

SECTION V

PHASE III SUMMARY OF MAJOR FINDINGS

Phase III of the project was designed to gain feedback from the community on the recommendations defined by the researcher and consultants. A Community Forum was conducted in June 2001 in which both providers and recipients who interact with the APS system were presented with research findings from the first two phases of the evaluation of the Ohio's APS system and preliminary recommendations drafted by the project staff. The findings were presented during the morning session and the afternoon session was devoted to obtaining input on preliminary recommendations from participants via roundtable discussions and the ranking of recommendations.

A total of 185 people registered for the community forum, but 166 people actually attended the forum held on June 14, 2001. Forum attendees completed a short registration form that included background information such as job title, county where they worked, and agency affiliation. This information was utilized to assess the level of representation of attendees from different regions of the state. The information gathered on the participants' background from the registration data, along with the findings from the participants' feedback session is presented in this section.

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%). Within Region 1, most participants were from Franklin, Delaware, and Licking counties. In Region 7, while most of the participants were from Cuyahoga, Summit, and Lorain, all other counties within the region were also represented. Region 2 is predominately composed of small, rural counties, with the exception of Lucas county, which was well represented. Region 3 includes eight counties and most participants who attended the forum were from Hamilton, Montgomery and Butler counties. (See Appendix A **B** List of Counties by Region). The number of participants from regions 6 and 4 were relatively low. Region 6, which includes nine counties, had only six participants. The

southeast region (region 4) was least represented, with only 3 participants. (See Appendix A B List of Counties by Region). 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.

The majority of the community forum participants were county APS employees (39.4 %). Both staff and mid-level management 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 pool of participants 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.

A. Findings from Community Forum Participants

Of the 166 community forum attendees, approximately 120 participants attended the afternoon roundtable discussions. The recommendations generated during the roundtable discussions by community forum participants were congruent with those initially formulated by APS research project staff (see Appendix E). The additional recommendations developed by the forum participants related to the standardization of practices across counties and methods for implementing the recommendations. Community forum participants were in most agreement with the researcher recommendations in three major areas, and were more likely to offer best practice ideas for these areas including: caseload size, APS funding, and APS structure. A few participants raised some 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

across all 88 Ohio counties. However, the data from the caseworker survey and the quarterly reports from the ODHS 4287 Forms indicate that the majority of the counties have caseload sizes below or at the national standard (25 cases per worker). Further analysis was undertaken to explore the reasons for discrepancies. 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 below 20 cases. The counties that were found to have higher caseload sizes 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).

There was general consensus among forum participants 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 during the roundtable also generated similar sentiments. Further, the post community forum letters received from state agencies and associations corroborated the idea of a single state agency responsible for the overall management of the APS program.

Following the roundtable discussions participants were given five blue and five 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, i.e., the need for an active leadership role by the state agency, regardless of which state agency has oversight of the program (n = 70) and the need for an 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 and requiring that the funding source for APS be centralized (n =48).

The expansion of the statutory definition to include persons age 18 years and above and the configuration of other relevant systems (domestic violence and criminal justice) as part of the APS system 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 are 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 state is perceived as the major source of funding for APS and is comparable to most other states in using a combination of the Social Services Block Grant (SSBG), Older Americans Act, and state plus 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, most frequently 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 under Title XX dollars. For example, counties reported unit cost to the ODJFS of their Title XX APS expenditures ranging from \$13.21 to \$16,410.41 (ODJFS, 2000). These discrepancies raise issues such as what type of APS cases require more or less money for services, and which type of service or services (assessment, investigation, or ongoing services) actually costs more to deliver. Thus, the researcher recommends that further analysis be undertaken to ensure both standardized calculations of unit costs for services as well as standardization of tasks performed in processing an APS case.

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 Area Agencies on Aging in supporting the service provision for APS cases at the local level. 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 adult clusters.

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. 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.

B. Recommendations

The recommendations that emerged from the analysis of the study's findings are discussed under six major areas of concern: structure, training, services, inter-organizational relations, funding, and statutory change. The proposed recommendations are congruent with the national consultant's suggestions for Ohio to address based on the review of the findings (Wolf, 2001).

i) Structure

- There was general consensus that only one state agency should be responsible for the oversight of the APS program. This agency could be ODJFS or ODA. Regardless of who takes responsibility for the program, that agency would have multiple tasks: to develop credible standards of staffing, training, and service provision, to advocate for additional funding, and to conduct extensive, ongoing monitoring and program evaluation.
- The state APS agency should create a uniform APS system across all 88 Ohio counties with the capacity to effectively address the difficult and diverse issues encountered in situations of adult abuse, neglect, and exploitation. For example, there is currently variability in caseload sizes among counties. The counties that were found to have higher caseload size tend to assign all three tasks (intake, investigation, and ongoing) to caseworkers or had unequal case distribution among workers within counties. Protocols should be established and workers trained in when and how to transfer or close a case. Caseloads should be distributed evenly within counties with respect to the severity and intensity

of the cases. The state should mandate the national standard for caseload size (investigation and ongoing), which is 25 cases per worker.

- The state agency with responsibility for APS law implementation should assume a visible and active leadership role in assuring capable APS service delivery and sufficient APS resources. Both the ODJFS and ODA are legitimate candidates for this role, since they have important functions in the protection of vulnerable adult populations.
- The state APS agency should expand the regulations attached to APS law implementation in order to make ambiguous concepts and provisions operational, and to standardize and improve APS service delivery statewide.
- The state APS agency should monitor APS law implementation and compliance with regulations at the county level through regular and systematic program evaluation activities.

ii) Training

- APS caseworkers in both mandated and designated agencies should be required to complete a certificate program in order to perform APS activities.
- Service providers identified as mandatory reporters in Ohio's APS law should be educated on their roles and responsibilities in implementing the law early in their careers.
- The state APS agency, in cooperation with the state unit on aging as well as state and local adult abuse networks, should develop educational products, such as fact sheets, posters, and public service announcements, for adaptation and use by counties in public awareness campaigns on adult abuse, neglect, and exploitation.

iii) Services

- County mandated APS agencies should have 24-hour, 7-day capacity to handle reports of adult abuse, neglect, and exploitation, especially for emergency situations.
- Area agencies on aging should work with county APS agencies and local adult abuse networks to develop and fund programs to fill identified service gaps. Although service gaps vary by locale, among those most frequently identified statewide are the following: transportation/escort, housing options, respite services, guardianship programs, emergency shelters, legal services, home health care, homemaker services, money management, and services for those with moderate incomes
- APS caseworkers should have a broad understanding of available services and housing options in their community. They also should feel comfortable and capable accessing these resources on behalf of their clientele. APS supervisors should foster community perspective and referrals during the orientation and supervision of APS caseworkers.

iv) Inter-organizational Relations

- APS agencies should lead in the formation of adult clusters to improve the handling of cases and use of government funding when multiple public agencies are involved. Particular emphasis should be placed on working with public agencies in the aging network, mental health system, and mental retardation/developmental disabilities system.
- APS agencies should forge close relations with the domestic violence service system in order to address domestic violence in late life as an interfacing problem with elder abuse and with the criminal justice system in order to address the criminal aspects of adult abuse, neglect, and exploitation.
- APS agencies should be active participants and supporters of adult abuse networks at state, regional, and county levels.
- It should be the practice norm to handle APS cases involving multiple community agencies through case conferences and consultations with these agencies.
- County APS agencies should provide written follow-up to service providers who make reports.

v) Funding

- Funding varies considerably among Ohio counties. Due to dwindling Title XX resources, it is recommended that the state take an active role in seeking out new sources of funding for APS. In addition, Title XX expenditures for APS vary tremendously across counties, with no indication of why some counties are spending thousands of dollars per client, while others spend less than \$20. Not only does the state agency responsible for the administration of APS need to advocate for an APS line item in the state budget, but also current resources need to be evaluated and a consistent method for cost calculation developed. There is also some concern that a transfer of the APS program at the state level from ODJFS to ODA would sever some local funding streams at the county level.
- Funding is required to enhance the APS infrastructure at the state level so that sufficient staffing and other resources are in place to undertake such recommended activities as developing regulations and monitoring their compliance among county APS agencies, creating a certificate program to train APS caseworkers and insuring its sound implementation, and establishing formal protocols with state authorities concerned about adult abuse, neglect, and exploitation. The current state line item for APS should be expanded for this purpose.
- APS and identified service gaps in addressing adult abuse, neglect, and exploitation should be included in the allocation agenda of senior citizen and human service levies as they are enacted or renewed in individual counties.
- Substantive revenue expansion will be required at the state level under four circumstances: a) significantly increased reporting as a result of outreach effort and publicity; b) growth of the target population under APS law to include non-elderly adults; c) continued decrease in Social Services Block

Grant; and d) change in institutional arrangement for oversight of the APS program, wherein if the service delivery system is changed from a local to regional model there would be no guarantee for transfer of the Title XX dollars.

vi) Statutory Change

- The definition of adult should be expanded to include all those age 18 and over with mental or physical impairments that render them unable to provide for their own care or protection.
- The list of mandated reporters should be expanded to include those health, social, and safety service providers, such as vocational or rehabilitation counselors, in contact with younger impaired adults who are not currently identified in the law.
- Reference should be made to other Ohio laws that serve to protect vulnerable adults in order to promote collaboration across systems and expand intervention strategies. Both civil and criminal laws should be included, such as the Domestic Violence law and various Homicide and Assault laws.
- The APS law should include specific services for perpetrators and caregivers.

C. Best Practices

Project staff and hired consultants analyzed findings from the community forum participants. Other data (4287, Title XX) was also analyzed in order to formulate recommendations for the state APS program. In addition, the project staff and consultants, after examining other APS programs in various states, were able to make some best practice suggestions for implementing the recommendations in Ohio's APS program. Where possible, project staff provide specific examples of how to best implement the recommendations. In some cases, proven best practices on which to base changes to Ohio's APS system have yet to be formulated in any APS program in the country. In these cases, some more general suggestions are provided with the intention that state leaders in Ohio will compile the information available from other states' APS programs and draw from those in order to develop the program that most realistically suits the unique needs and challenges facing Ohio. To facilitate the implementation of the recommendations contained in this report,

the following section outlines best practice suggestions and elements of APS programs to be used as models for Ohio.