Sacramento County
Elder Death Review Team
2015 Report

Acknowledgements

The Elder Death Review Team Committee's 2015 Report was made possible by the efforts of a committee comprised of the staff of the California Department of Health Care Services, Ombudsman Services of Northern California, Sacramento County Sheriff's Department, Sacramento Police Department, Sacramento County District Attorney, Sacramento County Coroner, Sacramento County Adult Protective Services, Sacramento County In Home Supportive Services, Adult and Aging Commission, Attorney General Medi-Cal Fraud and Elder Abuse, Department of Consumer Affairs, Alta California Regional Center, Sacramento County Department of Health and Human Services, Emergency Medical Services Authority, Sutter Medical Center, and Centers for Elders' Independence.

Elder Death Review Team membership includes:

- Dr. Elizabeth Albers, California Department of Health Care Services
- Susan Billings, Ombudsman Services of Northern California
- Sergeant Dean Bowen, Sacramento County Sheriff's Department (*retired)*
- Sergeant Laura Chase, Sacramento Police Department
- Tate Davis, Sacramento County District Attorney's Office
- Paul Durenberger, Sacramento County District Attorney's Office (Chair)
- Dr. Stephany Fiore, Sacramento County Coroner's Office
- Martha Haas, Sacramento County Adult Protective Services
- Stephanie Hofer, Sacramento County District Attorney's Office
- Linda Johnson, Ombudsman Services of Northern California
- Deidre Kolodney, Adult Protective Services Oversight Consultant
- Leoma Lee, Adult and Aging Commissioner
- Ruth MacKenzie, Sacramento County Adult Protective Services
- Amanda Martin, California Dept. of Justice, Attorney General, Bureau of Medi-Cal Fraud and Elder Abuse
- Kelly Martin, California Dept. of Consumer Affairs
- Susan McKoy, Alta California Regional Center
- Debra Morrow, Sacramento County Dept. of Health and Human Services
- Dr. Brian Nagao, Sacramento County Coroner's Office
- Hong Nguyen, California Emergency Medical Services Authority
- Heidi Richardson, Sacramento County Adult Protective Services
- Dr. Christine Rozance, Center for Elders' Independence
- Holly Swartz, California Dept. of Justice, Attorney General, Bureau of Medi-Cal Fraud and Elder Abuse
- Cheryl Simcox, Ombudsman Services of Northern California
- Debbi Thomson, Sacramento County In Home Supportive Services
- Carol Wilhelm, Alta California Regional Center

Executive Summary

The Elder Death Review Team (EDRT) continues to work toward reducing elder abuse and neglect in Sacramento County. The EDRT committee is now chaired by Assistant Chief Deputy District Attorney Paul Durenberger, a prosecutor who has spent years assisting victims of family violence, including the elderly, in the pursuit of justice. We wish to acknowledge our team members' dedication to reducing elder abuse and neglect, and highlight the fact that APS handles over 3,000 in-person investigations of abuse or neglect each year, with an increase in investigations from 2010 to 2014 of 28%.

This report covers the calendar years of 2012 through 2014. In discussions of elder deaths over this time period, it has become apparent that while the understanding of elder abuse has improved among law enforcement, caregivers, and other supportive service agencies, there is much to be done to ensure that all instances of elder abuse are handled appropriately and reported to the proper authorities for review. The recommendations for improvement found in this report address the issues seen in our death case reviews and others repetitive elder abuse problems seen by the committee members in our community over the same time period. Improvements are necessary as the reports received by APS of elder and dependent abuse, neglect, and self-neglect number 7,714 reports for 2013, an increase of 39% since 2010.

EDRT has also observed victims of financial abuse among the cases reviewed. APS reports that in 2013, the unit received 1,339 allegations of financial abuse, up 45% since 2010. In 2014, this trend continued with 1,324 allegations of financial abuse received, up 43% from 2010. EDRT commends the Board of Supervisors for funding a Financial Abuse unit at Adult Protective Services to help prevent the elderly from becoming victims of financial abuse. This is a common occurrence among the cases we discuss, particularly with victims suffering from cognitive impairment. This new unit's actions will help elders retain financial independence and ensure their money is used for their own needs rather than that of any potential abusers.

We anticipate vital services for the elderly will soon be made available through the Sacramento Regional Family Justice Center (FJC), which is a new collaborative nonprofit currently being developed through the partnership of Sacramento State University, Sacramento County, the District Attorney's Office, and a number of community-based family violence organizations. The FJC will provide a multitude of services for victims of family violence in one location. Once the FJC is operating, social workers will be available on site to work with victims and their families by assisting in navigation and coordination of available services.

On behalf of our members, we thank the Board of Supervisors for their continued support of this multi-disciplinary group and its mission of preventing elder abuse and untimely elder deaths by identifying system issues and restoring the safety net for seniors.

Sincerely,

ANNE MARIE SCHUBERT
DISTRICT ATTORNEY

PAUL DURENBERGER
Assistant Chief Deputy District Attorney
Elder Death Review Team Chair

Purpose and Implementation

The Sacramento County Elder Death Review Team (EDRT) was created in 1999. This multi-disciplinary team meets six times a year to discuss questionable deaths of elders in Sacramento County. New cases are introduced by members who represent various care agencies including county, state, and nonprofit agencies. Each member signs an annual confidentiality agreement which promotes the free exchange of information between agencies in order to identify areas of improvement, including systemic changes.

Members discuss their agencies' interaction with the decedent and his/her family, and any collaboration undertaken with other agencies in each case. As a result of these conversations, member agencies identify problem areas, and develop new policies and procedures to improve services and prevent additional deaths. The team also identifies areas of improvement and makes formal recommendations to the Board of Supervisors for system change per Penal Code 11174.9:

> Recommendations made by the team shall be used by the county to develop education, prevention, and if necessary, prosecution strategies that will lead to improved coordination of services for families and the elder population.

The team discusses systemic needs, such as support agencies, education, and new collaborative efforts. In one example, conversations have recently centered around the new Family Justice Center, focusing on identifying agencies and partnerships for involvement in the center to best provide services to the elderly population.

The Sacramento County elderly population, classified as those individuals age 65 and older, has grown exponentially since the last Census. According to the 5-Year American Community Survey (2009-2013), the Sacramento County population over age 65 comprises 11.6% of the total county population, up from 11.1% from the 2000 Census[1]. Community Health Status Report of 2014 statistics reflect an aging Sacramento County population when comparing population from 2003 to 2013: the population aged 85 and older increased 44.7%, and those aged 60 to 69 increased 54.9%. Of those currently over 65 years of age, 9% are below the 100% poverty level, 10.7% are between 100% and 149% of the poverty level, and 80.3% are above 150% of the poverty level.[2] Issues surrounding elder abuse and neglect will likely continue to grow without significant changes to operation and composition of the safety net system.

Case Summaries

The following cases were chosen to illustrate the common themes present in cases reviewed by EDRT. A common element observed by the team for this reporting period are overwhelmed caregivers who do not possess the requisite education or training to deal with serious medical complications,[3] law enforcement and other agencies frustrated by a lack of coordinated evidence documentation and agency cooperation, service gaps, lacking resources, and skilled nursing facilities failing to report suspicious deaths to the Coroner's Office. It should also be noted that while the five cases below represent themes identified in cases of preventable deaths, the majority of the deaths reviewed by the

[1] 5-Year American Community Survey estimates the Sacramento County population for age 65 and older at 166,835 individuals. The 2000 Census counted 135,875 Sacramento County residents over the age of 65.
[2] 5-Year American Survey, 2009-2013.
[3] Caregiver training and education needs are an ongoing concern. These issues have been discussed in detail in the 2006 Elder Death Review Team report, and reviewed in the 2008 and 2012 reports. All reports are available at www.sacda.org/helpingvictims/elder-abuse/edrt/.

team resulted in findings of death due to natural causes with no abuse. Only cases that have been resolved are included in the statistics for this report. If a criminal case is pending, the case was not included in this report, but will be included in a subsequent report once the case is resolved.

(Names and other specific details have been deleted or generalized for confidentiality.)

Agency abbreviations used below:

APS: Adult Protective Services
CCL: Community Care Licensing
DHCS: Department of Health Care Services
IHSS: In Home Supportive Services
SNF: Skilled nursing facility
SPD: Sacramento Police Department
SSD: Sacramento County Sheriff's Department

Case Details	Case #1	Case #2	Case #3	Case #4	Case #5
Age	99	82	88	86	80
Gender	Female	Male	Male	Female	Male
Ethnicity	Asian	Hispanic	Caucasian	Caucasian	Caucasian
IHSS	Yes	No	No	Yes	No
Client Vulnerabilities	Dementia/ Cognitive Impairment Nonverbal	Dementia/ Cognitive Impairment Elopement	Dementia/ Cognitive Impairment Failure to Thrive	Dementia/ Cognitive Impairment	Dementia/ Cognitive Impairment Physical impairment
Abuser Relationship to Decedent	Adult child	Paid care agency	Adult child	Adult child	Paid care agency
Abuser Characteristics	Overwhelmed caregiver	n/a	Overwhelmed caregiver	Overwhelmed caregiver	n/a
Agencies Involved	APS, DHCS, IHSS, SPD	APS, CCL, Coroner, SSD	APS, Coroner, SSD, SNF	APS, SSD, SNF	Alta Regional, CCL, paid support agency
Facts	Hospital reported possible neglect when decedent arrived emaciated and with numerous decubitus ulcers; caregiver claimed to care for decedent based on doctor's instructions for wound care; wounds too severe for surgery; home	Decedent with a history of wandering was found with blunt force trauma outside of his care facility; the facility did not respond to the alarm that he had left the facility unattended; CCL investigated the facility and fined them for their actions	Decedent was poorly groomed, malnourished, and dehydrated when admitted to the hospital; client's son reported decedent did not require assistance until very recently with bathing, etc.; decedent died in a SNF; hospital reports did not mention neglect;	Decedent was reported to APS by the hospital when admitted for bruises, brain bleeding, and a prolapsed uterus; caregiver suspected of neglect; client died at a SNF; four previous referrals to APS for neglect were reported; the Coroner was not involved at	Decedent was reported to Alta Regional and APS when admitted to the hospital with an unstageable decubitus ulcer; developed ulcer in board and care home while getting treatment for pneumonia; died in SNF; Coroner was not notified of his death

Case Details	Case #1	Case #2	Case #3	Case #4	Case #5
Facts (cont.)	health nurse only made one visit to assist the family		law enforcement did not complete a report of the incident	the time of decedent's death; law enforcement did not take a report of the neglect at the hospital	
Findings	System failure Doctor neglected to provide treatment and services needed; caregiver was following the doctor's limited instructions; doctor has been sanctioned multiple times by DHCS	Preventable death APS removed their remaining clients from this care home	System failure Proper interventions were not taken to get the decedent the proper care; reporting failures on hospital and law enforcement	System failure Suspicious death; inconclusive evidence Agencies did not communicate or complete necessary follow up; law enforcement did not make a report of neglect in this case; Coroner should have been involved	System failure Lack of communication between agencies involved in decedent's care; Coroner should have been involved at time of death

Findings and Recommendations

EDRT has identified recurring themes and issues during case review discussions. While there are many new procedures developed by participating agencies to improve services as a result of EDRT discussions, some changes cannot be enforced effectively without Board of Supervisors approval and support. Our recommendations could benefit our entire community, not just elders and dependent adults.

Reporting Deaths at Skilled Nursing Facilities

In many of the committee's discussions, we observed the common practice of skilled nursing facility (SNF) doctors signing death certificates and declaring cause of death for their clients. This common SNF practice becomes a problem when suspicious deaths are not reported to the Coroner and are not investigated by law enforcement. EDRT recommends that skilled nursing facilities in Sacramento County be required to report all deaths to Adult Protective Services (APS). APS would determine if there was any prior contact with the decedent, and report suspicious deaths to the Coroner's Office and law enforcement as necessary. Lack of reporting is an unfortunate nationwide issue that we would like to end in Sacramento County. We realize that this may require some type of legislation to enforce.

5150 Holds: Emergency Protective Orders

California Welfare and Institution Code Section 5150 directs officers and other mental health authorities to detain a person who, as a result of mental disorder, is a danger to him/herself and others. In

Sacramento County, the responsibility often falls on law enforcement officers to make the determination of whether to arrest a person for a crime of violence, or to detain them and take them to a hospital emergency room for mental health evaluation and treatment.

While this issue did not come up in the cases included in this report, it was a discussion point because many cases seen by committee members involved violent mentally ill abusers. The committee felt that due to the potential for danger to the community, 5150 holds and releases should be addressed in this report's recommendations.

Although the law allows for observation for 72 hours, we have seen releases of patients after only a few hours. The quick release and lack of notification to the victims at the time of the release, combined with the limited mental capacity of many elders and dependent adults impeding their understanding of the level of danger they are potentially facing, often leaves elderly victims unprepared to handle the return of their abuser. The results have led to serious injury and death. For example, there is a current homicide case involving an elder death; a woman was killed by her adult son after he was released from a 5150 hold. The team recognizes the need for stronger intervention tools in the system to warn elders and law enforcement of these potential dangerous situations. Such warnings would help prevent these types of violent encounters.

California Family Code Section 6250 (d) allows law enforcement agencies to request Emergency Protective Orders when an elder or dependent adult alleges a recent incident of abuse and has a present danger of abuse. In most cases, our county law enforcement agencies do not take advantage of this protective tool when a mental health detention is the chosen option.

EDRT recommends training for all law enforcement agencies on the availability of this tool and requests that this Board encourage local law enforcement to mandate offering protective orders to elders who have been abused, even in mental health 5150 detention situations.

5150 Holds: Release Guidelines and Procedures

Currently, Sacramento law enforcement is not typically informed when a person they detained and brought to a hospital pursuant to W&I 5150 is released. Our case discussions demonstrate that some patients are left at the emergency room and discharged without being admitted to a psychiatric hospital for further mental health services. Sometimes discharge occurs within a matter of hours after being brought to the hospital by law enforcement.

California Welfare and Institutions Code Section 5150.2 states the following:

> Each County shall establish disposition procedures and guidelines with local law enforcement agencies as necessary to relate to persons not admitted for evaluation and treatment and who decline alternative mental health services and to relate to the safe and orderly transfer of physical custody of persons under 5150, including those who have a criminal detention pending.

The committee recommends that release guidelines and procedures be determined through discussions between local hospitals and law enforcement. These guidelines will provide notice to law enforcement of pending releases of patients who committed violence against an elder, dependent adult or any other victim. Law enforcement will then determine if a criminal detention or an arrest is warranted upon the patient's release from the hospital.

Training for EMS Responders and Law Enforcement

Many of the Elder Death Review Team's discussions center on the need for more training opportunities for emergency medical services (EMS) responders and law enforcement. Hospitals, board and care homes, skilled nursing facilities, and other agencies report suspected neglect to law enforcement. Law enforcement agencies have experienced budget reductions over the past few years, resulting in staff turnover. New hires at every agency need to be trained with the latest information to evaluate neglect and abuse of elders and dependent adults. Law enforcement is not always aware of the protocols for investigating calls of injury or death at various types of care facilities, all of which are governed by different rules and overseen by different state agencies. Because EMS responders, law enforcement patrol officers and APS workers are often the first to interact with the elders, observe the scene, and interview the family or caregiver, their observations and reports are critical to building a neglect case.

The team recommends setting up formal trainings for all EMS responders and with local law enforcement agencies to ensure that they know the appropriate questions to ask in specific situations to properly identify abuse, take the necessary steps to fully document their observations for use by APS and the District Attorney, and perform appropriate follow up with local, state, and private entities to request additional investigation as necessary to ensure safety for other residents of care homes. The team has also discussed creating an app for use by first responders and law enforcement in order to identify elder abuse in the field, and/or recommending the use of the existing 368+ app available from the Center on Elder Abuse. As a second part of this training recommendation, EDRT would like to see a return to a more cohesive partnership between member agencies and law enforcement officers. During better budget times, this close relationship helped in the investigation and prosecution of many neglect cases.

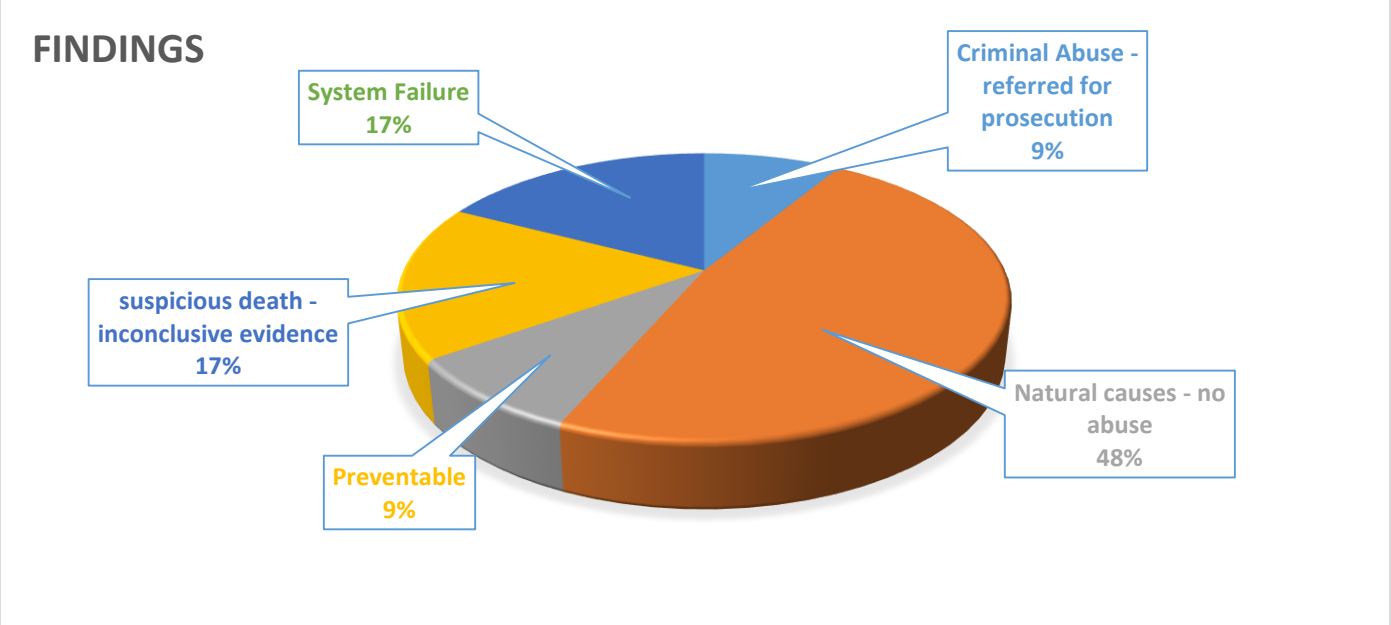
Conclusion

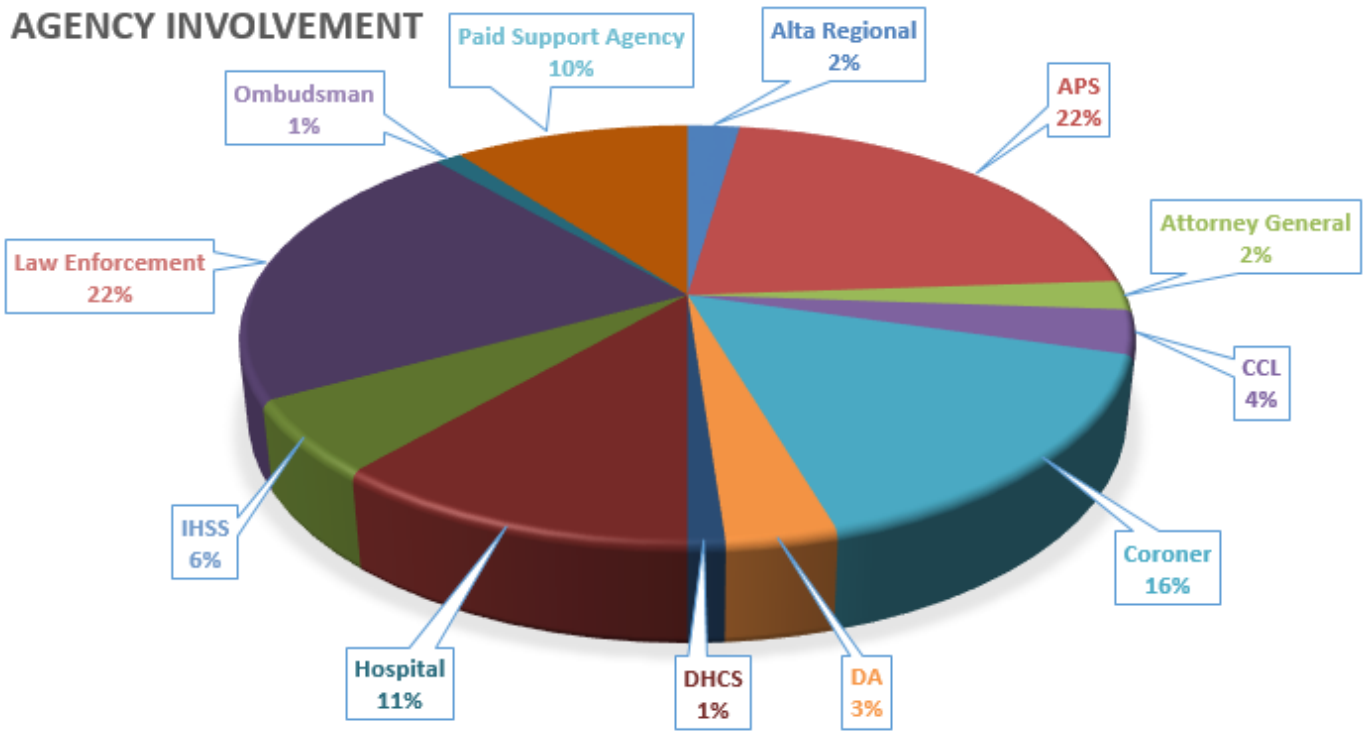
Much can be done to bring more attention to elder abuse and encourage the community to take action to prevent this abuse and neglect. Continued efforts by this team and member agencies will work to end elder abuse. We encourage the Board of Supervisors to consider our recommendations to improve strategies to prevent elder abuse and deaths in Sacramento County.

APPENDIX

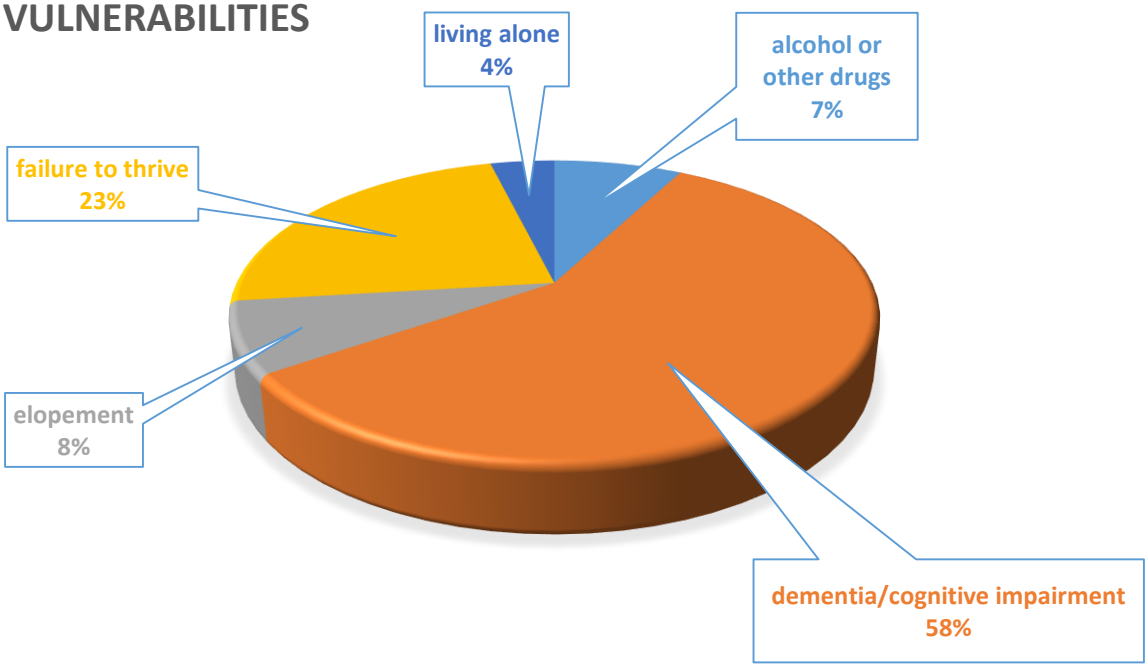
Statistics

Data is based on 24 cases reviewed and resolved from 2012-2014. Cases reviewed with pending criminal charges are not included.

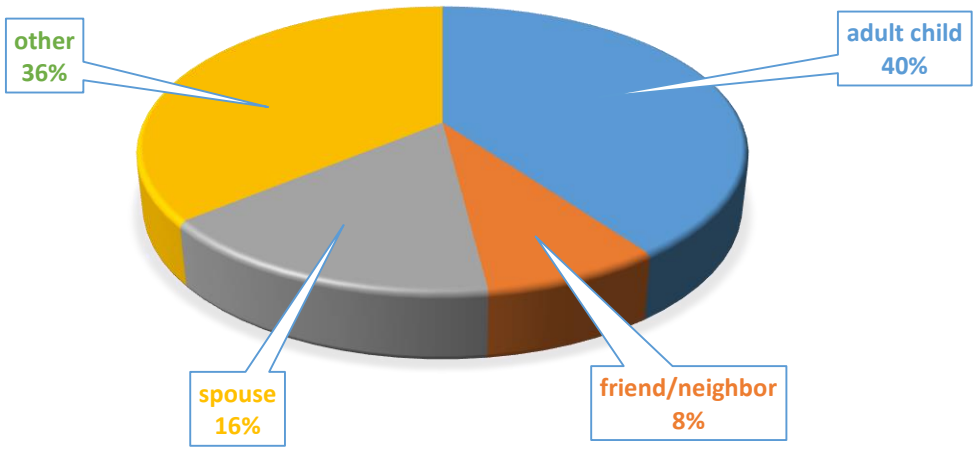


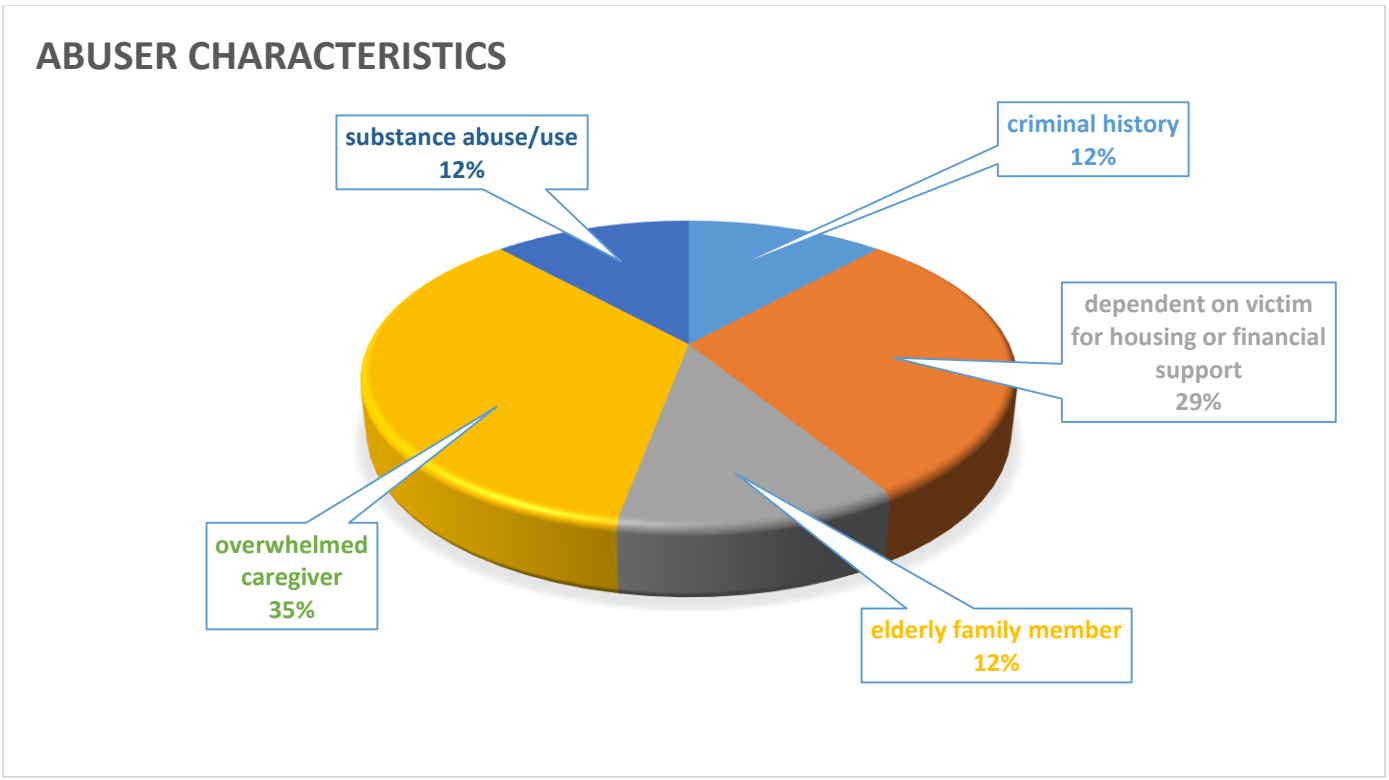


CLIENT VULNERABILITIES



ABUSER RELATIONSHIP TO CLIENT




ABUSER CHARACTERISTICS
substance abuse/use
12%
criminal history
12%
dependent on victim
for housing or financial
support
29%
overwhelmed
caregiver
35%
elderly family member
12%

Identifying Neglect

Although there is uncertainty regarding caregivers that are uninformed and often overwhelmed, cases have come forward that appear clearly to be neglect. Neglect is defined as failure by a person in a position of trust to provide care that a prudent person would typically perform. Hallmarks implicating the possibility of neglect include the following:

MALNUTRITION

Elders and disabled persons who are found to suffer from frank malnutrition suggest that they are the victims of abuse and neglect. Malnutrition is identified as not only weight loss but also abnormalities of the body's proteins, as measured by blood tests. Although certain medical conditions can cause malnutrition, the victims of this type of abuse and neglect exhibit severe calorie inadequacy. This may occur because victims are unable to obtain food, prepare meals, or feed themselves.

DEHYDRATION

The victim suffering from dehydration has easily observable findings. The mouth and lips are dry, and the skin has what is termed "poor turgor." This simply means that if the skin on the arm is elevated, it should quickly resume its usual shape when released. If it remains elevated and folded, skin turgor is poor and suggests severe dehydration. Victims who suffer from advanced dementia may lose their thirst drive, and caregivers are expected to provide adequate fluids nonetheless.

FAILURE TO SEEK MEDICAL CARE IN A TIMELY FASHION

When elderly or disabled people require medical attention, the trusted care provider needs to obtain this help. Some conditions require urgent care, such as falls with injuries or severe infections. Failure to get care may lead to serious complications or even death. In neglect cases, not only is there resistance to obtaining care but several days may pass before the victim is brought to medical attention.

MEDICATION DISARRAY

Older victims with multiple medical problems often have numerous prescriptions. Medications need to be given as prescribed. Multiple hazards may make it difficult to properly take prescriptions, known as the FIVE CAN'Ts:

- Can't read the label
- Can't open the prescription bottle
- Can't swallow large tablets
- Can't "stomach" the medicine
- Can't afford it

Although these issues make medication compliance difficult, many sources are available to help care providers provide proper medication assistance. Doctors should also review the patient's record prior to prescribing any new medications, especially for those patients with multiple doctors.

PRESSURE ULCERS

When a person is unable to walk or change position without help, they are at risk for pressure ulcers or as they are commonly known, as bed sores. Other risk factors are moisture on the skin, malnutrition, and impaired sensation. Initially the skin is simply red in areas where there is pressure. As pressure ulcers become more severe the skin is open and may become so deep that underlying muscle and bone are exposed. Infection may occur throughout the body from the site of the pressure ulcer; this severe infection, known as sepsis, may be fatal. An in-depth report in pressure ulcers can be reviewed in the 2008 Elder Death Review Team Report at www.sacda.org/helpingvictims/elder-abuse/edrt/.

Independent Resource Guide

Copies of this guide are also available by contacting Stephanie Hofer at hofers@sacda.org or visiting www.sacda.org/helpingvictims/elder-abuse/edrt/. Additional languages are available online.

English

IN-HOME SERVICES

- 211 Sacramento
  211: 916-498-1000 or 800-500-4931
- The Senior Connection - Eskaton
  916-334-1072
- www.Healthfinder.gov

For domestic and/or personal care for elder or dependent adults in their home:

- Area 4 Agency on Aging
  916-486-1876
  www.a4aa.com
- In-Home Supportive Svcs., IHSS
  916-874-9471
- Sutter SeniorCare PACE
  916-424-8412

HOME REPAIR

Home repair assistance for seniors and the disabled:

- Contractors State Licensing Board
  (license verification/problems with contractors) 1-800-321-2752
- Home Assistance/Repair for Seniors
  (and disabled) 916-264-1506 or tsater@shra.org
- Rebuilding Together
  916-455-1880
- Sacramento Housing & Redevelopment Agency
  916-264-1500

For heating or cooling problems:

- Sacramento Municipal Utility District, SMUD
  1-888-742-7683
- SMUD Energy Assistance Team
  916-874-0979 or seat@saccounty.net
- Pacific Gas & Electric, PG&E
  1-800-743-5002

OTHER AVAILABLE RESOURCES...

For help finding a residential or long term care facility:

- Community Care Licensing
  916-263-4700

For seniors over 59 who need food delivered:

- Senior Nutrition Services
  916-444-9533

For free specialized telephone equipment for disabled consumers of any age:

- California Phones
  1-800-806-1191 - Call Center
  1-800-806-4474 – TTY
  www.ddtp.org

To report suspected abuse of an elder or dependent adult:

- Adult Protective Services
  916-874-9377
- Sacramento County Sheriff's Dept.
  916-874-5306
- Sacramento Police Department
  916-808-0650

If you suspect abuse or neglect at a long term care facility:

- Ombudsman Services of Northern CA
  916-376-8910 **OR** 1-800-231-4024
  www.osnc.net

Questions on conservatorships:

- Court Investigators Office
  916-875-3400

For transportation assistance:

- Regional Transit
  916-321-2877 **OR** 916-483-4327 TDD
- Paratransit
  916-429-2744
- South County Transit
  1-800-338-8678
- California Dept. of Developmental Svcs. (for eligible consumers)
  916-654-2054 TTY or 916-654-1690

For employment assistance:

- Sacramento Employment and Training Agency (SETA)
  916-263-3700 **OR** 1-800-735-2929 TTY
  www.seta.net

Low cost auto insurance for low income good drivers:

- 1-866-602-8861

To find out if a charity is legitimate:

- California Attorney General's Office
  (916) 322-3360
  www.ag.ca.gov/charities/

Find out if a sales person/company is legitimate before investing:

- Department of Corporations
  1-866-275-2677
  www.corp.ca.gov

Sacramento County
District Attorney's Office &
Department of Health & Human Services

Independent Living Resource Guide

Service Categories:

- Medical
- Legal
- Mental Health
- In-Home Svcs
- Financial
- Home Repair
- Respite
- Other

IF THERE IS AN EMERGENCY CALL 911

Provided by:
The Sacramento County
Elder Death Review Team
EDRTCoordinatbr@SacCounty.net

MEDICAL

For people without insurance:

- County Medically Indigent Services
  9616 Micron Ave, Suite 64
  Sacramento, CA 95827
  916-875-9843
  www.sacdhhs.com

- Mercy Clinic Folsom
  105 Dean Way
  Folsom, CA 95630
  916-983-3658
  www.mercyfolsom.org

- Mercy Clinic White Rock
  10487 White Rock Road
  Rancho Cordova, CA 95670
  916-364-0724
  www.mercyfolsom.org

- Sutter SeniorCare PACE
  (comprehensive medical care program)
  916-424-8412

- Health Insurance Counseling and Advocacy Program
  1-800-434-0222
  www.cahealthadvocates.org/HICAP

- Department of Health Care Licensing
  http://www.dhcs.ca.gov/services/medi-cal

- Medicare Assistance
  1-800-MEDICARE
  www.medicare.gov

Questions about end of life documents:

- California Medical Association
  916-444-5532
  www.cmanet.org

Questions about potential interactions with medications:

- www.drugdigest.org/DD/Home **OR**

- www.drugs.com/drug_interactions.html

- http://networkofcare.org/home.cfm

For help with buying prescriptions:

- 1-877-777-7815
  www.rxhelpforca.org

Grieving? Who to talk to when you have lost a loved one:

- Bereavement Network Resources of Sacramento, Inc.
  916-557-5882

MENTAL HEALTH

For elderly persons showing signs of dementia or mental health issues:

- UCDMC – Geriatric Clinic
  916-734-3574 Appointments
  www.ucdmc.ucdavis.edu

- Kaiser Alzheimer / Dementia Program
  916-973-6165

- DHHS Division of Mental Health Adult Access Team
  875-1055 or
  875-1000 (for an emergency)

Older Adult Prevention and Early Intervention Programs funded by Sacramento Mental Health Services Act:

- Mental Health America Northern California
  916-855-5444

- El Hogar Community Services Inc.: Senior Link
  916-369-7872

FINANCIAL

For help with Medicare:

- Medicare
  1-800-MEDICARE
  www.medicare.gov

- Health Insurance Counseling Advocacy Program (HICAP)
  1-800-434-0222
  www.hicapservices.net

- CalMedicare.org
  916-376-8915
  www.calmedicare.org

Apply for MediCal:

- Department of Human Assistance
  916-874-2215
  www.dhaweb.saccounty.net

Apply for social security/disability:

- U.S. Social Security
  916-381-9410 **OR** 1-800-772-1213
  www.ssa.gov

For tax advice and basic tax preparation for seniors:

- Tax Counseling for the Elderly (TCE)
  916-974-5303
  www.irs.gov

Questions about reverse mortgages:

- U.S. HUD Sacramento Office
  916-498-5220 Ext. 221

To report reverse mortgage fraud:

- 1-888-827-5605
  www.hud.gov

CARE GIVING

- IHSS Public Authority
  916-874-4411

For respite assistance:

- Cordova Senior Center
  916-366-3133

- Hart Senior Center
  916-808-5462

- Del Oro
  916-971-0893 or
  http://www.deloro.org

LEGAL

For legal help:

- Legal Services of Northern California
  916-551-2150
  www.lsnc.net

- Superior California Legal Clinics, Inc.
  916-972-1188

- Voluntary Legal Services Program
  916-551-2102
  www.vlsp.org

- Superior Court Self Help Center
  916-875-3400

- McGeorge Community Legal Clinic
  916-340-6080

SERVICIOS A DOMICILIO

- 211 Sacramento
  211; 916-498-1000 or 800-500-4931
- The Senior Connection - Eskaton
  916-334-1072
- www.Healthfinder.gov

Para cuidado a domicilio y/o cuidado personal, o cuidado de adultos incapacitados a domicilio:

- Area 4 Agency on Aging
  916-486-1876
  www.a4aa.com
- In-Home Supportive Svcs., IHSS
  916-874-9471
- Sutter SeniorCare PACE
  916-424-8412

REPARACIONES EN CASA

Ayuda con reparaciones en casa para personas de la tercera edad y aquellos con incapacidades:

- Contractors State Licensing Board
  (license verification/problems with contractors) 1-800-321-2752
- Home Assistance/Repair for Seniors
  (and disabled) 916-264-1506 or
  tsater@shra.org
- Rebuilding Together
  916-455-1880
- Sacramento Housing & Redevelopment Agency
  916-264-1500

Para problemas con el sistema de calefaccion o aire acondicionado:

- Sacramento Municipal Utility District, SMUD
  1-888-742-7683
- SMUD Energy Assistance Team
  916-874-0979 or seat@saccounty.net
- Pacific Gas & Electric, PG&E
  1-800-743-5002

OTROS RECURSOS DISPONIBLES...

Para ayuda encontrando una casa de ancianos o instalacion de cuidado a largo plazo:

- Community Care Licensing
  916-263-4700

Para mayores de los 59 anos que necesitan entrega de alimentos a domicilio:

- Senior Nutrition Services
  916-444-9533

Para equipo telefonico especializado, gratis, para consumidores descapacitados de cualquier edad:

- California Phones
  1-800-806-1191 - Call Center
  1-800-806-4474 – TTY
  www.ddtp.org

Para informar el abuso sospechado de una persona de la tercera edad o de una persona incapacitada:

- Adult Protective Services
  916-874-9377
- Sacramento County Sheriff's Dept.
  916-874-5306
- Sacramento Police Department
  916-808-0650

Si usted sospecha el abuso o la negligencia en una instalacion de cuidado a largo plazo:

- Ombudsman Services of Northern CA
  916-376-8910 **OR** 1-800-231-4024
  www.osnc.net

Preguntas respecto al protectorado:

- Court Investigators Office
  916-875-3400

Para ayuda con traslados:

- Regional Transit
  916-321-2877 **O** 916-483-4327 TDD
- Paratransit
  916-429-2744
- South County Transit
  1-800-338-8676
- California Dept. of Developmental Svcs. (for eligible consumers)
  916-654-2054 TTY or 916-654-1690

Para ayuda con empleo:

- Sacramento Employment and Training Agency (SETA)
  916-263-3700 **O** 1-800-735-2929 TTY
  www.seta.net

Seguro automovilistico de bajo costo para buenos conductores de escasos recursos:

- 1-866-602-8861

Para averiguar si una organizacion caritativa es legitima:

- California Attorney General's Office
  (916) 322-3360
  www.ag.ca.gov/charities/

Para averiguar si una persona/empresa es legitima antes de invertir:

- Department of Corporations
  1-866-275-2677
  www.corp.ca.gov

Sacramento County
District Attorney's Office &
Department of Health & Human Services

Viviendo Independientemente Guia de Recursos

Categorias de Servicio:

- Medico
- Salud Mental
- Financiero
- Asilo
- Legal
- Servicios a Domicilio
- Reparaciones en Casa
- Otros

EN CASO DE EMERGENCIA
MARQUE 911

Ofrecido por:
The Sacramento County
Elder Death Review Team
EDRTCoordinator@SacCounty.net

Spanish

MEDICOS

Para aquellos sin seguro:

- County Medically Indigent Services
  9616 Micron Ave, Suite 64
  Sacramento, CA 95827
  916-875-9843
  www.sacdhhs.com

- Mercy Clinic Folsom
  105 Dean Way
  Folsom, CA 95630
  916-983-3658
  www.mercyfolsom.org

- Mercy Clinic White Rock
  10487 White Rock Road
  Rancho Cordova, CA 95670
  916-364-0724
  www.mercyfolsom.org

- Sutter SeniorCare PACE (comprehensive medical care program)
  916-424-8412

- Health Insurance Counseling and Advocacy Program
  1-800-434-0222
  www.cahealthadvocates.org/HICAP

- Department of Health Care Licensing
  http://www.dhcs.ca.gov/services/medi-cal

- Medicare Assistance
  1-800-MEDICARE
  www.medicare.gov

Preguntas acerca de la documentacion despues de un fallecimiento:

- California Medical Association
  916-444-5532
  www.cmanet.org

Preguntas acerca de posibles interacciones entre medicamentos:

- www.drugdigest.org/DD/Home **O**
- www.drugs.com/drug_interactions. html
- http://networkofcare.org/home.cfm

Para asistencia economica para la compra de medicamentos:

- 1-877-777-7815
  www.rxhelpforca.org

De Luto? Con quien puede hablar en caso del fallecimiento de un ser querido:

- Bereavement Network Resources of Sacramento, Inc.
  916-557-5882

SALUD MENTAL

Para personas de la tercera edad mostrando senas de demencia o problemas de salud mental:

- UCDMC – Geriatric Clinic
  916-734-3574 Appointments
  www.ucdmc.ucdavis.edu

- Kaiser Alzheimer / Dementia Program
  916-973-6165

- DHHS Division of Mental Health Adult Access Team
  875-1055 or
  875-1000 (for an emergency)

Programas de Prevencion e Intervencion Temprana para personas de la tercera edad financiados por el "Sacramento Mental Health Services Act":

- Mental Health America Northern California
  916-855-5444

- El Hogar Community Services Inc.: Senior Link
  916-369-7872

FINANZAS

Para ayuda con Medicare:

- Medicare
  1-800-MEDICARE
  www.medicare.gov

- Health Insurance Counseling Advocacy Program (HICAP)
  1-800-434-0222
  www.hicapservices.net

- CalMedicare.org
  916-376-8915
  www.calmedicare.org

Solicitar MediCal:

- Department of Human Assistance
  916-874-2215
  www.dhaweb.saccounty.net

Solicitar ayuda del seguro social/deshabilidad:

- U.S. Social Security
  916-381-9410 **OR** 1-800-772-1213
  www.ssa.gov

Para asesoria de impuestos o para la preparacion de declaracion de impuestos para personas de la tercera edad:

- Tax Counseling for the Elderly (TCE)
  916-974-5303
  www.irs.gov

Preguntas acerca de las hipotecas revertidas:

- U.S. HUD Sacramento Office
  916-498-5220 Ext. 221

Para informar fraude en hipotecas revertidas:

- 1-888-827-5605
  www.hud.gov

PROVISION DE CUIDADO

- IHSS Public Authority
  916-874-4411

Para asilo:

- Cordova Senior Center
  916-366-3133

- Hart Senior Center
  916-808-5462

- Del Oro
  916-971-0893 or
  http://www.deloro.org

LEGAL

Para Asistencia Legal:

- Legal Services of Northern California
  916-551-2150
  www.lsnc.net

- Superior California Legal Clinics, Inc.
  916-972-1188

- Voluntary Legal Services Program
  916-551-2102
  www.vlsp.org

- Superior Court Self Help Center
  916-875-3400

- McGeorge Community Legal Clinic
  916-340-6080