Meeting the Challenge of Protecting At-Risk Elders with Cognitive Impairment: An Integrated & Empirical Approach

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The Changing Landscape…

- Advances in the study of the brain

- Advances in the understanding of MCI

- 10-20% of 65 and older have MCI

- 13% 65+ has AD

- 45% 85+ has AD

- Loss of $2.9B to fraud in 2010

- Increase of 12% over 2008

- Increase in complexity of cases

Findings of Screening July, 2011 to June 30, 2013

- Screened all elders 65 and older using the MoCA and or the IADL = 2,530 episodes

- 48% demonstrated mild – severe CI

- 21% demonstrated MCI

At the heart of the matter…

- When APS responds, can we get it right the first time?

- Can we measure outcomes empirically?

- Are there interventions that eliminate or reduce preventable recidivism?

- Can we address the bifurcated systems that struggle to keep pace with the needs of this sub-population?

Our Mission:

Eliminate or reduce the protective issue by providing the right intervention at the right time for the right reason

Strategies to Meet the Challenge

- Use of evidenced based tools to screen for cognitive impairment

- Integrate screening tools into standard APS practice

- Conduct in-home assessments by a Neuropsychologist & Public Health Nurse

- Use Multi-Disciplinary Teams

- MSW Interns learn and bring value

- Measure client & program outcomes

Outcomes

November 1, 2009 to September 20, 2013

Total Episodes n= 6,194

CONFIRMED Episodes of ABUSE/NEGLECT (n= 3,332)

	Episodes without In-home Nursing	Episodes with In-Home Nursing	Difficult Episodes Presented to Rapid Response MDT with In-Home Nursing Only	Difficult Episodes Presented to Rapid Response MDT with In-Home NCA by Ph.D
	n = 2,591	n= 741	n=109	n = 32
Protective Issue **unresolved**	31%	19%	35%	6%
Protective Issue **eliminated or reduced**	69%	81%***	65%	94%*
Total (rounding with rounding errors)	100%	100%	100%	100%

* $p<.05$; *** $p<.001$; Statistically significant differences found using chi-square tests

The Right Intervention at the Right Time to meet the Challenge :

Effective Multi-Disciplinary Teams

Standardized Social Work Practice

MoCA, IADL and TRIO

Integrated Approach to investigation, assessment and intervention

Implementing Change into a culture

How the work changed: Before

- Reduction of risk

- Close case without evaluation of cognition

- Fewer guardianship referrals

- Churning of cases (preventable recurrence)

- Sense of helplessness

- Anecdotal success

How the work changed: After

- Elimination of risk

- In-home evaluation of cognition

- Appropriate guardianship referrals

- Increased sense of efficacy & morale

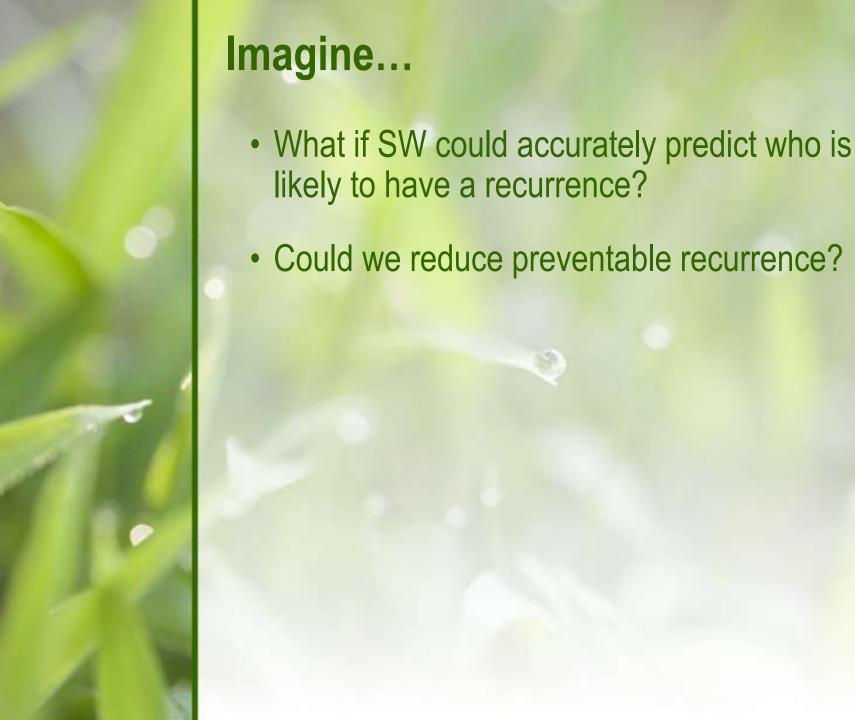- Evidenced based practice

- Measurable outcomes

- Community recognition and respect
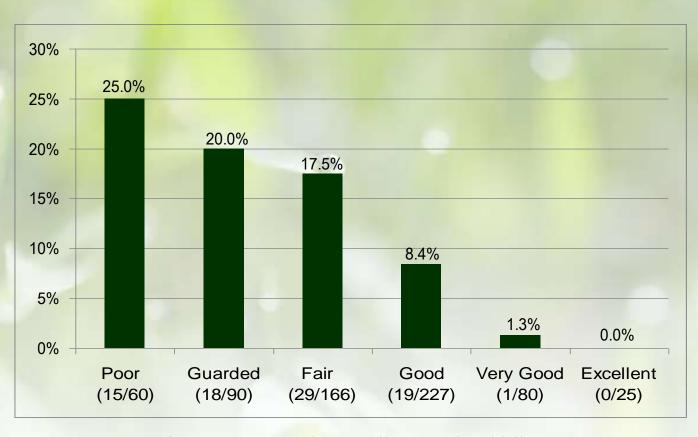
Integrated Approach to Meet the Challenge:

Value of conducting in-home neuropsychological capacity assessments

Assessing for capacity with focus on financial capacity

Imagine…

- What if SW could accurately predict who is likely to have a recurrence?

- Could we reduce preventable recurrence?

180-Day Recidivism by Prognosis

Prognosis for recidivism (evaluated at case closure) and actual 180-day APS recidivism were closely related

Statistically significant difference (p<.001)

A Window of time for making a difference in the lives of vulnerable people…

Right Intervention
at the
Right Time
for the
Right Reason

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- Rapid Response MDT members

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The APS TRIO

The TRIO is a model for standardizing practice

Designed and developed by social workers for social workers

Documents the work, guides practice and measures client and program outcomes

Available at no cost including training by Linda Henderson

Log on: https:aps.panosoft.com/TRIO/logoff.do

User name: TRIO

Password: I would like to test TRIO