

# **ACUTELY VULNERABLE ADULTS (AVA)**

**TOOLS FOR IDENTIFICATION AND INTERVENTION**

**CWDA 2015**

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**CSAC 2015 California Counties Innovation Award  
n4a 2015 Elder Abuse Prevention Award  
NACO 2015 National Achievement Award**



# JEREMY'S STORY

Carlos Morales  
APS Supervisor

# ***JEREMY'S BIOGRAPHY***

- Born September 1981
- Cerebral Palsy and intellectual disability
- Non-verbal
- Ambulation by scooting on floor
- Lived with mother and younger brother



# ***JEREMY CONTINUED***

- Received 283.0 hours of monthly In-Home Supportive Services (IHSS); his mother was his paid provider
- Not active to San Diego Regional Center (SDRC) for 5 or more year.



# ***JEREMY'S MOTHER***

- APS referral received for mother in 2008
- Divorced, raised three children as single parent. Jeremy was oldest child.
- Cancer survivor
- Right leg amputation
- Anxiety



# ***APS HISTORY***

- 12/99 Physical abuse by mother:  
INCONCLUSIVE
- 06/01 Neglect by mother: CONFIRMED
- 12/08 Neglect by mother and brother:  
INCONCLUSIVE
- 01/10 Neglect by mother and brother:  
CONFIRMED



# ***APS FINDINGS IN 2008***

- APS referrals received for Jeremy and his mother
- Confirmed self-neglect for mother
- Mother was found to be no longer able to care for Jeremy
- Younger brother identified as Jeremy's primary caregiver
- APS case closed after it was confirmed Jeremy's case was re-activated with San Diego Regional Center



# ***JEREMY ADMITTED TO HOSPITAL ON JANUARY 21, 2010***

- Malnourished, dehydrated, cachectic, decubitus ulcers, groin excoriated
- Covered in feces and urine
- Body temperature of 81.8
- Weight 70 lbs.
- Law enforcement contacted immediately
- Jeremy never leaves the hospital and dies five days later.





**“THE BED OF JEREMY .... HIS MOTHER AND BROTHER ARE BEING CHARGED WITH THE ABUSE THAT AUTHORITIES SAY CONTRIBUTED TO JEREMY’S DEATH IN JANUARY AT AGE 28.” SAN DIEGO UNION TRIBUNE FEBRUARY 22, 2011**



## **ON AUGUST 5, 2011 JEREMY'S MOTHER AND BROTHER ARE CONVICTED**

- *Christopher, 27, was sentenced to six years in prison for the death of his brother, a severely disabled man who died after being found living in squalor inside an [an apartment in San Diego County]. He and his mother, Deborah, 59, had both pleaded guilty to a charge of neglect of an elder or dependent adult. Credit: 10News — 10News*
- *Deborah, 59, was sentenced to two years in prison for the death of her son, a severely disabled man who died after being found living in squalor inside [an apartment in San Diego County]. She and her son, Christopher, 27, had both pleaded guilty to a charge of neglect of an elder or dependent adult. 10News— 10News*



# ***CASE REVIEW***

- Internal APS review of case
- Case reviewed with Elder and Dependent Adult Death Review Team



***ACUTELY VULNERABLE ADULT  
(AVA)  
PROGRAM DEVELOPMENT***

LASHAUNDA GAINES  
APS SUPERVISOR



# ***APS BUDGET SLASHED IN 2009***

## **■ CONSEQUENCE**

- San Diego County APS lost 25 positions (1/3 of total)

## **■ RESPONSE**

- Examination of how to best use limited resources without compromising client safety
- Identify referrals for persons not in need of APS services
- Identify clients who are most vulnerable and at risk for future abuse



# ***THE INCEPTION OF AVA***

- How can we improve our services when working with clients like Jeremy?
- How do we identify our most vulnerable clients?
- How can we improve our interventions?
- Discussions with developmental disabilities services provider (San Diego Regional Center) regarding their “vulnerable consumer protocol”
- Identified a need for a work group.

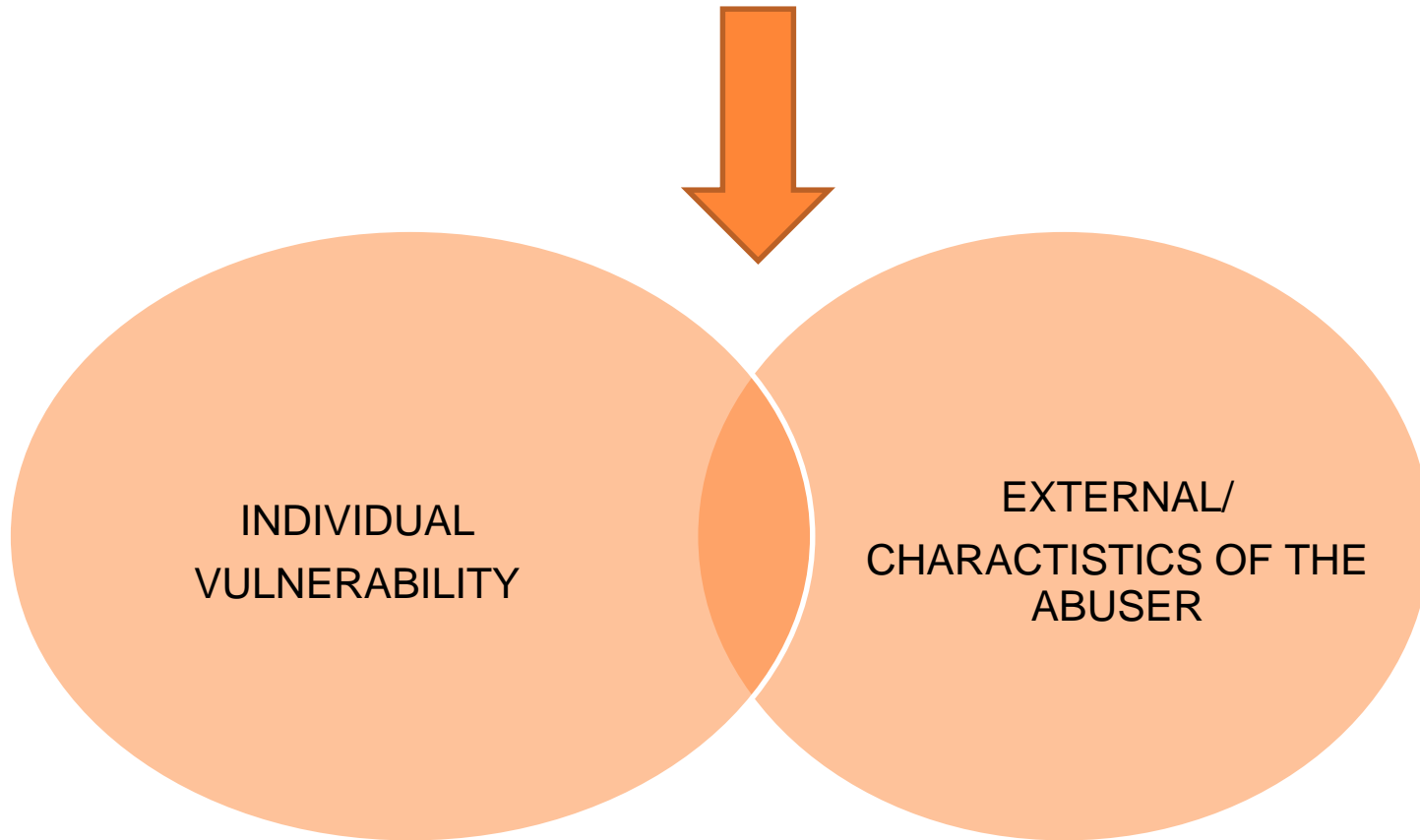


# ***PURPOSE OF THE WORKGROUP***

To advance our knowledge and improve our system for identifying and protecting our most vulnerable and at-risk clients



Personal characteristics and external factors (characteristics of the abuser) were both essential elements when assessing for risk





# ***WORKING DEFINITION***

**Acutely Vulnerable Adults** are typically individuals who have severe cognitive or communication deficits that prevent them from protecting themselves from maltreatment. In addition, they are highly dependent upon or have regular contact with individuals who are assessed as being high risk for perpetrating abuse.



# ***VICTIM CHARACTERISTICS***

- **Victim characteristics that may increase the risk for abuse include:**
  - Unable to advocate for him/herself or protect him/herself from abuse
  - Isolated
  - Unexplained injuries
  - The subject of prior maltreatment reports as a child or an adult or have a history of family violence.
  - The vulnerable adult may present with moderate to severe behavioral health issues



# ***ABUSER***

## ***CHARACTERISTICS***

***(PRIMARY SUPPORT PERSONS)***

- **Primary support person characteristics that may put the victim at particular risk for abuse could include:**
  - A history of family dysfunction, family violence and/or perpetrating child and/or adult abuse
  - A history of criminal involvement
  - Poor physical and/or mental health
  - A history of substance abuse
  - Financially dependent on the vulnerable adult



# ***ABUSER***

## ***CHARACTERISTICS***

*(PRIMARY SUPPORT PERSONS)*

- Unrealistic expectations of the capabilities of the vulnerable adult
- Denies problems related to the vulnerable adult's safety or care needs
- Lacks the skill, knowledge or physical ability for the caregiving role
- Refuses to cooperate with APS
- Reluctant or refuses to use available resources (e.g. medical or social service agencies)



# ***SCREENING FOR AVA***



**Auxie Connell-Zuniga  
APS Specialist**

## **Acutely Vulnerable Adult**

### ***Working Definition***

#### **Acutely Vulnerable Adults:**

- Typically are individuals who have *severe cognitive or communication deficits* that prevent them from protecting themselves from maltreatment; **AND**
- They are highly dependent upon or have regular contact with *individuals who are assessed as being high risk for perpetrating abuse.*

#### **Victim Characteristics that might increase the risk for abuse include:**

- The vulnerable adult is unable to advocate for him/herself or protect him/herself from abuse
- The vulnerable adult may be isolated
- The vulnerable adult may have unexplained injuries
- The vulnerable adult may have been the subject of prior maltreatment reports as a child or an adult or have a history of family violence.
- The vulnerable adult may present with moderate to severe behavioral health issues

#### **Primary support person or individual who has regular contact with the victim may have characteristics that might put the victim at particular risk for abuse could include:**

- A history of family dysfunction, family violence and/or perpetrating child and/or adult abuse
- A history of criminal involvement
- Poor physical and/or mental health
- History of substance abuse
- Is financial dependent on the vulnerable adult
- Unrealistic expectations of the capabilities of the vulnerable adult
- Denies problems related to the vulnerable adult's safety or care needs
- Lacks the skill, knowledge or physical ability for the caregiving role
- Refuses to cooperate with apts
- Reluctant or refuses to use available resources (e.g. medical or social service agencies)



# ***AVA SCREENING TOOL***

- Tool included in your handouts
- Used at the time of assignment or during the investigation by:
  - Assignment team
  - Unit supervisor and assigned APS investigator



# ***GROUP EXERCISE***

- Read the assigned case vignettes
- Discuss each vignette
- Using the AVA Screening Tool determine if the case meets AVA criteria and what factors led to the decision







# ***AVA INVESTIGATION TOOL AVA ENHANCEDASSESSMENT***

**Auxie Connell- Zuniga  
APS Specialist**

# ***AVA INVESTIGATION TOOL***

- This tool was developed as a guide for gathering detailed information in what is suspected to be an AVA case
- The tool is divided into categories: client description, environment, medical, mental, social support, financial, legal and protective issue.
- The goal is to capture all of the information under each category

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**ACUTELY VULNERABLE ADULT INVESTIGATION TOOL**

Client name: \_\_\_\_\_ Case #: \_\_\_\_\_ Date: \_\_\_\_\_

**Client Description:** physical appearance, personal hygiene, clothing, haircut, teeth, fingernails, any marks, bruises, or any suspicious or unexplained injuries

**Environment:**

- 1) Who was present during the interview?
- 2) Describe the client's bedroom. Was there clean and adequate bedding? Was there clean and adequate clothing in the drawers and/or closet?
- 3) Describe the kitchen. Was there adequate food?
- 4) Document that all rooms that the client could potentially be in were viewed and note any concerns.
- 5) Document any observed health or safety hazards: excessive clutter, dirt, insects, rodents, or concerns related to stairs, locks on doors, or utilities.

**Medical:**

- 1) Does the client have any potential life threatening issues?
- 2) Medical diagnosis (document source of this information)
- 3) Name(s) and phone number(s) of physician(s)
- 4) Document the type of care that is needed (e.g. assistance with personal care, ambulation, medication management, feeding tube, etc.). Is the client independent with any activities of daily living (ADL), or does he/she require total care? Document the source of this information (e.g. observation, or a report from San Diego Regional Center (SDRC)).
- 5) Document the names and dosage of all medications. Document when and where they were refilled. Document who prescribed the medications.
- 6) Could the caregiver explain the medications (i.e. indications for use and how and when they are administered)?
- 7) Dental: name of dentist and date of last dental appointment (particularly important for SDRC consumers)
- 8) Document if all DME (durable medical equipment and/assistive devices) was observed and if it is clean and functional. Were restraints observed or used?

**Mental:**

- 1) Describe the client's cognitive and/or communication deficits. Be very specific. Consider administering the Mini Mental Status Exam if appropriate.
- 2) Document any relevant factors that would potentially create for AVA including:
  - Is the client unable to advocate for him/herself or protect him/herself from abuse? Y  N
  - Is the client unable to identify that s/he is being abused? Y  N
  - Does the client present with moderate to severe behavioral health issues? Y  N

**Social Support:**

- 1) Identify (complete name and DOB) of all persons living in the home and all who are in the role of caregiver and/or primary support person. Is there a paid caregiver? Is the client an IHSS recipient?

**ACUTELY VULNERABLE ADULT INVESTIGATION TOOL**

- 2) Identify any other person providing social support.

**Financial:**

- 1) Document the client's source and amount of income and who is managing the income.
- 2) Identify any other assets and if there is a special needs trust.
- 3) Ask for an accounting of the client's expenditures (if there is any indication of financial exploitation or mismanagement of funds).
- 4) What other income is coming into the household? Is the household dependent upon the client's income and/or monies from IHSS? What is the breakdown of expenditures?

**Legal:**

- 1) Is the client conserved, or has anyone filed for conservatorship or indicated an interest in doing so? If conserved, what type of conservatorship and who is the conservator?
- 2) Is there a Power of Attorney (POA)? If so, did APS receive copies? Y  N
- 3) Is there a trust (special needs or other)? If so, did APS obtain a copy? Y  N

**Protective Issue:**

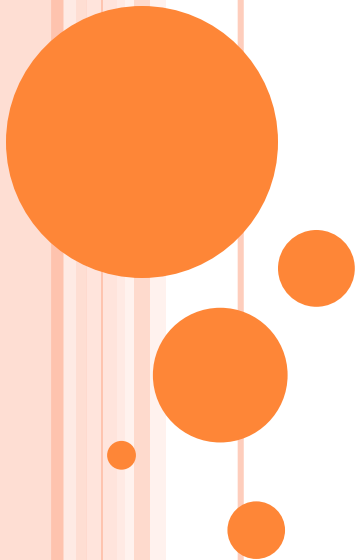
- 1) Describe any of the risk factors for abuse associated with the caregiver and/or primary support person such as:
  - family dysfunction and/or family violence Y  N
  - history of violence and/or criminal involvement (any outstanding warrants or pending charges) Y  N
  - poor physical and/or mental health Y  N
  - history of substance abuse Y  N
  - history of perpetrating child and/or adult abuse Y  N
  - financially dependent on the client Y  N
  - unrealistic expectations of the client Y  N
  - denies problems related to the client's safety or care needs Y  N
  - lacks the skill, knowledge or physical ability for the care giving role Y  N
  - refuses to cooperate with APS Y  N
  - reluctant or refuses to use available resources Y  N
- 2) In addition to the specific allegations that are being investigated, are there new or unidentified concerns?
- 3) Describe if and how the client is being isolated.

**Suspected Abuser Additional Information:**

**Plan:**

# ***AVA INVESTIGATION TOOL***

- **Since an AVA client is unable to provide information directly we must rely on gathering information by :**
  - direct observation of the client**
  - viewing all areas of client's environment**
  - communicating with the primary support person and/or suspected abuser**
  - communicating with collateral contacts**



# ***AVA INVESTIGATION TOOL***

## ***AVA ENHANCED ASSESSMENT***

- AVA Investigation Tool was developed to correspond exactly to the AVA Enhanced Assessment.
- AVA Enhanced Assessment is more detailed than our regular assessment. An assessment is completed in our computer system for all cases.
- Purpose: a comprehensive understanding of the client's situation, and all risk factors and protective issues reported and discovered.
- An AVA Enhanced Assessment supports the need for involuntary case planning which is done when a client can't give consent and APS has to take action on the client's behalf. The assessment will indicate what interventions are necessary to keep our client safe and appropriately cared for.

# ***INVOLUNTARY CASE PLANS, INTERVENTIONS & COLLABORATIVE DECISION MAKING (CDM)***



LaShaunda Gaines  
APS Supervisor

# ***INVOLUNTARY CASE PLANNING***

- **What is it?**
  - Involuntary Interventions are used in AVA cases because the client is unable to consent to services or interventions and there is an identified risk based on the enhanced assessment.
  - Involuntary Interventions is defined as interventions initiated by APS workers without consent of the affected adult for the purpose of safe guarding the vulnerable adult at risk of abuse, neglect or exploitation.
- **Enhanced Assessment helps drive the service plan/case plan:**
  - Are involuntary interventions needed?
    - A high level of risk is the most important consideration in determining whether an involuntary intervention is necessary. In AVA cases the APS Casemanager must consider the client's capacity and the risk factors present in the person providing care for the client.
  - Direction in developing an integrated and comprehensive service plan

# ***MULTI-DISCIPLINARY TEAM***

- AVA cases are highly collaborative – APS needs partners to attempt to enhance the safety:
  - Partners we work closely with:
    - ✓ Public Guardian/Conservator
    - ✓ San Diego Regional Center
    - ✓ Law Enforcement/PERT/DOJ
    - ✓ In Home Supportive Services
    - ✓ Probate Court
    - ✓ Code enforcement/regulatory agencies
    - ✓ Community supportive services agencies
    - ✓ Cross Regional Committee – bring all the parties to the table.
- Follow through on AVA cases very important and leads to enhanced safety and better case outcome.
- Findings do not determine AVA status or interventions.





# ***INTERVENTIONS***

- Recognize these cases stay open longer and are more hands on and intense (66 days versus 24 days)
- Another area of greater emphasis with AVA cases – Short Term Case management of the Primary Support person or suspected abuser:
  - In order to enhance the safety for the client, the suspected abuser needs help
    - Reality is many clients will remain with the primary support person
    - We utilize Collaborative Decision Making (CDM)
    - Engage the suspected abuser – sometime cooperation comes from external factors
    - Recognize the SA is often overwhelmed with a very difficult caregiving job.
    - Referral and follow-up on resources for SA – mental health or substance abuse services, respite care, assistance with applications that might relieve financial burden (food stamps, Medi-Cal, financial assistance programs)



# COLLABORATIVE DECISION MAKING (CDM)

- Collaborative Decision Making was adopted from the TDM or Team Decision Making process of Child Welfare Services in San Diego County.
- The principles guiding CDM are:
  1. IDENTIFY THE PROBLEM/ PURPOSE
  2. Develop and Implement a plan: bring together the MDT, suspected abuser, and client
  3. Monitor, evaluate the plan, & follow up



# CDM CASE STUDY

## IDENTIFY THE PROBLEM/ PURPOSE & GATHER DATA:

- \*AVA Clt had advanced Alzheimer's & was unable to communicate.
- \* Suspected Abuser (SA) is the spouse. He was unwilling to work with APS, poor judgment, refused to hire appropriate care, & minimization of risk factors. HX of APS involvement for neglect & possible DV.
- \* Current concerns of NEGLECT, client wandered and was found by Sheriff twice; Caregiver/ 2nd (SA): untreated mental illness, drug use, physically violent with spouse

## DEVELOP & IMPEMENT A PLAN/GOAL:

- \* MDT: Public Guardian, Sheriff's Elder Abuse Detective, APS Supervisor, APS SW, SA, and AVA Clt
- \* Each agency explains the purpose of their presence at the table
- \* APS Supervisor or designated staff explains the objective and desire to work with and preserve the family while maintaining the client's safety to the SA

## MONITOR & EVALUATE THE PLAN/ FOLLOW UP

- \* APS 2 month follow up plan with the new caregiver
- \* 24 hour care was provided
- \* to date no new referrals





# ***AVA CASE CLOSING & FOLLOW-UP***

**LaShaunda Gaines & Auxie Connell-Zuniga  
APS Supervisor & APS Specialist**

# ***CLOSING AVA CASES***

- Close after interventions and plans firmly in place.
- Outcome measure is rated stable or above (more on this to follow)
- Unit supervisor sends AVA case for closing by the Cross Regional Committee or by the APS Program Manager.
- Document in the closing AVA screening information.
- Document follow-up plan in the closing (more on this to follow)
- Consult when needed



# ***CROSS REGIONAL CASE REVIEW COMMITTEE***

- Grew out of the AVA workgroup
- Consists of 2 co-chairs and representation for all APS offices
- Brings all involved parties to the table to case plan
- Cases can be brought for case planning, show case successful case or intervention or a poor outcome or intervention
- AVA case ready for closure can be brought to be reviewed by the group.
- In the development of the Cross Regional Committee, a presentation format was developed to keep presenter on task and highlight the relevant points of the case.



# ***FOLLOW-UP AFTER CASE CLOSURE***

- Follow-up after case closure is new and unique for APS. It is the cornerstone of working an AVA case.
- Did what we do on the case really have the impact (outcome) we wanted? Was the client's safety enhanced?
- Allows us to see the results of our work and continue to monitor for safety for the most vulnerable.
- Trial and error to find a consistent follow-up method because staff are busy! Use Outlook invite – include manager, supervisor and staff person (contain a link to the case in our computer Case management system and a summary of the follow-up required).



# AVA OUTCOME MEASURE: SAFETY FOCUS TOOL

Carlos Morales  
APS Supervisor





# ***AVA OUTCOME MEASURE: SAFETY FOCUS TOOL***

- Do the services we provide have the impact (increased safety) that we assume they do? Are we really helping those we are trying to help?
- How do we measure Outcome?
- Review of Outcome Measures for programs and services serving seniors.
- The Quality Aging Matrix (Southwest Michigan Senior Regional Collaborative)
- Self Sufficiency Matrix



# SELF SUFFICIENCY MATRIX - SAFETY

(1) In-crisis	(2) Vulnerable	(3) Stable	(4) Safe	(5) Thriving
Home is not safe.	Home safety is in jeopardy. Feels unsafe in home or community at all times and/or is in an abusive relationship.	Feels unsafe in home or community some of the time and is not in an abusive relationship.	Feels safe in home or community most of the time.	Home is safe; feels safe in the community at all times.
Feels unsafe in home or community at all times and/or is in an abusive relationship.	an abusive relationship that has not yet become			

Prevention Line

The Rating scale fit with the model of the AVA but the descriptions did not meet the needs of AVA. AVA clients would not be able to express safety or feelings of safety. Needed to modify the Rating.



## AVA Outcome Measure: Safety Focus

If client is deceased at time of case closing or at follow-up, instead of rating, note deceased (no concerns) or deceased (concern death was impacted by primary support person's actions)

Rating:	(1) In-Crisis	(2) Vulnerable	(3) Stable	(4) Safe	(5) Thriving	
Rating Definition:	Client is highly dependent upon or has regular contact with individual(s) who are assessed as being high risk for perpetrating abuse and is being physically abused and or neglected.	Client is highly dependent upon or has regular contact with individual(s) who are assessed as being high risk for perpetrating abuse.	<b>PREVENTION LINE</b>	Risk for future abuse has been mitigated by APS/community interventions but the client continues to have contact with individual(s) who have been assessed as high risk for perpetrating abuse.	Client's needs are being adequately met in a safe environment, and client is no longer dependent upon individual(s) assessed as being high risk for perpetrating abuse.	Client's needs are being adequately met in a safe environment, and client has major health stabilization/improvements and/or development of skill.
Factors that may indicate Rating:	<ul style="list-style-type: none"> <li>Specific allegations of physical abuse or neglect</li> </ul>	<ul style="list-style-type: none"> <li>Neglect may be strongly indicated or suspected</li> <li>Client is not receiving regular medical or behavioral health care</li> <li>Absence of safety net services or resistance to services by primary support</li> <li>Financial instability for client or primary support</li> </ul>	—	<ul style="list-style-type: none"> <li>Conservatorship sought</li> <li>Safety net services in place, in process, or beginning</li> <li>Client is not left alone with suspected abuser or put in position of risk by suspected abuser</li> <li>Recent medical evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Conservatorship obtained</li> <li>Safety net services in place</li> <li>Client in a stable and safer home environment</li> <li>Client is receiving regular medical and behavioral health care as needed</li> <li>Client's finances are safeguarded (payee/fiduciary)</li> </ul>	<ul style="list-style-type: none"> <li>Client in a safe and nurturing environment</li> <li>Client's finances are being protected and appropriately managed.</li> <li>Client receiving ongoing medical and behavioral health care as needed</li> <li>Client receiving appropriate educational and social services as needed</li> </ul>

Use the rating scale to determine Outcome Measure for AVA designated client. Rating scale may be used at any point during the case to get a measure of safety for client. At case closure Outcome Measure is to be at Stable or above. Client outcome of Vulnerable will require a Cross Regional MDT before recommendation of closure.

# AVA OUTCOME MEASURE TOOL

# ***AVA OUTCOME MEASURE***

- AVA Outcome Measure: Safety Focus tool can be utilized at any point in the AVA case process to get a rating that reflects the client's current safety.
- Goal of AVA cases is to have the client at the Stable rating or above at case closure.
- Program Manager will use the AVA Outcome Measure at case closing and at follow-up.
- Informs practice



# ***OUTCOME MEASURE RESULTS AVA CASES CLOSED FY 13/14***

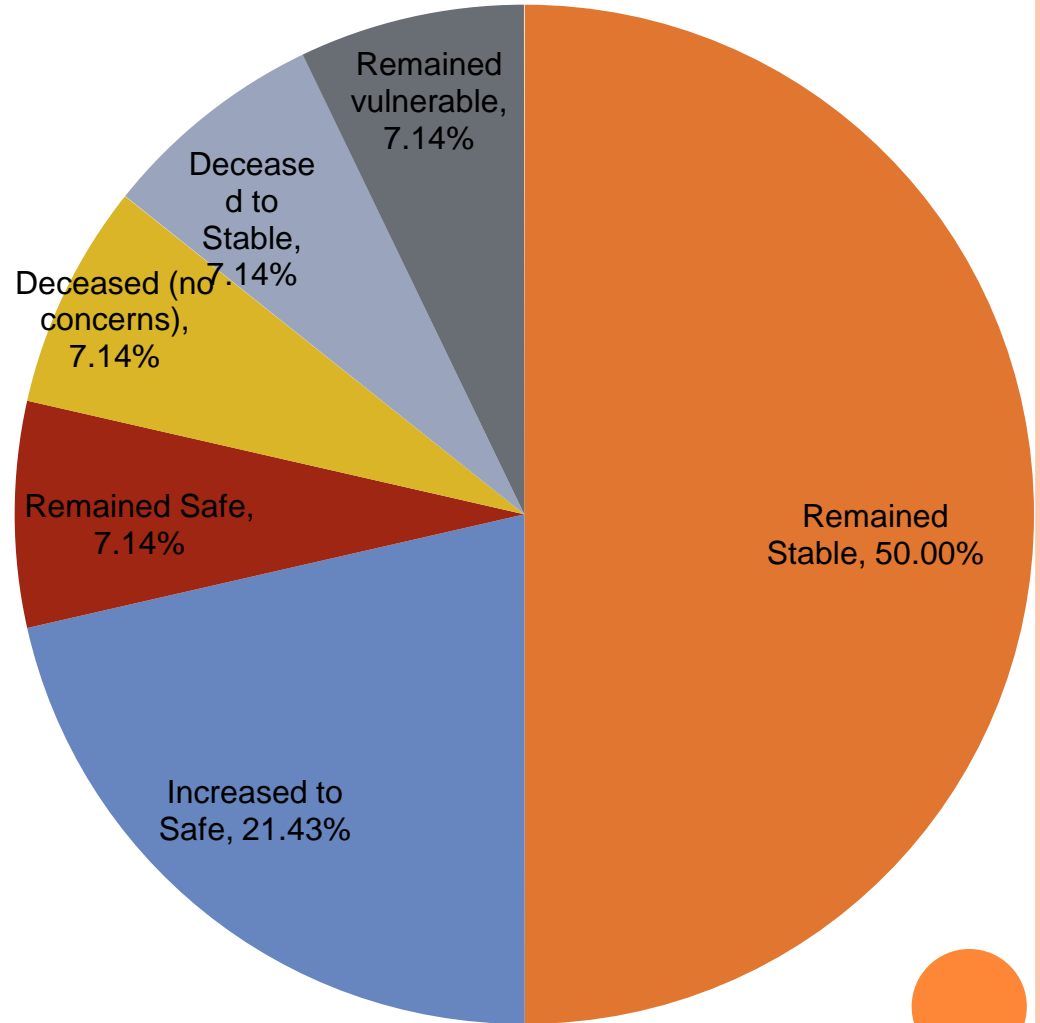
AVA Outcome Measure at Closing			
	Female	Male	Grand Total
Safe	3	1	4
Stable	12	14	26
Deceased	1		1
Vulnerable	2	1	3
Grand Total	18	16	34

88.2% of the cases had an Outcome Rating above the prevention line at case closing, meaning safety had been enhanced for the client.



# ***FOLLOW-UP RESULTS***

- 14 cases from FY 13/14 where Follow-up was completed (see chart)
- Later cases appear less likely to reopen due to interventions in place and plan for follow-up. Staying in longer pays is increased safety and less return cases.



# ***IMPLEMENTATION***

- Constant circle of feedback by AVA workgroup meeting, discussing cases, interventions, collaboration, etc. Development and practice together.
- AVA workgroup members took it back to their teams and supervisors
- Required the use of the AVA screening tool
- Brought in training for staff on Involuntary Case Planning
- Trained AIS management (APS parent organization in San Diego) and other partners in and outside AIS - we all speak the AVA language
- Standing agenda item when meeting with partners
- Trained all APS staff recently. Workgroup members did a roadshow with a PowerPoint and materials with policy procedure, tools and other documents to have staff trained from beginning to end in AVA idea and the practical how to process.
- Celebrate good outcomes with partners
- Next steps – formalize agreements with partners, more training – including law enforcement



# Acutely Vulnerable Adult Protocol



# Wrap-Up

This is the new culture for APS in San Diego.

We speak the language of AVA in our agency, not just APS and this is a huge benefit!

Not a policy on a shelf and we don't accept status quo for our clients.

.4% of case load in 2013/2014 (rising slightly this year).

Continues to be a work in progress





# Q&A

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# AVA Clients FY 13/14

## AVA Client Age Range FY 2013/2014

	Female	Male	Total
18 to 29	8	10	18
30 to 39	3	5	8
40 to 49	0	1	1
50 to 59	1	0	1
60 to 69	0	0	0
70 to 79	2	0	2
80 plus	4	0	4
<b>Total</b>	<b>18</b>	<b>16</b>	<b>34</b>

Count of Ethnicity (Client)	Female	Male	Grand Total
B-African American	1	2	3
FI-Filipino	1	1	2
HISP-Hispanic	4	5	9
O-Other	1		1
W-Caucasian	11	8	19
<b>Grand Total</b>	<b>18</b>	<b>16</b>	<b>34</b>

## Relationship Primary Support Person FY 2013/2014

	Female	Male	Grand Total
<b>Dementia/Alzheimer's</b>			
Nephew		1	1
Son	4		4
Spouse	1		1
<b>Intellectual Disability (usually severe/profound and typically non-verbal with high care needs)</b>			
Father		3	4
Mother	7		16
Parents	2	2	4
Sister		1	1
<b>Severe Mental Illness</b>			
Mother	1		1
<b>Brain Injury/CVA</b>			
Mother		1	1
Spouse	1		1
<b>Grand Total</b>	<b>18</b>	<b>16</b>	<b>34</b>