

Promising Practices Spotlight: Colorado

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APS Technical Assistance Resource Center

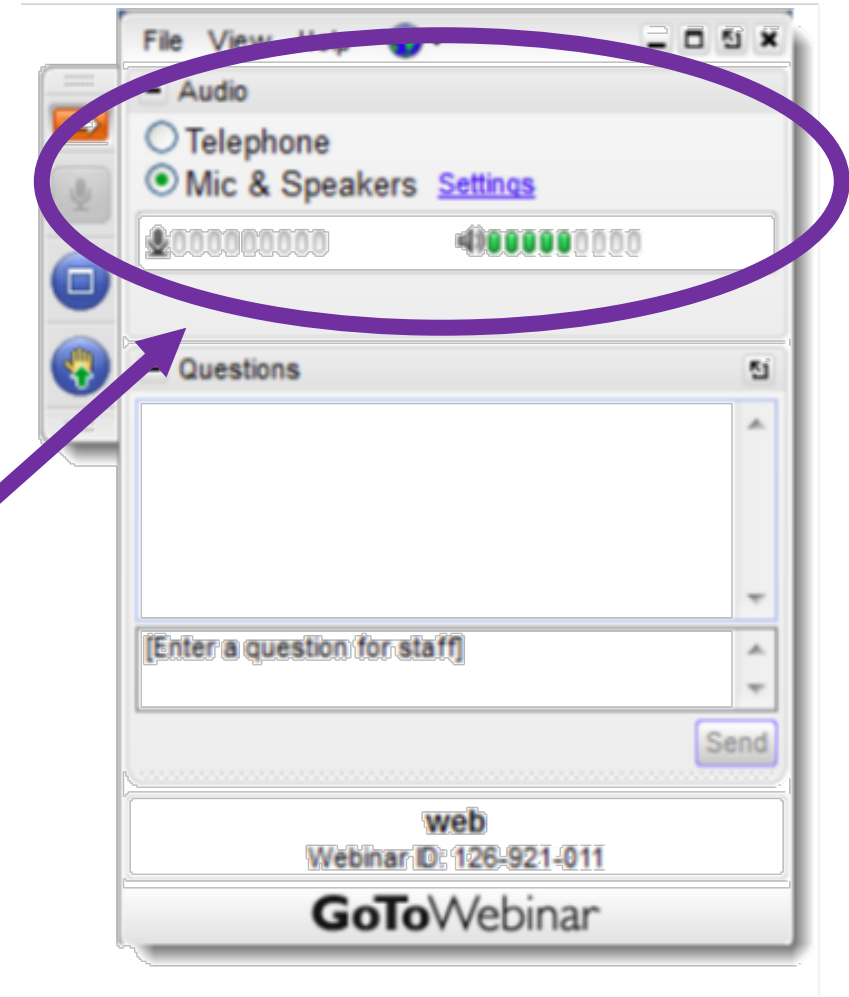
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Contact info displayed at the conclusion of our webinar.

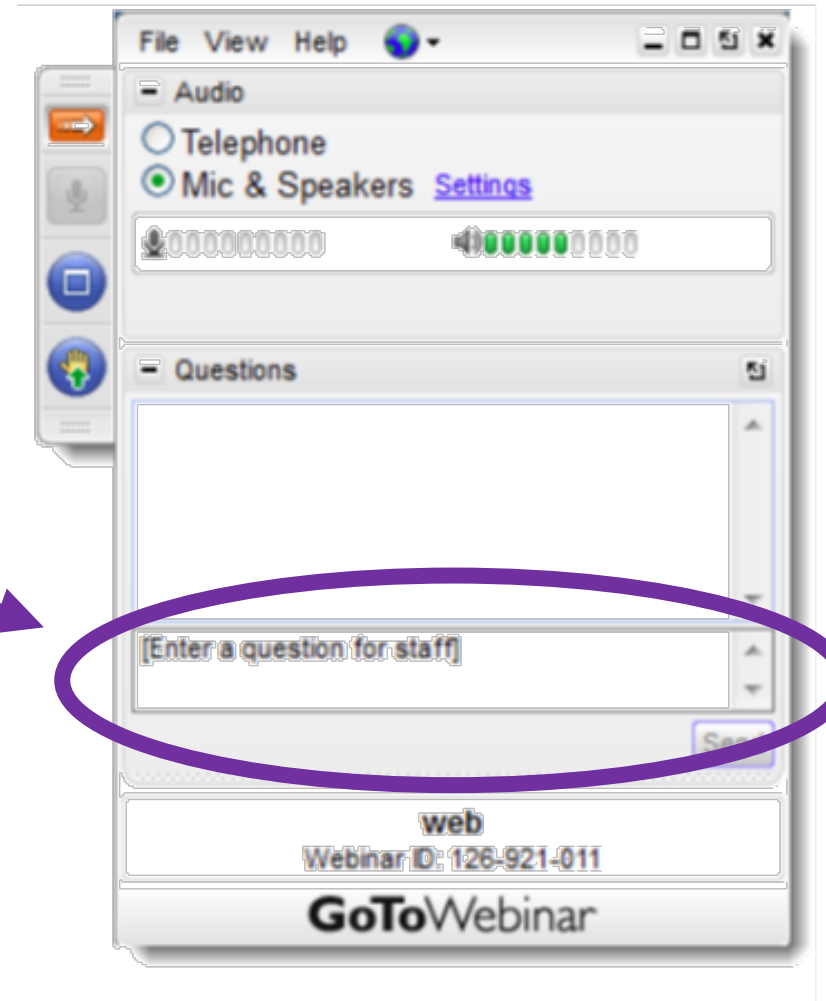
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Housekeeping

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About our Speaker

Peg Rogers

*Manager, Adult Mistreatment Prevention and Response Section
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Peggy Rogers is the Adult Mistreatment Prevention and Response Section with the Colorado Department of Human Services, which houses the Adult Protective Services (APS) program and the CAPS Check Unit (CCU). As manager she supervised the implementation of Colorado's first mandatory reporting laws in 2014 and 2016; oversaw the design and implementation of Colorado's first comprehensive state-wide case management and data system (CAPS) in 2014; developed statewide quality assurance activities in 2015; and implemented a new pre-employment background check requirement of the CAPS system ("registry") in 2018.



State System Overview

- Colorado is a state supervised, county-administered system
- Geographical notes
 - Rural - plains and Western Slope
 - Urban
 - Mountain Resort
- Population served
 - “At-risk” Adults, age 18 and older
 - Investigate in facilities and community
- Staff
 - 8 state APS staff
 - 5 state APS “registry” staff
 - ≈ 450 county APS staff

Grant Objectives Overview

- Colorado had designed and built a new data and case management system (CAPS...for Colorado APS) that went live in July 2014
- Colorado APS wanted to complete two objectives with the ACL grant:
 - Improve Intake
 - Validate Client Assessment Tool

Intake Overview

- Intake
 - Improve the information received from reporter
 - Receive information related specifically to the mistreatment type
 - Receive clearer information to help determine “at-risk adult” standard
- Goals
 - Focus limited staff resources on reports that met criteria for intervention
 - Help ensure at-risk adults that need APS assistance receives that help
- Anticipated product
 - Improved, interactive Intake functionality in CAPS

Intake

One item from either checkbox subsection must be marked to save the Physical Abuse allegation

Physical Abuse 6a

Please complete the highlighted sections below

Are there any current injuries? (Check all that apply)

- Broken Bones
- Bruises
- Cuts
- Scratches
- Visible Marks/Injuries

Has the adult experienced any of the following? (Check all that apply)

- Fear as a result of actions by the person ?
- Inappropriate confinement ?
- Inappropriate restraint ?
- Pain as a result of action by the person ?

Intake

Check item from either checkbox subsection must be marked

Condition

Does the adult have any medical, cognitive or physical disabilities or deficits?

Yes

The adult has or shows signs of (check all that apply):

<input type="checkbox"/> Decision-making\ understanding deficits	<input type="checkbox"/> Medial conditions
<input type="checkbox"/> Memory-deficits	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Physical conditions	<input type="checkbox"/> Substance abuse

Has the condition been diagnosed?

--None--

What is the diagnosis and what are the details of the condition(s)?

The condition(s) causes the adult to (check all that apply):

<input type="checkbox"/> Have aggressive behavior	<input type="checkbox"/> Have self-injurious behavior
<input type="checkbox"/> Impact ability to communicate	<input type="checkbox"/> Memory problems
<input type="checkbox"/> Be unable to self protect ?	<input type="checkbox"/> Wander
<input type="checkbox"/> Unknown	<input type="checkbox"/> None

The condition(s) causes the adult to be unable to manage (check all that apply):

<input type="checkbox"/> ADL's (toileting, bathing, hygiene, etc)	<input type="checkbox"/> Bills\finances
<input type="checkbox"/> Healthcare/medical needs	<input type="checkbox"/> IADL's (cleaning, laundry, cooking, etc)
<input type="checkbox"/> Unknown	<input type="checkbox"/> None

Conditions Additional Details

Assessment Tool Overview

- Assessment Tool
 - Tool was similar to other state tools
 - A couple key differences
 - Assessment calculates two scores for each client: a risk score and a safety score
 - Risk and safety are calculated on each status area as well as on the assessment as a whole
 - Provides a quantitative measure of the impact of APS intervention
- Goals
 - Validate the assessment tool so that the data can be used for future outcome measures and analysis
- Anticipated product
 - Improved and validated client assessment tool

Process: Pre-Grant Planning

- Pre-planning Saved Us
- Division of work
 - APS program (policy) specialists
 - APS program manager
 - Researcher
 - CAPS vendor
- Speed Counts!
 - Limited time to complete the application process
 - Rush those normally slow-moving bureaucratic processes
 - Executive Management and Governor's Office approval to apply
 - Gathering all needed application documents

Collaboration

- Key Collaborative Stakeholders
 - County APS programs
 - Assist in design of new intake
 - Assist in validation study of assessment tool
 - Dr. Leslie Hasche, Ph.D. (researcher)
 - Design and conduct the study
 - Analyze data
 - Identify needed changes
 - Repeat
 - Vertiba, Inc. (CAPS vendor)
 - Build the new intake
 - Build the new assessment tool
 - Repeat

Anticipated Challenges

- Training
 - All CAPS users needed to be trained on the new intake
 - All caseworkers and supervisors needed to be trained on the new assessment tool
- Strategies
 - Addressed the upcoming changes through usual communication avenues
 - Weekly Update email
 - Quarterly Training Meetings
 - Developed a MANDATORY live webinar training with multiple sessions for the intake
 - Developed a MANDATORY live webinar training with multiple sessions for the assessment
 - Updated new CAPS user training and Training Academy for new caseworkers/supervisors
 - Provided one-on-one training, as needed, in-county

Anticipated Challenges: Intake Training

“Script” for the Webinar

Intake

- Moved: Worker Safety & At-Risk Population → Allegations tab; County-Held → Support Network tab.
- Check boxes replacing picklists (if select multiple: shows #, hover for more/ on detail page).
- Client Home: Homeless (Community) vs. Homeless Shelter (Facility) **4/20/2016 Weekly Update.**

Allegations

- “What is the Concern You Want to Report?” replacing: “Explain How Client is Being Mistreated” and “What Prompted the Call Today?”
- Still have expandable fields.
- Use Help Text (if hover does not work, click).
- Mistreatment Categories (select all that apply).
 - Auto-populate/displays – select multiple & saves data if re-select.
 - Wait for “**Recalculating.**”
 - Go through each example → tell workers to ask RP about each item/address all.
 - Physical/Sexual Abuse: “Were there any witnesses?” → Support Network.
 - No bruises, etc.? → “Fear as a result...” or “Pain as a result...”
 - No Mistreatment → cannot select with another mistreatment.
- Condition: “Does the adult have any medical, cognitive or physical disabilities or deficits?”
 - “Yes” → Answer the following questions.
- At-Risk Population
- Worker Safety → “Yes” → see list.
- Actions Taken: Non-APS interventions → what RP has tried or knows about.
 - “What would be helpful/improve the situation?” → know who talking to.
- Emergency/Immediate Harm

Reporting Party

- Relationship options have changed → sent out in **4/20/2016 Weekly Update.**

Our Standard Tip Sheet

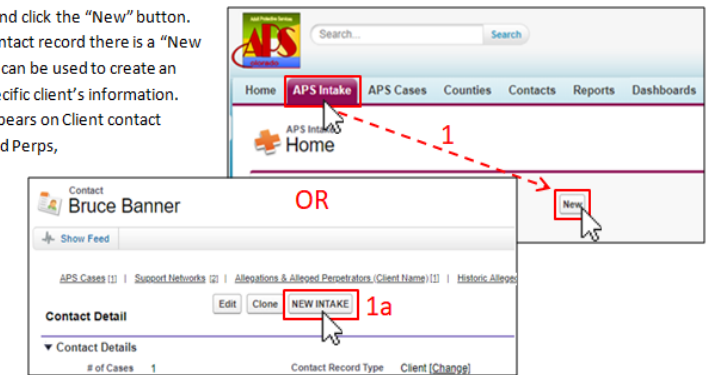
Tip Sheet: Intake Entering a New Intake



The intake can only be saved once all the required fields are filled out. You will be able to move between the tabs within the intake, but do not leave the intake for any reason. Also, the system will timeout after 15 minutes of inactivity. When you return, the intake may appear to still be active, but upon attempting to save, you will get an error message and the intake will be lost. Prior to being logged out, a pop-up window will appear, which you can click “Continue Working” to keep the session active. For an example of a quality intake with the narrative fields filled out, reference the [Quality Intake Example tip sheet.](#)

Creating an Intake

1. Click on the APS Intake tab and click the “New” button.
 - a. Note, on a client contact record there is a “New Intake” button that can be used to create an intake with that specific client’s information.
 - This button only appears on Client contact records, not Alleged Perps, Support Networks, or Reporting Parties.
- Note: all intake tabs are located at both the top and bottom of the intake.



Client Info

1. Always check if there is an existing contact by using the lookup field.
 - a. Enter the name and then click the magnifying glass; this will open a pop-up search window.



Tip sheets are available for download under “handouts.”

Anticipated Challenges

- Culture Change
 - Tool was changed, both in structure and in the factors
 - Less redundancy
 - Clearer explanations of what the factors are measuring
 - New status areas created better organization
 - New functionality created time-saving efficiencies

Factor	Hover Help Text
Cognition	This section captures the client's cognitive ability to independently manage the various factors. "No Impact" in this area means there are no cognitive deficits and the client is able to complete the factor independently.
Requires Prompting	Minor - Client needs occasional reminders to remember to complete tasks (med minder, family support, etc.). Significant - Client needs consistent/multiple prompts to complete ADLs/IADLs or other tasks (home care, group/host home, assisted living, etc.).
Communicating Ideas and Thoughts	Minor - Client can communicate needs and simple ideas but has difficulty formulating complex thoughts/ideas (simplify language, etc.) Significant - Client is unable to communicate needs or formulate simple or complex thoughts/ideas (decision maker, etc.)

Tip sheets are available for download under “handouts.”

Anticipated Challenges

Case Plan Detail		Edit	Delete
APS Case Number	[REDACTED]		
Client Name	[REDACTED]		
Client Consent to Services	[REDACTED]		
Total Client Services Funds Amount ?	[REDACTED]		
Client's Annual Income ?	[REDACTED]		
Additional Income Information			
Significant Impact Risk Factors	Ability to Make Medical Decisions and Manage Health Care, Dental Needs, Hearing, Vision, Attends All Medical Appointments, Not Following Care Plan/Standards		
Minor Impact Risk Factors	Adequate Healthcare Coverage, Over/Under Weight, Chronic Medical Issues		
Created By	[REDACTED]	5/8/2018 10:42 AM	

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Anticipated Challenges

- Culture Change
 - Safety Improvement was added as a Department accountability measure (C-Stat)
 - APS caseworkers are required to meet a monthly safety improvement goal
 - County directors and county commissioners are be notified of this performance monthly
 - Lots of training on the assessment!
 - Webinar
 - Phone
 - In Person
 - Tip Sheets
 - New Worker
 - Including this measure with the report to the county commissioners was key to improvement

Unexpected Challenge

- County Director and Administrator Resistance
 - Assessment project began in September 2015
 - Updated Assessment Tool was deployed in December 2016
 - Continual communication with APS staff throughout the grant period
 - County Directors and administrators spoke out in the Fall 2017
- Strategies
 - Spent time in meetings explaining the validation study
 - Set up a meeting with the directors and administrators with Dr. Hasche
 - Created an Evaluation Summary for distribution
 - Provided the Final Report to the group

Successes

- Improved intake
- Validated and improved assessment tool
- On time, on budget
- Aspects that contributed to success
 - Stakeholder input and communication
 - Improved user experience
 - Experienced researcher
 - Great system vendor
- Measureable Outcomes
 - C-stat

Lessons Learned

- A grant project of this scope is time consuming!
- Remind APS staff to inform their bosses
- APS and the PAC structure needed reform
- Not able to use the assessment tool data fully, yet

Questions?



Contact Us

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