

Notice of Instruction

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West Central Florida
Area Agency on Aging, Inc.



Assistance. Advocacy. Answers on Aging.

Notice of Instruction Number: #121112 – APS Operations Manual - kp

TO: All Lead Agencies

FROM: Katie Parkinson, Director of Program Management

DATE: December 11, 2012

SUBJECT: Updated APS Operations Manual

The purpose of this notice is to notify WCFAAA contracted lead agencies that a new version of the Adult Protective Services (APS) Referrals Operations Manual and an APS Contact List is now available. The APS Contact List is a listing of DCF and aging network staff who handle APS clients. The APS Referral Operations Manual and APS Contact List are available on the APS Referral Tracking Tool website <https://199.250.26.79/reports/artt/artt.html>.

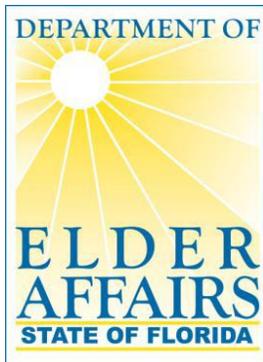
Included in the APS Operations Manual is a description of the communications required between DCF and aging network staff to ensure APS clients' needs are met. Item #38 in the APS Operations Manual describes the procedure for elevating issues that are not satisfactorily resolved initially.

The APS Contact List was developed to ensure that the appropriate staff can be quickly contacted. The list contains contact information for protective investigator supervisors, operations program administrators, Area Agency on Aging staff, lead agency supervisors, and DOEA and DCF headquarters staff. The APS Contact List also contains a tab with the contact information for mental health and substance abuse staff to assist in locating these services.

Please ensure that the contact list is reviewed monthly and any needed updates are emailed to Ms. Gibson at Gibsonb@elderaffairs.org. This contact list will only remain useful if the information is kept current.

Should you require additional program information, please contact Katie Parkinson, WCFAAA Director of Program Management, katie.parkinson@agingflorida.com.

Attachments



Adult Protective Services Referrals Operations Manual

Developed by the Department of Elder Affairs and
The Department of Children and Families and
The Area Agencies on Aging

November 2012

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Appropriate Referrals

1. Only an adult protective investigator supervisor or an adult protective investigator with the approval of an adult protective investigator supervisor can initiate APS referrals.
2. Each Adult Protective Services (APS) referral for home and community-based services will be sent to the appropriate intake entity for the county in which the APS referral resides. Referrals for placement will not be referred to the aging network.
3. Only APS referrals for individuals age 60 and older will be sent to intake entities and entered into the Adult Protective Services Referral Tracking Tool (ARTT).
4. Only APS referrals for individuals residing in the community who are capable of being safely served with home and community-based services will be sent to intake entities and entered into the ARTT.
5. Pursuant to Section 430.205(5), Florida Statutes, APS referrals in need of immediate services to prevent further harm will be given primary consideration for receiving Community Care for the Elderly (CCE) Services. The CCE Lead Agency may elect to coordinate needed services using other programs, such as Home Care for the Elderly (HCE) and non-Department-of-Elder-Affairs-funded services with the Area Agency on Aging's approval. Adult Protective Services referrals not in need of immediate services to prevent further harm will be prioritized for services in accordance with the Department of Elder Affairs (DOEA) prioritization criteria. The provision of services will be based on the need for services as determined by the assessment priority score.
6. An APS referral initially sent to Adult Protective Supervision by an adult protective investigator that is later referred to the intake entity will be entered into the ARTT.

High Risk Referrals

7. If the person who is the subject of the APS referral needs immediate protection from further harm, which can be accomplished completely or in part through the provision of home and community-based services, the referral to the aging network will be designated as "**high-risk.**" The high-risk referral will be staffed by APS and the AAA-designated CCE Lead Agency to determine the specific services needed. Such services may be time limited and designed to resolve the emergency or crisis situation that could place the person at risk of further harm. For referrals received during business hours, the CCE Lead Agency must initiate the emergency or crisis resolving service(s) within 72 hours of receipt of the referral packet. For referrals received after business hours, the CCE Lead Agency must initiate the emergency or crisis resolving service(s) within 72 hours of receipt of the phone call from APS. This includes services identified by APS, but not currently provided. Case management alone does not meet this requirement. For **high-risk** referrals that are currently receiving services funded by the DOEA, the 72-hour time frame includes not only existing services, but also any additional emergency or crisis resolving service(s) identified at staffing.

Adult Protective Services staff must advise consumers upon referral that services put in place may be limited to 31 days. Upon receipt of the referral, the CCE Lead Agency must also communicate to the consumer that services put in place may be limited to 31 days. The provision of services may exceed 31 days if 1) the emergency or crisis still exists and continuation of the services is needed for resolution or 2) the crisis is likely to return without the provision of services.

8. Adult Protective Services staff must fax or hand-deliver referral packets for **high-risk** referrals to the intake entity within 3 hours of entering the referral into the Adult Protective Services Referral Tracking Tool (ARTT). The protective investigator or protective investigator supervisor and intake entity will discuss the APS referral and any safety issues and risk factors in person or over the telephone.

9. Adult Protective Services **high-risk** referrals made after business hours (including evenings, weekends, and holidays) require a telephone call to the intake entity. The following referral information must be provided: name, social security number, address, safety assessment, risk factors (such as environmental concerns), and type of report. The referral will be entered into the ARTT within the first 3 hours of business on the next business day. Within 3 hours of entering the referral into the ARTT, a referral packet will be faxed or hand-delivered to the intake entity (see #23 for packet contents).

10. Before services are terminated after 31 days, the client will be seen face-to-face by a Lead Agency case manager. If the CCE Lead Agency determines services can be safely terminated, APS will be contacted (using contact information in the ARTT). Adult Protective Services will participate in a discussion of the client regardless of the status of the case. If both parties do not agree that services can safely be terminated, the Lead Agency case manager will assess the client's needs, and the assessment will be entered in the Client Information and Registration Tracking System (CIRTS). Refer to #38 if both parties continue to disagree about the client's need for additional services after an assessment is conducted.

If both parties agree that crisis-resolving services can safely be terminated, the client may be put on a waitlist for additional services, if appropriate. An "Update" assessment will be created (based on the latest assessment) in CIRTS, and the referral source will be set to "Other." This allows the individual to be prioritized for services in accordance with DOEA prioritization criteria while leaving the previous assessment record, including the previous "APS" referral source status, intact. (An "Update" assessment is created by selecting the "Update Assessment" button in CIRTS, which makes a copy of the assessment.)

If the client does not want to be put on a waitlist for services, the case manager does not need to modify the assessment and the assessment's referral source field does not need to be updated.

11. If at any time the client refuses services, the client's case with Adult Protective Services is closed and without services the client will be at risk of further harm, the case manager must file a report with Florida Abuse Hotline (F.S. 415.1034).

Adult Protective Services Referral Tracking Tool (ARTT) Entries

12. Only referrals for victims of second party abuse, neglect, and exploitation or self-neglect who need home and community-based services as identified by Adult Protective Services staff will be put into the ARTT. (Note: victims of self-neglect were previously referred to as "vulnerable adults in need of services.")
13. All Adult Protective Services referrals made during business hours will be entered into the ARTT on the same day the referral is made.
14. If the ARTT is not available at the time of referral, an Adult Protective Services referral form will be manually completed and hand-delivered or faxed to the intake entity as part of the referral packet. The intake entity will be informed of the problem. When the ARTT becomes available, the referral will be entered into the ARTT. The date the referral packet was sent is entered on the "Section 4" tab if the date differs from the date the entry is made in the ARTT.
15. All APS referrals, regardless of risk level (i.e., high, intermediate, or low), will be entered into the ARTT.
16. Each referral will be entered separately into the ARTT. If services are being requested for more than one member in a household, separate referrals will be entered into the ARTT. The same abuse report number may be used for more than one member in a household.
17. Each referral entered into the ARTT must be approved and signed in the ARTT by the protective investigator supervisor within 24 hours of receipt from the adult protective investigator.

18. If a new abuse report (number) is received for an individual who had been reported and referred previously, a new referral will be entered into the ARTT, regardless of whether or not the individual is currently receiving services.
19. The information the AAA or CCE Lead Agency will enter in the ARTT is listed below according to risk level.

ARTT Data Entry Requirements for High-Risk Referrals:

ARTT Field	Description	Requirements	Data Entry Timeframe *
Action Taken by Provider	What actions have been taken for the client including which services were provided	Mandatory	Enter within 5 calendar days
Staffing or Additional Comments	Comments to assist with addressing the needs of the client	Enter as appropriate	
Service Provider's Signature	Name of the case manager	Mandatory for all referrals	Enter within 5 calendar days
Schedule Staffing Date	The date the case will be staffed	Mandatory	Enter within 5 calendar days

ARTT Data Entry Requirements for Intermediate and Low-Risk Referrals:

ARTT Field	Description	Requirements	Data Entry Timeframe *
Action Taken by Provider	What actions have been taken for the client including which services were provided	Action Taken by Provider <u>or</u> Staffing or Additional Comments mandatory	Enter within 14 calendar days
Staffing or Additional Comments	Comments to assist with addressing the needs of the client	Action Taken by Provider <u>or</u> Staffing or Additional Comments mandatory	Enter within 14 calendar days
Service Provider's Signature	Name of the case manager	Mandatory for all referrals	Enter within 14 calendar days
Schedule Staffing Date	The date the case will be staffed	Enter as appropriate	Enter when available

* For referrals made during business hours, timeframes begin when the referral packet is received. For referrals made after business hours, timeframes begin when the phone call from Adult Protective Services is received.

20. The intake entity will work with Adult Protective Services staff to identify and maintain, in accordance with law, accurate Social Security numbers should the two agencies have different Social Security numbers for the same individual.
21. If a client's Social Security number is not known, a pseudo Social Security number should be created as follows: the first three characters are the client's initials from their name (first, middle, and last) and the last six characters are the client's six-digit date of birth. The date of birth should follow the format "MMDDYY" where "MM" is the two-digit month, "DD" is the two-digit day of the month, and "YY" is the two-digit year. If the client's middle initial is unknown, "X" should be used. For example, the pseudo SSN for John L. Smith, born on May 18, 1961, would be "JLS051861." These guidelines should only be used after every effort to obtain the client's correct Social Security number has been made.

Referral Packets

22. Referral packets for **high-risk** referrals must be faxed or hand-delivered to the intake entity within 3 hours of entering the referral into the ARTT and within 24 hours for **intermediate** and **low-risk** referrals. If circumstances prevent Adult Protective Services from completing the safety assessment within 3-hours for **high-risk** referrals and within 24 hours for **intermediate** and **low-risk** referrals, the protective investigator must contact the intake entity to discuss the safety and risk factors.
23. Each referral packet will include the following:
 - Referral Form (printed from the ARTT if the ARTT is available at the time of referral);
 - Adult Safety Assessment;
 - Capacity to Consent Assessment;
 - Provision of Voluntary Adult Protective Services CF-AA 1112 form if the individual being referred does not have capacity to consent, but a caregiver or guardian has given consent for services to be provided; and
 - Court Order (if services were court ordered).

Retracting/Rejecting Referrals

24. If it is determined by the adult protective investigator supervisor that a referral should not be sent to the aging network after it is entered into the ARTT, the referral will be marked as “Should Not Be Sent” in the ARTT. This option is only available if the referral has not yet been sent to the intake entity via the ARTT. Referrals marked as “Should Not Be Sent” will not be visible to the aging network.
25. If it is determined that a referral sent to the aging network through the ARTT should not have been sent, the adult protective investigator must contact the intake entity and provide the reason why the referral should not have been sent. For high-risk referrals, the adult protective investigator must contact the intake entity within 24 hours. For intermediate and low-risk referrals, contact must be made within 48 hours (if during business hours) or the next business day. The intake entity will then reject the referral and document the reason for the rejection in the ARTT.
26. Reasons for rejection of a referral in the ARTT may include the following:
 - Adult Protective Services rescinds the referral;
 - The referral is solely for placement, which is the responsibility of the Department of Children and Families and should not have been referred to the intake entity;
 - The referral is a duplicate (more than one referral is in the ARTT for the same person referred on the same day), as confirmed by Adult Protective Services.A referral must not be rejected due to the fact that the individual was receiving services at the time of referral.
27. Referrals received for individuals that do not live in the jurisdiction of the intake entity should not be rejected in the ARTT. The intake entity must contact Adult Protective Services and notify them that the referral was not accepted and the reason(s) why. Adult Protective Services must update the ARTT referral with the appropriate address and county and hand-deliver or fax the referral packet to the appropriate intake entity. Adult Protective Services must also call the appropriate intake entity to inform them of the new referral.

Accepting/Receiving Referrals

28. The intake entity must acknowledge receipt of all Adult Protective Services referrals in the ARTT on the same day the referral packet is received. If the referral was not entered in the ARTT prior to the referral packet being received, the intake entity must contact the protective investigator that made the referral. Once the referral is entered in the ARTT, the intake entity must acknowledge receipt of the referral in the ARTT. If the referral is being acknowledged one or more days after the packet was received, the date the referral packet was received must also be entered in the “Aging Network” tab in the ARTT. All appropriate entries in the ARTT must be made (see #19).
29. The intake entity will confirm receipt of a faxed referral packet by contacting the Department of Children and Families office via telephone or email the same day the referral packet is received. Email messages must only refer to the abuse report number and must not include the name or Social Security number of the referral.
30. A 701B comprehensive assessment must be completed in person within 72 hours of receipt of the ARTT referral packet for **high-risk** referrals received during business hours. For **high-risk** referrals received after business hours, the 72 hours begins when the phone call from Adult Protective Services is received. A 701A or a 701B must be completed within 14 calendar days for **intermediate** and **low-risk** referrals.
31. CCE co-payments for services will be waived for **high-risk** referrals during the first 31 days of service or until the vulnerable adult’s crisis situation has been resolved as determined by the CCE Lead Agency and APS staff.

Client Information and Registration Tracking System (CIRTS) Entries

32. The following information will be entered in the Client Information and Registration Tracking System (CIRTS) by AAA or CCE Lead Agency staff for all APS referrals:
 - Assessment information, which includes setting the referral date to the date the referral packet was received by the intake entity, the referral source set to

“abuse/neglect,” and the risk level set as determined by Adult Protective Services (high, intermediate, or low);

- Enrollment information;
- If services are provided, care plan information; and
- For **high-risk** referrals, the specific services provided within the first 72 hours after the individual was referred. (See #33 for information about how these services are to be recorded in CIRTS.)

For **high-risk** referrals, assessment and enrollment information must be entered into CIRTS within 14 calendar days of receipt of the referral packet. Services and care plan information must be entered in CIRTS by the end of the month in which services were provided. For **intermediate** and **low-risk** referrals, this information must be entered in CIRTS in accordance with DOEA policy.

33. Adult Protective Services **high-risk** referrals must have the following information entered in CIRTS by AAA CCE Lead Agency staff:

- Units of service for case management and services are entered using the date-specific method for the 72-hour period following the referral. This includes existing services and services that may normally be reported in aggregate such as Older Americans Act services. For the next 28 days, services must be aggregated weekly, i.e., the total number of units provided each week must be entered in CIRTS. (Alternatively, the date-specific method may be used for the full 31-day period.) After this 31-day period, CCE Lead Agencies may return to entering units in compliance with CIRTS reporting requirements.
- Informal services arranged by the case manager (for example, services provided by churches, neighbors, or other community resources) are entered using the date-specific method by setting the program to “Non-Department of Elder Affairs Program” (NDP), the number of units to “1,” the unit type to “Episode” (EPS), and the unit cost to “0.”
- For current clients referred by Adult Protective Services and determined **high-risk** by Adult Protective Services, the dates of service delivery and units of

service are entered as if the individual were a new **high-risk** referral (i.e., using the date-specific method for the first 72 hours after referral).

Service Delays/Refusals

34. Within 31 days of receipt of a **high-risk** referral, if the person being referred refuses to be assessed, refuses one or more of the services needed to resolve the crisis, or there is a delay in service provision for reasons beyond the control of the service providers, the CCE Lead Agency will do the following:
- Contact the APS investigator within 24 hours if during business hours or the next business day to discuss the situation and determine the next best course of action;
 - Create a “Demographic” type assessment in CIRTS, which requires only minimal demographic information (if the person referred refuses to be assessed);
 - Create an entry in the Received Services screen in CIRTS, if case management services were provided. Set the Service to “Case Management” with the appropriate date and number of units;
 - Enter in the CIRTS Received Services screen the reason for the refusal or delay in service provision for **high-risk** referrals. Set the Program to “Non-Department of Elder Affairs Program” (NDP) and set the Service using the most appropriate code listed below:
 - CLDC - Consumer deceased
 - CLDS - Consumer delayed services
 - CLRF - Consumer refused services
 - CLUV - Consumer unavailable
 - PLAF - Consumer placed in ALF
 - PLFM - Consumer placed with family
 - PLHS - Consumer placed in hospital
 - PLNH - Consumer placed in nursing home
- Set the number of units to zero and the unit type to “Episode” (EPS);

- Set the Staffing Date field on the Aging Network tab to the date the situation was discussed with the adult protective investigator or adult protective investigator supervisor; and
- If the individual is temporarily institutionalized, the intake entity will work with DCF to discuss changes to the individual's service needs upon return to the community.

Case File Contents and Documentation

35. A copy of all referral packets will be kept in the case files.
36. CCE Lead Agencies will document the following in the case notes/narratives for all **high-risk** referrals:
 - Specific dates the individual was contacted by the case manager during the 31 days following the referral.
 - Specific dates the individual was assessed. This will include the date the individual was initially assessed and the date the individual was reassessed. Also document if and when the crisis was resolved.
 - The case manager's determination of the individual's abilities, needs, and deficiencies observed during all assessments.
 - Specific services and service dates for services provided during the 72 hours following the referral. This includes services not funded by the Department of Elder Affairs.
 - Specific services provided and the frequency at which they were provided during the 31 days following the referral. This includes services not funded by the Department of Elder Affairs.
 - All contact and discussions with Adult Protective Services staff.
 - All contact and discussions with Nursing Home Diversion providers.
 - Specific dates the follow-ups are performed. At a minimum, follow-up within 14 calendar days to ensure services started and again after 31 days to determine if services are still needed.

- If services could not be provided for reasons beyond the control of the provider, document all actions taken in an attempt to provide services and/or contact the referred individual.
- If services were delayed, document why, when services began, and which services were provided.

Referrals for Nursing Home Diversion Clients

37. For all vulnerable adults enrolled in the Nursing Home Diversion Waiver at the time of referral, the AAA or CCE Lead Agency must contact the Nursing Home Diversion provider as recorded in CIRTS within two hours of receipt of the referral packet. Upon confirmation that the vulnerable adult is enrolled with this provider, the referral packet must be faxed or hand-delivered to the provider to protect client confidentiality. The name and phone number of a contact person at the CCE Lead Agency must be included in the packet. Prior to making the referral to the Nursing Home Diversion Waiver provider, the CCE Lead Agency must ensure, using written and/or verbal information provided by the Department of Children and Families, that the Nursing Home Diversion Waiver provider or their sub-contractor(s) are not suspected or determined to be responsible for the abuse, neglect, or exploitation of the vulnerable adult.

For **high-risk** referrals, assurance that crisis-resolving services can be provided within 72 hours (of receipt of referral by the intake entity) must be obtained from the Nursing Home Diversion provider. If the Nursing Home Diversion provider is contacted after business hours (including evenings, weekends, and holidays), the provider has 24 hours in which to provide such assurance. If assurance is not obtained, the CCE Lead Agency is responsible for assessing the client and providing crisis-resolving services until assurance is provided by the Nursing Home Diversion provider or the crisis is resolved. The cost of the crisis-resolving services provided by the CCE Lead Agency while awaiting assurance outside of the allowable delay will be reimbursed by the Nursing Home Diversion provider.

The CCE Lead Agency will neither serve nor assess Nursing Home Diversion clients who are referred to Nursing Home Diversion providers. However, for client tracking purposes, the CCE Lead Agency will create a “Demographic” type assessment in CIRTS that requires only minimal demographic information. In addition, for referrals of Nursing Home Diversion clients not served by the CCE Lead Agency, two service entries must be entered in CIRTS using the date-specific method:

1. Service entry 1: set the Program to “Non-Department of Elder Affairs Program” (NDP); set the service to “Referral/Assistance” (REFE); and set the service date to the date assurance was received from the Nursing Home Diversion provider.
2. Service entry 2: set the Program to “CCE” and set the service to “Case Management” (CM). This will allow case managers to bill for the time spent discussing the client with, and transferring the referral packet to, the Nursing Home Diversion provider.

The CCE Lead Agency is responsible for notifying the ADRC/ARC/AAA of the status of each Nursing Home Diversion referral. The ADRC/ARC/AAA must then relay this information via email to the Nursing Home Diversion Waiver contract manager at the Department of Elder Affairs.

Miscellaneous

38. If at any time during the process there are any disagreements between the Adult Protective Services protective investigator and the CCE Lead Agency regarding services to be provided, the Adult Protective Services protective investigator supervisor and a case manager supervisor at the CCE Lead Agency will jointly review the case to resolve the issue(s). If the issue(s) cannot be resolved at this level, the case will be referred to the AAA and the Department of Children and Families Operations Program Administrator/Program Operations Administrator. If the issue cannot be resolved at this level, the case will be referred to DOEA and DCF Headquarters for final resolution.

Definitions

- "**Abuse**," as defined in s. 415.102 (1), F.S., means any willful act or threatened act by a relative, caregiver, or household member, which causes or is likely to cause significant impairment to a vulnerable adult's physical, mental, or emotional health. Abuse includes acts and omissions.
- "**Capacity to consent**," as defined in s. 415.102 (4), F.S., means that a vulnerable adult has sufficient understanding to make and communicate responsible decisions regarding the vulnerable adult's person or property, including whether or not to accept protective services offered by the Department of Children and Families.
- "**Capacity to Consent Form**" is an assessment of the vulnerable adult's capacity to consent. This form does not get signed. The adult protective investigator completes the Capacity to Consent Form in the Department of Children and Families' statewide abuse information system. The determination of the vulnerable adult's capacity to consent is made by the protective investigator based on the information gathered. If, based on the completed Capacity to Consent Form, the vulnerable adult's capacity is questionable, the protective investigator seeks a professional decision of capacity from the vulnerable adult's physician, a psychologist, or a psychiatrist.
- "**Crisis**" exists when a vulnerable adult is at great or serious risk of harm.
- "**Crisis-resolving services**" are services that are needed immediately in order to reduce the current risk of great or serious harm to a vulnerable adult and to allow the individual to remain in his or her home setting more safely.
- "**Exploitation**," as defined in s. 415.102 (7)(a) and (b), F.S., means a person who:
 - Stands in a position of trust and confidence with a vulnerable adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult; or

- Knows or should know that the vulnerable adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

"Exploitation" may include, but is not limited to:

- Breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, resulting in the unauthorized appropriation, sale, or transfer of property;
 - Unauthorized taking of personal assets;
 - Misappropriation, misuse, or transfer of funds belonging to a vulnerable adult from a personal or joint account; or
 - Intentional or negligent failure to effectively use a vulnerable adult's income and assets for the necessities required for that person's support and maintenance.
- **“Further Harm”** is defined as a vulnerable adult who is expected to suffer ill effects from additional or continued maltreatment(s) of second-party abuse, neglect, exploitation or self-neglect without the provision of services directed towards abating such maltreatment. The potential for further harm will be inferred by the closure of a report as a “vulnerable adult in need of services” (self-neglect) or a "second party" investigation closed with one or more maltreatment findings or indicators AND the protective investigator’s initial assessment of risk of the victim is “high.”
 - **“Ill effects of neglect”** exist when a protective investigator determines that a vulnerable adult is suffering some degree of harm or injury or that there is a reasonable expectation of harm or injury directly resulting from second party or self-neglect as defined in 415.102 (15), F.S..
 - **“Intake Entity”** is defined as the agency to which the Department of Children and Families sends Adult Protective Services referrals. There may be more than one intake entity in a county. Each Planning and Service Area’s Aging and Disability Resource Center/Aging Resource Center/Area Agency on Aging (ADRC/ARC/AAA) determines which agency(ies) will be the intake entity(ies) for Adult Protective

Services referrals in each county in their Planning and Service Area.

ADRCs/ARCs/AAAs acting as the intake entity are responsible for notifying and transferring the appropriate documentation to the ADRC/ARC/AAA designated Community Care for the Elderly case management agency when services are needed.

- "**Neglect**," as defined in s. 415.102 (15) F.S., means the failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, which a prudent person would consider essential for the well-being of a vulnerable adult. The term "neglect" also means the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others. "Neglect" is repeated conduct or a single incident of carelessness, which produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.
- "**Protective services**," as defined in s. 415.102 (20) F.S., means services to protect a vulnerable adult from further occurrences of abuse, neglect, or exploitation. Such services may include, but are not limited to, protective supervision, placement, and in-home and community-based services.
- "**Protective supervision**," as defined in s. 415.102 (21) F.S., means those services arranged for or implemented by the Department of Children and Families to protect vulnerable adults from further occurrences of abuse, neglect, or exploitation.
- "**Signed Consent Form**" is a consent form titled "Provision of Voluntary Adult Protective Services" (Form #CF-AA 1112). This form is distinct from the Capacity to Consent Form. A copy of the signed Provision of Voluntary Adult Protective Services consent form is provided to the intake entity as part of the referral packet if the vulnerable adult lacks the capacity to consent and consent was provided by the caregiver or guardian.

If the vulnerable adult has capacity to consent, the vulnerable adult will be asked to sign this consent form for protective services. If the vulnerable adult refuses to sign the consent form but verbally requests services:

- The protective investigator will note on the consent form that the vulnerable adult refused to sign the consent form, and
- If someone is present that can serve as a witness to the vulnerable adult verbally giving consent for services, the witness or witnesses will be asked to sign and date the form as witness(es) to the vulnerable adult's verbal consent.

If the vulnerable adult lacks capacity to consent, a caregiver or guardian must provide consent for services.

- If the vulnerable adult has a **caregiver** who provides consent for the provision of services (and the caregiver is not the possible responsible person for the abuse, neglect or exploitation), the **caregiver** signs the consent form.
- If the vulnerable adult does not have a caregiver, but has a **guardian** who provides consent, the **guardian** signs the consent form.
- If the vulnerable adult lacks capacity to consent and there is neither a caregiver nor guardian, the Department of Children and Families will file a petition for court-ordered protective supervision whereupon a judge may issue an order for the provision of services.
- "**Vulnerable adult**," as defined in s. 415.102 (26) F.S., means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, long-term physical, or developmental disability or dysfunctioning, or brain damage, or the infirmities of aging.
- "**Vulnerable adult in need of services**," as defined in s. 415.102 (27) F.S., means a vulnerable adult who has been determined by a protective investigator to be suffering from the ill effects of neglect not caused by a second party perpetrator and is in need of protective services or other services to prevent further harm. This is the statutory definition for self-neglect.

Attachments

- Adult Safety Assessment

- Capacity to Consent
- Provision of Voluntary Adult Protective Services CF-AA 1112



ADULT PROTECTIVE SERVICES IN-HOME SAFETY ASSESSMENT

Client name: (Client Name)

SSN: (SSN)

Counselor: (Counselor Name) Unit:

For each factor, indicate (N)o, (Y)es, or (U)nknown. Complete this for the Initial Assessment and ALL subsequent updates. Provide an explanation for each. A reference to a specific document can be used as the required explanation.

VICTIM SAFETY FACTORS

1. Is 75 years or older Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

2. Has capacity to consent Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

3. Lives alone and there is no person available to assist or has no support system Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

4. Fears or has irrational desire to protect PRP or caregiver Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

5. Requires immediate medical attention or hospitalization Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

6. Has physical or mental limitations and / or behaviors that increase the risk of A/N/E or self neglect Initial (select) Update (select) Update (select)

- I U1 U2 (I - Initial; U1 - 1st Update; U2 - 2nd Update)
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Incontinent | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Self injurious | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lack of personal hygiene | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Uses drugs or alcohol |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical aggression | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sexually inappropriate behaviors | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Financially dependent on others | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unwilling or unable to provide for necessities of life regardless of income |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> History of elopement or wandering | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refuses medical care | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refuses needed service or placement | |

Initial	
Update	
Update	

7. Has limitations of Activities of Daily Living Initial (select) Update (select) Update (select)

- I U1 U2 (I - Initial; U1 - 1st Update; U2 - 2nd Update)
- | | | | |
|--|--|--|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ambulates with assistance | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Frail | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to bathe | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to use toilet |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to dress | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to groom | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unable to feed self | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bed bound |

Initial	
Update	
Update	

8. Has limitations of functional ability

I U1 U2 (I - Initial; U1 - 1st Update; U2 - 2nd Update) Initial Update Update
 (select) (select) (select)

Unable to use phone Unable to drive/use transportation Unable to do laundry
 Unable to do heavy chores Unable to manage medical care/medications Unable to shop
 Unable prepare meals Unable to do light housekeeping Unable to manage finances

Initial	
Update	
Update	

9. Requires adaptive equipment

I U1 U2 (I - Initial; U1 - 1st Update; U2 - 2nd Update) Initial Update Update
 (select) (select) (select)

Wheelchair Walker Cane Hospital bed
 Bedside commode Shower chair Oxygen

Initial	
Update	
Update	

10. Residence poses special problems or hazardous living conditions that place the victim at risk

I U1 U2 (I - Initial; U1 - 1st Update; U2 - 2nd Update) Initial Update Update
 (select) (select) (select)

Non working utilities Inadequate heat/air Inadequate food supply/ source Poor sanitation/cleanliness

Initial	
Update	
Update	

11. Inappropriate living arrangement

Initial Update Update
 (select) (select) (select)

Initial	
Update	
Update	

12. Report involves a death of any person as a result of A/N

Initial Update Update
 (select) (select) (select)

Initial	
Update	
Update	

SERVICE NEEDS

Services needed

Initial Update Update
 (select) (select) (select)

Initial	
Update	
Update	

13. Victim/caregiver agrees to identified services

Initial Update Update
 (select) (select) (select)

Initial	
Update	
Update	

14. Identified services currently available

Initial Update Update
 (select) (select) (select)

Initial	
Update	
Update	

15. Transportation is unreliable or unavailable

Initial Update Update
 (select) (select) (select)

Initial	
---------	--

Update	
Update	

16. Has adequate financial resources Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

17. Insurance provides for adequate medical care Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

PRP FACTORS

18. Responsible for the death or serious injury or death of another adult or child Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

19. Has unrestricted access to the victim Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

20. Describes or acts toward victim in negative terms or has unrealistic expectations Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

21. Fails to provide or arrange adequate medical care Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

22. Limits victim's access to the community and others cannot observe the condition of the victim Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

23. Physical or mental limitation that affects the ability to provide care Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

24. Financially dependent on victim Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

25. Has chronic substance abuse or alcohol problem

Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

26. Ongoing pattern of violence, abuse, neglect or exploitation

Initial (select) Update (select) Update (select)

Initial	
Update	
Update	

OVERALL SAFETY ASSESSMENT

Initial					
Counselor		Date:		Signature:	
Supervisor		Date:		Signature:	

Update					
Counselor		Date:		Signature:	
Supervisor		Date:		Signature:	

Update					
Counselor		Date:		Signature:	
Supervisor		Date:		Signature:	

COMMENTS:



PROVISION OF VOLUNTARY ADULT PROTECTIVE SERVICES

Client Name: _____

FSFN #: _____

I, _____, am a vulnerable adult as defined in Chapter 415, Florida Statutes. I understand my needs, my living conditions, and my personal circumstances.

OR

I, _____, am the caregiver/guardian of a vulnerable adult as defined in Chapter 415, Florida Statutes. I understand his/her needs, living conditions, and personal circumstances.

Therefore, I am:

Requesting and specifically consenting to the Department of Children and Families providing and/or arranging for the provision of protective services;

Refusing the assistance of, or any intervention by, the Department of Children and Families and hereby specifically refuse to consent to the provision of protective services.

I have read and understand this form. This the ____ day of _____, ____.

I am unable to read and this form has been read and explained to me prior to signature. This is the ____ day of _____, ____.

Client's Signature or Mark

Witness

Witness

Caregiver's/Guardian's Signature

Witness

Witness



CAPACITY TO CONSENT TO OR REFUSE SERVICES ASSESSMENT

**APS
1111**

Adult Protective Investigators or Human Services Counselors use this form to determine whether or not each vulnerable adult named as a victim has capacity to consent to or refuse services.

1. Investigation #: _____

2. Victim's Last Name _____ First Name _____ MI _____

3. ASSESSMENT CRITERIA

Is the vulnerable adult:	Yes	No	Rationale
a. Oriented to: Person Place Time			
b. Able to make decisions re: various facets of life			
c. Able to comprehend own mental, physical, environmental limitations			
d. Knowledgeable of resources available to assist in meeting own needs			
e. Aware of the consequences if nothing is done to improve the situation			
f. OVERALL ASSESSMENT Does the vulnerable adult have capacity to consent to services?			

4. Has the victim had a psychological/psychiatric evaluation? Yes No (If yes, please attach)
5. Has the victim been adjudicated incapacitated? Yes No (If yes, please attach court order)
6. Was Physician or Registered Nurse consulted? Yes No (If yes, enter comments below)

Comments:

7. Protective Investigator/HSC III Signature _____

8. Date Assessment Completed _____

CAPACITY TO CONSENT TO OR REFUSE SERVICES ASSESSMENT (APS 1111)

What This Form is For

Before services can be provided to a victim of adult abuse, neglect or exploitation, the investigator must determine if the victim has or lacks capacity to consent to or refuse services.

Capacity to consent means that a vulnerable adult has sufficient understanding to make and communicate responsible decisions regarding the vulnerable adult's person or property, including whether or not to accept protective services offered by the department. (s. 415.102 (3), F.S.)

This form is used by the investigator or HSCIII to document his determination of the victim's capacity to consent to services.

When To Use This Form

Investigator/HSC III: Complete this form upon determining that the victim is in need of services to prevent abuse, neglect or exploitation.

General Instructions

1. Type or print in black ink.
2. Use capital and small letters to write names, addresses and titles.
3. If you do not have room to enter all information in items on this form, add additional pages. On each additional page, enter page #, Investigation report number and victim's name in upper right corner.

How to Complete Each Item

1. **Investigation #.** Enter Investigation report number.
2. **Victim's Name.** Enter victim's last name, first name and middle initial. Enter victim's name as in this example: for Betsy L. Smith, enter Smith, Betsy L.
3. **Assessment Criteria.** In the chart below, check yes or no for (a) through (f). Under rationale, explain how you made your determination. If you are unable to determine status of each of the 5 capabilities through observation or general conversation, the questions in the chart at the bottom of this page may be helpful.

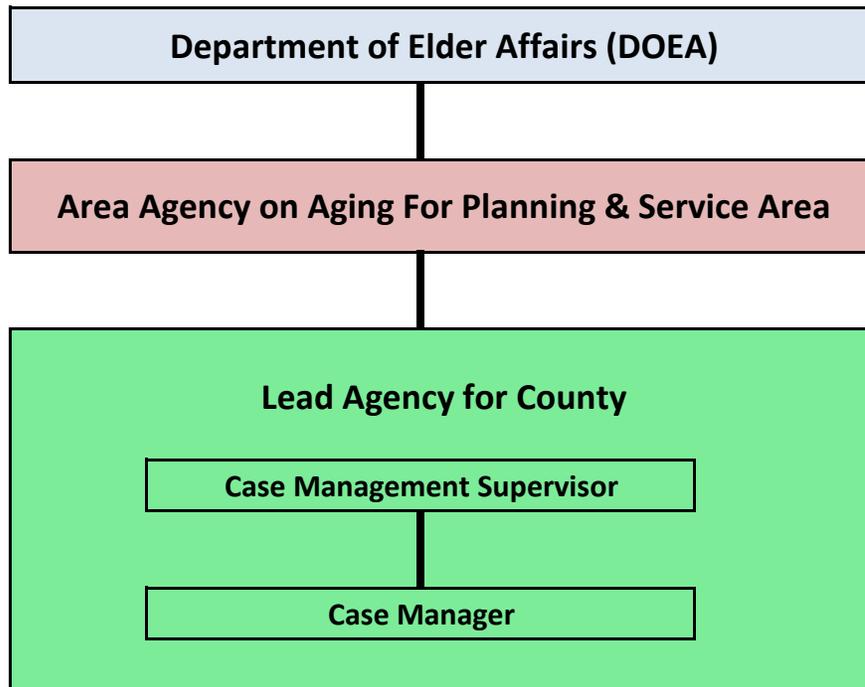
- (a) Is the Vulnerable Adult Oriented to: Person, Place & Time** means that the victim understands who and where s/he is and can estimate or know how to find time of day, day of week, month and year.
 - (b) Able to make decisions re: various facets of life** means that the victim knows facts about his/her life and that s/he is able to use these facts to make responsible decisions.
 - (c) Able to comprehend his/her own mental, physical, environmental limitations** means the victim is able to recognize his/her mental, physical and environmental limitations and thus, his/her need for assistance in some situations.
 - (d) Knowledgeable of resources available to assist in meeting own needs** means that the victim can identify what s/he needs, knows what resources are available to meet his/her needs and knows how to access those resources.
 - (e) Aware of the consequences if nothing is done to improve the situation** means the victim understands his/her current situation puts him/her at risk for physical, mental or financial harm and that if nothing is done to protect him/her, actual harm may occur or continue.
 - (f) OVERALL ASSESSMENT:** Based on your findings in the 5 assessment capabilities, does the vulnerable adult have capacity to consent? Answer yes or no. Then give a brief statement of your rationale for your determination.
4. Answer yes or no. If yes, attach a copy of the psychiatric evaluation.
 5. Answer the question yes or no. If yes, attach a copy of the court order.
 6. Answer the question yes or no. If yes enter comments/recommendation.
 7. Sign your name in this space. Circle appropriate title.
 8. Enter date you completed the assessment.

Suggested questions for assessing the 5 capabilities which determine Capacity To Consent.

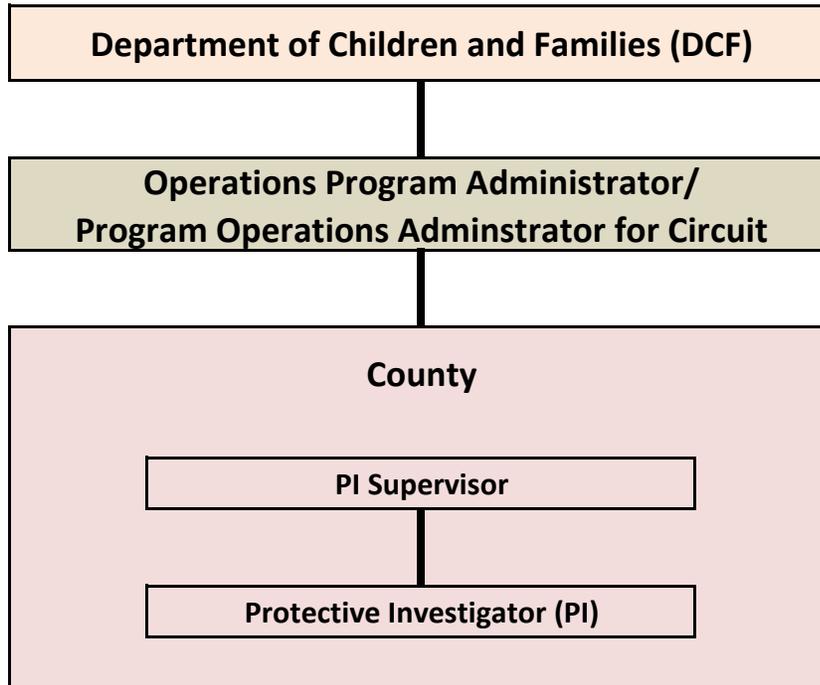
a. Orientation to . . .	b. Able to make decisions . . .	c. Able to comprehend . . .	d. Knowledgeable of resources . . .	e. Aware of consequences . . .
1. What is your first/middle/last name? 2. Could you spell that for me please? 3. How old are you? 4. Is this your home? 5. What is your street address here? 6. Could you check your calendar and tell me what date it is? 7. Do you know what year this is?	1. Who is your doctor? 2. Do you know how to get in touch with your doctor? 3. If there is an emergency and you couldn't reach your doctor, what would you do? 4. Do you pay your own bills? 5. If you didn't have enough money to pay all of your bills, which ones would you pay?	1. Have you recently had problems with your memory, gotten lost around your house or neighborhood, felt depressed, angry, nervous or anxious 2. Your wheelchair won't fit through the doors in your home, what will you do? 3. All the food in your refrigerator is spoiled, what will you eat?	1. What are your greatest problems? What would solve those problems? 2. I see you have a doctor's appointment and your daughter/son is out of town. How will you get to your doctor? 3. If you found that your checkbook was missing what would you do?	1. You can't get out of bed without help. What will happen if there is a fire? 2. You won't allow anyone to change your soiled sheets. What will happen if your surgical wound becomes infected? 3. It's clear your housekeeper has been writing checks on your account. What will happen if she uses all your money?

NOTE:: These questions are not all inclusive and the investigator may have other questions that need to be answered by the vulnerable adult. The investigator may also need to obtain information from other sources in order to complete the Capacity To Consent To or Refuse Services Assessment.

AGING NETWORK



DEPARTMENT OF CHILDREN AND FAMILIES



AGING NETWORK CONTACT LIST

Emails must not contain any personal identifying information unless the email is encrypted.

updated 11/28/2012

DOEA/State Contacts					
Agency	Title	Name	Phone Number	E-Mail	
DOEA	Mgr of Strategic Initiatives	Mindy Sollisch	850-414-2181	Sollischm@elderaffairs.org	
DOEA	Bur Chief of Community Services	Mary Hodges	850-414-2000	Hodgesm@elderaffairs.org	

Area Agency on Aging Contacts						
Agency	Supervisor Name	Phone Number	E-Mail	Fax		
PSA 1	Northwest Florida Area Agency on Aging	Equilla Jones	850-494-7100 ext. 209	ionese@elderaffairs.org	850-494-7122	
PSA 1	Northwest Florida Area Agency on Aging	Sharon Searcy	850-494-7100 ext. 211	searcys@elderaffairs.org	850-494-7122	
PSA 2	Area Agency on Aging for North Florida, Inc	Sarah Rode	850-617-4307	rodesw@elderaffairs.org	850-922-2420	
PSA 2	Area Agency on Aging for North Florida, Inc	Lisa Bretz	850-617-4321	bretzl@elderaffairs.org	850-922-2420	
PSA 3	Elder Options, the Mid-Florida AAA	Vidya Hogan	352-378-6649	hoganv@agingresources.org	352-378-1256	
PSA 3	Elder Options, the Mid-Florida AAA	Julie Netzer	352-692-5247	netzerj@agingresources.org	352-378-1256	
PSA 4	ElderSource	Hope Jackson	904-391-6643	hope.jackson@myeldersource.org	904-391-6693	
PSA 4	ElderSource	Kara Ebright	904-391-6672	kara.ebright@myeldersource.org	904-391-6601	
PSA 4	ElderSource	Berenda Pavlakovich	904-391-6621	berenda.pavlakovich@myeldersou	904-391-6601	
PSA 5	Area Agency on Aging of Pasco-Pinellas	Tawnya Martino	727-570-9696 ext. 246	tawnya.martino@aaapp.org	727-217-7733	
PSA 5	Area Agency on Aging of Pasco-Pinellas	Jennifer Nettles	727-570-9696 ext. 260	jennifer.nettles@aaapp.org	727-217-7914	
PSA 6	West Central Florida Area Agency on Aging	Katie Parkinson	813-676-5574	katie.parkinson@agingflorida.com	813-623-1342	
PSA 7	Senior Resource Alliance	Alexandra Mercier	407-514-1810	alexandra.mercier@sraflorida.org	407-228-1835	
PSA 8	Senior Choices	Gail Holton	239-652-6900	gail.holton@srchoices.org		
PSA 8	Senior Choices	Angela Wood	239-652-6900	angela.wood@srchoices.org		
PSA 9	AAA of Palm Beach/Treasure Coast, Inc.	Nancy Yarnall, Director of Planning and Consumer Care.	561-684-5885 x215	NYarnall@youragingresourcecente	561-214-8678	
PSA 10	Aging and Disability Resource Center of Broward County	Elizabeth Lombardo	954-745-9567	lombardoe@adrcbroward.org	954-745-9584	

PSA 10	Aging and Disability Resource Center of Broward County	Kathryn Furey	954-745-9567	fureyk@adrcbroward.org	954-745-9584
PSA 11	Alliance for Aging	Irene Fiallo	305-670-6500 ext. 250	Fialloi@elderaffairs.org	fax: 305-222-4139 (primary number) 305-222-4109 (secondary number)

Lead Agency Contacts

PSA	County	Agency	Supervisor Name	Phone Number	E-Mail	Fax
1	Walton	Walton Okaloosa Council on Aging	Kay Brady	850-892-8166	wccoa@lycos.com	850-892-8169
1	Okaloosa	Walton Okaloosa Council on Aging	Kay Brady	850-892-8166	wccoa@lycos.com	850-892-8169
1	Escambia	Council on Aging of West Florida	Kenny Holt	850-432-1475x610	Kholt@coawfla.org	850-479-9332
1	Santa Rosa	Council on Aging of West Florida	Kenny Holt	850-432-1475x610	Kholt@coawfla.org	850-479-9332
2	Bay	Bay Co. Council on Aging	Sharon Burnett	850-769-3468	burnetts@elderaffairs.org	850-872-2151
2	Calhoun	Calhoun Co. Senior Citizens Association	Lisa Britt	850-674-4163	brittli@elderaffairs.org	850-674-8384
2	Gadsden	Gadsden Co. Senior Citizens	Latoya Moody	850-627-9758	moodylr@elderaffairs.org	850-875-4524
2	Gulf (and East Franklin)	Gulf Co. Senior Citizens Association	Velma Frederick	850-229-8466	frederickv@elderaffairs.org	850-227-1877
2	Holmes	Holmes Co. Council on Aging	Theresa Forehand	850-547-2345	forehandt@elderaffairs.org	850-547-5271
2	Jackson	Jackson Co. Senior Citizens Organization	Denease Rhynes	850-482-5028	rhynesc@elderaffairs.org	850-526-4478
2	Jefferson	Jefferson Co. Senior Citizens Center	Pam Brock	850-342-0271	brockp@elderaffairs.org	850-342-0360
2	Leon	Elder Care Services	Zoila Huston	850-921-5554	hustonz@elderaffairs.org	850-921-0082
2	Liberty	Liberty Co. Senior Citizens Association	Stormy Johnson	850-643-5613	kincaida@elderaffairs.org	850-643-5672
2	Madison	Senior Citizens of Madison County	Elaine Hartley	850-973-4241	richardsonr@elderaffairs.org	850-973-4292
2	Taylor	Taylor Senior Citizens Center	Beth Flowers	850-584-4924	flowersee@elderaffairs.org	850-584-7126
2	Wakulla (and West Franklin)	Wakulla Co. Senior Citizens Council	Vickie McKenzie	850-926-7145	mckenziev@elderaffairs.org	850-926-8138
2	Washington	Washington Co. Council on Aging	Anita Ingersoll	850-638-6216	ingersolla@elderaffairs.org	850-638-6363
3	Alachua	ElderCare of Alachua County, Inc.	Jeffrey Lee	352-265-9040	leejb@shands.ufl.edu	352-265-3041
3	Citrus	Citrus County Support Services	Nancy Neale	352-527-5900	nealen@agingresources.org	352-527-5931
3	Columbia	Columbia County Senior Services, Inc.	Laura Lange	386-755-0264	langel@agingresources.org	386-752-8256
3	Marion	Marion Senior Services, Inc.	Jemith Rosa	352-620-3501	rosai@agingresources.org	352-629-6122
3	Hernando, Lake, and Sumter	Mid Florida Community Services, Inc.	George Popovich	352-796-1425	popovichg@agingresources.org	352-796-9952
3	Bradford, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union	Suwannee River Economic Council, Inc.	Janis Owen	386-362-4115	owenj@agingresources.org	386-362-4078
4	Baker		Chris Tyson	904-259-2223 x 229	christbccoa@nefcom.net	904 259-6394
4	Baker		Jackie Wright	904-259-2223 x 222	jackiewbccoa@nefcom.net	904 259-6394
4	Clay		Lynette Taylor	904-269-6345 x 223	lynnettet@claycco.org	904-284-0296
4	Clay		Al Rizer	904-269-6345 x 227	alrizer@claycco.org	904-284-0296
4	Duval		Nel Ambrus	904-807-1224	nambrus@agingtrue.org	904-807-1220
4	Duval		Ruth Guerrero	904-807-1266	Rguerrero@agingtrue.org	904-807-1220
4	Flagler		Joanne Hinkel	386-586-2324 x315	jhinkel@flaglercounty.org	386-437-7336
4	Flagler		Peggy Thomas	386-586-2324 x 302	pthomas@flaglercounty.org	386-437-4761
4	Flagler		Mark Foust	386-586-2324 x 324	mfoust@flaglercounty.org	386-437-4761

4	Nassau		Anna Lindler	904-261-0701 x116	lindlera@nassaucoa.com	904-261-0704
4	Nassau		Linda Wade	904-216-0701	lwade@coanassau.com	904-261-0704
4	St Johns		Micheal McMorrow	904-209-3670	mmcmorrow@stjohnscoa.com	904-209-3678
4	St Johns		Pat O'Connell	904-209-3661	poconnell@stjohnscoa.com	904-209-3678
4	Volusia		Lisa Lewis	386-253-4700 x217	llewis@coaiaa.org	386-253-6300
4	Volusia		Donna Dehl	386-253-4700 x 222	ddehl@coaiaa.org	386-253-6300
5	Pinellas	Gulf Coast Jewish Family and Community Services (Pinellas County APS Lead Agency)	Bettina Dodson	727-479-1887	bdodson@gcifcs.org	727-507-4355
5	Pinellas	Gulf Coast Jewish Family and Community Services (Pinellas County APS Lead Agency)	Michelle Wong	727-479-1853	mwong@gcifcs.org	727-507-4355
5	Pasco	CARES, Inc. (Pasco County APS Lead Agency)	Bob Turnier	727-862-9291 ext. 2020	bturnier@caresfl.org	727-862-9366
5	Pasco	CARES, Inc. (Pasco County APS Lead Agency)	Jason Smith	727-862-9291 ext. 2032	jsmith@caresfl.org	727-862-9366
5	Pasco	CARES, Inc. (Pasco County APS Lead Agency)	Doris Williams	352-523-1500 ext. 206	dwilliams@caresfl.org	352-523-2330
6	Hardee & Highlands	Nu Hope	Debbie Slade	863-382-2134	sladed@nuhope.org	863-382-4546
6	Polk	Polk County Elderly Services	Blanche Smart	863-534-5342	blanchesmart@polk-county.net	863-534-0314
6	Hillsborough	Hillsborough County Aging Services	Felicia Southers	813-272-5935	southersf@hillsboroughcounty.org	813-272-6862
6	Hillsborough	Hillsborough County Aging Services	Regina Dean-Jacobs	813-276-8281	jacobsre@hillsboroughcounty.org	813-272-6862
6	Manatee County	Manatee County Services Department	Tracie Adams	941-749-3030 Ext.3646	Tracie.adams@mymanatee.org	941-742-5828
7	Brevard	Aging Matters	Cindy Flachmeier, CEO	321-639-8770	cindyf@communityservicescouncil.org	321-632-0469
7	Orange and Seminole	Seniors First	Marsha Lorenz,	407-292-0177	mlorenz@seniorsfirstinc.org	407-292-2773
7	Osceola	Osceola Council on Aging	Beverly Hougland, Exec.	407-846-8532	Houglanb@osceola-coa.com	407-846-8550
8	Charlotte	Charlotte Co Human Services	Deedra Dowling	941-833-3010	Deedra.Dowling@charlottetfl.com	
8	Collier	Collier Co Human Services	Louise Pelletier	239-252-6996	LouisePelletier@colliergov.net	
8	Desoto	Senior Friendship Center	Karen Blanchette	863- 494 -5965	kblanchette@friendshipcenters.org	
8	Hendry	Hope Connections	Kristina Rodriguez	863-675-1576	Kristina.Rodriguez@hopehcs.org	
8	Glades	Hope Connections	Kristina Rodriguez	863-675-1576	Kristina.Rodriguez@hopehcs.org	
8	Lee	Senior Friendship Center	Eric Flusche	239- 275-1881	eflusche@friendshipcenters.org	
8	Sarasota	Senior Friendship Center	Sue Firestone	941- 955-2122	sfirestone@friendshipcenters.org	
9	Indian River	Senior Resource Association	Sheldon Kleger	772-469-2069	skleger@sramail.org	772-778-7900
9	Martin	Council on Aging of Martin County, Inc.	Annette Lopez	772-223-7848	alopez@kanecenter.org	772-223-7758
9	Okeechobee	Okeechobee Senior Servces	Sheila Savage	863-462-5180	ssavage@co.okeechobee.fl.us	863-462-5184
9	Palm Beach	Division of Senior Services	Sharon Rodgers	561-355-4707	shrodger@pbcgov.org	561242-6826
9	Palm Beach	The Volen Center	Lisa Peters	561-395-8920	petersl@volencenter.com	561-338-9127
9	St. Lucie	Council on Aging of St Lucie County	Karin Cook	772-336-8608 ext 134	kcook@coasl.com	772-336-4464
10	Broward	Broward County Elderly & Veterans Services Division	William Metcalf	954-357-6622	wimetcalf@broward.org	954-357-5713
11	Miami Dade	First Quality Home Care Inc.	Gloria Engracio	305-223-0150	gengracio@firstqualityhomecare.com	305-223-0166
11	Miami Dade	Little Havana Activities & Nutrition Centers of Dade County	Gladys Johnson	305-858-0887	gjohnson@lhanc.org	305-285-2520
11	Miami Dade	United Home Care Services	Melissa Jorges	305-716-0702	mjorges@unitedhomecare.com	305-639-3090
11	Monroe	Monroe County	Dottie Albury	305-292-4583	albury-dotti@monroecounty-fl.gov	305-292-4417

DCF CONTACT LIST

Emails must not contain any personal identifying information unless the email is encrypted.

updated 11/15/2012

DCF/State Contacts			
Name	Title	Phone Number	E-Mail
Lee Ann Christensen		850-717-4380	Leeann_Christenson@dcf.state.fl.us
Roy Carr		850-717-4381	Roy_Carr@dcf.state.fl.us

Operations Program Administrators (OPAs)/Program Operations Administrators (POAs)				
County	Administrator Name	Work Phone Number	Cell Phone Number	E-Mail
Alachua	Anthony Leo	386-763-5204	386-843-2142	Anthony_Leo@dcf.state.fl.us
Baker	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Bay	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Bradford	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Brevard	Nicholas Cocoves	772-223-3165	772-201-0547	Nicholas_Cocoves@dcf.state.fl.us
Broward	Maria Chiari	954-713-3005	954-818-5576	Maria_Chiari@dcf.state.fl.us
Calhoun	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Charlotte	Dianne Ledbetter	239-895-0161	239-707-9500	Dianne_Ledbetter@dcf.state.fl.us
Citrus	Tim Travis	352-330-5604	352-303-2620	Timothy_Travis@dcf.state.fl.us
Clay	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Collier	Dianne Ledbetter	239-895-0161	239-707-9500	Dianne_Ledbetter@dcf.state.fl.us
Columbia	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Miami-Dade	Ricardo Calleja	305-377-5435	786-314-6797	ricardo_calleja@dcf.state.fl.us
Desoto	Lisa Voigt	941-554-1830	941-650-7433	Lisa_Voigt@dcf.state.fl.us
Dixie	Anthony Leo	386-763-5204	386-843-2142	Anthony_Leo@dcf.state.fl.us
Duval	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Escambia	Carl Martin	850-595-8780	850-637-6551	Carl_Martin@dcf.state.fl.us
Flagler	Anthony Leo	386-763-5204	386-843-2142	Anthony_Leo@dcf.state.fl.us
Franklin	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Gadsden	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Gilchrist	Anthony Leo	386-763-5204	386-843-2142	Anthony_Leo@dcf.state.fl.us
Glades	Dianne Ledbetter	239-895-0161	239-707-9500	Dianne_Ledbetter@dcf.state.fl.us
Gulf	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Hamilton	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Hardee	Laura Antoine	863-519-8262 x194	863-860-7319	Laura_Antoine@dcf.state.fl.us
Hendry	Dianne Ledbetter	239-895-0161	239-707-9500	Dianne_Ledbetter@dcf.state.fl.us
Hernando	Tim Travis	352-330-5604	352-303-2620	Timothy_Travis@dcf.state.fl.us
Highlands	Laura Antoine	863-519-8262 x194	863-860-7319	Laura_Antoine@dcf.state.fl.us
Hillsborough	Kelly Kelley	813-375-3994	813-927-2098	Kelly_Kelley@dcf.state.fl.us

Holmes	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Indian River	Nicholas Cocoves	772-223-3165	772-201-0547	Nicholas_Cocoves@dcf.state.fl.us
Jackson	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Jefferson	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Lafayette	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Lake	Tim Travis	352-330-5604	352-303-2620	Timothy_Travis@dcf.state.fl.us
Lee	Dianne Ledbetter	239-895-0161	239-707-9500	Dianne_Ledbetter@dcf.state.fl.us
Leon	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Levy	Anthony Leo	386-763-5204	386-843-2142	Anthony_Leo@dcf.state.fl.us
Liberty	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Madison	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Manatee	Lisa Voigt	941-554-1830	941-650-7433	Lisa_Voigt@dcf.state.fl.us
Marion	Tim Travis	352-330-5604	352-303-2620	Timothy_Travis@dcf.state.fl.us
Martin	Nicholas Cocoves	772-223-3165	772-201-0547	Nicholas_Cocoves@dcf.state.fl.us
Monroe	Amy Baldree	305-293-6395	305-797-0077	Hilda_Perez@dcf.state.fl.us
Nassau	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Okaloosa	Carl Martin	850-595-8780	850-637-6551	Carl_Martin@dcf.state.fl.us
Okeechobee	Nicholas Cocoves	772-223-3165	772-201-0547	Nicholas_Cocoves@dcf.state.fl.us
Orange	Ron Bledsoe	407-317-7826	407-760-0306	Ron_Bledsoe@dcf.state.fl.us
Osceola	Laura Antoine	863-519-8262 x194	863-860-7319	Laura_Antoine@dcf.state.fl.us
Palm Beach	Andrea Woodard	561-837-5400	561-718-8508	Andrea_Woodard@dcf.state.fl.us
Pasco	John Palumbo	727-373-7704	727-423-0755	John_Palumbo@dcf.state.fl.us
Pinellas	John Palumbo	727-373-7704	727-423-0755	John_Palumbo@dcf.state.fl.us
Polk	Laura Antoine	863-519-8262 x194	863-860-7319	Laura_Antoine@dcf.state.fl.us
Putnam	Anthony Leo	386-763-5204	386-843-2142	Anthony_Leo@dcf.state.fl.us
St. Johns	Anthony Leo	386-763-5204	386-843-2142	Anthony_Leo@dcf.state.fl.us
St. Lucie	Nicholas Cocoves	772-223-3165	772-201-0547	Nicholas_Cocoves@dcf.state.fl.us
Santa Rosa	Carl Martin	850-595-8780	850-637-6551	Carl_Martin@dcf.state.fl.us
Sarasota	Lisa Voigt	941-554-1830	941-650-7433	Lisa_Voigt@dcf.state.fl.us
Seminole	Ron Bledsoe	407-317-7826	407-760-0306	Ron_Bledsoe@dcf.state.fl.us
Sumter	Tim Travis	352-330-5604	352-303-2620	Timothy_Travis@dcf.state.fl.us
Suwannee	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Taylor	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Union	Cindy Valley	904-723-5707	904-568-5580	Cindy_Valley@dcf.state.fl.us
Volusia	Anthony Leo	386-763-5204	386-843-2142	Anthony_Leo@dcf.state.fl.us
Wakulla	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us
Walton	Carl Martin	850-595-8780	850-637-6551	Carl_Martin@dcf.state.fl.us
Washington	Theresa Justice	850-872-4830	850-381-1578	Theresa_Justice@dcf.state.fl.us

Protective Investigator Supervisors

County	Supervisor Name	Work Phone Number	Cell Phone Number	E-Mail
Alachua	Carl Rich	386-329-3650	352-339-4421	Carl_Rich@dcf.state.fl.us
Alachua	Barbara Ross	352-955-5226	352-538-1353	Barbara_Ross@dcf.state.fl.us
Baker	Terry Campbell	904-541-3701	904-210-1476	Terry_Campbell@dcf.state.fl.us
Bay	Wendy Fletcher-Altman	850-872-4830	850-556-3272	Wendy_Fletcher-Altman@dcf.state.fl.us
Bradford	Terry Campbell	904-541-3701	904-210-1476	Terry_Campbell@dcf.state.fl.us
Brevard	Theresa Russell	321-409-6243	321-795-3246	Theresa_X_Russell@dcf.state.fl.us
Brevard	Rosa Fontanez	321-690-3805 x-463	321-480-6603	Rosa_Fontanez@dcf.state.fl.us
Broward	Bernadette Harding	954-713-3000	954-818-5615	Bernadette_harding@dcf.state.fl.us
Broward	Alison Hiller	954-713-3037	954-818-5585	Alison_Hiller@dcf.state.fl.us
Broward	Palmer Edema	954-467-4240	954-818-5604	Palmer_Edema@dcf.state.fl.us
Broward	Gary Reynolds	954-713-3255	954-818-5531	Gary_Reynolds@dcf.state.fl.us
Broward	Jorge Terron	954-713-3007	954-818-5656	Jorge_Terron@dcf.state.fl.us
Broward	Ronald Nobles	954-467-4223	954-591-9055	Ronald_Nobles@dcf.state.fl.us
Calhoun	Spring Southwell	850-718-0529	850-363-7531	Spring_Southwell@dcf.state.fl.us
Charlotte	Stacey Lowe	239-895-0175	239-633-3301	Stacey_Lowe@dcf.state.fl.us
Charlotte	Dan Daniels	239-895-0201	239-910-5016	Dan_Daniels@dcf.state.fl.us
Citrus	Beth Thomas	352-860-5083	352-302-4985	Beth_Thomas@dcf.state.fl.us
Clay	Terry Campbell	904-541-3701	904-210-1476	Terry_Campbell@dcf.state.fl.us
Collier	Stacey Lowe	239-895-0175	239-633-3301	Stacey_Lowe@dcf.state.fl.us
Collier	Dan Daniels	239-895-0201	239-910-5016	Dan_Daniels@dcf.state.fl.us
Columbia	Kay Deason	386-719-2755	386-984-6450	Kay_Deason@dcf.state.fl.us
Desoto	Eric Young	941-554-1833	941-650-9150	Eric_Young@dcf.state.fl.us
Dixie	Carl Rich	386-329-3650	352-339-4421	Carl_Rich@dcf.state.fl.us
Dixie	Barbara Ross	352-955-5226	352-538-1353	Barbara_Ross@dcf.state.fl.us
Duval	Terry Campbell	904-541-3701	904-210-1476	Terry_Campbell@dcf.state.fl.us
Duval	Marcia Price	904-723-5710	904-699-8729	Marcia_Price@dcf.state.fl.us
Duval	Armando Mercado	904-723-5720	904-424-6645	Armando_Mercado@dcf.state.fl.us
Escambia	Dawn Shumaker Smith	850-595-8770	850-324-3375	Dawn_Smith@dcf.state.fl.us
Flagler	Deborah Bogush	386-437-7572	386-843-1302	Deborah_Bogush@dcf.state.fl.us
Franklin	Danny Black	850-410-0160	850-570-0067	Danny_Black@dcf.state.fl.us
Gadsden	Anne Humphrey	850-663-7752	850-228-3864	Anne_Humphrey@dcf.state.fl.us
Gilchrist	Carl Rich	386-329-3650	352-339-4421	Carl_Rich@dcf.state.fl.us
Gilchrist	Barbara Ross	352-955-5226	352-538-1353	Barbara_Ross@dcf.state.fl.us
Glades	Stacey Lowe	239-895-0175	239-633-3301	Stacey_Lowe@dcf.state.fl.us
Gulf	Wendy Fletcher-Altman	850-872-4830	850-556-3272	Wendy_Fletcher-Altman@dcf.state.fl.us
Hamilton	Kay Deason	386-719-2755	386-984-6450	Kay_Deason@dcf.state.fl.us
Hardee	Iola Trotter	863-402-7702	863-860-2049	Iola_Trotter@dcf.state.fl.us
Hendry	Stacey Lowe	239-895-0175	239-633-3301	Stacey_Lowe@dcf.state.fl.us
Hernando	Lisa Upham	352-330-5611	352-229-6952	Lisa_Upham@dcf.state.fl.us
Highlands	Iola Trotter	863-402-7702	863-860-2049	Iola_Trotter@dcf.state.fl.us

Hillsborough	Shenetha Steele	813-375-3997	813-927-2128	Shenetha_Steele@dcf.state.fl.us
Hillsborough	Luis Correa-Ortiz	813-375-3996	813-927-2132	Luis_Correa-Ortiz@dcf.state.fl.us
Hillsborough	Nicole Fitzpatrick	813-375-3995	813-927-2136	Nicole_Fitzpatrick@dcf.state.fl.us
Holmes	Spring Southwell	850-718-0529	850-363-7531	Spring_Southwell@dcf.state.fl.us
Indian River	Robert Stewart	772-467-3891	772-577-1357	Robert_Stewart@dcf.state.fl.us
Jackson	Spring Southwell	850-718-0529	850-363-7531	Spring_Southwell@dcf.state.fl.us
Jefferson	Danny Black	850-410-0160	850-570-0067	Danny_Black@dcf.state.fl.us
Lafayette	Kay Deason	386-719-2755	386-984-6450	Kay_Deason@dcf.state.fl.us
Lake	Sheri Peterson	352-742-6140	352-267-4624	Sheri_Peterson@dcf.state.fl.us
Lee	Cathy Regula	239-895-0165	239-994-2343	Cathy_Regula@dcf.state.fl.us
Lee	Stacey Lowe	239-895-0175	239-633-3301	Stacey_Lowe@dcf.state.fl.us
Lee	Dan Daniels	239-895-0201	239-910-5016	Dan_Daniels@dcf.state.fl.us
Leon	Danny Black	850-410-0160	850-570-0067	Danny_Black@dcf.state.fl.us
Levy	Carl Rich	386-329-3650	352-339-4421	Carl_Rich@dcf.state.fl.us
Levy	Barbara Ross	352-955-5226	352-538-1353	Barbara_Ross@dcf.state.fl.us
Liberty	Anne Humphrey	850-663-7752	850-228-3864	Anne_Humphrey@dcf.state.fl.us
Madison	Kay Deason	386-719-2755	386-984-6450	Kay_Deason@dcf.state.fl.us
Manatee	Steve Nehring	941-554-1814	941-737-4393	Steve_Nehring@dcf.state.fl.us
Marion	Rosanna Powers	352-620-3135	352-303-2186	Rosanna_Powers@dcf.state.fl.us
Martin	Nancy Ferguson	772-223-3169	772-577-1174	Nancy_Ferguson@dcf.state.fl.us
Miami-Dade	Margarita Singer	305-278-0303	305-450-1241	Margarita_Singer@dcf.state.fl.us
Miami-Dade	Salvador Sotomayor	305-278-0300	305-450-4177	Salvador_Sotomayor@dcf.state.fl.us
Miami-Dade	Elvis Santiago	305-377- 5574	305-299-8849	Elvis_Santiago@dcf.state.fl.us
Miami-Dade	Ernest M Chinye	305-769-6330	305-450-1244	Ernest_Chinye@dcf.state.fl.us
Miami-Dade	Jamie L Paul	305-769-6384	305-297-6068	Jamie_Paul@dcf.state.fl.us
Monroe	Christopher Morgan	305-292-6785	305-872-8291	Christopher_Morgan@dcf.state.fl.us
Nassau	Marcia Price	904-723-5710	904-699-8729	Marcia_Price@dcf.state.fl.us
Nassau	Armando Mercado	904-723-5720	904-424-6645	Armando_Mercado@dcf.state.fl.us
Okaloosa	Tom Watts	850-833-3800 x-107	850-324-7026	Tom_Watts@dcf.state.fl.us
Okeechobee	Nancy Ferguson	772-223-3169	772-577-1174	Nancy_Ferguson@dcf.state.fl.us
Orange - East	Jose Rojas	407-317-7631	407-222-6284	Jose_Rojas@dcf.state.fl.us
Orange - West	Alicia Lewis	407-317-7943	407-538-1752	Alicia_Lewis@dcf.state.fl.us
Osceola	Nadine Abedalhadi	407-846-5007	321-298-8340	Nadine_Abedalhadi@dcf.state.fl.us
Palm Beach	Angenitta Ward	561-837-5891	561-267-2041	Angenitta_Ward@dcf.state.fl.us
Palm Beach	Hugo Belanger	561-837-5456	561-312-0974	Hugo_Belanger@dcf.state.fl.us
Palm Beach	Mildred Murphy	561-837-5409	561-267-2256	Mildred_Murphy@dcf.state.fl.us
Palm Beach	Benjamin Moss	561-837-5703	561-436-6574	Benjamin_Moss@dcf.state.fl.us
Pasco	Lorraine Mitchell	727-834-3991	727-919-0526	Lorraine_Mitchell@dcf.state.fl.us
Pasco	Judy Gorman	727-834-3907	727-423-1352	Judy_Gorman@dcf.state.fl.us
Pinellas	Mike Will	727-373-7760	727-639-1281	Mike_Will@dcf.state.fl.us
Pinellas	Pam Bacci	727-373-7719	727-639-0888	Pam_Bacci@dcf.state.fl.us
Pinellas	Sharon Roper	727-373-7798	727-639-1553	Sharon_Roper@dcf.state.fl.us
Polk	Sheila Watkins	863-519-8262 x-204	863-860-5583	Sheila_Watkins@dcf.state.fl.us

Putnam	Carl Rich	386-329-3650	352-339-4421	Carl_Rich@dcf.state.fl.us
Putnam	Barbara Ross	352-955-5226	352-538-1353	Barbara_Ross@dcf.state.fl.us
St. Johns	Deborah Bogush	386-437-7572	386-843-1302	Deborah_Bogush@dcf.state.fl.us
St. Lucie	Nancy Ferguson	772-223-3169	772-577-1174	Nancy_Ferguson@dcf.state.fl.us
St. Lucie	Robert Stewart	772-467-3891	772-577-1357	Robert_Stewart@dcf.state.fl.us
Santa Rosa	Dawn Shumaker Smith	850-595-8770	850-324-3375	Dawn_Smith@dcf.state.fl.us
Sarasota	Eric Young	941-554-1833	941-650-9150	Eric_Young@dcf.state.fl.us
Seminole	Robert Roy	407-263-2318	407-721-0195	Robert_Roy@dcf.state.fl.us
Sumter	Lisa Upham	352-330-5611	352-229-6952	Lisa_Upham@dcf.state.fl.us
Suwannee	Kay Deason	386-719-2755	386-984-6450	Kay_Deason@dcf.state.fl.us
Taylor	Kay Deason	386-719-2755	386-984-6450	Kay_Deason@dcf.state.fl.us
Union	Kay Deason	386-719-2755	386-984-6450	Kay_Deason@dcf.state.fl.us
Volusia - East	Trineca Huger	386-238-4691	386-852-5727	Trineca_Huger@dcf.state.fl.us
Volusia - West	Gerald Andrasco	386-736-5510	386-852-5725	Gerald_Andrasco@dcf.state.fl.us
Volusia	Deborah Bogush	386-437-7572	386-843-1302	Deborah_Bogush@dcf.state.fl.us
Wakulla	Danny Black	850-410-0160	850-570-0067	Danny_Black@dcf.state.fl.us
Walton	Tom Watts	850-833-3800 x-107	850-324-7026	Tom_Watts@dcf.state.fl.us
Washington	Spring Southwell	850-718-0529	850-363-7531	Spring_Southwell@dcf.state.fl.us

DCF Substance Abuse and Mental Health Contacts

updated 5/1/2012

Region	Counties	Title	Name	Phone
NORTHWEST REGION	Escambia, Santa Rosa, Okaloosa, Walton	System of Care Coordinator	J. Paul Rollings, Ph.D.	(850) 595-8366
NORTHWEST REGION	Gadsden, Leon, Jefferson, Liberty, Wakulla, Franklin	System of Care Coordinator	Ellen Fitzgibbon	(850) 872-7644
NORTHEAST REGION	Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, Saint Johns, Suwanee, Taylor, Union, Volusia	SAMH Regional Director	Christina "Tina" St. Clair	(904) 723-2134
CENTRAL REGION	Brevard, Citrus, Hardee, Hernando, Highlands, Indian River, Lake, Marion, Martin, Okeechobee, Orange, Osceola, Polk, Saint Lucie, Seminole, Sumter	SAMH Regional Director	Carolann Duncan	(407) 317-7010 (ext. 7001)
SUNCOAST REGION	Charlotte, Collier, Desoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Sarasota	SAMH Regional Director	Jeff Watts	(813) 558-5707
SOUTHEAST REGION	Broward, Palm Beach	Regional SAMH Director	Pat Kramer	(954) 713-3026
SOUTHERN REGION	Miami-Dade, Monroe	SAMH Regional Director	Silvia Quintana	(305) 377-5029