

Telling the Story of Adult Protective Services through the Identification, Services, and Outcomes (ISO) Matrix

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Assistant Professor



Acknowledgement

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- Karen Conrad, Ph.D., Research Associate Professor, University of Illinois at Chicago
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Research Team

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- Andrew Butler, MSW, University of California, Berkeley
- Jarmin Yeh, Ph.D., Assistant Professor, University of California, San Francisco
- Madelyn Iris, Ph.D., Associate Professor, Northwestern University



Adult Protective Services (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; Conrad, Iris, & Liu, 2017)
 - 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 This 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



Hypothesis

- Reduction of risk/harm of abuse, and abuser risk, will be associated with **services provided**. Comparing client's data collected by caseworkers during case investigation (before service delivery) and at case closure (after service delivery) by each type of abuse.



Methods

- San Francisco and Napa APS in California
 - San Francisco: 37 caseworkers (7 units), urban and suburban
 - Napa: 5 caseworkers (1 unit), suburban and rural
- Training caseworkers & programming assessments tools
- Six-month data collection
 - Identification, Services, and Outcomes (ISO) Matrix from the Elder Abuse Decision Support System (EADSS) Short Form (Beach, Liu, DeLiema, Iris, Howe, Conrad, 2017; Conrad & Conrad, 2019)
 - User experience



Identification, Services, and Outcomes (ISO) Matrix

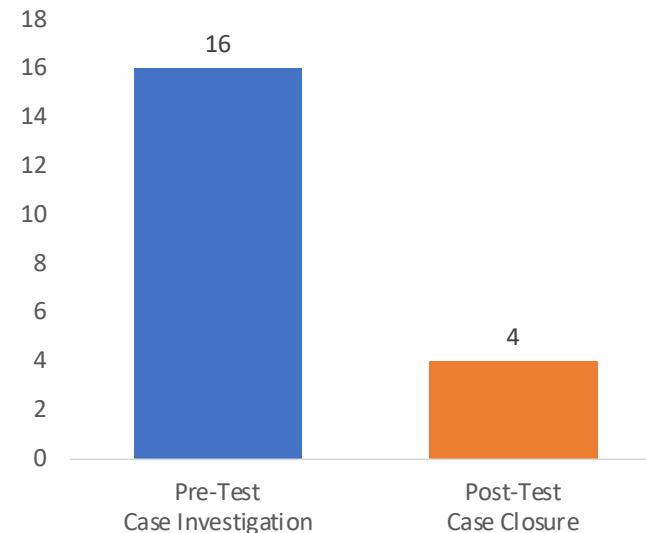
- (I)nvestigation

- 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

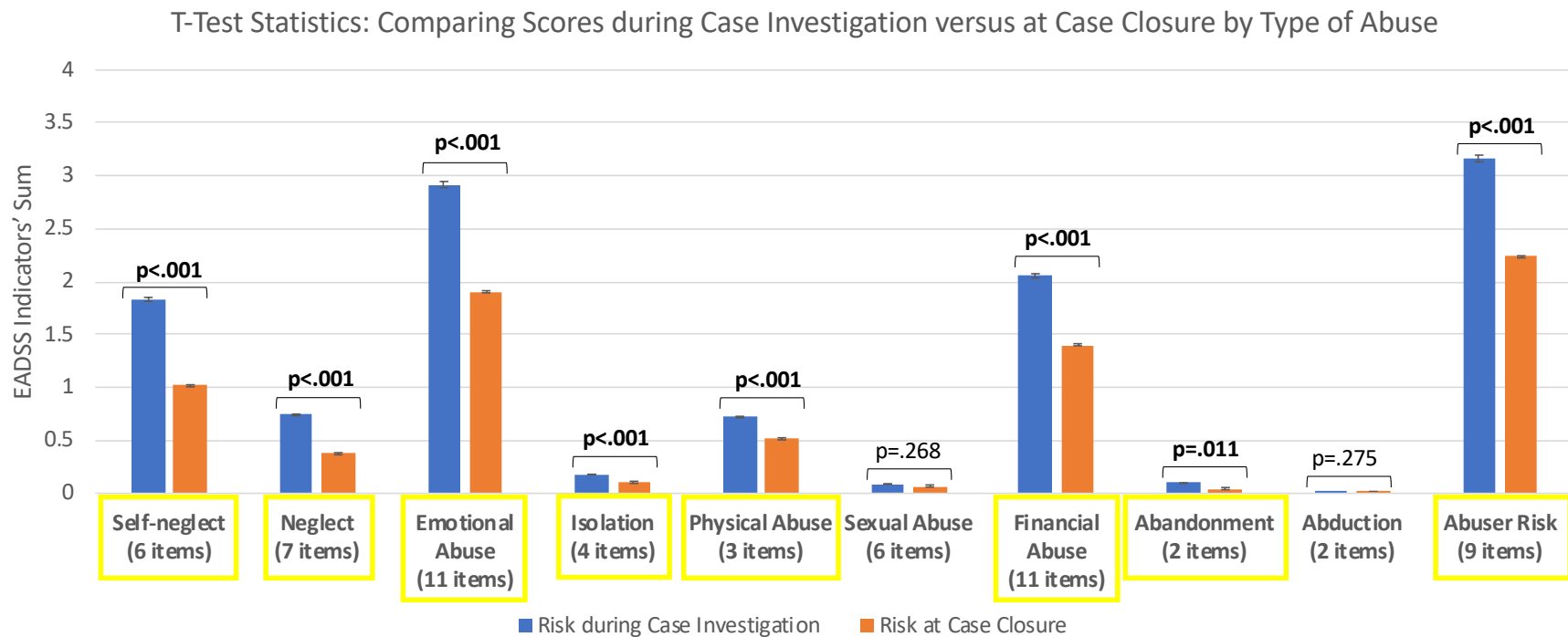


Demographics

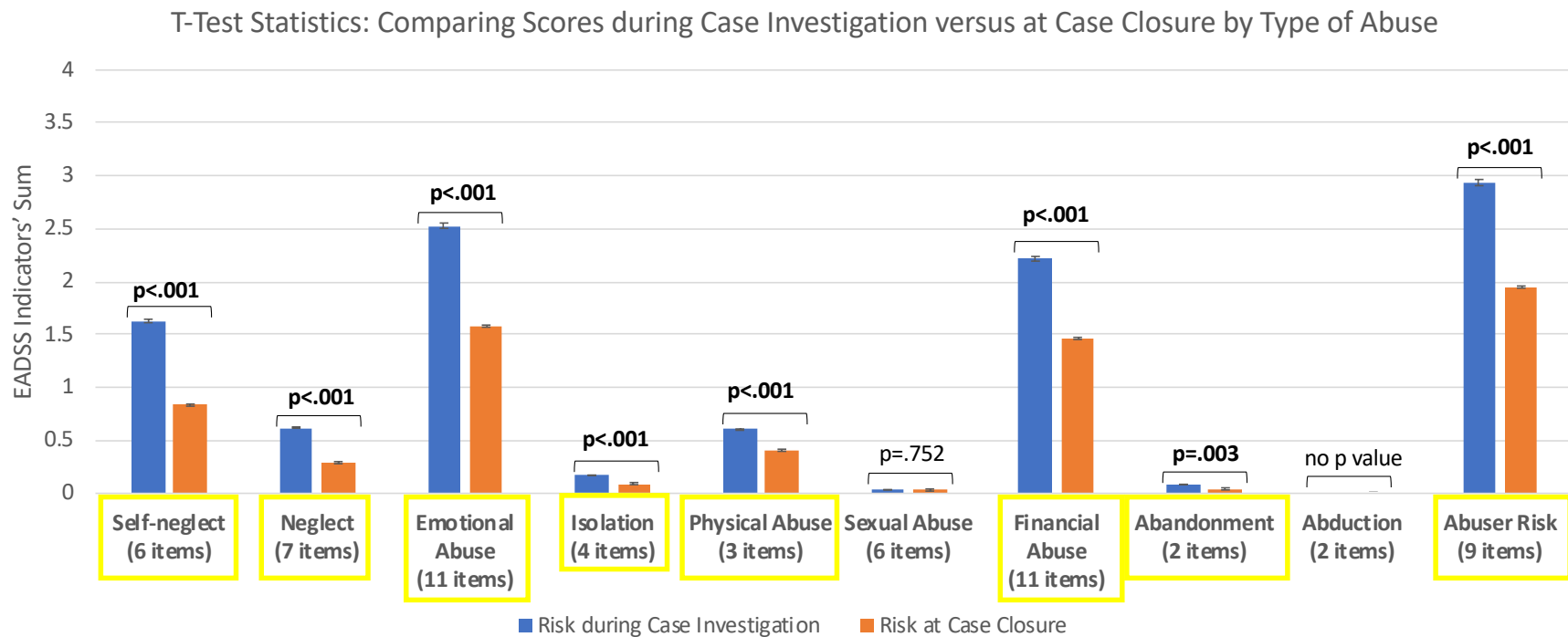
- 2,063 clients
 - 1,472 older than 65
 - 591 between 18-64
- 54% female
- 47% single, 23% partnered, 21% widowed, 10% separated/divorced
- 45% White, 22% Asian, 18% Black, 11% Hispanic, 3% other
- 79% speaks English
- 30% received In-Home Supportive Services
- 43% lives alone, 29% with others, 11% with abuser, 17% unknown



APS Outcomes: Differences between Pre- and Post-Tests

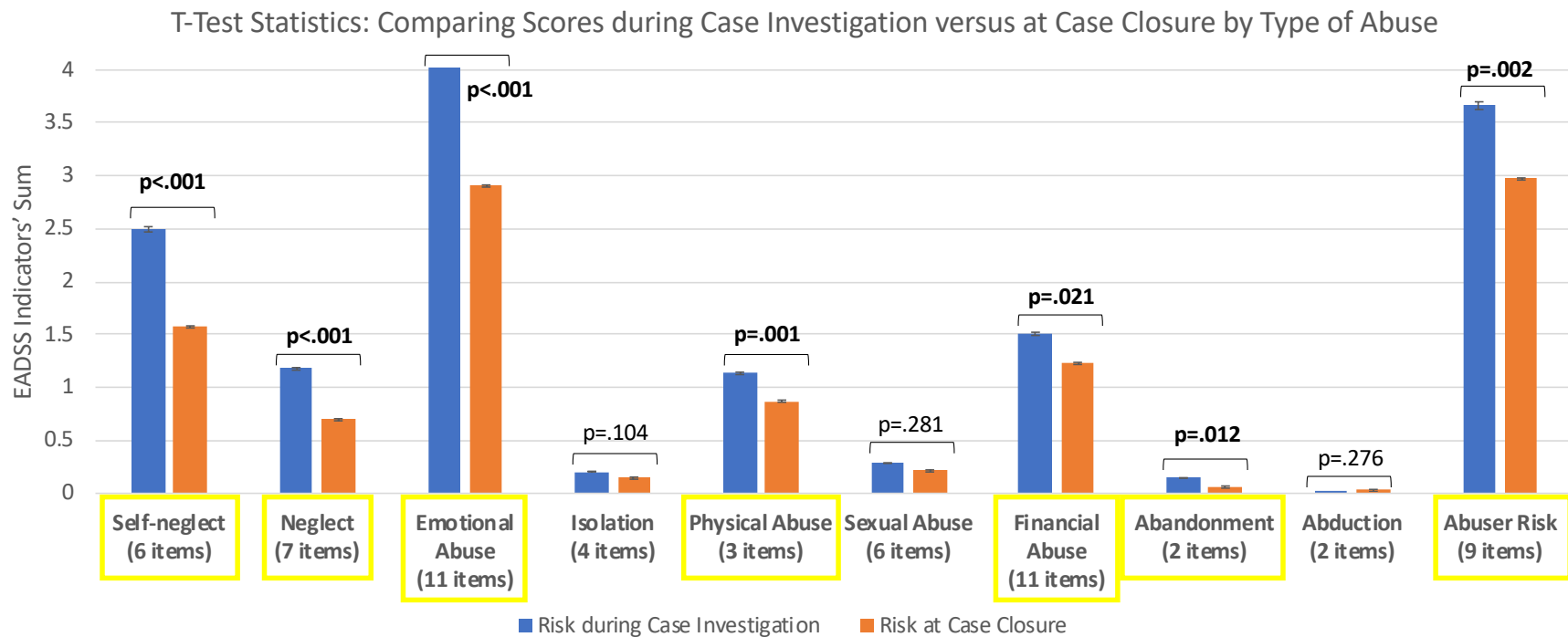


APS Outcomes: 65+ Differences between Pre- and Post-Tests



APS Outcomes: 18-64

Differences between Pre- and Post-Tests



APS Effective Services: Original Results

NAMRS # / Service Category	SN	Neglect	Emotional	Isolation	Physical	Sexual	Financial	Aband	Abduct	Abuser Risk
Client Engagement	O	o	O		O					
Service Availability					o					
1. Care/Case Management Services			o		o					
2. Caregiver Support Services	O									
3. Community Day Services										
4. Education, Employment, Training Services										
5. Emergency Assistance and Material Aid Services	O		O							
6. Financial Planning Services							O			
7. Housing and Relocation Services										o
8. In-home Assistance Services	O									
9. Legal Services										
10. Medical and Dental Services	o									
11. Medical Rehabilitation Services										
12. Mental Health Services										
13. Nutrition										
14. Public Assistance Benefits										
15. Substance Use Services										
16. Transportation										
17. Victim Services										
18. Other Services	O	O								

Other Analyses in Progress

- Correlation between types of abuse
- ISO items that are predictive of each type of abuse
- Substantiation decision in relation to ISO Matrix pre-test scores



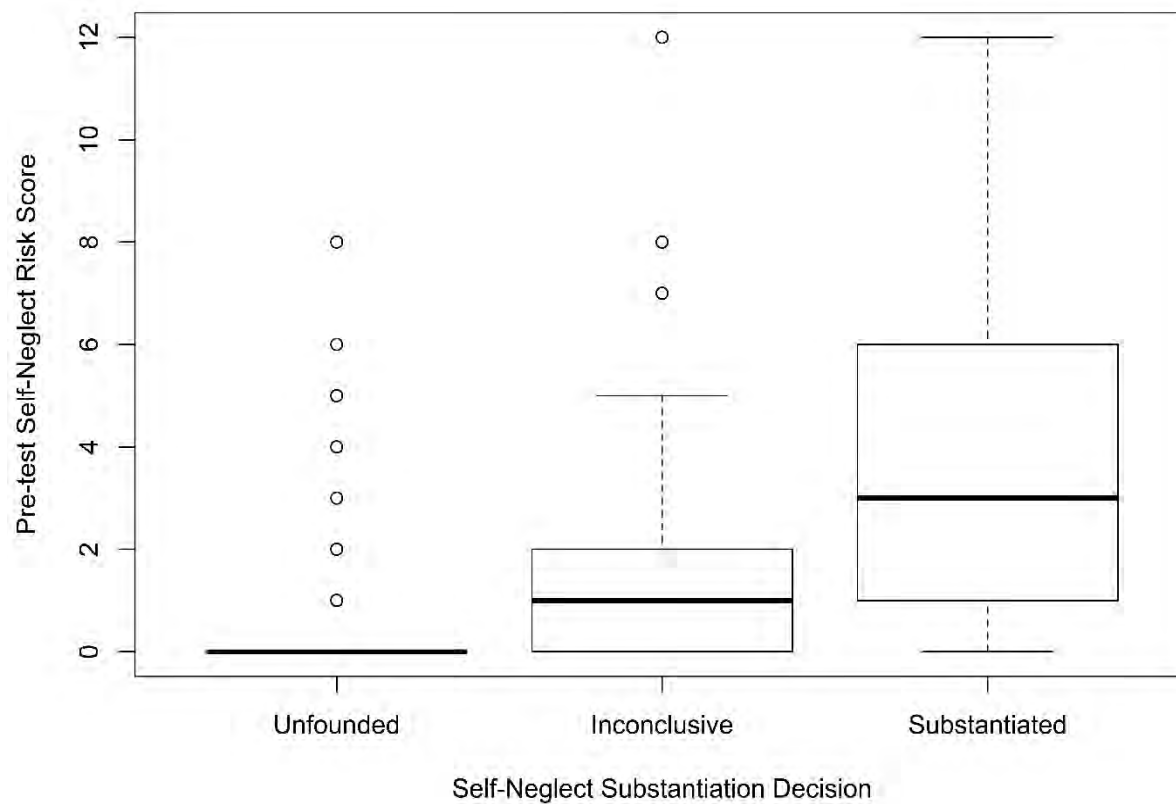
Co-Occurrence of Abuse Types

If this occurs...	These are also likely to have occurred (Most Likely to Less Likely)					
Self-Neglect	Neglect by Others					
Neglect by Others	Self-Neglect	Financial	Emotional	Abandonment	Isolation	Physical
Emotional	Physical	Financial	Self-Neglect	Neglect by Others	Isolation	
Isolation	Emotional	Self-Neglect	Neglect by Others	Financial	Physical	
Physical	Emotional	Self-Neglect	Financial	Isolation		
Sexual	Emotional	Self-Neglect	Physical	Financial	Neglect by Others	Isolation
Financial	Emotional	Self-Neglect	Neglect by Others	Physical		
Abandonment	Neglect by Others	Self-Neglect	Emotional	Financial	Isolation	
Abduction						

ISO Items Most Predictive of Substantiation

<u>Self-Neglect</u> <ul style="list-style-type: none"> • Clt's poor personal hygiene as evidenced by a noticeable odor, long and dirty fingernails, etc. • Clt lack needed medications or medical equipment (including eyeglasses, hearing aids, dentures, walkers, etc.) • Home or yard appears unsafe or unsanitary that violates the health and safety codes (including having clutter near a heating source, or animal hoarding) 	<u>Neglect by Others</u> <ul style="list-style-type: none"> • Clt's poor personal hygiene as evidenced by a noticeable odor, long and dirty fingernails, etc. • Clt lack needed medications or medical equipment (including eyeglasses, hearing aids, dentures, walkers, etc.) • Home or yard appears unsafe or unsanitary that violates the health and safety codes (including having clutter near a heating source, or animal hoarding) • Clt was left alone without adequate supervision. 	<u>Isolation</u> <ul style="list-style-type: none"> • Clt was denied communication or prevented from contact with friends, family, community resources or the outside world by visit, telephone, or internet. • Clt was confined to a single room or section of the home. • AA was the only person Clt has to call for help.
<u>Psychological/Emotional Abuse</u> <ul style="list-style-type: none"> • AA manipulated or tried to control Clt. • Clt felt uncomfortable with AA. • AA used nonverbal behavior such as shaking a fist or other threatening gestures. 	<u>Physical Abuse</u> <ul style="list-style-type: none"> • AA attempted or caused Clt physical injuries, either external or internal. • AA attempted or completed physical attack (including, hit, kicked, punched, slapped, handled roughly, pushed, shoved, grabbed, or shaken Clt). 	<u>Sexual Abuse</u> <ul style="list-style-type: none"> • AA made unwanted sexual advances towards Clt. • AA forced Clt to observe sexual activity. • AA forced Clt into sexual activities involving: touching, fondling, or oral/anal/vaginal sex.
<u>Financial Abuse</u> <ul style="list-style-type: none"> • AA felt entitled to use Clt's money for him/herself. • AA used Clt's money on their own behalf instead of for Clt's benefit. • AA took advantage of Clt to get a hold of Clt's resources such as a house, car, or money. 	<u>Abandonment</u> <ul style="list-style-type: none"> • Clt was abandoned or left without adequate supervision. 	<u>Abduction</u> <ul style="list-style-type: none"> • Clt was abducted or removed out of state or restrained from returning.

Substantiation decision in relation to ISO Matrix scores: Self-Neglect



Thanks to San Francisco and Napa APS

- Supervisors: Kristi Guerrero (Napa), Jerome Walker (SF), Karla Wilson (SF), Gloria Wong (SF), and more
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- Director: Akiles Ceron (SF)
- Deputy Directors: Kris Brown (Napa), Jill Nielsen (SF)



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- Monterey County APS
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- Greg Sanchez
- Julio
- Maura Guzman
- Paige Jones
- Phyllis Pena
- Pamela
- Patricia
- Sarami Xiong
- Stefany Martinez
- Todd Mangini

Thoughts?



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PRELIMINARY EVIDENCE FOR USE OF THE INTERVIEW FOR DECISIONAL ABILITY BY ADULT PROTECTIVE SERVICES

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Keck School of Medicine of USC

University of Southern California

National Adult Protective Services Association Annual
Conference

August 19, 2019

The California APS Decisional Ability Training Project

- **Bonnie Olsen, Ph.D.**
- **Theresa Sivers-Teixeira, MSPA, PA-C**
- **M. Christina Penate, MFT**
- **Yeini Guardia**

Supported through funding by the Administration
for Community Living Grant #90EJIG0009-01-01

IDA = Interview for Decisional Abilities

- Tool developed for APS workers to assess clients' decision-making ability
- Interview clients about a specific risk
- Useful when clients decline services or continue to make unsafe decisions
- Results help guide APS worker/supervisor regarding case management

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:

- Based on the Assessment of Capacity for Everyday Decision-Making (ACED)
 - Jason Karlawish, MD
 - James Lai, MD
- Developed by the EA team at the NYCEAC
 - Mark Lacks, MD
 - Risa Brekman, MS

Project Goals:

- ✓ Train California APS workers/supervisors
- ✓ Spanish language version:
IDA 3.0-CA-SP
- ✓ Develop evidence base for IDA 3.0-CA
- ❑ Increase access to professional level capacity assessments

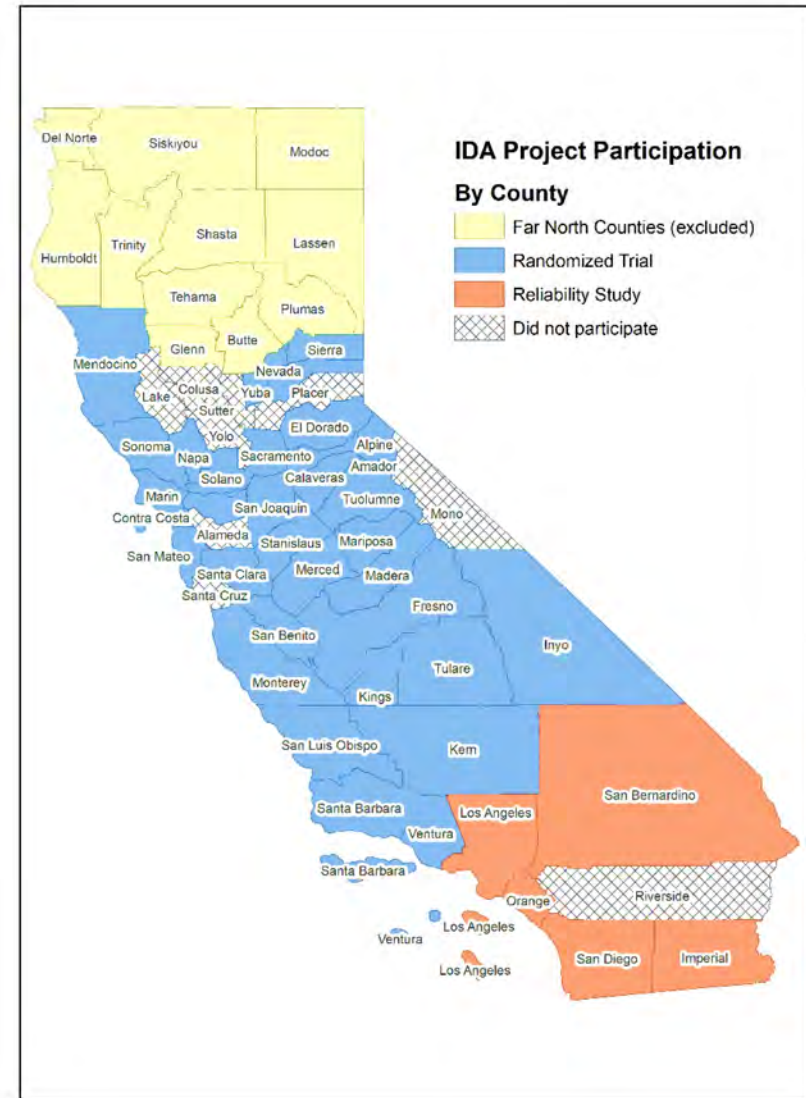
Trainees

APS workers trained = 98

APS supervisors trained = 39

Across 36 Counties

Map of 3 Training Areas



Interrater Reliability Study

- 8 Hypothetical cases with consistent expert judgements
- 39 APS workers/sups responded to 2 cases each

Results:

- 87% accurate overall
- Cohen's Kappa = 0.66
- Conclusion: Substantial interrater reliability

Validity Study = Randomized Control Trial

- Controls = 82
- IDA-Trained = 57

Pre- Post Survey

- Knowledge of capacity issues
- Self-reported experience (client assessment, case management, using IDA)
- Case responses (not yet analyzed)

Knowledge questions (8)

- 5 Q's scored high at baseline so no room for improvement
- 2 Q's about cognition improved significantly
- 1 Q stayed low, so need better training

Client Assessment Questions (9)

Current Findings:

- Compared to non-trained workers, IDA-trained workers feel significantly more **knowledgeable & confident**.
- Also, assessing capacity doesn't take a long time

Case Management Questions (4)

Current Findings:

- Compared to non-trained workers, IDA trained workers feel significantly more **knowledgeable & confident** in determining case management next steps.

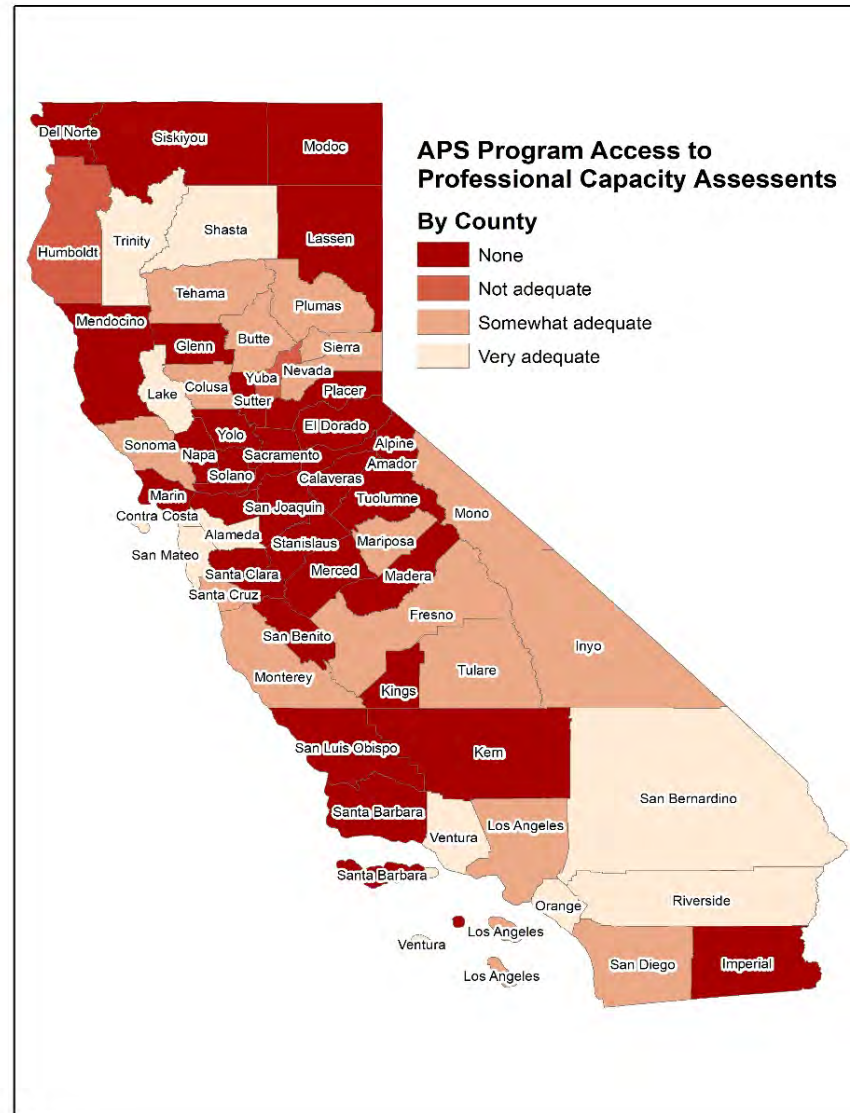
Experience Using IDA

Agree or Strongly Agree	Experience Using IDA
92%	Documents evidence supporting reasoning for closing a case
89%	Determine when to request a professional capacity assessment
92%	Documents need for professional capacity assessment
90%	More thorough in gathering info about decisional ability
85%	Helps workers assess decisional ability
87%	Learn what clients think about the risks clients face
71%	Improves quality of case discussion between sup/worker
4%	Decreases efficiency
75%	Improved my practice
89%	Provided new ideas I expect to use
67%	Increased my confidence in working with clients

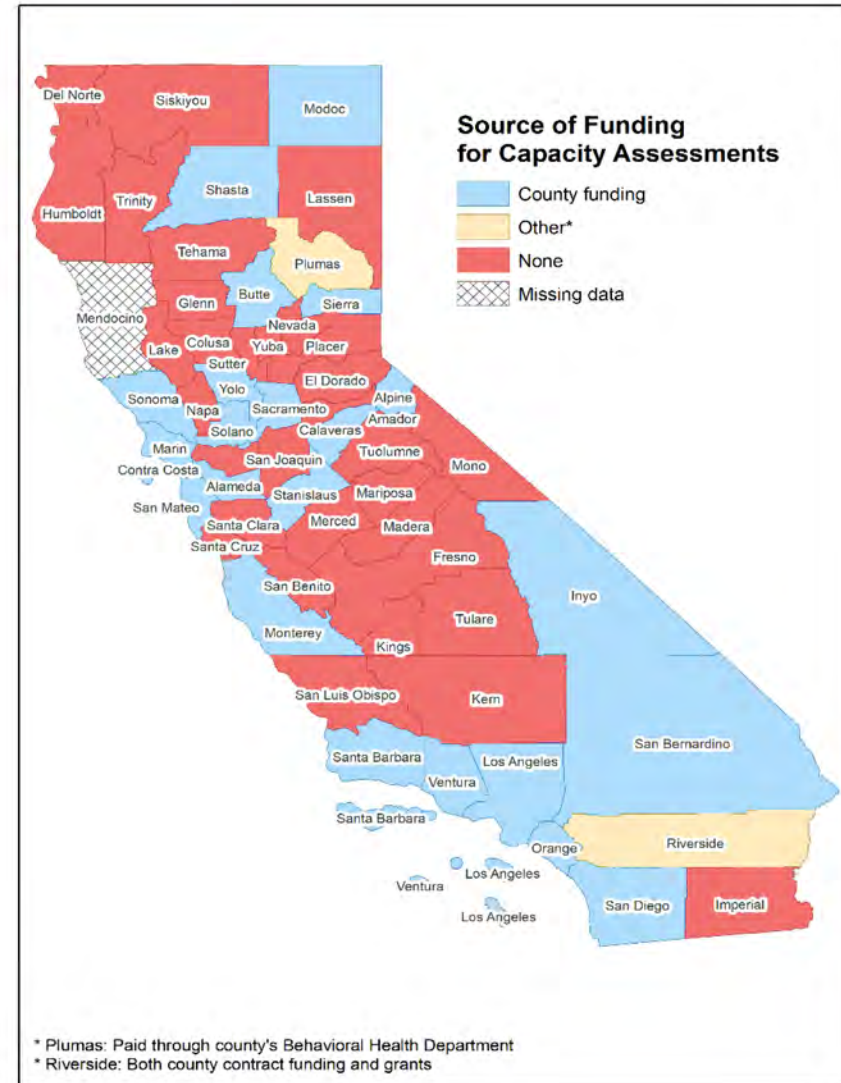
Professional Capacity Resources

- Surveyed all APS Program Managers
- **100%** response rate
- **58** counties in California
- Access to professional capacity assessment
- Funding sources

Map of Reported Access to Capacity Assessments



Map of Reported Funding for Capacity Assessments



Capacity Assessment Workshop: Capacity Issues with Older Adults



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CAPACITY ASSESSMENT WORKSHOP:
CAPACITY ISSUES WITH OLDER ADULTS

SATURDAY, SEPTEMBER 7, 2019

DEVELOP PRAGMATIC SKILLS IN:

- ✓ CONCEPTUAL FRAMEWORK FOR DECISIONAL AND EXECUTIVE CAPACITY
- ✓ KEY ELEMENTS OF CAPACITY ASSESSMENT
- ✓ EFFECTIVE DOCUMENTATION: CLINICAL AND CALIFORNIA CAPACITY DECLARATION

PRESENTERS:

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CAPITOL BUILDING
Sacramento, CA
Room TBD

September 7, 2019
9:00AM- 4:00PM
www.eldermistreatment.usc.edu



To the California APS programs



Thank you!

OC Harm Reduction Initiative: The combination of Trauma Informed Care & Case Management

NAPSA Annual Conference
August 2019

This project was supported, in part, by a grant 90EJIG0013 from the Administration for Community Living (ACL), 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 ACL or DHHS policy.



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Background: Elder Abuse in Orange County, CA

In 2018 APS Hotline Received 21,283 calls, an increase of 4% over 2017.

APS received a total of 13,552 unduplicated reports, an increase of 106% from 2008-2018, and a 5.6% increase over 2017.

In 2018, the most common reported type of elder abuse from others was:

1. Financial
2. Neglect
3. Psychological/Mental
4. Physical



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Orange County Elder Abuse Forensic Center



CENTER OF EXCELLENCE
ON ELDER ABUSE AND NEGLECT
UNIVERSITY of CALIFORNIA, IRVINE



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HUMAN  OPTIONS



Ombudsman
a Program of Council on Aging

OFFICE OF THE
PUBLIC
GUARDIAN



Elder Law &
Disability Rights
Center



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**Community
Legal Aid SoCal**

Advocates for Justice in Orange and Los Angeles Counties

Goals and Objectives

To reduce harm for Elder Dependent Maltreatment (EDM) survivors:

- Trauma Informed Care (TIC) with APS and Elder Abuse Forensic Center (EAFC)
- Case management integration for EAFC clients and triaged APS clients
 - Ensure access for counseling and legal services
- Primary outcome: improved efficiency with case closure and resolution for survivors.



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Goals and Objectives Cont.

- To understand the impact of the OC Harm Reduction Initiative on Client Outcomes
 - Effects of TIC on survivors who receive services by trained multidisciplinary EDM professionals, including comfort with service provider, depression, anxiety and resiliency.
- 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(TIC)

Guidelines for survivors of abuse which helps establish a working alliance

safety

trustworthiness

peer support

mutual self-help

collaboration

empowerment

cultural issues

TIC is well known in the fields of child abuse and domestic violence, yet **seldom employed in the field of elder maltreatment**



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Trauma Informed Care

- Training highly successful
 - Train the trainer model with ECHO Parenting (7 trainers)
 - Conducted 8 Training sessions with various MDT's and APS
 - 10 TIC training sessions pending – including EAFCs nationally
 - Additional 28 requests by various agencies
 - 150+ trained
- Participants readily appreciate value of TIC for their clients



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TIC Sustainability and Replication

1. Adult Protective Services: TIC incorporated into APS induction training
 - 2 induction trainings a year- Spring and Fall
2. Human Options: Employing their therapeutic approach for older adults who are survivors of DV. Group therapy sessions and individual sessions.
3. Ongoing TIC training to community based organizations- including WEAAD



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Effects of TIC On Survivors

Human Options: 1:1 counseling, group therapy

1. “I feel that my safety was a priority in the services provided to me”- 6/8 felt their safety was a priority in the services offered.
2. 8/8 respondents agreed that they "Trust those who provided me services”.
3. 6/8 stated that their “input was included”.
4. 7/8 stated that “They were offered choices in the services provided me”.
5. 7/8 stated “they were asked for feedback”.
6. Almost all respondents agreed across the 16 different questions

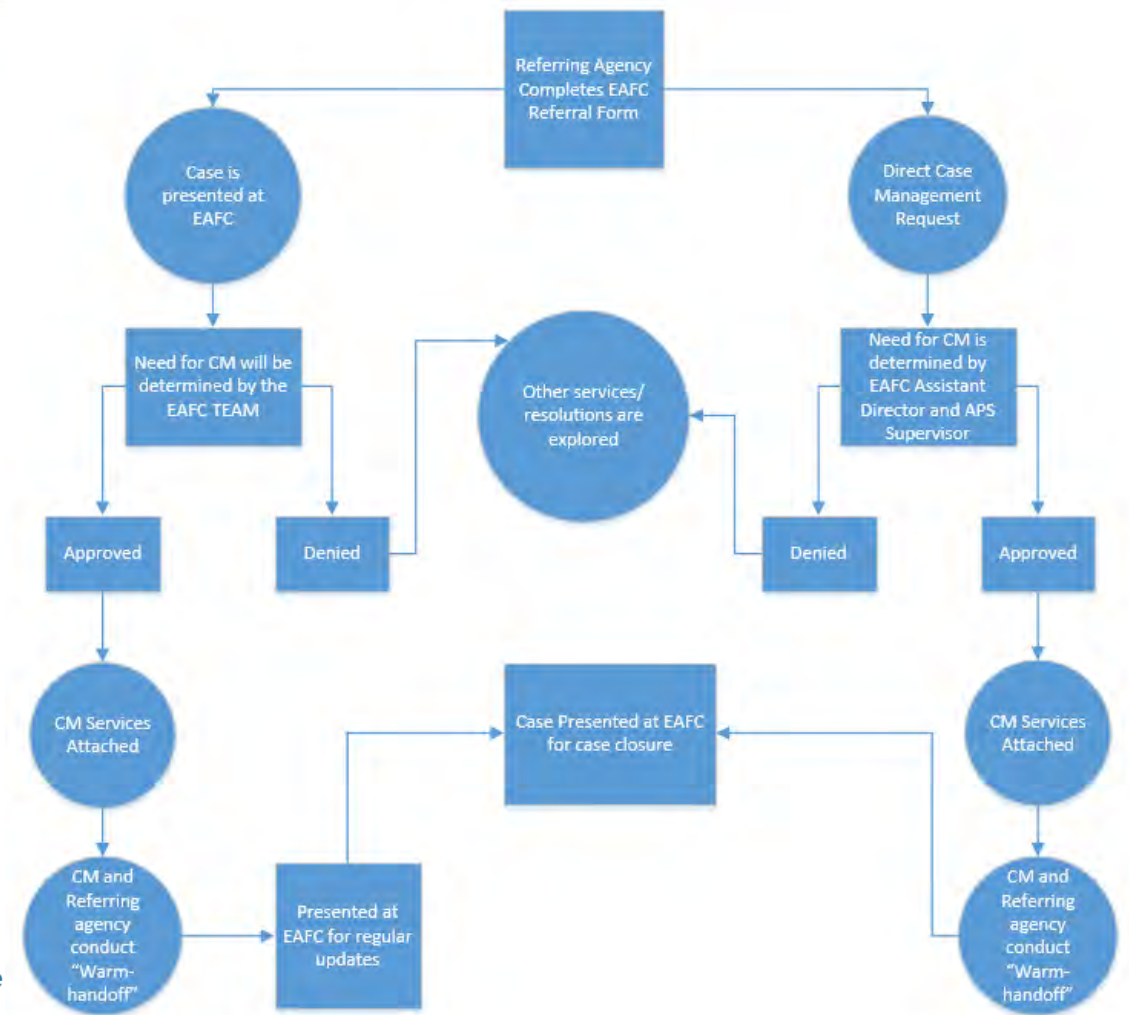


Case Management (CM)

1. Aims to bring about more efficient, short- to mid-term resolutions
 - Identifying the client's needs determined by EAFC discussion
 - Preserving the client's safety
 - Attention to social determinants
2. Developing ideal processes for referral to case management
3. Evolution of APS database to track outcomes of EAFC Case Management:
CM vs non-CM



Case Management Referral Process



Case Management Outcomes

Cases to date: 39

Total number of cases that accepted CM Services: 24

Direct CM Referrals: 4

Current Open Cases: 10

Cases Closed: 29

Cases extended past 3 months: 8

2018 Referrals: 15

2019 Referrals: 24

Services offered: Housing, legal services, income/benefits assistance, safety referral, financial referral, advocacy, transportation, mental health services, older adult care education, resource referral, and case monitoring.



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Case Management: Interviews

So far we have done interviews with OC HRI key staff and partners: N=8

Key themes of the interviews include:

- Case Management helps clients get services they would not have before.
- Case Management reveals more client needs that they would not have been caught so early.
- Improving case management means getting more of it. [VLB interpretation: the quality and the quantity of elder abuse require more case management]
- It took some time to get folks aware that the service was available.

There is a need for CM services in the county according to our interviews.



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Case Management Services Requested

**Need to update data

Case Management Services Requested or Recommended by Reported Abuse Type (n= 36)
Case Management Services Requested or Recommended

		Housing	Legal Services	Income/ Benefits Assistance Referral	Safety Referral	Financial Referral	Case Monitoring Referral	Older Adult Care Education Referral	Advocacy	Referrals/Reso urces Linkages	Transportation	Mental Health Services	Total number of services requested or recommended	N/A
Abuse documented by case manager	n	15	8	8	18	9	13	11	13	21	6	15	137	6
Emotional	10	5	3	4	5	2	2	2	4	5	2	4	38	2
Financial	17	6	4	3	9	2	6	6	6	9	1	6	58	2
Isolation	2	0	0	0	1	1	1	2	1	1	0	1	8	0
Neglect	11	3	2	3	4	2	5	3	3	5	2	4	36	4
Physical	8	2	1	1	4	4	4	4	4	5	0	2	31	1
Self neglect	18	8	2	4	10	2	4	4	7	11	4	7	63	1
Sexual	2	2	0	2	2	0	1	1	2	2	0	1	13	0
Undue Influence	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	1	0	0	0	0	1	0	0	2	0
Total Abuses Documented	70													

N = 37

Note that cases sometimes had multiple types of reported abuse as well as multiplesServices requested or recommended.

Example of interpretation:

Interpretation by Abuse Type: Of the 10 cases that were reported to have experienced Emotional Abuse, 5 received housing referrals; total of 38 referrals made.

Of the 18 cases of self-neglect, 63 referrals were made.

Interpretation by Service Requested or Recommended:

Of the 15 referrals made for housing, 8 of the referrals were made for people who were reported to have experienced self- neglect.

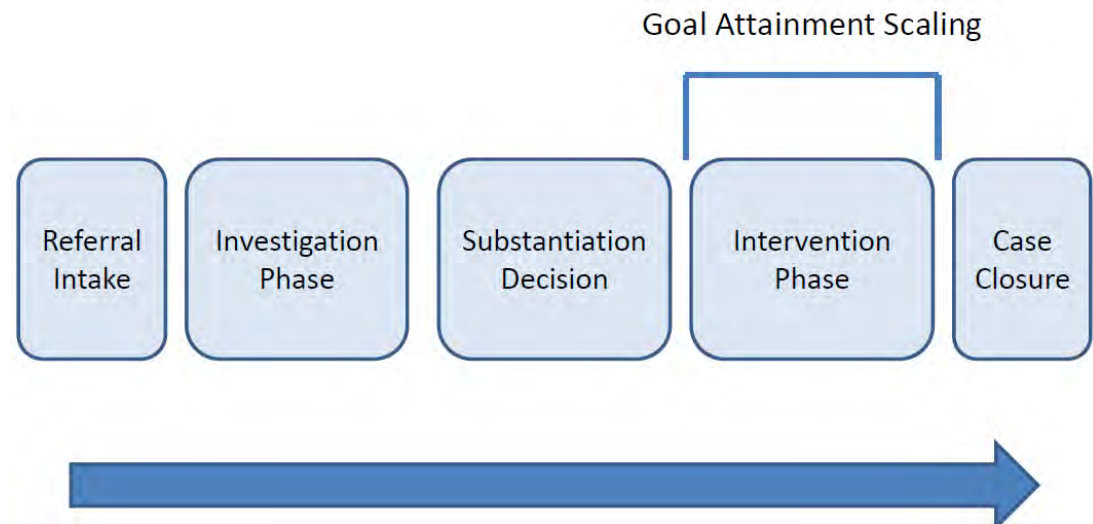


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Goal Attainment Scaling

What is Goal Attainment Scaling (GAS)?

- A client-centered or “clinometric” measure of client change (or change in case status) over the course of intervention
- Each case is assessed on a different, individualized set of goal items.
- Goals are established that reflect the client’s objectives and construction of success.
- Summary score is transformed into a standardized t-score for comparison across cases



GAS Outcomes

We found that over all there was an increase in terms of Safety and a Decrease in terms of Risk Re-victimization.

		Pre	Post
	N	13	11
Safety Score		4.69	6.7
	N	13	13
Risk of Recitivism Score		8.78	5
Scale 1 -10			



Legal Services

Surveyed legal, law enforcement, judicial, or related services in Orange County to gauge perspectives on the need of elder and dependent adults that are survivors of abuse.

Barriers to legal services:

- 64.3% (n = 18) reported lack of client transportation or mobility to access legal services
- 64.3% (n = 18) reported a lack of follow through by client
- 53.6% (n = 15) reported a lack of access to or literacy in technology
- 50% (n = 14) reported challenges due to homelessness
- 42.8% (n = 12) reported quantity – not enough supply for the demand
- 32.1% (n = 11) reported language barriers between clients and legal service provider

Barriers to judicial services: At least half of respondents said that the top barriers for their clients include:

Client transportation and mobility (62.5%)

Lack of follow through by client (54.2%)

Access to or literacy in technology (41.7%)

Judicial services timelines are unclear (41.7%)



Legal Survey

Barriers to law enforcement services

- 59.3% (n = 16) reported a lack of sensitivity to aging population
- 44% (n = 12) of respondents said that their clients face language barriers and ineffective communication
- 41% (n = 11) of respondents said that there is not enough law enforcement capacity to respond to client needs, and that a lack of follow through by client

*****More than half of respondents explained that client lack of follow through was linked to indecision by client because of fear, fear of consequences to abuser and self, and the lack of support to make changes as well as the shame of being a victim of abuse.**



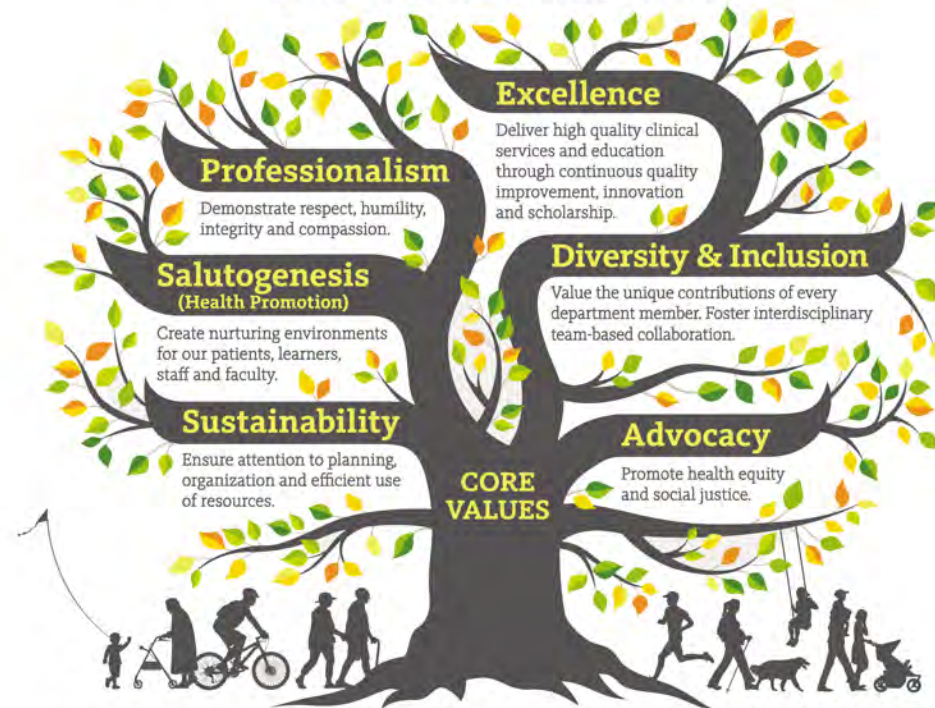
Improving Legal Services

1. Partnered with Yellow Cab to provide taxi-vouchers to clients transportation needs
2. Forensic Accountant
3. Discussion with Probate Judge about the lack of judicial accessibility in South County- Filing window
4. Awareness to county legal associations.



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