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March 21, 2018

TO: The Honorable Representative John M. Mizuno, Chair
House Committee on Health and Human Services

FROM: Pankaj Bhanot, Director

SUBJECT: **HCR 102 – REQUESTING THE AUDITOR TO CONDUCT A PERFORMANCE
AND MANAGEMENT AUDIT OF THE ADULT PROTECTIVE AND COMMUNITY
SERVICES BRANCH OF THE DEPARTMENT OF HUMAN SERVICES**

Hearing: Thursday, March 22, 2018, 9:00 a.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill to conduct a performance and management audit of the Adult Protective and Community Services Branch (APCSB) within the Social Services Division of DHS. However, an audit of the Adult Protective Services (APS) Program within APCSB is not necessary at this time as DHS has worked diligently to address issues raised by HCR 118 HD1, adopted by the 2013 Legislature, that required APS to improve and restructure its operations to provide a more comprehensive delivery of services for vulnerable adults who are or in danger of being, abused, neglected, or financially exploited.

A report to the 2015 Legislature was submitted by DHS in December 2014 as requested by HCR 118 HD1. The program continues to work on program improvements recommended by the commissioned study by the University of Hawaii, Center on Aging, and DHS requests the legislature's support of these efforts.

PURPOSE: The purpose of HCR 102 is to assess the APS Program's effectiveness and compliance with laws, policies, and procedures. The summary of findings contained in the

December 2014 report to the 2015 Legislature outlined the tasks to be undertaken by APCSB to improve and restructure its APS operations.

1. In 2013, APCSB commissioned the University of Hawaii, Center on Aging (UH-COA), to conduct a nationwide scan of adult protective systems, existing evidence-based practices, and to conduct a needs assessment and evaluation of Hawaii's APS system.
2. UH-COA recommendations for APS restructuring included the following:
 - a. Core APS Functions
 - Centralize APS Intake to Oahu's Adult Intake Unit;
 - Adopt improved intake tool, documentation, and investigation systems, as comprehensive and automated as possible;
 - Provide APS staff with a set of standard, evidence-based screening and assessment tools to support investigations, improve documentation, and improve client support. Provide education and training to ensure effective use of each tool;
 - Develop strategy for and implement APS-led multidisciplinary and/or interdisciplinary team to consult on problematic or complex cases.
 - b. Operations and Management:
 - Establish a standardized quality assurance process;
 - Adopt statewide policies on staff-supervisor meetings, case review procedures, and improve performance appraisal system. Provide supervisors with mentorship and training to support this;
 - Establish training budget and implement mandatory training requirements (core training and ongoing, continuing education) using webinar and in-person formats.
 - c. Community Capacity-Building: Strengthen coordination between state and local agencies, improve visibility of APS throughout the community, and build the capacity of services needed by APS clients.

Since 2015, APCSB has: 1) successfully implemented a statewide APS intake system with the Oahu Intake Unit assuming the intake functions for the counties of Oahu, Kauai,

Maui, and Hawaii; 2) funded the first quality assurance review of APS cases which was completed in 2017, with plans for a second follow-up quality assurance review in 2018; 3) implemented a standardized Intake tool with electronic data tracking capability; 4) started the creation of a standardized investigation tool with electronic data tracking capability to measure outcomes of APS interventions; 5) will be creating a case management tool to facilitate short-term oversight and monitoring of APS cases confirmed for abuse; and 6) started to create separate assessment tools for each type of abuse to assist staff in APS investigations.

APCSB has also embraced the Ohana Nui concept recently rolled out by strengthening coordination between public and private agencies to work together to better serve vulnerable adults. Our interventions will address the five pillars believed to be essential for a stable family environment: 1) housing; 2) food and nutrition; 3) health and wellness; 4) education and economic stability; and 5) social capital and social support.

Funding and staffing resources for APS statewide have been minimal since its inception. Staffing was decimated by 25% in 2009 when there was a statewide reduction in force. In subsequent years, the APCS branch administrator position, the Oahu Section administrator and secretary positions, and program development and policy staff positions were re-created using existing operating funds. Critical APS positions such as a registered nurse position and an investigation social worker position were created by re-describing existing para-professional positions. Despite the challenges mentioned above, APCSB continues to immediately address the safety and well-being of vulnerable adults faced with abuse.

HCR 102 specified that upon investigation, APS substantiated the occurrence of adult abuse or neglect in fewer than 250 of the reports received each fiscal year since 1999. The confirmation rate is not reflective of the effectiveness of a comprehensive APS investigation. Our mandate is to ensure the health, safety, and welfare of the vulnerable adults who have been abused, or who are in danger of abuse if no action is taken. Whether APS is able to confirm or not confirm that abuse occurred is secondary to making the vulnerable adult safe, and to ensure that the adult can remain in the least restrictive living

arrangement as possible. APS also respects the vulnerable adult's right to determination to accept or refuse intervention.

DHS acknowledges that substantiating or confirming abuse against caregivers who may be in a position to abuse others is an important function of APS. Background checks and the history of abuse are often used by employers to make decisions about employment, especially in health-related fields that employ registered nurses, certified nurse aides, or other direct service providers. The need to provide documentation and evidence to support a finding of abuse by the preponderance of evidence is part of the reason why confirmation rates may be lower than expected. Another factor is the reluctance of vulnerable adults to divulge information about abuse by their caregivers because of the victim's fear of a change in long-standing relationships and the fear of institutionalization. Financial institutions are reluctant to share financial data because of federal and state statutes that limit the ability to share information without penalty. Health care providers are also reluctant to share relevant medical information for fear of violating the federal Health Insurance Portability and Accountability Act of 1996, commonly referred to as HIPAA.

The APS Program is a social work model designed to help vulnerable adults who are in crisis and are in need of services to ensure safety. Approximately 80% or 575 of the APS clients in state fiscal year 2017 were age 60 and older. Of that number, approximately 301 of the APS clients were age 80 and over. We are seeing a trend toward the need for a more health or medical-related model of intervention. APS currently has approximately 19 social work investigator positions, one auditor position, and five registered nurse positions statewide. APCSB continues to look within its workforce for opportunities to re-describe and establish positions we believe are essential to address the changing needs of the vulnerable population.

Thank you for the opportunity to testify on this bill.

HCR-102

Submitted on: 3/21/2018 5:04:10 AM

Testimony for HHS on 3/22/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Oahu County Committee on Legislative Priorities of the Democratic Party of Hawai'i	Support	No

Comments: