

National Adult Protective Services Technical Assistance Resource Center

Contract Number HHSP233201500042I

TASK 4.1 Opioid Impact on APS

Study Design

Prepared for:

Aiesha Gurley
Contracting Officer's Representative

Stephanie Whittier Eliason
Co- Contracting Officer's Representative

Administration for Community Living
330 C Street SW
Washington, DC 20201

Prepared by:

WRMA, Inc. with VA Tech
12300 Twinbrook Parkway, Suite 310
Rockville, MD 20852

Submitted: October 30, 2020

Contents

- Introduction 3
- Purpose 4
- Research Design 5
 - Study Population..... 6
 - Recruitment of State APS for study participation 6
 - Data Collection Development..... 6
 - Eligibility and Exclusion Criteria for Cases 6
 - Piloting the Data Collection Tools..... 7
- Data Analyses Plan..... 7

Introduction

Some elder advocates and law enforcement officers believe that the opioid epidemic is contributing to the increase in elder abuse.¹ Aging services and APS networks are likely to be dealing with more complex clients with opioid-related issues, placing enormous pressure on health care systems, emergency response services, law enforcement and other community services.^{2,3,4} The opioid epidemic affect older adults through opioid misuse, grandfamilies, and elder abuse as discussed further below.

Many older adults experience chronic pain, for example, 29% filled a prescription for opioid pain relievers in the past two years, less than 50% report that health providers counsel them about addiction, risk of overdose, or how to safely dispose of excess medication, and 68% of those prescribed opioids reported keeping leftover pills.⁵

As the U.S. older adult population is expected to grow with aging baby boomers, opioid misuse among this group is becoming more urgent: 25% of long-term opioid users are aged 65+, the population of older adults who misuse opioids is expected to double from 2004-2020, 6 out of 1,000 Medicare beneficiaries (aged and disabled) are diagnosed with opioid use disorder – one of the highest and fastest growing rates, and women over age 60 are more likely to use opioids than men.⁶

Further, an increasing number of opioid-addicted adults, many of whom have children, are moving in with their older parents, creating “grandfamilies.” Parental substance misuse is the most common reason that an estimated 2.5 million children are being raised by grandparents and other relatives. Rural older adults are more likely than urban adults to be raising their grandchildren (8.9 vs. 7.4%)⁷.

Finally, many experts believe the opioid epidemic is associated with an increase in elder abuse including: physical abuse including assault and battery, threatening behavior; emotional abuse; and financial exploitation including theft, fraud, and forgery. The potential also exists for homelessness due to arrest, eviction, or illegal activity at the home.

This study was originally conceived a year ago, prior to the COVID-19 pandemic. While the COVID-19 pandemic is still not over, the study team agreed that the time is right to pursue the study during the pandemic because of 1) the rise in opioid overdose nationwide⁸ and 2) ability

¹ Benson, W.F; Aldrich, N. Raising Awareness and Seeking Solutions to the Opioid Epidemic’s Impact on Rural Older Adults

² Blog Post (March 4, 2019): <https://eldermistreatment.usc.edu/opioids-and-elder-abuse-a-disquieting-connection/>

³ Washington Post Article (June 17, 2019): https://www.washingtonpost.com/business/2019/06/17/how-opioid-crisis-is-leading-elder-financial-abuse/?utm_term=.594b4dd84d9d

⁴ <https://eldermistreatment.usc.edu/missouris-aps-response-to-the-opioid-crisis/>

⁵ National Poll on Aging, University of Michigan, 2018.

⁶ Tilly, J, Skowronski, S., Ruiz, S. (2017). The Opioid Public Health Emergency and Older Adults

⁷ 2018 Update Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies. Generations United.

⁸ Haley DF, Saitz R. The Opioid Epidemic During the COVID-19 Pandemic. *JAMA*. Published online September 18, 2020. doi:10.1001/jama.2020.18543

of APS offices to operate under COVID-19 modifications to policies and procedures. This study will also focus on the effects of the COVID-19 pandemic on opioid cases.

Purpose

The purpose of this 12-month study is to understand the nature, extent, and impact of opioids on older adults and their families by examining Adult Protective Services data in states where the problem is most egregious. Because of the COVID-19 pandemic, attention will also be made to the effects of pandemic on client circumstances, service gaps and needs, and outcomes.

- Identify the scope and characteristics of APS caseloads involving opioid abuse.
- Identify investigative methods used and challenges to using these methods
- Identify interventions used and challenges to implementing these interventions
- Identify additional services needed
- Identify challenges that are particular to the COVID-19 pandemic
- Assist ACL and other federal partners in targeting needed resources to have the highest impact

Below are preliminary research questions that this study aims to answer:

- What are the characteristics of opioid-related elder abuse cases? (e.g., Who is the abuser? What types of maltreatment? What is the perpetrator relationship? Are there any other common demographic characteristics of clients or perpetrators? How is abuse in community settings different from long-term care settings?)
- What is the magnitude of opioid-related elder abuse cases? (e.g., What percent of overall cases involve opioids? What is the impact on caseload? How has COVID-19 impacted caseload?)
- What are challenges in responding to these cases? What types of services are needed to address the problem? What is the average length of case? How has COVID-19 impacted the responses to these cases?
- What investigative methods are being used? (What are the challenges in responding to these cases? What additional resources are required? How has COVID-19 impacted these investigative methods?)
- What interventions are being used? (What are the challenges? What other services are needed?) How has COVID-19 impacted these interventions?)
- How are State APS systems responding to opioid related cases? (Any home-grown approaches? Are multidisciplinary approaches being used? What steps in the areas of policy, practice, partnership, performance, and training has the state taken to address the issues raised by these cases?)

Research Design

This study will employ a mixed methods design that includes the collection of both quantitative and qualitative data about opioid cases, employing online data collection and in-depth interviews with APS state administrators and local field staff.

For the quantitative data, the study team will reach out to all states via the APS-TARC listserv to invite states who collect opioid data to participate in sharing case data with the study team. We will ask for opioid cases starting from January 2020 to capture cases that were not affected by COVID-19 restrictions. Using the National Adult Maltreatment Reporting System (NAMRS) that collects de-identified case-level data on APS cases, we will compare their opioid case data with their non-opioid cases. We will examine these cases to compare:

- Maltreatment type and disposition
- Demographic information on victim/client and perpetrator
- Harm caused to the victim/client
- Services provided and referred
- Interagency coordination

In particular, we will investigate case comparisons to identify differences in characteristics of opioid cases and how they are investigated and concluded. We acknowledge limitations to this methodology. First, we know that only a small handful of states currently collect opioid data, and quality data may be difficult to collect. This small data collection will function as an initial look at opioid data in APS and provide support on why and how opioid data can be collected in the future.

Qualitative data collection will involve two phases of interviews. Phase I interviews will occur at the beginning of the study with state APS administrators. We will invite states with high opioid overdose death rates to participate in a 45-minute interview to discuss how the opioid epidemic has affected their caseload and their work. The purpose of these interviews will be to develop a general overview of their opioid caseload, and any policies, procedures and practices in handling opioid cases. For Phase II, the study team will conduct 45-minute small group interviews with local field staff identified in Phase I, in particular, caseworkers, investigators, and supervisors. The purpose of these interviews is to get the direct perspective of field workers confronting opioid cases and its challenges. The interview questions will delve deeper into the complexity of the cases, challenges and gaps in APS responses and services and any best practices. These interviews will be conducted via teleconference/telephone and recorded.

In order to collect adequate information, the study team will conduct 10-12 Phase I interviews and 15-20 Phase II interviews. We will be requesting an OMB extension of a current and similar study already approved (APS Study on the Impact of COVID-19; OMB Control No. 0985-0067) to be able to conduct this number of interviews.

Study Population

The study population will include all U.S. states, territories, and the District of Columbia. Particular attention will be made to those states with high opioid overdose death rates and those who participate in the NAMRS data collection.

Recruitment of State APS for study participation

At the beginning of the study, the study team will send out a letter (attached), via email, to all State APS to introduce the study, build awareness and interest, and inform them of its purpose and components. We anticipate that this strategy will provide State APS the necessary background and highlight the importance of participating in the study.

Following this letter, the study team will approach states via the APS-TARC listserv to inquire as to which states collect opioid data and invite them to share their opioid case data. With the help of the NAMRS liaisons, the study team will also follow up with the states to answer any questions and provide additional study information.

For the state administrator interviews, we will prioritize the recruitment of states with high opioid overdose death rates and geographic location. These state administrators will receive an invitation letter from the study team and follow-up emails and telephone calls will follow until they agree or decline. All States who agree to participate will receive a copy of the interview questions prior to the interview.

For the Phase II local field staff interviews, we will use both the opioid case data collection and the Phase I interviews to identify APS local offices to invite to participate. We will directly ask for local contact information via email correspondence during the case data collection and during the Phase I interview. All interviewees will receive a copy of the interview questions prior to the interview.

Data Collection Development

Using the research questions above, the study team developed draft questions for the interview guides. ACL will review and approve the interview guides before piloting the tool with the states. Once feedback has been received from states, the participating states will finalize the interview guides.

Eligibility and Exclusion Criteria for Cases

Opioid data cases will be accepted when (1) substantiated cases of ANE where opioids are involved; (2) substantiated cases that include only older adult victims aged 60+; and (3) substantiated cases that were investigated in community and facility settings. We are excluding any cases of younger or disabled adults (different study population), cases that were not substantiated (causes questions regarding veracity of data), and cases that are being investigated in facility settings that outside the jurisdiction of APS (different states have differing investigatory authority).

Piloting the Data Collection Tools

During the 60 Day Notice period of the OMB extension request, the study team will pilot the interview guides (see attached) with 4-5 state administrators for review and feedback. We will ask for feedback on the appropriateness and validity of the questions, whether questions are consistently understood, and whether respondents have the information needed to answer questions. Data will not be collected. Feedback will be documented and brought back to the study team for discussion and consideration for revisions to the data collection instruments.

The following questions will also be given to the State APS to keep in mind during their review of data collection instruments:

- Are the questions clear and understood?
- What terms or scenarios need clarification?
- Do you have the information needed to answer the questions?
- Do questions flow logically?
- Are there any missing questions?

Data Analyses Plan

After the data collection is complete, the study team will convert submitted data into analysis-ready formats. The study team will summarize quantitative data using a statistical package such as SPSS and calculate descriptive statistics, such as the frequencies of each type of maltreatment, each type of perpetrator relationship, and other case characteristics among all of the opioid related elder abuse cases. The study team will also use cross-tabs and regression analysis as the data allow. The analysis will be monitored by the Virginia Tech study team, involving all members, but especially monitored by Dr. Savla, the statistician on the project.

Data on the overall number and proportion of cases that involve opioids may be obtained during interviews with state-level APS administrators. If possible, these data will be analyzed to create national estimates; otherwise will be considered only at level of the states provided.

Qualitative interview data will be analyzed by Drs. Teaster and Roberto according to standard qualitative analytic techniques in order to identify common themes and patterns. Qualitative data will answer research questions involving the complexity of investigative methods and interventions, services provided, and challenges encountered in responding to opioid-related cases.

We expect, at a minimum, to stratify our interview sampling frame to represent cases by location, type(s) and history of ANE, age of victim, type of perpetrator, cases involving polyvictimization, and cases where abuse had been ongoing and previously unreported. We can then compare the responses to the interview questions for respondents from these different frames. Applicable data may be recoded to quantitative and analyzed with bivariate statistical tests as warranted.