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FROM THE COMMISSIONER

Gladys Carrión, Esq.

Welcome to the Fall Issue of the Adult Services Newsletter

We at OCFS are very pleased that so many local district Adult Services units have been contributing stories and sharing their innovative practices. For example, this issue includes a great description of the new Columbia County "Teaming Initiative," in which staff of both the Adult Services and Foster Care units are working together to plan and serve aging-out foster care youth who will be needing Adult Services.

This focus on joint planning is consistent with the recently issued Administrative Directive on Transition Plan Requirements for Youth 18 and Older Aging Out of Foster Care, 09-OCFS-ADM-16, in which Adult Services and Adult Protective Services are included among the local appropriate services that are to be explored with youth prior to discharge.

We are also gratified that so many local commissioners, from every region of our state, submitted nominations of PSA caseworkers, supervisors, and support staff in our second round of OCFS Certificates of Recognition for Excellence in Providing Protective Services for Adults.

We have received many statements in praise of the conscientious, caring PSA workers who engage their vulnerable clients and work hard to assist them to obtain services and benefits needed to protect their health, safety and dignity.

Congratulations to all those honored at the recent Adult Abuse Training Institute.

Gladys Carrión



CONGRATULATIONS TO THE 2009 CERTIFICATE OF RECOGNITION HONOREES!

See page 14 and 15 for a list of the second round of honorees for the OCFS Certificates of Recognition for Excellence in Providing Protective Services for Adults. Our Winter *Newsletter* will have stories and pictures celebrating the great work done by PSA staff across the state.



From the Director
Alan Lawitz

Housing for Vulnerable Adults: A Topic With a Variety of Aspects

In this issue of the *Newsletter*, we include a number of articles relating to the varied housing needs of the vulnerable adults we serve.

From Monroe County DSS, we have two stories of successful placements of PSA clients into housing regulated by the state Office of Mental Health (OMH) and by the state Office of Mental Retardation and Developmental Disabilities (OMRDD). In one case, PSA staff assisted a mentally ill, at times delusional client who had been evicted, with a transitional placement in their High Risk Apartment program, and then a more long-term placement into an OMH-licensed Family Care Home.

In the other case, PSA staff skillfully engaged the family of a young man with severe developmental delays who had been locked in his room, and led them to acknowledge that they were not able to meet his needs for food, cleanliness, medical care, or community services. With the cooperation of the Developmental Disabilities Services Office (DDSO) and a voluntary agency, PSA staff were able to move the client into a OMRDD-licensed group home. There is also an article about the Eddy Haven for Abused Elderly. This is a short-term safe residence, located in the Capital District, providing a comprehensive range of services for victims of elder abuse. There is a critical need across the state – and indeed, across the country - for emergency housing and services for elderly victims of domestic violence and other abuse and neglect. We hope you'll read about the Eddy Haven and be inspired to work with others in your communities to support the development of similar safe havens for vulnerable elder adults.

Finally, there is an informative article from our friends at the state Office for the Aging about the range of services available in Naturally Occurring Retirement Communities (NORCs). What is unique about a NORC in New York? Read the article and find out!

A few more thoughts about housing:

We know that many Adult Services units work on a daily basis, in cooperation with other private and public agencies in their communities, to try to assist clients either avoid eviction, or locate suitable alternative housing, whether in a crisis situation necessitating an emergency PSA placement, or on a more long-term basis. In addition, local social services districts are responsible for providing Residential Placement Services (a Title XX funded service) to assure that adults who are mentally and physically impaired, in receipt of SSI or Safety Net benefits, and who require a supervised living arrangement are placed in an appropriate level of care, and that persons residing in Family Type Homes for Adults receive necessary care and services in accordance with OCFS regulations. (See 89 ADM - 022 for a fuller description of this service.)

Adult Services workers often have to assist clients who are physically or mentally impaired through transitions that occur when a client leaves his/her home, or is discharged from the hospital, rehabilitation placement or other settings; or when home care determines that it can no longer safely serve the client. Often these cases raise some thorny issues that require consultation and cooperation with a number of other providers. Where can you turn to brainstorm with others on these issues?

Deb Greenfield of our bureau and Patty Smith-Willsey, director of Adult Services for Albany County DSS, have been among the key participants in the statewide, multiagency Discharge Planning Workgroup that meets on a regular basis to address these types of cases and issues. The goal of the workgroup is to coordinate various elements of the health / mental health / social services / criminal justice systems, and to develop a better knowledge of resources and make contacts that will help to address particularly difficult cases. In addition, this workgroup has given rise to a Complex Case subgroup. The Complex Case subgroup holds a telephone conference once a month and presents cases that have proven to be particularly difficult. If you have examples of difficult discharges you are working with currently or cases from the past that you would like to discuss (in a setting that maintains the confidentiality of client-specific information), please contact Deb at 518-402-3895.

For vulnerable adults, as for Dorothy in the *Wizard of Oz*, and indeed for all of us, “there is no place like home.” Thanks for all the good work that Adult Services staff do to help clients stay at home or find a more suitable home.

~Alan~

Editor's note: *In New York State, local Protective Services for Adults (PSA) units rely heavily on the resources of the community to assist vulnerable adults. What follows are two stories from Monroe County that illustrate how PSA and its allies – here the State Office of Mental Health (OMH) and the State Office for Mental Retardation and Developmental Disabilities (OMRDD) -- worked together to provide housing for two disabled clients in need of a safe place to live. Three things jump out in these accounts: first, the strong ground work laid by the caseworkers and supervisors in the assessment phase; second, their ability to recognize when a threshold had been reached and more needed to be done; and, third, their skill in making a case for housing to key players and forums in the community. – Mike Cahill, OCFS Bureau of Adult Services*

The Road to an OMH Family Care Home

By Cindy Krise and Marge Demonaco, Monroe County DSS PSA

Seventy-three-year-old Amy (the client's name and other circumstances have been changed to protect her privacy) was evicted from subsidized housing and found wandering the streets by Rochester Police with untreated mental health symptoms later diagnosed as paranoid schizophrenia. She was placed in a homeless shelter run by the county. Seeing that Amy's delusions were clearly out of their league and not knowing exactly what else to do, the shelter made a report to Monroe County Protective Services for Adults (PSA).

When PSA got involved, Amy was hallucinating. She believed that people were walking out of the walls of her apartment, sexually assaulting her, and stealing her money and her identity. She had a poor credit history and a pattern of compulsive spending that led to hoarding and non-payment of bills. Most upsetting to those around her, she was screaming at the hallucinations. PSA checked around, but local housing complexes and subsidized housing would not consider her due to her history. Something had to be done to help Amy gain control. An apartment was found in the community through a connection between the PSA caseworker and the manager of a housing complex. However, an effort to obtain mental health treatment in the community failed. Amy refused to take crucial medication and when her behavior continued, this placement fell through.

Monroe County PSA maintains a small number of temporary apartments for use by adults with a range of problems that have resulted in their being homeless. This High Risk Apartment Program is managed through a contract with a home aide and nursing service. The apartments provide a place for caseworkers to stabilize their clients and arrange long-term services. PSA holds twice-monthly meetings with the High Risk Apartment Program team, which is comprised of PSA staff and management, the county attorney for PSA, some of the county's mental health consultants, and a group of county nursing and social work consultants. The team tries to brainstorm solutions to problems, and it maintains connections with key community resources.

Amy was admitted to a High Risk Apartment after PSA was contacted by the homeless shelter where she had been initially placed. The PSA caseworker obtained representative payee services for Amy's social security funds and convinced her bank's security department to check that there were no fraudulent withdrawals.

Then, Amy began to decompensate. She was yelling again in her apartment, making it apparent that community placement would not work. With the efforts of the social worker at the High Risk Apartments, a mental hygiene arrest was made and Amy was admitted for psychiatric hospitalization.

Following her inpatient treatment, the hospital initially planned to discharge Amy back to a community apartment. Recognizing the risk in this, the caseworker made additional efforts to arrange outpatient treatment and then contacted the mental health consultant on the High Risk Team, who advocated to keep Amy hospitalized while more casework was done.

The caseworker stayed in communication with the mental health consultant and the psychiatric social worker. All three of them advocated for Amy's placement in the mental health system. Amy went to dinner at an OMH Family Care Home and made a favorable impression on the people there. She was accepted warmly into the family unit, began taking her medication, and has found comfort there that was not available to her before. The PSA caseworker remained active with Amy for a few more months, transferring the representative payee function to another professional and following Amy's placement to make sure the arrangement would work out.

The elements of success in this case included PSA's connections in the service community, persistent interagency communication, trying many services, convincing key players in allied fields to help champion a worthy cause, and remaining committed to the person. This combination made all the difference in protecting and housing a very vulnerable adult.

The Road to an OMRDD Group Home

By Lynn Condello and Cynthia Eygabroad, Monroe County DSS PSA

Monroe County PSA received a referral on David (the client's name and circumstances have been changed to protect his privacy), a 19-year-old with a heart condition and severe developmental delays, who functioned like a 3-month-old. David was living with his mother and father. According to the referral, he was not being fed properly and was down to 50 pounds in weight. His diaper was not being changed, he hadn't been bathed in a year, and there was no sheet on his bed. David was often left home alone, locked in his bedroom.

Though he had been seen in the emergency room (ER) recently, David had no regular medical care or community services. His mother and father were reportedly drinking, his mother was struggling to cope and at times angry, and Child Protective Services (CPS) had been active in the past. There was an older sister in the family who was trying to help.

When PSA began follow-up, the emergency room confirmed that David had been seen the day before for pain from a fall down a flight of stairs. His weight was 60 pounds. There had been no other visits to this ER for several years. His primary care physician on file was contacted. David had likewise not been seen there for several years. The local Developmental Disabilities Services Office (DDSO) confirmed there was some involvement with an OMRDD-licensed voluntary agency about six years ago, but nothing since then. When contacted, the voluntary agency said it had provided MA-waivered service coordination to David several years before. Other file information from 2005 confirmed that David was non-verbal and had a diagnosis similar to cerebral palsy, with other health issues including heart problems.

The assigned PSA caseworker completed an unannounced home visit. David's mother, father and adult sister were sitting on the front porch. They had been drinking. The client was locked in his upstairs bedroom. When his mother opened his door, there was a strong smell of urine. The client was very small-framed, unable to walk, and rolled around on the floor. His mother explained that he didn't attend school because he had learned all that he could learn, and she had problems with the school system. She said that he didn't receive any community services -- no SSI or Medicaid -- because she could provide for his needs. His mother denied that he was ever left alone or neglected, and she refused to consider a group home or any services.

The next day, the caseworker heard that David was now staying with his maternal grand-father and grandmother. David's mother had become upset after the APS visit. Burdened with issues, she lashed out at her husband and adult daughter. She called her father and asked him to come get David. The caseworker made a home visit to the grandparents' house to check on David and assess their ability to care for him. Shortly afterward, his grandparents decided that David's needs were beyond their abilities; they could only keep him short-term. PSA began to consider a social admission to a hospital in the event of an emergency. Meanwhile, the caseworker spoke with David's sister several times and asked her to be David's voice. The young woman finally admitted that David had been left home alone for hours at a time and was not fed properly. She said she couldn't remember the last time David was bathed other than using baby wipes.

The caseworker coordinated eligibility appointments with Medicaid and Social Security and began the process to explore DDSO housing. Luckily, the voluntary agency had retained the eligibility records and testing; the DDSO did not see those documents in their files. The police were also consulted on their potential role in a safety plan.

The caseworker arranged a family meeting with David's mother, father, grandfather and sister and acknowledged how difficult it was to care for a loved one who needed 24-hour supervision, especially without any outside supports. The caseworker identified the safety concerns, including leaving David locked in his room and home alone. After a lengthy conversation, David's mother admitted she was struggling to care for her son. The caseworker encouraged family involvement in making a long-term plan for David and secured their cooperation with medical and other appointments and paperwork. The required tuberculosis testing was completed, and shortly afterward David moved into a DDSO group home, where he would be living with other young people in a supported setting and where his family could visit.

From referral to placement, it took about six weeks, a tribute to the hard work involved and how quickly systems can act when conditions are favorable and the merits of a case are clear. The factors leading to a successful outcome included a skillful caseworker, a courageous sibling, a mother able to reconsider, a supportive grandfather, and cooperation from the DDSO and their voluntary agency.



STATE POLICE SPECIAL VICTIMS UNIT DEVELOPS NEW ELDER ABUSE TRAINING CURRICULUM

***By Gary Kelly, Senior Investigator
New York State Police,
Special Victims Unit***

The New York State Police Special Victims Unit (SVU) provides investigative support and resources to State Police personnel and other law enforcement and social services agencies toward the prevention, investigation and prosecution of crimes against children, sexual offenses involving victims of all ages, domestic violence, and elder abuse.

The support and resources include training, referrals to professional experts, research, case review, data entry and analysis, and reporting lead information. The SVU was formerly named the Child Abuse and Exploitation Unit (CAE) and was originally created as a specialized unit with the primary focus on enhancing the ability to investigate crimes against children. As the unit evolved, duties of the staff expanded to include addressing issues involving other victims, such as adult sexual assault victims. In the more recent past, the staff believed that issues involving elders as victims of abuse should also be addressed and, in particular, added to the unit's training curriculum. As they were headed in that direction, an appeal was made to change the name of the unit to more accurately reflect its evolution. In the spring of 2008, the unit's name was officially changed to that of the Special Victims Unit.

Among other new ventures for the "debut" of the SVU, the staff developed a new elder abuse training curriculum. The curriculum was developed after research, and conferring with experts in the field, including staff of the New York State Office of Children and Family Services, Protective Services for Adults. The training was rolled out to State Police cadets as well as to newly appointed investigators in the fall of 2008. The training includes: identifying common types of abuse; interviewing the elderly and other victim issues; the abusers and factors pertaining to abuse; and working with PSA. The training is more specific and extensive than previous elder abuse training. In addition to this, the Financial Crimes Unit of the State Police provides more in-depth training on financial exploitation of elders.

In September 2008, the supervisor of the SVU, Senior Investigator Gary Kelly, joined the NYS Coalition on Elder Abuse Advisory Board, and has established working relationships with others in the field of Elder Abuse. Staff of the Special Victims Unit will continue to include elder abuse as a part of their training curriculum, and to build a repository of information on resources available for law enforcement and social services agencies pertaining to elder abuse issues.



The Eddy Haven for Abused Elderly

By Angela Yu, Northeast Health

It may be one of society's best-kept secrets and it may be harming someone you know.

It's elder abuse.

While we tend to think of abuse as physical harm, elder abuse can occur in many forms, including physical, emotional/psychological, sexual, financial or verbal mistreatment; or, neglect and abandonment. And it happens more often than you think.

The National Center on Elder Abuse reports one to two million seniors are abused in the U.S. each year. Furthermore, data shows the number of domestic elder abuse cases continues to skyrocket in our country, and officials fear the more troubling trend may be the number of cases that are unreported. Authorities estimate only one in 14 cases of domestic elder abuse are ever reported, making it difficult to know for sure the true extent of elder abuse.

"Unfortunately, the facts suggest that elder abuse is a serious problem in our country, and will only intensify as baby boomers age," states Jo-Ann Costantino, CEO of The Eddy not-for-profit network of seniors services based in Troy, NY.

"Every year, hundreds of thousands of frail, older adults are abused, neglected or exploited by family members and others who are supposed to care for them," adds Costantino. "It may be an elderly neighbor down the street or in the house next door, or even someone you love within your own family. We need to work together to protect these vulnerable seniors who cannot help themselves and who depend on others to meet their most basic needs."

That's why in May 2008, The Eddy launched ***The Eddy Haven for Abused Elderly*** -- a first-of-its-kind initiative in the greater Capital Region of upstate New York. The program is one of a few in the country to target the prevention and intervention of elder abuse.

The Eddy Haven serves individuals generally 60 years of age or older who reside in Albany and Rensselaer counties. The program offers a variety of comprehensive, coordinated community resources designed to care for and advocate for victims of elder abuse who need to leave their homes. Services may include short-term safe residence, nursing and home care, counseling and legal advocacy, case management, and referral to other support services.

There are signs and symptoms of elder abuse we all should look out for: *unexplained physical injury; agitation, trembling and confusion, emotional distress; withdrawn or showing no emotions; self-destructive; socially and physically isolated; unexplained loss of financial independence/control; home in disarray, lacking basic necessities; elder appears fearful of caregiver; and many others.*

The Eddy collaborated with various community, social services, and law enforcement officials, including the Sexual Assault and Crime Victims Assistance Program for Rensselaer County located at Samaritan Hospital in Troy, and a various of law enforcement, legal advocacy, housing, social services and community-based agencies.

The Eddy Haven works closely with law enforcement officials, offering special training sessions to police officers who are often the first to spot and respond to abusive situations. Officials also reach out to area healthcare professionals, senior caregivers, and seniors themselves to help increase awareness of the problem.

Professional and medical staff prepare an individualized plan of care for each client entering the program, providing linkages for legal assistance, if needed, including obtaining orders of protection or other legal services needed. Following their stay, clients will either return home -- if safe -- with community support services, or transfer to another living situation.

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In the last year, Eddy Haven has fielded 50 inquiries from the community, connecting 39 of those with other resources in the community for help. Of the remaining, six were successfully admitted to shelter for three weeks to three months -- all financial and physical abuse situations involving spouses or adult children. Four found new housing with help from Eddy Haven, while the other two were actually able to return to their own homes after their abuser was imprisoned. We also saw a positive outcome with one of the clients where we were able to work with the family member to assist the perpetrator to enter a rehabilitation program.

The Eddy is a member of Northeast Health, a regional, comprehensive not-for-profit network of healthcare, supportive housing and community services also comprised of Albany Memorial Hospital and Samaritan Hospital and Sunnyview Rehabilitation Hospital. For further information about The Eddy Haven for Abused Elderly, you can call (518) 271-5072. Its 24-hour hotline is (518) 271-3257.

Columbia County's "Teaming Initiative" – Transitioning Aging Out Foster Care Adolescents into Adult and Family Services

By Deborah Amerling, Director of Services, Columbia County DSS

The Columbia County Department of Social Services has been chosen by the NYS Office of Children and Family Services (OCFS) to participate in an exciting new "best practice" pilot called "Teaming." The "Teaming" model was developed in 2004 by the Massachusetts Department of Social Services and is now being piloted by OCFS in several counties across New York State.

The "Teaming" approach makes a substantial shift away from individualized casework. Casework is accomplished through the collective efforts of team members utilizing each worker's strengths. The team members share in the many case management tasks and enjoy the relief felt from not having sole responsibility for the family's case. Family members enjoy the increased accessibility to assistance and greater participation in the decision making.

The use of group supervision in the "Teaming" model represents another significant shift. The teaming supervisor can focus more on facilitating and coaching for best practice while leaving the individual case decisions and management to the Team members.

Traditionally, the "Teaming" pilots have focused solely on Child Welfare or Child Protective programs. However, Columbia County DSS has chosen to create one team which manages cases between the Foster Care Unit and the Adult and Family Services Unit. The team combines staff from the two units to case manage foster care youth / young adults between the ages of 17 to 21 who have a goal of independent living or adult residential care.

Services staff have a long-standing awareness of the difficulties and challenges faced in transitioning adolescent foster care children into the arena of Adult and Family Services. Foster care children will frequently sign themselves out of care at age 18, only to re-enter the system as an Adult Protective Services referral with concerns of homelessness, domestic violence, substance abuse, or untreated mental illness.

As a county director of services responsible for overseeing both Adult and Children Services, I had approached several other counties with existing teams to explore the existence of teams with the above focus. To my surprise, there were none. As Columbia County is a small rural county with all services operating from one physical location, the structuring of a Foster Care / Adult Services Team could easily be accomplished. Also, strong working relationships between the Foster Care and Adult and Family Services units were present.

Services staff from both units enthusiastically embraced the idea, and in February 2009 Columbia County applied for a joint effort between Child Welfare and Adult Services. After receiving acceptance from OCFS, Columbia County moved forward to make the Foster Care / Adult Services Team a reality.

The team is currently managing three foster care cases for which the Commissioner serves as Guardian and who will require on-going services from the Adult and Family Services unit after reaching the age of 21. As the team develops, it anticipates being able to handle a larger number of cases.

The team is comprised of two foster care caseworkers who specialize in independent living services, a senior caseworker from the Adult and Family Services Unit who specializes in guardian cases, a community services aide, and a foster care senior caseworker who facilitates the group supervision.

The team has recently established an Advisory Board with representation from both Child Welfare and Adult Services providers, and is working with both the OCFS Albany Regional Office and the Bureau of Adult Services to provide relevant trainings to the team members.

The county will participate in the evaluation of the "Teaming" model, including its impact on staff satisfaction, turnover, quality of decision making, and customer satisfaction with services. Hopefully, the success of the "Teaming" pilot across New York State will support the full implementation of the "Teaming" model into our service delivery systems for children, families and young adults.

Columbia County DSS is very pleased to be able to participate in the OCFS "Teaming" pilot. It is a tremendous opportunity with benefits for both staff and consumers alike.

(Editor's Note: We are happy to highlight this truly innovative "best practice," and we look forward to following the progress of this team.)

Naturally Occurring Retirement Community Programs Funded Through the NYS Office for the Aging

***By Cynthia Marshall, Bureau Director for Community Initiatives,
NYS Office for the Aging***

Across the state, many older people who moved into apartment buildings, housing complexes or single family homes when they were younger now need help to remain independent. One of the innovative responses to this need is the development of Naturally Occurring Retirement Communities Programs. In 1995, the state first appropriated funds to develop the Naturally Occurring Retirement Communities Supportive Service Program (NORC-SSP). The enabling legislation defined this NORC model as an apartment building or housing complex with the following characteristics:

- constructed with government assistance;
- not originally built as senior citizen housing;
- has a high concentration of older adults (50% of the units have an elderly occupant. or at least 2,500 residents are 60 years of age or older); and,
- the majority of older residents to be served have low to moderate incomes.

The 1995 legislation did not provide NORC funding for communities in which there are significant numbers of older adults residing in single-family or low-rise multi-family homes. Since there are high concentrations of unserved elderly in such communities, the Legislature created the Neighborhood NORC (NNORC) program in 2005 to provide support for this second NORC model. The legislation defines NNORCs as a dwelling or group of residential dwellings in a geographically defined neighborhood of a municipality that have:

- less than 2,000 persons age 60 or older;
- low-rise buildings six stories or less in height and/or single and multi-family homes;
- dwellings not originally developed for elderly persons and not restricting admission to the elderly; and,
- a high concentration of elderly (40% of the units have an elderly occupant).

There are 20 NORC-SSP and 19 NNORCs funded by the New York State Office for the Aging. There are additional NORCs operating in New York with funding from a variety of other sources, including the City of New York.

Services:

In both the SSP and NNORC programs, services are tailored to the circumstances and needs of the senior residents and are designed to fill gaps in existing community services, not replace them. The core services are case management and case assistance, health care management and health care assistance, information and referral. Other services may include transportation, social and recreational activities, in-home care, friendly visiting, and telephone reassurance.

NORC Goals and Objectives:

- Provide support and assistance to live independently, improve quality of life, and avoid unnecessary hospital and nursing home stays.
- Promote active senior participation in decision making in the areas of program planning, implementation and evaluation.
- Establish partnerships between senior residents, housing, human services and health care providers, businesses, and other organizations in the community.

Funding:

State funding for SFY 2009-10 for each program is \$2,027,000 (for a total of \$4,054,000)

Additional Information:

- For additional information, please contact Donna DiCarlo at 518 474-0441 or via e-mail at Donna.DiCarlo@ofa.state.ny.us

AmeriCorps Intern a “Perfect Fit” for Genesee County PSA Unit

By Cheryl Venditte, Genesee County DSS, Adult Services, Grade B Supervisor

For some time now, every time I did supervision with my PSA caseworkers, I would listen to each of them say such things to me as, “I just don’t have the time to do all the little things I want to be able to do to help Mr. T.” Or, “I wish my visits with Sally could be longer. She is so lonely and just wants someone to sit and talk to her, but I have to move on to the next person who is having a crisis today.”

I am the supervisor of the Adult Protective unit in Genesee County, a rural county with a population of 60,000 people. We have no mass transportation, although we are fortunate to have a bus line which makes scheduled trips about the area. I supervise six caseworkers, which includes one intake worker (who handles all the homeless, is the DV liaison, assists with DSS emergency situations such as food, prescriptions, etc, as well as having a small PSA caseload), one worker who handles all Personal Care Aide service cases and the Long Term Home Health Care Program (over 100 cases total), one caseworker who investigates the over 200 PSA referrals we receive each year, and three caseworkers with ongoing PSA cases. Their caseloads vary from 30 to 36 cases. Many of these clients have severe mental health issues and being a rural county, I encourage...no, I *require* that two caseworkers do those home visits together for safety reasons. We also are the rep payee for 85% of our PSA clients. Therefore, I understand why my caseworkers do not have the time to do those “extra” things that we all want to do for our clients. I have good, kind, caring caseworkers working for me and they genuinely want to help, but run out of time each month.

Four years ago, I was introduced to the AmeriCorps program, which in our county is administered through the County Youth Bureau. I have had two AmeriCorps workers in the past and they assisted greatly, so I was excited when the opportunity arose to have another AmeriCorps worker this year. The Youth Bureau accepts applications from interested individuals, assesses their educational backgrounds and checks their references. When an organization like Genesee County Department of Social Services expresses an interest in utilizing an AmeriCorps volunteer, it notifies the Youth Bureau and the Youth Bureau’s AmeriCorps coordinator sends the names and applications of potential volunteers to the agency. Then it’s up to us to review the information and interview any candidate whom we think would be a good match for our program. If no one seems to be a good match, you’re not obligated to choose someone because your agency expressed an interest in the AmeriCorps program.

Lydia Schauf graduated from Baptist Bible College in Clarks Summit, Penn., in May with a degree in counseling / specialized ministry. Her dad is a police officer with the local police force and her mom is a librarian at a local library, so working with and wanting to help people in our community came naturally for Lydia. She chose to sign up for the AmeriCorps program and has made a commitment to one year of service to our community. AmeriCorps workers serve with nonprofits, public agencies, and faith-based and community organizations; their members address critical needs in communities throughout America. Lydia works 30–35 hours each week for which she receives a “stipend” for her service, as well as earning an educational award at the end of her service, which can be used to pay back some of her student loans. This is funded through the American Recovery and Reinvestment Act of 2009, which will engage approximately 10,000 additional individuals in service to their communities while meeting critical community needs resulting from, or exacerbated by, the current economic crisis.

I had the opportunity to meet with Lydia on one of her spring breaks from college. We talked at length and I felt she would be a perfect fit for our needs at DSS. When she started work in June, Lydia was given a caseload of 10 PSA clients, with whom she now works. A caseworker does the officially required monthly home visit with Lydia, but for the remaining workdays of the month while the caseworker is busy with other tasks, Lydia devotes herself to these 10 PSA clients. What does Lydia do?

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Lydia listens to them on the phone. She helps them to budget their money appropriately. She transports them to their doctor appointments, and then goes in with them to make sure they understand what the doctor is telling them regarding their medical condition and the medications they should be taking. She takes them to the grocery store, walking through the store with them to assist them with appropriate purchases as they shop. She searches out apartments with them, encouraging them to look at other apartments if the one they see today is not safe (because it has 10 stairs and they walk with a walker!). Sometimes Lydia just does a weekly home visit to spend some time with an elderly woman who has no one to talk to. She does all those things that my other caseworkers wish they had more time to do with some of our neediest clients. Because she is not an official caseworker, Lydia and I meet almost daily to discuss any issues that have arisen.

The experience that Lydia is gaining will be invaluable to her, and all those “little extras” that our clients are getting this next year are priceless.

Editor's Note: *If your county is interested in participating, AmeriCorps grants are awarded through a competitive RFP. Faith-based and community-based organizations, local governments (Youth Bureaus included), and educational institutions are eligible to apply for funding. The next RFP will be published in late fall for the 2010-2011 program year and is available through the OCFS Online Bidders List. Register on the list and you'll be notified as soon as the RFP is announced. Applications will be due in December and awards are announced in the spring. Programs should be ready to start in September or October of 2010 and will run through 2011. Applicants must propose a corps of at least 10 members, so collaborating with other DSS units or other agencies may be the ticket to winning the award. Once an organization receives a grant award, it would begin the recruitment process to engage individuals in a term of service. A full-time AmeriCorps member would serve 1,700 hours from 9-12 months, and he/she would receive a modest living allowance of \$10,400, health insurance and an education award of \$4,725 (if he/she successfully completes the full term of service). Funding for the grant requires a match of 24 percent in the first three years of funding and increases incrementally to 50 percent at 10 years. Register for the OCFS Online Bidders List through the OCFS website by using this link: <https://ocfsws.ocfs.state.ny.us/obl/> Thanks to our colleagues at New Yorkers Volunteer, the State Commission on National and Community Service, for their help with this addendum.*

ASK ASHA: What is a Comparison Report?



Question: What is a comparison report and how do you view one ASAP?

A. Comparison report of a case gives you a side-by-side comparison of the data entered in current Ongoing status of the case with the data entered in the previous Assessment or Ongoing status of the case. You can choose to compare all of the information or information from just one section:

- Client Contact/Home Visit
- Financial Information
- Mental or Physical Impairment
- Actual or Threatened Harm
- Ability and Willingness of Others to Assist Responsibility
- PSA Eligibility
- Services Plan
- Ineligibility Determination
- Sign off

STEPS

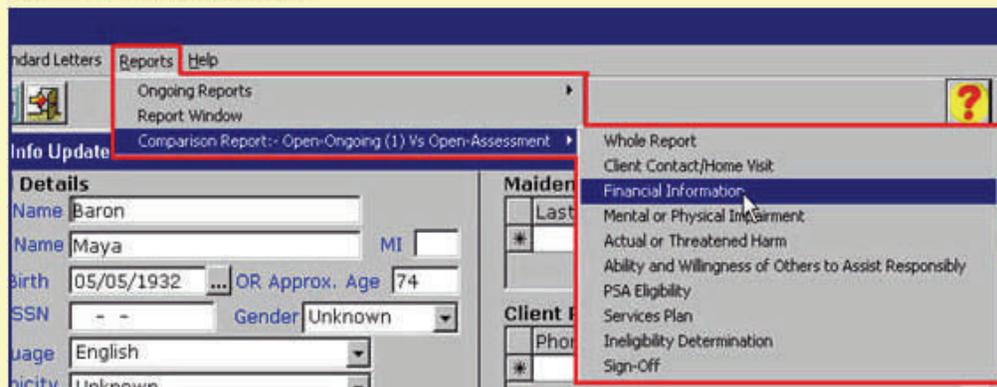
With the [case details](#) open:

- Click the **Current Caseload** () toolbar button.
The [Caseload](#) window displays.
- Double-click the appropriate [case](#) in the **Caseload** grid.
The case details display.
- Click the **Edit** () button, if appropriate.
The case is locked for editing.

1. Click the [Reports](#) menu.

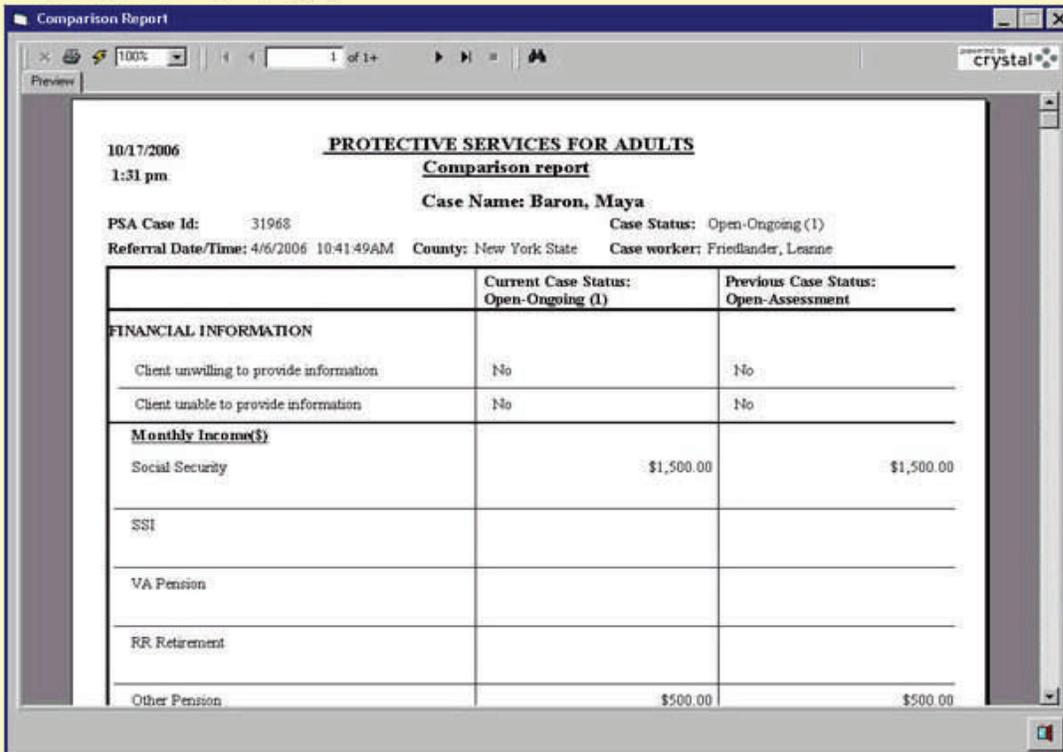


The [Reports](#) menu displays.



2. Click **Comparison Report:- Open-Ongoing Vs Open-Assessment.**

3. Click the **Comparison Report** of choice from the sub-menu.
The Comparison report displays.



Example of a **Financial Information Comparison** report.

The [buttons](#) at the top of the window allow you to preview/print the report.

	Close Current View. Click to close the report and return to the previous window.
	Print Report. Click to send the report to the printer. This allows you to keep a hard copy of the electronic report information.
	Refresh.
	Toggle Group Tree.
	Percent of Size. Click the drop-down menu to select the percentage of the full report you will see on the screen. 100% displays the picture on the screen at full size. The smaller the percentage, the more you will be able to see on the screen.
	Go to First Page. Click to view the first page of the report.
	Go to Previous Page. Click to view the page directly before your current page.
	Page Number of All Pages. This button identifies the page of the report you are currently viewing.
	Go to Next Page. Click to view the page directly after your current page.
	Go to Last Page. Click to view the last page of the report.
	Stop Loading.
	Search Text. Click to search for identified text within the report.

**LIST OF HONOREES:
CERTIFICATE OF RECOGNITION FOR EXCELLENCE
IN PROVIDING PROTECTIVE SERVICE
FOR ADULTS (2009)**

A. INNOVATIVE PRACTICES

1. CALEN ROLA, Niagara County DSS, Protective Services for Adults, Senior Caseworker

B. SUCCESS IN DEALING WITH DIFFICULT SITUATIONS

BARBARA TREUTLE, Orange County DSS, Protective Services for Adults, Social Caseworker

JULIE HARRIS-WINCH, Essex County DSS, Protective Services for Adults, Caseworker

ROBIN STODDARD, Essex County DSS, Protective Services for Adults, Senior Caseworker

MARK BABOWICZ, Madison County DSS, Adult Services Unit, Caseworker

DAWN LAGRECA, Madison County DSS, Adult Services Unit, Caseworker

C. OUTSTANDING PSA CASEWORK/GOING THE EXTRA MILE

KEVIN BURGENSTOCK, Jefferson County DSS, Protective Services for Adults, Senior Caseworker

MELISSA PEPPER, Rockland County DSS, Protective Services for Adults, Caseworker

LORI GIFFORD, Rockland County DSS, Protective Services for Adults, Caseworker

MELINDA ROBINSON, Ulster County DSS, Adult Protective Unit, Senior Caseworker

KAREN HOF, Ulster County DSS, Adult Protective Unit, Caseworker

KATHY KIERNAN, Ulster County DSS, Adult Protective Unit, Caseworker

LINDA PACHTER, Ulster County DSS, Adult Protective Unit, Caseworker

ROBIN RANDZIN, (retired) Ulster County DSS, Adult Protective Unit, Caseworker

PATRICIA SANGI, Ulster County DSS, Adult Protective Unit, Caseworker

ZACHARY SANTIAGO, Ulster County DSS, Adult Protective Unit, Caseworker

KAREN SCHAFFEL, Ulster County DSS, Adult Protective Unit, Caseworker

DOLORES THAXTER, Suffolk County DSS, Adult Services, Senior Caseworker

ROBERT COTANCHE, Orange County DSS, Protective Services for Adults, Social Caseworker

MARY BURIN, Chemung County Protective Services for Adults, R.N. Caseworker

LINDA DAINO, Chemung County Protective Services for Adults, R.N. Caseworker

DONNA HANCHETT, Chemung County DSS, Protective Services for Adults, Caseworker

REBECCA KELLEY, Chemung County DSS, Protective Services for Adults, Senior Caseworker

LISA KRUCKOW, Chemung County Protective Services for Adults, R.N. Caseworker

ANGELA STEARNS, Chemung County DSS, Protective Services for Adults, Caseworker

KATHY CARR, Livingston County DSS, Protective Services for Adults, Caseworker

BELINDA BELLEMY, Nassau County DSS Protective Services for Adults, Caseworker I

TARA CORNELIUS, Genesee County DSS, Adult Services, Caseworker
CARRIE NORTHRUP, Genesee County DSS, Adult Services, Caseworker
MICHELLE PETRONE, Genesee County DSS, Adult Services, Caseworker
JASON MINDLER, Genesee County DSS, Adult Services, Caseworker
SHANNON KOCH, Genesee County DSS, Adult Services, Caseworker
RICHARD BENNETT, Genesee County DSS, Adult Services, Caseworker
LYDIA SCHAUF, Genesee County DSS, Adult Services, AmeriCorps Intern
CHRISTINA BAILEY, St. Lawrence County DSS, Protective Services for Adults, Caseworker

D. OUTSTANDING PSA SUPERVISION/GOING THE EXTRA MILE

SANDRA TATKO, Washington County DSS, Protective Services for Adults, Grade B Supervisor
DENISE MUDGE, Chenango County DSS, Protective Services for Adults, Grade B Supervisor
SUZANNE BOTTIGLIERO, Ulster County DSS, Adult Protective Unit, Grade B Supervisor
SARA SMITH, Nassau County DSS, Protective Services for Adults, Case Supervisor II
CHERYL VENDITTE, Genesee County DSS, Adult Services, Grade B Supervisor

E. OUTSTANDING PSA CASSEWORK/SUPERVISION/GOING THE EXTRA MILE

ONTARIO COUNTY DSS ADULT SERVICES TEAM
ERIE COUNTY PROTECTIVE SERVICES FOR ADULTS TEAM
BRONX ADULT PROTECTIVE SERVICES OFFICE, New York City Human Resources Administration

F. OUTSTANDING SUPPORT OF PROTECTIVE SERVICES FOR ADULTS

MARY BERMAN, Rockland County DSS, Protective Services for Adults, Senior Account Clerk
DAVID MEFFERT, ESQ., Orange County Department of Law, Family Law Division, Assistant County Attorney

CONGRATULATIONS
TO ALL OF THE HONOREES!

