Telling the Story of Adult Protective Services through the Identification, Services, and Outcomes (ISO) Matrix

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Assistant Professor
Acknowledgement

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Research Team

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• Madelyn Iris, Ph.D., Associate Professor, Northwestern University
Adult Protective Services (APS) “Outcomes”

- Past studies define the following as APS outcomes:
  - Positive versus negative case closure reasons (Goodrich, 1997)
  - Confirmed or substantiated decisions (Payne & Gainey, 2005; Conrad, Iris, & Liu, 2017)
  - Risk reduction or discontinuation (Wangmo et al., 2014; Jackson & Hafemeister, 2012; Roberto & Teaster, 2005; Roberto, Teaster, & Nikzed, 2007)
  - Referral to court or criminal justice (Gassoumis, Navarro, & Wilber, 2015; Navarro, Gassoumis, & Wilber, 2013; Wood et al., 2014)
APS Outcomes in This Project

- ANE risk/harm reduction as the result of APS intervention
- Abuser risk reduction as the result of APS intervention
- Include factors mentioned in the literature that might impact effectiveness of APS intervention
  - Intervention availability
  - Client’s level of engagement
  - Forensic center involvement
  - Consenting client or not
Hypothesis

• Reduction of risk/harm of abuse, and abuser risk, will be associated with services provided. Comparing client’s data collected by caseworkers during case investigation (before service delivery) and at case closure (after service delivery) by each type of abuse.
Methods

• San Francisco and Napa APS in California
  • San Francisco: 37 caseworkers (7 units), urban and suburban
  • Napa: 5 caseworkers (1 unit), suburban and rural

• Training caseworkers & programming assessments tools

• Six-month data collection
  • Identification, Services, and Outcomes (ISO) Matrix from the Elder Abuse Decision Support System (EADSS) Short Form (Beach, Liu, DeLiema, Iris, Howe, Conrad, 2017; Conrad & Conrad, 2019)
  • User experience
Identification, Services, and Outcomes (ISO) Matrix

• **(I)nvestigation**
  - Administer EADSS Short Form to investigate abuse
  - Determine level of harm: in crisis, vulnerable, or no evidence of harm

• **(S)ervice Plan**

• **(O)utcomes**
  - Re-administer EADSS Short Form
  - Determine level of outcomes
    - In crisis
    - Vulnerable
    - Stable
    - Safe
    - Thriving
Demographics

- 2,063 clients
  - 1,472 older than 65
  - 591 between 18-64
- 54% female
- 47% single, 23% partnered, 21% widowed, 10% separated/divorced
- 45% White, 22% Asian, 18% Black, 11% Hispanic, 3% other
- 79% speaks English
- 30% received In-Home Supportive Services
- 43% lives alone, 29% with others, 11% with abuser, 17% unknown
APS Outcomes:
Differences between Pre- and Post-Tests

T-Test Statistics: Comparing Scores during Case Investigation versus at Case Closure by Type of Abuse

- Self-neglect (6 items) p<.001
- Neglect (7 items) p<.001
- Emotional Abuse (11 items) p<.001
- Isolation (4 items) p<.001
- Physical Abuse (3 items) p=.268
- Sexual Abuse (6 items) p<.001
- Financial Abuse (11 items) p<.001
- Abandonment (2 items) p=.011
- Abduction (2 items) p=.275
- Abuser Risk (9 items) p<.001

Legend:
- Blue: Risk during Case Investigation
- Orange: Risk at Case Closure
APS Outcomes: 65+
Differences between Pre- and Post-Tests

T-Test Statistics: Comparing Scores during Case Investigation versus at Case Closure by Type of Abuse

- Self-neglect (6 items): p<.001
- Neglect (7 items): p<.001
- Emotional Abuse (11 items): p<.001
- Isolation (4 items): p=.752
- Physical Abuse (3 items): p<.001
- Sexual Abuse (6 items): p<.001
- Financial Abuse (11 items): p<.001
- Abandonment (2 items): p=.003
- Abduction (2 items): no p value
- Abuser Risk (9 items): p<.001
APS Outcomes: 18-64
Differences between Pre- and Post-Tests

T-Test Statistics: Comparing Scores during Case Investigation versus at Case Closure by Type of Abuse

- Self-neglect (6 items): p<.001
- Neglect (7 items): p<.001
- Emotional Abuse (11 items): p=.104
- Isolation (4 items): p=.281
- Physical Abuse (3 items): p=.001
- Sexual Abuse (6 items): p=.021
- Financial Abuse (11 items): p=.012
- Abandonment (2 items): p=.276
- Abduction (2 items): p=.012
- Abuser Risk (9 items): p=.002

Risk during Case Investigation
Risk at Case Closure
## APS Effective Services: Original Results

<table>
<thead>
<tr>
<th>NAMRS # / Service Category</th>
<th>SN</th>
<th>Neglect</th>
<th>Emotional</th>
<th>Isolation</th>
<th>Physical</th>
<th>Sexual</th>
<th>Financial</th>
<th>Aband</th>
<th>Abduct</th>
<th>Abuser Risk</th>
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<td>Client Engagement</td>
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<td>Service Availability</td>
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<td>1. Care/Case Management Services</td>
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<td>2. Caregiver Support Services</td>
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<td>3. Community Day Services</td>
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<td>4. Education, Employment, Training Services</td>
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<td>5. Emergency Assistance and Material Aid Services</td>
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<td>6. Financial Planning Services</td>
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<td>7. Housing and Relocation Services</td>
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<td>8. In-home Assistance Services</td>
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<td>9. Legal Services</td>
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<td>10. Medical and Dental Services</td>
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<td>11. Medical Rehabilitation Services</td>
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<td>12. Mental Health Services</td>
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<td>13. Nutrition</td>
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<td>14. Public Assistance Benefits</td>
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<td>15. Substance Use Services</td>
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<td>16. Transportation</td>
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<td>17. Victim Services</td>
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<td>18. Other Services</td>
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</table>
Other Analyses in Progress

- Correlation between types of abuse
- ISO items that are predictive of each type of abuse
- Substantiation decision in relation to ISO Matrix pre-test scores
## Co-Occurrence of Abuse Types

If this occurs... | These are also likely to have occurred *(Most Likely to Less Likely)*
---|---
Self-Neglect | Neglect by Others
Neglect by Others | Self-Neglect, Financial, Emotional, Abandonment, Isolation, Physical
Emotional | Physical, Financial, Self-Neglect, Neglect by Others, Isolation
Isolation | Emotional, Self-Neglect, Neglect by Others, Financial, Physical
Physical | Emotional, Self-Neglect, Financial, Isolation
Sexual | Emotional, Self-Neglect, Physical, Financial, Neglect by Others, Isolation
Financial | Emotional, Self-Neglect, Neglect by Others, Physical
Abandonment | Neglect by Others, Self-Neglect, Emotional, Financial, Isolation
Abduction | Neglect by Others, Self-Neglect, Emotional, Financial, Isolation
ISO Items Most Predictive of Substantiation

<table>
<thead>
<tr>
<th>Self-Neglect</th>
<th>Neglect by Others</th>
<th>Isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clt’s poor personal hygiene as</td>
<td>Clt’s poor personal hygiene as</td>
<td>Clt was denied communication or</td>
</tr>
<tr>
<td>evidenced by a noticeable odor,</td>
<td>evidenced by a noticeable odor,</td>
<td>prevented from contact with</td>
</tr>
<tr>
<td>long and dirty fingernails, etc.</td>
<td>long and dirty fingernails, etc.</td>
<td>friends, family, community</td>
</tr>
<tr>
<td>Clt lack needed medications or</td>
<td>Clt lack needed medications or</td>
<td>resources or the outside world</td>
</tr>
<tr>
<td>medical equipment (including</td>
<td>medical equipment (including</td>
<td>by visit, telephone, or internet.</td>
</tr>
<tr>
<td>eyeglasses, hearing aids, dentures,</td>
<td>eyeglasses, hearing aids, dentures,</td>
<td>Clt was confined to a single room</td>
</tr>
<tr>
<td>walkers, etc.)</td>
<td>walkers, etc.)</td>
<td>or section of the home.</td>
</tr>
<tr>
<td>Home or yard appears unsafe or</td>
<td>Home or yard appears unsafe or</td>
<td>AA was the only person Clt has</td>
</tr>
<tr>
<td>unsanitary that violates the</td>
<td>unsanitary that violates the health</td>
<td>to call for help.</td>
</tr>
<tr>
<td>safety codes (including having</td>
<td>and safety codes (including having</td>
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<tr>
<td>clutter near a heating source, or</td>
<td>clutter near a heating source, or</td>
<td></td>
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<tr>
<td>animal hoarding)</td>
<td>animal hoarding)</td>
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<tr>
<td>Clt was left alone without</td>
<td></td>
<td></td>
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<tr>
<td>adequate supervision.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychological/Emotional Abuse</th>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA manipulated or tried to control</td>
<td>AA attempted or caused Clt physical</td>
<td>AA made unwanted sexual advances</td>
</tr>
<tr>
<td>Clt.</td>
<td>injuries, either external or internal.</td>
<td>towards Clt.</td>
</tr>
<tr>
<td>Clt felt uncomfortable with AA.</td>
<td>AA attempted or completed physical</td>
<td>AA forced Clt to observe sexual</td>
</tr>
<tr>
<td>AA used nonverbal behavior such as</td>
<td>attack (including, hit, kicked,</td>
<td>activity.</td>
</tr>
<tr>
<td>shaking a fist or other</td>
<td>punched, slapped, handled roughly,</td>
<td>AA forced Clt into sexual</td>
</tr>
<tr>
<td>threatening gestures.</td>
<td>pushed, shoved, grabbed, or shaken</td>
<td>activities involving: touching,</td>
</tr>
<tr>
<td></td>
<td>Clt.</td>
<td>fondling, or oral/anal/vaginal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial Abuse</th>
<th>Abandonment</th>
<th>Abduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA felt entitled to use Clt’s</td>
<td>Clt was abandoned or left without</td>
<td>Clt was abducted or removed out</td>
</tr>
<tr>
<td>money for him/herself.</td>
<td>adequate supervision.</td>
<td>of state or restrained from</td>
</tr>
<tr>
<td>AA used Clt’s money on their own</td>
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<td>returning.</td>
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<td>behalf instead of for Clt’s</td>
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<tr>
<td>benefit.</td>
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<tr>
<td>AA took advantage of Clt to get a</td>
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<tr>
<td>hold of Clt’s resources such as a</td>
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<tr>
<td>house, car, or money.</td>
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</tbody>
</table>

17
Substantiation decision in relation to ISO Matrix scores: Self-Neglect
Thanks to San Francisco and Napa APS

- Supervisors: Kristi Guerrero (Napa), Jerome Walker (SF), Karla Wilson (SF), Gloria Wong (SF), and more
- Analyst: Ben Seisdedos (SF)
- Managers: Edith Chan-Lee (SF), Joe Cherry (Napa)
- Director: Akiles Ceron (SF)
- Deputy Directors: Kris Brown (Napa), Jill Nielsen (SF)

Special thanks to...

- Alameda County APS
- Contra Costa County APS
- Fresno County APS

- Monterey County APS
- Sacramento County APS
- Santa Cruz County APS
Many thanks to SF and Napa caseworkers!

- Alex Bueno
- Alice
- April Blas
- Cynthia Li
- Ericka Conner
- Judy Penso
- Kevin Balbona
- Lynn Rimola
- Mary Anderson
- Milfe Ramos
- Phyllis Pettus
- Regina Gibson
- Sarah Brown
- Greg Sanchez
- Julio
- Maura Guzman
- Paige Jones
- Phyllis Pena
- Pamela
- Patricia
- Sarami Xiong
- Stefany Martinez
- Todd Mangini

And more caseworkers!
Thoughts?

Email Marian: marianliu@purdue.edu
Preliminary Evidence for Use of the Interview for Decisional Ability by Adult Protective Services

Bonnie Olsen, PhD  
Professor of Clinical Family Medicine  
Keck School of Medicine of USC  
University of Southern California  
National Adult Protective Services Association Annual Conference  
August 19, 2019
The California APS Decisional Ability Training Project

- Bonnie Olsen, Ph.D.
- Theresa Sivers-Teixeira, MSPA, PA-C
- M. Christina Penate, MFT
- Yeini Guardia

Supported through funding by the Administration for Community Living Grant #90EJIG0009-01-01
IDA = Interview for Decisional Abilities

- Tool developed for APS workers to assess clients’ decision-making ability
- Interview clients about a specific risk
- Useful when clients decline services or continue to make unsafe decisions
- Results help guide APS worker/supervisor regarding case management
3-Step Semi-Structured Interview

1. **Understand:** Does the client understand the risk in general?

2. **Appreciate:** Does the client have insight into how the risk could impact themselves?

3. **Reason:** Does the client have the reasoning ability to generate alternatives and weigh pros/cons of options to address the risk?
Development of IDA:

• Based on the Assessment of Capacity for Everyday Decision-Making (ACED)
  • Jason Karlawish, MD
  • James Lai, MD
• Developed by the EA team at the NYCEAC
  • Mark Lacks, MD
  • Risa Brekman, MS
Project Goals:

✓ Train California APS workers/supervisors
✓ Spanish language version:
  IDA 3.0-CA-SP
✓ Develop evidence base for IDA 3.0-CA
✓ Increase access to professional level capacity assessments
Trainees

APS workers trained = 98

APS supervisors trained = 39

Across 36 Counties
Map of 3 Training Areas
Interrater Reliability Study

- 8 Hypothetical cases with consistent expert judgements
- 39 APS workers/sups responded to 2 cases each

Results:
- 87% accurate overall
- Cohen’s Kappa = 0.66
- Conclusion: Substantial interrater reliability
Validity Study = Randomized Control Trial

- Controls = 82
- IDA-Trained = 57

Pre-Post Survey
- Knowledge of capacity issues
- Self-reported experience (client assessment, case management, using IDA)
- Case responses (not yet analyzed)
Knowledge questions (8)

- 5 Q’s scored high at baseline so no room for improvement
- 2 Q’s about cognition improved significantly
- 1 Q stayed low, so need better training
Current Findings:

• Compared to non-trained workers, IDA-trained workers feel significantly more knowledgeable & confident.

• Also, assessing capacity doesn’t take a long time
Current Findings:

- Compared to non-trained workers, IDA trained workers feel significantly more knowledgeable & confident in determining case management next steps.
<table>
<thead>
<tr>
<th>Agree or Strongly Agree</th>
<th>Experience Using IDA</th>
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<tbody>
<tr>
<td>92%</td>
<td>Documents evidence supporting reasoning for closing a case</td>
</tr>
<tr>
<td>89%</td>
<td>Determine when to request a professional capacity assessment</td>
</tr>
<tr>
<td>92%</td>
<td>Documents need for professional capacity assessment</td>
</tr>
<tr>
<td>90%</td>
<td>More thorough in gathering info about decisional ability</td>
</tr>
<tr>
<td>85%</td>
<td>Helps workers assess decisional ability</td>
</tr>
<tr>
<td>87%</td>
<td>Learn what clients think about the risks clients face</td>
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<tr>
<td>71%</td>
<td>Improves quality of case discussion between sup/worker</td>
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<tr>
<td>4%</td>
<td>Decreases efficiency</td>
</tr>
<tr>
<td>75%</td>
<td>Improved my practice</td>
</tr>
<tr>
<td>89%</td>
<td>Provided new ideas I expect to use</td>
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<tr>
<td>67%</td>
<td>Increased my confidence in working with clients</td>
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</table>
Professional Capacity Resources

- Surveyed all APS Program Managers
- 100% response rate
- 58 counties in California
- Access to professional capacity assessment
- Funding sources
Map of Reported Access to Capacity Assessments
Map of Reported Funding for Capacity Assessments

* Plumas: Paid through county’s Behavioral Health Department
* Riverside: Both county contract funding and grants
Capacity Assessment Workshop: Capacity Issues with Older Adults
To the California APS programs

Thank you!

Program Managers
Supervisors
Workers

Keck Medicine of USC
OC Harm Reduction Initiative: The combination of Trauma Informed Care & Case Management

NAPSA Annual Conference
August 2019

This project was supported, in part, by a grant 90EJIG0013 from the Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official ACL or DHHS policy.
Background: Elder Abuse in Orange County, CA

In 2018 APS Hotline Received 21,283 calls, an increase of 4% over 2017.

APS received a total of 13,552 unduplicated reports, an increase of 106% from 2008-2018, and a 5.6% increase over 2017.

In 2018, the most common reported type of elder abuse from others was:

1. Financial
2. Neglect
3. Psychological/Mental
4. Physical
Goals and Objectives

To reduce harm for Elder Dependent Maltreatment (EDM) survivors:
  • Trauma Informed Care (TIC) with APS and Elder Abuse Forensic Center (EAFC)
  • Case management integration for EAFC clients and triaged APS clients
    • Ensure access for counseling and legal services

• Primary outcome: improved efficiency with case closure and resolution for survivors.
Goals and Objectives Cont.

- To understand the impact of the OC Harm Reduction Initiative on Client Outcomes
  - Effects of TIC on survivors who receive services by trained multidisciplinary EDM professionals, including comfort with service provider, depression, anxiety and resiliency.
- Develop and integrate TIC for APS workers and member agencies of the EAFC
- Incorporate a TIC trained social worker for case management into APS and the EAFC
- Improve access to legal services through a legal advisory committee and case management.
Trauma Informed Care (TIC)

Guidelines for survivors of abuse which helps establish a working alliance
safety
trustworthiness
peer support
mutual self-help
collaboration
empowerment
cultural issues

TIC is well known in the fields of child abuse and domestic violence, yet seldom employed in the field of elder maltreatment
• Training highly successful
  • Train the trainer model with ECHO Parenting (7 trainers)
  • Conducted 8 Training sessions with various MDT’s and APS
  • 10 TIC training sessions pending – including EAFCs nationally
  • Additional 28 requests by various agencies
  • 150+ trained

• Participants readily appreciate value of TIC for their clients
1. Adult Protective Services: TIC incorporated into APS induction training
   • 2 induction trainings a year- Spring and Fall

2. Human Options: Employing their therapeutic approach for older adults who are survivors of DV. Group therapy sessions and individual sessions.

3. Ongoing TIC training to community based organizations- including WEAAD
**Effects of TIC On Survivors**

Human Options: 1:1 counseling, group therapy

1. “I feel that my safety was a priority in the services provided to me” - 6/8 felt their safety was a priority in the services offered.
2. 8/8 respondents agreed that they "Trust those who provided me services".
3. 6/8 stated that their “input was included”.
4. 7/8 stated that “They were offered choices in the services provided me”.
5. 7/8 stated “they were asked for feedback”.
6. Almost all respondents agreed across the 16 different questions
Case Management (CM)

1. Aims to bring about more efficient, short- to mid-term resolutions
   Identifying the client’s needs determined by EAFC discussion
   Preserving the client’s safety
   Attention to social determinants

2. Developing ideal processes for referral to case management

3. Evolution of APS database to track outcomes of EAFC Case Management:
   CM vs non-CM
Case Management Referral Process

Case is presented at EAFC

Need for CM will be determined by the EAFC TEAM

Approved

CM Services Attached

CM and Referring agency conduct "Warm-handoff"

Denied

CM Services Attached

Referring Agency Completes EAFC Referral Form

Other services/resolutions are explored

Case Presented at EAFC for case closure

CM and Referring agency conduct "Warm-handoff"

Presented at EAFC for regular updates

Direct Case Management Request

Need for CM is determined by EAFC Assistant Director and APS Supervisor

Approved

CM Services Attached

Need for CM and Referring agency conduct "Warm-handoff"
Case Management Outcomes

Cases to date: 39
Total number of cases that accepted CM Services: 24
Direct CM Referrals: 4
Current Open Cases: 10
Cases Closed: 29
Cases extended past 3 months: 8
2018 Referrals: 15
2019 Referrals: 24

Services offered: Housing, legal services, income/benefits assistance, safety referral, financial referral, advocacy, transportation, mental health services, older adult care education, resource referral, and case monitoring.
Case Management: Interviews

So far we have done interviews with OC HRI key staff and partners: N=8

Key themes of the interviews include:
• Case Management helps clients get services they would not have before.
• Case Management reveals more client needs that they would not have been caught so early.
• Improving case management means getting more of it. [VLB interpretation: the quality and the quantity of elder abuse require more case management]
• It took some time to get folks aware that the service was available.

There is a need for CM services in the county according to our interviews.
Case Management Services Requested

**Need to update data**

<table>
<thead>
<tr>
<th>Abuse documented by case manager</th>
<th>Housing</th>
<th>Legal Services</th>
<th>Income/ Benefits Assistance Referral</th>
<th>Safety Referral</th>
<th>Financial Referral</th>
<th>Case Monitoring Referral</th>
<th>Older Adult Care Education Referral</th>
<th>Advocacy</th>
<th>Referrals/Resources Linkages</th>
<th>Transportation</th>
<th>Mental Health Services</th>
<th>Total number of services requested or recommended</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Emotional</td>
<td>10</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>38 (137)</td>
<td>2</td>
</tr>
<tr>
<td>Financial</td>
<td>17</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>9</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>9</td>
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<td>6 (58)</td>
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<td>Isolation</td>
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<td>1</td>
<td>1</td>
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<td>1</td>
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<td>0</td>
<td>1 (8)</td>
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<tr>
<td>Neglect</td>
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<td>3</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>2 (36)</td>
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<tr>
<td>Physical</td>
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<td>1</td>
<td>4</td>
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<td>4</td>
<td>10</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>7</td>
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<td>4</td>
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<td>Other</td>
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<td><strong>Total Abuses Documented</strong></td>
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</tbody>
</table>

Note that cases sometimes had multiple types of reported abuse as well as multiple services requested or recommended.

Example of interpretation:
Interpretation by Abuse Type: Of the 10 cases that were reported to have experienced Emotional Abuse, 5 received housing referrals; total of 38 referrals made.

Of the 18 cases of self-neglect, 63 referrals were made.

Interpretation by Service Requested or Recommended:
Of the 15 referrals made for housing, 8 of the referrals were made for people who were reported to have experienced self-neglect.
What is Goal Attainment Scaling (GAS)?

- A client-centered or “clinometric” measure of client change (or change in case status) over the course of intervention

- Each case is assessed on a different, individualized set of goal items.

- Goals are established that reflect the client’s objectives and construction of success.

- Summary score is transformed into a standardized t-score for comparison across cases
GAS Outcomes

We found that over all there was an increase in terms of Safety and a Decrease in terms of Risk Re-victimization.

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
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</thead>
<tbody>
<tr>
<td>N</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Safety Score</td>
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<tr>
<td>N</td>
<td>13</td>
<td>13</td>
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<tr>
<td>Risk of Recidivism Score</td>
<td>8.78</td>
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</table>

Scale 1 -10
Legal Services

Surveyed legal, law enforcement, judicial, or related services in Orange County to gauge perspectives on the need of elder and dependent adults that are survivors of abuse.

**Barriers to legal services:**
- 64.3% (n = 18) reported lack of client transportation or mobility to access legal services
- 64.3% (n = 18) reported a lack of follow through by client
- 53.6% (n = 15) reported a lack of access to or literacy in technology
- 50% (n = 14) reported challenges due to homelessness
- 42.8% (n = 12) reported quantity – not enough supply for the demand
- 32.1% (n = 11) reported language barriers between clients and legal service provider

**Barriers to judicial services:** At least half of respondents said that the top barriers for their clients include:
- Client transportation and mobility (62.5%)
- Lack of follow through by client (54.2%)
- Access to or literacy in technology (41.7%)
- Judicial services timelines are unclear (41.7%)
Barriers to law enforcement services
• 59.3% (n = 16) reported a lack of sensitivity to aging population
• 44% (n = 12) of respondents said that their clients face language barriers and ineffective communication
• 41% (n = 11) of respondents said that there is not enough law enforcement capacity to respond to client needs, and that a lack of follow through by client

***More than half of respondents explained that client lack of follow through was linked to indecision by client because of fear, fear of consequences to abuser and self, and the lack of support to make changes as well as the shame of being a victim of abuse.
Improving Legal Services

1. Partnered with Yellow Cab to provide taxi-vouchers to clients' transportation needs
2. Forensic Accountant
3. Discussion with Probate Judge about the lack of judicial accessibility in South County- Filing window
4. Awareness to county legal associations.
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