



# CUYAHOGA COUNTY ADULT PROTECTIVE COLLABORATIVE

## CASE PRESENTATION WORKSHEET

This form is to be completed by the staff person requesting a CCAP Collaborative Case Consult.

Date:

Presenter Name:

Phone Number:

Agency:

Fax:

E-mail:

Release of Information: ☐ Yes

☐ No

Client is aware the CCAP Collab Consult: ☐ Yes ☐ No

Client's first name or pseudonym:

Age:

Financial Information: ☐ SSI

☐ SSDI

☐ SS

☐ Pension

☐ Other (Specify) \_\_\_\_\_

Medical Insurance: ☐ Private

☐ Medicare

☐ Medicaid

☐ Other (Specify) \_\_\_\_\_

### Demographics

Gender: ☐ Male

☐ Female

☐ Transgender

☐ Other (Specify) \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Domestic Partner

Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

Religion: ☐ None

☐ Protestant

☐ Catholic

☐ Jewish

☐ Muslim

☐ Other (Specify) \_\_\_\_\_

Veteran (Military) ☐ Yes

☐ No

☐ Other (Specify) \_\_\_\_\_

Education:

☐ Less than 12<sup>th</sup> Grade

☐ High School Diploma/GED

☐ Some College

☐ Bachelor's Degree

☐ Graduate work

☐ Graduate Degree

☐ Unknown

1. Current household composition living arrangement:

2. Current support system, if any:

3. Health/disability status:

4. Brief summary of current situation/problem:

5. What interventions have been tried and with what results?

6. What questions and/or concerns do you have for the CCAP Collaborative Members?

7. How do you think we can be of help? (*Please specify*).

## THE COLLABORATIVE MISSION STATEMENT

The mission of the **Adult Protective Collaborative** is to sustain a community response that coordinates services which promote positive outcomes for victims of elder abuse, self-neglect, neglect and/or exploitation by:

- ⇒ Creating or restoring a safe environment
- ⇒ **Improving victims' quality of life**
- ⇒ Empowering victims
- ⇒ Exhausting least restrictive alternatives
- ⇒ Ensuring confidentiality is maintained
- ⇒ Holding offenders accountable by seeking prosecution, when needed.

To report adult abuse, Neglect, self-neglect and/or exploitation, call 216.420-6700.



## INTERAGENCY COOPERATION

### IS AT THE HEART OF THE COLLABORATIVE

Because elder abuse victims have diverse and multiple needs, it is unlikely that any single agency can provide everything required to stop the abuse, neglect and exploitation and/or prevent its reoccurrence.

Most clients require services from several agencies. If services are not coordinated, clients may fall through the cracks which can result in negative outcomes. Unnecessary delays in interventions can also cause victims increased frustration, trauma and intrusion in their lives.

When services are well-coordinated, the need for multiple interviews are reduced. Clients have greater opportunities of achieving positive outcomes and experience a lessened degree of trauma.



**CUYAHOGA COUNTY | DIVISION OF SENIOR and  
ADULT SERVICES | Services and Solutions  
for Better Living**

216.420.6750 Main ■ 216.420-6700 Centralized Intake ■ 216.420.6735 Fax  
[www.dsas.cuyahogacounty.us](http://www.dsas.cuyahogacounty.us) | [www.onecuyahoa.com](http://www.onecuyahoa.com)



**EDWARD FITZGERALD  
CUYAHOGA COUNTY EXECUTIVE**

## CUYAHOGA COUNTY ADULT PROTECTIVE COLLABORATIVE (CCAP COLLAB)



## CASE CONSULT MONTHLY MEETING

HOSPICE OF THE WESTERN RESERVE  
DAVID SIMPSON HOSPICE HOUSE  
300 EAST 185TH STREET

THE 2ND MONDAY EACH MONTH  
8:30 am — 10:00 am

# WHAT IS THE CCAP COLLABORATIVE?

We are an interdisciplinary team of professionals who provide a coordinated community response to victims of elder abuse.

## The Collaborative:

- ⇒ Supports staff and provides insight on handling difficult cases.
- ⇒ Promotes increased coordination between agencies.
- ⇒ Offers checks and balances to ensure the interests and rights of the victim are addressed.
- ⇒ Increases communication between agencies & individuals.
- ⇒ Enhances skills & knowledge of the collaborative members related to working with older adults.
- ⇒ Provides a forum for learning about the different approaches and strategies used by the different members.



## How Does the Collaborative Work?

### MEMBERS MEET MONTHLY TO:

- ⇒ Review cases where prior interventions were proven unsuccessful.
- ⇒ Share success stories that demonstrate best practice techniques or interventions.
- ⇒ Identify systemic problems & promote solutions through advocacy, training or coordination by the team and/or other agencies, committees and also individuals.

Members can be available for emergency case consults conducted via conference call.



## HOW TO REQUEST A CASE CONSULT

### CASES CONSIDERED FOR CONSULT MAY INVOLVE:

- ⇒ Unresolved client concerns
- ⇒ Ethical dilemmas
- ⇒ Limited legal mandates & authority
- ⇒ Explore the right of self-determination versus concerns for personal safety
- ⇒ Non-voluntary interventions
- ⇒ Demonstrated lack of cooperation
- ⇒ Conflict of interest between the providers, agencies & service networks
- ⇒ Examples of teamwork and positive interventions

To request a case consult and/or to learn more about the Collaborative, please call Natasha Pietrocola, Cuyahoga County Adult Protective Services at 216.420.6721 or Jill Dunmire, Wade Park Veterans Administration at 216.791.3800 x 6627.



# CUYAHOGA COUNTY ADULT PROTECTIVE COLLABORATIVE

## CCAP COLLAB GROUND RULES

### PURPOSE:

- Increase mutual understanding of each other's values, definitions, approach.
- Build relationships between Cuyahoga County APS and community partners.
- Review specific cases if requested by staff from APS, CCAP COLLAB members or from a community partners for the purposes of maximizing positive client outcomes, learning and increasing service coordination.
- If no case is identify an attempt will be made to provide an educational forum.

### GROUND RULES:

- Educate each other about the values and philosophy that guide our respective work.
- Treat one another with respect and professionalism.
- Avoid negative behavior such as fault finding, blaming, or complaining about a fellow Adult Protective Collaborative member and/or staff from a community partner agency.
- When a case scenario involves interagency involvement, the Co-facilitators will make a concerted effort to ensure all necessary parties receive notice prior to the case consult date.
- The case presenter(s) will present case scenarios and concerns.
- The consult members will wait until the presenter has completed the presentation before disclosing his/her reactions, questions and/or suggestions about the situation.
- If there is no specific case to be reviewed, a general area for sharing and discussion will be identified.

### PARAMETERS:

**Frequency:** Monthly on the second Monday of the month

**Time:** 8:30 to 10:00 a.m.

**Location:** David Simpson Hospice House and Lakeshore Campus - *Great Lakes Community Room*, 300 East 185th Street, Cleveland.

**CASE REQUEST:** Staff will complete a *Request for a CCAP COLLAB Consultation Form* and forward it to the one of the Co-facilitators.

### PROCESS:

- A. Consult request can be completed by staff from APS, CCAP COLLAB MEMBER or staff from a community agency.
- B. All requests and client information will be kept confidential.
- C. Request for review of specific cases ought to be made at least one week in advance of meeting.
- D. Appropriate case scenarios for a consult may include but are not limited to:
  - i. Open and/or undecided case dispositions;
  - ii. Ethical dilemmas regarding client's right of self-determination and/or other ethics-based issues;
  - iii. Client refuses services;
  - iv. Questioning client's capacity with decision making and/or need of the potential appointment of a guardian;
  - v. Explore the need of a Probate Court Orders;
  - vi. Cases that have been closed, but still present concerns/dilemmas for the case manager/case worker and/or service agency;
  - vii. Cases that demonstrated positive examples of team work, common goals and care coordination across multiple systems and/or sectors.

**POINT PERSON:** The CCAP COLLAB Co-facilitators will serve as the contact person. It is the role of the point person who receives the request for a case consul to communicate such requests across the CCAP COLLAB Consult Members.

**AGENDA:** A written agenda will be developed and shared across the CCAP COLLAB members by the Coordinator in advance of each meeting.

**Cuyahoga County**  
**Division of Senior and Adult Services**  
**Adult Protective Services**

*APS I-Team, Lessons Learned, Implications for  
Daily Practice*

**5th Annual NAPSA Conference**  
**Sylvia M. Pla-Raith**

# Abuse is getting old.



## Let's do something about it!

# Learning Objectives

- Outline findings from professional literature with regard to CCAPC
- Describe need/rationale for creating CCAPC
- Explain steps involved in developing a collaborative approach
- Discuss benefits of supporting the CCAPC
- Describe the evaluation study of the effectiveness of participation on the CCAPC
- Outline next steps for the CCAPC



# **Adult Abuse in Ohio**

## **R.C. 5101.60 – 5101.72**

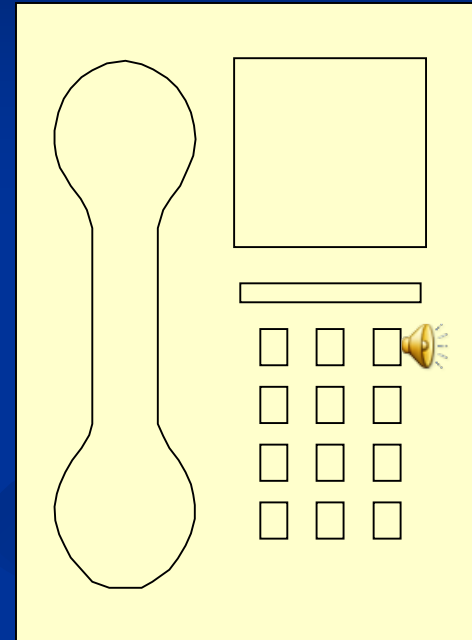
Intended to assist adults who are in danger of harm, unable to protect themselves and have no one else to assist them

- 60+ (some counties serve 18-59)
- Must be impaired and/or disabled
- Must have an allegation of abuse, neglect, self-neglect or exploitation
- Must reside in the community



# Types of Abuse

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect
- Self Neglect
- Exploitation



**National Eldercare Hotline**

**1-800-677-1116**

# Elder Abuse a Societal Problem...

- 2 million older adults mistreated each year in the United States
- 84%, or 5 of 6 cases, are not reported
- Older vulnerable Adults have multiple risk factors including:
  - Dependence on others for care
  - Cognitive impairment
  - Caregiver stress

Jayawardena & Liao, Liao et al



# Past Lessons

- (2004) Attorney General Task Force
  - State-wide participation
    - Multidisciplinary
    - Public & private sectors
- Ohio Department of Job and Family Services
  - Memorandums of Understandings
  - Aging partners – stakeholders
    - Area Agency on Aging
    - Hospitals
    - Community parties
    - Mental Health
- National Models - Orange County
- Ohio I-Teams

# STEERING COMMITTEE



# Creating the Steering Committee

- Identified community agencies/partners
  - Assess existing relationships
  - Look for opportunities to develop new relationships
- Approached potential partner to get buy in and strategize
- Personal invite to join the I-Team
- Held regular monthly meetings
- Facilitated follow-up meetings

# Steering Committee

- ADAMHS Board of Cuyahoga County
- Cuyahoga County Probate Court
- Domestic Violence and Child Advocacy Violence Center
- Cuyahoga County Board of Health
- Cleveland Rape Crisis Center
- Rosary Hall, St. Vincent Charity Hospital
- Cleveland Clinic Main
- Hospice of the Western Reserve
- Benjamin Rose Institute on Aging
- University Hospital of Cleveland
- Cuyahoga County Prosecutor's Office
  - Civil Division
  - Criminal Division
- Long Term Care Ombudsman
- MetroHealth Medical Center
- Cleveland Department of Aging
- Catholic Charities Services, St Augustine Health Ministries
- Legal Aid Society of Cleveland
- Reminger CO., L.P.A.
- Veteran's Administration
- Western Reserve Area Agency on Aging



# Putting the CCAPC Into Action...

## Initial Steering Committee Meeting

*The strategy ....*

- Outline purpose for the collaboration
- Mission Statement
- Objectives & Goals
- Establish common ground



# Collaborative Leadership

- Understand the context before you act
- Develop clarity by defining shared values and engaging others in positive action
- Develop trust and create safety
- Share power and influence – create synergy
- Mentor and coach others in collaborative approach
- Continue to develop own collaborative skills

# CCAPC Mission

- The mission of the CCAPC is to maintain a collaborative community response that coordinates services to promote positive outcomes for victims of elder abuse by:
  - Creating/restoring a safe environment
  - Improving victims' quality of life
  - Empowering victims to make their own decisions when mentally capable to do so
  - Exhausting the availability of “least restrictive” alternatives
  - Maintaining client confidentiality
  - Supporting local policy and legislative efforts that hold offenders accountable by seeking prosecution.

# Goal Statement

The goal of the Cuyahoga County Adult Protective Services Interdisciplinary Team (CCAPC) is to create a collaborative framework that improves each agency's response to victims of abuse, neglect, self neglect and/or exploitation. The CCAPC is a group of professionals from several disciplines who meet regularly to discuss and consult on specific cases of elder abuse, neglect or exploitation. The CCAPC capitalizes on experiences, backgrounds, training and philosophies of the different professions to create best practices in service delivery.

# CCAPC Goals

- Provide case consultations and promote best practices;
- Validate the efforts provided by the case workers;
- Provide an interdisciplinary perspective to problem solving;
- Identify and develop needed resources
- Develop a network for coordinated care;
- Address systemic problems.

# Stumbling Blocks

- Self-determination/empowerment
- Different client priorities/use of jargon
- Least restrictive versus safety
- Confidentiality
- Common Release of Information
- Service accessibility (Public/Fee for Service, Level of Care)
- Limited client resources

# Steps In The Process...

Steering Committee held initial monthly meetings

- Point persons
- Meeting agenda
- Include all stakeholders – Member buy-in
  - Managers – Steering Committee
  - Direct staff – Case Consult Team
- Review purpose for getting together
- Established a win/win for everyone involved



# More Steps In The Process...

## Developed the CCAPC Handbook

- Review gains realized at each meeting
- Finalize plan to continue collaboration
- Establish ground rules
- Determine meeting frequency, location, time
- Identify how cases will be presented
- Provide cross education when no case is identified for discussion
- Developed the Case Consult Team

# CASE CONSULT TEAM



# Creating the Case Consult Team

- Identify Case Consult members for each agency
- Establish a meeting monthly schedule
- Review ground rules and parameters regularly
- Make sure the case presenter has the opportunity to prepare their case is to be discussed
- Emphasis on learning
- Prepare & distribute an agenda
- Willingness to adjust
- Be patient and don't give up – it is a slow process!

# Benefits Of Collaboration...

- Better alignment of perceptions and expectations
- Increased communication outside of collaborative meetings
- Synergy – the whole is greater than the sum of the individual parts
- Bottom line...More effective work with client/patient!

# Case Scenarios .....



# Examples of Case Scenarios

- Open/undecided case dispositions
- Ethical dilemmas such as the right of self-determination or other ethics-based issues
- Client refusing help and remains at high risk
- Capacity Issues - decision making need of a guardian
- Seeking Probate Court Orders (Emergency Protective Service Order, Civil Commitment, Access, Restraining and others)
- Limited access that has impeded successful intervention
- Closed case present concerns/dilemmas for the case manager/case worker and/or service agency

# Case of Mrs. A





# I-Team Case Consult

- Ms A
  - Age 71
  - Single
  - Live alone
  - History of Schizophrenia
  - Hoarding - Un safe housing
  - Uncooperative hostile towards others
- ....

# Evaluation of the Cuyahoga County Adult Protective Collaborative (CCAPC)

*A Resource for Professionals Dealing with  
Cases of Elder Maltreatment*

Funded by: Cuyahoga County Department of Senior and Adult Services  
In-kind support provided by: Benjamin Rose Institute on Aging












# Background

- CCAPC Definition: Professionals from diverse disciplines who work together to review cases of elder abuse and address systemic problems<sup>1</sup>
- Began in 1980s
- Great resource for professionals dealing with elder abuse cases that involve caregivers

*1. Teaster, P., & Nerenberg, L. (2003). A national look at elder abuse multidisciplinary teams [Report for the National Committee for the Prevention of Elder Abuse, Partner, National Center on Elder Abuse].*

# Background

Characteristic	Typical CCAPC <sup>1</sup>	Cuyahoga Co. CCAPC
Reviews all forms of abuse		
Meets once per month		
Administered by APS		
5-20 members at meetings		<b>Approx. 30 members</b>
Has been evaluated		

# CCAPC Research is Limited

- Fewer than 10 research studies on CCAPCs
- Localized<sup>2</sup>
- Focused on satisfaction<sup>2</sup> /1 dimension of CCAPC
- “Benefits” are beliefs, not proven outcomes<sup>2</sup>

*2. Anetzberger, G. J. (2011). The Evolution of Multidisciplinary Response to Elder Abuse. Marquette Elder's Advisor, 13, 107-128.*

# Purpose of Study

- Collect information on multiple aspects of Cuyahoga County CCAPC to help improve overall functioning
- Add to limited body of knowledge on CCAPCs
- Collect pilot data to potentially conduct larger study



# Methods

- Developed survey based on literature, BRIA evaluation format, and input from Steering Committee
- Survey distributed to:
  - CCAPC Case Consult Members
  - CCAPC Case Presenters (Members & Non-members)
  - CCAPC Steering Committee Members
- Survey administered:
  - On paper at CCAPC Case Consult Meeting
  - Electronically via email
- Response rate = 75% ( n = 43)

# Respondent Characteristics

Characteristic	% Yes (n = 43)
<b>CCAPC Membership</b>	
Case Consult Member Only	53%
Case Consult & Steering Committee Mem	40%
Steering Committee Member Only	7%
<b>Demographics</b>	
Female	79%
Non-White	26%
<b>Education</b>	
Bachelor's Degree	12%
Master's Degree	58%
Advanced Degree (MD, PhD, JD)	30%

# Work Setting

Work Setting	% Yes (n = 43)
Senior and Adult Services	25.6%
Mental Health	18.6%
Legal Services	18.6%
Hospital/Medical Setting	16.3%
Older Adult Services (age 60+)	16.3%
Adult Services (all ages)	14.0%
Research/University	11.6%
Hospice	7.0%
Home Care	7.0%

# Data Analysis

- Developed scales that incorporated answers to multiple questions in order to thoroughly measure one concept
  - E.g. Adequacy of Information about CCAPC Policies and Procedures Scale incorporated 5 questions:  
*How much more information do you need about...*
    - The purpose of the CCAPC?
    - What is expected of CCAPC members?
    - What the CCAPC can do to help clients?
    - The types of cases to present at an CCAPC meeting?
    - How to get a case to be presented at an CCAPC meeting?
- Worked with CCAPC Chair to determine benchmarks

# Summary of Strengths

No Improvement Needed	Score
Information about Policies & Procedures	95.3%
Impact on Public & Agency Policy	77.6%
Impact on Communication & Collaboration	72.8%
Impact on Knowledge of Members	76.6%
Trust among Members	82.5%
Preferences & Meeting Environment	88.1%
Processes & Procedures	88.1%
Diversity of Disciplines & Agencies	92.5%
Case Presenter Experience	87.3%

# Summary of Challenges

Areas for Improvement	Score	Example Strategy for Improvement
Service Awareness	73.8%	<ul style="list-style-type: none"><li>• Host short presentations</li><li>• Create a directory</li></ul>
Impact on Client Outcomes	55.9%	<ul style="list-style-type: none"><li>• Collect client outcome data in order to monitor</li></ul>
Organizational Barriers	53.3%	<ul style="list-style-type: none"><li>• Encourage supervisors to advocate at their orgs</li><li>• Attempt to address service gaps</li></ul>
Participation Barriers	71.1%	<ul style="list-style-type: none"><li>• Supervisors invite clinical staff to present</li></ul>

# Improvements

- Frequency of updates on cases previously presented
- Missing disciplines:
  - Home health nurses
  - Police officers
  - Ethicists
  - Domestic violence specialists
  - Financial planners
  - Psychiatrist/psychologist
  - Animal services

# Differences by Group

- Members who attended more CCAPC Meetings:
  - More knowledge about Policies & Procedures
  - Higher rating of impact on Public Policy/Agency
- Members with more work experience:
  - More likely to report barriers with orgs and participation
- Members who provide more direct care:
  - Higher rating of impact on Member Knowledge
  - More likely to report positive experience presenting



# In Summary

- *“The CCAPC is one of my favorite committees that I attend. I have learned so much about other agencies and their policies surrounding accepting new clients and services they provide. My relationship with various community agencies has strengthened from being a member of the CCAPC. I’m honored to be a part of this committee.”*
- *“This is an excellent forum for information-sharing/gathering. The professional exchange of CCAPC members representing diverse aspects of elder care services is what I value most. This cross-section of professionals provides meaningful dialogue in identifying aspects of elder services/elder abuse/neglect. It’s excellent.”*

# Contact Information:

**Sylvia Pla-Raith, Chief Supervisor**

Adult Protective Services

13815 Kinsman Road

Cleveland, Ohio 44120

(216) 420-6741

[Sylvia.Pla-Raith@jfs.ohio.gov](mailto:Sylvia.Pla-Raith@jfs.ohio.gov)

# Questions



# Thank You

