

New York
Public Welfare Association

**Building a
Shared Commitment
to Protect & Support
Vulnerable Adults**

**Guiding the Future of
Adult Services in NYS**

December 2007



NEW YORK PUBLIC WELFARE ASSOCIATION

**Building a Shared Commitment to
Protect and Support Vulnerable Adults**

By Sheila Harrigan, Executive Director

Introduction

The New York Public Welfare Association (NYPWA) represents New York's fifty-eight local departments of social services. Our members are dedicated to improving the quality and effectiveness of social welfare policy so that it is accountable to taxpayers and protective of vulnerable people.

This paper is dedicated to all the local DSS Adult Services caseworkers, supervisors, and directors who devote their compassion, expertise, and hard-earned wisdom on a daily basis to serve a population that, more often than not, is reluctant to allow others to help. As a result of these workers, many adults are able to live safely in our communities with support and assistance and are able to avoid placement in a more restrictive setting.

Commissioners' Policy Committee on Adult Services and Regional Focus Groups

President John P. O'Neill and the NYPWA Board of Directors made "Adult Services" a Policy Priority in January 2007 and established a Commissioners' Policy Committee on Adult Services chaired by Commissioner Robert Allers of Dutchess County DSS. This committee met throughout the year and spearheaded a survey of all local districts, which led to a series of eight regional focus group meetings with nearly all local districts represented by Adult Services caseworkers and supervisors. Special thanks to our host county commissioners and to others for providing the meeting space as well as staff time to serve as facilitators, recorders and participants in order to make this endeavor possible.

Committee Chairman: Robert Allers, Commissioner, Dutchess County DSS

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New York Public Welfare Association

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Acronyms Used in this Report

DOH (Department of Health)

OASAS (Office of Alcoholism and Substance Abuse Services)

OCFS (Office of Children and Family Services)

OMH (Office of Mental Health)

OMRDD (Office of Mental Retardation and Developmental Disabilities)

OTDA (Office of Temporary and Disability Assistance)

SOFA (State Office for the Aging)

TBI (Traumatic Brain Injury)

Building a Shared Commitment to Protect and Support Vulnerable Adults

Executive Summary

The time has come for the work of Adult Services to emerge from the shadows and move into the spotlight. While it is generally accepted that government has a role in protecting children from harm, fewer people are aware that adults need this help, too.

In every community in our state, there are vulnerable adults who depend on local departments of social services and other agencies to keep them safe and to ensure that they have food, clothing, shelter and medical care. These individuals are unable to care for themselves, and there is no responsible person who is willing and able to assist them. They may also be at risk of abuse or financial exploitation or be living in unsafe conditions.

Thirty thousand people are on the Adult Services caseload statewide. About 60 percent of this population is 60 years of age or over and 40 percent is between 18 and 59 years of age.

The NYPWA made an early decision to take a grassroots approach and gather information from within local departments of social services (DSS) as our first critical step in the process. Our purpose was to develop an understanding of the dynamics of Adult Services from a front-line service perspective.

It has always been our intention that this paper would serve as an impetus for dialogue with key state policy decision makers and other organizations who share our goal of strengthening the system for protecting and supporting vulnerable adults in our state.

While Adult Services is housed at OCFS, this population is significantly affected by state policies at OMRDD, OMH, OASAS, OTDA, SOFA, DOH and the Veteran's Administration, so an integrated agency approach is needed.

This paper is divided into seven sections: Introduction, Executive Summary, Framing the Issue, Guiding the Future of Adult Services, Challenges & Strategies, Summary of Our Top Recommendations and Background. Our recommendations address the following topics:

- Access to Mental Health, Developmental Disability Services and Other Assistance
- Housing that Is Safe, Affordable and Appropriate
- Policies on Financial Management, Medical Decisions and Guardianship
- Availability of Home Care Services and Assisted Living Options
- Fortifying the Role of the Adult Services Worker

Framing the Issue

What Is Meant by “Adult Services” and “Protective Services for Adults”?

Adult Services are most commonly thought of as “Protective Services for Adults” (PSA). This is a mandated service, which includes activities designed to address abuse, neglect or exploitation of adults who are unable to protect their own interests. Other prevention services and interventions are optional and can be provided to adults referred to DSS if funding is available.

Protective Services for Adults is a system aimed at maintaining individuals in the community for as long as possible rather than institutionalizing them. Services are focused on preventing or remedying the neglect, exploitation, or abuse of adults by strengthening, to the extent possible, their capacity to function and their ability to be self-directing. Guiding principles include the right to self-determination, the state's authority to intervene in certain circumstances, and the utilization of the least restrictive interventions. Services range from voluntary counseling to involuntary legal interventions, which require the involvement of the court system. The provision of services frequently requires the involvement of public, private, and voluntary agencies. This comprehensive approach assures maximum understanding, coordination, and cooperative action.

Why All the Attention Now?

A confluence of three primary forces has caused Adult Services to rise up to become a top policy priority among local departments of social services:

- A dramatic decline in Title XX funding over the years in combination with fierce competition for those dollars for child welfare, child care, and related purposes
- Changes in demographics are taking a toll as the general population ages
- The shift in policies from institutionalization to supporting people in the least restrictive setting in the community has strained a system that lacks the community resources that are necessary

What Overshadows Adult Services?

There is significant public empathy and support for preventing and protecting children from abuse and neglect. The overwhelming demands in this area have overshadowed the needs of adults who are also at risk. However, the complexity of adult cases makes the nature of this work very difficult. With adults we need to acknowledge and respect a person's capacity to make what others may view as bad choices. Referrals for adult protective cases are fewer than for child protective services (CPS) cases. In addition, unlike CPS, where court intervention is often a catalyst for change, only a small percentage of adult cases go to court. With the clout of the court only available in the most serious situations, resolution and assistance in adult cases often requires a high level of creative case management in order to be effective. Article 81 of the Mental Hygiene Law is used when court intervention becomes necessary to serve adult clients. While funding for preventive services has played an essential role in providing the necessary supports to maintain children at home, few dollars are available for prevention in the adult system.

What Is the Number One Request of Adult Services Workers?

The fundamental request is that Adult Services be raised to the same status as children's services. In every instance, whether it be caseload size, computer equipment, training, or other resources, Adult Services is secondary. In some cases, workers said that they simply wanted recognition, beyond their own local department of social services, that Adult Services actually exist. Without recognition, improvements will remain out of reach. They know that children who are suffering pull at the heartstrings of the public, but adults are suffering too, and aside from the frail elderly, they do not always engender the same compassionate response. There needs to be community outreach in order to educate and promote acceptance of this diverse population.

One caseworker explains it in this way: "Protective Services for Adults needs to be recognized as being a vital, important department in its own right. We are responsible for any vulnerable adult, eighteen years of age or older in the state of New York who has a mental or physical disability and nobody responsible to help them."

Guiding the Future of Adult Services in New York State

Who Are the Adults We Are Talking About?

Thirty thousand people are on the Adult Services caseload statewide. While not everyone who is referred is eligible for services, some districts have reported caseload increases as high as 68 percent during the past five years.

It is essential to start by recognizing the diversity of the Adult Services caseload. The population includes the frail elderly, and adults with mental illness, drug or alcohol addictions, developmental disabilities, traumatic brain injuries or physical disabilities. It also includes veterans from multiple generations with post traumatic stress disorder or other acute difficulties in readjusting to life back in the community.

Individuals in each of these groups have at times been rejected by other service systems. Some of the challenges include adults who are non-compliant with service or treatment plans; adults with physical disabilities who need care but who live in situations determined to be unsafe; young adults leaving foster care without adequate skills to live independently; frail elderly couples with complex health and mental health needs trying to care for each other; elderly individuals with dementia; and impaired adults with family, care givers or acquaintances who encroach on property or assets or who abuse or neglect them.

How Have Needs Changed?

The majority of people receiving Adult Services are age 60 or above. They include the frail elderly, people living in social isolation and persons suffering from elder abuse and financial exploitation. Due to the advancing age of our general population, this group will increase overall, and the growing number of people over 85 years of age presents new issues.

Forty percent of the people receiving Adult Services are between the ages of 18 and 59 years. This group can present a series of challenges and are often resistant to accepting help. It can be a monumental task simply to keep people engaged in the support that helps them to live safely in

the community. Elderly parents have difficulty managing troubled adult children with disabilities or substance abuse issues in their thirties and forties. Caseloads include adults struggling with mental and physical frailties that make it hard for them to cope from day to day. Many, but not all, persons on the Adult Services caseload are living in poverty. Here is how one worker describes her caseload:

“The adults we work with that might benefit from PSA and other community services, could be 18 or 42 or 90, male or female, at various developmental stages, come from all socio-economic backgrounds, are of various ethnicities, cultures, religious beliefs and sexual orientations. Each one is either physically or mentally disabled. They are alone in this world because they do not have another responsible adult in their lives that can assist them in meeting their needs.”

What Do We Know About How to Help Them?

The Adult Services worker investigates and assesses the adult’s needs and risk of harm and then pursues the appropriate resources. Services may include alternative living arrangements, mental health services, housekeeping, financial management, medical care or access to benefits, such as, SSI, public assistance, food stamps, Medicaid, Medicare, HEAP, or Veteran’s benefits. The challenge is that the needs greatly exceed available resources. This predicament faces social services in every program area where tension between the burden on taxpayers and the needs of vulnerable children and adults will always be in play, but it is intensified in the Adult Services arena, where there is little public recognition for these needs.

What Is the Current Level of Funding?

Adult Services are funded through Title XX of the federal Social Security Act in the form of a Social Services Block Grant allocation to each state. Funding has declined steadily over the years with New York State receiving a reduced allocation again in 2007 – this time by a loss of over \$1.7 million. The state allocated \$104.3 million to local social services districts. That amount is divided into \$66 million to reimburse the combined cost of Adult Protective and Domestic Violence Services with the remaining funding of \$38.3 million for other eligible Title XX services. Each local department of social services receives a capped allocation. Once the cap is reached, adult protective services are reimbursed at a 50 percent state and 50 percent local share.

What Are the Key Public Policy Developments?

Ambitious public policies designed to keep people out of institutions started in the early 1970s and continue to gain momentum. For people with disabilities, the U.S. Supreme Court’s 1999 *Olmstead v. L.C.* decision was a monumental desegregation order that promotes community integration. In 2006, the New York State Legislature and Governor Spitzer agreed with the recommendations of the Berger Commission Report, which will reduce the number of inpatient hospital beds and nursing home beds.

Challenges & Strategies

The number of people with mental and physical impairments living in the community without adequate supports is overwhelming the existing system and

will continue to rise. Policies regarding de-institutionalization for persons with disabilities, and the rapid expansion of the aging population, are resulting in increased pressure for services. The issues identified are summarized into a series of challenges, strategies and recommendations to address these needs.

These are the five primary challenges identified by local districts:

- Access to Mental Health, Developmental Disability Services and Other Assistance
- Housing that Is Safe, Affordable and Appropriate
- Policies on Financial Management, Medical Decisions and Guardianship
- Availability of Home Care Services and Assisted Living Options
- Fortifying the Role of the Adult Services Worker

Access to Mental Health, Developmental Disability Services and Other Assistance

There is a desperate need for mental health and developmental disability assessments, mobile crisis teams, case management services to persons with a dual diagnosis, substance abuse services, vocational services, and respite.

Workers are constantly challenged to keep people “engaged” in services. Often, it is the mental impairment that results in non-compliance, and staff lose the connection with the person.

To help to address these issues, the local districts need a mental health worker on the Adult Services team. We need funding streams that reimburse mental health serv-

ices for at-home consultations and assessments performed outside the clinic walls.

Assisting the young adult population, including those who are disabled due to mental illness, substance abuse, or physical limitations, is especially challenging. These young adults have a right to self determination, but lack good decision making skills. As a result, they present a significant set of problems with no easy solutions, and there are very few community resources available to help them. Day treatment programs do not hold their interest, and productive pursuits are few and far between.

Here are two quotes from Adult Services caseworkers regarding their attempts to obtain help from the mental health, substance abuse and developmental disability systems:

“I have not yet gone to a regional meeting or statewide conference where PSA workers didn’t share the same concern regarding the difficulties encountered when trying to access mental health services for the clients. Trying to get most any mental health care facility and substance abuse facility to work together to provide mutual treatment to a person in need of those services is almost impossible.”

“Services for developmentally disabled adults is very difficult to access if they have not received those services as children. Most of the developmentally disabled adults that come into our office have never had any contact with OMRDD. The process for accessing OMRDD services is lengthy and complicated. The same can be said of accessing services for persons with traumatic brain injuries (TBI).”

There is an increasing number of people who “graduate” from the child welfare

system directly to Adult Services. At the same time, there are adults who are seriously, persistently mentally ill, and cases are closed because they are non-compliant. As a result, these adults also “graduate” to Adult Services.

There is a need for people to go out to do crisis evaluations and a specific demand for mobile, mental health-geriatric teams. Preferably a mobile mental health unit would conduct joint screening with Adult Services on a timely basis. We need multidisciplinary teams (MH, TBI, addictions) instead of “who goes first?”

Access to qualified mental health staff for Adult Services are needed to provide ongoing services available in the field, either on staff or through collaboration.

We need to improve discharge planning from psychiatric units and hospitals and eliminate “discharge to PSA.”

One caseworker describes another barrier, as follows: “It seems that almost no one receives SSI on the first attempt. The time from an appeal being heard and the file date is often two years. It is very difficult to maintain the client during these two years. Because of the impairment or non-compliance of the person, caseworkers often lose the person only to have them return later in worse condition.”

Cross Systems Coordination

There is a desperate need for cross systems coordination (OMRDD, OMH, OASAS, TBI providers, Veteran’s Administration, and others). Instead of working with the local DSS the other agencies tend to “disappear” once a case is referred to the adult services unit. Many of these cases are complicated, and the needs cannot be met through one system alone.

There has been a growth in cases of young adults with chemical dependency, mental health and developmental disability issues. When a question arises about primary diagnosis, often each state agency refuses responsibility. Conflicting evaluations regarding IQ level also lead to rejections by providers. When a young adult has a conduct disorder, often no one but DSS is willing to take the case on.

This comment reflects the perspective of many workers: “There are issues with coordination with other systems especially drug and alcohol, MH and DD. We need more and new services that are of a ‘preventive’ service nature because the client is self directed enough but may still be at high risk for poor outcomes. We see many clients who fall through the cracks by not fitting PSA eligibility standards yet are not very compliant with services and lack the capacity to manage their own needs. Having better access to specialized preventive services for this cohort and having improved collaboration and coordination across systems could help promote improved quality and scope of service for such individuals.”

We need to effectively work across systems to meet the needs of this population. MOUs can be helpful in delineating responsibilities. The numerous forms/referral processes associated with multiple agency involvement can be daunting.

HIPAA is an obstacle to receiving information for assessments. Sometimes the question is simple, “does the client have the ability to sign the consent?” With consent, we need a better/easier connection with a MH/OMRDD/crisis team to do an evaluation that often simply is, “does the client have the capacity to make this poor decision?” There need to be MOUs to allow for sharing of information.

Here is one worker's perspective: “While Adult Services relies heavily on networking with other agencies, they often leave the table, knowing that as the last resort, Adult Services must take the case. It is an almost universal experience that these agencies could be much more proactive, collaborative and an ongoing resource for the solutions these cases need. When they withdraw from cases, they take away necessary resources that do not exist in Adult Services. The 'last resort' agency becomes a dumping ground.”

Housing that Is Safe, Affordable and Appropriate

Often people’s housing situation compounds their social isolation, health and safety. Eviction is a common threat that all too often becomes a reality. Persons are evicted for non-payment of rent complicated by “un-neighborly” behaviors that disturb other residents. Landlords do not want difficult tenants. These behaviors are often the result of the person’s developmental disability, mental illness, Alzheimer’s disease, or addiction.

Vulnerable adults are often referred to local DSS as homeless. Much of the work of Adult Services is moving someone from an unsafe situation to a safe one. It is often a struggle to obtain and maintain housing for a population that includes people that may have poor credit, a criminal history and a pattern of disturbing other residents. Landlords that are willing to rent to these individuals often have substandard housing at risk of closure or housing in less safe neighborhoods. The demand for safe, affordable housing far exceeds the supply. Here is how one Adult Services worker describes the housing issues:

“The clients served under PSA by virtue of eligibility criteria typically have one or more disabling physical or behavioral health conditions, and very often this is coupled with substance abuse. Consequently, it is extremely difficult to provide adequate immediate emergency housing that will meet their functional deficits. Additionally, PSA clients often fall through the cracks of other service delivery systems: they may not meet single point of entry criteria, they may not have been diagnosed with a developmental disability before the age of 21, the client may not agree to the services, or they may not qualify for existing housing programs. ”

Section 8 housing eligibility restrictions have forced elderly persons out of their homes as their health needs increase and have kept some other adults out completely. Accessible housing for persons with physical disabilities is in short supply.

Housing for people released from prison is very hard to find and there needs to be a better discharge plan than sending the individual to DSS as homeless.

It is difficult for clients to get into adult homes due to the rate gaps between private pay, Medicaid and SSI. There is a need for more government subsidized housing and Single Room Occupancy residences.

There is an overall lack of low-income housing and supportive housing. There should be incentives for communities to accept changes in zoning and to build or renovate buildings to provide low income residences. The state should share in the safety net cost of shelter supplements for single adults so that they can afford more permanent housing. Rural areas often pose an even more difficult situation with transportation over long distances and lack of housing stock.

Supportive housing is needed for children aging out of foster care and for persons with mental illnesses, developmental disabilities, traumatic brain injuries, and post traumatic stress disorders. There is a lack of emergency, respite and transitional housing.

Policies on Financial Management, Medical Decisions and Guardianship

Financial Management

There is an increase in the number of adults with mental illness, substance abuse, traumatic brain injuries, developmental disabilities, as well as veterans needing rep payee services. While local districts are finding ways to increase the efficiency of this work, it still requires personal contacts with the people whose money is being managed. Some districts are reporting that the number of rep-payee cases has doubled and are being handled by the same number of staff. Rep-payee cases tend to be long-term, so as new cases are added, prior cases remain.

The significant need for rep-payees could be alleviated if more agencies assisted. The state should require that Medicaid intensive case managers serve as rep-payees, along with provider agencies with contracts from DOH, SOFA, OMRDD, OMH, TBI and Veterans' agencies. Each system should have the resources to do it with the responsibilities divided among many. New York State should pursue having the Social Security Administration (SSA) become the representative payee for rent payments of PSA financial management clients. Without that administrative support, SSA should be charged for the rep-payee function. The state should

develop computer systems specifically for the rep-payee process to provide efficiency and time savings.

Financial exploitation is a growing concern as workers report that the Power of Attorney is being misused to steal from impaired adults and the ATM card has also made theft easier.

Medical Decisions

Whenever possible, priority should be given to alternatives to guardianship that are less restrictive. Medical decisions merit a more effective option. A surrogate decision making committee (SDMC) process, such as the one used in the OMRDD and OMH system, should be explored as an alternative to the court system to obtain informed consent for non-emergency major medical treatment. The SDMC serves mentally disabled persons in facilities or programs licensed, operated or funded by the OMRDD or the OMH who do not have capacity to make informed decisions regarding major medical treatment. The committee uses trained volunteers to review declarations regarding a person's capacity and need for treatment, then render a decision following a hearing.

Better information regarding advance medical directives, health care proxies and living wills might enable more of these decisions to be made while the person is still competent to make them.

Guardianship

Guardians are appointed by the Court to manage the personal affairs of persons who are not able to adequately provide for their own care and/or for the control of financial resources and property matters. Guardianship should not be used in

situations when a less extreme intervention could suffice. Guardianships are being requested by nursing homes solely for the purpose of making medical decisions. A surrogate decision making process should be used instead.

There is a growing trend to pursue guardianships by courts, hospitals and nursing homes that does not thoroughly explore family resources. Families need to be educated and supported in acting as guardians – they know more about the person’s financial, social and medical background to make informed decisions.

In order to protect the interests of vulnerable adults, we need to develop and support community guardianship programs. In NYC, Long Island and Monroe Counties these programs have played a critical role, but they are rare in the rest of the state. The lack of volume of cases in rural counties has made community guardianship programs elusive and a regional approach is suggested. Non-profit agencies already serving DSS clients could be asked to take on some of this responsibility.

Available Home Care and Assisted Living Options

The home care infrastructure needs to be improved if it is to be the foundation for the long term care population remaining in the community. In much of the state there is extreme difficulty in obtaining and maintaining home care workers including aides, LPNs and RNs who are able to provide care and deal with behavioral problems. Safety definitions and protocols need to be addressed so that aide agencies cannot hide behind “unsafe” to close cases that deal with difficult behavior.

It is essential that we find ways to attract a significant increase in home care workers to areas of the state where there are shortages. We need to look at pay scales and other options, such as, providing a transportation allowance to cover long travel distances. There are some rural counties with no aide resources because service providers have not been able to recruit workers. The Consumer Directed Personal Assistance Program is an important resource but DOH needs to clarify their rules and regulations

Keeping services in home is difficult, and it is a strain on family care givers. Some clients have exhausted the limited universe of people available to serve them. Care-givers need more support and training to handle the complex issues. Practical information on caring for a person with dementia can keep people at home longer successfully. However, there is an increasing number of elderly without family support. It is difficult to access supervision and services for these clients.

Access to transportation for medical appointments is an unmet need in many parts of the state, especially for people who are not Medicaid eligible. Medication mismanagement can sometimes be the single issue around which a person is placed. We need other solutions to help people remember to take medicine, for example, automatic phone calls that deliver a programmed message.

It would be timely to have another campaign on elder abuse. This is a topic that is easily overlooked by the public if they are not kept well informed. Workers struggle with cases when they know “something” is going on (abuse, neglect, exploitation) but the person denies it due to fear or out of loyalty to a family member.

There is a lack of assisted living beds for persons age 18 to 59 years, as well as for older adults. People are discharged from hospitals and unable to obtain services. More care options are needed for people who cannot be realistically cared for at home – more assisted living beds, family care homes, family-type homes with a mental health focus and other new models. Social adult day care is needed statewide and is largely nonexistent outside urban areas. Hospice should be expanded to include people with no primary care giver as long as the person agrees to a safety plan and possible facility placement at end stage.

Fortifying the Role of the Adult Services Worker

Adult Services should be raised to the same status as child welfare. A caseload study is needed, similar to that which occurred for children’s services, in order to identify what would constitute an effective staffing paradigm. We must address the need for housing and mental health specialists to meet the increasing complexity and age diversity of the Adult Services population.

Administrative resources have been severely constrained in the adult protective services system, and the technology, training and staffing have not kept pace with rising demands.

The state provides a two-week PSA new worker training with the most basic information, but there is a gap in practical clinical and assessment training with respect to dealing with individuals who experience behavioral health or substance abuse issues.

Advanced training needs to be available in-person to maximize interaction with several neighboring districts joining together.

The state should provide updated equipment and computer programs in order to maximize worker efficiency.

It is time to revisit regulations and old state policy directives, including caseload size and definition of services, to determine appropriate updates.

In summary, this Adult Services worker articulates the perspective of many of her peers: “The adult population is growing by leaps and bounds; the complexity of the casework is increasing at breakneck speed, and yet we are still considered as an appendage to children's services.”

Top Recommendations for Protecting and Supporting Vulnerable Adults

Improve Access to Mental Health, Developmental Disability Services and Other Assistance

Provide local DSS Adult Services units with access to mental health specialists for assessments, crisis intervention and services for adults of all ages, including young adults with behavioral health issues, developmental disabilities or substance abuse problems.

Coordinate State Policies Across Systems

OCFS, as the lead agency, should use its strong position to bring together the other state agencies in order to coordinate state policies to more effectively address the mental health, developmental disability, health care, aging, housing and substance abuse service needs of vulnerable adults.

Provide Housing that Is Safe, Affordable and Appropriate

Develop low income and supportive housing options for Adult Services populations and establish protective services for adults as a priority for new state housing programs.

Modify Policies on Financial Management, Medical Decisions and Guardianship

Divide the rep-payee role across other agencies and advocate for the Social Security Administration to take on this function, establish surrogate decision teams for medical decisions, and expand community guardianship programs.

Increase the Availability of Home Care Services and Assisted Living Options

Develop incentives to increase the number of home care workers, provide access to transportation for health care visits and pursue low-income assisted living options.

Fortify the Role of the Adult Services Worker

Establish an Adult Services staffing paradigm that includes a local DSS team with enough caseworkers, housing experts and mental health specialists to meet the increasing complexity and age diversity of the Adult Services population.

NYPWA Adult Services Fact Sheet

What activities are covered under "Adult Services"?

Protective Services for Adults (PSA) is a mandated service designed to address abuse, neglect or exploitation of adults who are unable to protect their own interests. Prevention and other intervention services can also be provided to vulnerable adults if sufficient Title XX or other funds are available.

Who Receives Adult Protective Services?

Services cover individuals 18 years of age or older who, due to mental or physical impairments, are unable to meet their own essential needs for food, shelter, clothing or medical care and have no one available who is willing and able to assist them responsibly. In addition, it assists those that are in need of protection from physical, sexual or emotional abuse, neglect, financial exploitation or hazardous conditions. These services are free to all adults in need of them, regardless of income. State law mandates that Protective Services for Adults are available. Services are voluntary and adults may reject the services that are offered. In rare cases, the court intervenes. Each social services district must include protective services for adults in their Consolidated Services Plan.

What Services Can Be Provided?

- 1) Identifying adults in need of assistance who have no one who is willing and able to help them
- 2) Investigating situations of adults at-risk and in life-threatening situations
- 3) Assessing individual's circumstances and service needs
- 4) Providing counseling to individuals, their families or other responsible persons
- 5) Arranging alternative living arrangements
- 6) Assisting in locating services, medical care, day care and other resources
- 7) Arranging for guardianship, commitment or other protective placements
- 8) Providing assistance in arranging legal services
- 9) Functioning as guardian, representative payee, or protective payee
- 10) Providing homemaker services

What Are the Powers of the Local DSS Commissioner?

Powers granted to the Commissioner for adults are more limited than those for child protective services, in recognition of the presumption of competence and right to bodily self-determination of a competent adult. Article 81 of the Mental Hygiene Law authorizes a commissioner to seek appointment of a guardian for an adult. The court may appoint a guardian if it is determined to be necessary to provide for the needs of that person including food, clothing, shelter, health care, or safety and/or to manage the property and financial affairs of that person; and the person agrees to the appointment or is deemed incapacitated by the court. Section 473-c, SSL, empowers the Commissioner to petition the court in order to provide short-term involuntary protective services orders (STIPSO) to enable districts to provide emergency assistance to endangered adults as a strategy of last resort. The order's time limit is 72 hours and may be renewed once.

How Are the Services Funded?

The Title XX Social Services Block Grant provides federal funding for a broad range of services including Adult Protective Services. Title XX program funding is claimed at a 100 percent federal share up to each district's allocation ceiling. Once the local district has exceeded the federal allocation ceiling, both programmatic and administrative expenditures are eligible for state funding on the Title XX over claim at 50 percent state, 50 percent local share.

References: SSL 473-a and 473-c, 18 NYCRR 457.1 and 18 NYCRR 407.4 (d), MH Law Art 81

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