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

Number of Clients Referred	Number of ED Visits Prior to Services	Number of ED Visits After Services Begun	Percentage of Fewer ED Visits With Services	* Cost Savings From Reduced ED Visits
33	153	107	30%	$16,100-$73,600

*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)

Number of Clients Referred	LOS Prior to Services	LOS After Services Begun	Percentage of Reduction LOS	* Cost Savings From LOS Reduction
33	509 days	296 days	42%	$841,137

*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!

Contact Information

- Kim Dochterman, MSW

Sacramento County APS

Case Manager

(916) 874-2402

dochtermank@saccounty.net

- Martha Haas, LCSW

Sacramento County APS

Program Planner

(916)-875-5055

haasma@saccounty.net

- Phyllis Pena, RN, BSW, PHN

Sacramento County APS

Supervising Public Health Nurse

(916) 874-6379

penap@saccounty.net