“A case for Differential Response in Adult Protective Services”

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Speakers: Christen Mason and Lori Metz

Agenda

- ✓ Welcome & Introductions
- ✓ APS & DR – why now?
- ✓ The Colorado DR workgroup
- ✓ What is Differential Response?
- ✓ Proposed DR/APS model
- ✓ Next Steps
- ✓ Time for Q&A

Why DR for APS? Why now?

- **Aging population with adults 65+ expected to double from 46 million today to over 98 million in 2060.**
- **In Colorado 22% of cases are closed as "Adult Refuses Services" and another 22% are closed as "Allegations Unsubstantiated". A non-investigative response coupled with the strengths based approach of DR services could increase engagement.**
- **Adult at risk of maltreatment and their caregivers deserve a response tailored to their specific circumstance, assuring the least restrictive intervention determined through a rigorous assessment.**
- **In circumstances of minor or moderate allegations of abuse, adults, families and caregivers can be given the opportunity for supports and services rather than being subjected to an adversarial investigative process.**
- **Implementation of the Differential Response Model supports Adult Protective Services to uphold the core values of consent, confidentiality, self-determination and least restrictive involvement and within that is commitment to improving safety and advocating for justice for our most vulnerable residents.**

Colorado DR Workgroup

Arapahoe

Larimer

Jefferson

Fremont

Broomfield

Boulder

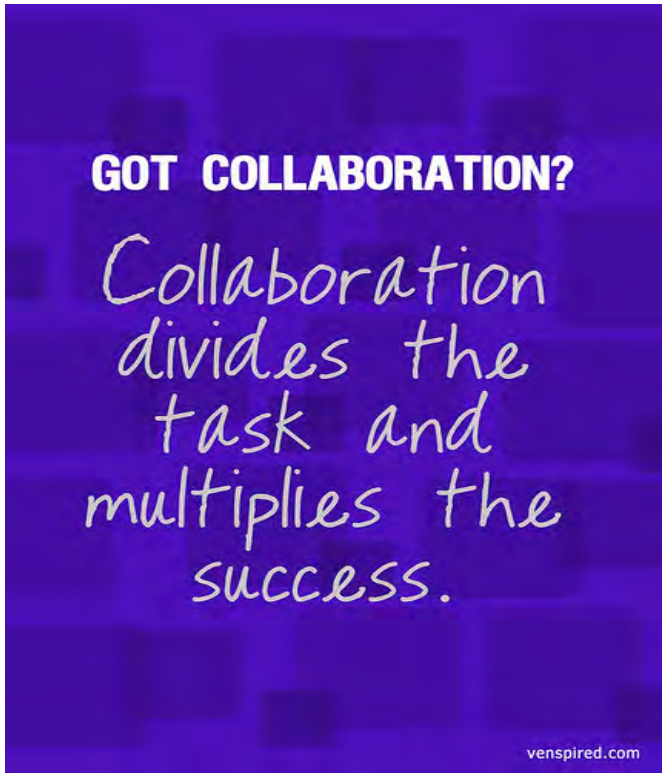
Adams

Denver

Weld

El Paso

And, growing…



What is Differential Response?

- Two-track model which allows for a customized response to adults and families based on the severity of the abuse/neglect allegations
- Family Assessment Response (FAR) **or** Alternative Response (AR)
  - Low to moderate allegations of abuse/neglect
  - Non-investigative
  - No findings
- High Risk Assessment (HRA) **or** Investigative Response (IR)
  - High risk allegations of abuse/neglect
  - Investigation and fact finding
  - Substantiation decisions

What is Differential Response? (cont.)

- Emphasizes the importance of broadly assessing situations to identify and meet underlying needs from the very beginning through an Enhanced Screening process
- Applies to reports that do not allege serious or imminent harm – low to moderate risk
- Group decision making through a RED Team or Group Supervision Framework to identify strengths and current protective factors as well as worries and opportunities.
- Allows for valuable discussion to occur and shares the load in determining if a referral meets criteria for assignment and for case direction and support when needed.
- Sets aside investigation, fault finding, and substantiation decisions and seeks to achieve safety through engagement and collaborative partnerships.
- Uses reflective solution focused questions from the very beginning and throughout the life of a case so that facilitation of behavioral change needed to provide long term safety can begin

Why Differential Response?

- Allows for more than one method of initial response to reports of abuse and neglect – current practice assumes a “one size fits all”
- Circumstances and needs of our vulnerable adult population differ and so should the response
- Family and community engagement helps to assure safety for our adults at risk of maltreatment
- Upholds our core values of consent, confidentiality, self-determination, and least restrictive involvement
- Non-investigative and strengths based approach may reduce the number of at risk adults who refuse service
  - Increase in cases closed with “APS Intervention Complete”
  - Decrease rate of repeat involvement

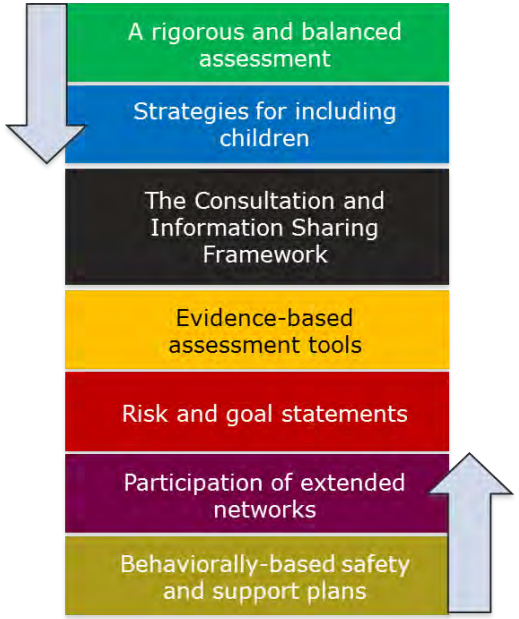
Why Differential Response? (cont.)

- Allows the practice of calling ahead to notify a referral was made to the Department and assigned and work together to schedule a home visit
- Does not require interviewing the victim outside the presence of the alleged perpetrator
  - Increases engagement of adult and family members
  - Lessens the strain on adult and family members
- Does not require making findings on low to moderate risk allegations (self-neglect)
- Focus of partnership with the family and support network to safely care for the adult
- Increases potential for client and family to reach out in the future for support
- Allows the ability to track change if deemed appropriate when new information obtained
- Both AAR and IR tracks utilize a rigorous assessment of safety, risk and protective factors, as well as strengths and needs of families

CPS Differential Response (DR) Model

Organizational Processes

Social Work Practices



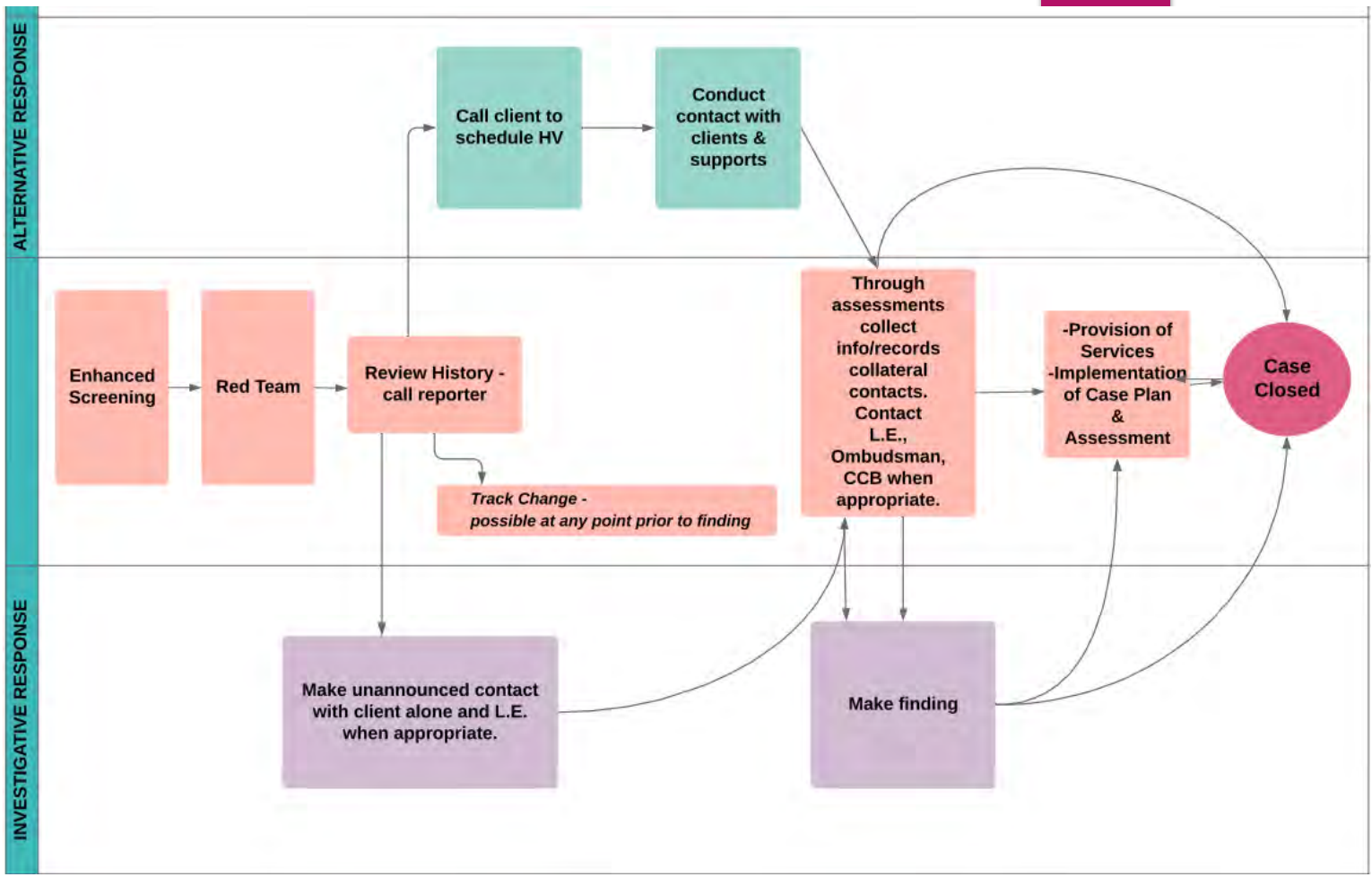
Proposed Model for DR in Adult Protection

Optional Practices to Support Differential Response

Support Planning

Facilitated Family Meetings

APS DR Model Process Map



Enhanced Screening

- From initial call, reporting party is asked for information is an organized, strength-based approach; occasionally including a scaling question
  - What concerns do you want to report?
  - What prompted you to call today?
    - Identify what possible supports may have been in place previously that mitigated reporting party's concerns. What has changed?
  - What interventions have been tried?
    - Also helps to identify other resources or agencies that are or have been involved
  - What would be helpful/improve situation?
    - RP is then used as an "expert" on what they feel will help; guides APS on what expectation there might be
  - On a scale of 1-10; 10 being the "most safe" and 1 being "extremely unsafe"
    - RP is asked to scale the safety numerically. By engaging the non-emotional side of the brain a more objective assessment of situation is obtained

APS DR Model Track Assignment Guide

NEGLECT

Investigative Response	Alternative Response
• Institutional/facility/paid caretaker • Chronic neglect/ lack of supervision by non-professional • Failure to provide medical care resulting in serious medical consequences • Hostile/fearful environment	• Self-neglect • Client found wandering from home • Client has minor bruise or injury • Condition of home

PHYSICAL ABUSE

Investigative Response	Alternative Response
• Institutional/facility/paid caretaker • Non-accidental severe injury • Life-threatening injury • Unreasonable confinement • Excessive/pattern of physical injury	• Pain with no injury • Accidental injury (minor bruising, skin tears, sores, broken bone, etc.)

SEXUAL ABUSE

Investigative Response	Alternative Response
• Always Investigative Response	• n/a

EXPLOITATION

Investigative Response	Alternative Response
• Institutional/facility/paid caretaker • Unauthorized financial change with adverse effect • Forced services	• Minor, poor money management, misunderstanding of responsibility • Exploitation with an unnamed perpetrator

RED Team Framework

Team Members

- First and Last name of staff involved in RED Team process

Danger/Harm

- Enter the date report called in, RP and what mistreatment is being reported.
- Outline specific altercations including a summary of the concern reported.
- *Note any safety concerns (guns in home, suicidal, etc.)*

Complicating Risks & Vulnerabilities

- Include evidence of what makes client at risk (e.g. diagnosis, age, observable medical needs, help with medications, IADL's and ADL's, etc.)
- *The majority of the summary belongs in this area*

Current Strengths & Supports

- Identify services already in place
- List supports provided from family or neighbors or professionals

Client & Alleged Perpetrator History

- Review CAPS, CBMS, CO Courts, Denver Courts; other data systems (TRAILS, Property Search, etc.)
- Prior referrals include # of prior referrals, outcomes of referrals (screened in or out and outcome of investigation) and any patterns of mistreatment

Gray Area

- Identify what is an opinion or subjective information in the report.
- Identify any gaps or information that doesn't make sense.
- Does the report state information that has no basis (e.g. mention of dementia but no formal diagnosis, etc.)

Cultural Considerations

- Ethnicity
- Language / need for interpreter services
- Other cultural or background information that could be relevant (e.g. former military, immigrants, etc.)

Disposition/Next Steps

- Heart of the RED Team discussion belongs in this section. Include how the team came to final decision
- Include whether client is an at-risk adult. If client is not an at-risk adult, screen out.
- If client is an at-risk adult, team must determine if a mistreatment occurred. If no mistreatment occurred, screen out.
- If mistreatment occurred, screen in; assign a response time.

Group Supervision

- **What?**
  - **A Group Consultation with a defined purpose and desired outcome**
  - **Uses the Framework to help organize information**
- **How?**
  - **Is typically facilitated by a supervisor**
  - **Format is flexible to meet each team's needs**
    - **Example: 30 minutes discussion between supervisor and caseworker. 15 minutes of questions and ideas from the group. 15 minutes for wrap-up**
- **Why?**
  - **Provides a balanced picture of what is going on in the case (what's going well and what we are worried about)**
  - **Helps to determine next steps**
  - **Focused on information vs. feelings about the case**
  - **Is a parallel process for how we might ask questions of clients and families (solution focused engagement skills)**
- **When?**
  - **At any point in the life of a case – findings, next steps, whether or not to close or not, file for guardianship, medical decisions, etc.**

Group Supervision Framework

Client/Purpose of Group Supervision

- First and Last name Client
  - Age of Client
- Purpose of consult; i.e.: next steps, timeframe of involvement, findings etc.

Reason for Referral & Danger/Harm

- Enter the date report called in, RP and brief summary of initial concerns called, i.e. mistreatment
- Note any ongoing safety concerns (guns in home, suicidal, etc.)

Complicating Risks & Vulnerabilities

- Information about what makes client at risk (e.g. diagnosis, age, observable medical needs, help with medications, IADL's and ADL's, etc.)
- Include what concerns continue to exist since APS involvement (cancelling home health services, refusing transport by EMS)

Strengths and Supports

- Identify services in place, both at time of referral and since APS intervention
- List supports provided from family or neighbors or professionals
- Include information about income/insurance/other benefits or subsidies, if known

Gray Area

- Identify areas that are still unknown, due to client being unwilling/unable to share and/or caseworker is not able to confirm with other supports
- Identify any gaps in information

Disposition/Next Steps

- Heart of the discussion belongs in this section.
- Listing out next steps, including who is responsible for what actions
- If supports are to be contacted, what do we want to know; listing out specific questions
- If consult purpose was findings, include what finding decision was the consensus, including severity level is necessary

Solution Focused Engagement Skills

- Why do we do this work? The million dollar question
- What does Engagement mean to you?
- Why Solution Focused?
  - Focuses on Solutions vs. the problem
  - Assumes the client/family is the expert on the situation
  - Helps create a partnership vs. a power struggle
  - A Question can be an intervention

Solution Focused Engagement Skills, cont.

- Examples of Solution Focused Questions:
  - Exception Questions
  - Scaling Questions
  - Coping Questions
  - Preferred Future Questions
  - Relationship Questions

Next Steps

- What would it take to implement Differential Response?
  - What are the pro's and con's of a pilot versus legislative steps?
- Continue to engage with counties across Colorado to further discuss the APS practice model
- Work to engage with State APS staff to partner on a DR model for Colorado
- Continue to explore other models and practices in other locations throughout the United States.
  - Would other States be interested in a DR model?
  - What are other States doing?

Christen Mason: cmason@arapahoegov.com

Lori Metz: metzl@co.larimer.co.us