



Office of Program Policy Analysis And Government Accountability



John W. Turcotte, Director

December 1998

Preliminary Report Referrals and Service Provision for Elder Victims of Abuse, Neglect, or Exploitation

Abstract

- There is little historical data available on the number of elder victims of abuse, neglect, or exploitation referred to the Department of Elder Affairs (DOEA) by the Department of Children and Families (DCF). Based on limited available data, we estimate that between 1,400 and 3,100 elder abuse victims were referred during the July 1997 through September 1998 period. Approximately two-thirds of the cases we reviewed were served within three days of their referral.
- There are several likely effects of 1998 statutory changes to the referral process, which require DCF to refer to DOEA all elder victims of self-neglect who need services and DOEA to serve within 72 hours all DCF referrals who need immediate services to prevent further harm. These changes will likely result in minimal increases in DCF referrals, the placement of additional lower-risk clients on waiting lists, and enhanced cooperation between DCF and DOEA staff.

DOEA uses to establish service priorities and provide services to these individuals. The law requires OPPAGA to issue a preliminary report that examines the referral and service provision process that existed before the 1998 statutory changes and a final report on the effects of these changes, to be published by December 31, 2000.

Background

Chapter 415, F.S., establishes a program designed to protect persons over age 60 who are unable to protect themselves from being abused, neglected, or exploited. Elder persons may be abused, neglected, or exploited by another person, such as a caregiver, or they may be victims of self-neglect. Most abuse and neglect in Florida occurs in the victim's own home. To prevent further harm from occurring, elder victims are either removed from their homes or provided in-home services.

Two state agencies are charged with providing program services. DCF investigates reports of alleged abuse, neglect, or exploitation, and makes an initial assessment of the situation. The law requires any individual who suspects that an elderly person is being abused, neglected, or exploited to immediately report this information to a central abuse registry. DCF abuse registry staff refer calls to district service offices for investigation of the allegations. Allegations may include physical abuse, environmental neglect, inadequate food, mental injury, and lack of adequate health care and supervision, as well as other maltreatments.

Purpose

The 1998 Legislature directed OPPAGA to review the process by which the Department of Children and Families (DCF) refers elder victims of abuse, neglect, or exploitation to the Department of Elder Affairs (DOEA). The review also is to examine the process

If DCF determines that an emergency situation exists and that the elder person is at risk of death or serious physical injury, the victim may be removed from the home. DCF places the victim in a safer environment, such as in the home of a relative or friend or in an alternative setting, such as an assisted living facility. DCF may also provide or arrange for temporary emergency services, such as medical examinations, 24-hour sitter services, or transportation.

If DCF determines that the victim needs ongoing in-home services, the investigator refers the victim to DOEA. For example, elders may need ongoing services, which provide help with activities such as preparing meals and personal care services for persons who need assistance with eating, bathing, dressing, or other necessary daily activities. Another in-home service is respite care, which provides relief to caregivers of frail elders.

To provide in-home services, DOEA contracts with area agencies on aging which then contract with local service providers. There is an area agency on aging in each of DOEA's 11 service areas that contracts with primarily non-profit agencies and local government agencies to deliver in-home services. Case managers in these agencies make further assessments of services elder victims need to establish a safe living environment.

Elder victims of abuse, neglect, or exploitation receive in-home services through the DOEA Community Care for the Elderly (CCE) Program. CCE is a state-funded program serving functionally impaired persons over

age 60 who need assistance to stay in their homes. According to DOEA officials, DOEA spent approximately \$38.8 million for program services in the 1997-98 fiscal year. In Fiscal Year 1997-98, DOEA served nearly 40,000 elder persons in the CCE Program. As of November 1998, there were an estimated 13,000 clients on waiting lists for CCE services.

As shown in Exhibit 1, elder victims of abuse, neglect, or exploitation tend to be white females over the age of 75.

1998 Statutory Changes

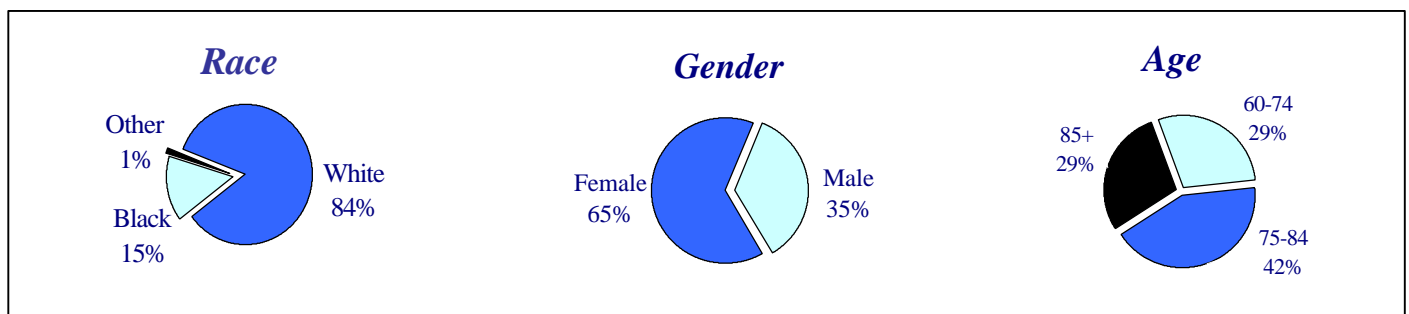
Because of concerns about certain elder abuse victims not being served in a timely manner, the 1998 Legislature amended the law to require DCF to refer to DOEA elder victims of self-neglect who need services.¹ The Legislature also amended the law to require that DOEA serve within 72 hours all referrals from DCF who need immediate services to prevent further harm.²

Procedures adopted by DCF and DOEA effective October 1, 1998, specify that only DCF referrals that are assessed as being at high risk of further harm are required to be served within the 72-hour time period. All other DCF referrals will receive services according to their degree of need and risk of being institutionalized in a facility such as a nursing home.

¹ Sections 415.102 and 415.105, F.S.

² Section 430.205, F.S.

Exhibit 1
The Highest Proportion of Reported Elder Victims of Abuse, Neglect, or Exploitation
Tend to Be White Females Over the Age of 75
(N= 16,958 persons over age 60 named in abuse reports for Fiscal Year 1997-98)



Source: Department of Children and Families

Findings

This preliminary report examines the referral practices and service provision to elder abuse victims that existed prior to the 1998 legislation taking effect. The report also assesses potential effects of the statutory changes on the referral process and service provision to this population.

How many elder victims of abuse, neglect, or exploitation did DCF refer to DOEA, and how timely did DOEA provide services to these persons before the statutory changes?

DOEA does not maintain summary data on the number of elder abuse referrals it receives from DCF or how timely it provides services to these persons. To research these issues, we obtained data on a sample of 598 DOEA clients who were named in DCF abuse registry reports during the July 1997 through September 1998 period. We also interviewed DCF and DOEA officials at the central office and regional office levels and directors of area agencies on aging to obtain additional information about this population.

DCF referred an estimated 45% of the cases we examined to DOEA for services.³ DCF did not refer the remaining 55% of the elder abuse victims to DOEA primarily because clients were admitted to nursing homes or other facilities, did not need services, or refused services. Assuming that our sample is representative of the statewide population, we estimate that DCF referred between 1,400 and 3,100 elder abuse victims to DOEA for services for the period of July 1997 through September 1998.

Data on the timeliness of DOEA services to referred elder abuse victims was generally not available in the DOEA client information system. We could obtain actual referral and initial service dates for only 47 of 268 potential referral cases. For approximately two-thirds of the 47 cases, DOEA served the elder abuse victims within three days of their referral. The remaining cases received initial services from 4 to 43 days after their referral. This limited baseline data will make comparisons of DOEA service timeliness before and after the 1998 statutory changes problematic.

³ It was not possible for us to determine from case file information whether DCF had referred some cases to DOEA. We estimated referral status based on the best information we could obtain on each case.

What potential effects will the new legislation have on referrals and service provision?

To determine how the new legislation might affect referrals and service provision for elder victims of abuse, neglect, or exploitation, we interviewed DCF and DOEA officials and directors of area agencies on aging. Based on these interviews, we determined that

- although the number of DCF referrals to DOEA is expected to increase somewhat, it is not likely to impede DOEA's ability to serve high priority clients;
- if the number of DCF referrals is larger than expected, some additional lower priority clients may be placed on waiting lists for services; and
- DCF and DOEA staff have been working cooperatively to ensure that high priority clients are served in a timely manner.

Minimal increases in DCF referrals expected. DCF officials told us that prior to the new law taking effect in October 1998, some DCF districts had served clients that should have been referred to DOEA because of concerns that those clients would not be served in a timely manner or would not receive the services they needed. Because the new law mandates that DCF refer clients who may not have been previously referred, the number of additional referrals to DOEA may increase.

However, we project that there will be minimal increases in the number of elder abuse victims that DCF refers to DOEA. While our file review indicates that many elder abuse victims had not been referred in the past, the primary reasons given for not referring these cases appeared to be reasonable. DCF administrators indicated that the cases that were served by DCF staff rather than referred to DOEA were typically intermediate or low-risk cases, and that staff had referred all or nearly all of the appropriate clients to DOEA in the previous year. The two DCF administrators who could estimate the impact of the new law projected that between 105 and 135 additional cases would be referred.

DOEA officials reported that only minimal increases in statewide referrals occurred during October 1998, the first month that the new referral requirements were in effect. Of the seven directors for area agencies on aging we interviewed, five said that they had seen small or no increases in referrals, while one reported an increase of eight referrals in one week in one county.

The remaining director was uncertain about increases in referrals. Therefore, early indications are that additional DCF referrals to DOEA will likely be minimal and should not disrupt DOEA's ability to serve high priority clients.

Additional lower risk clients may not be served. If the number of DCF referrals were larger than anticipated, then a greater percentage of lower risk clients would be placed on a waiting list for services. DOEA officials reported that clients who are assessed at intermediate or low risk for further harm have been placed on a waiting list for services when demand has exceeded capacity to serve these clients. Many of these clients would ultimately receive in-home services when these services became available or would remain on the waiting list until they became high risk for abuse, neglect or exploitation or for institutionalization and would likely be placed in a nursing home under Medicaid services.

DOEA officials also reported the possibility that lower risk clients may have their services reduced or terminated. This could happen if services are not immediately available for high-risk referrals. However, this is not likely to occur because DOEA officials and one area agency director reported that DOEA has been able to serve most clients through attrition.

DCF and DOEA working cooperatively to ensure clients are served. DCF and DOEA officials indicated the statutory changes affecting the referral process necessitated staff of both agencies to work together to ensure that elder abuse clients receive needed services. New procedures adopted by both agencies require staff to make joint decisions about the service needs of DCF-referred clients. In addition, DCF and DOEA officials reported initiating joint training efforts to ensure high priority clients are served in a timely manner.

Conclusions and Recommendations

Because of concerns that certain elder abuse victims were not being served in a timely manner, the 1998 Legislature changed the law requiring victims of self-neglect to be referred to DOEA and requiring that all referrals that need immediate services to prevent

further harm be served within 72 hours. In this preliminary review, we determined that DCF formerly referred an estimated 45% of elder abuse victims to DOEA for services, equating to between 1,400 to 3,100 elder abuse victims referred to DOEA during the period of July 1997 through September 1998. The remaining cases were not referred primarily because clients were admitted to nursing homes or other facilities, did not need services, or refused services. There is little data available on how quickly DOEA previously served referred cases. For approximately two-thirds of the 47 cases in which we could assess timeliness, DOEA provided services within three days of referral.

The new legislation will have three likely effects. First, the number of DCF referrals may increase somewhat, but is not likely to impede DOEA's ability to serve high-risk clients. Second, if the number of DCF referrals is higher than expected, then additional lower risk clients may be placed on waiting lists. Finally, DCF and DOEA staff have been working cooperatively to ensure that high priority clients are served in a timely manner. Our final report, due in December 2000, will more fully assess the impacts of the 1998 statutory changes.

Both DCF and DOEA have made initial changes to their information systems to enable them to report the number of abuse referrals to DOEA. We recommend that both departments continue to make improvements to their information systems that will result in better data on abuse referrals to DOEA and the timeliness of service provision to these clients.

Agency Response

STATE OF
FLORIDA
DEPARTMENT
OF

ELDER
AFFAIRS

LAWTON CHILES
GOVERNOR

E. BENTLEY LIPSCOMB
SECRETARY

December 29, 1998

Mr. John W. Turcotte, Director
Office of Program Policy Analysis and
Government Accountability
P. O. Box 1735
Tallahassee, Florida 32302

Dear Mr. Turcotte:

Thank you for the opportunity to respond to the Preliminary Report, "Referrals and Service Provision for Elder Victims of Abuse, Neglect, or Exploitation."

As indicated in the report, we are working closely with the Department of Children and Families (DC&F) to ensure effective implementation of the 1998 changes to ch. 415, Florida Statutes, regarding the referral of elder victims of abuse, neglect, or exploitation to the Department of Elder Affairs (DOEA). Due to these efforts, we have clarified several issues, but a few issues still require some work. For example, s. 415.1951(2)(f)4., Florida Statutes, provides:

If an order to continue emergency protective services is issued, it must state the services to be provided and designate an individual or agency to be responsible for performing or obtaining the essential services on behalf of the disabled adult or elderly person,

The DC&F, based on this provision, names private entities who contract with DOEA in their court orders. Since these are private contractors who are not parties to the actions in question, it is our position that the court does not have jurisdiction over them, and therefore, they should not be named in a court order directing them to provide services. Nevertheless, in order to assist DC&F in complying with their statutory requirement, we currently are working on language upon which we can both agree, and which can be placed in DC&F court orders. This will be an interim fix, until such time as we are able to address this issue legislatively.

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There are of issues relating to the referral language that may need legislative clarification. As the report indicates, s. 430.205, Florida Statutes, requires DOEA to serve within 72 hours all referrals from DC&F who need immediate services to prevent further harm. By agreement between DC&F, and DOEA, and consistent with our understanding of the legislative intent, DC&F referrals at high risk of further harm are required to be served within the 72-hour time period. All other DC&F referrals are either served or put on a wait list in the same manner as referrals from all other intake sources. Although we thought it was clear that only high-risk referrals would take precedence over our other clients, there appear to be differences of opinion on this issue. Opinions have been expressed that DC&F sets DOEA priorities for our Community Care for the Elderly program. This would mean anyone seeking our services would have to make a call to the abuse hotline to access our services. We have existing clients who would meet the DC&F criteria for each of DC&F levels of risk. These clients should not have to be exposed to an investigation by DC&F to continue to receive our services. We may seek legislative clarification that only the high-risk DC&F referrals must be served within 72 hours. In addition, because we do not have the ability to track the exact hour referrals are received, nor the exact hour the services are provided, we are interpreting the 72-hour guideline for providing services as a 3-day guideline.

The OPPAGA report recommends revisions to the Department's information system to capture data on the number of referrals from Adult Protective Services (APS) and the timeliness of service provision. Currently, this information is collected in the individual client files. Service providers total the monthly amount of a specific service delivered to each client in the general revenue funded programs and enter that amount in the system, usually on the last day of the month. For example, a client receives four hours of homemaker service on six separate days in the month. The entry in the Client Information, Registration and Tracking System (CIRTS) will show 24 hours of service on the 31st day of the month. The actual dates of service must be obtained from the individual client file. We have permitted this type of data entry because of the higher cost of date specific data entry for over 38,000 Community Care for the Elderly clients. Each area agency on aging determines their data entry date in each Planning and Service Areas (PSA). Attachment 1 shows the differences in reporting by PSA. You will note some PSA's require date specific data entry, however, this requirement is only in the general revenue programs. APS referrals reviewed in the report could have been served through the federal programs.

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The OPPAGA report states actual referral and initial service dates could be obtained for only 47 of the 268 potential referral cases. Although, this is accurate for the information available in CIRTS, the information is available in the client files. The report further indicates DOEA served two-thirds of the 47 cases within three days. It should be noted only one high-risk referral was served more than three days after the referral (see Attachment 2, client 8-A). Although DOEA attempted to provide services for that referral much earlier, services actually commenced eight days after the initial referral.

It is critical to point out that since the creation of the department in 1991 only \$280,000 has been appropriated to DOEA for non-recurring management information system needs. Prior to becoming a department, providers did not have the ability to enter service information into an automated system. The department uses a PC-based local area network system funded from the Older American Act. For our system to be adequate and respond to the data needs as described in the OPPAGA report, an information system must be funded.

Again, thank you for the opportunity to respond to the Preliminary Report and bring to your attention some of the issues we continue to work on.

With kind regards, I am

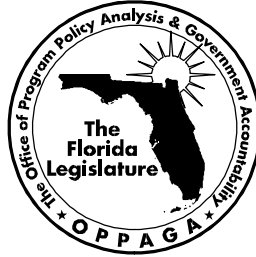
Sincerely,

/s/ Tanya C. Jackson /for
E. Bentley Lipscomb

Attachment 1
Attachment 2

The Florida Legislature

Office of Program Policy Analysis and Government Accountability



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