ACUTELY VULNERABLE ADULTS (AVA)
TOOLS FOR IDENTIFICATION AND INTERVENTION

CWDA 2015

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CSAC 2015 California Counties Innovation Award
n4a 2015 Elder Abuse Prevention Award
NACO 2015 National Achievement Award
Jeremy’s Biography

- Born September 1981
- Cerebral Palsy and intellectual disability
- Non-verbal
- Ambulation by scooting on floor
- Lived with mother and younger brother
Jeremy continued

- Received 283.0 hours of monthly In-Home Supportive Services (IHSS); his mother was his paid provider
- Not active to San Diego Regional Center (SDRC) for 5 or more year.
Jeremy’s Mother

- APS referral received for mother in 2008
- Divorced, raised three children as single parent. Jeremy was oldest child.
- Cancer survivor
- Right leg amputation
- Anxiety
APS HISTORY

- 12/99  Physical abuse by mother: INCONCLUSIVE
- 06/01  Neglect by mother: CONFIRMED
- 12/08  Neglect by mother and brother: INCONCLUSIVE
- 01/10  Neglect by mother and brother: CONFIRMED
APS Findings in 2008

- APS referrals received for Jeremy and his mother
- Confirmed self-neglect for mother
- Mother was found to be no longer able to care for Jeremy
- Younger brother identified as Jeremy’s primary caregiver
- APS case closed after it was confirmed Jeremy’s case was re-activated with San Diego Regional Center
Jeremy admitted to hospital on January 21, 2010

- Malnourished, dehydrated, cachectic, decubitus ulcers, groin excoriated
- Covered in feces and urine
- Body temperature of 81.8
- Weight 70 lbs.
- Law enforcement contacted immediately
- Jeremy never leaves the hospital and dies five days later.
"The bed of Jeremy .... His mother and brother are being charged with the abuse that authorities say contributed to Jeremy’s death in January at age 28." San Diego Union Tribune February 22, 2011
On August 5, 2011 Jeremy’s mother and brother are convicted

- Christopher, 27, was sentenced to six years in prison for the death of his brother, a severely disabled man who died after being found living in squalor inside an [an apartment in San Diego County]. He and his mother, Deborah, 59, had both pleaded guilty to a charge of neglect of an elder or dependent adult. Credit: 10News — 10News

- Deborah, 59, was sentenced to two years in prison for the death of her son, a severely disabled man who died after being found living in squalor inside [an apartment in San Diego County]. She and her son, Christopher, 27, had both pleaded guilty to a charge of neglect of an elder or dependent adult. 10News— 10News
CASE REVIEW

- Internal APS review of case
- Case reviewed with Elder and Dependent Adult Death Review Team
ACUTELY VULNERABLE ADULT (AVA) PROGRAM DEVELOPMENT

LASHAUNDA GAINES
APS SUPERVISOR
APS BUDGET SLASHED IN 2009

- **CONSEQUENCE**
  - San Diego County APS lost 25 positions (1/3 of total)

- **RESPONSE**
  - Examination of how to best use limited resources without compromising client safety
  - Identify referrals for persons not in need of APS services
  - Identify clients who are most vulnerable and at risk for future abuse
THE INCEPTION OF AVA

- How can we improve our services when working with clients like Jeremy?
- How do we identify our most vulnerable clients?
- How can we improve our interventions?
- Discussions with developmental disabilities services provider (San Diego Regional Center) regarding their “vulnerable consumer protocol”
- Identified a need for a work group.
PURPOSE OF THE WORKGROUP

To advance our knowledge and improve our system for identifying and protecting our most vulnerable and at-risk clients
Personal characteristics and external factors (characteristics of the abuser) were both essential elements when assessing for risk.
**WORKING DEFINITION**

**Acutely Vulnerable Adults** are typically individuals who have severe cognitive or communication deficits that prevent them from protecting themselves from maltreatment. In addition, they are highly dependent upon or have regular contact with individuals who are assessed as being high risk for perpetrating abuse.
VICTIM CHARACTERISTICS

- Victim characteristics that may increase the risk for abuse include:
  - Unable to advocate for him/herself or protect him/herself from abuse
  - Isolated
  - Unexplained injuries
  - The subject of prior maltreatment reports as a child or an adult or have a history of family violence.
  - The vulnerable adult may present with moderate to severe behavioral health issues
ABUSER CHARACTERISTICS
(PRIMARY SUPPORT PERSONS)

- Primary support person characteristics that may put the victim at particular risk for abuse could include:
  - A history of family dysfunction, family violence and/or perpetrating child and/or adult abuse
  - A history of criminal involvement
  - Poor physical and/or mental health
  - A history of substance abuse
  - Financially dependent on the vulnerable adult
ABUSER CHARACTERISTICS
(PRIMARY SUPPORT PERSONS)

- Unrealistic expectations of the capabilities of the vulnerable adult
- Denies problems related to the vulnerable adult’s safety or care needs
- Lacks the skill, knowledge or physical ability for the caregiving role
- Refuses to cooperate with APS
- Reluctant or refuses to use available resources (e.g. medical or social service agencies)
SCREENING FOR AVA

Auxie Connell-Zuniga
APS Specialist
Acutely Vulnerable Adult

Working Definition

Acutely Vulnerable Adults:

- Typically are individuals who have severe cognitive or communication deficits that prevent them from protecting themselves from maltreatment; **AND**
- They are highly dependent upon or have regular contact with individuals who are assessed as being high risk for perpetrating abuse.

Victim Characteristics that might increase the risk for abuse include:

- The vulnerable adult is unable to advocate for him/herself or protect him/herself from abuse
- The vulnerable adult may be isolated
- The vulnerable adult may have unexplained injuries
- The vulnerable adult may have been the subject of prior maltreatment reports as a child or an adult or have a history of family violence.
- The vulnerable adult may present with moderate to severe behavioral health issues

Primary support person or individual who has regular contact with the victim may have characteristics that might put the victim at particular risk for abuse could include:

- A history of family dysfunction, family violence and/or perpetrating child and/or adult abuse
- A history of criminal involvement
- Poor physical and/or mental health
- History of substance abuse
- Is financially dependent on the vulnerable adult
- Unrealistic expectations of the capabilities of the vulnerable adult
- Denies problems related to the vulnerable adult’s safety or care needs
- Lacks the skill, knowledge or physical ability for the caregiving role
- Refuses to cooperate with aps
- Reluctant or refuses to use available resources (e.g. medical or social service agencies)
AVA SCREENING TOOL

- Tool included in your handouts
- Used at the time of assignment or during the investigation by:
  - Assignment team
  - Unit supervisor and assigned APS investigator
GROUP EXERCISE

- Read the assigned case vignettes
- Discuss each vignette
- Using the AVA Screening Tool determine if the case meets AVA criteria and what factors led to the decision
AVA INVESTIGATION TOOL
AVA ENHANCED ASSESSMENT

Auxie Connell-Zuniga
APS Specialist
AVA INVESTIGATION TOOL

- This tool was developed as a guide for gathering detailed information in what is suspected to be an AVA case
- The tool is divided into categories: client description, environment, medical, mental, social support, financial, legal and protective issue.
- The goal is to capture all of the information under each category
ACutely Vulnerable Adult Investigation Tool

Client name: ____________________________  Court: ____________________________  Date: ____________________________

Client Description: physical appearance, personal hygiene, clothing, hair, teeth, fingernails, any moles, bruise, or any
scalpable or unexplained injuries.

Environment:
1) Who was present during the interview?
2) Describe the client’s bedroom. Was there clean and adequate bedding? Was there clean and adequate clothing
in the drawers and/or closet?
3) Describe the kitchen. Was there adequate food?
4) Document that all reasons that the client could potentially be in were viewed and note any concerns.
5) Document any observed health or safety hazards, excessive clutter, dirt, insects, rodents, or concerns related to
stains, odor, damp, or utility.

Medical:
1) Does the client have any present life threatening issues?
2) Medical diagnosis (document course of this information)
3) Name(s) and phone number(s) of healthcare
4) Document the type of care that is needed (e.g., assistance with personal care, physical therapy, medication
management, feeding tube, etc.). Is the client dependent on any daily living (ADLs) or does he/she require total care?
   Document the source of this information (e.g., observation, or a report from San Diego Regional Center (SDRC)
   Document the name and dosage of all medications. Document when and where they were refilled. Document
   who prescribed the medications.
5) Did the caregiver explain the medications (i.e., indications for use and when and how they are administered)?
6) Dental name of dentist and date of last dental appointment (particularly important for SDRC consumers)
7) Document if any (DME) (durable medical equipment and/or assistive device) was obtained and if it is clean and
   functional. Were restrictions observed or used?

Mental:
1) Describe the client’s cognitive and/or communication deficits. Be as specific. Consider administering the Mini
   Mental Status Exam if appropriate.
2) Document any relevant factors that would potentially create or aggravate
   • Is the client unable to advocate for himself/herself or protect himself/herself from abuse? Y: Yes  N: No
   • Is the client unable to identify that she/they are being abused? Y: Yes  N: No
   • Does the client present with moderate to severe behavioral health issues? Y: Yes  N: No

Social Support:
1) Identify (complete name and DOB) of all persons living in the home and all who are in the role of caregiver
   and/or primary support person. Is there a paid caregiver? Is the client an SSD recipient?

Suspected Abuse Additional Information:

More...
AVA INVESTIGATION TOOL

- Since an AVA client is unable to provide information directly we must rely on gathering information by:
  - direct observation of the client
  - viewing all areas of client’s environment
  - communicating with the primary support person and/or suspected abuser
  - communicating with collateral contacts
AVA INVESTIGATION TOOL
AVA ENHANCED ASSESSMENT

- AVA Investigation Tool was developed to correspond exactly to the AVA Enhanced Assessment.
- AVA Enhanced Assessment is more detailed than our regular assessment. An assessment is completed in our computer system for all cases.
- Purpose: a comprehensive understanding of the client’s situation, and all risk factors and protective issues reported and discovered.
- An AVA Enhanced Assessment supports the need for involuntary case planning which is done when a client can’t give consent and APS has to take action on the client’s behalf. The assessment will indicate what interventions are necessary to keep our client safe and appropriately cared for.
INVOLUNTARY CASE PLANS, INTERVENTIONS & COLLABORATIVE DECISION MAKING (CDM)

LaShaunda Gaines
APS Supervisor
IN VOLUNTARY CASE PLANNING

- What is it?
  - Involuntary Interventions are used in AVA cases because the client is unable to consent to services or interventions and there is an identified risk based on the enhanced assessment.
  - Involuntary Interventions is defined as interventions initiated by APS workers without consent of the affected adult for the purpose of safeguarding the vulnerable adult at risk of abuse, neglect or exploitation.

- Enhanced Assessment helps drive the service plan/case plan:
  - Are involuntary interventions needed?
    - A high level of risk is the most important consideration in determining whether an involuntary intervention is necessary. In AVA cases the APS Casemanager must consider the client’s capacity and the risk factors present in the person providing care for the client.
  - Direction in developing an integrated and comprehensive service plan
AVA cases are highly collaborative – APS needs partners to attempt to enhance the safety:

- Partners we work closely with:
  - Public Guardian/Conservator
  - San Diego Regional Center
  - Law Enforcement/PERT/DOJ
  - In Home Supportive Services
  - Probate Court
  - Code enforcement/regulatory agencies
  - Community supportive services agencies
  - Cross Regional Committee – bring all the parties to the table.

Follow through on AVA cases very important and leads to enhanced safety and better case outcome.

Findings do not determine AVA status or interventions.
INTerventions

- Recognize these cases stay open longer and are more hands on and intense (66 days versus 24 days)
- Another area of greater emphasis with AVA cases – Short Term Case management of the Primary Support person or suspected abuser:
  - In order to enhance the safety for the client, the suspected abuser needs help
    - Reality is many clients will remain with the primary support person
    - We utilize Collaborative Decision Making (CDM)
    - Engage the suspected abuser – sometime cooperation comes from external factors
    - Recognize the SA is often overwhelmed with a very difficult caregiving job.
  - Referral and follow-up on resources for SA – mental health or substance abuse services, respite care, assistance with applications that might relieve financial burden (food stamps, Medi-Cal, financial assistance programs)
Collaborative Decision Making (CDM)

Collaborative Decision Making was adopted from the TDM or Team Decision Making process of Child Welfare Services in San Diego County.

The principles guiding CDM are:

1. Identify the problem/purpose

2. Develop and implement a plan: bring together the MDT, suspected abuser, and client

3. Monitor, evaluate the plan, & follow up
IDENTIFY THE PROBLEM/ PURPOSE & GATHER DATA:

* AVA Clt had advanced Alzheimer’s & was unable to communicate.
* Suspected Abuser (SA) is the spouse. He was unwilling to work with APS, poor judgment, refused to hire appropriate care, & minimization of risk factors. HX of APS involvement for neglect & possible DV.
* Current concerns of NEGLECT, client wandered and was found by Sheriff twice; Caregiver/ 2nd (SA): untreated mental illness, drug use, physically violent with spouse

DEVELOP & IMPLEMENT A PLAN/GOAL:

* MDT: Public Guardian, Sheriff’s Elder Abuse Detective, APS Supervisor, APS SW, SA, and AVA Clt
* Each agency explains the purpose of their presence at the table
* APS Supervisor or designated staff explains the objective and desire to work with and preserve the family while maintaining the client’s safety to the SA

MONITOR & EVALUATE THE PLAN/ FOLLOW UP

* APS 2 month follow up plan with the new caregiver
* 24 hour care was provided
* to date no new referrals
AVA CASE CLOSING & FOLLOW-UP

LaShaunda Gaines & Auxie Connell-Zuniga
APS Supervisor & APS Specialist
CLOSING AVA CASES

- Close after interventions and plans firmly in place.
- Outcome measure is rated stable or above (more on this to follow)
- Unit supervisor sends AVA case for closing by the Cross Regional Committee or by the APS Program Manager.
- Document in the closing AVA screening information.
- Document follow-up plan in the closing (more on this to follow)
- Consult when needed
CROSS REGIONAL CASE REVIEW COMMITTEE

- Grew out of the AVA workgroup
- Consists of 2 co-chairs and representation for all APS offices
- Brings all involved parties to the table to case plan
- Cases can be brought for case planning, show case successful case or intervention or a poor outcome or intervention
- AVA case ready for closure can be brought to be reviewed by the group.
- In the development of the Cross Regional Committee, a presentation format was developed to keep presenter on task and highlight the relevant points of the case.
Follow-up after case closure is new and unique for APS. It is the cornerstone of working an AVA case.

Did what we do on the case really have the impact (outcome) we wanted? Was the client’s safety enhanced?

Allows us to see the results of our work and continue to monitor for safety for the most vulnerable.

Trial and error to find a consistent follow-up method because staff are busy! Use Outlook invite – include manager, supervisor and staff person (contain a link to the case in our computer Case management system and a summary of the follow-up required).
AVA Outcome Measure: Safety Focus Tool

Carlos Morales
APS Supervisor
AVA Outcome Measure: Safety Focus Tool

- Do the services we provide have the impact (increased safety) that we assume they do? Are we really helping those we are trying to help?

- How do we measure Outcome?

- Review of Outcome Measures for programs and services serving seniors.

- The Quality Aging Matrix (Southwest Michigan Senior Regional Collaborative)

- Self Sufficiency Matrix
## Self Sufficiency Matrix - Safety

<table>
<thead>
<tr>
<th>(1) In-crisis</th>
<th>(2) Vulnerable</th>
<th>(3) Stable</th>
<th>(4) Safe</th>
<th>(5) Thriving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home is not safe.</td>
<td>Home safety is in jeopardy. Feels unsafe in home or community at all times and/or is in an abusive relationship.</td>
<td>Feels unsafe in home or community some of the time and the time. is not in an abusive relationship.</td>
<td>Feels safe in home or community most of the time.</td>
<td>Home is safe; feels safe in the community at all times.</td>
</tr>
</tbody>
</table>

The Rating scale fit with the model of the AVA but the descriptions did not meet the needs of AVA. **AVA clients would not be able to express safety or feelings of safety.** Needed to modify the Rating.
# AVA Outcome Measure: Safety Focus

If client is deceased at time of case closing or at follow-up, instead of rating, note deceased (no concerns) or deceased (concern death was impacted by primary support person’s actions)

<table>
<thead>
<tr>
<th>Rating:</th>
<th>(1) In-Crisis</th>
<th>(2) Vulnerable</th>
<th>(3) Stable</th>
<th>(4) Safe</th>
<th>(5) Thriving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating Definition:</td>
<td>Client is highly dependent upon or has regular contact with individual(s) who are assessed as being high risk for perpetrating abuse and is being physically abused and or neglected.</td>
<td>Client is highly dependent upon or has regular contact with individual(s) who are assessed as being high risk for perpetrating abuse.</td>
<td>Risk for future abuse has been mitigated by APS/community interventions but the client continues to have contact with individual(s) who have been assessed as high risk for perpetrating abuse.</td>
<td>Client’s needs are being adequately met in a safe environment, and client is no longer dependent upon individual(s) assessed as being high risk for perpetrating abuse.</td>
<td>Client’s needs are being adequately met in a safe environment, and client has major health stabilization/ improvements and/or development of skill.</td>
</tr>
<tr>
<td>Factors that might indicate Rating:</td>
<td>• Specific allegations of physical abuse or neglect</td>
<td>• Neglect may be strongly indicated or suspected</td>
<td>• Conservatorship sought</td>
<td>• Conservatorship obtained</td>
<td>• Client in a safe and nurturing environment</td>
</tr>
<tr>
<td></td>
<td>• Client is not receiving regular medical or behavioral health care</td>
<td>• Client is not left alone with suspected abuser or put in position of risk by suspected abuser</td>
<td>• Safetynet services in place, in process, or beginning</td>
<td>• Safetynet services in place</td>
<td>• Client’s finances are being protected and appropriately managed</td>
</tr>
<tr>
<td></td>
<td>• Absence of safetynet services or resistance to services by primary support</td>
<td>• Recent medical evaluation</td>
<td>• Client in a stable and safer home environment</td>
<td>• Client in a stable and safer home environment</td>
<td>• Client receiving ongoing medical and behavioral health care as needed</td>
</tr>
<tr>
<td></td>
<td>• Financial instability for client or primary support</td>
<td></td>
<td>• Client is receiving regular medical health care as needed</td>
<td>• Client’s finances are safeguarded (payee/fiduciary)</td>
<td>• Client receiving appropriate educational and social services as needed</td>
</tr>
</tbody>
</table>

Use the rating scale to determine Outcome Measure for AVA designated client. Rating scale may be used at any point during the case to get a measure of safety for client. At case closure Outcome Measure is to be at Stable or above. Client outcome of Vulnerable will require a Cross Regional MDT before recommendation of closure.

AVA Outcome Measure Tool revised September 2014
AVA Outcome Measure

- AVA Outcome Measure: Safety Focus tool can be utilized at any point in the AVA case process to get a rating that reflects the client’s current safety.

- Goal of AVA cases is to have the client at the Stable rating or above at case closure.

- Program Manager will use the AVA Outcome Measure at case closing and at follow-up.

- Informs practice
**Outcome Measure Results**

AVA Cases Closed FY 13/14

<table>
<thead>
<tr>
<th>AVA Outcome Measure at Closing</th>
<th>Female</th>
<th>Male</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Stable</td>
<td>12</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>Deceased</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>18</td>
<td>16</td>
<td>34</td>
</tr>
</tbody>
</table>

88.2% of the cases had an Outcome Rating above the prevention line at case closing, meaning safety had been enhanced for the client.
14 cases from FY 13/14 where Follow-up was completed (see chart)

Later cases appear less likely to reopen due to interventions in place and plan for follow-up. Staying in longer pays is increased safety and less return cases.
**IMPLEMENTATION**

- Constant circle of feedback by AVA workgroup meeting, discussing cases, interventions, collaboration, etc. Development and practice together.
- AVA workgroup members took it back to their teams and supervisors
- Required the use of the AVA screening tool
- Brought in training for staff on Involuntary Case Planning
- Trained AIS management (APS parent organization in San Diego) and other partners in and outside AIS - we all speak the AVA language
- Standing agenda item when meeting with partners
- Trained all APS staff recently. Workgroup members did a roadshow with a PowerPoint and materials with policy procedure, tools and other documents to have staff trained from beginning to end in AVA idea and the practical how to process.
- Celebrate good outcomes with partners
- Next steps – formalize agreements with partners, more training – including law enforcement
This is the new culture for APS in San Diego.

We speak the language of AVA in our agency, not just APS and this is a huge benefit!

Not a policy on a shelf and we don’t accept status quo for our clients.

.4% of case load in 2013/2014 (rising slightly this year).

Continues to be a work in progress
Q&A

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### AVA Client Age Range FY 2013/2014

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 29</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>30 to 39</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>40 to 49</td>
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<td>1</td>
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<tr>
<td>50 to 59</td>
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</tr>
<tr>
<td>60 to 69</td>
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<td>0</td>
</tr>
<tr>
<td>70 to 79</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>80 plus</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

### Relationship Primary Support Person FY 2013/2014

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia/Alzheimer's</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephew</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Son</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Spouse</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Intellectual Disability (usually severe/profound and typically non-verbal with high care needs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Mother</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Parents</td>
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</tr>
<tr>
<td>Sister</td>
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<td>1</td>
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<tr>
<td>Severe Mental Illness</td>
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<td></td>
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<tr>
<td>Mother</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Brain Injury/CVA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Spouse</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>18</strong></td>
<td><strong>16</strong></td>
</tr>
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