Supporting Senior Victims Through A Coordinated Response: Aligning Medical Policies and Practices

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CREA

Coordinated Response to Elder Abuse

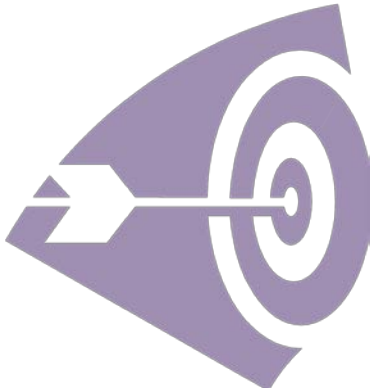
PLOUGH FOUNDATION

Introduction

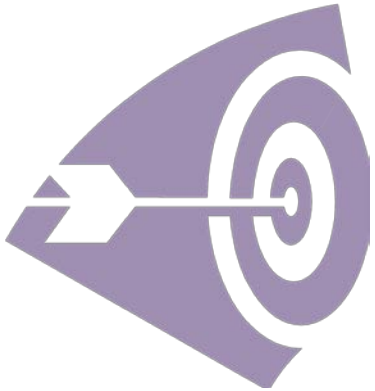
- In 2014, Adult Protective Services investigated approximately **9,644 reports** of abuse, neglect and exploitation of vulnerable adults.
- Studies have estimated that between **1 in 14** and **1 in 23** cases of elder abuse **never get reported**.

This Workshop Will Review:

- The development of CREA
- The process of designing and implementing the elder abuse curriculum
- Discuss lessons learned
- Offer a glimpse of early outcomes



The Development Of CREA



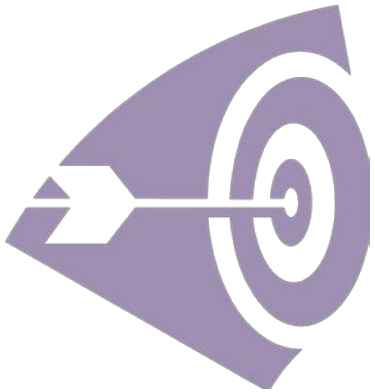
CREA

Coordinated Response to Elder Abuse

Memphis and Shelby County

CREA Overview

To support and improve the protection of older adults in Shelby County by providing a coordinated community response to elder abuse.



What CREA is

100% funded by Plough Foundation
$3.45 MM over 3 years

Coordinated Community Response ***AND*** a Multi-Disciplinary Team

Resources for :

- Law Enforcement
- District Attorney
- **Adult Protective Services**
- Local/State Government

Key Drivers

Coordinated Community Response & Multi-Disciplinary Team

Timely, Coordinated & Efficient Victim-Centered Services

Criminal and Civil Legal Proceedings with Collaboration

Public Awareness, Education and Institutional Training

Build, Share and Sustain a Data System for Victim-Centered Decision Making

CREA Partners

Grant Funded Partners
Ave Maria Home - *ALF Emergency Placement, Adult Day Care, Non-Medical Home Care, SNF Placement*
Meritan - *Non Medical Home Care, Foster Care, 24/7 response Nurse/Doctor, Medical Equipment*
Community Legal Center Elder Law Attorney – *conservatorships, powers of attorney*
Memphis Area Legal Services Staff Attorney -- *orders of protection, divorces, other types of legal representation*
Crime Victims Center - *After Hours Senior Victim Advocate, group counselor, additional part-time victims advocate*
Aging Commission of Mid-South -*Conservator, volunteer coordinator*
Family Safety Center - *Case Managers, Intake Coordinator*
Baptist Memorial Health Care - *Nurse SW/Curriculum*
RISE Foundation- *Silver Neighbors and financial institution training*
USC Keck School of Medicine - *Health Care Curriculum*
CoactionNet – *Database provider*

Medical

Best Practices:

- ✓ 24/7 response;
- ➢ Knowledge of older abuse victims/forensic nursing;
- ✓ Home and shelter visits;
- ✓ Referrals and support for ongoing medical care;
- ➢ Therapeutic and psychological support;
- ➢ Documentation for legal;
- ✓ Reimbursement from insurance for medical care;
- ✓ Data Collection.

Questions?

Designing and Implementing The Elder Abuse Curriculum

CREA

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The Elder Abuse Curriculum

Elder Abuse:

Identification, Assessment and Response

A Multidisciplinary Approach

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The Elder Abuse Curriculum

Purpose Of Training

- Educate medical staff on how to assess, identify and respond to elder abuse
- Receive feedback and evaluate the effectiveness of the curriculum
- Implement to hospital system wide
- Share with surrounding area hospitals

The Elder Abuse Curriculum

Why hospital curriculum?

- Cases may present to the medical setting for injury / illness that may or may not have resulted from abuse
- Patient / healthcare professional transparency
- Lack of education / training in the medical community

The Elder Abuse Curriculum

Content Development

- Parts I-III base content
- Part IV customized to Baptist Healthcare policies and procedures

Part I

Identification and Assessment

Introduction

The purpose of this course is to:

- Educate on Tennessee elder abuse laws and statistics
- Educate on the types of elder abuse
- Educate on those that abuse
- Educate on how to assess the elder adult
- Educate on how to identify abuse in the elder adult

Overview

- Tennessee Law & Statistics
- Types Of Abuse
- Those That Abuse
- Assessment
- Identification

Part II

Capacity and Cognition

Introduction

The purpose of this course is to:

- Educate on how to assess for cognitive functioning
- Educate on how cognitive deficits may effect vulnerability of the older adult to abuse
- Bring awareness to the growing epidemic of dementia & Alzheimer's disease.

Overview

- Memory
- Capacity
- Cognition
- Dementia
- Abuse

Part III

Abuse Intervention Model

(AIM)

Introduction

The purpose of this course is to:

- Introduce and define the AIM Model
- Educate on how to use the AIM model to identify modifiable risk factors of elder abuse in a medical setting
- Practice the use of the AIM model in a case study

Overview

- What is AIM
- Using the AIM
- Case Studies

Part IV

Response

Introduction

The purpose of this course is to:

- Educate on how to screen adults 60 years or older for abuse
- Educate on how to respond to suspected abuse of an adult 60 years or older
- Educate on the Coordinated Response to *Elder Abuse*

Overview

Medical Team Response

- Screening
- Notification
- Documentation/Photography

Social Work Response

- The Elder Abuse Assessment
- Interventions

CREA Response

The Elder Abuse Curriculum

Training Pilot

- Mandatory 3 hour live training sessions
- Train the Trainer (TOT) model
- Interactive, case studies, videos and prompts for feedback are included throughout the training

The Elder Abuse Curriculum

Deliverables

- Modular design power points
- Instructor & Participant Manual
- Evaluation Forms

The Elder Abuse Curriculum

Evaluation

- Level 1 Satisfaction- Post participant evaluation forms
- Level 2 Learning- Interactive case study role play, simulation and demonstration.
- Level 3 Impact- Pre and Post Surveys

  -Immediately before training

  -Immediately after training

  -1-6 months post training (evaluated through observation)
- Level 4 Results

  - APS data (increase in APS reports)

  -CREA data (increase in CREA referrals)

  -Screening and assessment of elder abuse (100% compliance in documentation)

The Elder Abuse Curriculum

Implementation

- Baptist Memorial Healthcare System
- Memphis Area Hospitals

Lessons Learned

- Staff transitions can impact the collaborative…
- Need is so great (housing)
- Clients can be difficult to work with!
- Relationship building is key

Glimpse Of Early Outcomes

- CREA has served almost 400 seniors
- Health screenings of CREA individuals are positive
- Partner organizations believe CREA is valuable
- CREA clients are making progress toward identified goals

Summary

Questions

Coordinated Response
to Elder Abuse (CREA)

A Major Initiative of Plough Foundation

Annual Report 2015

With the assistance of Memphis Data Partners

CREA

PLOUGH
FOUNDATION

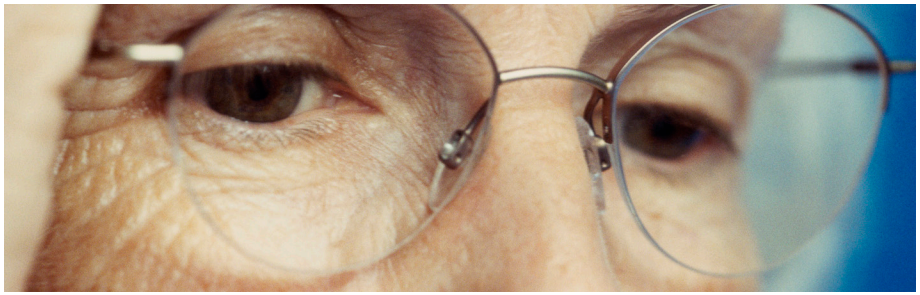
Coordinated Response to Elder Abuse (CREA)

Coordinated Response to Elder Abuse (CREA) is a comprehensive plan to address elder abuse in Shelby County by aligning and streamlining the services offered by the public and nonprofit sector to older adults.

CREA provides a desperately needed safety net to our most vulnerable seniors. It returns dignity to victims, and ensures they receive much needed services.

CREA coordinates communication and the provision of services between frontline crisis centers in the community, including the law enforcement community, Adult Protective Services, the Family Safety Center and the Crime Victims Center, in order to provide a continuum of responsive care for elderly victims of abuse.

Definitions



What is Elder Abuse?

CREA has adopted the National Center on Elder Abuse definition of elder abuse, which includes the neglect, self-neglect, physical, sexual, emotional or financial abuse of an adult age 60 or older.

While responses to elder abuse are often compared to the child protective services response system, there are important differences to consider when responding to an elder abuse case.

CREA bases its actions on the following principles:

» adults have the right to make decisions that do not conform with societal norms, as long as these decisions do not harm others;

» adults are presumed to have decision-making capacity unless a court adjudicates otherwise; and

» adults have the right to accept or refuse services. An older adult has the right to self-determination and can refuse services, if they have the capacity to consent, which is defined by the Tennessee Department of Human Services Adult Protective Services as "the mental ability to make a rational decision, which includes the ability to perceive, appreciate all relevant facts and to reach a rational judgment based upon the facts."

What is CREA?

CREA functions as both a coordinated community response (CCR) and a multi-disciplinary team (MDT).

Partners in CREA work together to support seniors, identifying and filling service gaps, and coordinating their efforts to create a seamless response to the needs of victims of elder abuse. Organizations in CREA function as equal partners.

» A CCR is a collection of professionals from various disciplines and professions, such as governmental entities and community-based organizations including non-profits, which share a broad vision of a community's responsibility for enhancing safety for victims of elder abuse.

» CREA has also led to the development of smaller work-groups and aligned procedures to protect senior victims of abuse. These include a Fatality Review Team and a Prosecution Alignment Workflow.

» CREA also functions as a multidisciplinary team, with service providers of different disciplines who come together to review cases and address system problems revealed by cases. The team reviews cases of abuse, neglect, and self-neglect, working together to ensure that seniors are safe, and that they have access to needed social services, legal support, and medical care.

CREA
Coordinated Response to Elder Abuse
Memphis and Shelby County

Through CREA, partners are able to offer strong protection for senior victims.

LAW ENFORCEMENT

- Bartlett Police Department
- Germantown Police Department
- Memphis Police Department (MPD)
- Shelby County Sheriff's Office
- Shelby County District Attorney General

HEALTHCARE

- Baptist Memorial Hospital
- Memphis Fire Department
- Meritan
- MIFA Ombudsman
- West Tennessee Regional Forensic Center

LEGAL

- Community Legal Center (CLC)
- Memphis Area Legal Services (MALS)
- The Aging Commission of the MidSouth (ACMS)

VICTIM SERVICES

- Adult Protective Services (APS)
- Ave Maria Home
- Crime Victim's Center (CVC)
- Family Safety Center (FSC)
- Jewish Home and Rehab
- Memphis Crisis Center Elder Life Line (ELL)
- RISE Foundation
- Shelby County Government

INFORMATION AND SUPPORT

- CoactionNet
- Confidentiality Institute
- Hemline Marketing
- Memphis Data Partners
- National Clearinghouse on Abuse in Later Life
- University of Southern California Keck School of Medicine

CREA Elder Abuse Response Model

Cases make their way to CREA through a number of different portals; these include referrals from law enforcement agencies, from family members or neighbors, or calls from Adult Protective Services.

Communication Center

- Law Enforcement LE — **911**
- Adult Protective Services APS — **1-888-APS-TENN**
- Elder Life Line — **901.CRISIS7**
- Family Safety Center FSC — 24-hr hotline: **222-4400**

The first imperative of CREA is to deal with the emergency needs of senior victims.

With the coordination of a victim's advocate, CREA partners attend to the physical and mental health and safety of elder victims.

Emergency Response

- Law Enforcement LE
  - Ambulance Services
  - Crime Victim Center CVC
    - **Victim Advocate VA**
      - Housing
      - Healthcare

Non-Emergency Response

- Family Safety Center FSC
  - **Elder Care Coordinator CC**

The CC manages long-term planning to make sure that the individual leaves the CREA system in better condition, and has access to the range of legal, housing, medical, and social services they need.

- Legal
- Housing
- Healthcare
- Victim Services

Once the safety and health of a victim is secure, the case is assigned to a care coordinator (CC), who works with the victim and, potentially, their family, to build a coherent, long-term response to the range of issues related to the abuse they have experienced, and helps the senior work toward achieving their goals for a life free of abuse.

Collaborative Efforts

4662 **CALLS TO THE ELDER LIFE LINE**
screened for victims of abuse in Shelby County

1280 **INTER-AGENCY REFERRALS**
for the provision and coordination of client care

1303 **INTERACTIONS**
with clients to provide or refer to services

956 **HOURS**
spent on client interaction and service provision

4 **QUARTERLY MEETINGS**
Quarterly meetings provide opportunities for the broad community of agencies concerned with senior protective services to learn more about CREA and contribute to its continuing development and success.

22 **CRISIS-RESPONSE AND CASE-MANAGEMENT MEETINGS**
CREA partner meetings are held weekly or bi-weekly. They provide frequent opportunities for partners to meet to discuss the progress of clients in the system.

CREA Partner Feedback

Over the course of the year, CREA member organizations were surveyed multiple times.

98% of member organizations said that the CCR is valuable

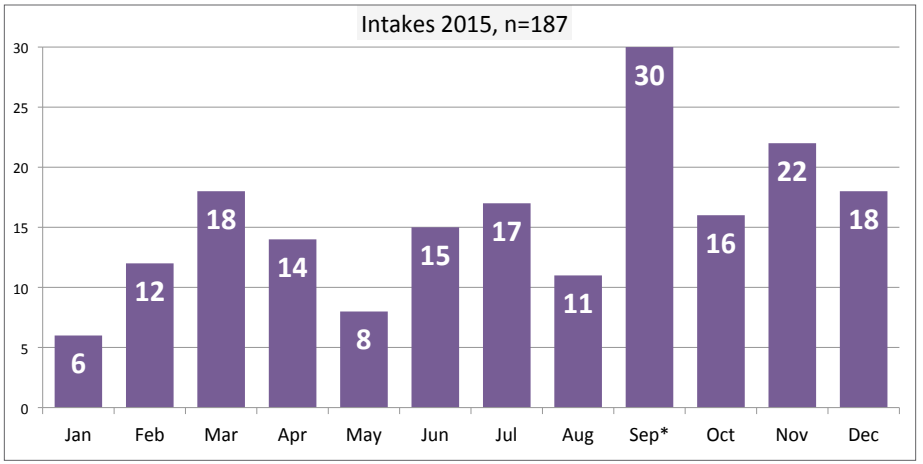
98% of member organizations said that the CCR is efficient

100% of member organizations said that the CCR is effective

95% of member organizations said that the CCR meets their organizations' needs

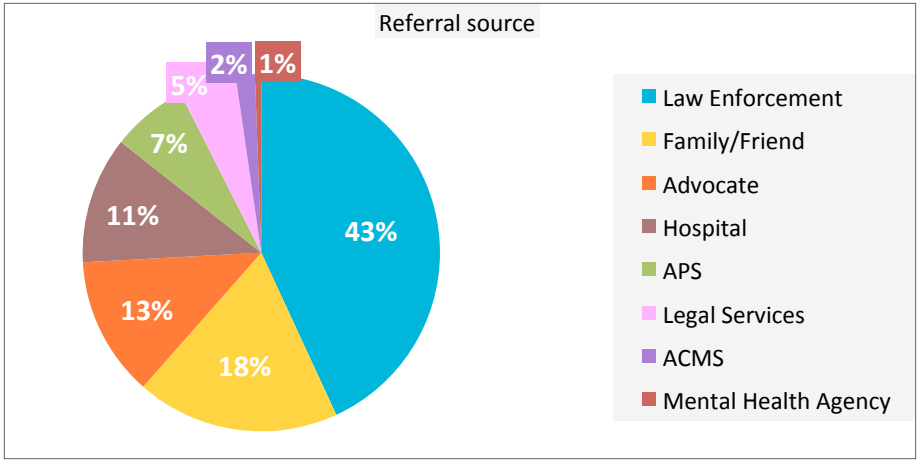
Clients Served

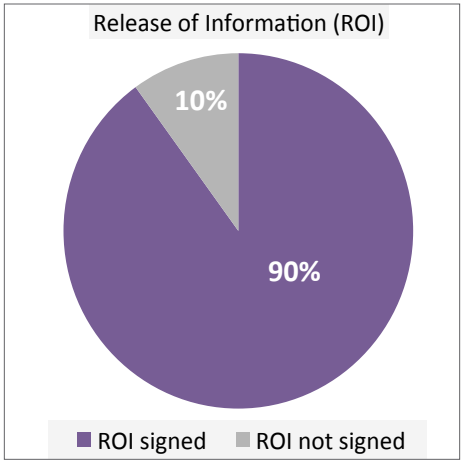
187 clients served by CREA in 2015.



* The spike in September reflects senior care home investigations that month.

43% of all cases were referred to CREA by Law Enforcement.



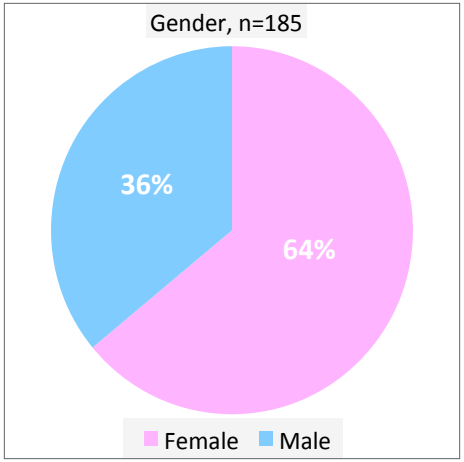


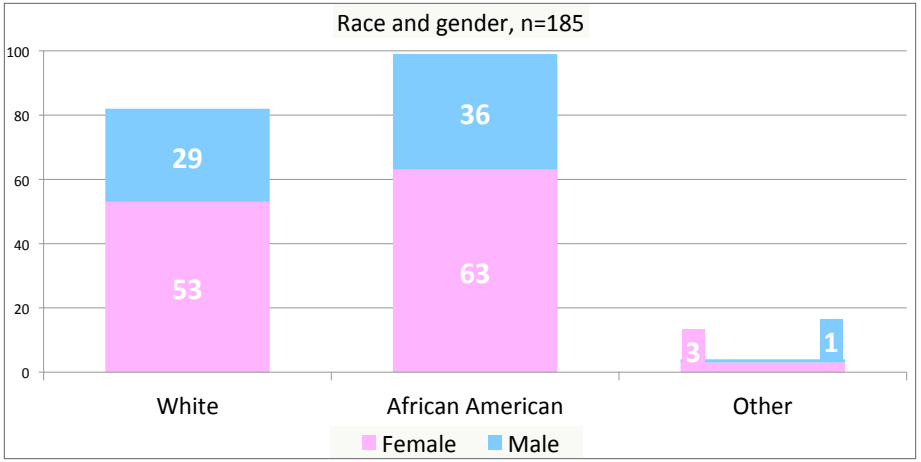
CREA partners respect the privacy of senior victims of abuse and request their consent before sharing any information with other CREA partners. This process is known as a *Release of Information (ROI)*.

Almost all seniors served by CREA have agreed to have their information shared among CREA partners.

Demographics

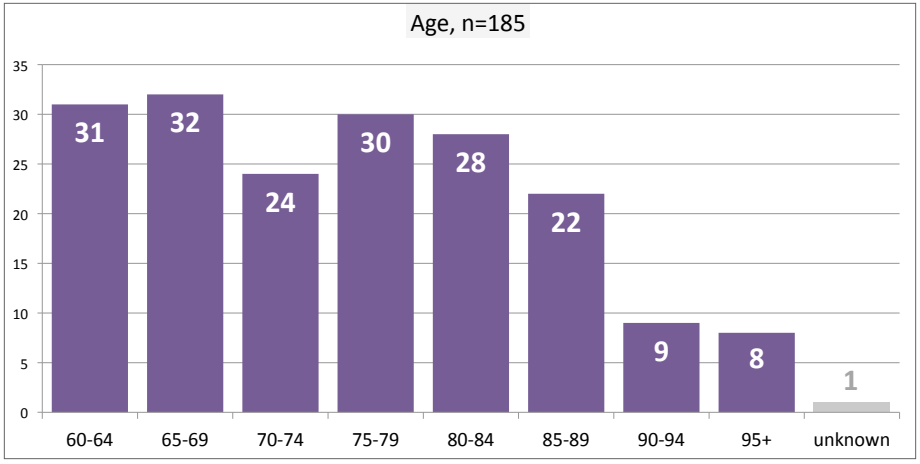
Two of every three CREA clients have been female.





African American women were the largest group of clients.

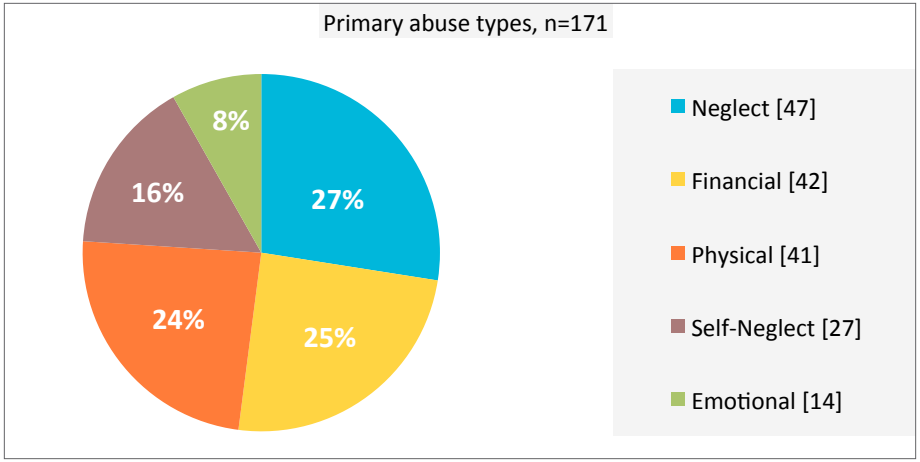
CREA served victims across a broad age span.



Reflecting trends in elder abuse across the country, most senior victims of abuse served by CREA are among the "young elderly."

Abuse and Service Types

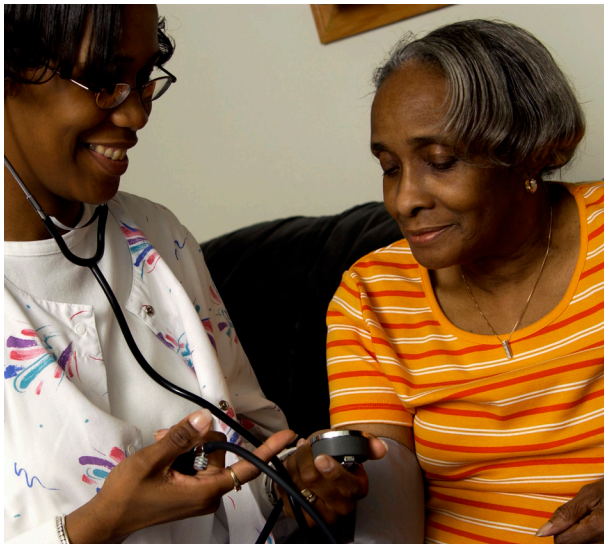
CREA has served senior victims suffering from a broad range of types of abuse.



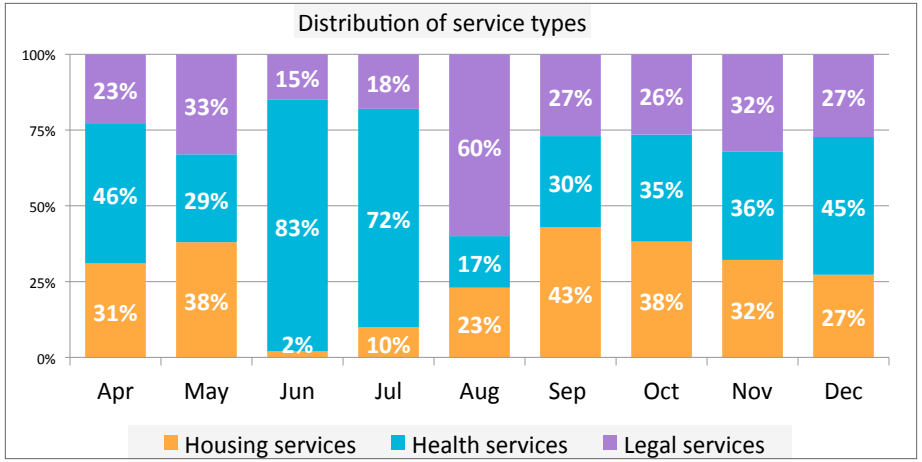
In roughly equal percentages, the three principal types of abuse suffered by CREA victims have included neglect, financial abuse, and physical abuse.

CREA added emotional abuse as a focus area in August 2015.

Where more than one type of abuse is listed, the primary combinations have included physical and financial abuse, physical and emotional abuse, and neglect and financial abuse.



Victims receive services tailored to their specific needs.

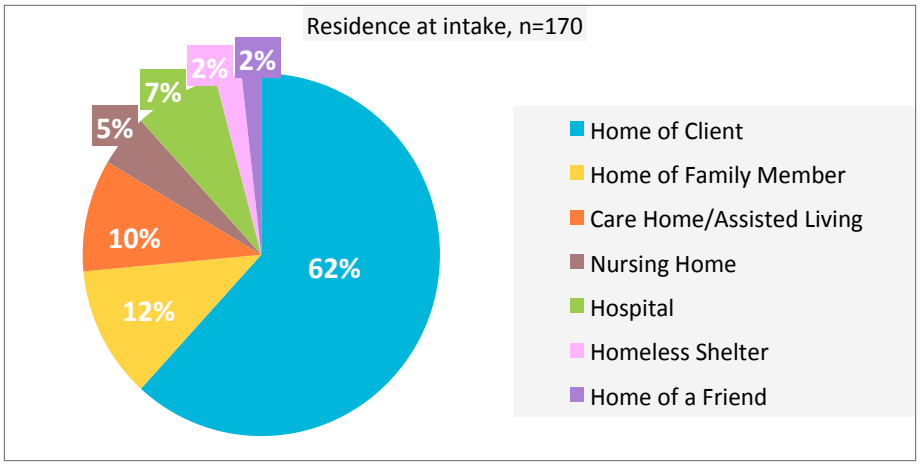


CREA's care coordinators work with clients to identify their needs and goals for a life free of abuse. In turn, the services offered through CREA respond to those individual needs and goals.

The three principal types of services provided through CREA this past year have included health care, housing, and legal services.

Client's Residence

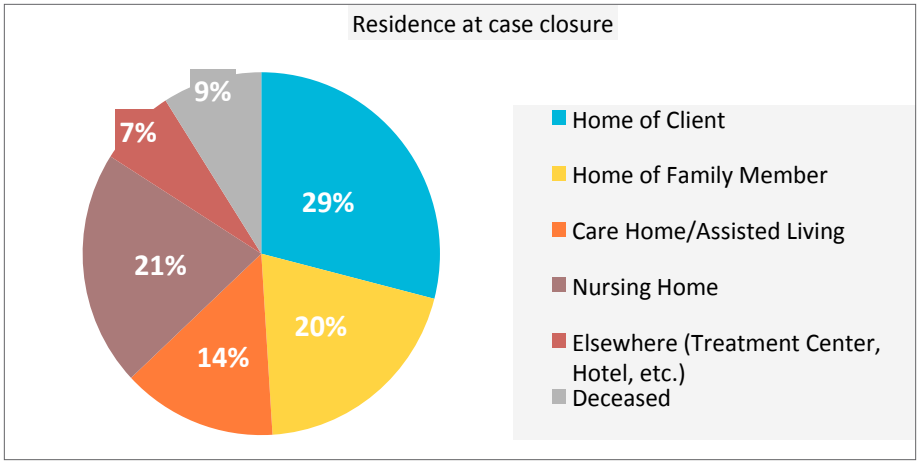
At the point that they enter the CREA system, most senior victims were living in their own homes.



CREA works to help seniors age-in-place, when that is their preference.

When seniors require a higher level of care and support, CREA works with them and their families to help find housing options that meet those needs.

Safe and sustainable housing for clients is a top priority of CREA.



For some CREA clients, planning for long-term safety and health involves a move to another living situation.

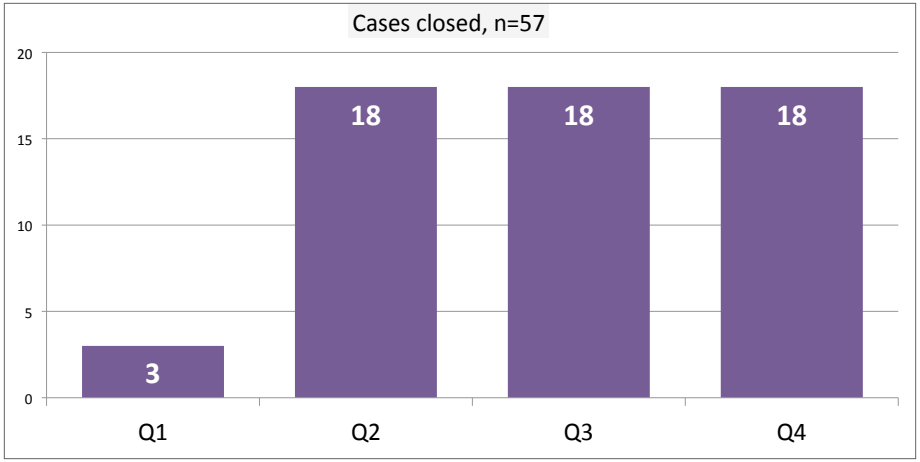
With CREA's assistance, a number of clients have moved in with family members, or moved into residential situations where a higher level of care is available.

"The overwhelming majority of CREA clients have incomes of less than $2,000/month, more like $1,500 to $1,000. This income is normally Social Security benefits.

CREA has also had a few clients with pensions or retirement income from the VA or the railroads (placing them closer to an income of $2,000/month)."

CREA Improves the Health and Well-being of Senior Victims

Over one-third of CREA cases have been closed.



CREA cases are "closed" when the CREA team and client are satisfied that the client is safe and their goals have been met, or the client has reached a point where no other services can be provided, or the senior declines additional services.

The length of time that a client remains in the CREA system depends on their specific needs.

Cases of self neglect, characterized as the behavior of an elderly person that threatens his/her own health or safety, spend an average of 95 days receiving CREA services, the longest of all abuse types.

Cases of physical and financial abuse spend an average of 87 and 74 days, respectively, receiving services.

Financial abuse cases are the most time intensive, requiring an average of 235 service hours per client.

CREA clients are meeting the goals they have established.

The care coordinators work with individual clients to help identify their goals, both for their involvement with CREA and afterwards.

These goals involve their health and health care, housing situation, legal needs, and financial security.

The majority of seniors **(80%)** who have identified goals with their care coordinator have either achieved those goals **(36%)** or report making progress toward them **(44%)**.

Clients improve activities of daily living.

Client activities of daily living (ADLs) are measured according to six self-care tasks that include eating, bathing, dressing, toileting, transferring (walking), and continence.

Health screenings of CREA clients indicate that these individuals have an improved ability to function and improved quality of life.

83% improved their ADLs

92% stabilized in various ADL tasks

0% required emergency department services

0% required a repeat hospitalization

Return on Investment

The Coordinated Response to Elder Abuse was launched with a major grant from the Plough Foundation.

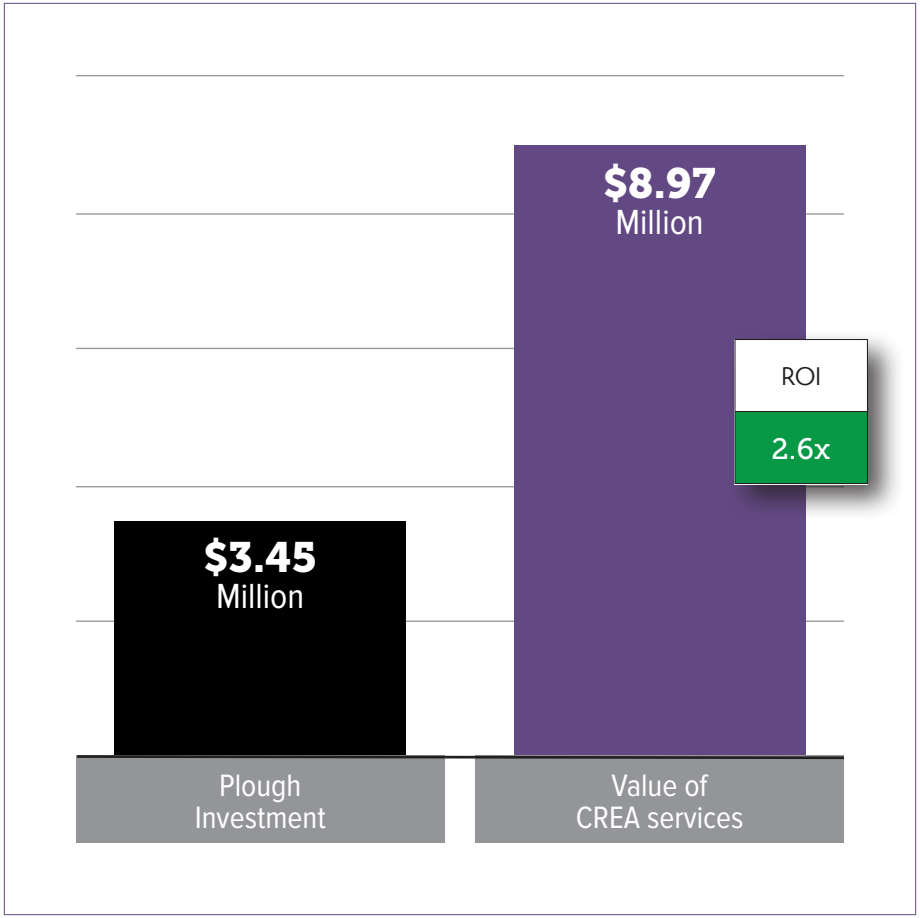
CREA supports housing services, civil legal services, medical services, and the involvement of staff from a broad range of public and nonprofit agencies.

Each of these services, and the hours of professional time invested in providing care to senior victims, can be valued in terms of their cost on the open market.

CREA has generated a significant, positive return on the Plough Foundation's investment.

Return on Investment

The Foundation has invested $3.45 million over three years to protect older adults. Based on trends observed in the first year, that investment is projected to continue to lead to significant savings in costs to families and the community.



Conservatively, the value of services provided through the CREA partnership is $8.97 million, **a return of $2.60 for every dollar invested.**

Emergency Housing

CREA provides emergency housing at 57% of market cost.

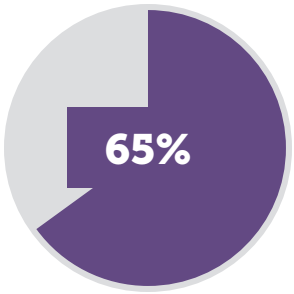
A key component of an effective response to elder abuse is emergency housing.

Without CREA, the cost of safe emergency housing in Shelby County would be prohibitive to many seniors.

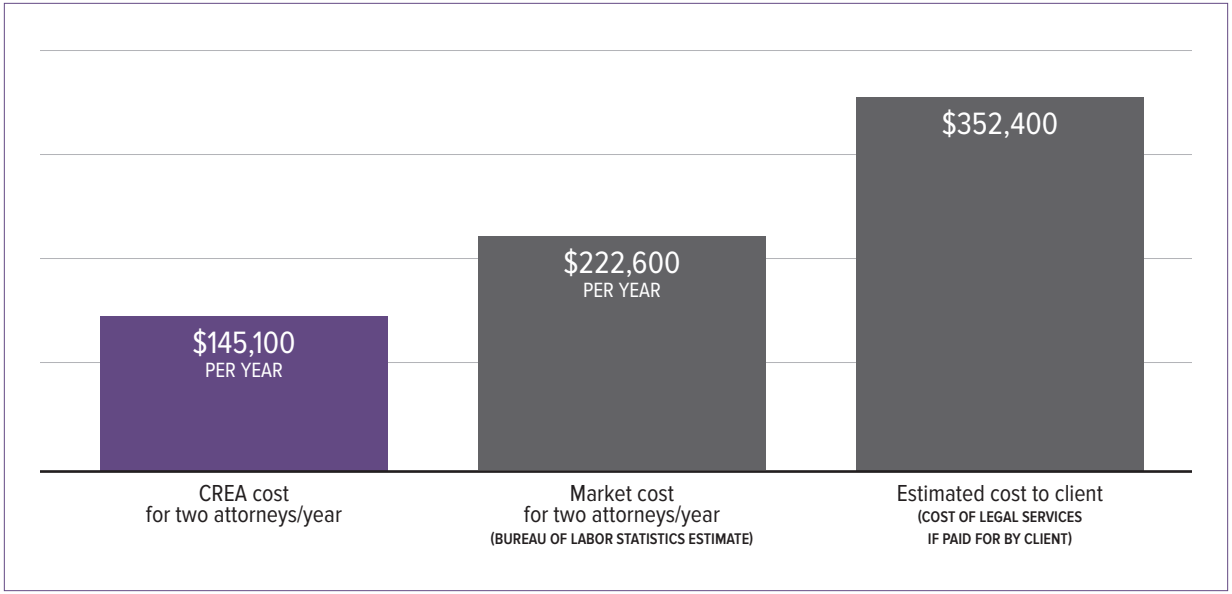
Before CREA, few emergency housing options existed in Shelby County that addressed the mobility, accessibility, safety, or medical issues of seniors.

CREA makes sure that senior victims are not forced to stay in abusive situations because they do not have a safe place to live.

Civil Legal Services



The CREA partnership has significantly reduced the costs of civil legal services to senior victims, providing these services at 65% of market cost.



Another significant barrier to the protection of senior victims of abuse is the high cost of legal services.

CREA makes legal services available far below market cost. The availability of affordable legal services can make all the difference for a senior attempting to leave an abusive situation.

If these services were provided by attorneys in private practice the cost would be nearly 2.5 times greater.

Medical Services

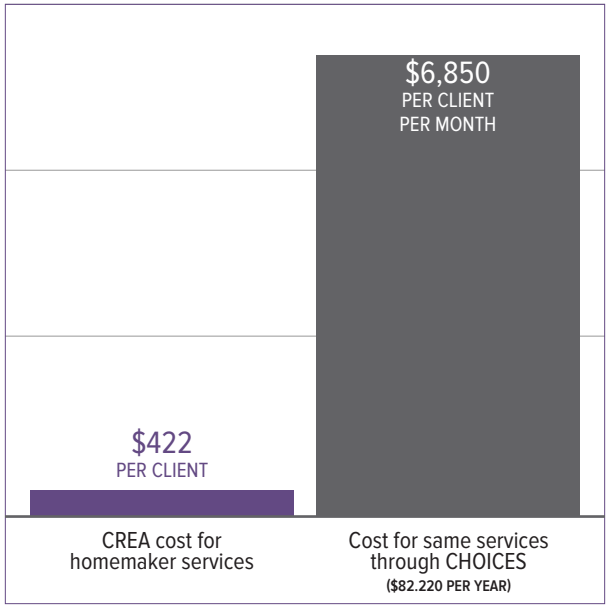
Medical services provided through CREA cost 11% of the cost of these services when they are provided through Medicare.

Care Coordinators, housed at the Family Safety Center, aid clients in obtaining medical insurance and long-term medical services, ensuring that the Foundation's resources are available for those who need them most.

Working with CREA care coordinators, senior victims are connected to available public supports including Medicare, Medicaid, and private insurance. The value of services provided to CREA clients by these third party providers conservatively is estimated to be over $625,000 over the three years of the Plough grant.

Homemaker services represent a significant support service for many seniors, helping them stay safely in their homes.

Through the CREA grant, Meritan coordinates the provision of homemaker services to seniors at an average cost of $421.50 per client.



In turn, the Care Coordinators work with CREA clients to determine their eligibility for support services such as Medicare, CHOICES, and SNAP. By connecting seniors to these resources, CREA supports the health, well-being, and self-sufficiency of seniors.

The State of Tennessee Department of Developmental and Intellectual Disabilities reports that CHOICES benefits alone average $82,220 per year per client.

If current eligibility trends continue, victims served by CREA will receive $6,906,480 in CHOICES benefits.

Donated Staff Time

A conservative estimate places the value of staff time donated by public and nonprofit agencies to the CREA project at over $612,000 over the three years of the Plough grant.

"The power of CREA is found in its network of passionate practitioners who benefit from relationships and strive to be a part of a learning organization."

Public and nonprofit partners are helping to staff the CREA initiative.

Nine partner agencies have their services for senior victims funded through a set of grants by the Plough Foundation.

Some agencies receive fee for service reimbursements or specified funding for programmatic needs, and serve on the Coordinated Response to Elder Abuse task force without additional funding for staff time.

Community Impact

Thanks to CREA, awareness of the issue of elder abuse and support for senior victims in Shelby County has increased. This is evident in the following developments:

LAW ENFORCEMENT

- The adoption of CREA's model as the official strategy to respond to elder abuse in Operation: Safe Community, led by the Memphis Shelby County Crime Commission.
- Community partners and CREA member organizations partnered with the Shelby County medical examiner to create a Senior Fatality Review Team.

HEALTHCARE

- With support from the Plough Foundation and CREA, the Director of the National Clearinghouse on Abuse in Later Life provided trainings on the identification and treatment of elder abuse at several hospitals in Shelby County.
- Baptist Hospital has strengthened their Emergency Room protocols for recognizing and responding to elder abuse.

LEGAL

- The Shelby County District Attorney's office has developed and implemented agency-wide efforts to strengthen the legal response to elder abuse.
- The RISE foundation has developed training programs on financial literacy and financial abuse for seniors and for financial institutions.

VICTIM SERVICES

- CREA stands at the core of a network of practitioners who benefit from regular access to their colleagues and from a shared learning community.
- All CREA partner agencies received confidentiality training from the Confidentiality Institute.

PUBLIC AWARENESS

- With the Memphis Redbirds, CREA led Shelby County participation in World Elder Abuse Awareness Day (WEAAD). These events received official recognition by the City, County and State.
- Over the past year, CREA has received frequent, positive mention in the press, supporting the goal of increasing public awareness of elder abuse in our community.
- The CREA model was presented to the Deputy Commissioners for the state Department of Human Service and all Adult Protective Services supervisors statewide.
- Multiple recommendations on elder abuse taken from CREA were included in the Governor's Task Force on Aging final report.
- Over 200 community members and leaders were trained by the National Clearinghouse on Abuse in Later Life on how to identify and report suspected elder abuse at CREA's inaugural Kickoff Event

Next Steps

CREA provides a much needed service to seniors and to the Memphis community.

As the CREA project enters its second year, its focus will expand to address the following needs:

- Identify partners to sustain the initiative
- Partner with an expanded range of institutions and organizations to strengthen and support the CREA initiative
- Expand the range of housing and transportation services available to senior victims of abuse
- Expand CREA's reach to include all of the municipalities in Shelby County
- Provide intensive forensic training to law enforcement agencies
- Implement medical curriculum developed by Baptist Healthcare for hospital and medical facility staff across the county
- Increase public awareness of CREA and Tennessee's mandatory reporting requirement

*By law in Tennessee, everyone is a mandatory reporter. If you think an older adult is being abused, you are required to tell someone. In an emergency, always call 911 first. For suspicions of -- or other reports of -- abuse, call **1.888.APS.TENN** or **1.888.277.8366**.*

PLOUGH
FOUNDATION

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NAPSA Presentation Executive Summary

Elder Abuse Curriculum Summary and Overview

August 31, 2016

Summary

In 2014, Adult Protective Services investigated approximately **9,644 reports** of abuse, neglect and exploitation of vulnerable adults. Studies have estimated that between **1 in 14** and **1 in 23** cases of elder abuse **never get reported**. (National Research Council (2003) Elder mistreatment: Abuse, neglect, and exploitation in aging America. Washington, D.C.: The National Academies Press)

In 2015 Baptist Memorial Hospital received a grant through the Coordinated Response to Elder Abuse (CREA), generously funded by the Plough Foundation. CREA Memphis is a Coordinated Community Response (CCR) team whose aim is to improve the protection of older adults, 60 years or older, where there is a suspicion of physical abuse, sexual abuse, emotional abuse, neglect, abandonment or financial exploitation, regardless of the setting or situation. They offer victim-centered services that support older adults and they facilitate education to the entire community. The Coordinated Community Response (CCR) members are a collection of over 20 professionals from various disciplines and professions, which include governmental, community based and non-profits organization. The CCR team meets twice monthly to review cases and ensure each client is being offered the best care. They also review each organization's policies and protocols to identify and address gaps in care that may impact services, in order to create a comprehensive and sustainable community response model. CCR members hold each other accountable to create a seamless response to the needs of victims of elder abuse.

NAPSA Presentation Executive Summary

Elder Abuse Curriculum Summary and Overview

August 31, 2016

As the only hospital in Memphis selected to partner, we are tasked with collaborating with CREA and creating curriculum for healthcare professionals on how to identify, assess and respond to elder abuse. The curriculum will be piloted in the emergency department, finalized and then distributed to Memphis area hospitals.

Over the course of the last year, Ferrell Moore, RN and Laura Riker, LMSW have developed a four part curriculum, which is outlined below. The curriculum will introduce and highlight new evidence based material such as "Bruising as a Marker for Physical Elder Abuse" bruising study, the Abuse Intervention Model (AIM) and the use of the Elder Abuse Instrument (EAI). The goal of this training is to educate ED staff, receive feedback and evaluate the effectiveness of the curriculum so that revisions can be made before it is implemented hospital and/or system wide. CREA and Baptist have engaged the services of expert Dr. Laura Mosqueda MD, FAAFP, AGSF, Chair of the Department of Family Medicine, Professor of Family Medicine and Geriatrics, Associate Dean of Primary Care at Keck School of Medicine of USC and President of the National Center on Elder Abuse, to collaborate in the development of this curriculum. They have also interviewed and/or collaborated with area experts, such as the UT Forensic Science Center, Dr. Robert Burns, Baptist legal, Baptist risk management, Baptist Memory Care Center, Baptist EPIC one care, Memphis Fire Department, APS, and the Memphis Police Department, to gather information on best practices and community responses, which are included in the curriculum. They have conducted one 6 hour feedback session, one 2 hour feedback session and presented this curriculum to the Unit Based Safety Committee at Baptist Memphis over a 3 month period. The feedback was overwhelming positive and based on survey results the initial 6 hour content has been revised to 3 hours.

NAPSA Presentation Executive Summary

Elder Abuse Curriculum Summary and Overview

August 31, 2016

Attached is an outline of the content that will be taught in a proposed 3 hour live training session, which will be required by all ED staff. The training technique used will follow the Train the Trainer (TOT) model. Their plan is to target the Acute Nurse Clinicians and Clinical Resource nurses on each unit and train them as super users. These super users will be trained on the curriculum as well as on how to train the end users. The super users will assist in the 3 hour trainings and act as support agents during the pilot. To ensure that the model is interactive, case studies, videos and prompts for feedback are included throughout the training.

They will measure effectiveness of the curriculum by using principles from widely used Kirkpatrick-Phillips Model for measuring training success:

- Level 1 Satisfaction- Post participant evaluation forms.
- Level 2 Learning- Interactive case study role play, simulation and demonstration.
- Level 3 Impact- Pre and Post Surveys. Immediately before training, immediately after training and 1-6 months post training (evaluated through observation).
- Level 4 Results- APS data (increase in APS reports), CREA data (increase in CREA referrals), screening and assessment of elder abuse (100% compliance in documentation)
- Level 5 ROI-Will consult with ED management.

We have partnered with copy editor Rebekah Olsen to assist in producing curriculum power point modules, written material such as instructor and participant manuals. Once final drafts are complete, all documents will be transferred to Baptist in both .doc and .pdf form to Drop box. This will allow for future edits and revisions as the program develops and grows.

This workshop will review the development of CREA, the process of designing and implementing the elder abuse curriculum, and discuss lessons learned as well as offering a glimpse of early outcomes.

NAPSA Presentation Executive Summary

Elder Abuse Curriculum Summary and Overview

August 31, 2016

Curriculum Outline

Elder Abuse Identification, Assessment and Response:

A Multidisciplinary Approach

Part I: Identifying and Assessing Elder Abuse

1. Identification & Assessment
    a. TN laws and reporting requirements
    b. Statistics and frequency of abuse
    c. Types of Abuse
        i. Physical
        ii. Sexual
        iii. Emotional
        iv. Financial
        v. Neglect / Self-neglect
    d. Assessment
        i. Usual and common changes
        ii. Evaluating functional status
        iii. Vulnerabilities in elders
        iv. Interviewing practices and guidelines
    e. Identification
        i. Warning signs
        ii. Physical examination
            1. Includes photos and case examples
        iii. Laboratory evidence

Part II: Cognition & Capacity

2. Cognition & Capacity
    a. Memory

i. Definition of memory and normal memory loss
ii. Case Study

b. Capacity
   i. Definition of capacity
   ii. Assess for capacity

c. Cognition
   i. Definition of cognition
   ii. Discrepancies between cognition and capacity
   iii. Discrepancies between cognition and decision making

d. Dementia
   i. Criteria for dementia

e. Vulnerability to abuse

f. Ways to evaluate / assess
   i. Includes interactive exercise

Part III: Abuse Intervention Model

3. Abuse Intervention Model (AIM) : Brining it all together
   a. AIM model introduction; explanation of tool
   b. How to use in medical setting
   c. Interactive case study

Part IV: Responding to Elder Abuse / Process Tools

4. Response
   a. Medical Team Response
      i. Screening
         1. Screening in the hospital
         2. Joint Commission standard
         3. Baptist policy
      ii. Notification
      iii. Documentation / Photography
   b. Social Work response
      i. Elder abuse assessment
      ii. Interventions
      iii. CREA response

Part 5: Summary and Conclusion

5. Final Case Study

Supporting Senior Victims Through A Coordinated Response: Aligning Medical Policies and Practices

Katie Midgley, Plough Foundation
Ferrell Moore, RN, Baptist Memorial Hospital Memphis
Laura Brown, LMSW, Baptist Memorial Hospital Memphis

CREA

Coordinated Response to Elder Abuse

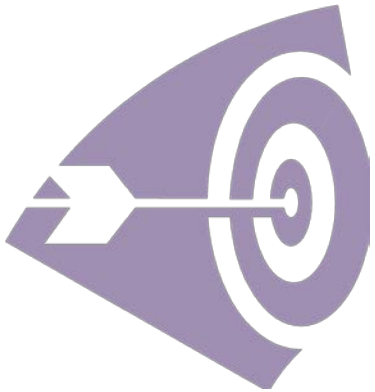
PLOUGH FOUNDATION

Introduction

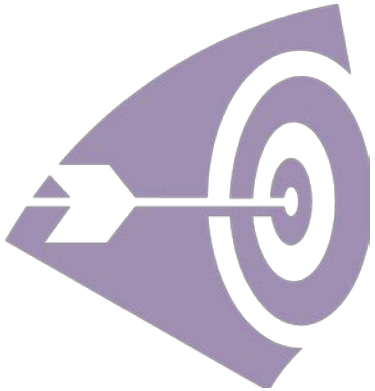
- In 2014, Adult Protective Services investigated approximately **9,644 reports** of abuse, neglect and exploitation of vulnerable adults.
- Studies have estimated that between **1 in 14** and **1 in 23** cases of elder abuse **never get reported**.

This Workshop Will Review:

- The development of CREA
- The process of designing and implementing the elder abuse curriculum
- Discuss lessons learned
- Offer a glimpse of early outcomes



The Development Of CREA



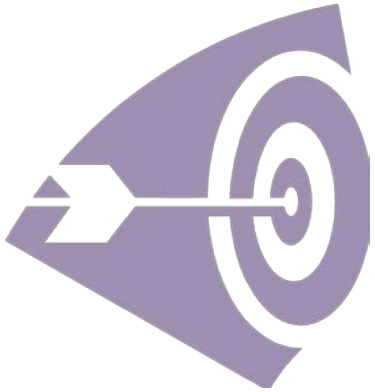
CREA

Coordinated Response to Elder Abuse

Memphis and Shelby County

CREA Overview

To support and improve the protection of older adults in Shelby County by providing a coordinated community response to elder abuse.



What CREA is

100% funded by Plough Foundation
$3.45 MM over 3 years

Coordinated Community Response ***AND*** a Multi-Disciplinary Team

Resources for :

- Law Enforcement
- District Attorney
- **Adult Protective Services**
- Local/State Government

Key Drivers

Coordinated Community Response & Multi-Disciplinary Team

Timely, Coordinated & Efficient Victim-Centered Services

Criminal and Civil Legal Proceedings with Collaboration

Public Awareness, Education and Institutional Training

Build, Share and Sustain a Data System for Victim-Centered Decision Making

CREA Partners

Grant Funded Partners
Ave Maria Home - *ALF Emergency Placement, Adult Day Care, Non-Medical Home Care, SNF Placement*
Meritan - *Non Medical Home Care, Foster Care, 24/7 response Nurse/Doctor, Medical Equipment*
Community Legal Center Elder Law Attorney – *conservatorships, powers of attorney*
Memphis Area Legal Services Staff Attorney -- *orders of protection, divorces, other types of legal representation*
Crime Victims Center - *After Hours Senior Victim Advocate, group counselor, additional part-time victims advocate*
Aging Commission of Mid-South -*Conservator, volunteer coordinator*
Family Safety Center - *Case Managers, Intake Coordinator*
Baptist Memorial Health Care - *Nurse SW/Curriculum*
RISE Foundation- *Silver Neighbors and financial institution training*
USC Keck School of Medicine - *Health Care Curriculum*
CoactionNet – *Database provider*

Medical

Best Practices:

- ✓ 24/7 response;
- ➢ Knowledge of older abuse victims/forensic nursing;
- ✓ Home and shelter visits;
- ✓ Referrals and support for ongoing medical care;
- ➢ Therapeutic and psychological support;
- ➢ Documentation for legal;
- ✓ Reimbursement from insurance for medical care;
- ✓ Data Collection.

Questions?

Designing and Implementing The Elder Abuse Curriculum

CREA

Coordinated Response to Elder Abuse

PLOUGH FOUNDATION

The Elder Abuse Curriculum

Elder Abuse:

Identification, Assessment and Response

A Multidisciplinary Approach

CREA

Coordinated Response to Elder Abuse

PLOUGH FOUNDATION

The Elder Abuse Curriculum

Purpose Of Training

- Educate medical staff on how to assess, identify and respond to elder abuse
- Receive feedback and evaluate the effectiveness of the curriculum
- Implement to hospital system wide
- Share with surrounding area hospitals

The Elder Abuse Curriculum

Why hospital curriculum?

- Cases may present to the medical setting for injury / illness that may or may not have resulted from abuse
- Patient / healthcare professional transparency
- Lack of education / training in the medical community

The Elder Abuse Curriculum

Content Development

- Parts I-III base content
- Part IV customized to Baptist Healthcare policies and procedures

Part I

Identification and Assessment

Introduction

The purpose of this course is to:

- Educate on Tennessee elder abuse laws and statistics
- Educate on the types of elder abuse
- Educate on those that abuse
- Educate on how to assess the elder adult
- Educate on how to identify abuse in the elder adult

Overview

- Tennessee Law & Statistics
- Types Of Abuse
- Those That Abuse
- Assessment
- Identification

Part II

Capacity and Cognition

Introduction

The purpose of this course is to:

- Educate on how to assess for cognitive functioning
- Educate on how cognitive deficits may effect vulnerability of the older adult to abuse
- Bring awareness to the growing epidemic of dementia & Alzheimer's disease.

Overview

- Memory
- Capacity
- Cognition
- Dementia
- Abuse

Part III

Abuse Intervention Model (AIM)

Introduction

The purpose of this course is to:

- Introduce and define the AIM Model
- Educate on how to use the AIM model to identify modifiable risk factors of elder abuse in a medical setting
- Practice the use of the AIM model in a case study

Overview

- What is AIM
- Using the AIM
- Case Studies

Part IV

Response

Introduction

The purpose of this course is to:

- Educate on how to screen adults 60 years or older for abuse
- Educate on how to respond to suspected abuse of an adult 60 years or older
- Educate on the Coordinated Response to *Elder Abuse*

Overview

Medical Team Response

- Screening
- Notification
- Documentation/Photography

Social Work Response

- The Elder Abuse Assessment
- Interventions

CREA Response

The Elder Abuse Curriculum

Training Pilot

- Mandatory 3 hour live training sessions
- Train the Trainer (TOT) model
- Interactive, case studies, videos and prompts for feedback are included throughout the training

The Elder Abuse Curriculum

Deliverables

- Modular design power points
- Instructor & Participant Manual
- Evaluation Forms

The Elder Abuse Curriculum

Evaluation

- Level 1 Satisfaction- Post participant evaluation forms
- Level 2 Learning- Interactive case study role play, simulation and demonstration.
- Level 3 Impact- Pre and Post Surveys

  -Immediately before training

  -Immediately after training

  -1-6 months post training (evaluated through observation)
- Level 4 Results

  - APS data (increase in APS reports)

  -CREA data (increase in CREA referrals)

  -Screening and assessment of elder abuse (100% compliance in documentation)

The Elder Abuse Curriculum

Implementation

- Baptist Memorial Healthcare System
- Memphis Area Hospitals

Lessons Learned

- Staff transitions can impact the collaborative…
- Need is so great (housing)
- Clients can be difficult to work with!
- Relationship building is key

Glimpse Of Early Outcomes

- CREA has served almost 400 seniors
- Health screenings of CREA individuals are positive
- Partner organizations believe CREA is valuable
- CREA clients are making progress toward identified goals

Summary

Questions

ELDER ASSESSMENT INSTRUMENT (EAI)

Purpose: To be used as a comprehensive approach for screening suspected elder abuse victims in all clinical settings.

Instructions: There is no "score" for this instrument. A patient should be referred to social services if the following exists: 1) if there is any positive evidence without sufficient clinical explanation, 2) whenever there is a subjective complaint by the older adult of elder mistreatment, or 3) whenever the clinician deems there is evidence of abuse, neglect, exploitation, or abandonment.

1. General Assessment	**Very Good**	**Good**	**Poor**	**Very Poor**	**Unable to Assess**
a. Clothing					
b. Hygiene					
c. Nutrition					
d. Skin integrity					
Additional Comments:					
2. Possible Abuse Indicators	**No Evidence**	**Possible Evidence**	**Probable Evidence**	**Definite Evidence**	**Unable to Assess**
a. Bruising					
b. Lacerations					
c. Fractures					
d. Various stages of healing of any bruises or fractures					
e. Evidence of sexual abuse					
f. Statement by older adult related to abuse					
Additional Comments:					
3. Possible Neglect Indicators	**No Evidence**	**Possible Evidence**	**Probable Evidence**	**Definite Evidence**	**Unable to Assess**
a. Contractures					
b. Decubiti					
c. Dehydration					
d. Diarrhea					
e. Depression					
f. Impaction					
g. Malnutrition					
h. Urine Burns					
i. Poor hygiene					
j. Failure to respond to warning of obvious disease					
k. Inappropriate medications (over/under)					
l. Repetitive hospital admissions due to probable failure of health care surveillance					
m. Statement by older adult related to neglect					
Additional Comments:					

4. Possible Exploitation Indicators	**No Evidence**	**Possible Evidence**	**Probable Evidence**	**Definite Evidence**	**Unable to Assess**
a. Misuse of money					
b. Evidence					
c. Reports of demands for goods in exchange for services					
d. Inability to account for money/property					
e. Statement by older adult related to exploitation					
Additional Comments:					
5. Possible Abandonment Indicators	**No Evidence**	**Possible Evidence**	**Probable Evidence**	**Definite Evidence**	**Unable to Assess**
a. Evidence that a caretaker has withdrawn care precipitously without alternate arrangements					
b. Evidence that older adult is left alone in an unsafe environment for extended periods of time without adequate support					
c. Statement by older adult related to abandonment					
Additional Comments:					
Summary	No Evidence	Possible Evidence	Probable Evidence	Definite Evidence	Unable To Assess
Evidence of Abuse					
Evidence of Neglect					
Evidence of Exploitation					
Evidence of Abandonment					
Additional Comments:					

Comments: _____
_____

Fulmer, T. (2003). Elder abuse and neglect assessment. *Journal of Gerontological Nursing, 29*(6), 4-5.
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Coordinated Community Response Model to Elder Abuse

Communication Center

Law Enforcement LE
911
24 hr. operator receives information and dispatches police

Adult Protective Services APS
1-888-APS-TENN
Receives information.

ElderLifeLine
901.CRISIS7
Receives information.

Family Safety Center FSC
24hrs hotline: **222-4400**
Receiving referrals from Victim Advocate or MOU partners

sends a 1215 referral form

IF NEED FOR SERVICE: contact FSC

IF EMERGENCY: refer to LE

IF NON-EMERGENCY: contact FSC

LE reports to APS

For cases not originating from APS, all cases are dually reported to APS

Every case has to eventually make it to FSC for the assignment of a CC. !

Emergency Response

Law Enforcement LE

Assesses situation for safety, possible arrest of perpetrator, interviews applicable parties, determines needs of emergency medical services, calls for emergency medical transportation

Ambulance Services

Medical transportation to hospital for emergency room services.

Crime Victim Center CVC
901-222-3950

Victim Advocate VA

24/7 response, assessment in person

- Assesses situation on-scene (or at the location of the older adult) with law enforcement for safety, support, and necessary service referrals if services are desired
- Gathers intake and release of info. forms
- Refers to FSC for coordination of care
- Coordinates transportation to other services

24/7

Healthcare Services | **Housing Services**

Meritan **(766-0600, Ext. 5, for after hours)**
24/7 housing and in-home health care determination

Non-Emergency Response

Family Safety Center FSC
901-222-4400

Elder Care Coordinator CC

- Makes referral to APS if case is not received from APS
- Makes referrals to
  Law Enforcement: **(545-COPS)**
  or Shelby County Sheriff's Office **(379-7625)**
  Advocacy: CVC **(222-3950)**
  Housing: Meritan **(766-0600)**
  Legal: Memphis Area Legal Services **(523-8822)**
  or Community Legal Center **(543-3395)**
  Healthcare: Meritan **(766-0600)**
- Keeps track of all services and potential gaps in care
- Coordination of services and treatment planning
- Provides case management to all cases and continues to use the EAI to assess progress
- Receives all the action plans from all providers to develop a comprehensive treatment plan for each client
- Communicates with director of CREA

Mon-Fri 8am-4:30pm

Coordinated Community Response Model to Elder Abuse

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24/7

Healthcare Services | **Housing Services**

Meritan
24/7 housing and in-home health care determination

Non-Emergency Response

Family Safety Center FSC

Elder Care Coordinator CC

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- Makes referrals to
  Law Enforcement: 911
  or Shelby County Sheriff's Office
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  Housing: Meritan
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Mon-Fri 8am-4:30pm

COORDINATED RESPONSE TO ELDER ABUSE (CREA)

A Major Initiative of The Plough Foundation

KEY TALKING POINTS

ABOUT CREA

CREA (Coordinated Response to Elder Abuse) is a comprehensive, around-the-clock, community-wide response to elder abuse in Memphis and Shelby County.

CREA is made up of two dozen governmental and nonprofit partners working together to align their services, policies, and procedures in order to provide the strongest possible interventions and services to seniors who are victims of abuse.

Guided by the National Center on Elder Abuse, CREA defines elder abuse as the neglect, self-neglect, physical, sexual, emotional or financial abuse of an adult age 60 or older.

Nationwide, elder abuse is a large and growing problem. As many as one in five seniors will be a victim of abuse. An overwhelming number of abuse, neglect, and exploitation cases will go undetected and unaddressed each year.

CREA is made possible thanks to a three-year, $3.45 million grant from the Plough Foundation.

CREA partners share a commitment to protecting the privacy and confidentiality of seniors who are potential victims of abuse. These partners have been trained on confidentiality and privacy by national experts.

ABOUT CREA CLIENTS AND THEIR NEEDS

» A year and a half into service provision, CREA has already served 340 seniors, helping to ensure their safety and well-being.

» The principal types of abuse suffered by CREA victims are self-neglect, neglect, financial abuse, and physical abuse. Reports of self-neglect constitute 28% of cases, followed by neglect (23%), physical (20%), and financial (20%) abuse. Emotional abuse is also a reported category.

» The primary types of services provided through CREA are health-related services, followed by legal services, and those related to housing.

KEY CREA OUTCOMES

» Sixty-one percent of CREA clients who have identified goals with their care coordinator have either achieved (26%) or report making progress toward (40%) those goals.

» Health screenings of CREA clients indicate that these individuals have an improved ability to function and improved quality of life

» Partner organizations believe that CREA is valuable, effective, and efficient.

» A conservative estimate places the value of services provided by CREA to the community at $8.97 million, 2.6 times the investment made by the Plough Foundation.

TENNESSEE IS A MANDATORY ELDER ABUSE REPORTING STATE

By law in Tennessee, everyone is a mandatory reporter. If you think an older adult is being abused, you are required to report your concerns.

In an emergency, always call 911 first.

For suspicions of -- or other reports of -- abuse, call 1.888.APS.TENN or 1.888.277.8366.