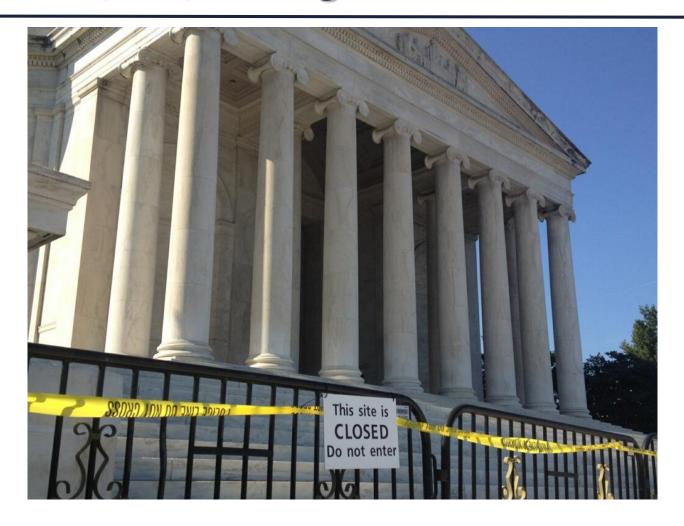
Working with Adult Protective Services (APS) During the Pandemic



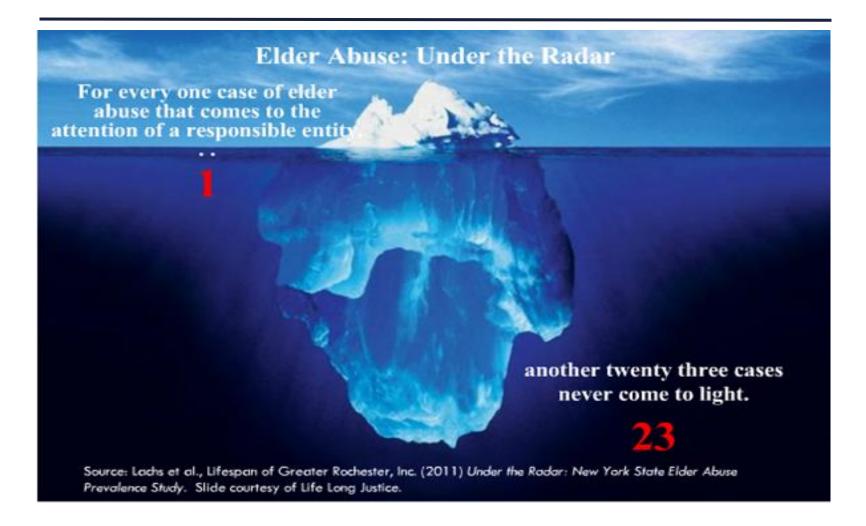


B'nai B'rith International Center for Senior Services Mangers/SC Training

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July 22, 2020 Where You Are, USA

Elder Abuse: National Data



Elder Abuse Data

- By 2030, seniors aged 65+ will account for 18% of the nation's population.
- One study found 10% of elders are abused.
- 37% of active caregivers said the elder in their care had experienced financial exploitation with a loss.
- Reports to APS are increasing: +15% from FY 17 to 18 (NAMRS); +48% 2011-2018 (NAPSA & NAMRS)

About NAPSA

Formed in 1989 as a national association for adult protective services (APS) professionals.

Strengthen APS via:

- **Education**
- Research
- ➤ Advocacy

Also the home to NIEFE (National Institute on Elder Financial Exploitation)











About APS

- Carries out civil investigations of reports of abuse, neglect, self-neglect and exploitation of vulnerable adults
- Purpose is to intervene to protect the victim to the extent possible
- APS is the statutorily authorized entity under each state's laws to receive and investigate reports of vulnerable adult abuse

About APS

- 64% of APS are state-administered, 15% are countyadministered, and 21% are administered various other ways, including NPOs on contract
- Serves as a victim-focused, social services response
- Receives abuse reports and attempts to remedy or reduce abuse
- Works with law enforcement, criminal justice, area agencies on aging, other aging services AND service coordinators

APS ≠ APS − Variations among States

- No common national definition of who is served nor what services they receive
- Residence of victim APS investigates in:
 - Community: 100% of states
 - Nursing Homes: 50% of states
 - Assisted Living: Nearly all states
- Eligibility for APS response:
 - 42 states: all adults with disabilities age 18+
 - Some states: age 60+ only, or must be age 60+ and meet the state definition of "vulnerable"

APS Code of Ethics

Guiding Value of APS:

"Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination."

Principles of APS:

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights.
- Adults have the right to make decisions that do not conform with societal norms, as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.

What APS CAN Do

- Examine all aspects of reported maltreatment
- Collaborate with adults to maintain their independence (as much as possible):
 - Develop a case plan
 - Advocate with other agencies
 - Arrange in-home services

What APS CANNOT Do

APS CANNOT force services on a person who has capacity to consent.

APS **CANNOT** involuntarily remove someone from their home.

APS CANNOT provide services for which there are no available resources.

APS CANNOT enforce the law.

APS CANNOT reveal identity of reporter.

Myths and Facts

Myth #1: Referrals to APS usually result in nursing home placement.

Fact: APS focuses on the least restrictive intervention possible. Whenever possible, services are provided in the victim's home.

Myths and Facts

Myth #2: The APS worker who investigates a report of abuse can force both the victim and perpetrator to do whatever the APS worker deems necessary.

Fact: Unlike children, adults are assumed to be able to make their own decisions unless a court determines otherwise.

Myths and Facts

Myth #3: When an abuse report is made, the main responsibility of the APS worker is to "fix" the situation to the reporter's satisfaction.

Fact: When any report of abuse to APS is investigated, the alleged victim—not the reporter—is the APS client.

APS Services & Resources

Intake

Receive reports of abuse (by phone or online)

Investigation

- Typically begins within 1 hour-5 business days, depending on seriousness and urgency
- Typically lasts 30-60 days

Intervention

- Direct or community services
- Protective orders
- Guardianship when absolutely necessary

Mandatory Reporting

 49 states mandate reports to APS by certain professionals, usually including:

Social workers Mental Health

Physicians EMTs

Nurses Police

Home Health Firefighters

- 15 states require <u>all persons</u> to report abuse.
- At least 11 states require at least some financial professionals, including bankers, to report financial exploitation.
- States may provide training for mandatory reporters (in-person or online).

To Report Abuse to APS

State/local reporting numbers

Some states have online reporting

www.napsa-now.org/report



APS Nationwide

- APS clients are remarkably similar in every location. Based on the home visits conducted, APS clients seem to be very much alike although in different parts of the country.
- APS services are also fundamentally similar, although they
 may be provided through different administrative
 structures with varying levels of resources.
- All rely on highly skilled social workers and others, are client-focused, resourceful in problem-solving, persistent, and trying to provide the most effective services in the most efficient manner possible.

Multidisciplinary Approach

- Faced with ever increasing caseloads, as well as increased case complexity, APS staff work hard to ensure services to clients are as minimally affected as possible.
- Means multidisciplinary cooperation is at the heart of APS work, whether through formal multidisciplinary teams or informally across community agencies and colleagues.
- APS works closely with law enforcement agencies, prosecutors and courts, as well as community-based aging services and victim services.

Building Bridges with APS

- Be proactive in building a bridge with your local APS BEFORE you need to make a report.
- Find out where APS is housed in your community.
- Find out what types of vulnerable adult abuse should be reported to APS under your state laws.
- Find out where/how to report abuse to APS in your community.

APS in your community looks forward to working with you in serving vulnerable adults!!

Thank You!

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