

SECTION III

COMMUNITY FORUM FINDINGS

The major purpose of the community forum was to present the research findings from Phases I and II to the elder abuse network providers and the community at large, as well as to obtain feedback on preliminary recommendations. The forum participants prioritized the recommendations that they perceived to be the most critical in improving the APS system. Additional suggestions for implementation of best practice standards were also solicited from the participants.

A total of 166 people attended the community forum held on June 14, 2001. The participants were asked to provide background information like job title, county where they worked, and agency affiliation. This information was used to assess the level of representation of attendees from different regions of the state. The information gathered on the participants= background from registration data, along with the findings from the participants= feedback session is presented in this section.

A. Background Information

The majority of the community forum participants were from Region 1 (28.9%), followed by Region 7 (21.1%), Region 2 (16.9%), and Region 3 (11.4%) (see map in Appendix A and Table 1).

Region 1 includes Delaware, Fairfield, Fayette, Franklin, Licking, Logan, Madison, Pickaway, and Union counties. Within this region, most participants were from Franklin, Delaware, and Licking. In Region 7, while most of the participants were from Cuyahoga, Summit, and Lorain, all other counties within the region were also re presented. Region 2 is predominately composed of small, rural counties, with exception to Lucas County, which was well represented. Region 3 includes eight counties (Butler, Champaign, Clark, Clermont, Clinton, Darke, Greene,

Hamilton, Miami, Montgomery, Preble, Shelby, and Warren) and most participants who attended the forum were from Hamilton, Montgomery and Butler. The number of participants from Regions 6 and 4 were relatively low. Region 6, which includes nine counties (Adams, Brown, Highland, Jackson, Lawrence, Pike, Ross, Scioto, and Vinton), had only six participants. The southeast region (region 4) was least represented, with only 3 participants. Overall, there was adequate representation from rural and urban counties, as well as from counties that would be considered unique due to their geographical location and population size.

Table B 1

Percentage of Community Forum Participants by Region

Region	Participants Registered	Percentage
1	48	28.9
2	28	16.9
3	19	11.4
4	3	1.8
5	14	8.4
6	6	3.6
7	35	21.1
8	13	7.8
Total	166	100

Table B 2 (below) presents the breakdown of jobs held by community forum participants. The majority of the community forum participants were county employees (39.4 %), working for the APS. Both staff and mid-level managers were well represented. About 15% were top-level county administrators. Aging network administrators and direct service providers were the second largest group attending the community forum (23%). The law enforcement agencies=and domestic violence organizations=professionals were also represented at the community forum. In addition, state officials, including professionals from the Ohio Department of Aging and the Ohio Department of Job and Family Services were in attendance (10.8%). Overall, the participants pool reflects the staff and administrators who work within the elder abuse provider network. The elderly community residents and state legislators made up a small percent of the participants who attended the community forum.

Table B 2

Job Category of Community Forum Participants

Job Category/ Agency Type	Number	Percent
County APS Staff/ Supervisors	65	39.4
County DJFS Directors/ Administrators	25	15.1
Aging Network Administrators (AAA)	24	14.5
State Department Personnel (ODJFS & ODA)	18	10.8
Aging Network Providers- Staff/ Advocates	15	9.0
Law Enforcement Personnel/ Prosecutors	7	4.2
Senior Center Consumers	6	3.6
Domestic Violence Organization Staff	4	2.4
State Legislators	2	1.2
Total	166	100

B. Community Forum Participants= Input on Recommendations

Of the 166 people who attended the community forum, about 120 participants stayed to attend the afternoon roundtable session. Those who attended the afternoon session were asked: 1) to review the recommendations made by the project staff, 2) to indicate any additional suggestions they may have to improve the APS system; and 3) to rate the 22 recommendations proposed by the APS project staff in order of importance. These tasks were completed in 15 small groups. Each group had approximately 6-8 persons. The participants were asked to provide both oral and written feedback. Recommendations that were similar to those made by the project staff were eliminated, as inclusion of those recommendations twice would have been redundant.

Table B 3 below lists the additional recommendations or suggestions made by community forum participants. They are classified under six major categories: Structure, Service, Training, Inter-organizational relations, Funding, and Statutory changes; however, some of the suggestions tend to overlap into two or more categories. The number of groups that had similar responses is indicated in the right-hand column. With the exception to suggestions under Structure, Funding, and Inter-organizational Relations, all other recommendations were cited by only one group. Under Inter-organizational Relations, 3 groups of forum participants cited the formulation of guidelines and policies for maintaining client confidentiality and providing public training by the state. Multiple groups identified the need for Funding in specific areas including administrative, staffing, and training. There was general consensus that only one state agency should be responsible for the oversight of the APS program. While two groups specifically supported this idea, a follow-up discussion also generated similar sentiments from additional groups. Post community forum letters were received from state agencies supporting the idea of a single state agency to be responsible for the management of the APS program overall. A review of the data from a national study, indicates that Ohio

is one of the 18 states whose APS unit is within a human service agency that does not include the state unit on aging. In 8 states the state unit on aging is responsible for APS (Source: Wolf, 2001 B unpublished document). In 16 other states, the state unit on aging is combined with human services, and APS falls under that umbrella organization (see Appendix E- Table B 9E).

Most suggestions provided by the participants are pertinent to best practice standards, with the exception to the ideas offered under funding and statutory changes. The best practice suggestions are incorporated later in the document under best practice models and approaches for implementing the recommendations (see Section V). Community forum participants were in agreement with the researchers' recommendations in the areas of caseload size, APS funding and APS structure, and were more likely to offer best practice ideas for these areas.

A few participants raised concerns regarding the discrepancy in the current caseload sizes across counties, and suggested that the state APS agency should create a uniform system for caseload size across all 88 Ohio counties. However, the data from the caseworker survey and the quarterly reports from the ODHS 4287 Forms indicated that the majority of the counties have caseload sizes below or at the national standard of 25 cases per worker. Further analysis was undertaken to explore the reasons for this discrepancy. Findings support that only a small percent of the counties (n=9) have great variability in caseload sizes. About 33% (n=29) of the counties have less than 20 cases. The counties that were found to have higher caseloads tend to assign all three tasks (intake, investigation, and ongoing) to caseworkers, or had unequal case distribution among workers within counties (See Appendix E: Tables 10E through 13E).

Table B 3

Additional Recommendations and Practice Standards from Community Forum Participants

Recommendation/ Practice Standard	# of Groups*
<p>Structure</p> <ul style="list-style-type: none"> Use of existing ODJFS structure (work groups) 1 One Agency take the lead (e.g. ODJFS developing section to focus on monitoring, expanding regulations, funding, etcY) 2 Do not expand APS to include 18-59, UNLESS funding is guaranteed 1 Investigating Agency should not also be service provider 1 Generalist vs. Specialist work focus (small vs. large counties) 1 	
<p>Training</p> <ul style="list-style-type: none"> Establish APS specialty within higher education programs (e.g. social work, gerontology, counseling, etcY) 1 Use ombudsman certification curriculum and CEU requirements as prototype for statutory APS training mandate 1 Consider use of technology in training (Computer Based Training, video-conferencing) 1 Ensure existence of aging specialists, especially if system is expanded to include 18+ 1 	
<p>Services</p> <ul style="list-style-type: none"> Improved access to services in rural areas (transportation, housing, telephone) 1 Standardized criteria for differentiation of emergency APS referrals 1 	
<p>Inter-organizational Relations</p> <ul style="list-style-type: none"> Guidance/ policies from state for maintaining confidentiality and public training 3 Computerize elder abuse network services-create list serves 1 Re-establish/ develop regional coalitions for counties 1 	
<p>Funding</p> <ul style="list-style-type: none"> Funding for administrative costs 2 Funding for 24 hour/ 7 day services 1 Funding for Staffing 3 Funding for Training 2 Funding for Advocacy 1 Be creative (e.g. county levy matching funds) 1 	
<p>Statutory Change</p> <ul style="list-style-type: none"> Mandate the use of adult clusters 1 Statutorily require uniform core services 1 Include banks as mandatory reporters for 60+ or 18+ if system expanded 1 Enhance criminal consequences for elder abuse 1 	

* Total # of groups = 15

Table B 4 lists the community forum participants' rating of the 22 recommendations proposed by the APS project staff. Participants were given 5 blue and 5 red stickers and asked to use them to rate the first and second most important issues that the state should consider when implementing the proposed recommendations. There were two recommendations that received the most votes from the participants: 1) the need for an active leadership role by the state agency, regardless of which state agency has oversight of the program (n = 70) and 2) the need for increase in the state line-item for APS (n=70). The second most important recommendation was to have certification standards for APS caseworkers to ensure consistency across counties among practitioners and provision of quality services to clients. This would require the state to develop protocols and standards for basic skills, thereby setting minimum standards for recruitment, hiring, and training of APS workers. The third most important recommendation was to place the funding responsibility on the state agency requiring that the funding source for APS be centralized (n = 48). Instituting a 24 hour, seven days a week hot line to respond to reporting of abuse, neglect, and exploitation was rated as the fourth most important issue that the state should address (n = 47). Education of mandated reporters was rated as the fifth most important recommendation (n = 42). Two recommendations were considered as the sixth most important issues, thereby receiving equal weights - to establish adult clusters to promote greater access to resources and facilitate inter-agency coordination (n = 39), and cross referencing APS law with other Ohio laws (n = 39). Having administrative rules that require counties implement best practice models or approaches was rated as the seventh most important recommendation (n = 37). The need for establishing protocols for monitoring and program evaluation at the county level by the state was rated as the eighth most important recommendation (n = 33). The participants perceived the role of Area Agencies on Aging as critical in filling service gaps at the county level and rated it as the ninth most important recommendation (n = 32). When coordinating services with multiple agencies, the participants agreed that it

was important to have best practice norms to govern the interaction protocols (10th most important; n = 31).

Table B 4

Community Forum Participants= Ranking of
Recommendations for APS System

Recommendation	1 st Most	2 nd Most	Overall Ranking	
			Number	Rank
Structure				
Active leadership by State Agencies	61	9	70	1
State should expand regulations to implement best	16	21	37	7
State monitors and regulates through Program evaluation	24	9	33	8
State should formalize relations with Public/private organizations	6	15	21	13
Training				
Certification of caseworkers	58	11	69	2
Educate Mandated Reporters	14	28	42	5
State develop educational products	1	16	17	15
Services				
24 hour -7 day capacity	32	15	47	4
AAA work with county to fill service gaps	10	22	32	9
Funding should target victims of A/N/E	7	15	22	12
Expand services to perpetrators and caregivers	2	6	8	18
Inter-organizational Relations				
Form adult clusters	17	22	39	6
Agencies should have best practice norms for Multiple agencies	10	21	31	10
APS should connect with Domestic Violence and Criminal Justice Systems	11	13	24	11
Written follow-up to service referrers	2	7	9	17
Funding				
Expand state budget line-item	56	14	70	1
State responsible for APS funding	23	25	48	3
Levies should include funding for service gaps	2	14	16	16
Statutory Change				
APS should refer to other Ohio laws	15	24	39	6
Expand definition of adult to include 18+	9	15	24	11
Single system serving 18+	5	14	19	14
Expand list of mandatory reporters	1	7	8	18

The expansion of the statutory definition to include persons age 18 years and above to be served under APS and configuration of other relevant systems (Domestic violence and Criminal justice) as part of APS were considered to be equally important (n = 24). Although Ohio's law is limited to vulnerable persons 60 years and older, on an average 8.4% (n=479), of the substantiated reports of APS were for adults 18-59 years of age (ODJFS Protective Services for Adults Report, 1998). Congruent with this data, nearly half of the counties surveyed indicated that caseworkers provided services to adults 18-59 years of age (see Appendix FB Phase I Summary of Major Findings). A review of statutes across the country indicates that 32 out of 50 states plus the District of Columbia provide APS coverage for ages 18 and above.

The recommendations receiving the least support by the forum participants were expanding services to perpetrators and adding to the list of mandated reporters. Of the 29 mandated reporters found in other state statutes, Ohio includes 18. The excluded reporters include public employees, public officials, bankers, family members, animal control, self/victim and friends and neighbors.

While every one of the recommendations are considered important in facilitating a comprehensive overhaul of the current APS system, Table B 5 lists the top ten recommendations that the state can begin to address to remedy the shortcomings of the current APS system. Three out of ten recommendations relate to the creation of a structure at the state level requiring the state agency to play a critical role in promoting change through undertaking a leadership role, expanding the funding base, and making provision for maintaining basic standards via monitoring and evaluation activities.

The state is perceived as the major source of funding for APS and is comparable to most other states in using a combination of Social Services Block Grant (SSBG), Older Americans Act, and

state and local funds. An analysis of funding of 40 states indicates that most use a combination of state and local funds (75%) followed by the SSBG (48%), other federal sources, generally Medicaid dollars (20%), and Older Americans Act (15%) (Wolf, 2001, Unpublished data). While like other states, Ohio depends on Title XX dollars for the delivery of APS, there is considerable variability among counties in how unit costs are calculated for APS services provided. For example, counties=reports to the Ohio Department of Job and Family Services of their Title XX APS expenditures varied from as little as just \$13.21 to as much as \$16,410.41 (ODJFS, 2000). These discrepancies raise the following issues: 1) it is unclear what types of APS cases require more or less money for services, and 2) the composition of service delivery costs is unclear, with no indication of which service or services (assessment, investigation, or ongoing services) actually costs more to deliver. Thus, the researcher recommends that further analysis be undertaken in order to ensure both standardized calculation of unit costs for services as well as standardization of tasks performed in processing an APS case. The state of Illinois has developed cap costs for various services, which are utilized for both provision and contracting of APS services within the state (Illinois Department on Aging, 1996). Developing a similar model of reimbursement would serve to maintain effective management of receding Title XX dollars for APS in Ohio.

The critical service issues that the participants identified were the establishment of an APS hotline system that is responsive to after-hours calls, and formalizing the role of the Area Agencies on Aging (AAAs) in supporting the service provision for APS cases at the local level. Great variability exists across states and counties in instituting hotlines. For example, Texas and Oklahoma maintain statewide Abuse Hotlines accepting APS and Child Protective Services (CPS) reports; Arkansas also operates a statewide 24-hour hotline, and operators during business hours are assigned several dates during the year to stay overtime and take after-hours calls. California and

Minnesota have passed legislation mandating that all counties maintain a 24-hour hotline, but each county decides for itself who will receive calls. In Minnesota, some counties direct after-hours calls to the local sheriff's office or to the Red Cross Emergency after-hours phone service, social work staff, or on-call field staff.

The perception that AAAs can assist the APS system through supplementing unmet services for APS clients led participants to suggest a more formalized relationship between AAA and the APS system. The AAA is one of the largest funding agencies for services to the elderly in the community. It has service contracts with several aging network providers and can be potentially used for assisting elderly APS clients. Given that a disproportionate number of the clients identified under the APS law are elderly (ODJFS, 1998), the AAA is best suited for assisting APS to bridge the gaps in services. In addition, cases referred to APS in Ohio are frequently for neglect or self-neglect and these individuals are most likely to qualify for services offered under Medicaid waiver programs. While there are no available statistics on the number of clients who are currently referred to APS by AAA providers, there is, however, documentation to support that APS caseworkers tend to contact aging network providers more frequently than any other providers in the community. Services are sought from both the Medicaid Waiver program (PASSPORT) and Senior Centers which provide both in-home and congregate services using Title III dollars. In absence of readily available data on the amount of dollars expended by the aging network providers on APS clients, it is difficult to assess the total amount of dollars spent by the aging network. The only data available is the utilization of Title VII Elder Abuse under the Older Americans Act which shows that Ohio expended a little over half a million dollars (\$583,364) in 2000 (Social Services Block Grant Coalition, 2001).

Acknowledging the importance of a cooperative inter-organizational effort in addressing current APS shortcomings in the area of resources and access, the participants suggested the development of Aadult clusters@. The concept of Aadult clusters@ calls for the sharing of responsibility for service delivery to adult clients when multiple agencies have public authority to service these clients. This model can be formed at the county or regional level to improve service delivery to these clients. Of particular importance to adult clusters is the designation of funding for service provision and case coordination to avoid service duplication. The composition of adult clusters can vary by locale, but minimally includes representation from the following systems: adult protective services, mental health services, mental retardation/ developmental disabilities services, substance abuse treatment, health services, and the aging network. The concept of adult clusters evolved from Achild clusters,@ which promote agency cluster formation for enhancing service delivery system to children. The outcomes of such endeavors have not been tested. But, the concept of shared leadership role among multiple agencies and inter-organizational collaboration to meet the needs of the clients within a community seems both feasible and sound. If such an endeavor were undertaken by the state, consideration should be given to piloting such a system with provision for evaluation prior to mandating or replicating it throughout the state.

The need for retaining qualified APS caseworkers was supported by most participants suggesting a mandate for certification of all APS workers. There is a growing trend towards developing competency sets as a requirement for classifying APS workers. For example, Texas (Protective Service Training Institute of Texas) and New York (Bureau of Adult Services, Office of Family and Children) have developed mandated competency based training programs for APS workers (NCEA Report, 2000). Further discussion of the certification and training of APS workers is illustrated in best practices (see Section V).

Participants of the community forum also felt strongly about providing appropriate APS training for mandated reporters and recommended that the state or local APS agency be involved. There is not much information available on generic training for all mandated reporters, however, a few states have developed training protocols that can be used as models. For example, Iowa has training materials for mandatory reporters, the general public, law enforcement agencies, and financial institutions. New Jersey and Wisconsin have training materials for clergy and law enforcement officers to recognize signs of abuse and how to make referrals to protective services.

Table B 5

Community Forum Participants= Top 10 Recommendations for APS System

Recommendation	1 st Most Important	2 nd Most Important	Total Number
1. Expand state budget line-item	56	14	70
Active leadership by state	61	9	70
2. Certification of Caseworkers	58	11	69
3. State APS responsible for funding	23	25	48
4. 24 hour- 7 day capacity	32	15	47
5. Educate mandated reporters	14	28	42
Form adult clusters	17	22	39
APS should refer to other Ohio laws	15	24	39
7. Expand regulations to implement best practices	16	21	37
State monitors and regulates through program	24	9	33
Evaluation			
9. AAA should work with county to fill service gaps	10	22	32
10 Agencies should have best practice norms for multiple Agencies	10	21	31