

Siskiyou County Health and Human Services Adult Services



APS/IHSS

To make an APS report or
apply for IHSS contact
Siskiyou County intake line at
(530) 841-4200
Or
(530) 842-7009 (after hours)



What is Adult Protective Services



- APS is **mandated** by law to investigate reports of abuse/neglect, make contact with the alleged victim, offer services and intervene when appropriate and necessary.
- Every action taken by APS must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

APS Principals



- Adults have the right to be safe.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm *others*.
- Adults have the right to accept or refuse services.
- Adults are presumed to have decision-making capacity unless a court adjudicates otherwise.
- Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action.

Who Is Eligible for APS Service?



- Elder (65 years old and older)

- Dependent adult (18-64)
 - Means any person residing in this state, between the ages of 18-64 years old who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.

What is Reportable Abuse



Types of Abuse

- Physical: Hitting, kicking, burning, dragging, over or under medicating.
- Sexual Abuse: Unwanted sexual contact, sexual exploitation, forced viewing of pornography.
- Abandonment: Desertion or willful forsaking by anyone having responsibility for care.
- Isolation: Preventing the individual from receiving mail, telephone calls, visitors.
- Financial: Theft, misuse of funds or property, extortion, duress, fraud.
- Neglect: Failure to provide food, clothing, shelter, or health care for an individual under one's care when the means to do so are available.
- Self-neglect: Failure to provide food, clothing, shelter or health care for oneself.
- Mental suffering: Verbal assaults, threats, causing fear.

Adult Protective Services Response Criteria



➤ **Level 1 - Immediate Response:**

- Requires an emergency response within 24 hours from the receipt from the referral.

➤ **Level 2 – Non-Emergency Response:**

- Investigations will begin within 10 days from receipt of the referral at the APS Office.

➤ **Level 3 – Information and Referral(non-response):**

- No initial investigation required. Client wants information about services specific to APS, Intake or Resources available.
- Or does not meet the requirements of law for intervention.

Scope of APS Services



- APS shall attempt to create a stable environment where the individual can safely function without requiring additional on-going intervention from APS.
- APS is not intended to be a long-term/on-going case management activity, nor does APS provide placement services.
- APS shall promote self-sufficiency and reduce the need for further reliance on the APS Program.

Scope of Services defined



- Responding and investigating APS reports
- Time limited case management
- Providing resource information
- Emergency services may include tangible resources such as shelter or home protection
- Food, transportation, etc. (as resources allow).
- Participation in Multi-Disciplinary Team (MDT) meetings
- APS is not intended to interfere with lifestyle choices of individuals nor to protect those individuals from all the consequences of such choices.
- An APS client who has been abused may refuse or withdraw consent at any time to preventative and remedial services offered by APS.
- If the APS worker believes the elder or dependent adult is incapacitated to the extent he or she is unable to give or deny consent to APS a petition for a temporary conservatorship may be initiated.

Steps An APS Worker Takes When A Case Is Opened



- Receive the report
- Determine response level
- Investigate the allegations – May involve:
 - Interview with collateral contacts
 - Calls to physicians
 - Calls or interviews with family
 - Referrals to resources
 - Investigation activities with financial institutions.
 - Working closely with law enforcement when criminal activity is suspected
- Complete a comprehensive Case Assessment (within 21 days)
- Complete a Service Plan within 30 days (if case is still open)
- Complete a Closure Summary when case is closed.

Legal Issues in APS



APS is a Voluntary Program

- APS must act within the consent of an adult who has mental capacity.
 - If a crime has been committed it is cross reported to Law Enforcement whether the victim wants it reported it or not.
 - Victim's mental capacity – If a victim has the ability to make his own decisions he has full legal rights to refuse service
 - This means they can live in a dirty home, hoard, give their money to anyone they choose as long there is no “undue influence” and they have capacity.

Legal Issues in APS cont.



- APS has no legal right to remove a person from their home against their will.
- APS relies on law enforcement's ability to place a person on 5150 mental health hold when they are gravely disabled or causing harm to themselves or others, due to a mental disorder.
- APS can call 911 for ambulance service if the person has an altered level of consciousness or is medically or mentally decompensating.

What APS Cannot Do



- Make someone change their lifestyle.
- Force someone to get treatment.
- Force relatives to assist.
- Find placements for everyone.
- Unlimited after hours response (emergency only)
- Provide long-term case management.
- Put a conservatorship in place.





APS Monthly Stats - Cases Investigated



2015-16	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
APS	23	33	24	12	18	23	16	38	27	27	25	24
Dep. Ad..	4	10	10	15	5	7	10	10	5	8	4	5
Ongoing	44	35	48	54	54	54	17	6	18	18	26	31
Total	71	78	82	81	77	84	43	54	50	53	55	60
2016-17	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March			
APS	24	37	32	33	30	19	21	26	35			
Dep. Ad.	4	13	8	10	4	6	4	11	9			
Ongoing	19	25	29	30	25	32	26	33	20			
Total	47	75	69	73	59	57	51	70	64			

Partner Agencies



Following is a list of some agencies we collaborate with in order to provide services to our APS clients:

- Siskiyou Home Health Services
- Meals on Wheels
- Golden Umbrella
- Behavioral Health Services
- In-Home Supportive Services
- Great Northern Corporation
- Local Law Enforcement Agencies
- Public Health
- Veteran's Services
- Social Security
- Domestic Violence
- Far Northern Regional Center
- Victim Witness Services

Multidisciplinary Teams



MDT Definition

- *Each county shall designate an adult protective services agency to establish and maintain multidisciplinary teams (MDT) including, but not limited to APS staff, law enforcement, home health agencies, hospitals, the public guardian, private community service agencies, public health agencies, and mental health agencies for the purpose of providing interagency treatment strategies (W&I code 15763 (f)). A multidisciplinary team is defined as any team of two or more persons who are trained in the prevention, identification, and treatment of abuse of elderly or dependent persons and who are qualified to provide a broad range of services related to abuse of elderly or dependent persons (W&I code 15610.55 (a)). In addition to developing interagency treatment strategies, the purpose of the MDT is to ensure coordination with existing community resources, to ensure maximum access on behalf of elders and dependent adults, and to avoid duplication of efforts (W&I code 15763[3]).*

MDT Goal



The goal of the MDT is to discuss difficult cases so agencies can better coordinate service delivery and use the expertise of the various agencies to develop solutions. Staffing is structured to encourage input from various disciplines/professional roles in order for optimal solutions/interventions to be developed. These are specific situations and/or individuals that adult service providers are accustomed to encountering or are likely to encounter in their various professional roles.

MDT Core Team



For the MDT to be successful in meeting the goal of interagency cooperation and contribution,

it is important that the team membership reflect the various agencies or disciplines that deal with dependent adult and elder abuse and neglect.

MDT Core Team Cont.



➤ **General Membership includes but is not limited to:**

- Adult Protective Services/In-Home Supportive Services
- County Public Guardian
- Public Health
- Behavioral Health
- District Attorney's Office
- Law Enforcement
- Local Area Hospitals
- Home Health Care Agencies
- Adult Day Health Care Providers
- Legal Services
- Gerontologists
- Area Agency on Aging

➤ **Additional Team Membership includes but is not limited to:**

- Victim Witness
- Long Term Care Facilities
- Long Term Care Ombudsman
- Far Northern Regional Center
- Private conservators
- California State Department of Health Care Licensing
- Social Security
- Veteran's Services
- Hospice Agencies
- Domestic Violence

➤ An individual MDT may include only a small subset of the core team.

EXPECTATIONS OF TEAM MEMBERS



- Team members will strictly adhere to maximum protection of privacy and confidentiality rights of the client (W&I code 15754 (b)).
- Team members are expected to take MDT information to their agencies and share information and request input while ensuring the confidentiality of the presented case.
- If a team member has information for the MDT and can't attend the meeting or send a representative, he/she is expected to contact another team member and ask that person to share any information he/she may have to contribute.
- Team members are to respect ideas, history, and background of others.
- Meetings will start and end on time.
- Case presentation outlines will be printed with the guidelines and made available at meetings.
- The Adult Protective Services Supervisor or his/her designee will facilitate the MDT.

CASE PRESENTATION GUIDELINES



- Types of Cases
 - Cases presented must include elders or dependent adults who have experienced abuse or neglect including self-neglect. Agencies may elect to present complex cases that will benefit from multidisciplinary problem-solving.

- Case Outline
 - The case presenter must provide a completed case presentation outline (Attachment 3) to the MDT members at the start of the meeting.

- APS Contact of Involved Parties
 - The APS supervisor or designee contacts parties or agencies involved in the case at the earliest opportunity to notify them that the case will be presented and invite them to participate.

- Confidentiality
 - In order to ensure confidentiality, cases are referred to the MDT chair on the MDT Referral (Attachment 2), which is sent to those members requested to attend an MDT. Presenters are identified on the referral. Clients are identified only by initials throughout the discussion. At no time is the APS reporting party revealed. The MDT chair is authorized to share the client's identity with appropriate parties for the purpose of developing a treatment plan (WIC section 15633, subdivision (b)(2)(A), 15754, and 10850.1)

CASE PRESENTATION GUIDELINES CONT.



- Creative Problem-Solving
 - Cases are presented orally in an objective and professional manner following the case presentation outline. The team provides resources and suggestions to the presenter and is encouraged to explore creative solutions and ideas.
- Action Plan
 - Following each case presentation an action plan is developed with clear assignment of responsibility. The action plan is written and copies given to members assigned responsibilities. The plan is maintained by the APS supervisor in a locked MDT file. The chair and/or co-chair ensure that the plans are understood and affirmed by those responsible. Group members of the MDT need to ensure follow through by their agency staff.
- Follow Up
 - The presenting professional provides case updates at the next, or one month following the MDT via email to the participating members of that MDT. If necessary, the presenter may request a follow-up MDT.

The Office of the Public Guardian



- The Office of the Public Guardian is a general fund program that is administered by the Health and Human Services Agency-Social Services Division
 - The Public Guardian serves as conservator of a person and/or estate of individuals needing protective intervention.

- TYPES OF CONSERVATORSHIP:
 - Lanterman-Petris-Short (LPS)

LPS is ordered by the Court when a person is found unable to provide for their own basic personal needs of food, clothing, or shelter as a result of a severe mental disorder/illness and are unable to accept those necessities of life from a third party. These persons are considered “gravely disabled.”

 - ✓ Murphy conservatorship

 - Probate Conservatorship

A Probate conservatorship ordered by the Superior Court for those persons suffering from impairment and/or severe dementia, and are found unable to properly provide for their own personal needs for physical health, food, clothing or shelter. It is also used to make medical decisions on behalf of those mentally incompetent to do so for themselves.

Public Guardian Referral Process



- The Siskiyou County Public Guardian accepts referrals from:
 - ✓ Adult Protective Services;
 - ✓ Behavioral Health Services; or
 - ✓ Directly from the Superior Court.

- When a referral is received, the Office of the Public Guardian:
 - Initiates a formal investigation.
 - Petitions the Superior Court for conservatorship if the referral meets legal criteria.
 - Acts as conservator for those found by the Superior Court to be unable to properly care for themselves or their finances.

A conservatorship by the Public Guardian should be the last resort for persons needing protection or care, as the mere act of conservatorship takes away a person's civil rights and liberties.

In-Home Supportive Services (IHSS)

What is it???



- A publicly funded statewide program administered by each county under the direction of the California Department of Social Services.
- Provides people with limited income who are blind, disabled, or over the age of 65 with in-home care services to help them remain safely at home.
- Disabled children are also potentially eligible for IHSS.
- Considered an alternative to out-of-home care, such as nursing homes or board and care facilities.

Eligibility Criteria:



- California resident
- Have a Medi-Cal eligibility determination
- Live in a home, apartment, or an abode of their choice (not a hospital, long-term care facility, licensed community care facility, or assisted living facility)
- Have submitted a completed Health Care Certification form
- Are unable to live safely at home without services

How the Program Works



- Medi-Cal determination is confirmed
- A county social worker interviews the client in the home to determine eligibility and need for IHSS
- A “needs assessment” is done to determine ability to safely perform certain tasks for themselves
 - ❖ This assessment includes information given by the client, and, if appropriate, by family, friends, physician or other licensed health care professionals.
 - ❖ A number called a functional index rank is assigned for each function.
 - ❖ Three of the functions (memory, orientation, and judgment) are used to determine the need for protective supervision.
 - ❖ The general guidelines for ranking of functions are in the state guidelines.
 - ❖ The social worker determines how much time is authorized using the Hourly Task Guidelines provided by the State.

How the Program Works cont.



- A completed Health Care Certification must be received by the county prior to authorization of services.
- The client is notified if IHSS has been approved or denied.
 - ❖ If denied, the client is notified of the reason for the denial
 - ❖ Denial of IHSS can be appealed through the Fair Hearings process.
 - ❖ If approved, the client is notified of the type of services and number of hours (per month) that have been authorized.
- If approved for IHSS, the recipient must then hire someone (their independent provider – IP) to perform the authorized services.
 - ❖ The recipient is considered the provider's employer and, it is therefore, the recipient's responsibility to hire, train, supervise, and terminate (if necessary) their provider.

How the Program Works cont.

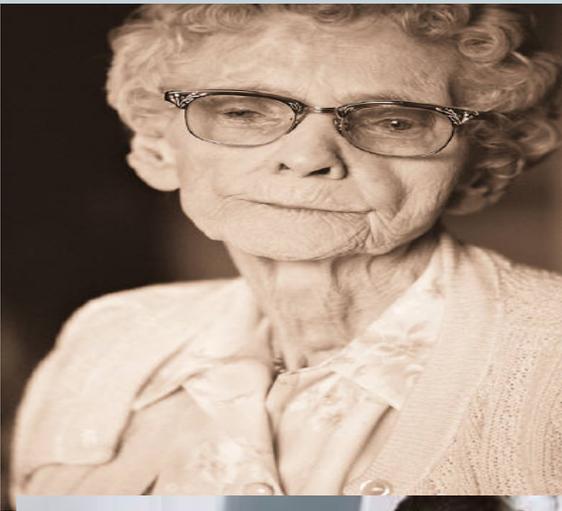


- If the recipient does not have a provider already selected (often a friend or family member), the recipient can contact the Public Authority Registry service to obtain a list of available providers.
- It is the recipient's responsibility to sign the provider(s) timecard each month and the provider's responsibility to submit the timecard to the state for payment.
- Wages for IHSS providers vary from county to county. IHSS providers in Siskiyou County are paid at minimum wage.

IHSS Cases in Siskiyou County



2015-16	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
New	32	23	35	31	32	22	26	31	33	49	26	28
Open	526	559	570	573	570	570	561	564	570	573	573	581
2016-17	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March			
New	26	31	27	31	22	24	35	19	36			
Open	592	602	593	594	600	607	609	602	596			



Thank You



Siskiyou County Health and Human Services Agency

Adult Services

(530) 841-4200

(530) 842-7009 (after hours emergency)

