

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

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Assistant Professor



Acknowledgement

This project was supported, in part, by a grant (No. 90EJIG0010-01-01) from the Administration for Community Living, U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration for Community Living or DHHS policy.



Thanks to...

- Mary Twomey, Aging Services Program Specialist, Office of Elder Justice & Adult Protective Services, ACL, DHSS
- Lori Delagrammatikas, APS Liaison, California Department of Social Services



Thanks to San Francisco and Napa APS

- Caseworkers!!!
- Supervisors: Kristi Guerrero (Napa), Jerome Walker (SF), Karla Wilson (SF), Gloria Wong (SF), and more
- Analyst: Ben Seisdedos (SF)
- Managers: Edith Chan-Lee (SF), Joe Cherry (Napa)
- Director: Akiles Ceron (SF)
- Deputy Directors: Kris Brown (Napa), Jill Nielsen (SF)



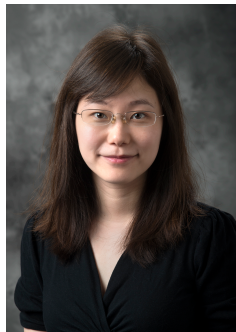
Special thanks to...

- Alameda County APS
- Contra Costa County APS
- Fresno County APS
- Monterey County APS
- Sacramento County APS
- Santa Cruz County APS



Research Team

- Dr. Marian Liu, Assistant Professor, Purdue University
- Dr. Kendon Conrad, Professor Emeritus, University of Illinois at Chicago
- Dr. Karen Conrad, Research Associate Professor, University of Illinois at Chicago
- Dr. Madelyn Iris, Adjunct Associate Professor, Northwestern University



Research Team

- Sara Stratton, Policy Analyst, retired San Francisco APS Supervisor
- 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 & Gaaney, 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

Tools for this Project

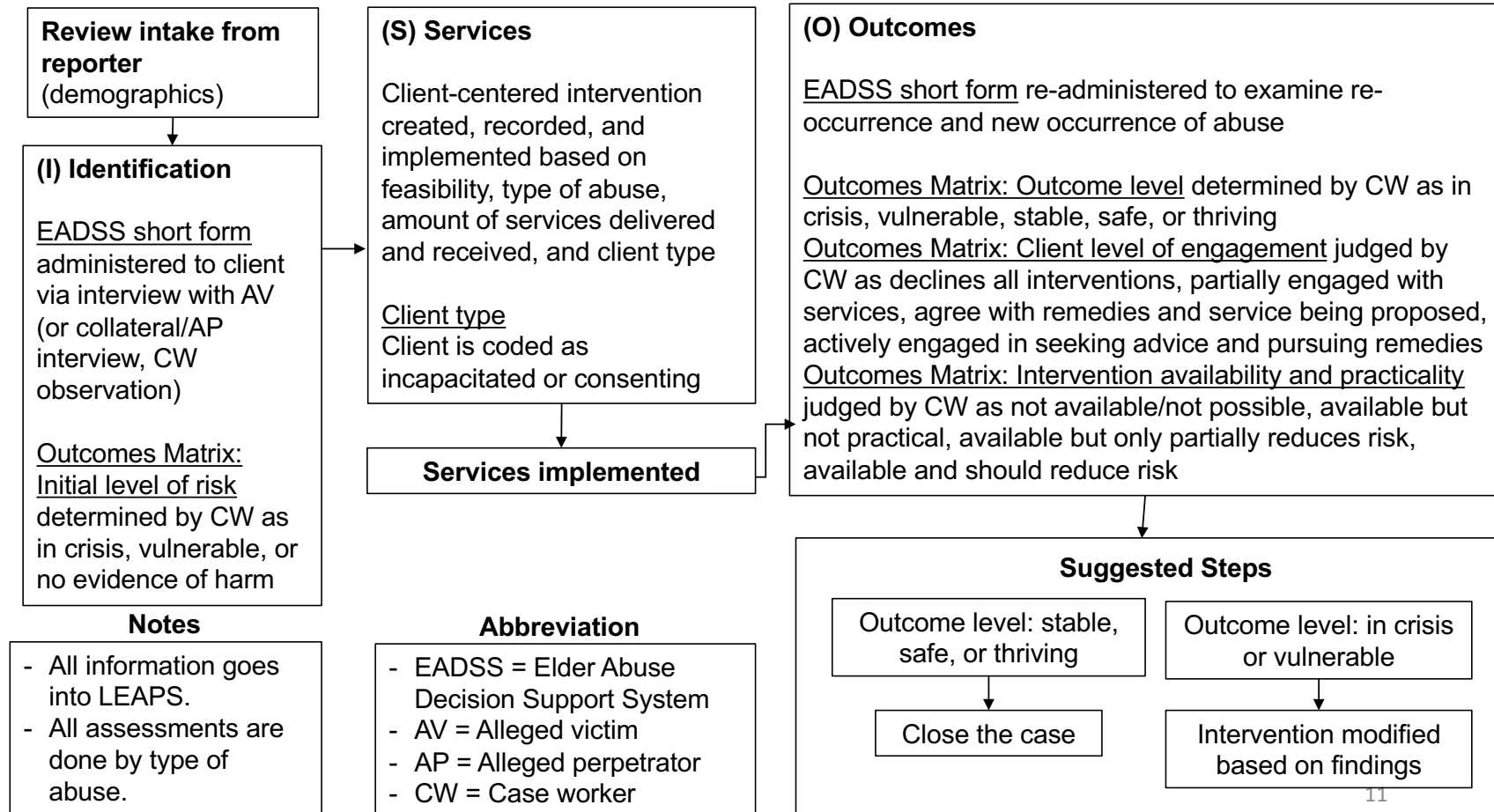
Identification, Services, and Outcomes (ISO) Matrix

- Identification of abuse
 - ☐ Elder Abuse Decision Support System (EADSS) Short Form, including client and abuser risk assessment (Beach et al., 2017; Conrad & Conrad, 2018)
 - ☐ Outcomes Matrix, developed by the California Consistency Workgroup
- Service Plan
- Outcomes
 - ☐ EADSS Short Form, including abuser risk assessment
 - ☐ Outcomes Matrix, including intervention availability and client's level of engagement

Acceptability and Fit Questionnaire (for quantitative feedback)

Focus groups and conference calls (for qualitative feedback)

Flow Chart for ISO Matrix Completion



Identification, Services, and Outcomes (ISO) Matrix

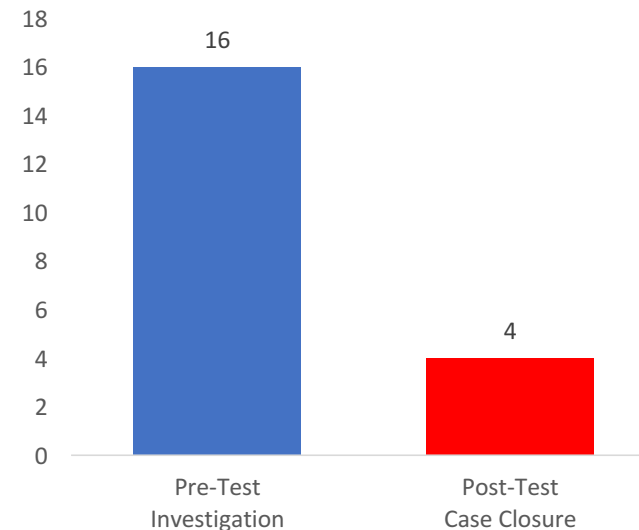
- (I)nvestigation

- 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.

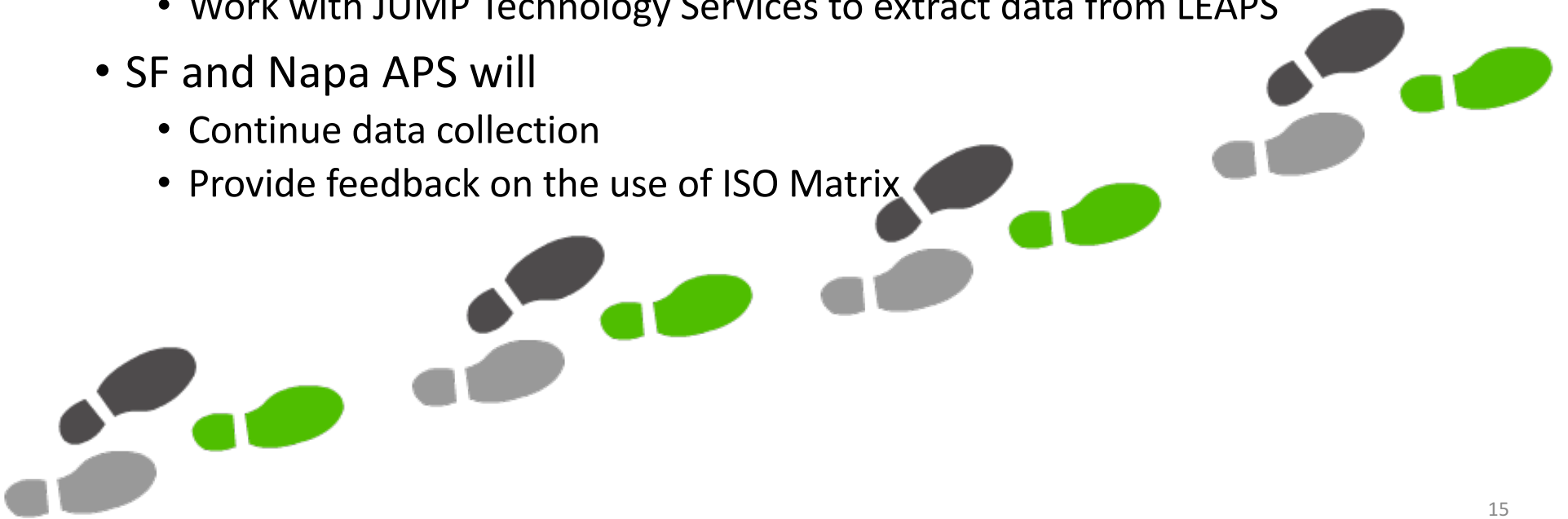


Major APS Activities

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

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

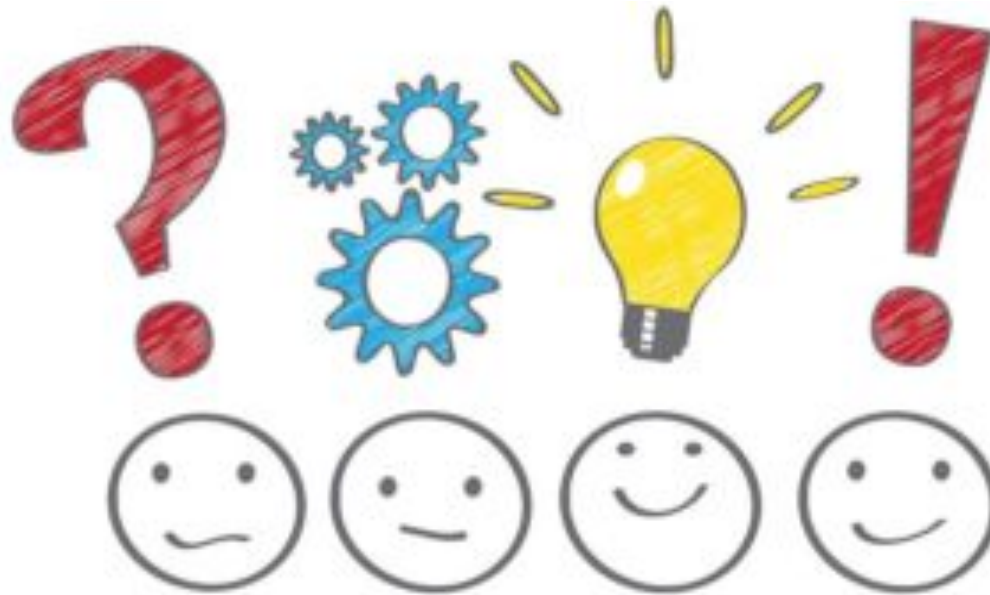
- Investigate changes in ANE harm/risk and abuser risk
- Identify factors impacting ANE harm/risk and abuser risk
- Locate effective services by type of abuse
- Help shape the future documentation system to include standardized information for communication and effectiveness assessments/outcomes
- Advance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



Many thanks to SF and Napa caseworkers!

- Alex Bueno
- Alice
- Alice Levy
- April Blas
- Candyce
- Caryl Rose
- Charlotte
- Cynthia Li
- Ericka Conner
- Frank Latcham
- Greg Sanchez
- Judy Penso
- 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

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



UC Irvine Health

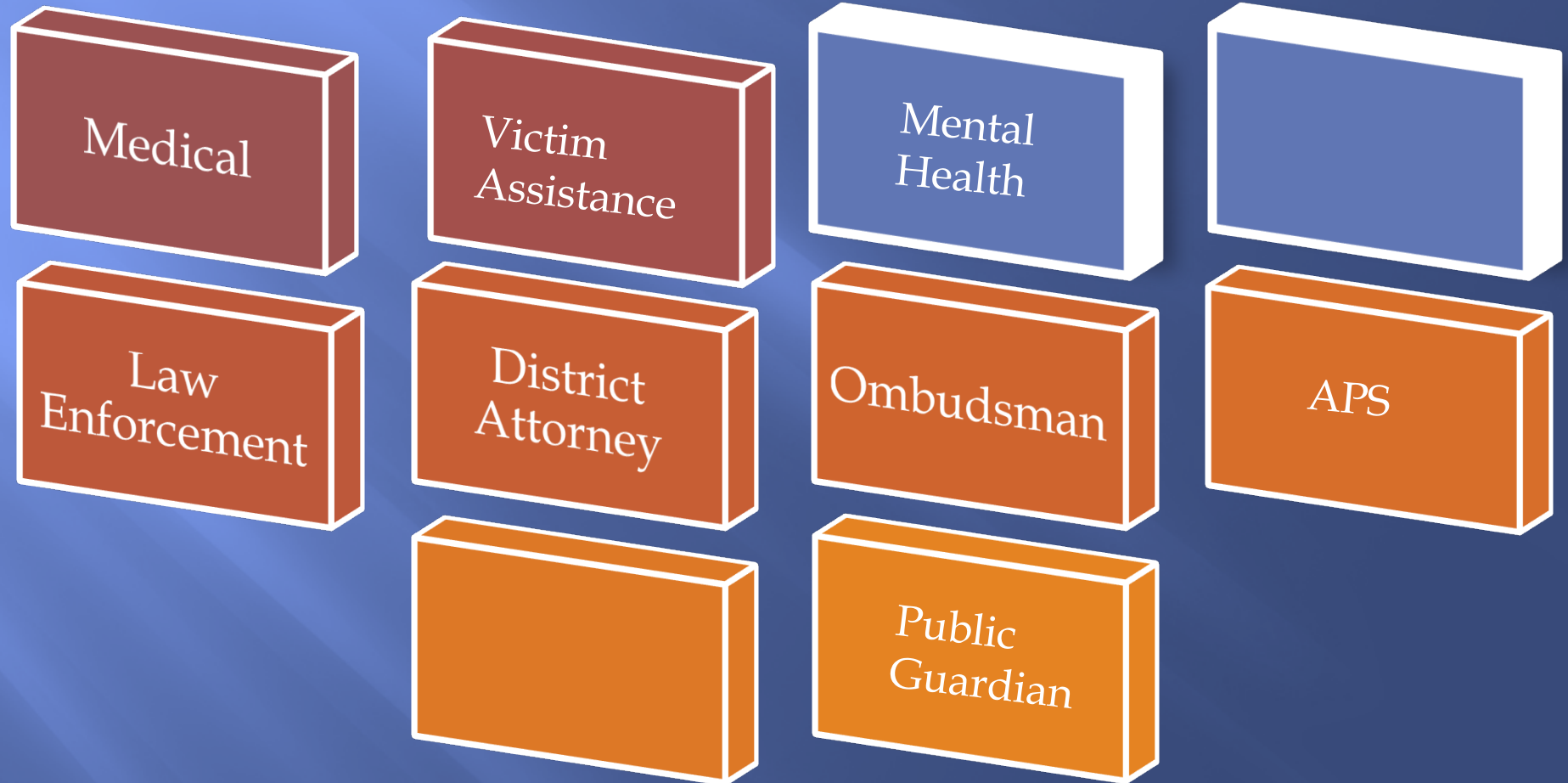


Improve the care for elder and dependent abuse survivors.

Elder Abuse- OC

- ▣ 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

OC Elder Abuse Forensic Center



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 The logo for ECHO Parenting & Education features three overlapping speech bubbles in orange, red, and blue, followed by the word "ECHO" in large blue letters and "PARENTING & EDUCATION" in smaller orange letters.
- ▣ 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.

Improving Legal Services

- ❑ 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

Legal Services

- ❑ 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

Case Management

- 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

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DISCOVER

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TEACH

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HEAL