Overview

The Adult Protective Services (APS) program is a critically important component of a comprehensive system to address abuse and neglect of elders and dependent adults. Historically there has been no federal “home” for APS nor a designated federal appropriation for this essential and rapidly increasing service need. Nationally, state and local agencies have developed a wide variety of APS practices resulting in significant variations, such as populations served, types of services, jurisdiction, response time, statistical information and definitions of abuse. While there is still no federal legislation for APS, the U.S. Department of Health and Human Services, and the Administration for Community Living, envisions a system that recognizes the rights of elders and dependent adults to live where they choose, with the people they choose and fully participate in their communities without the threat of abuse.

While the lengthy process of establishing a federal APS system may be underway, the Santa Clara County Social Services Agency began responding to and investigating reports of elder and dependent adult abuse in 1978. California’s mandatory reporting laws for elder and dependent adult abuse were first enacted in 1982 and brought public awareness to the tragedy of elder and dependent adult abuse.

California further established APS programs with Senate Bill 2199 that was implemented in May 1999, and amended the California Elder and Dependent Adult Civil Protection Act. The bill required all county APS agencies to provide a program of services to maintain the safety of elders and dependent adults in the home and the community. It included a mandate for a 24 hour system of response, expanded categories of mandated reporters, defined types of abuse and provided regulations and standards for the APS program activities that are governed by the Welfare and Institutions code.

In Senate Bill 2199, the California legislature recognized two adult populations that, because of their unique vulnerability due to physical impairments or other health related conditions need special protection from the threat of abuse. The two populations are defined as:

- **Elders**: residents of California age 65 or older

- **Dependent Adults**: residents of California between the ages of 18-64 who have physical or mental limitations that restrict his or her ability to perform activities of daily living or to protect his or her rights.

APS regulations include providing emergency and general response services, and purchasing tangible goods and services for elders or dependent adults who have been victims or are at risk of abuse or neglect. APS is also responsible to have a multidisciplinary team, provide information,
referrals, education and training to individual community members, community groups and organizations.

In 2005 Senate Bill 1018 was passed and was implemented in 2007, which established that all financial institution employees are mandated reporters of elder and dependent adult abuse. However no additional funding was appropriated from the State to APS programs to address the increase in reports and investigations that resulted because of this new legislation. The funding for APS has not kept pace with growing needs for response and services as a result of the increasing population and regulations.

One of the State regulations indicates that “to the extent resources are available; each adult protective services agency shall provide tangible and non-tangible support services.” Santa Clara County APS is able to comply with the regulation to purchase tangible goods and services for elders and dependent adults, due to being the recipient of a large donation from the estate of an elder many years ago. APS uses the “trust fund” to pay for tangible services, however since this is a fund that does not get replenished, the APS program has been conservative in its use of these funds. The current balance of this fund is approximately $50,000. APS also receives some donations from the annual Combined Giving Campaign.

In 2012, Assembly Bill 118 realigned funding for Adult Protective Services from the State to local government and redirected specified tax revenues to counties to fund the State share of cost for realigned programs. In FY 2013 a permanent structure was created which identified statutory and technical changes to implement the provisions of realignment funds.

Throughout the history of the APS program in Santa Clara County, the Social Service Agency, county leadership and the Board of Supervisors have demonstrated a thoughtful, progressive and extremely supportive relationship to the mission and goals of APS program. This existing relationship can only be improved upon with the ongoing submission of annual reports and communication with Board of Supervisors. This is the third APS Annual Report to the Board of Supervisors; the first one was submitted in FY 2013.

**Status of the APS Program**

It is anticipated that the population of elders in Santa Clara County will double in the next 10 years to 22% of the population and community resources are not keeping up with this growth. Reports and investigations involving self-neglect and financial abuse are the most prevalent forms of abuse reports received by APS. These types of cases are complex, requiring a high level of professional knowledge, skills and abilities to perform the multi-faceted assessments, investigations, and coordination of plans and provision of services.
APS continues to experience a steady increase in the amount of Elder and Dependent Adult abuse reports and cases received from year to year. In FY 14 APS received 3,736 abuse reports and in FY 15 APS received 4,335 abuse reports which is an increase of 16%. Additionally, the number of Elder and Dependent Adult abuse cases that were investigated has also increased from 6,594 cases in FY 14 compared to 7,458 cases FY 15 which is an increase of 13%. Attachment A shows a 3 year comparison of APS cases.

APS staffing levels have not kept pace with the steady and continued growth of APS reports, cases and demands for services and intervention. By comparison in FY 01 APS had 43 FTEs, and in FY 13 had a low of 29 FTES. The current level of staffing for FY 14 is 37 FTE.

**APS Case Process Flow**

An APS case begins with a phone call or fax to the APS hotline and proceeds as follows:
Program Highlights and Successes

**FAST (Financial Abuse Specialist Team)**
Financial abuse is the second highest type of alleged abuse reported to APS. During FY 15, APS received over 4,335 reports of abuse and over 23% of those reports contain at least one financial abuse allegation of elders and dependent adults. The Santa Clara County Financial Abuse Specialist Team (FAST) was formed in 1999, and is composed of selected members from the offices of Adult Protective Services (APS), County Counsel, the District Attorney (DA), the Public Administrator/Guardian/Conservator (PAGC), and Law Enforcement. The mission of FAST is to identify, investigate, prevent, and remedy financial abuse of elders and dependent adults in Santa Clara County. Rapid response, team confidentiality, and a multi-disciplinary approach are critical components of the success of FAST. Speaking out against financial abuse, educating the public, and supporting legislative changes designed to deter financial exploitation of elders and dependent adults are team values. With these key aspects and motivated members, prompt and decisive action to prevent and remedy financial abuse is accomplished. The chart below shows the amount of assets that were recovered or were protected from loss as a result of the FAST team intervention as of July 2015.

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Property</td>
<td>$163,457,800</td>
</tr>
<tr>
<td>Liquid Assets</td>
<td>$36,749,308</td>
</tr>
<tr>
<td>Stocks &amp; Bonds</td>
<td>$41,162,004</td>
</tr>
<tr>
<td>Restitution/Recovery/Settlement</td>
<td>$22,970,559</td>
</tr>
<tr>
<td>Total</td>
<td><strong>$264,798,671</strong></td>
</tr>
</tbody>
</table>

**Innovation- APS Database**
The Social Services Agency, Information Systems created the current APS database system (APS Cares), in 2003 which manages the case information and statistics for the APS program. However there has been limited capability for updating the current system, tracking statistics and generating reports. Since there is no statewide data system established for APS as exists in IHSS and DFCS, APS conducted an RFP process for a new database system. The result was that most “off the shelf” systems were either too limited in their capability or were not cost effective. During FY 15, APS began the process to design and implement a new APS database system with Social Services Agency, Information Systems Division. The new system is projected to go live in 2017, and many hours of documenting the current APS business process is underway. The next phase will include identifying and designing the capabilities to streamline case processes and utilize innovative technology to support the use of an evidenced based practice tools, and electronic submission and receipt of abuse reports.
**Empower and Engage**

By engaging with other agencies and organizations, APS provides education, advocacy, and empowerment to elder and dependent adult abuse victims, and their families. APS collaborates with various county and community based agencies such as the SJPD Family Violence Unit, the Institute on Aging, and the Elder and Domestic Violence Death Review teams overseen by the DA’s office. Recently APS partnered with PAGC and Community Care licensing to ensure the safety of residents in a facility that was being temporarily suspended.

**Service to the Community**

**The Connections Program**

In 2013 APS and the Mental Health Department (MHD) now called the Behavioral Health Department (BHD) began a collaboration called the Connections Program through an Interagency Agreement. The purpose is to collaborate to provide mental health services to ethnically diverse elder and dependent adults who have been referred to APS. Many elder and dependent adults exhibit signs and symptoms of mental health issues, or experience the onset of serious psychiatric illness, or have been exposed to trauma due to being a victim of abuse. Additionally, elder and dependent adults often experience disparities in access to services, due to stigma and discrimination, and have high rates of depression and risk of suicide. The goals of the Connection Program are to provide mental health services in the home of the elder/dependent adult to reduce risk factors or stressors, build protective factors and skills, increase support and improve mental health symptoms or issues early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services and to prevent a mental health issue from worsening.

The Connections Program is funded by Mental Health Services Act, under the prevention and early intervention component for older adults. The interagency agreement funds one full time mental health clinician who works jointly with APS social workers to provide a range of services and is co-located in the APS program. The Connections Program is also be utilized as type of differential response, if a referral received by APS does not meet eligibility or abuse criteria; the Connections clinician may perform outreach and engagement services.

In FY 2015, 212 referrals to the Connections clinician were received from APS social workers. Forty-five cases were referred for clinical consultations only, and the remaining 167 cases received counseling services from the clinician.
**Public Health Nurse**

The Public Health Nurse (PHN) in APS has been an essential component to address the medical needs of elders and dependent adults referred to APS due to allegations of abuse. Many of who are experiencing complex chronic medical conditions that are either untreated or undiagnosed and makes them vulnerable to abuse.

With a 13% increase during FY15 in active APS cases, there is a growing demand for services that can address unmet medical needs including wound assessment and evaluation, chronic medical conditions, medication review, evaluation for and access to durable medical equipment and acting as a liaison with the medical providers and insurance companies for treatment. Additionally, the PHN can complete the Medical Certification form for In Home Supportive Services which streamlines referrals from APS social workers. PHN services assist in maintaining elders and dependent adults in their home and help delay or prevent pre-institutionalization.

PNHs receive referrals directly from APS social workers and make joint visits and follow up visits to assess the medical needs of elders and dependent adults to alleviate urgent needs. Since APS is modeled as a crisis intervention program, the PHN services help APS Social Workers find lasting solutions to support elders and dependent adults to stay in their own home as long as possible. PHN response to cases is also utilized as a type of differential response, if a referral received by APS does not meet eligibility or abuse criteria.

**South County Social Worker**

Since April 2012, APS has responded to the request of service providers and county leaders for the needs of elders or dependent adults who may reside in rural areas and may experience difficulty accessing services. To meet the need, a bilingual Spanish/English APS social worker has prearranged hours at the Gilroy and Morgan Hill Senior Centers, the St. Joseph Resource Center, Wheeler Manor, St Louise Hospital, Sunset Gardens and Gilroy Apartments. Services are provided to elders and dependent adults as they seek services (drop in), by appointment or by referral. The services provided are distinguished from traditional APS cases as there does not need to be an allegation of abuse to receive assistance. Consultation to community based organizations and other individuals regarding DAAS and county services are also provided. In FY 15, the South County APS Social Worker provided services to 202 elders and dependent adults and provided the following services:

- Referrals and application assistance with
  - In Home Supportive Services
  - Medi-Cal/SSI
  - Meals On Wheels
Cal Fresh or Brown Bag programs
DMV Identification cards
Immigration issues
Housing resources
Affordable Care Act eligibility and application
Medical appointments (transportation, linkage to primary care physician, medical follow up)
Mental Health resources
Financial assistance with utilities
Other services as needed

Repatriate Program

The U.S. repatriation program was established in 1935 under the Social Security Act to provide temporary assistance to U.S. citizens and their dependents who have been identified by the Department of State as having returned, or been brought from a foreign country to the U.S. because of destitution, illness, war, threat of war or a similar crisis and are without available resources. The U.S. Secretary of Health and Human Services has delegated the responsibility of the program to the Administration for Children and Families, and the Office of Refugee Resettlement (ORR), who has cooperative agreement with International Social Services and coordinates with State Coordinators. Temporary assistance which is defined as cash payment, medical care including counseling, temporary shelter, transportation and other goods and services necessary for the health and welfare of individuals is given in the form of a loan for up to 90 days.

APS is the county designated agency to receive repatriate cases and is responsible for providing/coordinating services and communicating with International Social Services, CDSS, and the Social Services Agency, Department of Employment and Benefit Services. In FY 15 APS did not receive any repatriate cases, however in the second quarter and third quarters of FY 16 APS has received 2 repatriate cases; one case required an extended hospital stay at Valley Medical Center and placement in a facility, and the second case did not require hospitalization or medical intervention. However both cases required extensive coordination of benefits and provision of services by APS social workers.

San Jose State University- MSW Internship program

The Social Work Practicum (internship) is a vital element in professional education for the field of Social Work. The intent is to provide graduate students with learning opportunities to develop, integrate and reinforce core educational competencies through guided and supervised
performance of social work practice.

The Social Services Agency and San Jose State University created an Affiliation Agreement (AA) that was approved in November 2014. APS is an approved internship agency for graduate students enrolled in the Master of Social Work program at San Jose State University. APS has been a partner with San Jose State University, School of Social Work for many years, providing both internship opportunities, mandated reporter training to bachelor and graduate students, and presentations to Social Work courses. APS Social Work staff volunteer their time during the work week to mentor and train MSW interns in APS casework during each academic year.

With the increase of the aging population, a well trained workforce is necessary to address the future needs. DAAS offers a student internship stipend which helps attract MSW students to this growing and worthwhile concentration. Continued funding of these stipends will allow DAAS to continue offering an incentive to encourage students to pursue a career serving this growing and often vulnerable population.

**Current and Future Challenges and Goals**

- **Staffing:** As the elder and dependent adult populations increase, cases become more complex, and other resources are limited. APS staffing levels will need to be proportionally increased to meet the need and perform services to maintain the quality of life of elders and dependent adults.

- **Technology:** The APS program has been limited in terms of funding to purchase much needed equipment to support staff in mobile work and telework programs. APS was able to utilize realignment funds to purchase laptop computers, smart phones and portable scanners for the case carrying social workers and supervisors. Additionally, the ongoing design and implementation of a new APS database will allow updated features.

- **Funding for contracts:** Based on the limited availability of services specifically for elders and dependent adults, contracts with community based organizations would address ongoing case management needs of elders and dependent adults, not specific to elder abuse. Contracts with community based organizations could include prioritized referrals from APS for case management and associated support services and activities such as weekly/monthly visits, links to senior activities, liaison with medical providers, link to resources such as the Senior Nutrition program, In Home Supportive Services, transportation, and senior centers.

- **Grant Opportunities:** Future federal grant opportunities may become available for APS to partner with law enforcement to create and provide cross training, and mandated reporter
training to the community. Other grant opportunities may allow APS to partner with the San Jose State School of Social Work on joint research projects related to elder and dependent adult abuse, prevention and interventions.

Conclusion

The Santa Clara County Adult Protective Services program provides essential services to prevent protect and remedy abuse or neglect of elders and dependent adults. APS maintains a professional and highly motivated social work staff dedicated to the population of elders and dependent adults while maintaining their dignity, improving quality their of life and respecting their right to self- determination. APS faces challenges in terms of increasing report numbers and complexity of cases, therefore future staff augmentation will be the key to continue to meet the growing needs of elders and dependent adults in the community. Planning towards meeting the future needs of the population APS serves also includes continued development of partnerships between county and community programs as well as on-going training and education of community partners. APS continues to serve the most vulnerable elders and dependent adults in the community with compassion, purpose, expertise, and by using innovative, creative and flexible services and interventions.
DATA

<table>
<thead>
<tr>
<th></th>
<th>Active Cases</th>
<th>Reports</th>
<th>Investigated</th>
<th>Confirmed</th>
<th>Inconclusive</th>
<th>Unfounded</th>
<th>NTD*</th>
<th>NIR**</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 12-13</td>
<td>5639</td>
<td>3216</td>
<td>78%</td>
<td>57%</td>
<td>32%</td>
<td>11%</td>
<td>15%</td>
<td>7%</td>
</tr>
<tr>
<td>FY 13-14</td>
<td>6594</td>
<td>3736</td>
<td>72%</td>
<td>57%</td>
<td>32%</td>
<td>11%</td>
<td>24%</td>
<td>4%</td>
</tr>
<tr>
<td>FY 14-15</td>
<td>7458</td>
<td>4335</td>
<td>64%</td>
<td>57%</td>
<td>28%</td>
<td>15%</td>
<td>19%</td>
<td>17%</td>
</tr>
</tbody>
</table>

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
NUMBER OF CASES PER MONTH

Monthly Averages

FY14: 550
FY15: 622
NUMBER OF ABUSE REPORTS PER MONTH

Monthly Averages

FY14: 311
FY15: 361
APS CASES
PERPETRATED BY OTHERS

Types of Abuse

<table>
<thead>
<tr>
<th>Types of Abuse</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>220</td>
<td>261</td>
</tr>
<tr>
<td>Sexual</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Financial</td>
<td>724</td>
<td>810</td>
</tr>
<tr>
<td>Neglect</td>
<td>427</td>
<td>458</td>
</tr>
<tr>
<td>Abandonment</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Isolation</td>
<td>38</td>
<td>53</td>
</tr>
<tr>
<td>Abduction</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Mental</td>
<td>417</td>
<td>573</td>
</tr>
</tbody>
</table>

Total

<table>
<thead>
<tr>
<th></th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,847</td>
<td>2,178</td>
</tr>
</tbody>
</table>
APS CASES
SELF NEGLECT

Types of Abuse

<table>
<thead>
<tr>
<th>Year</th>
<th>Physical Care</th>
<th>Medical Care</th>
<th>Health and Safety Hazards</th>
<th>Malnutrition/dehydration</th>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>412</td>
<td>399</td>
<td>807</td>
<td>78</td>
<td>144</td>
</tr>
<tr>
<td>FY15</td>
<td>400</td>
<td>392</td>
<td>806</td>
<td>72</td>
<td>146</td>
</tr>
</tbody>
</table>

Total

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>1,840</td>
</tr>
<tr>
<td>FY15</td>
<td>1,816</td>
</tr>
</tbody>
</table>