



Elder Justice Innovation Grants

**Helping Individuals Transition from
APS to Longer-term Community-Based Supports**

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Administration for Community Living, Office of Elder Justice and Adult
Protective Services

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ACL's Vision for Elder Justice

A comprehensive, multidisciplinary approach that effectively supports older adults and adults with disabilities so they can exercise their right to live where they choose, with the people they choose, and fully participate in their communities without threat of abuse, neglect, or financial exploitation.

ACL's Elder Justice Portfolio

Legal Services

- Title III-B
- National Center for Law & Elder Rights
- Legal Assistance Enhancement Program

Income Security

- Pension Counseling Projects
- National Pension Assistance Resource Center

APS

- State Grants to Enhance APS
- Voluntary Consensus Guidelines for APS
- NAMRS
- National APS Resource Center
- Formula Grants

LTCOP

- Office of the Nat'l LTC Ombudsman
- LTC Ombudsman Resource Center

NORS

Elder Abuse

- Title VII
- EJ Innovation Grants
- Late Life Domestic Violence
- Elder Abuse Prevention Grants
- NCEA
- World Elder Abuse Awareness Day

Setting a Context

ELDER JUSTICE INVESTMENTS

- EJCC
- OAA Title VII
- NCEA
- EJ Innovation Grants
- OEJAPS
- NAMRS
- State APS Grants
- APS Resource Center
- APS Guidelines

Today

ACL
Leadership in
Federal Elder
Justice Efforts

Tomorrow

- National Data on APS
- Recommended Program Standards
- Recommended Practice Models
- Technical Assistance for APS programs
- Seamless Partnership with Aging & Disability Services
- Evidence-Based Interventions

Elder Justice Innovation Grants - 2021

Want to Talk more?
Have Questions?

Email us at aps@acl.hhs.gov

Thank you!

Developing and Testing an APS Care Management Program for Caretaker Neglect (Grant No. 90EJIG0020-01-00)

Elder Justice Elder Justice Innovation
Grants 2021

Project Partners

- Benjamin Rose Institute on Aging
- Utah Adult Protective Services (APS)
- Utah Association of Area Agencies on Aging (U4A)
- JUMP Technology Services



Why Focus on Caretaker Neglect?

- **Second highest type of adult maltreatment reported to Utah APS and nationally (McGee & Urban, 2020)**
- Research indicates caretaker neglect can be related to multiple factors such as:
 - Individuals (e.g., dementia; mental health; poverty)
 - Caregivers (frailty; stress and burden)
 - Environment (lack of services and resources)
- Can be unintentional or intentional

Project Goals

1) Developing a Post-APS Intervention:

Offer case management to clients with an allegation of caretaker neglect *after APS closes a case*

2) Evaluation – Examine Whether:

i) Prevents reoccurrence/s of client maltreatment

ii) Improves alleged client & perpetrator outcomes.



Target Population

- Clients:

- Those who are reported to UT APS for caretaker neglect;
- Can have other types of maltreatment going on (poly-victimization)

- Perpetrators:

- Informal caretakers such as family and friends

Utah Adult Protective Services (APS)



- Clients:
 - Vulnerable adults (18-64 years old)
 - Older adults (65+ years old)
- Those with a significant physical or mental impairment that impairs their ability to care for themselves
- Utah is a mandatory reporting state
- APS focuses on investigations & short-term interventions to address protective needs

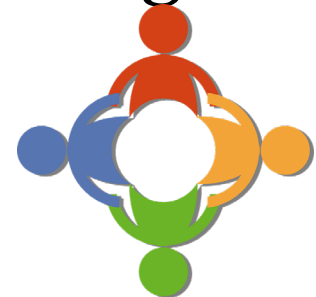
Definition of Caretaker Neglect (UT)

“the failure of the caretaker to provide necessary care including nutrition, clothing, shelter, supervision, personal care, or dental, medical or other health care for a vulnerable adult”

Utah Human Services Code § 62A-3-301

Description of the Intervention

- APS care coordinators will:
 - Provide long-term case management after APS case closure
 - Work closely with:
 - Local AAA – 12 in Utah operating in all 29 counties
 - Other home-and community-based agencies including disability providers



Examples of Supportive Programs & Services

In response to...

Offer....

Food Insecurity → Home Delivered Meals

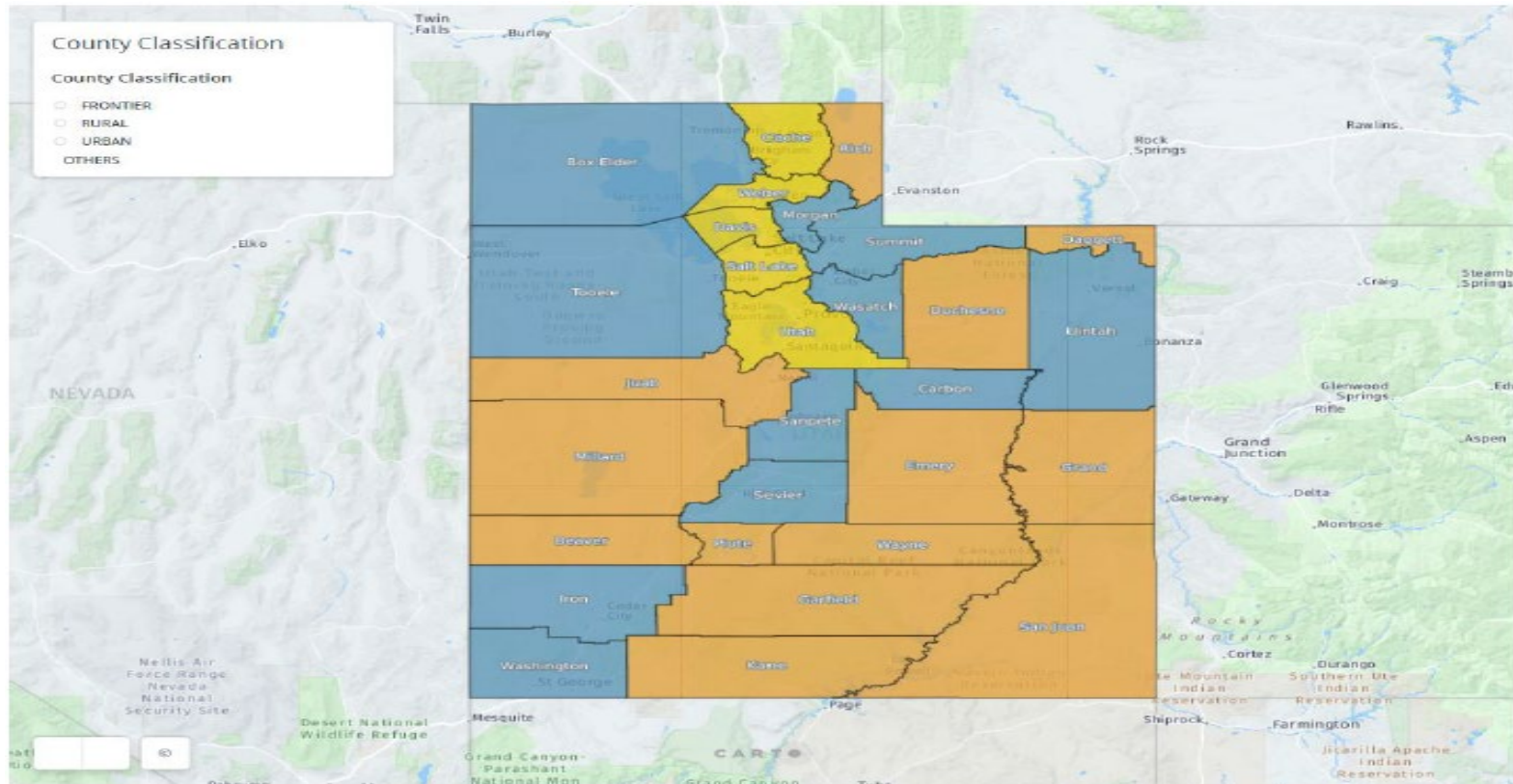
Social Isolation → Senior Center

Anxiety → Counseling Services

Caretaker Stress → Caregiving resources

Study Site: Statewide – 29 Counties

Telephone-Based Intervention




From: Utah Department of Health, Office of Primary Care & Rural Health. (2018). *County Classifications Map* [Map]. <https://ruralhealth.health.utah.gov/portal/county-classifications-map/>

New Hires and their Training

- 2 Research Assistants
 - Benjamin Rose will train staff on data collection protocols
- 2 New APS post-case closure care coordinators
 - Development of a training manual on caretaker neglect, which will include:
 - Training on care coordination/ case management
 - Available community-based services and resources **in each of the 12 AAA regions**
 - Information on culturally appropriate services
 - Barriers to service utilization (individual-level and service-level)
 - The manual can be used by other programs throughout Utah and adapted nationally

Evaluation – Study Design

- After APS closes a case of caretaker neglect:
Clients randomized into intervention & control group
 - Gold standard 
- Intervention group: 4-month case management
- Control group: ‘usual care’ - i.e., no follow-up after case closure (unless it’s another/new referral to APS)

Interviews: After APS Case Closure

Intervention

- 1) Baseline Interview + Service Planning
- 2) Touchbase 1 (30 days)
- 3) Touchbase 2 (75 days)
- 4) Posttest + Future Service Planning

Control

- 1) Baseline Interview
- 2) Posttest

USUAL CARE



4 MONTHS

Study Interviews Over the Phone

- Conducted by trained research assistants and APS Care Coordinators
- Gift cards to alleged clients (not perpetrators) – Benjamin Rose
- Expected response rate = 30%
- On-going fidelity monitoring of data collection - Benjamin Rose



Tracking Client & Perpetrator Outcomes in APS Database (Developed by JUMP)

Short Term: **APS Administrative Data**

- Result of APS Investigative Process (generally 30 - 45 days)



Long Term: **Study Interview Data**

- Result of case management with both clients and caretakers
- 4-month period
- Measures guided by adapting the Stress Process Model of family caregiving to APS (Caretaker Neglect)

Examples of Client Outcomes:

- Social isolation
- Loneliness
- Health and nutrition
- Services referred, refused, & used
- Needs addressed
- Re-occurrence of abuse

Examples of Perpetrator Outcomes:

- Reduction in caretaker stress, burden
- Services referred, refused, & used
- Needs addressed
- Re-occurrence of abuse

Partner Feedback: Acceptability & Feasibility

- Virtual Focus Groups
- Key stakeholders
 - Senior Executives of APS
 - APS Program Administrators
 - AAA staff from U4A
 - Other community-based organizations
- Examine perceptions of success, barriers experienced, and lessons learned
- Develop plan for sustainability



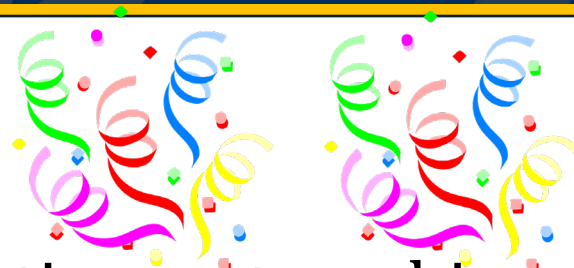
Funding for Sustainability

- If proven successful, UT APS plans to go to legislature to sustain the APS long-term care coordinator positions

Dissemination in collaboration with APS

- NAPSA and other professional conferences
- Peer reviewed journal articles
- Interviews by local and national media outlets

Anticipated Successes



- Developing important, collaborative partnerships with Utah APS, U4A, and Benjamin Rose
- Creating a training on caretaker neglect that can be used by APS staff statewide; and adapted by other states
- Using standardized measures and outcomes to determine success by APS & reduce recurrence of abuse
- Entering standardized assessments in APS administrative database
- Contributing to the field of adult maltreatment

Pathways to Safety for At-Risk Adults Experiencing Abuse, Neglect, and Exploitation: Bridges from Adult Protective Services to Community-Based Services

Pi-Ju (Marian) Liu, Ph.D. & Zachary Hass , Ph.D.
Purdue University

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ISO MATRIX
Identification + Services + Outcomes
Matrix for Adult Protective Services

Research Team



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Contents



01 Backgrounds

02 Approach and expected outcomes

03 Project impact

01

Background

Adult Protective Services (APS)

Reception and investigation of abuse

Assessment of service needs

Coordination of services

Montana APS in 2020,

4,470 investigations

7,000+ allegations

227 protective service plans

A photograph of a person sitting on a light-colored couch with their hands clasped in their lap. They are wearing a light-colored sweater and dark pants. In the foreground, another person is partially visible, holding a clipboard and a pen, suggesting an interview or consultation. The background is slightly blurred, showing a potted plant and a glass coffee table.

The problems

Disconnections between APS and other service providers

High recurrence rate

Lack of follow-up

Innovation

APS case monitor

- ✓ Inspired by intensive case management
- ✓ Check in with at-risk adults until community-based service providers are able to take the case
- ✓ Ensure service delivery after referrals are made
- ✓ Prevent service vacuum



Project Goal

Promote “pathways to safety” for at-risk adults served by Montana APS and community-based service providers through a new unit of APS case monitor.

1. Understand how community-based service providers work with APS to support at-risk adults living safely and independently in the community.
2. Identify community-based services that mitigate abuse, improve at-risk adults’ mental and physical health, and sustain their functional status.
3. Facilitate community-based services that prevent recurrent abuse.





Montana

- Fourth largest state in land area
- Third least densely populated state of the 50 U.S. states
- Will be one of ten states in the country to have more people over the age of 65 than under the age of 18 by 2030
- On pace to rank third in elder population by 2030

The special target population

- At-risk adults living in rural/frontier areas
- Native Americans

Alaska

Hawaii

02

Approach and Expected Outcomes

Objective 1 – Understand

Objective: Understand how community-based service providers work with APS to support at-risk adults living safely and independently in the community

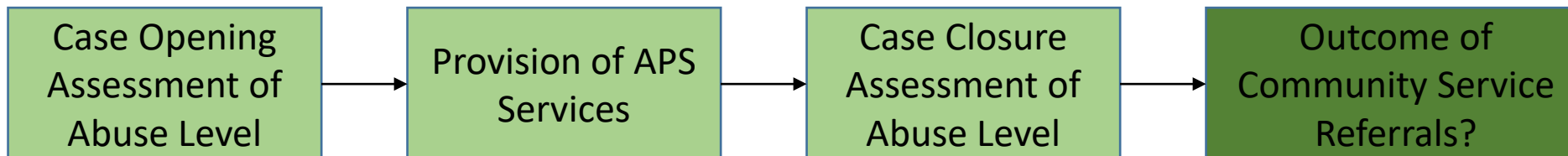
Activities: Form Advisory Group (Meetings and Interviews)
Stakeholders representing aging, addiction and mental health, developmental disabilities, quality assurance, Native American leadership, and guardianship

Output: Collaboration lessons learned, Podcast
Understanding the roles, Service provider strategies, preferred collaboration style, barriers and challenges

Objective 2 - Identify

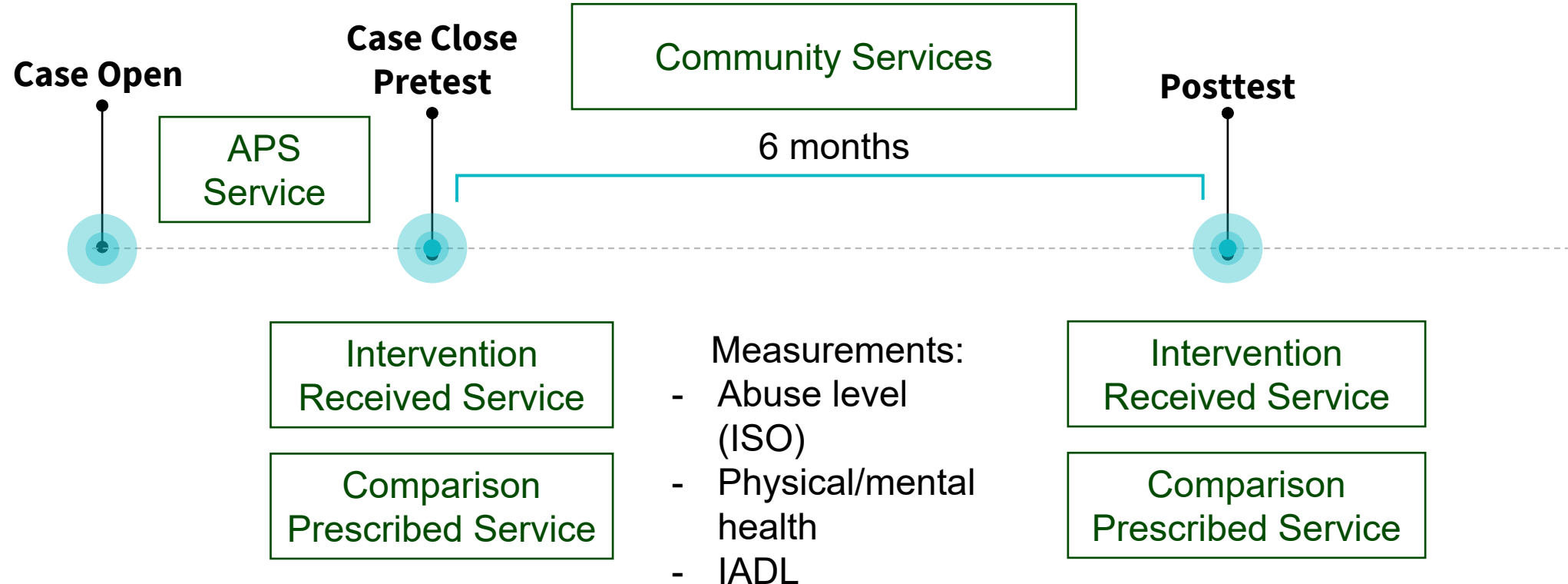
Objective: Identify community-based services that mitigate abuse, improve at-risk adults' mental and physical health, and sustain their functional status

Background: Past work aimed at integrating standardized abuse level assessment into practice (aid in facilitating investigation while providing meaningful data for *research* analysis)

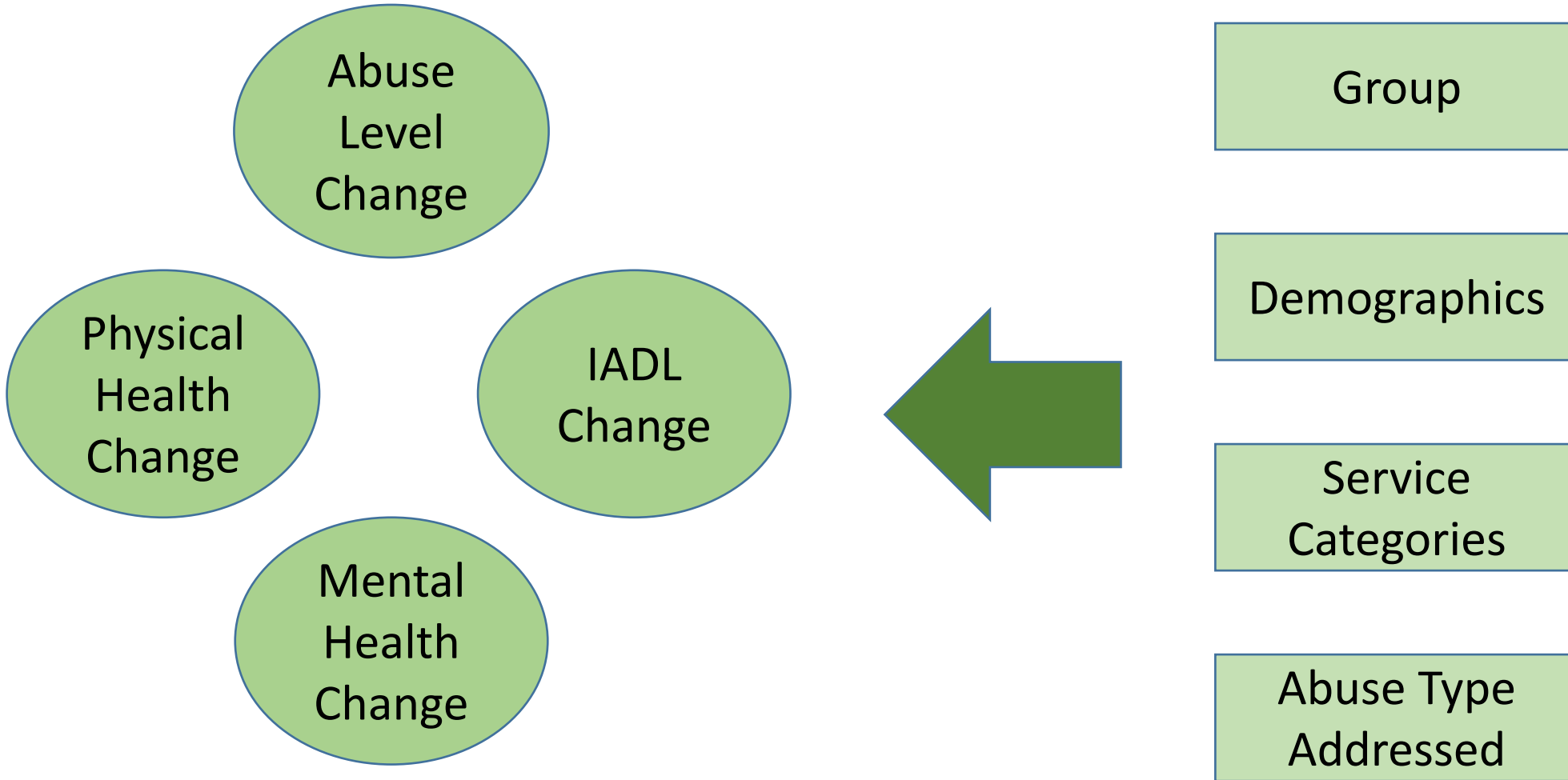


Objective 2: Community Follow Up

A pretest-posttest non-equivalent groups quasi-experimental design:



Objective 2 – Analysis



Objective 3 – Facilitate

Objective: Facilitate community-based services that prevent recurrent abuse.

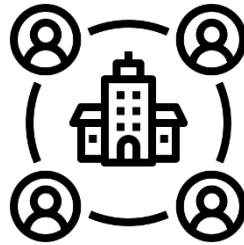
Activities: Consult with APS and advisory group members. Interview repeat APS clients. Analyze data for variables that predict recurrence.

Output: Identify services that help prevent recurrence. Capture service difficulties that may lead to recurrence.

Potential Pitfalls and Solution



APS Buy-In



**Community-Based Service
Providers and At-Risk
Adults' Buy-In**



**Repeat APS Client's
Representation**

03

Project Impact

Potential Impact

01

Testing service effects through the case monitor model

With the implementation of the proposed project to use the case monitor model to ensure service referrals are provided and to improve longer-term outcomes data collection, Montana APS will be the first in the country to test the effects service referrals make on at-risk adults' lives.

02

Resources distribution

Understanding services that effectively alleviate abuse and needed services will allow APS to deploy their scarce resources strategically to protect more at-risk adults and work with community-based service providers to strengthen the networks in providing additional services to at-risk adults.

03

Nationally applicable findings

Montana APS is not the only APS program interested in this model. APS programs would like to know how their clients benefit from their services long-term, beyond case closure.

Dissemination Plan

Potential channels

- Academic manuscripts and journals
- Conferences
- Podcasts



Thank you!

Contact Marian: marianliu@purdue.edu

Visit website: iso-matrix.info

Special Thanks to...

Michael Hagenlock & Trevor Tangen





The Harry and Jeanette
Weinberg Center for Elder Justice
AT THE HEBREW HOME AT RIVERDALE

We are pioneers of safe shelter for people who experience elder abuse. It is our mission to champion justice and dignity for older adults

SHELTER IMPACT: FROM APS TO COMMUNITY

Joy Solomon, Esq. Director and Managing Attorney; Principal Investigator

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Mildred Ramirez, PhD Associate Director, Research Division (HHAR)

Elder Abuse Shelters Are Critical

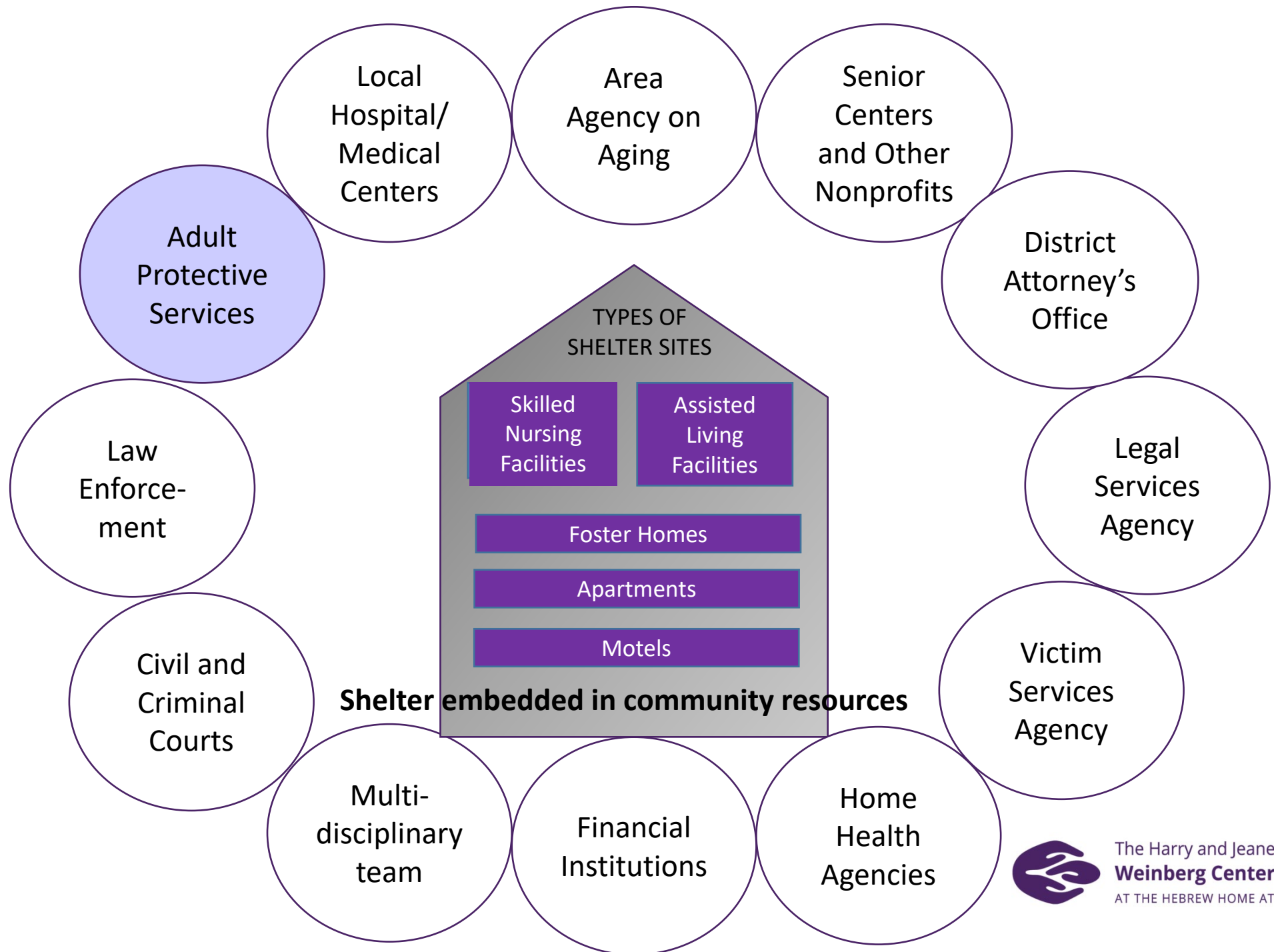
- Almost 10% (5 million) of older adults in the United States experience emotional, physical or sexual abuse and neglect every year
 - Adult Protective Agencies indicate an increasing trend in elder abuse, predicted to increase as the nation ages
- Family members and caregivers are the most commonly identified perpetrators of elder abuse. People who experience elder abuse:
 - could be at risk in their own homes and are often isolated and unsupported, *but* emergency housing/shelter that is responsive to older adults' unique needs is not routinely provided or evaluated
- The goal of this ACL-supported work is to assess and document the potential utility and effectiveness of elder abuse shelter models for vulnerable older adults experiencing elder abuse; the information collected will be used to inform recommendations for future research, policy and practice

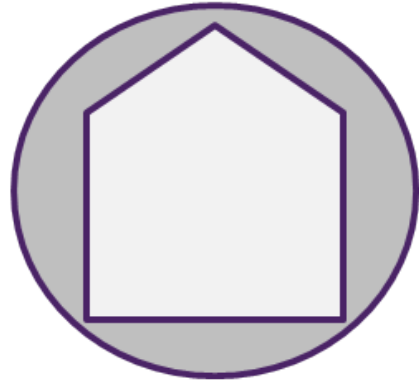


Elder Abuse Shelter Model

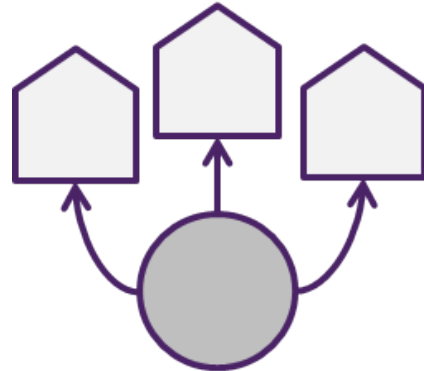
- Differs from traditional emergency shelter programs
- In addition to providing safe housing, holistic victim-centered services are coordinated and delivered by a multidisciplinary team of shelter and/or community-based professionals
 - Immediate medical, functional, social and cognitive needs are addressed
 - The potential for recidivism is mitigated by:
 - addressing targeted issues associated with abuse (legal, financial, housing)
 - connecting victims with community-based services
 - The potential for sustainability and effectiveness is improved by utilization of community-engaged programming responsive to community needs and resources







Model 1: Shelter program affiliated with a single long-term care facility



Model 2: External shelter program that coordinates placement at various housing sites

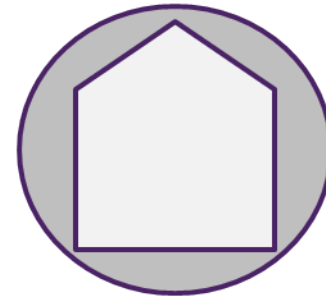


Model 3: Other combinations of shelter solutions and supports



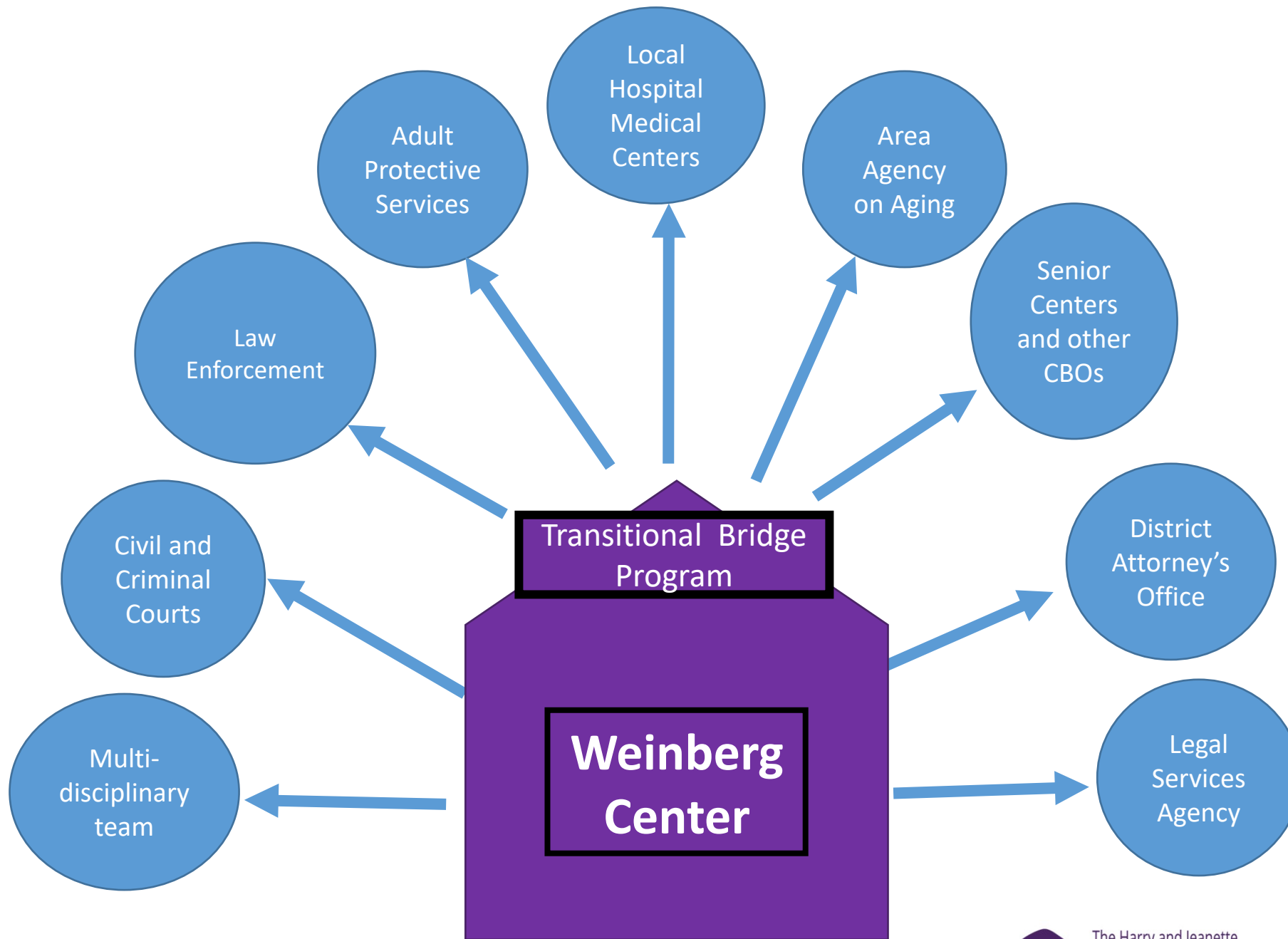
The Weinberg Center for Elder Justice

- The nation's first elder abuse shelter
 - Established in 2005
 - Integrated into the campus of the Hebrew Home at Riverdale, a 500 bed skilled nursing facility in Bronx, NY
 - Flexible, low-cost model with high potential for sustainability



Model 1: Shelter program affiliated with a single long-term care facility





“A network of regional elder abuse shelters and other similar service models with close working relationships, shared resources and technical assistance, common standards of excellence and a vibrant community of support.”



We are leaders in a global network of elder abuse shelters

SPRiNGAlliance.org

Shelter Impact: From APS to Community



Project Goals

Long term goals

1. To assess the impact of shelter intervention for APS-involved older adults experiencing abuse
2. To inform the enhancement, accessibility and capacity of shelter intervention programs for APS-involved older adults experiencing abuse

Short term goal

To assess and document the potential utility and effectiveness of elder abuse shelter models for APS-involved older adults experiencing elder abuse



Project Objectives

Use a community-participatory model to:

1. Assess and document the utility, appropriateness and effectiveness of shelter programs; two units of analysis:
 - a. Community level
 - b. Individual (older adult) level
2. Develop recommendations for future research, policy, practice and program development and implementation

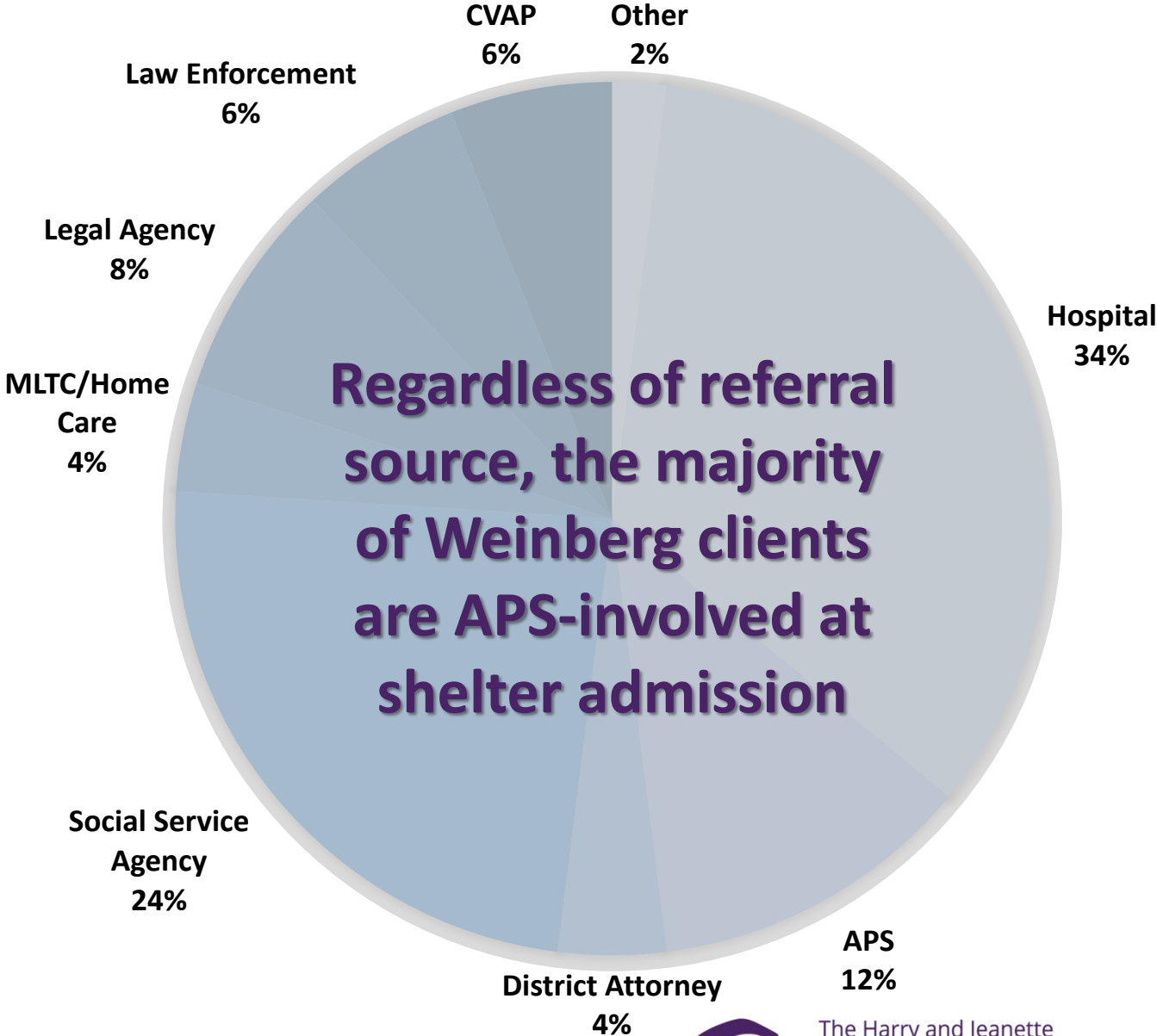


Project Aims

1. Conduct process evaluation of six elder abuse shelter programs
2. Conduct an outcomes evaluation in APS- involved older adults
3. Use the information collected in 1 and 2 to develop dissemination products to:
 - a. Describe how shelter benefits consumers
 - b. Inform best practices and recommendations for policy research and practice
 - c. Inform mechanisms to strengthen relationships between APS and shelter intervention programs



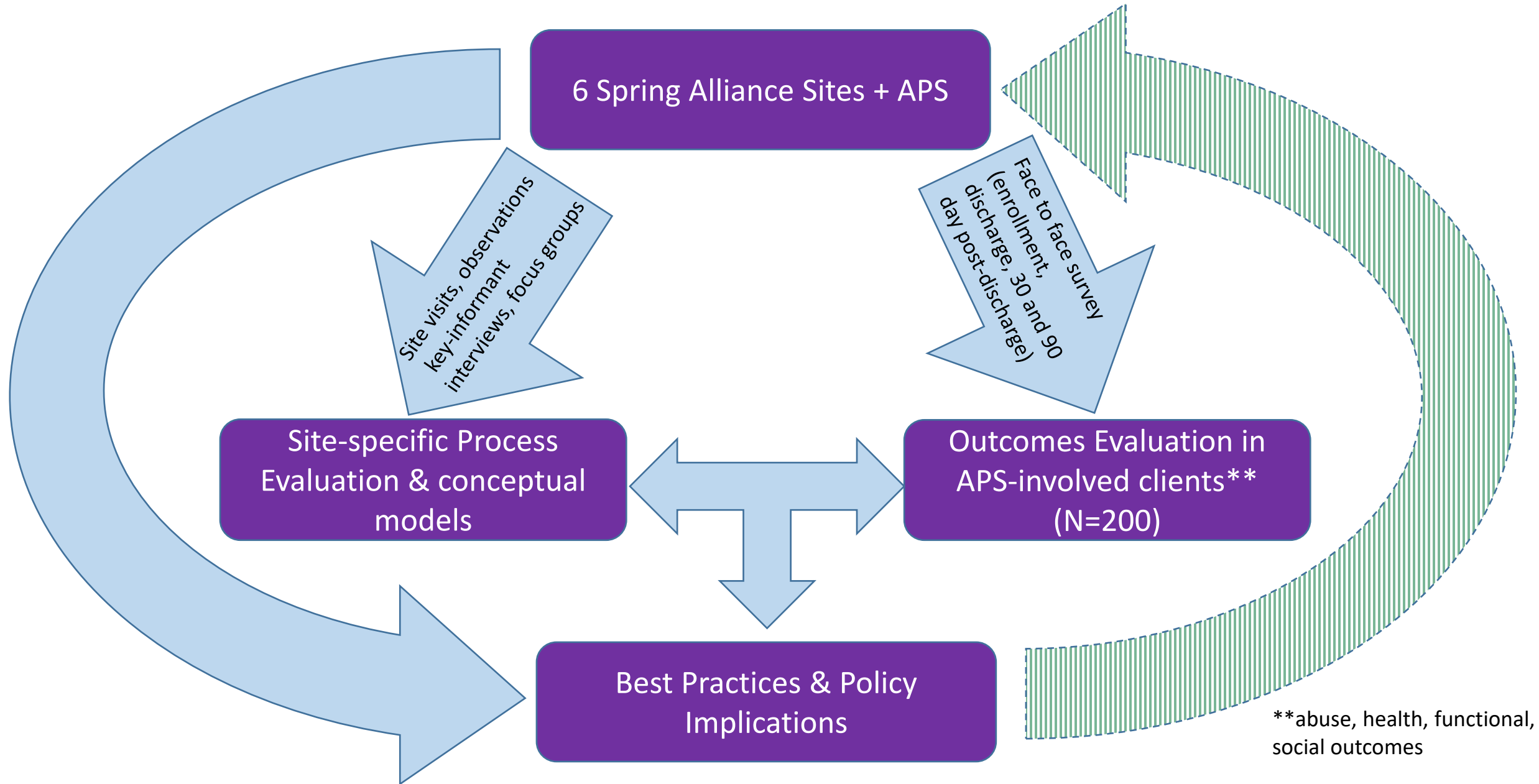
2020 Referrals



Regardless of referral source, the majority of Weinberg clients are APS-involved at shelter admission



Mixed-methods Approach



Considerations

- Systematic assessment of a community-based intervention that provides safety, victim-centered services and sustained linkages to community-based services for older adults experiencing abuse
- Community-participatory approach incorporating six programs and their APS partners
 - Diverse voices, needs and resources will inform best practices and future policy, research, practice and funding initiatives
 - Fiscal and time constraints may dilute potential effects (sample size, site differences)
- Future directions:
 - Outcomes assessment with comparison group/quasi experimental design