

Involuntary Case Planning

Transfer of Learning

Involuntary Intervention Needed (Is it available?)	Who Can Assist (Name of Agency or Entity and Contact Person)	Procedure to Initiate the Intervention	What they can do (responsibilities/mandate)	What they cannot do (limitations)	Special Circumstances
Mental Health Hold <input type="checkbox"/> Not available					
Medical Emergencies <input type="checkbox"/> Not available					
Conservatorship / Guardianship <input type="checkbox"/> Not available					

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Protective Custody <input type="checkbox"/> Not available					
Freezing Bank Accounts <input type="checkbox"/> Not available					
Daily Money Management <input type="checkbox"/> Not available					

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Substance Abuse Treatment <input type="checkbox"/> Not available					
Other					
Other					

Evaluation for Involuntary Case Planning

Please read the following vignette and then answer the questions:

Mrs. Birdie is an 84 year old woman living in a house full of pigeons. According to Mrs. Birdie, her first pigeons were kept in cages but, as the population grew, she ran out of cages and began turning over entire rooms to the birds – first the laundry room, then the bedroom, and so on. Eventually the pigeons took over the house, making it uninhabitable. Everything is covered with years old bird droppings and feathers. Mrs. Birdie is now living in her RV and only uses the bathroom in the house.

Mrs. Birdie’s doctor at the local hospital called in the APS report because Mrs. Birdie left the hospital against medical advice and refused to have her right foot amputated. She stated, “Who is going to feed my birds while I am being tortured in this quack house. Those are my babies and they need me.” Her foot is gangrenous due to uncontrolled diabetes.

You interview Mrs. Birdie and uncover the facts listed below:

Please answer the following questions.

Indicate whether or not the statement: supports an involuntary intervention **OR** does not support an involuntary intervention. *Note: Each fact does not have to justify the provision of an involuntary intervention by itself. It should be a piece of the evidence needed.*

	SUPPORTS an involuntary intervention	DOES NOT SUPPORT an involuntary intervention
A. Mrs. Birdie is friendly, likeable and outgoing.	<input type="checkbox"/>	<input type="checkbox"/>
B. Mrs. Birdie states she can currently handle her own personal care, but evidence suggests that she cannot.	<input type="checkbox"/>	<input type="checkbox"/>
C. Mrs. Birdie defends her animal hoarding stating she loves her birds and she doesn’t care that they have ruined her house. She understands that she is losing her investment in her home.	<input type="checkbox"/>	<input type="checkbox"/>

	SUPPORTS an involuntary intervention	DOES NOT SUPPORT an involuntary intervention
D. Animal Control states that the birds appear to be healthy although they don't approve of their living situation.	<input type="checkbox"/>	<input type="checkbox"/>
E. Mrs. Birdie states that she is concerned that she will not be able to continue living in the RV because of the stairs if she has an amputation. She is fearful that she will end up in a nursing home.	<input type="checkbox"/>	<input type="checkbox"/>
F. There is little food in the RV and most of it is high calorie/high carbohydrate foods. There are no fruits or vegetables. Mrs. Birdie can't explain the principles of a diabetic diet. When asked, she says that she is not supposed to eat candy unless she is tired.	<input type="checkbox"/>	<input type="checkbox"/>
G. Mrs. Birdie has a low income but her bills are paid up to date and she does have enough money to pay for groceries.	<input type="checkbox"/>	<input type="checkbox"/>
H. Mrs. Birdie is not taking any of her medications, including the antibiotics that were prescribed to keep her gangrene under some minimal control.	<input type="checkbox"/>	<input type="checkbox"/>
I. Mrs. Birdie has a life long history of refusing medical care.	<input type="checkbox"/>	<input type="checkbox"/>
J. Mrs. Birdie states that she does understand that she may die of the gangrene if her foot is not amputated.	<input type="checkbox"/>	<input type="checkbox"/>
K. Mrs. Birdie raises somewhat illogical "reasons" that everything you suggest (caretaker for birds, ramp into RV, visiting nurse for diet and wound care, hazmat clean-up of home, etc.) will not work.	<input type="checkbox"/>	<input type="checkbox"/>
L. Mrs. Birdie missed 2 items on the Mini Mental Status Exam (administered at the RV).	<input type="checkbox"/>	<input type="checkbox"/>
M. Mrs. Birdie has a score on the Geriatric Depression Scale (administered at the RV) that indicates that she is moderately depressed.	<input type="checkbox"/>	<input type="checkbox"/>
N. Mrs. Birdie refuses to return to the hospital.	<input type="checkbox"/>	<input type="checkbox"/>
O. Mrs. Birdie has no support system	<input type="checkbox"/>	<input type="checkbox"/>



Academy for Professional Excellence

Multi-disciplinary Adult Services Training & Evaluation for Results

Training Evaluation - Satisfaction Survey



Class Name: _____

Trainer 1: _____ Date: _____



Trainer 2: _____ Length: _____



Trainer 3: _____ Location: _____



Please enter your TraineeID CODE: _____

For each question, please check the box under the number that best represents your assessment of the course, using the scale of 1=strongly disagree and 5=strongly agree. Please print!

		Strongly Disagree					Strongly Agree				
		1	2	3	4	5	1	2	3	4	5
A: Content of the Training											
1.	The competencies and learning objectives were clearly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The training included examples of evidence-based practices and/or best practices related to this topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The training addressed the ethical issues likely to arise in respect to this topic/issue/ area of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The training promoted discussions of ethical issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Trainer(s)											
1.	The trainer(s) presented the content of the training clearly and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The trainer(s) displayed a clear understanding of the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The trainer(s) promoted and facilitated discussions of cultural sensitivity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The trainer(s) stimulated discussion and was responsive to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Overall, I am satisfied with TRAINER 1: 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Overall, I am satisfied with TRAINER 2: 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Overall, I am satisfied with TRAINER 3: 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Application Potential of Professional Learning Inventory - APPLI 33											
1.	As a result of the training, I substantially increased my knowledge on this topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	As a result of the training, I have developed new skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The training has affected some of my attitudes concerning this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	As a result of this training, I have a better conceptualization of what I already do on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I am motivated to put this training into practice on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I will meet with my supervisor to discuss application of this training on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	My supervisor expects me to use this training on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Even if no one notices, I will use knowledge learned from this training on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The trainer helped me see how the training can be applied on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	The information I received from this training can definitely be used with people I serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I have already made a plan with a co-worker to use this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	There is at least one co-worker who will be supportive of my application attempts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree				Strongly Agree
					
	1	2	3	4	5
13. I will have sufficient opportunities to practice the new ideas/skills/techniques on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My organization expects me to use the training on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I think back to other training I have attended, I can say that I have used the training on the job. I can even think of specific application examples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have a plan to implement this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am very confident that I will use the training on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I will have the time to review materials and make an implementation plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Prior to the workshop, I was motivated to attend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree				Strongly Agree
					
	1	2	3	4	5
20. During the training, I was thinking of ways I could apply the training content to the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The trainer/training provided sufficient opportunities to practice new information/skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I can think of specific cases/people I serve to which (with whom) this training can be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My supervisor helped to prepare me for this training by discussing my learning needs and potential applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The trainer provided some practical ideas that can be used on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The trainer gave examples of when to use ideas/skills/strategies on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. The trainer helped motivate me to want to try out training ideas on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree				Strongly Agree
					
	1	2	3	4	5
27. The workshop objectives were adequately addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. This training content is consistent with my agency's mission, philosophy and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. This training content is consistent with my agency's policies and my individual responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. This training will help me to continue learning in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. As a result of the training, I will be a more effective worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. The information I learned today can help make a difference with people I serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Overall, I am satisfied with this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide two examples of how you will apply what you have learned in this training to your job:

1. _____

2. _____

Suggestions for improving the content of this training:

Suggestions for improving the presentation of this training:

Suggestions of other training topics you would like to see us offer:

Trainee ID Code

Date / /
M M D D Y Y

MASTER DEMOGRAPHIC SURVEY

Dear Training Participant,

By providing us with the following demographic information, you will be helping us to understand the effectiveness of this training for future participants. Your participation with this survey is completely voluntary and all of the information will be kept entirely confidential. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

1. What is the HIGHEST level of your formal education? (Check only ONE box)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> High School | <input type="checkbox"/> MA/MS Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> MSW |
| <input type="checkbox"/> BA/BS Degree | <input type="checkbox"/> PsyD |
| <input type="checkbox"/> BSW Degree | <input type="checkbox"/> PhD – Field related to social work? → <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. How long have you been in your current position?

- Less than 1 Year 1 – 2 years 3 – 5 years 6 – 10 years 11+ years

3. Do you hold a current license as a mental health practitioner?

- Yes No

If yes, which one?

- LCSW MFT Lic./Registered Psychologist Other: _____

4. How do you identify yourself in terms of ethnicity/race?

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino (specify): _____ |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Multi-racial (specify): _____ |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Caucasian/White | |

5. What is the year were you born?

____ _

6. What is your gender?

- Male Female

7. Is English your second language?

- Yes No

If yes, what is your first language? _____

8. What STATE do you work in? _____

a. If you work in CALIFORNIA, what COUNTY do you work for? _____

Trainee ID Code [][][][][][][][][][]

Date [][] / [][] / [][]
M M D D Y Y

MASTER DEMOGRAPHIC SURVEY

9. Which of these best describes your primary job assignment? Please provide clarification if your job function is not typical of that category (e.g. MSSP Nurse in Aging Services, APS Trainer, Community Information Police Officer):

- APS Only → (1) Line Worker (2) Supervisor (3) Manager (4) Other:
 (29) Case Managers (IHSS or Other Homemaker Services)
 (13) Aging Services (20) Mental Health
 (14) Code Enforcement (21) Nursing (APS or Public Health)
 (15) Financial Abuse Trainer or Advocate (22) Prosecution/Court Services
 (16) Law Enforcement (23) Public Authority
 (17) Legal Services (24) Public Guardian
 (18) Long Term Care Provider (25) Regional Center/Disability Services
 (19) Medical (not APS, Public Health, or LTC) (26) Victim/Witness Assistance
 (27) Other (specify): _____

a. If you work for APS, what type of investigations do you conduct?

- Disability Investigations Only Elder Investigations Only Both

10. How many years of experience do you have working with each of these populations:

- | | | | | | |
|--|---|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|
| <i>Seniors</i> | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1 – 2 yrs | <input type="checkbox"/> 3 – 5 yrs | <input type="checkbox"/> 6 – 10 yrs | <input type="checkbox"/> 11+ yrs |
| <i>Disabled</i> | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1 – 2 yrs | <input type="checkbox"/> 3 – 5 yrs | <input type="checkbox"/> 6 – 10 yrs | <input type="checkbox"/> 11+ yrs |
| <i>Protective
Social Services -
Adults</i> | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1 – 2 yrs | <input type="checkbox"/> 3 – 5 yrs | <input type="checkbox"/> 6 – 10 yrs | <input type="checkbox"/> 11+ yrs |
| <i>Protective
Social Services -
Children</i> | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1 – 2 yrs | <input type="checkbox"/> 3 – 5 yrs | <input type="checkbox"/> 6 – 10 yrs | <input type="checkbox"/> 11+ yrs |

11. Have you had any specialized training in gerontology?

- Yes No

a. If yes, what type (check all that apply)?

- Gerontology Graduate Studies (Focus Area) Gerontology Graduate Studies (Coursework)
 Continuing Education Training Other: _____

12. Which of the following statements best describes your feelings about attending this training series?

- I am excited about attending this training series and believe it will help me do my job better.
 I am unsure about what this training series has to offer me.
 This training series is a requirement. I am looking forward to getting it over with.
 I have no feelings, either positive or negative, about attending this training series.

13. I am concerned about the amount of time this training series will require me to be away from my cases:

- Yes No