

Marin County's Differential Response: An Innovative Response to Medical Self-Neglect

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EXECUTIVE SUMMARY

The need for services to help older adults age in place will grow exponentially between now and 2050, as the United States experiences considerable growth in its older population. By 2050, the population of individuals age 65 and older will increase 120 percent from 40 million to more than 88 million. More than ever, human services agencies, such as Adult Protective Services, will need to meet the growing, complex needs of the elderly population through new and innovative programs that will provide a spectrum of interventions congruent to the complexity of elder problems such as self-neglect.

Self-neglect is described as a person's inability to provide the goods or services necessary to meet his or her basic needs. The majority of people who self-neglect are community-dwelling, older adults; it is often associated with deficits in physical,

psychosocial, and environmental factors. Understanding self-neglect requires a careful consideration of the fine balance between choice and consequence at the point individuals' lifestyle choices become unacceptable because of risk to themselves or nuisance to neighbors. Evidence from studies suggests that professional interventions are employed too late, when patterns of behavior are well established and less amenable to change. This indicates the need to consider the potential for early intervention in cases of self-neglect.

This case study provides an overview of how Marin County developed an alternative response to the issue of self-neglect, specifically medical self-neglect in their Differential Response Program and the impact of such a program might have on Contra Costa County.

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Introduction

The United States will experience considerable growth in its older population between now and 2050. By 2050, the population of individuals aged 65 and older will increase 120 percent from 40 million to more than 88 million; in other words, one in every five Americans will be 65 and older. The number of Americans ages 85 and older will more than triple over the same period, increasing to 19 million. In Contra Costa County, the senior population (age 65+) grew from 106,904 in the year 2000 to 130,438 in 2010, a 22 percent increase. This was higher than the 11.3 percent increase of the total population in Contra Costa County during this period. The need for services to help older adults age in place will grow exponentially.

Similar to all other counties in the Bay Area, Contra Costa County continues to strive to meet the growing and complex needs of the elderly population through new collaborative services as well as existing ones. One such service is the Adult Protective Services (APS) program. APS provides assistance to elderly and dependent adults who are functionally impaired, unable to meet their own needs, or are victims of abuse, neglect (including self-neglect) or exploitation. Counties are responsible for investigating allegations of abuse of an elder or dependent adult residing anywhere other than long-term care facilities. Elder is defined as an individual 65 years of age or older. A dependent adult is any person between the ages of 18 and 64 who has a physical or mental limitation that restricts his or her ability

to carry out normal activities or protect his or her rights. This includes individuals who have physical or developmental disabilities or whose physical or mental capabilities have diminished because of age.

With the enactment of SB 2199 in May, 1999, Adult Protective Service agencies are now required to respond to and investigate all reports of physical abuse, neglect (including self-neglect), abandonment, isolation, and abduction. Prior to SB 2199, mandated reporters were only required to report physical abuse of elders and dependent adults. Adult Protective Service agencies were authorized, but not required, to provide protective activities such as investigations and need assessments. This factor alone has contributed to the growth in APS caseload.

Of the six types of elder maltreatment commonly accepted by the county agencies such as APS – physical abuse, sexual abuse, emotional/psychological abuse, financial/material exploitation, self-neglect, and neglect (by caregivers, including abandonment) – self-neglect has been the most commonly reported and substantiated type in three national incidence studies (National Center on Elder Abuse (NCEA), 1998, 2000, 2004).

Elder self-neglect is defined as the behavior of an elderly person that threatens his/her own health and safety. Self-neglect generally manifests in an older person's refusal or inability to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. These self-neglecting behaviors could lead to greater use of outpatient, emergency,

or hospitalization services, in turn, placing additional burden on the existing healthcare system. The detrimental health, mental health, and mortality-related implications of elder self-neglect should not be underestimated. Many studies have found the harmful effects of self-neglect on older adults could be just as serious, if not more serious, than those of physical abuse.

In response to clients whose primary presenting problem is medical self-neglect, Marin County APS Differential Response Program was developed. APS interventions need to evolve to meet the diverse needs of the growing elderly population; a singular investigative response no longer fits for every client. Instead, development of a different or alternative response system must be encouraged to allow for more advances, analogous to those achieved by Child Protective Services, when addressing the problem of elderly abuse and neglect.

Differential Response (originally adapted from the Child Welfare Services model) is a strategy that creates a new intake and service delivery structure that allows agencies such as APS to respond in a more flexible manner to reports of medical self-neglect of an elder or dependent adult. The agency response is a customized approach based on an assessment of safety, risk, and protective capacity as well as the ascertainment of facts to determine the strengths and needs of the elder or dependent adult. This method of response promotes prevention, family engagement and community partnership. Differential response includes two response paths: direct referrals to community agencies and emergency response visits. The focus of the response and service delivery is primarily based on the assessment of safety, risk, and protective capacity, rather than on the investigation of allegations.

Marin County Implements Differential Response

The number of elder and dependent adult abuse reports to the APS in Marin County has increased significantly over the last five years, resulting in an increased community need for thorough investigation

and comprehensive support services from APS. The Marin County APS program received 1,041 reports of abuse, neglect, and self-neglect in 2013, up from 878 reports in 2012. Combined factors including a rapidly growing elderly population, dwindling community resources, and successful outreach efforts have all contributed to this upward trend. Compounding these growing numbers of reports is the increasing complexity of the cases, which lengthens the amount of time cases must remain open for services. In order to respond to the increased need for protective services and to most effectively utilize staff expertise, Marin County developed the Differential Response Program as a best practice model in APS. The program was established in 2009 to provide public health nursing responses to clients whose primary presenting problem is medical self-neglect.

When Marin County APS receives a report of medical self-neglect of an elder or dependent adult, the information is evaluated by APS supervisors for potential referral to the Differential Response Program. Cases in which the protective issues include chronic health conditions, medication management issues, nutritional concerns, lack of consistent medical care, or caregiver training issues are often referred to the Differential Response public health nurses for follow up. Public health nurses have the necessary training and skills to assess a client's overall health and to make recommendations for long-term safety and medical stability in the home. Marin County has two public health nurses that respond and provide medically focused interventions to the Differential Response cases.

The Differential Response program provides a way for APS services, which are traditionally crisis-driven, to take a more preventive approach with medically self-neglecting individuals. Through this innovative intervention model staff time and expertise are maximized and clients receive care best suited to their needs. It has been found that using a nursing response is often a softer approach than working through APS and can yield better results for medically self-neglecting clients and their caregivers. The

program has been successful in providing the most appropriate interventions for medically neglecting clients, while at the same time helping the APS program to effectively manage the growing caseloads and increasing needs of the community.

Recommendations

The recommendations (based on Marin County's model) for Contra Costa County to successfully implement Differential Response for its Adult Protective Services department are as follows:

- **Create a logic model:** a logic model shows how program activities are understood to contribute to a series of intermediate outcomes that then produce the intended long-term impacts
- **Develop tools:** identify what data to track and which cases are deemed appropriate for Differential Response (e.g. cases with self-neglect as primary presenting issue, cases with minimum amount of social service components, cases with one or more chronic conditions)
- **Track data:** create reports of alleged abuse received, length of days elder adult cases stay open, percentage of allegations confirmed
- **Measure outcomes:** regarding patient satisfaction, recidivism, best utilization of staff expertise and resources, effect of nurse involvement
- **Evaluate:** the efficacy of training, education, referrals, short-term case management
- **Revise and expand:** based on evaluation, make changes, fine tune and consider expanding to other programs

The biggest cost would be the appropriation of at least two FTE public health nurses to handle the Differential Response referrals from APS intake, and training for supervisors or leads to determine which cases are appropriate for referral to the Differential Response unit. Contra Costa County completed a total number of 1,183 investigations in 2013, of which, 378 were reports of self-neglect. In 2014, the number of completed investigations rose to 1,487 cases, of which, 386 were self-neglect.

Conclusion

There is no argument the risk and actual occurrence of elderly self-neglect will increase over the coming decades. The elderly population is rapidly increasing in the United States as the Baby Boomer generation ages. People are living longer, yet, fewer of the elderly are living in nursing facilities on a long-term basis. Instead, more elderly are living at home later in life. Self-neglect is more likely to occur than any other form of abuse against the elderly. The likelihood that community members would become aware of a self-neglecting individual is low. Therefore it falls on state agencies, such as Adult Protective Services, to provide a spectrum of interventions that are congruent with the complexity of self-neglect problems. Differential or alternative response systems of interventions should be piloted to address the needs of this ever-growing elderly population.

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