



Andrew M. Cuomo, Governor ~ Sheila J. Poole, Acting Commissioner

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FROM THE ACTING COMMISSIONER

Sheila J. Poole
Office of Children and Family Services



Sharing the Untold Stories of PSA Workers

The New York City Human Resources Administration (HRA) Adult Protective Services (APS) unit is carrying out a very interesting project with managers, supervisors and staff submitting descriptions of the work they are doing in serving their clients. These are included in editions of what HRA calls its *"APS Journal of Untold Stories."*

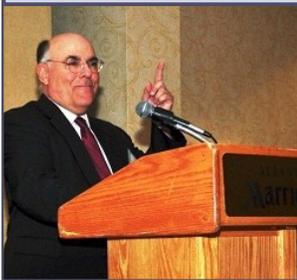
Some examples reveal how:

- A caseworker worked with a victim of domestic violence and police to assist the victim to leave the home and live with the victim's daughter.
- A caseworker assisted a dementia client, unable to manage her daily living skills, of home care, and application for guardianship approved by the court.
- Family Type Home for Adults (FTHA) staff worked with an individual with a number of physical and mental conditions, desperately in need of supported housing by assisting him in gathering the documentation, completing applications, and identifying a FTHA appropriate for his needs. The operator accepted him into her "family," and provides the supervision and structure that has greatly lessened his anxiety and depression, increasing his happiness and well-being.

The Journal is full of vivid descriptions of effective, dedicated casework done at every stage of a case: from intake, assessment, implementation of a services plan, and monitoring of open and on-going cases. There are also stories of casework and legal interventions taken that made a positive difference to help protect and stabilize vulnerable adults.

We applaud the HRA APS team for producing these *Journals of Untold Stories* and share the view expressed by Deborah Holt-Knight, HRA Executive Director of Operations for APS when she told the APS team: "During my review of your submissions, I am overwhelmed by the dedication that you exhibit daily. I am excited that this journal gives APS the opportunity to let others know that we are doing unbelievable work and continuously safeguarding vulnerable New Yorkers."

The most recent edition of the *Journals* is available at ocfs.ny.gov/main/psa/. I encourage you to consider something similar in your own district, publicizing your staff's good work and sharing best practices.



FROM THE DIRECTOR:

Alan J. Lawitz

Bureau of Adult Services

Two Aspects of Worker Well-Being

*We Get By With A Lot of Help From Our Friends –
And We Need to Keep Seeking that Help!*

Our recent (very successful!) 20th Annual Adult Abuse Training Institute (AATI), with its focus on the health and wellness of PSA caseworkers as well as clients, provides a prime opportunity to reflect on the fact that - whether you are talking about what it takes to plan and deliver a conference or services to a vulnerable adult - the job is too large and too complex to go it alone.

We need to reach out and encourage our colleagues in other services areas and in other disciplines to participate in providing services to protect such individuals. It's not just a good idea - it's the law!

The Social Services Law (SSL) says that “in that the effective delivery of protective services requires a network of professional consultants and social services providers, local social services districts shall plan with other public, private and voluntary agencies, including but not limited to health, mental health, aging, legal and law enforcement agencies for the purpose of assuring maximum local understanding, coordination and cooperative action in the provision of appropriate services.” SSL § 473.2 (a).

Regulations state that “the provision of PSA shall not be viewed as a single agency responsibility but rather as a community-based responsibility. As such the local social services agency must make known and, to the extent possible, secure the active participation and cooperation of those community resources providing specific services for adults. These resources shall constitute a PSA delivery network. Meetings will be held with representative community agencies for the purpose of establishing specific agency roles and areas of responsibility in the provision of PSA. The social services district shall initiate such efforts directed at establishing this community-based responsibility unless such action has been initiated by other agencies.” 18 NYCRR § 457.7.

The more we can involve other community resources in the PSA delivery network, the better the result for our clients, and PSA staff - reducing stress, fatigue or burn-out. It is important to try to persuade our partners to accept provision of protective or related services as their mission, or at least our shared mission. This is hard work, but we need to keep at it! Not only will our clients benefit, but so will our PSA staff.

*We Are Privileged to Have the Opportunity to Offer Services to Vulnerable Adults -
By Giving, We Receive*

I would appreciate your thoughtful response to the following questions:

- Do you think there are many PSA workers who on a day to day basis are able to find satisfaction in the fact that they are given a unique opportunity to help others in need?
- Do you find PSA workers are of the belief that this opportunity to help the client is also a real gift that can enhance the happiness and well-being of the worker?

A study called the Science of Generosity Initiative, based at the University of Notre Dame, surveying American practices and beliefs about generosity, finds that the more generous Americans are, the more happiness, health and purpose in life they enjoy.

continued

I believe that many who pursue social work and related fields such as health, mental health, and public interest law, do so at least in part out of humanitarian motives. The challenge is how to maintain the idealism; the sense that your work matters; that you are doing good and helping a person in need; how to keep at bay a sense of debilitating cynicism and hopelessness in the face of hard cases, rising case-loads, shrinking resources and other factors that can make the job difficult. What are your thoughts about how we can best help our colleagues (and ourselves) retain that sense of appreciation of the gift that comes when we provide protective services to our clients?

Alan



Adult Abuse Training Institute 2013: “It Was 20 Years Ago Today...”

More than 400 people attended the 20th Annual Adult Abuse Training Institute (AATI) held in October at the Albany Marriott Hotel and Conference Center. The theme was “*Solving the Puzzle: Client and Worker Health.*” There were many workshops and plenary sessions focusing primarily on the physical, mental, emotional, financial and even spiritual health of caseworkers and vulnerable adult clients. Several of the workshops were planned, coordinated and presented by PSA supervisors and staff.

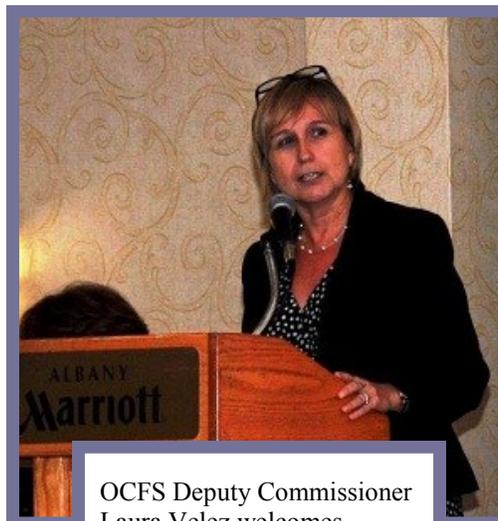
Welcoming remarks were provided by OCFS Deputy Commissioner Laura Velez, Bureau of Adult Services Director Alan Lawitz and New York Office for the Aging Acting Executive Director John Cochrane. The keynote address, presented by Pamela Teaster, Ph.D., Professor in the Department of Health Behavior of the College of Public Health in the University of Kentucky, discussed elder mistreatment, how New York compares with national trends, and important considerations for the health of workers in the field of Adult Services. Another plenary speaker, Ashton Applewhite, author and journalist, spoke about aging and ageism.

The Bureau of Adult Services presented the 2013 Certificates of Recognition for Excellence in Providing Adult Services to local district caseworkers, supervisors and teams nominated by local commissioners.

Evaluations of the AATI by trainees sent to our Bureau of Training have been overwhelmingly positive.



Pamela Teaster delivers keynote address at AATI.



OCFS Deputy Commissioner Laura Velez welcomes AATI attendees.



Seen at AATI



Rich Holcomb, Deputy Commissioner, Clinton County DSS, leading discussion on Impact of Financial Exploitation on Client Eligibility to Receive Benefits.



Stretching at the Workshop on Alternative and Complementary Health Practices.

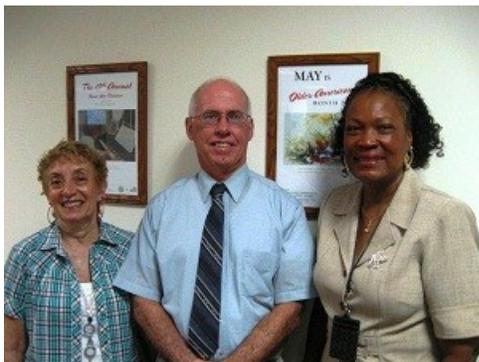


ADAs Liz Loewy and Candy Vogel presenting their workshop on how to prove adult abuse in criminal cases.



Ashton Applewhite, plenary speaker on aging issues.

Meet the Long Island/Westchester PSA Supervisors . . .



L-R: Natalie Siler (Westchester); Tim Ferguson (Suffolk); Sarah Smith (Nassau)

Stay in touch with
What's New in Adult Services
On the OCFS Website

ocfs.ny.gov/main/psa/

2013 Certificates of Recognition Presented at AATI ...



Yves Innocent-Cherubin,
Senior Caseworker / PSA,
Rockland County DSS and
Paula Vielkind, OCFS



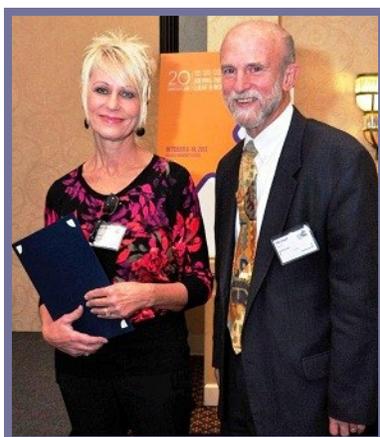
The OCFS Bureau of Adult Services leads
applause for the 2013 honorees.



Sharon Cahill, PSA Supervisor,
Jefferson Co. DSS and Lisl
Maloney, OCFS



Eustaquia Galan, PSA Caseworker,
Westchester Co DSS, and Michael
Cahill, OCFS



Penny Erb, PSA Caseworker,
Chautauqua Co. DSS, and Michael
Cahill, OCFS



Rebecca Kelley, PSA Casework Supervisor,
Chemung Co DSS, and Christine Coons,
OCFS



Left to right: Michael Cahill and Alan Lawitz, OCFS, present certificates of recognition to Leo Lawless and Joann Flint, PSA Caseworkers, and Beth Schafer, Sr. Caseworker, with Wyoming Co. DSS Commissioner David Rumsey, on Oct. 30, 2013.

Shining the Spotlight On Wyoming County’s “Small, But Mighty” Adult Services Unit

**By David A. Rumsey, Commissioner
Wyoming Co. DSS**

The Wyoming County Department of Social Services would like to nominate our adult services unit for a Certificate of Recognition for Excellence in Providing Adult Services. Wyoming County is a small, rural county in comparison to others but our adult services workers are mighty. The unit consists of two caseworkers and a senior caseworker as their supervisor. Each caseworker carries a mixed caseload of adult protective/preventive clients and one caseworker also assists clients with applying through the Disabled Client Assistance Program. Fifty-six of the cases need money management assistance so these caseworkers act as representative payees and spend much of their week trying to make ends meet for the clients. When caseworkers are caught up on bill paying, they transport clients to doctor appointments, assist them with obtaining groceries or look for alternate housing. Many of the clients have multiple diagnoses so it can be a difficult task assigning someone who doesn't really want our help. Caseworkers provide adult preventive services to 12 individuals and protective services to four individuals. This is all in addition to the average of four protective services for adult referrals they perform full, quality investigations on each month. They definitely perform above and beyond.

Each caseworker shines in his or her own way. Caseworker number one had a case involving a Vietnam veteran who suffers from post-traumatic stress disorder. This man liked to be left alone but we felt he was too vulnerable without our influence. The caseworker diligently kept in weekly contact until the man realized the caseworker was there to help him. The caseworker developed a relationship with the client and was saddened when he had to be placed in a nursing home outside the county.

Caseworker number two works with a man with no living relatives. This caseworker regularly visits this man and will take a pizza to him once a week on his own time and stay and eat supper with him. This man was in the hospital for an extensive period of time and the caseworker visited him regularly, again on his own time. These are just small samples of the care and compassion our adult services caseworkers show the clients they work with.

The senior caseworker is actively involved in supervising all aspects of the adult protective unit, while sharing time with the child protection unit. She should be complimented on her work as well. She represents the agency at Adult Single Point of Access (SPOA) meetings and is also the department liaison with the Office for the Aging and other community resources that provide services to our adult population. She acts as a backup to the caseworkers in their absence and handles the more difficult cases. She displays care and compassion with all the individuals that she assists and has a wealth of knowledge in regards to problem-solving the various adult situations that arise.

The adult services unit, although small in size, remains very busy. Their members are diligent and caring in all aspects of their jobs and deserve to be recognized for their accomplishments and hard work. The adult services unit staff includes Caseworkers **Leo Lawless** and **Joann Flint** and Senior Caseworker **Beth Schafer**.



Sharon Cahill: Exemplifying “Exceptional Service and Leadership” for Jefferson Co. DSS Adult Protective Unit

**By Kay Peck, Grade A Supervisor, Jefferson Co. DSS Adult Protective Services
written as designee to Laura Cerow, former Commissioner, Jefferson Co. DSS**

Sharon Cahill, MSW, Adult Protective Supervisor, has been employed with the Jefferson County Department of Social Services since 1986. I consider myself fortunate to have such a dedicated and caring person leading the adult protective unit. Sharon is also the Domestic Violence Liaison for the Department. Sharon wears many hats, as this article will attest to. Sharon applies empathy and understanding in her dealings with others. She makes the extra effort to understand her workers’ and clients’ feelings by walking a mile in their shoes and respecting what is valuable to others. When I announced to the adult protective unit staff that I was nominating Sharon for this award, they were eager to share their thoughts about their supervisor.

When APS staff attend trainings and workshops, or when new staff joins the unit, Sharon encourages and supports their new ideas and approaches. She applies these ideas for APS staff to use in meeting the needs of the clients served and building a cohesive team. Staff feel free to suggest new ways of doing things because they know if it is possible to “give it a try,” Sharon will do so.

Sharon has developed close working relationships with other providers in the community. There are limited services in northern New York. The vulnerable adults that we serve need a variety of services from community agencies. Sharon has established a reputation in the community that she will follow through with what she has agreed to do. Sharon grew up in the city of Watertown and she uses her experience and connections to guide APS staff to appropriate program personnel whenever there is a need to advocate for clients.

Recently, Sharon worked with the Commissioner and Samaritan Medical Center staff to develop a discharge planning protocol that includes both physical and mental health discharges. This protocol was developed to prevent patient discharges to homelessness and unsafe home discharges.

When there is a difficult and complicated case, Sharon remains calm and helps staff think about the issues like a puzzle, identify and prioritize actions, and then involve available supports in interventions that may be needed to ensure the safety and well-being of the persons served. Sharon is proactive in notifying agency administration when trouble brews. She gives the department head, director, and commissioner a “heads up,” providing them with information about caseworkers’ attempts to manage the situation and the facts on hand before the irate person calls to bombard management staff with their complaints. Matters are generally handled at the lowest level possible. This has helped staff feel supported. Clients’ issues are better understood so that quicker resolution is possible.

When Sharon was notified this year that the senior social worker at Jefferson County Public Health (JCPH) was office-bound until the agency was able to fill the vacant MSW position, Sharon volunteered to work additional hours per week at JCPH because she did not want her clients and others in the community to go without services even one day until the position was filled.

Sharon provides counseling to fellow employees on a routine basis to those going through separation, the loss of a loved one, and other personal problems. She has been known to visit fellow employees who are gravely ill, spending countless hours reading to them or just sitting with them watching TV. She recently personally assisted a 98 year old woman with no family with a move from her home into a nursing home. Sharon sorted all the woman’s belongings as per the woman’s request, bringing the requested household items to the nursing home, giving friends items and donating the rest to charity.

Sharon has organized several fundraisers for employees battling serious diseases such as brain tumors and cancer, travelling throughout the city getting raffle items, food and venues donated. Sharon works at the events and avoids recognition or praise.

“Only those who are able to see the invisible can accomplish the impossible.” Sharon truly exemplifies exceptional service and leadership.

COMING SOON — NEW PSA ASSESSMENT TOOL

OCFS is pleased to share a new tool developed to aid PSA caseworkers in the field. Designed to offer a standardized checklist for caseworkers to use during interviews, the convenient laminated sheet lists important information required in assessing client needs, similar to the assessment screens in ASAP (Adult Services Automation Project—PSA's system of record). The PSA Assessment Tool is being distributed to PSA supervisors across the state to share with casework staff.

Here's a sneak preview ...



**NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
PROTECTIVE SERVICES FOR ADULTS**

PSA Assessment Tool: Important Information to Obtain

- ◆ Complete current **household composition**?
- ◆ Social/familial **support** available to client?
- ◆ **Collateral** contact information?
- ◆ Current status of client's **physical health**?
- ◆ Client's ability to perform **ADLs**?
- ◆ Current status of client's **mental health**? Does client lack **capacity**?
- ◆ List of client's **medical providers** and **medications**?
- ◆ Is client receiving **services** from **other agencies**?
- ◆ Condition/description of client's **physical environment**?
- ◆ Are there health and safety **hazards** present in living **environment**?
- ◆ Status of client's **basic needs**—food, clothing, and shelter?
- ◆ Signs of **abuse/neglect/financial exploitation** by others? If so, information re: **suspected perpetrator (s)**?
- ◆ Is there a **history** of **violence/ 911 calls** at this **residence**?
- ◆ Is there a **threat of violence/immediate danger** now?
- ◆ Indicators of **self-neglect**?
- ◆ Client's **financial resources**?
- ◆ Client's ability to **manage finances**?
- ◆ What **benefits** are client receiving? Does client require assistance in **accessing benefits**?
- ◆ Does client have a **POA, HCP, Rep. Payee**?
- ◆ Is client **receptive** to PSA services?

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