

San Diego County
Adult Protective Services
Acutely Vulnerable Adult Protocol
Handouts
NAPSA 2015

Acutely Vulnerable Adult

Working Definition

Acutely Vulnerable Adults:

- Typically are individuals who have *severe cognitive or communication deficits* that prevent them from protecting themselves from maltreatment; **AND**
- They are highly dependent upon or have regular contact with *individuals who are assessed as being high risk for perpetrating abuse*.

Victim Characteristics that might increase the risk for abuse include:

- The vulnerable adult is unable to advocate for him/herself or protect him/herself from abuse
- The vulnerable adult may be isolated
- The vulnerable adult may have unexplained injuries
- The vulnerable adult may have been the subject of prior maltreatment reports as a child or an adult or have a history of family violence.
- The vulnerable adult may present with moderate to severe behavioral health issues

Primary support person or individual who has regular contact with the victim may have characteristics that might put the victim at particular risk for abuse could include:

- A history of family dysfunction, family violence and/or perpetrating child and/or adult abuse
- A history of criminal involvement
- Poor physical and/or mental health
- History of substance abuse
- Is financial dependent on the vulnerable adult
- Unrealistic expectations of the capabilities of the vulnerable adult
- Denies problems related to the vulnerable adult's safety or care needs
- Lacks the skill, knowledge or physical ability for the caregiving role
- Refuses to cooperate with aps
- Reluctant or refuses to use available resources (e.g. medical or social service agencies)

Is This Client Acutely Vulnerable?

All referrals and cases where the client *appears to have* severe cognitive impairment or communication deficit that would prevent them from protecting themselves from maltreatment will be screened to see if they meet AVA definition (excludes self-neglect only cases).

Acutely Vulnerable Adults: Provide brief description of checked items, must have both checked to continue AVA screening.

Typically are individuals who have *severe cognitive or communication deficits* that prevent them from protecting themselves from maltreatment; **AND**

[Click here to enter text.](#)

They are highly dependent upon or have regular contact with *individuals who are assessed as being high risk for perpetrating abuse.*

[Click here to enter text.](#)

Victim Characteristics that might increase the risk for abuse include: must have at least one characteristic checked to continue.

The vulnerable adult is unable to advocate for him/herself or protect him/herself from abuse

The vulnerable adult may be isolated

The vulnerable adult may have unexplained injuries

The vulnerable adult may have been the subject of prior maltreatment reports as a child or an adult or have a history of family violence.

The vulnerable adult may present with moderate to severe behavioral health issues

Primary support person or individual who has regular contact with the victim may have characteristics that might put the victim at particular risk for abuse could include: Must have at least one characteristic checked to continue

A history of family dysfunction, family violence and/or perpetrating child and/or adult abuse

A history of criminal involvement

Poor physical and/or mental health

A history of substance abuse

Is financial dependent on the vulnerable adult

Unrealistic expectations of the capabilities of the vulnerable adult

Denies problems related to the vulnerable adult's safety or care needs

Lacks the skill, knowledge or physical ability for the caregiving role

Refuses to cooperate with APS

Reluctant or refuses to use available resources (e.g. medical or social service agencies)

Client number/name [Click here to enter text.](#)

Is Acutely Vulnerable? [Click here to enter text.](#)

Assigned Worker: [Click here to enter text.](#)

Updated in ALEX? [Click here to enter text.](#)

Supervisor Name: [Click here to enter text.](#)

#1 VIGNETTE:

This 30 year-old male was referred with allegations of neglect by his parents' (the suspected abusers/SA). The client was able to slip out of the home when his mother was briefly distracted by a phone call. The client was found by police several blocks from the home and returned to the care of the SA. The client is reported to have a severe intellectual disability and he has no verbal communication skills. The Developmental Services Agency (SDRC) reports that the client has no safety awareness. He attends a day program and the family has worked with a number of behavioral specialists in the past. The parents by all reports have the best interest of their son in mind but are "at their wits end" in terms of managing some of his behaviors. APS has one prior referral related to an unexplained black eye and the case closed with a finding of "inconclusive". The SAs have been cooperative with APS during the current investigation but appear to be exhibiting some symptoms of caregiver burnout.

#2 VIGNETTE:

This is a 24 year old non-verbal male with multiple physical disabilities and with probable severe or profound intellectual developmental disability. He is totally dependent upon the SA (suspected abuser/mother) for care needs. The case was referred with allegations of neglect, related to the adequacy of care being provided by the mother, concerns about client possibly being left alone, and suspicious activity around home. APS has a history with allegations of neglect (related to client's hygiene and being left alone at night). APS social worker visited the home, later returned with an APS Public Health Nurse, and also visited w/ the Developmental Services Agency (SDRC) coordinator. It was determined that the client has not been in program in 6 months and SA had not been allowing visits from Developmental Services Agency. The home is described as extremely cluttered with a very strong smell of urine. The client's mattress was filthy. The SA was confronted by APS in terms of the unacceptable condition of the home environment and she blames it on her depression. The SA denied that the client was ever left alone but at the time of APS social worker's most recent visit the client was found alone in the home. Law enforcement was called but did not 5150 for grave disability because the cl because the SA returned to the home before they arrived.

#3 VIGNETTE:

This is an 80 year old female with dementia. She is non-ambulatory and is limited in her ability to communicate. She was alert and oriented only to person at the time of the APS assessment. APS has an extensive history of referrals with allegations of neglect. The SA (Suspected Abuser/son) caregiver has a bipolar disorder (untreated) and abuses ETOH. Allegations relate to both the neglect of the client and isolation. The son has not provided for timely medical care and has repeatedly refused to allow medical providers (e.g. Home Health Agency) into the home. The SA lives with the client and is financially dependent upon her.

#4 VIGNETTE:

This is a 65-year old post-CVA female currently living at home with her husband (SA/suspected abuser). She was referred with allegations that the SA yells at her, calls her names ("stupid"), and several years ago was arrested after a domestic violence incident. The client is found to have partial paralysis, expressive aphasia, and depression. She is alert and thought to be orientated x4 (assessment is difficult due to her aphasia). She confirms the allegations of verbal abuse, but denies being afraid of the SA and when asked a number of times by APS if she was to remain in the home with the SA always answers in the affirmative. The SA appears to be very controlling and family and friends rarely come to visit due to his behavior.

ACUTELY VULNERABLE ADULT INVESTIGATION TOOL

Client name: _____

Case #: _____

Date: _____

Client Description: physical appearance, personal hygiene, clothing, haircut, teeth, fingernails, any marks, bruises, or any suspicious or unexplained injuries

Environment:

- 1) Who was present during the interview?
- 2) Describe the client's bedroom. Was there clean and adequate bedding? Was there clean and adequate clothing in the drawers and/or closet?
- 3) Describe the kitchen. Was there adequate food?
- 4) Document that all rooms that the client could potentially be in were viewed and note any concerns.
- 5) Document any observed health or safety hazards: excessive clutter, dirt, insects, rodents, or concerns related to stairs, locks on doors, or utilities.

Medical:

- 1) Does the client have any potential life threatening issues?
- 2) Medical diagnosis (document source of this information)
- 3) Name(s) and phone number(s) of physician(s)
- 4) Document the type of care that is needed (e.g. assistance with personal care, ambulation, medication management, feeding tube, etc.). Is the client independent with any activities of daily living (ADL), or does he/she require total care? Document the source of this information (e.g. observation, or a report from San Diego Regional Center (SDRC)).
- 5) Document the names and dosage of all medications. Document when and where they were refilled. Document who prescribed the medications.
- 6) Could the caregiver explain the medications (i.e. indications for use and how and when they are administered)?
- 7) Dental: name of dentist and date of last dental appointment (particularly important for SDRC consumers)
- 8) Document if all DME (durable medical equipment and/assistive devices) was observed and if it is clean and functional. Were restraints observed or used?

Mental:

- 1) Describe the client's cognitive and/or communication deficits. Be very specific. Consider administering the Mini Mental Status Exam if appropriate.
- 2) Document any relevant factors that would potentially create for AVA including:
 - Is the client unable to advocate for him/herself or protect him/herself from abuse? Y N
 - Is the client unable to identify that s/he is being abused? Y N
 - Does the client present with moderate to severe behavioral health issues? Y N

Social Support:

- 1) Identify (complete name and DOB) of all persons living in the home and all who are in the role of caregiver and/or primary support person. Is there a paid caregiver? Is the client an IHSS recipient?

ACUTELY VULNERABLE ADULT INVESTIGATION TOOL

- 2) Identify any other person providing social support.

Financial:

- 1) Document the client's source and amount of income and who is managing the income.
- 2) Identify any other assets and if there is a special needs trust.
- 3) Ask for an accounting of the client's expenditures (if there is any indication of financial exploitation or mismanagement of funds).
- 4) What other income is coming into the household? Is the household dependent upon the client's income and/or monies from IHSS? What is the breakdown of expenditures?

Legal:

- 1) Is the client conserved, or has anyone filed for conservatorship or indicated an interest in doing so? If conserved, what type of conservatorship and who is the conservator?
- 2) Is there a Power of Attorney (POA)? If so, did APS receive copies? Y N
- 3) Is there a trust (special needs or other)? If so, did APS obtain a copy? Y N

Protective Issue:

- 1) Describe any of the risk factors for abuse associated with the caregiver and/or primary support person such as:
 - family dysfunction and/or family violence Y N
 - history of violence and/or criminal involvement (any outstanding warrants or pending charges) Y N
 - poor physical and/or mental health Y N
 - history of substance abuse Y N
 - history of perpetrating child and/or adult abuse Y N
 - financially dependent on the client Y N
 - unrealistic expectations of the client Y N
 - denies problems related to the client's safety or care needs Y N
 - lacks the skill, knowledge or physical ability for the care giving role Y N
 - refuses to cooperate with APS Y N
 - reluctant or refuses to use available resources Y N
- 2) In addition to the specific allegations that are being investigated, are there new or unidentified concerns?
- 3) Describe if and how the client is being isolated.

Suspected Abuser Additional Information:

Plan:

AVA Outcome Measure: Safety Focus

If client is deceased at time of case closing or at follow-up, instead of rating, note deceased (no concerns) or deceased (concern death was impacted by primary support person's actions)

Rating:	(1) In-Crisis	(2) Vulnerable		(3) Stable	(4) Safe	(5) Thriving
Rating Definition:	Client is highly dependent upon or has regular contact with individual(s) who are assessed as being high risk for perpetrating abuse and is being physically abused and or neglected.	Client is highly dependent upon or has regular contact with individual(s) who are assessed as being high risk for perpetrating abuse.	PREVENTION LINE	Risk for future abuse has been mitigated by APS/community interventions but the client continues to have contact with individual(s) who have been assessed as high risk for perpetrating abuse.	Client's needs are being adequately met in a safe environment, and client is no longer dependent upon individual(s) assessed as being high risk for perpetrating abuse.	Client's needs are being adequately met in a safe environment, and client has major health stabilization/improvements and/or development of skill.
Factors that may indicate Rating:	<ul style="list-style-type: none"> Specific allegations of physical abuse or neglect 	<ul style="list-style-type: none"> Neglect may be strongly indicated or suspected Client is not receiving regular medical or behavioral health care Absence of safety net services or resistance to services by primary support Financial instability for client or primary support 	PREVENTION LINE	<ul style="list-style-type: none"> Conservatorship sought Safety net services in place, in process, or beginning Client is not left alone with suspected abuser or put in position of risk by suspected abuser Recent medical evaluation 	<ul style="list-style-type: none"> Conservatorship obtained Safety net services in place Client in a stable and safer home environment Client is receiving regular medical and behavioral health care as needed Client's finances are safeguarded (payee/fiduciary) 	<ul style="list-style-type: none"> Client in a safe and nurturing environment Client's finances are being protected and appropriately managed. Client receiving ongoing medical and behavioral health care as needed Client receiving appropriate educational and social services as needed

Use the rating scale to determine Outcome Measure for AVA designated client. Rating scale may be used at any point during the case to get a measure of safety for client. At case closure Outcome Measure is to be at Stable or above. Client outcome of Vulnerable will require a Cross Regional MDT before recommendation of closure.

Cross Regional MDT- Case Presentation

Prepare a Brief summary based on the following outline of (1) page or less and emphasize pertinent facts related to the case.

- 1) **Purpose of Presentation** – The purpose of presenting the case at Cross Regional MDT-example – AVA case needs team input into plan, AVA case need to be reviewed for closing, case review for team input into plan, case review for lessons learned or to showcase positive outcome in difficult circumstances)
- 2) **Agency Involvement-** Case Worker to present the case and discuss why the Agency is involved and provide committee with **previous history** of client with Agency and outcomes.
- 3) **General Demographics-** Case Worker to discuss where the Client lives, who they live with, age, gender, language, special needs.
- 4) **Environment-** Case Worker to discuss Safety issues, hazards in the home that are observed, where does the client live (Facility, Independent, w/ Relatives etc).
- 5) **Mental Status-** Case Worker to discuss the clients current Functional Level- Does Client has capacity.
- 6) **Medical-** Case Worker to discuss clients insurance, names and types of Client’s doctors, medications, assistive devices hospitalizations and names of the hospitals and ER visits, can the client meet their ADL’s.
- 7) **Legal-** Case Worker to discuss if the client has Conservatorship in place, Power of Attorneys, Trust, Will, Source of financial income.
- 8) **Social –Family/Friends-** Case Worker to discuss what family/friends does the client have and are they willing to help. Do they live locally? Does the client have In Home Supportive Services (IHSS) and is the client a consumer of San Diego Regional Center (SDRC)?
- 9) **Interventions-** Case Worker to discuss most recent interventions, presenting problems and what were the outcomes.
- 10) **Strengths-** Case Worker to discuss the clients strengths challenges, unresolved issues. Is the client motivated to work with service providers.
- 11) **Input from other involved agencies that are present-** Discussion from community partners.
- 12) **Recommendations-** Committee will provide the Case Worker with their recommendations on how to proceed with case and implementation of the recommendations.