County of Ventura Rapid Response Expert Team

An Integrated Approach to Adult Protective Services Multi-Disciplinary Teams

Updated 4-25-2011LBH

Human Services Agency
Adult & Family Services
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County of Ventura Rapid Response Expert Team

I. Introduction

The County of Ventura Human Services Agency recognizes that the health, safety and well-being needs of dependent adults and the elderly in our community are diverse and often go unnoticed or unaddressed. Adult Protective Service (APS) programs are not mandated and therefore operate under state and local customs and practices. Because of the increasing demand to protect one of the many vulnerable populations within our community, APS has grown. However, there continues to be a lack of federal statutes to regulate the delivery of services; no mechanism on a national level to collect data related to abuse and neglect leading to best practices and no designated sustainable funding to support this vital program.

The lack of a federally driven system with unified definitions, best practice guidelines, field-use assessment tools and funding compels local governmental agencies to develop their own best practice approaches to address dependent and elder abuse and neglect.

In spite of the best efforts and dedication of the members and agencies represented on the Rapid Response team, dependent and elder abuse and neglect remains a hidden problem. Research from the Ohio Elder Abuse Interdisciplinary Team (Elder Abuse Task Force 2004) and other medical literature indicates the following reasons:

1. Elder abuse is seen as a family problem; outside interference is not needed or tolerated.

2. Elder abuse often occurs in private homes outside the view of the public. Children attend school and participate in other activities that provide opportunities for mandated reporters or other caring persons to report suspected abuse or neglect. Dependent adults and elderly persons remain at home hidden from the watchful eye of the neighborhood, community and public.

3. Elders are reluctant to report abuse by relatives or caregivers because they fear reprisal, abandonment and institutionalization. They also feel guilty and ashamed to report a family member particularly if the report results in an arrest. They may feel that no one can help or not realize that help is available.

4. Medical personnel fail to recognize signs and symptoms of abuse and neglect. Without proper training particularly in geriatric medicine, medical personnel attribute symptoms of abuse as normal signs of aging or may be concerned about interfering in their patient- doctor relationship. Ageism affects the ability of medical personnel to appropriately identify abuse or neglect.

5. Dearth of information in the medical literature about elder abuse and neglect.

6. Denial that elder and dependent adult abuse and neglect exists.

7. Lack of knowledge about how to make a report and fear of the aftermath of a report: how it might affect relationship with hospital, care facility, families, patient.

8. Medical providers lack access to the elder or dependent adult because they do not seek preventive or regular medical care.

9. Fear of confronting the alleged perpetrator.

10. Medical symptoms of abuse or neglect maybe present in a subtle form and not alert the physician or health care provider about the abuse or neglect.

11. Elder abuse is mistakenly viewed as a product of caregiver stress or a lack of caregiver training and not as a crime against the person.

12. Cases of financial abuse are not recognized by financial institutions and therefore, not reported.

13. Not unlike the laws and perceptions about domestic violence many years ago, Law Enforcement agencies may view elder abuse and neglect as a social or family problem and therefore, a civil issue versus a criminal one.

When adult protective service social workers respond to allegations of abuse and neglect, they often encounter dependent adults and elders with an array of complex risk indicators that severely impact their ability to live safely. Clients often have varying degrees of mental incapacity from mild to severe; a multitude of physical and emotional impairments and moderate to severe health risks and live in unsafe environments Some are isolated and lack a support network while others are embroiled in unhealthy family relationships or permit transients in their home. These factors increase their vulnerability to self-neglect and abuse by others leading to premature need for facility care, preventable hospitalizations, premature death, preventable illness, financial exploitation and homelessness.

Many APS cases present with difficult to resolve risk indicators, in particular those associated with self-neglect. This is due in part to the voluntary nature of the program and that many factors contribute to a client's acceptance of the services offered. Self-neglect is labor and time intensive because adult protective service social workers must be patient, pleasantly persistent and demonstrate superior interpersonal skills as they attempt to form a bond of trust with resistant, fearful and/or uncooperative clients. In many instances, the social worker must find creative ways to approach generational and entrenched family relationships that inhibit a positive outcome. An added complication is that adult protective service social workers constantly navigate the line between protecting the health, safety and well-being of the client and the client's right to self-determination.

II. The Multi-Disciplinary Team

Multi-disciplinary teams are effective when clients present with complex bio-psycho-social problems and interface with more than one agency or organization. The County of Ventura has two successful teams that come together to address difficult and complex APS cases:

The Financial Abuse Specialist Team (FAST) addresses financial abuse cases within our target population. Although financial abuse is the single most reported category within Adult Protective Services, medical and health related categories outweigh financial abuse issues. The Rapid Response Team is an established multi-disciplinary/agency group that meets twice a month under the coordination and facilitation of Adult Protective Services. The purpose of the group is to discuss difficult APS cases and strategize possible interventions leading to a positive outcome. Prior the development of the Expert Team, a single Public Health nurse provided expert consultation on those cases with health needs that compromise the safety of the APS client.

The Rapid Response Expert Team is designed to address those cases with difficult to resolve complex medical, health and mental health issues by adding medical expertise to the group. Funding for the Expert Team comes from Federal ear mark 1 year funding through Congressional support. The funding supports the expansion of the Rapid Response team. The US Office of Elder Rights oversees the outcome of the program.

III. Mission of the Rapid Response Expert Team

The mission of the Rapid Response Expert Team is to provide case consultation and in-home assessments for clients with difficult to resolve complex medical and mental health risk indicators within Adult Protective Services target population. As time is available, consult on cases not under the jurisdiction of APS is provided.

IV. Purpose of the Rapid Response Expert Team

The Rapid Response Expert Team is an expansion of the Rapid Response team- a multi-disciplinary/ multi-agency team that addresses the complex medical and mental health risk indicators of the Adult Protective Services target population. The purpose of the Rapid Response Expert Team is to bring medical/mental health and health perspective and consultation to the existing team. The medical team provides consultation to the team and conducts in-home evaluations when indicated to the clients referred to the Rapid Response Expert Team. The medical team does not provide treatment or services to the client and does not enter into a doctor-patient relationship.

V. Target Population

The Rapid Response Expert Team focuses on the clients of Adult Protective Services: dependent adults and elders 65 and older with difficult to resolve complex medical and mental health risk indicators. The team at times consults about cases outside the jurisdiction of APS. The medical team can consult on those cases but will only conduct home assessments on those clients served by Adult Protective Services.

VI. Description, Members and Role of the Rapid Response Expert team

The Expert Team will add medical and mental health practitioners to the existing Rapid Response team to be called the Rapid Response Expert Team. The team meets twice a month for 2 hours to discuss, consult and design intervention strategies on cases referred to Adult Protective Services. As resources allow, cases outside the jurisdiction of Adult Protective Services are discussed. Members of the Rapid Response team include AAA, Public Health, Public Guardian, Law Enforcement, Behavioral Health, District Attorney, LTC Ombudsman and Tri-Counties Regional Center (non-exclusive). Other members for consideration could include representation from the faith based community, animal control, domestic violence and code enforcement.

With the advent of the medical expertise added to the team, membership expands to include an MD, a second Public Health nurse, a neuropsychologist and a licensed mental health clinician.

VII. Benefits of the Rapid Response Expert Team

- Support and validation for social workers and case managers
- Increase knowledge of community resources
- Enhance options and alternative solutions for consideration
- Increase coordination of inter-agency efforts
- Enhance networking among agencies who share similar focus and mission
- Provide a holistic approach to dependent and elder abuse and neglect (issues across the lifespan)
- Increase awareness of dependent and elder abuse and neglect
- Improve relationships among agencies who serve the target population

VIII. Knowledge, Skills and Abilities Required for All Team Members

Members of the Rapid Response Expert Team must possess core characteristics and skills to ensure the purpose and mission of the team is met. These include the following:

- Positive communication and active listening
- Problem analysis
- Relationship building

- Genuine care and interest in the elderly and dependent adult/vulnerable populations
- Awareness of community resources
- Knowledge of the special needs of dependent and elderly persons

IX. Membership Requirements

Regular attendance at the twice monthly meetings and active participation is essential to the success of the group. The Rapid Response Expert Team leader is tasked with ensuring appropriate cases are selected and prepared for each meeting, setting the agenda and ensuring appropriate follow-up on cases presented.

Members must commit to keeping discussions about specific cases confidential. Each member signs a confidentiality statement. All materials are collected at the close of the meeting and maintained appropriately at Adult Protective Services.

X. Role of the Medical Practitioners

A. Physician

A geriatrician or a physician skilled in assessing and working with the elderly and dependent adult population is a critical member of the County of Ventura, Rapid Response Team Expert Team. The team physician provides a number of services for the members of the Rapid Response Team especially Adult Protective Services and law enforcement. For example, a physician may review medical records in a case brought by APS, or he/she may look over a list of medications for the DA to indicate whether or not the medications might have affected the person's capacity to sign a legal document. The team physician makes home visits with the APS social worker, Public Health nurse or other members of the team to conduct a medical evaluation. The team physician may follow up with the elder's physician as needed. Because of a limit on resources and time, the physician is not likely to be available as a forensic witness in a criminal proceeding.

The physician serves a vital role in assisting APS and other members of the Rapid Response Team in helping their clients. In this model, the physician works on behalf of the Rapid Response Team, not the client. In most cases, Adult Protective Services works on behalf of the client. This is an important distinction because the physician is not a treating physician and does not enter into a patient- doctor relationship.

The physician does not become the physician of record for the elder or adult with a disability. The physician may conduct a non-intrusive physical examination with written permission by the client but does not provide treatment or medical interventions. All treatment needs are referred to the primary care physician of record. If the person does not have a primary medical provider on record, the

physician works with Public Health nurse to identify an appropriate clinic or physician in the community. The physician will keep notes on the assessment that becomes part of the APS file. The physician does not keep a separate medical file.

B. Scope of Practice for the Physician

1. Reviews medical records
2. Reviews a list of medications
3. Consults with Adult Protective Services social workers about cases
4. Collaborates with Public Health nurses and other medical members of the team about cases
5. Makes home visits within desired time (usually 3-5 days) to assess mental status, Activities of Daily Living (ADL's), overall health, medical needs, medical issues affecting the abuse or neglect
6. Consults with primary medical provider as necessary
7. Attends Rapid Response Team and provides consultation to the team
8. Trains or informs medical personnel about identifying possible abuse and neglect
9. Provides case consultation to Adult Protective Service social workers on cases that would not be presented to the Rapid Response Team only as time permits

C. The Medical Evaluation

1. The medical examination is a non-invasive evaluation.
2. No blood or urine samples are taken.
3. A stethoscope is used to listen to the heart and lungs.
4. Blood pressure readings are taken on occasion.
5. Hands-on examinations are done depending on the circumstances or allegations. The scenario guides the exam.
6. The client signs a consent form for the examination by the physician.
7. The physician asks permission to examine the client's skin, checking for injuries and decubitus ulcers which may include asking them to remove some of their clothing as long as an appropriate witness is present.
8. The physician conducts gait and balance exams and observes the home and living environment.
9. The physician reviews the medication by looking at the actual bottles vs. a list of medication. Often, bottles are kept in numerous locations throughout the home.
10. The physician may contact the primary care physician and may facilitate the hospital/ER visit but usually through 911.
11. The physician does check capacity and will complete the capacity declaration as needed in consultation with the Neuropsychologist and or the mental health clinician.
12. The physician does not prescribe medications and does not diagnose.

13. There is no billing of health insurance and no co-pays.
14. The client does not have to sign any documents for the Rapid Response Expert Team

D. Neuropsychologist

Neuropsychology is a specialty profession that focuses on the brain's cognitive functioning such as attention, language and memory. The neuropsychologist for the Rapid Response Expert Team conducts in home visits under the same boundaries and limitations of the physician. The key element of the role is to evaluate the client for dementia and to rule out other causes for memory loss and confusion. The neuropsychologist provides consultation to the Rapid Response Expert Team conducts an in-home evaluation and may conduct standardized testing leading to a capacity declaration as needed. The neuropsychologist does not provide services or treatment to the client. Notes are maintained in the APS file.

E. Mental Health Clinician

Working under the same boundaries and limitations of the physician, the mental health clinician conducts in-home assessments to identify mental health issues that may cause or contribute to the referral to Adult Protective Services. The clinician may initiate an involuntary hold (5150) when the client meets criteria of imminent danger to self or others. The clinician works in consultation with the physician, public health nurse, neuro-psychologist and other members of the team to provide the best services to APS and the Rapid Response Expert Team. The clinician does not provide treatment or services to the client but connects the client to treatment services in the private or public sector as appropriate. Notes are maintained in the APS file.

F. Rules for Medical Team Members

1. The medical practitioner is never the provider of record
2. The medial practitioner works on behalf of the Rapid Response Expert Team as a consultant
3. The medical practitioner may conduct in-home evaluations to assist the Rapid Response Team
4. The medical practitioner conducts the in-home evaluation with another member of the team- usually the Adult Protective Services social worker or Public Health nurse unless otherwise discussed and agreed upon by the team.
5. The medical practitioner gets written consent by the client to conduct the in-home evaluation.
6. The medical practitioner completes the required notations that become part of the Adult Protective Services record.

7. The medical practitioner does not provide treatment

G. Public Health Nursing

It is important to note that the Public Health nurses works within their scope of practice that may include providing services in the home to the client per the existing Memorandum of Understanding between HSA and Public Health.

XI. Goals, Objectives and Measurable Outcomes of the Rapid Response Expert Team for the project year 2010-2011

Goal: Reduce or eliminate the protective issue with improvement in health and safety of dependent adults and elders 65 and older who have difficult to resolve complex medical and mental health risk indicators and are served by Adult Protect Services and the Rapid Response Multi-Disciplinary Team.

Objectives	**Measurable Outcomes**
Utilize the County of Ventura TRIO (Tool for Risk, Interventions and Outcomes)	Establish a standardized approach in Adult Protective Services to risk assessment, intervention and outcomes
Conduct in- home assessments by medical/mental health experts	Of those cases presented to the RRET with difficult to resolve complex/mental health risk indicators, 70% who agree to participate will show a reduction or elimination of the protective issue with an improved outcome in health and safety
Increase medical/mental health resources to the Rapid Response Multi-Disciplinary Team	Positive increase in statements on the Integrated Team Monitoring & Assessment survey from pre-test to post- test related to increasing resources: 1) the team has the right membership to achieve its objectives and 2) the team is adequately resourced and supported to achieve its objectives
	Products
Disseminate findings and results of the project for possible replication and further study	Submit a final report on the design, development and efficacy of the County of Ventura Risk Assessment Curve. Submit a final report on the promising practice of an integrated medical/mental health multi-disciplinary team. Post project plan, design and findings on the County of Ventura Human Services Agency Intranet

XII. Adult Protective Services Tool for Risk, Interventions and Outcomes: the APS-TRIO

The most critical task for adult protective service programs is to determine whether the allegation of abuse and neglect can be substantiated and if so, assess the level of risk and design interventions to ensure the safety and protection of the dependent adult or elder. It is a complex task because dependent adult and elder abuse and neglect are not spontaneous events but occur subtly over time in a deteriorating and progressive nature.

The lack of a standardized instrument used by field social workers to assess level of risk within adult protective service programs statewide is detrimental in ensuring reliability and accuracy in determining the appropriate response and need for protection. Training of social workers in understanding abuse and neglect is not a substitute for such an instrument. Instruments do exist for medical providers, clinics and community based service providers to assess if a referral to adult protective service is needed. However, there is no instrument for adult protective service program social workers who work in the field.

The County of Ventura Human Services Agency developed a risk assessment instrument and has been piloting the tool since October 2008. Early indications of its viability as a field-ready, reliable instrument is positive. The instrument was developed by observing the progressive nature of elder mistreatment which shares similar patterns to chronic diseases; one in particular is the addiction model.

Like addictions or other chronic illnesses, abuse and neglect follows a predictive path of progression. Without intervention, elder abuse and neglect often results in premature need for facility care, preventable hospitalizations, homelessness and early death. Using the research from chronic illness models and research on indicators of elder abuse and neglect, the Human Services Agency designed, developed and tested a field instrument that shows potential in accurately identifying the type of abuse and neglect and designing the appropriate service based on the clustering of risk indicators. Rigorous testing by a university or research center is the next step to validate the instrument.

XIII. Legal Authority

The Rapid Response Expert Team functions under the authority of the California “multi-disciplinary personnel team” for elderly and dependent adults as defined in the Welfare and Institutions Code 15610.55. Information sharing among designated agencies is contained in the Welfare and Institutions Code 15633-15633.5, 15754.

The Health Insurance Portability and Accountability Act of 1996 ensures the privacy and confidentiality of an individual’s protected health information with defined exceptions. One of these exceptions is the release of medical information to Adult Protective Services. Medical providers are required to release up-to –date medical information without authorization or court order to ensure the health and safety of those persons

under the jurisdiction of Adult Protective Services. Confidentiality within the RRET is imperative to meeting the legal mandates for a multi-disciplinary team and for the maintenance of the integrity of the team.

XIV. Case Selection Criteria*

Type of Case	Why Case Would Be Appropriate for Expert Team Discussion
Chronic case	Social Worker cannot think of any other direction to help resolve the case
Ethics regarding self-determination	Social Worker faces ethical dilemma regarding interventions that may conflict with self-determination
Teaching issue for the expert team	Case has interesting issue(s) that will teach the team members more about dependent adult/elder abuse and/or the value of the team approach
Easy case	Case has an easy solution and will give the Rapid Response Exert Team a feeling of success to prevent burn-out and encourage participation and use
Needs specialized expertise	Special skills or knowledge of particular Expert Team members are needed
Update	Current status of previously discussed case (information only)
Follow-up	Social Worker seeks follow-up discussion on previously discussed case
Access denied	Social Worker needs assistance in identifying ways to gain access to alleged victim
APS client (victim) refused services	APS client (victim) refuses all interventions by social worker
Abuser refuses services	Abuser refuses all interventions offered by social worker
Caregiver refuses services	Caregiver (who is not the abuser) refuses all interventions offered
Environmental problems	APS client has unmet needs for heat, water, housing or other environmental problem

*based on the Ohio I-Team model (page 13 of the I-Team Manual)

Acknowledgments

The Human Services Agency wishes to express appreciation to Dr. Mosqueda and the Orange County Forensics Team for inviting our planning group to visit one of their multi-disciplinary team meetings and for the generous sharing of information and documents. We also acknowledge the Ohio Elder Abuse Interdisciplinary team, Elder Abuse Task Force 2004 for sharing their I-Team manual. Many of the concepts and materials contained in this document are a result of the work completed by the Ohio team. Their manual is supported by the Ohio Attorney General's Office and the Ohio Department on Aging 2004. We also acknowledge the work of Drs. Swagerty, Takahashi and Evans in their article*, Elder Mistreatment* published in the American Family Physician, May 15, 1999.

Finally, we wish to acknowledge the dedication of the members of the Rapid Response Team who give of their time and expertise to help each other to better serve dependent adults and elders.

FORMS APPENDIX

A.

VENTURA COUNTY RAPID RESPONSE EXPERT TEAM MEMBER ROSTER AS OF JULY 2010				
NAME	**AGENCY**	**PHONE #**	**E-MAIL ADDRESS**	**INITIAL**
Maria Arvelo, APS RRET LCSW	HSA/AFS/ APS	477-5304, 658-4455	maria.arvelo@ventura.org	
Azita Aslemand-Huebner	TCRC	351-3088	aahuebner@tri-counties.org	
Karen Boget	PA/PG	658-4484	Karen.Boget@ventura.org	
Tina Coates	VCBH	477-5731	Tina.Coates@ventura.org	
Katie Duffin	VCBH	981-5428	Katie.duffin@ventura.org	
Catherine Duggan	DA	654-3919	Catherine.Duggan@ventura.org	
Diane Emerick	Public Health	654-7620	Diane.emerick@ventura.org	
Stefanie Hadjoglou	HSA/APS	658-4451	stefanie.hadjoglou@ventura.org	
Scott Jones	Superior Court	981-5702	Scott.Jones@ventura.courts.ca.gov	
Erik Lande, Ph.D.	Self	988-6197	eriklande@yahoo.com	
Kathleen Linthicum	Public Health	658-4469	Kathleen.Linthicum@ventura.org	
John Lowery	PA/PG	658-4481	John.lowery@ventura.org	
Laurie Montes	PA/PG	658-4480	Laurie.Montes@ventura.org	
Robert Navarro	HSA/APS	658-4454	Robert.Navarro@ventura.org	
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Cassandra Sproule	LTC Ombudsman	656-1986 x 15	complaint.res@ombudsmanventura.org	
Sylvia Taylor Stein	LTC Ombudsman	656-1986 x 13	staylor@OmbudsmanVentura.org	
Kathy Terry	LTC Ombudsman	656-1986 x 12	kterry@OmbudsmanVentura.org	
Scott Walker	CIT/VCSO	373-2314	scott.walker@ventura.org	
Jackson Wheeler	TCRC	351-3100	jw@tri-counties.org	
Patricia Wood	DA	654-2541	Pat.Wood@ventura.org	
Esther Yoon, M.D.	HCA		Esther.Yoon@ventura.org	

B.

RAPID RESPONSE EXPERT TEAM

Adult Protective Services Medical In Home multidisciplinary Consultation Team

Representatives from: Area of Aging Agency, Human Services agency, Public Health, Public Guardian, Law Enforcement, District Attorney, Long Term Care Ombudsman, Behavioral Health, Superior Court, Tri-Counties Regional Center, Crisis Intervention Team, Victims Services & designated Medical Doctor, Neuropsychologist and LCSW

GOAL: Reduce or eliminate the protective issue with improvement in health and safety of dependent adults and elders 65+, who have difficult to resolve complex medical and mental health risk indicators who are served by Adult Protective Services (APS) and the Rapid Response Multidisciplinary Team.

OBJECTIVES:

1) Utilize the Ventura APS Tool for Risks, Interventions, & Outcomes (**APS TRIO**) interventions 8/9/10
2) Conduct in-home assessments by medical/mental health expert practitioners that include a physician (**MD**), Public Health Nurse **(PH RN),** Licensed Clinical Social Worker (**LCSW**), Neuropsychologist (**PHD**)
3) Increase medical / mental health resources to Rapid Response MDT
4) Disseminate findings and results of the project for possible replication and further study

Prior to scheduled RRET Meetings (2nd & 4th Wed of each month) members generate referral form to be sent to APS **(fax (805 650-1521).** At the RRET meeting the referring party provides a brief case presentation, addressing relevant information, status of protective issue and identifies focus of consultation request and associated questions. Team consults, generating an action plan which can include specific team member(s) interventions and recommendations to the referring party. RRET facilitator documents developed Action Plan. When the case is an **OPEN APS CASE,** the RRET can deploy the Medical expert(s) and / or Mental Health expert(s) to provide in home evaluation. MD, PH RN or LCSW in home evaluation can be deployed, prior to the RRET consultation presentation, for the purpose of better facilitating the RRET's ability to formulate the action plan when warranted and possible. APS SW generates In-Home Evaluation Referral to recommended practitioners to be deployed. Consent to be seen by practitioner(s) is acquired. Medical / Mental Health expert(s) consults with referring APS Social Worker, the designated Point of Contact, and coordinates in-home appointment. Medical / Mental Health expert(s) is deployed within 3 to 5 business days of RRET meeting unless otherwise indicated (APS TRIO interventions 12 /13).

Medical / MH Practitioner initiates in- home evaluation process. APS client agrees to evaluation, signs consent. Psychologist secures consent for evaluation and release of information authorization, as needed – using private practice forms. MD and LCSW secure release of information authorization, as needed - using Ventura County consent form: specifying to & from information flow, and collateral contact names and/or agencies. Practitioner provides evaluation. Practitioner consults with collateral contacts and client as needed. Practitioner generates written evaluation or summary report, APS TRIO contribution form and consults with APS SW &/or Public Health RN. (Fax # 805 650-1521) Practitioner may provide verbal follow up consultation with client and direct feedback to the RRET. (All generated documents are maintained in APS file.)

Medical / MH Practitioner initiates in- home evaluation process. APS client refuses evaluation. Medical / MH expert generates summary of contact observations and consults with APS SW &/or Public Health Rn. Practitioner may provide direct feedback to the RRET. (All generated documents are maintained in APS file.)

APS SW – Point of Contact reviews summary and recommendations to determine needed follow consultation(s), interventions / implementation strategy to reduce / eliminate protective issue(s). APS SW consults with Program Manager / Supervisor providing on going status of case progress, facilitating APS Program Manager / Supervisor's ability to inform RRET of progress and status of case.

APS Program Manager / Supervisor &/or APS SW, Medical / Mental Health expert(s) provide follow up, reporting results of in home evaluation(s), positive outcomes, case progress and status of protective issues as the case evolves.

C.

Ventura County
Rapid Response Expert Team
Confidentiality Statement

CONFIDENTIALITY STATEMENT

The purpose of the Rapid Response Expert Team is to provide consultation to members of the team on difficult to serve cases and as needed, members of the Expert Team will conduct in-home assessments and evaluations. In order to assure a coordinated response that fully addresses all systemic concerns surrounding these cases; the Rapid Response Expert Team must have access to pertinent existing records on each person's elder abuse and/or neglect referral or case (WIC 15610.55*). This includes any social services reports, court documents, police records, mental health records, hospital or medical related data, and any other information.

With this purpose in mind, I the undersigned, as a representative of the agency listed below agree that all information secured in this review meeting will remain confidential, and will not be used for reasons other than that which it is intended. No material will be taken from the meeting with case identifying information.

Print Name of Agency Represented

Print Name & Sign

Date

*** Welfare and Institution Code 15610.55** – "45 CFR § 512 (a) permits covered entities to comply with laws requiring the use or disclosure of protected health information, provided the use or disclosure meets and is limited to relevant requirements of such laws. To allow covered entities to appropriately share information in this context of protecting individuals against abuse and neglect and domestic violence, and to harmonize the Privacy Rule with existing state and Federal laws mandating uses and disclosure of protected health information. Where and to the extent such disclosers are required by law, no authorization or court order is required."

D.

Rapid Response Expert Team
Case Consultation Request Form

CASE CONSULTATION REQUEST FORM TO BE COMPLETED BY REFERRING AGENCY, fax to: (805)650-1521)	DATE:
REFERRING AGENCY:	NAME:
TELEPHONE: ( )	EMAIL:

TYPE OF CASE CONSULTATION REQUEST	RRET MEMBERS REQUESTED		
☐ Case consultation	☐ AAA	☐ Behavioral Health	☐ Medical Doctor
☐ Criminal consultation	☐ Public Health Nurse	☐ Adult Protective Services	☐ Neuropsychologist
☐ Medical Consultation	☐ Public Guardian	☐ District Attorney	☐ LCSW
☐ Other:	☐ Law Enforcement	☐ LTC Ombudsman	

CONSULTATION QUESTIONS:

CLIENT INFORMATION

VICTIM NAME (LAST, FIRST) ,				SSN
AGE	DOB	GENDER	ETHNICITY	PRESENT MARITAL STATUS
LANGUAGE (CHECK ONE): ☐ NON-VERBAL		☐ ENGLISH		☐ OTHER
VICTIM'S ADDRESS:			CITY	ZIP CODE
TELEPHONE **( ) -**	RESIDENCE TYPE			☐ **OPEN APS CASE**

LIVES WITH (Specify Relationships)	CARE ARRANGEMENT
ILLNESSES	MEDICATIONS
PHYSICAL FUNCTIONAL STATUS	COGNITIVE AND PSYCHOLOGICAL STATUS **MMSE Score: Date completed:**

PHYSICIAN NAME:	TELEPHONE: **( )**	INSURANCE :

TYPES OF ABUSE (CHECK ALL THAT APPLY) ☐ **Perpetrated by Other** ☐ **Self-Neglect**

☐ Physical - Assault/Battery	☐ Financial	☐ Sexual	☐ Isolation	☐ Malnutri. / Dehydrat.
☐ Physical - Constraint or Deprivation	☐ Abandonment	☐ Neglect	☐ Psychological	☐ Health & Safety Hazard
☐ Physical - Chemical Restraint	☐ Abduction	☐ Medical / Medication	☐ Physical Care	Other:

SUSPECTED ABUSER(s):

RELATIONSHIP OF SUSPECTED ABUSER(s)	AGE	GENDER	ETHNICITY	RESIDENCE	
				☐ IN CLIENT'S HOME	☐ OUTSIDE HOME

BRIEF DESCRIPTION OF PROBLEM

ADDITIONAL INFORMATION:

Other Agency Involvement / Contacts Made:

Referral Form to request case consultation with the **R**apid **R**esponse **E**xpert **T**eam. Please **fax to (805) 650-1521** RRET 6/2010

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E.1

Ventura County Rapid Response Expert Team
Action Plan / Follow up

Initial RRET Consultation Date: _____ **Client:** _____

Summary of Issues:

Action Plan:		**Completed by:**		
	Recommendations & Interventions	Designated Person/Agency	Due Date	Concluded
1.				☐
2.				☐
3.				☐
4.				☐

Deployed In Home evaluations	**Attempted**	**Completed**
☐ Public Health Nurse	☐	☐
☐ Medical Doctor	☐	☐
☐ LCSW	☐	☐
☐ Neuropsychologist	☐	☐

Outcomes: ☐ Unresolved ☐ Improved Health and Safety ☐ Reduced or Eliminated Protective Issue

Summary of Situation After Recommendations and Interventions:

E.2

Initial Consultation Date: _____ Client: _____

Action Plan Follow Up re.

Additional Recommended Interventions		Person/Agency	Due Date
1.			
2.			
3.			
4.			

Comments:

F.

Ventura County Human Services Agency
Adult Protective Services

Rapid Response Expert Team In-Home Evaluation Referral form

Presented to RRET on : _____ for deployment of: (manually mark boxes below that apply)

☐ **Medical Doctor *** Specify Priority Level of Medical In- Home Evaluation	☐ **Neuropsychologist ****
☐ **ASAP** ☐ **ROUTINE**	☐ **LCSW**

Reason for Referral:____

Referring APS Social Worker:_____	**Phone: _____**

APS Client Information

Client's Name:_____		Case #:_____	
DOB :_____	Age:_____	Gender: :_____	Ethnicity:_____
Primary Language:_____		Insurance:_____	
Address:_____		City:_____	Zip:_____
Phone : _____			

COMMENTS:

*** SECURE # EMAIL Form to esther.yoon.@ventura.org** **** FAX Form / Report to Dr. Lande (805) 988-6197**

G.

R E L E A S E O F I N F O R M A T I O N

I, _____

NAME OF ADULT SERVICES CLIENT

RESIDING AT: _____

ADULT SERVICES CLIENT ADDRESS

ON THIS DAY _____

DATE

Hereby authorize you to release to Ventura County Adult Services workers specific information concerning:

- ☐ Medical Records (including medical history, results of any physical or laboratory examinations and tests, medical and physical therapy and treatment).
- ☐ Psychological records (including social history, results of any psychological assessments, tests or examinations and counseling or therapy progress reports).
- ☐ Information to determine my income and assets, such as bank statements, Social Security, SSI, retirement, direct deposit, etc.
- ☐ Other(specify): _____

as it pertains to the following people (list by name):

_____ _____ _____

_____ _____ _____

Furthermore, for the purpose of obtaining the information noted above, I grant permission for the disclosure of applicable and appropriate information by the party from whom information is requested. I understand that these records shall remain confidential. I understand that this Release of Information is void 180 days after the date of signing.

This form was completed in its entirety and was read by me (or read to me) prior to signing:

_____ _____

SIGNATURE OF APPLICANT **DATE**

_____ _____

BIRTHPLACE **BIRTH DATE**

_____ _____

SOCIAL SECURITY NUMBER **WITNESS (IF APPLICABLE)**

H.

County of Ventura
Rapid Response Expert Team
Permission to be seen

Name of Physician _____
Name of Mental Health Clinician _____

County of Ventura Rapid Response Expert Team
1001 Partridge
Ventura CA 93003

Client's NAME: _____

PROCEDURE

I hereby give my permission to be seen by one of the above indicated physicians, psychologists and/or licensed clinical social worker in order to evaluate my condition. I understand that by agreeing to be seen by any of the above individuals, I consent to any information obtained being shared with representatives from adult protective services, law enforcement, the district attorney's office, and/or the referring party.

I understand that I may revoke this authorization at any time and may refuse examination by any of the above individuals. I also understand that this is not consent to any treatment, only examination and evaluation.

SIGNED: _____ DATE: _____
Client

SIGNED: _____ DATE: _____

I.1

Ventura County
Rapid Response Team
In-home Medical Assessment

Client Name: _____ **Case #** _____
Date of Birth: _____

Assigned Adult Protective Services Social Worker: _____

Type of Alleged Abuse: _____

Purpose of Evaluation: _____

Background Narrative (reason for referral to the Rapid Response Expert team)

Date of evaluation _____

Persons Present: _____
_____

☐ Written / ☐ Verbal Permission granted / Acting as a witness _____

Location: _____

Pertinent Medical History: _____

Medications

Medications	Doses	How Administered	Compliance

Function:

Activities of Daily Living

ADL	Independent	Partial Assist/Reason	Total Assist/Reason
Dressing			
Eating			
Ambulating			
Transferring			
Hygiene / Toileting			

_____ Independent with ADLs

I.2

Intermediate Activities of Daily Living

IADL	Independent	Partial Assist/Reason	Total Assist/Reason
Shopping			
Housekeeping			
Accounting			
Food Preparation			
Transportation			

_____ Independent with IADLs

Environment:

Physical Exam

BP _____ P _____ RR _____ O2 sat _____ Height _____ Weight _____

Vision: R _____ / L _____ B _____

Cognitive Assessment (see attached form for actual test)**:**

MMSE Total**:** _____

Errors include: _____

Clock draw total**:** _____

Interview with client:

Medical Record Review (Facility/Dates) (If applicable)**:**

Assessment:

Recommendations:

_____ _____

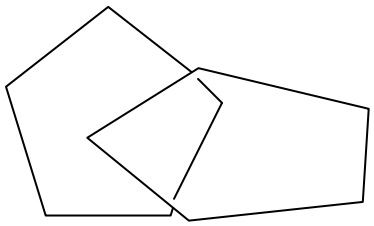
NAME and DISCIPLINE **SIGNATURE**

I.3

Mini-Mental State Examination (MMSE)

Patient's Name: _____ **Date:** _____

Instructions: ***Ask the questions in the order listed. Score one point for each correct response within each question or activity.***

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day of the week? Month?"
5		"Where are we now: State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: _____
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65 …) Stop after five answers. Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.) 
30		TOTAL

(Adapted from Rovner & Folstein, 1987)

J.1

RRET / Adult Protective Services in Home Mental Health Wellness Evaluation

Client Name: _____ **Case #:** _____

Part I: Mental Status				**Date:** __/__/__,
Appearance:	☐ unremarkable	☐ obese	☐ unkempt	☐ bizarre
	☐ well-groomed	☐ underweight	☐ poor hygiene	☐ _____
Attitude/Rapport:	☐ cooperative	☐ composed	☐ hostile / negative	☐ withdrawn
	☐ uncooperative	☐ guarded / suspicious	☐ friendly	☐ regressed
Facial Expression:	☐ attentive	☐ sad	☐ congruent	☐ vacant
	☐ cheerful	☐ stern	☐ distressed	☐ indifferent
Eye Contact:	☐ yes	☐ no	☐ intermittent	☐ eye movements
Motor Activity:	☐ unremarkable	☐ restless, agitation	☐ uncoordinated	☐ tremors
	☐ psychomotor retard.	☐ hyperactive	☐ tics	☐ writhing
Gait:	☐ ambulatory	☐ not ambulatory	☐ stiff	☐ brisk
☐ WNL(Within Normal Limits)	☐ uses aide _____	☐ limps	☐ shuffles	☐ leans
Speech:	☐ mute	☐ loud	☐ slow or rapid	☐ aphasic
☐ WNL	☐ impaired fluency	☐ pressured,	☐ weak	☐ inaudible
Oriented to:	☐ person	☐ place	☐ time	☐ situation
Thought Process:	☐ disorganized	☐ circumstantial	☐ inhibited /slow	☐ derailed / blocked
☐ WNL	☐ loose associations	☐ tangential	☐ vague, incoherent	☐ perseverates
	☐ incoherent	☐ flight of ideas	☐ impoverished	☐ own meaning
Comment:_____				
Perception:	☐ distortions	☐ derealization	☐ illusions	☐ sight problems
☐ WNL	☐ depersonalization	☐ hallucinations V,O,A,K	☐ bizarre	☐ hearing problems
Comment:_____				
Thought Content:	☐ suicidal Ideation	☐ guarded	☐ delusions	☐ phobias
☐ WNL	☐ homicidal Ideation	☐ obsessions	☐ ideas of reference	☐ preoccupation
	☐ paranoid	☐ overvalued ideas	☐ compulsions	☐ _____ theme
Comment:_____ (impoverished/average/full) fund of knowledge, level of intelligence				
Attention/Concentration:	☐ short span	☐ fluctuating span	☐ distractible	☐ severely impaired
☐ WNL	☐ mood related	☐ preoccupied		
Memory:	☐ impaired immediate	☐ confabulation	☐ dementive process	☐ agnosia
☐ WNL	☐ impaired recent past	☐ mood related	☐ medical condition	☐ aphasia
	☐ impaired remote	☐ age decline	☐ _____	☐ apaxia
Comment:_____				
Judgment:	☐ good - fair	☐ lacks common sense	☐ poor decision making	☐ impulsive
☐ WNL	☐ poor	☐ poor reality testing	☐ vague	☐ impropriety
	☐ impaired	☐ illogical planning	☐ immature, naive	☐ mood related
Comment:_____				
Abstract Reasoning:	☐ poor	☐ simplistic	☐ faulty reasoning	☐ distorted
☐ WNL	☐ concrete	☐ flexibility or rigid	☐ overly abstract	☐ eccentric
Comment:_____				
Insight:	☐ good- adequate	☐ poor	☐ denial	☐ non displayed
Mood:	☐ depressed	☐ elevated - euphoric	☐ pessimistic	☐ hostile
☐ WNL	☐ anxious	☐ expansive	☐ apathetic	☐ avoidant
Comment:_____				
Affect:	☐ mood constrained	☐ labile, _____	☐ blunt, constricted	☐ incongruent
☐ WNL	☐ flat, restricted range	☐ heightened, aroused	☐ inappropriate	☐ congruent
Emotional States	☐ enjoyment	☐ grief	☐ irritability	☐ shame, embarrassed
Displayed / Reported	☐ satisfaction	☐ lonely	☐ anger	☐ diminished self esteem
	☐ relatedness	☐ fearful	☐ anxious	☐ guilt, self reproach
	☐ sadness	☐ worry	☐ overwhelmed	☐ _____
Comment:_____				

Completed by: _____ _____

Signature **APS Rapid Response Expert Team L.C.S.W.**

J.2

RRET / Adult Protective Services In Home Mental Health Wellness Evaluation

Client Name: _____ **Case #:**_____

Part II. Clinical Evaluation			
Response Expert Team Presentation (RRET)Date:		Evaluation Date(s):	
DOB:	Age:	Gender ☐ M ☐ F	Ethnicity:

Reason for evaluation: Adult Protective Services (APS) Social Worker (SW) _____, presented _____ case to the Rapid Response Expert Team (RRET), due to suspected self neglect and / or mistreatment by:
☐ Self for Neglect ☐ physical care ☐ medical physical care ☐ malnutrition / hydration ☐ mental health ☐_____
☐ Other _____for ☐ physical abuse ☐ emotional abuse ☐ neglect
(If known name / relationship) ☐ financial exploitation ☐ abandonment ☐_____
The RRET recommended In-Home Mental Health Wellness Evaluation due to existing mental health concerns.

Purpose of evaluation: To identify mental health concerns that have contributed to and may promote continue risk for self neglect and or mistreatment; to identify mental health recommendations to assist APS in the development of strategies and interventions to reduce and or eliminate the identified protective issue(s) placing client in jeopardy.

APS Referral History / Current Living Circumstances

☐ APS Biopsychosocial Assessment Review ☐ In-Home Medical Report Review ☐ Public Health Nurse Assessment
☐ Clinical Mental Status Assessment ☐ Clinical Interview ☐ Behavioral Observation
☐ Collateral Consultation: APS SW - ; APS Public Health Nurse - ; MD.
☐ Folstein Mini-Mental Status Exam _____ score administered by ___ on ___
☐ Montreal Cognitive Assessment _____ score administered by ___ on ____
☐ Written Authorization for evaluation with consent to release information to the RRET ☐ Additional consent(s) to release information

Significant History: Events, Family / Relational Dynamics:

Social History / Current Supports ☐ Self identified as Isolated

Strengths/Hobbies/Interests (employment, education, leisure activities):

Typical Day / Daily Routines

ADL: ☐ independent ☐ assistance ☐ other _____, IADL:☐ independent ☐ assistance ☐ other
Appetite: ☐ normal, ☐ decreased, ☐ increased Nutritional Concerns:
Sleep Concerns:☐ none ☐ med. dependent ☐ interrupted ☐ insomnia ☐ early A.M. waking ☐ hypersomnia

Previous Psychiatric History / Psychotropic Medication:

Trauma History ☐ denied ☐ incidental narration ☐ identified trauma / ☐ childhood ☐ adolescent ☐ adult ☐ military
Type and circumstance:

Suicide / Homicide Risk Assessment and History: ☐ Denies ☐ Confirmed (gestures, previous attempts, lethality)_____
Current Suicidal Risk: ☐ Denied SI ☐ Ideation ☐ Intent / Plan _____
Current Homicide Risk: ☐ Denied HI ☐ Ideation ☐ Intent / Plan _____
Initiated Intervention ☐ N/A ☐ Crisis team ☐ Police
Response determination: _____

Drug / Alcohol/Tobacco Use: ☐ Denied ☐ Confirmed, Type: _____ ☐ Abuse: _____

Significant Medical History (surgeries/accidents/major illnesses) ☐ TBI, ☐ UTR, ☐ Stroke, ☐ Vascular):

Current Medical Diagnoses/ Current Prescribed Medication:

Ambulatory:☐ Yes ☐ No, Adaptive Aides ☐ cane ☐ walker ☐ wheelchair ☐prosthetic device
☐ glasses ☐ hearing aid ☐dentures

Current Emotional/Behavioral Functioning Diagnostic Impression (presentation; relatedness; rule out medical contributing factors; displayed / reported symptoms: subclinical or meets criteria, psychotic features, SI, HI; mood, problematic behaviors, defenses, adaptive / maladaptive coping, risks & prognosis continued vulnerability to allegation(s), concerns / issues)

Client Identified Concerns / Sources of Stress / Barriers / Flexibility, Receptivity to alternatives and changes:
Additional Relevant Information:
Recommendations (service needs/ access, linkage):

Completed by: _____ _____
Signature **APS Rapid Response Expert Team L.C.S.W.**

RRET 12/22/10

J.3

RRET Adult Protective Services In Home Mental Health Wellness Evaluation

Client Name: _____ **Case #:** _____

Part I. Mental Status - Not Completed		Part II. Clinical Evaluation – Not Completed	
Date presented to RRET:		Contact Date:	
DOB:	Age:	Gender ☐ M ☐ F	Ethnicity:

Reason for evaluation: Adult Protective Services (APS) Social Worker (SW) _____, presented _____ _____ case to the Rapid Response Expert Team (RRET), due to suspected self neglect and / or mistreatment by:

☐ Self for Neglect ☐ physical care ☐ medical physical care ☐ malnutrition / hydration ☐ mental health ☐_____

☐ Other _____ for ☐ physical abuse ☐ emotional abuse ☐ neglect
(If known name / relationship) ☐ financial exploitation ☐ abandonment ☐_____

The RRET recommended In-Home Mental Health Wellness Evaluation due to existing mental health concerns.

Purpose of evaluation: To identify mental health concerns that have contributed to and may promote continue risk for self neglect and or mistreatment; to identify mental health recommendations to assist APS in the development of strategies and interventions to reduce and or eliminate the identified protective issue(s) placing client in jeopardy.

APS Referral History / Current Living Circumstances:

Contact Note (Provide reason(s) for not completing in-home Mental Health Wellness evaluation, include all consultations, observations, risks [SI, HI], additional relevant information, recommendations (service needs/ access, linkage) :

Plan:

_____ _____

APS Rapid Response Expert Team L.C.S.W. **Signature**

K.

Ventura County Human Services Agency
Adult Protective Services

Rapid **R**esponse **E**xpert **T**eam Practitioner's
APS TRIO Contribution

Client's Name:	Case #:
Assigned APS Social Worker:	Presented to RRET Y ☐ N ☐
Practitioner:	Presentation Date:

Check all items that resulted from contact with practitioner

Completed In-home evaluation on :

☐ Item # 11 Public Health Nurse	☐ Item # 13 LCSW
☐ Item # 12 Medical Doctor	☐ Item # 13 Neuropsychologist

☐ Item # 1 Accepts education and information	☐ Item # 20 Client demonstrates self advocacy
☐ Item # 2 Established bond of trust & engages	☐ Item # 27 Decrease in hospital use
☐ Item # 3 Client accepts that problem exist	☐ Item # 29 Improved nutritional status
☐ Item # 4 Referral / linking to services	☐ Item # 28 Improved functional status ☐ Capacity Assessment (criteria met or not)

☐ Item # 30 Contributed to Improved physical health, medical conditions	☐ Item # 31 Contributed to Improved mental health
☐ Assessment of pain	☐ Reduction of acute presenting problem
☐ Assessment of continence status	☐ Reduction of fear, Improved sense of safety
☐ Assessment of vision and hearing	☐ Reduction in stress
☐ Safety assessment	☐ Assessment of pain
☐ Assessment of fall risk, frailty indicators	☐ Debriefing
☐ Drug regimen review, ID out dated meds.	☐ Mental health psychoeducation
☐ Identified a consistent pharmacy	☐ Improved understanding of life circumstances
☐ Diagnose health condition	☐ Life stage processing
☐ Stabilized health condition	☐ Improved coping strategies, skills
☐ Improved grooming, ADL's,	☐ Reduction of problematic behaviors
☐ Improved health practices	☐ Improved relational dynamics
☐ Permits advocacy efforts	☐ Educate caregiver re. client's mental health
☐ Connect client to primary medical care	☐ Permits advocacy efforts
☐ Educate caregiver re. client's health	☐ Increase contemplation factors for change
☐ Increase contemplation factors for change	☐ Enhance receptivity to services
☐ Enhance receptivity to services	☐ Bridging for future services
☐ Bridging for future services	☐

Comments:

Completed by : _____ Date: _____

L.

Ault Protective Services
Rapid Response Expert Team Case Contact Note

Client's Name: _____Case No. :_____
Date:
Purpose of Contact:

Plan:

_____
APS / RRET LCSW