Preventing Abuse & Neglect: Strategies That Make a Difference

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Agenda

- Risk and Protective Factors
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- Prevention Strategies
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- Open Discussion on Preventing Abuse and Neglect
  Facilitator: Jean Close, Deputy Director
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RISK AND PROTECTIVE FACTORS

Risk and Protective Factors

- Risk Factors
  - Individual
  - Relationship
  - Community
  - Societal
- Protective Factors
  - Individual
  - Relationship
  - Community
  - Societal

PREVENTION APPROACHES

PREVENTION STRATEGIES THAT MAKE A DIFFERENCE

"HOME AND COMMUNITY-BASED SERVICES THAT SUPPORT CAREGIVERS"

HOME AND COMMUNITY-BASED SERVICES THAT SUPPORT CAREGIVERS

- States have flexibility in determining what services they will offer under a 1915(c) Home and Community-based Services Waiver or a 1915(i) State plan benefit.

- There are a number of services that may support caregivers.

HOME AND COMMUNITY-BASED SERVICES THAT SUPPORT CAREGIVERS

- These include, but are not limited to:

  Respite

  Homemaker

  Personal Care

  Adult Day Health

  Habilitation

  Environmental Modifications

HOME AND COMMUNITY-BASED SERVICES THAT SUPPORT CAREGIVERS

Vehicle Modifications

Assistive Technology

Personal Emergency Response Systems

Training and Counseling for Unpaid   Caregivers

Extended State Plan Services such as,

     Speech, Hearing and Language

     Occupational Therapy

     Behavior Therapy

HOME AND COMMUNITY-BASED SERVICES THAT SUPPORT CAREGIVERS

- Services in Support of Participant Self-Direction – This is a service model that assists the participant (or the participant's family or representative, as appropriate) in arranging for, directing and managing services.

- States also have a great deal of flexibility in defining other services not mentioned here that may support caregivers.

HOME AND COMMUNITY-BASED SERVICES THAT SUPORT CAREGIVERS

- CMS is always available to provide technical assistance to states in the development and implementation of their HCBS programs.

Multidisciplinary Care Team Models

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Overview

1
- Background and Context

2
- Multidisciplinary Team Mental Health Care Models

3
- Common Components and Relevant Medicaid Authorities

Background and Context

- Substantial evidence points to mental illness as a strong risk factor for elder abuse among victims and perpetrators
  - Specifically depression among victims and depression and anxiety among perpetrators
  - Substance abuse is also common among perpetrators of elder abuse

Background and Context

- Multidisciplinary teams are a promising practice for prevention of abuse of vulnerable populations
  - Services needed cut across many systems: mental illness, substance use disorder, health care, adult protective services, legal services, etc.
  - Teams can support coordination of services from these different systems
  - Limitations:
    - Services must be available in the first place
    - Need for more research

Multidisciplinary Mental Health Care Model: Assertive Community Treatment

- Key Features:
  - Holistic approach - multidisciplinary team of professionals to help with illness management, housing, finances, other issues
  - Assertive outreach to engage clients with range of services in person's home or other community settings
  - Low client to staff ratios allowing for – 1) multiple contacts for clients needing intensive support and 2) capacity to respond 24 hours a day seven days a week
  - Shared caseloads (i.e., team collaborates closely on each patient using one treatment plan);
  - Frequent team meetings and integration of services instead of referring clients to other programs
  - Fairly flexible model – can incorporate other services (e.g., SUD treatment)

Multidisciplinary Mental Health Care Model: Assertive Community Treatment

- Evidence:
  - Considered one of most effective models to support community living for those with severe functional impairments due to mental illness who need services from multiple providers and systems
  - Dozens of randomized controlled trials have demonstrated effectiveness - especially of organizational elements - in reducing use of inpatient, housing instability, SUD, employment
  - Attention to immediate needs and service delivery in community settings leads to increased client satisfaction with and engagement in services
  - Less applicable to rural settings – but there are variations – e.g., FACT (flexible assertive community treatment)

Multidisciplinary Mental Health Care Model: Coordinated Specialty Care

- Key Features:
  - Multidisciplinary, team-based approach integrating medical, psychological, and rehabilitation interventions as soon as possible after a person first experiences psychosis
  - Outreach by providers to cultivate referral networks and engage with patients, families, and caregivers as early as possible
  - Coordination of services among treatment team members with clinical supervision
  - Core services: assessment, medication and medication management, psychotherapy, case management, coordination with primary care, family/caregiver support and education, and supported employment/supported education.

Multidisciplinary Mental Health Care Model: Coordinated Specialty Care

- Evidence:
  - International studies have found coordinated specialized services are effective for improving clinical and functional outcomes including enhanced treatment engagement

  - NIMH's Recovery After an Initial Schizophrenia Episode (RAISE) tested implementation of Coordinated Specialty Care (CSC) programs in "real world" community clinics.
    - Participants experienced greater improvements in total symptoms, social functioning, work or school involvement, and overall quality of life.
    - One site in NY recently reported: education/employment rates increased from 40 to 80% by 6 mo.s and hospitalization decreased from 70% to 10% by 3 mo.s in treatment

· 3

Common Components and Relevant Medicaid Authorities

- Direct provision of service instead of referrals
- Clinical assessment, medication, medication management, therapy/counseling, and case management
  - Sec. 1905(a) state plan benefits including Rehabilitative Services, Case Management, Other Licensed Practitioner Services, Clinic Services
- Outreach and engagement in care and clinical supervision of team
  - Provider costs for outreach and team supervision are not directly coverable, but may be incorporated into rates for covered services
  - Administrative match may be available for referral network development by state agencies that may be allocated to Medicaid
- Care coordination among team members and with primary care
  - Sec. 1945 Health Home benefits; Sec. 1905(a) case management
- Supported Employment/Education
  - Sec.s 1915(i), 1915 (c), 1915(b)(3)

CMCS Guidance on Covering these Models

- CMCS State Medicaid Director Letter:

  Developments in Mental Health Treatment (and Other Topics)

  June 1999

  http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD060799b.pdf

- CMCS, NIMH, SAMHSA Joint Informational Bulletin:

  "Coverage of Early Intervention Services for First Episode Psychosis"

  October 2015

  https://www.medicaid.gov/federal-policy-guidance/downloads/cib-10-16-2015.pdf

Prevention of Abuse of Older Adults

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Maltreatment of Older Adults

- At least 1 in 10 older adults experiences emotional, physical, or sexual abuse, financial exploitation and/or neglect each year – and the numbers are growing.
- Adult children, followed by spouses and other family members, are the most likely abusers (Surveys vary from 60-90%)
  - Stranger abuse is growing with regard to financial scams
- Perpetrators are more likely to be
  - Male
  - Socially isolated
- One study found perpetrators have greater prevalence of unemployment or substance abuse than the general population
- Many perpetrators of elder abuse are caregivers.

Family Caregiving Is…..

- Regularly looking in on or calling a friend or loved one to see how they are doing or if they need assistance

- Helping with, or doing, routine tasks for someone, such as grocery shopping, bill paying, household chores, or transportation

- Assisting someone with medications or personal care tasks

- Communicating with health care professionals or other providers, services and agencies

- Performing complex medical/nursing tasks like wound care or operating medical devices

A Profile of the "Typical Caregiver"

- **Who they are**
  - 49 year old female
  - Caring for 69 year-old female relative that needs help with a long-term physical condition
- **What they do**
  - Provide care for 4 years
  - 24.4 hours per week
  - Helps with 2 ADLs/4 IADLS
  - Do medical/nursing tasks
  - Have no assistance or formal training

- **Work and Career**
  - Is a H.S. grad/some college
  - Employed and working full time
  - Average household income: $54,700
- **Care Receivers**
  - Live with the caregiver or close by
  - Hospitalized once in the past year

Source: National Alliance for Caregiving/AARP, 2015

Family Caregivers of Adults Age 50+: The Numbers

- 34.2 million adults (14.3%) in the U.S. provided care to an adult age 50 and older
- 60% of caregivers are female
- Caregivers of someone age 50 and older are 50+ years old themselves
- Nearly 8% of caregivers are 75 years of age or older
  - 24% provide care for 5 years or more
- Nearly 30% say the care recipient needs help because of a memory problem
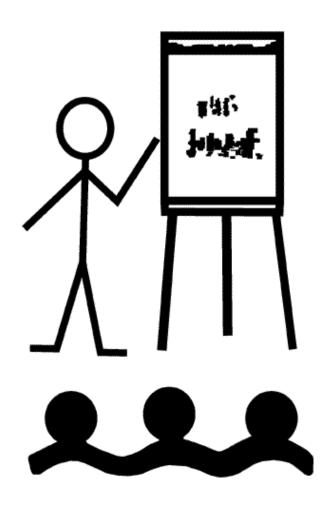
Source: National Alliance for Caregiving/AARP, 2015

Assessing Caregiver Burden

- Tools available to measure caregiver burden

- Design service plan around this

- Specific interventions based on results

- Longer term, more effective caregiving and satisfaction with life

Training and Education

- Caregiver materials in libraries
- In-and Out-of-home training for caregivers
  - Chronic conditions
  - Body Mechanics
  - Identifying concerns
  - Managing hospitalization
  - Care Transitions
  - Caregiver Conferences

Counseling and Support Groups

- Professional and Peer Counseling
- Caregiver Mentor Programs
- Powerful Tools for Caregiving
- Often combine education with support
  - Disease specific in larger areas
  - Early Dementia Clubs

ACL Programs to Support Older People and their Family Caregivers

- Eldercare Locator
- Older Americans Act (OAA)
  - Title III-B – Supportive Services
  - Title III E - National Family Caregiver Support Program (NFCSP)
  - Title VI – Native American Programs
- Alzheimer's specific programs
  - National Alzheimer's Disease Call Center
  - Alzheimer's Disease Supportive Services Programs (ADSSP)
  - Alzheimer's Disease Initiative/Specialized Supportive Services (ADI/SSS) Programs
- Lifespan Respite Care Program
  - Family caregivers of children and adults of all ages with special needs

www.acl.gov

Information and Assistance

- Tips to understand the Long Term Service system
- Help with applications
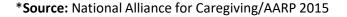- Information about accessing low cost medical equipment
- "Hand hold" when necessary

R-E-S-P-I-T-E… This is what it means to me!*

- A break!
- In and Out of home
- Short, regularly scheduled or longer time
- "Specialized Respite"
- Lifespan Respite
- Varies tremendously by location so check into how to get access

*With apologies to Otis Redding and Aretha Franklin

Transportation Services as Prevention

- On average, caregivers of someone age 50+ help with 4.2 out of seven IADLs, including transportation (78%)
- When dementia becomes a factor….
  - Caregivers assist with an average of 4.6 IADLs
  - Are more likely to help with transportation (83%)
  - Those caring for someone age 75+ are more likely to have helped arrange transportation (82%)*
- In 2016, 21% of calls to the Eldercare Locator were about transportation
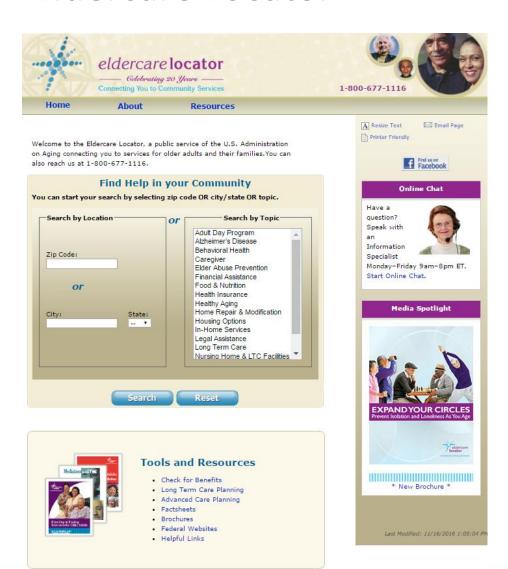
ACL Program Data Summary/Findings on Transportation

2017 National Survey of OAA Participants – Transportation Services

- 5.2% of transportation clients report a diagnosis of memory-related disease
  - 58% of those clients live alone
- Of the transportation clients with dementia
  - 64% use the service to get to a doctor or health care provider appointment
  - 16% use transportation to go shopping (vs. 35% without dementia)
  - 51% reported having family/friends who help arrange services (vs. 23% without)

2017 National Survey of OAA Participants – Caregiver Support

  - 62% of caregivers caring for someone with a memory-related disease
  - Fewer than 15% of care recipients received transportation

Eldercare Locator

- Links older adults, family members, and caregivers to supports n their area by zip code
- Usually the first stop will be the federally funded Aging and Disability Resource Centers (ADRC)

www.eldercare.gov

National Respite Locator

- Helps you find Respite providers in your location
- May bring you to private organizations or also to ADRC

http://archrespite.org/respitelocator

Financial Abuse

- Consumer Finance Protection Board has resources on protecting older adults from fraud and financial exploitation directed towards
  - Older adults
    - Tools for later life financial security
    - Protecting against fraud
  - Caregivers
    - Managing someone else's money
- https://www.consumerfinance.gov/practitioner-resources/resources-for-older-adults/protecting-against-fraud/
- Senate Aging Committee – Top 10 Scams Targeting Our Nation's Seniors
  - https://www.aging.senate.gov/imo/media/doc/2018%20Fraud%20Book.pdf

Preventing Abuse and Protecting Rights

- Centers for Independent Living
  - Peer support and self-advocacy
- Legal Services Programs
  - Advance planning and protecting rights
- Long-term Care Ombudsman Programs
  - Protecting rights of residents in facilities & reporting abuse
- Protection & Advocacy Programs
  - Protecting rights, investigating abuse in facilities

*Source: National Alliance for Caregiving/AARP 2015

Elder Justice Coordinating Council

- Established by the Elder Justice Act of 2010
  - Chaired by ACL
  - Members include Attorney General and representatives from other federal departments
- Recommendations to Congress on increased federal involvement in addressing elder abuse, neglect and exploitation
- https://www.acl.gov/programs/elder-justice/elder-justice-coordinating-council-ejcc

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Questions

DISCUSSION