



Enacted as part of the Patient Protection and Affordable Care Act in March of 2010, the Elder Justice Act represents the most comprehensive federal elder abuse prevention law to date, calling national attention to the millions of vulnerable older Americans who are victims of abuse, neglect, and exploitation. The Elder Abuse Prevention Interventions demonstration, authorized by the Elder Justice Act and funded by the Administration on Aging (AoA), U.S. Department of Health and Human Services (HHS) in FY 2013, provided funding to five state grantees to test interventions designed to prevent elder abuse, neglect, and exploitation. The HHS Office of the Assistant Secretary for Planning and Evaluation has contracted with NORC at the University of Chicago to design and conduct an evaluation of the interventions being tested through this demonstration. The purpose of the evaluation is to study the development and implementation of the state grantees' elder abuse interventions and report findings on the characteristics of victims and perpetrators of elder abuse or those at-risk, the use of prevention services, and outcomes.

The states participating in the demonstration and evaluation are: Alaska Division of Senior and Disabilities Services; New York State Office for the Aging; University of Southern California; University of Texas Health Science Center at Houston; and Texas Department of Family and Protective Services and WellMed Charitable Foundation. This Research Brief is one of five summarizing the tested interventions and findings to date.

## Elder Services Case Management Prevention Intervention Alaska Division of Senior and Disabilities Services

### OVERVIEW

The Alaska Division of Senior and Disability Services (DSDS) through the Adult Protective Services Unit (APS) and in partnership with other key community partners is implementing, testing and measuring the performance of the Critical Time Intervention case management model to prevent elder abuse, neglect and exploitation.

The project targets services to both victims and where possible, caregivers.

### KEY FINDINGS TO DATE <sup>1</sup>

#### Theoretical/Clinical Basis of Prevention Intervention

The Alaska DSDS intervention uses an evidence-based case management model known as Critical Time Intervention (CTI) to provide time-limited support services to elders and their caregivers with the goal of empowering them to be independent. CTI helps vulnerable people during times of transition by strengthening their networks of support in their community, with an emphasis on community integration and continuity of care.<sup>2</sup> CTI has been successful in preventing homelessness among individuals with mental illness following institutional discharge. Alaska's pilot represents the first time CTI is being applied to vulnerable older adults. Alaska DSDS has long identified a need for APS client case management and the AoA grant provided an opportunity for the agency to implement the intervention to provide services not offered by APS.

#### Prevention Intervention

The CTI case management model uses a client-centered approach when case managers work with clients. Support is provided over three prescribed phases of the nine month intervention: 1) transition; 2) try-out; and 3) transfer. During the first three months (transition phase), case managers provide specialized intensive support and focus on setting goals with the client and addressing immediate critical needs. The try-out phase (months 4 – 7) involves identifying informal and formal supports to meet client needs and transferring more responsibility to the client, identified caregiver, or providers. During the transfer phase of the intervention (last two months), case managers transfer care to the long-term support system created for the client.

Case managers are supported through monthly community partners meetings which provide an opportunity to solicit feedback on current cases being handled by case managers.

#### Outcomes <sup>3</sup>

The short and long-term outcomes of the intervention are to increase elders' independence, social support, and sense of safety and to reduce

the risk for abuse and likelihood of re-referral to APS. The intervention also expects to increase awareness among community partners and to strengthen partnerships.

### INFRASTRUCTURE

The Alaska DSDS is the lead agency in the intervention. Established in 1982, the APS unit of DSDS is the primary state agency responsible for the prevention of vulnerable adult abuse and the investigation of suspected cases of abuse, neglect, and exploitation in Alaska.

Other organizations involved in addressing elder abuse, neglect, and exploitation in the community include the Office of the Long-Term Care Ombudsman, the Office of Public Advocacy, Certification and Licensing for assisted living, Alaska Commission on Aging, the Veterans' Administration, Alaska Native Medical Center, Rescue Mission (homeless shelter) Department of Behavioral Health, Catholic Social Services, Medicaid Fraud Control Unit (part of the Attorney General's Office), Senior Medicare Patrol, and AARP as well as local police departments and hospitals.

The role of community partners is to provide feedback and expertise during the Monthly Elder Services Case Management Community Partners Meeting on how to better serve the more challenging cases that are being handled by the intervention.

### ELDER ABUSE

Based on 2012 APS data, the Anchorage region received 514 allegations of elder abuse, neglect, or exploitation, 167 of which were substantiated. In Anchorage, 37% of adults over the age of 60 had a repeated intake within 6 months and 39% had a repeated intake within 12 months.<sup>4</sup> A significant portion of these adults were brought to the attention of APS but their issues could not be resolved through current APS supportive services.

Approximately 65% of the overall intake involves adults age 60 years and older. There tends to be more cases of abuse involving women than men as well as those with low incomes. Individuals who are at highest risk are those who live in rural areas where there are minimal services.

### INTERVENTION

#### Target Population

The target population for the intervention is elders 60 years of age and older residing in the municipality of Anchorage who experience at least one of the following conditions: 1) cognitive impairment or dementia; 2) physical impairment or health problems; and 3) abuser dependency on the victim.



Participants are largely drawn from the community but the program also serves those living in residential settings.

Elders must be competent enough to provide informed consent or the guardian must be aware of their participation in the larger research effort.

As of June 30, 2014, the program received over 90 referrals. Currently, 41 elders are engaged in elder services case management.<sup>5</sup> Caseloads range between 10 and 13 per case manager. Thus far, many clients served by the intervention have health problems, mental health issues, cognitive impairment, depression, substance abuse issues, and are homeless and/or have no family or support system in place.

### Elder Services Case Management (ESCM) Prevention Intervention

The prevention intervention includes multiple components: referral and intake; informed consent; a nine-month case management intervention; and monthly community partner meetings.

**Referral and Intake:** Sources for referrals into the intervention include reports of harm (ROH) that are filed with APS' central intake. The program manager screens the ROH and then assigns the case to information and referral (INR), if protective services are not needed or to APS investigation. INR cases are then screened by case managers who call the senior to determine if the case is appropriate for case management and seek permission for participation.

Cases that are assigned to APS investigation must first be completed and closed (and the client's safety established) prior to being referred to ESCM by the APS investigator. At that point, the program manager assigns the case to one of the three case managers providing support for the intervention.

**Intervention:** The CTI case management model uses a client-centered approach in working with clients. Support is provided over three phases of the nine month intervention: 1) transition, 2) try-out, and 3) transfer.

- **Transition Phase:** During the first three months, case managers provide specialized intense support and focus on setting goals with the client and addressing immediate critical needs. This often includes obtaining food, housing, transportation, or medical attention for the client. Client contact is very high and involves frequent home visits and phone calls.
- **Try-out Phase:** Months 4 – 7 involve identifying informal and formal supports to meet client needs. Case managers transfer more responsibility to the client, identified caregiver, or connected service providers to take responsibility for service provision. Regular contact through phone calls and home visits continue.
- **Transfer Phase:** During the last two months of the intervention, the case managers transfer care to the long-term support system created for the client. Contact with the client is reduced to monthly conference meetings. Throughout the process, a case manager may also generate an ROH if the client is in need of APS services, particularly with issues involving legal action (such as guardianship) which case managers do not have the authority to undertake. In these instances, the client would be receiving both case management and APS services.

**Service Utilization:** Common services provided include assistance with applications and referrals for personal attendant care, Alaska resident benefits (an annual payment from the state's investment earnings of mineral royalties), and medical services

**Community Partners Meeting:** The meetings provide case managers an opportunity to solicit feedback on current cases being handled, and to provide support for concerns with difficult clients or situations.

## IMPLEMENTATION

While there have been minor adjustments to the project related to paperwork and the referral process, the intervention has largely been implemented as intended. No unintended consequences have been observed.

A key facilitator to the implementation of the intervention was the separation between case management services and APS services (where investigators are often not well-received), allowing case managers to enter clients' lives as friendly visitors. The client-driven approach of the intervention also is appealing to both clients and case managers and facilitates engagement and participation.

Even if client needs have been identified, the intervention relies on existing services which are sometimes difficult to access. Transportation and affordable housing were identified as service gaps in the Anchorage area.

*Case managers stated that elders are grateful for the services provided. For some elders participating in the intervention, the case manager was the only person in their lives. One exclaimed, "I wouldn't be alive without you."*

An unexpected ongoing challenge of the project concerns generating regular referrals to the intervention. This was understood to be partially due to the newness of the program and the perception on the part of some investigators that clients may not need continued case management because they were no longer facing imminent risk. The eligibility criteria were also reported as contributing to lower than expected referrals.

Clients and caregivers can become attached to case managers. It becomes difficult to transition elders off of case management, particularly those who had little social contact prior to the intervention.

## LESSONS LEARNED

The ESCM prevention intervention appears to benefit some groups and types of abuse more so than others. The program has seen more progress with cases of self-neglect and INRs (those that have not risen to the level of needed protective services) and is less successful for people experiencing significant mental health issues, dementia, substance abuse issues, ongoing physical abuse, sexual abuse, and domestic violence. Cases with public guardians who have conflicting goals with their wards or where the abusing caregiver remains in the home also tend to be less successful.

Small acts of support can make a huge difference in the lives of elders. It is also important to adjust to seniors' needs and timeline and support their decisions when they are ready, particularly as habits have been strongly formed over a lifetime.

Communication and sharing information between case managers and community partners' staff is important to managing referrals and service transitions.

According to stakeholders, major accomplishments of the intervention include demonstrating the value of and need for case management to support APS (adults are not cycling back in), connecting an array of services to clients that they did not previously know existed or had the wherewithal to access, and helping vulnerable adults live independently, safer and for the long-term.

## FOR MORE INFORMATION CONTACT

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<sup>1</sup> The findings to date are derived from a two-day site visit to Alaska Division of Senior and Disabilities Services in October 2014 to learn about planning, infrastructure and implementation of the prevention intervention and progress to date. Key informant interviews were conducted with the statewide program manager/project director, two protective services managers, the grant manager, three case managers and the research analyst providing data-related support to the project. Program documents and protocols were reviewed. NORC thanks AK DSDS for hosting the visit.

<sup>2</sup> <http://sssw.hunter.cuny.edu/cti/cti-model>

<sup>3</sup> Outcome data will be analyzed in mid-2015.

<sup>4</sup> These data were obtained from the grantee's original application.

<sup>5</sup> These data were obtained from the grantee's semi-annual progress report to the AoA.