

ADULT PROTECTIVE SERVICES



Social Services Agency

Department of Aging and Adult Services

TODAY'S AGENDA

- ❖ What is Adult Protective Services (APS) charged with?
- ❖ Who does APS serve?
- ❖ What is APS's responsibility?
- ❖ What types of abuse does APS investigate?
- ❖ Who is responsible for reporting abuse? When & How?
- ❖ Who has jurisdiction when an abuse report is made?
- ❖ What rights do adults have in an APS investigation?
- ❖ What are some APS statistics in Santa Clara County?



Under the California Welfare and Institutions Code (WIC), APS is charged to investigate and respond to allegations of abuse, neglect and exploitation against elders and dependent adults.

APS SERVES

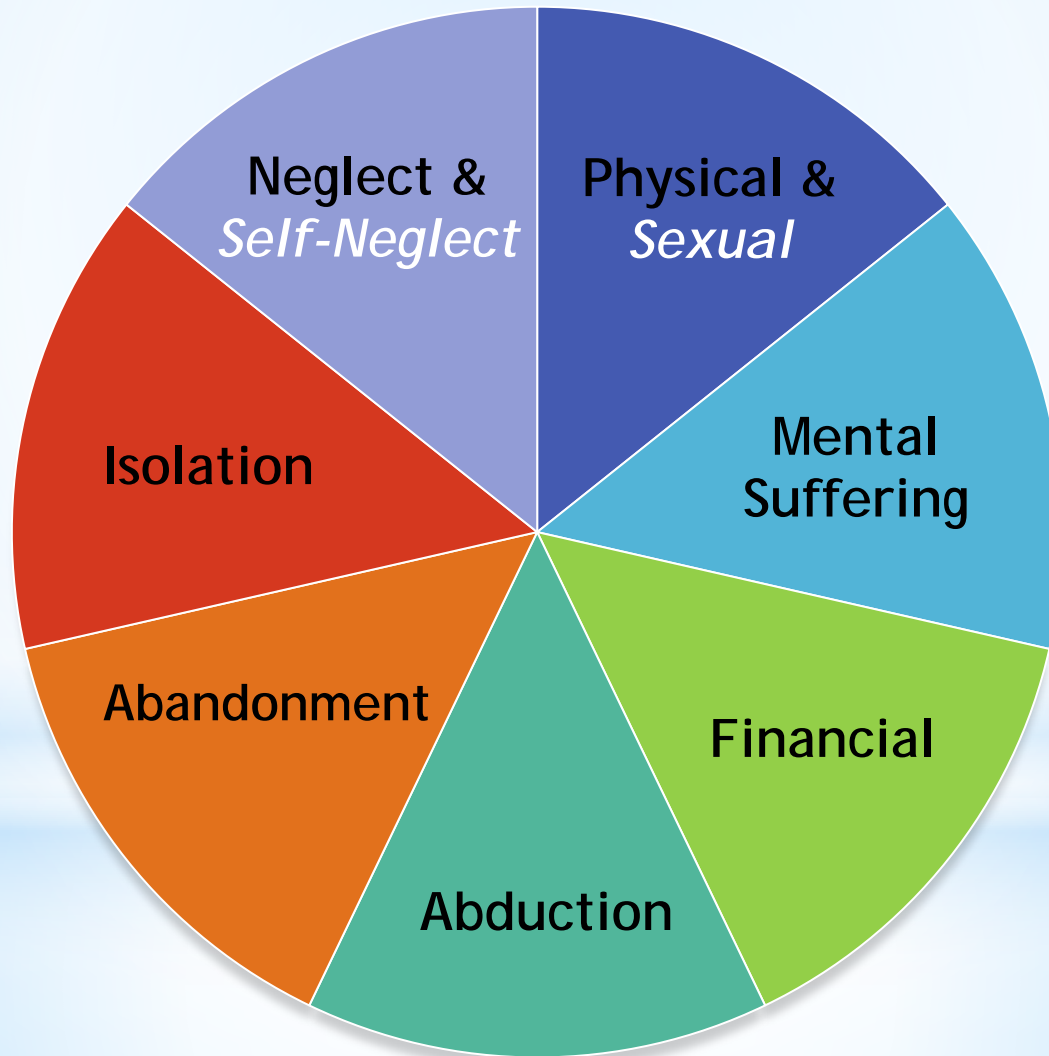
- ❖ **ELDERS**
(persons ages 65 and older)
- ❖ **DEPENDENT ADULTS**
(persons ages 18-64, who have physical or mental limitations that restrict their ability to advocate and/or protect themselves from abuse)

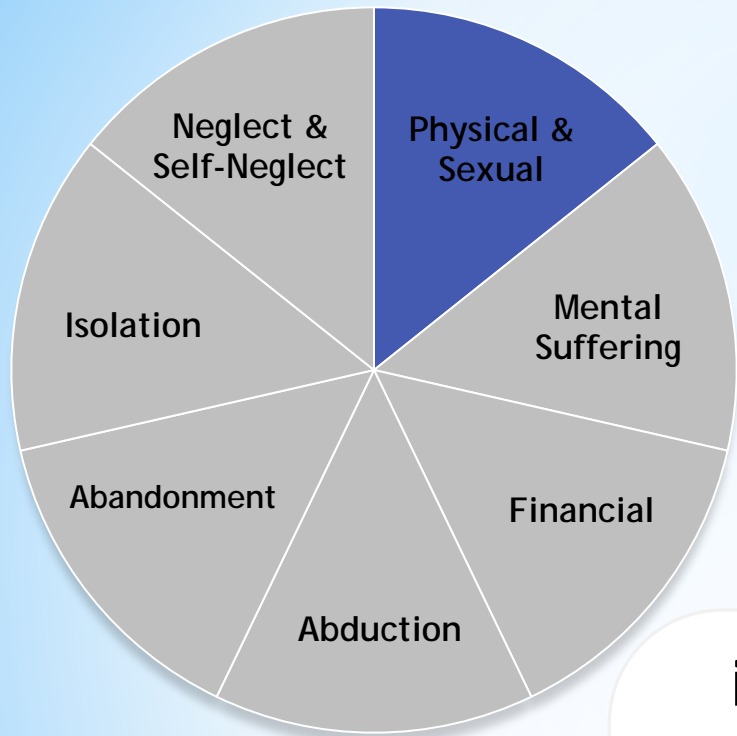


APS SERVICES

- ❖ Provide consultation/information & referral during intake
- ❖ Respond to reports of imminent risk 24/7
- ❖ Conduct a psychosocial assessment of the client and respond to his/her specific needs
- ❖ Develop a service plan to maintain client's safety, health and independence
- ❖ Leverage support from Public Health Nurse and Marriage Family Therapist
- ❖ Secure tangible resources (food, clothing, etc.)
- ❖ Offer Public Education

TYPES OF ABUSE





Physical & Sexual Abuse

inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder or dependent adult, or depriving them of a basic need

non-consensual sexual contact of any kind, coercing an elder or dependent adult to witness sexual behaviors



Mental Suffering

inflicting mental pain, anguish, or distress on an elder or dependent adult through verbal or nonverbal acts

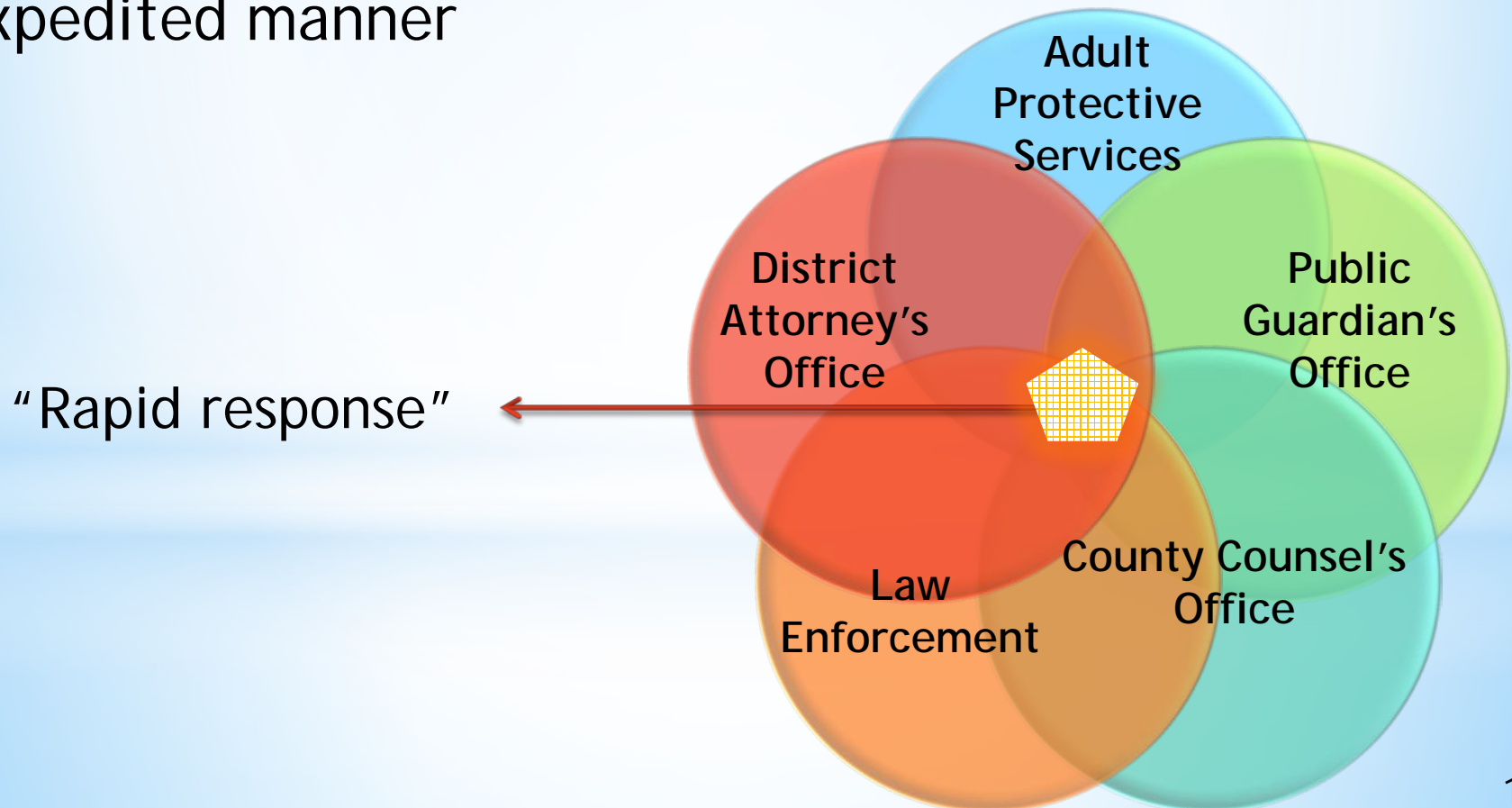


Financial Abuse

illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder or dependent adult

FINANCIAL ABUSE SPECIALIST TEAM (FAST)

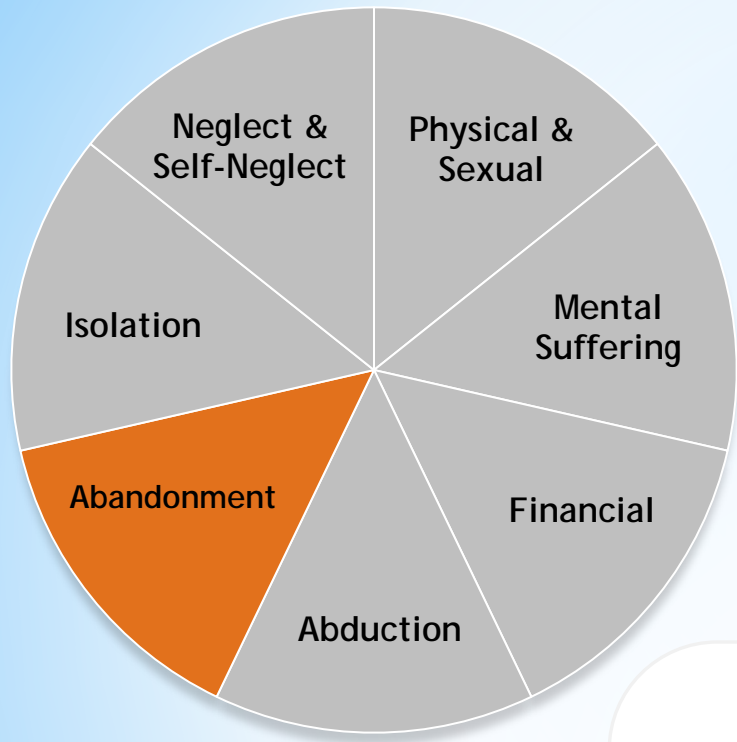
To identify, investigate and prevent financial abuse of elders and dependent adults in an efficient and expedited manner





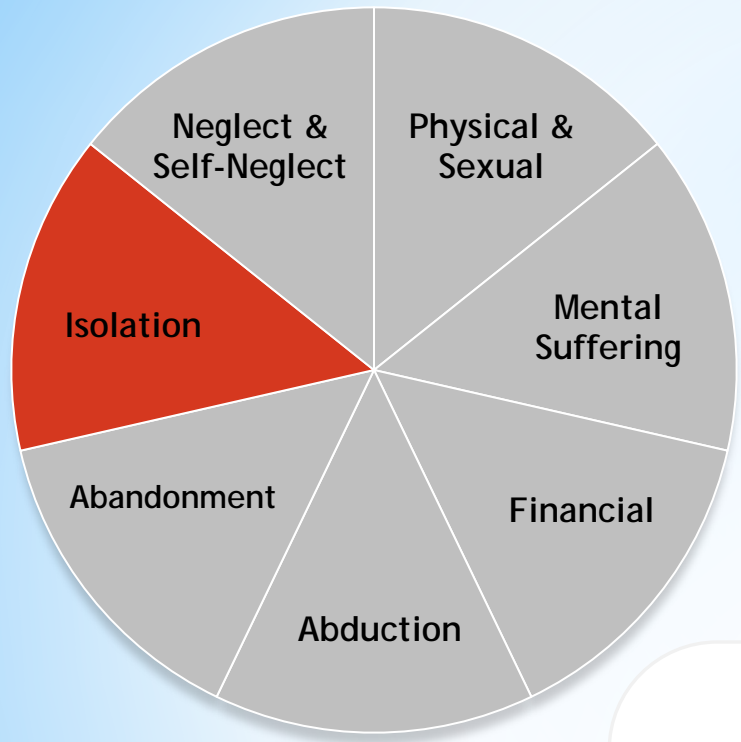
Abduction

removal from state and/or restraint from returning to this state of any elder or dependent adult who does not have the capacity to consent to those actions



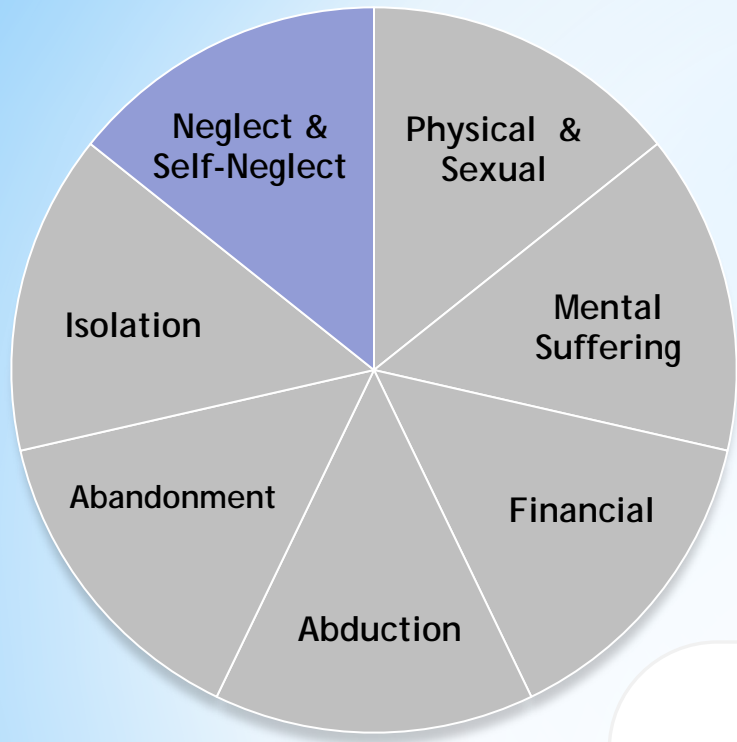
Abandonment

the desertion of a vulnerable elder or dependent adult by anyone who has assumed the responsibility for care or custody of that person



Isolation

prevention from receiving phone calls or mail, false imprisonment or physical restraint from meeting with visitors



Neglect & Self-Neglect

refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder or dependent adult

refusal or failure to perform essential self-care tasks

RED FLAGS OF ABUSE



- ❖ Lack of basic hygiene or adequate food
- ❖ Lack of medical aids (glasses, walker, teeth, hearing aid, medications)
- ❖ Lack of clean appropriate clothing
- ❖ Person with dementia left unsupervised
- ❖ Bed bound person left without care
- ❖ Home cluttered, filthy, in disrepair, or having fire & safety hazards
- ❖ Home without adequate facilities (stove, refrigerator, heat, cooling, working plumbing and electricity)
- ❖ Untreated pressure “bed” sores
- ❖ Lack of amenities victim could afford
- ❖ Inadequately explained fractures, bruises, welts, cuts, sores, or burns

RED FLAGS OF ABUSE



- ❖ Elder “voluntarily” giving inappropriate financial reimbursement for needed care and companionship
- ❖ Caregiver has control of elder’s money, but is failing to provide for elder’s needs
- ❖ Caretaker “living off” elder
- ❖ Elder signed property transfers (Power of Attorney, new will, etc.) when unable to comprehend the transaction
- ❖ Caregiver isolates elder (doesn’t let anyone into the home or speak to the elder)
- ❖ Caregiver is verbally aggressive or demeaning, controlling, overly concerned about spending money, or uncaring

*In the only national study that attempted to define the scope of elder abuse, the vast majority of abusers were family members (approximately 90%), most often adult children, spouses, partners, and others.**

*Family members who abuse drugs or alcohol, who have a mental/emotional illness, and who feel burdened by their caregiving responsibilities abuse at higher rates than those who do not.***

* National Center on Elder Abuse, Westat, Inc. (1998). *The national elder abuse incidence study: Final report.* Washington D.C.: Authors.

** Schiamburg, L. & Gans, D. (1999). *An ecological framework for contextual risk factors in elder abuse by adult children.* *Journal of Elder Abuse & Neglect*, 11(1), 79-103.

MANDATED REPORTERS

- ❖ *Any person who has assumed full or intermittent responsibility for the care or custody of an elder, whether or not he or she receives compensation*
- ❖ Administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder
- ❖ Any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency
- ❖ Officers and employees of financial institutions are mandated reporters of financial abuse

WHEN TO REPORT

When there is...

- 1) Any reasonable suspicion that an elder or dependent adult is being abused or neglected
- 2) Any observation or knowledge of an abuse incident that includes an elder or dependent adult

Report immediately or as practically possible by telephone, followed by a written report or Internet report through the confidential Internet reporting tool within two (2) working days.

HOW TO MAKE REPORT

1. Always call 911 if there is a life threatening emergency
2. Call APS to report the suspected abuse

APS Hotline: (408) 975-4900 or (800) 414-2002

3. Fill out State of California 341 form (SOC 341)
"Report of Suspected Dependent Adult/Elder Abuse"

SOC 341

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

DATE COMPLETED

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

A. VICTIM Check box if victim consents to disclosure of information (Ombudsman use only - WIC 15636(a))

NAME (LAST NAME, FIRST NAME)		AGE	DATE OF BIRTH
SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUDSMAN)		CITY	ZIP CODE
PRESENT LOCATION (IF DIFFERENT FROM ABOVE)		CITY	ZIP CODE
<input type="checkbox"/> ELDERLY (65+)	<input type="checkbox"/> DEVELOPMENTALLY DISABLED	<input type="checkbox"/> MENTALLY ILL/DISABLED	<input type="checkbox"/> LIVES ALONE
<input type="checkbox"/> PHYSICALLY DISABLED	<input type="checkbox"/> UNKNOWN/OTHER		<input type="checkbox"/> LIVES WITH OTHERS

B. SUSPECTED ABUSER Check if *Self-Neglect*

NAME OF SUSPECTED ABUSER		ADDRESS	CITY	ZIP CODE	TELEPHONE
<input type="checkbox"/> CARE CUSTODIAN (type)	<input type="checkbox"/> PARENT	<input type="checkbox"/> SON/DAUGHTER	<input type="checkbox"/> OTHER		
<input type="checkbox"/> HEALTH PRACTITIONER (type)	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> OTHER RELATION			
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	AGE	D.O.B.	HEIGHT	WEIGHT
				EYES	HAIR

C. REPORTING PARTY *Check appropriate box if reporting party waives confidentiality to:* All All but victim All but perpetrator

NAME	SIGNATURE	OCCUPATION	AGENCY/NAME OF BUSINESS
RELATION TO VICTIM/HOW ABUSE IS KNOWN	STREET	CITY	ZIP CODE
			TELEPHONE
E-MAIL ADDRESS			

D. INCIDENT INFORMATION - Address where incident occurred

DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE)
	<input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL
	<input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SWING BED <input type="checkbox"/> OTHER (Specify)

E. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY)

1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63)	
a. <input type="checkbox"/> PHYSICAL (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication)	b. <input type="checkbox"/> SEXUAL
c. <input type="checkbox"/> FINANCIAL	e. <input type="checkbox"/> ABANDONMENT
d. <input type="checkbox"/> NEGLECT (including Deprivation of Goods and Services by a Care Custodian)	f. <input type="checkbox"/> ISOLATION
g. <input type="checkbox"/> ABDUCTION	h. <input type="checkbox"/> PSYCHOLOGICAL/MENTAL
i. <input type="checkbox"/> OTHER	
2. SELF-NEGLECT (WIC 15610.57(b)(5))	
a. <input type="checkbox"/> PHYSICAL CARE (e.g. personal hygiene, food, clothing, shelter)	d. <input type="checkbox"/> MALNUTRITION/DEHYDRATION
b. <input type="checkbox"/> MEDICAL CARE (e.g. physical and mental health needs)	e. <input type="checkbox"/> FINANCIAL SELF-NEGLECT (e.g. inability to manage one's own personal finances)
c. <input type="checkbox"/> HEALTH and SAFETY HAZARDS (e.g. risk of suicide, unsafe environment)	f. <input type="checkbox"/> OTHER

ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY)

<input type="checkbox"/> NO PHYSICAL INJURY	<input type="checkbox"/> MINOR MEDICAL CARE	<input type="checkbox"/> HOSPITALIZATION	<input type="checkbox"/> CARE PROVIDER REQUIRED
<input type="checkbox"/> DEATH	<input type="checkbox"/> MENTAL SUFFERING	<input type="checkbox"/> SERIOUS BODILY INJURY*	<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> UNKNOWN			

F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? DOES THE ALLEGATION INVOLVE A SERIOUS BODILY INJURY (see definition in section "Reporting Responsibilities and Time Frames" within the General Instructions)? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.).

CHECK IF MEDICAL, FINANCIAL (ACCOUNT INFORMATION, ETC.), PHOTOGRAPHS, OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE (family, significant others, neighbors, medical providers, agencies involved, etc.)

NAME	RELATIONSHIP
ADDRESS	TELEPHONE

H. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE (If unknown, list contact person)

NAME	IF CONTACT PERSON ONLY ✓ CHECK	RELATIONSHIP
ADDRESS	CITY	ZIP CODE
		TELEPHONE

I. TELEPHONE REPORT MADE TO APS Law Enforcement Local Ombudsman Calif. Dept. of State Hospitals Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE	TELEPHONE	DATE/TIME
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J. WRITTEN REPORT Enter information about the agencies receiving this report. If the abuse occurred in a LTC facility and resulted in Serious Bodily Injury*, please refer to "Reporting Responsibilities and Time Frames" in the General Instructions. Do not submit report to California Department of Social Services Adult Programs Division.

AGENCY NAME	ADDRESS OR FAX	Date Mailed	Date Faxed
AGENCY NAME	ADDRESS OR FAX	Date Mailed	Date Faxed
AGENCY NAME	ADDRESS OR FAX	Date Mailed	Date Faxed

K. RECEIVING AGENCY USE ONLY Telephone Report Written Report

1. Report Received by	Date/Time
2. Assigned <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-Day Response <input type="checkbox"/> No Initial Response (NIR)	
<input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman <input type="checkbox"/> No Ten-Day (NTD)	
Approved by	Assigned to (optional)
3. Cross-Reported to <input type="checkbox"/> CDPH-Licensing & Cert.; <input type="checkbox"/> CDSS-CCL; <input type="checkbox"/> Local Ombudsman; <input type="checkbox"/> Bureau of Medi-Cal Fraud & Elder Abuse; <input type="checkbox"/> Calif. Dept. of State Hospitals; <input type="checkbox"/> Law Enforcement; <input type="checkbox"/> Professional Licensing Board; <input type="checkbox"/> Calif. Dept. of Developmental Services; <input type="checkbox"/> APS;	Date of Cross-Report
<input type="checkbox"/> Other (Specify)	
4. APS/Ombudsman/Law Enforcement Case File Number	

WHO HAS JURISDICTION?

If the abuse occurred in:	<i>Then the report goes to:</i>
Private homes (apartments, other residences)	<i>APS</i>
Long-Term Care Facilities (nursing homes, residential care facilities)	<i>Long -Term Care Ombudsman</i>
State Mental Health Hospitals	<i>State Dept. of Health Care Services</i>
State Developmental Centers	<i>State Dept. of Developmental Services</i>
Penal code violations in any setting	<i>Law Enforcement</i>

ADULTS HAVE RIGHTS

- to be safe
- retain all their civil and constitutional rights
(unless a court adjudicates otherwise)
- to make decisions that do not conform with societal norms
- to accept or refuse services

IMPORTANT TO KNOW

APS services are strictly voluntary, which means that clients can stop investigations and refuse workers' help at any time.

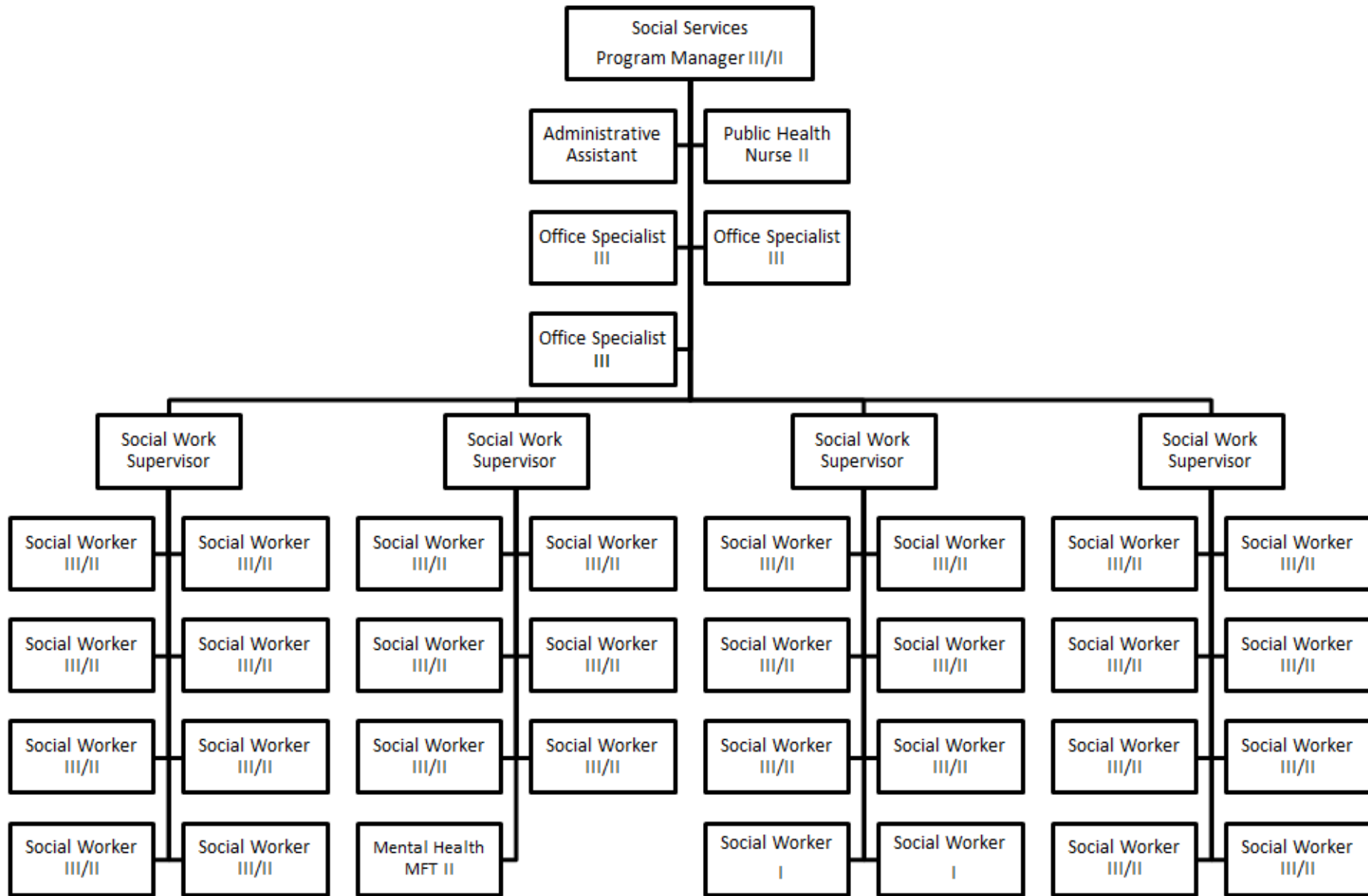
UNLESS



When the adult is incapable of consenting as a result of impairment.

When a crime has been committed.

Adult Protective Services
Organizational Chart



Adult Protective Services

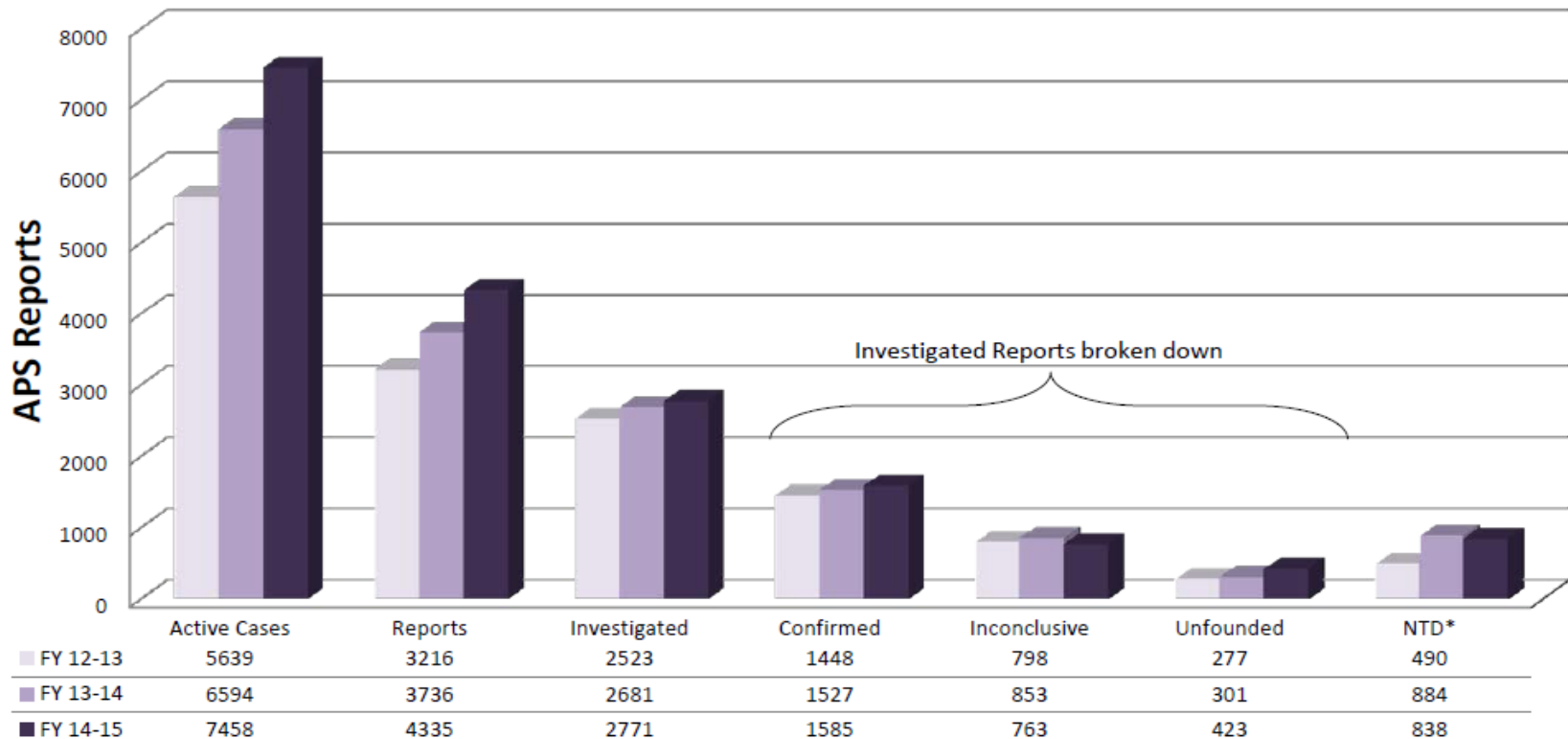
Statistical Data

	Active Cases	Reports	Investigated	Confirmed	Inconclusive	Unfounded	NTD*	NIR**
FY 12-13	5639	3216	78%	57%	32%	11%	15%	7%
FY 13-14	6594	3736	72%	57%	32%	11%	24%	4%
FY 14-15	7458	4335	64%	57%	28%	15%	19%	17%

From FY 12-13 to FY 13-14
 ~ 17% increase in active cases
 ~ 16% increase in reports

From FY 13-14 to FY 14-15
 ~ 13% increase in active cases
 ~ 16% increase in reports

Statistics for the last 3 years



* NTD = No Ten Day (face-to-face investigation)

** NIR = No In-person Response

ONGOING CHALLENGES

- ❖ Balancing the “right to self-determination” while protecting the vulnerable
- ❖ Developing a continuum of care as the population ages
- ❖ Addressing the lack of resources
- ❖ Overcoming and proving undue influence
- ❖ Preventing the rise in financial abuse