



The Role of the Adult Protective Services (APS) in Ensuring Elder Justice

This document is excerpted from the California Elder Justice Coalition’s updated *From Blueprint to Benchmarks: Building a Framework for Elder Justice (B2B, 2016)*. It is the third in a series, which began with *Improving California’s Response to Elder Abuse, Neglect, and Exploitation: A Blueprint (2011)*. All three Blueprints were funded, in part, by Archstone Foundation.

Background

California’s APS program is a statewide, county-based program administered by the California Department of Social Services (CDSS). APS programs investigate abuse, neglect, and self-neglect of people over the age of 60 and adults with disabilities. Local APS programs have cross reporting relationships with law enforcement, Long-Term Care Ombudsman programs, and licensing entities. County APS programs provide a wide range of services, including 24-hour emergency response, time-limited case management, advocacy, counseling, referrals to community services, emergency shelter/in-home protection, “tangible support services” (e.g., food, transportation, help with rent and utilities), prosecution assistance, and public education and awareness. These services are free to clients and voluntary; clients may refuse services and to participate in investigations and assessments. Workers are directed to offer service options that are the least restrictive of clients’ independence. APS personnel also participate on multi-disciplinary teams (MDTs) with other social welfare agencies, law enforcement, health and social service providers, local financial institutions, and others. The extent to which county APS programs have the resources needed to carry out these activities varies widely.

State funding for local APS programs is distributed to counties as part of a fund that also supports child welfare programs. Until recently, counties had full discretion in how they used the funds. This placed APS programs at a disadvantage because child welfare programs are held to strict federal and state administrative guidelines and caseload standards while APS programs are not. As a result, counties allocated significantly more to child welfare programs to meet these requirements. In 2022, with the expansion of APS eligibility to include clients between the ages of 60-65, the state allocated \$70 million that were earmarked for APS and could not be used to supplant existing funds. This represented the first dedicated state funding for APS.

APS programs are also recognized in federal law under Title XX of the Social Security Act, which allows states to use federal Social Services Block Grant (SSBG) funds for the program. California does not, however, use SSBG funds for APS, and the state received its first direct federal funding for APS as part of the COVID-19 relief programs described below.

Although the national APS program was created in 1975, it did not have a federal “home” until 2014 when the Administration for Community Living (ACL) created the Office of Elder Justice and Adult Protective Services. The office oversees the National Adult Maltreatment Reporting System (NAMRS), which collects information about states’ APS programs and data on investigations, clients, and perpetrators. ACL also produced the *Voluntary Consensus Guidelines for State Adult Protective Services*, which addresses program administration, training, evaluation, and time frames for investigations and service delivery. These federal initiatives and others are described under Federal APS Developments.

Progress Toward Implementing B2B Recommendations for APS

CEJC has continued to work closely with the County Directors Association (CWDA), the California Commission on Aging (CCoA), the California Department of Social Services (CDSS), and other partners to modernize and enhance APS in response to needs identified in *B2B* and by others. Major areas of focus have been on improving APS coordination at the local, state, and national levels; increasing support for training; addressing disparities in APS services across the state; and responding to emergent needs.

When CEJC’s first Blueprint was produced in 2011, the state did not have an APS department or leader within CDSS. This led to stark inconsistencies in practice across the state and impeded coordination and the transfer of knowledge and innovation. It also prevented California from applying for public or private grants for training, technical assistance, or program development. CEJC spearheaded an effort to create a state-level APS Liaison within CDSS, which led to the creation of a position that was filled in 2015. Since then, the APS Liaison has secured federal grants, technical assistance, and other resources that have driven innovation and enhanced service delivery. CDSS recently established an APS unit that will be directed by the APS Liaison and will include 5 full-time employees.

In 2016, CEJC and CCoA worked with the California Assembly Committee on Aging and Long-Term Care to request a report from the Legislative Analyst’s Office (LAO) to explore the impact of the state’s realignment of key programs and services (the move shifted administrative and funding responsibilities from the state onto county governments). LAO analyzed APS operations in seven counties, noting significant differences in six areas: 1) processes for after-hours and weekend referrals; 2) use of risk assessment tools; 3) extent to which they provide tangible support services; 4) multidisciplinary teams and Interagency coordination; 5) use of skilled medical professionals for health-related activities (including their use of federal Medicaid funds for health-related activities); 6) extent to which they provide case management; and 7) special initiatives such as community awareness campaigns.

New Developments

State APS Developments

- The State Budget Act of 2021-22 extended eligibility for APS services to individuals aged 60 and older (formerly, the age threshold was 65). Younger “dependent” adults are also eligible. The appropriation also included new funds for long term case management and

training. It is unclear whether the change in eligibility will require changes to definitions contained in the state's mandatory reporting laws or Penal Code.

- California's APS program received direct federal funds for the first time to help clients impacted by the pandemic. To receive funds, states were required to develop 3–5-year plans for building their infrastructures and describe their visions, missions, principles, and plans. CDSS developed its plan in collaboration with the University of California, San Francisco (UCSF) and the National Adult Protective Services Association (NAPSA). The partners conducted listening sessions and focus groups to inform the plan.
- CDSS began collecting data on APS clients in 2018 through its participation in the National Adult Maltreatment Reporting System (NAMRS). Under an ACL grant, CDSS collects data on staffing, reporting sources, recidivism, services offered, interagency coordination, referrals to other agencies, and demographic information about victims and perpetrators. It created a "data dashboard," which provides county staff and key stakeholders with access to monthly APS statistics from the state's 58 counties.
- Home Safe, a pilot program to prevent homelessness and support housing stability for APS clients, was created by AB 1811 in 2018. The bill was spearheaded by the County Welfare Directors Association (CWDA) and co-sponsored by CEJC. The original project, which provided support to 25 counties to develop service models, was funded through June 2021 and later expanded using federal COVID recovery funds. Home Safe programs employ a variety of strategies including housing-related intensive case management, short-term housing-related financial assistance, deep cleaning of unhealthy homes, eviction prevention, and mediation with landlords.
- State and federal support for training APS social workers and supervisors increased significantly beginning with an initial 2016 investment of \$3 million in state funding over 3 years, which was matched by \$3 million in federal Title XIX funds. An additional \$5.75 million in state funds was awarded in 2019 and matched by Title XIX funds. The increases were achieved through budget requests spearheaded by CWDA and co-sponsored by CEJC and other partners. The 2022-2023 State Budget includes an ongoing allocation of \$4.6 million for APS training programs.
- CDSS also received federal grants for special projects, including:
 - The APS Leaders Institute, which provides training by national experts to APS managers and county adult and aging services directors on programmatic challenges and solutions.
 - The APS MSW stipend program, which began as a pilot project and was later extended, supports students enrolled in graduate social work programs at the University of California, Berkeley and San Jose State University. Students in the pilot program were required to work for two years in county-based APS and aging-focused programs after they graduate. The program is operated by CalSWEC, a partnership between the schools of social work, public human service agencies, and professional organizations. The original program served 10 students at the two Bay Area universities and was extended statewide with the federal funding.
- Several other projects have been initiated in recent years to enhance California's APS program, including the following:

- CDSS and the Protective Services Operations Committee (PSOC) of CWDA are working together on a plan to bring APS into compliance with the ACL's *Voluntary Consensus Guidelines for APS Programs*.
- PSOC launched a workgroup to explore how APS data is collected across the state.
- The Bay Area Social Services Consortium (BASSC), an agency-university-foundation partnership that promotes social service research, training, and policy development, is conducting a workforce survey on APS.
- CDSS, in partnership with the California Health and Human Services Agency (CHHS), established a central 800 number for reporting elder and dependent adult abuse statewide.
- CDSS' APS Liaison serves as co-convener of the Elder and Disability Justice Coordinating Council.
- The Child and Family Policy Institute of California worked with county APS programs to develop an APS training blueprint/roadmap, which recommends a governance structure to oversee APS training and new training mandates.

National APS Developments

As already noted, the federal government's involvement in APS increased significantly in recent years, partially in response to the COVID-19 pandemic. In summary:

- Federal COVID-19 relief funds, including the Consolidated Appropriations Act and American Rescue Plan Act, provided the first-ever dedicated federal funding for APS programs.
- COVID relief funds were also used to create the National Adult Protective Services Training Center (NATC) under a two-year, \$1.5 million cooperative agreement with the National Adult Protective Services Association (NAPSA).
- Other Administration for Community Living (ACL) activities related to APS include:
 - Ongoing promotion of the National Adult Maltreatment Reporting System (NAMRS) data reporting system.
 - Grant programs to:
 - Improve guardianship.
 - Explore approaches to transitioning APS clients to other community-based service programs (called Community Connections).

Challenges and Needs

Despite the significant gains that have been made, California's APS program remains fragmented and uneven. The following challenges were identified with input from local APS programs, including representatives from the Protective Services Operations Committee (PSOC) of CWDA.

State

- Lack of consistency across the state remains an ongoing challenge, with APS programs setting different eligibility criteria and providing different levels of service. There are also variations in levels of staffing, training, and communications. These differences reflect variations in local revenue bases, commitment to public services, and how counties apportion state protective services funds. Examples of variations:

- Some counties investigate all reports of abuse, while others reportedly deny services to older adults with "excess assets" or those who are unwilling to sign criminal complaints.
- Some under-resourced programs triage cases, only providing emergency and short-term services to those in greatest need. This precludes preventative or early interventions that can potentially reduce costs, losses, and harm.
- Small counties lack the capacity to implement innovations or even take advantage of federal emergency funds as the result of workforce shortages or uncertainty about whether they will be able to sustain programs after supplemental funds are depleted.
- Under-resourced programs also lack the capacity to address the needs of underserved groups, including rural seniors, BIPOC, and LGBT elders.
- Shortages in referral resources continue to limit APS programs' ability to meet clients' needs. The problem is particularly acute in small communities, and it is anticipated that the shortages will increase with the recent expansion of eligibility for APS from age 65 to 60. The following are among the most pressing service needs identified by APS personnel:
 - Emergency services, including shelters equipped to accommodate older victims
 - Legal assistance
 - Services to stop abuse, neglect, exploitation, and self-neglect
 - Services to mitigate harm caused by abuse and prevent recurrences
 - Behavioral health services
 - Housing, including assisted living and residential care facilities for low-income elders and those with serious and chronic mental illnesses
- Lack of coordination between APS and other community service providers, including health care services, long term care, legal assistance, regional centers, public guardians, courts (including self-help centers), and conservators. Specific examples cited include the following:
 - Agencies that report abuse are not apprised of the outcomes of their referrals and lack information they believe is necessary to ensure clients' safety.
 - Lack of coordination among state agencies that oversee key local programs, including the Department of Housing and Community Development, the Department of Fair Employment and Housing, the Department of Developmental Services, and the Department of Aging.
 - California lacks a state-level system for collecting APS data and tracking abusers who commit abuse in multiple counties.
 - The state also lacks a system with which APS programs can coordinate services across counties for clients who are transient.
- Barriers to access to services, including:
 - Service providers lack skills and expertise in how to advocate for clients with special needs including those who are deaf and hard of hearing [DHH] and those with limited English proficiency.
 - Cumbersome intake processes.
 - Distrust of public services, including APS and law enforcement, by some groups as the result of negative experiences or perceptions.
 - APS is required to cross report suspected cases of abuse to law enforcement, which is typically done prior to investigating (additional reports may be made if investigations

confirm criminal conduct). This mandate to report to law enforcement prior to substantiating abuse may be particularly damaging to APS workers' ability to establish trusting relationships with clients.

- Lack of comprehensive statewide training for APS workers. APS programs in some counties do not routinely provide training to new staff, and ongoing training is not required by the state or federal governments. Specific training needs identified by APS personnel include:
 - Conservatorship, including alternative options and when and how family members can petition to become conservators.
 - Advocacy services for deaf and hard of hearing [DHH] clients by interpreters and others who are familiar with best practices for meeting these clients' special needs.
 - Restorative justice approaches that reduce the harm of mistreatment on victims, their families, allies, and communities.
 - Person-centered and trauma-informed care approaches.
 - Special training in intake to accommodate newly eligible clients (between aged 60-65).
 - Securing evidence from financial institutions.
- Underreporting. National research suggests that as few as one in 25 cases comes to the attention of protective service agencies. The failure to report has been attributed to:
 - Lack of information about mandatory reporting duties and procedures for making reports.
 - Negative perceptions or misperceptions about what will happen when reports are made.
 - Fear of retribution or negative consequences for victims or those reporting abuse.
- Lack of accountability. Unlike other federally funded human service programs like IHSS and Child protective services, there is no routine and systemic auditing of APS programs.
- Challenges specific to "Home Safe" homelessness prevention programs include:
 - Underutilization. According to program administrators, Blacks comprise approximately 40% of the homeless population but only 11% of Home Safe clients.
 - Some individuals who could benefit from Home Safe services are not eligible because they do not meet APS eligibility criteria.
 - Critical shortages in affordable housing and short-term rental subsidies.
 - A commonly used tool to assess the risk of homelessness (called PR-VI-SPDAT) does not appear to be effective with Home Safe clients.
 - Home Safe clients who do not have permanent addresses during transitions cannot access their Social Security or other benefit checks.

Recommendations

- Reduce disparities in access to APS services, staffing, outreach, and training by:
 - Developing quality measures, matrices, and benchmarks for tracking and assessing APS programs' capacity based on the *Voluntary Consensus Guidelines* and state regulations. Measures should include staffing, services provided, training, casework standards, and service levels.
 - Create incentives for APS programs to comply with the *Voluntary Consensus Guidelines*.

- Provide information to counties to assist them make decisions about how to apportion Protective Services Sub-account funds that reflect demographic trends and the needs of the populations they serve.
- Review and clarify APS' role and responsibilities under the state's mandatory elder and dependent adult abuse reporting laws and those of other entities charged to investigate and respond to reports, including law enforcement, Long-Term Care Ombudsman programs, and agencies making reports.
- Improve accessibility to APS services through the following:
 - Expand the diversity of the APS workforce to reflect the populations served, including BIPOC, rural, bilingual/bicultural, and LGBTQ adults. Approaches may include providing incentives (e.g., stipends) for professionals to work in underserved communities and with underserved groups.
 - Offer appropriate language assistance services.
 - Conduct public awareness campaigns that explain APS, including programs' confidentiality policies and ability to accommodate special needs. Campaigns should also counter misperceptions, including fears that APS will remove clients from their homes.
- Create a "no-wrong door" approach to abuse reporting and response. Potential avenues to explore include collaboration with the Friendship Line.
- Expand the supply and range of services available to APS clients, particularly in small, rural, and other underserved communities. Critical service needs include:
 - Shelters that can accommodate older adults' needs, including wraparound services that are culturally and trauma informed.
 - Advocates and peer support leaders for adults with disabilities who have been sexually assaulted to assist APS workers with interviews and investigations.
 - Provide on-going funding for Home Safe and other homelessness prevention and rehousing services for elders.
 - Provide help to clients who do not want to make police reports.
 - Improve collaboration, coordination, and communication among APS and other community agencies, including Regional Centers, behavioral health programs, health care providers, and others through the development of protocols and/or memoranda of understanding. Provisions should include:
 - Information-sharing and confidentiality.
 - Intake and referral processes that make transitions more seamless.
 - Protocols for conducting collaborative mental health (LPS) assessments and hospitalizations.
- Explore case management software programs for sharing information, monitoring clients, tracking offenders, and coordinating services.
- Include APS-related health information in the Data Exchange Framework developed under the MPA.
- Promote innovations in APS through the development, evaluation, and dissemination of promising practices, and provide technical assistance to help programs implement them.
- Develop and mandate comprehensive training for new APS workers and on-going training, including:

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- The role of aging services network programs in reducing the risk of abuse, early identification, and harm reduction.
- DHH culture, accommodations, advocacy strategies, and challenges.
- The needs of adults with chronic mental illnesses and resources available to them.
- Restorative justice approaches to preventing abuse and mitigate its harm.
- Person-centered and trauma-informed approaches to care.
- Accommodating newly eligible (adults aged 60-65) clients.
- Conservatorship, including APS' role in advising clients' families and allies about court administered self-help programs and alternatives to conservatorship (e.g., supported decision making and daily money management).
- Cultural competence and cultural humility.
- Develop a routine system and process for auditing APS programs.

Resources

- National Adult Protective Services Association (NAPSA)
- National Center on Elder Abuse (NCEA)
- National Adult Protective Services Technical Assistance Resource Center (APS TARC)
- Supporting Adult Protective Services. Office of Elder Justice & Adult Protective Services, Administration for Community Living
- National Guidelines for Financial Institutions: Working Together to Protect Older Persons from Financial Abuse (NAPSA)
- Resources on Evidence-Based and Evidence-Informed Practice in APS (NAPSA)
- California Undue Influence Screening Tool (CUIST)
- Adult Protective Services Workforce Innovations (APSWI)
This training program of the Academy for Professional Excellence of the San Diego State University School of Social Work provides innovative workforce development to APS professionals and their partners.
- APS-TRIO (Tool for Risk, Interventions, and Outcomes). Risk assessment tool designed by and for social workers in Ventura County.
- Opening the Door (OTD) Training Eight-hour training to enhance APS workers' engagement skills (Halarewicz et al., 2019).
- APS Blueprint. Child and Family Policy Institute of California. <https://cfpic.org/?s=blueprint>

Promising Practices

- The "RISE model," developed by the Elder Abuse Institute of Maine in partnership with elder justice experts, provides advocacy services to APS clients. Advocates use several methodologies, including restorative justice approaches.
- The Center of Excellence on Elder Abuse and Neglect at the University of California, Irvine is partnering with Orange County's APS and Public Guardian (PG) programs to implement Ending and Disrupting Elder Abuse Recidivism (ENDEAR) for Person-Centered APS - Community Transitions.
- Assessment of Ohio's Adult Protective Services system for the Ohio Department of Job and Family Services. <https://u.osu.edu/steinman.13/2022/01/16/ohio-aps-research-project/>