



*Leaders at the Core of Better Communities*

## **2011 Annual Awards Program**

### **Program Excellence Awards Narrative (“STAY UA”)**

The Upper Arlington (Ohio) Fire Division was searching for a program that would allow emergency responders to connect residents with an appropriate support service to mitigate “social service” type calls for help. Coming up with such a resource would help prevent community reliance on EMS advanced life support, as it was not designed (and the personnel not trained) to deal with these types of situations. 9-1-1 calls made by Upper Arlington residents are not always emergencies, and many come from the older-than-65 demographic (which makes up about a third of the city’s population). The program also would require identifying trained professionals who have the ability to assess, counsel, and provide caring and practical support to the community’s elderly and disabled. Ultimately, the goal became to do whatever was possible for residents to be able to “STAY UA” (Services to Age in Your Upper Arlington), as most people prefer to remain in their homes, regardless of their needs or disabilities.

Concurrently, a former Upper Arlington city councilwoman (with a professional background in gerontology) recognized that situations like falls, medical emergencies, or the death of a spouse could prematurely force the elderly and disabled out of their homes. She determined that the need for social service agencies and health-care providers escalates with age, and the maze of offerings can be confusing. The councilwoman helped launch a six-month pilot program that would use a part-time “service coordinator” to provide residents with the needed social services and medical care before they were displaced. Using a \$15,000 grant provided by National Church Residences’ (NCR) Reverend John R. Glenn Foundation, the first service

coordinator was hired for the pilot program. NCR provided her a car and cell phone, and the city coordinated with the Fire Division to place her within the organizational chart of the Training & EMS Office.

It was determined there would be no charge for the direct use of STAY UA outreach services. (Clients who are referred to other agencies for help may incur costs if they decide to utilize those services.) Intervention via the service coordinator would also save residents from unnecessary EMS transport fees, the most basic for which they and their health care coverage would be charged approximately \$800.

In her first week on the job, the coordinator met with several residents who had been referred by the Fire Division. She was able to connect some to hospice care, others to the “Meals on Wheels” food program, and one to a pest control service. Following the widely-accepted axiom that “when you don’t know who to call, call the fire department”, it is surmised that a multitude of 9-1-1 calls may have been prevented in that first week due to the initiation of this new program.

An outsider’s review of the calls-for-service would likely conclude with the feeling they are less-than dramatic. In reality, they are often extremely emotional and stressful to those facing the situation. Our experience has seen the service coordinator helping people with in-home skilled nursing, prescription assistance, obtaining food vouchers, and financial counseling. Sometimes, the most important and intense service that is rendered is the simple act of lending an ear or providing a caring touch. All these actions support the program’s maxim of identifying the needs of residents before they reach crisis proportions.

Preliminary results from the program have been encouraging. In terms of raw numbers, the first year resulted in a decrease of overall EMS runs. The service coordinator

responded to 120 referrals/requests in 2010, resulting in 296 intervention sessions where she assisted clients. The same year, the coordinator connected those residents to 409 community services/social services resources. Perhaps more telling are the subjective comments received from both clients and their representatives. A sampling follows:

**Testimonial #1:** “I was present some of the time that [the service coordinator] was working with an acquaintance of mine and was genuinely impressed with her and thankful that [redacted] is receiving assistance. I would recommend this service to anyone. This resource is invaluable.”

**Testimonial #2:** “My neighbor is your client. She has needed help for 3+ years & has resisted all efforts by friends & neighbors to help her. Her personal hygiene and condition of her home were in dire circumstances. It is relief [sic] to all who know & love her that STAY UA has accomplished what no one else was able to do. It has really decreased our stress level.”

**Testimonial #3:** “As the lawyer for an elderly Upper Arlington resident with no family, I was concerned about my client’s well-being. [The service coordinator] immediately reached out to my client...to assess the situation. Within a day, [she] contacted me with concerns about dehydration, companionship, and less than adequate living conditions...My experience with the STAY UA program was terrific. I would not hesitate to recommend this program in the future. I pray for the continued funding of this program as there are countless elderly residents of Upper Arlington who are in need of kind, compassionate advocates who can assist in the coordination of their care needs.”

In addition to these client-fed measures of success, validation has also come from external sources. *Columbus Business First* awarded the program its “Health Care Heroes Innovator Award”; the Upper Arlington Rotary awarded the program a \$1000 grant; the City of

Upper Arlington named STAY UA the recipient of its 2011 “Community Safety” award; and *Leading Age Ohio* (formerly The Association of Philanthropic Homes, Housing, and Services for the Aging) awarded National Church Residences its 2010 “Home and Community-Based Services Award” for STAY UA.

The number of organizations involved in the creation, implementation, and sustainment of the program has been phenomenal. During the pilot period, this included the City of Upper Arlington, the Upper Arlington Fire Division, National Church Residences’ InCare program, the Upper Arlington Commission on Aging, Northwest Counseling, the Upper Arlington Senior Center and Senior Association, the Upper Arlington Chamber of Commerce, Trinity United Methodist Church, First Community Church, the Alzheimer’s Association of Central Ohio, the American Association of Service Coordinators, and the Office of Geriatrics and Gerontology and the College of Social Work at the Ohio State University.

Having such a disparate group of agencies brings positives and negatives with it. The ability to draw ideas from such a large spectrum has the advantage of creating a huge pool of options for problem-solving. This same factor brings with it the enormous challenge of maintaining focus while striving to remain diplomatic. This is even more evident in times of a down economy. With both for-profit and non-profit agencies scrambling for every available dollar, there is the potential for frustration and infighting. It is wise to continually remind those in the group of the altruistic nature of the effort, and that the focus needs to remain the resident (client) for whom the program exists.

This is also an aggressive culture-shift for those in the fire service. It should be anticipated that there will be at least some pushback. A key to successful implementation and buy-in is constant communication with those who will be affected in their day-to-day work. It

should be emphasized that this option allows for a more appropriate delivery of service to the fire department customer. There will be an inherent satisfaction from not only meeting the needs of the community, but also from the more appropriate utilization of the emergency medical system.

When the pilot period was nearing its end, there began a series of meetings and discussions as to what to do about the continued funding. No one was in disagreement about the value of the program, but the country's economic decline caused city officials to face the reality that STAY UA might have to be mothballed. It was at this juncture that the value of cultivating ongoing public-private partnerships bore fruit. The city invited requests for quotations from social service organizations interested in financially supporting the program. After reviewing the submissions, National Church Residences was chosen *at no cost to the city*. NCR's offer was to support, via its InCare program, the funding of the service coordinator position for a two-year period, beginning in April 2010, with the option to renew at the end of that period. Due to this generosity, STAY UA continues today as a busy and thriving asset to the community of Upper Arlington.

At the time of this submission, we have learned that STAY UA has begun to attract interest from the directors of Ohio Department of Aging and the Ohio healthcare transformation effort. STAY UA advocates have established communications channels with these entities, with the hope that it could serve as a model for the establishment of similar programs throughout the state. STAY UA is, at its core, a local, replicable response to a national dilemma, using first responders as the "point-of-entry" into a system that meets the needs of the individual by connecting them to health care, social services, and long-term care.