

A Road Map for Program Improvement

The North Carolina Association of County Directors of Social Services

Addressing the Needed Improvements in Aging and Disabled Adults



Executive Summary

The North Carolina Association of County Directors of Social Services (NCACDSS) have formulated the following recommendations to address the growing needs of the elderly and disabled adults in North Carolina. As we see an increase in the numbers of these populations, we are facing greater challenges than ever before to meet the needs.

A recent Report to the Governor from the Governor's Advisory Council on Aging, shows that between SFY 2008-2009 and SFY 2016-2017 those over the age of 18 in North Carolina increased by 11%. During this same time period, the number of Adult Protective Services reports to county departments of social services increased by 79%.

In 1988, NCACDSS saw the elderly population was facing numerous problems and proposed some concrete solutions to address these problems. It is somewhat ironic and sad as we developed this current road map, it was found that many of the same problems still exist today thirty years later and there are many of the same recommendations given today to address these problems.

NCACDSS recognizes and understands the complex system challenges that counties across the state and the North Carolina Department of Health and Human Services (DHHS) are experiencing in providing quality services to the elderly and disabled adults in this state. NCACDSS anticipates partnering with DHHS and other stakeholders to ensure that North Carolina develops and establishes both short term and long term goals to address the identified areas of improvement. The elderly and disabled adult populations deserve and need a system where they are guaranteed the most basic necessities of life and they can be safely maintained in their homes whenever possible and appropriate. When this is not possible and adults must leave their homes, proper supports and resources must be in place to allow for the least restrictive environment that is an appropriate and safe alternative that ensures as much independence as possible.

Neither age nor disability should be a reason for a feeling of worthlessness or indignity. NCACDSS offers recommendations in five key areas to address these growing needs. These recommendations cover the multiple problems that aging and disabled adults are experiencing today. Hopefully, we will see concrete solutions developed as a result of the debate that this paper will generate and we will not be discussing the same problems and concerns in another thirty years.

To influence positive change, the following five key areas must be strengthened and improved:

1. Direct County Practice
2. County Infrastructure Support
3. Interface With The Court System
4. Communication Strategies With Stakeholders
5. Service Array and Systemic Factors

DIRECT COUNTY PRACTICE

To ensure the safety and well-being of elderly and disabled adults, we propose Adult Services policy revisions that accurately reflects the population served today, statewide standardized data, improved social work practices to support the elderly and disabled and financial reform. Counties should be fully engaged in shaping the structure and staff expertise needed in State supervision.

- ❖ North Carolina shall develop, adopt, implement and support a statewide evidence-based, competency-driven practice model to guide practice. There should be a joint effort between NCDHHS/DAAS and NCACDSS in the development of this model. Continuous quality improvement efforts should drive policy development, trainings and policy interpretation from the state to ensure consistent practice across counties.
- ❖ North Carolina shall develop mandatory comprehensive state training for aging and adult services social workers and this shall be provided on a quarterly basis in varying locations across the state to ensure accessibility by all counties.

Training shall include the following:

- Critical decision-making skills
- Field based supervision skills
- Review of the legal definitions and requirements of Adult Protective Services and Guardianship
- Education on signs of abuse, neglect and exploitation
- Opioid, substance misuse and other addiction issues
- Behavioral health issues
- Sex abuse
- An overview of acute and chronic medical conditions
- A trauma focused approach, which also includes the wellbeing of staff, addressing secondary trauma and compassion fatigue.

Training shall be updated on a regular basis to ensure that the complex changing issues in adult services are addressed. A “train the trainer” model is a practical and economical way to enable counties to provide training internally and to neighboring counties. A statutory requirement of this training shall be explored.

- ❖ North Carolina shall develop specific, mandatory state training for Aging and Adult Services Supervisors about in-depth policy and this shall be provided on a quarterly basis in varying locations across the state to ensure accessibility by all counties. If Supervisors have not had the mandatory state training for social workers as detailed above, the Supervisor will be required to complete the training for social workers before

participating in the state mandated training for Adult Services Supervisors. The supervisory training shall focus on building skills around communication; the ability to articulate legal, policy and practice decisions; and basic leadership skills. A Supervisory Academy, similar to NCACDSS's Director Academy and a supervisory manual would also provide new supervisors an updated perspective of their role. The Supervisory Academy should be developed jointly by North Carolina Division of Aging and Adult Services and North Carolina Association of County Directors of Social Services. A statutory requirement of this training shall be explored.

- ❖ North Carolina shall conduct a comprehensive study of specific duties and time requirements for Adult Protective Services and Guardianship Services and develop mandatory caseload standards for these services and combined services caseloads. Other aging and disabled adult services programs (In Home Aide, etc.) shall receive this comprehensive study once Adult Protective Services and Guardianship Services have been completed.
- ❖ North Carolina shall work aggressively with the federal government and counties towards a more shared funding approach for Adult Services. This would include exploration of opportunities for broad funding flexibility and waivers to allow funding to support preventive and greater in-home and community based services. A recent report to the Governor submitted by the Governor's Advisory Council on Aging, indicates that funding for Adult Protective Services comes from state dollars (3%), the federal government (18%) and from the counties (79%). Counties have assumed this disproportionate share with many of the adult services programs administered by the counties.
- ❖ North Carolina shall develop and offer consistent technical and programmatic support to counties; including subject matter experts assigned to each county.
- ❖ A thorough and comprehensive evaluation of all Adult Services forms and assessments should occur to reduce redundancy and determine effectiveness, reliability, validity and efficiency. This evaluation should ensure that all forms and assessments are easily assessable and uncomplicated for staff charged with their completion.
- ❖ North Carolina shall establish a statewide integrated, secure and robust data collection and case management system that houses data and key reports to increase consistency, safety and accountability across counties. Real time access is critical to better assess safety and risk factors. Field-based mobile technology is needed to ensure that safety can be assessed in the field and that documentation can be completed in real-time.

- ❖ North Carolina shall develop an array of trauma informed supports and services tailored to caregivers, with availability of these supports and services in all counties. The DSS workforce shall be trained to identify and respond to the needs of caregivers.
- ❖ Adults who are reported to be in need of Adult Protective Services, case management services or are receiving Guardianship Services shall receive proper trauma-informed evaluations and treatment to identify any immediate health needs within 30 days and be assigned a “permanent medical home” to ensure continuity of care and the need for continued on-going assessments. There must be the availability of a “permanent medical home” regardless of geographical location or financial means.
- ❖ Lack of immediate access to affordable community based behavioral health services for the elderly and disabled continues to be of great concern. Counties must have access to services and providers that have proven outcomes. The state shall coordinate agreements with LME/MCO's and counties for more immediate and accessible services for those involved with Adult Protective Services and Guardianship.
- ❖ In order to provide the most basic needs of the elderly and disabled population and address the isolation often endured by these populations, the following are recommended:
 - Increased funding for home delivered meals;
 - Increased block grant funding and state funds to supplement these grants to provide more in-home and support services, such as in-home aide, adult daycare and other services to allow adults to live in the least restrictive settings;
 - Funding for Respite Care to meet the needs of the elderly and disabled and their caregivers;
 - Funding for Durable Medical Equipment;
 - Increased funding for Transportation Services for Non-Medical Needs;
 - Increased funding for housing programs for elderly and disabled adults.

County Infrastructure Support

Social work is challenging and important work and requires consistent and adequate investments in our infrastructure to support sound social work practice; including building a strong workforce, engaging in a continuous quality improvement process, addressing the shortage of trained social work staff in North Carolina and investing in efforts that reduce staff turnover. All of this will improve outcomes for disabled and elderly adults in our state.

- ❖ Due to limited funding in counties, many agencies are exceeding reasonable caseload sizes and supervisory ratios. This results in poor service delivery to those served and/or poor documentation of work. This limited capacity also impacts staff's ability to attend training and receive field observations and coaching to develop their social work practice skills, resulting in lower quality service delivery. Adequate funds are needed to ensure that caseload size and supervisory ratios are reasonable and practical comparable to the complexity of needs and services required; and to provide for adequate social worker training and professional development. A study is needed to determine if standards and supervisory ratios are needed.
- ❖ Office of State Human Resources should conduct a classification study for the positions of Adult Protective Services Workers, Guardianship Workers and Adult Home Specialists to ensure they are classified correctly and fairly compared to other social work positions.
- ❖ A broad based systematic continuous quality improvement system to constantly measure the wellbeing and safety of adults in the adult services system is needed. Counties should be involved in the development of this system to ensure the diverse needs of all counties and the nature of the work are considered.
- ❖ Workforce capacity issues present a significant challenge. North Carolina needs to actively engage with counties and Schools of Social Work to develop strategies to increase the pool of candidates and the availability of BSW's/MSW's from accredited schools of social work to work with adults in public Social Services. The following are potential means to be studied to address the workforce capacity issues;
 - Internships, fellowships and waivers to attract students to the profession;
 - A summit with stakeholders to work towards ways to broaden the pool of applicants with BSWs and MSWs;
 - Explore funding options for social workers to receive advanced training regarding issues affecting older adults. An example is the Graduate Certificate in Gerontology that addresses many of the issues DSS encounters with the elder population.

Interface with the Court System

To avoid inflicting continued trauma on those involved with Adult Protective Services or Guardianship Services, better interface and coordination with the court system is needed to ensure the rights and personal property of these populations are protected.

- ❖ Judges and Clerks of Court should be trained so that court recommendations and decisions meet the needs of these adults. This includes training to address the following:
 - The service needs of the various populations – Older Adults, Disabled Adults, Younger Mentally Ill or Developmentally Delayed and those engaged in Substance Abuse. This education should include the responsibilities of the various stakeholders (Mental Health, DSS, Aging Services, Court System, etc.).
 - DSS process and policy
 - Restoration of Competency as appropriate
 - Options related to Limited Guardianship – To include what does Limited Guardianship mean and when is Limited Guardianship appropriate.
 - Consideration of family members for guardianship vs. a public agent guardian, when appropriate.
- ❖ Availability of adequate resources to complete timely multidisciplinary evaluations to document the adult's limitations and needs to aid Judges and Clerk of Courts in making appropriate decisions.
- ❖ Additional training with law enforcement officers, emergency services personnel and emergency department/hospital staff. Training should include an overview of Adult Protective Services (including ex parte orders) and Guardianship.
- ❖ Consistent definitions around residency shall be developed both in law and policy.

Communication Strategies with Stakeholders

Better collaboration across systems within the state, and between counties and the State is key to ensuring that stakeholders receive and understand key information needed for system improvement. Communications should include clear expectations and policy interpretation from the state to the counties to ensure consistent practice.

- ❖ Education must be provided to the local community about the need for individuals to remain in their home community that focuses on:
 - Home and community based services that are available and the need to invest in expanding these services;
 - Educational opportunities and respite services for caregivers
 - Informing the public and partners on the limitations and scope of what the Department of Social Services is legally and realistically able to do

- ❖ A collaborative model of service delivery within the Mental Health system, including specific statewide initiatives focusing on identifying and treating depression, anxiety, trauma and hoarding. This is to include access to services in emergency/crisis situations. Additional services and supports from the Mental Health System to address unique needs of the aged and disabled populations must be identified. This must be from a state wide perspective as well as at the local level.

- ❖ Coordinate with state level agencies to obtain current county specific and relevant data that can be shared with community partners and the community in general about this population.

Service Array and Systemic Factors

A more diverse “toolkit” of interventions and resources can increase the likelihood that disabled and elderly adults in need of services will not have a continued need for intervention.

- ❖ There must be immediate and/or timely access to behavioral health services for elderly and disabled adults to improve safety and well-being; including education programs aimed at reducing depression, substance abuse and suicide. These individuals must have access to behavioral health services regardless of health care coverage or ability to pay.
- ❖ There must be a recognition of the unique health and wellness challenges faced at the various stages of an adult’s life and a holistic, person centered approach applied to meet these needs.
- ❖ Focus on how Medicaid Transformation can benefit aging and disabled adult populations. Spend smarter through Medicaid Transformation efforts. Examples are:
 - Incorporation of preventative services such as dental and vision care;
 - Simplified reimbursement process to encourage all physicians and medical service providers to accept Medicaid patients:
 - Greater investments in telehealth and mobile health technology to address physical and geographical barriers;
 - Greater coordination of care planning – focus on transition of care;
- ❖ There must be a review of the funding system that pays for services for vulnerable individuals. This includes those in need of placement services and preventative services.
- ❖ There must be assurance that financial considerations do not prevent the elderly and disabled adults from receiving quality placements. Medicaid patients should have the same right to access placement resources as do private pay patients. Creative funding mechanisms and insurance plans need to be developed to handle the escalating cost of placement options and the rising number of persons needing placement resources.
- ❖ The State must ensure appropriate planning for placement resources to prevent nursing home bed shortages and to maintain appropriate levels of care. The state, providers, counties and consumer representative must engage in a cooperative effort to determine appropriate levels of need for placement services.
- ❖ All organizations and stakeholders in the State’s “System of Care” must increase support and assistance for individuals who want to move or have moved to a community to meet their recovery goals; including implementation of a supportive housing program.

- ❖ Increase efforts to educate legislators and public officials about the needs of elderly and disabled adults and ensure that all individuals have access to basic care regardless of age, income or geographic location.
- ❖ There must be access and supports for housing and appropriate placements (e.g. Transition to Community Living Initiative); and comprehensive training for facility staff to effectively manage needs of residents with dementia and mental health disorders (e.g. Geriatric Adult Specialty Teams).