

Archstone Foundation Final Report

The Adult Protective Service Preventative In-Home Partnership Project (PIP)

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Ventura County Human Services Agency

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I. Brief Summary of project scope of work, goals and objectives

The Preventative In-Home Partnership (PIP) scope of work is elders age 65 and older with a confirmed allegation(s) of abuse and or neglect by Adult Protective Services and present with moderate to severe cognitive impairment. Cognitively impaired elders are highly susceptible for abuse and neglect and as the impairment worsens, the elder is not able to independently care for themselves and/or fulfill the instrumental activities of daily living resulting in greater risk for harm. The purpose of the PIP is to prevent further decline by providing the right intervention at the right time for the right reason.

The goal of the project is to prevent further progression of self-neglect and abuse by other in elders age 65 and older with a *protective issue* who present with cognitive impairment.

The first objective is to improve the health and safety of elders with a *protective issue* who demonstrate moderate to severe cognitive impairment by conducting in-home screening and assessments by APS social workers and public health nurses and an in-home neuropsychological assessment (NCA).

The second objective is to utilize the APS-TRIO (Tool for Risk, Interventions and Outcomes) as the means to measure client outcomes of reducing or eliminating the protective issue.

II. Identified changes in the stated objectives or budget

To ensure we were targeting the most vulnerable of our target population, we revised the goal and objective 1. The changes to the stated goal and objective are italicized in section 1 above.

The goal was revised to focus only on the target population with a confirmed protective issue. This means that the allegation was substantiated to be credible. The definition of confirmed is standardized language in the TRIO to ensure consistency in findings among the social work team. The definition for confirmed is:

“The social worker has clear and persuasive evidence either by observation, credible and reliable testimony by the client or others, documents, reports, interviews with professionals and or other agency representatives with direct knowledge of the client and/or a confirmed history of abuse or neglect showing a similar pattern to the current situation. “

Please note that the definition of confirmed is not a legal definition but a definition based on social work practice, principles and authority within APS programs.

Modifying the goal and objective 1 was necessary to ensure the best use of our resources. Although all elders who come to the attention of APS might benefit from a neuropsychological assessment, our study focused on those most susceptible- those with a confirmed allegation of self-neglect and or abuse by others. For most, clients who are self-neglecting often are vulnerable to predatory financial scams and fraud.

We also modified 1b of the measurable outcomes for Objective 1.

Objective 1b was modified to include the role of the MDT referred to as the Rapid Response Expert Team (RRET) in triaging which cases are most appropriate for an in-home neuropsychological assessment. This modification was needed to manage the limits on the time and funds available for the neuropsychologist. The modified measurable outcome is as follows (change italicized):

100% of the clients scoring below normal range of the MoCA or those who are unable to complete their IADL and who have *a protective issue will be triaged and presented to the RRT for consideration of a comprehensive in-home NCA.*

The role of the RRET is so integral to our work in Ventura County, that modifying the outcome to include the essential role of the team was a necessary change.

Finally, a no cost extension was requested and approved with all funds expended within the time frame.

III. Summary of project activities

There were many activities over the course of the 24 month study period that is organized into 4 categories: administrative, outreach, training and presentations; social work practice and project management.

One of the major strategies used for this project to ensure success was the use of a written project plan based on the goal and objectives of the project and monthly status meetings with APS project leadership.

We designed the agenda for the meetings to align with the outcomes and required information for the progress reports. At each meeting, we addressed the following topics:

1. Outcomes related to the goal and objectives
2. Problems in process and/or practice issues and solutions
3. Review of trends
4. Highlights and lessons learned
5. Anecdotes that demonstrated the gaps in the project or the value of the project

6. Review of all data
7. Review of expenditures by month
8. Action plan for the next period

A. Administrative Activities

1. Customized our APS Case Management System to document the APS social worker's assessment of presence or absence of cognitive impairment and to document the scores from the screening tools
2. Provided training to social workers and Public Health Nurses the use of the MoCA (Montreal Cognitive Assessment)
3. Completed administrative tasks of seeking Board of Supervisor approval; established a purchase order to pay our neuropsychologist and a method for tracking of invoices with the fiscal department
4. Updated the Memorandum of Understanding with Public Health to include the use of the MoCA and IADL (Instrumental Activities of Daily Living) in their work and to ensure timely response

B. Outreach, Training and Presentations

1. Presented the integrated model with measurable outcomes, findings and results of our study at 4 national conferences; the NAPSA conference and the Aging in America conference 2012-2013 including our MDT model and the TRIO at the 2011 NAPSA conference and Aging in America conferences.
2. Presented data from the TRIO research at the 65th Annual Scientific Meeting of the Gerontology Conference in November 2012 (Dr. David Sommerfeld, Ph.D)
3. Trained El Dorado County on the TRIO (Linda Henderson, Project Leader)
4. Consulted with 2 other states on the TRIO and our approach to risk assessment (Linda Henderson)
5. Trained APS team on the study goals and objectives (Linda Henderson)

6. Presented our work at the Board of Supervisors (Marcy Snider, APS Coordinator, Linda Henderson and Grace Dunlevy, APS, Social Worker).
7. Presented our work to the Ventura County Adult Abuse Prevention Council (Linda Henderson and Marcy Snider)
8. Presented findings as a panel member for Ventura County Fraud Summit hosted by DA Sept 2012 (Marcy Snider and Dr. Erik Lande, Ph.D)
9. Selected to present at CWDA annual conference in Oct 2013
10. Conducted 3 trainings on the assessment of cognitive impairment, types of dementia to increase SW skills, knowledge and abilities that included members of the Ventura County Public Guardian Office and Ventura County Behavioral Health. (Dr. Erik Lande, Ph.D)
11. Conducted presentations for the community to over 2300 people on adult abuse and neglect, financial abuse, how to seek help

C. Social Work Practice

1. Implemented the use of evidenced based screening tools into standard practice for all clients age 65 and older (MoCA and IADL) and for dependent adults
2. Revised the APS case Management system to allow documentation by the nurses, MSW Interns
3. Utilized MSW Interns to case management selected elders who required additional support and interventions beyond the role of APS social workers for continued health, safety and well-being.
4. Participated in training on dementia, assessment, use of evidenced-based tools
5. Participated in presenting cases to the Rapid Response Expert Team

D. Project Management

1. Designed and implemented a referral form, PIP tracking system and flow chart of our business practice
2. Established monthly meetings of the management team to review goals, objectives, time lines, identify problems and develop corrective strategies as needed.

IV. Discussion of project successes and challenges and highlights, accomplishments, problems and solutions; and anecdotes

This section is organized by (A) accomplishment, highlights and successes; (B) anecdotes and (C) problems and solutions.

There were a number of accomplishments, highlights and successes of the project. The most salient accomplishment is that all of the strategies employed and tested by the Archstone Foundation Project are fully integrated into standard practice. This includes use of the TRIO that standardizes the approach to investigation and risk assessment; documents the interventions; measures client and program outcomes; and determines prognosis for future harm. It also includes a vibrant and active MDT; an integrated medical/social work approach; use of evidenced- based tools for assessing cognitive impairment; partnership with a research institution and providing a rich learning experience for MSW Interns

A. Accomplishments, Highlights and Successes

- Barry Zimmerman, Agency Director met with key members in Washington DC the week of August 1, 2013 regarding our work in Ventura that began in 2008 and included the project with the Archstone Foundation. These include: Barbara Dieker, Director Office of Elder Rights for the Administration on Aging, Stephanie Whittier Eliason, Elder Rights Team Lead, Office of Elder Rights, Rebecca Mann, Elder Abuse Program Specialist, Office of Elder Rights and Erica Smith, Department of Justice.

We are in discussion about the Ventura model and the potential for a partnership with the Administration. They were intrigued with the TRIO and impressed with the approach the empirical outcomes that have been documented and validated.

Other meetings included Congresswoman Julia Brownley. We are seeking support for our model based on standardizing the approach in APS investigations and assessment, the use of integrated teams and a method for measuring outcomes with empirical data. .

- CDSS in collaboration with the 58 member Protective Services Operations Committee and UC San Diego Training Academy hosted a 2-part training to improve consistency in how APS SW evaluate and document findings. The work conducted by Ventura County APS on consistency of definitions was cited in the bibliography of the state wide training.
- APS Coordinator Marcy Snider and our neuropsychologist were invited to speak as part of a panel in a county wide Financial Abuse and Exploitation Summit. With evidence of mounting risks to our elder population, this summit is important to educating and informing the public to this concerning trend.
- Dr. David Sommerfeld, Ph. D and Linda Henderson, ACSW, LSCW and Project Leader presented at the Aging in America conference held in Washington, DC March 28, 2012 to April 1, 2012. The title of the presentation was "Vulnerable Populations: An Integrated and Empirical Approach to Serving At-Risk Elders." The focus of the presentation was threefold: 1) Comparison of outcomes for clients served by APS only and those served by an integrated medical/mental health team of practitioners 2) Demonstration of the TRIO and 3) Research findings on the TRIO. The workshop was well-received by the audience.

The Archstone Foundation was credited as supporting the study on integrating evidenced-based tools and medical practitioners into APS.

We have now presented at 4 national conferences with personal invitations from NAPSA and the Aging in America executive team.

- Ventura County was the winner of the CSAC Challenge Award 2012 for the design and development of the TRIO
- A most significant highlight is that the project leader, Linda Henderson has been contacted by the State of Colorado Adult Protective Services to conduct one day training in 2014 on risk, risk assessment and an integrated approach to investigation and assessment. Colorado APS used our work on integrating public health nurses into APS to present to their legislature the importance of funding this component of APS.
- The National Association of Social Workers have been publishing articles on the projected gap between the number of elders who will require services from trained MSWs and the number of Master level social workers trained in working with seniors over the age of 65. Recognizing this gap, Ventura County entered into an agreement with California State University Northridge. The CSUN MSW Interns began in September 2011 and completed their internships in May 2012. This pilot effort was deemed a success because it enhanced the services provided not only by APS but other programs serving at-risk adults. The MSW students graded our

placement highly as an excellent learning environment. Clients of APS and staff benefited, too.

APS generated referrals to the MSW Interns and of those, 80% or 27 clients were age 65 or older. We also conducted a pre and post self-report survey of all clients served by the MSW Intern. Fourteen clients participated in the survey of which 10 were over age 65, our target population for the PIP. Of those clients seen, 10% of the cases did not have their protective issue resolved; 20% did not have a protective issue but had a poor or guarded prognosis based on their situation. However, with the added resource of MSW Interns, 70% of cases were safer as a result of the interventions as measured by the TRIO.

Silvia Olmos, MSW Intern conducted a research project titled, *Well Being of APS Clients while Working with Masters in Social Work Interns*. Likely because of the small sample size, the slight improvement in well being was not statistically significant. However, the clients did demonstrate a decrease in tension and an increase in feeling relaxed. We know that well being is linked with better health outcomes and reduces premature decline.

We are in the stage of placing the next cohort (year 3) of our MSW Interns Program. The APS social workers overwhelmingly support the MSW Intern program as they witness the benefit to the client, to the work load of the social worker and to the value of training the next generation of social workers. At the end of each school year, the MSW interns agree that placement at APS was a rich and rewarding learning experience.

- Because of our work with Archstone and UCSD, we were selected to speak at a local Senior Summit hosted by one of our elected officials. Our topic was "Come out and Play"- a focus the latest brain research that improved nutrition and other activities can delay the onset of the disease. Research also shows that people are more afraid of Alzheimer's disease than cancer. The Project Leader participated in the Aging in America National Conference March 2012 "Brain Health Forum" hosted by Paul D. Nussbaum, Ph.D, Clinical Neuropsychologist and Adjunct Professor of Neurological Surgery at the University Of Pittsburgh School Of Medicine. Per Dr. Nussbaum, "the brain is the final frontier and brought the findings of the research to our community.
- A major accomplishment was the use of and importance of the TRIO in ensuring a consistent approach to investigation and assessment and a reliable and dependable method for measuring program outcomes. Our work with Dr. David Sommerfeld, Ph. D and Dr. Gregory Aarons from the University of California San Diego is important to our work but adds to the field of knowledge within APS programs. We are also proud that Dr. David Sommerfeld has remained a part of our work, presenting at national conferences with us. It is our belief that partnering with research

institutions in APS is an important element in advancing our field and ultimately improving the outcomes for the people we are entrusted to serve.

- The APS Program Coordinator spoke to community groups and professional organizations reaching over 2500 people since July 1, 2012. At one session, a member of the Rapid Response Multi-Disciplinary Team (RRT) said to the group, “The RRT is one of few meetings where we actually accomplish something. Call APS- they will offer assistance- it is not lip service- they really try and help.” Not only does this speak to the success of the RRT, it demonstrates that having medical practitioners as part of APS and an MDT improves the effectiveness of the MDT and improves client outcomes as well. Surveys conducted during the AoA project validates the success of using MDTs in APS and integrating medical and social service in APS programs. The success to date with the Archstone Foundation project supports the validity of the outcomes demonstrated in the AoA project. A best practice is forming.
- The Project Leader presented the Project scope, mission, goals and purpose to the Ventura County Adult Abuse and Prevention Council on November 9, 2011 at the annual gala where APS was honored. It was well received. In attendance was a member of the Ventura County Board of Supervisors who presented a proclamation from the entire Board, and a letter and proclamation from US Congresswoman Lois Capps. The Council has chosen APS to be the honoree this year and all fund raising will support the mission and purpose of the APS program in acknowledgement of the work performed by our team.
- We successfully ended the Rapid Response Expert Team (RRET) project December 31, 2011 and transitioned from the RRET project to PIP smoothly. The lessons learned from the RRET allowed us to implement the PIP easily and without the start-up issues. The APS social workers are comfortable working with medical practitioners and have expertise in communicating the presenting problem and issues directly and professionally. Working in multi-disciplinary teams can be a challenge including knowing and understanding the language of other disciplines. With expertise from the RRET project, the APS social workers work efficiently and effectively with the neuropsychologist, Public Health Nursing, Licensed Clinical Social Worker and medical practitioners.
- Since July 2011, we have been selected to present at 2 NAPSA conferences and 2 Aging in America conferences. The project leader and members of APS and our UC San Diego researcher presented successful strategies for improving outcomes for our elderly and dependent adult clients that started with a vision in 2008 that focused on the right intervention at the right time for the right reason.

- We were selected to present at the 2013 NAPSA conference in St. Paul, MN. Title and summary as follows:

Title: Meeting the Challenge of Protecting at-risk elders with cognitive impairment: an integrated & empirical approach

The increasing prevalence of cognitive impairment among elders poses a challenge to APS social workers requiring an integrated approach to assessment and intervention. This workshop presents strategies designed to improve measurable outcomes for this vulnerable population. Findings suggest practice and policy changes for APS and the aging at-risk population.

Learning Objectives for NAPSA

Teach the learner an integrated social service/health care model to serve a diverse elder population with cognitive impairment in their homes that improves outcomes and increases health and safety

Teach the learner key components of a neuropsychological financial capacity assessment

Teach the learner evidenced based tools to assist in the investigation and assessment of abuse and neglect

Teach the learner the importance of having empirical data to inform social work practice and public policy

Session Description for NAPSA

Workshop presents approaches/outcomes addressing the increase in elders with cognitive impairment and resulting situational complexity with emphasis on financial abuse. Successful strategies leading to measurable outcomes include sustaining an effective multi-disciplinary team; integrating evidenced based tools for screening into practice; integrating MSW Interns/ Public Health Nurses into practice; conducting in-home neuropsychological assessments and assessing for financial capacity.

- Our partnership with UC San Diego was sustained throughout the grant period and continues forward. We are in discussion about future research ideas based on our model and the over 5,000 episodes contained in the TRIO. The following is a brief summary of the research conducted under the RRET grant with the Administration on Aging.

The following is a summary of the TRIO research conducted by UC San Diego, California:

Summary of Research of the TRIO: Written by David H. Sommerfeld, Ph. D and Gregory A. Aarons, Ph. D; University of California San Diego

Study Context and Goals:

Ventura County, California, Human Services Agency designed and developed the Tool for Risk, Intervention, and Outcomes (TRIO) and partnered with a team of investigators from the University of California, San Diego and San Diego State University to conduct a multi-faceted assessment of the initial APS data collected via the TRIO. The examination of the TRIO data was designed to accomplish the following primary four goals:

1. Provide a detailed assessment of the TRIO data for APS clients.
2. Identify distinct risk and intervention profiles from the TRIO data.
3. Assess the relationship between TRIO risk, interventions, and outcomes.
4. Test the validity and reliability of the TRIO tool for APS practice.

Assessment of APS Client TRIO Data

Data for this study came from the 2,505 Ventura County APS dependent adult and elder adult episodes with a TRIO completed between 11-1-2009 and 6-30-2011. During the study timeframe 73.5% of the episodes involved elder adults (age 65 and over) and 26.5% involved dependent adults (age 18-64). The distribution of TRIO risk items indicated that the types of risks experienced by the clients varied substantially between allegation and disposition categories. For both elder adult and dependent adult episodes, there appeared to be a core set of TRIO intervention indicators received by many APS clients. Clients with the most clearly documented need for services (i.e., those with confirmed allegations), received the widest range of intervention services. Among elder adult and dependent adult episodes with confirmed allegations, positive financial, health, and/or safety/stability outcomes were achieved in the majority of the episodes however, approximately 25-30% had an unresolved protective issue at episode closure.

As part of the TRIO, social workers recorded a determination of the client's prognosis for non-recurrence that ranged from "poor" to "excellent" at the close of each episode. For elder adults, this measure of prognosis was found to be associated with actual 180-day recidivism indicating that the social workers were frequently able to successfully identify the clients most likely to return back into APS.

Identification of TRIO Risk and Intervention Profiles

Latent class analysis (LCA) techniques were used to derive meaningful risk profiles for each elder adult confirmed allegation type. The LCA results indicated that there were four risk profiles evident among the self-neglect episodes, four risk profiles for abuse-by-other episodes, and two different risk profiles for

episodes of clients with both self-neglect and abuse-by-other confirmed allegations. While some individual characteristics might be evident in more than one risk profile, the constellation or cluster of risk indicators made each risk profile distinct. The risk profiles used to characterize APS clients were frequently related to specific APS outcomes.

LCAs conducted with the TRIO intervention data for each of the 10 risk profiles generally identified two distinct groups of clients – those that indicated extensive engagement in APS interventions and those with limited participation in APS interventions. The clients in the higher intervention participation group were often associated with achieving more favorable financial, health, and safety related outcomes and were much less likely to have an unresolved protective issue.

Relationship between Risks, Interventions, and Outcomes

Results of the multivariate regression analyses provided additional support for the finding that distinct sets of clients share particular risk factor characteristics and that these risk profiles were directly related to client outcomes. Additionally, low participation in APS interventions was a strong predictor of unresolved protective issues and unresolved protective issues were found to be related to a poorer prognosis for non-recurrence and increased 180-day recidivism. Clients with a better prognosis for non-recurrence had much lower odds of recidivating within 180 days than clients with a poor prognosis.

TRIO Validity and Reliability

This study also assessed the validity and reliability of the newly developed TRIO. Since there was no single measure available with which to assess the validity of the multi-faceted TRIO, we utilized principles from three different approaches: content validity, concurrent validity, and predictive validity. Overall, the examination of the validity of the TRIO data indicated that, where feasible to assess, the TRIO data were consistent with expectations and suggestive of a valid measurement tool. The strong results from the inter-rater reliability test in which APS workers reviewed specially created case narratives and completed a TRIO for each one provided evidence that the TRIO can likely be consistently and reliably completed when appropriate training has been provided.

B. Anecdotes

The following anecdotes illustrate the value of screening all clients 65 and older and then triaging for the need for an in-home neuropsychological assessment (NCA) by a trained and skilled neuropsychologist. These assessments can differentiate the various causes of complex symptoms. APS social workers are not trained to do this type of assessments and in fact, are outside the scope of practice for social workers. APS social workers are adept at screening and identifying the need for further in-depth assessment but require the expertise of a licensed medical practitioner to identify the underlying problem. With this

knowledge the APS social worker can develop the appropriate intervention to meet the goal of eliminating or reducing the protective issue.

Without proper assessment of complex medical/mental health/social issues, APS social workers are not equipped for designing targeted, person centered interventions. This is vital to the outcome of the client and to ensure appropriate use of resources. Not only do assessments by medical and psychological practitioners improve the outcomes for clients, it is cost savings to the overall system of care.

The following anecdote illustrates the challenge of eliminating or reducing the protective issue when the client has a long history of substance abuse and is currently using alcohol. Alcohol abuse and addiction is a major barrier in assessing the need for protection under the Superior Court.

Names are fictitious.

Andrea Smith, age, 67 and her husband, Phil Smith age 74 was referred to APS for self- neglect. At the time of the referral, Mr. and Mrs. Smith were alleged to abuse pain prescriptions with frequent falls resulting in injuries and multiple hospitalizations. When the APS social worker responded, she observed poor personal hygiene and diminished self-care in both individuals. The home was cluttered and in poor condition with evidence of inattention and neglect. Both Mr. and Mrs. Smith presented with memory problems. Mr. Smith scored 15/30 on the MoCA and Mrs. Smith scored not much better at 16/30. Twenty-six is considered the cut-off for scoring within the normal range. Mrs. Smith also presented with anxiety and some depression.

There have been 7 previous referrals to APS all of them related to self- neglect issues.

In the most recent referral, Mr. and Mrs. Smith were at- risk of being evicted due to non- payment of their rent and the APS social worker discovered utility shut-off notices in the home. They appeared to be spending their money on pain medications. They lacked insight into their situation, failed to make alternative living arrangements, denied that there was a problem and did not want to seek treatment.

When the APS Social Worker completed the bio/psycho/social assessment as part of the investigation process, it was apparent that the presence of substance abuse, memory impairment, mental health issues and denial of impending catastrophe required a more in- depth assessment of both Mr. and Mrs. Smith's cognition and differential diagnosis was needed to determine which interventions would be most appropriate and beneficial to the clients.

Mr. and Mrs. Smith accepted the neuropsychologist into their home and participated in the assessment.

Through the auspices of the Archstone Foundation PIP project, we were able to have a neuropsychologist complete the in- depth in-home assessment that ruled out dementia as the cause for their symptoms and behavior. This proved to be invaluable information for the APS social worker. The social worker no longer had to focus on irreversible cognitive impairment due to dementia and a referral to the Public Guardian Office for a conservatorship. Instead, there was confirmation that both individuals had a primary substance abuse problem so offering further assistance to stabilize their situation was no longer seen as the right intervention. In fact, further work on their behalf to avoid the logical consequences of their behavior would have enabled the substance abuse issue to continue and contribute to continued problems.

The social worker took a step back and allowed Mr. and Mrs. Smith to experience the natural consequence of decline which ultimately proved to be the correct response. Both were hospitalized shortly thereafter and are now in licensed care where they receive the proper nutrition and medication monitoring. Both are doing well.

Mrs. Grant, age 75

Mrs. Grant was referred to one of our MSW Interns for further case management to ensure the plan for safety was completed. Mrs. Grant lives alone after a long happy life with her husband of 50 years.

Mrs. Grant was feeling depressed and isolated with severe health issues that jeopardized her ability to care for herself safely. During the course of intervention by the MSW Intern that focused on in-home one to one sessions. Mrs. Grant and the MSW Intern talked about the client's relationship with her mother and former husband. Mrs. Grant had home health care and the agency was encouraging Mrs. Grant to enter a Skilled Nursing Facility to rehabilitate her legs. She was resistant to making this transition. Eventually, she agreed and the services by the Intern ended. At the last session with the Intern, Mrs. Grant stated she enjoyed talking about her life and her family.

What is important about this story is that so many elders need witness to their life even as their cognitive capacity as a result of disease encroaches. The "telling of the story" is vital to resolving the natural tension between integrity (does my life have meaning) and despair (there is no meaning to my life).

As dementia advances, the witnessing of the story is critical. Case in point is Glen Campbell, the famous song-writer and singer. His family created a tour and last record to witness the wonderful career and life of this talented man.

Tricia, age 77

Tricia is a 77 year old widowed white female living with her 54 year old son, Craig, who has been diagnosed with lung and brain cancer. Tricia presented with poor hygiene, disheveled appearance, long unkempt hair and long dirty nails. Tricia has a daughter in a local city but is estranged and offers no assistance or help.

Tricia is a hoarder with the entire home impacted. She presented with severe cognitive impairment- confusion, lack of ability to process information and inability to follow a stream of thought. The APS social worker conducted the MoCA and Tricia scored below normal with a 10/30 on the MoCA. She was oriented to 2 spheres only- person and place. She could not say who her doctor was, what medications she was taking or what she had eaten that day. Tricia is ambulatory. When APS first responded, she was alone as Craig was hospitalized for his medical condition. The neighbor had been going to the store and bringing her dinner. This was an ad hoc arrangement.

At the second visit, Craig was home from the hospital and stated he cannot care for his mom and she doesn't have the capacity to understand his condition. He has to undergo radiation and chemotherapy. He will have to take the bus for treatment due to his truck having two flat tires. APS used tangible funds to purchase tires and groceries for Craig. He has no income and Tricia misplaced her Social Security check and had no funds. Craig appeared to have possible mental health issues and presented with poor hygiene.

During the course of the case, Craig was approved for SSI and Medi-Cal. APS transported him to the doctor and Social Security Office. Tricia received her Social Security check to replace the missing one. Groceries were purchased multiple times as well as medicine for Craig before Medi-Cal approved.

APS presented the case to the RRET. The neurologist and nurse worked with APS, the family and the family physician and a capacity declaration was completed declaring her unable to provide for her health, safety and stability and was vulnerable to undue influence.

APS generated a referral to the Public Guardian Office for a probate referral. Craig is doing better and has improved somewhat but without a conservatorship for his mother; Craig is powerless to have a clean and safe home. Pending resolution of the court process, Tricia refuses to cooperate keeping her at risk.

This story is important because without the ability to conduct an in-home assessment for capacity, this is a case APS would be forced to close. Craig is unable to care for his mother and unable to pursue a conservatorship. Without intervention by the Court and Public Guardian, both Craig and his mother's safety

and health would have been severely compromised exacerbating the need for more restrictive and unnecessary hospital care.

Dorothy Roberts, age 78

Dorothy is a 78 year female referred for self-neglect. She failed both the MoCA and the IADL. She agreed to an in-home assessment by our Neuropsychologist who found her to be incapacitated as a result of dementia. This information was shared with the family. Although we recommended out-of-home care or 24 hour in-home care, the family decided to have her son move in with her to provide some care. Because the service agreed upon was less than desirable and served to stabilize the client and reduce the rate of decline, the protective issue is reduced but not eliminated. Prognosis is guarded.

Adrienne Porter, age 81

Adrienne is an 81 year female referred for self-neglect. She scored well below normal for cognitive impairment and was referred for an in-home assessment by the Neuropsychologist. She agreed to the in-home assessment but then refused to complete it. The findings up until the point she refused revealed undiagnosed mental health issues and intermittent follow-up with her medical provider. She is being cared for by her husband and a paid provider through IHSS but sooner than later, her needs will out pace their capacity. Because she did not complete the assessment, she is not in the study. However, this case does demonstrate the importance of having baseline data on cognitive impairment (CI) in the event the case returns to APS (and this one is likely to return). It also demonstrates the importance of the in-home assessment by a skilled professional. The neuropsychologist and nurse were able to glean valuable information that assisted APS in educating the family and making referrals for services.

Alison Mason, age 94

Alison was referred for self-neglect and financial abuse by other. Shortly after the referral, she was found on the floor by her son (the alleged perpetrator). She was admitted to the hospital and passed away 2 days later. The son is being prosecuted for financial abuse at the time of her death. This case highlights the importance of early intervention by APS. Although not part of the mission of this project, outreach to potential reporting parties particularly non-traditional ones should be a key component in all APS programs. It is very important to maintain a continuous outreach as individuals in agencies and organizations change and information about APS is lost. It is also apparent that the denial in our nation about sheer numbers of people turning age 65 and living longer coupled with the complex medical/social and psychological needs of this population is striking.

Pauline Shorter, age 82

Pauline was referred for self-neglect. She agreed to an in-home neuropsychological assessment and upon completion, was found to be lacking capacity as a result of dementia. The case was referred to our PAPG office. She had an acute episode with symptoms of paranoia and delusions and was 5150'd by law enforcement and admitted to a gero-psych unit. She is in process for a probate conservatorship. This is an external outcome with a very good prognosis.

This story highlights the importance of a differential diagnosis as many mental health experts are not trained in understanding dementia. The manifestation of the disease during its course requires appropriate assessment and intervention leading to the best outcome.

Rose Velvet, age 85

The case of Rose Velvet highlights the need for in-home neuropsychological assessment to differentiate the cause of the protective issue. Rose was referred to APS for self-neglect. Her home was in disarray with rotten food. During the course of the investigation and assessment, it was determined that an in-home assessment with our neuropsychologist was needed. Rose was found to lack capacity but not due to dementia. Her issues stem from emotional and mental health problems. She needed a lot of services to remain safely in the home but only agreed to partial services. Her situation is stabilized and thus the protective issue is reduced but not eliminated. The prognosis is guarded. She did not meet criteria for an involuntary hold in the mental health system.

This story reveals the need for in-home mental health practitioners adept at working with this population. Although Rose may meet criteria for mental health services through our public system, she would not be able to navigate the intake process necessary for admission.

Emily, age 92

Emily, a 92 year old woman was referred to APS for self-neglect. She lived alone and was unable to provide for her health and safety. With no social support, she was vulnerable for abuse by others and for a rapid decline at the end of her long honored life. With the assistance of this project, the social worker and Public Health nurse intervened, completed the screening for cognitive impairment and other health screenings. The neuropsychologist conducted an in-home assessment. Based on these findings, Emily is safely in a hospital/facility with a referral for conservatorship to the Public Guardian. The outcome is an elimination of the protective issue. Prognosis is good.

Carol, age 93

Carol, a wealthy woman, was referred to APS for financial abuse and psychological abuse by her live-in married son and daughter-in-law. Based on the screening, Carol is unable to protect herself and make informed decisions as a result of impaired cognition. Self-neglect was evident. APS worked with other family members and engaged their problem solving skills to attend to the critical situation. We assisted the family in seeking conservatorship with the neuropsychologist assessment; collaborated with law enforcement and protected her accounts by working with the bank. At the time of case closure, the risk was reduced with active engagement of the entire family to complete the conservatorship. Prognosis is fair based on the assessment of the ability and motivation of the family.

V. Discussion of the project's ability to fulfill goals as proposed

With a well designed project plan and monitoring by the project leader and project lead team, we were able to stay on course with our goal and objectives and meet the outcomes designed. We expended all of our funds on time.

The APS social workers and public health nurses screened every elder age 65 and older with one or both evidenced-based tools: the Montreal Cognitive Assessment (MoCA) and the Instrumental Activities of Daily Living (IADL). The method chosen by the social workers and nurses to screen for cognitive impairment is based on the assessment of the client's ability and willingness to participate with the tools. Professional judgment is used to choose the use of both tools.

Since the start of the project on July 1, 2011, 2, 530 episodes were screened resulting in 48% of those with mild- moderate- severe cognitive impairment. Forty-four percent (44%) showed no signs of impairment and 239 or 9% had an unknown impairment. The unknown category includes those cases where a client situation impedes the social worker or nurse's ability to complete the screening. Examples of these may include stroke, coma or acute mental illness symptoms and behavior.

We conducted training for our team on the study's purpose and importance to the field as well as assessing for capacity. It was very important for our team to have knowledge in how dementia affects financial decision making since this is often the first indication of a problem related to the protective issue.

Fifty-one (51) clients were triaged and presented at the Rapid Response Expert Team for consultation. Of those, 63% (32) participated in the in-home assessment and accepted recommendations to ensure health and safety. Of the 51, 15 or 30% were excluded from the study. Criteria for exclusion includes refusal to participate in an in-home assessment, whereabouts unknown,

death prior to completion and failure to agree to recommendations (for those with capacity).

Of those in the study, 94% had a reduction or elimination of their protective issue. This exceeds our goal of 70%.

The study measured the number and percentage of participants who agreed to all recommendations, agreed to partial and those who had an external intervention. Fifty-nine (59%) agreed to all or some of the recommendations provided by the APS social worker and or nurse.

Forty-one percent (41%) of the study participants had an external intervention. External is defined as any intervention where an event occurs and the client loses the ability to agree. Examples include appointment of a conservatorship, admission to a hospital or care facility or treatment center. Discussion of this finding is in section IX.

The TRIO or Tool for Risk, Intervention and Outcomes is fully integrated into the APS standard of provision of services. With over 5,000 episodes in the data base, the TRIO holds invaluable information and data that has the potential to advance the field of study in APS. The TRIO is a tool that standardizes social work approach to investigation and assessment, documents the findings, guides the choices of interventions, measures client outcomes, program outcomes and prognosis for recurrence to APS. Findings from the research by UC San Diego is that Ventura County's APS social worker's have a high degree of accuracy in determining recurrence rate at the close of a case. This is important because if services or funding were available, APS could use the TRIO and the determination of prognosis to bridge high risk clients to ongoing services that could reduce the recurrence of abuse or neglect. Without a valid method to identify those clients who are at risk for further harm, linking and referring to ongoing support is too variable to ensure the right intervention for the right client.

VI. Description of problems encountered and discussion of how problems were addressed

The first problem we encountered was addressing the change in the goal and objectives to focus only on those cases that had a protective issue and presented at the RRET. With limited resources, addressing needs in the population with no protective issue is beyond the scope of our mission and therefore, we needed to narrow our work on those elders most with a confirmed allegation of abuse and neglect. We believe that multi-disciplinary teams are a best practice and so all cases met the initial criteria was presented at the RRET.

Secondly, we then had to address the confusion caused by excluding those who had a below normal score as a result of a physical disability. It was a challenge to differentiate between scoring below normal on the MoCA and the IADL as a

result of cognitive impairment not related to physical disability. For example, clients with a severe physical illness may score below normal on the IADL but this may be related to the disease or illness itself. APS social workers do not have the time to do in-depth differential diagnosis. Our solution was to score based on the client's functioning regardless of etiology. Then if necessary, the case will be presented to the RRET for consultation. We addressed this challenge by modifying the objective 1b.

Another problem that had an impact on our work was an unprecedented turn-over in APS staff as a result of retirements on one extended leave. It took time to fill the vacant positions and provide the appropriate training resulting in the request to extend the study period by 6 months. This solution was successful and we expended all funds on time.

An unintended consequence of integrating a neuropsychologist on the APS team was the increased burden to our PAPG as referrals increased 3 fold. The Public Administrator Public Guardian Office investigates probate referrals that have a valid capacity declaration. With the added resource to conduct capacity declarations in APS, the increase of referrals for probate conservatorships had a negative impact on that team. A solution we used was to cross train our LPS conservators on probate investigations but ideally, the PAPG office needs one additional staff member to meet the demand. This will be addressed in subsequent budget hearings at the county level.

For a period of time during the project, the PAPG and APS had an increase in the numbers of elders with chronic alcoholism who were experiencing all of the medical/mental/social/cognitive consequences of life-long drinking. This is a very difficult population to serve in the conservatorship process because they are not usually involuntarily held on a 5150 nor are they appropriate for probate conservatorship. However, the mental health system often has few resources to serve this population as well and look to the PAPG to solve this problem. This would be not an appropriate venue. As a result we conducted training for members of the Behavioral Health Older Adults Program and the medical team to educate on the probate process and assessment of dementia.

To enable the APS program systematically and easily collect one of the data points we worked with the vendor for our APS case management system, Panoramic Software, Inc. to add a report function. Panoramic completed the report function of our case management system to allow the capture of data related to cognitive impairment and individual client score. Adding this is important to data collection and serves to set a standard for a best practice in APS to use evidenced based tools for clients who present with mild-moderate-severe cognitive impairment. If possible, the APS social worker conducts a MoCA on all clients who present with mild-moderate-severe cognitive. If not able or if the client is unwilling, the APS social worker conducts an IADL (Instrumental

Activities of Daily Living.) For some cases, the APS social worker uses both tools.

VII. Description of negative or positive unexpected outcomes of the project

We were not expecting that the rate of CI would remain fairly consistent throughout the project. We believe this demonstrates the possibility that a profile of the elder population that is referred to APS exists and that APS programs can plan and strategize the most effective interventions to meet these needs. We were not expecting that the rate of MCI in the elder population would be aligned with the information provided by the Alzheimer's Association that 10-20% of the 65 and older population has MCI- mild cognitive impairment. This provides confirmation that our study outcomes are consistent with other studies.

We were surprised at the high percentage of clients (63%) who agreed to an in-home assessment as the assessment can take up to 3-5 hours. In fact, many liked the process and welcomed our neuropsychologist back to complete a portion of the testing.

Another lesson learned is that we are seeing a slight increase in older adults age 55-65 with early onset dementia that could benefit from the in-home neuropsychological assessment. We are concerned about the growing numbers within this realm. According to research conducted by Dr. James Sutton, mild cognitive impairment is likely a sub-clinical presentation of Alzheimer's disease.

Unlike guardianships for those people with grave disability as a result of a mental disorder, probate guardianships/conservatorships have longer time frames for the court process. This process can take up to 4 months or longer depending on the particularly aspects of a case. A noticeable gap within the service component of our County is providing in-home care for people who have a written and valid capacity declaration by a skilled practitioner pending resolution in the court system. Reconciling the mission of APS with this gap is a challenge and the answer is not easy. From a policy perspective, having an APS delivery system that is funded to provide both investigation, assessment, brief intervention and long term case management would be one step to fill this void.

Of interest is that when compared to a previous study conducted with the County's APS system through the Department of Aging at the federal level referred to as the RRET Study (Rapid Response Expert Team Study), the external interventions were strikingly different. In the RRET study, 26% had an external intervention versus the 59% of the PIP/Archstone Foundation Study. We were expecting a similar result in the Archstone Foundation Study. Our analysis is that the Archstone Foundation Study focused on the more impaired population than the RRET study and therefore, a higher percentage of the participants would require an external intervention like a conservatorship.

Another accomplishment is that the APS social workers are skilled at using the MoCA and IADL on every client and has been integrated into social work practice. From a practice and policy perspective, having APS social workers who are adept at identifying possible cognitive impairment and trained to do a proper evidenced-based screening is essential in meeting the mission of APS programs and essential in meeting the needs of a changing world of the aging population. This task has not added to the workload but increases the efficiency of the APS social worker.

VIII. Discussion of how the project would be modified or changed if repeated or replicated

In evaluating the Archstone Foundation PIP project, the project leaders and the APS social workers and integrated team were satisfied with the project. The vision, mission and goals of the project aligned perfectly with Ventura County's approach and model for how APS systems can work differently to meet the changing landscape of aging.

Since 2008, Ventura County has been creating models and testing these models with empirical data to ensure the right intervention at the right time for the right reason. At the heart of the matter, Ventura County's approach answers these questions:

1. When APS responds, can we get it right the first time to avoid preventable recurrence and further decline and harm?
2. Can we measure outcomes empirically?
3. Are there interventions that eliminate or reduce further decline?
4. How can we address the bifurcated systems that struggle to keep pace with the needs of the at-risk elder?

At this point, we feel confident that the following strategies that form the foundation for the Ventura model lead to better outcomes for individuals served by APS:

1. Use of evidenced-based tools to screen for cognitive impairment
2. Integrate these screening tools into standard APS practice
3. Conduct in-home assessments by skilled medical providers to guide APS social workers in designing the right intervention
4. Use of multi-disciplinary teams
5. Measure client and program outcomes using a standardized tool
6. Use MSW Interns to support identified clients in APS

These strategies have had a positive outcome not only for the clients served but for the APS program. APS has seen an increase in credibility and understanding of the role of APS among the safety net providers in the county as well as other agencies and organization who share a similar target population and mission.

Ventura County welcomes partnering with another county to test whether the outcomes of the model are similar. This is important in advancing the field of study for APS programs and improving the lives of vulnerable elders.

IX. Lessons learned

Lessons from the TRIO

Several important implications for policy and practice were generated by the results of the TRIO research conducted by UC San Diego. Given the finding that APS social workers have the ability to identify clients most likely to return to APS, providing additional longer term services to the high risk clients may help reduce preventable APS recurrence and promote the ongoing well-being of the vulnerable populations traditionally served by the APS system. Future study is needed to examine the role that longer-term follow-up and support can play in reducing recurrence among elders served by APS.

Other findings from the research on the TRIO suggest that APS client engagement and retention strategies warrant explicit attention to help promote maximum client participation and favorable outcomes. In addition, the individual TRIO risk indicators and the identified risk profiles highlighted the diverse range of risks and their complex interactions found among the APS clients. To adequately address these concerns the APS system must have the capacity to provide a wide range of services and develop partnerships with affiliated agencies for expertise not regularly available within the APS system and outside the scope of traditional social work practice.

Finally, the development of social work driven tools like the TRIO can help to further research partnerships within the field of APS by collecting an extensive amount of data regarding client risk indicators, interventions received, and outcomes attained. Such data are important for developing a better understanding of the needs of APS clients and the role that specific interventions can play in promoting more positive client outcomes and a reduction of future, preventable APS recidivism.

Lessons Learned from Comparing Previous Ventura County Study

The right assessment leading to the right intervention can lead to preventable recidivism and delay or prevent further decline as evidenced in the number and percentage of episodes with a reduction or elimination of the protective issue.

Of note is the percentage of episodes that had an external intervention. An external intervention is one where the client had no choice in the outcome-hospitalized, conserved are examples of an external episode. In the Rapid Response Expert Team study (2009-2011) whose target population had complex medical, social or mental health issues, 26% had an external intervention. To date, 59% of the PIP Archstone Foundation target study population has an

external intervention. This highlights the focus of the PIP on the hard to reach and most vulnerable segment of the APS population.

Based on our RRET study, clients with difficult to resolve medical and mental health issues who have access to in-home assessment by medical/mental health practitioners have better outcomes than the general population served by APS. Results of that study demonstrated a 92% improvement in the elimination or reduction of the protective issue.

The Archstone Foundation project goes one level deeper into this population and focuses on the most vulnerable of our target population in APS-those who appear to have significant cognitive impairment and have no resource to provide for their health and safety.

Lessons Learned in Evaluating Recurrence Rate of Archstone Foundation Study Participants

Three (3) participants in the study had a subsequent referral to APS after case closure. This is a 6% recurrence rate.

Although not part of the objectives of the study, we conducted an assessment of the 3 cases that returned to APS with another allegation during the study period. The following is a description of these cases:

Client 1: At case closure at the initial referral, the client agreed to partial services and the finding was a reduction in the protective issue. This client had a confirmed allegation of financial abuse/exploitation by other- client's son. The family agreed to watch over the client but did not want to prosecute the son. In fact, the son stole the client's identity and opened credit cards. A second referral was made to APS.

Client 2: The client was found to lack capacity and the family agreed to pursue conservatorship but did not follow through and the client had a second allegation.

Client 3: At case closure at the Initial allegation, the outcome was a reduction because the client agreed to partial services. In this scenario, the client did not lack capacity for a probate conservatorship but presented with mental health issues that are a barrier to her safety. The is client does not meet criteria for an involuntary hold and will not accept mental health services,

Lessons Learned from Clients Excluded from the study

Although not a part of the study objectives, Ventura analyzed the data from clients who were excluded from the study. Of those who were excluded from the study:

5 met criteria for the in-home neuropsychological assessment but refused to participate
2 started the in-home assessment but then did not complete the process
2 moved out of the area
2 were placed in out of home care prior to the completion of the process
4 accepted the in-home assessment but refused all recommendations.

The following is a brief analysis of the 4 clients who accepted the in-home neuropsychological but refused to accept all or partial recommendations:

Client 4: The client is a male age 79 referred for self-neglect believes someone is breaking into his home and stealing his belongings. The assessment by the neuropsychologist revealed the client does have capacity but appears to have a delusional disorder. The family is involved but a good outcome would be a psychiatric consultation resulting in an intervention that could reduce his symptoms.

Client 5: This client is a male age 70 referred for self-neglect. Risk indicators from the TRIO identified frequent falls and possible addiction to pain medication at the core of his self-neglecting behavior. Findings revealed he does have capacity but refuses to make needed changes. One positive outcome is that calls to 9-1-1 emergency line have decreased

Client 6: This female client age 90 referred for self-neglect was found to have capacity but has a history of making choices and engaging in high risk behaviors contrary to her best interest. She refused all recommendations for help.

Lessons Learned from the Rate of MCI among Elders

According to the Alzheimer Association, an estimated 10-20% of elders age 65 and older have mild cognitive impairment (MCI). Our project study indicates 21% of our sample target population has MCI. This is consistent with the literature and demonstrates the accuracy by which skilled APS social workers who have been properly trained and given the proper tools can assess MCI.

We were struck that the percent of episodes with CI and the rate of failure remained constant. This establishes a good baseline for replication of this study and to further the field of study on the rate of CI in the APS target population. It would be interesting and valuable to know if other systems experience the same rates. This would allow APS systems to develop best practices on how APS programs conduct CI screening and the value of integrated MDTs.

Based on the study of CI in the ageing population, MCI is linked to increased vulnerability to financial mismanagement and financial abuse. In 2010, \$21.9B was scammed from people age 65 and older. This is a 12% increase over 2008. Screening for MCI and employing strategies to reduce the rate of decline is essential to the overall safety and the prevention of further abuse and neglect.

Lessons Learned in the Use of the MoCA

Ventura previously used the MMSE screening tool but find the Montreal Cognitive Assessment tool (MoCA) more sensitive for our population than other screening tools. This is confirmed based on research of the various tools.

Lessons Learned when implementing change in APS Programs

Not unlike any other organization, APS programs are reluctant if not resistant to change. Social workers do not want “more work”. Social workers and managers alike are fearful of measuring outcomes: what if we fail? Supervisors and managers are busy with competing issues like vacancies or reduction in funding. But the truth is there is never a good time to implement change. Therefore, managers implementing change in APS programs have to be masters of change management. They have to be dedicated and focused on the goal of improving the APS delivery system. This takes will and a vision to see that change is vital to the ability of APS to keep pace with the needs of the target population.

APS programs need to consider and embrace the importance of using evidenced-based tools as standard practice, standardizing a social work driven risk assessment approach and measuring outcomes to ensure the right intervention at the right time.

X. Project Next Steps and Plans for continuing the work started by the project

With support from our agency, we will continue both our second Public Health Nurse and Neuropsychologist as key elements of our integrated model with funds from the County. We are seeking funds to add a part-time MD to our MDT and funds for continuing our research on the data contained in the TRIO. The TRIO holds over 5,000 episodes of data on the risk profiles of elders and dependent adults and those risk profiles correlated to interventions, client, program outcomes and prognosis for future harm.

The first phase of the research on the TRIO focused on the tool design, reliability and validity. We also have data that suggests that there are 10 distinct risk profiles with different outcomes. We are seeking funds to complete this phase of the TRIO research and submit an article for publication.

Our article is in its final stages for submission to a professional journal.

The project leader has been invited to train the State of Colorado APS on risk assessment and risk. This will allow Ventura County to share our model and data to support the outcomes including the TRIO.

The agency director and 2 APS social workers will conduct a workshop at the 2013 CWDA conference in October 2013 on the Ventura model.

XI. Lasting benefits of the project

Please note that although there are many types of dementia, for the sake of efficiency, this report will refer to Alzheimer's disease (AD) when referring to dementia type illness. Also note that the author recognizes that alterations in cognition may have many causes not related to dementia. Poor or inadequate nutrition, improper use of medication or medication interactions are only some examples that may lead to cognitive impairment.

The medical community once thought that memory loss, cognitive decline and alterations in thinking and processing information was a normal part of aging. The scientific and medical professions now recognize that cognitive decline; impairment in thinking and judgment is a disease process. Late-onset Alzheimer's disease was considered an epidemic in the 1960's. Since then, the number of people diagnosed has increased dramatically. Thirteen percent (13%) of people age 65 and older has AD and 45% in people age 85 and older according to the Alzheimer's Association. They also estimate that at least 50% of elders who meet criteria for AD are not diagnosed.

A recent study was released on research on prevalence rates of dementia in Denmark, Wales and England. This study suggests that the decrease in the rate is a result of higher education and decrease in cardiovascular disease, in particular but overall improvement in health. This research has not been conducted in the US. It is important to note that these countries have public health systems for care with prevention as a lead strategy. So, without the study being replicated in the US, the prevalence rates for the US are based on work conducted by the Alzheimer's Association, CDC, the WHO and other research leaders in the US.

The current prevalence rates and the projections for the next 20-30 years are staggering. The Alzheimer's Association in its 2012 Facts and Figures report projects an increase of 49.1% to 81.0% in the number of people in California with Alzheimer's disease. How will our systems of care keep pace with the needs of this population? The economic toll and the emotional impact on families remain to be seen but the rapid growth in the boomer generation and extended life spans is of grave concern to not only our community and nation but the global community as well. In a recent trip to Australia, this author read articles from the Florey Institute of Neuroscience and Mental Health who is conducting research to identify early intervention strategies and test promising therapies to slow the rate of decline and at some point, prevent the progression to dementia. The work in Australia is a reflection of the global initiatives to address AD world-wide.

According to the most recent "Aging Today" magazine, an article titled "The G8 seeks global collaboration on dementia research" narrates Britain's Prime Minister David Cameron announcement that the "United Kingdom will use its presidency of the G8 to foster an international approach to research on dementia, a condition quickly becoming the biggest pressure on care systems the world over. The article continues by reporting that "in September 2013, London will host a G8 dementia summit of experts, health and science ministers, and industry figures and including the Organization for Economic Cooperation and Development. The event's aim is to encourage collaboration and coordination on dementia efforts between countries.

The World Health Organization confirms this assessment estimating there are 35.6 million people around the world living with dementia with the number doubling every 20 years. It is predicted that dementia will overtake both depression and HIV-related illness as the leading cause of global disease burden within the next few years. Suzanne Kunkel, Director of Miami University's Scripps Gerontology Center posed this question at the National Forum on Global Aging:

"Who should be responsible, who is responsible, what's the role of government? Our study should be driven by a purpose that will lead to a shared level of understanding."

Ventura County began to notice a trend in 2008 of at-risk elders presenting with mild to severe cognitive impairment and realized we did not have a model to appropriately address the needs of this sub-population within our target group. We came to a level of understanding that the traditional approach in Adult Protective Services (APS) would not meet the challenges and we would fail in our mission. In truth, it was more than a level of understanding; it was a startling awareness that clients with dementia would soon overwhelm our APS system.

We embarked on a journey of study beginning in 2008. Our first task in addressing the trend was to design a tool that would standardize our investigation and assessment of risk, guide the APS social workers in designing the most effective intervention, measure both client and program outcomes and finally, predict those at the highest risk for future harm. This work resulted in the Tool for Risk, Interventions and Outcomes (TRIO) that is fully integrated into our social work practice. Our data base from the TRIO has over 5,000 episodes that are rich with information about our population, effective interventions, outcomes and prognoses.

Our second task was to test an integrated social service/medical model in APS and our multi-disciplinary team (MDT). Our MDT is called the Rapid Response Expert Team (RRET). We tested this model with a congressional earmark grant and managed by the Administration of Aging (former name). The results of this model demonstrated a statistically significant difference between those complex

cases served by the integrated MDT and those served by an MDT that did not include medical practitioners. This project focused on episodes with difficulty to resolve complex medical and social issues.

Our work on the RRET project led us to the Archstone Foundation. Building on experience and success of the Rapid Response Expert Team (MDT) project, we designed a project with the purpose of providing the right intervention at the right time to elders who present with cognitive impairment. Getting it right the first time prevents further progression of self-neglect that occurs when self-neglect is left unattended.

We believe that our work with the Archstone Foundation is important in advancing the field of study in APS programs. The lasting benefits for the field are the results of two APS led projects that demonstrate the improved outcomes for elders that are served by an integrated medical/social service team. First and foremost, we believe that the Archstone Foundation project suggests that integrating evidenced-based screening tools into standard social work practice and using an integrated MDT is a promising if not a best practice. In traditional social work practice, both are best practices and should be a standard in APS program practice. The findings also suggest that assessing all clients age 65 and older to establish a base-line assessment of cognitive functioning; consulting with a MDT; using Public Health Nurses and a skilled neuropsychologist to conduct in-home assessments leads to improved outcomes for the most at-risk elder population.

The projections of the rate of AD in our population suggests to Ventura County that APS programs can serve a vital function in primary, secondary and tertiary assessment of cognitive functioning. More importantly, the PIP demonstrates that APS programs can broaden the safety net for this vulnerable and expanding population by using an integrated social work/ medical model in investigation, assessment and intervention. We were trained in the use of the Montreal Cognitive Assessment tool and no longer use the Mini-Status Exam. We find that the MoCA is more sensitive in detecting mild cognitive impairment in multiple conditions for our target population than other screening tools. The MoCA validation study article was published in JAGS in 2005 and has been cited by 1269 articles in peer reviewed journals. We also use the Instrumental Activities of Daily Living (IADL) as standard practice. If more APS programs used the MoCA and IADL as standard practice and had a method for measuring the outcome, we could advance the field with empirical data.

In conclusion, the work with the Archstone Foundation demonstrates the importance of integrating medical practitioners into APS programs. The best available data suggest between 1-2 million elders age 65 and older are mistreated, abused, neglected and exploited by those entrusted to provide care and protection. Prevalence rates are even more difficult to report due to a dearth of research in the field, but some studies indicate a rate of 1.3% to 5.4%.

Professionals who work with elders do agree on three issues. The first is that elder mistreatment is woefully under- reported. The second is that the frequency of occurrence, more than likely, will increase over the next several decades with an increase of referrals to APS. Finally, based on research by the Global Disease Burden study, we are living longer but not necessarily better.

The growing service demand for Adult Protective Services is outpacing the resources available as well as the ever increasing complexity of the issues presented. Therefore, the Archstone Foundation Project is an important milestone in testing strategies that when compared to traditional APS approaches, address the complex needs of the elder population that improves the outcomes for our population and better the lives of the people we serve.