

## **Appendix A**

Ohio Map  
List of Counties by Region

## List of Counties by Region

Region	Counties
1	Delaware, Fairfield, Fayette, Franklin, Licking, Logan, Madison, Pickaway, Union
2	Allen, Auglaize, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Van Wert, Williams, Wood
3	Butler, Champaign, Clark, Clermont, Clinton, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren
4	Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry, Washington
5	Ashland, Crawford, Huron, Knox, Marion, Morrow, Richland, Seneca, Wyandot
6	Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto, Vinton
7	Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Summit, Trumbull, Wayne
8	Belmont, Carroll, Columbiana, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, Stark, Tuscarawas

## **Appendix B**

Community Forum Brochure

Letters of Invitation

Press Release

## **MEDIA FAX LIST**

### **Cincinnati Enquirer:** week advance

Education, ATTN Bill Cieslewicz: 513-768-8340

Metro: 513-768-8340

Hometown/Metro: 513-860-5190

Lifestyles, Date book: 513-768-8330

### **The Beacon Journal (Akron):**

ATTN. Katie Byard: 330-376-9235

### **Plain Dealer (Cleveland):**

ATTN. Bill Carlson: 216-999-6366

### **Columbus Dispatch:**

ATTN. Alice Thomas: 614-461-7571

### **Dayton Daily News:**

ATTN. Mark Fisher: 937-225-2489

### **Sandusky Register:**

ATTN. News Room: 419-625-3007

### **Toledo Blade:**

ATTN. City Desk: 419-724-6146

### **SNP (Columbus Suburbs):** 2-3week advance

FAX: 614-842-4760

### **SND (Dayton Suburbs):** 2-3 week advance

**BeaverCreek News :** 937-426-4548

**Centerville-Bellbrook Times:** 937-294-2981

**Englewood Independent:** 937-836-1940

**Enon Messenger:** 937-845-3577

**Fairborn Daily Herald** 937-878-8314

**Huber Heights Courier:** 937-236-4176

**Kettering-Oakwood Times:** 937-294-2981

**SND** (Continued...)

**Miamisburg Sun:** 937-294-2981

**New Carlisle Sun:** 937-845-3577

**Springsboro Sun:** 937-294-2981

**Tipp City Herald** 937-667-8987

**Troy Advocate:** 937-667-8987

**Trotwood Independent:** 937-836-1940

**Vandalia Drummer News :** 937-890-9153

**SUN Papers** (Cleveland Suburbs):

**Main Office:** 216-986-2380

(Brooklyn Sun Journal, Sun Courier, Garfield-Maple Sun, Nardon Hills Sun, Twinsburg Sun)

**Berea Office:** 440-243-4905

(The News Sun, Sun Star, Parma Sun Post)

**East Office:** 216-464-8816

(Bedford Sun Banner, Sun Messenger, Euclid Sun Journal, Sun Scoop Journal, The Sun Press, Chagrin Herald Sun, Solon Herald Sun, West Geauga Sun)

**Medina Office:** 330-725-2314

(Sun Banner Pride, Brunswick Sun Times, The Medina Sun, The Montrose Sun)

**West Office:** 440-777-8423

(The Sun, Lakewood Sun Post, The Sun Herald, West Side Sun News)

## **MAIL ADDRESS:**

**SUN Papers** (Cleveland Suburbs): 2-3 week advance

“ALL SUN PAPERS”

Sun Newspapers

Editorial Department

5510 Cloverleaf Parkway

Cleveland, OH 44125-4887

Event Listings: “GETTING AROUND”

Joanne Draus Klein

Phone: 216-986-2371



College of Social Work

Stillman Hall  
1947 College Road  
Columbus, OH 43210-1162

Phone 614-292-6288  
FAX 614-292-6940

**FOR IMMEDIATE RELEASE**

Friday May 25, 2001

Contact: Shantha Balaswamy, APS Principal Investigator  
c/o Benjamin Rule (614) 247-7925

**OSU RESEARCH TO SHAPE FUTURE OF  
OHIO ADULT PROTECTIVE SERVICE SYSTEM**

COLUMBUS- Legislators, agency directors, service providers, judges, health care workers, law enforcement officers, and Ohio's elder community are counting down the days to June 14, 2001. The much-anticipated date marks the release of preliminary findings and recommendations from The Ohio State University's groundbreaking examination of Ohio's Adult Protective Service (APS) delivery system. As a final stage of the two-year research project, Ohio State's College of Social Work will host a Community Forum to present findings and to offer the public an opportunity for input on recommendations.

Similar to the better known "Children's Services" system, Adult Protective Services functions in each of Ohio's 88 counties to serve abused, neglected, or exploited adults. The system, legislated by the Ohio General Assembly in 1981, is administered at the county level while the state Department of Job and Family Services (ODJFS) provides oversight. In 1999, ODJFS awarded a grant to the university to evaluate for the first time since in its 20 year history the structure, operation and cost of the APS system.

While most agree with the need for a support structure for elder and disabled adults, the design and effectiveness of the current system remains in question. Controversy surrounds which age group APS is required to serve, what entity is best qualified to oversee the program, what training standards should be mandated by the state, and what the funding sources for APS should be. The research entailed survey of APS administrators and workers, focus groups with community service providers, interviews with judges, legislators, and public officials, and examination of system models from other states.

"We are optimistic that this research will have a significant impact on the future of Adult Protective Services throughout Ohio," said Dr. Shantha Balaswamy, the Principal Investigator for the project.

The Community Forum will be held June 14, 2001 at the Fawcett Center in Columbus. The public is welcome and admission is free, but advance reservations are required due to limited space. Call (614) 247-7924 for more information.

Senior Center Staff  
Senior Center  
Address  
Columbus, OH Zip

April 1, 2001

Dear Senior Center Staff,

The College of Social Work at The Ohio State University has been working for several months to conduct a comprehensive evaluation of the Adult Protective Services (APS) in the 88 counties in Ohio. This study is supported by the Ohio Department of Job and Family Services (ODJFS) and marks the first attempt in examining the delivery of APS since the enactment of Ohio APS legislation in 1981. The first phase of this research entailed an extensive survey of APS caseworkers, supervisors and administrators from County Departments of Job and Family Services. We then conducted a series of focus groups in eight geographical regions throughout the state to gather valuable input from community providers who interact with county APS staff in providing services to adult victims of abuse, neglect, and exploitation. Finally, we solicited feedback and suggestions through personal interviews with randomly selected public policy makers including mayors, judges, county commissioners, state senators, and state representatives.

The Ohio State University will be synthesizing information gathered in the course of this research to make recommendations to the Ohio Department of Job and Family Services, as the state considers the future of Adult Protective Services. However, we would be remiss if we did not give opportunity to the most important voices on this issue, the senior citizens that APS is seeking to serve. Therefore we are seeking your assistance in gathering feedback from the elderly community on our research and recommendations.

On June 14<sup>th</sup>, the College of Social Work will host a Community Forum, an opportunity for elderly residents and their service providers to respond to the research findings and recommendations. We encourage you to utilize your existing relationships with senior citizens to solicit their attendance and participation in the Community Forum. Please select 5-6 individuals who best represent the elderly community and are knowledgeable about issues of elderly abuse, neglect, and exploitation. As Senior Center Staff, we welcome your accompanying the seniors to this event of seniors to this event and your equal contribution to the Forum. Invitations to this event are enclosed; **please note that space is limited and therefore an RSVP by fax or phone is required** as outlined in the invitation.

Please do not hesitate to contact the research staff if you have further questions (247-7925). We appreciate your help in facilitating this event, and sincerely hope you are able to attend.

Sincerely,

Shantha Balaswamy, PhD  
Associate Professor, Principal Investigator  
The Ohio State University College of Social Work

# Memorandum

**To:** State Legislators

**From:** Shantha Balaswamy, PhD, Principal Investigator, Assistant Professor, OSU College of Social Work

**Date:** May 2001

**Re:** Adult Protective Services

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The College of Social Work at The Ohio State University has been working for several months to conduct a comprehensive evaluation of the Adult Protective Services (APS) in the 88 counties in Ohio. This study is supported by the Ohio Department of Job and Family Services (ODJFS) and marks the first attempt in examining the delivery of APS since the enactment of Ohio APS legislation in 1981. The first phase of this research entailed the extensive survey of APS caseworkers, supervisors and administrators from County Departments of Job and Family Services for perspective on the strengths and gaps of the current system. We then conducted a series of focus groups in eight geographical regions throughout the state to gather valuable input from community providers who interact with the APS staff in providing services to adult victims of abuse, neglect, and exploitation. Finally, we solicited feedback and suggestions through personal interviews with randomly selected public policy makers including mayors, judges, county commissioners, **state senators, and state representatives.**

We greatly appreciate the many people who took time to share their observations, suggestions, and expertise on Adult Protective Services in Ohio. The information obtained from the surveys, focus groups, and interviews is currently being synthesized for presentation to ODJFS. Based on the results we have gathered from this research, we are formulating recommendations and best practice standards for Ohio's APS delivery system.

As we near completion of this project, we would value your feedback on the findings and conclusions of this project. Enclosed with this letter is your invitation to a "Community Forum," hosted by The Ohio State University's College of Social Work. This event will be an occasion for us to share our findings and recommendations with you, *and will serve as your opportunity to respond to these findings.* Your feedback will then be incorporated into the final report before its submission to ODJFS. We value your input and sincerely hope that you are able to join us.

The "Community Forum" will take place on Thursday June 14, 2001 at the Fawcett Center located on the campus of The Ohio State University in Columbus. The Forum will begin at 10:00am and conclude at 3:30pm. Lunch will be provided, and a **reservation is required for attendance.** Please respond by telephone (614) 247-7924, or fax the enclosed registration form to (614) 292-6940 **no later** than June 7, 2001. Again, your participation in the final stages of this evaluation is critical. We are optimistic that our research will have a significant impact on the future of Adult Protective Services throughout Ohio.

## **Appendix C**

Lists of Agencies Invited to Forum

## Agencies Invited to Community Forum by ODJFS

Sue E. Fulton  
**ADAMS CDJFS**  
P. O. Box Box 386  
West Union, OH 45693-0386

Cathy Joliff  
**ALLEN CDJFS**  
P. O. Box 4506  
Lima, OH 45802-4506

Daniel J. Strine  
**ASHLAND CDJFS**  
15 West Fourth Street  
Ashland, OH 44805-2137

APS staff  
**ASHTABULA CDJFS**  
2924 Donahoe Drive  
Ashtabula, OH 44004-4596

Mary Kay Sturbios  
**ATHENS CDJFS**  
184 N Lancaster Street  
Athens, OH 45701-1699

Pam Fledeyoharn  
**AUGLAIZE CDJFS**  
P. O. Box 368  
Wapakoneta, OH 45895-0368

Vicki Adams  
**BELMONT CDJFS**  
310 Fox Shannon Place  
St Clairsville, OH 43950-9765

Teresa Holbrook  
**BROWN CDJFS**  
P. O. Box 169  
Georgetown, OH 45121-1399

Lana Stanforth  
**BROWN CDJFS**  
P. O. Box 169  
Georgetown, OH 45121-1399

Deborah Garrett  
**BUTLER CDJFS**  
P. O. Box 4000  
Hamilton, OH 45012-4000

Shauna Peck  
**BUTLER CDJFS**  
P. O. Box 4000  
Hamilton, OH 45012-4000

Kate Offenberger  
**CARROLL CDJFS**  
P. O. Box 216  
Carrollton, OH 44615-0216

Eileen Blanton  
**CHAMPAIGN CDJFS**  
1512 US High Way 68, Ste N100  
Urbana, OH 43078-9288

Tammy Owens  
**CLARK CDJFS**  
1345 Lagonda Avenue  
Springfield, OH 45503-4051

Joy Swing  
**CLERMONT CDJFS**  
2400 Clermont Ctr Dr, Ste 109D  
Batavia, OH 45103-2710

Brenda Capaldi  
**CLINTON CDJFS**  
P. O. Box 631  
Wilmington, OH 45177-0631

Carol Harvey  
**COLUMBIANA CDJFS**  
110 Nelson Avenue  
Lisbon, OH 44432

Tony Burris  
**COSHOCTON CDJFS**  
725 Pine Street, P.O. Box 98  
Coshocton, OH 43812-0098

D. Stoneburner  
**CRAWFORD CDJFS**  
224 Norton Way  
Bucyrus, OH 44820-1831

Carol Dayton  
**CUYAHOGA CFS**  
1219 Ontario Street - Room 424

Cleveland, OH 44114-2900

Waheeda Jabir  
**CUYAHOGA CFS**  
1219 Ontario Street - Room 424  
Cleveland, OH 44114-2900

Kevin Brumbaugh  
**DARKE CDJFS**  
365 Martin St., P. O. Box 869  
Greenville, OH 45331-0869

Johnathan Connor  
**DARKE CDJFS**  
365 Martin St., P. O. Box 869  
Greenville, OH 45331-0869

Sharon Shock  
**DEFIANCE CDJFS**  
P. O. Box 639  
Defiance, OH 43512-0639

Bill Henneke  
**DELAWARE CDJFS**  
149 N Sandusky Street  
Delaware, OH 43015-1789

Lee Hayes  
**DELAWARE CDJFS**  
149 N Sandusky Street  
Delaware, OH 43015-1789

C.W. Rogers  
**ERIE CDJFS**  
221 West Parish Street  
Sandusky, OH 44870-4886

Jane Maggert  
**FAIRFIELD CDJFS**  
P. O. Box 890  
Lancaster, OH 43130-0890

Paula Roberts  
**FAIRFIELD CDJFS**  
P. O. Box 890  
Lancaster, OH 43130-0890

Lisa Rambo

**FAYETTE CDJFS**  
P. O. Box 220  
Washington CH, OH 43160-0220

Deborah Metzger  
**FRANKLIN CDJFS**  
80 East Fulton Street  
Columbus, OH 43215-5127

Ann Witte  
**FULTON CDJFS**  
604 South Shoop Avenue  
Suite 200  
Wauseon, OH 43567-1731

Sheila North  
**GALLIA CDJFS**  
848 Third Avenue  
Gallipolis, OH45631-1661

Pat Basinger  
**GAUGA CDJFS**  
P. O. Box 309  
Chardon, OH 44024-9009

Annette Biehler  
**GREENE CDJFS**  
541 Ledbetter Rd  
Xenia, OH 45385-3699

Teresa Bistor  
**GUERNSEY CDJFS**  
324 Highland Ave.  
P. O. Box 730  
Cambridge, OH 43725-0730

Tom Welch  
**HAMILTON CDJFS**  
222 East Central Pkwy  
Cincinnati, OH 45202-1225

Nicki Trout  
**HANCOCK CDJFS**  
7814 County Rd. 140,  
P. O. Box 270  
Lancaster, OH 45839-0270

Beverly Bonar  
**HARDIN CDJFS**  
175 W. Franklin St, Suite 150  
Kenton, OH 43326-9902

Tom Foster  
**HARRISON CDJFS**  
520 N. Main St.,  
P. O. Box 239  
Cadiz, OH 43907-0239

Renee Petzoldt  
**HENRY CDJFS**  
P. O. Box 527  
Napoleon, OH 43545-0527

Dan Benkiel  
**HIGHLAND CDJFS**  
1575 North High Street - Suite 100  
Hillsboro, OH 45133-9442

Mary Daubenmire  
**HOCKING CDJFS**  
P. O. Box 548  
Logan, OH 43138-0548

Marla Croskey  
**HOLMES CDJFS**  
P. O. Box 72  
Millersburg, OH 44654-0072

Marla White  
**HURON CDJFS**  
185 Shady Lane Drive  
Norwalk, OH 44857-2388

Randy Byus  
**JACKSON CDJFS**  
P. O. Box 232  
Jackson, OH 45640-0232

Barbara Christian  
**JEFFERSON CDJFS**  
125 S Fifth Street  
Steubenville, OH 43952-2885

Janet Graddick  
**KNOX CDJFS**  
117 East High St.  
Mt Vernon, OH 43050-3400

Joan A. Vaughn  
**LAKE CDJFS**  
177 Main Street  
Painesville, OH 44077-9967

Chuck Harper  
**LAWRENCE CDJFS**  
P. O. Box 539  
Ironton, OH 45638-0539

Sally Smith  
**LICKING CDJFS**  
P. O. Box 5030  
Newark, OH 43058-5030

Marshall Pierson  
**LOGAN CDJFS**  
211 East Columbus Avenue  
Bellefontaine, OH 43311-9935

Joyce Gardner  
**LORAIN CDJFS**  
42485 N Ridge Road  
Elyria, OH 44035-1057

Barbara Van Wormer  
**LUCAS CDJFS**  
3210 Monroe St, Caller 10007  
Toledo, OH 43699-0007

Lori Dodge-Dorsey  
**MADISON CDJFS**  
200 Midway Street  
London, OH 41340-1356

Krihmu Shipman  
**MAHONING CDJFS**  
P.O. Box 600  
Youngstown, OH 44501-0600

Trudy Erwin  
**MARION CDJFS**  
P. O. Box 1817  
Marion, OH 43301-1817

Joan Selby  
**MEDINA CDJFS**  
232 Northland Drive  
Medina, OH 44256

Debbie Ellis  
**MEIGS CDJFS**  
P. O. Box 191  
Middleport, OH 45760-0191

Susan K. Wilkins  
**MERCER CDJFS**  
220 W. Livingston St., Ste. 10  
Celina, OH 45822-1671

Amy Simmons  
**MIAMI CDJFS**  
2040 North County Road 25-A  
Troy, OH 45373-1310

JoAnn Schwall

**MONROE CDJFS**

P. O. Box 638  
Woodsfield, OH 43793-0638

Charles Holderman

**MONTGOMERY CDJFS**

P. O. Box 972  
Dayton, OH 45422-3600

Timothy Stickrath

**MORGAN CDJFS**

65 West Union Avenue  
McConnelsville, OH 43756-1299

Heather Kraft

**MORROW CDJFS**

27 West High Street  
Mt. Gilead, OH 43338-1298

Shelly Baldwin

**MORROW CDJFS**

27 West High Street  
Mt. Gilead, OH 43338-1298

Dan Smith

**MUSKINGUM CDJFS**

P. O. 100  
Zanesville, OH 43702-0100

Mindy Harding

**NOBLE CDJFS**

P. O. Box 250  
Caldwell, OH 43724-0250

Judith Meyer

**OTTAWA CDJFS**

8444 West State Route 163  
Oak Harbor, OH 43449-9769

Rhonda Smalley

**PAULDING CDJFS**

303 West Harrison Street  
Paulding, OH 45879-1497

Bill Dawson

**PERRY CDJFS**

P. O. Box 311  
New Lexington, OH 43764-0311

Joy Ewing

**PICKAWAY CDJFS**

P. O. Box 439  
Circleville, OH 43113-0439

Nancy Carter

**PIKE CDJFS**

219 West Emmitt Avenue  
Waverly, OH 45690-1097

Dan Hiney

**PORTAGE CDJFS**

449 South Meridian St., 2nd Floor  
Ravenna, OH 44266-1208

Lori Puckett

**PREBLE CDJFS**

P. O. Box 88  
Eaton, OH 45320-0088

Kelly Schroeder

**PUTNAM CDJFS**

1225 East Third Street  
Ottawa, OH 45875-2062

Dorothy Schrock

**RICHLAND CDJFS**

171 Park Ave. E,  
P. O. Box 188  
Mansfield, OH 44901-9978

Alvin Harper

**ROSS CDJFS**

150 E. Second Street  
Chillicothe, OH 45601-2500

Dottie Richie

**SANDUSKY CDJFS**

2511 Countyside Drive  
Fremont, OH 43420-8968

Douglas Besco

**SCIOTO CDJFS**

P. O. Box 1347  
Portsmouth, OH 45662-1347

Al Dixie

**SENECA CDJFS**

3362 South Township Road 151  
Tiffin, OH 44883-9499

Julie Maurer

**SHELBY CDJFS**

129 East Court Street  
Sidney, OH 45365-3060

Judith K. Wagner

**STARK CDJFS**

220 East Tuscarawas Street  
Canton, OH 44702-1293

Katy Hatton

**SUMMIT CDJFS**

47 North Main Street  
Akron, OH 44308-1991

C. Sankey

**TRUMBULL CDJFS**

150 South Park Avenue  
Warren, OH 44481-1045

Jim Dougan

**TUSCARAWAS CDJFS**

247 Stonecreek Road NW  
New Philadelphia, OH 44663-6902

Connie Carter

**UNION CDJFS**

P. O. Box 389  
Marysville, OH 43040-0389

Shawna Dunn

**VAN WERT CDJFS**

P. O. Box 959  
Van Wert, OH 45891-0595

Carolyn Cottrill

**VINTON CDJFS**

109 West Main Street  
McArthur, OH 45651-1295

Sandy Mandzak

**WARREN CDJFS**

416 South East Street  
Lebanon, OH 45036-2314

Paul Wallace

**WASHINGTON CDJFS**

P. O. Box 2005  
Marietta, OH 45750-0975

Margie Byrd

**WAYNE CDJFS**

P. O. Box 76  
Wooster, OH 44691-0076

Mindy Martin

**WILLIAMS CDJFS**

117 West Butler Street  
Bryan, OH 43506-1650

Gabriele Malon

**WOOD CDJFS**

P. O. Box 679  
Bowling Green, OH 43402-9396

Jill Luikart

**WYANDOT CDJFS**

137 South Sandusky Avenue  
Upper Sandusky, OH 43351-1442

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**Area Agencies on Aging**

---

**PSA 1**

Council on Aging of  
Southwestern Ohio  
644 Linn Street  
Holiday Office Park/#1100  
Cincinnati, Ohio 45203  
Phone:  
513/721-1025  
1-800/252-0155  
Fax:  
513/651-2534  
<http://www.help4seniors.org>  
g  
Bob Logan, Director

**PSA 2**

Area Agency on Aging,  
PSA 2  
Suite 200  
6 South Patterson Blvd.  
Dayton, Ohio 45402  
Phone:  
937/341-3000  
1-800/258-7277  
Fax:  
937/341-3005  
[www.info4seniors.org](http://www.info4seniors.org)  
Doug McGarry, Director

**PSA 3**

Area Agency on Aging  
892-A South Cable Road  
Lima, Ohio 45805  
Phone:  
419/222-7723  
1-800/653-7723  
Fax:  
419/222-6212  
[www.psa3.org](http://www.psa3.org)  
Carol Ridenour, Director

**PSA 4**

Area Office on Aging of

**PSA 5**

Ohio District 5 Area  
Agency  
on Aging Inc.  
780 Park Avenue W  
P.O. Box 1978 (mailing  
only)  
Mansfield, Ohio 44901  
Phone:  
419/524-4144  
1-800/860-5799  
Fax:  
419/522-9482  
[www.psa5.org](http://www.psa5.org)  
Judi Saurers, Director

**PSA 6**

Central Ohio Area Agency  
on Aging  
174 E. Long Street  
Columbus, Ohio 43215  
Phone:  
614/645-7250  
1-800/589-7277  
Fax:  
614/645-3884  
[www.coaaa.org](http://www.coaaa.org)  
Cindy Farson, Director

**PSA 7**

Area Agency on Aging  
District 7 Inc.  
University of Rio  
Grande/F32  
PO Box 500  
Rio Grande, Ohio 45674  
Phone:  
740/245-5306  
1-800/582-7277  
Fax:  
740/245-5979  
[www.aaa7.org](http://www.aaa7.org)  
Pamela Matura, Director

**PSA 9**

Area Agency on Aging  
Region 9  
Southgate Office Center  
60788 Southgate Road  
S. R. 209S  
Byesville, Ohio 43723  
Phone:  
740/439-4478  
1-800/932-7277  
Fax:  
740/432-1060  
[www.aaapsa9.org](http://www.aaapsa9.org)  
Alan Burnett, Director

**PSA 10A**

Western Reserve Area  
Agency on Aging  
925 Euclid Avenue/#600  
Cleveland, Ohio 44115  
Phone:  
216/621-8010  
1-800/626-7277  
Fax:  
216/621-9262  
[www.psa10a.org](http://www.psa10a.org)  
Ron Hill, Director

**PSA 10B**

Area Agency on Aging, 10B, Inc.  
1550 Corporate Woods  
Parkway, Suite 100  
Uniontown, Ohio 44685  
Phone:  
330/896-9172  
1-800/421-7277  
Fax:  
330/896-6647  
<http://web.raex.com/~aaoa10b/>  
Joseph Ruby, Director

**PSA 11**

District XI Area Agency

Northwestern Ohio Inc.  
2155 Arlington Avenue  
Toledo, Ohio 43609

Phone:  
419/382-0624  
1-800/472-7277

Fax:  
419/382-4560

[www.agingnorthwestohio.org](http://www.agingnorthwestohio.org)

Billie Johnson, Director

**PSA 8**

Area Agency on Aging  
Buckeye Hills-Hocking  
Valley Regional  
Development District  
Route 1/Box 299D  
Marietta, Ohio 45750

Phone:  
740/374-9436  
1-800/833-0830

Fax:  
740/374-8038

[bhhvrddmarietta@ee.net](mailto:bhhvrddmarietta@ee.net)

Joetta Lane, Director

on Aging  
Ohio One Building  
25 East Boardman Street  
Youngstown, Ohio 44503  
Phone:  
330/746-2938  
1-800/686-7367

Fax:  
330/746-6700

[www.distxiaaoa.com](http://www.distxiaaoa.com)

Donald J. Medd, Director

1/24/01

## OHIO LONG TERM CARE OMBUDSMAN PROGRAMS

PSA	County	PSA	County	PSA	County
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2 Lisa Heermans 15 E. Fourth St. Suite 208 Dayton, Oh 45402 1-800-395-8267 937-223-4613 Fax# 937-228-1183	Champaign, Clark, Darke, Greene, Logan, Miami, <u>Montgomery</u> , Preble, Shelby	6 Rita Allen Catholic Social Services 197 E. Gay St. Columbus, Oh 43215 1-800-536-5891 614-221-5891 ext. 236 Fax# 614-228-1125 -	Delaware, Fairfield, <u>Franklin</u> , Fayette, Licking, Madison, Pickaway, Union	10A Richard Martin *L.T.C.O.P. 2800 Euclid Ave. Suite 200 Cleveland, Oh 44115 1-800-365-3112 216-696-2719 Fax# 216-696-1153	<u>Cuyahoga</u> , Geauga, Lake, Lorain, Medina
3 Susan Marshall 3103 W. Elm Street Lima, Oh 45805-2516 1-800-653-7778 419-222-0563 Fax# 419-222-2832	<u>Allen</u> , Auglaize, Hancock, Hardin, Mercer, Putnam, Van Wert	7 Kaye Mason-Elswick 923 Findlay St. Portsmouth, Oh 45662 1-888-841-2227 740-353-5263 Fax# 740-354-6015	Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, <u>Scioto</u> , Vinton	10B Sam McCoy *L.T.C.O.P. <u>1550 Corporate Woods</u> Pkwy. , Suite 100 Uniontown, Oh 44685 1-800-421-7277 330-896-9172 Fax# 330-896-6647	Portage, <u>Stark</u> , Summit, Wayne
4 Sandra Hamilton *ABLE 740 Spitzer Bldg./ 520 Madison Ave. Toledo, OH 43604 1-800-542-1874 419-259-2891	Defiance, Erie, Fulton, Henry, <u>Lucas</u> , Ottawa, Paulding, Sandusky, Williams, Wood	8 Cathy Ash Area Agency on Aging Route 1, Box 299 D Marietta, Oh 45750 1-800-833-0830 740-374-9436 Fax# 740-374-8038	Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry, <u>Washington</u>	11 John Saulitis Ohio One Bldg. 25 E. Boardman St. Youngstown, Oh 44503 1-800-589-5826 330-746-2938 Fax# 330-746-6700	Ashtabula, Trumbull, Columbiana, <u>Mahoning</u>

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10-16-01

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## Senior Centers Invited by Research Staff to Participate in Community Forum

<u>Organization</u>	<u>City</u>
Barber Roselea Center	Columbus
Bexley Senior Center	Columbus
Blendon Senior Center	Westerville
Canal Winchester Community Center	Canal Winchester
Dublin Parks and Recreation	Dublin
Eleven Hundred East Broad Senior Center	Columbus
Evans Senior Center	Grove City
Gahanna Senior Center	Gahanna
Gillie Recreation Center	Columbus
Golden Hobby Shop	Columbus
Grandview Heights Senior Center	Columbus
Granville Fellowship	Granville
Hilliard Happiness Center	Hilliard
Leo Yassenoff Jewish Center	Columbus
Marion Franklin Community Center	Columbus
Martin Janis Senior Center	Columbus
McDowell Senior Center	Columbus
Obetz Senior Center	Obetz
Pickerington Senior Center	Pickerington
Reynoldsburg Senior Center	Reynoldsburg
Upper Arlington Senior Center	Upper Arlington
Wedgewood Village Senior Center	Columbus
Westerville Senior Center	Westerville
Whitehall Senior Center	Whitehall
Worthington Senior Center	Worthington

Agencies Invited by Research Staff to Participate in Community Forum

Ohio Alzheimer's Association	Akron Tri-County Chapter
Ohio Alzheimer's Association	Canton Area Chapter
Ohio Alzheimer's Association	Central Ohio Chapter
Ohio Alzheimer's Association	Clark-Champaign-Logan Chapter
Ohio Alzheimer's Association	Cleveland Area Chapter
Ohio Alzheimer's Association	East Central Ohio Chapter
Ohio Alzheimer's Association	Greater Cincinnati Chapter
Ohio Alzheimer's Association	Greater Youngstown Chapter
Ohio Alzheimer's Association	Miami Valley Chapter
Ohio Alzheimer's Association	North Central Ohio Chapter
Ohio Alzheimer's Association	Northwest Ohio Chapter
Ohio Alzheimer's Association	West Central Ohio Chapter
Senior Initiatives	c/o Ohio Attorney General
Ohio Council for Home Care	
Ohio Department of Mental Health	
Ohio Department of MR/DD	
Ohio Association of Adult Day Services	
Ohio Association of Senior Centers	

## **Appendix D**

Community Forum Agenda  
Handouts: Recommendations and Findings

The Ohio State University  
College of Social Work

**Community Forum**  
**Focusing on the Future of Adult Protective Services**

Agenda, June 14, 2001

9:00 am           **Registration**

10:00am          **Introduction**

*Shantha Balaswamy PhD., Principal Investigator, OSU College of Social Work*

*Tony Tripodi D.S.W., Dean, OSU College of Social Work*

*Barbara Riley, Deputy Director, Ohio Department of Job and Family Services*

*Joan Lawrence, Director, Ohio Department of Aging*

10:30am          **Major Findings, Adult Protective Services Project**

**Shantha Balaswamy PhD., Principal Investigator, OSU College of Social Work**

11:10am          **Recommendations for the Future, Ohio Adult Protective Services**

*Georgia Anetzberger PhD., Associate Director for Community Services,  
The Benjamin Rose Institute*

11:50am          **A National Perspective, Adult Protective Services**

*Rosalie Wolf PhD., Executive Director, U. Mass Memorial Health Care*

12:30           **Appreciation**

12:40           **LUNCH**

1:30             **Community Feedback**

# EVALUATION OF OHIO'S ADULT PROTECTIVE SERVICES: STRUCTURE, OPERATION, AND COST

## RECOMMENDATIONS

The recommendations that emerge from analysis of the study's findings fall across six areas: structure, training, services, inter-organizational relations, funding, and statutory change. Each of these areas is discussed individually below.

### STRUCTURE

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. Creating this system will require three fundamental changes:

- 1) 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 Ohio Department of Job and Family Services and Ohio Department of Aging are legitimate candidates for this role, since they have important functions in the protection of vulnerable adult populations. Moreover, both have support for assuming this role among key stakeholders to the system. Whichever agency assumes the role of the state APS agency must regard APS as an integral part of its organizational mission, be proactive in taking appropriate steps to create and maintain a vital and responsive APS system, and emphasize collaboration with other public agencies for effectively addressing adult abuse, neglect, and exploitation. In addition, whichever agency assumes the role of state APS agency does not negate the importance of both agencies in addressing the problem. Most of the services needed to prevent elder abuse and assist victims or caregivers once elder abuse has been determined are found within the aging network of the Ohio Department of Aging. Similarly, most of the benefits related to medical assistance and residential long-term care as well as many supportive and other services required by victims originate in the programming of the state and county departments of job and family services and their contract agencies.
- 2) The state APS agency should expand the regulations attached to APS law implementation in order to make operational ambiguous concepts and provisions as well as to standardize and improve APS service delivery statewide. Among the legal concepts and provisions most in need of clarification and making operational are the following: definitions of abuse, neglect, exploitation, and incapacitated person; potential roles for the designated agency; extent of confidentiality during investigation, case planning, and service provision; and ability of the APS agency to reveal the source of the report. Among those practices most in need of improvement and standardization are the following: qualifications of APS caseworkers; assessment instruments and procedures; caseload size and its relationship to case intensity; and APS caseworker standards of conduct, including situations which represent potential conflict of interest. Similarly, the state APS agency should encourage county use of recognized best practices in APS service provision through training, technical assistance, and incentive funding. Such practices should include use of interdisciplinary

teams for assessment and clinical consultation along with establishment of decision-making protocols for effective referral to community resources.

- 3) The state APS agency should monitor APS law implementation and regulation compliance at the county level through regular and systematic program evaluation activities. Among established regulations should be criteria by which designated agencies are selected and used in APS law implementation. Those county mandated APS agencies that designate other agencies for investigation and service provision should monitor the work of these designated agencies.

## TRAINING

The state agency responsible for implementing Ohio's Adult Protective Services (APS) law should assume the leadership role for insuring adequate and appropriate training of those persons charged with executing its provisions and education of the public on the problem addressed in law. There should be three foci for this training and education.

- 1) APS caseworkers in both mandated and designated agencies should be required to complete a certificate program in order to perform APS activities. The certificate program should be specific to APS, standardized across counties, and comprehensive in scope. It should have knowledge and skill building components as well as incorporate information on understanding problem dynamics, investigation and assessment protocols, intervention strategies and resources, and techniques for handling difficult client situations.
- 2) Service providers identified as mandatory reporters in Ohio's APS law should be educated on their role and responsibilities in law implementation early in their careers. To facilitate this, information should be incorporated on the problem of adult abuse, neglect, and exploitation in the educational curricula of represented professionals and paraprofessionals. In addition, questions on the subject should be included in state professional licensure examinations.
- 3) 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. Moreover, the state agency should offer counties technical assistance on community education, including information on effective practices, working with the media, and obtaining local support.

## SERVICES

Each community has the responsibility to insure that resources exist to address the needs of persons impacted by adult abuse, neglect, and exploitation. Where need exists but is insufficient

to justify the creation of locally specific programs, communities should come together for resource development. The role of the state agency in this regard rests primarily with securing adequate funding for services and offering technical assistance for program development and improvement. Three areas should receive priority in program development, because they represent critical needs and widespread gaps.

- 1) County mandated APS agencies should have 24-hour, 7-day capacity to handle reports of adult abuse, neglect, and exploitation, especially for emergency situations. Various models exist for insuring continuous access to APS, from the inclusion of APS with child protective services after hours to the use of answering services and pagers by APS personnel. Whatever model is adopted, it should be well publicized, easy to use, and responsive.
- 2) 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. It is the role of the aging network to lead in activities to prevent elder abuse, including the establishment and coordination of related services. Victims of adult abuse, neglect, and exploitation should be recognized as a targeted population in Ohio's aging network and among contract agencies receiving Social Services Block Grant funding and given priority in service provision. National models for many programs often involve collaboration with additional systems or organizations, such as the domestic violence service system, bar association, and hospitals. This should be an option to explore in Ohio as well in order to avoid service duplication and to use resources most efficiently.
- 3) 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.

### INTER-ORGANIZATIONAL RELATIONS

Because adult abuse, neglect, and exploitation is a complex problem, various systems and organizations are required to address it. This is evident in the number of Ohio laws dealing with some aspect of the problem, each with distinct implementing authority and intervention system. Recognizing this, APS agencies at state and county levels should formalize relations with other public organizations and systems responsible for the problem in order to clarify roles, delineate protocols for referral and service delivery, and share resources on behalf of mutual clientele. Similarly, APS agencies should form strong linkages with nonpublic organizations and systems in order to effectively prevent and treat the problem. Some of these relationships can occur through established adult abuse networks. Implementing this recommendation requires five steps.

- 1) 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.
- 2) 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. The strength of these relationships will rest primarily on the ability of each system to understand and respect the other system's philosophies, purpose, and perspectives.
- 3) APS agencies should be active participants and supporters of adult abuse networks at state, regional, and county levels.
- 4) It should be the practice norm to handle APS cases involving multiple community agencies through case conferences and consultations with these agencies. The focus of interaction should be on each agency's role and responsibility in the case as well as the best means to maintain interagency communication during service plan implementation.
- 5) County APS agencies should provide written follow-up to service providers who make reports. Follow-up should include the name of the APS caseworker assigned to investigate the report and confidentiality standards governing the release of information about the case.

## FUNDING

The APS system uses various federal, state, and local funding sources. Revenues are sufficient for handling the **current** level of reporting and conducting related investigations in accordance with state law. The average caseload size of Ohio APS caseworkers is within national standards. However, the existing APS system is dependent on a fragile set of funding sources, such as the Social Services Block Grant, and is incapable of supporting the recommendations contained in this report without additional appropriations. The need for more revenues is especially evident in three areas and advocacy for it should come from collaborative efforts of the Ohio Department of Job and Family Services, Ohio Department of Aging, and their local agents.

- 1) 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.

- 2) 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. These revenue sources offer flexibility for programming and encourage responsiveness to community need.
- 3) 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 Service Block Grant; and d) change in institutional arrangement for oversight of the APS program, wherein if service delivery system is changed from a local to regional model there would no guarantee for transfer of the Title XX dollars. The first two factors increase APS staffing needs for investigation and service provision. The second two factors require increase in state budget line-item. In addition, expansion of the definition of adult under the APS law would require the creation of various community services for treating the problem of abuse, neglect, and exploitation currently lacking in most Ohio locales for non-elderly adults. The nature and extent of the service gaps and the amount of funding required to fill them will vary by community.

### STATUTORY CHANGE

The state APS agency, in cooperation with state and local advocacy groups representing vulnerable adult populations, including adult abuse networks, should take the lead in proposing revisions to Ohio's APS law so that it provides protection for all adults with impairments and encourages interface with other statutory authorities concerned with the protection of this population. To do this, four revisions are required to the APS law.

- 1) The definition of adult should be expanded to include all those age 18 and over with mental or physical impairments which render them unable to provide for their own care or protection. The same state agency that has the lead in implementing the APS law for elderly adults should have that role for non-elderly adults.
- 2) The list of mandatory 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.
- 3) 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.

- 4) Law should include specific services for perpetrators and caregivers.

## **Appendix E**

Data from Community Forum Participants

**Table – 1E**

Community Forum Participant Groups' Recommendations for APS System

GROUP	RECOMMENDATIONS	CATEGORY
2	Funding for 24-7	funding
3	Publicity will increase demand without additional funding	funding
3	State funding currently inadequate- counties supplement budget with unstable sources	funding
4	Increase funding for hiring-education-retention	funding
4	County levy- 50% don't have LOCAL education	funding
5	Funding- sufficient staff	funding
6	Funding (other than levy \$) for county programs RATHER than state programming	funding
6	"Vital": County program dollars (other than levies?)	funding
6	"Vital": If services expand, MUST review funding	funding
8	Agency must provide and maintain technical and financial support	funding
8	State commitment to funding!	funding
8	Funding MUST come with commitment from governor and legislature to local agencies	funding
8	Hesitant to tap into local senior center levies which are for direct service delivery	funding
8	Need to look at staffing and salaries	funding
9	Current line-item needs expanded to allow a minimum funding for each county	funding
10	"Most Vital": Funding- expand line item	funding
11	Funding for education (APS and CSP) should be separate "line item" from direct services	funding
12	Advocacy for impaired under 60- funding should come from other sources	funding
13	Agree with recommendations- money is biggest issue in implementing	funding
13	There is less funding for APS compared to other agencies (ie Children's Services)	funding
1	Increase communication and collaboration with Community Agencies	inter-org
2	Formation of adult-cluster/inter-disciplinary teams	inter-org
3	broad systemic client centered case-conference	inter-org
6	Guidance on Confidentiality, especially on inter-organizational relations	inter-org
6	Coordination/Publication of county variance programming for providers in multi-county area	inter-org
6	List Serve- APS workers and agencies	inter-org
6	"Makes Sense": Inter-organizational and service coordination	inter-org
7	Written follow-up to reporter: define scope of follow-up (e.g. details should be limited)	inter-org

**Table - 1E (Cont'd)**

Community Forum Participant Groups' Recommendations for APS System

GROUP	RECOMMENDATIONS	CATEGORY
8	re-establish regional coalitions for local county support with like issues	inter-org
9	"Makes Most Sense": Form an 'adult cluster' and Interdisciplinary team	inter-org
11	How to overcome turf issues?	inter-org
11	Some PSA's have been unwilling to collaborate with adult clusters or accept difficult PASSPORT cases	inter-org
11	Written report to 'referrers' may be too time consuming; need option of phone/written report	inter-org
11	Report to 'referrers' should respect clients' wishes not to have such a report made	inter-org
12	Confidentiality- no consistency among counties- use of best practice	inter-org
12	Cluster concept is good for funding/communication/collaboration/case planning	inter-org
12	Inter-org: worker and community see different service effectiveness (not knowing outcome)	inter-org
14	Advocacy- AARP and other groups that would support APS services	inter-org
13	Recommended that designated agencies be able to take reports	inter-org
10	Create central registry of alleged perpetrators of adult abuse	NEW
1	Smaller Caseloads	NEW-serv
2	County-oriented administration of APS	NEW-str
1	24-7 Coverage needed (With funding)	service
4	Rural concerns- Isolation	service
4	Rural concerns- transportation	service
4	Rural concerns- housing and phone access	service
6	"Vital": Developing services/service providers	service
11	24-7 services must be adequately funded	service
12	24-7 coverage	service
3	Standardize criteria for priority APS referrals to access services	service
3	24/7 partner with emergency service network	service
8	24-7 accessibility to these services will then be a requirement	service
9	"Makes Most Sense": 24-7 on call	service
14	Transportation	service

**Table - 1E (Cont'd)**

Community Forum Participant Groups' Recommendations for APS System

GROUP	RECOMMENDATION	CATEGORY
5	Mandate Adult clusters	statutory

5	Statutorily require uniform core services	statutory
7	Statutory change establishing criteria for those under 60	statutory
8	Age of "adults" needs to be changed	statutory
8	Definitely agree with cross-rule referencing in our APS statute	statutory
9	Expand services to care-givers	statutory
11	Banks must be included as mandatory referrers for 60+ now or 18+ if expanded	statutory
12	State-wide definition of WHO is covered	statutory
12	Mandatory reporters should include bankers	statutory
12	Enhanced criminal consequences	statutory
12	Expand services to perpetrators	statutory
12	Change definition of "adult" (community v. residential facility)	statutory
1	Accountability	structure
1	Outcome Measurements	structure
1	State Leadership and Commitment	structure
3	State leadership	structure
3	Need for state monitoring	structure
3	Best practice uniform standards (initiate contact w/in 3 days, call v. visit, concern for county differences)	structure
4	18 and over services ALREADY in place (MR/DD, Mental Health)	structure
4	60+ issues require different education than 18-60 issues	structure
5	Leadership- visible and active program evaluation and monitoring	structure
6	"Makes Sense": Clear leadership recommendations	structure
6	"Makes Sense": Best practice/ TA (not regulations)	structure
6	"Vital": Clear state leadership - priority	structure
8	Active leadership independent of seasonal politics	structure
8	Each county should have an identified infrastructure of services	structure
8	From this infrastructure, will come development of needed resources	structure
8	Statewide/state-level collaborative effort should ensure core services in each county	structure

**Table - 1E (Cont'd)**

Community Forum Participant Groups' Recommendations for APS System

GROUP	RECOMMENDATION	CATEGORY
8	This collaborative effort will then trickle to county level	structure
8	support need for monitoring and evaluation	structure
9	Link "work group" begun by ODJFS (for restructuring APS) with project recommendations	structure
9	ONE AGENCY take lead (eg ODJFS developing section to focus on monitoring, expanding regs, funding etc)	structure

10	"Most Vital": focus on 60+ (tackle 18-59 in 5 to 10 years)	structure
10	"Makes Sense": strong state structure with leadership committed to key recommendations	structure
11	Investigatory agency should NOT be a service provider also	structure
11	Do NOT expand to 18+ unless funding is guaranteed	structure
11	Best practice models are good, but state should not force model on all counties	structure
11	Use caution when creating incentives so state does not force on counties or impose too much paperwork	structure
12	Consistency in age of population served	structure
12	Few state regulations at present	structure
12	Fewer regulations for APS than Children's services	structure
12	Generalist v. Specialist work focus (small v. large counties)	structure
13	State should provide assessment tools, technical assistance for best practices, and monitoring	structure
14	Each county should determine needs	structure
1	Like Certification Idea- will bring more respect and professionalism	training
2	Additional statewide publicity and education on mandated reporting requirements	training
2	Establishment of APS specialty within higher education programs (i.e. social wk, gerontology, counseling etc)	training
3	Training-Leadership role is critical	training
3	Certification of workers	training
3	Awareness/training in curriculum for reporters	training
3	APS training in curriculum for direct service workers (part of orientation)	training
4	State standards for hiring qualifications	training
4	APS referrals will increase with education	training
5	Statutory training mandate (ombudsman certification curriculum and CEU regulations could be prototype)	training
6	Develop Service Providers	training

**Table - 1E (Cont'd)**

Community Forum Participant Groups' Recommendations for APS System

GROUP	RECOMMENDATION	CATEGORY
6	Consider use of technology in training (CBT, video-conferencing)	training
6	"Makes Sense": Training recs	training
6	"Vital": Training, Best practice, and technical support	training
7	Community/Victim Awareness	training
7	Continued education of and pressure on criminal justice system to investigate and prosecute	training
8	support APS certification- revive old APS training program with mandated training hours	training
8	Assumption in contracting with designated agencies that agency has TRAINED APS staff	training

9	Standardize training through mandatory certification	training
9	"Makes Most Sense":Certification program	training
9	"Makes Most Sense":Increase public awareness (this hasn't been done for a reason!)	training
10	Makes Sense: APS certification	training
11	If expanding to 18+, system must insure existence of specialists in aging issues	training
11	All support formal APS training for "x" hours equivalent to CPSU system	training
12	Basic training for APS is minimum- Aging is specialty and should require additional training	training
12	Mandated reporters should be included on licensure exams	training
12	mandated reporters need continuous training	training
12	Educate community about levy coverage of APS	training
12	Training- regional training centers have done good job	training
12	Need internal and external training	training
12	Communication and community visibility goals of intervention	training
13	Training of collaborative agencies to make them aware of APS needs/structure	training
13	Training should be included with staff being informed	training

**Table – 2E**

## Community Forum Participants' Recommendations for APS System

RECOMMENDATION	1st Most Important	2nd Most Important	Total
State active leadership	61	9	70
Expand regulations to implement best practices	16	21	37
State monitors and regulates through program evaluation	24	9	33
Single system serving 18+	6	15	21
Certification of caseworkers	58	11	69
Educate mandatory reporters	14	28	42
State develops educational products	1	16	17
24-7 capacity	32	15	47
AAA work with county agencies to fill service gaps	10	22	32
Funding should target and prioritize victims of A/N/E	7	15	22
State should formalize relations with public/private organizations	6	15	21
Form adult clusters	17	22	39
APS connect with DV and Criminal Justice system	11	13	24
Agencies should have best-practice norms for multiple agencies	10	21	31
Written follow-up to service referrers	2	7	9
Expand state budget line-item	56	17	73
Levies should include funding for service gaps	2	14	16
State APS should be responsible for funding	23	25	48
Expand definition of adult to include 18+	9	15	24
Expand list of mandatory reporters	1	7	8
APS law should refer to other Ohio laws	15	24	39
Expand services to serve caregivers and perpetrators	2	6	8

**Table – 3E**

Community Forum Participants' Ranking of  
Recommendations related to APS Structure

Recommendation	1 <sup>st</sup> Most Important	2 <sup>nd</sup> Most Important	Total Number
Active leadership by State Agencies	61	9	70
Expand regulations to implement Best Practices	16	21	37
State monitors and regulates through Program evaluation	24	9	33
State should formalize relations with Public/private organizations	6	15	21

**Table – 4E**

Community Forum Participants' Ranking of  
Recommendations related to APS Training

Recommendation	1 <sup>st</sup> Most Important	2 <sup>nd</sup> Most Important	Total Number
Certification of caseworkers	58	11	69
Educate Mandated Reporters	14	28	42
State develop educational products	1	16	17

**Table – 5E**

Community Forum Participants' Ranking of  
Recommendations related to APS Services

Recommendation	1 <sup>st</sup> Most Important	2 <sup>nd</sup> Most Important	Total Number
24 hour-7 day capacity	32	15	47
AAA work with county to fill service gaps	10	22	32
Funding should target victims of A/N/E	7	15	22
Expand services to perpetrators and caregivers	2	6	8

**Table – 6E**

Community Forum Participants' Ranking of Recommendations  
related to Inter-organizational Relations

Recommendation	1 <sup>st</sup> Most Important	2 <sup>nd</sup> Most Important	Total Number
Form adult clusters	17	22	39
Agencies should have best practice norms for multiple agencies	10	21	31
APS should connect with Domestic Violence and Criminal Justice Systems	11	13	24
Written follow-up to service referrers	2	7	9

**Table – 7E**

Community Forum Participants' Ranking of  
Recommendations related to APS Funding

Recommendation	1 <sup>st</sup> Most Important	2 <sup>nd</sup> Most Important	Total Number
Expand state budget line-item	56	14	70
State responsible for APS funding	23	25	48
Levies should include funding for service gaps	2	14	16

**Table – 8E**

Community Forum Participants' Ranking of Recommendations related to  
Statutory Changes to APS System

Recommendation	1 <sup>st</sup> Most Important	2 <sup>nd</sup> Most Important	Total Number
APS should refer to other Ohio laws	15	24	39
Expand definition of adult to include 18+	9	15	24
Single system serving 18+	5	14	19
Expand list of mandatory reporters	1	7	8

**Table – 9E**

Location of Adult Protective Services Program within State Governments  
(N = 52)

State Administrative Agency for Elder/ Adult Protective Services Program	N	%
1. The state unit on aging located in the state's human services agency	16	30.8
2. The state unit on aging, an independent agency	5	9.6
3. An organization in the human service agency that <b>includes</b> the state unit on aging	10	19.2
4. An organization in the human service that <b>does not</b> include the state unit on aging	18	34.6
5. An independent organization, neither human service nor state unit on aging	--	--
6. The office of the Attorney General	--	--
7. The office of the Governor	--	--
8. Others: (Kansas, Michigan, Texas)	3	5.8

**Table – 10E**

Distribution of 25+ Caseloads  
(N = 88)

Number of cases	Caseworkers	Percent of Caseworkers
25 – 34 Cases	7	4.2
35 – 44 Cases	4	2.4

**Table – 11E**

## Caseload Discrepancies

Region	County	Range in Caseload Size, as reported by Caseworkers Surveyed*	Average Total (county) Quarterly Caseload Reported in 4287 Form (1998)	Number of Caseworkers in County
1	Franklin	28 – 50	669	12
2	Lucas	17 – 92	671	6
3	Butler	42, 85	96	6
3	Clark	25, 60	67	3
3	Hamilton	10 – 40	1043	15
3	Montgomery	30, 78	145	7
6	Brown	45, 75	28	2
7	Cuyahoga	15 – 54	877	34
7	Lake	25 – 50	126	3
7	Medina	26, 50	45	2
7	Trumbull	45, 90	104	5
8	Columbiana	58, 100	76	2
8	Stark	22 – 120	180	5

\* Numbers separated by a “,” indicate only two caseworkers responded from that county, while numbers separated by a “ – “ indicate multiple workers responded from county.

**Table – 12E**

## Caseloads with 20+ Cases in Relation to Task Clusters

**(N =166)**

Task Cluster	Total % of Caseworkers Performing Tasks in Cluster		% of Caseworkers Performing Tasks in Cluster that have 20+ Caseload	
	N	%	N	%
1. Receive reports/ investigation/ ongoing	91	54.8	55	33.1
2. Receive reports/ investigation	31	18.7	20	12.0
3. Investigation/ ongoing	10	6.0	9	5.4
4. Receive reports only	9	5.4	2	1.2
5. Investigation only	6	3.6	3	1.8
6. Ongoing only	4	2.4	2	1.2
7. Referrals only	4	2.4	4	2.4
8. Receive reports/ ongoing	4	2.4	2	1.2
9. No tasks specified	7	4.2	5	3.0
10. Make referrals in addition to task clusters above	24	14.5	14	8.4

**Table – 13E**

1998 Caseload Size Data, as Reported by Counties on 4287 forms  
(Only those counties responding to survey with caseloads <20\*)

	Total Caseload Size- 4287 Form		Cases Involving Self Neglect		Caseload Sizes Reported by Survey Respondents	Reported Ratio of Supervisors: Caseworkers
	Total Caseload- 4 Quarters	Average Quarterly Caseload	Total % S.N. Cases	Average % Quarterly S.N. Cases		
<u>Region 1</u>						
Fayette	42	10.5	23.8	33.0	8	1 : 3
Union	48	12	66.7	72.1	16	1 : 1
<u>Region 2</u>						
Mercer	19	4.75	47.4	39.3	3, 4	1 : 5
Paulding	26	6.5	46.2	35.1	9	1 : 4
Putnam	48	12	41.7	41.7	10	1 : 5
Defiance	--	--	--	--	10	1 : 1
Henry	24	6	70.8	69.8	1	1 : 1
Sandusky	3	.75	33.3	25.0	9, 12	1 : 1
Van Wert	--	--	--	--	9	1 : 1.5
Williams	8	2	62.5	54.2	9	1 : 5
Wood	114	28.5	43.9	42.4	15	1 : 1
<u>Region 3</u>						
Clinton	39	9.75	41.0	40.1	16	1 : 1
Preble	30	7.5	36.7	41.5	13	1 : 1
<u>Region 4</u>						
Hocking	40	10	65.0	63.4	18	1 : 2
Monroe	4	1	--	--	9	1 : 1
Morgan	9	2.25	66.7	26.3	6	1 : 1
Noble	5	1.25	40.0	37.5	7	1 : 2
Washington	66	16.5	57.6	226.8	16, 12, 12	1 : 4
<u>Region 5</u>						
Wyandot	28	7	39.3	37.5	2	1 : 1
<u>Region 6</u>						
Lawrence	53	13.25	47.2	43.3	3, 3	1 : 1.5
Pike	93	23.25	53.8	53.1	8, 5, 6	1 : 3
Ross	34	8.5	41.2	52.7	11	1 : 2
<u>Region 8</u>						
Coshocton	95	23.8	77.9	78.1	5	1 : 1
Harrison	1	.25	100.0	25.0	6	1 : 3
Holmes	18	4.5	83.3	43.9	8	1 : 2
Jefferson	29	7.25	62.1	45.0	1, 3	1 : 1.5

\*Includes counties in which all workers reported having < 20 cases. Counties in which there was variability among workers are not included.

**Table – 14E**

Agencies Mandated to Receive Reports of Abuse by Age Nationally  
(N=51)

Agency	18+ years (N = 42)		60+ years (N = 9)	
	N	%	N	%
Social Services / Human Services	34	81	2	22
Law Enforcement & Human Services	6	14	1	11
Aging Network	2	5	6	67

**Table – 15E**

States' Sources of Funding for Adult Protective Services\*

Source(s) of Funding	Number of States
1. State/ Local Funds	30
2. Social Services Block Grant	19
3. Older Americans Act	6
4. Other Federal Funds	8

\* These are not exclusive funding categories. Some states use a combination of these funding sources, therefore may be represented twice.

## **Appendix F**

Phase I Summary of Major Findings

Phase II Summary of Major findings

## PHASE I

### SUMMARY OF MAJOR FINDINGS

#### APS Structure

There were three types of service delivery structures used to provide services to APS clients: mandated agencies, designated agencies, and external agencies. Adult Protective Services were primarily delivered by the mandated agencies, County Departments of Jobs and Family Services. With regard to the location of the APS program within the mandated agencies there was considerable variability. While the majority of counties located their APS program in Social Services, a good percentage of them were in an extension of other units or divisions within the CDJFS. Aside from the mandated agency structure, five counties have either contracted or are in the process of negotiating with external agencies to act as mandated agencies. Three mandated agencies have contracted with designated agencies. There was lack of clarity as to the expected roles and responsibilities between mandated and designated agencies. Based on the ORC guidelines, 8 designated agencies were identified in 4 counties with Cuyahoga County accounting for half of the designated agencies.

The profile of mandated APS employees was similar to other human service organizations with predominantly female employees, the majority being White (non-Hispanic). With regard to the marital status of the employees, over half were married. However, caseworkers were more likely to indicate that they were single than supervisors, probably due to younger persons being caseworkers. The average age for caseworkers was 41.6 years and for supervisors the average age was 48 years. The age correlated with their level of experience and job position within the

agencies. The designated agency employees were similar to the mandated agency with exception to minority employees. Most of the employees were either White (non-Hispanic) or Hispanics.

The predominant category of job title for mandated APS workers was Adult Protective Service or Social Service Worker with the majority having had a Bachelor's Degree in Social Work or a related field. A little less than 20% of the caseworkers had considerable variation in their job titles which was reflective of the multiple roles they performed as workers. Supervisors were more likely to have Master's Degrees than caseworkers. Findings indicated that there was wide variation in income range for both caseworkers and supervisors, especially between smaller and larger counties. Overall, the average annual income of caseworkers was \$26,484.26 and the average annual income for supervisors was \$41,129.00. There was consistency, however, in the ratio of supervisors to workers in the state (1:3). While the majority of the caseworkers were classified as full-time employees, about 11 caseworkers were part-time employees. The majority of the supervisors and administrators reported that neither turnover nor recruitment of APS staff was a problem.

The designated agency staff had higher educational levels than the mandated agency staff. Over half of the employees had Master's Degrees (57%) and about a third (29%) have Bachelor's degrees. The salary range of the respondents was slightly higher in comparison to the employees of mandated agencies. All the employees worked full-time, and most of them spent between 46% to 100% of their time on APS activities. The major job responsibilities of the staff include investigation and arranging services, however, a few workers receive reports of maltreatment. The average number of APS cases per staff member is 13 with over half (64%) of their time spent on client-related tasks.

There was agreement between mandated agency caseworkers and supervisors in the receiving of training on APS or elder abuse. However, caseworkers were more likely to indicate that they do not receive training than the perception of supervisors. The majority of the counties provided in-house training with supervisors being the primary trainer. Regions with smaller counties tend to depend more on supervisors for training than regions with larger counties. The dollar amount set for training similarly varied with large counties having higher amounts of dollars than smaller counties. The other source of training most frequently mentioned was Regional Training sponsored by the state. Although there was great variability in the number of hours of training provided to APS workers as evidenced by the wide range of hours indicated (no training to 160 plus hours), on average the majority of APS workers received 61 hours of training. In terms of the quality of caseworker training, at least a third of the supervisors indicated that the training was very little to somewhat adequate with four percent feeling that the training was inadequate.

A considerable percent of the designated staff reported receiving on the job training on APS (80%). Major sources of training include in-house training, conferences/ workshops/seminars and countywide training (76.2%).

The majority of mandated agencies served the 60 and older population. Of those who indicated serving the 60 and older population, close to half reported that they had an unofficial policy among workers to serve ages 18 to 59 as needed and when resources permitted. Interestingly, approximately half of the caseworkers provided services to caregivers and perpetrators. The designated agencies like the mandated agencies predominately served the 60 and older population. Only three agencies out of eight provide services to individuals 18 years of age and over. Over half of the staff reported providing services to the caregivers (62%) and the

perpetrators (52%). However, it is not known whether these services were requested by the mandated agency or the if designated agency had a policy in place to serve this population.

With respect to whether APS services should be provided by a single agency or two separate agencies for different age groups, the responses were consistent with the job responsibilities of the respondents from the mandated agencies. Caseworkers who were more likely to interact with the clients and indicated providing services to 18 years of age and over regardless of whether the agency had a policy for providing services to this population, were more likely to support the idea of having an integrated system. Similarly, the caseworkers who were providing services to the 60 plus population only were in support of maintaining two separate service delivery systems for the two age groups. Supervisors, on the other hand, were split in the response as to whether or not to integrate or have separate systems for service provision for the different age populations. The split was not related to their current age-based service delivery policy of their agency, given that the supervisors were less likely to interact with clients. In their capacity as a supervisor perhaps changes would not redefine their role in any significant way. The administrators were more likely to be in favor of a single system than a two-system service delivery. Being furthest removed from interaction with clients, it seems administrators were more focused on streamlining and cost saving.

For the most part, designated agency staff recommend that there should be one agency for ages 18 and above (62%). However, nearly a quarter (24%) felt that two separate agencies would be best to serve the different age groups (under 60 and over 60 age group).

### APS Operation

On average, supervisors had more APS experience than caseworkers by 3.3 years. This finding is congruent with the expectation that supervisors generally require more cumulative

experiences in order to perform their job responsibilities. The designated staff on average had more years of experience (6.58 years) than the caseworkers from the mandated agency.

In terms of the amount of time spent by mandated agency caseworkers on client and administrative related tasks, findings were consistent with the expected amount of time spent on such activities in human service organizations. Caseworkers spent over 65% of their time on client-related tasks and about 33% of their time on administrative-related tasks. Even though the supervisors spent considerably less time on client-related tasks (21%), the percentage of time indicated was reflective of the multiple roles that the supervisors were expected to perform, especially in smaller counties.

The designated agency staff spends an average of 28% of their time on administrative tasks and 64% of their time on client-related tasks. Results suggest that although staff spends a majority of time on client-related tasks, they also have some administrative responsibilities.

The findings indicated that not all mandated agency caseworkers were involved in receiving reports. In about 18% of the counties, there were specific units where caseworkers performed only intake tasks. In the majority of the counties, however, the caseworkers performed multiple tasks including intake, investigation, and coordination of ongoing services. A significant finding was the caseworkers' perception of their responsibility as direct service providers to clients which corresponds to the most frequently identified service being counseling for all three types of maltreatment. The direct contact hours between the worker and clients were greater given the nature of the population they served.

The major job responsibilities of the designated agency staff are to investigate (91%) and arrange/coordinate services (95%) for their clients. A considerable percentage of them also provide direct services for clients (71%).

Information obtained shows that nearly half of the caseworkers could rely on standard procedures most of the time (45.2%), while a little over a third reported that they could rely on standard procedures some of the time in their work (38.2%). Only a small portion of caseworkers responded that they could never rely on standard procedures.

For the most part, mandated agency caseworkers had access to written rules and procedures for performing APS work. Guidelines were frequently available for receiving reports, investigating cases, identifying elder abuse, and terminating cases. Supervisors were more likely than caseworkers to indicate not having as many written rules and procedures for performing APS work. This discrepancy in perceptions may be explained by the fact that supervisors were more likely to be aware of the existence of written policies and procedures than caseworkers. It may also be possible that the supervisors supplemented information to the caseworkers. There may be a presumption on the part of the caseworkers that written rule and procedures exist.

A majority of designated agency staff reported that their agency had written rules and procedures for identifying elder abuse (86%), receiving reports (91%), investigating cases (86%) and terminating cases (95%). A small percent of them were either not sure of the availability of the written procedures or indicated not having any in the agency. Procedures for investigation were less likely not available than for other types of APS tasks.

The ratio of caseworker to clients was congruent with the national study (i.e., 31 cases per caseworker) for the mandated agency. On average, caseworkers spent approximately 12 hours in investigating an APS case from initial contact to substantiating the allegation. The number of days that a case remained open from determination to closing was an average of 117.5 days. It seems possible that once the cases had been in the system for 120 days, they continued to remain open. More complex cases require a greater intensity of interaction with caseworkers and a longer period of time for case resolution. Compared to the mandated agency caseload size, the designated agency staff had on average, relatively small number of cases.

Caseworkers spent a good proportion of their work time in conjunction with the court system seeking protection orders for their clients. About half of caseworkers had used protection orders. Regular and emergency protection orders were sought at about the same frequency. The majority of the designated agency workers do not use protection orders (67%). It is likely that the designated agencies get cases referred to them more frequently after the court intervention has been obtained by the mandated agency staff. Therefore, the need for seeking protective orders consequently is lower.

A review of the profile of the caseload suggests that an average of 30% of the clients on the caseworkers' caseload were from rural areas, indicating the importance of transportation for clients and travel time for caseworkers. The percent of minority clients served by caseworkers was relatively low compared to non-minority populations. About 29% of caseworkers did not have any minority clients on their caseloads. There was great variability in the proportion of minority clients on caseloads across regions. While some regions had no minority clients, other regions had a large number of minorities where caseworkers were assigned specifically to work with this population. The discrepancy may have been due to the geographic settlement of minority populations in Ohio. Although the majority of caseworkers indicated having some percent of minority clients, only a small percent of them indicated using specific strategies to target minority populations (12.5%).

A little less than half of the designated agency staff indicated having 50% to 100% of their caseload to be composed of minority population. As the designated agencies are predominantly in urban areas, the percent of rural population served is relatively lower.

It seemed that a third of mandated agency caseworkers asked their supervisors for help with APS cases about once a month. Similarly, a third of caseworkers also tended to receive

suggestions from their supervisors without asking for help with their work about once a month. The frequency of contact increased, perhaps with caseload size. Interaction between caseworkers and supervisors appeared to play an important role in APS related issues, thus indicating the importance of a positive working relationship between the two. Overall, both caseworkers and supervisors indicated being satisfied with their jobs. Caseworkers' satisfaction with job was related to their age, relationship with supervisor and frequency of disagreements with others on APS cases. Older caseworkers indicated being more satisfied with their job than younger workers ( $r = .20, p < .05$ ). Positive reinforcement by supervisors like giving praises increases job satisfaction ( $r = .31, p < .01$ ). Less disagreements among coworkers also improved satisfaction with job ( $r = -.20, p < .05$ ). Salary and caseload size was not correlated with job satisfaction. When compared to the mandated agency caseworkers the designated agency staff reported higher levels of satisfaction with their jobs (76%).

The most frequently occurring scenario within the designated agency for staff was to ask for help 6 or more times from supervisors and to receive suggestions from supervisors for the same number times (38%). The pattern between asking for help and receiving suggestions appears fairly balanced which can promote great work environment and quality supervision.

Overall, between the mandated agency caseworkers and supervisors, the number one concern was the reluctance of the victim to cooperate with the investigation. In addition, the cooperation of the family/guardian was an area of overlap in terms of main concerns. Four areas of concern for APS caseworkers were reluctance of the victim to cooperate with the investigation, unrealistic expectations of the referral source, unavailability of supportive services in the community, and cooperation of the family/guardian. For APS supervisors, the areas of concern were reluctance

of the victim to cooperate with the investigation, lack of clarity of the laws, cooperation of the family/guardian, and lack of guidelines for standards of practice governing investigation.

The designated agency findings were consistent with the mandated agency, however, the, lack of cooperation of family/guardian was cited the twice as an important concern (most important, third most important). Other concerns identified by the staff were unrealistic expectations of referral sources, lack of practice guidelines and legal liability for workers. Interestingly lack of practice guidelines was rated by about a quarter of the workers (24%) as their second most important concern, even though a small percentage identified not having written procedures and policies within the agency for providing guidelines for practice.

Definitions and courses of action provided by the APS law for abuse, neglect, and exploitation were perceived as lacking clarity by most of the respondents from both the mandated and designated agencies. The definition and accompanying course of action for exploitation was cited as being most problematic. Supervisors were more likely than caseworkers from mandated agency to perceive inadequacy in the legislation on clarity for courses of action. Interestingly, lack of clarity of the laws did not appear as a major concern for designated agency staff.

In terms of mandated agency caseworkers' assessment of their skills in client-related situations, findings suggest that caseworkers were less comfortable recommending interventions whereas the level of comfort was greater in conducting overall assessments and evaluating functional levels of clients. Caseworkers were least comfortable in working with clients when they resisted intervention.

The majority of designated staff felt somewhat comfortable and quite comfortable in overall client assessment (81%). Assessing functioning was overall a task that workers felt comfortable performing (95%). Levels of discomfort among staff were notable in the areas making decisions and recommending interventions. They were most comfortable while working with clients in denial and conducting assessments.

Providing counseling to clients who were victims of abuse, neglect, and exploitation was of paramount importance to APS work. Findings indicate that all clients received counseling services to varying degrees. This is perhaps the most costly service, as it requires direct service contact hours with the client. This information concurred with the high percent of time that caseworkers indicated that they provide in client-related tasks. The second most consistently provided service was home health care which was consistent with the national data that implied greater need for home health care because of client functional limitations (National Elder Abuse Incidence Study, 1998).

The most frequently identified gaps in services existed in the areas of housing, personal support services, access services, home health care, and legal services. In conjunction with these identified services, the key issues related to the services were affordability, accessibility, and eligibility. Although most of the identified services existed in the community, there was a discrepancy between demand and supply of these services. Services such as companionship programs, homemaker services, home delivered meals, and chore services were also not currently available, even though these services were provided frequently for victims of neglect and exploitation. There was also considerable need for access services, specifically transportation. Home health care services were perhaps the most needed service regardless of the type of maltreatment. While these services were used at a greater proportion for all three types of maltreatment, the caseworkers continued to identify a shortage in this area. Volunteer guardians and legal aid assistance were also in short supply which were most often used for abused and exploited victims. Money management was the most frequently used service for victims of exploitation which was also lacking in availability. Although payeeship was not among the top eight services listed as being utilized for clients, it remained important because caseworkers identified this service as being unavailable.

### APS Expenditures and Cost Estimations

The two primary sources of funding for APS are from the ODJFS and Title XX Block Grants. Only three counties indicated receiving funds through a county levy and a small number of counties identified other sources of funding including Temporary Assistance to Needy Families, state operating cost, consolidated funds, and Area Agencies on Aging. An average of \$191,500 is used to deliver APS to clients at the county level. There was considerable variation among counties in the amount of dollars expended for APS services with large and medium size counties spending more dollars than smaller counties.

An increase in the expenditure amount is consistently reported over the past three years for APS services. Most administrators however, perceived the funding to have declined when five-year trends were taken into consideration. This discrepancy may be due to the differences in the allocated cost increase and the actual cost incurred to implement APS. The counties reported using multiple methods to offset the decreased funding. Most frequently counties utilized consolidated funds, Title XX, local funds, and shared cost with non-APS programs (69.2%). Nearly a quarter percent of the administrators reported that decreases in funds are offset through reduction in staff, hiring freezes, or job sharing. A similar percent of county administrators reported scaling down services to clients and a small percent reduced staff benefits to offset the reduction in funding.

Three different formulas were used to estimate the total cost for providing Adult Protective Services statewide. The estimates ranged between \$15.5 and \$18 million using the three methods of cost calculation. While the actual cost for implementation of the APS falls within the estimated range, it should be noted that these estimates are descriptions of the system as it currently operates and does not necessarily reflect an estimate of what cost should be if based primarily on standards

for best practices. For example, national data suggest 42.5 hours of service to provide a quality APS service from intake through investigation and provision of service, while caseworkers currently report a total of 25.25 hours of service actually provided. Any decrease in caseload size will change the number of workers required to provide services, which would increase costs statewide.

The first method of cost calculation used a single measure that increases the potential for error in calculation of the total cost. This formula is sensitive to any changes in the average costs depending on the inclusion or exclusion of counties with wide budget variation. For example, the influence of the larger counties would result in overestimation of the cost, which would favor smaller counties. However, it is speculated that smaller counties may incur higher cost in transportation since the population is more widespread in rural areas. The strengths of the second method of cost calculation are the congruency between multiple sources of indicators making the estimates more reliable. However, using median values in the formula to produce estimates is likely to err on the side of being conservative. While this estimate is conservative, it is inclusive of smaller counties, which have smaller staff and caseload sizes. Estimates of cost below this threshold would likely be underestimates of funding necessary for operating the APS system in the state. The third formula for calculating cost is the most comprehensive and uses several different sources, including primary, secondary, and national data. This formula takes into consideration the high and low values on indicators as well as includes the most reliable sources of data available. Therefore, the projected cost from this estimate is perhaps the most reliable measure of the dollar amount expended by APS in Ohio.

## PHASE II

### SUMMARY OF MAJOR FINDINGS

#### A. Findings from Community Providers

##### i) APS Structure in Community Agencies

There were eight types of community agencies represented in the focus groups and all were listed as mandated reporters according to the ORC Section §5101.61. The 124 professionals and para-professionals who participated in the focus groups were from occupational groups such as the police and sheriffs, social service providers, visiting nurses, in-home service providers, health and mental health care providers. According to elder abuse incidence studies, professionals from these occupational groups are most likely to identify or report elder abuse and neglect incidents (Blakely & Dolon, 1991; Tatara-Toshio, 1991; Cyphers, 1999). The majority of the respondents were from agencies that serve the elderly population. This finding supports the information from the APS caseworker survey that reported having most contact with aging network providers. Professionals from other organizations including hospital, MRDD Board, law enforcement, and mental health also participated in the focus groups.

The majority of the participants were female, white, and had a bachelor's or master's degree. Most of the participants were between 35 and 54 years of age. The profile of the mandated reporters is similar to most other studies reported in the field, with exception of the law enforcement officers. A little more than half of the police officers who responded were females. Generally, the majority of law enforcement officers are male.

Almost all (94%) had a full-time position. The length of employment by staff with the community agencies ranged from less than a year to about 28 years. The average number of years in their current job was eight. The predominate job title reported by participants was case manager, social worker, nursing or health fields.

A considerable percent of the mandated reporters indicated receiving special training on APS or elder abuse issues (61%), but a little over a third (37%) reported that they had no special training. Female participants (65%) stated more often to have received training than male participants. Regions with smaller counties more often expressed not having adequate resources for training.

Compared to county APS staff, the mandated reporters in community agencies are less likely to report having received training in APS. The lack of and need for training for mandated reporters as well as professionals in the elder abuse network is well documented (Harshbarger-Scott, 1993; Plotkin, 1996; Drake, 1998).

With respect to whether APS services should be provided to individuals 18 years of age and over or only to those 60 years and above, the responses were more consistent with APS caseworkers' perceptions. The majority of them agreed that the APS law should include 18 and above age group (66%), and a third of them felt that it would be best to include only 60 and above (34%). When asked whether one or two agencies should be responsible for serving different age groups, again, most (60%) favored one agency for all ages (18 to 59 and 60 plus). The responses were somewhat consistent with the type of agency and population served by the respondents' agencies. Respondents from community agencies that served all age groups were more likely to favor one system, and respondents from specialized agencies that served only elderly population were more likely to support two systems for delivery of APS services.

## ii) Operation of APS in Community Agencies

A considerable percent (84%) of the community agency staff was aware of the legislative requirement to report cases of elder abuse. There is great variability in the number of elder abuse cases identified by mandated reporters. While a significant percent of the community agency staff reported identifying cases of elder abuse in the past year (76%), nearly a quarter of them did not identify any cases. Of the elder abuse cases identified, there was a wide variation in the number of cases actually reported to the county mandated agency. Almost three-fourths of the respondents indicated that the cases identified were reported, and a quarter noted that they do not report cases to county APS system. Interestingly, the data on challenges in working with the APS system perhaps supports the non-reporting behavior among mandated reporters. A number of community providers also made statements about reporting directly to the court system, local sheriff's office or other community agencies. Studies suggest that there is great variability in reporting incidents of elder abuse (Cypers, 1999) and the decision to report may have less to do with legal mandate than other factors (Wolf, 1999).

Most frequently the participants felt that the law was unclear regarding the roles and responsibilities of interacting agencies. The ambiguity in the jurisdiction over APS cases and the lack of clarity of roles of interacting agencies were considered a challenge in working with county APS system. Participants also felt that the ORC did not provide adequate direction for what course of action to be taken with cases of maltreatment. The function of the county APS agency and service to be provided under the law was unclear according to some of the agency staff. The participants consistently noted that there was a lack of clarity in definition of terms like competency, abuse, neglect, and exploitation. The definitional issues specifically 'competency' and 'exploitation' was often cited as being most problematic by most of the participants in all eight focus groups.

Overall, there was consensus among the community agency staff that the legislation did not provide sufficient guidelines in clarifying their role as mandated reporters once cases of maltreatment are substantiated.

In response to questions on challenges in working with APS system, the participants most frequently acknowledged the lack of training and awareness of APS issues among mandated reporters as a barrier. Specifically, they cited law enforcement officers as needing training in APS. While community agency staff perceived law enforcement officers as lacking training in APS, they were more likely to recommend training for court personnel. But, when making recommendation for improving the current APS system, over half of the community providers suggested training and education for all mandated reporters (52%), which presumes inclusion of law enforcement officials.

Nearly a quarter (23%) of the community agency staff felt that judges, magistrates, and prosecutors were not cooperative on APS cases that required court involvement. About the same percent of community agency mandated reporters perceived themselves as lacking in APS knowledge (22%). The law enforcement officers were also perceived as lacking training in identifying and handling elder abuse situations.

Only a third of the community agency staff identified services that are available for the victims of maltreatment. Services cited as available services for clients and families (50%), all home-based services (36%), and APS services 24 hours a day, seven-days a week (24%).

The most frequently identified service gaps included lack of adequate access services, specifically case management coordination, round-the-clock care, and transportation services. Lack of alternate housing arrangements, particularly affordable housing, subsidized assisted living programs, and emergency shelters were cited as needed. Personal support services such as

companionship programs, homemaker services, home delivered meals, and chore services were also noted as not sufficiently available in the community. Social support services are also deficient, including education and training, and respite services. Legal services such as volunteer guardians and legal aid assistance, most often used for abused and exploited victims, appear to be in short supply. In fact, when tallies from eight regional focus groups are calculated, the need for volunteer guardians or guardianship programs is the second most widely identified service shortage. Money management assistance, identified by APS caseworkers was also indicated as being limited. Both the APS caseworkers and mandated reporters identified similar types of services which are in short supply in the community with exception to services unavailable for moderate-income elderly and adults under 60 years of age who are victims of abuse or neglect. For moderate-income elderly the services such as in-home personal support services and discretionary funds for basic needs were cited as being unavailable. More than half felt that almost all services were out of reach for adults under 60 years of age.

Overall, APS caseworkers appear to interact frequently with many community agencies. APS caseworkers had the most contact (6 or more times last year) with home health care agencies (83%), PASSPORT (81%) and hospitals (&&%). Sixty-nine percent of caseworkers had 6 or more contacts last year with home delivered meal programs and 65% had the same number of contacts with offices on aging.

The evaluation of the relationship between APS caseworkers and mandated reporters suggest that caseworker's perceptions of their interactions with the other agencies around service delivery issues were very positive. A considerable percent of them (90 – 96%) indicated that community agency staff was for the most part helpful in providing services to clients and cooperative. Caseworkers, however, were less positive around support from community agencies in emergency

situations (54%). Caseworkers felt that community agencies were: somewhat reluctant to assist in investigating APS cases (44%), somewhat in disagreement on how to approach APS cases (53%), less accessible by telephone for consultation (56%), and unrealistic in their expectation of them to keep them informed about the cases they referred to APS (57%).

Community agency staff indicated several concerns regarding the availability and access to APS caseworkers including a lack of follow-up on cases (35%), not returning phone calls on time (30%), unavailability of workers both during normal business hours (20%) and after business hours (16%). The community agency staff also reported similar concerns as the caseworkers in the area of inter-agency collaboration such as caseworkers' reluctance to undertake collaborative work on cases (42%), lack of collaboration in investigation of cases (36%), and lack of communication between APS caseworkers and the community agencies (23%).

Half of the participants reported being apprehensive in making referrals for suspected elder abuse cases due to the belief that APS caseworkers would not take action. Another half of the participants stated that they avoid making reports or referrals to APS staff altogether, by reporting directly to the courts and other community agencies.

Community agencies identified three major areas as strengths of the current APS system: collaborative efforts between agencies, communication, and staffing issues. A number of counties use collaborative strategies such as a team approach (32%), "Senior cluster" meetings (25%), and task forces (12%). Staff visibility, staff professionalism, and use of multi-disciplinary staff were also considered as strength of the current APS system.

Interestingly, the APS caseworkers are more likely to view the community agency staff as having adequate work related skills than the community agency staff. More frequently the community agency staff perceived APS caseworkers as lacking adequate skills in the areas of

assessment, investigation, and intervention. A small percent of the caseworkers reported that the community agency staff lacked skills in identifying, accessing, and reporting cases of maltreatment.

The majority of APS caseworkers rated their overall relationship with most community agencies as excellent or good with exception to the county mental health board and the county MRDD board. About half (52%) of caseworkers described the overall relationship with the county mental health board as fair or poor and 51% described their relationship with the MRDD board as fair or poor.

The overall ratings of community agencies with APS caseworker relationship are somewhat consistent with their perception of the extent to which they have experienced difficulty in working with caseworkers. The majority of community agency staff expressed some to quite a lot of difficulty working with APS workers (60%) and a little less than half (46%) described the overall relationship with the county caseworkers as fair or poor.

### iii) Community Agencies' Perception of Funding Sources for APS

Community agency staff identified three primary sources of funding: federal, state, and county. The majority of them (60%) felt that the state should be responsible for providing the necessary funds for APS programs. About a quarter (24%) of the community agency staff cited that the funds for the APS program should be generated by both the state and county. Another quarter percent felt that the funding responsibility lies with the federal and state government. Community staff identified four major areas that need more funding: client-related services (53%), training (24%), staff recruitment (19%), and prevention programs (8%). Funds for client-related services were mentioned in conjunction with overall services, emergency medication and discretionary services such as cleaning, transportation, medication, c. More frequently, the participants from regions with moderate to smaller counties identified needing funds for training.

#### iv) Opinions and Suggestions

The suggestions that received the greatest percentage of consensus for improving the system were in the areas of training and education. Community staff most frequently suggested provision of education to the community about APS (64%); training for mandated reporters (52%); and training for APS staff (48%). Access services such as establishing a (regional or local) 24 hour-7 day a week hotline and availability of APS staff for 24 hour-7 day a week coverage was also recommended for improving services. Development of state standards for APS services (62%) and standardization of assessment tools (21%) was suggested for maintaining consistency across counties in implementing APS. About a quarter of the community staff felt that the current system was not responsive to complex APS cases that need both legal and social intervention. Thus, recommend inclusion of both social and legal components (23%) to the current case management models.

The structural and systemic issues that received the greatest percentage of agreement for improving the APS system were: provision of mandated funding for APS (50%); interagency training (37%); interagency communication on referred cases (35%); inclusion of under 60 with disability (30%); moving APS to aging network (25%); and legislating consistent structure for delivery of APS.

With respect to inclusion of different age groups under the APS law, a considerable percentage recommended serving adults 18 years of age and above (66%), and a third felt that the APS law should address only 60 years of age and above (34%). Also, most (60%) favored one agency for all ages (18 to 59 and 60 plus), than two separate agencies for different age groups.

Perceived roles and responsibilities of the state and county government were extensive, with the State having a critical role in implementation of the APS system in Ohio. Most frequently the

participants' perception of the Stat's role as monitoring and oversight (80%), setting standards for practice and service delivery (76%), and centralizing all funding systems (59%). Half proposed that state perform both administrative and supervisory functions. Other roles delegated to the State included training staff and mandated reporters; issuing mandates and securing funding from other sources. In conjunction with the monitoring function, several participants indicated setting quality assurance standards for ensuring consistency across counties, and establishing protocols for frequency of monitoring.

The most frequent roles identified for the county included education of staff and administrators at the local level (35%), provision of supplemental funds through local levies and general funds (32%), promotion of inter-county collaboration to increase service access (28%), and publicity of APS services (26%). About a quarter of the community agency staff felt that the county should be responsible for both administering and supervising the APS program (24%) and 19 percent suggested that the county should be responsible for only administering the program.

## **B. Findings From Key Informant Interviews**

### **i) Background Information**

A total of 126 key informant telephone interviews were conducted. Of the 126 key informants interviewed, region three has the highest representation in the sample (21%) and region four has the least representation with 6% of the sample living in this region. The representation from the other six regions is evenly distributed (10 – 16%). Approximately half (46%) of the respondents were county/ regional government employees. Another half of them were affiliated with city government (20%) or the court system (27%). Only 8% represented state government affiliation.

Most of the key informants were county commissioners or probate court judges and magistrates. The commissioners and judges/ magistrates in their job capacity were most likely to be aware of the APS system. Thus, the over-representation in the sample explains their responsiveness to participation in the survey. Interviewers reported being more successful in scheduling interviews with both the judges and the commissioners.

The majority of the informants interviewed were male (76%), white (98%), and married (84%). The overall pool of professionals identified as key informants tended to be males which is indicative

of the findings. Approximately half (49%) of the respondents had graduate degrees and a quarter (25%) had undergraduate degrees.

## ii) APS Experiences

More than half of the key informants stated that they had some experience with adult protective services system (63%), and over a third reported they had no experience or awareness about APS (37%). About 21% of the key informants were aware of services, but had no direct experience with adult protective services.

Judges, magistrates, and directors of elderly services have the highest potential for direct contact with county department of job and family services which administers the APS system, therefore are aware of APS program and able to provide the most information. The elected officials like the Commissioners and legislators were less likely to be knowledgeable unless they had previous employment experience in the Human Service system, heard from advocacy groups or constituents about concerns with APS or had a close working relationship with the local county agency. Mayors typically had no knowledge of APS, with the exception of a few that knew of senior programs that may have contact with APS. The nature of their experience ranged from general awareness of the services to direct experience with the system. A little less than half (41%) had direct experience with adult protective services.

Forty-two percent provided responses about the strengths of the current APS system. The most frequently identified strength of APS was their inter-agency coordination and/or collaboration efforts among agencies (45%), followed by dedication and/or skilled staff (38%), supportive and efficient nature of whole system (32%), and ability to provide services to clients (30%). Again, the most knowledgeable group of stakeholders were those who had direct or indirect experiences with the APS system. When references were made about inter-agency collaboration, the respondents more often mentioned the uses of multi-agency task forces for problem-solving, coordination of

services between legal system/ law enforcement and county APS system. The APS staff was generally perceived as being dedicated, competent, and skilled in performing their work.

Only half (46%) of the key informants were familiar enough to identify the limitations of the current APS system. Seven major areas of concern were identified: lack of services, inadequate funding, lack of awareness of the APS program and functions, APS staff related issues, under-utilization of the legal system, systemic problems, and ambiguity of the APS law.

Lack of guardians and age restriction for accessing APS services were cited more often than other services, and frequently by court personnel. County commissioners and agency directors who were generally concerned about inconsistency across counties resulting from insufficient funding often mentioned inadequate funding (31%) as a weakness. Regardless of their professional responsibility, the sentiments about lack of publicity or visibility of the APS program triggered concerns.

About 20% of the key informants provided responses when asked about the shortcomings in the APS legislation. Of those 25, about half (44%) were aware of the existence of the APS law, but unaware of any legislative shortcomings. Because so few answered this question, there may be even more who were unaware of any shortcomings. The most frequently cited limitations of APS were the lack of clarity on age group served under the law and the lack of clarity in regards to terms and definitions including exploitation, competence, and incapacitated. Lack of clarity on agency authority and criteria for staffing the program were also considered as shortcomings of the law. The recommended legislative changes respondents made were congruent with the problem areas identified.

### iii) APS Funding Issues

Almost 60% of the key informants responded to the question regarding funding sources for APS. About a quarter (24%) were not familiar with the funding sources for APS. About 55% cited county dollars, state dollars, or a combination as the major funding sources for APS. Slightly over one third (33% said Title XX is the major funding source for APS in their counties.

Only 25% of the key informants gave suggestions for other funds that could be accessed to cover the cost of APS. Ten percent of the key informants indicated that they were not familiar with other funding sources. The recommendations included state funding through budget line item, county tax levies and grants from private foundations or United Way. About 10% recommended using a combination of federal dollars like TANF dollars, Title III and Title XX.

#### iv) Opinions and Suggestions

Only 30% of 126 provided recommendations for improvement. The suggestions were consistent with issues identified as weaknesses in the current APS system. About a third (32%) recommended increasing and/or re-establishing funding for APS administration and services and about a quarter (26%) recommended instituting a policy or procedure to encourage interagency coordination and collaboration to specifically improve legal referrals, access to services, and increase resources. About 16% of informants felt the system could be improved by advocating for legislative changes in areas such as inclusion of under 60 years of age population, penalties for perpetrators, and clarity on definitions of terms identified earlier under the shortcomings of the law. A small percent suggested a centralized 24 hour hotline and an increase in the number of APS staff.

The most frequent recommendation for improving the operation of APS included increasing the awareness of and education of the community, mandated reporters, and law enforcement (45%). Respondents also suggested standardizing training and licensure for APS staff, investigation

procedures, and assessments. A few judges recommended an increase in guardianships and use of protective orders, which were also noted earlier as gaps in services.

With respect to administration of APS, the majority (69%) thought counties should control APS. Respondents who supported county control were mostly commissioners and state legislators. Legal personnel and agency directors more frequently supported a centralized and/or regionally administered APS system (31%).

## **Appendix G**

Best Practices  
Recommendations

ADULT PROTECTIVE SERVICES RECOMMENDATIONS  
**By National Consultant, Dr. Rosalie Wolf**

- Expand public awareness and professional training
- Advocate for increased Social Service Block Grant (Title XX) funding
- Increase efforts to reach isolated elders
- Develop standards for practice
- Continue efforts to build local/ regional coalitions
- Promote elder abuse research
- Involve elders in development of services
- Place emphasis on primary prevention

# NATIONAL ASSOCIATION OF APS ADMINISTRATORS

## Adult Protective Services

### Ethical Principles and Best Practice Guidelines

#### Dedicated to the Memory of Rosalie Wolf

**Adult Protective Services** are those services provided to older people and to people with disabilities who are, or are in danger of being mistreated or neglected, are unable to protect themselves, and have no one to assist them.

**Interventions provided by Adult Protective Services** include, but are not limited to, receiving reports of adult abuse, exploitation or neglect, investigating these reports, case planning, monitoring and evaluation. In addition to casework services, Adult Protection may provide or arrange for the provision of medical, social, economic, legal, housing, law enforcement or other protective, emergency or supportive services.

**Guiding Value:** Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

**Secondary Value:** Older people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring, and respect.

#### Principles

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults are presumed to have decision-making capacity unless a court adjudicates otherwise.
- Adults have the right to accept or refuse services.

#### Practice Guidelines

- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.
- Respect the adult's right to keep personal information confidential.
- Recognize individual differences such as cultural, historical, and personal values.
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.
- To the best of your ability, involve the adult as much as possible in developing the service plan.

- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity.
- Use the least restrictive services first—community based services rather than institutionally based services whenever possible.
- Use family and informal support systems first as long as this is in the best interest of the adult.
- Maintain clear and appropriate professional boundaries.
- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest.
- Use substituted judgment in case planning when historical knowledge of the adult's values is available.
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.