ARIZONA DEPARTMENT OF HEALTH SERVICES

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Arizona Adult Protective Services Stakeholder Meeting

January 23, 2020
Desert Willow Conference Center

Welcome!

Wayne Tormala

Arizona Department of Health Services

Chief, Bureau of Chronic Disease & Health Promotion

Safety Procedures

If we need to evacuate the building , please file out through the nearest emergency exit doors and meet in the parking lot for roll call.

Emergency Exits

Restrooms

Agenda

Topic	Time
Setting the Stage Dr. Cara Christ	9:15 - 10:00 am
Current Process Improvement Activities Molly McCarthy	10:00 - 10:45 am
Networking Break	10:45 - 11:00 am
Breakthrough Plan Development Dr. Cara Christ	11:00 - 11:45 am
Working Lunch: Panel Discussion	11:45 am - 1:30 pm
Stakeholder Breakout Sessions	1:30 - 2:45 pm
Networking Break	2:45 - 3:00 pm
Breakout Session Report Out	3:00 - 3:45 pm
Next Steps	3:45 - 4:00 pm

Setting the Stage

Dr. Cara Christ

Director, Arizona Department of Health Services

Interim Director, Arizona Department of Economic Security

Vulnerable Adult

an individual who is eighteen years of age or older and who is unable to protect himself from abuse, neglect or exploitation by others because of a physical or mental impairment. Vulnerable adult includes an incapacitated person as defined in A.R.S. 14-5101.
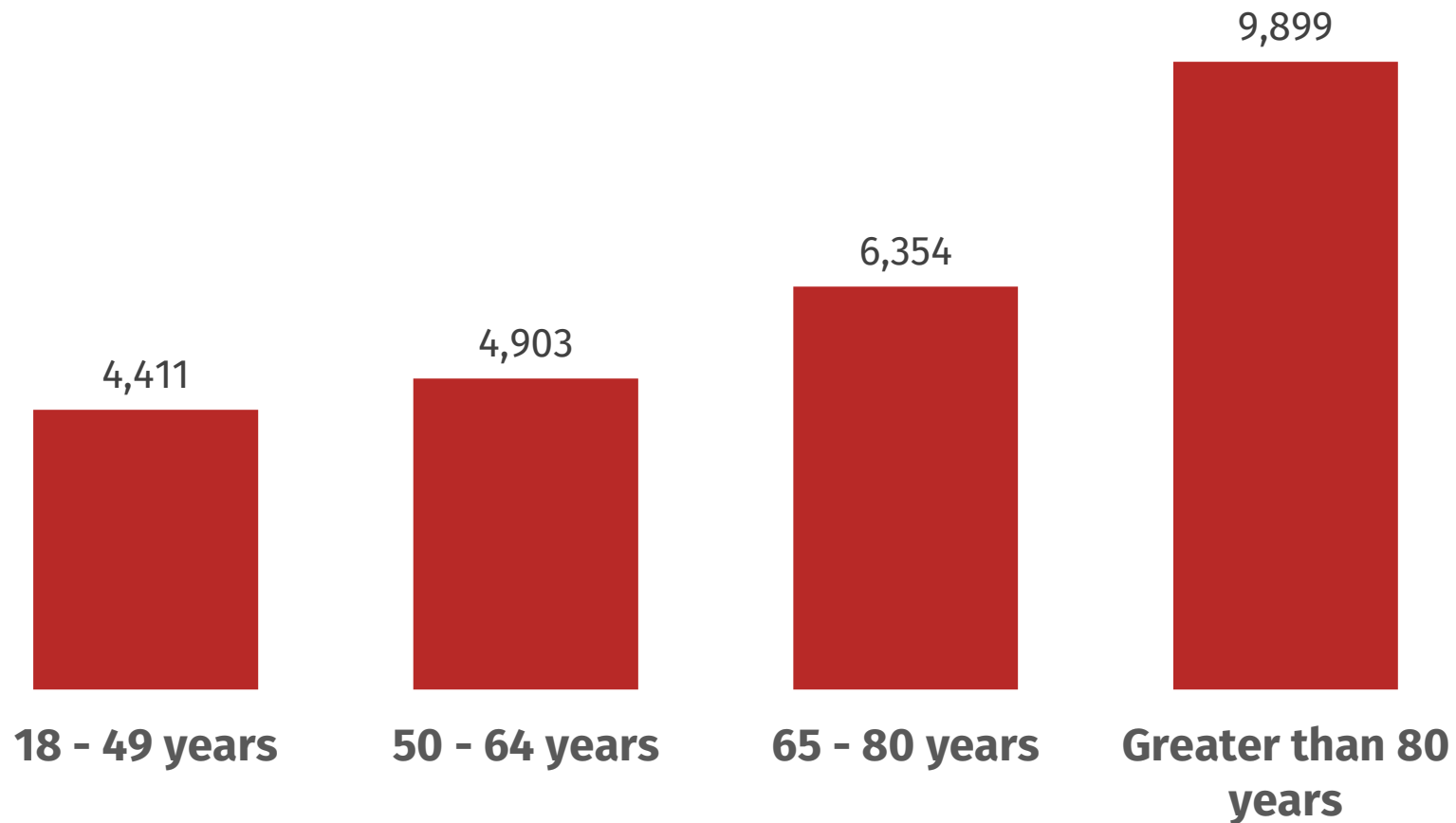
25,597

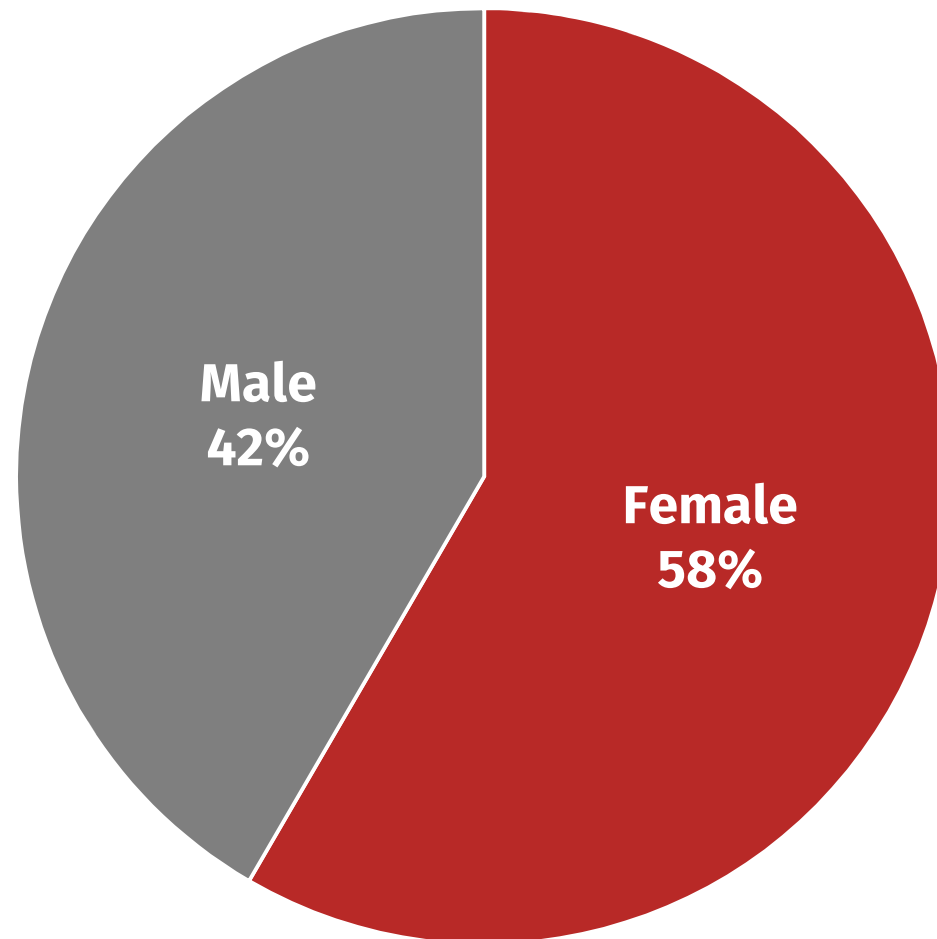reported clients from July 1, 2018 – December 1, 2019

25,597
reported clients from July 1, 2018 – December 1, 2019

18 - 49 years	50 - 64 years	65 - 80 years	Greater than 80 years
4,411	4,903	6,354	9,899

Age Groups

25,597

reported clients from July 1, 2018 – December 1, 2019

Male
42%

Female
58%

Gender

25,597

reported clients from July 1, 2018 – December 1, 2019

Home - With Family
or Non-Family 9,408

Residential Facility
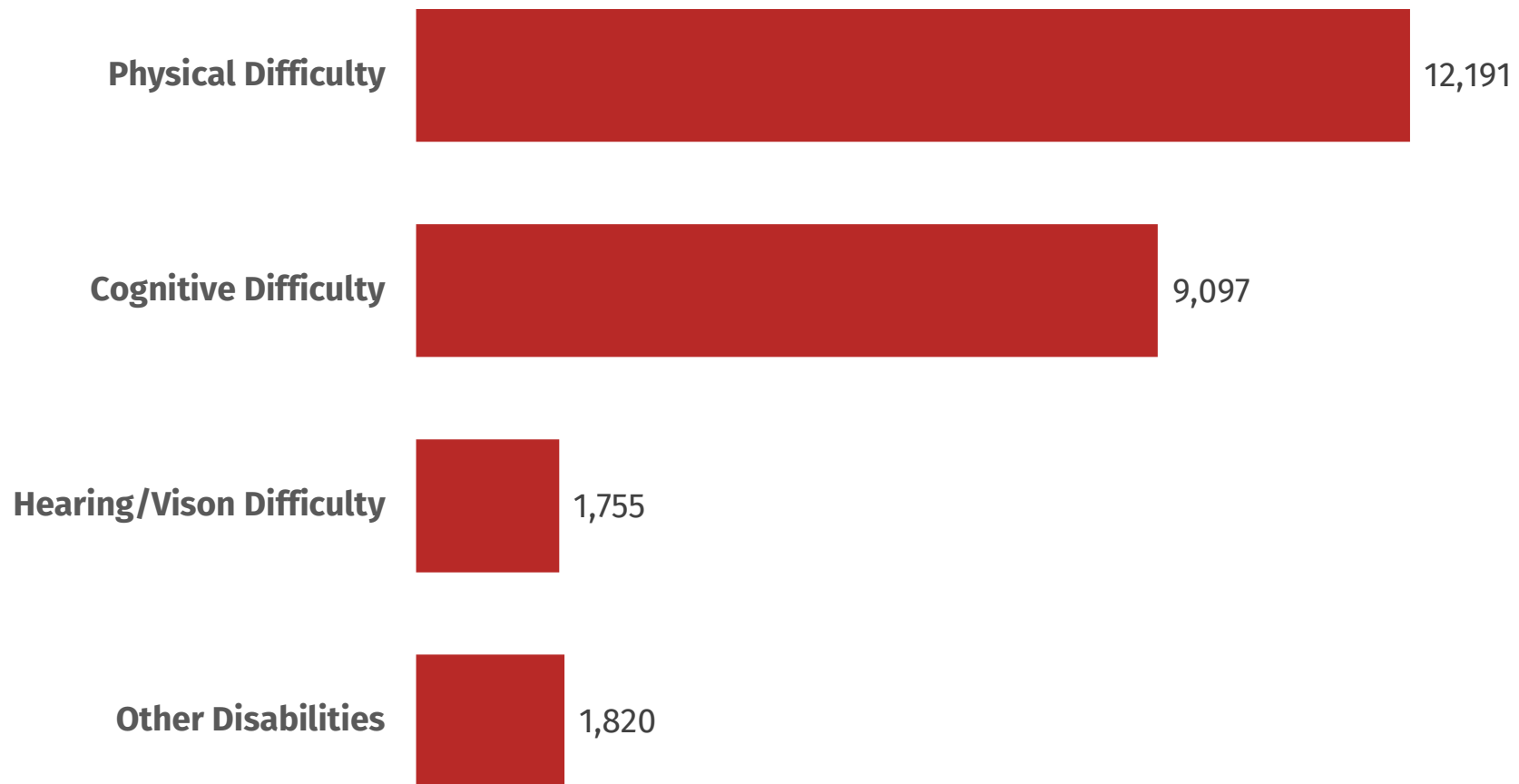5,782

Home - Alone 5,597

Unknown/Other
4,276

Homeless 534

Current Living Situation

25,597
reported clients from July 1, 2018 – December 1, 2019

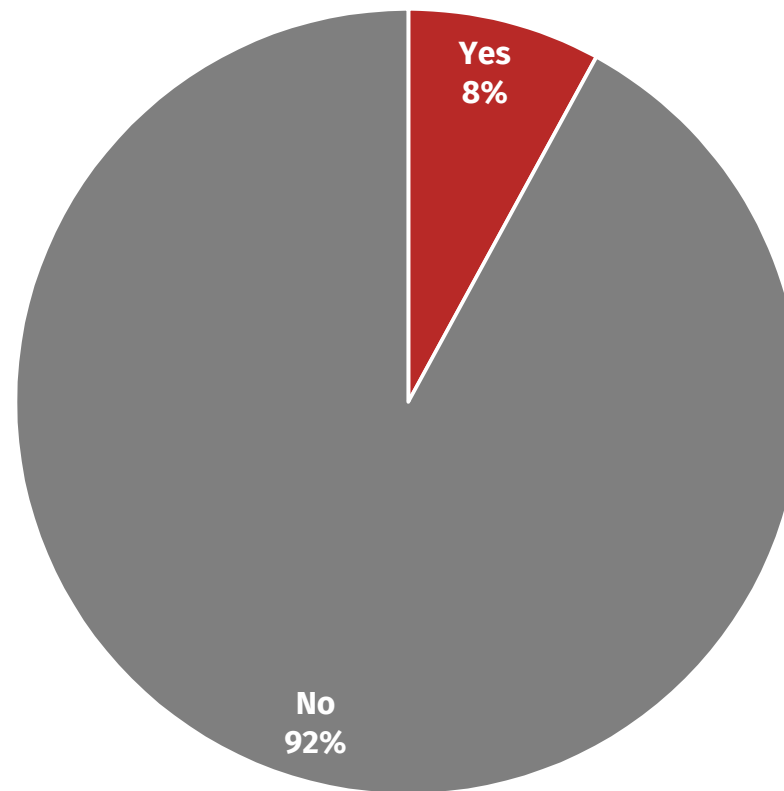|	
Physical Difficulty	12,191
Cognitive Difficulty	9,097
Hearing/Vison Difficulty	1,755
Other Disabilities	1,820

Difficulties or Disabilities

25,597

reported clients from July 1, 2018 – December 1, 2019

8% of reported cases are DDD clients.

Yes
8%

No
92%

DDD Client Status

Does the report meet the criteria for APS to investigate?

No → **Refer out for resources**

Yes ↓

Sent to investigator for a field investigation and evaluated for referrals

↓

Does the report meet the criteria for APS to investigate?

No → Refer out for resources

Yes ↓

Sent to investigator for a field investigation and evaluated for referrals

↓

Criteria meet to move to substantiation?

No → Close case and refer out for resources

Yes →

Does the report meet the criteria for APS to investigate?

No → Refer out for resources

Yes ↓

Sent to investigator for a field investigation and evaluated for referrals

↓

Criteria meet to move to substantiation?

No → Close case and refer out for resources

Yes → Refer to Attorney General

↓

Criteria meet to move to ALJ?

No → Close case

Yes ↓

Refer to ALJ for recommendation for Director

Does the report meet the criteria for APS to investigate?

No → Refer out for resources

Yes ↓

Sent to investigator for a field investigation and evaluated for referrals

↓

Criteria meet to move to substantiation?

No → Close case and refer out for resources

Yes → Refer to Attorney General

↓

Criteria meet to move to ALJ?

No → Close case

Yes ↓

Refer to ALJ for recommendation for Director

→ Director's decision to move the case to the registry or close out → Close case

↓

Place on registry

Central Intake Unit

During fiscal year 2019 and 2020, there was a monthly average of **2,800 calls** answered and **990 online reports** filed.

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Reports
58%

Information and Referral
27%

Status Communications
8%

Additional Sources
7%

The Central Intake Unit handles a variety of communications including:

During fiscal year 2019 and 2020, there was a monthly average of **2,800 calls** answered and **990 online reports** filed.

The Central Intake Unit handles a variety of communications including:

- Callers reporting abuse, neglect, exploitation or self-neglect
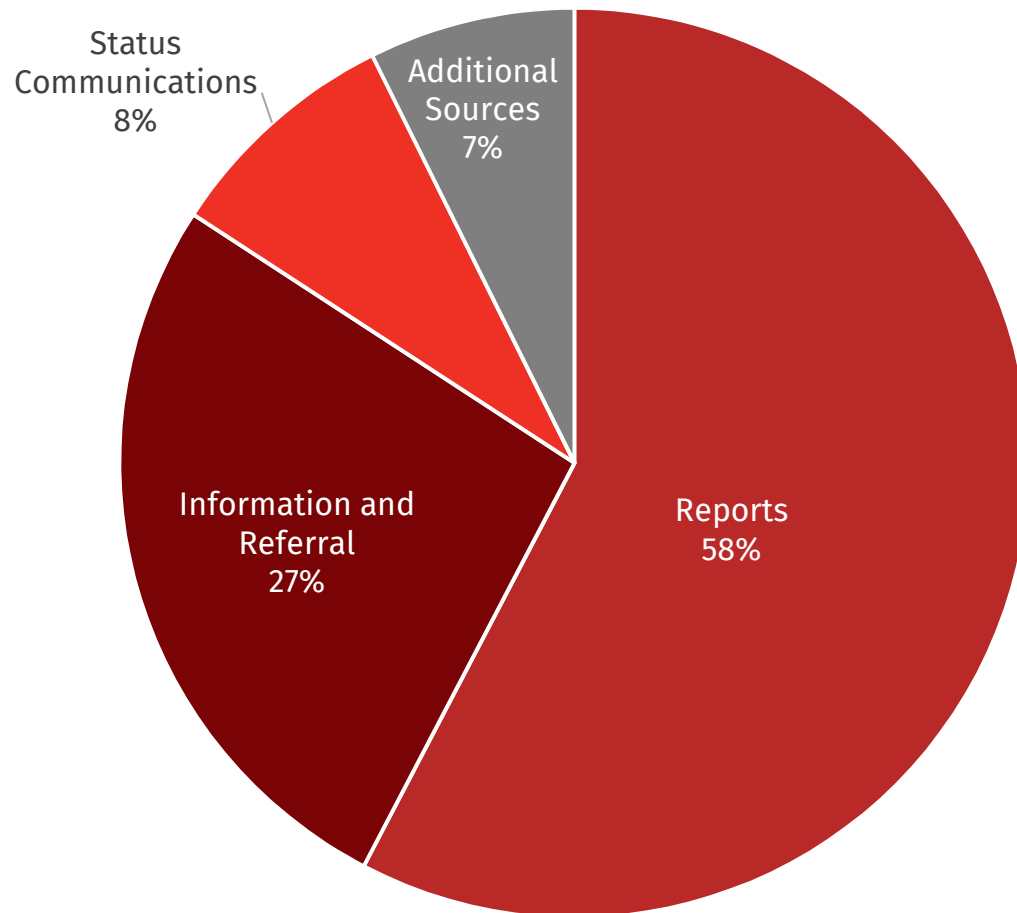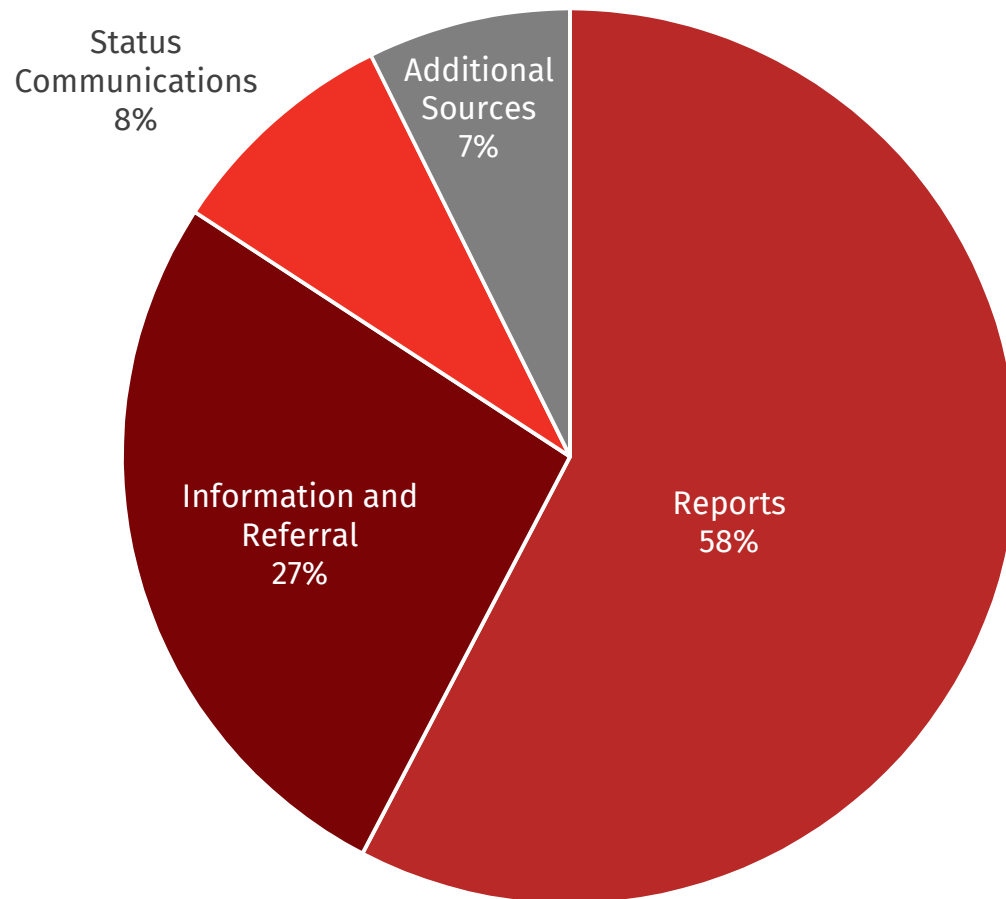
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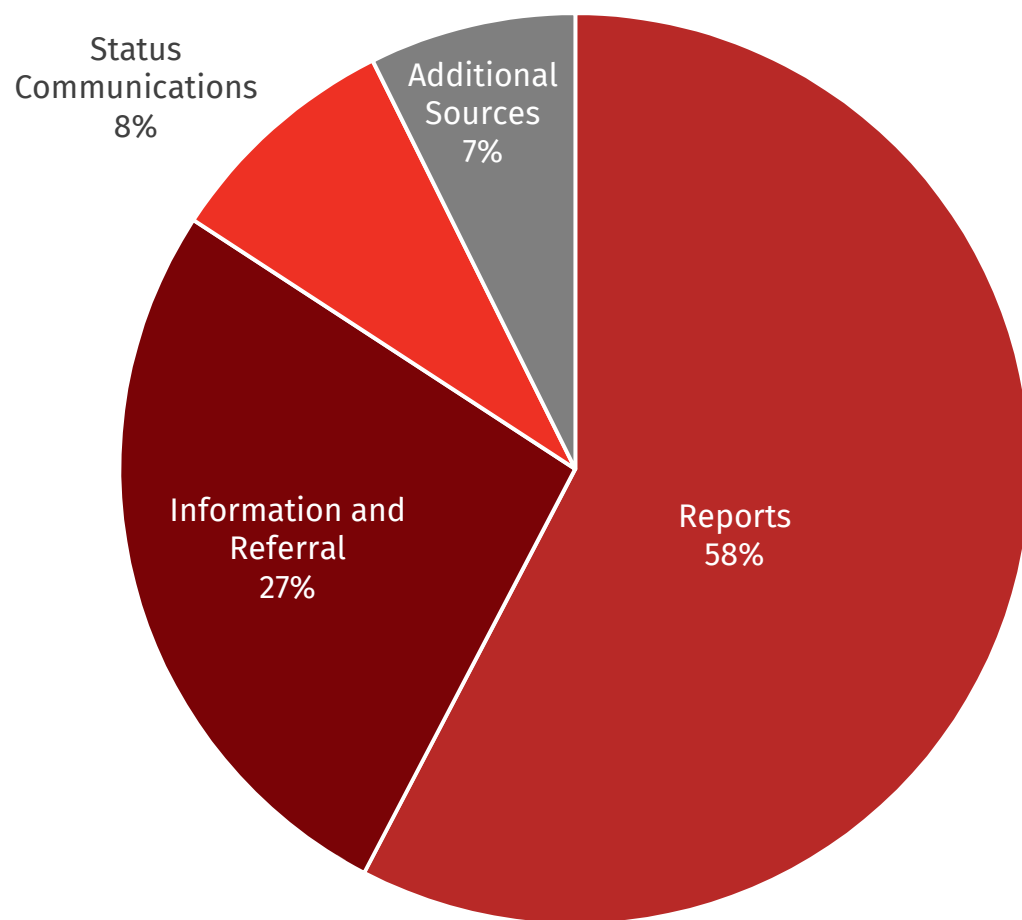- Status updates for current reports

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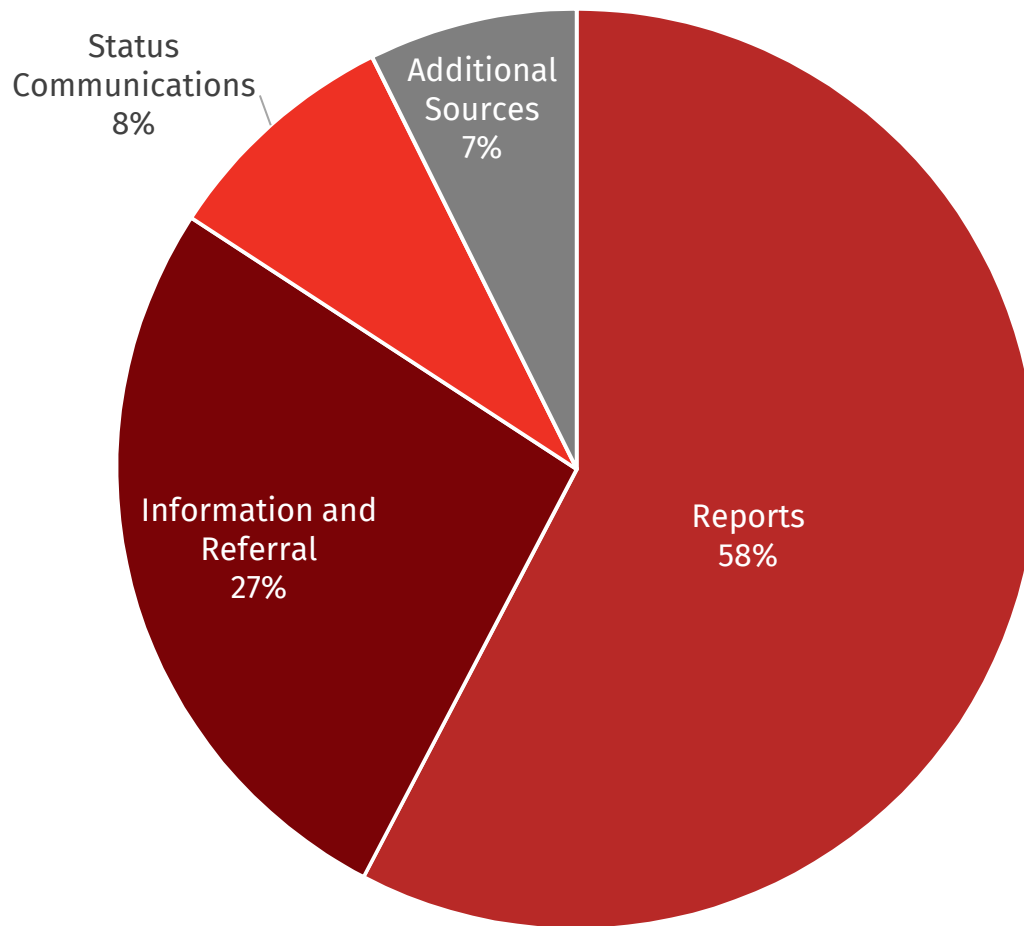

The Central Intake Unit handles a variety of communications including:

- Callers reporting abuse, neglect, exploitation or self-neglect
- Status updates for current reports
- Callers whose report does not meet statutory criteria but need additional resources or referrals

Status Communications 8%

Additional Sources 7%

Reports 58%

Information and Referral 27%

Does the report meet the criteria for APS to investigate?

No

Refer out for resources

Yes

Sent to investigator for a field investigation and evaluated for referrals

Field Investigation

Throughout fiscal year 2019 and 2020 the case report load has continued to increase. From July 2018 to November 2019 there was a **87% increase** in monthly caseload.

	2500
	2000
	1500
	1000
	500
	0

Added During Period

Closed During Period

Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19
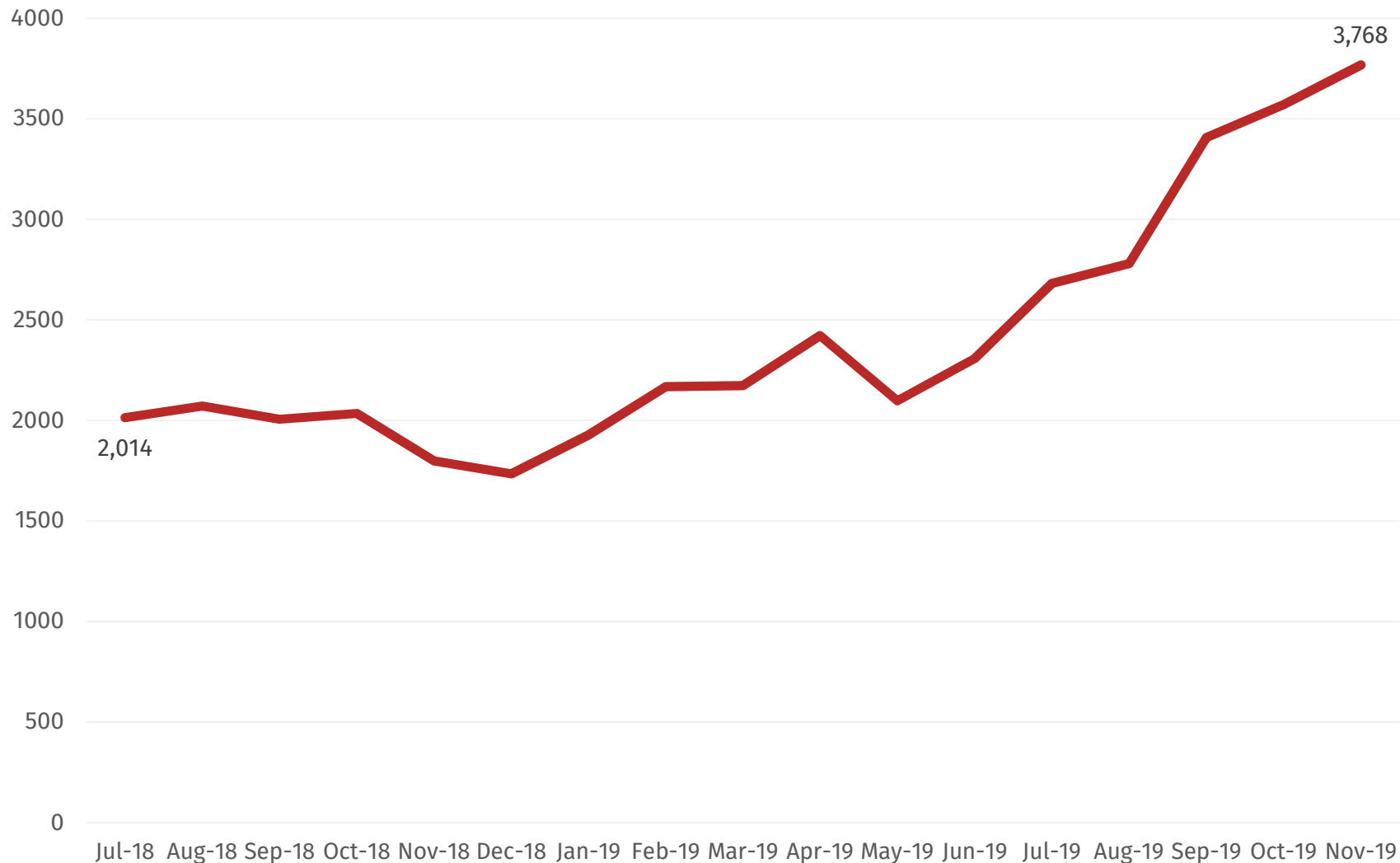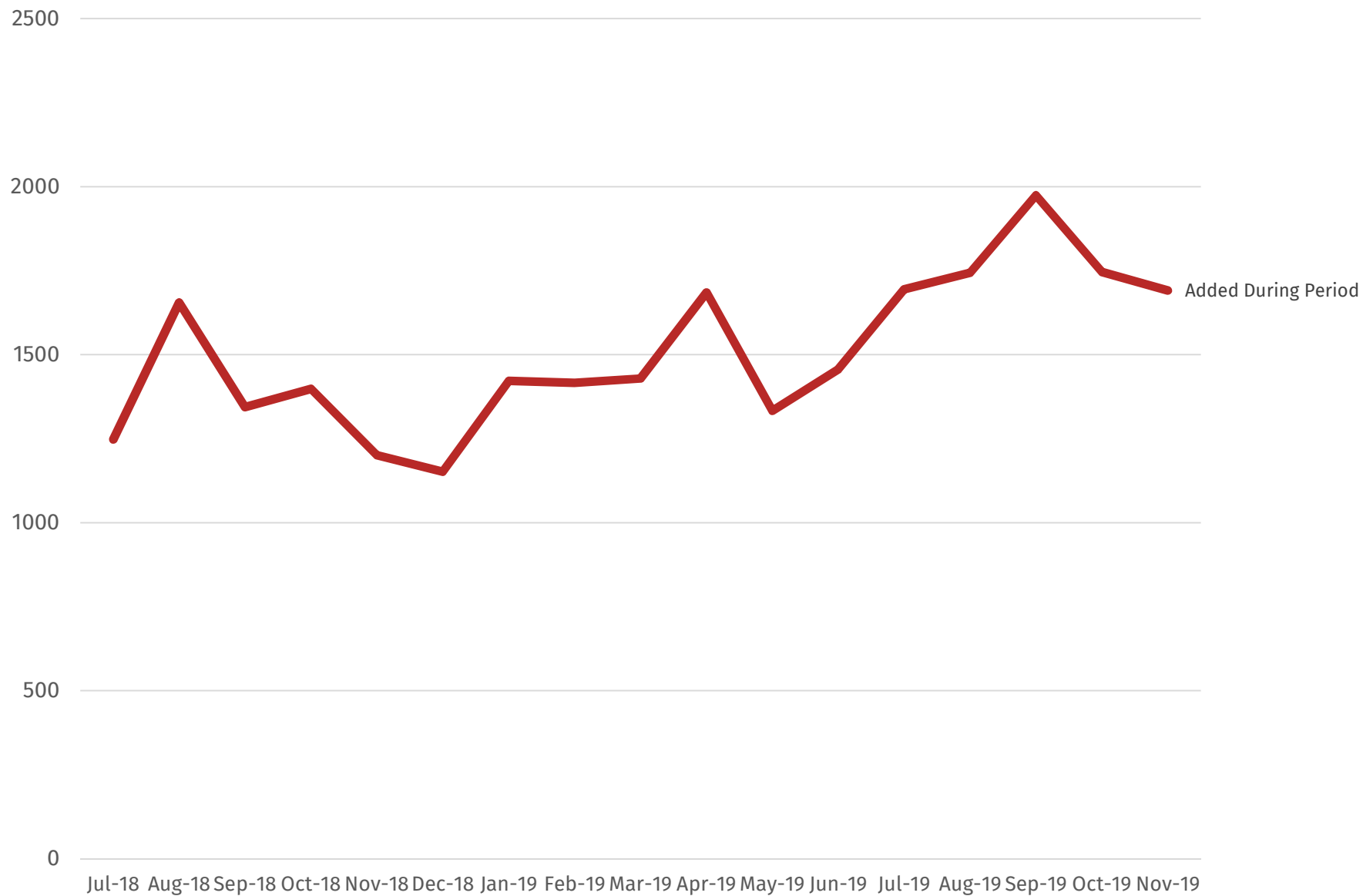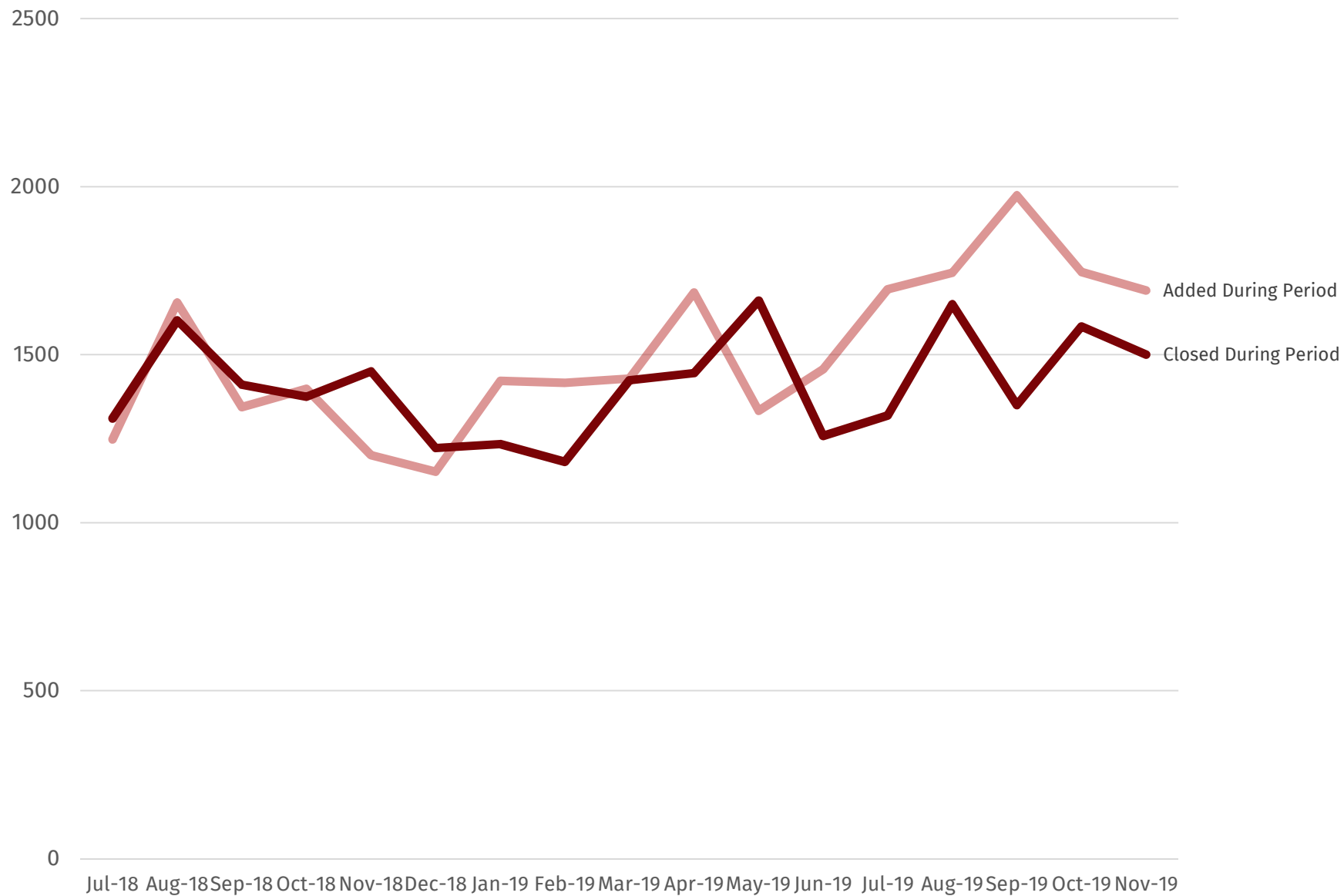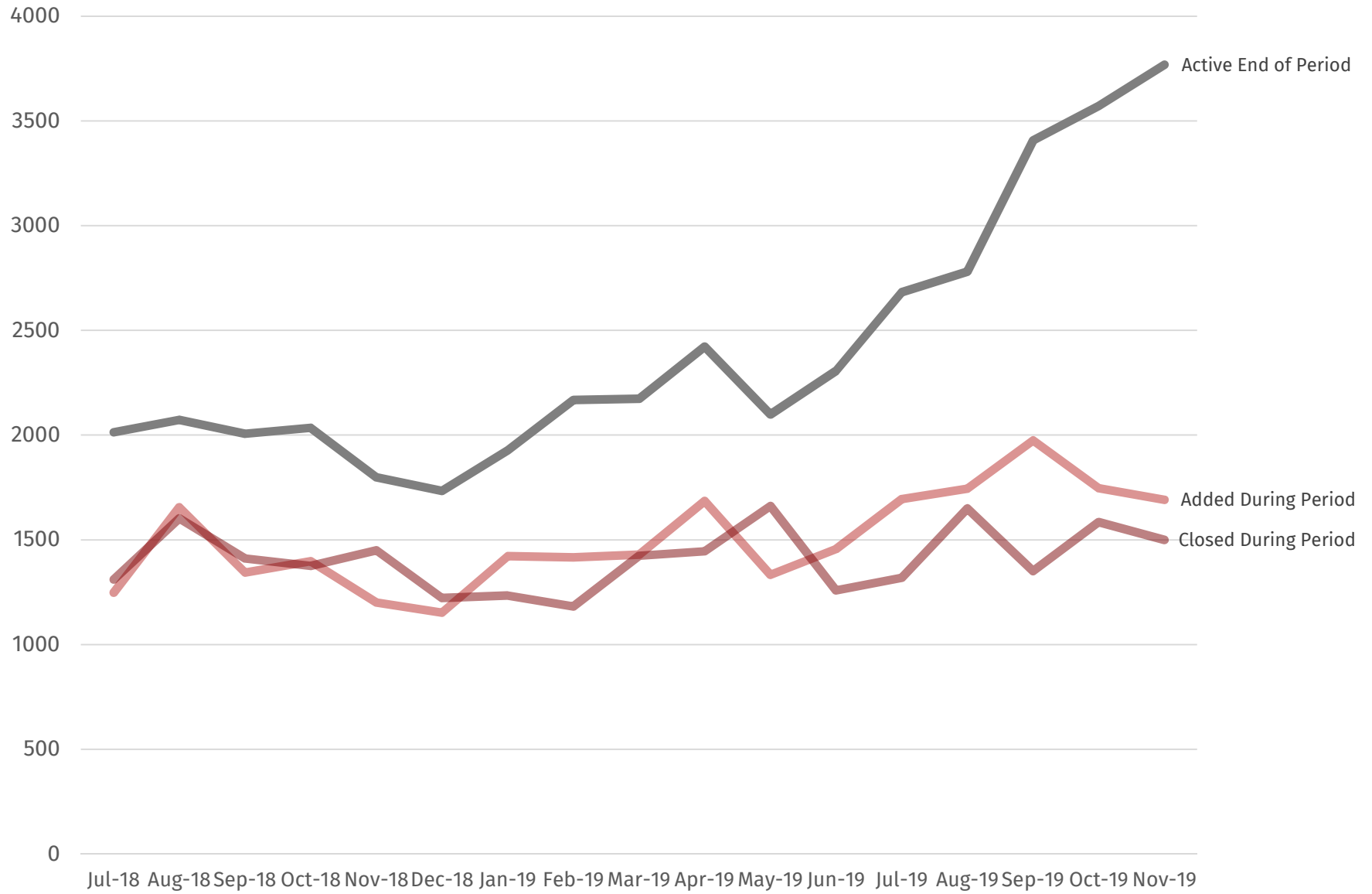
APS Team

Investigative Unit
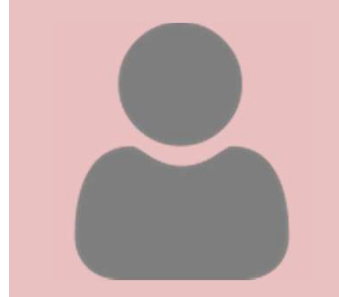
Unit Supervisor

APS Team

Investigative Unit

Unit Supervisor

Investigators

APS Team

Investigative Unit

Unit Supervisor

Investigators

Case Aid
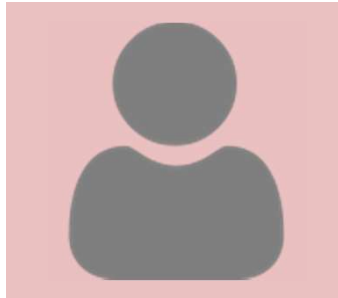
APS Team
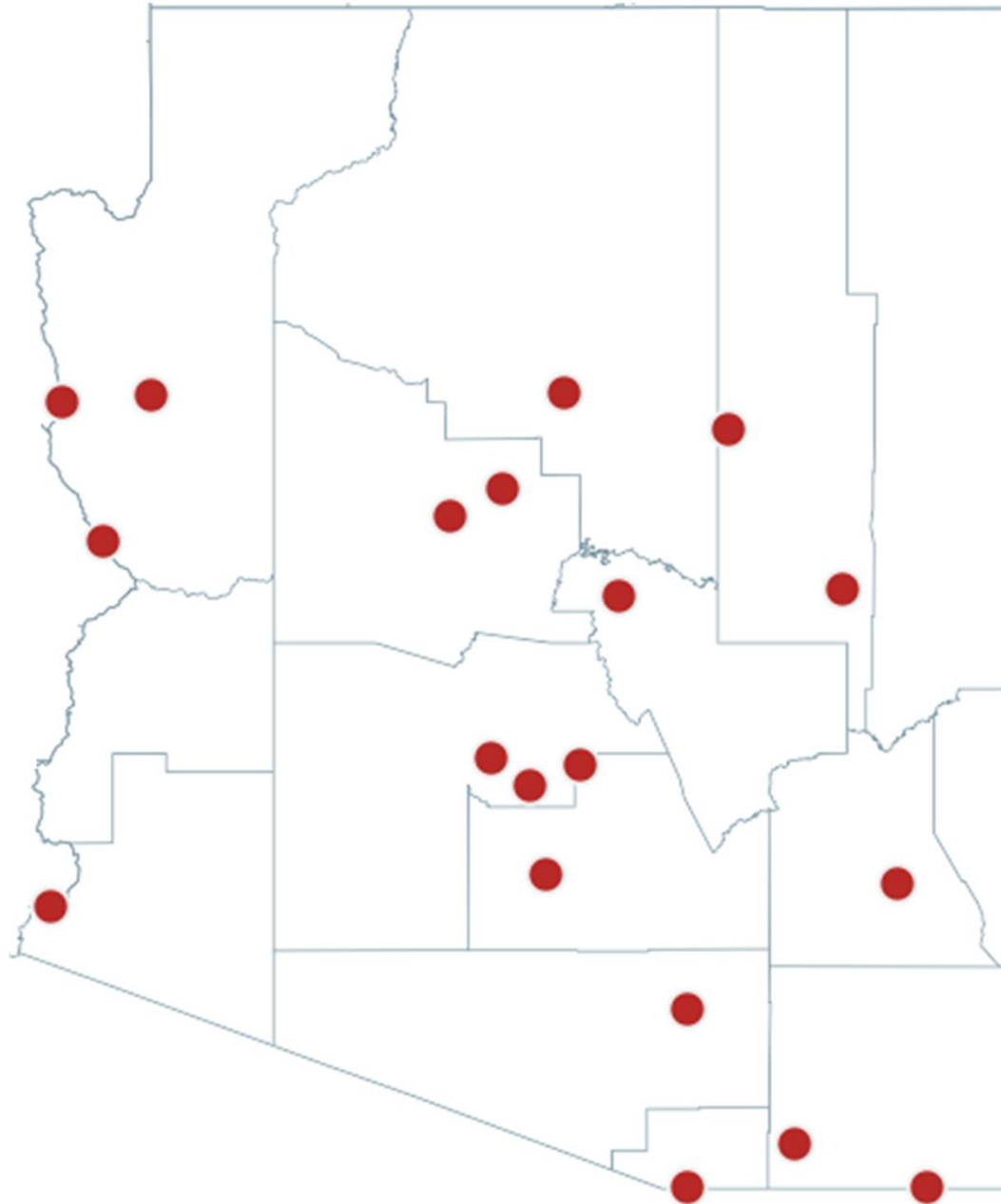
There are 20 DES offices with locations all over the state.

The field investigators are looking at each of the allegations and checking to ensure that they meet the criteria for one of the following:

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ABUSE

Intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, sexual abuse or sexual assault.

A.R.S. § 46-451(A)(1)

The field investigators are looking at each of the allegations and checking to ensure that they meet the criteria for one of the following:

ABUSE	NEGLECT
Intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, sexual abuse or sexual assault.	Deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or mental health.
A.R.S. § 46-451(A)(1)	A.R.S. § 46-451(A)(6)

The field investigators are looking at each of the allegations and checking to ensure that they meet the criteria for one of the following:

ABUSE

Intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, sexual abuse or sexual assault.

A.R.S. § 46-451(A)(1)

NEGLECT

Deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or mental health.

A.R.S. § 46-451(A)(6)

EXPLOITATION

The illegal or improper use of a vulnerable adult or their resources for another's profit or advantage.

A.R.S. § 46-451(A)(4)

The field investigators are looking at each of the allegations and checking to ensure that they meet the criteria for one of the following:

ABUSE

Intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, sexual abuse or sexual assault.

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Deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or mental health.

A.R.S. § 46-451(A)(6)

EXPLOITATION

The illegal or improper use of a vulnerable adult or their resources for another's profit or advantage.

A.R.S. § 46-451(A)(4)

SELF-NEGLECT

An adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including—
(A) obtaining essential food, clothing, shelter, and medical care;
(B) obtaining goods and services necessary to maintain physical health, mental health, or general safety; or
(C) managing one's own financial affairs.

The most common allegations that are report to APS are self-neglect followed by exploitation, abuse, and neglect. Although less frequent some reports have multiple categories.

Only Self-Neglect 9,367

Only Exploitation 6,995

Only Abuse 6,262

Only Neglect 5,249

Abuse and Neglect
2,638

Exploitation and
Neglect 953

Abuse and Exploitation
693

Abuse, Exploitation,
and Neglect 296

Abuse and Self-Neglect
48

Exploitation and Self-
Neglect 46
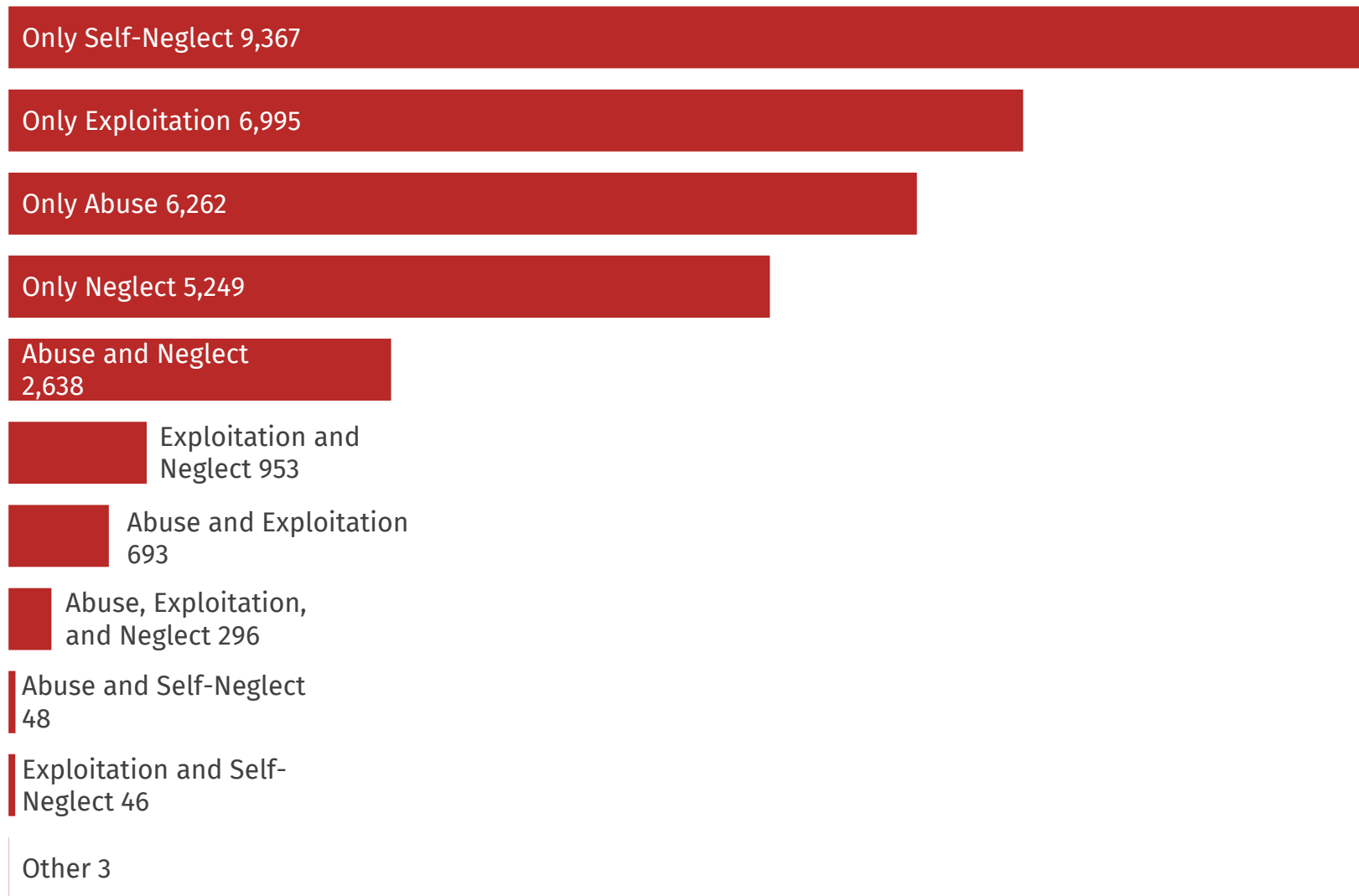
Other 3

During fiscal year 2019 and 2020, a variety of groups reported possible abuse, neglect, exploitation, or self-neglect.
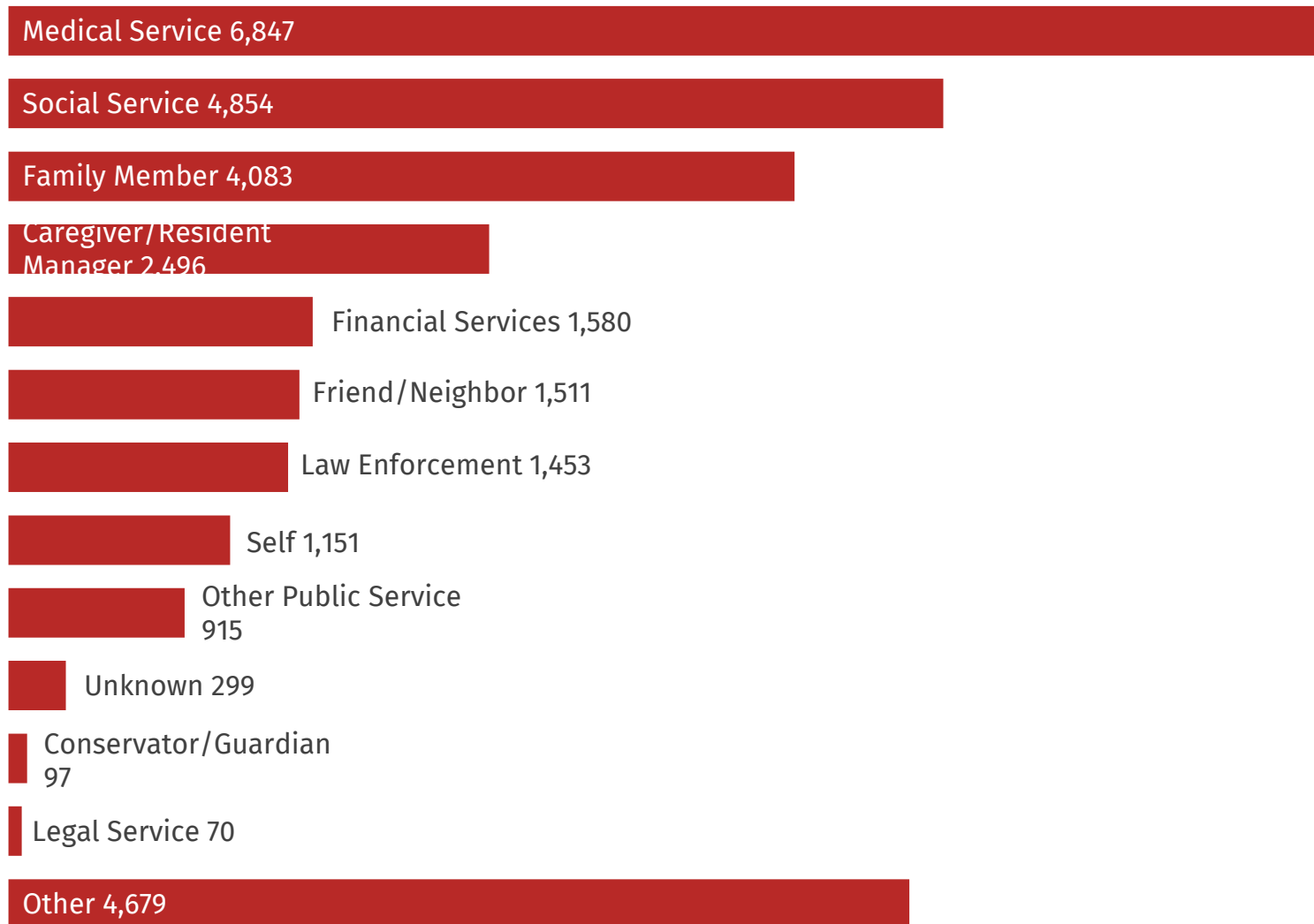
Medical Service 6,847

Social Service 4,854

Family Member 4,083

Caregiver/Resident Manager 2,496

Financial Services 1,580

Friend/Neighbor 1,511

Law Enforcement 1,453

Self 1,151

Other Public Service 915

Unknown 299

Conservator/Guardian 97

Legal Service 70

Other 4,679

*Other includes anonymous reports, religious services, other private services, and unknown reporters.

The largest **mandatory reporters** for this time frame include medical services, caregiver/resident manager, and social services
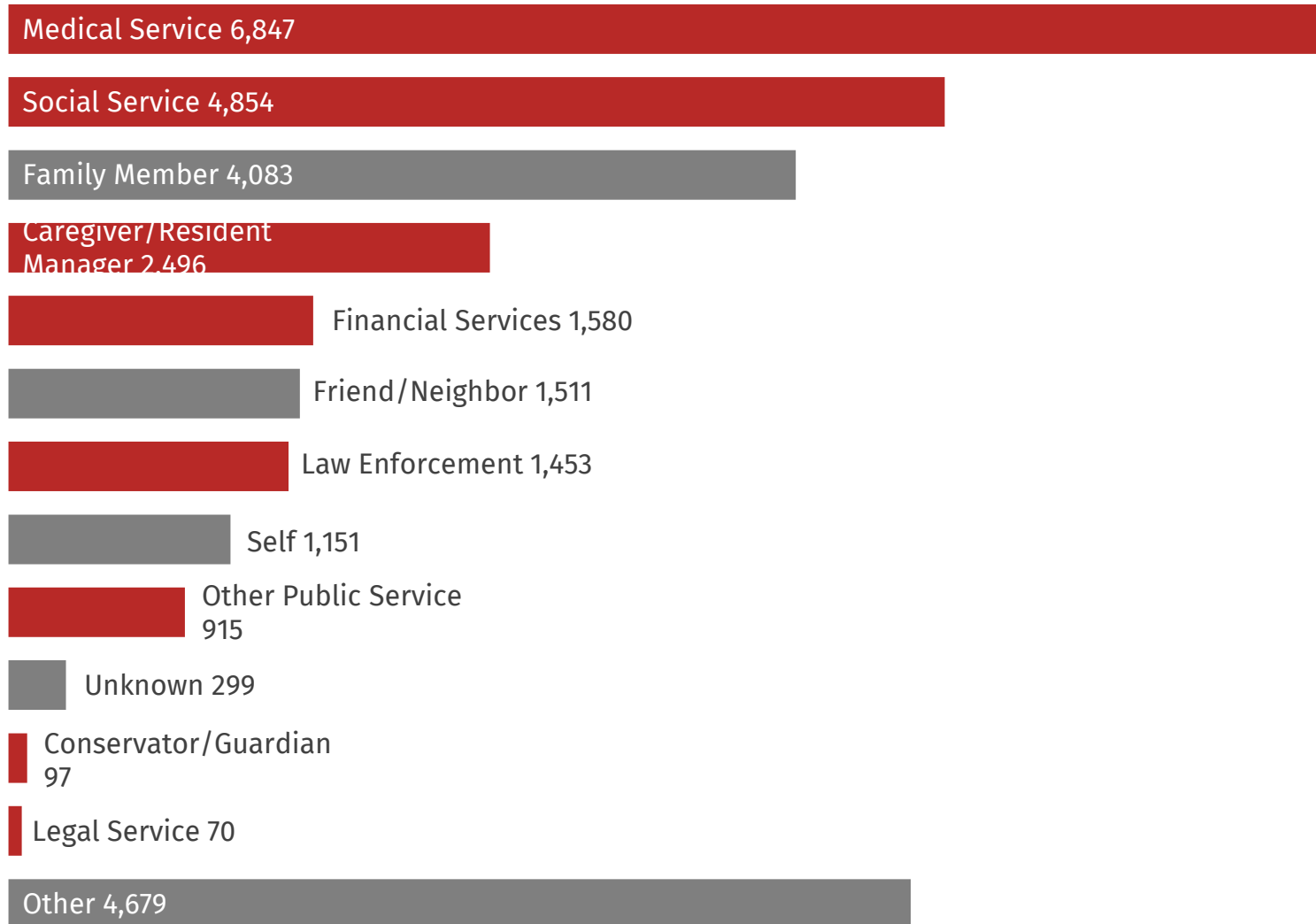
Category	Value
Medical Service	6,847
Social Service	4,854
Family Member	4,083
Caregiver/Resident Manager	2,496
Financial Services	1,580
Friend/Neighbor	1,511
Law Enforcement	1,453
Self	1,151
Other Public Service	915
Unknown	299
Conservator/Guardian	97
Legal Service	70
Other	4,679

*Other includes anonymous reports, religious services, other private services, and unknown reporters.

Each report that meets the criteria for investigation is placed into a priority level of 1, 2, or 3.

Priority 1
1,094

Priority 3
9,655

Priority 2
19,286

Each report that meets the criteria for investigation is placed into a priority level of 1, 2, or 3.

Priority 1:
These cases are considered emergencies, contact is made in 24 business hours. The alleged perpetrator has direct access to the vulnerable adult for these cases.

Priority 1
1,094

Priority 3
9,655

Priority 2
19,286

Each report that meets the criteria for investigation is placed into a priority level of 1, 2, or 3.

Priority 1:
These cases are considered emergencies, contact is made in 24 business hours. The alleged perpetrator has direct access to the vulnerable adult for these cases.

Priority 1
1,094

Priority 3
9,655

Priority 2:
These cases are less urgent because the alleged perpetrator does not have direct access to the adult. These cases are contacted within 48 business hours.

Priority 2
19,286

Each report that meets the criteria for investigation is placed into a priority level of 1, 2, or 3.

Priority 1:
These cases are considered emergencies, contact is made in 24 business hours. The alleged perpetrator has direct access to the vulnerable adult for these cases.

Priority 3:
These cases are contacted within 72 business hours.

Priority 2:
These cases are less urgent because the alleged perpetrator does not have direct access to the adult. These cases are contacted within 48 business hours.

Priority 1
1,094

Priority 3
9,655

Priority 2
19,286

1,094
Priority 1 Cases

Priority 1 cases were closed on average **42 days** after the initial report occurred.

1,094
Priority 1 Cases

Priority 1 cases were closed on average **42 days** after the initial report occurred.

Category	Value
Social Service	229
Medical Service	196
Family Member	112
Law Enforcement	110
Caregiver/Resident Manager	94
Other Public Service	43
Friend/Neighbor	41
Self	39
Unknown	17
Conservator/Guardian	7
Financial Services	7
Legal Service	5
Other	194

1,094
Priority 1 Cases

Only Abuse 434

Only Self-Neglect 321

Only Neglect 131

Abuse and Neglect 104

Only Exploitation 46

Abuse and Exploitation 26

Exploitation and Neglect 18

Abuse, Exploitation, and Neglect 10

Exploitation and Self-Neglect 2

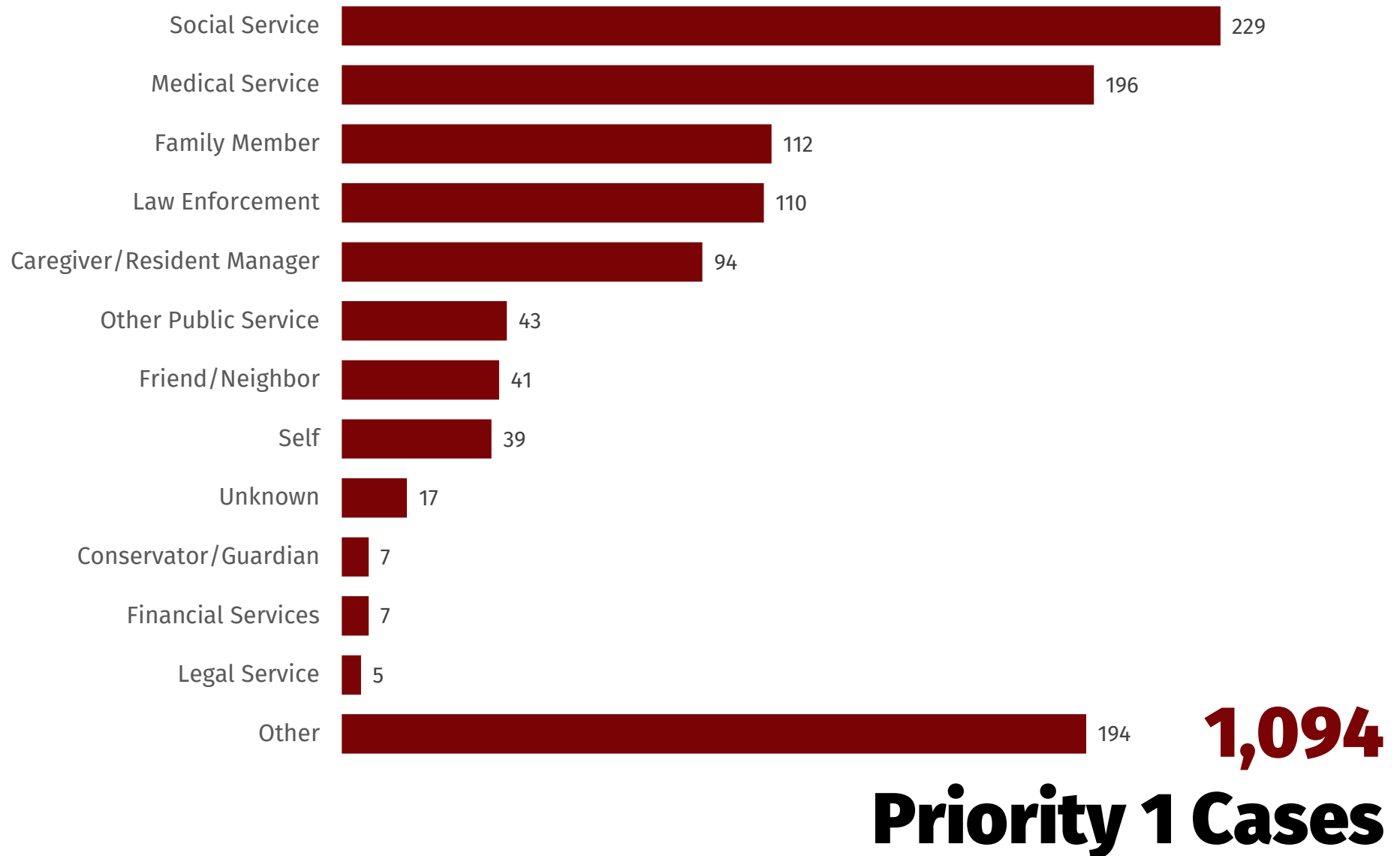Abuse and Self-Neglect 2

1,094
Priority 1 Cases

19,287
Priority 2 Cases

Priority 2 cases were closed on average **46 days** after the initial report occurred.

19,287
Priority 2 Cases

Priority 2 cases were closed on average **46 days** after the initial report occurred.

Source	Count
Medical Service	4,804
Social Service	3,295
Family Member	2,571
Friend/Neighbor	1,185
Caregiver/Resident Manager	1,173
Law Enforcement	1,088
Self	688
Other Public Service	641
Unknown	197
Financial Services	181
Conservator/Guardian	44
Legal Service	29
Other	3,390

19,287
Priority 2 Cases

Only Self-Neglect
7,721

Only Abuse 3,801

Only Neglect 3,714

Abuse and Neglect
1,746

Only Exploitation
858

Exploitation and
Neglect 639

Abuse and
Exploitation 501

Abuse, Exploitation,
and Neglect 237

Abuse and Self-
Neglect 37

Exploitation and
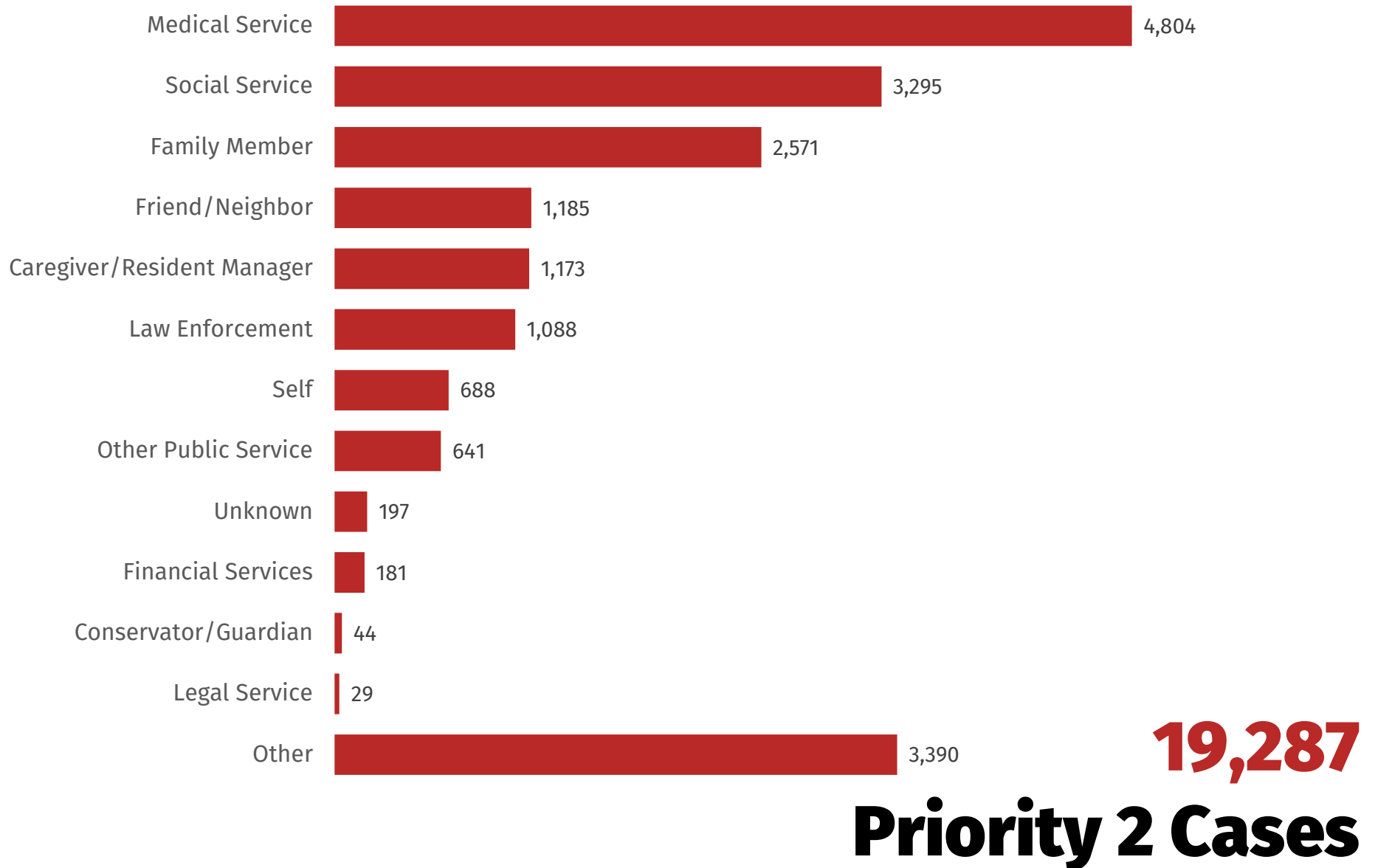Self-Neglect 30

Other 3

19,287
Priority 2 Cases

9,656

Priority 3 Cases

Priority 3 cases were closed on average **53 days** after the initial report occurred.

9,656
Priority 3 Cases

Priority 3 cases were closed on average **53 days** after the initial report occurred.

Reporter	Cases
Medical Service	1,847
Family Member	1,400
Financial Services	1,392
Social Service	1,330
Caregiver/Resident Manager	1,229
Self	424
Friend/Neighbor	285
Law Enforcement	255
Other Public Service	231
Unknown	85
Conservator/Guardian	46
Legal Service	36
Other	1,095

9,656
Priority 3 Cases
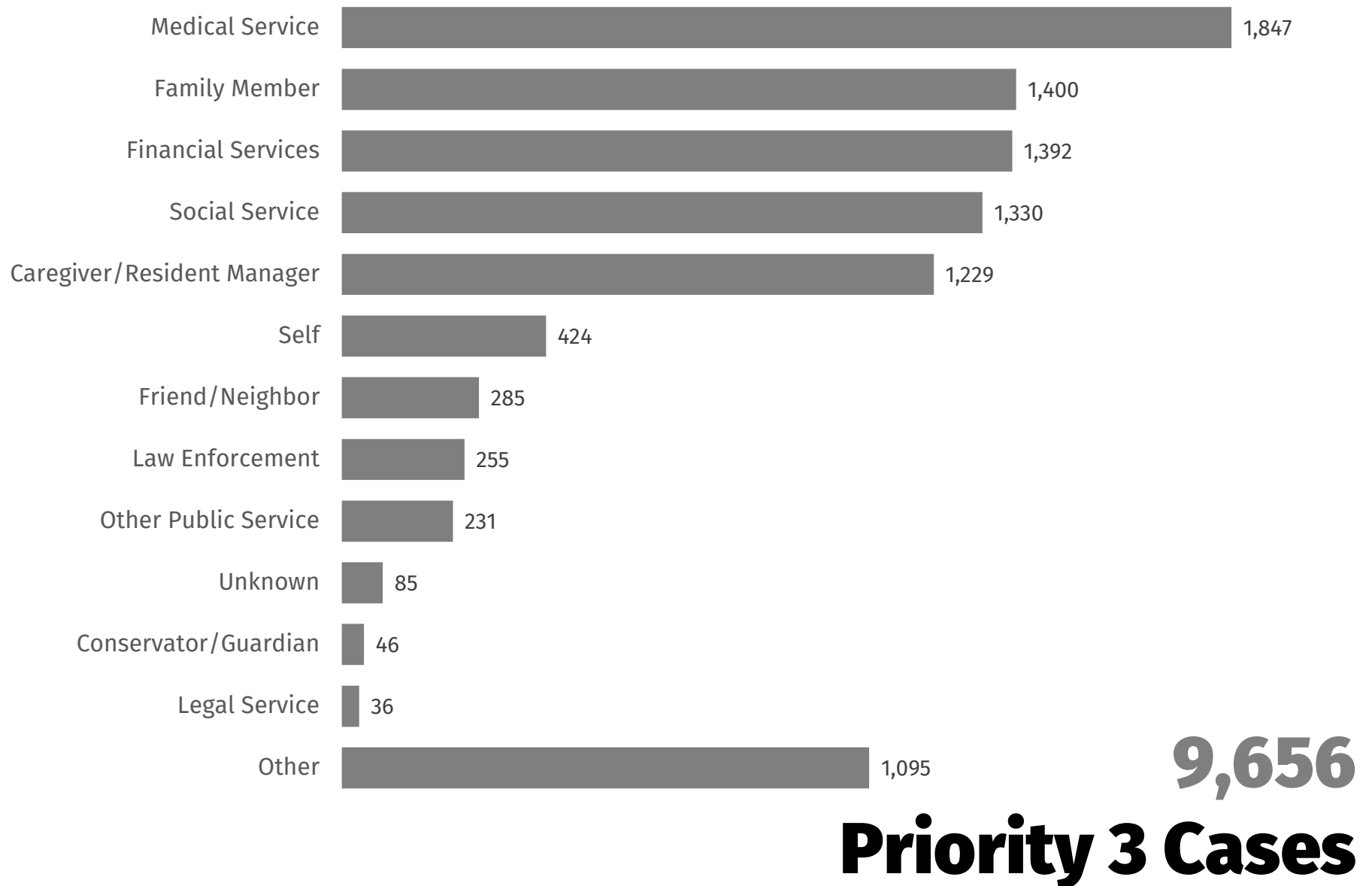
Only Exploitation
5,519

Only Abuse 1,449

Only Neglect 1,069

Abuse and Neglect
685

Only Self-Neglect
544

Exploitation and
Neglect 217

Abuse and
Exploitation 118

Abuse,
Exploitation, and
Neglect 41

Exploitation and
Self-Neglect 11
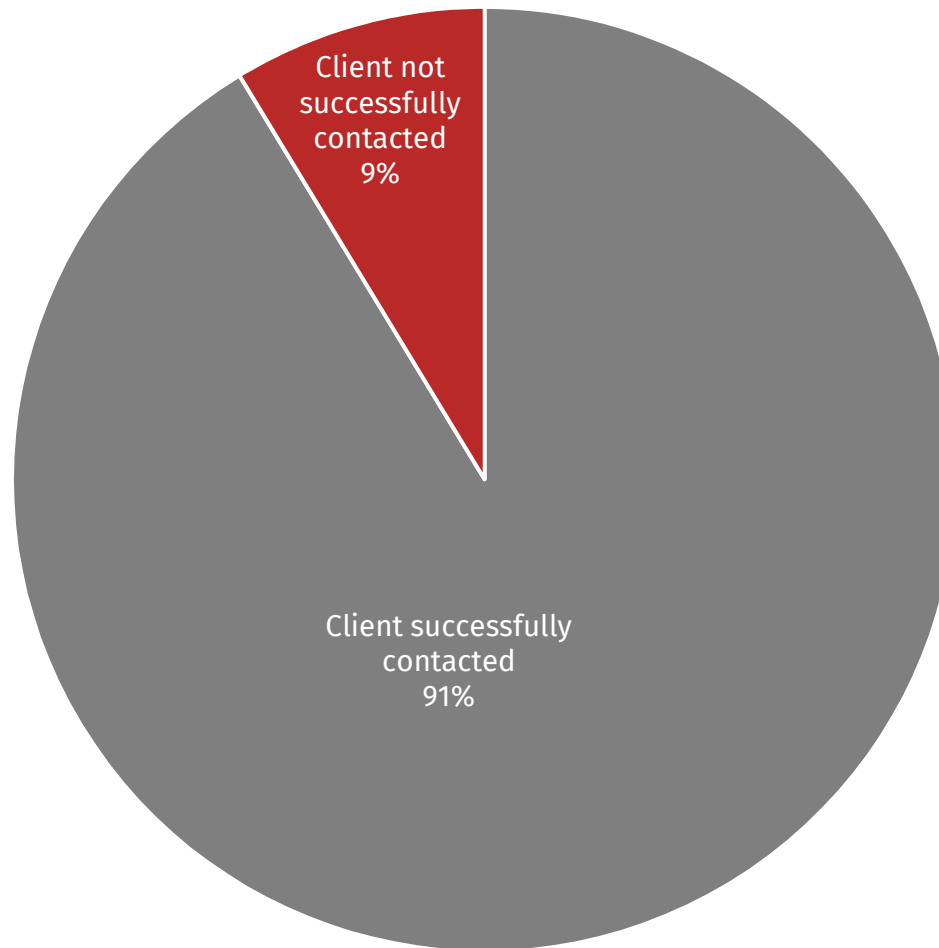
Abuse and Self-
Neglect 3

9,656
Priority 3 Cases

Even when up to 3 attempts are made to contact the client, **2,600 cases** are lost to follow up and substantiation cannot be completed.

Client not successfully contacted
9%

Client successfully contacted
91%

Close case and refer out for resources **← No —** Criteria meet to move to substantiation? **— Yes →** Refer to Attorney General

↓

Criteria meet to move to ALJ? **— No →** Close case

Yes

↓

Close case **←** Director's decision to move the case to the registry or close out **←** Refer to ALJ for recommendation for Director

↓

Place on registry

Substantiation & Registry

# Total Reported Allegations
N=30,035

Total Reported Allegations
N=30,035

Verified or Substantiated Cases
N=3,537

Total Reported Allegations
N=30,035

Substantiation – Cases can be substantiated when the final determination that abuse, neglect, or exploitation of a vulnerable adult has occurred based on a preponderance of evidence.

Verified or Substantiated Cases
N=3,537

Total Reported Allegations
N=30,035

Substantiation – Cases can be substantiated when the final determination that abuse, neglect, or exploitation of a vulnerable adult has occurred based on a preponderance of evidence.

Verification – Cases can be verified when there is enough evidence to support that the allegation(s) occurred but APS does not propose to substantiate for one of the following:
- the allegation is self-neglect
- the case involves IRS or lottery phone scams
- the case involves a vulnerable adult caring for another vulnerable adult
- the case involves an unknown perpetrator

Verified or Substantiated Cases
N=3,537

Total Reported Allegations
N=30,035

Verified or Substantiated Cases
N=3,537

Substantiated Cases
N=408

The majority of substantiated cases were related to exploitation only and abuse only.

Only Exploitation
180

Only Abuse 97

Abuse and Neglect
49

Exploitation and
Neglect 28

Only Neglect 21

Abuse and
Exploitation 17

Abuse,
Exploitation, and
Neglect 16

During fiscal year 2019 and 2020, there were **327 registry entries** made in the abuse, exploitation, and neglect registries.

|	Abuse	Exploitation	Neglect
Declined	1	1	4
Dismissed	4	2	1
No Registry Case	29	23	10
Pending Registry	17	25	6
Registered	106	179	42

Partners & Resources

During the 2019 and 2020 fiscal year, law enforcement was notified and included in investigations for **1,982** of the initial allegations.

Over 17,000 of the clients with reports to APS received documented services including:

- Behavioral Health
- Caregiver Services
- Financial Services
- Housing Services
- Legal/Protective Services
- Food Assistance

No Referral Reported 32%

Services Referred 68%
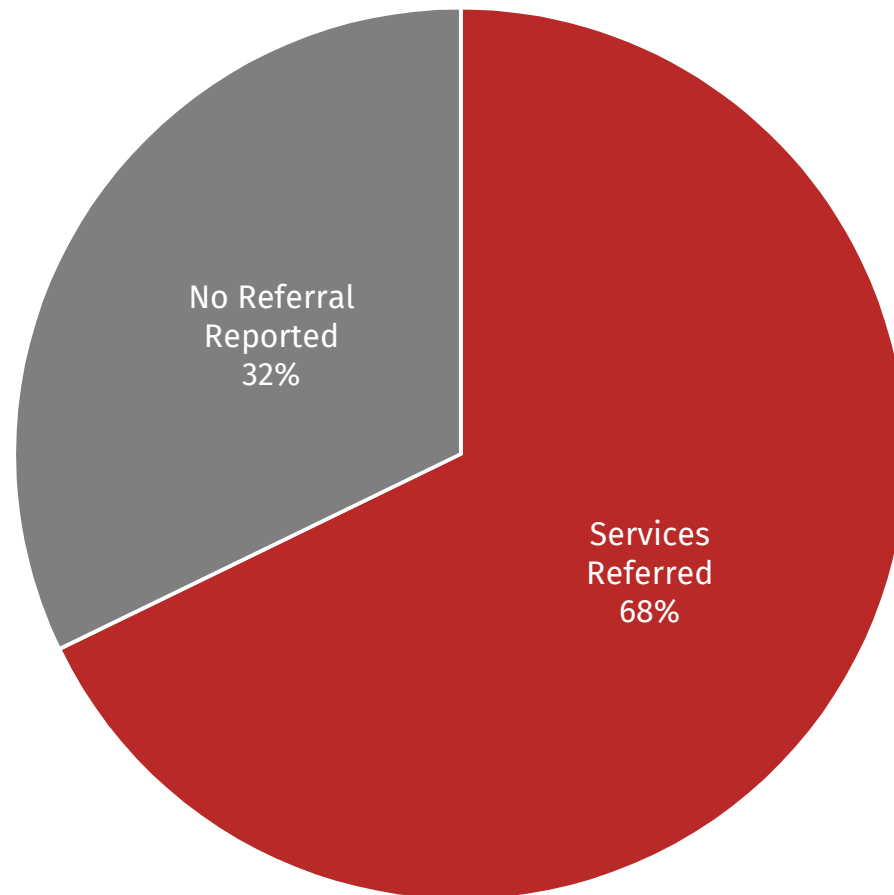
THANK YOU

azhealth.gov

🐦 @azdhs

📘 facebook.com/azdhs

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Current Process Improvement Activities

Molly McCarthy

Assistant Director, Division of Aging & Adult Services

Arizona Department of Economic Security

APS Process Improvement

Structured Decision Making

Administration for Community Living (ACL) grant awarded to DES FY 16

Structured Decision Making

Administration for Community Living (ACL) grant awarded to DES FY 16

Objectives
- Improve central intake, case planning, and information collection process
- Increase consistency and accuracy when assessing vulnerable adults at critical decision points during investigation

Structured Decision Making

Administration for Community Living (ACL) grant awarded to DES FY 16

Objectives
- o Improve central intake, case planning, and information collection process
- o Increase consistency and accuracy when assessing vulnerable adults at critical decision points during investigation

Projects
- o Standardized tools for:
    - o Intake guide tool for Central Intake Unit (February 2018)
    - o Risk and Safety assessments for investigators (April 2018)

Structured Decision Making
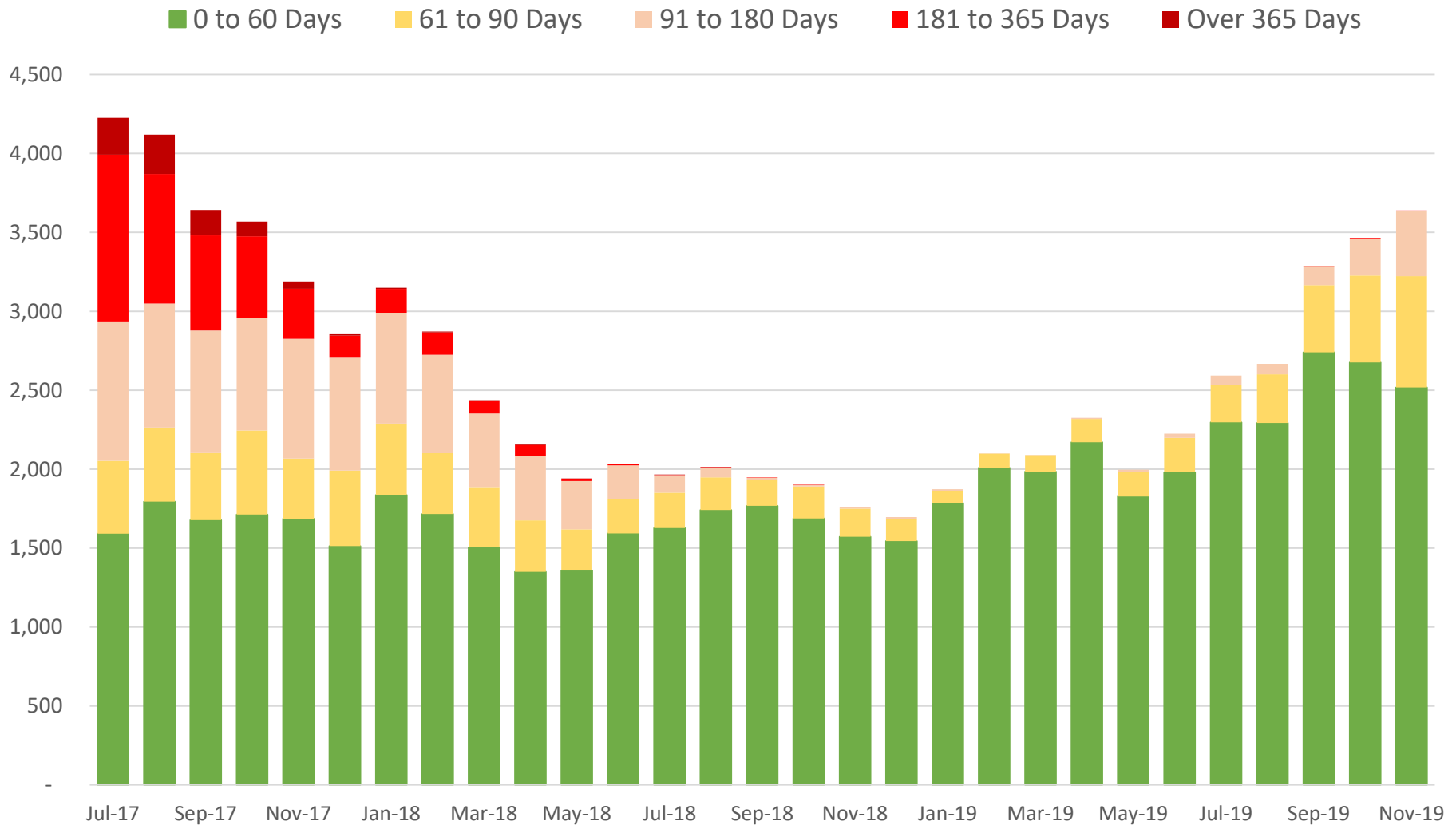
Partnered with Governor's Transformation Office (GTO) in FY 18

Objectives

- Clean up aged cases and institute standard investigation timelines

Central Intake Problem Solving

Problem:

The answer rate was below the required 90% over the previous 90 days

Central Intake Problem Solving

Process Improvement:

- Intake tool modified from 15 to 8 pages
- 4th call line added for additional report info on already open cases resulting in lower wait times
- Call answer rate increased: average 93.5% since project
- Reduction in talk time on average one minute per call

Central Intake Problem Solving

System Updates

Objective:

- Improved data collection and governance
- Reduce processing time
- Increase user experience

System Updates

Projects:

Connect the Care
- Link data from APS, Aging and Disability Services, and local Area Agencies on Aging to enhance reporting and use predictive analytics to improve client services
- Estimated completion February 2020

System Updates

Projects:

Connect the Care
- Link data from APS, Aging and Disability Services, and local Area Agencies on Aging to enhance reporting and use predictive analytics to improve client services
- Estimated completion February 2020

Arizona Adult Protective Services System (AZAPSS)
- Full APS IT system replacement
- Estimated completion November 2020

System Updates

Investigator Training

National Adult Protective Services Association (NAPSA) certification for all investigative staff and advanced supervisor training

- 22 NAPSA modules
- Module update for Arizona specific law and rule

Investigator Training

New Investigator training expansion
- o One week course updated to two: rolled out January 2019
- o Field interview and trauma-informed care techniques expanded
- o Added sample investigation module and forensic interviewing

Two additional classes:
- o Personal & Environmental Safety
  - o Piloted for NAPSA Education Committee; requested as national best practice
- o Client Risk & Safety Assessment

Investigator Training

- Monthly random sample review

- Quarterly assessment

- Peer to peer monthly reviews

- Supervisor reviews

Statewide Quality/Audit
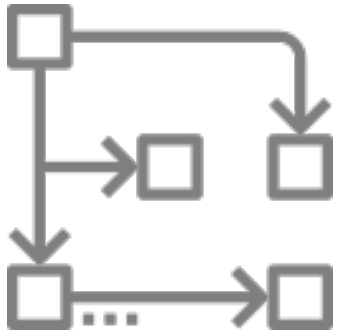
Enterprise Strategy

Enterprise Mapping

APS Beneficiaries

APS Value Proposition

Jobs

Pains

Gains

Product/Service

Pain Reliever

Gain Creator

Where are the gaps?

Issue Bursts- APS Internal and Beneficiaries

Process Mapping

Enterprise Map Outcome

FY 2020

- Remove obstacles to reduce processing time while delivering a quality product
  - Staffing, volume, first pass yield, accountability, and training
- Align APS, Attorney General (AG), Administrative Law Judge (ALJ) & DES Director roles & expectations throughout the substantiation process
  - Burden of proof and evidence necessary in substantiation process

Enterprise Map Outcome

FY 2020

- <u>Remove obstacles</u> to reduce processing time while delivering a quality product
  - Staffing, volume, first pass yield, accountability, and training
- <u>Align</u> APS, Attorney General (AG), Administrative Law Judge (ALJ) & DES Director roles & expectations throughout the substantiation process
  - Burden of proof and evidence necessary in substantiation process

FY 2021

- APS <u>Public Awareness</u> Campaign
  - Reporting requirements, APS duties and statutory authority

Enterprise Map Outcome

Strategy – Remove Obstacles

Issues:

Strategy – Remove Obstacles

Issues:

- Sufficiently staff program to meet customer expectations
- Address staff volume ratio issues to reduce service time
- First pass yield processing
- Develop accountability feedback loop tied to consistent decision making

Strategy – Remove Obstacles

Issues:

- Sufficiently staff program to meet customer expectations
- Address staff volume ratio issues to reduce service time
- First pass yield processing
- Develop accountability feedback loop tied to consistent decision making

Remove obstacles to reduce processing time while delivering a quality product/service

Strategy – Remove Obstacles

Strategy – Align

Issues:

Strategy – Align

Issues:

- o Inconsistent burden of proof application in substantiation process
- o Cooperation from multiple entities:
    - o Adult Protective Services
    - o Attorney General
    - o Administrative Office of Hearings - Administrative Law Judge
    - o Department of Economic Security Director

Strategy – Align

Issues:

- Inconsistent burden of proof application in substantiation process
- Cooperation from multiple entities:
    - Adult Protective Services
    - Attorney General
    - Administrative Office of Hearings - Administrative Law Judge
    - Department of Economic Security Director

Align roles and expectations throughout the substantiation process

Strategy – Align

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ARIZONA DEPARTMENT OF HEALTH SERVICES

Health and Wellness for all Arizonans

Breakthrough Plan Development

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Director, Arizona Department of Health Services

Interim Director, Arizona Department of Economic Security

Proposed APS Action Plan

Action Plan Model

Focus:

- Protecting vulnerable adults with linkage to services

- Improving state agency processes to ensure a more efficient, streamlined approach to protecting Arizona's vulnerable adults

Proposed APS Action Plan

GOAL 1

Streamline resources for investigations and substantiation

GOAL 2

Improve reporting quality

GOAL 3

Increase awareness of and access to community resources

GOAL 4

Leverage data sharing opportunities

Proposed APS Action Plan

GOAL 1 Streamline resources for investigations and substantiation	**GOAL 2** Improve reporting quality
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GOAL 1

Streamline resources for investigations and substantiation

1A: Establish a work group to enhance social work response of services (or resources) available for reports of self-neglect

1B: Identify cross-training opportunities among state agencies

1C: Engage with community partners to identify improvements to the substantiation process

1D: Implement initiatives with a focus to improve recruitment and retention of APS staff

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GOAL 1 Streamline resources for investigations and substantiation	**GOAL 2** Improve reporting quality
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GOAL 2
Improve reporting quality

2A: Develop a client education model for reporters and the general public

2B: Implement a hotline option with a defined triage process to maintain current service referral resources

2C: Meet with leaders of mandatory reporter groups to develop education on requirements and investigation process

2D: Create a public facing data dashboard of current APS reports and investigations

2E: Develop legislative recommendations that impact the system to improve reporting, streamline requirements, and ensure the safety of vulnerable adults

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3A: Conduct a gap analysis of existing community resources available statewide for vulnerable adults

3B: Establish a community connection platform to support coordination of local resources

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GOAL 4

Leverage data sharing opportunities

4A: Identify data sharing opportunities among system partners and develop a central repository to streamline information for the responsible entity

4B: Integrate the APS Registry into an existing searchable database such as AZCareCheck for improved use by the public and partners

GOAL 4

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4A: Identify data sharing opportunities among system partners and develop a central repository to streamline information for the responsible entity

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Leverage data sharing opportunities

We need your input to develop a plan

Lunch Panel

Breakout Sessions
- Feedback on proposed plan
- Identify additional partners

Lunch Panel

Representatives from the Abuse & Neglect Prevention Task Force

Panel Representatives

Senator Heather Carter

Erica McFadden, Arizona Developmental Disabilities Planning Council

Dana Kennedy, Arizona AARP

Stakeholder Breakout Sessions

Transition to breakout rooms

Breakout Sessions

Topic	Room
Community & Referral Resources Action agencies, domestic violence programs, area agencies on aging (AAA), public fiduciary, etc.	Golden Poppy
Health Care Facilities, health plans, behavioral health, etc.	Chia
Investigation Partners Law enforcement, ADHS, ACC, etc.	Desert Star
Substantiation Process Administrative Law Judge, courts, Attorney General's Office, etc.	Brittlebush
Mandatory Reporters First responders, direct caregivers, policymakers, trainers, facilities, etc.	Primrose

Stakeholder Breakout Session Report Out

Session Facilitators to highlight [recommendations](#)

Overview

5 Breakout Sessions

- Top Challenges
- Recommended Actions

Community & Referral Resources

Top Challenges:

1. Lack of resource knowledge – client/care givers/service organizations.
2. Organizing coordination between advocacy networks. (Collaboration)
3. Funding –
   a. Not supporting cost/wage increases
   b. Leveling resource allocation
   c. Low Substantiation %

Community & Referral Resources

Recommended Action Items:

1. Improve acquisition of resources by service providers and clients.
2. Develop proactive and aggressive funding strategies - identify collaborative partnership opportunities within specific regions.
3. Provider and "community/stakeholder" training.

Health Care

Top Challenges:

1. Funding
2. Inclusiveness - Encompassing the entire target population
3. Ownership - Lead coordinating entity and maintaining current data

Health Care

Recommended Action Items:

1. Clearly define the range of training participants. (1B)
2. Identify existing practices/resources. (1B, 2A, 3A)
3. Conduct a gap analysis to identify educational needs and service needs. (2A, 3A)

Investigation Partners

Top Challenges: (1a, 4a, 2c, 1c/2a)

1. **1B: No Cross-Training among Partners**
   a. Training, b. System Process Ed
2. 1A: Enhance Social Work Response
3. **4A: Data Sharing**
   a. Info access, and timely coordination (confidentiality rules, system impacts and implementation), b. Lack of support environment to explore options, c. Lead ownership?? and lack of cross- jurisdiction or out of network MOUs
4. **2C: Educate on Reporting Process**
   a. Ineffective Documentation, b. Disconnected Stakeholders (no info flow), c. Lack resource knowledge and training
5. 1C: Improve Substantiation Process
6. 2A: Model for Ed. of Reporters and Public

Investigation Partners

Recommended Action Items:

1. **1B: No Cross-Training among partners**
   a. Implement Standard Elder Training Guide (system distribution), b. Add training requirements to MOUs and IGAs, c. Adequately Fund APS
2. 1A: Enhance Social Work Response
   a.
3. **4A: Data Sharing**
   a. Assign Point Person per Agency or main state POC (on data sharing coordination and training), b. Remove barriers to data sharing rules, c. Monitoring reporting training requirement on how to share data, d. Build region multi-discipline data sharing workgroups on statewide standard
4. **2C: Educate on Reporting Process**
   a. Standard Training Modules & CEUs (include Tribes), b. Well Structured and Inclusive Rollout Plan, c. State SOP on info sharing
5. 1C: Improve Substantiation Process
   a.
6. 2A: Model for Ed. of Reporters and Public
   a.

Substantiation Process

Top Challenges:

1. System is extremely complex, so it may be challenging to develop cross training opportunities or information that is applicable to all roles.
2. There is a general lack of understanding of the entire substantiation process and the roles and responsibilities of all those involved in the work.
3. Lack of insight into alleged perpetrators who are currently going through the investigations/substantiation process.

Substantiation Process

Recommended Action Items:

1. Streamline process to share information across divisions & agencies (1C & 4A).
2. Create a venue to bring community partners together (1B & 1C).
3. Mandatory training:
   a. ALJs
   b. CIU, CSRs, Investigators, and Tribal Investigators and Caregivers-focus on IDD & general disability accommodations.
4. Stronger focus on positive media attention & marketing.

Mandatory Reporters

Top Challenges:

1. Resources of time, money, ownership and sustainability in trying to coordinate resources
2. Communication Gap: lingo, buzz words, definition clarity, varied levels of education among the public and mandatory reporters
3. Lack of coordination of services and information sharing between agencies

Mandatory Reporters

Recommended Action Items:

1. Identify a statewide entity to lead effort toward standard education for mandatory reporters and the public
2. Ensure stakeholders have voice in developing the education and implementation (ie. including a tool-kit) and building that education into our processes
3. Develop standardized language to be used by all stakeholders throughout the state

Next Steps and Thank you!