

Preparing for the Shift in Adult Protective Services Cases: Lessons Learned from San Francisco County's High Risk Self Neglect Unit

JESSICA CIRKSENA

EXECUTIVE SUMMARY

The population in the United States is graying. Individuals are living longer, with increasingly limited resources and support systems. In recent years, both San Francisco and Santa Cruz County have experienced growth in the volume of Adult Protective Services (APS) cases and concurrent increases in the demand for resources needed per case. Following a pilot period, San Francisco established the High Risk Self Neglect Eviction Prevention unit in June 2017. The unit of clinicians provided intensive case management to clients deemed high risk, with

a promising success rate. Ultimately, the model was not sustainable for staff due to high burnout rates. This paper evaluates the lessons learned from the High Risk Self Neglect unit's innovative approach and proposes recommendations for Santa Cruz County to consider in preparation for the changing nature of APS cases with regard to staffing levels, implementation of outcome tracking and data measures, training for staff, and formalized inter-agency and community engagement.

Jessica Cirkseña, Social Work Supervisor I, County of Santa Cruz

Preparing for the Shift in Adult Protective Services Cases: Lessons Learned from San Francisco County's High Risk Self Neglect Unit

JESSICA CIRKSENA

Introduction

Driven by the aging of Baby Boomers (individuals born 1946-64), the U.S. is at the base of a forecasted demographic shift that will impact social services for decades to come. By 2060, Santa Cruz County's over 60 population is expected to increase by 108.91%; the over 85 population is projected to increase by an astounding 352.17%.¹ Simultaneously, the housing crisis is worsening, and issues surrounding homelessness are increasingly prevalent in everyday dialogue. Bay Area cities are continuously awarded the top spots on lists such as the *USA Today* study, "Here's what it actually costs to live in America's most expensive cities." Santa Cruz and Watsonville earned the number two spot, with San Francisco ranking third on the list.² The majority of seniors in California derive more than 70% of their income from Social Security.³ Seniors living on fixed incomes with rising housing costs are often one unfortunate event away—for example, the loss of a spouse or a new medical ailment—from facing homelessness. Highlighted in a recent article "Aging onto the Street", researchers have found that nearly half of people experiencing homelessness became homeless for the first time after the age of 50.⁴ These issues converge to form an increasingly complex puzzle with no easy solution, leaving county human services departments

searching for innovative approaches to provide effective services.

Santa Cruz County Adult Protective Services (APS) has seen a 117% increase in average monthly cases over the past three years. Not only are case-loads growing, but the resources needed per case are concurrently rising. As individuals live longer, their needs grow increasingly complex. APS case-load growth and subsequent workload growth is predicted to follow this trend for the coming years, given the housing crisis and forecasted demographic shift. In response to these trends, Santa Cruz County Adults and Long Term Care has launched a new unit, Transforming Lives with Care (TLC), which is well-suited to meet some of this need by providing support to APS social workers and intensive long-term case management to eligible recipients. TLC personnel consists of two Public Health Nurses, a LCSW, and a Social Worker I. TLC seeks to bridge the gap between the long-term light case management of IHSS and the short-term intensive case management of APS. TLC is restricted to serving Medi-Cal eligible or potentially eligible recipients. As such, there remains a significant gap to fill. This paper will detail San Francisco's innovative approach to high intensity cases and propose recommendations for Santa Cruz County to explore to meet the growing demand for resources in APS.

A Shift

APS is a state-mandated program that investigates allegations of abuse and neglect of older and dependent adults. Abuse includes both neglect

1. https://www.aging.ca.gov/Data_and_Statistics/Facts_About_Elderly/

2. <https://www.usatoday.com/story/money/economy/2018/09/12/cost-live-america-most-expensive-cities/37748097/>

3. <https://www.ppic.org/press-release/new-analysis-californias-aging-population/>

4. <https://www.sfchronicle.com/bayarea/article/Aging-onto-the-street-Nearly-half-of-older-13668900.php>

and self-neglect. Self-neglect is defined as the failure of an elder or dependent adult to meet their needs and an inability to protect themselves from health and safety hazards due to cognitive impairment, mental limitation, substance abuse, or chronic poor health. Currently, APS social workers provide short-term case management and create a plan to help individuals stabilize and recover. Given the increasing complexity of cases due to the demographic and economic shifts detailed previously, there is a growing need for longer term case management, a multidisciplinary approach, and sophisticated inter-agency and community coordination.

The Pilot

From January 2014 to July 2015, San Francisco County APS piloted an intervention model for recipients at risk of eviction in collaboration with Monika Eckfield, Ph.D., RN, a researcher at CSU East Bay. The model was based on the Hoarding Intervention and Tenancy Preservation Program developed by the Metropolitan Boston Housing Partnership. One APS social worker was trained to use harm-reduction principles to resolve health and safety risks related to hoarding. A total of 21 cases were served in the pilot and the results were overwhelmingly successful. Notably, pilot cases saw a 75% reduction in the threat of eviction or housing condemnation and an 88% reduction in health or safety violation citations. The average amount of time needed to resolve eviction issues and health and safety violations was approximately four months. Encouraged by the success of this pilot, San Francisco APS management commissioned a staffing analysis report by the Controller's Office. The report was based on interviews, job shadows, case data, and a peer survey of APS programs across the country. The conclusions supported APS management's perception that cases had grown increasingly complex and resource-intensive. Armed with this analysis, APS management decided to expand the innovative pilot approach and sought and received approval from the Board of Supervisors to establish the High Risk Self Neglect (HRSN) Eviction Prevention unit.

High Risk Self Neglect Unit

The HRSN unit, composed of six licensed social workers and one licensed supervisor, was formed on June 1, 2017. While the pilot led by Dr. Eckfield focused solely on self-neglecting clients with hoarding disorder who were cooperative and willing to accept services, the HRSN unit broadened the intake criteria to include self-neglecting high-risk clients, with recent hospitalizations or ER visits, regardless of how cooperative the clients were. The unit sought to prevent evictions, reduce recidivism, and decrease EMT response and unnecessary hospitalizations. To accomplish these goals, the unit was assigned a lower number of cases per month than the general APS unit. Social workers in the unit employed an intensive case management approach to resolve health and safety issues. To engage clients, social workers utilized motivational interviewing, cognitive behavioral therapy, and harm reduction strategies. The HRSN unit collaborated with the Registered Nurses in the Clinical and Quality Assurance (CQA) Unit. Nurses in the CQA unit supported HRSN social workers by connecting mutual clients with medical care, assisting with medication compliance issues, and advising staff on precautions.

The idea of a specialized unit of clinicians was particularly promising as not only was there data to support the successful client outcomes, but it came at a relatively low cost to the county. Staff in the HRSN unit had specific training to qualify for Skilled Professional Medical Personnel (SPMP), a funding source that allows counties to be reimbursed at the 75% federal financial participation level. For county personnel to qualify as SPMP there are strict guidelines that must be adhered to based on professional education and job function.

A variety of measures were utilized to track outcomes, including, but not limited to, recidivism rates and the ISO (identification, services, outcomes) matrix, an evidence-based tool used to define and measure APS outcomes. The ISO matrix includes five outcome levels: in crisis, vulnerable, stable, safe, and thriving. Historically, without the capacity to

provide intensive case management, high-risk clients may have closed at the stable baseline, only to re-open shortly thereafter. Since the inception of the HRSN unit, 39% of cases have closed at the stable baseline, and a promising 35% were closed at the safe threshold or above.

Though the data gathered clearly indicated the HRSN model led to successful client outcomes, the same could not be said for the county personnel involved. The burnout rate for HRSN social workers was high and the caseload unmanageable, despite reductions in assignments.

San Francisco is one of 33 counties to receive a portion of the \$15 million Home Safe grant set to begin July 1. Home Safe is a three-year demonstration grant program for counties to establish a homelessness prevention program for APS clients. Workers in the unit were given the option of working the Home Safe Initiative or returning to the General APS unit. Two of the six social workers will be transitioned to the Home Safe Initiative and will continue working HRSN cases that fit the Home Safe criteria. The remaining four social workers will return to the general APS unit.

Findings

To effectively address HRSN cases, workers needed time and engagement skills: San Francisco APS management determined that intensive case management was the primary driver of success in these cases as opposed to a clinical, psychotherapeutic approach. Advocacy, frequent communication (including face-to-face visits), and coordination with partners were the key tenets to their success. Social workers agreed that intensive case management resulted in successful resolutions but noted that their clinical skills were sometimes necessary to reach a place where the client was agreeable and accepting of services. Generally, social workers felt their clinical skill set made the process of engaging clients much easier.

Community and inter-agency partnerships are essential to success: San Francisco APS currently participates in a Hoarding Task Force which meets

every two months. In addition, San Francisco APS hosts Forensic Center meetings twice per month. These meetings are a Multidisciplinary Team (MDT) made up of law enforcement, the DA's office, Public Guardian, Institute on Aging, and other professionals. These existing forums do not appear appropriate for HRSN cases. As was reflected in the Controller's Report, the largest segment of APS social workers' time was spent on the phone connecting clients with resources, coordinating responses with collateral partners, contacting service providers, and communicating with clients. Social workers in the HRSN unit were often responsible for forming their own connections with service providers and community partners. San Francisco County is exploring the potential of forming a MDT to be hosted by the Home Safe Unit to solidify community partnership in addressing HRSN cases moving forward. Potential partners include the Department of Public Health, Department of Environmental Health, Legal Assistance, Code Enforcement, Behavioral Health, and the CQA unit. Establishing this MDT would formalize a space for social workers to receive ongoing support for high-risk cases, likely reducing the risk for burn out.

Counties may heed caution in establishing specialized units: Specialized units addressing the most complex cases are at high risk for staff burnout, turnover, compassion fatigue, and secondary trauma. In addition, when a specialized unit is housed within a general program, this can create tension amongst staff. Self-neglect cases make up 48% of San Francisco APS cases. Since the number of new referrals in the HRSN unit was capped, this meant cases that fit the profile for the HRSN unit were still assigned to general APS workers. General APS workers felt it was not fair they had to work on the same cases without the benefits of a reduced assignment. While HRSN staff felt they had a supportive supervisor and management internally, there was no formalized support or process for connecting with community partners. This is not to say specialized units cannot work, but that there must be clear guidelines regarding criteria,

flexibility when establishing expectations, and leadership in establishing support systems, along with community and inter-partnerships.

Comparison of Santa Cruz County and San Francisco County

Self-neglect is the most common protective issue in Santa Cruz and San Francisco Counties, with 38% and 48% of all APS clients falling into this category, respectively. According to census data from 2017, Santa Cruz County's population was estimated to be 275,897, compared to an estimated 874,008 in San Francisco. San Francisco and Santa Cruz County are similarly situated in relation to the housing crisis and affordability. In addition, both counties face similar forecasted demographic shifts in their senior populations. While the two counties vary significantly in size, the recommendations set forth below pertain to the resources needed to address high-risk cases and can be scaled according to county size.

IMPLICATIONS FOR SANTA CRUZ COUNTY

While it was ultimately determined the structure of the HRSN unit was not feasible, there are lessons learned that are applicable to Santa Cruz County. Santa Cruz County is encouraged to explore the feasibility of adding additional APS staff to reduce caseloads so staff can provide effective intensive case management; particularly for HRSN cases, this means providing training to existing staff, implementing additional outcome and data tracking measures, and formalizing inter-agency and community collaboration to address HRSN cases.

Staffing: Consider analyzing staffing in relation to average statewide caseloads, with consideration for Medi-Cal eligible cases the TLC unit may be able to serve. Per the San Francisco Controller's report, the average caseload per social worker for APS programs is 25.1 in California. Santa Cruz County's average caseload is 48. While the TLC unit may be able to provide long-term case management to a portion of high-risk cases as detailed previously, a significant

percentage of APS cases are not Medi-Cal eligible. There is an average 30% crossover between APS and In Home Supportive Services, which may be indicative of the percentage of APS clients who are Medi-Cal eligible. It is recommended that APS partner with the Planning and Evaluation unit to assess the accuracy of this estimation and begin tracking this data point. This data could inform Santa Cruz County on the number of cases that may be served by the TLC unit and the remaining that may necessitate additional resources in APS. Utilizing this measure, Santa Cruz County could then approximate the number of additional social workers that would be needed to bring Santa Cruz APS in line with the statewide average. The successful client outcomes in the HRSN unit were only possible due to the lower volume of cases assigned which allowed for longer-term intensive case management. HRSN social workers reported regularly completing between five to seven visits with a client to establish rapport and engagement before they would consider addressing prevalent health and safety concerns. With the current caseload volume, social workers cannot afford this time spent focusing on engagement. Rather, they are often in the position of having to address the immediate need, many times without the client engagement required to make long-term improvements.

Outcome measures and data: Should Santa Cruz County move forward with increasing staffing levels, it is recommended the county considers implementing standardized outcome measures such as the ISO matrix to track intervention effectiveness. Santa Cruz County could partner with San Francisco and CWDA regarding required training for implementation; thus, it would come at no county cost. In the realm of data, it is recommended Santa Cruz County consider coordinating with contacts for the APS data management system, LEAPS, to explore the addition of a field to track clients that are unstably housed to inform current and projected needs.

Training: Consider providing additional training to APS social workers in the fields of motivational interviewing and harm reduction engagement strategies. Currently, social workers without clinical backgrounds express difficulties in engaging resistant clients. LCSWs already in the APS unit could partner with Staff Development to create and develop a training plan to ensure consistency throughout the unit. APS could also consider engaging MSW interns in the development of such a project to fulfill their internship requirement.

Formalized collaboration: To address the significant amount of time social workers spend coordinating with collateral agencies, clients, and partners on HRSN cases, Santa Cruz County might explore a formalized roadmap for inter-agency coordination and community partner engagement. Santa Cruz County could leverage contacts established through the APS MDT and the Financial Abuse Specialist Team (FAST) meetings. Should such a plan be established, it is recommended that MOUs are implemented so these connections outlast changes

in staffing, management, or funding levels. Formalized collaboration can reduce the risk of burnout by ensuring social workers are not left on their own to establish partnerships while having to simultaneously fill the clinician and case manager roles.

Acknowledgments

I would like to extend my sincere gratitude to my Santa Cruz County leadership team, Ellen Timberlake, Emily Balli, Mike McConnell, Sandy Skezas, and Andrew Stewart, for affording me the opportunity to participate in this incredible learning opportunity. Thank you to Santa Cruz County APS Supervisor, Melissa Villalobos, for sharing valuable insight into the applicability of recommendations locally. Thank you to my San Francisco County contacts—Akiles Ceron, Gloria Wong, Ragina Gibson, and John Murray—for graciously sharing their time and knowledge to help me understand the complexities of serving high-risk self-neglect clients. Thank you to my team and colleagues for their support and patience while I was away from my day-to-day duties.