Telling the Story of Adult Protective Services: Piloting California Adult Protective Services’ Identification, Services, and Outcomes (ISO) Matrix

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Research Team

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Research Team

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• Andrew Butler, Policy Analyst, MSW student at UC Berkeley
• Jarmin Yeh, Assistant Professor, University of California, San Francisco
APS “Outcomes”

• Past studies define the following as APS outcomes:
  • Positive versus negative case closure reasons (Goodrich, 1997)
  • Confirmed or substantiated decisions (Payne & Gainey, 2005)
  • Risk reduction or discontinuation (Wangmo et al., 2014; Jackson & Hafemeister, 2012; Roberto & Teaster, 2005; Roberto, Teaster, & Nikzed, 2007)
  • Referral to court or criminal justice (Gassoumis, Navarro, & Wilber, 2015; Navarro, Gassoumis, & Wilber, 2013; Wood et al., 2014)
APS Outcomes in Our Project

• ANE risk/harm reduction as the result of APS intervention
• Abuser risk reduction as the result of APS intervention
• Include factors mentioned in the literature that might impact effectiveness of APS intervention
  • Intervention availability
  • Client’s level of engagement
  • Forensic center involvement
  • Consenting client or not
## Project Assessment Tools

<table>
<thead>
<tr>
<th>Tools for this Project</th>
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<tbody>
<tr>
<td>Identification, Services, and Outcomes (ISO) Matrix</td>
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<tr>
<td>• Identification of abuse</td>
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<tr>
<td>□ Elder Abuse Decision Support System (EADSS) Short Form, including <strong>client and abuser</strong> risk assessment (<a href="#">Beach et al., 2017; Conrad &amp; Conrad, 2018</a>)</td>
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<tr>
<td>□ Outcomes Matrix, developed by the California Consistency Workgroup</td>
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<tr>
<td>• Service Plan</td>
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<tr>
<td>• Outcomes</td>
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<tr>
<td>□ EADSS Short Form, including <strong>abuser</strong> risk assessment</td>
</tr>
<tr>
<td>□ Outcomes Matrix, including intervention availability and client’s level of engagement</td>
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- **Acceptability and Fit Questionnaire** (for quantitative feedback)
- **Focus groups and conference calls** (for qualitative feedback)
Flow Chart for ISO Matrix Completion

Review intake from reporter (demographics)

(I) Identification
EADSS short form administered to client via interview with AV (or collateral/AP interview, CW observation)

Outcomes Matrix: Initial level of risk determined by CW as in crisis, vulnerable, or no evidence of harm

(S) Services
Client-centered intervention created, recorded, and implemented based on feasibility, type of abuse, amount of services delivered and received, and client type

Client type
Client is coded as incapacitated or consenting

Services implemented

(O) Outcomes
EADSS short form re-administered to examine re-occurrence and new occurrence of abuse

Outcomes Matrix: Outcome level determined by CW as in crisis, vulnerable, stable, safe, or thriving
Outcomes Matrix: Client level of engagement judged by CW as declines all interventions, partially engaged with services, agree with remedies and service being proposed, actively engaged in seeking advice and pursuing remedies
Outcomes Matrix: Intervention availability and practicality judged by CW as not available/not possible, available but not practical, available but only partially reduces risk, available and should reduce risk

Abbreviation
- EADSS = Elder Abuse Decision Support System
- AV = Alleged victim
- AP = Alleged perpetrator
- CW = Case worker

Notes
- All information goes into LEAPS.
- All assessments are done by type of abuse.

Suggested Steps
Outcome level: stable, safe, or thriving
Close the case
Outcome level: in crisis or vulnerable
Intervention modified based on findings
Identification, Services, and Outcomes (ISO) Matrix

• (I)nvestigation
  • Administer EADSS Short Form to investigate abuse
  • Determine level of harm: in crisis, vulnerable, or no evidence of harm

• (S)ervice Plan

• (O)utcomes
  • Re-administer EADSS Short Form
  • Determine level of outcomes
    • In crisis
    • Vulnerable
    • Stable
    • Safe
    • Thriving
Hypothesis

• Reduction of risk/harm of abuse, and abuser risk, will be associated with services provided. Comparing client’s data collected by caseworkers at case investigation and case closure (after service delivery) by each type of abuse.
## Major APS Activities

<table>
<thead>
<tr>
<th>Activities</th>
<th>Tentative Timeline</th>
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<tr>
<td>Receive feedback from supervisors and leadership</td>
<td>Nov 2017 to Apr 2018</td>
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<tr>
<td>Receive feedback from caseworkers</td>
<td>Mar 2018 to May 2018</td>
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<tr>
<td>Evaluate the ISO Matrix using Acceptability and Fit Questionnaire</td>
<td>Pre-test: May to Jul 2018</td>
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<tr>
<td>Train caseworkers and supervisors to use ISO Matrix in LEAPS</td>
<td>Jun to Jul 2018</td>
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<tr>
<td>Collect pilot data with two SF units and Napa APS</td>
<td>Jun to Jul 2018</td>
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<tr>
<td>Collect ISO Matrix data with seven SF units and Napa APS</td>
<td>Aug to Feb 2019</td>
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<tr>
<td>Receive feedback from caseworkers and supervisors about ISO Matrix revision via focus groups and conference calls</td>
<td>Jun 2018 to Feb 2019</td>
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<tr>
<td>Evaluate the ISO Matrix using Acceptability and Fit Questionnaire</td>
<td>Post-test: Jan to Mar 2019</td>
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Next Steps

• Research team will
  • Host conference calls and focus groups to get APS feedback
  • Work with JUMP Technology Services to extract data from LEAPS

• SF and Napa APS will
  • Continue data collection
  • Provide feedback on the use of ISO Matrix
Expected Results

• Investigate changes in ANE harm/risk and abuser risk
• Identify factors impacting ANE harm/risk and abuser risk
• Locate effective services by type of abuse
• Help shape the future documentation system to include standardized information for communication and effectiveness assessments/outcomes
• Advance the field and share best practices
Many thanks to SF and Napa caseworkers!

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- Julio
- Kevin Balbona
- Maura
- Maura Guzman
- Milfe Ramos
- Paige Jones
- Pamela
- Phyllis Pena
- Phyllis Pettus
- Ragina Gibson
- Sarah Brown
- Sarami Xiong
- Stefany Martinez
- Todd Mangini
Questions?

Email Marian: marianliu@purdue.edu
Who is IDA?

...and what is she doing in our APS Program?

Bonnie J Olsen, PhD
Professor of Clinical Family Medicine
Keck School of Medicine of USC
August 29, 2018
USC IDA Team

• Mary Twomey: Project Officer

• Bonnie Olsen, Ph.D.: PI

• Theresa Sivers-Teixeira, MSPA, PA-C: Co-I

• Yeini Guardia: Administrative Assistant

• M. Christina Penate: Project Coordinator
IDA = Interview for Decisional Abilities

- Tool developed for APS workers to assess clients decision-making ability
- Interview clients about specific risk
- Useful when clients decline services or continue to make unsafe decisions
- A structured mechanism to solicit client-centered values and goals
- Results help guide APS worker/supervisor regarding case management
Decision-Making Process Example:

An 82-year-old mother with cognitive impairment goes to the bank and requests to add her daughter to her checking account.

During the visit she decides to withdraw a large sum of money. The teller is aware that the daughter just got out of rehab but is using drugs again.

Bank refers case to APS.

APS investigates and is concerned about mother’s ability to make the decision to give the money to her daughter and is questioning her DECISIONAL CAPACITY.
What was mother thinking?
The client may express her thoughts about the situation in several ways:

• **Example 1**: “She is my daughter and I love her and would rather her get money from me than on the streets.”

• **Example 2**: “You are all lying. She is not using drugs and not stealing from me. She is paying my rent and my bills.”

• **Example 3**: “I know she is stealing from me, but she said she’ll leave me to die on the street if I don’t give her the money.”

Same decision – different thought process

Keck Medicine of USC
3-Step Semi-Structured Interview

1. **Understand:** Does the client understand the risk in general?

2. **Appreciate:** Does the client have insight into how the risk could impact themselves?

3. **Reason:** Does the client have the reasoning ability to generate alternatives and weigh pros/cons of options to address the risk?
Development of IDA:

• Evolved from the Assessment of Capacity for Everyday Decision-Making (ACED), J. Karlawish, MD, Univ Pennsylvania

• Developed by the EA team at the NYCEAC over the past 2-3 years.

• Currently being deployed in New York City & the State of Massachusetts
Who will be trained?

- 50 trainees in each Regional Training Academy area
- 25% Supervisors, 75% Workers
- Workers should have 2 years field experience
- Southern RTA: Spring 2018
- Central RTA: Winter 2019
- Northern RTA: Spring 2019
Training Structure

• High ratio (5:1) Trainees: Trainers
• Training Day 1 = 8 hours including lecture and small group experiential training
• 6-week field application
• Training Day 2 = 8 hours including review of cases & small group skill building exercises
Project Goals:

1. Train 150 APS workers/supervisors in California
2. Spanish language version for use with native Spanish speakers
3. Develop evidence base for use of IDA
4. Develop consistent policy and procedures to support IDA integration into APS practice in California
5. Develop a toolkit for national dissemination
6. Increase access to professional level capacity assessments
Current Status

- To date 139 completed IDA’s from the Southern Region
- Lessons learned to improve curriculum
- Evaluation strategy to develop the evidence base for IDA
- Quality metric
- Reliability
- Randomized Control Trial
Discussion & Questions
OC Harm Reduction Initiative

NAPSA Annual Conference
August 2018
Improve the care for elder and dependent abuse survivors.

People who are crazy enough to think they can change the world, are the ones who do.
OC APS had 1858 active cases in 2015-2016, 10% over the previous year.

OC report rate is 3%, <7% reported by Council on Aging.

Case recidivism rate was 33% in 2016.
Goals

- Introduce trauma informed care (TIC) to elder and dependent abuse survivors
  - Individual/systemic

- To increase access to services, a case management system will be added for clients of the EAFC, HO, and legal services.
Objectives

Develop and integrate TIC for APS workers and member agencies of the EAFC

Incorporate a TIC trained social worker for case management into APS and the EAFC

Improve access to legal services through a legal advisory committee and case management.
Trauma-informed care

- Well known in the fields of child abuse and domestic violence, yet rarely employed in the field of elder maltreatment.
- Safety, trustworthiness, peer support and mutual self-help, collaboration, empowerment and cultural issues. (SAMHSA).
- System wide trauma-specific interventions include collaboration among human service agencies so that survivors are consistently empowered.
Trauma-informed care Training

- ECHO Parenting
- Training of Trainers for OC Harm Reduction Initiative
  - 3 day seminar to Train the Trainers on Trauma-Informed Care
  - Trainers will implement TIC Curriculum for EAFC member agencies and Orange County service providers
- Utilize training examples developed by OC trainers and learners to demonstrate applicability of TIC in Elder and Dependent Adult Mistreatment
Case Management

- EAFC expert consensus agrees that successful closure is not possible without case management.
  - Cases often stall only to return
- Clients often lack social support and suffer from cognitive and medical vulnerabilities which increase barriers to accessing services.
- Offer assistance beyond crisis intervention increase case closures.
Many of OC APS and EAFC clients do not receive necessary legal services due to barriers to access as well as lack of coordination within the legal services community.

Legal and social work partnerships resulted in decreased risk for elder mistreatment compared to clients who only received social worker intervention in one study. (Rizzo- JASA LEAP)
A leadership coalition will be charged to evaluate the legal services in OC for DM survivors, identify gaps, and offer solutions for increased access to services.

Multiple agencies in OC
- UCI IEFV’s domestic violence clinic
- Chapman Law School the
- OC Family Justice Center
- Elder Law and Disability Rights Center (ELDR)
- Legal Services
Outcomes

1) TIC training for elder and dependent maltreatment workers
2) A model of case management for APS clients
3) A model for integrated legal services
4) Evidence of reduced harm to older and dependent adult clients served by TIC trained professionals.
Creating a Trauma-Informed Care Learning Community

Responses from our OC Trainers after ToT:

- With our staff having an awareness of how the brain functions during a crisis situation, and its ability to go into survival mode, it gives our staff the ability to understand how our clients may not really be able to always be able to follow through.

- [A trauma-informed approach includes] making sure that we follow up when necessary so that we get accurate information [and can] make the best, most educated findings for each of the allegations and provide the best direction or resource… which is going to impact our service plan.

- My biggest takeaway was being more empathetic to clients who might come off as resistant, really recognizing that as trauma, and not being so quick to label clients as “difficult clients.”

- [Recognizing] different kinds of trauma, including housing and eviction, intergenerational trauma

- Looking to the population we serve and what has affected them, people who are now in their 60s, 70s, and older have had different life experiences than the millennials and younger people [which have] impacted their history and their trauma story.
Creating a Trauma-Informed Care Learning Community

- Planning OC’s rollout of TIC trainings
  - Within APS
  - Among EAFC member agencies (interdisciplinary?)
- Evaluating “TIC-ness”
  - Developing indicators of TIC cultural shifts, such as choice of language, perceptions about collaboration
  - Surveying participants pre- and post-training
  - Collecting case examples
  - Interviewing EA survivors (Human Options clients post-therapy) about the interactions they had with various agencies and institutions
Aims to bring about more efficient, short- to mid-term resolutions to cases
- Identifying the client’s needs
- Preserving the client’s safety
- Improving quality of life
- Preventing recurrence of abuse

Cases are referred through the EAFC and team discusses whether or not CM is appropriate

APS is adding to their database to track outcomes of EAFC

Case Management

CM is tracking client outcomes

Planning to survey EAFC members about perceived effectiveness
Case Management Services Requested

1. Referral/Resource Follow up
2. Ongoing wellness checks/documentation
3. Continuity of care linkages
4. Emotional support to empower clients to sustain healthier quality of life
5. Additional resources/referrals linkages
6. Assess for additional concerns/needs
7. Family/client education on particular issues and susceptibility to future abuse
8. Client Advocacy
Legal Access Survey

- Asking legal services providers, advocates, victim service providers, law school leaders, veterans and family violence councils, about barriers in legal services, judicial services, law enforcement experienced by EDM survivors in OC
- TIC approach includes making sure clients know their rights, feel safe, feel empowered to make decisions
- Findings will generate recommendations to improve services in OC, reform law and/or its implementation
University of California • Irvine

Discover • Teach • Heal