



Innovative APS Practice

The APS/AAA Service Coordination Program, Maricopa County, Arizona

Project Overview

The APS Service Coordination Program (SCP) is a joint venture of the Maricopa County Adult Protective Services (APS) Agency and the Area Agency on Aging (AAA) Region One, located in Phoenix, Arizona. The program was established in 2004 to address the issue of recidivism (for example, the return to self-neglecting or hoarding behavior) of clients referred to APS. Clients are referred to the SCP once APS has completed their investigation, in order to be connected to necessary home and community-based services. Since the program's inception, recidivism rates, i.e. repeat reports to APS, have fallen from 26% to 1.5%. An unexpected byproduct of this joint partnership includes the creation of a multi-disciplinary team to help navigate the most complex cases of elder abuse.

“Our Area Agency on Aging made the commitment to set aside a certain portion of our funds to serve the most vulnerable clients. We can’t always serve everyone, but we made the commitment to prioritize these clients. The amount of money is not as important as making these most vulnerable persons a priority.”

Mary Lynn Kasunic, President and CEO, AAA, Region One, Inc., Phoenix, AZ

Project Narrative

History

In 2004, the Assistant Director for the Division of Aging & Adult Services in Arizona identified several challenges related to Adult Protective Service (APS) investigations and service delivery in Maricopa County. APS workers were spending approximately 60% of their time searching for client services such as temporary housing or in-home services. The APS workers’ negotiations for individual client services often resulted in higher prices, which depleted their funds more quickly and limited their ability to address other pressing needs. Additionally, the client recidivism rate (repeat reports to APS) was 26%, primarily due to delays in providing services to clients who were referred because of self-neglect. While APS case workers were able to locate and to refer these clients for services, the clients were often put on a waiting list and their situation worsened. Additionally, APS resources to serve these clients were often exhausted. Determined to address the gap, the State Director on Aging contacted the President and CEO of the Area Agency on Aging (AAA) Region One, Mary Lynn Kasunic, for a brainstorming meeting to address how the AAA could help APS handle their overload of cases. Kasunic, in turn, brought the issue both to her staff, and to the Maricopa Elder Abuse Prevention Alliance (MEAPA)¹. In early 2005, Kasunic sat down

¹MEAPA – *The Maricopa Elder Abuse Prevention Alliance* is a coalition of civic, non-profit, and corporate professionals from multiple disciplines who work together to prevent elder abuse and to protect older vulnerable adults in the community. The coalition is comprised of APS, AAA, health care, long-term health, and behavioral health representatives, along with law-enforcement, business and government officials. Subcommittees target financial exploitation, public and community education, client advocacy, and program development. Multi-disciplinary teams are formed as needed, in order to address

with the new APS Operations Manager for the state of Arizona, Mario Gonzalez. Together they had a frank discussion about the obstacles that were preventing the most vulnerable adults from receiving services. These discussions resulted in the creation of a Service Coordination Program (SCP) between the AAA Region One and APS in Maricopa County, Arizona. Aware of the tendency of service agencies to claim primacy of domain (i.e. “turf”), they made a commitment to operate as a team in managing cases of adult abuse, exploitation, and neglect. Both agencies would work together to manage the cases of the most vulnerable older adults in Phoenix. While each agency would focus on their particular area of expertise (APS would conduct comprehensive investigations of elder abuse and neglect and the AAA would provide the case management and home and community-based services) they would manage open cases together.

The Program

The Service Coordination Program (SCP) is a 90-day program that begins with a referral from APS to the AAA. APS conducts comprehensive investigations of all complaints that it receives that allege abuse or neglect of an elderly person. Clients referred must be vulnerable adults who reside independently in the community (not in assisted living, group homes or skilled nursing facilities) and lack supports to maintain their independence. Through this project the clients have been determined to need immediate home and community services provided through the AAA rather than being placed on a waiting list for some or all needed services. When a complaint is substantiated, APS continues its involvement after it refers the client to the AAA for additional services, including case management and home and community-based services.

Service coordination begins once an APS case worker has opened an investigation via a referral to the AAA’s 24-hour *Senior* HELP LINE.² Upon receipt of the referral, the AAA case manager responds to APS to confirm that the referral was received. A meeting with the referred client follows within 48 hours or, in the event of an emergency, the same day. After an initial assessment for service needs and the creation of a strategic plan, the case manager follows up with APS to confirm that a plan is in place.

Services provided through the AAA programs include home and community-based services such as housekeeping, personal care, mental health counseling, home-delivered meals, and bio-hazard cleaning (This is a chemical clean-up that destroys microbial growth and infectious waste generated by humans and pets. It can include home repair to make the living site more habitable). Area assisted living and long-term care facilities donate emergency housing. On average seven persons per year are referred for these services.

Major Result of Project

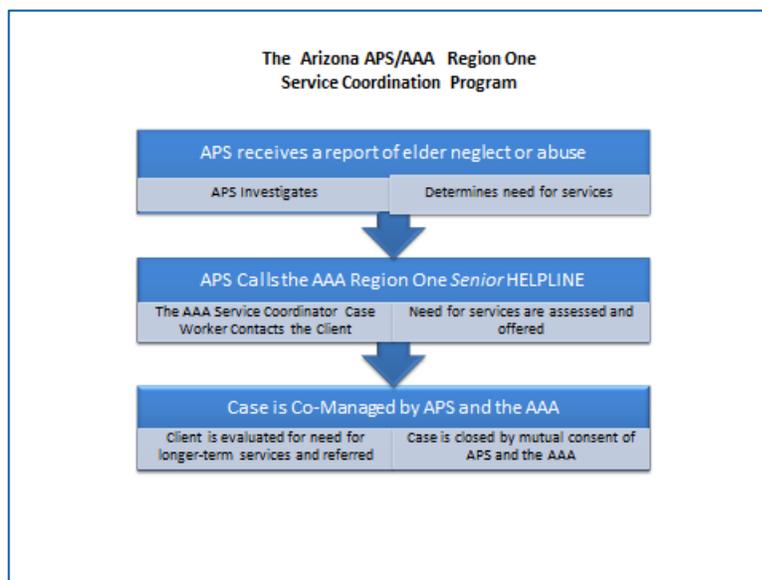
Through the close partnership between APS and the Region One Area Agency on Aging, APS clients now get priority for needed aging services. This program has resulted in reducing the APS recidivism rate from 26% to 1.5%, a 58% reduction.

particularly complex cases of elder abuse. The coalition was initiated in 1993 by Mary Lynn Kusanic at AAA, Region One in conjunction with the Attorney General. One of the coalition’s projects is to promote the Service Coordination Program.

² The 24-hour Senior HELP Line is an informational and resourcing hotline to assist seniors and caregivers in connecting to services that meet their needs such as transportation, housing, long-term care and other home and community-based services. The helpline is staffed with English and Spanish-speaking staff members.

Additionally, the AAA contracts with an urgent care facility for TB testing as well as with a mobile X-ray company that will provide home-visits to clients who cannot tolerate waiting at an ER.

Since January, 2009, the SCP has served 864 clients in Maricopa County, averaging 28 referrals a month. Approximately 50% of clients are referred to longer-term solutions including Medicaid Long Term Care (The Arizona Long Term Care System (ALTCS) which includes assisted-living centers and homes as well as in-home attendant services, behavioral health services, and the AAA’s Senior Adult Independent Living [SAIL] program).³ The SAIL program enables clients to continue to receive case management and long-term home care services.



Key Stakeholders

APS: **Melanie Starns**, Assistant Director Division of Aging & Adult Services, Arizona Department of Economic Security
Mario Gonzalez, Arizona Adult Protective Service Operations Manager
Heather Patnode, Arizona APS District Manager
Jennifer Bruno, APS Service Coordinator, Adult Protective Services

AAA: **Mary Lynn Kasunic**, Area Agency on Aging Region One, President and CEO
Scott Hawthornthwaite, AAA Region One Director of Care Coordination supervisor, home and community-based services

³ The SAIL program is funded through the Older Americans Act, SSBG, and state funds. Clients must be adults age 60 and above or 18-59 with a functional impairment due to a physical disability. Clients must be assessed as being ‘moderately’ impaired in at least two IADLs or ADLs and have no other supports available to provide the service. Income and expenses are explored and those who can privately pay for services are assisted with a referral to those services.

Mark Pellman, AAA Region One APS Service Coordination – lead person on the project

Budget

The SCP is funded primarily by the AAA Region One, with some funding provided by APS. During the last fiscal year the AAA spent \$119,000 of their home-care budget for APS referred clients, which is 3.5% of their total home-care budget. APS, with a smaller service budget, typically shares in the cost of bio-hazard cleaning, carpet replacement, and refrigerator replacement. The program receives an average of 300 referrals from APS annually.

Successes and Challenges

Challenges

There were several challenges in initiating the SCP, including a willingness to look at past mistakes and to initiate culture change in ways of thinking and operating.

The challenge of conflicting priorities.

The AAA Region One’s priority is to ensure that self-neglecting clients receive ongoing services and support, whereas Maricopa County APS operates according to state policies, under which self-neglect cases are closed once clients are referred to needed services. Due to underfunding and client overload, however, in the past APS cases were often closed before clients received all necessary support services. Under this initiative, APS made an agreement with the AAA to keep the case open until both agencies determined that the client, and the client’s environment, was safe. They set a 90-day agreement for case closings and APS agreed that it would not close a case without the consultation and agreement of the AAA Region One. Putting the client’s safety, protection, and well-being first was a working priority for both agencies.

The challenge of funding.

The AAA Region One’s typical waiting list for home and community-based services is about 500 persons. In order to find funds for the SCP, the AAA Region One decided to make the most vulnerable elderly a priority. They set aside slots at the top of their service list for APS referrals, in addition to setting aside 3.5% of their home-care budget for the SCP. Additionally, they currently provide two full-time care coordinators to handle all APS referrals. Currently, referrals average 28 persons per month. The APS service coordinator manages up to 50 clients who are receiving services. When services are in place and the care plan is being followed, the cases are sent to on-going case management. Clients who are pending with the ALTCS program or have a more complex

“You have to be willing to ask, what can we do to make it work? The AAA here was willing to do this. You have to be frank with each other and realize that it is not just your problem. We recognize that it is not just one program’s client, it is everyone’s client.”

Mario Gonzalez, Arizona Adult Protective Service

care plan may stay on the service coordinator's caseload for up to three months. (As for continuing services, see p. 2, ¶1.)

The question of authority.

Initially, APS workers were concerned that the AAA would try to provide oversight in their investigations, but the AAA quickly identified and established each agency's area of expertise. APS is the expert on the investigation; the AAA is the expert on home and community-based services. With these proficiencies concretely defined, both agencies are able to combine their expertise in order to focus on best solutions for clients. Services are provided to the clients without a formal cost-sharing or donation agreement while with the SCP. Once clients are ready to be transferred to ongoing case management, the discussion about cost-sharing and donations (depending on the service) are made. Clients are informed of the total service plan cost and are encouraged to contribute financially. Clients unable to share in the cost of services continue to receive the services. Clients do have the right to refuse services. In most cases, the determination of decisional capacity is made by APS during their investigation. If a petition for guardianship is necessary, the APS investigator initiates the petition.

The challenge of old baggage.

Sometimes APS workers who transfer their employment to Maricopa County are not used to working in an inter-agency team. Old perceptions of agency behaviors and past rancor can interfere with team-building behaviors. It can be difficult for case workers to be community-oriented based on directives from past leadership. If an inter-team conflict arises, the SCP leadership addresses the issue immediately by holding a joint meeting with all concerned staff either in person or via teleconference. This is crucial in order to minimize role confusion or to permit miscommunication to fester.

The challenge of team-building.

In its infancy, inter-agency teams were guarded and there was a reluctance to share information. Relationship-building occurred on two-levels: between the AAA and APS case managers and between the AAA and APS leadership. The AAA SCP case manager currently visits APS twice a year to notify and update APS case workers about the home and community-based services provided by the AAA Region One. Equally important is the case manager's priority in listening to APS workers and being kept informed about APS agency issues and updates. Consultation goes both ways as case decision-making power is shared between the AAA and APS caseworker. Every case is co-managed. However, inter-agency team building would not have succeeded without the commitment of the AAA and APS leadership. Mary Lynn Kasunic and Mario Gonzalez meet regularly. Additionally,

administrative leaders of each agency reinforce the SCP in inter-agency meetings as well as in the broader community of leaders.

The challenge of confidentiality.

Once APS has called and made a client referral, both agencies are bound to traditional confidentiality issues. For example, inter-agency e-mail communication regarding clients utilizes case file numbers to refer to specific clients. Generally however, individuals are viewed as joint clients of each agency so that inter-agency communication can flow easily.

Successes

There have been many successes in the SCP; some were anticipated while others emerged as unexpected bonuses.

Increased APS referrals.

Although initial referrals by APS workers to the SCP were sparse, as relationship-building practices increased and trust grew, so did the number of referrals. Initially the AAA Region One had one full-time case manager. However as referrals increased from an average of 15 per month to the recent average of 28 per month, the AAA Region One expanded to two full-time case managers.

Increased access to services.

Prior to the SCP, an APS investigator had limited access to service resources. Today, when the care coordinator case manager visits an APS referred client, he is able to tap into 60 service programs. Many are basic services such as home care, home delivered meals, and personal care, but others are unique. For example, the AAA has a therapist who specializes in hoarding behaviors. In the event that a bio-hazard cleaning is required, this therapist is able prepare the client for the upheaval, as well as to provide ongoing support both during and following the cleaning.

Decreased recidivism.

Because the AAA Region One is able to provide both emergency and ongoing services including long-term support structures, recidivism rates for APS clients have dropped from 26% to 1.5 %.⁴

“From day one , we [APS] wanted to make a change. We approached this partnership with that mind set.”

Mario Gonzalez, Arizona Adult Protective Service Operations Manager

⁴ Recidivism rates are measured through the APS client case management system. Clients referred to APS for single or multiple events during a specified time period are listed. This enables APS to track how often a client is referred to APS and the reasons why. Recidivism is determined to occur if a new and separate event from the original complaint has brought the client to the attention of APS.

Unexpected byproducts.

There were unanticipated initiatives that formed as a result of the partnership formed between APS and the AAA Region One. One byproduct was the formation of a multi-disciplinary team called MASH (not an acronym), which meets bi-monthly. MASH enables team members from APS, the AAA, law enforcement, Medicaid representatives, and other community service providers to staff the more complex adult abuse cases. A large part of their effort involves helping clients to navigate systems as well as focusing on ways to improve system navigation. Relationship building among MASH team members enables the prioritization of urgent cases. This creates greater efficiency and safety for vulnerable older adults and often helps service workers to cut through layers of bureaucracy. For example, when an SCP client was denied Medicaid, the case worker was able to call a representative on the MASH team. This representative helped the case worker to contact the Medicaid eligibility supervisor where it was discovered that there was one document missing. Rather than having to wait months, the issue was able to be quickly resolved, and a vulnerable elderly adult was able to receive necessary medical services.

Sharing resources among agencies has become a natural outcome of a well-established partnership. In the last two years, the AAA Region One was awarded a grant to bring in AmeriCorps volunteers. They assigned three of these AmeriCorps volunteers to APS in order to help with client follow-up.

Project Outcomes

The AAA Region One and Maricopa County APS maintain a solid and persistent relationship. The leaders of each agency work diligently to maintain an effective partnership. Mary Lynn Kasunic at the AAA Region One reinforces their shared commitment at interagency meetings as well as within her own agency. Additionally, Mario Gonzalez with APS is in frequent conversation with Mary Lynn Kasunic. Both leaders view the work of their agencies as a team effort. If an issue arises that lies within the scope of the other's agency, they communicate the issue.

Prior to the development of the MEAPA coalition in 1993, APS was operating with a very small network. The coalition helped APS to form better relationships with the community of agencies and organizations dedicated to preventing elder abuse and addressing the needs of the area's most vulnerable adults. Within the coalition the AAA, APS, the Attorney General's Office, law enforcement, and other service providers work together to identify and to address cases of elder abuse. Furthermore, when social service agencies see something suspicious they are more likely to report it.

Key Take Home Message

Mary Lynn Kasunic and Mario Gonzalez stress that it is essential for the AAAs and APS programs to sit down together and talk about how they might collaborate to serve joint clients. Commitment from top leadership is vital. Communicating ways in which the collaboration will benefit clients from the top down is also essential. Highlighting each agency's expertise paves the way for collaboration. *In conclusion, Kasunic and Gonzalez emphasize the importance of always putting the client first. Making sure the client is safe and protected is at the heart of the relationship.*

Current Status of Project

The AAA Region One/APS Service Coordination Program is an ongoing and growing program which continues to be sustained through the AAA Region One funding and programming and APS commitment.

For More Information

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