fundraising organizations, foundations, and United Way of Greater Cleveland? What are the historic government funding trends and what is projected for the future? What is the reimbursement amount?
- What works and what doesn't work in service delivery?
- Are there service gaps, duplication, under-utilization?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member agencies and non-members, and key informant interviews with 93 experts in the respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those with unmet needs; they provided insight about specific service gaps and duplication, as well as services they perceive to be outdated or under-utilized.
- United Way Program Report data for FY 2004 (July 2003 to June 2004). Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, the zip codes where the consumers reside, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004) - United Way - First Call for Help provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide and the zip codes in which they and those they serve are located, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to reference.
- Literature reviews on service trends and issues as well as best practices (i.e., what works/ what doesn't work in service delivery), including impact on the individual/family and on the community.
- Searches for information on public policies that are currently impacting consumers or service delivery.
- U.S. Census and American Community Survey data for various time periods.
- Data from funders on actual consumer populations and funding levels.

(See Attachment 2 for technical notes on the research methodology as well as limitations of the data.)

II. THE CORE SERVICE ENVIRONMENT

CORE SERVICE ENVIRONMENT

United Way funds one program in the core service area of adult protective services; it is a program devoted exclusively to guardianship for indigent adults. The National Guardianship Association's home page (2000) defines guardianship as follows:

Guardianship, also referred to as conservatorship, is a legal process utilized when a person can no longer make or communicate safe or sound decisions about his/her person and/or property or has become susceptible to fraud or undue influence.

Adult guardianship removes considerable rights from an individual. It is therefore considered the last resort alternative for individuals whose impaired decision making capacity renders them incapable of caring for themselves.

MCS Consulting Service's "Report to Adult Guardianship Services and Partner Agencies" explains that the need for guardians of indigent adults is a function of five factors with respect to indigent guardianships:

1. The older population is increasing.
2. The number of individuals with cognitive impairments is increasing.
3. Deinstitutionalization happened.
4. Persons with mental retardation and developmental disabilities are aging.
5. There is a population considered the "unbefriended" (Stoiber & Anetzberger, 2004).

Increasing Older Population

The number and proportion of older people will skyrocket in the coming decades. Baby boomers (born between 1946 and 1964) started to turn 60 in 2006, and the number of older people will increase dramatically during the 2010-2030 period. The older population of 2030 is projected to be twice as large as its year 2000 counterpart—growing from 35 million to 71.5 million and representing nearly 20 percent of the total U.S. population. The oldest old (persons 85 years old and over) are a small but rapidly growing group, comprising 1.5 percent of the American population in 2000. This population comprised 4.24 million persons in 2000, an increase of over 1.1 million from 1990. Overall, the oldest old are projected to be the fastest growing cohort of the elderly population in the next century. Additionally, people are living longer than ever before. Life expectancy has increased by more than a decade since 1945. In 2002, life expectancy was 77.3 years for all races and genders compared to 1945 when it was only 65.9 years. Women have a longer life expectancy than men, living an average 79.9 years, and men living an average of 74.5 years, although there are disparities by race, with whites living an average of 77.7 years and blacks 72.3 years (Federal Interagency Forum on Aging Related Statistics, 2004).

There are indications that the dramatic growth in the “old old” (age 85+) will mean more persons living beyond their capacity to completely manage their own personal care and property, resulting in increased reliance on long-term care and other support services including surrogate decision making services. The aging of the population also indicates that many older persons are outliving their traditional support network of family and friends (Select Committee on Aging, House of Representatives, 1988 in Stoiber & Anetzberger, 2004).

Increasing Number of Individuals with Cognitive Impairment

Increased cognitive impairment often comes with aging. A study funded by the National Institute of Aging found that nearly one in four individuals 65 and older had measurable cognitive problems. Prevalence increased with age with findings showing that 38 percent of people age 85 and older had some degree of cognitive impairment. Additionally, Alzheimer’s disease (AD), a devastating disease that leads to severe cognitive impairments and eventual death, also strikes older individuals with prevalence increasing with age. According to the Alzheimer’s Association, the likelihood of developing late-onset Alzheimer’s approximately doubles every five years after age 65. About 3 percent of individuals 65-74 have Alzheimer’s disease, and by age 85 the risk reaches nearly 50 percent (Alzheimer’s Association, 2001).

Deinstitutionalization

Policy changes in the care of individuals with severe mental illness have also increased the need for adult protective services (adult guardianship services). The deinstitutionalization movement has resulted in an influx of mentally ill persons into the community. Some of them are incapable of, or need assistance in, handling all or some of the affairs of daily living. Individuals with schizophrenia, which approximately one percent of the population develops at some point in their lifetime, is just one part of this population. Most communities have not provided the services that allow the deinstitutionalized to maintain themselves. Without constant support from an institutional setting or committed and involved family and friends, their condition deteriorates and they often become victims of self-neglect, exploitation, and abuse (Stoiber & Anetzberger, 2004).

Aging of Individuals with MRDD

The aging of persons with mental retardation and developmental disabilities will also affect the need for guardianships. The life expectancy of baby boomers with developmental disabilities has increased dramatically. For example, a study published by the Scripps Gerontology Center found the average life expectancy of individuals born with Down Syndrome in the 1930s was 9; by 1983 it was 25; in just fifteen years, life expectancy has doubled to age 49, where it now stands (McGrew, Groger, and Kunkel, 2003). Over half of developmentally disabled individuals living with a parent are in “double jeopardy” risk, i.e., frail, elderly parents serving as primary caregivers to an adult or mentally retarded child. Ohio is not serving the approximately 12,850 eligible individuals living in double jeopardy families, which is probably an underestimate. These individuals are at risk of having no a caretaker or guardian who can care for them when their parent(s) becomes too impaired to continue care, or dies.

The Unbefriended

The unbefriended is a population that frequently needs guardianship services. The majority lives in nursing homes, although some are community-dwelling. Data is lacking on the size of the unbefriended elderly population. Individuals living alone are more likely to be unbefriended. Older women are twice as likely as older men to live alone (40 percent and 19 percent respectively), and likelihood of living alone increases with age. In 2003, 30 percent of women age 65 to 74, and 50 percent of women 75 and older lived alone. For men, 16 percent age 65 to

74 and 23 percent aged 75 and older lived alone. As these numbers suggest, older women face potential social isolation at a higher rate than men. As MCS Consulting Service notes, “The combination of cognitive impairment and isolation from family is, for the most part, incompatible with independent living in the community.” About 450 individuals are estimated to be unbefriended in Cuyahoga County (Gillick, 1995 in Karp and Wood, 2003 in Stoiber & Anetzberger, 2004).

Other Factors Affecting Core Service Environment

In addition, petitions for surrogate decision-makers and requests for representative payees (wanted by health care and long term care facilities looking to protect their legal and financial interests) have increased. Again, as noted by MCS Consulting Service:

These efforts to routinely obtain surrogate decision makers for elderly patients are occasioned by the institutions’ fear of suit and in some cases by matters of finance or convenience. Hospitals confronting Medicare regulations which limit coverage for extended care, may be using guardianships to move patients to nursing homes. (Stoiber & Anetzberger, 2004)

Finally, the MRDD service delivery system is increasingly turning to Medicaid to pay for many services. Medicaid prefers interacting with a legally responsible party. For example, if Medicaid officials doubt the competency of a mentally retarded person to speak for him- or herself, they may insist on guardian representative (Stoiber & Anetzberger, 2004). Medical providers will also often refuse to accept consent from someone with a disability (Zwyer, 2003).

The repercussions of these demographic and policy trends on the core service environment are substantial and profound, and will have serious consequences for funding, service provision, and service quality.

III. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET POPULATION

The target population addressed in this core service report is indigent adults 18 years and older, declared mentally incompetent by Probate Court. They have physical or mental limitations that render them unable to make basic personal, medical, and financial decisions for themselves, and are highly vulnerable to physical, emotional, or financial abuse and are in need of surrogate decision making (guardianship) For quantification purposes, this was operationalized as Medicaid-eligible persons 18 and older declared mentally incompetent by Probate Court and who are not mentally retarded. (There is a specific service available for the population with mental retardation).

Adult Guardianship Services (AGS) Indigent Referral Criteria

To guide the referral process, Adult Guardianship Services (AGS) has developed criteria for referrals of indigent guardianships:

- Adult—age 18 and above (Note: adults whose primary mental impairment is MR/DD and received that diagnosis prior to age 21 are provided guardianship services through Advocacy Protective Services Inc.);
- Resident of Cuyahoga County;
- Indigent—defined as a current Medicaid recipient or has an application pending;
- Indication of substantial mental impairment as evidenced by a “Statement of Expert Evaluation” (Probate Court Form) completed by a licensed physician or licensed clinical psychologist within a 90 day period prior to the referral to AGS;
- Indication of a compelling decision that requires legal authority to act, such as health care, financial, or placement decisions (To be compelling, the decision must already be present. AGS does not accept referrals concerning possible, or even probable, future decisions.); and
- No other adult appears available and/or appropriate to become the guardian.

Not every incompetent person can or will receive service through AGS. The Probate Court supports and encourages AGS to seek less restrictive alternatives to guardianship whenever possible. Guardianship is the alternative of last resort and AGS is the guardian of last resort.

DEMOGRAPHIC CHARACTERISTICS

Per an article in *AARP: The Magazine*, there are no reliable statistics on the number of people under guardianship in the U.S., but estimates run upward of 600,000—the vast majority of whom receive care from people without certification. This number will increase exponentially with the aging of baby boomers (Yeoman, 2004). The proportion of indigent persons is substantially smaller.

Adult protective services programs have been receiving increased attention in recent years. The Ohio Elder Abuse Taskforce, convened by the Attorney General and the Ohio Department of Aging, published a report in January of 2005 that highlighted many issues related to adult protective services in the state. The report addressed the increasing number of older individuals and people with disabilities and the increased recognition of elder abuse. Frequently,

guardianship appointment is used to protect victims of elder abuse, especially in situations where the older person’s impairment is dementia.

In 1999, Cuyahoga County Probate Court assigned guardianships for 1,148 totally incompetent individuals. Four percent were new AGS cases. By 2003 there were more cases (1,384) as well as a higher percentage of new AGS cases (7 percent) as compared to 1999. (See Table 1.)

Table 1: Adult Guardianship Service, AGS New Cases Awarded as Percent of Total Incompetent Guardianships Filed in Probate Court, 1999-2003

Year	Total Incompetent Guardianships Filed in Probate Court	New AGS Cases Awarded	New AGS Cases Awarded as Percent of Total Filings
1999	1,148	41	4%
2000	1,222	74	6%
2001	1,269	93	7%
2002	1,341	82	6%
2003	1,384	92	7%

Data Source: Cuyahoga County Probate Court & AGS Data

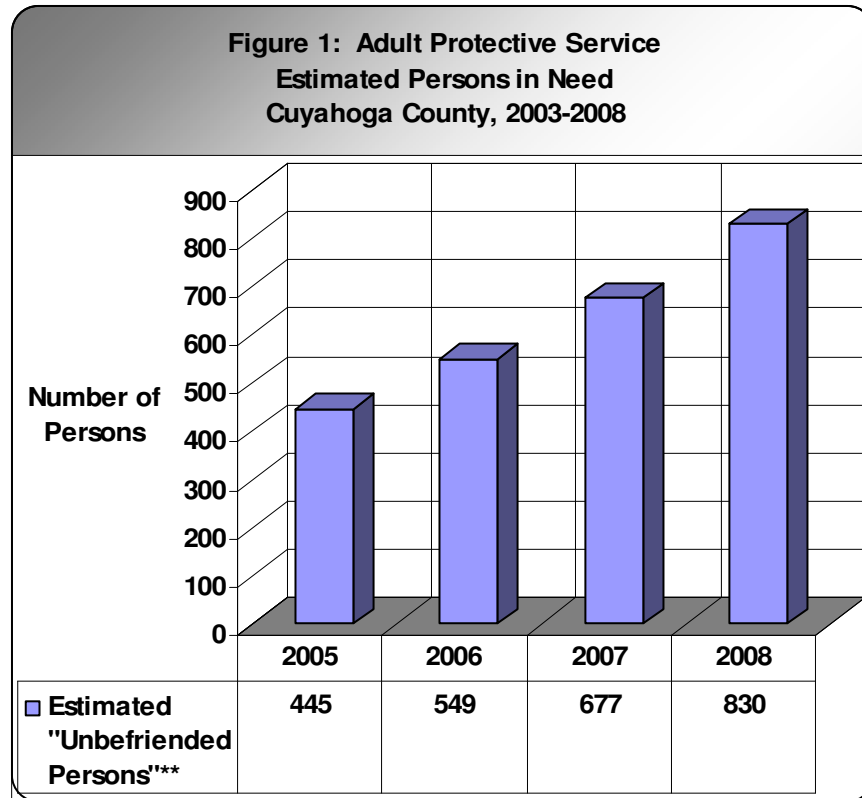
Unbefriended patients are persons who have been socially isolated much of their lives. Often, they have fallen through societal cracks into a no man’s land without traces of their past or preferences. Dr. Muriel Gillick reported in 1995 that “the majority of unbefriended individuals live in nursing homes. A few live on their own, and some live in the streets. The combination of cognitive impairment and isolation from family is, for the most part, incompatible with independent living in the community.” Unbefriended elders, marginal to society and without advocates, often have multiple chronic conditions that may require immediate decisions should any of these become exacerbated or acute (Gillick, 1995 in Karp and Wood, 2003 in Stoiber & Anetzberger, 2004).

Data is lacking on the size of the unbefriended elderly population. Estimates differ, but all show the number is significant. Moreover, estimates are problematic because of the informal and widely varying nature of capacity determinations. Experts have speculated (without statistical basis) that about 3 to 4 percent of the total nursing home population is unbefriended. Unbefriended elderly are defined as those who have no decisional capacity to give informed consent to the treatment at hand; have not executed an advance directive that addresses the treatment at hand and have no capacity to do so; and/or have no legally authorized surrogates, family, or friends to assist in the decision making process (Gillick, 1995 & Miller, 1997 in Karp and Wood, 2003; Kapp, 1997 in Stoiber & Anetzberger, 2004).

The Hastings Center on Bioethical Research in New York uses a somewhat different definition and estimates a higher percentage of unbefriended individuals. The center categorizes “isolated” and unbefriended persons in long-term care “as those who may or may not retain decision making capacity, but who: 1) have no relative, guardian or responsible party named in the medical record; 2) have a listed relative that cannot be contacted; 3) have a relative that is unresponsive or uninvolved; 4) have not received a visitor during the past two years.” Using these broad parameters, the center estimates that “a substantial number of long term care residents are isolated and unbefriended, perhaps as high as 30 percent or more in some facilities” (Jennings, 2001 in Karp and Wood, 2003 in Stoiber & Anetzberger, 2004).

Thus, existing data sources dance around the central question of the size of the unbefriended population. All that can be gleaned with certainty is that the numbers are significant (Karp and Wood, 2003 in Stoiber & Anetzberger, 2004).

In 2005, there were 445 indigent unbefriended persons 18 years and older in Cuyahoga County in need of guardianships. Based on a time-series analysis (Stoiber & Anetzberger, 2004) the number is projected to increase to 830 by 2008. (See Figure 1.)



Sources:
 * U.S. Census: 1990, STF 1 (P11); 2000, SF3 (P8); 2005-2015, Ohio Department of Development, (July 2003)
 ** Stoiber, M.C. and Anetzberger, G. (2004, June). Report to adult guardianship services and partner agencies: Cleveland Department of Aging, Cuyahoga County Community Mental Health Board, Cuyahoga County Department of Senior and Adult Services, Cuyahoga County Probate Court, Lutheran Metropolitan Ministry. Projections based on time series analyses.

REALIZED ACCESS TO SERVICE

Realized access to service is represented by the number of consumers actually served. Adult Guardianship Services (AGS) is the sole provider (as designated by the Cuyahoga County Probate Court, which deems individuals legally incompetent) of guardianship services to people who need guardianship but are unable to pay.

AGS is a newly admitted United Way Partner agency, thus historical United Way program funding information is not available. The Western Reserve Area Agency on Aging (WRAAA) is a funder of Adult Guardianship Services. In CY, it funded 278 of the 445 estimated persons in need. (See Attachments 3 and 4.) Of these, 91 percent were male and 9 percent female. Sixty percent were Caucasian, 39 percent African American, and 0 percent Asian. One percent was Hispanic. Ten percent were 75 years or older with no age reported for the rest.

The “Report to Adult Guardianship Services and Partner Agencies” (Stoiber & Anetzberger, 2004) provided an analysis of trends in characteristics of wards and projections on the increase in wards expected by Adult Guardianship Services. Information below is from AGS only. Thus, it does include guardianships for non-indigent persons.

The AGS report provided a demographic profile of wards from 1993-2003. (See Attachment 5.) There has been significant change in the characteristics of wards from this time period. Looking at 792 total unduplicated wards, the study found the following:

- On average, the majority of wards are Caucasian (60 percent) with 36 percent African American and 1 percent Hispanic; however, the racial distribution of wards has been changing over the past 10 years, with African Americans becoming a larger percentage (30 percent in 1993 and 41 percent in 2003) and the number of Hispanics also increasing (0 percent in 1993 and 2 percent in 2003).
- On average, the majority of wards are women (59 percent); however, this mix has been changing as well. In 1993, women represented 68 percent of wards, and in 2003, they were 57 percent.
- On average, the large majority of wards are low income (95 percent) although there was an observed shift in the study period with fewer low-income wards (100 percent in 1993 to 89 percent in 2003).
- On average, 42 percent of wards had a mental health diagnosis. The number of wards with mental health diagnoses has increased significantly over the past 10 years. In 1993, 20 percent of wards had a mental health diagnosis. By 2003, it was 57 percent (Stoiber & Anetzberger, 2004).

In addition, the AGS report found the following trends from 1993-2003 (Stoiber, 2004):

- The number of active wards increased annually from 145 in 1993 to 368 in 2003.
- With the exception of three years, the number of new wards was greater than the number of deaths, with a total of 232 wards over the eleven year period.
- The number of actual guardianship days increased annually (35.7 in 1993 to 104.8 in 2003).
- The average age of wards has generally decreased, but not in a consistent pattern (72.35 in 1998 and 65.13 in 2003).
- There was an increase in the proportion of wards with a mental health condition: from 23 percent in 1993 to 57 percent in 2003.

The changes in wards' characteristics have important consequences. As the AGS report notes:

[There are] implications for the workload of guardians because younger wards typically have serious mental health conditions and require more involved case management services than older wards. As they age, their problems can be expected to get even more complex as medical problems are combined with their mental disability. (Stoiber & Anetzberger, 2004)

Increase in Number of Wards Projections

As analyzed in the AGS report, a substantial increase in the number of new wards for AGS is expected. In 2003, there were 368 active wards per day. The report projected an average of 445 wards to be served each day in 2005. (Note that not all clients served within a year are counted in the number of wards served each day. Some wards may leave the program due to death or other situation). A constant increase in the number of wards is projected, with an average of 830 to be served per day in 2008 (Stoiber & Anetzberger, 2004).

IV. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

The definition of the core service for this report is as follows: programs that provide surrogate decision making in all areas of life, including medical, personal, and financial situations, to indigent individuals deemed incompetent by the state, with the goal of keeping them safe from neglect, abuse, or abandonment. Types of services could include locating appropriate housing or shelter, establishing eligibility for government and private benefit programs, securing client property and assets, approving or denying authorization for medical treatment, ensuring appropriate social work, money management and budgeting, and securing overall client well-being.

BACKGROUND ON CORE SERVICE

A guardianship is an involuntary trust relationship in which one party (the guardian) acts for an individual (the ward). The law regards the ward as incapable of managing his or her own personal care and/or affairs. Given the extremely serious nature of removing an individual's right to personal decision making, courts and providers consistently state that less restrictive alternatives to guardianship should always be sought first, and guardianship should be the last resort alternative.

There are alternatives to guardianship. Ohio law allows for limited guardianships that permit a probate court to appoint a guardian over only that portion of a person's life where there is incompetence and a need. In the area of personal decision making, there are designations of powers of attorney for health care, living wills, health care surrogates, civil commitment and forced psychiatric treatment under the Mental Health and Development Disabilities Code, and a Mental Health Treatment Preference Declaration Act. For financial decision making, there are designations to handle trusts, powers of attorney (specifically on financial decisions), representative payee and protective payeeships, bill-paying assistance, and related money-management programs (Zwyer, 2003).

Adult guardianship services workers are frequently called upon at all hours of the day to make critical, life-altering decisions in complex situations. Many cases involve life-and-death medical issues and complicated legal issues involving questions of capacity, undue influence, guardianship, powers of attorney, and victims' rights to self determination versus the state's duty to protect its helpless citizens. Other situations may involve complicated financial matters, mental health concerns, substance abuse problems, domestic violence, and family dysfunction.

Adult Guardianship Services (AGS) of Lutheran Metropolitan Ministries is the sole provider of indigent guardianship services to people in Cuyahoga County. When the Cuyahoga County Probate Court deems a Cuyahoga County resident as incompetent, indigent, and with no family or friend to assume guardianship duties, they are linked with AGS.

Volunteers are often an important resource for guardianship programs. Given the often serious and complicated decisions guardians must make, comprehensive and thorough training as well as on-going support for volunteers is essential to providing quality guardianship care. Per state regulations, guardians are often entitled to a small percentage of the ward's assets to defray

costs. Since the people served by Adult Guardianship Services are generally indigent, this does not apply.

Based on the projections in the AGS report, from 2004 to 2008 the number of needed guardians will triple under the current caseload ratio of 1:35; and will increase even more if the guardian-to-ward ratio is lowered. The increased number of candidates needing guardians, as well as the changing characteristics of wards (i.e. more wards with mental health diagnoses that are often more complicated and time-intensive), contributes to this increased need. As is noted in the “What Works” section in this report, many experts consider a caseload of 35 too high. However, the cost of staff/volunteer guardians is projected to increase from \$410,360 in 2003 to \$1.4 million in 2008 at the 1:35 caseload ratio, and to \$1.7 million at the 1:30 caseload ratio (Stoiber & Anetzberger, 2004).

United Way First Call for Help Call Data

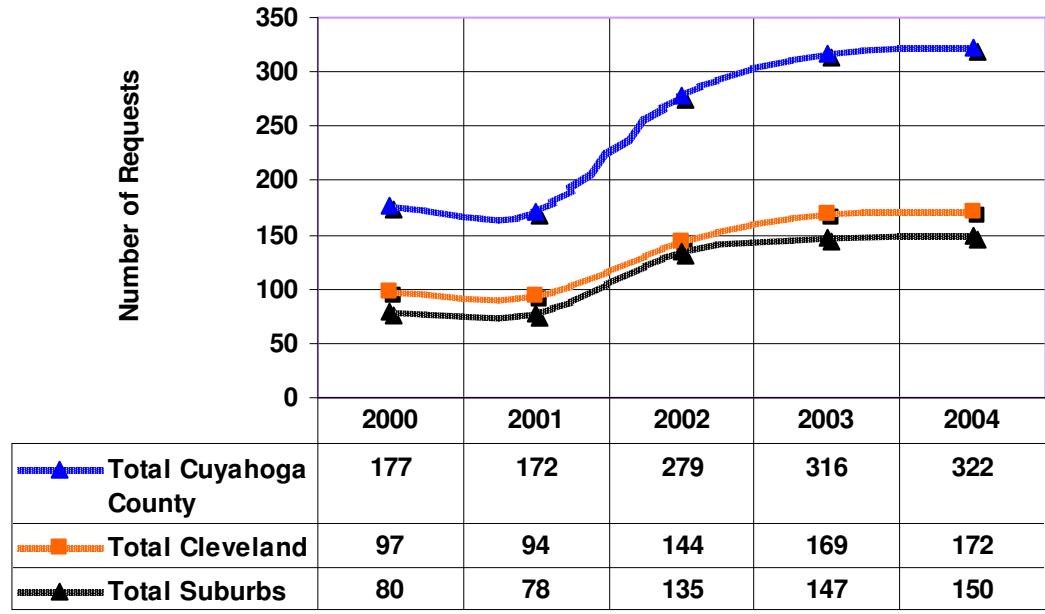
Based on United Way - First Call for Help research as of February 2005, there are 7 adult protective services providers, 4 of which are nonprofit, 2 of which are government, and 1 designated as “other.” (See Attachments 6 and 7.) **Most of these are not providers of guardianship services.**

United Way - First Call for Help call data shows an 82 percent increase in calls for adult protective services in Cuyahoga County from 2000-2004. Note that many of these calls were for adult protective services mandated by the Cuyahoga County Department of Senior and Adult Services, not just for guardianship services. Zip codes that experienced the highest average number of calls from 2000-2004 were:

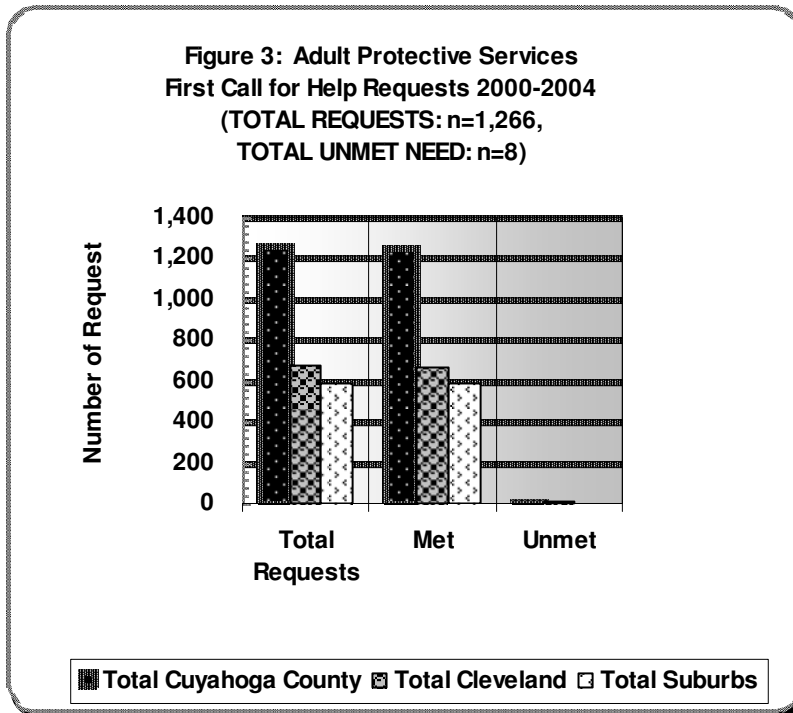
- 44102 (Cleveland/Brooklyn) – 13 calls;
- 44120 (Shaker Heights/Cleveland) – 13 calls;
- 44112 (East Cleveland/Cleveland) – 12 calls;
- 44106 (Cleveland/Cleveland Heights) – 12 calls;
- 44109 (Cleveland/Brooklyn Heights) – 11 calls; and
- 44103 (Cleveland) – 11 calls.

(See Figure 2 and Attachment 8.)

**Figure 2: Adult Protective Services
United Way - First Call for Help Requests 2000-2004
Greatest Increase/(Greatest Decrease)**



United Way - First Call for Help was able to refer almost all callers to adult protective services. From 2000-2004, United Way - First Call for Help had 1,266 requests for information about adult protective services. Of these requests, they were able to make referrals to all but seven callers from Cleveland zip codes and one caller from elsewhere in the county. (See Figure 3 and Attachment 9.)



FUNDING OF CORE SERVICES

Major Government Funders

The major sources of government funding for indigent guardianships are the following:

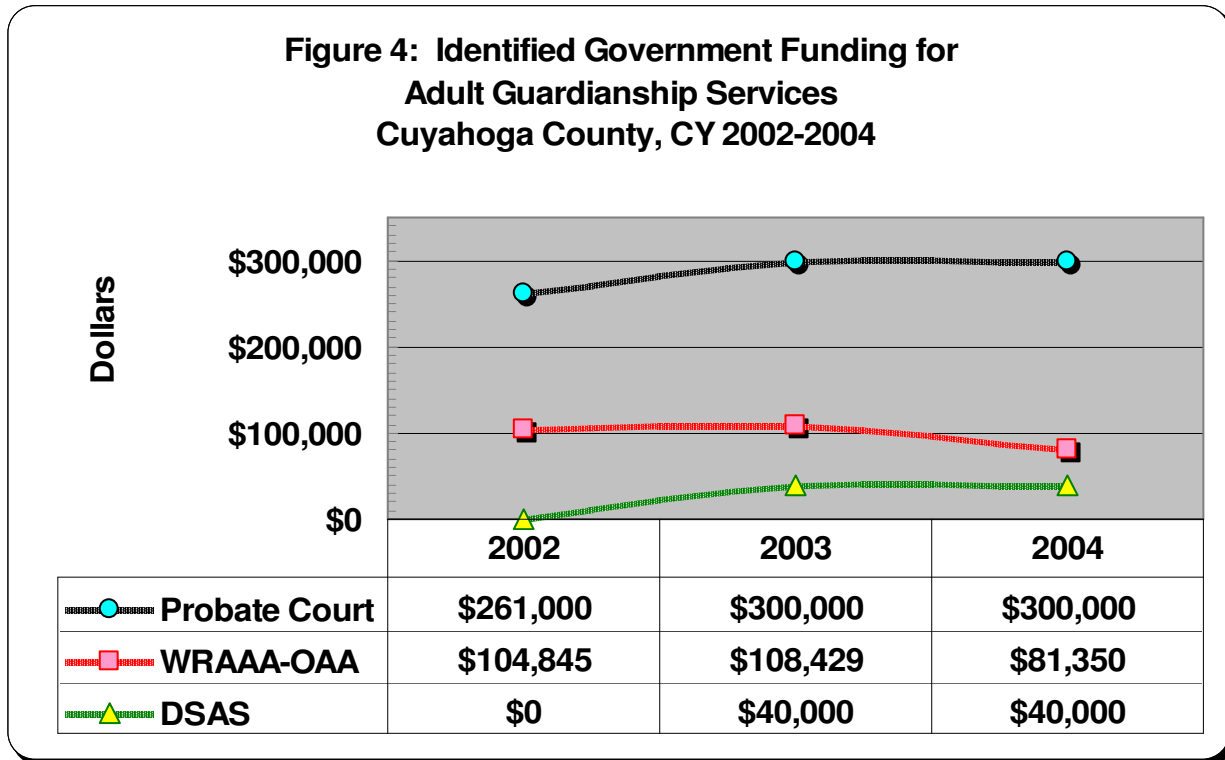
- Cuyahoga County General Fund Subsidy (through the Department of Senior and Adult Services);
- Cuyahoga County Health and Human Services levies (through the Cuyahoga County Board of Mental Retardation and Developmental Disabilities);
- Cuyahoga County Probate Court – Indigent Guardianship Fund; and
- Older Americans Act Funds (through the WRAAA).

It has been problematic that, with the exception of the Indigent Guardianship Fund, there is no funding stream dedicated for this service.

Trends of Identified Government Funders for Cuyahoga County

At the local level, government funding has been increasing funding for adult guardianship services in order to meet some of the increasing need from several different populations. The Cuyahoga County Department of Senior and Adult Services was a new funder in 2003, and was projected to increase its funding in 2006. In 2005, the Cuyahoga County Probate Court increased its funding from \$300,000 to \$325,000. (See Figure 4.) WRAAA funding is trending downward with \$104,845 in 2002 and \$39,816 projected for 2006. Additionally, AGS has recently entered into an agreement with the Cuyahoga County Community Mental Health Board (CCCMHB) to be funded through the county’s Health and Human Services levy and to provide guardianship services to clients with mental health issues who are being served by the Board. Note: CCCMHB funding is to be used exclusively for individuals currently being served by CCCMHB. This funding will NOT go to populations projected to continue increasing significantly,

including the elderly, individuals not in the mental health system, and others who have fallen through cracks, such as persons with traumatic brain injury. Reimbursement will be at a rate of \$61.13 per hour, which is different from the lump sum other AGS funders provide. AGS expects they will bill \$225,000 to \$250,000; however, this is a new relationship and they are unsure what the exact breakout will be. Foundation funding was being used to provide services to the mentally ill, and the sharp reduction in foundation funding will be partially offset by the CCCMBH funding relationship.



Source: Cuyahoga County Probate Court, Western Reserve Area Agency on Aging, Cuyahoga County Department of Senior and Adult Services.

Foundations, individuals, hospitals and nursing homes, and private pay fees are some of the other larger sources of funding for adult guardianship services agencies. Foundation funding for adult guardianship services is projected to decrease by almost half in 2005 and into 2006. It is projected to remain less as the foundation community has provided significant support to help establish adult guardianship services. AGS is now looking to other sources to sustain the program. In 2002, AGS received \$110,164 from foundations. In 2006, foundation support was expected to be \$67,625.

IDENTIFIED REVENUES

As of May 11, 2006, more than \$439,000 in revenues for adult guardianship services has been identified countywide. No United Way dollars were allocated for adult protective services in its fiscal year 2004. (See Table 2). More than 95 percent of its funding identified countywide comes from government sources, with the rest coming from federated fundraising organizations.

Table 2: Annual Revenue for Adult Guardianship Services

Funder	Period	A		B	
		Identifiable Total Dollars County-wide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
United Black Fund of Greater Cleveland	FY2005	18,000		N/A	N/A
Total - Federated Fundraising Organizations		18,000	4.10%	N/A	N/A
WRAAA-OAA-Title III B	CY2004	81,350		N/A	N/A
Subtotal Regional Funding Sources		81,350	18.52%	N/A	N/A
Department of Senior and Adult Services	2004	40,000		N/A	N/A
Probate Court, Indigent Fund	2004	300,000		N/A	N/A
Subtotal Cuyahoga County Funding Sources		340,000	77.39%	N/A	N/A
Total - Contracts/grants from government organizations		421,350	95.90%	N/A	N/A
Subtotal Non - UWGrCle Support		439,350	100%	N/A	N/A
Total Support/Revenue		439,350	100%	N/A	N/A

Adult Guardianship Services is the only provider of adult guardianship services in Cuyahoga County. Although they were not a United Way funded agency in FY2004, they provided the following information for their calendar year 2003. AGS became a United Way funded agency in FY 2005. (See Table 3.)

Table 3: Annual Revenue for Adult Guardianship Services, CY 2003

Funder	Period	Amount	% of Total
Total - Contributions and dues (less UW designations)	CY2003	5,905	0.86%
Other Private Foundations - Not Elsewhere Classified	CY2003	105,628	
Total - Foundations & Trusts		105,628	15.41%
WRAAA-OAA-Title III B		47,647	
Subtotal Regional Funding Sources		47,647	6.95%
Department of Senior and Adult Services	CY2003	40,000	
Probate Court, Indigent Fund	CY2003	300,000	
Subtotal Cuyahoga County Funding Sources		340,000	49.59%
Total - Contracts/grants from government organizations		387,647	56.54%
Private Pay/Fee for Service	CY2003	170,602	
Total - Program Service Fees		170,602	24.89%
Total - Investment Income		15,775	2.30%
Total Support/Revenue		685,557	100%

In summary, local government funding has increased steadily over the past several years, with newer government funding sources from the Cuyahoga County Department of Senior and Adult Services in 2003 and the Cuyahoga County Community Mental Health Board in 2006. However, funding sources do place restrictions on which clients can be served, and there remains a demand for guardianship services not currently met by government funders. Funding will be a major concern as the number of individuals needing guardianship increases and as the complexity of cases also increases. Given the very tight state budget and the federal trend to decrease funding for social services, increases in federal or state government funding to match

increasing demand for guardianship, especially funding that is set aside exclusively for adult protective services (adult guardianship services), is probably unlikely.

REIMBURSEMENT/COST

AGS receives most funding in lump sums to provide services to as many people as possible with the set amount. Also for AGS, there is no fee if the ward is indigent. Funds for guardianship services for such individuals come from the Indigent Guardianship Fund of the Probate Court. The fee for private-pay clients is \$80 an hour, a fee approved by the Cuyahoga County Probate Court. Beginning in 2006, as discussed above, AGS was reimbursed (for specific clients only) at a rate of \$61.13 an hour from the Cuyahoga County Community Mental Health Board. The remaining individuals are funded from set amounts. AGS calculates the average cost of guardianship services to be about \$1,500 to \$1,700 per ward per year. Cost can vary widely given the complexity of the ward's mental and physical status. Volunteer guardians are often used for less complex cases; however, AGS must still invest in the recruitment, training, and support of volunteers.

For comparison, Trillium Family Solutions in Stark County (a non-governmental, private, not-for-profit, social service agency) charges \$70 per hour for all clients, including those referred to them by nursing homes. Trillium's hourly rate for guardianship service is \$70.00 per hour. Service is billed in six minute increments. For individuals with funds sufficient to support paying privately for this service, Trillium calculates their yearly assets and documents the amount representing 10 percent of that total, which is the maximum annual amount that Trillium can charge the client for guardianship services in a 12 month period (Trillium Family Solutions, n.d.).

V. WHAT WORKS; WHAT DOESN'T

IMPACT ON INDIVIDUALS/FAMILIES

What Works

Adult Guardianship Services shield individuals who are at risk of physical, emotional, or financial abuse either from themselves or from others, and ensures that individuals receive appropriate care and needed services. Additionally, guardians can direct or give consent to medical procedures in situations when a medical facility or practitioner cannot proceed without permission so that an individual does not languish in a “no-man’s land” of withheld medical care.

Best Practice: Using Mediation for Caregiver Situations before Guardianship

For over a decade, the Center for Social Gerontology (TCSG) has been pioneering the use of mediation in cases in which guardianship is being considered for older persons. Guardianship is often necessary when an individual incapable of managing decisions is unbefriended, indigent, or with no person interested in assuming responsibility. However, *caregiver situations*—existing family or friends willing and able to take responsibility—should be addressed differently. When caregivers encounter difficulties in making decisions with and for older persons, particularly when a number of family members are involved, mediation should be one of the first paths pursued, and guardianship one of the last (Center for Social Gerontology, n.d.).

Best Practice: Collaboration with Like Organization for Funding and Policy Advocacy

Groups that work in cooperation to provide guardianship services should collaborate in order to secure state funds. Collaborating organizations should include the Ohio Probate Judges Association, the Ohio Bar Association, AARP of Ohio, the Ohio Association of Area Agencies on Aging, and others who are dedicated to protecting vulnerable elderly populations (Stoiber & Anetzberger, 2004).

Best Practice: Limit Services to Guardianship

The literature and most national experts also suggest that guardianship organizations, including adult guardianship services, should focus exclusively on this program and not involve other supplement services. Concerns focus on the fear that other services would dilute the efforts required to fulfill guardianship services to indigent and vulnerable clientele (Stoiber & Anetzberger, 2004).

Best Practice: Smaller Caseload Sizes

A standard best practice for caseload size was formerly 30 wards per guardian. Experts now recommend 20-30 wards, with the specific number of wards per guardian determined by the complexity of the case and other variables such as number of wards dwelling in the community, their health status, and whether they have case managers from other social service agencies (Stoiber & Anetzberger, 2004). Note that the current caseload at AGS is 1:45. (Proffitte, 7/2006, personal communication)

What Doesn't Work

Inappropriate Practice: Not Exploring Less Restrictive Options to Guardianship.

Guardianship completely strips an individual’s legal rights and responsibilities, and therefore should always be a last option. There are other guardianship options, including conservatorship

or other restrictive covenants. As noted above, mediation is also an option for those who could benefit (Center for Social Gerontology, n.d. in Stoiber & Anetzberger 2004).

IMPACT ON COMMUNITY

In addition to the benefits of protecting the dignity of the vulnerable elderly, adult guardianship services also benefit society by focusing on indigent clients and linking them to appropriate services that then may permit less restrictive care and reduce cost to public systems.

ACCREDITATIONS/STANDARDS/CERTIFICATIONS

There are few legal requirements to serve as a guardian of an adult in the state of Ohio. Importantly, the guardian must be 18 or older and must live in the same state as his or her ward. A recently enacted provision of Ohio law prohibits anyone who provides other services to an individual from also serving as his or her guardian. The rationale for this provision is that it would be impossible to be an effective advocate against a service provider (which would be the provider itself).

There are, however, standards and certifications set by the National Guardianship Association (NGA) to serve as a guardian. The NGA adopted a “Model Code of Ethics for Guardians” and a list of guardianship standards that cover a wide variety of practical issues. Below is a list of the six central rules that focus on preserving dignity, maintaining integrity and competence, and ensuring the least restrictive environment.

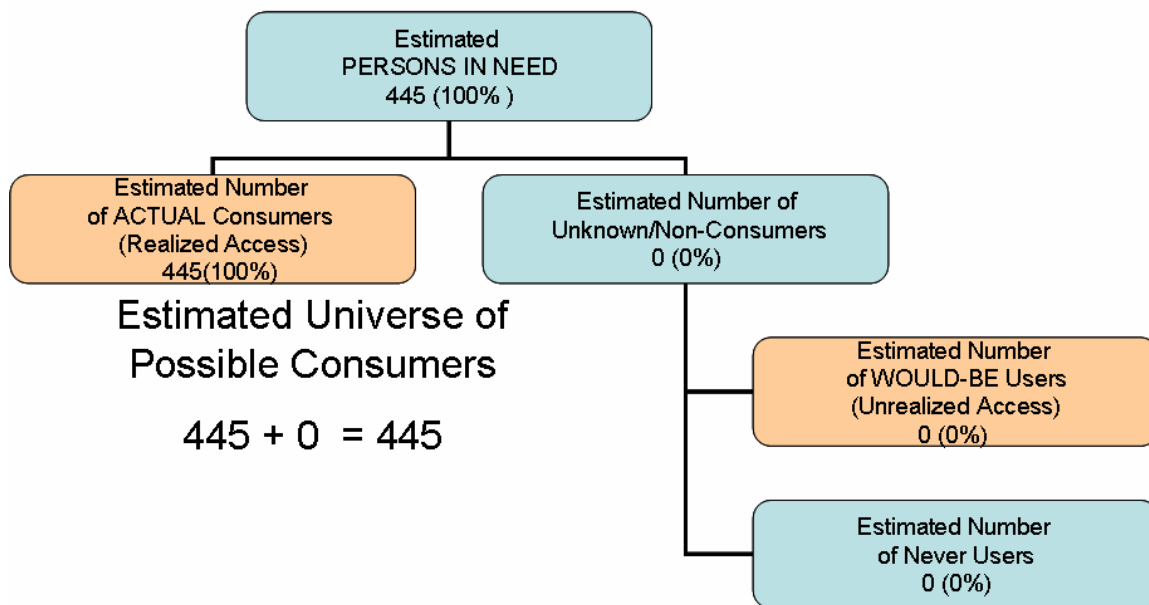
- **Rule 1.** A guardian shall exercise extreme care and diligence when making decisions on behalf of a ward. All decisions should be made in a manner that protects the civil rights and liberties of the ward and maximizes independence and self-reliance.
- **Rule 2.** The guardian shall exhibit the highest degree of trust, loyalty, and fidelity in relation to the ward.
- **Rule 3.** The guardian shall assume legal custody of the ward and shall ensure the ward resides in the least restrictive environment available.
- **Rule 4.** The guardian shall assume responsibility to provide informed consent on behalf of the ward for the provision of care, treatment and services and shall ensure that such care, treatment and services represents the least restrictive form of intervention available.
- **Rule 5.** The guardian of the estate shall provide competent management of the property and income of the estate. In the discharge of this duty, the guardian shall exercise intelligence, prudence, diligence, and avoid any self-interest.
- **Rule 6.** The guardian has an affirmative obligation to see termination or limitation of the guardianship whenever indicated.

The National Guardian Foundation Guardian Certification Plan provides two levels of certification: “registered guardian,” which demonstrates entry-level experience, and “master guardian,” which demonstrates a higher level of experience and responsibility. The certification process requires that the applicant meet certain criteria and take an examination dealing with the professional role of the guardian, medical decision making, and financial management. They must also follow the NGA’s Code of Ethics (National Guardianship Association, 2000).

VI. GAP ANALYSIS

A time-series estimate of the need for indigent guardianships in Cuyahoga County conducted by Stoiber (2004) predicted 445 persons for calendar year 2005. Since it is a policy of the Cuyahoga County Probate Court that all persons in need must be served by adult guardianship programs, the universe of possible consumers is the same as the number of persons in need. (See Figure 5.) It must be noted, however, that not everyone who needs a guardian in the county gets one. The only reason everyone for whom AGS applies for guardianship for at the Cuyahoga County Probate Court gets a guardian is because AGS keeps its criterion very tight. As a result, AGS does not file on many people who could benefit from a guardian until a later date when they are in a more severe and desperate condition. The projected need for guardians in 2008 is 830 guardians for indigent persons. (Proffitt, 7/2006, personal communication)

Figure 5 - Consumer Estimates: Adult Protective Services



VII. SUMMARY

In summary, there are several major findings from the research on adult guardianship services focused on adult guardianship:

- There are indications that the dramatic growth in the “old old” (age 85+) will mean more persons living beyond their capacity to completely manage their own personal care and property, resulting in increased reliance on long-term care and other support services including surrogate decision making services.
- Adult guardianship removes considerable rights from an individual. It is therefore considered the last resort alternative for individuals whose impaired decision making capacity renders them incapable of caring for themselves.
- The deinstitutionalization movement has resulted in an influx of mentally ill persons into the community. Some of them are incapable of, or need assistance in, handling all or some of the affairs of daily living.
- Petitions for surrogate decision-makers and requests for representative payees (wanted by health care and long-term care facilities looking to protect their legal and financial interests) have increased.
- Hospitals confronting Medicare regulations that limit coverage for extended care may be using guardianships to move patients to nursing homes.
- Given the power guardians have over their wards, guardians must be held to the highest levels of integrity and competency.
- Comprehensive and thorough training, as well as on-going support for volunteers, is essential to providing quality guardianship care given the often serious and complicated decisions guardians must make.
- When caregivers encounter difficulties in making decisions with and for older persons, particularly when a number of family members are involved, mediation should be one of the first paths pursued for those whose circumstances support this approach and guardianship one of the last.
- As of May 11, 2006, more than \$439,000 in revenues for adult guardianship services has been identified countywide.
- The estimated universe of possible consumers is 445, including both realized (445) and unrealized (0) access. Note, however, that not all indigent persons who could benefit from guardianships at an earlier stage receive them until they are in a severe or desperate condition because of tight restrictions applied by Adult Guardianship Services.

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ATTACHMENTS

Attachment 1: Researcher List

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Thanks to **The Center for Community Solutions** for providing multiple sources of information.

Attachment 2: Technical Notes

Technical Notes: Methodology, Caveats, Limitations of Data

The following provides descriptions, definitions, methodologies, caveats, or limitations of data for the following components of the core service reports:

- Unit of Analysis
- First Call for Help Data
- Funding Information for Core Services
- Consumer and Financial Data: Caveats
- Gap Analysis Methodology & Limitations
- Service Site Index

Unit of Analysis

The core service is the unit of analysis. United Way of Greater Cleveland either funds or could fund 80 core services. These are the object and subject of the research, specific to Cuyahoga County. A separate report has been developed for each service. It must be noted that the aggregate of any quantifiable data across all of the reports does not comprise a picture of the totality of health and human services in Cuyahoga County because there are many more than 80 services that comprise the community's safety net.

The unit of analysis for estimates of service consumers is the individual, the family, or the household.

United Way - First Call for Help Data

For most core services, United Way First Call for Help (FCFH), the community's resource and referral service data, was used in tables that show the number of service providers and service sites, the geographic location of service providers by zip code, the service area by zip code as reported by providers of the respective services, and to show unmet need and greatest increase/decrease in calls received by FCFH for a particular core service.

It is important to remember that FCFH receives calls from a variety of sources that include people calling on behalf of a prospective consumer such as social workers, provider agencies, relatives, etc. Not all calls come directly from a prospective consumer, so some of the zip codes are for hospitals and business addresses, although the numbers for these zip codes are relatively small.

Calls also may be from people who are not interested in receiving a service, but wish instead to make a contribution to a program such as clothing, household items, food, books, crafts supplies, etc.

Because, in many instances, FCFH codes its data with a different level of core services than the 80 core services identified by the United Way Community Investment staff as fundable services, it was necessary to develop a crosswalk. This crosswalk was used for a number of services, however, seven services did not have a match in the FCFH database. The staff of United Way - First Call for Help gave explanations which follow each core service):

- Adolescent/Youth Counseling: A caller asking about help with their troubled teenager would be referred by the type of counseling rather than age. (Example: counseling for drugs, family, sexual abuse, etc.)
- Advocacy: FCFH does not receive calls from people about advocacy.
- Child Care: Calls are directed to Starting Point.
- Condition Specific Rehabilitation Services: FCFH would refer caller back to their primary care physician for a referral.
- Early Intervention for Mental Illness: FCFH does not receive calls for this, but if they did, they would refer to the county's Help Me Grow program.
- Family Support Centers: FCFH defines data by specific service rather than type of agency. Depending on the call, the caller may be referred to General Counseling or Early Intervention for Infants and Toddlers with Disabilities, and so on.
- Preschools: Calls are directed to Starting Point.

A different match was used for other services that had no crosswalk.

- Medical Transportation and Senior Ride: FCFH uses "Paratransit" as they do not differentiate between senior transportation, medical transportation, and transportation for the disabled.
- Outpatient Mental Health Facilities: FCFH uses "Mental Health Drop-in Centers."

It must also be noted that, for the most part, the FCFH database does not include for-profit agencies. In the case of home health care providers, we contacted the Long Term Care Ombudsman for a more complete list of provider agencies which includes for-profit organizations.

There were several instances where the FCFH database did not code a United Way-funded agency with the core service for which they were receiving funding. In these instances, the agency was added manually to the Service Provider Table along with their site locations. The core services with the respective United Way of Greater Cleveland agencies that were added are:

- Case/Care Management – Care Alliance, Cystic Fibrosis, Epilepsy Foundation, Golden Age Centers
- Comprehensive Outpatient Substance Abuse Treatment – The Covenant
- Disease/Disability Information – The Muscular Disease Society of Northeastern Ohio
- Early Intervention for Infants and Toddlers with Disabilities – United Cerebral Palsy
- Medical Expense Assistance – North Coast Health Ministry
- Medical Transportation (Paratransit in FCFH) – Kidney Foundation of Ohio
- Senior Centers – Catholic Charities Services Corporation, Jewish Community Center of Cleveland, Jewish Family Service Association of Cleveland, University Settlement House.
- Volunteer Development – Neighborhood Leadership Institute

It must also be noted that when numbers are low for trend data reported, the high percentages are slightly exaggerated.

Funding Information for Core Services

We collected financial information for each core service on a countywide level from multiple sources including major government funders, foundations, federated fund raising organizations, and United Way of Greater Cleveland. While we were successful in gathering a substantial amount of data, there is much that has not been collected. It must also be noted that even if we had all major public and private funding gathered, this would not create a total picture of health and human service funding in Cuyahoga County because there are more than 80 core services provided. The following provide highlights of data collected and some of the limitations for each source. It is important to note that funding in each source is changing and represents point in time amounts. The typical period for trend data, when available, is 2002, 2003, and 2004. Note: some services are funded by private insurance or other self-pay arrangements.

Foundation Funding

We attempted to obtain foundation funding amounts for each core service from the latest annual report or 990 PF (foundation tax return to the IRS) of each major foundation that funds social services in Greater Cleveland. Wherever a description of the grant purpose was given, we used our best judgment to match the grant to the appropriate core service. If the grant fell within more than one core service area, it was not listed. When no description was given, the grant was treated like a general operating grant and assigned to a core service only when the mission of the grant recipient fell mainly within one particular core service. In-kind donations, grants for capital and equipment expenses and administrative salaries were not used. When grants were \$10,000 or greater, they were listed by name of the foundation. All others were placed under Other Foundations and not listed. Typically, we did not attempt to provide trend financial data for foundation funding of core services because of the changing nature of funded programs from year to year.

Federated Funding Sources

We approached the major federated funders of core services in Greater Cleveland for funding and consumer information. Some data provided was for a single point in time; others provided three years of trend data. We often had to do a cross walk of United Way of Greater Cleveland funded core services against those funded by federated agencies to agree on the services.

Government Funding

We approached every major government funder for funding amounts for each core service and also did Internet searches for some federal government sources. Due to the constant state of change in government funding, it is important to note that the data provided is a snapshot in time and that many of the programs funded in 2004 have changed definition, are funded through different revenue sources, or no longer exist at all due to a lack of funding. This is particularly true of Community Development Block Grant dollars which have decreased due to shifting federal priorities.

Every effort was made to appropriately match government funding data to the correct core service area; however, this was not always possible as frequently the service definitions were not a one-to-one match. It was necessary, in some instances, to take the closest match or use the sore service which represented a majority of the services being provided.

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases where Medicaid is a significant source of revenue, the data was entered as an aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

Every effort was made to include data from municipalities. However, many did not respond after repeated requests for information. We would like to thank those who took the time to help with this project.

Medicaid Funding

A significant portion of Medicaid funding was NOT entered under the countywide total in the core service reports for two reasons: first, because many of the Medicaid services are not a one-to-one match with United Way core services, and second because some Medicaid services fall into more than one AIRS Level 1 categories. In the first instance, Medicaid funding was entered as an aggregate total at the AIRS 1 level, and in the second instance Medicaid funding was entered as an aggregate total under Third Party Payee/Direct Bill in the combined Master Revenue file of funding across all nine AIRS Levels. They are as follows:

Entered as Aggregate Total Under Appropriate AIRS Level

- Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: daily living aids and home health care.
- Medicaid Service - CADAS (\$8,522,183 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: comprehensive outpatient substance abuse treatment, residential substance abuse treatment programs, substance abuse education and prevention.
- Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: condition specific rehabilitation, and speech & hearing.
- Medicaid Service - CMH (\$67,773,487 in 2004) - Falls into AIRS 1 Mental Health Care & Counseling and includes the following core services: supportive therapies, adolescent/youth counseling, children's residential treatment facilities, early intervention for mental illness, general counseling services (outpatient mental health facilities), and psychiatric day treatment.

Entered as Aggregate Total Under Third Party Payee/Direct Bill

- Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into two different AIRS 1 categories: Basic needs and health care. It includes the following core services: condition specific rehabilitation and medical expense assistance.
- Medicaid Service - Waiver (\$128,921,354 in 2004) – This category included all PASSPORT services. Since we reported PASSPORT separately, in order to avoid duplication, we deducted the PASSPORT total of \$52,676,048 from this number and reported the remaining \$76,245,306. This total falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: adult day care, home-delivered meals, home health care and in-home assistance.
- Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: condition specific rehabilitation services, early intervention for infants and toddlers with disabilities/delays, and residential living options for people with disabilities.

United Way of Greater Cleveland Funding

Financial data for core services funded by United Way of Greater Cleveland was for FY 2004 (July 2003 to June 2004). It included allocations through the community investment committees and donor designations that United Way funded agencies applied to the respective core services. It is important to note that not all United Way funded agencies applied donor designated gifts, which are unrestricted, to the core service for which they receive United Way funding. It did not include donor designations that non-United Way funded agencies used for any of the 80 core services.

United Way Agency Revenues

Annually United Way-funded agencies submit revenue budgets to United Way for each funded core service. This information for FY 2004 is reported. However, all of the agency data may not be included in the countywide data as agencies may have assigned dollars from unrestricted grants to a specific core service, or allocated a portion of grant monies that fell within two or more core service areas. It was not always possible to match countywide government or foundation funding with that reported by the agencies and that gathered from other funding sources.

Consumer and Financial Data: Caveats

The following applies to revenue sources on tables and graphs and their corresponding consumer data used in the consumer demographics and zip code tables.

All Core Services

Data was self-verified by the funder/provider. Whenever data provided by a funder appeared to be inconsistent or incorrect, an attempt was made to contact the funder. If the funder responded, the data was either adjusted according to their instructions, or the reason for discrepancies footnoted. If they did not respond, or if they said it was correct, the data was left as submitted.

Demographic and zip code data provided by the funder/provider is frequently taken from consumer intake forms which may have missing or incomplete data, or from provider agency databases which contain data entry errors or incomplete consumer intake forms. Whenever possible, the funder was asked for corrected data. In cases where a correction was not possible, the data was counted as either unknown or missing. The usage of these terms is footnoted at the bottom of each table and is explained more fully in the Gap Analysis section of this attachment.

It was not always possible to get information in the format requested as each funder tracks data differently, using different service definitions, terminology and variables. Wherever possible, data was matched to a consistent report format.

When a funder could not provide consumer demographics, but could provide an estimated percentage of consumers by category, we took the total number of consumers and applied the percentages to come up with estimated numbers for the consumer tables. For example, Medicaid tracks individual recipients throughout the year, entering new data if there is a change, each time a claim occurs. Thus, a consumer who has a birthday between claims will appear in the system for that year with two different ages.

To resolve this, the percentage of consumers in each age range was determined for the total number of duplicated consumer ages. Those percentages were then applied to the total number of unduplicated consumers for the year in order to reach a total number of unduplicated consumers for each age range.

The time periods for both revenue and consumers vary by funder/provider. United Way Program Report data is for FY 2004 (July 2003 to June 2004). Other funder/provider data is for either a January to December or July to June fiscal year.

Gap Analysis Methodology & Limitations

Based on Anderson's (1964) seminal needs assessment model, realized access is defined as the number of consumers who receive service while unrealized access is the estimated number of consumers who need and would utilize a service, but are not currently receiving it. This could be considered the service gap. Unrealized consumer access to services drives the need for change in the social service delivery system. Ensuring unrealized consumer access to services requires new models of service delivery related to access, effective use of resources, data management, and funding. There were multiple steps used to conduct a gap analysis:

- *Estimate of persons in need of the service:* Unless local research was conducted to determine need for a given service, this estimate was obtained by either using U.S. Census data for Cuyahoga County or applying percentages from national studies and reports to the census data. All references and percentages are footnoted in the respective graphs or tables. In most cases this percentage was also applied to actual 1990 Census data and population projections 2005 through 2015 that were done by the Ohio Department of Development.
- *Estimate of number of ACTUAL consumers in the public systems (realized access):* Data submitted to United Way by funded agencies was aggregated to determine the number of consumers for each core service. The period was FY 2004, which is July 2003 through July 2004.
 - In some cases data was “unknown,” defined as data not collected by agency because no tracking system was available or the type of service delivered made it difficult (i.e., group presentations, telephone information and referral, and drop-ins). This also represents data not completed by consumers either deliberately or inadvertently on intake forms.
 - In other cases, data was missing that, for United Way data, represented computational errors or incorrect completion of online reports. For all other data, “missing” represents data funders/providers were unable to provide.
 - There was no check of the accuracy of data submitted by agencies.
 - Major government funders were asked to provide information about the number of consumers for the respective core services that they funded. In most cases, services were not defined in the same way as the United Way core services which are based on the Alliance for Information and Referral Systems (AIRS) taxonomy. To accommodate these differences, customized crosswalks were developed.
 - We assumed that the numbers of consumers across funding sources were not unduplicated and thus made a judgment about which numbers would be the best estimate of an unduplicated number.

- The estimate of consumers is not inclusive since it does not include numbers of consumers who use their personal resources to pay for services, nor for other private resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.
- *Estimate of number of “unknown/non-consumers”*: This is the difference between the estimated number of actual consumers and the estimate of persons in need.
- *Estimate of number of “would-be users” (unrealized access)*: This is the estimate of persons who would use a service if it were available, typically based on research.
- *Estimate of number of “never users”*: This is the difference between the estimated number of unknown/non-consumers and would-be users.
- *Estimate of “universe of possible consumers”*: This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

We recognize that this is not a perfect method for assessing either realized or unrealized access to core services. However, we opted to use an imperfect method rather than no method to demonstrate both the complexity and the usefulness of quantifying realized and unrealized access to services as a first step toward a more rigorous methodology. In the business sector this would be a form of market analysis. We also recognize that actual consumer numbers are not unduplicated across funders, or across core services. Thus, there is much work yet to be done to gain realistic estimates of needs.

The numbers we provided are on a countywide level. We recognize that there could be, and often are, differences by demographics and geographical area. In the Actual Consumer Demographics attachment, we have identified the profile of the base consumer group from census, but have little on the estimated persons in need. Occasionally, there is information from other research that describes differences among different racial, ethnic, gender, age, or income groups that is discussed in the narrative. There is also inconsistent information for consumers funded by various governmental bodies. In other words, some funders provided demographic data and others did not. In the Actual Consumer Zip Codes attachment, we have also attempted to identify the geographic profile of the estimated persons in need and actual consumers. However, this information has the same limitations as the demographics.

Service Site Index

For many services a service site index was developed. It provides a ratio of estimated consumers per service site on a countywide level and for each zip code within the county. The ratio is based on the number derived from the gap analysis described in the previous section and on the number of providers who reported to United Way – First Call for Help whether a specific service site includes a given zip code in its service area. A provider site is located in a single zip code, but could serve multiple zip codes. The ratio is a measure of potential service accessibility by estimated universe of service consumers per zip code area. This measure does not include the capacity of providers to offer the service, for example, the number of consumers that can be served on a daily basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving service. The index also gives an indication of which zip codes have higher ratios which means that consumers have a lower probability of receiving a service as well as any patterns in zip codes that have high percentages of African Americans, Asians, or Hispanics. A map is also attached which provides a graphic picture of the estimated consumers by zip code.

Based on the numbers of providers that report to FCFH whether they serve a given zip code, we had assumed that there would be greater variability across zip codes. In reality, many report that they serve the entire county. Thus the variability across zip codes is often primarily because of differences in the population numbers rather than in service sites that offer service in a given zip code.

Specific Service Issues

Senior Services

“Senior Centers” was used as a catch-all category when the funder-defined service covered more than one senior success core service and could not be accurately allocated among the separate core services. Often, funding for transportation and home-delivered meals was not broken out from senior activities and supportive services at the municipal level, so it was placed under Senior Centers. Because the core services for congregate and home-delivered meals and senior ride were tracked separately, funding for these core services was not included under Senior Centers to avoid duplication of resources, even though senior center activities can and do include congregate meals.

Senior Ride includes disabled individuals of all ages as well as seniors for most funders with the notable exception of Western Reserve Area Agency on Aging (WRAAA) that requires an individual to be 60 years of age or older in order to receive services. If the transportation service was not provided by a senior center, the number of consumers reflects the number of riders using the system and contains duplicates (e.g. paratransit).

Home improvement/accessibility data includes programs for low-income families and people of all ages with disabilities, as well as seniors.

References

- Anderson, Ronald M. (1995, March). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior*, 36(1): 1-10.
- Wan, Thomas T. H., Odell, Barbara Gill, & Lewis, David T. (1982). *Promoting the well-being of the elderly: A community diagnosis*. New York: The Halworth Press.

Attachment 3: Actual Consumer Demographics

Core Service: Adult Protective Services PH-650.050								
PERIOD	Total Population (%) 1/1/2000-12/31/2000	Total Population 18+(%) 1/1/2000-12/31/2000	Population 18+ Medicaid Eligible, non-MRDD (%) 1/1/2000-12/31/2000	Estimated Persons in Need	Actual Number/Percent of Consumers by Funding Source ****			
				Estimated Unbefriended Persons (%) 1/1/2000-12/31/2000	UW Program Report Data Cnty Only N/A% 7/1/2003-6/30/2004	WRAAA (%) CY2004	DSAS (%) 2004	Probate Court (%) 2004
TOTAL	1,393,978	1,046,599	69,063	445	N/A	278	Missing	Missing
Percent		75.1%	6.6%	0.6%				
GENDER								
Male	47.2%	45.9%	N/A	N/A	N/A	90.6%	0.0%	0.0%
Female	52.8%	54.1%	N/A	N/A	N/A	9.4%	0.0%	0.0%
Unknown Data*****					N/A	0.0%	0.0%	0.0%
Missing Data*****					N/A	0.0%	100.0%	100.0%
RACE*****								
White alone	67.1%	70.2%	N/A	N/A	N/A	60.1%	0.0%	0.0%
Black or African American alone/combination	27.9%	25.1%	N/A	N/A	N/A	39.2%	0.0%	0.0%
Asian alone/combination	2.1%	2.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
American Indian and Alaska Native alone/combination	0.7%	0.7%	N/A	N/A	N/A	0.0%	0.0%	0.0%
Native Hawaiian and Other Pacific Islander alone/combination	0.1%	0.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
Some other race alone/combination	2.1%	1.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
Unknown Data*****					N/A	0.0%	0.0%	0.0%
Missing Data*****					N/A	0.7%	100.0%	100.0%
HISPANIC*****	3.3%	2.7%	N/A	N/A	N/A	1.1%	0.0%	0.0%
AGE								
0-4	6.5%					N/A	0.0%	0.0%
5-9	7.3%					N/A	0.0%	0.0%
10-14	7.1%					N/A	0.0%	0.0%
15-19	6.4%	3.2%	3.2%	N/A	N/A	0.0%	0.0%	0.0%
20-34	19.1%	25.4%	25.4%	N/A	N/A	0.0%	0.0%	0.0%
35-54	29.3%	39.1%	39.1%	N/A	N/A	0.0%	0.0%	0.0%
55-64	8.7%	11.6%	11.6%	N/A	N/A	0.0%	0.0%	0.0%
65-74	7.8%	10.3%	10.3%	N/A	N/A	0.0%	0.0%	0.0%
75+	7.8%	10.4%	10.4%	N/A	N/A	10.1%	0.0%	0.0%
Unknown Data*****					N/A	0.0%	0.0%	0.0%
Missing Data*****					N/A	89.9%	100.0%	100.0%
INCOME*****								
Average Household Size	2.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$0-\$9,999	11.3%	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%
\$10,000-\$14,999	6.9%	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%
\$15,000-\$19,999	6.7%	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%
\$20,000-\$29,999	13.6%	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%
\$30,000 and above	61.5%	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%
Unknown Data*****					N/A	0.0%	0.0%	0.0%
Missing Data*****					N/A	100.0%	100.0%	100.0%
Totals	100.0%	N/A	N/A	N/A	N/A	100.0%	100.0%	100.0%

Attachment 3: Actual Consumer Demographics (continued)

* U.S. Census 2000, SF1 (P1); SF4 (PCT 144)
** U.S. Census SF3 (P8); SF4 (PCT3); SF4 (PCT 144)
*** U.S. Census SF3 (P8); SF4 (PCT3); SF4 (PCT 144); Formula for calculation of 18+ Medicaid eligible non-MRDD: Medicaid eligibility for individuals with disabilities and persons 65+ is 64% federal poverty level. Total persons <50% poverty plus estimate 50-64% (1167.4 persons per interval between 50-99% poverty times 15 intervals between 50-64% poverty) 17,511 = 71,199. Less estimated 3% population with mental retardation (2,136) = 69,063. Most professionals associated with the American Association on Mental Retardation accept a prevalence of 2.5% and they recognize that prevalence varies with chronological age. (Mental Retardation. Retrieved 11/26/2005 from: http://www.5mcc.com/Assets/SUMMARY/TP0583.html)
**** Stoiber, Marlene C. and Anetzberger, Georgia. (2004, June). Report to adult guardianship services and partner agencies: Cleveland Department of Aging, Cuyahoga County Community Mental Health Board, Cuyahoga County Department of Senior and Adult Services, Cuyahoga County Probate Court, Lutheran Metropolitan Ministry.
*****Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
*****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.
*****Missing Data - For United Way Data - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.
*****The race categories and data utilize US Census SF4 "Race Iterations," which allow for multiple races to be selected by census respondents. As a result, totals will add to > 100% of population. Universe is "Total Races Tallied." Except "White Alone", all racial categories are "... alone or in combination with some other race". This method isolates and minimizes the non-minority population ("White alone").
*****Hispanic - Amount in this field is from data provided by clients on intake forms and may not be accurate as clients may either deliberately or inadvertently provide incomplete data, or data may not be collected by the agency.
*****The U.S. Census reports income by household or family, not individuals. Estimates by income category were derived by applying the ratio of total county population (1,393,978) to total households (571,606) = 2.4. The number of households in each income category was multiplied by 2.4 to arrive at an estimate of individuals by income category. The assumption is that the average household size applies to each income category, which may result in more conservative estimates for children, and the "old old," which may actually have larger proportions of persons in the lower income categories.

Attachment 4: Actual Consumer Zip Codes

Core Service: Adult Protective Services PH-650.050									
Period	City/Town (% Cleveland)	Total Population (%) [*] 1/1/2000-12/31/2000	Total Population 18+ (%) ^{**} 1/1/2000-12/31/2000	Estimated Total Population 18+ Medicaid Eligible, non-MRDD (%) ^{***} 1/1/2000-12/31/2000	Estimated Unbefriended Persons (%) ^{****} 1/1/2000-12/31/2000	Actual Number/Percent of Consumers by Funding Source ^{*****}			
						UW Program Report Data (%) 7/1/2003-6/30/2004	WRAAA (%) CY 2004	DSAS (%) 2004	Probate Court (%) 2004
TOTAL		1,393,978	1,046,599	69,063	445	N/A	278	Missing	Missing
Percent			75.1%	6.6%	0.6%				
44017	Berea	1.4%	1.4%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44022	Bentleyville	1.3%	0.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44040	Gates Mills/Mayfield Village	0.2%	0.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44070	North Olmsted	2.4%	2.5%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44101	Cleveland (100%)	0.0%	0.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44102	Cleveland/Brooklyn (95%)	3.7%	3.5%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44103	Cleveland (100%)	1.8%	1.7%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44104	Cleveland (100%)	2.1%	1.7%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44105	Cleveland/NewburghHts/ GarfieldHts (75%)	3.9%	3.6%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44106	Cleveland/Newburgh Hts (60%)	2.3%	2.4%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44107	Lakewood/Cleveland	4.0%	4.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44108	Cleveland/Bratenahl (90%)	2.6%	2.4%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44109	Cleveland/Brooklyn Hts (98%)	3.3%	3.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44110	Cleveland/East Cleveland (98%)	1.9%	1.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44111	Cleveland (100%)	3.1%	3.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44112	East Cleveland/Cleveland	2.4%	2.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44113	Cleveland (100%)	1.4%	1.4%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44114	Cleveland (100%)	0.3%	0.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44115	Cleveland (100%)	0.6%	0.5%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44116	Rocky River	1.5%	1.6%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44117	Euclid/Cleveland	0.9%	0.9%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44118	ClevelandHts/UniversityHts/ ShakerHts	3.2%	3.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44119	Cleveland/Euclid (50%)	1.0%	1.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44120	Shaker Hts/Cleveland	3.4%	3.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44121	University Hts/South Euclid	2.5%	2.5%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44122	Beachwood/Highland Hills/ShakerHts	2.5%	2.6%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44123	Euclid	1.3%	1.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44124	Pepper Pike/MayfieldHts/Lyndhurst	2.9%	3.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44125	Valley View/Garfield Hts	2.1%	2.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44126	Fairview Park/Cleveland	1.2%	1.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44127	Cleveland (100%)	0.6%	0.5%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44128	Warrensville Hts/Cleveland	2.4%	2.4%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44129	Brooklyn/Parma/Cleveland	2.1%	2.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44130	Parma/Cleveland	3.8%	4.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44131	Independence/Seven Hills/BrooklynHts	1.5%	1.6%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44132	Euclid	1.1%	1.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44133	North Royalton	2.0%	2.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44134	Parma/Cleveland	2.9%	3.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44135	Cleveland/Linndale (90%)	2.0%	2.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44136	Strongsville	3.1%	3.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44137	Maple Hts/Cleveland	1.9%	1.9%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44138	Olmsted Twp/Olmsted Falls	1.3%	1.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44139	Bentleyville/Glenwillow/Solon	1.6%	1.5%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44140	Bay Village	1.1%	1.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44141	Brecksville	1.0%	1.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44142	Brookpark/Cleveland	1.5%	1.6%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44143	Highland Hts/Richmond Heights	1.7%	1.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44144	Brooklyn/Cleveland	1.6%	1.7%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44145	Westlake	2.3%	2.4%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44146	Walton Hills/Oakwood/Bedford	2.3%	2.4%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44147	Broadview Hts	1.1%	1.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44149	Strongsville	0.0%	0.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%
	Unknown Cuyahoga County Zip Codes*****					N/A	0.0%	0.0%	0.0%
	Missing*****					N/A	100.0%	100.0%	100.0%
	Unknown*****					N/A	0.0%	0.0%	0.0%
	Total Cuyahoga County*****	100.0%	100.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%
	Total Known Cleveland	30.5%	29.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
	Total Known Suburbs	69.5%	70.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
	Unknown & Missing					N/A	100.0%	100.0%	100.0%

Attachment 4: Actual Consumer Zip Codes (continued)

* U.S. Census 2000, SF1 (P1)
** U.S. Census 2000, SF3 (P8)
*** U.S. Census 2000, SF3 (P8); SF4 (PCT3); SF4 (PCT 144); Formula for calculation of 18+ Medicaid eligible non-MRDD: Medicaid eligibility for individuals with disabilities and persons 65+ is 64% federal poverty level. Total persons <50% poverty plus estimate 50-64% (1167.4 persons per interval between 50-99% poverty times 15 intervals between 50-64% poverty) 17,511 = 71,199. Less estimated 3% population with mental retardation (2,136) = 69,063. Most professionals associated with the American Association on Mental Retardation accept a prevalence of 2.5% and they recognize that prevalence varies with chronological age. (Mental Retardation. Retrieved 11/26/2005 from: http://www.5mcc.com/Assets/SUMMARY/TP0583.html .)
**** Stoiber, Marlene C. and Anetzberger, Georgia. (2004, June). Report to adult guardianship services and partner agencies: Cleveland Department of Aging, Cuyahoga County Community Mental Health Board, Cuyahoga County Department of Senior and Adult Services, Cuyahoga County Probate Court, Lutheran Metropolitan Ministry.
***** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
*****Missing Data - For United Way - represents computational errors or incorrect completion of online report. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County. For all other data - represents data funder was unable to provide.
*****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County.
***** Totals vary because of rounding. County total population 1,393,978 does not correspond to the total of zip codes because some zip codes include data from adjacent counties

Attachment 5: Adult Guardianship Services Demographic Profile of Wards, 1993-2003

Year	Total Active Wards	Race		Hisp	Gender		Income		Mental Health Diagnosis
		Caucasian	Afr Amer	Hisp	Male	Female	Low Income	Non- Low Income	
1993	145	70%	30%	0%	32%	68%	100%	0%	20%
1994	168	70%	30%	0%	35%	65%	100%	0%	23%
1995	187	67%	33%	0%	34%	66%	100%	0%	28%
1996	195	69%	30%	1%	36%	64%	99%	1%	32%
1997	183	69%	29%	2%	35%	65%	99%	1%	36%
1998	204	68%	31%	1%	36%	64%	99%	1%	40%
1999	204	69%	30%	1%	35%	65%	99%	1%	43%
2000	233	63%	36%	1%	39%	61%	97%	3%	45%
2001	285	57%	40%	2%	40%	59%	97%	2%	49%
2002	317	55%	41%	2%	40%	56%	94%	2%	51%
2003	368	52%	41%	2%	37%	57%	89%	4%	57%
Total Unduplicated Wards 1993-2003	792	475	287	8	303	467	750	17	334
Percent		60%	36%	1%	38%	59%	95%	2%	42%

Source: Stoiber, M.C. and Anetzberger, G. (2004, June). Report to adult guardianship services and partner agencies: Cleveland Department of Aging, Cuyahoga County Community Mental Health Board, Cuyahoga County Department of Senior and Adult Services, Cuyahoga County Probate Court, Lutheran Metropolitan Ministry.

Attachment 6: Profile of Core Service Providers - 2005

PROFILE OF CORE SERVICE PROVIDERS – 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
Total Number of Providers	7	-
Number of Providers by Type		
Nonprofit	4	-
For-profit	-	-
Government	2	-
Other	1	-
Total Number of Sites	7	-
Number of Service Sites per Provider		
1	7	-
2 – 5	-	-
6 – 10	-	-
11+	-	-
Geographical Location of Service Sites, by ZIP Code		
44017 – Berea	-	-
44022 – Bentleyville	-	-
44040 – Gates Mills/Mayfield Village	-	-
44070 – North Olmsted	-	-
44101 – Cleveland	-	-
44102 – Brooklyn/Cleveland	-	-
44103 – Cleveland	-	-
44104 – Cleveland	-	-
44105 – Newburgh Hts/Garfield Hts	-	-
44106 – Cleveland Hts/Cleveland	-	-
44107 – Cleveland/Lakewood	-	-
44108 – Cleveland/East Cleveland	-	-
44109 – Cleveland/Brooklyn Hts	-	-
44110 – Cleveland/Bratenahl	-	-
44111 – Cleveland	-	-
44112 – Cleveland/East Cleveland	-	-
44113 – Cleveland	1	-
44114 – Cleveland	2	-
44115 – Cleveland	3	-
44116 – Rocky River	-	-
44117 – Cleveland/Euclid	-	-
44118 – Euclid/University Hts	-	-
44119 – Cleveland/Euclid	-	-
44120 – Cleveland/Shaker Hts	-	-
44121 – University Hts/South Euclid	-	-
44122 – Orange/Warrensville Hts	-	-
44123 – Euclid	-	-
44124 – Pepper Pike/Mayfield Village	-	-
44125 – Valley View/Garfield Hts	1	-
44126 – Cleveland/Fairview Park	-	-
44127 – Cleveland	-	-
44128 – Cleveland/Warrensville Hts	-	-

Attachment 6: Profile of Core Service Providers – 2005 (continued)

PROFILE OF CORE SERVICE PROVIDERS – 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
44129 – Cleveland/Brooklyn/Parma	-	-
44130 – Cleveland/Parma	-	-
44131 – Seven Hills/Brooklyn Hts	-	-
44132 – Euclid	-	-
44133 – North Royalton	-	-
44134 – Parma/Cleveland	-	-
44135 – Cleveland/Linndale	-	-
44136 – Strongsville	-	-
44137 – Maple Hts/Cleveland	-	-
44138 – Olmsted Twp/Olmsted Falls	-	-
44139 – Bentleyville/Glenwillow/Solon	-	-
44140 – Bay Village	-	-
44141 – Brecksville	-	-
44142 – Cleveland/Brookpark	-	-
44143 – Highland Hts/South Euclid	-	-
44144 – Brooklyn/Cleveland	-	-
44145 – Westlake	-	-
44146 – Walton Hills/Oakwood/Bedford	-	-
44147 – Broadview Hts	-	-
44149 – Strongsville	-	-
Total Cuyahoga County	7	0
Total Cleveland	6	0
Total Suburbs	1	0



Attachment 7: Providers and Functions – 2005

Service Providers & Functions	
Source: United Way - First Call for Help Refer Database February 2005	
Agency	Services
Adult Guardianship Services	Guardianship Services – Adults
Advocacy and Protective Services	Guardianship/Protectorship/Conservatorship - Adults - MR/DD
Consumer Protection Association	Alternate Payee Services
Cuyahoga County Common Pleas Court - Probate Division	Guardianships and Conservatorships
Cuyahoga County Department of Senior & Adult Services	Adult Protective Services
Long Term Care Ombudsman	Consumer Complaints and Advocacy - Nursing Homes
Mental Health Services	Financial Management - Mentally Ill

Bold represents agency funded by United Way . Note that Adult Guardianship Services was not funded by United Way until FY 2005.

**Attachment 8: United Way - First Call for Help Adult Protective Services Requests
– 2000-2004: Greatest Increase/Greatest Decrease**

PH-650.050 Adult Protective Services First Call for Help Requests 2000-2004 Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					% Change*	Avg. # Calls 00- 04
		2000	2001	2002	2003	2004		
44134	Parma/Cleveland	1	3	1	5	6	500%	3
44114	Cleveland	2	3	7	13	10	400%	7
44112	East Cleveland/Cleveland	6	3	14	11	28	367%	12
44121	University Hts/South Euclid	2	2	1	4	8	300%	3
44120	Shaker Hts/Cleveland	4	11	21	14	15	275%	13
44111	Cleveland	2	4	14	13	7	250%	8
44132	Euclid	1	0	2	3	3	200%	2
44070	North Olmsted	1	1	1	6	3	200%	2
44106	Cleveland/Cleveland Hts	7	12	12	11	20	186%	12
44103	Cleveland	6	6	17	9	15	150%	11
44123	Euclid	2	2	2	2	5	150%	3
44117	Euclid/Cleveland	2	1	3	7	5	150%	4
44104	Cleveland	7	7	11	8	17	143%	10
44115	Cleveland	3	5	6	11	7	133%	6
44137	Maple Hts/Cleveland	3	3	1	3	7	133%	3
44109	Cleveland/Brooklyn Hts	8	6	8	16	18	125%	11
44122	Beachwood/Highland Hills/Shaker Hts.	3	8	5	8	6	100%	6
44017	Berea	2	1	0	2	4	100%	2
44146	Walton Hills/Oakwood/Bedford	3	6	6	5	6	100%	5
44102	Cleveland/Brooklyn	8	5	16	23	15	88%	13
44139	Bentleyville/Glenwillow/Solon	1	0	3	1	0	(100%)	1

Attachment 8: United Way - First Call for Help Adult Protective Services Requests – 2000-2004: Greatest Increase/Greatest Decrease (continued)

PH-650.050 Adult Protective Services First Call for Help Requests 2000-2004 Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					% Change* 00&04	Avg. # Calls 00-04
		2000	2001	2002	2003	2004		
44195	Cleveland-Cleveland Clinic	1	0	0	0	0	(100%)	0
44133	North Royalton	2	0	1	5	0	(100%)	2
44136	Strongsville	1	0	1	2	0	(100%)	1
44142	Brookpark/Cleveland	5	1	4	2	1	(80%)	3
**Total Cuyahoga County		177	172	279	316	322	82%	253
**Total Cleveland		97	94	144	169	172	77%	135
**Total Suburbs		80	78	135	147	150	88%	118
<p>* Extremely high percentages are due to low numbers.</p> <p>** These totals do not reflect the sum of the numbers above which are the zip codes reflecting the greatest increase or decrease. Rather, they are the total of calls from ALL zip codes many of which do not appear on this table.</p>								

Attachment 9: United Way - First Call for Help 2000-2004: Unmet Need

PH-650.050 Adult Protective Services					
United Way - First Call for Help Requests 2000-2004					
Unmet Need					
Zip Code		TOTALS 00-04			% Unmet
		Requests	Met	Unmet	
44070	North Olmsted	12	11	1	8%
44103	Cleveland	53	50	3	6%
44115	Cleveland	32	31	1	3%
44135	Cleveland/Linndale	33	32	1	3%
44111	Cleveland	40	39	1	3%
44109	Cleveland/Brooklyn Hts	56	55	1	2%

* Total Cuyahoga County	1,266	1,258	8	1%
* Total Cleveland	676	669	7	1%
* Total Suburbs	590	589	1	0%

FCFH DATA NOTES

Met = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)

Unmet = service request for which there was no referral.

Note: Zip Codes shared by Cleveland and surrounding suburbs whose boundaries fall 50% and greater within the city of Cleveland are highlighted and totaled as Cleveland. Others are totaled as Suburbs. Also note that many of these calls were for the mandated adult protective services provided by the Cuyahoga County Department of Seniors and Adult Services, not just for guardianship services.

* These totals do not reflect the sum of the numbers above which are the zip codes reflecting unmet need in 2004. Rather, they are the total of calls from ALL zip codes some of which do not appear on this table.



**United Way of
Greater Cleveland**

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