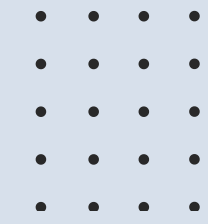


APRIL 24, 2024



WORKING WITH UNHOUSED ELDERS & DEPENDENT ADULTS



Presenters:

Sarah Ou, Crisis Intervention Specialist Supervisor

Yolanda Carcamo, APS Supervisor



SERVICES FOR MENTAL HEALTH & SUBSTANCE USE DISORDERS



AGENDA

- *APS & GART TEAM*
- *Eligibility Criteria*
- *Services*
- *How to Refer*
- *Special Considerations*
- *Collaboration*
- *Q&A*

*Adult Protective Services
Geriatric Assessment Response Team*



Adult Protective Services

Adult Protective Services is a state mandated program intended to investigate and remedy or reduce danger to dependent adults and older adults who are at risk of physical, sexual, mental or financial abuse, neglect or self-neglect.

- Serve older adults (60 +) and dependent adults (18-59, physically and/or cognitively impaired)
- Client's right to self-determination
- Services are voluntary: Adults must consent to APS involvement
- Use of least restrictive alternative
- Use of community-based services rather than institutions
- Inclusion of family unit/network of support
- Collaboration in service planning
- Services geared toward maintaining independence
- Linkage to services that are in the adult's best interest

Geriatric Assessment & Response Team

- This team provides brief voluntary behavioral health care services to older adults ages 55 and above with the aim of resolving mental health needs within 60 days through short term treatment and linkage to on-going behavioral health and community resources.
- A multidisciplinary team includes behavioral health clinicians and nurse who provide culturally aware, trauma informed, and age-appropriate interventions.



Monday – Friday
8:30am-5pm

(510) 891-5600

Ask for GART On-Duty
Clinician for consultation and
referrals.

GARTOD@acgov.org



GART

We are a mobile team support service that provides brief voluntary behavioral health services to older adults 55 years+.

GOAL: provide recovery strategies and alternatives to hospitalization, and enhance opportunities for independence, resiliency, wellness, and quality of life.

HOW: assessments, treatment coordination, medication support, short term counseling, case management, and crisis support services.

APS TEAM

Pamela Powell
Program Manager

- 4 Community Response Units
- 2 Intake Units
- 1 MSW Intern Unit

- 28 Community Response Workers
- 12 Intake Workers
- 1 MSW Intern



Marietta Arroyo
MD

Mario Suarez
MAP

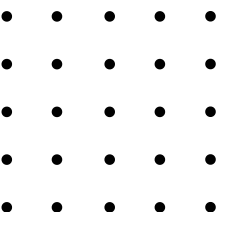
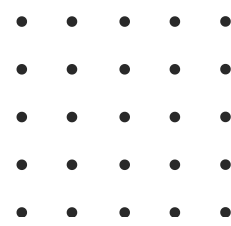
Stephane Marsili
MS

Lenwood Hunter
MAX

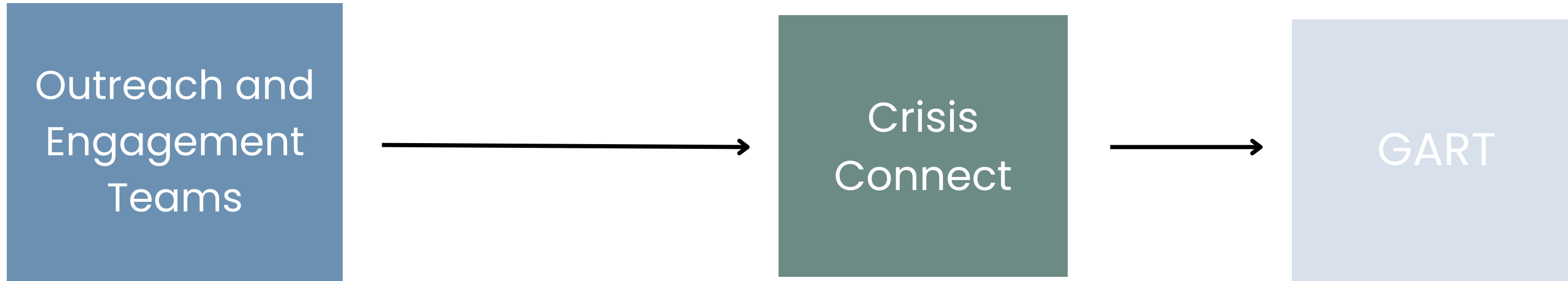
Lisa Brand
MT

Stacey Eldridge
MQ

Yolanda Carcamo
MSW



GART TEAM

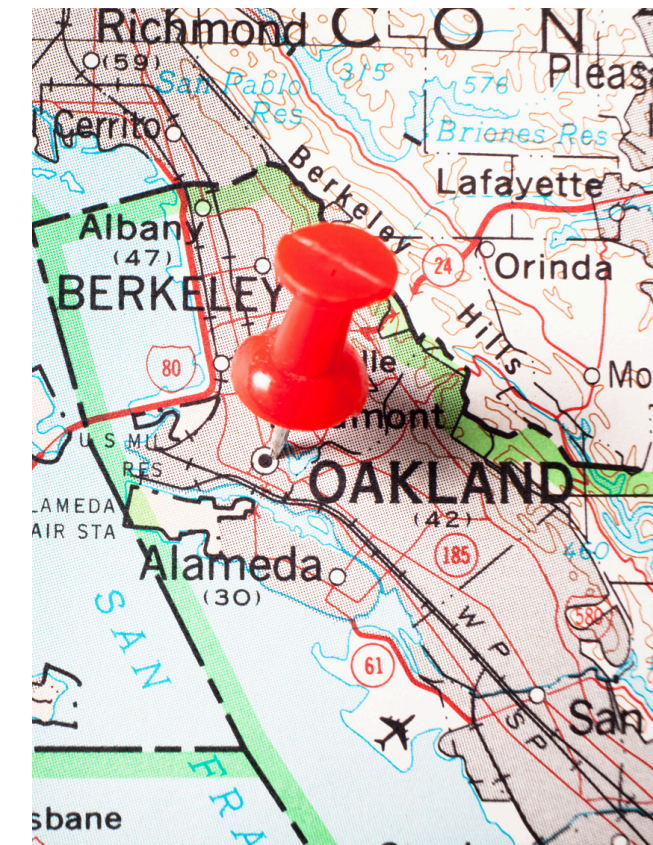
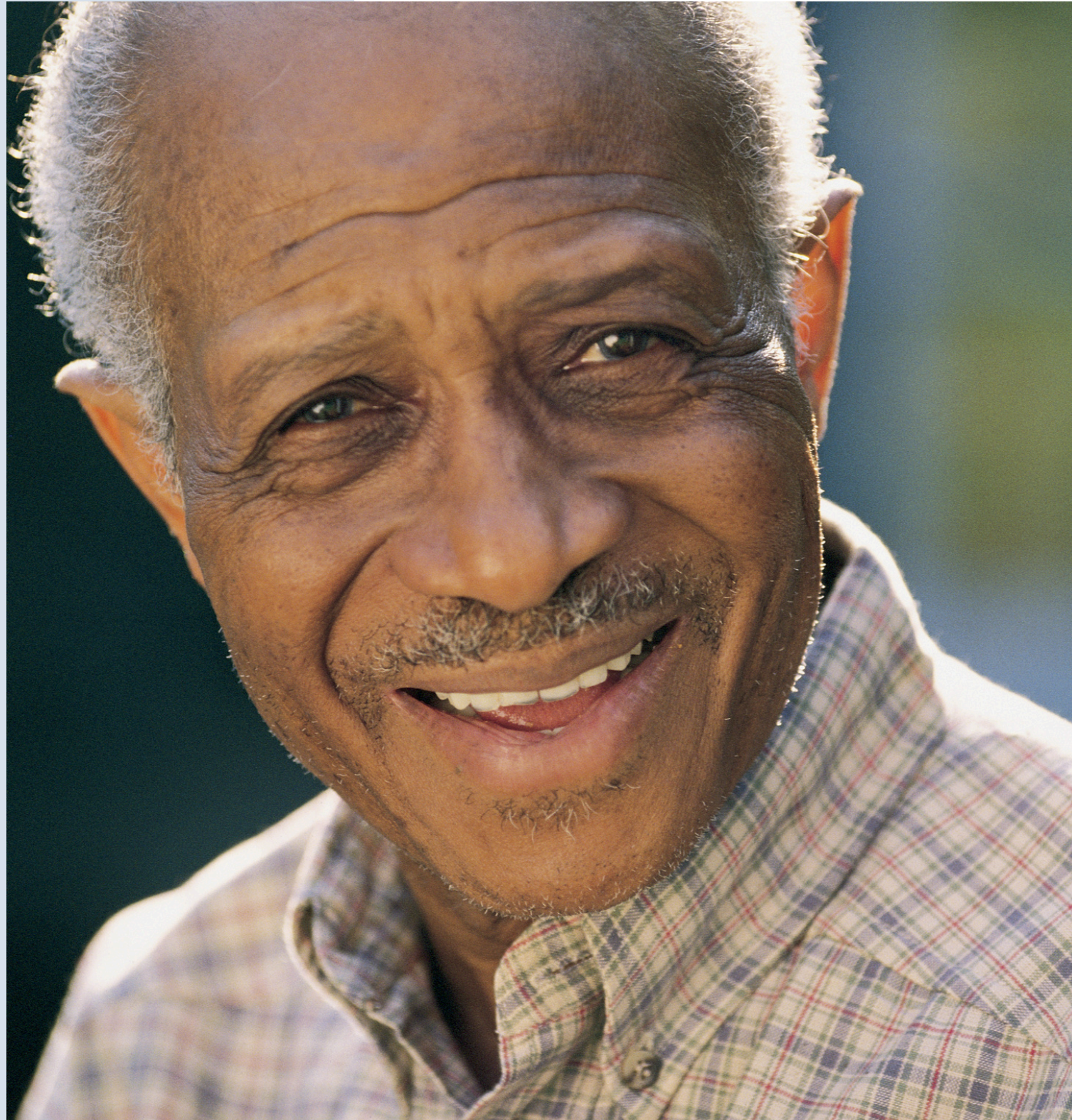


Mobile Crisis Teams



- *2 Clinician Model*
 - *North, South, & East County*
- *Mobile Evaluation Teams*
 - *Hayward*
 - *Oakland*
- *CATT*
 - *Bonita House & EMS*

APS ELIGIBILITY CRITERIA



- **60+ Elder Population or 18-59 Dependent Adult Population**

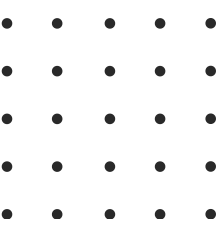
For Dependent Adults: physical or mental limitations which restrict his/her ability to carry out normal activities or to protect his/her rights.

- **Residing in Alameda County**

Living in their home, home of another or in a room and board/unlicensed facility.

- **Suspected Victim of Abuse, Neglect, or Self Neglect**

For Dependent Adults: There is a link between the disability and reported abuse.



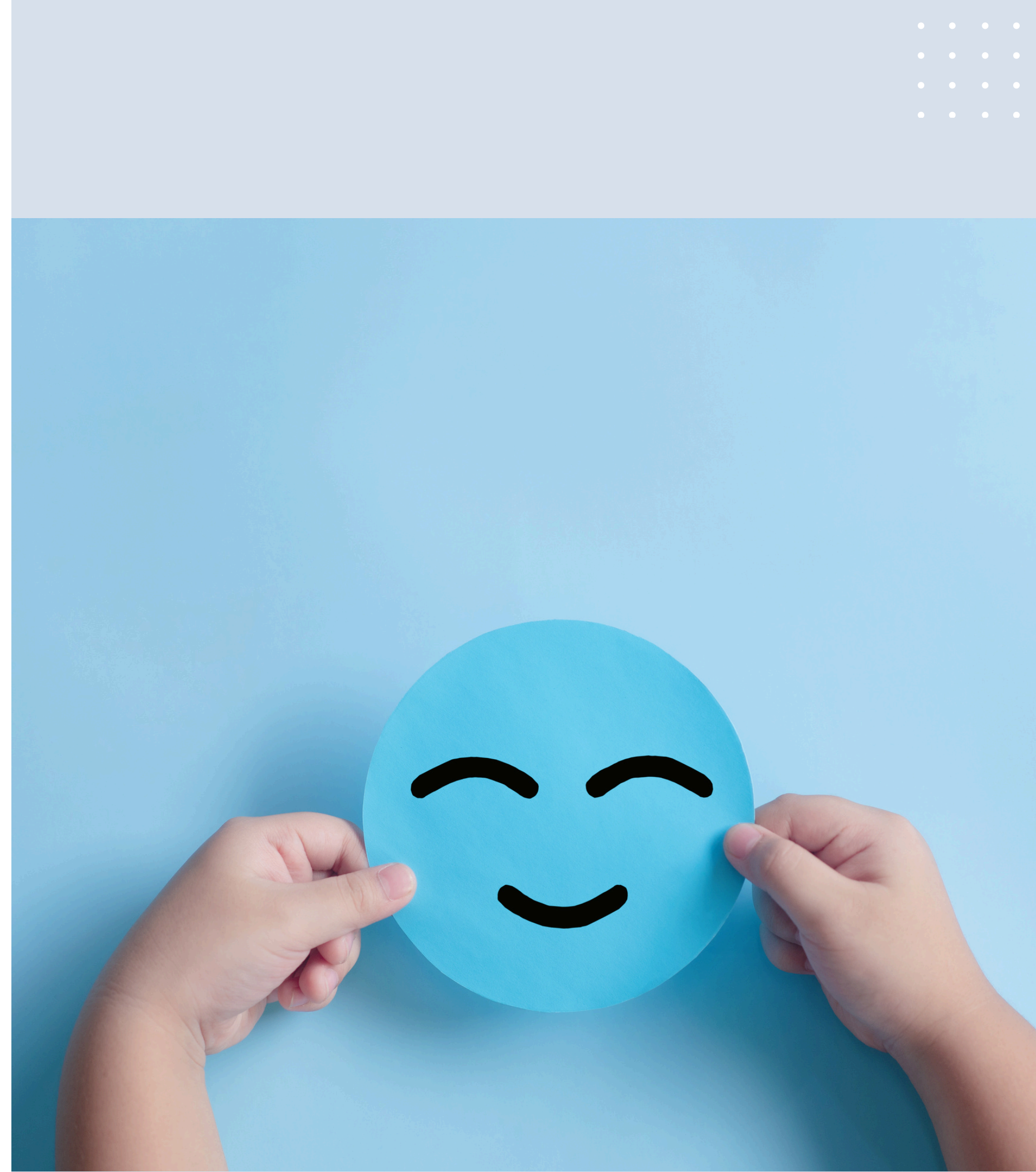
GART ELIGIBILITY CRITERIA

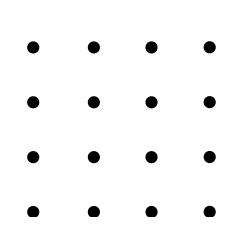


- Residents of Alameda County
- 55 years old and older
- Experiencing a behavioral health issue or co-occurring condition
- Mental health condition meets specialty mental health criteria (i.e. medical necessity)
- Medi-Cal, Medicare/MediCal, or Indigent

GART SERVICES

- *Currently the team comprises of two behavioral health clinicians and one registered nurse*
- *Psychiatric evaluation and assessment*
- *Triage and consultation services*
- *Short term case management & coordination of care (59 days or less)*
- *Medication management services*
- *Linkage to on-going mental health and community supports*
- *Community outreach and education*
- *Family support and psychoeducation*





APS SERVICES

- *Case Management*
- *Food Resources*
 - *Groceries*
 - *Meals on Wheels*
 - *Food Banks*
 - *Cal Fresh Application*
- *IHSS Application*
- *Private Caregiver resources*
- *Tangible Services*
- *Deep cleaning*
- *Rental Assistance*
- *Utility Reactivation*
- *Medical Linkage*
- *PHN Referral*
- *Hospitalization*
- *Counseling referrals*
- *Legal referrals*
- *Restraining orders*
- *POA Creation/Revoke*

APS CASE MANAGEMENT SERVICES

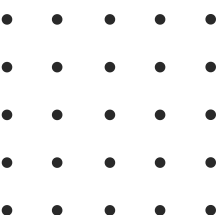


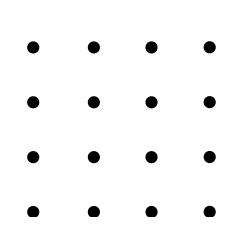
3 Contracted Case Management Providers to Service the Entire County

- *Felton Institute*
- *Tri-Valley City Serv*
- *City of Fremont*

Home Safe Program

- *Supports the safety and housing stability of individuals being served by APS who are experiencing or at risk of homelessness.*
- *Offers a range of strategies to prevent homelessness and support ongoing housing stability for APS clients, including:*
 - *Housing-related intensive case management,*
 - *Short-term housing related financial assistance,*
 - *Deep cleaning to maintain safe housing.*
 - *Eviction prevention*
 - *Landlord mediation*





HOW TO REFER TO GART

- *Call Crisis Services at 510-891-5600 Monday-Friday from 8am-6pm. Request to speak to the officer of the day and make a referral to GART.*
- *You can also email the GART referral form to GARTOD@acgov.org.*
- *GART hours of operation are 8:30am-5:00pm Monday through Friday.*

HOW TO REPORT TO APS

APS HOTLINE

510-577-3500

1-866-CALL-APS

ONLINE

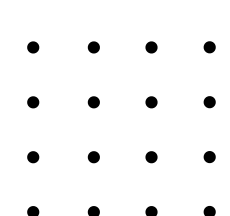
[REPORTTOAPS.ORG](https://reporttoaps.org)

FAX

510-577-5615

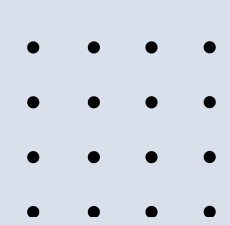
IN PERSON

6955 FOOTHILL BLVD
SUITE 143,
OAKLAND, CA



CONSIDERATIONS WHEN COLLABORATING WITH APS

- *Transparency surrounding filing.*
- *How is client reachable? (frequented spots, physical descriptions, cell phone, best times of day or days)*
- *Consider a joint first meeting to provide introductions and ensure successful contact.*
- *Work collaboratively with the client to file the report when possible.*
- *Follow up with the client to ensure they have connected with APS when possible.*
- *Consider safety of client surrounding disclosure.*
- *Remind clients that services are voluntary. (ease anxieties)*



HOMELESSNESS VS PROTECTION ISSUES

Considerations when
situations become
APS Reportable

- *Situations or ongoing concerns involving abuse, neglect, or exploitation.*
 - *Physical Abuse*
 - *Sexual Abuse*
 - *Financial Abuse*
 - *Neglect, Abandonment*
 - *Isolation*
- *Self neglect*
 - *Physical Care*
 - *Environmental*
 - *Financial*
- *Recently evicted individuals with no clear housing plan.*
- *Individuals who are particularly vulnerable.*
 - *severe medical conditions*
 - *dementia*
 - *advanced age*

Dementia or Depression?

Indicator	Depression	Dementia
Mood	Develop a persistently sad mood over a period of weeks	Usually normal but can become unhappy in reaction to events
Sense of Guilt or Worthlessness Suicidal Thinking	Common	Rare
Anxiety/ Agitation	Can develop over weeks	Seen as Dementia progresses Often worse in latter part of the day (sundowning) and in unfamiliar surroundings

Indicator	Depression	Dementia
Cognition	<p>Problems with concentration and focus that develop over weeks</p> <p>Indecisiveness and anxiety about making mistakes</p>	<p>Progressive, gradual decline in memory and other domains</p> <p>Concentration normal early on</p>
Interest in Hobbies and other Pleasurable Activities	<p>Loss of interest in hobbies and formerly pleasurable activities over weeks</p>	<p>Gradual loss of interest and initiative over years</p>
Physical Symptoms	<p>Changes in appetite over weeks, resulting in weight loss/gain</p> <p>Changes in sleep patterns over weeks, resulting in hypo or insomnia</p> <p>Frequent complaints of fatigue and, if depression is severe, can become "slowed down" (psychomotor retardation)</p>	<p>Gradual loss of weight over years</p> <p>Gradual disruption of normal sleep-wake cycles</p> <p>Often less active but rare to see psychomotor retardation until Dementia is advanced</p>

Tools

Montreal Cognitive Assessment (MoCA)

- Requires training (this is administered by trained healthcare professionals)
- Be mindful when using translators for the MoCA
- There are also accessible versions for folks who are hearing/visual/spatially impaired.
- <https://mocacognition.com/paper/>

The Eight-item Informant Interview to Differentiate Aging and Dementia (AD8®)

- <https://www.alz.org/media/documents/ad8-dementia-screening.pdf>

The Geriatric Depression Scale (GDS)

- <https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/geriatric-depression>
- https://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF

*Thank
you!*

