

SEMI-ANNUAL PERFORMANCE REPORT

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2. Project Title: Rapid Response Expert Team

3. Grantee Name

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Human Services Agency
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5. Project Period: July 1, 2010 – December 31, 2011 (extension approved)

**6. Reporting Period: Semi-Annual Performance Report
January 1, 2011 - June 30, 2011**

7. Final Reporting Period: N/A

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10. Date of Report: July 31, 2011

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1. Identify accomplishments during this reporting period and how did these accomplishments help you reach your stated project goal and objectives. Please note any significant project partners and their role in project activities.

Project Meetings

The goal of the project is to reduce or eliminate the protective issue with improvement in health and safety within our target population who have difficult to resolve complex medical/mental health risk indicators. We established three objectives: 1) Utilize the County of Ventura Risk Assessment Instrument 2) Conduct in-home assessments by members of the medical/mental health experts and 3) Increase medical/mental health resources to the Rapid Response Multi-Disciplinary Team RRET). The Project Leader continued to facilitate monthly status meetings that began in July 2010 with the Adult Protective Services (APS) Coordinator and other project leads to monitor progress on the work plan and to identify barriers or problems that arose during the month in line with the goal and objectives of the project. This team is referred to as the Project Work Group. Notes of each meeting are taken with action steps as needed. The notes are disseminated to the participants. This group continued to meet during the reporting period as it is vital to the success of the project.

The Project Leader hosted a meeting on March 9, 2011 with the medical practitioners of the Rapid Response Expert Team. Dr. Jim Helmer, Medical Director for the Ventura County Medical Center Family Residency program attended to learn about the project and potential role for Residents. Dr. Lande, Ph. D and neuropsychologist for the project presented on assessing dementia. These meetings as well as the status meetings are proving to be essential in keeping

the project on track, clarifying issues that arise in the implementation of the project, reviewing data and improving the skills and knowledge of members of the team.

The Project Work Group holds monthly phone conferences with our significant partner, University of San Diego to discuss the research on the APS-TRIO.

The Project Leader is working with Napa County and Tulare County in California who is implementing the APS-TRIO and has become active partners in the work.

The Clinical Administrative Specialist for our Department is working with California State University at Northridge to develop an MSW intern program for Adult Protective Services. One learning from the project to date is the need for in-home assessment and brief counseling. Unless a person meets the criteria for severely mentally ill and willing to receive outpatient services, our County does not have services available for clients served by APS who need treatment. In many instances, assisting our clients with resolving the last stage in the Erikson model of integrity vs. despair has value in stabilizing the protective issue or reducing the rate of decline. We anticipate a start date of fall 2011. We are expecting one second year MSW to begin this new partnership and to pilot the use of MSW interns within APS.

We were awarded a grant from the Archstone Foundation, a leader in CA on elder issues to continue our work on integrating neuropsychological and nursing into APS.

Training and Presentations

The Project Leader conducted training for Napa County January 6, 2011 and Tulare County on May 10, 2011 on the Risk Assessment Instrument renamed the Adult Protective Services Tool for Risk, Interventions and Outcomes (APS-TRIO).

The project leader conducted training for the APS social workers on the differential construct between services and interventions February 3, 2011. It was well received and improved the use and consistency in the APS-TRIO. This was shared with participating pilot counties who found the description very useful. The project leader conducted a second training on June 16, 2011 on differentiating between elimination of the protective issue and the reduction and the link to prognosis. It was well received and provided the social workers an opportunity to discuss the type of cases that pose challenges in assessing the protective issue outcome.

The Human Services Agency sponsored a summit for community stakeholders and elected officials on May 4, 2011 to present the outcomes of the project. Our key sponsor, a representative from US Representative Elton Gallegly attended. We had an excellent response to our work and outcomes.

The Project Leader made a presentation to the Board of Supervisors on May 3, 2011 for Elder Abuse Prevention Month that highlighted the need for an integrated approach to APS

The Academy of Professional Excellence invited the Project Leader to conduct a webinar for the Western Region of NAPSA February 3, 2011. The topic for the webinar was “A Framework for Assessing Risk in Adult Protective Services.” The Western Region is comprised

of Washington, Oregon, California, Hawaii and Guam. A survey of participants indicated an average rating of 4.5 (out of 5) on the presentation. Five indicates high success of the webinar,

Dr. Yoon presented to the curriculum committee of the VCMC Family Residency Program to share her experience with APS. Dr. Yoon believes her experience with APS and conducting in-home assessments is a valuable learning experience for physicians.

On June 14, 2011, the Project Leader presented the project to the Ventura County Board of Supervisors, the governing board for the County.

We were selected to present our work at the NAPSA conference in New York in September 2011.

Project Outcomes

To date, 100 cases have been presented to the Rapid Response Expert Team. This reflects a 104 % increase in cases presented over previous years. Of the 100 cases presented, 50 cases are in the study group, 90% had an elimination or reduction in the protective issue. We are amazed at the results of an integrated model.

We completed 3 surveys during this time period that includes a survey of the RRET members, APS social workers response to having access to medical practitioners and ASP social workers experience with the APS-TRIO.

Research on the APS-TRIO by UC San Diego

Feasibility of Intended Research Plan

As part of UCSD initial review of the test data, they assessed whether the proposed analytical plans were likely to be feasible given the actual data available. Two primary considerations for using an analytical strategy such as Latent Class Analysis (LCA) to identify variable clusters, particularly with data that contains many different potential variables and variable combinations, is whether there are sufficient number of cases in each variable and whether the distribution of responses within each variable provide enough variation for the models to assess for patterns and associations.

For the Confirmed Episodes, because of the large number of items above the 5% base-rate threshold per domain (as discussed in the frequency analysis above), LCAs appear to be a viable approach for identifying the various client profiles for each domain. Therefore UCSD anticipates continuing to use LCAs at the domain level for (a) all items within a domain and (b) only those items above the low base-rate threshold. Initial tests indicate that the LCA models can be run even when including all items.

For the Inconclusive Episodes, UCSD will attempt to run both LCAs for (a) all items within a domain and (b) only those items above the low base-rate threshold; however given the low frequencies for many items (<5%) it is likely that some variables will not be included in the final profiles and we may have to rely more on profile models that include (b) only those items above the low base-rate threshold. For both Confirmed and Inconclusive Episode analyses, the UCSD research team will discuss any potential dropped variables with the Ventura County

representatives to ensure that statistical and substantive considerations are balanced as much as possible.

To ensure the appropriate sample size to complete the research, an extension of the project was requested on June 1, 2011.

Team Survey: Integrated Team Monitoring & Assessment

The second survey using the ITMA was completed during this reporting period. The ITMA posed certain challenges to the members of the RRET so to ensure an accurate assessment of the increased resource to the RRET, another survey was distributed and findings analyzed.

2. Identify and address challenges faced during this reporting period and what actions did you take to address these challenges? Please note changes, if any, to project goal, objectives or activities that were made as a result of challenges faced.

The concept of “curb side consulting” was developed to encourage the APS social workers to seek consultation prior to the meeting of the RRET and to assist in resolving the issue of role clarity. Although we are not changing our goal or objectives, we are tracking those cases that accept the in-home assessment but refuse to follow recommendations subsequent to the interventions.

The State of California is facing budget reductions in services to our target populations. Replacing our physician on the project is proving to be a challenge due to the budget problems as well as financial models that do not support in-home medical assessment. The Ventura County Medical Center, a non-profit hospital within the County of Ventura, has the oldest family

medicine residency program in the United States. Our plan is to meet with the Directors of the Residency Program to discuss integrating residents into the APS program. A decision about whether the APS program meets the criteria for Residents is under consideration.

Finally, in alignment with the chronic disease model, the medical team and social workers noticed that interventions by the medical team often had a positive effect on the health and safety of the client and provided valuable information to the client to make better decisions. These outcomes referred to as “soft benchmarks” measures the client’s progress toward the goal of eliminating or reducing the protective issue. These were included in the APS-TRIO manual with input from the APS team and medical experts.

3. Discuss how these activities conducted during this period helped to achieve the measurable outcomes identified in your project proposal.

Key to achieving the measurable outcomes of our project is monitoring and tracking progress on the work plan. Monthly meetings with project leaders are essential part of ensuring that the project stays on track and maintains focus on the goal and outcomes. Each accomplishment and activity is conducted in service to the goal and objectives. Training, regularly scheduled meetings with an agenda and notes, tracking and monitoring data, troubleshooting barriers and early identification of implementation problems is important in achieving the expected outcomes. Each activity and accomplishment is planned and discussed with the Project Work Group to ensure alignment with the work plan, the goal and objectives. The Project Work Group uses the work plan as the guide for the project.

Identifying challenges and problems encountered during the course of the project is as valuable as capturing the successes. Learning and refining is a valuable outcome of the project. This is an agenda item when the Project Work Group meets. As problems and challenges are noted, the APS Coordinator and HSA Administrative Specialist and mental health clinician work with the social workers and medical experts to design solutions. This has proven to be an effective strategy to engage the team in the process and maintain integrity in the project.

4. Discuss the products created during the reporting period and how have these products been disseminated. Products may include articles, issue briefs, fact sheets, newsletters, survey instruments, sponsored conferences and workshops, websites, audiovisuals and other informational resources.

A number of products were created during the reporting period January 31, 2011 through June 30, 2011. All of the work completed to date is posted on the County of Ventura Human Services website under the Adult Protective Services link. This provides information about our work and results of surveys.

We conducted 3 surveys during this period. We surveyed the APS social workers response to having medical practitioners available for consultation and in-home assessments; a survey of the Rapid Response Team members and a survey of the APS social workers experience in using the APS-TRIO. These surveys are on the website.

The article on the APS –TRIO formerly known as the RAI was published in the American Public Human Services Association in February 2011. This led to discussions with

New York City APS, Texas State of Adult Protective Services and other California counties about assessing risk and linking assessment to interventions, outcomes and prognosis.

Although not funded by this grant, the agency supported the design and development of an electronic web based version of the APS-TRIO. This application is designed to assist the APS social worker in using the TRIO in the field or in the office. Completion of E-version of the TRIO web based application will be provided to test counties at no charge. The application can be used on a desk top, on a lap top or on a device like the IPAD. One feature of the TRIO is that the definitions of each item on the TRIO are built-into the item. This feature ensures that when selected, the APS social worker has a clear and definitive description of the terms. This is vital to standardizing practice and measuring outcomes.

An article on elder abuse and the RRET project was published in the local STAR newspaper April 19, 2011.