

SESSION 4

Coordinated Response

- ◆ Case Example
- ◆ Action Planning

Coordinated Response

| SESSION 4 | <i>Notes</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2:45 – 3:45 pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Goal</p> <p>Participants will understand the importance of working cooperatively.</p> <p>Measurable Objective</p> <p>Participants will understand the concepts in a coordinated community response.</p> <p>Process</p> <p>This segment will combine a video and brief lecture on coordinated response with group discussion on the initial steps in coordinating local responses.</p> <p>Topics Covered</p> <table border="0"> <tr> <td>▼ Norman: “I’d Rather be Home”</td> <td style="text-align: center;">Small group</td> <td style="text-align: center;">40 mins</td> </tr> <tr> <td>▼ Coordinated Community Response</td> <td></td> <td style="text-align: center;">20 mins</td> </tr> </table> <p>Method</p> <table border="0"> <tr> <td>▼ Q & A/Check post-it notes</td> <td></td> <td></td> </tr> <tr> <td>▼ Show Norman I: “I’d Rather be Home.”</td> <td></td> <td style="text-align: center;">20 mins</td> </tr> <tr> <td style="padding-left: 20px;">Have group discussion.</td> <td></td> <td></td> </tr> <tr> <td>▼ Show Norman II: “I’d Rather be Home.”</td> <td></td> <td style="text-align: center;">20 mins</td> </tr> <tr> <td style="padding-left: 20px;">Have group discussion</td> <td></td> <td></td> </tr> <tr> <td>▼ Review Coordinated Community Response</td> <td></td> <td style="text-align: center;">10 mins</td> </tr> <tr> <td>▼ Q and A</td> <td></td> <td style="text-align: center;">10 mins</td> </tr> <tr> <td>▼ Evaluations</td> <td></td> <td></td> </tr> </table> | ▼ Norman: “I’d Rather be Home” | Small group | 40 mins | ▼ Coordinated Community Response | | 20 mins | ▼ Q & A/Check post-it notes | | | ▼ Show Norman I: “I’d Rather be Home.” | | 20 mins | Have group discussion. | | | ▼ Show Norman II: “I’d Rather be Home.” | | 20 mins | Have group discussion | | | ▼ Review Coordinated Community Response | | 10 mins | ▼ Q and A | | 10 mins | ▼ Evaluations | | | |
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| ▼ Evaluations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Notes

1. Ask if anyone has any questions. Check wall for post-it notes.

Ask if there are any questions from the morning session. Check the wall for post-it notes. Answer any questions.

**2a. Show Norman, Part I: “I’d Rather Be Home” 20 minutes
Stop video after “Norman is getting more frail...”**

Note to trainer – This next section can be processed as a large group discussion or done in small groups with reports back.

Discuss the following questions for about 10 minutes:

Imagine that Norman lives in your community in Pennsylvania. If using small groups, assign a reporter and recorder to answer the following questions.

1. What are Norman’s needs?
2. What are the challenges in working with Norman?
3. What is available for Norman in your community?
4. What do you wish was available for Norman in your community?

If small groups: After about 10 minutes of discussion, have the small groups report back some of their answers to these questions. Start with group one and have them answer question number 1. Then ask if any other groups had additional ideas. Follow the same process to answer questions 2, 3 and 4.

**2b. Show Norman, Part 2: “I’d Rather Be Home” 20 minutes
Stop video after “Another psychiatric evaluation was requested...”**

Have participants discuss the second segment answering the same four questions. Facilitate large group discussion. The group will likely want to discuss Norman’s wife and the ineffectiveness of the legal system in removing Norman’s sons.



TIP FOR FACILITATORS: If running out of time, the last discussion can be done in a large group)

Be sure to discuss:

- ▼ Issues now that Norman lives in an institutional setting
- ▼ How changes in Norman’s physical health impact options now available
- ▼ What Norman wants in the first segment and how it is the same in the second segment
- ▼ The role Norman’s wife may play in the abuse he has experienced

3. Creating the Community Safety Net/Coordinated Response: Principles and Practice **10 minutes**

While discussing Norman (I and II), identify any systems and services mentioned in the discussion. Erase the barrier in the web of fear and isolation, Write the support system or service under the victim silhouette to create a safety net.

In relation to Norman, be sure to discuss:

- ▼ Similarities and differences working with an older male victim
- ▼ Issues present for older parents abused by adult children
- ▼ How the justice response today in PA differs from the response in this video
- ▼ Domestic Violence in Later Life Power and Control Wheel can be used again to talk about tactics used against Norman.

Add any new issues to the safety net from Norman II, removing corresponding barriers. Any other issues can be added that are not part of the Norman discussion.

Discuss with the group how the web of fear and isolation has become a community safety net. Mention the importance of all the players participating for the safety net to be strong and effective.

Review the document “Coordinated Response: Principles and Practice (pages 183-187 of this manual),” highlighting the beginning steps suggested as practice they can begin to implement local responses.

Message to Trainers

- ▼ *The purpose is to get folks talking from the different systems. How they answer the questions is less important than beginning the dialog.*

Key Takeaway Point

- ▼ *Together, you can make a difference.*
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4. EVALUATION AND FINAL Q & A **3:45 – 4 pm**

Ask participants if they have any final questions or comments. Encourage participants to complete their evaluations. Be sure evaluations include a question asking for recommendations for the next steps for PCADV and the PDA. This will help with planning the next stages of the project. Collect completed evaluations and exchange for certificates of completion.

Notes

Thank participants for attending. Encourage participants to contact organizers and trainers if they have further questions or need technical assistance.

Remind participants that Americans are getting older. The time to begin to work on improving safety, support and services for victims is now.

Post Training

PCADV encourages trainers to contact us with questions which may arise during the trainings or their follow-up contacts with other agencies. Any suggestions for procedures, policy clarification or changes of statewide significance are welcome.

PCADV AND DEPARTMENT OF AGING COORDINATED RESPONSE: PRINCIPLES AND PRACTICE

A coordinated response is a framework for communication between the aging and domestic violence networks to enhance the safety and access to services for older victims of domestic violence. This framework respects philosophical differences, policies and procedures and provides guidelines to promote our mutual goals.

The purpose of this document is to provide clear and concise directions to service providers in both the Aging and the Domestic Violence Systems to aid them in establishing a coordinated response in order to enhance safety and access to services for older victims of domestic violence.

ELEMENTS OF A COORDINATED RESPONSE for supporting and working with older victims of domestic violence:

- ▼ Respect for philosophical differences in standards, policies, and procedures.
- ▼ All parties hold joint goals of autonomy and safety through broader goals of providing services, closing the gaps and removing barriers.
- ▼ Client-initiated requests for services are respected.

GUIDING PRINCIPLES

- ▼ **Confidentiality** will be managed through ongoing cross system education to promote understanding of each agency's parameters regarding confidentiality.
- ▼ **Points of contact** will be identified within each network
- ▼ **Referral process:** local domestic violence programs and area agencies on aging will develop an agreed upon procedure for referrals between agencies.
- ▼ **The project will address the unique needs and experiences of older victims of domestic violence** by offering and encouraging creative solutions to reduce stigma and address barriers to services for older victims.
- ▼ **Bridging the gap** will be possible as agencies develop knowledge about services provided by their counterparts in the other system and forge a constructive working relationship via a coordinated service package that best meets the needs of each individual victim.
- ▼ **Systems advocacy** will involve contacts made to effect policy and/or procedural change in order to improve a system's (agency or institution) response to older victims.

CONFIDENTIALITY

Aging

Confidentiality of information contained in a protective services file is granted through Pennsylvania Code Title 6 Chapter 15 of the Older Adults Protective Services Act Section 15.101 through 15.105.

The protective services file, which includes the report of need for protective services, completed investigation forms, client assessment, service plan and other information, must be kept locked and separated from other agency files.

Only protective services supervisors, protective services workers and clerical staff have access to the protective services files.

Limited disclosure of information contained in the files is permitted only to:

- ▼ A court of competent jurisdiction under court order
- ▼ Police, if AAA investigation results in a report to police
- ▼ Service providers, to initiate service delivery
- ▼ The older person reported to need protective services (information contained in the report of need only)
- ▼ Department of Aging staff involved in hearing appeals or in program monitoring
- ▼ Local administrators involved in program monitoring

If a report is substantiated and an alleged perpetrator is identified in the report, the agency is required to notify the alleged perpetrator that the allegations have been made and to provide a brief summary of the allegations.

Confidentiality Requirements (Consumers of Aging Care Management Services)

All information about a consumer and her/his situation gathered during the assessment and care management process must be held in confidence and released to other professionals and agencies only with the consumer's written permission. Only relevant portions of the assessment which pertain to a specific service or agency shall be communicated to the appropriate agencies involved in providing service to the consumer. Consumer confidentiality must be assured in all cases according to procedures established by the Area Agency on Aging.

Domestic Violence

Confidentiality of communications between a victim of domestic violence and a domestic violence counselor/advocate is granted through Title 23 Domestic Relations Pennsylvania Consolidated Statutes, Part VII Abuse of Family, Chapter 61 Protection From Abuse Section 6101. Within this section, there are definitions of confidential communications, domestic violence counselor/advocate, domestic violence program and victim. In section 6116, a domestic violence counselor/advocate is not considered competent to testify or otherwise disclose confidential communications unless the victim has waived the privilege in a signed written release prior to disclosure. The exception is reporting of child abuse. This confidentiality has been determined by the courts to be an absolute privilege. V.B.T. v. Family Services of Western Pennsylvania, 705 A.2d 1325, Super. 1998, appeal granted 727 A.2d 132, 556 Pa. 679, affirmed 728 A.2d 953, 556 Pa. 430.

Related definitions according to section 6102 of the Protection from Abuse Act:

Confidential Communications. All information whether written or spoken, transmitted between a victim and a domestic violence counselor or advocate in the course of the relationship. The terms include information received or given by the domestic violence counselor or advocate in the course of the relationship, as well as advice, reports, statistics, memoranda or working papers, records of the like, given or made in the course of the relationship.

Domestic Violence Counselor/Advocate. An individual who is engaged in a domestic violence program, the primary purpose of which is the rendering of counseling or assistance to victims of domestic violence who has undergone 40 hours of training.

Domestic Violence Program. A non-profit organization or program whose primary purpose is to provide services to domestic violence victims which include, but are not limited to, crisis hotline; safe homes or shelters; community education; counseling; systems intervention and information; transportation; information and referral; and victim assistance.

Victim. A person who is physically or sexually abused by a family or household member. For purposes of section 6116 (relating to confidentiality), a victim is a person against whom abuse is committed who consults a domestic violence counselor or advocate for the purpose of securing advice, counseling or assistance. The term shall also include persons who have a significant relationship with the victim and who seek advice, counseling or assistance from a domestic violence counselor or advocate regarding abuse of the victim.

Family or Household Members. Spouses or persons who have been spouses, persons living as spouses or who lived as spouses, parents and children, other persons related by consanguinity or affinity, current or former sexual or intimate partners or persons who share biological parenthood.

Referrals from Aging to Domestic Violence

- ▼ Counseling and safety planning (for supportive options counseling, NOT therapy);
- ▼ Victim is 50 + years of age, not a candidate for protective services, may or may not be getting care management services;
- ▼ Victim is 60 + years of age, is a possible candidate for protective services;
- ▼ Victim is 60 + years of age and is a candidate for or is receiving protective services;
- ▼ Victim is 50 + years of age and requesting emergency shelter, call coming into protective services, information and referral (I&R);
- ▼ Victim is 50 + years of age, requesting or in need of a Protection From Abuse Order (Aging staff has basic information from the Domestic Violence Program about the system in place in the county);
- ▼ Requests from Aging staff for consultation regarding a case to explore possible options other than a Protection From Abuse Order.

Process: Discussion about any referrals is held with consumer whether s/he will make the contact or request Aging staff to do so. The consumer's right to self-determination guides all discussions.

May take the form of a simple referral (hotline number of the domestic violence program).

Individual has the right to say "No" throughout the process, except in the most extreme situations (involving imminent risk of death or serious physical harm).

Suggested Practice

In the event of a need to refer to a Domestic Violence Program, the Aging staff will have the initial conversation with a designated liaison at the Domestic Violence Program. (Points to the need for Aging staff to have information about the local Domestic Violence program's policy for handling calls.)

The initial conversation would be hypothetical and include no identifying information. The care manager is looking for resources and support that would best suit the needs of the consumer.

Where the victim is deemed competent but appears at imminent risk of death or serious physical harm, Aging staff are encouraged to consult with Domestic Violence staff to explore possible safety plan alternatives.

Referrals from Domestic Violence to Aging

For home-based services (60 + years of age), identified in the following settings:

- ▼ Hotline caller, support group participant, in individual counseling;
- ▼ Someone in shelter about to leave;
- ▼ During the Protection From Abuse Order process;
- ▼ 60 + years of age shelter guest/resident in need of health and or transportation services. Health services may be on site. (Aging can be a resource when a visiting nurse association is not);
- ▼ Consultation;
- ▼ Victim 50 + years of age who may benefit from a personal care setting;
- ▼ Victims 60 + years of age with medical need, follow up;
- ▼ Information/other resources for 50 + years of age;
- ▼ Contacts made regarding services for family members who are 60 + (non-abusive). (Example: a domestic violence victim caring for parents 60 + and who is concerned about leaving them and placing them at risk);
- ▼ Legal resources other than Protection From Abuse Orders;
- ▼ Possible options for the abusive partner, when the victim requests service;
- ▼ Other necessary referrals to close gaps.

Process: Client develops a safety plan with the assistance of the domestic violence counselor/advocate who also discusses client's options. All services or referrals to other agencies are victim-initiated. The client's experience and knowledge of what is best and safest for her guides all discussion.

Suggested Practice

Consider whether the risk is greater in reporting or NOT reporting? What are the potential benefits? What other internal resources should be consulted?

Discussion with the victim will precede ANY decision to report.

In the event of a need to report, the domestic violence program will designate a staff liaison who makes the report, and/or has the initial contact with the identified Aging staff liaison. (Points to the need for the domestic violence program to have information about the local AAA practice for fielding and routing calls).

The initial conversation would be hypothetical and would contain no identifying information. The advocate is looking for the best but least risky resources and support. The domestic violence counselor/advocate should be mindful that the AAA has the option, in situations involving imminent risk of death or serious bodily harm, to pursue court intervention.

With one exception, reporting of elder abuse in Pennsylvania is voluntary and anyone who has reason to believe an older adult is in need of protective services can make a report. Employees and administrators of specified long-term care facilities are mandated to report elder abuse. Domestic violence counselors/advocates are not mandated reporters.

Before making a report, consider that all of the criteria below must exist for protective services to begin:

- ▼ The consumer is at least 60 years of age;
- ▼ The consumer is incapacitated and cannot perform or obtain the services necessary to maintain health in one or more personal care, ADL (activities of daily living) or IADL (instrumental activities of daily living);
- ▼ The consumer has no responsible caregiver;
- ▼ The consumer is at imminent risk of danger to person or property.

 **NOTE:** For the domestic violence program, it is not the counselor/advocate's role to make these determinations.

If the victim is in shelter, the counselor/advocate can call and request a care manager on her behalf after discussion with victim, and a written waiver is signed or the victim could make the call.

