

**Testimony Of Daniel Tietz, Chief Special Services Officer**  
**The New York City Human Resources Administration**

**Before the New York City Council General Welfare Committee and Aging Committee**

**June 17, 2015**

Good morning Chairpersons Levin, Chin, Vallone, and members of the Committees on General Welfare and Aging. On behalf of Commissioner Steven Banks, thank you for inviting us to participate in today's hearing concerning Adult Protective Services and the legislation before you. I am Daniel Tietz, Chief Special Services Officer at the New York City Human Resources Administration. I am joined by Deborah Holt-Knight, Acting Deputy Commissioner for APS.

As you know – every day in all five boroughs – the City's Human Resources Administration (HRA) is focused on carrying out the Mayor's priority of fighting poverty and income inequity and preventing homelessness. With an annual budget of \$9.9 billion and a staff of 14,000, HRA provides assistance and services to some three million low-income children and adults, including:

- economic support and social services for families and individuals through the administration of major benefit programs (Cash Assistance, Supplemental Nutritional Assistance Program benefits (food stamps), Medicaid, and Child Support Services);
- homelessness prevention assistance, educational, vocational, and employment services, assistance for persons with disabilities, services for immigrants, civil legal aid, and disaster relief;
- and for the most vulnerable New Yorkers: HIV/AIDS Services, programs for survivors of domestic violence, Home Care and Adult Protective Services.

New York City's Adult Protective Services (APS) is the largest municipal adult protective services program in the country. Mandated by New York State Social Services Law Section 473, APS assists individuals 18 years of age or older without regard to income who:

- are mentally and/or physically impaired;
- due to these impairments are unable to manage their own resources, carry out the activities of daily living, or protect themselves from abuse, neglect and exploitation or other hazardous situations without assistance from others; and
- have no one available who is willing and able to assist them responsibly.

The APS mission is to enable our clients to live safely in the community with the greatest level of independence possible. While APS has a wide range of services available, the legislative mandate in every case is to assist the client using the least intrusive measures, which is critical to understanding APS interventions and services. Society carefully protects the rights of adults to make their own decisions and – with very limited exceptions – this right extends to APS clients.

Adults are permitted to make decisions that some may view as ill-advised, so long as the individual can appreciate the risk involved and is not a danger to self or others.

APS clients are among the most debilitated and neglected members of the community – New Yorkers who are frail and elderly, mentally and/or medically ill, have developmental disabilities and/or have been abused and exploited. They lack the ability to independently meet their essential needs for food, clothing, health care or shelter, are isolated and have often refused services from others. Here is some key data on current APS clients:

- 62 percent are age 60 or older
- Clients younger than age 60 are likely to have severe mental illness and/or a substance use disorder and often aggressively resist APS assistance
- 58 percent are female
- 71% receive Medicaid benefits
- 68% receive SNAP/food stamps benefits
- 38% receive SSI benefits and
- 13% receive Cash Assistance benefits (primarily in the form of back rent grants).

The total APS caseload over the past twelve months averaged 7,500 clients at any given time; this is an increase of 82% since January 2002, when the caseload was 4,100. As of the Executive FY16 Plan, the APS FY15 budget is \$46,457,000, which includes \$26,796,000 for PS and \$19,661,000 for OTPS (contracted programs).

The majority of APS staff members work in seven field offices across the city, with offices in each borough. APS staff consists primarily of caseworkers (225) and their direct supervisors. Additionally, a portion of APS work is provided through contracts with three vendors: the Jewish Association for the Aging (JASA), Village Care and Transitional Services for New York, which jointly serve 2,010 clients (in all boroughs except Staten Island), with a combined staff of approximately 100.

APS is also home to two additional programs, the Division of Voluntary and Proprietary Homes for Adults (DVPHA) that oversees residential placement services in Family-Type Homes for Adults (FTHA) for single adults 18 years or older who have physical or mental impairments. The licensed providers receive an enhanced level of the residents' Social Security benefits as compensation for their services. The other program is the Division of Post-Institutional Services (DOPIS), which provides follow-up services to patients discharged from New York State Office of Mental Health (OMH) psychiatric facilities after a minimum stay of five years. These two programs are supported by 25 staff members.

APS staff members have a difficult and sensitive job, requiring collaboration with referral sources, community organizations, government agencies and other HRA programs in order to accurately assess the risks facing a client, determine the client's capacity to appreciate and resolve those risks, and the most appropriate manner and level of APS assistance.

As with all program areas within HRA, during the past year we have been determining and implementing reforms within Adult Protective Services to better serve our clients and ensure the best use of our staff and resources.

### **APSNet – Reforming the APS Case Management System to Enhance Services**

For example, during 2014 we implemented Phase 1 of APSNet – a new automated case management system. APSNet was jointly developed by HRA’s Management Information Systems (MIS) and the APS Central Office, with participation from line staff in focus groups. APSNet assists staff in determining APS eligibility, identifying risks, completing service plans, tracking the implementation of services and scheduling visits to meet mandated timeframes. It also provides more detailed client information and generates more extensive statistical reports to assist the managers of the APS program. Prior to August 2014, APS used an outdated, customized, off-the-shelf software system that was limited in its case management functionality and did not offer the extensive report library needed by staff to manage and monitor cases and address outcome measures. The deficits of this system required the continued use of paper case records.

Additional development beyond Phase 1 includes:

- electronic, pre-populated versions of the many detailed applications and forms used by APS so that they are rendered automatically and without the duplicative manual data entry currently required by caseworkers;
- electronic transmission of applications for services to make the process both more secure and more efficient;
- mobile computing to allow for data entry in the field while in transit on subways and buses;
- scanning, indexing and storing of external documents in an imaging repository to eliminate paper files; and
- integration with other APS and HRA software systems, in particular HRA’s Customized Assistance Services/Visiting Psychiatric Service and the Office of Legal Affairs

These improvements are part of Phase 2 of APSNet and are currently under development. We expect implementation in the summer of 2016. Full implementation of APSNet will substantially enhance our operations and client services and address staff workload needs.

### **Reforming the Financial Management System**

During 2014, we also expanded the use of the automated accounting system, *Financial Focus*, which we use to manage our role as the Representative Payee for the federal Social Security benefits of over 2,300 clients. Our new APS contracted provider, Transitional Services for New York, Inc., is the first of our three APS contracted providers to have their financial management work done by HRA/APS. The other two providers will be transitioned over the next year. This will provide more accountability and uniformity to the management of client funds, a very important aspect of our work given the increasing frequency of financial exploitation. Financial management is one of the strongest weapons APS has in the fight against elder abuse.

## **Multi-Disciplinary Initiatives to Enhance Efforts to Stop Abuse**

The use of multidisciplinary teams is a critical component of APS' efforts to stop the abuse of clients. During 2015, APS has worked in partnership with the Domestic Violence Unit of the NYPD to strengthen collaboration. Just yesterday, in celebration of International Elder Abuse Awareness Day, APS staff were present at 18 different precincts to present information to the police and the public on APS and our role in investigating and preventing elder abuse.

Elder abuse cases are extremely complex, due to the involvement of multiple response systems, victims who typically deny the abuse, and the difficulty of developing an effective service plan. APS, as a Steering Committee member of the New York City Elder Abuse Center (NYCEAC), has worked in partnership since 2009 with the Weill Cornell Medical Center, the NYC Department for the Aging, law enforcement agencies and multiple not-for-profit organizations to address adult and elder abuse.

NYCEAC has established an elder abuse Multi-Disciplinary Team (MDT) in Brooklyn and two MDTs in Manhattan. These MDTs, which consist of members from the various disciplines and organizations noted above, meet to discuss and develop case plans and conduct comprehensive case reviews for these high risk cases. NYCEAC is working to expand this model in additional boroughs. In conjunction with the development of the MDTs, APS has also focused on building elder abuse expertise in-house. Designated staff members have received targeted training to develop specialized skills for assisting victims of abuse.

## **APS Case Management Study to Advance Reform Efforts**

As part of the reform process, we have recently released a Request for Proposals for a Case Management Study of the APS program. We are seeking an evaluation of our service delivery systems, our staffing patterns, and our workload processes. As the needs of our clients, and those referred to us who may not be eligible for our services under New York State law, have been affected by changed circumstances in our City over the past 20 years, we want to make sure that our systems, services, and staffing patterns are responsive to those changes. The Case Management Study will include:

- Review of work flow and the resulting workload
- Clarifying roles of supervisors, caseworkers and liaisons
- Identifying special training and educational needs
- Identifying needs for specialization and/or restructuring within APS
- Utilization of technology within case management to address workload and enhance client services

As we proceed with this evaluation, we will be seeking input from interested stakeholders, including members of your Committees. When the process has concluded, we will be happy to share any additional reforms with you just as we have been reporting to the Council on our other reforms.

## **Proposed Legislation**

In regards to the legislation before the Committees today, HRA appreciates the Council's continued focus on vulnerable populations, specifically those that fall under the purview of Adult Protective Services, as well as seniors across the City.

### **Int. No. 89 - In relation to requiring the department of social services to provide semiannual reports to the council regarding referrals to adult protective services.**

HRA supports the concepts in Int. 89 and is committed to providing reports concerning referrals to adult protective services. The bill as written requires reporting on the number of referrals as well as reasons for ineligibility disaggregated by the reason such individual was determined ineligible. The bill further requires reporting on a general description of the source of the referrals, the council district, and community board and zip code for the referred individual. The information required in the bill can be obtained through APSNet as of the beginning of 2015.

### **Int. No. 830 - In relation to training for certain employees of the city of New York and city-contracted agencies on adult protective services.**

HRA supports Int. No. 830 with regard to providing biennial trainings in accordance with article 9-s of the social services law and any applicable rules and regulation thereunder on best practices in identifying persons who may be eligible for adult protective services and how to refer such persons to adult protective services. We also support the concept that such trainings should be made available to partner agencies and employees of any entity under contract with such agencies, such as the Department for the Aging, the New York City Police Department, the Department of Parks and Recreation, the Department of Housing Preservation and Development, the Department of Homeless Services, and other agencies as the Mayor may assign.

At present, HRA provides training to some of the agencies listed in the bill and maintains strong relationships with those agencies. This bill would expand the training services HRA currently offers to agencies. With respect to HRA's APS staff and APS vendors, HRA currently provides a full range of training programs, including various mandatory trainings.

For example, the New Worker Institute (NWI) through Brookdale Center for Healthy Aging provides New York State Office of Children and Family Services-mandated training for all new APS caseworkers. The training is an eight-day interactive learning experience that provides caseworkers with a comprehensive understanding of the core fundamentals of protective services for adults case work. Participants focus on knowledge- and skill-building.

The NWI curriculum includes a focus on:

- Assessment & Interviewing
- Legal Aspects
- Aging, Dementia and Developmental Disability
- Mental Health Addiction and Dual Diagnosis Assessment
- Investigating Adult Abuse and Financial Exploitation

- Hoarding

The Brookdale Center for Healthy Aging also provides a special training program, The Fundamentals of Supervision, for APS supervisors. The training focuses on case work and personnel issues as they relate to the fundamental competencies of supervision and leadership.

All HRA APS staff members are trained on APSNet, which consists of a four-day training program with one additional day for supervisors. Staff and vendor staff are also required to participate in a training program on specific skills such as de-escalation, communication, and engagement skills. The training is continuous and all new staff members are required to participate.

In addition, HRA's Office of Legal Affairs' attorneys train APS caseworkers and supervisors on the legal aspects of APS work in which the following components are covered:

- Article 81 guardianship
- Orders to gain access
- Requests for GALs
- Testimony skills
- Documentation
- Court decorum

Further training areas cover a range of topics to ensure APS staff and vendors are appropriately trained for the circumstances and situations they encounter in the day-to-day aspects of their work including:

- Assessment
- Emergency intervention
- Indicators of mental illness
- Documentation skills
- Suicide intervention
- Referral process
- Field safety

Future trainings for APS (HRA and Vendors) include:

- Mental Health First Aid – Internal training
- Engagement training – Brookdale training
- Alzheimer's training – Alzheimer's Association
- Abuse training – Brooklyn District Attorney

While not mandated, we have also provided various trainings for external stakeholders. In these trainings, HRA uses a standard PowerPoint presentation that we adapt based on the agency being

trained. The training covers APS eligibility criteria (which are often the most important part of the training), the intake process, field office processes, and service delivery.

HRA has conducted trainings for:

- Managed care programs – social workers/nurses
- Multidisciplinary teams – social workers/prosecutors/DFTA/physicians/aging organizations
- NYPD – police officers
- Senior Centers – aging community
- Health Care Facilities – social workers, doctors, nurses
- NYCHA – social workers
- Nursing homes – social workers
- Court personnel – judges, landlords, GALs
- Community-based organizations – social workers
- Faith-Based – clergy and lay people

Thank you again for including us in this hearing. Following DFTA's testimony, we welcome your questions.