

ADULT
PROTECTIVE
SERVICES

ANNUAL REPORT

APS 2018

COUNTY OF SANTA CLARA

SOCIAL SERVICES AGENCY

Aging is all about Living!

Did you know that 75% of people between the ages of 57-85 engage in one or more social activities every week?

Did you know that 33% of Americans reported being “very happy” at age 88, versus 24% of those ages 18-20?

And while the statistics about the increasing aging population nationwide, statewide and in Santa Clara County are staggering we know and appreciate that older adults provide knowledge, experience, stability, engagement, and culture to the county and society as a whole.

The County of Santa Clara is considered the heart of Silicon Valley, and we are known as a region that is trend-setting, creative, and forward-thinking. In terms of aging services, we have made great strides in supporting the aging process. The Seniors’ Agenda is great example of community collaboration for the aging population, as an Age-friendly community. However, greater public awareness and events are needed.



To support the engagement of the community, DAAS-APS was proud to sponsor its 4th annual World Elder Abuse Awareness Day (WEAAD) event in June 2018. WEAAD was launched on June 15, 2006 by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations (UN) as an opportunity for communities around the world to promote a better understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic, and demographic processes affecting elder abuse and neglect.

The County of Santa Clara WEAAD event was held at San Jose City Hall, on Friday June 15, 2018, with 115 attendees, including elected officials Supervisor Dave Cortese, City of San Jose Vice Mayor Magdalena Carrasco, and Assemblyman Ash Kalra.

The keynote speaker, Dr. Philip Choe, Associate Program Director Stanford/VA Palo Alto Geriatric Medicine Fellowship Program, gave a presentation titled “Understanding the Challenges of Self-Neglect.” In addition, a panel of representatives from COVIA, Friends of Meals on Wheels, LGBT Wellness of Family and Children Services, and Institute on Aging discussed programs to combat social isolation of homebound older adults.

The WEAAD event is also an opportunity for APS to recognize a community partner or agency for their help in tackling not only the broad issues of abuse or neglect but also fundamental issues such as poverty. REACH Ministries of San Jose Open Bible Church was honored this year for their contributions. REACH Ministries is comprised of volunteers who aim to “reach back” into the community where there is a need. Among their other work, REACH has been providing APS clients with items such as nutritional supplements, incontinence supplies, as well as hygiene and household products since 2015.



The time is now, to focus on public awareness, prevention, early intervention, and collaborative practices to create new opportunities and approaches to the concepts of aging in place. This is greatly needed to de-fragment aging services. As with any public health challenge, no one can single-handedly stop elder abuse. It will take all of us working together to build a community in which people of all ages are safe and supported. The County and community need to prioritize taking a stand to end the human tragedy of elder abuse and a sustained commitment to publicly support and advance the needs of aging constituents.

Some areas where this is possible include:

- 1) A commitment to an annual planned investment in the APS workforce, by utilizing flexibility in funding streams, such as realignment funds;

- 2) Create pathways and incentives for the professional development of APS social work staff to obtain social work licensure for the utilization of higher levels of claiming and reimbursement rates;
- 3) Develop a county Elder and Dependent Adult Docent program for aging services and to provide outreach and education to the community;
- 4) Create incentives for public/private partnerships to develop access to tech/internet services for all by creating an Elder and Dependent Adult technology hub and drop in center with classes and instruction;
- 5) Invest in a fully staffed older adult mental health team, with the Behavioral Health Department to support Elders and Dependent adults in the community;
- 6) Create a curriculum of awareness and education training to medical health care providers regarding Elder and Dependent Adult abuse;
- 7) Develop risk screenings tools for medical/ health care providers to identify prevention opportunities and early intervention; and
- 8) Develop supportive housing resources specifically for Elders and Dependent Adults, similar to the mental health patch.

Adult Protective Services Program Overview

The County has also been fortunate to have progressive and forward-thinking leaders and public officials that championed the Social Services Agency response to reports of elder and dependent adult abuse in 1978. This is well before the California Elder and Dependent Adult Civil Protection Act (EADACPA) was passed in 1982, which outlined protections for these vulnerable populations from abuse and neglect by enacting mandatory reporting laws for elder and dependent adult abuse.

Throughout the history of the APS program in Santa Clara County, the Social Services Agency, County leadership and the Board of Supervisors have demonstrated a thoughtful, progressive and extremely supportive relationship to the mission and goals of the APS program.

Elder and Dependent Adult abuse is a critical public health issue. According to the Administration on Community Living, abuse survivors report higher rates of depression. They often withdraw from social interactions, and many blame themselves, which results in shame and silence, magnifying these effects. They also have higher rates of hospitalization and institutionalization, at an estimated annual cost to our nation's healthcare system of \$5.3 billion. They are three times more likely to die prematurely.

Elder abuse intersects other public health concerns as well. For example, social isolation is associated with many negative health outcomes and also increases the risk of abuse. A decline in cognitive health increases risk as well, adding an additional facet to the challenges associated with the growing numbers of people with Alzheimer's disease.

Elder abuse also overlaps with the opioid crisis. The conditions that prescription opioids are used to treat are more prevalent in older adults, making their medicine cabinets a target for theft. Addiction can drive family members to target the life savings of vulnerable elders to pay for drugs and to become violent if denied.

Abuse is indiscriminate and is a factor in all socio-economic status levels, and communities. However, it is all too common to hear elder and dependent adult abuse victims being blamed for the abuse they experience and are called “stubborn,” “difficult,” or that they “did not plan for retirement,” or make “better” decisions. While some of these assumptions may be true, it doesn’t change the fact that no one should have to live in an abusive situation. Elder and Dependent adult abuse is a systemic problem that is a result of many factors, including changes in health. However, unlike Intimate Partner Violence and Child Abuse there is still no federal mandate or funding stream to support APS programs nationwide. Consequently, public awareness is low and the APS program is more vulnerable than other programs to limits on staffing levels and the ability to provide services in the community.

In California, APS programs are mandated by the California Welfare and Institutions Code, and are a critical safety program that provide services for victims of abuse for two populations: Elders (residents of California age 65 and older) and Dependent Adults (residents of California aged 18-64 with disability who are unable to advocate for themselves and make their own decisions).

The County of Santa Clara Adult Protective Services program complies with State mandates and offers an emergency response program that provides in-person response, 24 hours per day, seven days per week, to reports of abuse of elders and dependent adults. APS staff is available for the purpose of providing immediate intake or intervention, or both, to new reports involving immediate life threats and to crises in existing cases. The APS program has policies and procedures to accomplish all of the following:

- 1) Provision of time limited case management services to reported victims of abuse that include investigation of the protection issues; assessment of the person’s concerns, needs, strengths, problems, and limitations; stabilization and linking with community services; and development of a service plan to alleviate identified problems utilizing counseling, monitoring, follow-up, and reassessment;
- 2) When resources are available, coordination of emergency shelter or in-home protection to guarantee a safe place for the elder or dependent adult to stay until the dangers at home can be resolved; and
- 3) Establishment of multidisciplinary teams to develop interagency treatment strategies, to ensure maximum coordination with existing community resources, to ensure maximum access on behalf of elders and dependent adults, and to avoid duplication of efforts.

APS program mandates stipulate APS services are not intended to interfere with the lifestyle choices of elders or dependent adults, or to protect those individuals from the consequences of their choices. For this reason, an elder or dependent adult who has been abused may refuse or withdraw consent at any time to preventive and remedial services offered by an APS agency.

APS Intake and Response to Reports of Abuse

The State of California defines criteria for APS intake dispositions which include 3 types of investigative response to consider when an allegation of abuse is received by APS. This includes:

- 1) Emergency Response: in-person case investigation by an APS Social Worker within 24 hours from receipt of the abuse report for allegations of abuse that pose an immediate life threat, imminent danger or an immediate need to intervene to stop, protect and/or prevent abuse;
- 2) Ten-Day Response: an in-person case investigation by an APS Social Worker within 10 days from receipt of the abuse report for allegations of abuse that pose future or recent risks or incidences of abuse, and a need to intervene to protect and/or prevent abuse; and
- 3) No Ten Day Response: defined as a case investigation by an APS Social Worker that does not require an in-person assessment, but requires abuse allegations to be investigated with findings, assessment of risk and needs, services, and referrals are provided.

The state of California defines nine types of elder and dependent adult abuse allegations that APS is mandated to investigate, including: Physical, Sexual, Financial, Neglect, Self-Neglect, Abandonment, Abduction, Isolation, and Mental Suffering (emotional or psychological abuse).

Santa Clara County Adult Protective Services Caseload Volume

The County of Santa Clara APS program is the only agency designated to investigate abuse and neglect to elder and dependent adults that live in the community, and service delivery is greatly impacted by the lack of planned and continuous support and allocation to the APS program. Since 2013, the numbers of abuse reports received and active cases has increased approximately 14% each year. However, in FY 17 those numbers jumped to almost a 20% increase from FY 16.

In FY 18, APS experienced a leveling effect on the numbers of reports and cases:

- Suspected Elder and Dependent Abuse reports received by APS increased by 2% when compared to FY17
 - averaging 497 reports per month with an annual total of 5,962 reports
- APS monthly active case decreased by less than 2% when compared to FY17
 - averaging 818 active cases per month, and an annual total of 9,813 active case

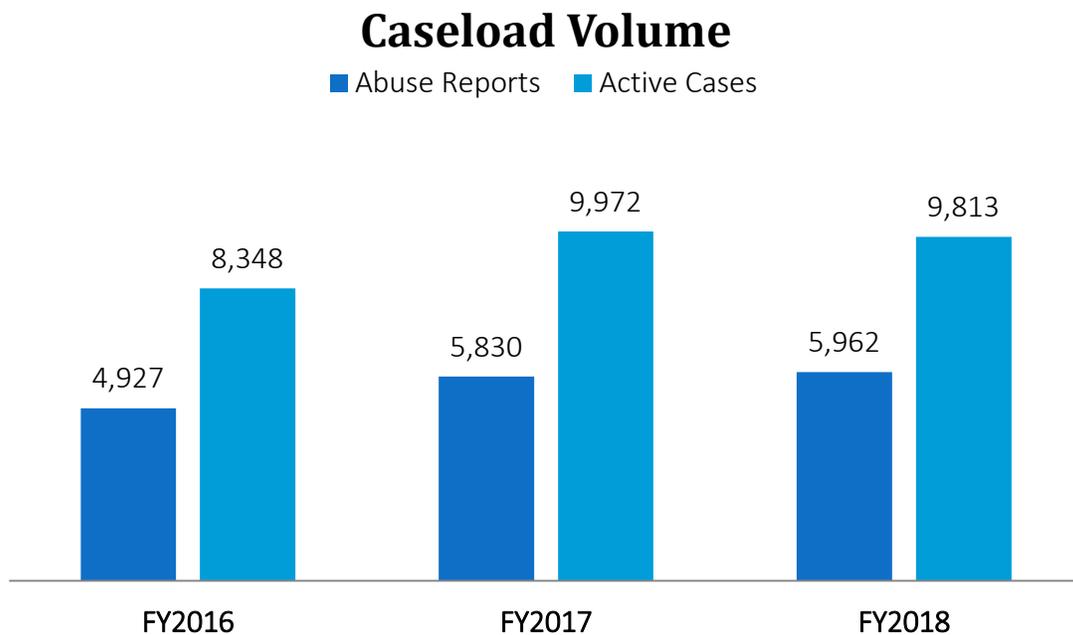
While there have been minimal increases in the amount of reports received, there was also a minimal decrease in the number of active case per month. However, in the next several years, continued increases in reports and case investigations are expected due to several factors:

- 1) Population: the increase in the aging population and need for protection from abuse and neglect and services;

- 2) Fragmented services: long-term services and supports for elders and dependent adults continue to be reduced or eliminated;
- 3) Funding and Resources to APS have been limited, making the provision of services on an ongoing basis difficult;
- 4) Prevalence: National research estimates approximately 1 in 10 Americans age 60 and over has experienced some form of elder abuse (National Council on Aging , ncoa.org); and
- 5) Underreporting: A national study estimated that only 1 in 14 cases of abuse are reported to authorities.

APS operates heavy and complex caseloads that require APS social workers to focus on ameliorating immediate needs and closing cases before longer term, effective interventions can be provided. This also leads to a necessary reliance on less in-person investigations as a diversion for cases that cannot be assigned for an in-person investigation due to lack of staffing.

In FY 18, APS had only 24 case carrying Social Worker IIIs and they responded to and provided services to the 9,813 active cases throughout the county. However, in the FY 19 budget cycles, eight social work positions and two Social Worker Supervisor positions were added to the APS program. This is a significant augmentation, the effects of which will be reviewed in the FY 19 annual report. It is important to note that caseloads remain high and need for protection and linkage to resources and services is still great. The issue remains that services and supports in the community are dwindling.



Adult Protective Services 24-hour Hotline/ Call Center

Adult Protective Services is mandated by the State of California Welfare and Institutions Code to provide a 24-hour hotline/Call center system to receive reports of known or suspected abuse of elders or dependent adults. The legacy APS phone hotline functionality consisted of one phone number that rang to four phones answered by clerical staff.

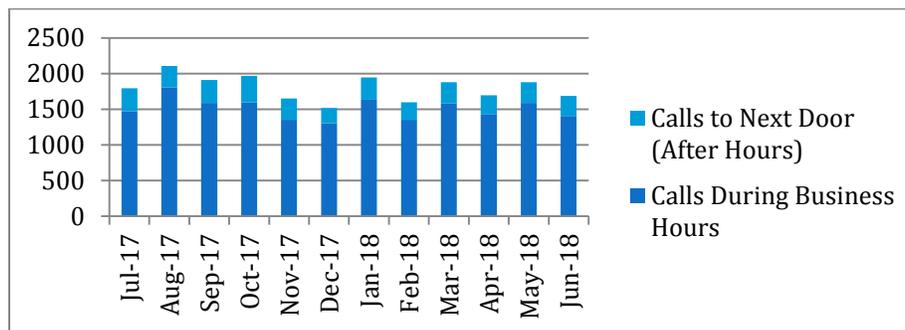
In January 2017, APS implemented call center technology with improved reporting capability. The automated call distribution (ACD) system ensures customer service and response to callers and to mandated reporters. It also includes a system to track volume, type, frequency, and duration of calls to improve accountability to the public, consider business process redesign and would allow management to plan for staffing at peak call times.

Growth in the monthly number of abuse reports received and the open number of cases managed by APS has translated to an increased volume of calls to the APS 24-hour hotline/Call Center.

Data from FY 18 to the APS Call Center is the first full year of data and shows that over 21, 000 calls were received to the APS Call Center hotline during business hours and after hours.

Hotline Call Statistics (Calls Offered)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Calls During Business Hours	1473	1807	1589	1600	1351	1306
Calls to Next Door (After Hours)	319	297	319	366	301	214
Total Calls:	1792	2104	1908	1966	1652	1520

Hotline Call Statistics (Calls Offered)	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Calls During Business Hours	1632	1352	1580	1435	1589	1407
Calls to Next Door (After Hours)	312	246	300	263	288	281
Total Calls:	1944	1598	1880	1698	1877	1688



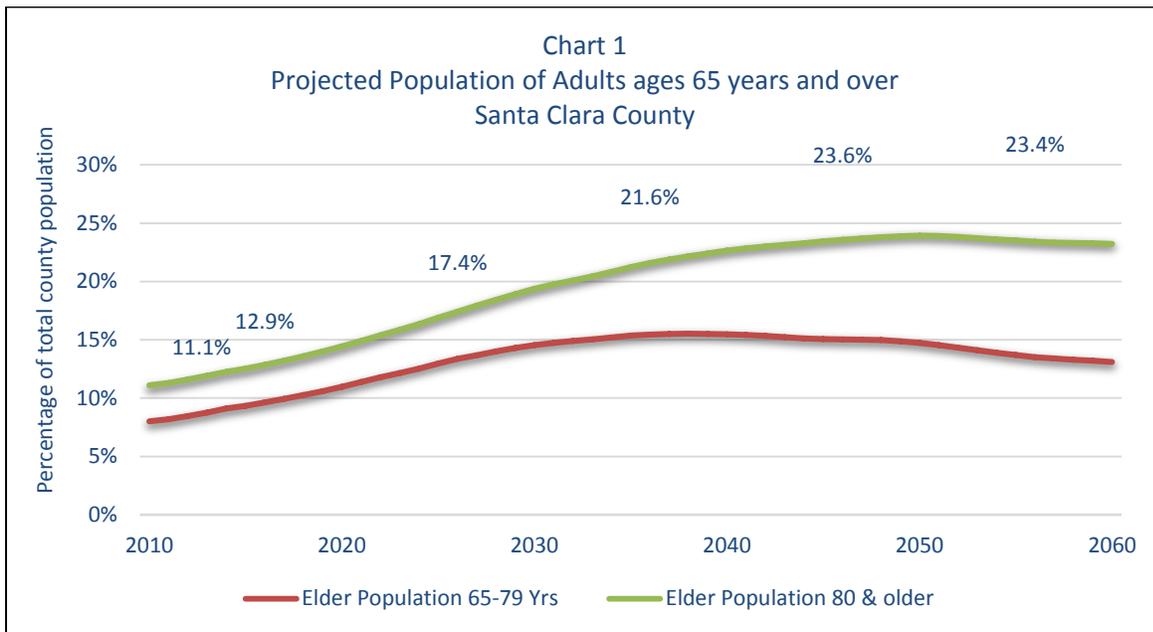
Elder Population Growth and Demographics

There are many terms in the media about the growth of the aging population: Silver Tsunami, tip of the iceberg, age wave, age boom. Most of these terms sound like warnings for the future; however, the growth and population increases are occurring today and every day.

In just eight years, the aging population (adults age 65 and older) in Santa Clara County is expected to be 17.4% of the total population. While the populations served by other social services agencies remain flat or are declining, the aging population will continue to increase at unprecedented rates.

- 30.4% increase is expected between 2026 and 2036 to representing 21.6% of the total population
- By 2046 Elders will make up 23.6% of the total population
 - This means that almost a quarter of all residents in Santa Clara County will be age 65 and over

While growth is expected for elders 65-79 years old in the coming decade, a greater increase is expected among elders 80 years and older between 2026 and 2036.



APS Caseload Demographics

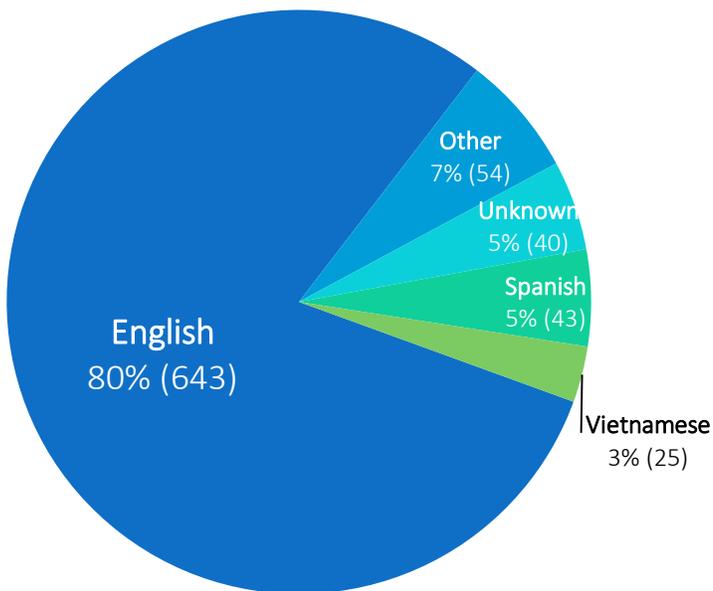
In FY 18, the ethnic backgrounds of elders and dependent adults referred to APS as victims of abuse are 39% Caucasian, 18% Latino, 13% Asian/Pacific Islander, 4% African ancestry, 5% other and 21% were unknown.

The language represented by the APS population is 80% English, 5% Spanish, 3% Vietnamese, 5% unknown, and 7% other.

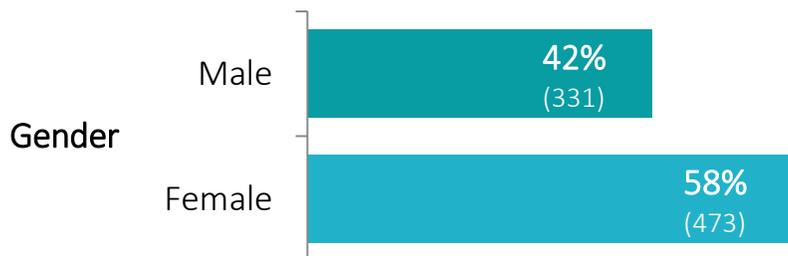
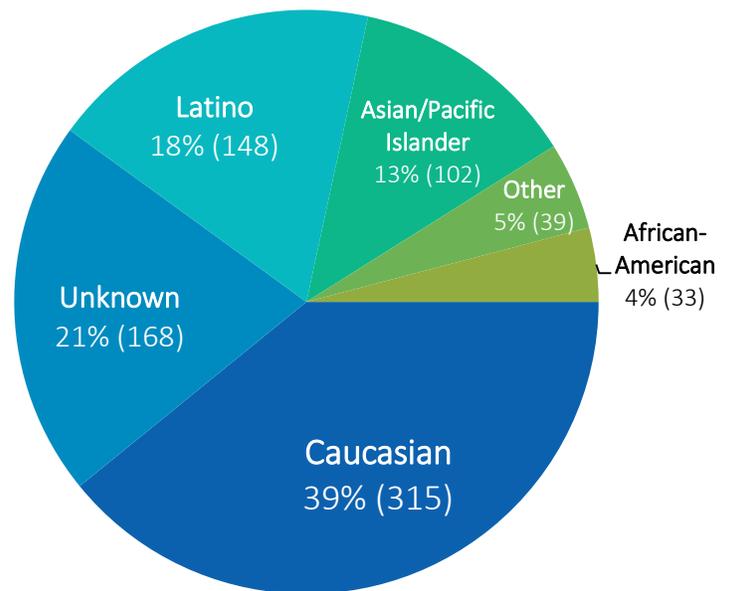
For both ethnicity and language, there is a percentage of other or unknown due to the limitations of the existing APS case management data system during FY 18. APS launched a new system in July 2018 and additional information may be available for FY 19.

Gender of elders and dependent adults referred to APS is 58% female and 42% male, which is consistent with national trends.

Language



Ethnicity

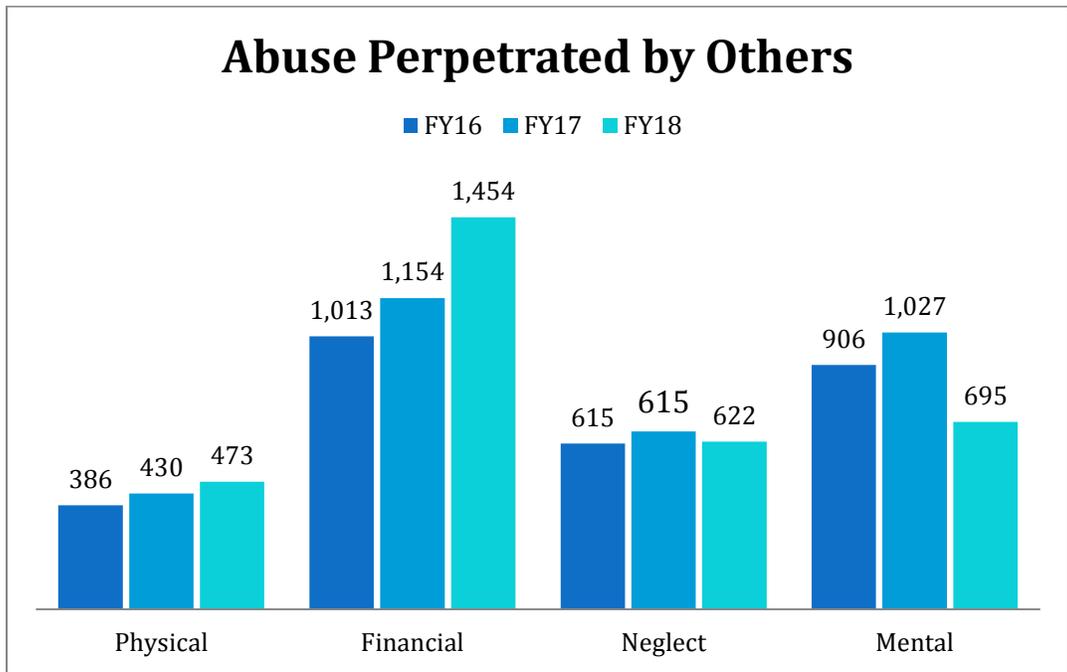


All Types of Abuse			
	FY16	FY17	FY18
Perpetrated By Others	3,006	3,352	3,324
Self-Neglect	2,628	2,505	2,186

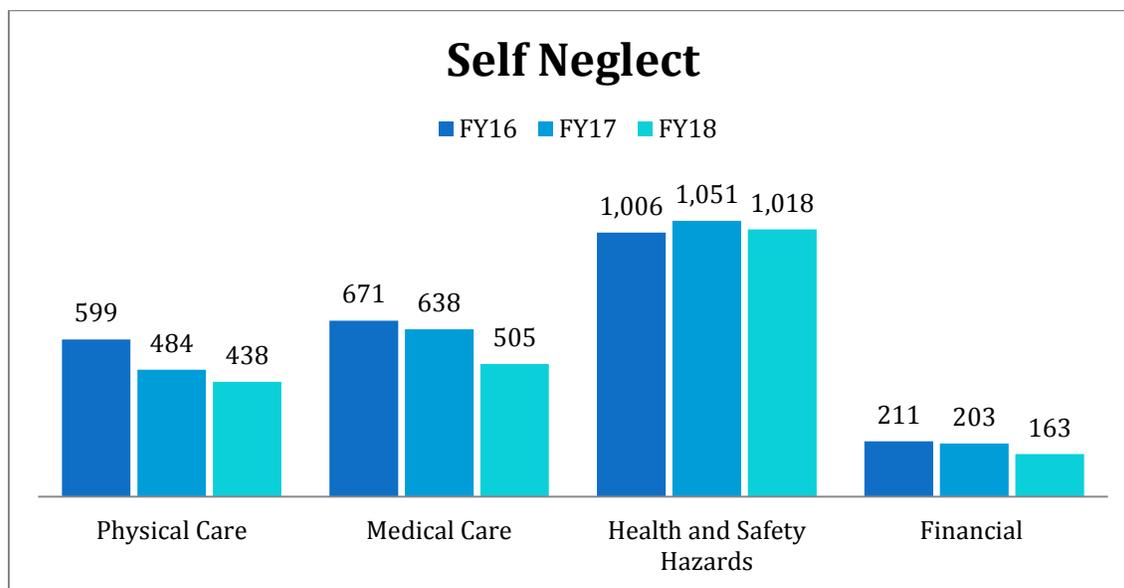
Types of Abuse Reported to Adult Protective Services

The State mandates monthly reporting of cases and abuse reports received. In addition, the State requests information about the types of alleged abuse which are distinguished by two general categories consisting of Abuse Perpetrated by Others and Self-Neglect. Within each of these categories there are additional types of abuse criteria.

In FY 18, of the cases where the abuse type was perpetrated by others, the highest types of abuse were financial, mental suffering, neglect, and physical abuse.



For Self-Neglect cases, the highest types of abuse were health and safety hazards, medical care, and physical care.



APS Assessment, Investigation, and Services

The primary APS goal is to enhance the quality of life for elder and dependent adults in Santa Clara County with services that protect and prevent abuse. APS social work staff work with elders and dependent adults who are reported to be victims of abuse, their families, and support systems to reduce risk, maintain and enhance quality of life, promote self-sufficiency, and respect the right to self-determination.

Of the nine types of abuse allegations received by APS in FY 18, allegations of Self-Neglect represented 2,186 of all abuse allegations that were investigated during the fiscal year.

Self-Neglect

A general definition of Self Neglect is the inability of an Elder or Dependent Adult to perform essential self-care tasks that a reasonable person in a similar position would exercise and that is likely to result in injury or illness.

Elders and dependent adults are often not able to continue to maintain their living environments due to health issues and in part due to lack of awareness of services available. In addition, elders and dependent adults experience living in isolation and lack availability or knowledge of early intervention or prevention services.

Self-neglect cases most often require longer term interventions to address the increased demands for services with high-risk victims of elder and dependent adult abuse. With the addition of staff in the FY 19 budget, APS has created a specialized self-neglect unit of six social

workers and one supervisor. The complex and unmet service needs addressed by the self-neglect unit include eviction prevention, risk prevention, and addressing health and care needs. The social workers in the unit work with elder and dependent adult abuse victims and provide case management services for a longer period of time to carry out intensive interventions to effectively address symptoms of self-neglect.

APS remains understaffed by case carrying social workers; there are simply not enough social workers to manage the growing need and volume of in-person case investigations. APS Social Worker IIIs who carry caseloads have a contractual caseload limit of 28 cases. These Social Workers are assigned four new in-person investigation cases per week, up to 20 new cases per month, and they continue to manage cases carried over from the previous month.

Housing Instability and Homelessness

“APS receives about 150,000 reports of elder and dependent adult abuse and neglect every year; of those cases, counties estimate that 10 percent or more are at risk of losing their homes.” (CWDA website, www.cwda.org)

APS has become the default agency to not only receive and investigate abuse reports as mandated, but also to address complex health, welfare and legal issues that exceed the state defined criteria for APS services. As long-term services and supports for elders and dependent adults are cut or eliminated, additional APS response and services are requested by the community, the Board of Supervisors and law enforcement. These cases often involve housing instability, eviction support and services, lack of affordable housing, poverty, and medical and mental health interventions.

Many elder and dependent adults are at risk of losing their housing as a direct result of abuse, neglect and exploitation. Some are targeted by abusers due to equity in their homes; others suffer such severe neglect that their homes are in disrepair. Elder or dependent adult abuse victims who lose their home to foreclosure or eviction face poor prospects of finding other housing options on a limited, fixed income, particularly given the County’s constrained housing market.

APS clients in Santa Clara County also often experience undiagnosed and/or untreated health conditions that threaten the stability of their housing. While some of these case situations are severe, APS clients who are referred to an emergency room for medical evaluation and treatment often do not meet the threshold of acute medical need and are not admitted to the hospital. At the same time, those clients are unable to return home due to lack of care and/or the unsuitability of their housing relative to their need for medical and/or social supports. Still others face abuse that makes their current housing untenable.

The APS program was not designed or resourced to be a long term service and does not provide housing and/or placement services. As a result, APS has limited means to address housing issues. This gap in services can result in homelessness, remaining in an unsafe living situation,

overutilization of emergency services, and/or unnecessary institutionalization into nursing home care, all of which are costly to taxpayers and represent safety net failures.

In response to this growing tragedy, the California Welfare Directors Association (CWDA), California Commission on Aging and California Elder Justice Coalition cosponsored a budget proposal called Home Safe, with the support of Assemblymember Ash Kalra, Chair of the Assembly Committee on Aging and Long-Term Care, as our legislative champion.

The Home Safe program is a three year grant pilot program that provides housing-related supports to Adult Protective Service (APS) clients who are homeless or are at imminent risk of homelessness as a direct result of abuse, neglect, self-neglect, or exploitation.

In support of Home Safe, Robert Menicocci, Director of the Santa Clara County Social Services Agency submitted an opinion to the San Jose Mercury News on May 2, 2018 titled: "Why State Should Fully Fund Housing Program for Victims of Elder Abuse".

The California Department of Social Services (CDSS) received authority in June 2018, to launch the Home Safe program. The California State Budget for Fiscal Year 2018-19 appropriated \$15 million General Fund (one-time) to fund Home Safe over a three-year period, beginning July 1, 2018 and ending June 30, 2021.

In the fall of 2018 (FY 19) Santa Clara County APS responded to a request for proposal for the State of California Home Safe grant, which was accepted. The goals of the Home Safe grant pilot program is to provide prevention services and supports to stabilize those at risk for eviction and/or homelessness and those who have recently become homeless due to self-neglect and other types of abuse reported to APS. In particular, APS plans to focus on preventing re-hospitalization by addressing the health and safety risks in APS client housing and connecting clients to in-home supportive care.

COLLABORATIVE PRACTICES

FAST (Financial Abuse Specialist Team)

Financial abuse (exploitation) is a fast-growing form of abuse of elders and dependent adults. Situations of financial exploitation commonly involve trusted persons in the life of the victim however scams and frauds by strangers are also very common.

According to a report by the Consumer Financial Protection Bureau, that examined findings of financial abuse reported between 2013 and 2017:

- Financial institutions reported a total of \$1.7 billion in suspicious activities in 2017, including actual losses and attempts to steal the older adults' funds.
- One third of the individuals who lost money were ages 80 and older.
- Adults ages 70 to 79 had the highest average monetary loss (\$45,300).
- Losses were greater when the older adult knew the suspect.

Per the Welfare and Institutions Code, APS agencies are mandated to maintain multi-disciplinary teams and to meet this need, APS continues to lead and chair the Financial Abuse Specialist Team for the purpose of providing interagency treatment strategies.

The Santa Clara County Financial Abuse Specialist Team (FAST) was formed in 1999, and is composed of selected members from the offices of APS, County Counsel, the District Attorney (DA), the Public Administrator/Guardian/Conservator (PAG/C), and law enforcement.

All FAST cases start with a report of suspected Elder or Dependent Adult abuse to APS with Financial Abuse as the allegation. In FY 18 reports of financial abuse were the highest type of alleged abuse reported. However not every report of a financial abuse allegations received by APS warrants the FAST team joint response. FAST focuses on cases that would benefit from the multi-disciplinary response and have several case factors such as:

- may have been or are subjected to undue influence/ coercion,
- isolated
- reliance on the suspected abuser
- unable to advocate on their own behalf
- manage their finances
- assets are being used without their consent or knowledge

In many cases, a loss may have occurred and the victim does not have control or understanding of their financial situation. APS determines when cases need to be referred to the FAST team and the APS Social Workers are the lead investigators of financial abuse and any other types of Elder or Dependent Adult abuse that may also occur. When abuse allegations rise to a criminal level, then the law enforcement members of FAST investigate. The following is real case scenario exemplifying the types of cases for a FAST team response:

FAST Case Scenario: *Elder male in his mid to late 60's, is referred to APS due to suspected financial abuse by live-in caregivers. The elder has a history of two strokes and needs assistance with all activities of daily living. Over the past several months, more than \$100,000 has been spent and is described as uncharacteristic of past spending habits. The debit card is used several times a day to withdraw money and wire transfers from the account are being sent out of country. When the elder was asked about the expenses, it was unclear if he understood the question and if there was an awareness of expenses.*

Rapid response, team confidentiality, and a multi-disciplinary approach are critical components of the success of FAST. Speaking out against financial abuse, educating the public, and supporting legislative changes designed to deter financial exploitation of elders and dependent adults are team values. With these key aspects and motivated members, prompt and decisive action to prevent and remedy financial abuse is accomplished. In FY 18, FAST protected a total amount of \$36,703,583 in assets. The table below displays the amount of assets protected since FAST inception in 1999 and as compared to FY 17.

Assets Protected by FAST Intervention

Type of Asset	FY 17	FY 18	Since 1999
Real property	25,768,251	27,941,144	242,511,194
Liquid	3,301,632	2,015,035	81,774,501
Stocks-Bonds	110,000	6,747,404	46,694,004
Restitution/Recovery/Settlement	1,000,000	-	25,368,559
Total	30,179,883	36,703,583	389,916,254

Death Review Teams

APS has been a member of the Santa Clara County Domestic Violence Death Review Team and the Elder Death Review Team, which are both facilitated and chaired by the Santa Clara County Office of the District Attorney.

The Domestic Violence Death Review Team (DVDRT) began in 1993 and expanded to its current form in 1996 after the California legislature enacted penal code 11163.3 to establish interagency domestic violence death review teams. Members are a multi-disciplinary team of experts that investigate and review domestic violence related deaths in order to make recommendations aimed at preventing deaths in similar circumstances and reducing domestic violence in general. The DVDRT provides monthly updates to the Santa Clara County Domestic Violence Council and prepares an annual report that the Domestic Violence Council posts on its website.

The Santa Clara County Elder Death Review team also meets monthly to review and discuss suspicious or unexplained deaths. Team members educate one another about the current procedures for investigating suspicious elder deaths and the participation of different agencies. The team identifies areas in the process needing improvement and prioritizes these needs and develops plans for quality improvement in the process. Based on discussion from case reviews, members work towards improving communication and cooperation between the agencies involved in the prevention of elder abuse deaths.

Evidenced Based Practice and Innovation

APS Case Management Database

Social Services Agency Information Systems (SSA-IS) created an APS database system in 2003 to manage case information and statistics for the APS program. However, there was limited capability for updating the system, tracking statistics, generating reports and measuring outcomes.

Since there is no statewide data system established for APS like there is in IHSS and DFCS, APS conducted an RFP process for a new database system. The result was that most “off the shelf” systems were either too limited in their capability or were not cost effective.

During FY 18, APS continued the process of designing and implementing a new APS case management database system with SSA-IS. APS held a naming contest with APS staff and the winning name is “ACE” and acronym for “Advocate, Collaborate, and Empower.”



The ACE system was implemented on July 1, 2018 and will be included in the FY 19 annual report. Throughout FY 18, the APS Program Manager, Supervisors and staff have spent many hours in workgroups dedicated to identifying and designing the capability to streamline case processes and utilize innovative technology to support the use of an evidenced based assessment tool, electronic submission and receipt of abuse reports.

APS Structured Decision-Making Tools

DAAS-APS and SSA-IS have contracted and purchased the complete set of 4 Structured Decision-Making Tools designed by the National Council on Crime and Delinquency (NCCD) specifically for Adult Protective Services. This evidence and research-based system identifies the key points throughout the stages of an APS case. It uses structured assessments to increase consistency and accuracy in case management, increase efficiency in use of available resources and provides management with data for program administration, evaluation and budgeting. NCCD is well known as a developer of actuarial risk assessment tools used in other social service practice areas including child welfare.

The first 2 SDM tools for Intake and Safety were implemented in the fall of 2018 (FY 19) and were fully integrated into “ACE” the new APS case Management system. The last set of 2 SDM tools, Risk and Strengths/Needs will be implemented in the summer of 2019. Santa Clara County will be one of the first counties in the state to utilize all 4 SDM tools for APS, as well as having the tools fully integrated into the APS case management system. All SDM tools will be addressed in the FY 19 annual report.



The SDM® Model in Adult Protection



National Adult Maltreatment Reporting System (NAMRS)

In 2014, the Administration for Community Living funded the development of the National Adult Maltreatment Reporting System (NAMRS), the first comprehensive, national reporting system for adult protective services (APS) programs. It collects quantitative and qualitative data on APS practices and policies, and the outcomes of investigations into the maltreatment of older adults and adults with disabilities. The goal of NAMRS is to provide consistent, accurate national data on the exploitation and abuse of older adults and adults with disabilities, as reported to APS agencies.



While NAMRS is still in its early stages, the information it will provide in the years to come will directly inform prevention and intervention practices at all levels of the adult maltreatment field. It will provide a better understanding of the characteristics of those experiencing and perpetrating abuse, as well as identify system gaps for responding to maltreatment and preventing repeat maltreatment.

NAMRS is a voluntary system that collects both summary and de-identified case-level data on APS investigations submitted by states. Since 1999, APS programs in California have been required to report monthly statistical data to the California Department of Social Services on a form called the Adult Protective Services (APS) and County Services Block Grant (CSBG) Monthly Statistical Report SOC 242.

In 2016, the California Department of Social Services (CDSS) was awarded a grant to work, in conjunction with the California Welfare Directors Association (CWDA) Protective Services Operations Committee (PSOC), on revising the California SOC 242 Monthly Statistical Report form to collect the key component data that are being requested by the Administration for Community Living through the NAMRS system.



Throughout FY 17 and FY 18, the County of Santa Clara APS program was an active participant with CDSS and CWDA-PSOC in the re-design of the SOC 242, to collect key component information in compliance with NAMRS. This participation allowed APS to coordinate the numerous complex data changes and information to SSA-IS/TSS in real time so the changes could be incorporated into ACE, the new APS case management system. This process has resulted in making the Santa Clara County APS case management system a leader implementing the required data elements and securing compliance. CDSS has notified counties that they are

required to use the SOC 242 (1/19) form beginning with the January 2019 report month. The new NAMRS data on the SOC 242 will be included in the FY 19 annual report.

Differential Response

Public Health Nurses

The Public Health Nurses (PHN) in APS have been an essential component to address the unmet health and medical needs of elders and dependent adults referred to APS due to allegations of abuse and who many times are experiencing complex chronic medical conditions, that are either untreated or undiagnosed and makes them vulnerable to abuse.

PHNs receive referrals directly from APS social workers and make joint visits and follow up visits to assess the medical needs of elders and dependent adults to alleviate urgent needs. Since APS is modeled as a crisis intervention program, the PHN services help APS Social Workers find lasting solutions to prevent recidivism and allow elders and dependent adults to stay in their own home as long as possible. PHN responses to cases are also utilized as differential response, if a referral received by APS does not meet eligibility or abuse criteria. In FY 18 the 2 PHNs each received an average of 9.2 new cases per month and worked on an additional 14.2 existing cases per month for a total of 23.4 cases per month.

Public Health Nurse Caseloads

Month	New Referrals	Existing Cases
July	14	32
August	17	23
September	13	24
October	21	22
November	23	24
December	14	29
January	21	23
February	21	29
March	21	41
April	21	28
May	19	34
June	16	32
Total	221	341

The Connections Program- a partnership with Behavioral Health

In 2013, APS and the Behavioral Health Department (BHD) began a collaboration called the Connections program through an Interagency Agreement. The purpose is to collaborate to provide mental health services to ethnically diverse elder and disabled adults who have been referred to APS. The elder and disabled adults may be exhibiting signs and symptoms of mental health issues, or experience the onset of serious psychiatric illness, or may have been exposed to trauma due to being a victim of abuse. Additionally, elder and disabled adults often experience disparities in access to services, due to stigma and discrimination, and have high rates of depression and risk of suicide. The goals of the program are to provide mental health services in the home of the elder and dependent adult to reduce risk factors or stressors. The programs also strives to build protective factors and skills, increase support and improve a mental health problem or concern early in its manifestation thereby avoiding the need for more extensive mental health treatment or services and to prevent a mental health issue from worsening.

The Connections program is funded by the Mental Health Services Act, and started under the prevention and early intervention component for older adults. The agreement funds one full time mental health clinician who works jointly with APS social workers to provide a range of services and is co-located in the APS program.

Connections is also being utilized as differential response; if a referral received by APS does not meet eligibility or abuse criteria, the Connections clinician may perform outreach and engagement services.

In FY 18 the BHD clinician stationed in APS received 129 client referrals to provide in person support, and linkage to services. In addition the clinician collaborated 201 cases to coordinate services.

Conclusion

The Santa Clara County Adult Protective Services program provides a critical safety net to protect elders and dependent adults from abuse, and prevent abuse. As the elder population continues to grow, the ability to meet the service need in the same way is becoming ever more challenging. There are fewer services available to elders and dependent adults in the community, and cases have become more complex resulting in difficulty finding resolutions for many long-standing issues such as poverty, lack of safe and affordable housing, increasing medical costs and transportation. In addition, APS is a voluntary program which is widely misunderstood by the professional community making outreach and collaboration a key need for ongoing multiagency partnerships.

The APS program maintains professional and highly motivated staff who are dedicated to finding solutions for elders and dependent adults while maintaining dignity, improving quality of life and respecting the right to self- determination. APS case carrying social workers are in the community on a daily basis, engaging and empowering victims and advocating for their

right to live free from abuse. The APS program serves the community with customer focused services and innovative practices.

The APS program stands ready to pivot towards a plan that focuses the public’s attention on education, awareness, prevention, early intervention and collaborative practices to create new opportunities and approaches the concepts of aging in place. A single agency response is no longer sustainable. Planning for the current and future of aging services in Santa Clara County will support the mission of an Age Friendly community and coordination of services.

Planned and sustained staffing augmentations to the APS program are a reality that needs to be addressed today and will be the key to serve and support vulnerable Elder and Dependent Adults in our community with compassion, expertise and new approaches.

APS Staffing levels:

Position	Number	Type of Assignment
SW III	24	Case carrying/Investigations
SW II	6	Intake Hotline
SW I	2	Support Case Carrying SWs
Public Health Nurse II	2	Assessment and evaluation of clients/ differential response
SW Supervisors	4	Intake/ER/FAST/Case Carrying/ SW Is
OS III	4	Reception/clerical duties
Program Manager II	1	Database project and operations
Social Services Program Manager III	1	Operations
Administrative Assistant	1	Administrative coordination
Total	45	