Sacramento County Adult Protective Services (APS) Medical Case Management Program
Workshop Agenda

- Overview of program need and history of development
- Program target population and referral process
- Case management team roles
- Case vignettes
- Program data and outcomes
- Lessons learned/challenges
History of Program Origins

• High profile senior deaths resulted in the Board of Supervisors, Grand Jury and Adult and Aging Commission recommending a **community** system of protection be established.

• Multidisciplinary workgroups recommended implementation of an APS case management unit for improved protection and service provision to senior and dependent adults.
Response Team Development and Implementation

- In 2006, a group of representatives from Sacramento County Senior and Adult Services and local hospitals including Kaiser, Sutter, UC Davis and Catholic Healthcare West began meeting to discuss/design the program.

- In 2007, Kaiser was the first hospital to contract with Sacramento County APS to provide case management services.
Case Management Response Team

Goals

• Improve safety of seniors in their homes through care coordination and linkage to community resources
• Reduce inappropriate use of emergency department (ED)
• Reduce repeat ED and inpatient hospital stays due to self-neglect
• Improve APS response time to hospital resulting in improved client safety and outcomes
Program Structure

• APS assigns one social worker to work exclusively with program clients.

• Kaiser dedicates a liaison to make referrals and staff cases.

• APS social worker carries up to 25 cases at a time.

• Program services are provided at least 6 months.
Target Population

Sacramento County residents, 65 years of age or older or dependent adults who are 18-64 years of age, receiving medical care at Kaiser, and have one or more of the following:

- Client has been abused or neglected
- Client has repeated ED and hospital admissions
- Client abandoned with no family or legal representative
- Client has little/no support and complex psycho-social issues
- Client in recovery from alcohol or drug abuse
- Client medically non-compliant
- Client exhibits cognitive impairment and/or behaviors placing client’s safety at risk with no appropriate plan to ensure their care and safety
Most Common Types of Referrals

- Self Neglect (Non-compliance with medications and/or chronic disease management)
- Little or no support system
- Difficult to place in Board and Care or SNFs
- Living alone in an unsafe environment
- Refuses placement in a higher level of care, history of leaving hospital AMA
- Client lacks capacity and needs conservatorship
Referral Process

• Hospital liaison calls in referrals to the APS intake hotline.

• APS assigns two intake hotline social workers to accept referrals from the hospital liaisons.

• APS intake contacts the designated APS case manager with the referral information.
APS Case Management Team

- Case manager (APS social worker)
- Family service worker
- Public health nurse
Case management (CM) program vs. traditional APS services

- Traditionally, APS is a short-term, crisis intervention program.
- CM allows longer timeframe to work with clients (up to 6 months vs. 30-90 days).
- Allows for developing rapport and a therapeutic alliance with the client.
- Ability to follow through with interventions.
- Long-term, in addition to short-term goals.
- Team approach = mutual goals and shared vision.
- Introduce preventative supports.
Case Manager/Social Worker Roles and Responsibilities

- Response time: Within 4 hours for calls from the ER and up to 3 days for inpatient/outpatient
- Safety of the client is always primary goal, as in any APS case
- Complete Bio-Psycho-Social assessment
- Collaborative relationships between APS case management staff and hospital staff (Medical Social Workers, Discharge Planners)
- Often involved in discharge planning process
- Service plan, including home visits at least every 2 weeks by the SW or PHN
APS Response Team Service Provision

- Assesses clients via face-to-face meetings
- Develops interventions and service plans
- Facilitates coordination of communication among medical providers and the client
- Educates clients and caregivers about illnesses/care needs to improve health/safety
APS Response Team Service Provision (cont.)

• Assist the client/family members in making difficult decisions (i.e. placement, Hospice) and utilizing resources.

• Assist with planning for placement.

• Submit conservatorship applications.

• Facilitates linkage to community resources.

• Participate in monthly case management staffings.
Resources and Community Services

- Meals on Wheels
- Assisted living/board & cares
- Paratransit
- IHSS or private in-home care provider
- Public Conservator referrals
- Telephone reassurance programs
- Mental health programs
- Payee
- Home repair services
- Caregiver resource center
- Substance abuse programs

- Law enforcement
- Domestic violence services
- Restraining orders
- Evictions
- Senior Legal Services
- Multi-Disciplinary Team
- Medi-Cal
- Food stamps
- Adult day care centers
- Health insurance case management programs
Service Provision Challenges

• Lack of resources in the community

• “Difficult to place” clients

• “Middle class” clients

• Clients who are actively abusing drugs/alcohol

• Mental health issues

• Resistant clients
Service Provision Challenges (cont.)

- Cultural barriers
- Client emotional attachment to team
- Patients that may be challenging for the hospital may NOT meet APS criteria
- Safety for the client sometimes means sending them BACK to the hospital
Public Health Nurse Roles and Responsibilities

- Performs comprehensive nursing assessment of each client
- Link/connect client with physician
- Liaisons with physicians and medical staff
- Medical education (medications, disease process, etc.)
Public Health Nurse Roles and Responsibilities (cont.)

- Chronic disease management
- Advocate for follow up or specialty care
- Assist client in obtaining medical equipment
- Attend medical appointments with clients
- Assist with health insurance questions and challenges
Nursing Challenges

- Getting information from medical providers
- Cultural components
- Need nursing staff more reflective of population served
- Client mental health and substance abuse
- Clients who are medically comprised and have avoided medical care
- Home health agencies refusing to work with the clients
Nursing Challenges (cont.)

• Getting information from medical providers (HIPPA)
• Cultural components
• Need nursing staff reflective of population served
• Client mental health and substance abuse
• Medically compromised clients who have avoided medical care for years
• Home health agencies refusing to work with the clients
• Time constraints
• Health insurance barriers
Family Service Worker Roles and Responsibilities

- Monitor the client’s well-being and look for signs of abuse/neglect/self neglect

- Provide direct client services such as transportation, grocery shopping, household tasks

- Help clients locate a care provider through IHSS

- Teach and encourage life skills to clients and family members

- Help client utilize resources (e.g. IHSS, Paratransit)

- Gather information, documentation
Family Service Worker Challenges

- Transporting clients in crisis, such as clients who have soiled themselves
- Trying to convince clients to attend an appointment
- Keeping patients calm during long wait times for medical appointments and tests
- Assisting clients in understanding limitations in what services caregivers can provide
Why are PHNs And FSWs important team members?

- Remove barriers for the client and APS case manager
- Clients see PHN and FSW as non-threatening vs. APS case manager
- Joint visits in crisis situations
- Ready partners in problem solving
Case Vignette #1 – Mr. K

“I was in the wrong county and nobody would help me”
Case Vignette 1 – Mr. K

- 85 year old male
- Recently separated from wife of 65 yrs, due to domestic violence
- Was temporarily housed at the Senior Safe House until he found an apartment
- Referred to case management after showing up at the ER twice in 2 days for no identifiable medical needs, seemed to be seeking socialization
Mr. K Interventions

- Case manager helped him apply for MediCal, Food Stamps, Paratransit
- Nurse referred him to low-cost dental care and podiatry; liaison with doctor re: his noncompliance with MEDS
- Family Service Worker offered help locating a care provider, but client refused
- Client sought advice from Family Service Worker re: life skills that his wife used to do for him, such as grocery shopping
- Case manager provided information on local Senior Centers and socialization opportunities
Mr. K Outcomes

• Was approved for Food Stamps, enjoys using them at nearby farmer’s market
• Takes public transit all over town, including to his doctor appointments
• No longer frequenting the ER
• Enjoys his apartment complex and the amenities: pool, computer room, exercise equipment
• Says he and his wife get along better now that they don’t live together
• Learned computer skills and wants to start a blog on healthy tips
Mr. K ....BUT....

- Still does not take his MEDS, manages his conditions through diet and exercise
- Refused case manager’s attempts to link him with social support
- Refused to hire a care provider
Case Vinegette #2 – Mr. D

“I had no healthcare and just rolled from place to place. I was living on the streets. They made me feel at home here.”
Case Vignette 2 – Mr. D

• 71 year old male
• Homeless, living on the streets, wintertime
• Alcoholic
• Has been in ER multiple times for various things (falls, injuries) and is becoming progressively weaker
Mr. D Interventions

- After being discharged twice to Room and Board facilities that did not meet his needs, client accepted placement at a Board & Care located by case manager
- Family Service Worker and case manager transported client from Room and Board to new facility
- Case manager applied for MediCal and the Social Security Board & Care rate
- Connected client with a payee service
- Nurse collaborated with the VA to initiate ongoing medical follow up and obtain medical equipment/supplies
- Connected client with Paratransit
Mr. D Outcomes

- Still living at the Board and Care (9 months)
- Sober from alcohol
- Attending regular medical appointments at the VA
- Has visits and contact with family
- No longer having multiple ER visits
Mr. D...BUT...

- Refused to attend VA Alcohol/Drug treatment
- Refused to seek support through AA
- Refused to attend an Adult Day Care Program
- Has some trouble abiding by house rules (i.e. no smoking in his room)
Case Vignette 3 – Ms. P

- 66 year old female
- Multiple chronic health issues, including COPD (on O2)
- Multiple ER visits due to breathing problems
- Client has mental capacity to make own decisions
- Home boarded up by Code Enforcement due to no electricity; client owed $3500 to electric company. Allegations of power theft and trying to pay with stolen credit card.
- Client lived with her son and his family in various motels and “friends” homes
- Client lost her SSI, MediCal and IHSS
Ms. P Interventions

- Case manager helped client obtain financial assistance to pay her electric bill
- Case manager helped client get her SSI, MediCal and IHSS restored
- Client was temporarily placed in emergency assisted living by APS, but was soon asked to leave for smoking in her room (with O2 on)
- Client went back to her home with her son once electricity was restored, but slept outside on the porch because the home still had code violations
- CPS became involved due to Neglect of clt’s young grandchildren
- Nurse attempted to help client with medication compliance and regular medical appointments instead of ER visits
Ms. P Outcomes

- Client refused APS’ suggestion to move to assisted living and continued to live in her own home with her son
- Client continued to be noncompliant with medications
- Client continued to miss regular medical appointments and goes to the ER for acute crises
- Client’s IHSS was discontinued as they never rec’d medical paperwork
- Recent APS notes state that client’s home burned down
- Most recent APS contact was from the hospital, alleging abandonment by client’s son because they couldn’t reach him to pick client up
- Client’s health had declined significantly
Lessons Learned

• Meet clients “where they are at”
• Use Strengths-Based approach
• Balance client autonomy with safety and best-interests
• Interventions that we want for the client may not be what they want
• Small efforts over time can add up to long-term CHANGE
• ACCEPT that sometimes we will not be able to help clients
Program Data

• Quarterly and annual reports highlight number of visits with client, types of interventions with client and linkage to community resources

• Monthly case management meetings with hospital liaison

• Monthly operational meetings

• Difficult to obtain data on reduced number of ED visits, inpatient hospitalizations and reason for ED visit or hospitalization
# Sutter/APS Case Management Program
## 2011 Outcomes
### Emergency Department (ED) Visits

<table>
<thead>
<tr>
<th>Number of Clients Referred</th>
<th>Number of ED Visits Prior to Services</th>
<th>Number of ED Visits After Services Begun</th>
<th>Percentage of Fewer ED Visits With Services</th>
<th>* Cost Savings From Reduced ED Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>153</td>
<td>107</td>
<td>30%</td>
<td>$16,100-$73,600</td>
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</tbody>
</table>

*According to Kay Circle Everyday Reference, the cost in 2011 per emergency room visit ranged from $350 to $1,600 depending on the nature of the visit.*
# Sutter/APS Case Management Program
## 2011 Outcomes
### Hospitalization Length of Stay (LOS)

<table>
<thead>
<tr>
<th>Number of Clients Referred</th>
<th>LOS Prior to Services</th>
<th>LOS After Services Begun</th>
<th>Percentage of Reduction LOS</th>
<th>* Cost Savings From LOS Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>509 days</td>
<td>296 days</td>
<td>42%</td>
<td>$841,137</td>
</tr>
</tbody>
</table>

*According to the 2011 Comparative Price Report Medical and Hospital Fees by Country, released by the International Federation of Health Plans, the average cost per day a hospital stay in the United States is $3,949. The cost per day varies based on the reason for the hospital stay.*
Kaiser/APS Case Management Program
2011 Outcomes
Subsequent APS Referrals

A September 2013 review of the *30 clients referred to the program in 2011 showed:

- 70% (14) had no further APS referrals.
- 20% (4) had one to three referrals to APS after closure to program services.
- 17% (2) have had four or more referrals to APS after closure to program services.

* 10 clients died while the case was still open to case management, allowing no chance for recidivism.
Program Funding Sources

- Contracts with hospitals
- State funds
- Federal funds
Administrative Program Challenges

- Hospitals need a data analyst to collect outcome data on ED visits/hospitalization
- Loosen program eligibility criteria to allow some referrals related to current ETOH and some mental health issues
- Frequently remind hospital staff of program
- Difficulty in maintaining caseload equality among case managers
Administrative Program Challenges (cont.)

- Staff turnover
- Hospital liaison turnover
- Number of referrals to program
- Re-evaluating outcomes/data to be collected
- General program improvement
Questions???
Thank you for your interest in our program!
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