



STATE OF TENNESSEE STATEWIDE MODEL TO PROTECT VULNERABLE ADULTS NAPSA CONFERENCE 8/28/18

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Welcome and Introductions

Presenters:

- Patti Tosti, MBA, PMP ~ APS Program Director
- Patty Gillette ~ APS Program Coordinator

Objectives

- ❑ Understand the goals and accomplishments of the ACL grant
- ❑ Recognize the 3 pillars of the model and how it coordinates with local efforts
- ❑ Demonstrate the use of the data dashboard
- ❑ Review the sustainability plan

TN Department of Human Services

Adult Protective Services (APS) is a program within the Child Care and Community Services Division of the Tennessee Department of Human Services (TDHS)

- ❑ **TDHS Mission:** To offer temporary economic assistance, work opportunities, and protective services to improve the lives of Tennesseans.
- ❑ **TDHS Vision:** To be a leader in effectively partnering with human service customers in establishing or re-establishing self-sufficiency to create a better quality of life.

TN APS Structure

- ❑ *State operated APS Program with 133 positions*
 - Centralized Intake Call Center operates 24/7
 - Field Operations conducts investigations and ongoing services with 90 Investigators
 - Current Restructuring
- ❑ *Criteria—age 18+ vulnerable adults, A/N/E + S/N, all settings*
- ❑ *APS Formal Services—SSBG Homemaker & Adult Day Services programs*
- ❑ *Program Funding—SSBG and Medicaid/TennCare*

Grant Information

Administration for Community Living (ACL)

- ❑ Title: State Grants to Enhance Tennessee Adult Protective Services
- ❑ Time Frame: September 2016 – August 2018
- ❑ Purpose: To improve the investigation, response and delivery of protective services to vulnerable adults by TN state agencies

Grant Goals

- ❑ **GOAL 1:** *Establish a Coordinated Community Response (CCR) among state agencies*
- ❑ **GOAL 2:** *Contribute to the National Adult Maltreatment Reporting System (NAMRS) data collection efforts*

Why Was This Grant Important?

□ The system was:

- Fragmented – leaving gaps in services
- Duplicative – causing inefficiencies in services, time, and money

□ To improve data to understand APS's needs and impact at the national level.

What Did We Hope to Achieve?

- ☐ Improve Government Efficiency via the CCR Team
- ☐ Improve Collaboration, Education and Satisfaction Between State Agencies and With the Community
- ☐ Improve Client Outcomes

Year 1 Presentation: 5 Step Process of Initiating a Grant to Create a CCR

- ❑ Step 1: Engage Stakeholders
- ❑ Step 2: Create a Shared Vision with a Key Driver Diagram
- ❑ Step 3: Develop Workgroups
- ❑ Step 4: Construct the Improvement Model with Change Concepts and Plan Do Study Act (PDSA) Cycles
- ❑ Step 5: Establish a Feedback Loop (Team, Legal, Commissioners)

Year 2 Activities: Planning & Implementation

- ❑ Step 1: Continue Development of the CCR Team - 4 Groups
- ❑ Step 2: Communicate with Internal and External Stakeholders to Determine Timelines/Approvals for Report and Tour Dates/Locations
- ❑ Step 3: Develop a Draft of the Report/PowerPoint Including a Statewide Model
- ❑ Step 4: Present Across the State and Received Feedback
- ❑ Step 5: Compile Information to Update Report, Review Dashboard, Prepare Online Videos/Webinar and Publish Report

Does Your Community Have...

- ❑ A Coordinated Community Response (CCR) or an Multi-Disciplinary Team (MDT)?
 - A CCR is a group of professionals from various disciplines which share a broad vision of a community responsibility for enhancing safety to victims.
 - An MDT reviews case-specific situations with a variety of stakeholders, many of whom could be part of the CCR. Service provisions are a focus.
- ❑ A Vulnerable Adult Protection Investigation Team (VAPIT)?
 - A law in TN that requires each DA around the state to review APS's 1215 forms, hold quarterly meetings, and write an annual report.

The Model – The 3 Pillars



- Statewide CCR
- Local: Investigations
- Local: Services

Local Services/CREVAA & CCR

Goal: Collaborate to deliver high quality assistance and service to vulnerable adults. Implement statewide initiatives at the local level.

Activities: Address referrals, provide consultation for services, and create consistent processes.

Lead: TCAD

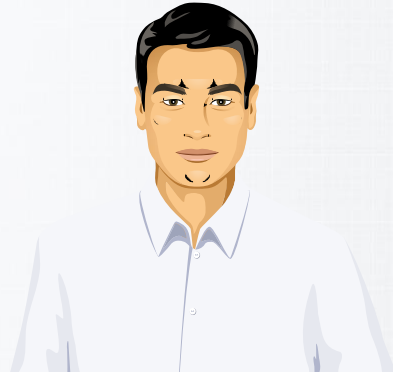
Meets: Monthly

Statewide CCR Groups



Concept 1

Improve communication and coordination between agencies via the APS 1215 notification form.



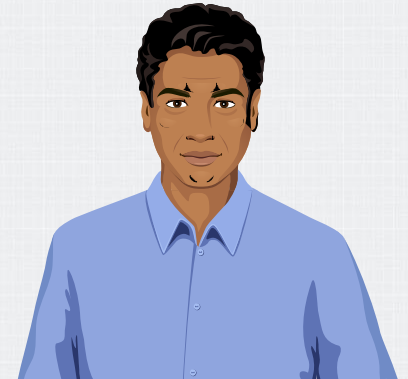
Concept 2

Streamline investigations as it relates to prosecution and abuse registry placements.



Concept 3

Improve the coordination and communication among all organizations that serve vulnerable adults.



Concept 4

Identify all unlicensed facilities and reduce the unsanitary and abusive ones.

Video – Institute for Healthcare Improvement (IHI)

❑ <https://www.youtube.com/watch?v=SCYghxtioIY>

❑ <https://www.youtube.com/watch?v=6MIUqduINwQ>

“All improvements require change, but
not all change results in an improvement”
~ Institute for Healthcare Improvement ~

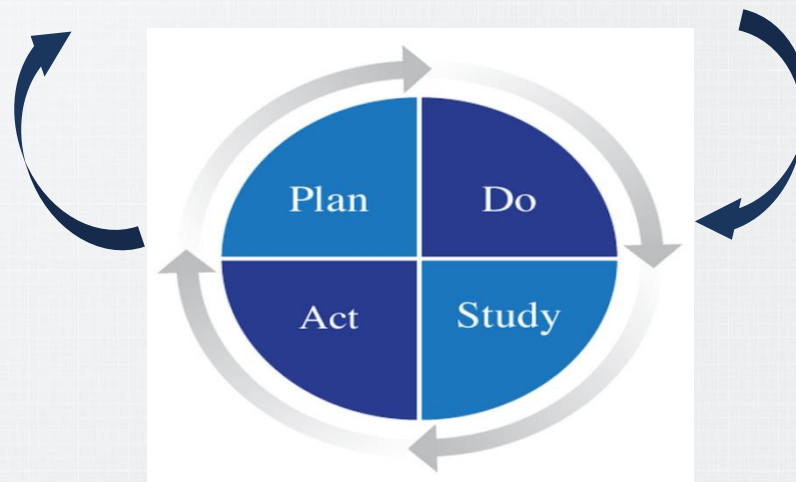
The Model Has 2 Parts

1. The three fundamental questions which can be addressed in any order
2. The Plan-Do-Study-Act (PDSA) cycle to test changes in real work settings. The PDSA cycle guides the test of a change to determine if the change is an improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

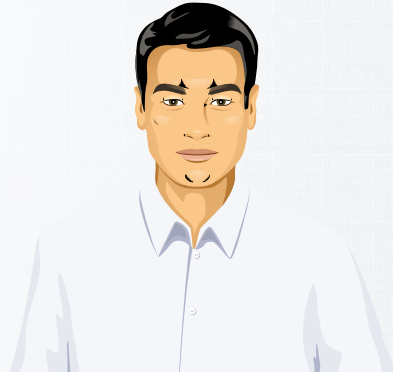


Statewide CCR Groups



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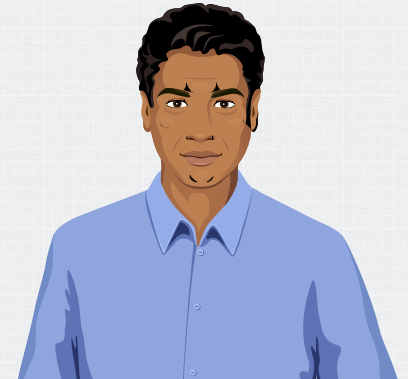
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Improve the coordination and communication among all organizations that serve vulnerable adults.



Concept 4

Identify all unlicensed facilities and reduce the unsanitary and abusive ones.

Group 1: Improve Communication and Coordination Among Agencies via the APS 1215 Notification Form

☐ What are we trying to accomplish?

Enhance the notification system already in place.

☐ How will we know that a change led to an improvement?

If there is a better exchange of communication between APS and other agencies so a vulnerable adult has the proper investigation, response and services available.

Group 1: Improve Communication and Coordination Among Agencies via the APS 1215 Notification Form

☐ What changes can we make that will result in an improvement?

- APS to improve the 1215 form
- APS to capture broader range of details to better help address the issues.

Group 2: Streamline Investigations as it relates to Prosecution and Abuse Registry Placements

☐ **What is an Abuse Registry (AR)?**

A repository for referrals with names of people who may not be hired by agencies providing services to vulnerable adults.

☐ **What are we trying to accomplish?**

Reducing duplicative investigations and coordinating the abuse registry process

☐ **How will we know that a change has led to an improvement?**

If agencies are able to support, not just pass off information in situations where more than one agency is involved.

Group 2: Streamline Investigations as it relates to Prosecution and Abuse Registry Placements

What changes can we make that will result in an improvement?

- Continue mapping current processes related to investigations and abuse registry for improvement
- Coordinate with Elder Death Review Teams, Financial Abuse Teams, etc. across the state
- Surveys to VAPIT teams
- Joint protocols/cooperative agreements

Group 3: Improve the Coordination and Communication Among all Organizations That Serve Vulnerable Adults

What are We Trying to Accomplish?

Incorporate statewide initiatives and improve the referral process in order to maintain high quality services for vulnerable adults.

How Will We Know that a Change has Led to an Improvement?

We will know if our service directory is used more and if there is more coordination with local CCR's to resolve concerns.

Group 3: Improve the Coordination and Communication Among all Organizations That Serve Vulnerable Adults

❑ What Changes Can We Make That Will Result in an Improvement?

- Update the TCAD directory
- Create a community-based CCR toolkit
- Develop marketing materials
- Implement a communication dissemination process between State CCR and Community Based CCR's



Group 4: Identify All Unlicensed Facilities and Reduce the Number of Unsanitary and Abusive Ones

What are We Trying to Accomplish?

Develop a process to investigate and remediate suspected and known unlicensed settings.

How Will We Know That A Change Has Led to An Improvement?

When there is a decrease in the number of unlicensed homes referred and the homes referred have been remediated.

Group 4: Identify All Unlicensed Facilities and Reduce the Number of Unsanitary and Abusive Ones

What Change Can We Make That Will Result In An Improvement?

- Understand the scope of work from state licensing entities
- Establish investigative processes with non-licensing entities
- Provide subsidized benefits to homes
- Coordinate with VAPIT to receive referrals

The Model - Protocols



- Statewide CCR
- Local: Investigations
- Local: Services

Services via Local CREVAA/CCR

Members

TCAD to work with local teams to decide and a toolkit will be created to offer suggestions. TCAD's 9 CREVAA Advocates will assist older and vulnerable adults, who are victims or crime, obtain needed long-term services.

Process

- ⇒ Referral to CREVAA Advocate (CA): Referral form completed and emailed/faxed by any Statutory Members of VAPIT (APS, DA, LE)
- ⇒ CA responds to referent, meets client and evaluates needs
- ◇ CREVAA Clients: Services provided
- ◇ Self Neglect Clients: CA Refers to appropriate agency

Meetings

Monthly or more as determined by the local CCR

Investigations Local VAPIT

Process

- ⇒ DA receives all 1215 A/N/E referral forms from APS including screen outs
- ⇒ Meeting occurs to discuss cases.
- ◇ When services are needed, agencies can refer cases to the local servicesor CREVAA (see below for more info)

Statewide CCR

Process

- ⇒ Referral made by local teams to the statewide CCR lead: ongoing barriers and gaps can be referred by local teams to address the issue
- ⇒ Statewide CCR lead logs information and refers to appropriate group (1, 2, 3 or 4) or the entire CCR team. *This creates the agenda for monthly meetings*
- ⇒ Information sent back to the local team: statewide group provides information directly to the local team to ensure collaboration, communication and follow-up



DASHBOARD 1Q2018—Work in Progress

Aim/Purpose: To improve the investigation, response and service delivery of protective services to vulnerable adults by TN state agencies by August 2018.

Goals/Objectives		Measurement Strategy – how will we measure this?				
1.0 Improve Government Efficiency via the CCR Team						
1.1	Increase other a APS 1215 refer					
1.2	Improve communication between the DA's, CCR investigative agencies and abuse registry placement (group 2)					
1.3	Improve access to services (group 3)					
1.4	Identify and centralize a tracking system of all unlicensed facili					
2.0 Improve Collaboration Between State Agencies and With the Community						
2.1	CCR team members are efficient and					
2.2	CCR team members attend each CCR meeting					
2.3	Improve relationships among state agencies using the front line survey tool					
2.4	CCR team evaluates best practices using the NCALL self-assessment tools					
2.5	CCR agencies integrate processes with other agencies					
2.6	Training integrated with CCR state agency representatives and staff					
3.0 Improve Client Outcomes						
3.1	Reduce the number of abusive unsanitary unlicensed facilities					
3.2	Decrease recurrence (recidivism) for self- neglect					

DASHBOARD 2Q2018—Work in Progress

Aim/Purpose: To improve the investigation, response and service delivery of protective services to vulnerable adults by TN state agencies by August 2018.

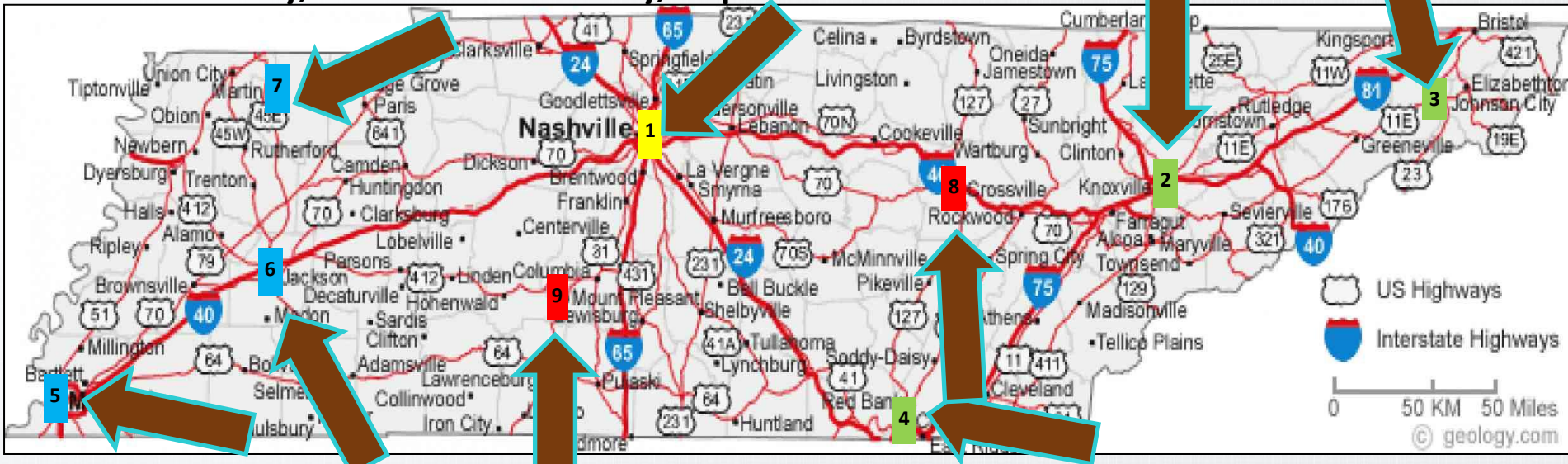
Goals/Objectives		Measurement Strategy - how will we measure this?	Grant Target Goal	Baseline (with dates)	Current Score 1Q2018	Trend (from prev. quarter)	Comments
1.0 Improve Government Efficiency via the CCR Team							
1.1	Increase other agency notification via the APS 1215 referral form (group 1)	Surveys to orgs that receive 1215s to see if APS response met expectations	TBD				
1.2	Improve communication between the DA's, CCR investigative agencies and abuse registry placement (group 2)	Survey from VAPIT; Data/attendance from educational opportunities; Feedback from Frontline Staff across the State.	TBD				
1.3	Improve access to services (group 3)	Numbers of local CCRs developed; Membership in State CCR	>3.06	3.06	year 2 total	n/a	this data is based on year 1 to year 2 only
1.4	Identify and centralize a tracking system of all unlicensed facilities (group 4)	Numbers of unlicensed homes identified, shutdown or become licensed	TBD				
2.0 Improve Collaboration, Education and Satisfaction Between State Agencies and With the Community							
2.1	CCR team members believe CCR meetings are efficient and effective *	Monthly CCR evaluations	75%	87%	76%		Baseline 3-8/2017
2.2	CCR team members attend each CCR meeting*	Sign-in sheets (1 person per CCR org.)	75%	53%	65%		Baseline 9-12/2017
2.3	Improve relationships among state agencies using the front line survey tool *	Compare CCR agencies frontline survey from year 1 to year 2	>3.57	3.57	year 2 total	n/a	this data is based on year 1 to year 2 only
2.4	CCR team evaluates best practices using the NCALL self-assessment tools*	compare survey from framework and process/components from year 1 to year 2	75%	no/never - 27% yes/always - 34%	year 2 total	n/a	this data is based on year 1 to year 2 only. Goal is to decrease no/never and increase the yes/always
2.5	CCR agencies integrate processes with other agencies *	at end of grant we will review the process maps to determine % of CCR agencies integrated	75%	n/a	end of grant	n/a	data will be provided at end of grant only
2.6	Training integrated with CCR state agency representatives and staff*	at end of grant we will report the CCR agencies that receive training on the processes established	75%	n/a	end of grant	n/a	data will be provided at end of grant only
3.0 Improve Client Outcomes							
3.1	Reduce the number of abusive and unsanitary unlicensed facilities(group 4)	Numbers of unlicensed homes identified, shutdown or become licensed	TBD				
3.2	Decrease recurrence (recidivism) for self-neglect*	clients with more than one allegation of self-neglect that are substantiated within the state fiscal year	<5.71%	7.36% (2016) 5.71% (2017)	end of grant	n/a	data will be provided at end of grant only

Statewide Tour Locations

3. Wednesday, June 20th 10:00am-12:30pm: Present in Johnson City

2. Tuesday, June 19th 12:30-3:00pm: Present in Knoxville

7. Wednesday, June 27th 10:00am-12:30pm: Present in Nashville Cares Conference



5. Monday, June 25th 12:30-3:00pm: Present in Chattanooga

6. Tuesday, June 26th 12:30-3:00pm: Present in Cookeville

9. Friday, July 13th 10:00am-12:30pm: Present in Mount Pleasant

Summary – What Did We Accomplish?



- ❑ Enhanced Relationships Among State Agencies
- ❑ Emphasized NAMRS Data Elements in TNAPS
- ❑ Improved Coordination, Funding and Services
- ❑ Developed a Statewide Model to Improve the Protection of Vulnerable Adults
- ❑ Initiated a Data Dashboard Using the Model for Improvement to Track Impact
- ❑ Created a Sustainability Plan for Efforts to Continue Post Grant

What's Next - Post Grant Award?

- 1) Full Time CCR Director Employed
- 2) CCR Integration into APS Infrastructure
- 3) Statewide Referral Process Has Begun
- 4) Use Marketing Materials For Education, Branding and Public Awareness



Lessons Learned

- ❑ Agencies and People Change Throughout the Process – don't worry and keep moving forward.
- ❑ Get Consensus with Data/Measurement Strategy.
- ❑ Change Takes a While. Listen, Adjust and Trust the Process.
- ❑ Teamwork and Strong, Committed Leadership is Essential.
- ❑ Ambiguity is Hard – Focus on the Goals.



THANK YOU!

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