

APSTARC

Adult Protective Services Technical Assistance Resource Center

enhancing
effectiveness of
APS programs

Promising Practices Spotlight: Quality Assurance in Hawaii September 17, 2019



Disclaimer

The National Adult Maltreatment Reporting System and the Adult Protective Services Technical Resource Center is a project (HHSP 233201500042I) of the U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services, administered by the WRMA, Inc. Contractor's findings, conclusions, and points of view do not necessarily represent U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services official policy.

APS Technical Assistance Resource Center

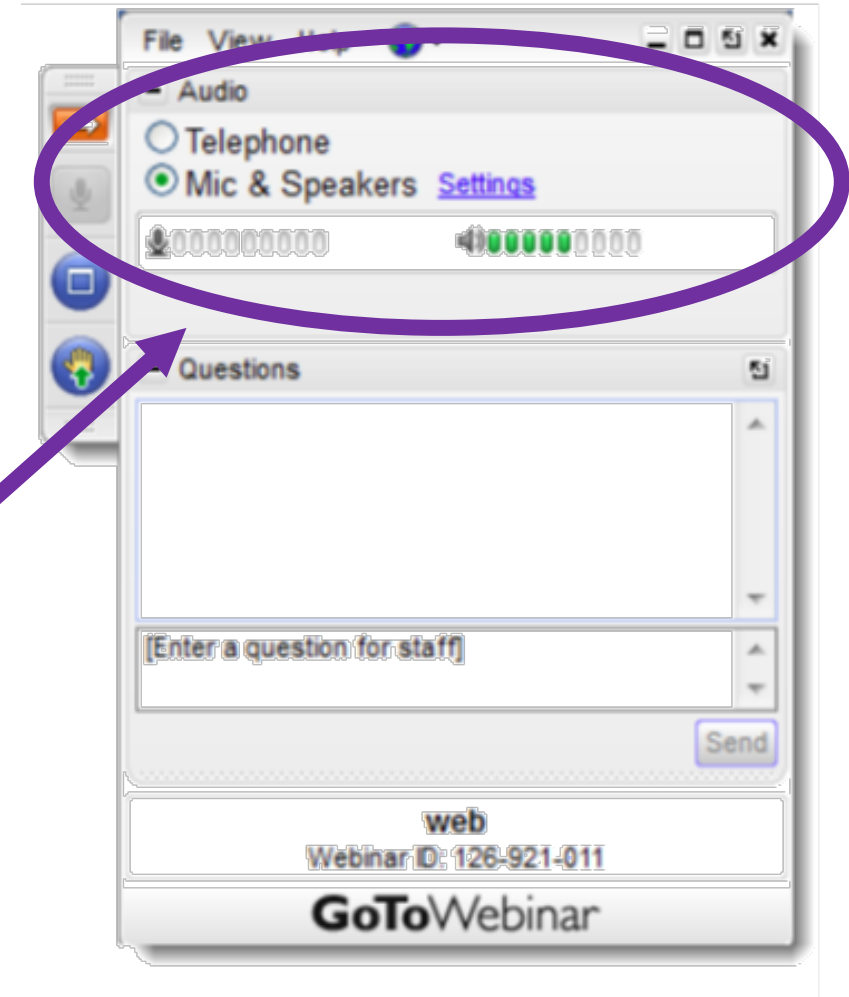
We're here to assist APS programs in any way we can!

- Contact us if you need any technical assistance
- Join our APS listserv
- More webinars coming!

Contact info displayed at the conclusion of our webinar.

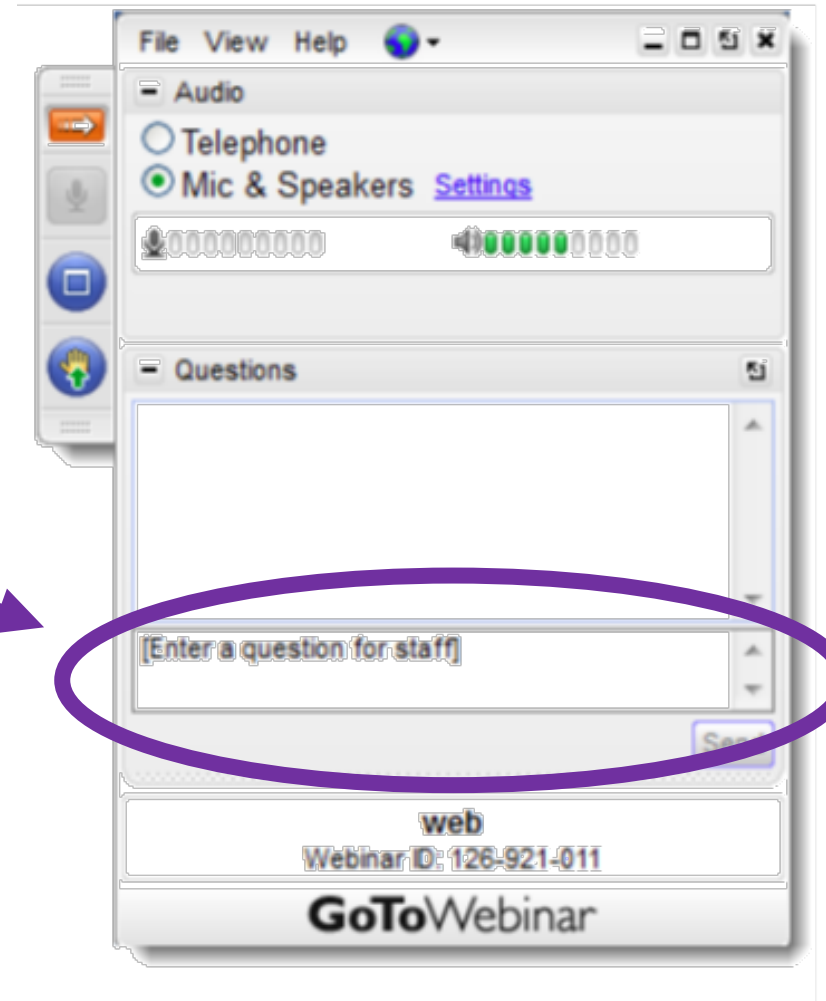
Housekeeping

- This session is being recorded and will be posted online at a later date.
- To connect to audio, please select either “Telephone” and dial the number provided or select “Mic & Speakers” to use your computer speakers.
- All participants are muted for this webinar.



Housekeeping

To ask a question or to make a comment, please use the “Questions” box on your GoToWebinar Control Panel.



Attendee Poll

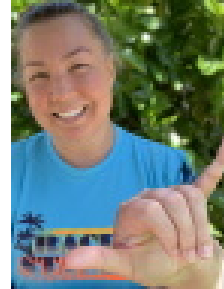
Which of the following categories do you identify the most with?

1. Adult Protective Services Professional
2. Other Social Services Professional
3. Medical Professional
4. Legal Professional
5. Other

Our Speakers



Kawika Ki'ili
Software Development Center
University of Hawaii Maui



Tammy Tom
Center on Aging
University of Hawaii at Manoa



Scott Seto
Social Services Division
Hawaii Department of Human
Services



Lori Tsuruda,
Social Services Division,
Hawaii Department of Human
Services



Donna Shitabata
Social Services Division
Hawaii Department of Human
Services

State System Overview

- Adult Protective and Community Services Branch (APCSB) / Social Services Division (SSD) / Department of Human Services (DHS)
- State administered
- 5 Sections (offices)
 - Oahu
 - Maui (includes the islands of Molokai and Lanai)
 - Kauai
 - Hawaii Island:
 - East Hawaii
 - West Hawaii



Rural and Urban: Eight Major Islands

- Urban: Oahu - City and County of Honolulu = Approximately 1 million residents
- Rural: Approximately 400,000 residents amongst the 7 remaining islands
 - Hawaii County
 - Maui County (includes Molokai and Lanai)
 - Kauai County
 - Niihau (privately owned)
 - Kahoolawe (uninhabited)



Hawaii APS Laws

- Chapter 346, Part X, Hawaii Revised Statutes (HRS) at: https://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0221.htm
- “Abuse” includes:
 - Caregiver neglect
 - Self-neglect
 - Financial exploitation
 - Physical abuse
 - Psychological abuse
 - Sexual abuse

Population Served

“Vulnerable adult” means a person 18+ who because of mental, developmental, or physical impairment, unable to:

1. Communicate or make responsible decisions to manage the person’s own care or resources;
2. Carry out or arrange for essential activities of daily living; or
3. Protect oneself from abuse

Population Served

Investigations occur in private residences and facilities.

Examples:

- Nursing facilities
- Community Care Foster Family Homes (CCFFHs)
- Adult Residential Care Homes (ARCHs)
- Work programs such as Goodwill

Staffing

Hawaii APS consists of the following types of staff:

- Supervisors / Section Administrators
- Centralized Intake Workers (Located on the Island of Oahu)
- One Auditor (Located on Oahu)
- RNs
- Investigators
- Case Managers
- Social Service Assistants
- Clerical
- Administrative staff

Disposition of Abuse

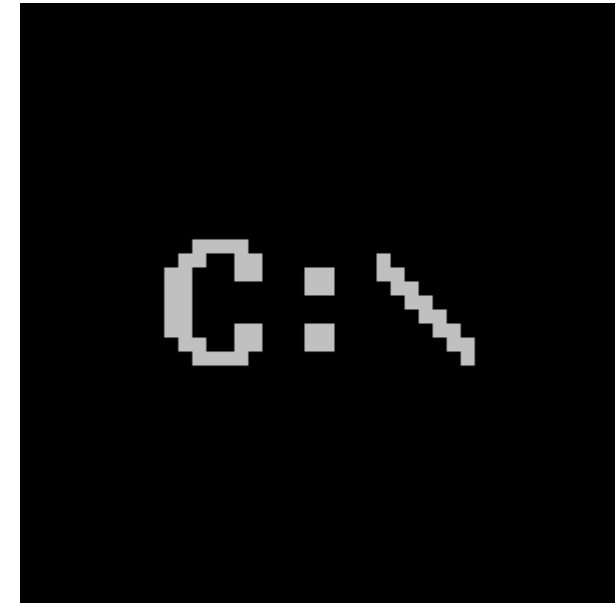
- Standard: preponderance of the evidence.
 - Set by procedure
- Confirmed
- Not confirmed

Perpetrator's Rights to Appeal

- Departmental Level: Administrative hearings
- Hawaii's court system:
 - Circuit Court
 - Appellate Court
 - Supreme Court

Hawaii APS Computer System

- Shared computer database system with Hawaii's Child Welfare Services (CWS)
- DOS-based
- 30 years old



What Led to the Need for the Project?

- **2014:** DHS contracted UH Center on Aging (UH COA) to evaluate APS and provide recommendations for restructuring.
- Focal points included:
 - Conduct environmental scan of State of Hawaii's APS Program
 - Identify gaps, areas of need, and successful components of HI APS
 - Examine local, national, and international best practices in APS

What Led to the Need for the Project?

- Areas of improvement included:
 - Centralized intake system
 - Improve data collection
 - Develop tools (Risk/safety, APS intervention)
 - Developing a standardized training curriculum

Grant Overview

- Improved data collection
- Increased use of evidence-based practices and tools
- Goals:
 - Improve investigations and victim services with a quality assurance process and tool to ensure timely and complete investigations
 - Full participation in the NAMRS data collection effort by cross walking and submitting as much equivalent Hawaii data with NAMRS' detailed, six entity Case Component data as possible

Anticipated Products

- Collection of new NAMRS data elements
- Ongoing NAMRS Case Component (XML Submission)
- Risk assessment tool to identify victim needs and track service referral and provision during APS investigations

Process

- Development and execution of contracts with participants of proposed tasks
- Establishment of departmental receipt of Federal funds and payments to participants
- Establishment of departmental fiscal accounting staff to complete and submit Federal required funding and budgeting reports
- Ongoing, close scheduled meetings to stay on schedule

Collaboration

- Scheduled and ongoing communication between former Branch Administrator, Program Development staff, and participants focused on timely and quality investigations
- Dynamic QA tool and web-based computer systems updates
- Review tools to be utilized internally and self-administered
- Strengths to be celebrated, challenges addressed

Timeline

2016

- APS / UH COA development of QA case review tool

2017

- First QA review by UH COA of Intakes and Investigations
 - Closed cases
 - 69 cases with multiple Intakes = 116 Intakes

2018-
2019

- Closed cases
- 32 Intakes with 1 type of abuse
- Used revised case and 6 abuse specific tools
- Based on new, computerized “60-day tracker”
- Documentation focus

Review Process

- **ALL** reviews used a 3-page QA Case Review Tool.
 - Based upon elements of the 60-day tracker, which captures core investigative actions and timelines.
- In **ADDITION**: An abuse-specific tool was used according to the type of abuse that was investigated.

QA Case Review Tool

Quality and timeliness of 9 key actions of “60-day Tracker”:

- ✓ AV - interviewed
- ✓ AP(s) - contacted or interviewed
- ✓ Witness/collateral contacts - contacted or interviewed
- ✓ Disposition consult with supervisor
- ✓ Disposition shared with AV
- ✓ Disposition shared with AP
- ✓ Disposition entered into computer system
- ✓ Findings entered into computer system
- ✓ Mailed notice of Disposition to AP

Live Demo

60-Day Tracker & Service Tracker
Computer Demonstration

Abuse Specific QA Tools

- Interviews
 - Who was interviewed?
- Evidence collection
 - What was gathered?



Example of the QA Tool for Self-Neglect

Adult Protective Services Quality Assurance Individual Case Review Tool

SELF NEGLECT

ATTACH TO CASE REVIEW:

Case No: _____ Intake No: _____

Client's Name: _____

Unit: _____

Reviewer: _____ Review Date: _____

A.	INTERVIEWEES	YES	NO	N/A	COMMENTS
	Were the following parties interviewed?				
1.	Physician (PCP, ER, hospital) For example, to explore: <ul style="list-style-type: none"> • Whether the AV has decisional capacity. • Do the injuries indicate self-neglect? Why or why not? • Do the injuries match explanation? Why or why not? • Are injuries result of normal aging or disease process, medications (impair skin integrity), etc.? • Are there injuries in various stages of healing? (history) • Indicators of other types of abuse? 				

Example of the QA Tool for Self-Neglect

2.	<p>Other health care providers</p> <ul style="list-style-type: none"> Example: Other physicians (psychiatrist, specialist), psychologist, therapist, etc. 				
4.	<p>Service providers to AV</p> <p>Example: Social workers, etc.</p>				
5.	<p>First responders (Police, Fire, Ambulance)</p>				
6.	<p>Other witnesses</p> <p>Example: Person who called 911; other staff, clients, family or household members; neighbors, friends, etc.</p> <ul style="list-style-type: none"> To explore, for example: Observations of AV - changes in AV presentation / behavior, concerns? 				

Example of the QA Tool for Self-Neglect

B	EVIDENCE TO CONSIDER	YES	NO	N/A	COMMENTS
	Were the following obtained?				
1.	Photos of AV / injuries ASAP upon investigation (taken or obtained).				
2.	Photos of AV's environment ASAP upon investigation (taken or obtained).				
3.	MD capacity assessment				
4.	ER / Hospital records Example: <ul style="list-style-type: none"> • History and Physicals (H &P), Admission Report, Discharge Report, MD examinations, MD and RN progress notes, MD orders, body map / diagram, X-rays, lab reports. ✓ Indications of self-neglect, other types of abuse? 				
5.	Outpatient health care records (medical / behavioral health) Example: Progress notes, medications prescribed, X-rays, labs, other diagnostic exams, photos, etc.				
6.	Police report				
	SECTION B: TOTAL				

Next Steps

- Continued use and revision of QA Case Tool and abuse specific Tools
- Use QA tools to develop practical investigation tools for staff
 - Convene Focus Group discussions with staff
 - Identify and develop essential abuse specific questions
 - Develop guidelines to analyze what is significant about the evidence gathered

Challenges/Barriers

Anticipated challenges and how were they handled?

- Identified entities who could actively participate in achieving grant goals
- Open and honest discussion with participants to identify problems and solutions

Unexpected Challenges/Barriers

(and how they were handled)

- Lack of department fiscal and contractual support
- Learned fiscal, budgeting, and contractual development quickly
- Utilized rapport with Deputy Attorney General to review and approve contracts quickly
- Worked with participants' contract attorneys for scope and budgetary concerns

Mitigation Strategies

- Be assertive with fiscal and contractual needs early in proposal development
- Hold departmental entities responsible for grant commitments

Successes

Advice for programs attempting to replicate

- Honest discussions with leadership on responsibilities versus funds
- Secure leadership commitment to ensure completion of grant goals

Sustainability

How is the project sustained after grant has expired?

- Creation of practical abuse-specific tools with workers/units input for consistent investigations
- Informal “talks” with departmental IT staff for the future of NAMRS data retrieval and submission
- Discussion with leadership of options/methods to maintain routine Quality Assurance reviews
 - Large-scale statewide QA
 - Internal independent use of QA Case Review Tools by supervisors

Funding

- Solicit support from Hawaii Legislators concerned with social issues and the elderly
- Prioritization and funding of future goals with the limited received State funding
- Pursuit of grants and other sources of funding



Mahalo!



Questions?



Contact Us

<https://apstarc.acl.gov/>

apstarc-ta@acl.hhs.gov