

PREFACE TO SECTION VI

The following section contains approaches to best practices for Adult Protective Services. These best practice suggestions are offered as guidelines to implement the recommendations from “Evaluation of Ohio’s Adult Protective Services: Structure, Operation, and Cost: Phase III” for improving APS in Ohio. The proposed ideas for best practices have been compiled based on the expertise of national consultants, available information on programs and policies in other states and data from recent national research on APS programs undertaken by Dr. Rosalie Wolf. This part of the report has been constructed based upon the recommendations of the national consultants, Lisa Nerenberg, of the National Center on Elder Abuse in Washington, DC, and JoAnn Marlatt-Otto, Executive Director of the National Association of Adult Protective Services Administrators (NAAPSA), based in Boulder, Colorado. This document was co-written by the consultants following input from the APS research project staff at Ohio State University, as well as data from the research of Dr. Rosalie Wolf.

OHIO’S ADULT PROTECTIVE SERVICES EVALUATION AND THE STATUS OF APS NATIONALLY

In commissioning the College of Social Work of Ohio State University to carry out an evaluation of its Adult Protective Services Program (APS), Ohio undertook a project of significant scope. It is perhaps the first state in the country to conduct an evaluation of this depth and magnitude; the findings, conclusions, and recommendations that are yielded by this project provide a firm foundation on which to build a comprehensive, cohesive, and goal oriented APS program. The project also contributes to the knowledge base of APS practice both within the state and nationally.

The significance of this endeavor must be viewed in context. APS programs first emerged in the 1960s when states and local communities began to recognize the need for special services to vulnerable adults. With the passage of Title XX of the Social Security Act in 1974, funds were made available to states for the provision of social services earmarked for children with restrictive guidelines for the inclusion of vulnerable adults. In 1981, the Omnibus Budget Reconciliation Act, PL 97-35 (OBRA) combined all social services funding under Title XX into a block grant to states establishing federal mandates related to eligibility criteria. The creation of the Social Services Block Grant (SSBG) under Title XX allowed states to use funding traditionally earmarked for children's services to protect frail elders and dependent adults as well. By 1981, all of the states had created state level offices that were responsible for providing protective services to some segment of the adult population. In the ensuing twenty years, state and local APS programs have continued to evolve in response to local and regional demands, as well as to a growing body of information about best practices in the field.

In the absence of federal standards and oversight, APS programs developed diverse approaches to meeting the needs of vulnerable elderly and dependent adults. Aside from a few studies and reports detailing promising practices, most of which were produced by the National Association of Adult Protective Services Administrators (NAAPSA) and the National Center on Elder Abuse, states have designed programs with little national guidance or direction. Few have developed comprehensive, long-term plans; instead, most states have built their programs piecemeal in response to state mandates that typically undergo frequent amendments and adjustments, resulting in a lack of coherence and cohesion. Like many other states, Ohio designated APS as the lead agency to accept and respond to reports of elder and dependent adult abuse, imposing additional responsibilities and challenges onto an already overextended system.

The manner in which APS has developed has led to wide variations across the country with respect to the services offered, oversight, response procedures, and virtually every aspect of APS practice. Some states serve only vulnerable elderly, while most (70%) serve vulnerable adults of all ages. In some states, local entities have considerable autonomy in administering APS programs, leading to wide disparities even within states.

Ohio's evaluation of its APS program provides an unprecedented opportunity to design a comprehensive plan based on a careful analysis of the state's existing program; best practice models that have been designed in other communities; and input from key "stakeholders" within the state including policymakers, APS personnel, professionals who interact with APS, and concerned citizens. It will serve as a blueprint for Ohio APS and as a model for other states.

Implementing all of the recommendations presented in this report would require an enormous investment by state and local entities. Although it is unlikely that Ohio has the resources to implement a plan of this scope in its entirety, the consultants suggest that it be implemented over time as funds become available. This incremental approach will also minimize disruption to current service delivery.

This document is divided into six sections. Brief introductions provide the groundwork for the consultants' recommendations in the sections that follow. In some instances, the consultants defer to state leadership to make such key decisions as to which state agency is best suited to administer APS at the state level. Decisions of this nature should be made by Ohio policymakers to reflect the state's existing leadership, relationships, resource distribution, and the willingness and capacity of state agencies to perform these vital functions. In lieu of recommendations, the consultants suggest criteria that the state may wish to consider in making these key decisions.

SECTION VI

BEST PRACTICES SUGGESTIONS FOR IMPLEMENTING RECOMMENDATIONS

I). Best Practices For Administration, Function, And Staffing

How APS is structured, administered, and staffed at the state and local levels will have a significant impact on the effectiveness of the program. Nationally, the locus of administrative oversight for APS varies. According to the *2000 Survey of States* conducted by the National Association of Adult Protective Services Administrators (NAAPSA) and the National Committee to Prevent Elder Abuse on behalf of the National Center on Elder Abuse, state APS programs are administered:

Location of Adult Protective Services within State Governments

Location of APS	Number	%
State Units on Aging (SUAs) that operate within human services agencies	16	31
Human services agencies that also administer SUAs	10	19
Human services agencies that do not also administer SUAs*	18	35
Independent SUAs	5	10

*Ohio has a similar system

Currently, Ohio APS is administered by the Ohio Department of Job and Family Services (ODJFS). While the consultants do not offer a recommendation with respect to whether ODJFS or any other state agency is best equipped to operate Ohio's APS program, they have identified certain criteria that should be considered for undertaking administrative responsibility:

- Demonstrated leadership in administering programs for, and advocating on behalf of, the target populations.
- A history of working collaboratively with other state agencies.
- The capacity, resources (or ability to secure resources), and willingness to perform the functions described herein.
- Develop standards for contracting APS programs at the county level. The practice of contracting out APS functions is not uncommon; however, to achieve consistency and ensure quality across the state, the consultants recommend that the state regulate the selection of contract agencies and monitor their performance (of APS services). In addition, personnel at contract agencies should receive training provided by the state and be held to the same educational and performance standards as other APS workers. Specifically, contract agencies should:

- Be held to the same standards as non-contracted APS services with respect to performance standards. Higher pay scales are not an excuse for inadequate staffing, excessive caseloads, or less timely response.
- Adhere to the same education requirements for supervisors and line staff as those that apply to non-contract agencies.
- Provide regular staff training and cross training to community professionals.
- Conduct regular, standardized performance evaluations that are tied to state and local program outcomes.

A. Functions of State APS

The functions and responsibilities of state APS programs vary widely from state to state. Some states grant local programs high levels of autonomy. For instance, California’s APS

program is administered almost entirely at the local county level. While some counties have pooled their limited training resources, all training currently occurs at the local level. The state APS program offers no statewide training, has limited data collection capability, and virtually no oversight of local programs. While it can be argued that this approach enables local APS programs to respond to the unique needs of their own communities, it also leads to inconsistency in APS response across the state. In contrast, some states assume responsibility for all aspects of APS service delivery, including the hiring and supervision of staff. Texas, for example, has been a national leader in the field of APS since the 1980's. They have developed a comprehensive data management system, a centralized intake system, casework competencies, and program outcome measures. Most states' programs fall somewhere between these two models. Most state level APS programs take the lead in developing legislation, setting program standards, providing state wide training and monitoring local program performance.

The consultants have observed that having a strong state APS program with broad authority results in higher quality and more consistent services at the local level. They therefore recommend that Ohio develop a strong state office that performs the following functions:

- Serve vulnerable adults of all ages. This will ensure equal protection to all adult abuse victims and provide a continuum of appropriate services across the adult life span.
- Maintain an office staffed by professionals with experience in the field of APS, and who are familiar with the needs of both the elderly and younger persons with disabilities.
- Develop a comprehensive strategic plan that spells out timelines and funding priorities for change management.
- Develop a standardized, validated risk assessment instrument. APS programs in Arizona, Delaware, and Louisiana have developed instruments that have been tested for validity

and/or reliability, and can serve as examples. The instrument should evaluate the following dimensions of risk¹:

- Client factors—age, sex, physical health, emotional/mental health, substance abuse, financial dependency, and emotional dependency on the abuser
- Environmental factors—structural soundness of home, status of utilities, neighborhood safety, accessibility and health hazards such as infestation and multiple pets
- Support services—availability and adequacy of needed services by formal and informal support networks
- Current and historical abuse factors—previous history of abuse, escalating pattern of abuse, exploitation, neglect and/or self neglect
- Perpetrator factors—lack of caregiving knowledge or skills, unrestricted access to the victim, overreaction or inappropriate reactions to stress, chronic fatigue, physical and/or functional limitations, mental or emotional problems, bizarre or violent behavior, alcohol or other substance abuse, emotional and/or financial dependency on the victim, insistence on isolating the victim, refusal to provide medical care, and refusal to cooperate with APS investigations.

- Develop performance outcomes for both state and local APS programs. Illinois uses the number of reports per 1,000 population to evaluate their state program. They also compile an annual report. Colorado has conducted a survey of other state agencies to evaluate state APS program effectiveness. Hennepin County, Minnesota uses a number of data elements to evaluate their local program. Performance outcomes for State APS should be designed to reflect accepted standards of practice based upon:

¹ From *Assessing Risk and Defining Victim Outcomes: a National Survey of State Adult Protective Services Programs* by the National Committee for the Prevention of Elder Abuse, funded by the National Center on Elder Abuse) 57

- Surveys of other state and local agencies regarding the effectiveness of the state program.
- Outcome data compiled by state APS and reported to the state legislature annually.
- Comparison of the number of Ohio APS reports of abuse per 1,000 elderly/disabled adults with data from other states.

- Performance outcomes for the local programs should include:

- Program Outcomes, which evaluate the extent to which program objectives are being met as demonstrated by increased number of reports, decreased recidivism, improved substantiation rates, cost effectiveness, length of time cases remain open, and decreased response time to reports.
- Client Outcomes, which evaluate APS' effectiveness by comparing clients' situations prior to and after APS intervention by assessing why cases were closed. Reasons for case closure include: the risk of harm was reduced; the client moved out of service area, died, or entered a long term care facility; the client refused further assistance (assuming he was competent); or the victim no longer needed APS services.

- Maintain a standardized, comprehensive, computerized statewide data management system that is tied to local performance outcomes. States such as Texas, Florida, Maine, Illinois, Nevada, Tennessee, and Utah have been successful in their data collection and are considered to have adequate MIS systems in place. Data to collect includes:

- Source of reports
- Whether the report is on a new victim or on a victim who has had previous report(s)
- The number of abuse reports made during a given period

- The number of investigations conducted during a given period
- The number of cases substantiated during a given period
- The types of abuse as defined by state law
- Age of victim and abuser
- Sex of victim and abuser
- Income level of victim and abuser
- Race of victim and abuser
- Relationship of victim to abuser
- Services that were provided

- Develop a comprehensive plan for statewide training and certification for caseworkers and supervisors.
- Develop caseload standards and uniform job descriptions. [Los Angeles County, California is currently developing casework standards and job descriptions that may serve as examples.]
- Provide technical assistance and case consultation to local programs as needed.
- Monitor and evaluate local programs, issue plans of correction for inadequate performance, and impose sanctions when necessary.
- Provide periodic program evaluations and reports to the state legislature and the public.
- Provide leadership in convening a coalition of state level agencies that have responsibility for some aspects of protective services to vulnerable adults.
- Stay apprised of national trends and innovations in the field of APS.

B. Functions of Local APS Programs

Nationally, the tasks performed by local APS programs vary considerably from state to state and even within states. Ohio is no exception. Services provided by APS range from investigating abuse reports and directing clients to needed services, to providing on-going counseling or case management. Currently APS workers in Ohio spend an average of 12 hours investigating APS referrals; cases remain open an average of 117.5 days. APS workers report that they provide a significant level of counseling to victims, although the precise nature of this counseling is not known (Counseling can range from short term emotional support after a traumatic event to extended interventions aimed at altering dysfunctional relationships. See under the heading ‘**SERVICES**’ for an extended description of counseling).

The consultants recommend that Ohio APS workers avoid doing tasks unrelated to APS and focus on performing functions that are unique to APS:

- Assessing and investigating abuse reports
- Substantiating the need for protective services
- Developing protective service plans
- Assisting clients in accessing needed services and benefits
- Providing short term counseling to address clients’ immediate emotional needs, help them assess their options, and provide emotional support and guidance in reducing their risk.

The consultants recognize that many communities lack key services that are needed to stop abuse, treat its effects, and prevent its recurrence. They also recognize that APS workers have a firm grasp of their clients’ service needs. For these reasons, the consultants recommend

that local APS staff provide leadership at the state and local levels in generating new resources and coordinating services to maximize efficiency. This includes working with the State Resource Developer (as described in the following section).

C. Staffing for APS at State and Local Levels

To carry out the functions described above, APS must have sufficient and capable staff at the state and local levels. The consultants recommend the following staffing patterns for APS:

- At the State Level

Currently, there are no standards available for staffing patterns of other state level APS programs. However, from personal experience with state level APS, the consultants can recommend a proposed pattern of staffing. The attempt of only one or two state staff members to fulfill all the roles described is impossible, and greatly weakens the effectiveness of a state program. Ideally, the following state level staff positions would be created:

- ***Administrator/Program Manager*** to take the lead in program change management, oversee state program staff, make policy recommendations, initiate legislation, advocate for funding, coordinate with other state programs, assume a leadership role in coordinating a state level coalition, and represent the state at national meetings and conferences.
- ***Training Specialist*** to develop a statewide training program (see Training section of this report).
- ***Data Management Specialist*** to develop and maintain a statewide data management system (see Functions of State APS).
- ***Program Monitoring/Technical Assistance Specialist*** to develop performance outcome measures for both the state and local programs and provide case consultation to local agencies.
- ***Resource Developer*** to develop state and local service and funding resources (see Services).

- At the Local Level

Staffing at the local level must reflect the size of the population served and the geographic size of the area (this will affect the amount of time workers need to make home visits, attend meetings, etc.). The resources available in a community may also be considered as this will impact the amount of time workers have to spend identifying and arranging for resources. The following recommendations are offered to assist in developing worker-to-client and worker-to-supervisor ratios:

- To ensure optimal service, APS caseloads should be limited to 25 clients (currently Ohio APS has variability in average cases per worker). This client-to-worker ratio has been recommended by the National Association of Adult Protective Services Administrators as described in its 1997 *Compilation of Workload Studies and Caseload Data*. Information from state APS administrators supports the notion that APS caseloads of more than 30 are unmanageable. With more than 30 cases, workers have limited time to respond to crisis situations, investigations are cursory, and many valid protective concerns are out-referred to other community agencies that may not have the time or legal authority to deal with them effectively. Caseload sizes of 30 for caseworkers who perform investigation and ongoing tasks are unsuitable.
- All persons providing APS services and supervising APS personnel should be trained in APS and spend all or most of their time performing APS functions. Currently, in small counties, APS workers are likely to perform other functions besides APS. Ohio's current 3:1 ratio of caseworkers to supervisors suggests that supervisors are also overseeing other programs and/or providing direct services to victims. When APS workers and/or supervisors have multiple assignments, it is frequently child protection cases that they

carry. Owing to the fact that the requirements for handling child protective service cases are more stringent than those applied to adults, the interests of children typically take priority. To ensure that APS clients are given the attention they deserve, and that APS workers and supervisors have adequate training, expertise and support, the consultants recommend that the following measures for staffing local Adult Protective Services programs be considered:

- Small contiguous counties be allowed and encouraged to pool their resources by sharing a specialized APS worker who acts as a “circuit rider” between several counties.
- Small counties be allowed to share one specialized APS supervisor dedicated to APS only

The above measures suggested for improving staffing at the state and local levels in Ohio will ensure the standardization of policies and regulations and will ultimately serve to improve the quality of APS services rendered to clients.

II). Best Practices For Training And Public Awareness

A trained workforce is a fundamental component of an APS program. The consultants recommend that the State APS assume responsibility for developing a statewide plan for training all APS personnel. This includes developing core curriculum, setting standards, and designing training materials. State oversight of training will ensure quality and consistency throughout the state. The consultants recommend the following:

A. Protocols for Establishing Training

i) Competency Sets

Ohio should develop “competency sets” to define specific skills and information that workers need to effectively perform their job duties. This approach to training lends itself well to APS because workers typically come to the job with varying levels of experience and training. Some have experience in protective services for children but lack training in working with the elderly, while others who come from the fields of aging or disability understand the special needs of these groups but are unfamiliar with protective service practices and approaches. Developing competency sets can help trainers and supervisors accurately assess workers’ training needs and tailor programs to meet them, leading to greater flexibility and efficiency. For example, workers who can demonstrate competency in a specific area may be exempted from participating in training in that area.

ii) Institute a Training Program in Stages

Instituting a training program in stages will ensure that each component of the APS system is well prepared to accept reports and respond appropriately (e.g. intake workers must be trained in how to assess reports before professionals are encouraged to make reports). The consultants recommend the following sequence:

- **Stage 1.** During the preliminary stage, the State should develop competency sets for all APS personnel defining core skills and knowledge needed by workers at all levels. All instruments and protocols used in handling cases statewide should also be finalized during this stage so that instruction in their use can be integrated into the training curriculum. This includes risk assessment tools, functional assessment tools, referral protocols, etc. During this stage, the State APS should develop intake forms that solicit

information about how reporting parties learned about APS services. This will enable them to monitor the impact of specific professional training and community outreach activities. For example, the success of specific outreach activities (e.g. the release of a public service announcement) can be tracked by noting increases in subsequent reports. Similarly, increases in reports by members of specific professional groups may serve as an indicator of the success of targeted professional training. The appropriateness of referrals should also be monitored to evaluate the success of outreach and training in achieving desired outcomes. For example, an increase in the rate of inappropriate referrals subsequent to an outreach campaign might indicate that the outreach message was not understood.

- **Stage 2:** Train state administrative staff. While the consultants are not aware of existing curricula that have specifically been designed for state level administrators, they recommend that state personnel be encouraged to learn more about APS practice and administration through the following sources:

- **National Association of Adult Protective Services Administrators**, a membership organization that publishes a newsletter and reports focusing on APS administration, convenes annual national and regional conferences, and spearheads collective advocacy initiatives.
- **National Center on Elder Abuse** operates a national listserv that frequently addresses APS issues, provides technical assistance, produces publications of interest to APS, and operates a repository of training and outreach materials.
- **National Committee for the Prevention of Elder Abuse** publishes the *Journal of Elder Abuse & Neglect*, a scholarly journal focusing on abuse and *nexus*, a newsletter that focuses on practice issues; conducts research related to APS practice, and engages in advocacy.
- *Victimization of the Elderly and Disabled* is a bimonthly publication that focuses on innovative approaches to the delivery of protective services for elderly and disabled adult victims of abuse, exploitation and neglect.

- **Stage 3** Train APS supervisors. Training supervisors should proceed the training of APS line staff so that supervisors can offer support and assistance to line staff and provide feedback to trainers about the relevance and accuracy of the training content. Due to the complexity of APS practice, the stress that the work entails, and the fact that some supervisors are promoted into supervisory positions without the benefit of special supervisory training, supervisors should receive additional training in conflict resolution, personnel management, cultural issues, etc.
- **Stage 4** Train APS line staff. These APS workers need training in functional assessment, risk assessment, crisis intervention, aging and disability, basic interviewing, investigative techniques, safety planning, and cultural issues in abuse.
- **Stage 5** Train local professionals. Both mandated reporters and non-mandated reporters need training to help them recognize abuse and high-risk situations; to instruct them in their reporting responsibilities, and to inform them of what will happen when they make reports. Groups that have been identified as needing special training include police officers, district attorneys, judges, emergency medical personnel, physicians, lawyers, notaries, home health care providers, domestic violence specialists, victim advocates and animal control officers.
- **Stage 6:** Provide training to “gatekeepers.” Certain members of the community are particularly likely to encounter abuse. This includes bank employees (who are likely to observe irregularities in financial transactions or customers’ banking habits that could signal problems), employees of utilities companies, postal workers, etc.

iii) Ongoing Training

Provide regular ongoing training to APS workers at all levels. This includes staff in the state and local APS offices, as well as contract agencies that provide APS services and/or accept after-hours calls. Supervisors and non-supervisors should be included. In addition, professionals and paraprofessionals (both mandated reporters and non-reporters) need training.

B. Options for Developing Statewide Training

i) Contracting

Explore contracting with an existing training academy or educational institution. Contracting with an organization that specializes in adult education could provide a cost-effective approach to developing an effective statewide training program in Ohio. This approach has been used successfully in several states, including Texas, where the Department of Protective and Regulatory Services contracts with the Texas Protective Services Training Institute (a partnership of Texas graduate schools of social work) to provide training and certification to all of the states' protective services staff. The Institute recently designed a certification program for APS supervisors and is currently developing a similar program for non-supervisory workers.

ii) Partnerships with Academic Institutions

Work with academic institutions to integrate training into graduate and undergraduate social work programs. An innovative pilot project conducted in Hawaii serves as an example: In collaboration with APS, the University of Hawaii's School of Social Work developed a specialization in APS and assigned participating students to APS units for their field work.

iii) Training Academies/ Professional Associations

Work with professional schools, training academies, and professional associations to incorporate content on abuse into existing training. Content on adult abuse can be incorporated

into existing curricula developed or used by these groups; this will ensure that the content is compatible, appropriate, and presented in a manner that reflects each group's preferred style. In addition, trainees may be more receptive to information that is presented by familiar and trusted sources that understand their specific informational needs. Further, the State should work with professional and paraprofessional licensing programs to include questions about elder abuse in licensure examinations.

iv) Existing Resources

Draw from existing resources. A plethora of training materials and resources on elder and dependent adult abuse are currently available. Excellent sources include:

- The National Center on Elder Abuse (NCEA) operates a repository of training materials, CANE, which is housed at the University of Delaware, Department of consumer Studies, Newark, DE 19716. NCEA also lists conferences and newly acquired materials on its website at: www.elderabusecenter.org
- The Office for Victims of Crime of the U.S. Department of Justice has developed a variety of training materials. It also operates the Training and Technical Assistance Center (TTAC) that provides national speakers on elder abuse and related issues. States and communities can apply to TTAC to cover speakers' costs.
- U.S. Attorney's offices have budgets to develop training for victim coordinators and personnel from community agencies that serve victims of crime. Some have collaborated with local elder abuse prevention programs to conduct programs.
- The National Association of Adult Protective Services Administrators conducts an annual conference for administrators of APS programs and their staff. The office may be reached at info@naapsa.org. The E-mail address for information related to the annual NAAPSA conference is: conference@naapsa.org.

C. Public Awareness and Outreach

An informed public is essential to ensuring the safety of Ohio's elderly and disabled citizens. Experience has shown, however, that motivating victims and witnesses to come

forward for help poses formidable challenges. Victims are often reluctant to report out of shame, fear of retaliation, stigma, cultural prohibitions against airing “family matters” in public, and language barriers. Others are unable to report due to physical illness, disability or dementia. Motivating the public to get involved requires changing public perceptions and deeply ingrained attitudes and beliefs. Successful outreach must take into account prevailing attitudes and overcome physical, cultural, and geographic obstacles that victims face in seeking help. Carefully planned outreach can: educate the public about the problem; encourage victims, family members, and witnesses to report abuse; familiarize the public about available services and how to access them; recruit volunteers; and inform policy-makers and the public about the need for new services and public policy. Examples of states that are doing a fairly good job with public awareness campaigns are Texas, Virginia, and Pennsylvania. Some recommendations for outreach are as follows:

- **State APS should assume the lead in developing a statewide approach to outreach**

The state can play a vital role in raising awareness of abuse and encourage victims and witnesses to come forward through the following activities:

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| <ul style="list-style-type: none">- Develop a compelling outreach message and theme drawn from state-of-the-art social marketing research that includes the use of focus groups and surveys to explore public perceptions about the problem and its solution- Explore promising practices for achieving outreach goals- Design materials that can be easily replicated and adapted statewide- Provide technical assistance to local communities- Sponsor events or activities to generate awareness, including state awareness days, press conferences to publicize newsworthy events, etc.- Evaluate ongoing outreach activities to measure their outcomes |
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- **State APS should promote targeted outreach**

Experience has shown that one-size-fits-all approaches to outreach fail to reach many of society's most vulnerable members. These include people who are isolated as a result of social, cultural, and geographic barriers. Perceptions of abuse are also culturally derived; members of certain cultural or ethnic communities may define abuse (and potential solutions) differently from the mainstream culture. Finally, the type of abuse that someone has experienced may shape his/her need for information. Consequently, victims may not respond to outreach approaches that fail to address these differences. For example, an elderly victim of domestic violence may fear retaliation, while an immigrant or refugee may fear that reporting an abusive family member will result in that person being deported to a homeland where he/she will face grave physical danger. To overcome these obstacles, outreach planners must respond to ethnic and cultural diversity and recognize that victims of various types of abuse have different informational needs. Targeted outreach responds to these differences by tailoring approaches to meet specific needs. For example, outreach to older battered women may focus on addressing concerns for safety planning. Similarly, culturally specific outreach can be designed to address differences in how abuse is perceived and respond to concerns about what will happen to offenders.

- **Local APS should offer maximum flexibility**

To overcome the obstacles described above, local programs should be encouraged to adapt and customize materials to meet local needs, take into account specific populations, and add contact information. This is best accomplished if professional quality text and camera-ready graphics are made available in electronic formats. Texas provides outreach materials on its website (<http://www.utexas.edu/depts/sswork/psti>) and invites counties to download and use these materials.

III). Best Practices For Services

A variety of services may be needed to stop abuse, reduce the risk of future abuse, and treat the effects of abuse. APS programs vary widely across the U.S. in terms of the scope of services they provide. Some provide little beyond investigation, referring clients who need ongoing service to other community agencies; others provide on-going case management, counseling, and financial management.

As described earlier, the consultants recommend that Ohio APS focus on performing functions that are unique to APS including receiving reports, screening, making referrals, investigating reports, assessing clients' needs, and arranging for needed services. They recommend further that the state actively promote the development of services for victims, their families, and perpetrators and that a "Resource Developer," headquartered in the state office be assigned to spearhead these efforts.

A. Design Models for Unmet Service Needs

The service needs of victims and vulnerable adults are increasingly being explored. Promising approaches and practices are emerging almost daily to meet those needs. This section provides direction to Ohio policymakers in assessing and responding to unmet service needs. While proven programs to meet many of these service needs have yet to be developed into national standards, there is still room for improvement on Ohio's part to meet these needs among victims of abuse, neglect, and exploitation.

i) 24-hour Emergency Response

APS units nationwide are developing the capacity to respond to abuse reports 24-hours a day and on weekends and holidays. Although the number of calls to APS received "after-hours" (nights, weekends, and holidays) constitute a relatively small percentage of total APS calls

(typically estimated at around 10%) those calls that are received are often urgent and serious. It has also been observed that low rates of after-hours calls may not reflect actual need, but rather, the fact that professionals who are likely to make reports do not work during non-business hours or are unaware that the service is available. Similarly, the public and agencies that are likely to be staffed during non-business hours may not be aware that services are available unless special outreach has been done. The costs associated with 24-hour APS coverage vary widely depending on the type of program instituted. Following are some ways to provide 24-hour APS coverage:

- 24-hour telephone lines staffed by APS workers or volunteers. Reduced staffing levels may be used during non-peak hours
- APS hires or contracts with answering services to do screening on a fee for service basis.
- APS contracts with existing 24-hour service programs (typically the Red Cross, police or sheriffs' departments, Child Protective Services, suicide prevention programs, etc).

When contract agencies (non-APS) accept calls during non-business hours, their employees are typically trained in how to redirect calls, respond to emergencies, and handle messages. In some states or communities, APS workers are available "on-call" to handle emergencies or urgent situations. On-call workers may be compensated with stipends, they may receive a percentage of their hourly wage, or they may be paid for hours worked (often at rates that are higher than their normal hourly salaries).

The type of 24-hour response system that is the most appropriate and cost effective for Ohio will depend on the demand and patterns of utilization. Since this information is not yet available, the consultants suggest that Ohio explore the feasibility of developing a 24-hour telephone response system. This would involve surveying programs developed in other states that share common characteristics, and then operating a time limited pilot project. Minnesota

may be a good state to follow as an example. They have allowed counties to design their own 24-7 programs, and the counties were able to come up with unique approaches that worked specifically for their needs.

Regardless of what model is employed, 24-hour services should be publicized statewide; phone numbers should be clearly labeled as “Adult Protective Services” in all local phone directories; and a statewide awareness campaign should be initiated to familiarize every community with the reporting requirements and the number to call to make reports.

ii) Shelter

Victims of elder and dependent adult abuse need shelter for a variety of reasons. Their needs depend on the type of abuse they have experienced, their physical and cognitive status, and whether the abuser is in pursuit. For example, an elderly or disabled victim of domestic violence may need the level of security and secrecy offered by battered women’s shelters but may require assistance with her personal care that these shelters do not typically provide. A frail victim of neglect, who has been abandoned by a caregiver or whose caregiver has been terminated or arrested, may need temporary shelter in a facility where skilled care can be provided (if emergency in-home care cannot be secured). A victim who has been rendered homeless as a result of financial abuse can be accommodated in a hotel or apartment while alternative options are sought.

Programs across the U.S. have responded to these diverse needs in a variety of ways. Some have contracted with adult care homes that have agreed to donate available bed-space at no cost, while others rent space in senior residences. Still others have worked with battered women’s shelters to help them accommodate older women.

The consultants recommend that Ohio explore these diverse options and develop a plan

that offers a range of alternatives to meet diverse needs. Recommend that a shelter program be designed that:

- Provides a continuum of care for clients who need varying levels of assistance, medical treatment and security. Potential partners include providers of senior housing, skilled nursing facilities, domestic violence shelters, and residential care facilities; and
- Builds upon existing resources in the community to as great an extent as possible.

iii) Counseling

Victims of abuse and neglect may need counseling to help them deal with the immediate trauma of abuse, plan for their safety, apply for benefits, provide emotional support, explore their options, address post traumatic stress, treat underlying mental health conditions that render them vulnerable (depression), explore dysfunctional relationships with perpetrators, etc.

In some situations, particularly those involving self-neglect, the APS caseworker may need to develop a therapeutic relationship with the client before offering additional services. For many self-neglectors, trusting another person is very difficult. The worker may be “tested” until the victim feels safe enough to accept services. These cases may take longer to resolve and should not be transferred to another worker or agency prematurely.

Counseling may be available through existing domestic violence programs, mental health treatment programs, special programs designed for victims of elder abuse and neglect. Elder abuse prevention programs and domestic violence programs have explored the use of support groups.

Several local communities, including Milwaukee and San Francisco, have successfully operated support groups for elderly victims for several years. Although members express

satisfaction with the groups, it is too early to assess the impact of groups on lowering risk or the extent to which groups offer a less costly alternative to individual counseling. Existing programs have not been evaluated in terms of outcome or cost savings (the time required to organize, publicize, screen new members, etc. may offset some of the anticipated cost savings).

The consultants recommend that APS personnel be trained to focus primarily on short - term crisis counseling, options counseling, and safety planning. Victims who need more extensive treatment should be referred to other community agencies if there are appropriate services available. State and local APS should, however, work with other community agencies to generate new resources to ensure that services meet the long and short-term needs of victims. Promising practices that warrant consideration include the use of support groups.

iv) Money Management

Victims who are unable to manage their finances as a result of cognitive or physical impairment are at high risk of financial abuse. For this reason, money management programs are an indispensable component of an elder and dependent adult abuse prevention network. Money management encompasses a spectrum of services. It can include informal help with paying bills, to representative payeeship (where another individual receives government benefits on behalf of an impaired individual (typically, the payee will pay the person's bill and disburse remaining funds to the vulnerable adult), to guardianship (a court grants authority to another individual to manage the impaired individuals financial and/or personal affairs).

Nationwide, the demand for money management significantly exceeds the supply. This can be attributed to a great extent to concerns over liability that agencies face when they agree to handle clients' money, and the lack of affordable insurance. Several programs have been created to rectify this situation. AARP has developed a model for providing money management

services. The Elderly Financial Management Project at the Jacob Reingold Institute, Brookdale Center on Aging of Hunter College provides materials and technical assistance to promote the development of financial management programs. Other options for increasing the supply of available financial management services include volunteer guardianship programs, and volunteer guardianship monitoring programs.

v) In-home Emergency Attendant Care

Clients who depend on others for help with essential daily activities may need emergency attendant care if their attendants abandon them or are terminated or arrested as a result of the abuse. In these situations, emergency in-home care may be needed to maintain the elder or dependent adult in his own home until another care provider or living situation can be found.

vi) Respite Care

The term respite means relief and can come in many forms. Attendants, professionals, or volunteers may come to the vulnerable person's home to provide a few hours of relief to a caregiver, or the older person may come to an agency or day center. Some communities offer extended respite for several days in residential care or skilled nursing facilities.

vii) Emergency Services

Many APS clients can benefit from emergency funds that can be accessed quickly in crisis situations. Emergency funds may provide for temporary caregivers, housing, food, rent, mortgage payments, shelter or transitional housing, transportation, utilities, new locks to secure victims' homes, attorneys fees, court filing fees, repairs, cleaning services, relocation costs, social security deposits, respite care, and home modification. In cases of serious neglect, a one-time deep cleaning service can make the victim's home habitable, thus preventing placement in a more restrictive environment. Strict criteria for how the funds can be used should be developed.

In some situations, victims, their families, third-party insurers, or entitlement programs may be able to reimburse APS for the funds.

B. Advocate for New Services

This may involve working with state legislators to introduce legislation for new services, extend eligibility for existing services, authorize needs assessments, or sponsor pilot projects.

i) Alert Other State Agencies to the Needs of APS Clients

These include domestic violence programs, victim service programs, law enforcement agencies, substance abuse prevention programs, mental health programs, and others. To this end, the consultants further recommend that APS assume a leadership role in organizing a statewide coalition (discussed in greater detail in following sections).

ii) Work with State Agencies to Extend Eligibility for Services

Some state agencies have wide latitude in determining how federal service programs are administered. They may set funding priorities, oversee distribution of federal dollars, and sponsor pilot projects. The Resource Developer will work with state officials to inform them of APS' clients' unmet service needs and advocate for funds to be allocated to meet those needs.

C. Explore Potential Sources of Funding for Services.

Across the U.S., APS programs are increasingly accessing non-traditional sources of funding to services for victims of abuse, ranging from funds earmarked to prevent homelessness to funds for mental health services for crime victims. Several national programs have recently been created or expanded, presenting new opportunities for Ohio APS. These include Victim of Crime Act (VOCA) Compensation, and Victim Assistance programs; Violence Against Women Act (VAWA), the Older American Act's (OAA) Caregiver Program, Mental Health and Substance Abuse Prevention programs. Private foundations may also be accessed. Some

examples of ways these services can be accessed are:

- Alert state VOCA officials to the special needs of elderly crime victims and encourage them to ensure coverage to victims of elder and dependent adult abuse. (Victim compensation reimburses victims for crime-related expenses, including mental health counseling)
- Alert VOCA and VAWA officials to the special needs of elderly and disabled victims. Encourage them to solicit and support special projects to explore and respond to these special needs.
- Advise OAA Caregiver Program administrators
- Advise local communities of new funding resources or opportunities and provide technical assistance in helping them develop proposals for new services

IV). Best Practices For Inter-Organizational Relations

Abuse and neglect cases are often complex and multi-faceted, requiring the knowledge, resources, and skills of professionals from diverse disciplines. The type of expertise needed is dictated by many factors including the type and cause of the mistreatment, victims' preferences and cognitive ability, underlying factors that gave rise to the abuse, perpetrators' motives and willingness to change, the relationship between victims and abusers, and whether or not the abuse constitutes criminal conduct. Stopping abuse may require law enforcement involvement, civil lawsuits or injunctions, supportive services, mental health treatment for victims or abusers, shelter, or a variety of other interventions. Treating the effects of abuse and reducing future risk may involve still other interventions including medical care, counseling, case management, daily money management, credit counseling, and restitution advocacy. Many victims need a

combination of services concurrently or in sequence.

Because no single agency or profession can provide all of these services or expertise, it is imperative that professionals work together to coordinate their efforts. Failure to do so can result in clients “falling between the cracks,” “quick fixes” that fail to address the root causes of abuse, inefficiency, and needless suffering.

Although the need for holistic, multi-agency, and multidisciplinary approaches to preventing abuse has long been recognized, a variety of obstacles have stood in the way. Professionals who work in one discipline are rarely familiar with the resources, outlooks, restrictions, processes, and mandates of more than one or two other professional groups with which they interact. This lack of familiarity often results in poor coordination, adversarial attitudes, distrust, and “turf” conflicts. In response, a wide array of approaches has emerged to help improve coordination and cooperation between agencies and disciplines. These include cross-disciplinary training (see Training), interagency protocols, memoranda of understanding, multidisciplinary teams and interagency coalitions.

Ohio has a strong tradition of interdisciplinary and interagency exchange and collaboration. The Western Reserve Consortium Against Adult Abuse was among the nation’s first local abuse prevention programs; Ohio’s Coalition for Adult Protective Services was among the first statewide coalitions of individuals, professionals, agencies, and providers dedicated to elder abuse to emerge in the country. Both programs have fostered dynamic partnerships aimed at bridging the gap between professional disciplines, addressing the needs of underserved groups (including members of ethnic and cultural communities) and linking communities within the states.

The consultants recommend that state and local APS programs in Ohio build upon this

firm foundation, replicating these initiatives in communities in which they do not yet exist, enlisting the participation of additional groups, and extending the statewide network still further. Ohio APS can improve coordination by providing leadership, direction, statutory authority, and technical assistance for the following:

A. Coalitions

Coalitions are groups of individuals, agencies or organizations that are committed to addressing common issues. Local protective service or abuse prevention coalitions typically include representatives from health and social service agencies, local law enforcement, victim witness assistance programs, providers of legal services, city or county council members, representatives from the faith community, civic leaders, concerned citizens, and many others. Common activities include identifying unmet service needs; advocating for new services and policy reform at the local and state levels; promoting information and resource sharing; spearheading public awareness campaigns; and overseeing local service delivery.

State level coalitions typically include representatives from state departments that serve the elderly and disabled: professional associations; state and local coalitions; advocacy organizations; and state government. Ohio's Coalition for Adult Protective Services facilitates the exchange of information between counties, organizes statewide training and outreach events, and monitors legislation. It has also enlisted the support of probate judges statewide in combating financial abuse. State level coalitions can also provide support to local interagency initiatives by enlisting state leadership to endorse local efforts; set an example; facilitate communication; resolve funding, ideological and/or logistical barriers to coordination; and contribute resources. State level partnerships, projects, and agreements often serve as catalysts for similar initiatives at the local level. Colorado, for example, has had a state APS coalition for

the past 8 years. It provides statewide public awareness activities, sponsors statewide training initiatives, and gives quarterly in-service training to its members. It has partnered successfully with the Colorado Department of Public Health, law enforcement, banking professionals, and Colorado State University Extension Services on a number of educational and public awareness projects.

B. Multidisciplinary teams

Multidisciplinary teams provide a forum for discussing difficult abuse cases; sharing information, expertise and resources; learning what services, approaches and resources are available from other agencies and disciplines; bringing about systemic changes; and ensuring accountability.

Although team membership varies from one community to another, representatives from the following disciplines are generally considered to be key: law enforcement, long term care ombudsmen, mental health, geriatric medicine, caregiver services, advocates for persons with developmental disabilities, civil law, domestic violence prevention, financial institutions and money management. In recent years, some communities have developed Financial Abuse Specialist Teams, or FASTs, which focus on financial abuse, enlisting the participation of bankers, stockbrokers, estate planners, loan officers, and other financial experts. APS or other community agencies may convene teams.

Although individual teams develop their own criteria and procedures for presenting cases, most permit local services to present cases at whatever point they feel it will be most helpful. For example, during the investigation or assessment phase, workers may benefit from guidance in what to look for and how to document alleged abuse in a way that will increase the likelihood of successful legal action in the future. Later, they may benefit from help in revising care plans that

have failed to stop abuse. Some model programs include the San Francisco Consortium for Elder Abuse Prevention, the Los Angeles FAST team, the Baylor University TEAM Institute, and the Morgan County Colorado Community Adult Protective Services Team.

i.) Interagency protocols

Interagency protocols are formalized procedures for how agencies can work together. They may be general in nature or define specific areas of collaboration such as cross-reporting, conducting joint investigations, or sharing information. These instruments help ensure a timely, effective, and coordinated response. The process of negotiating agreements, in itself, can be useful in identifying gaps in the service network or systemic problems.

ii.) Memoranda of Understanding

Memoranda of understanding (MOUs) are informal contracts committing agencies to following established protocols. They ensure that the agreed upon protocols are fully understood, endorsed by the agencies' leadership, and that they will be passed on to new staff. Provisions that are typically included in MOUs between APS and other community agencies include:

- The roles and responsibilities of the agencies in assessing and investigating reports
- The circumstances in which reports or information will be shared
- Circumstances in which joint investigations will be conducted and how they will be conducted (e.g. the role of each professional)
- Circumstances in which assistance will be requested

iii.) Composition of Multidisciplinary Teams

The consultants recommend that Ohio APS instruct counties to develop interagency agreements and memoranda of understanding with the following entities (at a minimum):

- **Local law enforcement** - Protocols should instruct APS workers in when and how to contact law enforcement in common situations that could benefit from collaboration. This includes situations in which: APS has investigated a report that they believe constitutes criminal activity; investigating an abuse report may jeopardize workers' own safety or the safety of others; assistance is needed with involuntary psychiatric assessments; and when APS workers are prevented from conducting investigations by alleged abusers or others. Conversely, the protocol should instruct law enforcement officers how and when to contact APS when they encounter victims of crime who need protective services.
- **Providers of Mental Health Services** - Protocols should provide for joint investigations, cross referrals, or consultation. These measures may be appropriate when APS clients are in need of mental health services such as psychiatric assessments (for dangerousness to themselves or others), cognitive assessments, substance abuse treatment, or counseling to reduce the risk of abuse or treat its effects.
- **Long Term Care Ombudsmen.** Protocols should provide for joint investigations, cross reporting, cross referrals, or consultation. It is important that Ombudsmen be contacted and involved when an APS client's residence cannot be established (e.g., he has been abandoned or is found wandering) or is changing (e.g., when an abused or vulnerable adult who has been living in a long term care facility is scheduled to be released into the community and appears to be at risk for future abuse).
- **Services for Developmentally Disabled** - Provisions for handling cases involving victims with developmental disabilities should indicate when cross-reporting, collaborative investigations and consultation from experts in the field of developmental disability is appropriate as well as how to initiate the process.

- **Victim Advocates** - Victim advocates should be involved in all cases in which the possibility of prosecuting perpetrators is present. Protocols should clarify victim advocates' role in helping victims through the court process and provide for cross reporting and information sharing.
- **Hospital Emergency Room Personnel** - Provisions should include when and to whom emergency room personnel should report when they observe injuries to vulnerable adults that appear to have been the result of abuse or neglect.
- **Medical Care Providers** - Protocols should provide for assessments of clients' injuries, health status and medical status. Medical assessments may also be needed prior to admission for certain shelters.

V). Strategies for Funding

The APS Program researchers at The Ohio State University College of Social Work have estimated that approximately \$16.7 million is currently being spent statewide for APS services in Ohio. The major source of funding includes SSBG and ODJFS contributions and does not account for other sources of money that counties use in delivery of APS. Implementing the recommendations made in this report would require a substantial expenditure of additional funds at the state level. To more fully explore what these costs would be and how an expanded program could be financed, the consultants recommend a follow-up cost analysis that would include the following:

A. Calculate Unit Costs Associated with the Current Program

Accurately estimating what an expanded APS program in Ohio would cost requires a clearer understanding of current costs. Most helpful would be a breakdown of the costs

associated with specific tasks and services currently provided by APS workers (e.g., investigation, collateral contacts, counseling, ongoing client contacts, training other professionals in the community). A study of this nature would be useful for several reasons.

- It would enable Ohio to calculate the cost impact of reducing or eliminating specific services that could be provided more efficiently by other sources.
- It would assist in prioritizing what new or alternative sources of funding should be explored. If, for example, the analysis revealed that a significant amount of time was being spent conducting community education, it would suggest that finding alternative sources of funding outreach should be prioritized (e.g. Older Americans Act).
- It would enable analysts to make more realistic projections about the real costs associated with expanding APS statewide. For example, by knowing how much time local APS programs currently devote to training would assist analysts compute cost savings that could be used to offset the cost of a statewide training program.

Computing the costs of the current program could be accomplished using time studies to determine how much time workers and supervisors currently devote to specific tasks. Analysts also need to determine the extent to which designated agencies are currently underwriting program costs by evaluating what costs these agencies are currently incurring above and beyond contracted amounts.

B. Calculate the Costs of Implementing Recommendations

Major expenses associated with the recommendations contained in this report are described below along with suggestions for computing them:

- Five state level administrative staff (described under Staffing)
- Additional costs associated with maintaining the state office, including administrative

support, equipment, supplies, and rent

- Non-personnel costs associated with the development of an MIS system. The development of a statewide data management system is a one-time only expense. Ohio should consider purchasing a system that has already been developed and tested. Texas, Colorado, and Hennepin County (Minnesota) have data systems in place that are tied to program outcomes.
- Non-personnel costs associated with the development of a professional training and public awareness program, including the printing of materials, training and outreach events, market research, etc.
- Costs associated with increasing local APS staffing to reduce caseloads to the recommended 25 clients per worker. To calculate the additional staffing needs of local APS programs, evaluators must establish average unit costs for APS clients based on service guidelines (what is the average number of hours it takes to provide state-allowed services).
- Extending eligibility for APS to include dependent adults. Projections of the fiscal impact of serving vulnerable adults age 18-59 can be based on estimates of the number of anticipated reports. This estimate can be obtained by multiplying the number of disabled persons age 18-59 in Ohio's by 3.21, the national average of substantiated reports per 1,000.
- A statewide fund to be used for emergencies, including housing, clothing, food, medications, respite care, transportation, and deep cleaning. Estimates can be based on annual expenditures reported in other states that operate statewide funds including Texas, Oklahoma, South Carolina and Milwaukee County, Wisconsin.

C. Explore Ways to Reduce Program Costs

Research analysts should explore potential new sources of services and reimbursement:

- Explore what APS services are reimbursable by third party payers, including private

insurance, entitlement programs, VOCA victim compensation, etc. Inpatient medical assessments may be reimbursable by third party payers, including Medicare and Medicaid, private insurers using the “elder mistreatment” diagnosis. Several states, including Georgia, use Medicaid funds for initial investigations of elder abuse

- Explore state criminal justice and domestic violence funding for shelter, training, counseling, crisis intervention, etc.
- Encourage other community agencies to modifying existing services to meet the needs of APS clients. For example, battered women shelters may be willing to make modifications to accommodate elderly and disabled women.
- Encourage state and federally funded case management programs to extend eligibility to include “persons at risk of losing their independence as a result of abuse, neglect, or vulnerability.”
- Partnering with other organizations and departments may reduce costs or permit APS to access new sources of funding. Promising partnerships that should be explored include:

- Educational Institutions that decide to do APS training, such as UC Davis Extension in California and the Schools of Social Work in Texas, may be able to apply for foundation grants to do elder abuse training- something APS units would not be able to apply for themselves.
- U.S. attorneys offices to conduct regional training related to federal crimes - The San Francisco Consortium for Elder Abuse Prevention collaborated with the U.S. Attorney’s Office in that region to conduct a day-long conference on financial abuse, with the Attorney’s office paying for most of the event. Maine also collaborated with the U.S. Attorney’s Office on a training program.
- By partnering with law enforcement, victim advocates and domestic violence programs, APS may be eligible to apply for Office for Victims of Crime training and technical assistance, research and demonstration projects, etc.

- Requiring APS and state and area agencies on aging to collaborate to maximize the use of limited Older Americans Act Elder Abuse Prevention funds. These funds can be used to support statewide coalitions, conduct state wide public awareness activities, and train mandated reporters. The National Family Caregiver Support Program (NFCSP) provides state units on aging with funds to increase the supply of support services available to informal caregivers.
- Partnering with substance abuse and mental health service programs to develop approaches to treating self-neglecting clients and clients who are abused or vulnerable as a result of these problems. Potential sources of funding include the Substance Abuse and Mental Health Services Administration.
- Private industries should be approached to sponsor state-wide conferences and public awareness campaigns.

D. Identify Potential New Sources of Funding

Since 1996, SSBG funds have been steadily reduced and remain an unstable funding source for state APS programs. There is no comprehensive available data on other sources of funding utilized by states across the country to supplement APS. The following options should be considered for developing new sources of revenue:

- An appeal should be made to the state legislature to increase APS funding (using general funds) for both state and local staffing, training for staff and mandated reporters, a statewide data management system, and an emergency services fund.
- County tax levies for senior services. In counties that have such levies, efforts should be made to earmark a portion of these monies for APS.
- State and local APS agencies should work closely with the media to keep the issue of vulnerable adult abuse in the public eye. This will bring pressure to bear for adequate funding on the state legislature.

VI. Best Practices For Statutory Change

Comprehensive, coherent, and cohesive policy lays the groundwork for an effective APS program. State abuse reporting laws define those persons who are required to report, who is covered and under what circumstances, the roles and responsibilities of state and local APS agencies, response timeframes, criteria used in substantiating abuse, etc. Regulations, policies, and guidelines are a mechanism for translating statutes into action. With respect to Ohio's statutes, the consultants recommend the following:

- 1) **Coverage of disabled vulnerable adults age 18 and over:** Younger victims of abuse, exploitation and neglect should receive protective services from the same state and local agencies that provide services to victims of elder abuse to ensure consistency and parity.
- 2) **Guidelines for “self-neglecting” persons with mental health problems:** State guidelines should direct local programs to develop memoranda of understanding, protocols, or interagency agreements with providers of mental health and substance abuse programs to collaborate in self-neglect cases where mental health problems contribute to the abuse. The agencies need to clarify when APS should refer clients, under what circumstances, whether APS will continue to be involved, and provisions for information sharing.
- 3) **Definitions of persons covered:** How Ohio defines clients who are eligible for APS will have a significant impact on the statewide demand for services. Definitions that are typically used to describe eligible APS clients include “elders,” “vulnerable adults”, “incapacitated persons” or “persons at risk” (see the website of the National Center on Elder Abuse at www.elderabusecenter.org for generic definitions of abuse, neglect, and exploitation). In determining what definition to use, Ohio policymakers will need to decide:

- How will “elder” be defined (typically states define elder as persons aged sixty, sixty-two, or sixty-five, and above)
- Will APS intervene to stop abuse perpetrated against all seniors or only those who are vulnerable as a result of frailty or disability?
- Will Ohio APS only intervene in abuse cases in which abuse has been substantiated or in cases in which a risk of abuse is present?

4) **Requirements for contract agencies that provide APS:** State guidelines governing the contracting of APS should include:

- Criteria for selecting contract agencies
- Provisions for monitoring performance
- Requirements for carrying malpractice insurance
- Requirements that all contracts be clearly written, time limited, and closely monitored by the contracting agency as well as the state agency responsible for the APS program.

5) **Standardized guidelines and procedures for receiving, investigating, and responding to reports of adult abuse:** State APS should establish clear guidelines and collateral instruments for assessing risk, developing case plans and monitoring services.

6) **Provisions for refusing services:** APS services should be voluntary unless potential clients lack sufficient mental capacity to exercise informed consent.

7) **Standards of conduct for APS workers:** Casework standards should be modeled after the NAAPSA standards developed for the National Center on Elder Abuse. A copy of the principles and standards is attached to this report (see Appendix G).

- 8) **Reference to relevant civil and criminal codes and remedies:** These include domestic violence statutes and criminal codes to enhance coordination and ensure greater uniformity of response across the state.
- 9) **Standardization of definitions:** Definitions used to describe abuse, neglect, vulnerability, elder, etc. in all criminal and civil statutes should be consistent with definitions used in the APS reporting statute.
- 10) **Provisions for cross-reporting:** To ensure that vulnerable adults receive the most appropriate service response, the state should develop a system of cross reporting that defines circumstances under which cross-reports should be made between APS, law enforcement, the Long Term Care Ombudsman, and the entity responsible for responding to reports involving persons in need of psychiatric or mental health evaluations or services. Protocols for handling interagency referrals should be developed.
- 11) **Provisions for ensuring the confidentiality of reporters:** Such protocols promote greater levels of reporting among professionals and paraprofessionals, eliminating the fear of litigation.
- 12) **Provisions for ensuring the confidentiality of APS case records:** Appropriate protocols should be established when creating centralized client database system and when making referrals to and receiving reports from other community agencies.
- 13) **Expansion of mandated reporters list:** In addition to the current mandated reporters, the following categories of workers should be mandated to report: personnel of financial institutions, public employees, animal control officers, vocational and rehabilitation counselors, and other providers who work with non-elderly disabled adults.

- 14) **Provisions for failure to report:** While Ohio's law currently mandates a fine for failing to report elder abuse, there is no statutory provision for the enforcement of it. Ohio should make failure to report a crime.
- 15) **Provisions for the certification of APS workers:** Ohio should develop a curriculum for certifying APS workers, which could be modeled after the Texas certification program for staff and supervisors.