

Protection from Elder Abuse, Neglect and Exploitation

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In 2010, DSHS convened the Adult Abuse/Neglect Response workgroup. Since that time the workgroup has developed multiple recommendations to improve Washington State's adult abuse response system.

Members include:

- AARP
- ARC
- Assistant Attorney General
- Developmental Disabilities Council
- Disability Rights Washington
- DSHS Employees (RCS, HCS, DDA)
- Law Enforcement
- Office of Public Guardianship
- State Ombuds
- Self-Advocates
- State Council on Aging
- Tribal Representatives

DSHS has adopted and implemented many of the recommendations; others are still in progress, and several initiatives need the ongoing compassionate voice of stakeholders as well as additional support from the Legislature to complete.

What has been accomplished:

- Successful implementation of the Tracking Incidents of Vulnerable Adults (TIVA) database system. The purpose of TIVA is to track, trend, and report on critical incidents across settings related to vulnerable adults and perpetrators that fall under AL TSA's jurisdiction. The system focuses on vulnerable adults living in licensed and certified settings as well as those who live in their own homes. TIVA is simple to use and is increasing overall data accuracy and integrity.
- Improved communication with law enforcement: A referral form is now faxed to law enforcement directly from the TIVA application.
- Live Intake Call Response during business hours implemented by Residential Care Services, Complaint Resolution Unit (CRU).
- Consistent method of report assignment prioritization implemented across both the Resident Client Protection Program (RCPP) and APS: 24-hour response, 5-day response, and 10-day response.
- Reduced the time it takes to assign a case for investigation by CRU.
- Through use of a 24-month federal grant (Money Follows the Person) RCS is strengthening its divisional quality assurance program across all RCS-regulated settings. The intent is improved quality assurance reporting, standardization and consistency of practice and proactive identification of areas of improvement.
- Alerts sent electronically to Medicaid case manager to improve response and risk management.

What is currently in progress:

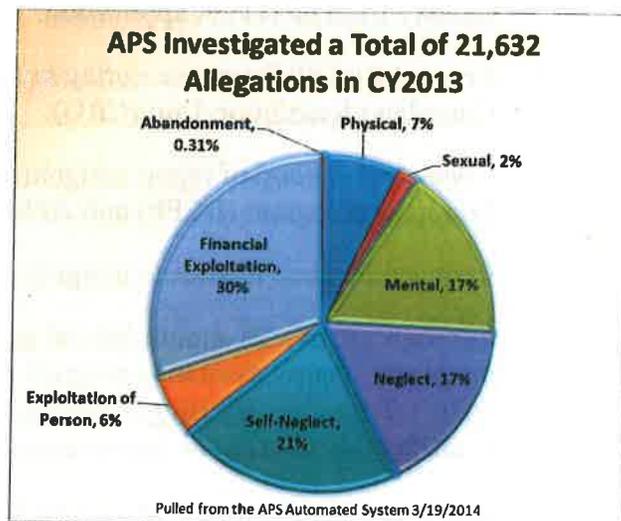
- Potential request legislation to amend the definitions in Chapter 74.34 RCW to improve the clarity of the language, expand the definition of Vulnerable Adult to include people with developmental disabilities that have not had a formal department determination and remove barriers to substantiating allegations.
- Potential request legislation to allow DSHS to impose intermediate sanctions in the Supported Living program. This will bring the regulatory structure in line with what is available in other settings such as Adult Family Homes, Assisted Living Facilities, and Nursing Homes. This is a recommendation from Disability Rights Washington and DSHS put this request legislation forward last session with support from, and collaboration with legislators, providers, and advocacy groups.
- APS is participating in local and national pilots designed to improve and standardize identification of vulnerable adults who are unable to understand consequences of their decisions and are in need of further capacity evaluation. This includes collaboration with Cornell University and New York APS in a pilot project to develop a training curriculum on assessing decision-making capacity.
- Incorporating concepts of the 'person-centered' trauma model into the APS Training Academy. This model focuses on the alleged victim. For example, methods can be used to minimize the number of interviews for a victim who has experienced trauma.

Challenges that impact the Department's ability to respond timely to protecting vulnerable adults:

Financial Exploitation Cases

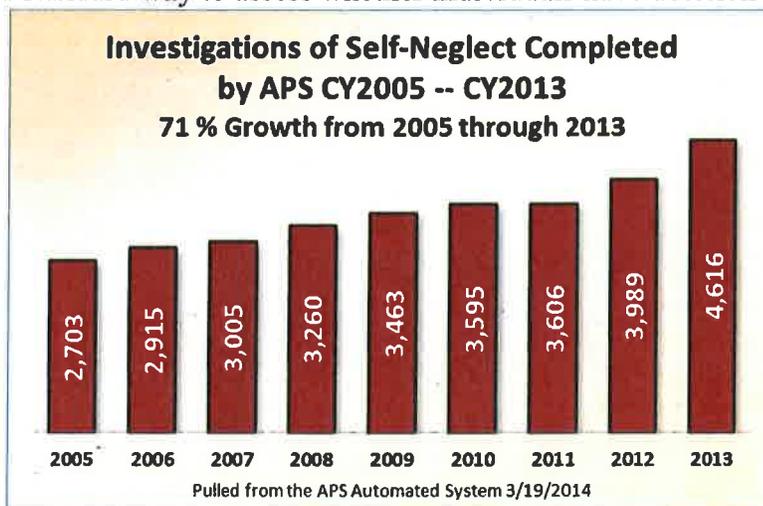
Financial Exploitation grew by 96% from FY2005-FY2013. 30% of all 21,632 APS investigations in FY2013 were Financial Exploitation Cases.

- Social workers do not have the training and expertise necessary to efficiently investigate financial exploitation cases.
- Financial exploitation cases are complex; investigations are frequently open longer than 90 days and often resolved after the victim's resources are gone.



Protecting Individuals with Diminished Capacity

- Self-neglect cases have grown by 71% since 2005.
- APS investigators need a consistent and standard way to assess whether individuals have decision-making capability for health care and financial decisions.
- Most screening tools can only be administered by professionals with higher educational levels and specialized training. The tools currently available to investigators do not adequately assess executive function or decision-making capability.



Continued support needed from the legislature:

1. Funding is needed to create six (6) positions in APS that have high-level expertise in financial investigations to provide consultation to other investigators; manage complex investigations; and establish local relationships with financial institutions and others to increase awareness and improve coordination needed for successful investigations and outcomes. This will also allow current staff to focus on other types of investigations in order to close investigations within ninety 90 days and protect vulnerable adults.
2. Funding to create three (3) positions in APS that will focus on facilitating protective orders and guardianships. This will allow APS to more quickly address protective services required by individuals who have diminished decision-making capability.
3. Continued funding is needed for RCS Quality Assurance Program Enhancements: CMS Home and Community Based Services (Money Follows the Person grant) is only funded for a two-year cycle for \$720,000 (began February 2014). Funding is used for six (6) FTEs.
4. Support for legislation to amend the definition of Vulnerable Adult and the definitions of abuse in Chapter 74.34 RCW. This will allow APS to protect more people and substantiate more allegations.
5. Support for legislation granting DSHS authority to impose intermediate sanctions in the Supported Living Program.
6. Support for legislation granting DSHS authority to implement a quality assessment for Supported Living Providers which would support additional staff necessary for investigations of abuse, neglect and exploitation in these settings. The rate paid to providers would be increased to pay for the quality assessment and no general fund state dollars would be necessary.