

January 2023 APS TARC Podcast Transcript

Elder Abuse Intervention Utilizing the RISE Model

Introduction

Andrew Capehart: Welcome to the Adult Protective Services Technical Assistance Resource Center podcast. We come to you with the goal of sharing promising practices and innovations from the APS field, and to highlight what is achievable with new ideas and partnerships to help you envision what may be replicated in your program.

Let's join our host, Jennifer Spoeri APS TARC subject matter expert and guests in conversation.

Discussion

Jennifer Spoeri: Welcome to the APS TARC Podcast. I'm excited to kick off 2023 with a very interesting conversation about the RISE model with Erin Salvo and Patty Kimble from the great state of Maine. Erin Salvo is the Associate Director of APS for the State of Maine, and Patty Kimble is the Executive Director of the Elder Abuse Institute of Maine.

Erin can you start by telling our listeners about the RISE model, starting with what the acronym stands for?

Erin Salvo: Sure. So, the word "RISE" is an acronym for the core concepts that are used by our advocates in the program and stands for repair harm, inspire change support, connection, and empower choice. And really the model is developed because we recognize there are some very complex dynamics that exist for our older clients who are experiencing abuse, neglect, and exploitation. Whether that's complex family relationships and resistance to fear or to change or fear of change. Um, cultural factors and, you know, even the service networks that are really difficult to navigate. So we wanted to develop a program kind of builds, um, Build in more time to build trust and that support network for clients with this, um, connection to advocates, um, who are APS case workers, refer clients to, and ultimately, uh, with just with the goal of having more sustainable outcomes for the clients that reflect their wishes.

Jennifer Spoeri: That's, that's the goal. Like we said, you know, the clients are, they're decision makers. So, uh, I understand you began this in 2018 with an ACL grant and piloted the model. Can you tell us how this developed into a statewide program?

Erin Salvo: Yep. Uh, so in 2018, we applied for and received an elder justice grant that was a three-year grant period and we used that time to develop the program with our research partners.

Dr. David Burns from the University of Toronto, Dr. Stewart Lewis from Dartmouth, Mt. Conley, who's um, from the Elder Justice Lab and Geoff Rogers from Hunter College.

And, uh, we launched that pilot in two of Maine 16 counties and very quickly started seeing the value of the program and you wanted to identify ways to, to grow it and sustain it.

And then as we were reviewing, uh, different funding opportunities and options, covid relief grant funds and American Rescue Plan grant opportunities were released. And so we, uh, thought it was a great fit to continue this work and expand statewide

Jennifer Spoeri: Great. Thank you, Erin. And Patty, you have anything to add about the RISE?

Patty Kimball: Yes. Um, thank you for asking. So the RISE model, in addition to, um, what it stands for, the four core components, as Erin alluded to, are, um, restorative justice, motivational interviewing, teaming, and supported decision making. And those four modalities we essentially borrowed from other fields and adapted to, um, situations of abuse, neglect, or exploitation.

So motivational interviewing is borrowed from the substance abuse and mental health field. Restorative justice is borrowed from the criminal justice field or social justice, criminal justice field. Um, teaming is from the child welfare systems and supported decision making is from the Disability Rights Network.

So all of those modalities are staff, are trained in. Um, and we uh, uh, Erin alluded to the advocates that do the work that our case workers pass the referrals too. So we are a statewide nonprofit agency. We've been around for, um, next year we'll have 20 years. We'll be around for 20 years. So we provide general victim services for older victims of abuse, neglect, and exploitation.

So our advocates are degreed professionals from the social services field. they come to us from a variety of backgrounds, some from the child welfare system, some from the domestic violence world. Some are trained clinicians or therapists. Um, some are activists, but what they have in common is that they are, dedicated and really committed to, obtain, upholding dignity and autonomy for older adults.

So they come to us because they're interested in working with older adults. They're interested in advocating on their behalf, um, and improving the quality of life for older Mainers.

Jennifer Spoeri: Sounds like their mission and APS's mission is very simpatico. So, so Erin, uh, let us know or tell our listeners, how are the warm handoffs completed? How does this logistically work?

Erin Salvo: Sure. So, um, we really wanted to create a streamlined simple process for APS case workers who are, very, very busy as it is. And what we, we developed is a process where essentially, they'll introduce the program to a client and get their verbal consent to share some basic information, to, to make that handoff.

And then we have a, a short form, uh, basically just a Word document type of form that they complete that, where in the state is the person, what are their needs generally and how do we wanna do that? Um, that handoff, is it gonna be a phone call, a joint meeting with the APS case worker and the advocate?

A few other options. They'll fill out that form and then email it directly to a central contact with the program. Uh, someone on Patty's team who then kind of distributes that out and, gets things moving.

Jennifer Spoeri: Gotcha. So, so, Patty, anything to add about the, what occurs after this initial referral when your crew takes over?

Patty Kimball: Yeah. so, we have teams across the, across the state. Um, so those referrals get as, as Erin said, they get distributed to the appropriate people in the appropriate, region of the state. Um, our first, we are very, we're very clear. We have very, formalized. Standard operating procedures. And one of the most important things to us is that we established the relationship with the case worker, at the beginning.

So we take the information that Erin's team gives us, and, and Erin and I worked, I think this is important to note, sort of about program development and. The sort of nuts and bolts of the program. Erin and I worked really, really hard, if I can say that, Erin, to develop a form that would both give our staff enough information to kick off our process, but also not be administratively cumbersome to case workers.

Um, we didn't wanna add another, another layer, of, of paperwork in, in sort of, to already overburden staff. So, I think it's important. I'm, I'm gonna take a little side note for a minute. It's important to note that this is a voluntary program. So, Erin's staff offer it to clients, they can say yes or can say no.

So it's, um, they opt in. and, and it's voluntary. So once our staff get the referral, the first point of contact is back to the case worker to really ask them. any more information you'd like to share with us? How do you best think based on your knowledge of the client, what do you think is the best way to, to transition into our work?

and then they create a plan together and, and begin that transition. it's also important to note that sometimes we come in at the end of a case. So a case worker is about to close. we don't, we don't do post-closing. Um, but we can come in at the end of a case. We can also come in when sort of mid case, and we have worked alongside, case workers on cases.

So we, they have a role and we have a role, so we have. We have done that. We also sometimes, have to make re referrals. And so case workers, even though the case is closed, we may bring a case worker back in if there are additional allegations, that warrant AP s involvement. So, and then we begin our work, which, uh, you know, it, it, it's, it's not rocket science.

It's not. It's not atypical. We do, um, intake and assessment with our clients. we have sort of a process. we, we think of the life of a case. They're all very different. Some people are in immediate crisis and we, we dive in and begin working with them in earnest. They have identified goals. They have a crisis that, that they want us to help with.

Others are, even though they've said yes to the program, are, have, you know, have experiences in their past where they're resistant. We would call them resistant. Um, haven't had the best interactions with social

service providers. and so it takes a little bit longer for them, for us to build trust. So we put a lot of emphasis on relationship building and, and moving, at the pace that the client is ready for.

Sometimes that's slow and steady. Sometimes it's fast, and oftentimes it's sort of all over the place. So, um, yeah, we, we, as Erin said, our work is one of the hallmarks of our program and a gift I think. To the clients and to our staff is that we don't have a limited. Time. We're very, very fortunate that we can stay with clients for as long as they need us.

that's both a blessing and a curse. Sometimes it's hard to close because people's needs are fairly long term. but the benefit of that is that if we really do need to spend the time in relationship development and relationship establishment in order to ensure trust between our staff and the client, we have the luxury of doing that.

So yeah, that's our program and we, uh, we. We love working with APS. We consider ourselves a, a, a compliment to the program that, that we both have different roles to play. and our goals are, are very similar, especially the goal around upholding client choice and autonomy.

Jennifer Spoeri: You said, you said this is a gift to the clients. I think this is also a gift to APS workers because your staff has the time to really work with these clients. And I had a question that that's off the, off the beaten path here, but if a client comes back into APS, maybe this hasn't happened, but if a client comes back into APS, would the same advocate kind of come involved?

Patty Kimball: Yeah, that would be ideal. Unless there is, unless they change locations, um, in the state, although we're very flexible. So, if it works best for the client to have the same advocate, then absolutely we would reassign that. And it does, you know, it does, it does happen that people come back sometimes, and we don't consider that a bad thing actually.

Um, even though we're, we're proud of some of the data that shows that we have a low re-referral rate. we also don't consider it bad if they come back because sometimes people are, you know, less likely to accept help the first time around. Or we haven't seen everything that's happening to them. Right.

So, APS is investigated and hasn't and, and what, you know, the sort of deeper levels of, of, of challenge or, or circumstantial complexity are not revealed in the first, the first time around. So, if they come back, it just means they need more assistance and they're probably more ready for our intervention.

Jennifer Spoeri: Yeah, that's what I was thinking. The timing maybe wasn't right the first time around. So, you mentioned data. How have you been able to collect data?

Patty Kimball: So here's the deal with data and, nobody really likes to collect it. We all know that, right? It, it, as I mentioned earlier, there's, there's the sort of administrative burden of data collection. So we've really tried, from day one in our program to reframe that and to help our staff understand that, to be truly

respectful of the intervention we're providing and the services providing. And the. The needs of our clients. We have to collect data to understand how we're doing.

So, we, we collect, like most programs, do demographic data to understand what a, our typical client is, what they look like, what they, what challenges they're facing, where they're situated in the state, what the average age is, um, which is 75 by the way. And we do get probably 60/40 female to male, clients, which probably would be expected.

And they are from all over the state. Equal number of referrals from the rural counties as we do from the urban counties. so, we collect those random demographic pieces of information. We also look at things like stages, uh, stages of change, which is part of motivational interviewing.

Where is somebody in. Their sort of, um, motivation to change. So where are we entering their story so that we can see how our work is impacting their trajectory through stages of change. So, we collect that kind of data. We collect data on the number of a, the number and types of agencies that we're hooking our, our clients up to so that we understand what resources are needed in the community to support our clients, um, which lends to our advocacy work as an organization.

And then we collect data related to formal and informal supports. So, it's really important that when we back out of our work, we have helped a client, facilitate and build a network of support so that they can sustain the changes they've made during the time that they've worked with us. So, we look at what kind of support networks we've enable.

We help a client build and we support that development. We also look at re-referral rate, as we mentioned. at like things about, um, you know, how people, whether people's personal, stress or personal worry has lessened because of our interaction.

So, we do, we, we ask clients questions about, you know, pre, pre and post questions. and uh, yeah. And then with the help of our researchers, we're able to compare. Our data, the data of the clients that we serve to, and, and Erin, Erin is incredibly generous in sharing her data with us so that we can look at whether, how our clients do, compared to clients with similar circumstances and backgrounds that aren't receiving our services.

So we really, we try to keep the process simple. We try to, we use feedback loops so that we share with our staff what we're learning so they understand the value of data and how it's being interpreted and how we are learning from it and growing the program from it. And I will say that it's very challenging to figure out what outcomes to track.

Erin and I spent, again, a lot of time together thinking, what are the things we really what are the things we, we wanna understand? What are, what, you know, what, what are the indicators of change that will be really important for us to track and, and where are the validated scales so that we can know that when we're tracking data and sharing it with the general world, that other people can understand it and say, oh, I get that.

I, I might wanna track that as well. So, we're very committed to that. It's an ongoing process. And I'll end this by saying that, our staff are working right now with David Burns, who is, uh, Um, researcher from Toronto to identify, to sort of come up with an agreement about validated questions that we can pre and post ask our clients that will hold up in research circles, but are also realistic for our staff to ask and for our clients to answer.

So, the work is ongoing, but we're very dedicated to data collection and research.

Jennifer Spoeri: I think it's fantastic. I mean, it's really, you have to have the data to tell your story. So, um, Erin, what, what's your side of the story with data?

Erin Salvo: Sure. Um, we actually had a blessing in disguise in terms of our data system. That, in terms of timing as it lined up with this project, we retired our data system that was over 20 years old in July of 2020 and launched, a new data system that's, kind of with a goal of being able to capture a, a lot more data, a lot more fields.

In line with Maine's expectations. and that gave us, you know, much, more robust picture, not only in terms of our client demographic, but also our workflow and our timeliness and a lot of pieces of information that we just didn't have before. And being able to have all of that information to share with our research team.

In the early stages of the, of the pilot. So kind of looking at our two counties, two of the 16 counties, and then when we expanded. Um, so it just gave us a, a lot of good comparison groups that they were able to use, you know, kind of, uh, looking at many, many different fields, what considering what kinds of factors may be playing in or may be contributing to different, to differences.

So, I know that there are. Some features of cases where the allegations are self-neglect that are very different for, clients, and certainly clients who are referred to this program are, are impacted by that. So even just kind of some of that early, analysis of our pilot program showed something like a 60%.

Uh, decrease in the likelihood of a re-referral. We're just being able to have that very rich data set compare against, the, the data that Patty's team is able to collect has all been really, really valuable in terms of building support for the program and demonstrating its success.

Jennifer Spoeri: That's fantastic. And, and did I hear you right that you retired a data system and started a new one? In July after the pandemic started. That had to be wild.

Erin Salvo: Oh, yeah, now getting familiar with Zoom while also, trying to screen share new data system and training on it was, uh, a little bit of an adventure. Yeah.

Jennifer Spoeri: So, um, in that, in that vein, what has the feedback from APS staff been around the state with this RISE model?

Erin Salvo: Certainly, but, the feedback on, on, the RISE model and, and working with advocates has been incredibly positive. Like I said, you know, very early on we started to hear anecdotes of just really positive stories.

Um, people. People describing what they, what had happened for their client. And there are so many examples of,

Patty Kimball: challenges that our, our staff face in terms of different programs, wait lists and,

Erin Salvo: um, staffing shortages and, and things that, that impact clients directly in their ability to stay in their home or be supported in the way they would like to be supported.

And this has been, A program that they've built such a strong relationship with the advocates. you know, even if a case is closed, it's not uncommon. A caseworker really is excited to hear what happened with a client and, and where they land, you know, where things ended up, for them getting that feedback.

You know, there, there are a lot of, unknowns when you close a case and you just having some of that reassurance that, that that's something's going well for a client. After you've left the picture, just. Helps, I think it helps people sleep a little better at night and just feel even more positive about the work that they're doing.

Jennifer Spoeri: And Patty, how about your staff feedback from the advocates?

Patty Kimball: Yeah, I mean, one is their relationship with APS. And so a again, this was something that Erin and I really, we, through, through the processes we developed and conversations with our own staff, we really wanted to ensure that we were building as much as possible, building a partnership between our staff and, and the case workers.

Even though we're, we are a private nonprofit outside of state government, right, we wanted to have a really good public-private partnership and I. I feel incredibly proud, of the work we did and our staff do, both of our staff teams to make that happen because I think that is critical to the success of the program.

Patty Kimball: So our staff, as I said earlier, you know, they really see themselves as an extension of the work that APS does. We do things that case workers are not able to do. and we, um, and the core, I think is that we uphold client choice and we all know that that isn't, you know, not only is. Sometimes watching people do unsafe things and, and staying in that space with people and hanging out with them and being patient, and respecting that.

but it also, other systems don't always, it's not always safe for other systems to do that. So, I think that common sort of, I don't know Erin if you would agree with this, but that common philosophy that we are there to follow client, lead the client, the client's choice, and I think that helps our relationship because I think that's a unique perspective that both APS and our staff share.

The other thing I would, Erin, would you agree with that? Yes, definitely... I, the other, the other sort of avenue I was gonna, I was gonna say is that our staff love their jobs and they are, as much as Aaron and I can, can work hard to create, we love task level procedures and processes and that , but as much as Erin and I could have built that, it.

Amazing people to come in and do the work, and I think they, they are patient, they are creative. They don't see any problem that they can't solve. and so they love their jobs. They really, I, I think they feel very honored to work in partnership with APS and in partnership with older people, and help meet the needs of older people, at a time in their life when respect and choice, and humanity.

Patty Kimball: Is like the up the utmost, um, gift we can give them. So they love their jobs. We have amazing staff.

Jennifer Spoeri: Well, good feedback all around then, huh? So, um, I understand restorative justice principles are a large part of this. Um, I'm gonna go to Patty again about this. Can you tell us more about the restorative justice?

Patty Kimball: Yes. Although the caveat is that this is a large topic, so I'm gonna keep it simple for this, this podcast because restorative justice is a, is a whole, a whole other conversation, but one of the things I'll, I'll just, I'll boil it down. One of the things that was really important to caseworkers, if I can speak on their behalf, and my experience, I've been working with older victims of abuse for a few decades, and one of the things that always frustrated me in systems, is that, uh, a lot of our clients, have strong relationships with a person that is harming them, right?

They are, if they're family members, they're, they see the need, that the family member has, whether it's a, a substance use issue, an undiagnosed mental health issue, homelessness difficulty, financial challenges, that often is, is part of the dynamic of exploitation. Or abuse. And so if our clients want support for the person that is harming them, that's not readily available, right?

And people don't always wanna hear that. And so our clients would say to us that they wouldn't come forward to, report what was happening because they didn't want something bad to happen to their, their family member. and there was shame involved in that. and so we thought, what if we could build a program where we're actually able to support.

The person doing the harm, if the client wants it, and if it is, if it is safe. So that is where we enter restorative justice. That is the restorative justice, where traditional criminal justice asks the question, what law was broken and who needs to be punished to? amend for that law being broken.

Restorative justice says what relationship was, um, what happened, what relationship was damaged as a result of that, and what needs repair? What does the victim want, and how do we hold the person that caused

the harm accountable in a way that's meaningful for the victim, for society and for the. The perpetrator themselves.

So, that, that philosophy has a really opened doors, to establishing, again, deeper relationships with our clients because they can tell us what's happening and if they say, I want support for my son, um, we can follow their lead and try to, Provide support for that. And that works for, our relationship with caseworkers as well, because they would see those dynamics and they can't provide that support.

But we, we are able to do that, we look through the, at our work through restorative lens. One, one more addition to that is that we all know that relationships are critical to our clients. Oftentimes they are. Isolated. they may have fractured relationships from years ago and at, and as they approach the end of their lives, they are looking oftentimes to repair those relationships, right?

They, and so it doesn't have to be immediate harm. It can, we look back into people's histories and if they say, I want, I want my son to be involved in my life. , can you help me with that? we can support that, and that's part of building a support network. And it's also parting part of looking at how the value of relationships for people across their lifespan are really, really important, and especially important for people as they, as they age.

So that's restorative justice in a nutshell. It's fascinating. I think it's transformative for the work that we're able to do. we, we say we use a restorative approach. We aren't purists about how we, how we implement restorative justice. So there are many sort of traditional and, um, recognized restorative justice practices that we don't use. But the philosophy, is one that we adhere to very strongly.

Jennifer Spoeri: Yeah, I, I was hearing APS Erin all through this saying, the cases keep coming into APS, so this is fantastic that your advocates have the time that's necessary to work with the clients and restorative justice principles.

And I can't tell you how many times clients themselves would say to APS, Me if I was in the field, you know, can you just help my son? He needs help with his gambling or his drug addiction or, or my daughter's whatever, you know, so this is, uh, fabulous. I wanna confirm something with you guys though, because at the beginning we talked about the initial ACL grant started this work.

It's, is it correct that it's now being funded through the CRRSA and ARPA funding? That's right. Okay. so what do you see in the future with this? If, if the funding has continued, continued good work and good data coming out of this?

Erin Salvo: Absolutely. I mean, I think, we've, we've been off to such a great start and growing and sustaining. It's really kind of been our goal, something we've. On our radar from, from the start. our governor issued an executive order a few years ago now, that established an elder justice coordinating partnership that released our state's first ever elder justice roadmap.

And thankfully, we were able to present information about the strength of this program to that group and, that they were, you know, impressed enough that it was included as a, as a top priority recommendation to combat elder abuse in, in Maine. So I think with that kind of support and the feedback that we've gotten and the strong data, we're really well positioned to, to keep the program going.

Jennifer Spoeri: Long term, that's the goal. Patty, anything to add to that before I wrap it up?

Patty Kimball: Um, yeah, some, some immediate next steps for us. We are, we, um, practice our work with humility. We, which means we don't know everything right? So we're constantly trying to refine our model, and enhance the training opportunities and professional development of our staff.

So that's always on a horizon. We're, we're trying, as I noted earlier, to refine the kind of data we collect so we can really understand the change that's happening for clients. One of the unmet needs. In our original project, one of the things that we've unearthed as part of our work is that substance use is a real challenge for our clients and for the people that are potentially harming them.

And so we were recently awarded a grant from ACL to enhance our model by adding a substance use intervention and additionally, we really wanna see, if our model is replicable. And so we're, we're going to be replicating on a very small scale in New Hampshire. So that's what an, uh, our neighboring state, which has similar demographics, and geography and really help test the applicability of our model.

So those are some immediate next steps. In addition to. I think Erin and I are both really interested in understanding what capacity, how do we build this program to capacity so we can continue to, to, mitigate waiting lists and ensure that anybody that is referred to us can receive our services.

Jennifer Spoeri: Yeah, that's great.

So, well, to close, I must thank you both for taking the time to, to be with us and to discuss the RISE model and the, and to talk about the success you're experiencing in Maine.

And I'm sure there's plenty of people that are listening that are looking to replicate this in their states or counties. And, um, we'll consider how to utilize the model in their APS program. So thank you very much and hope everyone has a good day.

Conclusion

Andrew Capehart: Thanks so much for listening. The APS TARC is a project of the Office of Elder Justice and Adult Protective Services at the Administration for Community Living Administration on Aging Department of Health and Human Services, and is administered by WRMA, incorporated a TriMetrix company in partnership with the National Adult Protective Services Association. Contractors' findings, conclusions, and points of view do not necessarily represent the official policy of the federal government.

To give us feedback on this podcast or reach out to us, please visit our website at apstarc.acl.gov.