

# Adult Protectives Services I-Team

## *How to Build a Coalition that Sticks*

27<sup>th</sup> Annual NPSA Conference

August 29–31, 2016



**MIKE DEWINE**

== ★ OHIO ATTORNEY GENERAL ★ ==

**Abuse is getting old.**



**Let's do something about it!**

# Learning Objectives

- Outline findings from professional literature with regard to collaborative benefits;
- Describe need/rationale for creating a collaborative;
- Explain steps involved in developing a collaborative approach;
- Discuss benefits of supporting a collaborative;
- Describe the outcome of the evaluation study.

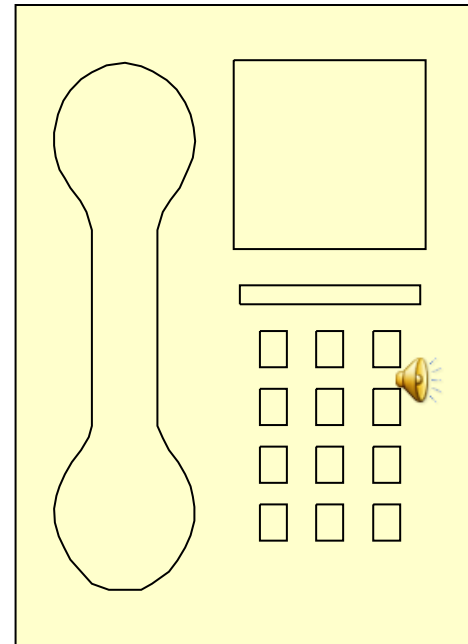
# Adult Abuse Law in Ohio

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



# I-TEAM STEERING COMMITTEE



# The Role of 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

# Organizational Members

- 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 Team 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

# Mission Statement

- The mission of the I-Team 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 (I-Team) is to create a collaborative framework that improves each agency's response to victims of abuse, neglect, self neglect and/or exploitation. The I-Team 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 I-Team capitalizes on experiences, backgrounds, training and philosophies of the different professions to create best practices in service delivery.

# I-Team 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 I-Team 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

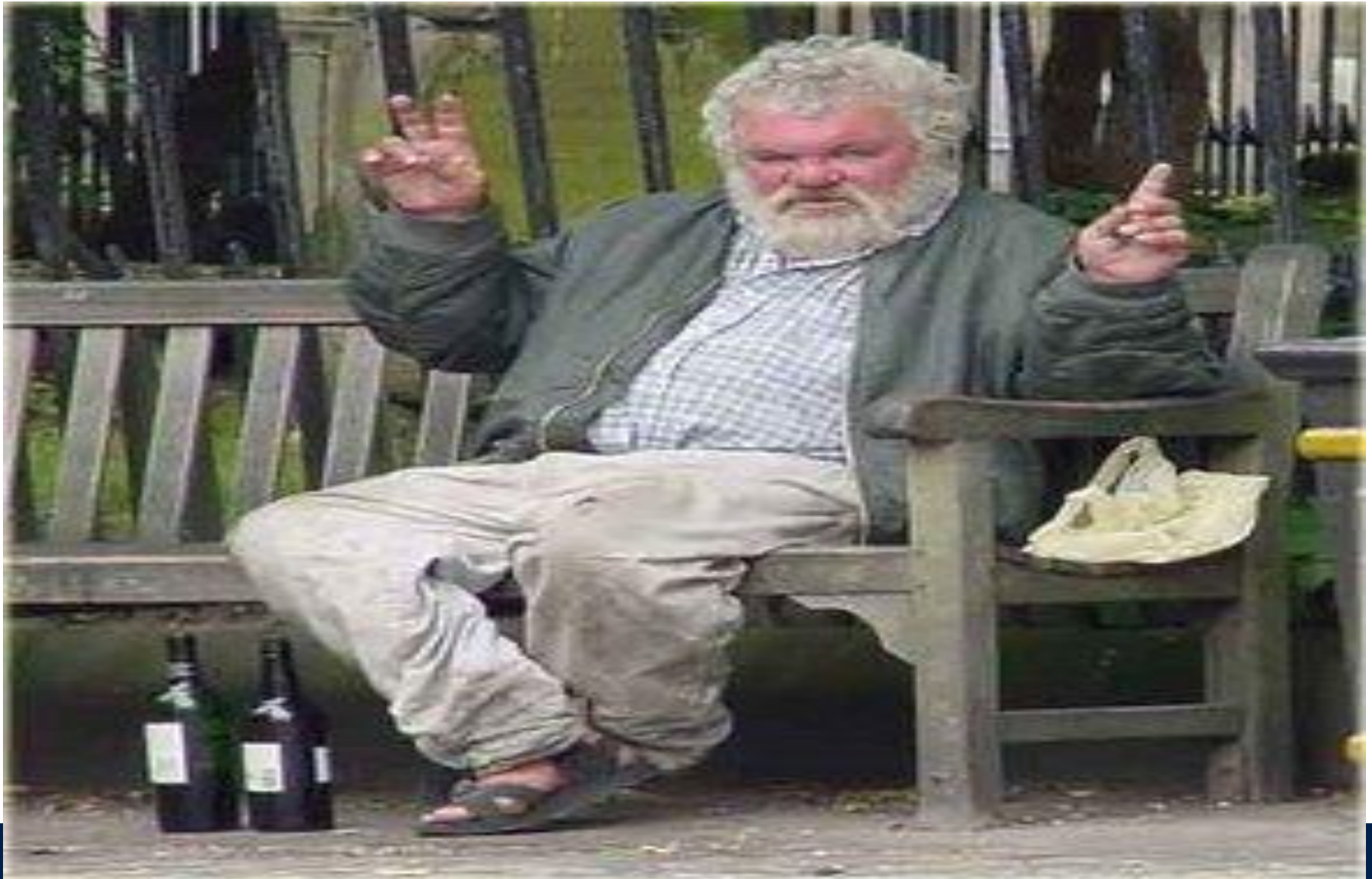
- Identify Case Consult members for each agency
- Establish a meeting monthly schedule
- Review ground rules and parameters regularly
- Make sure the case presenter has the opportunity to prepare their case is to be discussed
- Emphasis on learning
- Prepare & distribute an agenda
- Willingness to adjust
- 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
- ....



# Now What?



# Evaluation of the Cuyahoga County Adult Protective I-Team

I-Team a Resource for Professionals  
Dealing with Cases of Elder  
Maltreatment

# Background

- I-Team 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Administered by APS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5-20 members at meetings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <b>Approx. 30 members</b>
Has been evaluated	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# Collaborative 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 *I-Team* to help improve overall functioning
- Add to limited body of knowledge on *I-Team's*
- 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:
  - Case Consult Members
  - Case Presenters (Members & Non-members)
  - Steering Committee Members
- Survey administered:
  - On paper at the Case Consult Meeting
  - Electronically via email
- Response rate = 75% ( n = 43)

# Respondent Characteristics

Characteristic	% Yes (n = 43)
Case Consult Member Only	53%
Case Consult & Steering Committee Members	40%
Steering Committee Member Only	7%
Female	79%
Non-White	26%
Bachelor's Degree	12%
Master's Degree	58%
Advanced Degree (MD, PhD, JD)	30%

# Work Setting

<b>Work Setting</b>	<b>% Yes (n = 43)</b>
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 *I-Team* Policies and Procedures Scale incorporated 5 questions:  
***How much more information do you need about...***
    - The purpose of the *I-Team* ?
    - What is expected of *I-Team* members?
    - What the *I-Team* can do to help clients?
    - The types of cases to present at an *I-Team* meeting?
    - How to get a case to be presented at an *I-Team* meeting?

# 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 *I-Team* 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 I-Team 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 I-Team. I’m honored to be a part of this committee.”*
- *“This is an excellent forum for information-sharing/gathering. The professional exchange of I-Team 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.”*



## How to contact us

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# Questions



# Thank You





# CUYAHOGA COUNTY ADULT PROTECTIVE COLLABORTIVE

## 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*).

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# **Evaluation of the Cuyahoga County Adult Protective Services (APS) Interdisciplinary Team (I-Team)**

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## **Final Report**

**October 2013**

*Funded by the Cuyahoga County Department of Senior and Adult Services (DSAS)  
In-Kind Support Provided by the Benjamin Rose Institute on Aging (BRIA)*

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The Margaret Blenkner Research Institute (MBRI) of

The Benjamin Rose Institute on Aging (BRIA)

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***Evaluation of the Cuyahoga County Adult Protective Services (APS)  
Interdisciplinary Team (I-Team)  
Executive Summary***

The Cuyahoga County Adult Protective Services (APS) Interdisciplinary Team (I-Team) meets monthly to provide consultation to providers handling complex cases of elder abuse, neglect, and/or exploitation. During each I-Team meeting, there are approximately thirty providers in attendance from a variety of disciplines including APS, aging services, mental health, medical and legal fields. A survey was completed by 43 (75.4%) of the total 57 individuals who are I-Team members and/or Steering Committee members (referred to as “Members” throughout the report). One additional survey was received from a non-Member who presented a case at an I-Team Case Consultation Meeting. The survey included 94 questions (19 which were used to collect demographic, job characteristic and training information, 71 to construct 13 scales that were tested for reliability and validity, and 4 open-ended). The scales provided the core set of findings, with supplemental information collected from comments to open-ended questions.

**Results**

Survey results revealed areas of strengths and challenges for the I-Team, which are summarized below. Strengths and challenges were based on pre-established benchmarks or goals determined by the I-Team Director and Evaluation Team. Also included in this summary are examples of action steps to address challenges noted in findings.

<b>Strengths of the I-Team (No Improvement Needed)</b>
<ul style="list-style-type: none"> <li>▪ The adequacy of information provided about I-Team <b>Policies and Procedures</b>, including the purpose of the I-Team, what is expected of I-Team Members, what the I-Team can do to help clients, the types of cases to present and how to get a case presented at an I-Team meeting.</li> </ul>
<ul style="list-style-type: none"> <li>▪ The impact of the I-Team on <b>Public and Agency Policy</b> (e.g., legislative issues and policies used at Members’ agencies related to elder abuse/neglect/exploitation); Impact of the I-Team on <b>Communication and Collaboration</b> among Members and agencies represented on the I-Team ; and <b>Knowledge</b> of I-Team Members on elder abuse/neglect/exploitation, including identification, practice, and services. (Survey results related to Impacts of the I-Team approached the pre-established benchmarks, which were considered close enough to indicate no needed improvement).</li> </ul>
<ul style="list-style-type: none"> <li>▪ The way the I-Team increases <b>Trust</b> among Members, including the willingness to share information about services provided by their agencies, and perceptions that other represented agencies provide a high quality of services.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Member Preferences and Meeting Environment</b> (e.g., the days and times meetings are held, creating an environment where differences of opinion can be voiced, and the way Members take into consideration clients’ preferences), I-Team <b>Processes and Procedures</b> (e.g., topics covered during I-Team meetings, I-Team manual, and recommendations offered by I-Team Members), and <b>Diversity of Disciplines and Agencies</b> represented .</li> </ul>
<ul style="list-style-type: none"> <li>▪ The quality of the <b>Case Presenter Experience</b> when bringing difficult client situations to the I-Team for consultation (e.g., feeling they could reach out to Members for assistance, feeling supported).</li> </ul>

<b>Challenges for the I-Team</b>	
<b>Areas for Improvement</b>	<b>Example Strategies for Improvement</b>
Increasing <b>Service Awareness</b> , meaning the information about services offered by I-Team Member agencies, including how to refer clients.	<ul style="list-style-type: none"> <li>▪ Host short presentations by Members before or after I-Team meetings about their services</li> <li>▪ Create a directory with information about services offered by Member agencies.</li> </ul>
Increasing the impact of the I-Team on <b>Client Outcomes</b> , including helping clients get the services they need, decreasing the length of time it takes clients to get services, and improving the quality of services.	<ul style="list-style-type: none"> <li>▪ Create a mechanism to collect client outcome information after case presentations in order to carefully monitor the impact of presenting cases to the I-Team.</li> </ul>
Alleviating <b>Organizational Barriers</b> such as Members not having enough time to attend meetings and organizations not having services that clients need available for use.	<ul style="list-style-type: none"> <li>▪ Encourage supervisors who are Members of the I-Team to advocate at their organizations for permission for clinical staff to present cases and attend I-Team meetings.</li> <li>▪ Document instances when client needs were not met due to a lack of services; brainstorm with Steering Committee and/or I-Team Members how to address the service gap; and formulate an action plan that includes assigned tasks and a date to share updates on progress made.</li> </ul>
Alleviating <b>Participation Barriers</b> that limit the number of cases being presented to the I-Team, such as workers feeling uncomfortable presenting cases and getting input in a group context, and Members not feeling they have sufficient expertise to comment on presented cases.	<ul style="list-style-type: none"> <li>▪ Encourage supervisors who are Members of the I-Team to invite their clinical staff to present cases and attend I-Team meetings.</li> </ul>

<b>Supplemental Comments from Open-Ended Questions</b>
<ul style="list-style-type: none"> <li>▪ Increase representation on the I-Team by adding members who are: <ul style="list-style-type: none"> <li>- nurses (i.e., home health); police officers; ethicists; domestic violence specialists; financial planners; elected officials; psychiatrist/psychologist; animal services/wardens; health department staff, municipal/county government officials; housing specialists; and nursing home staff.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Provide more guidance on how to handle emergency cases of elder abuse/neglect/exploitation.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Increase the number of community-based presentations conducted by I-Team Members in order to publicize the availability of assistance from the I-Team and Steering Committee.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Create a repository of literature on elder abuse/neglect/exploitation that would be available as a resource for staff of I-Team Member organizations.</li> </ul>

## **Introduction**

The Cuyahoga County Adult Protective Services (APS) Interdisciplinary Team (I-Team) was created in 2011 to improve outcomes for victims of elder abuse by:

- Providing comprehensive consultation to professionals who present complex cases of elder abuse to the I-Team
- Educating professionals and the community on issues of elder abuse
- Identifying and addressing systemic problems in the area of elder abuse

Since the needs of elder abuse victims often reach beyond the scope of any single provider, the I-Team strives for representation from a variety of disciplines at meetings in order to provide comprehensive case consultation. Although the I-Team focuses on elder abuse, cases of abuse involving younger disabled populations may be presented at the discretion of the Chair. In addition to case consultation, I-Team meetings are also an avenue for professionals to share information about successful interventions, educational resources, and trainings.

Existing I-Team research (commonly referred to as multidisciplinary teams in the literature) is limited. There are approximately ten studies published on I-Teams in the United States. The goal of the Evaluation of the Cuyahoga County APS I-Team (referred to as “I-Team” from this point forward) is to collect information about the perceptions, knowledge, and experiences of members of the I-Team (meets monthly), members of the I-Team Steering Committee (meets quarterly), and professionals who have presented a case to the I-Team (includes members and non-members). The Evaluation is comprehensive in comparison with previous studies, which tend to focus on a limited number of aspects, such as function or satisfaction (see Survey Design).

## **Survey Design**

Survey development involved a thorough review of past research, including existing surveys on elder abuse, multidisciplinary teams, and I-Teams. Additionally, evaluators developed the Survey based on observations made by attending at least six I-Team Case Consultation Meetings. Attending these Meetings enabled evaluators to better understand I-Team structure, dynamics, and the types of questions to be included in the Survey.

The Survey included questions adapted from previous MBRI research studies, as well as new questions focused on issues of particular salience to the I-Team Chair and Steering Committee. Additionally, questions were added and/or modified based on recommendations of the Steering Committee after reviewing an early draft of the survey.

Questions in the final survey were organized into the following sections:

- Demographics, Job Characteristics, and Training
- Involvement with the I-Team

- Information about the I-Team
- I-Team Impact
- I-Team Barriers to Success
- Satisfaction with the I-Team
- Case Presenter Experience
- Additional Comments

## Data Collection Procedures

Two methods were used to administer the Survey. The first involved distributing a “survey packet” with an introductory letter from the I-Team Chair, consent form, Survey, and return envelope. At the beginning of the June 10<sup>th</sup> meeting, Members read and signed a consent form, completed the Survey, and returned it to research staff in attendance. Of the 32 Members in attendance, 29 returned the signed consent form and completed survey at the end of the meeting; two other Members returned the materials by mail at a later date. The second data collection method distributed the survey packet electronically to Members who were not in attendance and/or did not return their surveys at the June 10<sup>th</sup> meeting, including Steering Committee Members. The electronic version also was distributed to professionals who presented at the I-Team, but who are not Members. Three reminder emails were sent by research staff and the I-Team Chair encouraging completion and return of the Survey. Thirteen completed Surveys were returned from the electronic distribution. Fourteen persons who were sent an electronic Survey did not complete it.

## Sample

The survey was distributed to a total of 57 professionals (Members of the I-Team and/or the Steering Committee) and completed by 43, yielding a 75.4% response rate. Three additional surveys were sent to three non-Members who presented a case at an I-Team Meeting; one survey was received. (*Note: the one survey returned by the non-Member is only used in the Case Presenter analysis*).

### *I-Team Member Characteristics*

*Table 1* represents basic characteristics for Members who participated in the Survey.

<b>Table 1. I-Team Member Characteristics (n=43)</b>	
	<b>% Yes</b>
<b>Gender:</b>	
- % Female	<b>78.6%</b>
<b>Race:</b>	
- % Minority	<b>25.6%</b>

**Table 1. I-Team Member Characteristics (n=43)**

	% Yes
<b>Education:</b>	
- Bachelor's	11.6%
- Masters	58.1%
- Advanced (MD, PhD, JD)	30.2%
<b>I-Team Role:</b>	
- Member of Case Consultation Team (I-Team) Only	53% (23)
- Member of BOTH Case Consultation Team (I-Team) and Steering Committee	40% (17)
- Member of Steering Committee Only	7% (3)

- Over three-quarters of Members are female; 25.6% are a member of a minority group (African-American, Hispanic/Latino, Native American/Pacific Islander, Asian); and the majority of Members have a Masters or advanced degrees (MD, PhD, JD).
- The majority of respondents are Members of the I-Team only (53%, are Members of the I-Team only; 40% are Members of both the I-Team and Steering Committee; 7% are only Members of the Steering Committee).

### **Member Work Setting**

Table 2 shows the percentage of Members that represent various disciplines. Members were able to choose multiple answers; therefore, the percentages do not add up to 100%.

**Table 2: I-Team Member Work Setting (including Steering Committee) (n=43)**

	% Yes
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%

**Table 2: I-Team Member Work Setting (including Steering Committee) (n=43)**

	% Yes
Hospice	7.0%
Home Care	7.0%
Fire/Police/EMS	4.7%
Nursing Facility	2.3%
Veteran Services	2.3%
Developmental Disabilities	2.3%

- 25% (n=11) of Members were from Senior and Adult Services.
- 62% (n=30) were from organizations specializing in mental health, legal services, hospital/medical care, or older adult services.

### ***Member Experience***

*Table 3* shows the years of experience Members have worked with specific issues and with the I-Team.

**Table 3: I-Team Member Experience (including Steering Committee) (n=43)**

	Mean or %	Range	Standard Deviation
# of Years Working at Current Place of Employment	10.5	0-39	8.7
# of Years Working on Issues of Abuse, Neglect, or Exploitation	16.0	0-40	11.3
# of Years Working with Older Adults and/or their Caregivers	18.0	0-40	11.5
% Work Time Providing Direct Service	46.1%	0-95	39.0
% Work Time Doing Administrative or Supervisory Tasks	48.1%	0-100	39.8
# of I-Team Meetings Attended (from August 2011 to approximately June 2013)	11.9	0-21	6.7
# of Steering Committee Meetings Attended (from August 2011 to approximately June 2013)	2.4	0-7	2.7



- Members have extensive experience working on issues of abuse, neglect, or exploitation (average = 16 years) and working with older adults and/or their caregivers (average = 18 years).
- On average, members have been at their current place of employment for 11 years and spend approximately half their time providing direct care services and half on administration.
- The average number of Case Consultation Meetings attended by Members is 12; and the average number of Steering Committee Meetings attended by Steering Committee members was two.

## Learning About the I-Team

The Table below shows the percentage Members who learned about the I-Team by various methods.

<b>Learning About the I-Team (including Steering Committee) (n=43)</b>	
	<b>% Yes</b>
Personal invitation from the Chair or Co-Chair of the I-Team	81.4%
Informal discussions with someone from the I-Team or the Steering Committee? (Not including discussions that are part of formal one-on-one meetings or formal group presentations)	32.6%
Attending formal group presentations about I-Teams? (Sessions held for an audience of multiple people)	18.6%
Formal one-on-one meetings with someone from the I-Team or the Steering Committee? (Individual meetings held at scheduled times)	16.3%
Formal education or training sessions that discussed I-Teams	16.3%
Reading manuals, published articles, or other descriptive information about I-Teams	14.0%

- The majority of Members (81.4%) learned about the I-Team by a personal invitation from the Chair or Co-Chair of the I-Team followed by informal discussions with someone from the I-Team or Steering Committee (32.6%).
- Fewer Members learned about the I-Team by reading descriptive information about the I-Team (14%), and attending formal meetings, education, and training sessions (16.3%).

## Data Analyses

Surveys were analyzed using the Statistical Package for Social Sciences (SPSS) software. Descriptive statistics were examined for all variables including mean, range, and standard deviation. The first phase of the analysis involved constructing “scales” that represent key perceptions of Members, which are considered outcomes in these analyses. These perceptual outcomes (e.g., scales) were constructed by summing multiple questions that together gauge the impact of the I-Team on Members, such as changes in knowledge because of the I-Team,

familiarity with the I-Team, and satisfaction and challenges with the I-Team. Factor analysis and Cronbach’s alpha reliability were used to test psychometric properties of all scales prior to their construction.

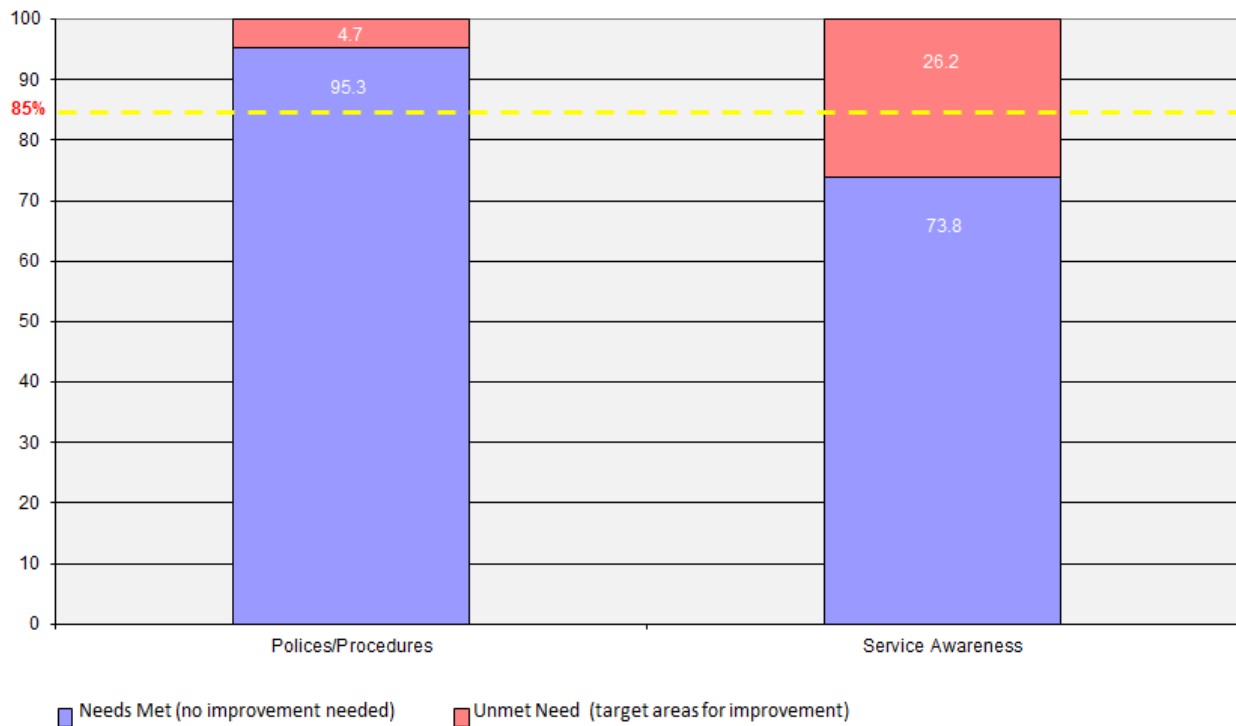
A “Selected-Benchmark” was chosen for scales by the I-Team Chair in collaboration with the evaluation team. These “Selected-Benchmarks” are the desired levels for scales that would show whether the I-Team was functioning at an optimum level. Scores above and below these selected-benchmarks indicate areas of success and areas for improvement. Analyses also examine whether scores above and below the “Selected-Benchmark” are related to Member characteristics, such as work experience and frequency of attending I-Team meetings.

## Description of Survey Outcomes

### *Adequacy of Information about the I-Team*

*Graph 1* depicts Ratings for two scales, representing Members’ perceived: 1) Adequacy of Information about I-Team Policies and Procedures; and 2) Adequacy of Information about Services Available (or Awareness of Services Available) from I-Team Member Agencies. The Selected-Benchmark of 85% was the goal for these scales. (See Tables 4a and 4b in the Appendix for descriptive information and reliability for this scale.)

Graph 1. Adequacy of Information about the I-Team



Findings in *Graph 1* indicate:

- Adequacy of information about **Policies and Procedures** was the most highly rated item, with 95.3% of Members having scores that fall above the Selected-Benchmark, indicating information needs were met.
- **Service Awareness** fell below the 85% Selected-Benchmark at 74%. This indicates Members need more information about services provided by agencies participating in and attending I-Team meetings.

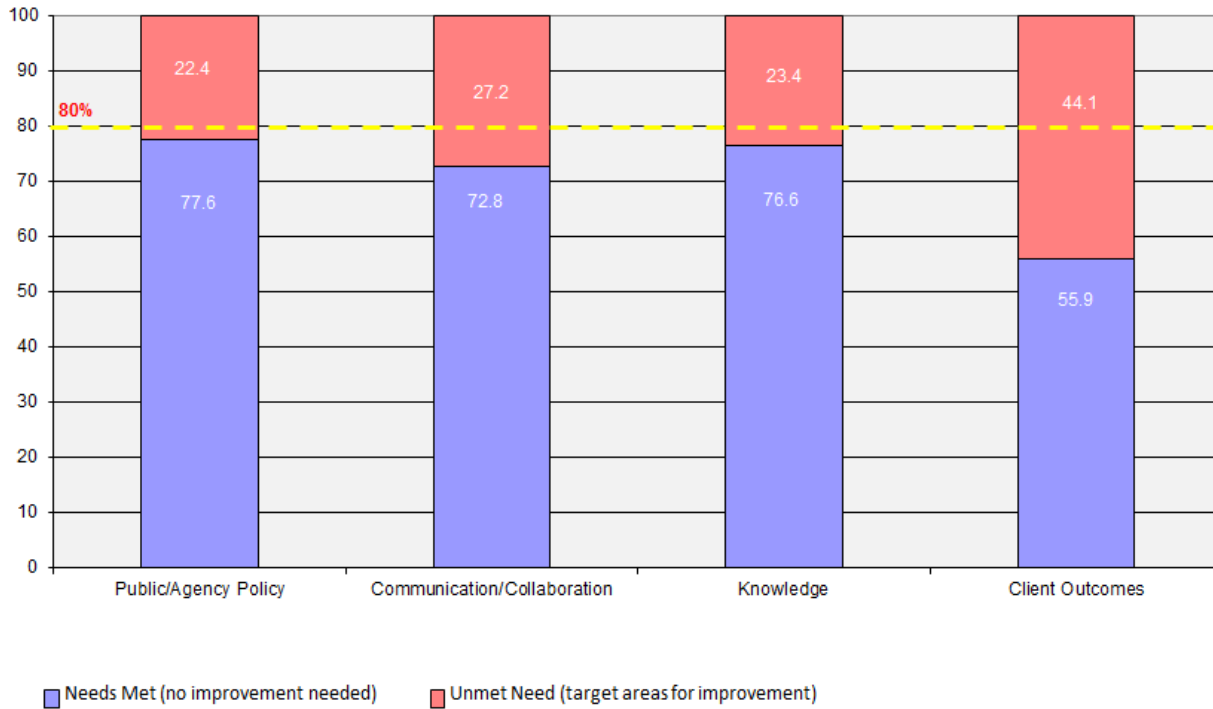
### **Conclusion:**

Members feel they have enough information about the policies and procedures of the I-Team, such as the purpose, expectations, and fundamentals of the I-Team. However, more information is needed on the services provided by participating agencies. Information on member agencies could be improved by a short presentation before or after I-Team Case Consultation Meetings and/or a directory with information about services offered by organizations represented on the I-Team.

### ***Impact Ratings of the I-Team***

*Graph 2* depicts four scales representing the perceived “impact” of the I-Team: 1) Impact on Public Policy/Agency Issues; 2) Impact on Member Communication and Collaboration; 3) Impact on Member Knowledge; and 4) Impact on Client Outcomes. The Selected-Benchmark of 80% is used for these scales. This Selected-Benchmark is slightly lower than 85% used for the preceded “Adequacy of Information” scales because the I-Team may need to be in operation for a longer period of time before its impact on these topics will be fully realized. In addition, Public/Agency Policy issues may be more difficult to impact because they are affected by the community environment. (See Tables 5a, 5b, 5c, and 5d in the Appendix for descriptive information and reliability for these scales.)

Graph 2. Impact of the I-Team



Findings in *Graph 2* indicate:

- Impact of the I-Team on **Public Policy/Agency Issues** fell just below the Selected-Benchmark at 78%. This slightly lower than ideal rating reflected response to Survey questions that are positive but not at the highest possible level. This finding may reflect perceptions that the I-Team has limited impact on improving their organizations' practices and policies related to elder abuse.
- **Communication/Collaboration** reflects a score of 73%, which again indicates that Members gave positive but not optimal ratings to questions about communication and collaboration. Two specific Survey questions in this scale had particularly lower ratings: improvement in communication with clients and reduction of service gaps.
- **Knowledge** (i.e., elder abuse, neglect, exploitation, services) was very close to the 80% Selected-Benchmark, but fell just below at 77%. Survey responses to one question in this scale had somewhat lower ratings: I-Team improving Members' ability to identify signs and symptoms of elder abuse, neglect, and exploitation.
- Impact on **Client Outcomes** was the lowest rated impact scale, with Members being least optimistic about the impact of the I-Team in this area. Members generally indicated only "some" improvement in client outcomes because of the I-Team. Of particular note, there were less positive ratings for questions on the I-Team improving the length of time it takes for clients to receive services and preventing elder abuse/neglect/exploitation.

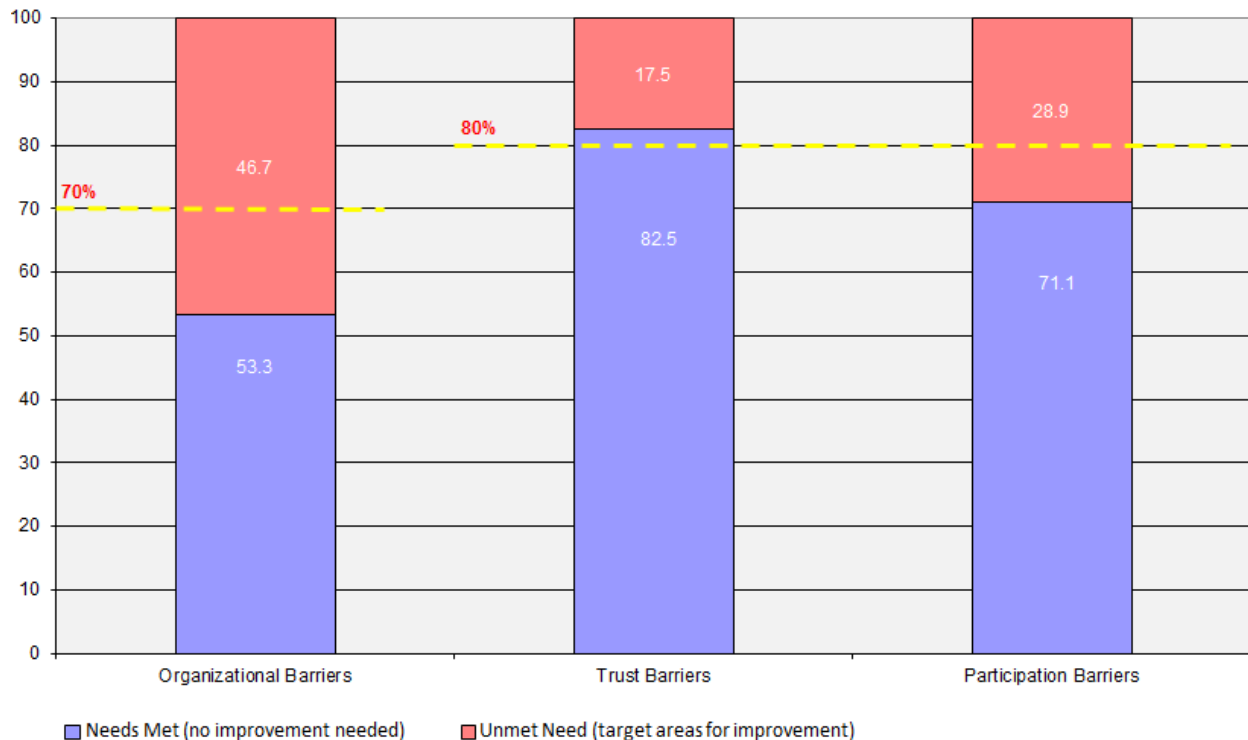
**Conclusion:**

Overall, there is room for improvement regarding I-Team impact, as all scores fell below the 80% Selected-Benchmark. Although none of the scores were as high as desired, impact on public policy/agency issues, knowledge, and communication/collaboration were all close to the selected-benchmark. Client impact had the least positive ratings, which may reflect perceptions that this is a less likely direct outcome of I-Team activities.

**Barriers to the I-Team’s Success**

Graph 3 depicts results for three scales related to challenges for the I-Team: 1) Organization Barriers; 2) Trust Barriers; and 3) Participation Barriers. A lower Selected-Benchmark of 70% was chosen for Organizational Barriers because some of these are outside of the I-Team’s scope of influence. A higher Selected-Benchmark (80%) is used for Trust and Participation Barriers because they primarily are embedded in I-Team functioning. (See Tables 6a, 6b, and 6c in the Appendix for descriptive information and reliability for these scales.)

Graph 3. Barriers to the I-Team's Success



Findings in Graph 3 indicate:

- **Organizational Barriers** are a major challenge for the I-Team, with the score of 54%

falling well below the Selected-Benchmark of 70%. Response to individual Survey questions showed important specific barriers to be: financial problems at Members' organizations; Members not having enough time to attend I-Team Meetings, and; not having enough available services to meet the client needs.

- **Trust Barriers among I-Team Members** was above the Selected-Benchmark at 82.5%, indicating improvement in area is not needed and the I-Team has successfully overcome any major issues with cross-organizational trust.
- **Participation Barriers** was below the Selected-Benchmark at 71%. Responses to individual Survey questions showed Members reported minor, rather than major, difficulties with participating in the I-Team. This included having some difficulty getting staff from Members' organizations to present cases at I-Team meetings.

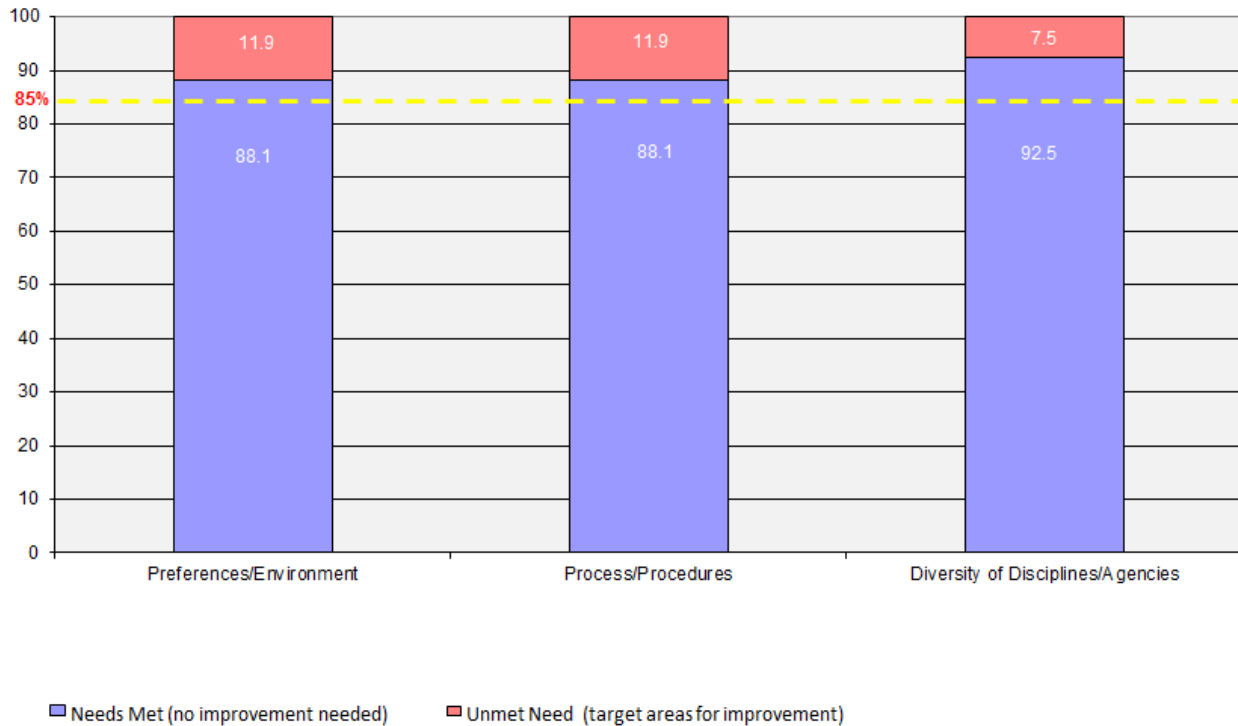
### **Conclusion:**

Members' perceptions of barriers to successful I-Team functioning were mixed. Trust among Member organizations is not an issue; participation in I-Team Meetings is a minor difficulty; more significant barriers are organizational factors that may be outside of the control of Members and the I-Team.

### ***Satisfaction with the I-Team***

*Graph 4* depicts three scales measuring I-Team satisfaction: 1) Satisfaction with Individual Preferences and Meeting Environment; 2) Satisfaction with Process and Procedures; and 3) Satisfaction with Diversity of Disciplines and Agencies. Expectations for satisfaction ratings are high, with the Selected-Benchmark set at 85%. (See Tables 7a, 7b, and 7c in the Appendix for descriptive information and reliability for these scales.)

Graph 4. Satisfaction with the I-Team



Findings in *Graph 4* indicate:

- **Individual Preferences and Meeting Environment** reached 88% and exceeded the Selected-Benchmark. This indicated no need for improvement and Members were very satisfied with this aspect of the I-Team.
- **Process and Procedures** also exceeded the Selected-Benchmark with a score of 88%, showing high levels of satisfaction.
- **Diversity of Disciplines and Organizations** had the highest score of 92.5%, well above the Selected-Benchmark. The multi-disciplinary nature of the I-Team is a key successful feature.

### Conclusion:

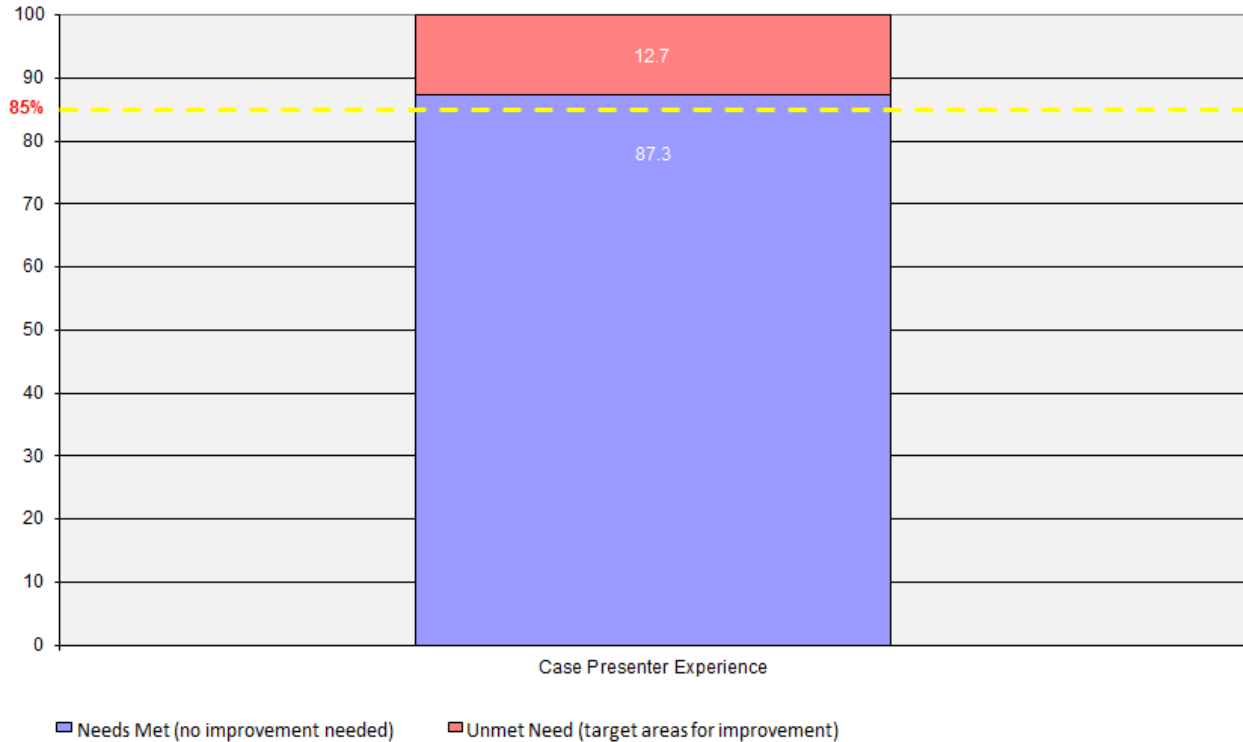
I-Team members are highly satisfied with the structure and function of the committee, including composition, procedures, and meetings arrangements.

### *Case Presenter Experience*

*Graph 5* shows scores for Case Presenter Experience. Survey questions used to construct this scale were only answered by 14 Members who had experience with presenting a case at an I-Team meeting. Since presenting cases is a primary function of the I-Team, a high Selected-

Benchmark of 85% was chosen for this scale. (See Table 8 in the Appendix or descriptive information and reliability for these scales.)

Graph 5. Case Presenter Experience



Findings in *Graph 5* indicate:

- **Case Presenter Experience** was very positive, with a score of 87% that exceeded the Selected-Benchmark. The most positive responses to Survey questions are about feeling supported by the I-Team while presenting; a high likelihood of presenting another case; and recommending to others that they present a case at an I-Team.

**Conclusion:**

Case presenters had a very positive experience presenting to the I-Team and found it a helpful resource for dealing with complex elder abuse cases.

**Differences in Outcomes**

As a final step, the evaluation examined whether Members’ perceptions of outcomes were related to selected characteristics. This portion of the evaluation and corresponding analyses tested whether Members with certain characteristics felt more positive or more negative about the benefits of the I-Team.



Categories of Member characteristics were examined:

- I-Team Meeting Attendance
- I-Team Member Experience with Issues of Abuse, Neglect, or Exploitation
- I-Team Member Experience with Older Adults and/or Their Family Caregivers
- Percent Time Direct Care
- Percent Time Administrative

Findings suggested a few differences in Members' perceptions of outcomes associated with Member characteristics. Aside from these differences, which are described below, Members' perceptions of the benefits of I-Team were similar, regardless of characteristics stated above.

#### Attendance at I-Team Meetings:

- Members who attended more I-Team meetings reported having more knowledge about **Policies and Procedures** above the expected Benchmark (Average Meetings Attended: Above Benchmark = 12.51 Meetings; Below Benchmark = 7 Meetings).
- Members who attended more I-Team meetings were more likely to rate the Impact of the I-Team on **Public Policy/Agency Issues** above the expected Benchmark (Average Meetings Attended: Above Benchmark = 14.4 Meetings; Below Benchmark = 10.2 Meetings).

#### I-Team Member Experience:

- Members with more experience working with issues of abuse, neglect, and exploitation were more likely to report **Participation** barriers (Member's lack of knowledge, input, and willingness to present a case or provide input) below the Benchmark (Average # of Years of Experience: Above Benchmark = 10.4 Years; Below Benchmark = 19.32 Years).
- Members with more experience working with older adults, family members, or caregivers were more likely to report **Participation** barriers below the Benchmark (Average # of Years of Experience: Above Benchmark = 12.97 Years; Below Benchmark = 20.64 Years).
- Members with more experience working with issues of abuse, neglect, and exploitation were more likely to report **Organizational** barriers (financial problems, time, and lack of services) below the Benchmark (Average # of Years of Experience: Above Benchmark = 9.44 Years; Below Benchmark = 16.57 Years).

#### Direct Care vs. Administrative:

- Members who spend more work time providing direct care were more likely to rate the Impact on Member **Knowledge** gained from participation on the I-Team above the expected Benchmark (Average % Time of Direct Care: Above Benchmark = 62.19%; Below Benchmark = 35.76%)

- Members who spend more work time providing direct care were more likely to report a positive experience with presenting a case (**Case Presenter Experience**) above the expected Benchmark (Average % Direct Care: Above Benchmark = 66.67 %%; Below Benchmark = 30.5%)

## **Selected Open-Ended Responses**

Open-ended questions were included in the Survey for the purposes of allowing Members an opportunity to give additional feedback. The following is a summary of open-ended responses that were not addressed in the close-ended questions.

### *Representation from Additional or Other Professionals/Disciplines:*

- The open-ended comments revealed preferences for increased or additional representation of specific professionals/disciplines on the I-Team (in order of mention):
  - Professionals: Nurses (i.e., home health), police officers, ethicists, domestic violence specialists, financial representatives, elected officials (i.e., judge), psychiatrist/psychologist
  - Disciplines: Animal services/warden, health department, municipal/county government, housing, nursing facilities

### *Suggestions for Improvement:*

- More information on Member agencies' policies, procedures, and services
- More frequent case updates (i.e., progress, decline, client outcomes)
- Guidance on how to handle emergency cases
- Increased community education opportunities (i.e., presentations) by Members
- Literature/articles on specific topics addressed during I-Team Meetings
- Move the meeting to a more centralized location with more space

### *Positive Experiences:*

- "Networking has been the greatest benefit for me."
- "Hoping more and more cases are presented. Even cases which might not pertain directly to my area/field offer opportunities for learning/growth which enhance practice."
- "I am very proud of the work that has been done and the commitment of the I-Team members. It appears most participants have added these responsibilities without additional compensation and do so with passion."
- "I think it is a very beneficial resource that is run very well and is heading in the right direction."
- "It has been an excellent experience listening (and learning) from everyone."
- "The I-Team 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 I-Team. I'm honored to be a part of this committee."

- "This is an excellent forum for information-sharing/gathering. The professional exchange of I-Team 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."



**Appendix: Tables 4a – 8: Scales and Individual Questions**  
**(descriptive information, reliability scores, and benchmark ratings)**



**Table 4a. Adequacy of Information About the I-Team**

<i>How much more information do you need about:</i>	Mean	Range	Standard Deviation	Reliability
<b>Policies/Procedures (n=43)</b> <b>→Benchmark Rating = 95.3%</b>	9.53	0 (not enough info) – 10 (enough info)	1.05	.80
- The purpose of the I-Team?	1.98	0 = A Great Deal More to 2 = No More	.15	
- What is expected of I-Team members?	1.88		.33	
- What the I-Team can do to help clients?	1.86		.35	
- The types of cases to present at an I-Team meeting?	1.86		.35	
- How to get a case to be presented at an I-Team meeting?	1.95		.21	

**Table 4b. Adequacy of Information About the I-Team**

<i>How much more information do you need about:</i>	Mean	Range	Standard Deviation	Reliability
<b>Service Awareness (n=43)</b> <b>→Benchmark Rating = 73.8%</b>	5.90	0 (not enough info) – 8 (enough info)	1.74	.72
- The services of organizations represented on the I-Team?	1.28	0 = A Great Deal More to 2 = No More	.63	
- How to decide which agencies clients should be referred?	1.50		.60	
- How to refer clients to services of organizations represented on the I-Team?	1.53		.60	
- What to report to an intake worker when referring clients to organizations?	1.58		.55	

**Table 5a. Impact of the I-Team**

<i>Because of the I-Team:</i>	Mean	Range	Standard Deviation	Reliability
<b>Public/Agency Policy (n=42)</b> <b>→Benchmark Rating = 77.6%</b>	6.98	0 (less impact) – 9 (more impact)	1.44	.73
- I have a better understanding of legal issues related to elder abuse/neglect/exploitation.	2.49	0 = Strongly Disagree to 3 = Strongly Agree	.60	
- I am more likely to advocate for changes in legislation on issues dealing with elder abuse/neglect/exploitation.	2.43		.59	
- There have been improvements at my organization (i.e., policies, practice).	2.03		.57	

**Table 5b. Impact of the I-Team**

<i>Because of the I-Team:</i>	Mean	Range	Standard Deviation	Reliability
<b>Communication/Collaboration (n=43)</b> <b>→Benchmark Rating = 72.8%</b>	10.92	0 (less impact) – 15 (more impact)	2.19	.70
- I am more likely to work with staff members from other organizations.	2.43	0 = Strongly Disagree to 3 = Strongly Agree	.55	
- I am more likely to communicate with staff from other organizations.	2.48		.55	
- My communication with clients improved.	1.75		.65	
- There has been a reduction in service gaps.	1.94		.57	
- My organization has more often been contacted for information or services.	2.04		.74	



**Table 5c. Impact of the I-Team**

<i>Because of the I-Team:</i>	Mean	Range	Standard Deviation	Reliability
<b>Knowledge (n=43)</b> → <b>Benchmark Rating = 76.6%</b>	9.19	0 (less impact) – 12 (more impact)	1.80	.74
- I am better able to identify the signs of elder abuse/neglect/exploitation.	2.21	0 = Strongly Disagree to 3 = Strongly Agree	.66	
- I have a better understanding of other organizations' approaches to working with elder abuse/neglect/exploitation cases.	2.35		.61	
- I have a better understanding of what services are available.	2.30		.47	
- My knowledge on how to assist clients dealing with elder abuse/neglect/exploitation has improved.	2.36		.58	

**Table 5d. Impact of the I-Team**

<i>Because of the I-Team:</i>	Mean	Range	Standard Deviation	Reliability
<b>Client Outcomes (n=32)</b> → <b>Benchmark Rating = 55.9%</b>	4.47	0 (less impact) – 8 (more impact)	1.68	.81
- Clients getting the services they need.	1.15	0 = Improved Not at All to 2 = Improved a Great Deal	.50	
- The length of time it takes for clients to get services.	1.08		.56	
- The quality of services.	1.14		.53	
- Prevention of elder abuse/neglect/exploitation.	1.10		.60	

**Table 6a. Barriers to the I-Team's Success**

<i>How much difficulty for the I-Team are the following:</i>	Mean	Range	Standard Deviation	Reliability
<b>Organizational Barriers (n=37)</b> → <b>Benchmark Rating = 54.3%</b>	3.26	0 (more difficulty) – 6 (less difficulty)	1.68	.64
- Organizations' financial problems limiting participation in the I-Team?	1.32	0 = Major Difficulty to 2 = Not a Difficulty	.61	
- I-Team members not having enough time to attend I-Team meetings?	.91		.63	
- Not having enough services to meet the needs of clients discussed during I-Team meetings?	1.06		.79	

**Table 6b. Barriers to the I-Team's Success**

<i>How much difficulty for the I-Team are the following:</i>	Mean	Range	Standard Deviation	Reliability
<b>Trust Barriers (n=37)</b> → <b>Benchmark Rating = 82.5%</b>	3.30	0 (more difficulty) – 4 (less difficulty)	.94	.55
- I-Team members not sharing information about the services provided by their organizations?	1.68	0 = Major Difficulty to 2 = Not a Difficulty	.53	
- I-Team members not trusting the quality of services provided by other organizations that are part of the I-Team?	1.62		.56	

**Table 6c. .Barriers to the I-Team’s Success**

<i>How much difficulty for the I-Team are the following:</i>	Mean	Range	Standard Deviation	Reliability
<b>Participation Barriers (n=39)</b> → <b>Benchmark Rating = 71.1%</b>	8.55	0 (more difficulty) – 12 (less difficulty)	2.54	.82
- I-Team members not following-through with recommendations made during I-Team meetings?	1.70	0 = Major Difficulty to 2 = Not a Difficulty	.47	
- I-Team members’ lack of knowledge about elder abuse/neglect/exploitation?	1.66		.53	
- I-Team members not having enough knowledge about the issues being discussed to provide feedback during I-Team meetings?	1.55		.56	
- I-Team members not agreeing with the different clinical approaches of people attending I-Team meetings?	1.55		.56	
- I-Team members not feeling comfortable giving input in a large group?	1.22		.59	
- I-Team members not having other staff members at their organization who are willing to present a case?	.84		.68	

**Table 7a. Satisfaction with the I-Team**

<i>How satisfied are you with:</i>	Mean	Range	Standard Deviation	Reliability
<b>Preferences/Environment (n=39)</b> → <b>Benchmark Rating = 88.1%</b>	10.57	0 (less sat.) – 12 (greater sat.)	1.64	.75
- The days and times I-Team meetings are held.	2.79	0 = Very Dissatisfied to 3 = Very Satisfied	.47	
- Orientation for new I-Team members.	2.30		.70	
- The I-Team's effort to create an environment where differences in opinion can be voiced.	2.72		.46	
- The way the I-Team members take into consideration clients' preferences.	2.64		.54	

**Table 7b. Satisfaction with the I-Team**

<i>How satisfied are you with:</i>	Mean	Range	Standard Deviation	Reliability
<b>Process/Procedures (n=39)</b> → <b>Benchmark Rating = 88.1%</b>	21.14	0 (less sat.) – 24 (greater sat.)	2.60	.74
- The topics covered during I-Team meetings.	2.82	0 = Very Dissatisfied to 3 = Very Satisfied	.45	
- The I-Team policies and procedures manual.	2.82		.39	
- The process for reviewing emergency cases that need immediate attention.	2.38		.77	
- The I-Team's impact on service coordination.	2.54		.56	
- What you have learned from being an I-Team member.	2.68		.53	
- The recommendations offered by other I-Team members.	2.84		.37	
- The information on the Case Presentation Worksheet given to you at the beginning of each I-Team meeting.	2.69		.47	
- Updates on what happened with the cases after they were presented at I-Team meetings.	2.18		.72	

**Table 7c. Satisfaction with the I-Team**

<i>How satisfied are you with:</i>	Mean	Range	Standard Deviation	Reliability
<b>Diversity (n=40)</b> → <b>Benchmark Rating = 92.5%</b>	5.55	0 (less sat.) – 6 (greater sat.)	.93	.83
- The diversity of organizations represented at I-Team meetings.	2.79	0 = Very Dissatisfied to 3 = Very Satisfied	.47	
- The diversity of disciplines represented at I-Team meetings.	2.75		.54	

**Table 8. Case Presenter Experience**

<i>Please indicate your level of agreement or disagreement with each statement:</i>	Mean	Range	Standard Deviation	Reliability
<b>Case Presenter Experience (n=14)</b> <b>→ Benchmark Rating = 87.3%</b>	28.82	0 (less agreement) – 33 (greater agreement)	3.45	.72
- The application process to present my case at an I-Team meeting was clear.	2.67	0 = Strongly Disagree to 3 = Strongly Agree	.49	
- The time between applying to present and actually presenting my case at an I-Team meeting was too long.	2.08		1.08	
- It was too time consuming to prepare for a case presentation.	2.50		.52	
- I had enough time to present my case.	2.67		.65	
- There was enough time spent discussing my case.	2.58		.67	
- The information provided by the I-Team members was extremely helpful to me.	2.33		.65	
- I received input from all of the disciplines that could have helped with my case during an I-Team meeting.	2.38		.65	
- It is very likely that I would present another case to the I-Team.	2.83		.39	
- I would recommend presenting a case at an I-Team meeting to others.	2.92		.28	
- I felt supported by the I-Team while presenting.	2.69		.48	
- After my presentation, I felt I could reach out to I-Team members for assistance in carrying out recommendations provided during the meeting.	2.92		.28	



# CUYAHOGA COUNTY ADULT PROTECTIVE COLLABORATIVE

## REQUEST A CASE CONSULTATION

Please complete this request and forward via fax, mail or email to one of the CCAP Collaborative co-facilitators who will review the case scenario and schedule a date and time of the case consult. Please be prepared to lead the case presentation. If you need assistance, please contact one of us at the numbers listed below.

Thank you.

Sylvia M. Pla-Raith, MA  
Division of Senior & Adult Services  
Adult Protective Services  
13815 Kinsman Road, 3<sup>rd</sup> Floor  
Cleveland, Ohio 44120  
Phone: 216.420.6741 □ Fax: 216.698.6699  
[Sylvia.Pla-Raith@JFS.ohio.gov](mailto:Sylvia.Pla-Raith@JFS.ohio.gov)

Jill M. Dunmire; LISW-S, C-SWHC  
Hospice and Palliative Care  
Louis Stokes Cleveland Veterans Administration  
10701 East Blvd.  
Cleveland, Ohio 44106  
Ph. 216.791.3800 X 6627 □ Fax 216.707.5984  
[Jill.Dunmire@va.gov](mailto:Jill.Dunmire@va.gov)

The CCAP Collaborative members consist of professionals from diverse disciplines and agencies who have come together to advocate for a coordinated community response to serve victims of elder abuse. The Collaborative will strive to enhance the skills and knowledge of individual team members by providing a forum which maximizes learning about the strategies, resources, and approaches used by various disciplines.

**Please do not identify the client on this form.**

**Requesting**     Initial Case Consult     Follow-up Case Consult

Name of Collaborative Member/Guest: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

How can the CCAP Collaborative assist you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Urgent need for case consultation form CCAP Collaborative?  Yes  No

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# CUYAHOGA COUNTY APS I –TEAM

## APS I-Team Case Consultation Process

### **1. Staff will forward a request to the APS I-Team Coordinator by completing the Request for an APS I-Team Consultation Form.**

- I. Consult request can be completed by staff from APS, I-Team Member or community agency.
- II. All requests and client information will be kept confidential.
- III. Request for review of specific cases ought to be made at least one week in advance of meeting.
  - i. Lead agency will identify relevant parties to the case (both formal/informal)
  - ii. Notification of parties of the case consult and if necessary invite to attend
  - iii. Review the case appropriateness and readiness for group discussion
- IV. 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.

### **2. The APS I-Team will discuss the case specifics and explore potential options to ameliorate the case scenario.**

- I. Welcome and introductions
- II.
- III. The requesting agency staff introduces the case and leads the discussion including the case history and the presenting problem(s).
- IV. Case dynamics will receive the deliberation through interagency collaboration.
- V. Team members will provide services recommendation(s) and propose solutions.
- VI. The staff will be encouraged to communicate voluntary interventions to the older adult and/or the legal representative.
- VII. If appropriate, non-voluntary interventions will be considered by APS and a Probate Court petition will be explored.
- VIII. It is not necessary for APS I -Team consult members to reach consensus.

### **3. APS I-Team Consultation**

- A. Meetings will be scheduled for 60 to 90 minutes.
- B. Key and ancillary members will be present to discuss the case scenario.
- C. The client and/or family members will be encouraged to participate in the case discussion, when appropriate.
- D. The client and/or family members will be encouraged to sign and complete the Release of Information (ROI) form to maximize the case discussion, when appropriate.
- E. Signing of the ROI should occur prior to the I -Team meeting, if possible.
  - a. If no ROI is signed, the I –Team meeting can proceed without the provision of information that will identify the client (for example, a pseudonym will be used and the client's identity will not revealed)
- F. Service recommendations will be examined and discussed.
- G. All recommendations will be documented on an APS I -Team Case Consultation note.



H. Additional meetings may be requested, if warranted.

**4. The lead presenter will take responsibility for implementing I-Team recommendations with his/her client as deemed appropriate.**

- A. Coordinate service delivery with the client/family.
- B. Monitor and evaluate the effectiveness of recommended services.
- C. Will notify one of the co-facilitator when he/she is ready to update the consult team in regards to their case follow-up.
- D. Include the client in the decision-making process to the extent that the client is able, balancing the clients' right to self-determination versus need to protect.

**5. One of the I-Team facilitator will coordinator with the lead presenter to schedule a time for the consult follow-up. The follow-up consultation will include the client, family members and/or responsible parties whenever possible.**

**6. The APS I-Team Consult Members will engage with the Steering Committee Members to examine services delivery gaps, limited resources and/or advocacy needs.**

- A. Conduct a review of the effectiveness of the various systems.
- B. Conduct a review of the effectiveness of the systems collaboration.
- C. Conduct a review of identified systemic limitations.
- D. Explore the need for the APS I -Team to advocate for policy changes.

# 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 interest and rights of the victim are addressed.
- ⇒ Increases communication between agencies and individuals.
- ⇒ Enhances skills & knowledge of the members related to working with older adults.
- ⇒ Provides a forum for learning about different approaches and strategies used by different members.



For information on all programs call our

**Centralized Intake Line**

**216.420.6700**

**ONE CALL DOES IT ALL!**



## 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.

**DSAS**

*Services and Solutions for Better Living*



## 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 provider agencies & service networks
- ⇒ Examples of teamwork & positive interventions

To request a case consult and/or to learn more about the Collaborative, please call

Natasha Pietrocola, DSAS,  
Cuyahoga County Adult Protective Services at  
216.420.6721

or

Jill Dunmire,  
Wade Park Veterans Administration at  
216.791.3800 x 6627.



## THE COLLABORATIVE MISSION STATEMENT

The mission of the Cuyahoga County Adult Protective (CCAP) 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

13815 Kinsman Road  
Cleveland, Ohio 44120  
Phone: (216) 420-6700  
Fax: (216) 420-6735

Ohio Relay Service 711  
[www.dsas.cuyahogacounty.us](http://www.dsas.cuyahogacounty.us)  
[www.onecuyahoga.com](http://www.onecuyahoga.com)



**DSAS**  
CUYAHOGA COUNTY

DIVISION OF SENIOR AND ADULT SERVICES

*Services and Solutions for Better Living*

## Cuyahoga County Adult Protective Collaborative



### 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



# CUYAHOGA COUNTY ADULT PROTECTIVE COLLABORTIVE

## 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.



Edward FitzGerald  
Cuyahoga County Executive

## Cuyahoga County Division of Senior & Adult Services

June 7, 2013

Dear I-Team or Steering Committee Member,

The enclosed APS I-Team Survey is part of an evaluation project that is funded by Cuyahoga County Senior and Adult Services and conducted by the Margaret Blenkner Research Institute (MBRI) of the Benjamin Rose Institute on Aging (BRIA).

You are being asked to complete the Survey because you are a member of the I-Team and/or the Steering Committee. The goal of the survey is to provide us with your insights regarding how effective the I-Team is as well as learning about areas that might need improvement. The information you provide will be kept strictly confidential and will be used in combination with approximately 50 others completing the Survey.

Attached is the consent statement for you to sign, and a postage-paid pre-addressed envelope in which your completed Survey and consent form can be returned if you are unable to complete and return it during an I-Team Meeting.

Your opinions about the I-Team meeting are extremely important to us and will help us improve the I-Team. For more information about the Survey or how it will be used, please contact Branka Primetica: (216.373.1662; [bprimetica@benrose.org](mailto:bprimetica@benrose.org)) or Ashley Bukach (216.373.1656; [abukach@benrose.org](mailto:abukach@benrose.org)) from the MBRI evaluation team.

Sincerely,

A handwritten signature in blue ink that reads 'Sylvia M. Pla-Raith'.

Sylvia Pla-Raith

