Invitation to Change the Way We Think about Aging:

What does aging look like to you? How old is old age? Have you thought about where you will want to live? What kind of services and amenities would you like to have available? How you will access supports and make decisions when needed? What kind of involvement in the community do you want to have?

When we think of aging we often think about retirement plans, health care coverage, travelling, children and grandchildren. While these are all great concepts, they are all individually focused plans and don’t include an Elder and Dependent Adult’s role and involvement in the community where they live. The process of aging is often experienced alone and in isolation instead of as a community supported process that values a just society where everyone is treated as equals.

Life changes and aging is a continuous process. We cannot predict or control future experiences in our lives, but as a community we can try new ideas and innovative approaches to improve how older people and concepts of aging are supported. Aging involves social, emotional and cognitive growth- when we’re younger we need support to develop. As we age, we gather momentum through the buildup of experiences and insights, and gain the power of perspective. Older adults are a resource for the community to move forward.

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 Senior’s Agenda is great example of community collaboration for the aging population, as an Age Friendly community. 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 was 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.

In 1999, EADACPA was amended and represents the current structure of the Adult Protective Services (APS) program today. In 2011 The State of California re-aligned funding for APS programs to counties, and the funding is added to the protective services sub account to allow for funding flexibility. Throughout the history of the APS program in Santa Clara County, the Social Service 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. However, demand for aging services has increased on average of 14% over the last 3 years, and in FY 17 increased by approximately 20%. The outdated systems and approaches
that were put into place almost 20 years ago no longer meet the needs of the elder and dependent adult community in Santa Clara County.

It’s time to pivot our thinking when it comes to services and supports for the current and future needs of the Elder and Dependent Adult population. Instead of thinking of limits, we need to plan and focus public attention on education, awareness, prevention, early intervention and collaborative practices to create new opportunities and approaches to the concepts of aging in place. To do so will require a commitment by the county and various agencies to create and sustain innovative collaborations to de-fragment aging services. 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 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) Development of aging and caregiver support groups and programs

4) Develop a county Elder and Dependent Adult Docent program for Aging services to provide outreach and education to the community

5) 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

6) Invest in a fully staffed older adult mental health team, with the Behavioral Health Department to support Elders and Dependent adults in the community

7) Create a curriculum of awareness, education, and training to medical health care providers regarding Elder and Dependent Adult abuse
   
   ➢ Develop risk screenings tools for medical/ health care providers to identify prevention opportunities and early intervention

8) Develop case management and wrap around services to support Elder and Dependent Adult to stay in their own homes

9) Develop supportive housing resources specifically for Elders and Dependent Adults similar to the mental health patch funds
Adult Protective Services Program Overview

Elder and Dependent Adult abuse is a public health issue, just as intimate partner violence and child abuse are. Abuse is indiscriminate, and does not occur solely from poverty, lack of education, moral failure or lack of planning. It 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. As a consequence, public awareness is low and the APS program is more vulnerable than other programs to limits on staffing levels and ability to provide services in the community.

As mandated by the California Welfare and Institutions code, the Adult Protective Services is a critical safety net and provides 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 the State mandates and provides an emergency response program that provides in-person response, 24 hours per day, seven days per week, to reports of abuse of an elder or a dependent adult, 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;

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 life style 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 SW 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 SW 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.

3) No Ten Day Response: defined as a case investigation by an APS SW that does not require an in person investigation, but requires abuse allegations to be investigated with findings, assessment of risk, needs to be assessed, services and referrals provided.

The State of California defines 9 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).

Adult Protective Services Caseload Volume

The County of Santa Clara APS program’s overall caseload continues to grow at an unprecedented rate. As the only agency designated to investigate abuse and neglect to elders and dependent adults that live in the community, the service delivery is greatly impacted by the lack of planned and continuous support and allocation to the APS program. Since 2013, the number of abuse reports received and case investigations have increased approximately 14% each year. However in FY 17 those numbers have jumped to almost a 20% increase from the previous year.

- Suspected Elder and Dependent Abuse reports received by APS increased by 18.3% when compared to FY16
  - averaging 486 reports per month with an annual total of 5,832 reports
- APS Case Investigations increased by 19.5% when compared to FY16
  - averaging 831 cases per month, and an annual total of 9,992 case investigations
The increase in case investigations has seriously impacted the caseloads, requiring APS 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. Currently APS has only 24 case carrying SW IIIs and they responded to the 8,665 in-person case investigations and provision of services throughout the County. In an attempt to address the workload demand, APS has had to rely on 2 full time extra help Social Work positions and offered voluntary overtime to existing staff. However this is still not meeting the need.

**APS Case Load Volume**

<table>
<thead>
<tr>
<th></th>
<th>Abuse Reports</th>
<th>Active Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY 2015</strong></td>
<td>4,335</td>
<td>7,458</td>
</tr>
<tr>
<td><strong>FY 2016</strong></td>
<td>4,927</td>
<td>8,348</td>
</tr>
<tr>
<td><strong>FY 2017</strong></td>
<td>5,830</td>
<td>9,972</td>
</tr>
</tbody>
</table>
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.

As of January 2017 APS has 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 redesigns if needed and 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 is only available from February 2017- June 2017; therefore, FY17 is the baseline year for more detailed call analysis.

<table>
<thead>
<tr>
<th>Hotline Call Statistics</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls During Business Hours</td>
<td>1295</td>
<td>1744</td>
<td>1414</td>
<td>1377</td>
<td>1393</td>
</tr>
<tr>
<td>Calls to Next Door (After Hours)</td>
<td>256</td>
<td>343</td>
<td>236</td>
<td>251</td>
<td>283</td>
</tr>
<tr>
<td>Avg Duration of Call (mm:ss)</td>
<td>3:46</td>
<td>3:45</td>
<td>3:36</td>
<td>3:31</td>
<td>3:31</td>
</tr>
<tr>
<td>Avg Wait Time (mm:ss)</td>
<td>0:48</td>
<td>0:28</td>
<td>0:15</td>
<td>0:15</td>
<td>0:19</td>
</tr>
<tr>
<td>Total Calls</td>
<td>1551</td>
<td>2087</td>
<td>1650</td>
<td>1628</td>
<td>1676</td>
</tr>
</tbody>
</table>
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 population increases are occurring today and every day.

In just 8 years, by 2026 the aging population 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.

- An increase of 30.4% is expected between 2026 and 2036 to 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 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 the decades of 2026 to 2036.
**APS Caseload Demographics**

In FY 17 the ethnic backgrounds of elders and dependent adults referred to APS as victims of abuse are 39% Caucasian, 18% Latino, 13% Asian/Pacific Islander and 4% African ancestry; 5% Other and 21% were unknown.

The language represented by the APS population is 79% English, 6% Spanish, 3% Vietnamese and 5% Unknown and 7% other/ were either other or unknown.

For both ethnicity and language, there is a percentage of other or unknown due to the limitations of the current APS case management data system. APS will be launching a new system in July 2018.

Gender of elders and dependent adults referred to APS is 60% Female and 40% male which is consistent with national trends.
Long Term Services and Supports are Dwindling

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 elders 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. Once their home is lost, elder and dependent adult abuse victims face poor prospects of finding other affordable housing on their limited, fixed incomes. The results can be unnecessary institutionalization into nursing home care or homelessness, both of which are most costly to taxpayers and represent safety net failures.

Types of Abuse Reported to Adult Protective Services

The State mandates monthly reporting of cases and abuse reports received as well as the types of abuse which are distinguished by two general categories Abuse Perpetrated by Others and Self Neglect and, within each of these categories there are additional types of abuse criteria.

<table>
<thead>
<tr>
<th>All Types of Abuse</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetrated By Others</td>
<td>2,178</td>
<td>3,006</td>
<td>3,352</td>
</tr>
<tr>
<td>Self Neglect</td>
<td>1,816</td>
<td>2,628</td>
<td>2,505</td>
</tr>
</tbody>
</table>
In FY17, of the cases where the abuse type was perpetrated by others, the highest types of abuse were financial, mental suffering, neglect and physical abuse.

**Abuse Types: Perpetrated by Others**

![Bar chart showing abuse types perpetrated by others]

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

**Abuse Types: Self Neglect**

![Bar chart showing abuse types for self-neglect]
**APS Assessment, Investigation and Services**

The primary goal of APS is to enhance the quality of life for elders 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 9 types of abuse allegations received by APS in FY17:

- allegations of Self-Neglect represented 2,941 or 42% of the total of all abuse allegations that were investigated during the fiscal year
- Self-Neglect subset categories of Health and Safety Hazards, Physical Care and Medical represented 2481 or 84% of the total amount of Self Neglect investigations
- Additionally, 61% or 1791 of Self-Neglect investigations required longer term APS interventions and remained opened over 30 days

![Numbers of days cases are open](chart.png)
What is 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. Below are three real examples of case scenarios where APS has responded and provided assessment/ investigation and planning of services.

1) Elder: male in his 80’s is referred to APS with allegations of self-neglect of physical care and health and safety. He is non-ambulatory, incontinent and needs assistance with all activities of daily living. Including specifically diaper changes, transfers, bathing, and meals. He is currently living in the garage of his home due to difficulty maneuvering in the home. There are no family, friends or other support systems available.

2) Dependent Adult: male in his 40’s is referred to APS for self-neglect, physical care, medical care, and health and safety hazards. He was found partially clothed, thin and malnourished looking. The residence had a strong odor of urine and other odors, there was no running water in the home, all carpet in the house had been pulled up and removed, and the roof was collapsing with sections covered by tarp. The bathrooms were not working, and there were feces on the floor. There were flies, mice and rat droppings throughout the home. There was a picnic cooler on the floor being used as a refrigerator. There was a crock pot on the floor with a metal plate on top being used to warm up food. There was minimal food in the home. The home was being red tagged and condemned by code enforcement. He appeared unable to care for himself, and unable to understand current risks and make plans for his needs.

3) Elder: Female in her 70’s is referred to APS numerous times by concerned neighbors. Past attempts to investigate and provide interventions by APS have been thwarted by refusal of services, and to meet with a social worker. Upon receiving reports of medical and physical self-neglect concerns, and after repeated attempts to visit with no response at the door, law enforcement was called to assist with making contact. She was found looking malnourished and disheveled; the kitchen was inaccessible due to the accumulation of clutter including garbage and other household items. Most rooms had various items that were about 3 feet high. She was angry and defensive and did not appear to understand the risks to her own health and safety.

In all of these case scenarios, the Elders and Dependent adult were not able to continue to maintain their living environments due to health issues and in part due to lack of awareness of services available. These scenarios highlight the differences Elders and Dependent Adults experience living in isolation, and without early intervention or prevention services available or known to them.
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. Currently self-neglect cases are assigned to all APS social workers and there is a need for a new unit that would specialized in these cases. Many of the complex and unmet service needs addressed by a self-neglect unit would be eviction prevention, risk prevention, and address health and care needs. The social workers in the unit would 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.

There is a serious shortage of case carrying social workers in the APS program; there are simply not enough to manage the growing need and volume of in-person case investigations. APS Social Worker IIIs who carry a caseload are assigned cases that require an in-person investigation (Emergency Response or Ten-Day Response). They have a contractual caseload limit of 28 cases. These SWs are assigned 4 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.

**APS Staffing:**

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
<th>Type of Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>SW III</td>
<td>24</td>
<td>Case carrying/Investigations</td>
</tr>
<tr>
<td>SW II/III</td>
<td>6</td>
<td>Intake Call Center/Hotline</td>
</tr>
<tr>
<td>SW I</td>
<td>2</td>
<td>Support Case Carrying SWs</td>
</tr>
<tr>
<td>Public Health Nurse II</td>
<td>2</td>
<td>Assessment and evaluation of clients/ differential response</td>
</tr>
<tr>
<td>SW Supervisors</td>
<td>4</td>
<td>Intake/ER/FAST/Case Carrying/ SW Is</td>
</tr>
<tr>
<td>OS III</td>
<td>4</td>
<td>Reception/clerical duties</td>
</tr>
<tr>
<td>Program Manager II</td>
<td>1</td>
<td>Database project and operations</td>
</tr>
<tr>
<td>Social Services Program Manager III</td>
<td>1</td>
<td>Administration and operations</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>Administrative coordination</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td></td>
</tr>
</tbody>
</table>
Collaborative Practices

As the number of Elder and Dependent Adult abuse reports increase, case investigations escalate to historic levels, and other demands have been made on the APS program. As a result, APS has had to withdraw from several community collaborations and innovative practices including:

1) Withdrawal from a State of California Victim Services grant,
2) Withdrawal of the APS Social Worker assigned as the law enforcement liaison to the San Jose Police Department-Family Violence Unit,
3) Withdrawal of the APS Social Worker assigned to South County for community outreach,
4) Reducing the number of presentations to the community, and
5) Withdrawal of APS hosting for non-work study MSW interns from San Jose State University.

**FAST (Financial Abuse Specialist Team)**

Per the Welfare and Institution 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 17 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:

- physical health and/or emotional wellbeing is compromised,
- potential undue influence/coercion,
- isolation,
- reliance on a suspected abuser,
- inability to advocate on their own behalf,
inability to manage finances, and

assets are being used without 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 had two strokes in the past and needs assistance with all activities of daily living. Over 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 17, the SCC FAST protected the following assets from loss.

**Assets Protected by FAST Intervention**

<table>
<thead>
<tr>
<th></th>
<th>FY 2017</th>
<th>Since 1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Property</td>
<td>$25,768,251</td>
<td>$214,570,051</td>
</tr>
<tr>
<td>Liquid Assets</td>
<td>$3,301,632</td>
<td>$45,212,940</td>
</tr>
<tr>
<td>Stocks and Bonds</td>
<td>$110,000</td>
<td>$46,694,004</td>
</tr>
<tr>
<td>Restitution/Recovery/Settlement (R/R/S)</td>
<td>$1,000,000</td>
<td>$25,368,559</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$30,179,883</strong></td>
<td><strong>$331,845,554</strong></td>
</tr>
</tbody>
</table>

15
**Death Review Teams**

APS has been 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 investigates and reviews 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 (EDRT) 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 the current APS database system in 2003 to manage case information and statistics for the APS program. However, there has been limited capability for updating the current system, tracking statistics and generating reports. 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 17, APS is continuing the process of designing and implementing a new APS database system with SSA-IS. The new system is projected to go live in the summer of 2018, and 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 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. Once the SDM tools are integrated into the new APS Case Management system, Santa Clara County will be one of the first counties in the state to utilize all 4 SDM tools for APS, and this will assist in preparation for the national data reporting system.

**Differential Response**

**Public Health Nurse**

The Public Health Nurse (PHN) in APS has 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. Many times victims 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

- Since October, 2016 one PHN II received 73 cases averaging 9-10 new cases each month and managing 10 ongoing cases each month
- Since January 2017, the second PHN II received 57 cases and managed 12-14 ongoing cases each month
- Since November 2016, the Extra help PHN II received 37 cases and provided training and support to the PHN IIs and Social Work staff
The Connections Program

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 dependent adults who have been referred to APS. For this program, the elder or dependent adult 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 dependent 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 program 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.
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 to many long-standing issues such as poverty, lack of safe and affordable housing, increasing medical costs and transportation. Additionally, 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 to 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 Elders and Dependent Adults in our community with compassion, expertise and new approaches.