

Everyone is Working Hard

Everyone is Working Independently

The Big Question Is:

How do we work hard
together?

None of the faculty, planners, speakers,
providers nor CME committee has any
relevant financial relationships with
commercial interest

There is no commercial support for this
CME activity



**Riverside County
Department of Public Social Services,
Adult Services Division**

Adult Protective Services Overview

Presented by
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Riverside County Adult Protective Services

Objectives

By the end of this case conference, participants will be able to:

- Identify the indicators of all types of elder/dependent adult abuse.
- Understand the responsibilities of mandated reporters and their role in the reporting process.
- Identify opportunities for working collaboratively on abuse cases.

ASD Program Overview

Riverside County's caseload is large and growing:

- **28,000 IHSS clients**
- **15,000 APS clients a year**
- **1,800 Reports of Abuse** every month
- **23,000 non/relative caregivers** providing IHSS assistance

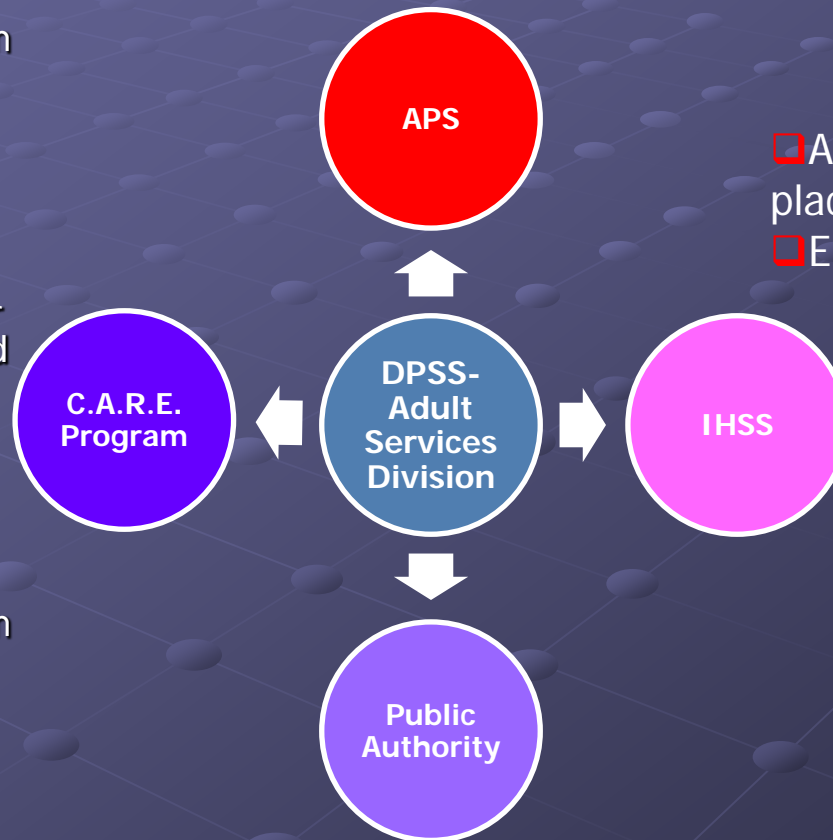
ASD Program Overview

CARE Team

- ❑ 4 multi-disciplinary teams (MDT) for Riverside County (Moreno Valley, Perris, Palm Desert, Blythe)
- ❑ Improves coordination and inter-agency collaboration
- ❑ Education and networking
- ❑ APS uses C.A.R.E. Team for complex, difficult abuse and neglect cases

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IHSS

- ❑ Alternative to out-of-home placement
- ❑ Eligibility:
 - ❑ 65 or older
 - ❑ Disabled or blind
 - ❑ Very low income
 - ❑ U.S. Citizen or Legal Permanent Resident
 - ❑ Must live in private residence

Adult Protective Services

Provides short-term case management for elders and dependent adults

Investigations include:

- assessments
- intervention and protective services in cases of abuse or neglect
- link to community resources



ASD'S SSW Core Responsibilities

- Conduct a comprehensive safety and risk assessment
- Identify immediate risk and safety issues
- Investigate abuse allegations and collect evidence
- Identify local resources and link clients to community services
- Arrange for and follow up on emergency and ongoing treatment services
- Work with multidisciplinary teams and the Elder Abuse Forensic Center
- Coordinate medical evaluations
- Work with law enforcement, district attorney, other county departments and local community service providers
- Work with family members or informal support network to assist clients
- Facilitate end-of-life planning

Who Do We Serve?

Elderly (65 and older)

PC 368(h)
and W&IC 15610.27



**Dependent Adults
(18-64)**

PC 368(h) and W&IC
15610.23(a)



Common Client Characteristics

- Uncooperative (refuses services and requires multiple contact to engage)
- Impoverished
- Frail
- Poor Nutrition
- Isolated
- Non-Self Directing, Diminished Capacity
- Dependent on Others (for basic daily living activities)
- Gravely Disabled
- Violent Tendencies
- Mentally Ill
- Chronic, Deteriorating Conditions
- Terminally Ill/Hospice
- Suicidal

Consent Required:

Any victim of Elder/Dependent adult abuse may refuse or withdraw consent at anytime to an investigation or provision of services. APS shall act only with consent **UNLESS** a violation of the penal code has been alleged.

VICTIMS HAVE THE RIGHT TO REFUSE APS SERVICES

WIC 15636 (a&b)

Abuse Types and Indicators

Types of Elder/DA Abuse:

- ❑ Physical (WIC§15610.63)
 - ❑ Includes Sexual Abuse
- ❑ Financial (WIC§15610.30)
 - ❑ Includes Consumer Fraud
- ❑ Abduction (WIC§15610.06)
- ❑ Abandonment (WIC§15610.17)
- ❑ Isolation (WIC§15610.43)
- ❑ Mental Suffering (WIC§15610.53)
- ❑ Neglect / Self-Neglect (WIC§15610.57)



Caretaker

Any person who has the care, custody, or control of, or who stands in a position of trust with, an elder or dependent adult (whether paid or not)

PC 368(i)



Neglect/Self-Neglect

Indicators:

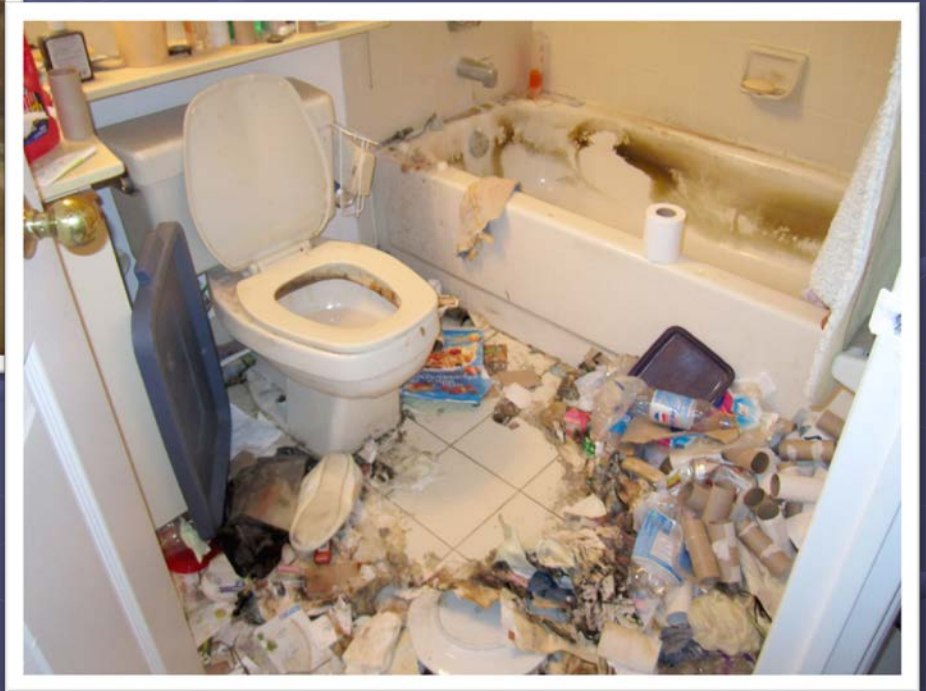
- Dehydration or malnutrition
- Over or under medication or lacking medication or medical treatment
- Untreated bed sores
- Absence of assistive devices
- Poor hygiene and soiled clothing
- Excessive or inadequate clothing
- Absence of food, water or heat
- Frequent ER visits or changes in doctors

Occurrence:

- Self-Neglect – **43%** of APS Cases
- Neglect by others – **25%** of APS Cases



- This is an average case of hoarding. There are cases much worse than this.



Hoarding



Unsafe Living Conditions



SSW's are at risk and have been exposed to communicable diseases.

Common Examples:

- ✓ flea bites
- ✓ scabies
- ✓ TB

Environmental Hazard



Self Neglect (Medical)



Neglect: Health & Environmental



Neglect: Health & Environmental

During a routine home visit, the IHSS and PA social workers found this client:



- unable to walk, was left alone in her chair for an extended period of time
- unable to access food
- severely dehydrated



The physical effect of this neglect resulted in sores from fecal and urine exposure.

Caregiver Neglect

Dual Status Case: APS & IHSS Client

APS received a report of Financial Abuse, Neglect, and Self Neglect allegations. The report alleged the client was hospitalized due to non-compliance with medical orders and was now considered "terminal." At the time of this visit, the client was on a vent and was unable to communicate. The client was soon intubated.



SSW visited the client at ICU. She just completed surgery wherein she had her right leg amputated. The client looked well and was observed to eat ice chips by self-administration. The client's friends and family were also present for support. Client disclosed, originally, she was scared and did not want the surgery as she did not want to be an "amputee." However, she now felt relief after having undergone the surgery. The client indicated her family has been supportive in getting her to her doctors' appointments and ensuring her daily care needs being met. The client indicated she was the one who would resist pursuing certain suggested treatments.

Financial Abuse

Occurrence

- ❑ 22% of APS Cases
- ❑ Includes Consumer Fraud

Indicators

- ❑ Sudden, unjustified selling of property
- ❑ Missing/stolen money or property
- ❑ Radical changes in handling personal financial affairs
- ❑ Unpaid bills (adequate funds)
- ❑ Disparity between assets and living conditions
- ❑ Participation in scams or fraud



Physical Abuse

Occurrence

- 13% of APS Cases
- Includes Sexual Abuse and Domestic Violence

Indicators

- ❑ Wounds, cuts, abrasions, burns, bruises, welts, swelling
- ❑ Broken bones
- ❑ Sudden, inexplicable weight loss
- ❑ Unexplained/hidden injuries
- ❑ Repeated injuries, ER visits or changes in doctors
- ❑ Delay in seeking care



Sexual Abuse

Occurrence

- 2% of APS Cases

Indicators

- ❑ Bruises, lacerations, welts or bleeding in breast, vaginal, rectal and/or thigh area
- ❑ Difficulty walking or sitting
- ❑ Torn, stained or bloody underclothing
- ❑ Sexually transmitted diseases
- ❑ Pregnancy



Isolation

Occurrence

- 2% of APS Cases

Indicators

- ❑ Living in remote areas with little outside contact
- ❑ Minimal contact or no contact with family/ friends
- ❑ Preventing an individual's ability to receive mail, phone calls, visitors, etc.
- ❑ False imprisonment



Abandonment

Occurrence

- 1% of APS Cases

Indicators

- Disregard for the individual's care
- Hospital "drop-off"
- Discontinuing all contacts and relationship when it previously existed



Psychological Abuse/ Mental Suffering

Occurrence

- 20% of APS Cases

Indicators

- ❑ Victim may be excessively passive, compliant or fearful or displaying:
 - Hopelessness, no self-direction or self-esteem
 - Very withdrawn and isolated
- ❑ Abuser speaks for and is controlling of or aggressive toward victim or others who ask about victim



COORDINATED CARE

When it works

County & Community Services

NEGLECT

HEALTH & ENVIRONMENTAL

A LE deputy reported client was scheduled for an emergency surgery but no one had heard from her. The RP went to clients home and found the home unlivable. There were heaps and heaps of feces all over the home.

The LE said client was covered in feces and blood. The feces were 3 feet high and there was no running water in the home. RP said client was bleeding from her breast cancer and was emaciated. She seemed not to have eaten in days.

**** (SEE CLIENT PICTURE ON NEXT PAGE) ****

Client was resistive to assistance in the beginning but eventually allowed APS SW to assist with services:

- MediCal Application
- IHSS Applications
- Heavy Cleaning
- Trash Bins from OoA
- Getting bills paid through "Smile for Seniors"
- Stopping auto pay for loans
- Weatherization Program to fix heater and getting a new refrigerator



Neglect: Health & Environmental

Dual Status--IHSS & APS



- Ms. S came to our attention as a result of a systematic outreach effort by the Public Authority (PA) social workers
- The PA SSW discovered Ms. S needed immediate medical attention and contacted 911, the IHSS and APS SSW. Ms. S was severely malnourished and dehydrated. She weighed approximately 80 pounds.
- The IHSS-paid caregivers were not providing Ms. S with adequate care and her health and well-being at risk.

Before



- Although the hospital discharge plan strongly recommended that Ms. S be placed in a skilled nursing facility, she refused further institutional care and insisted on returning back home.
- ECM was applied to Ms. S's case in order to help ensure that Ms. Smith received care she needed so that she could remain safe at home.

Improving Lives: *Enhanced Case Management (ECM)*

ECM is a social work response to varying case complexities and urgencies, acknowledging that different cases have different needs, and will involve more time, resources and support.

✓ A holistic view of the client, requiring a comprehensive client assessment to accurately classify clients based on need.

✓ A system that works with the managed care environment.

✓ A coordinated approach between social workers APS, IHSS and Public Authority.



After

The ASD social workers (PA, IHSS, APS) conducted coordinated care team meeting with Ms. S and health care providers and effectively advocated for the following:

- ❑ *Home health nutritionist, physical therapist and primary doctor to provide medical care to Ms. S at home*
- ❑ *Hospital bed and wheel chair*
- ❑ *Multiple IHSS providers monitored by the Public Authority to provide 70 hours of caregiving per week.*

What APS Doesn't Do

- Code Enforcement
- Provide Placement or Placement Finding
- We Cannot Remove a Person From Their Home

What Happens After You Call APS Hotline?

- ❑ Cross report made to police, when appropriate (if not from police)
- ❑ Triage
 - Immediate response (within 2 hours)
 - Urgent response (within 2-5 calendar days)
 - 10-Day response (within 10 calendar days)



APS will

- Use the Multi-Disciplinary Team (C.A.R.E. Team) for complex, difficult cases
- Use the Geriatric Interdisciplinary Case Consultation Team



REPORTING GUIDELINES



A Mandated Reporter

Anyone who provides Health or Social Services to elderly or dependent adults (whether paid or not)

WIC 15630(a)



How to Report:

- ❑ Immediately or as soon as practicably possible to the APS Hotline: **800-491-7123**



- ❑ By written report (SOC 341) within 2 working days

- ❑ Fax: **951-358-3969**



Where to Report?

Long Term Care Facility

(SNF, ICF, Nursing Facility, Licensed Community Care, Congregate Living Health Facility, etc.)

➤ Ombudsman

State Mental Health Hospital

Patton (Highland, CA), Metropolitan (Los Angeles, CA), Napa (Napa, CA), Atascadero (Atascadero, CA)

➤ State Department of Mental Health

State Developmental Center

Agnews (San Jose, CA), Fairview (Costa Mesa, CA), Lanterman (Pomona, CA), Porterville (Porterville, CA), Sonoma (Eldridge, CA)

➤ State Department of Developmental Services

Other than above

➤ APS & Law Enforcement

Reporting Party Confidentiality

"The identity of any person who reports under this chapter shall be confidential and disclosed only among the following agencies:

- ❑ APS
- ❑ LTCO
- ❑ Licensing Agency
- ❑ Local Law Enforcement/D.A.
- ❑ Public Guardian/Probate Court
- ❑ Department of Consumer Affairs,
- ❑ Division of Investigation"



W&IC 15633.5(b)

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How do we work
hard together

Please feel free to contact Priscilla with any questions you may have.

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