



# It's Not Your Grandmother's APS

**A Statewide Response to a  
Changing Service Environment  
in APS/Adult Services**

Change is good  
as long as I don't  
have to do anything  
different.



# Office of Adult Services (OAS):

- *Maryland Department of Human Resources* is Maryland's Human Services Agency
- *Social Services Administration*
- OAS administers and provides oversight for the Dept.'s Adult Services Programs in Maryland
- Local Departments of Social Services (LDSS) implement the Programs
- State regulated and funded

# OAS oversees the following programs delivered at the local level

- **Adult Protective Services (APS)** – investigates, remedies, and prevents abuse, neglect, financial exploitation, and self-neglect of vulnerable adults
- **Adult Public Guardianship** - local DSSs serve as public guardian of adults who have been determined legally “incompetent” by the court to make their own decisions regarding health care, living arrangements, etc.. , where there is no interested or able private individual available to serve as guardian. We do not serve as guardian of the property.

# OAS OVERSEES: (continued)

- **Social Services to Adults (SSTA)** – department's core case management program for vulnerable adults; helps clients and family caregivers navigate home and community –based service system to prevent need for APS intervention, and premature or unnecessary institutional placement.
- **In-Home Aide Services (IHAS)** – provides personal care and chore services in the home of individuals who, due to physical, cognitive, or other functional disabilities, would be unable to remain living at home in the community without this support .

# OAS OVERSEES: (continued)

- **Project Home** – Dept.'s “foster care” for vulnerable adults; provides placement in the homes of individuals certified as Project Home providers to provide room, board, assistance, and supervision of adults unable to live alone in the community without support.
- **Respite Care** – provides unpaid family caregivers a periodic, temporary break from the demands and stresses of caregiving, so that they have the capacity to provide care to their family member at home, over the long-term.

# Why are we looking at our Adult Service practice approach?

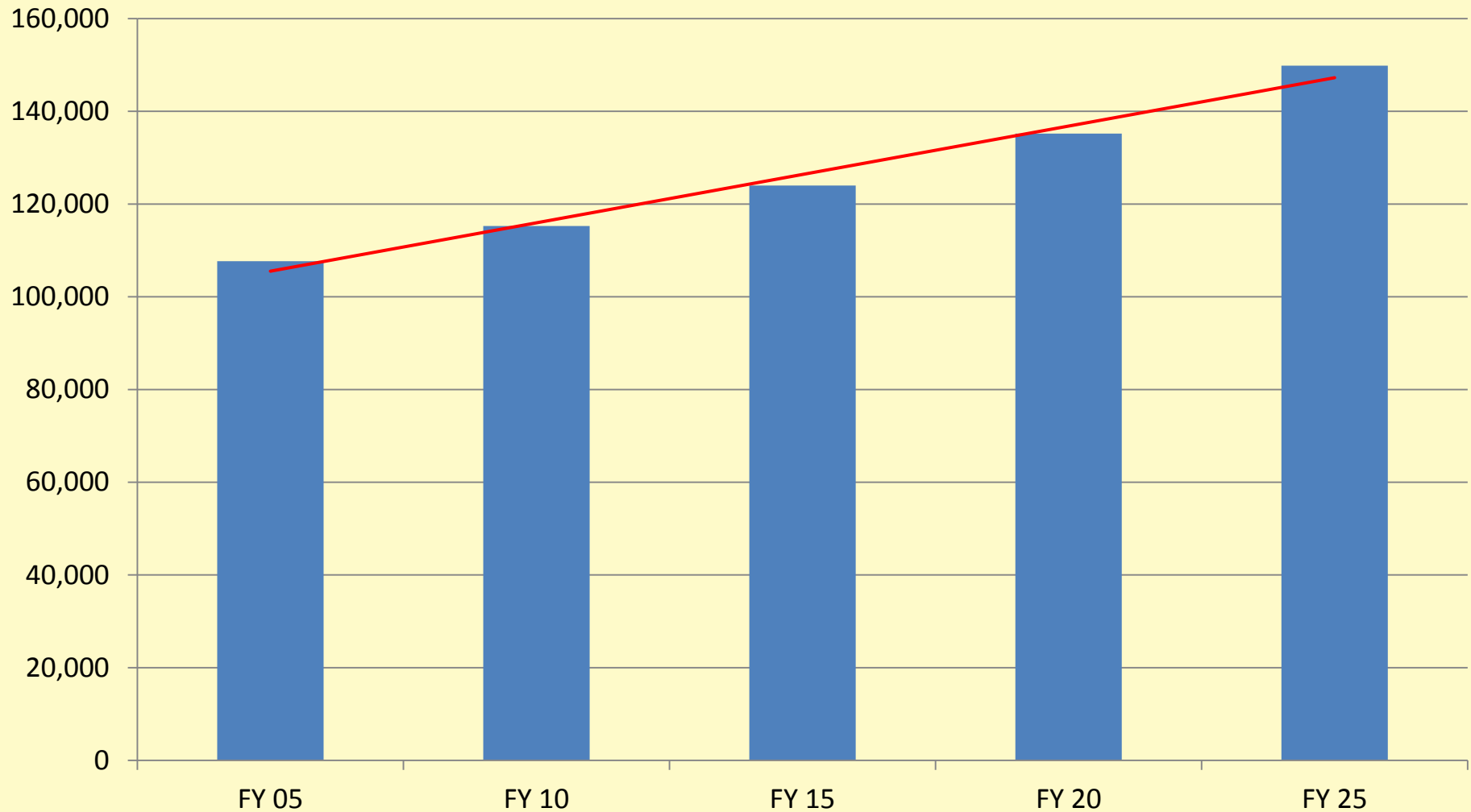
- Changes in External Landscape
  - Growing target population
  - Continued limits on public resources
- Need to be prepared to meet service demands of growing population
- Increase in complexity of cases

# Why are we looking at our Adult Service practice approach?

- Increase in the # of persons on waiting lists for services
- Decreasing capacity to provide ongoing case management services

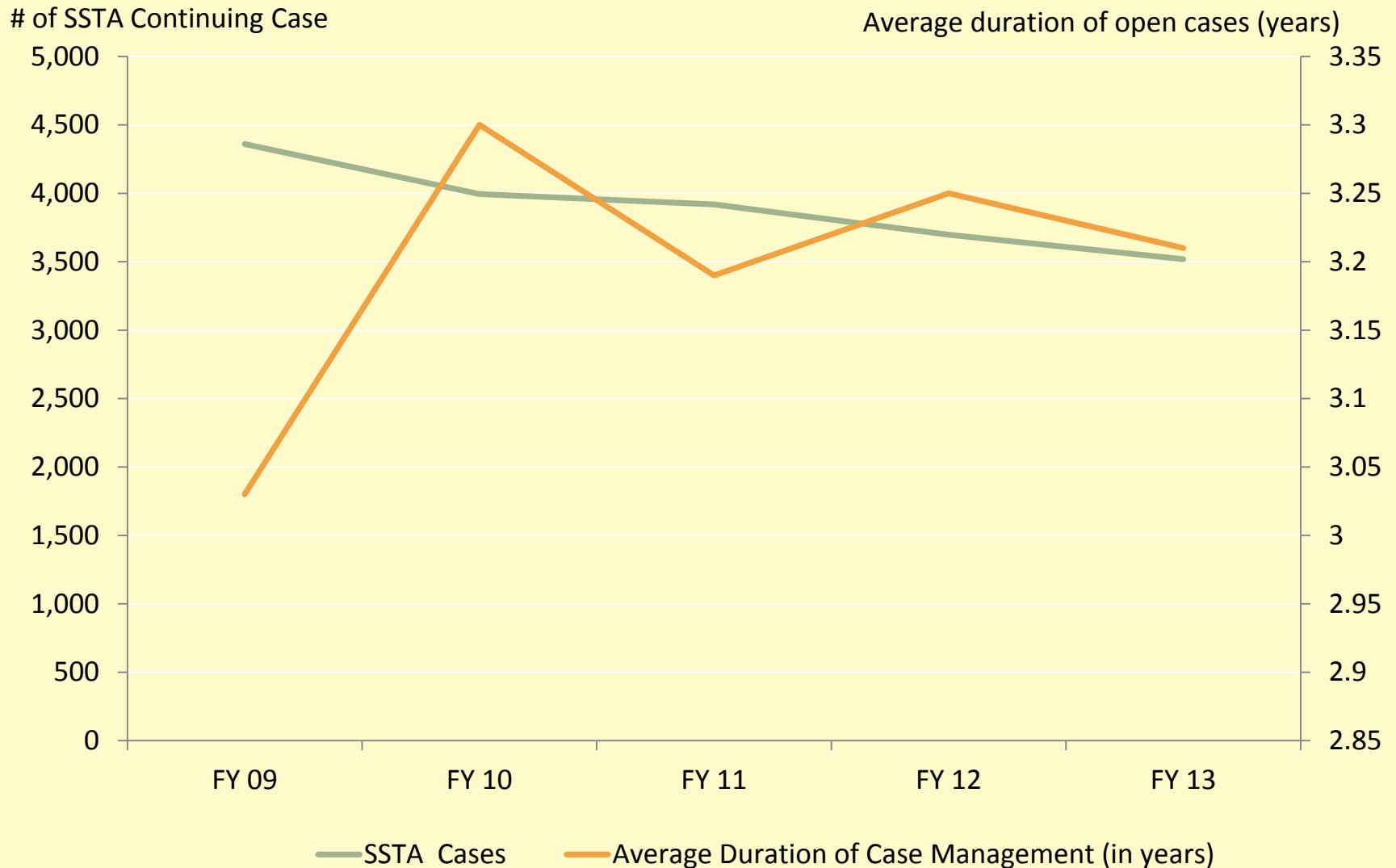


## Estimated and Projected Population with a Self-Care Disability, Ages 18+



*Data Source: Maryland Department of Planning, Planning Data Services, May 2007*

## Continuing Case Management Cases and Average Case Duration



Data Source: CIS Report AS07-2

# PRIMARY QUESTION?

How can we adjust our case management approach so that we are ready and able to meet current and future need?

# STRATEGIES

Provide staff with the *policies and tools* needed to focus their efforts on those situations where we are able to *make a difference*, for those who are *most at risk and can benefit from our services*.

# STRATEGIES

- Support capacity to meet the growing demand for Adult Services
- Target service delivery to those most at risk
- Reduce long-term client dependence on Adult Services

# STRATEGIES

- Strengthen engagement with public and private community partners
- Strengthen clients' engagement with their natural support systems
- Address systemic need to support staff dealing with burn-out and secondary trauma

# COMPONENTS OF INITIATIVE

- Case Load Priority Analysis (CPA)
- Family-Centered and Community-Based Practice
- Resilience to Secondary Trauma

# Case Load Priority Analysis

## Component 1

### Purpose

To focus case management resources on:

- The clients at most risk
- For the period of time actually needed
- For the achievement of specific outcomes



# Case Load Priority Analysis

## Component 1

CPA is:

- A structured process to analyze the status of ongoing cases within Adult Services caseloads
- A systematic approach to prioritizing cases, based on client risk, dependence, and potential outcomes

# Case Load Priority Analysis

## Component 1

CPA is:

- An opportunity to challenge patterns that contribute to long term client dependence on Adult Services
- An exploration of the key question – what would happen if case management was not provided?

# Family-Centered and Community-Based Practice

## Component 2

### Purpose

- To promote the safety, well being and independence of vulnerable adults as a shared multi-system responsibility
- To meet client needs in collaboration with the client, families, and natural supports
- To enhance authentic partnerships with community agencies and other formal and informal supporters

# Family-Centered and Community-Based Practice

## Component 2

### Family-Centered Practice:

- Supports families; doesn't replace them
- Expands the definition of "family"
- Engages other "natural supports"

# Family-Centered and Community-Based Practice

## Component 2

### Community-Based Practice

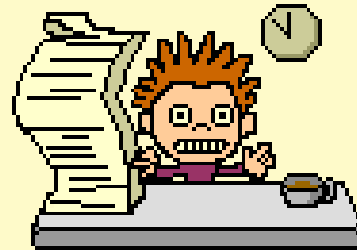
Actively engages community partners in our work with the client through:

- Routine participation in joint service planning
- Collaborative problem-solving through Multi-Disciplinary Teams
- Ongoing relationship building with our partners

# Resilience to Secondary Trauma

## Component 3

### Purpose



To acknowledge and address the impact of stress and secondary trauma as occupational hazards of working with the vulnerable adult population

# Resilience to Secondary Trauma

## Component 3

- Create awareness at Departmental, Unit and Personal levels
- Promote an agency culture that supports staff resilience to Secondary Trauma;
- Provide the skills and knowledge needed by individuals and the agency to develop constructive responses to Secondary Trauma

# How Initiative Implemented?

- A case management approach tailored to our programs and our client population
- Based on input from local Adult Service administrators, supervisors, and front line staff
- Evolved to become the foundation of changes to our Adult Services practice model



# How Was Initiative Implemented?

- Developed Training Curriculum
- Conducted Pilot Training of group of Supervisors
- Established Implementation Advisory Group
- Devised an application process for first round of local DSS participants
- Selected 7 local DSS (out of 24), trained and coached towards implementation

# Establishment of Change



# Establishment of *Change Teams*

What is the concept of a *Change Team*?

- Small groups of local staff selected by their leadership to help facilitate the implementation of the Initiative in their local agency.
- Champions of the Initiative; Encouragers of their colleagues in the process of culture change in Adult Services.

# Support Provided to *Change Teams*

- Coaching & Technical Assistance;
- Opportunity for cross-fertilization of ideas between jurisdictions;
- Guidance in developing plans for local implementation of the initiative;
- Strategizing ways to engage colleagues to buy-in to system changes.

# Preliminary Impacts of Initiative

- Local agencies are taking a more critical look at whether cases have service plans with specific goals/outcomes, and that achievement of those goals are being worked towards.
- Client dependence on case manager, along with risk, is now being considered when cases are in review.

# Preliminary Impacts of Initiative

- More frequent engagement with partner agencies, i.e. – interagency forums, joint trainings, etc..
- Local adaptation of child welfare practice of “Family Involvement Meetings” for some Adult Services cases.

# Your Questions ?



# How to Contact Us

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