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TRANSMITTAL: 95 INF-13

TO: Commissioners of
 Social Services

DIVISION: Office of
 Housing and
 Adult Services

DATE: April 6, 1995

SUBJECT: Protective Services for Adults (PSA): Results of the
 Service Delivery Network Survey

SUGGESTED
 DISTRIBUTION: Directors of Services
 Adult Services Staff

CONTACT PERSON: Your district's Adult Services Representative as
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ATTACHMENTS: Results of PSA Service Delivery Network Survey
 (Available On-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		457	Article 9-B		

The Department recently surveyed the local departments of social services to evaluate the extent of interagency coordination on issues relating to the delivery of Protective Services for Adults (PSA). In accordance with Social Services Law and regulations, the delivery of PSA requires the coordination and utilization of community resources. These resources, including personnel from medical, psychiatric, nursing, legal and law enforcement groups, public and private service agencies, advocacy groups and church councils, constitute the PSA service delivery network.

Fifty one of the fifty eight local districts responded to the survey. The results of the survey indicate that there is considerable interagency involvement in PSA cases. Aging, health and mental health agencies are most typically involved in addressing PSA issues. The survey results also showed that, due to public education efforts, there has been an increase in the appropriateness of PSA referrals received by the districts. We are encouraged that districts have been successful in enhancing awareness of adult abuse/neglect and in coordinating PSA with both public and private agencies. We plan to continue statewide efforts to strengthen the PSA network by developing training courses and resource materials that emphasize PSA as a community-based service responsibility. Attached is a summary report on the specific survey results.

Peter R. Brest
Associate Commissioner
Office of Housing and Adult Services

RESULTS OF PROTECTIVE SERVICES FOR ADULTS
SERVICE DELIVERY NETWORK SURVEY

1. The first question concerned whether the district participated on any interagency advisory committees in which PSA issues were addressed. Forty two districts, or 82%, participate in interagency advisory committees, councils or task forces in which protective services for adults issues are addressed. Many districts stated that they participate in several interagency councils.

A. We asked districts to identify the agencies represented in the group and which agency chairs or leads the group. An equal number of the groups (30% each) were headed by DSS and Office for Aging (OFA). Other groups were headed by Mental Health (13%), hospitals (11%), joint council of agencies (11%) and public health (5%).

The area agency on aging is most likely to be represented on the interagency group. (93%)

The next most common participants were public health agencies,(88%); hospital social work staff,(79%); and public mental health agencies,(74%). Least likely to be represented on the task forces were district attorney's offices (17%) and court personnel (< 1%).

Following is a summary listing of the agencies represented on advisory committees, councils or task forces in which PSA issues are addressed:

93%	Area agency on aging
88%	Public health agencies
79%	Hospital social work staff
74%	Public mental health agencies
71%	Developmental disability service providers
70%	Home health provider agencies
55%	Police agencies
50%	Other community agencies (highest % specified: housing providers)
43%	Private mental health agencies
38%	Consumers
36%	Legal advocacy agencies
17%	District attorney's office
<1%	Court personnel

B. PSA issues were most likely addressed in groups that involved generic service delivery (50%). Twenty of the 51 districts that responded indicated that they participate in groups that are specific to PSA issues (39%).

C. The task force or group meeting most commonly occurs on a monthly basis (55%). Quarterly meetings were held by 22% of the respondents.

D. We asked districts to identify whether certain tasks were addressed by the interagency council. The most common use of the interagency task force or council was in identifying resources to meet services needs. The next most frequently cited benefit was the coordination of service delivery.

Improving community awareness was checked by 68% of the districts who participated in interagency groups. 59% of these districts used the interagency forum to address difficult cases. Less than half of the districts used the interagency group to provide assessments. Specific percentages follow.

80%	Identifying resources to meet services needs
75%	Coordinating service delivery
68%	Improving community awareness
67%	Developing services to fill identified gaps
59%	Dealing with difficult cases
53%	Conflict resolution/Interagency disputes
43%	Providing assessments

2. We asked districts to describe how the service delivery issues listed above were addressed if a formal interagency task force was not utilized.

A. Coordinating service delivery. Districts indicated this was addressed on a case by case basis, with individual meetings arranged as needed. Written agreements with other agencies were used to establish working procedures.

B. Improving community awareness. Public presentations, using informational videos and other materials are conducted by local district PSA staff. Also, brochures are distributed to other agencies and at public forums.

C. Providing assessments. A majority of districts (57%) indicated that they conducted their own assessments, rather than using an interagency council. The 30 day timeframe for conducting assessments on PSA cases makes it more feasible for districts to conduct their own assessments, accessing mental health and health agencies on an as needed basis.

D. Dealing with difficult cases. Supervisory consultations and case conferencing when needed are utilized to resolve difficult cases.

E. Conflict resolution/interagency disputes. While slightly more than half of the districts used an interagency forum for this purpose, the others handled disputes through administrative meetings, using a chain of command to resolve specific cases.

F. Identifying resources to meet services needs. Those districts that did not participate on interagency task forces indicated that they utilized caseworker and supervisory knowledge about community resources to meet identified needs.

G. Developing services to fill identified gaps. Districts indicated that although service development is restricted by lack of available funding, they use brainstorming techniques and creative casework to address case specific needs.

3. We asked districts to indicate if there had been an increase in the number and/or appropriateness of referrals, due to public education efforts concerning PSA. The most significant change listed was an increase in the appropriateness of PSA referrals, noted by 57% of the respondents. Some

districts stated that agencies had become less critical and were providing more factual, appropriate information. Districts noted that with more appropriate referrals, more cases were being opened. One district noted that referrals from police and banks had increased following presentations to these agencies. An increase in the number of referrals was listed by 51% of the respondents. No significant change was listed by 14% of districts.

INCREASE IN APPROPRIATENESS OF REFERRALS	
No increase in #'s, but more appropriate referrals	31%
Increase in # and appropriateness of referrals	22%
Decrease in #, but more appropriate referrals	4%
INCREASE IN NUMBER OF REFERRALS	
Increase in number of referrals	27%
Increase in # and appropriateness	22%
Increase in #, decrease in appropriateness, due to agency cutbacks	2%

4. We asked districts to identify any special needs for future public education initiatives, and to describe any particularly effective public education programs that they conducted.

Public Education Needs:

Districts suggested that we use the media to increase awareness, including local newspapers, radio and television. Several indicated that videos were helpful, and that we should consider developing other more specific videos, such as one on financial exploitation. Others suggested that informational materials need to place more emphasis on adult's self determination rights, the legal limitations of PSA and the need for a system of services. Districts would like to see specific training provided for police, public health nurses, physicians, attorneys, home care providers, ombudsman, and hospital discharge planners. A suggestion was made that training on guardianship and Article 81 MHL is needed for judges and mental health professionals. Also, it was noted that our informational brochures, posters and videos need to be available upon request. There is sometimes a delay in receiving materials. One district suggested that districts should receive training on grant writing so they could apply for any additional sources of funding.

Public Education Initiatives:

Some districts described public education initiatives they implemented that were particularly effective.

Erie County Senior Services presented 30 inservice programs last year, including two television appearances describing PSA. They also provide ongoing training sessions at the police academy.

Essex County CASA sponsors an educational forum twice a year that focuses on long term care issues.

Nassau Co. DSS provides ongoing community education programs. Over 300 representatives from area agencies participated during the past year.

Orange Co. DSS presented a panel on adult abuse/neglect from legal, judicial, and law enforcement points of view. The panel was well attended and generated excellent follow-up newspaper articles.

Rensselaer Co. PSA Advisory Council conducts extensive public education programs. Presentations before health care and mental health care providers have resulted in large increases in referrals.

Rockland Co. provides quarterly training for new police officers.

5. This question concerned how mental health evaluations are conducted for PSA clients when a district is considering pursuing legal interventions on their behalf. Many districts utilized more than one option when seeking a mental health evaluation. Most districts obtained evaluations from their county mental health provider, and hospital psychiatric units, depending on the particular need of the client. A significant number, 23%, stated that they sometimes contracted to a private mental health provider.

73%	Provided by county mental health agency
45%	Provided by state psychiatric facility or hospital psychiatric unit
29%	Other (includes Alzheimer's Association, Geriatric Screening Teams, Public Health Dept.)
23%	Contracted to a private mental health provider or agency
0%	Provided by DSS staff or unit

6. Other Comments

A few districts commented that staffing shortages are making it difficult to deliver effective services. Several districts mentioned the need for resources in providing services to persons with Alzheimer's disease. Also, clients who have aggressive behavior problems and alcohol and drug addiction problems are a challenge for all agencies who are involved in the services plan.