

NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION & NATIONAL CENTER ON ELDER ABUSE

Understanding and Working with Adult Protective Services (APS)

Part I: Overview of APS Programs

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ABSTRACT

This is the first of a three-part resource developed by the National Adult Protective Services Association in collaboration with the National Center on Elder Abuse. The goal is to provide information for understanding and collaborating with Adult Protective Services (APS) in order to benefit older adults and adults with disabilities who are subjected to abuse, neglect, or exploitation (ANE).

The entire three-part brief is designed to:

1. Promote effective multi-disciplinary collaboration regarding vulnerable adult ANE by informing policy-makers, researchers, and practitioners (including health and mental health, law enforcement, social services, aging, disability, financial, and related professionals) about APS program features, functions, and responsibilities;
2. Be used by APS programs as a tool to promote community education and collaboration;
3. Serve as a resource for concerned citizens wishing to learn about APS programs.

INTRODUCTION

“APS is a social services program provided by state and local government nationwide serving older adults and adults with disabilities. In all states, APS is charged with receiving and responding to reports of maltreatment and working closely with clients and a wide variety of allied professionals to maximize clients’ safety and independence” (Administration for Community Living, 2016, iii). In 1975 Title XX of the Social Security Act created the Social Services Block Grant (SSBG), providing funding to states for social services programs, including APS. Individual states determine how to allocate their SSBG dollars and have developed their own APS programs. Historically, there has been no federal “home” for APS, no dedicated federal funding stream, and no national legislation governing the operation of APS programs. As a result, APS programs vary from state to state with differences in policies and practices. State legislation governs APS programs, including how abuse and neglect are defined, eligibility criteria for services, and program policies and regulations, such as those pertaining to how and when investigations of alleged abuse must be conducted. APS administrators and staff must develop and implement all program regulations, policies, and procedures to insure compliance with their state laws. This explains the variability among APS programs; i.e., laws vary from state to state, hence APS policies and procedures following those laws vary. Overall, however, there is much consistency among APS programs nationwide.

VARIABILITY AMONG APS PROGRAMS

Program location, administration, and funding:

APS programs vary in where they are located within state and local government and how they are administered. Most programs are state-administered and operated. Some are state-supervised but administered by counties. In a few states APS programs are county-operated, and in others the state contracts with local agencies, such as Area Agencies on Aging, to provide adult protective services.

Across the country, APS programs are housed in various state and county departments, including social and human services, public health, and aging and disability services. Sources of funds used by states to support their APS programs also vary. In addition to the SSBG, state general revenue funds, the Older Americans Act, and other sources such as local levies are used to finance the operation of APS programs. The lack of a dedicated federal funding stream to support APS services often results in locations struggling to sufficiently fund their APS programs, which profoundly affects the services that can be provided.

Eligibility for APS services and clients served:

There is variation in eligibility criteria for APS services. In many states, people aged 18 and over who have disabilities are eligible. In other states, individuals with a disability aged 18 through a certain age (typically 59 or 64) are eligible; in addition, all older adults (with or without disability) may be served by APS. A few state APS programs only serve older adults, with that age group defined by law as 60+, 62+ or 65+. There is variation regarding whether older adults served must be impaired physically, cognitively, or both, or eligibility is more simply defined by age alone. Some states have structured their abuse and neglect response system such that APS responds to alleged maltreatment that occurs in both community and care facility settings. In other states, APS only handles alleged abuse and neglect occurring in community settings.

Reporting requirements:

States differ in regard to laws requiring individuals with reason to suspect that a vulnerable adult is subjected to ANE to report concerns to APS. In

most states, individuals in certain professions or job positions, referred to as “mandated reporters,” are legally required to report. Mandated reporters commonly include health and mental health care, law enforcement, aging, social services, disability services, and financial institution personnel. A few states require that all adults, regardless of role, report suspected vulnerable adult ANE.

State laws also vary somewhat in terms of types of allegations that must be reported. Commonly, concerns of physical, emotional or psychological, and sexual abuse; neglect by care providers; financial exploitation; and self-neglect are included in mandated reporting laws. Types of maltreatment, such as physical abuse, are also defined by state law, creating somewhat differing, although over-all very similar, national ANE definitions.

Individuals in doubt as to whether or not they are mandated to report ANE concerns should err on the side of reporting a suspicion of maltreatment, than overlook a needed investigation.

Information regarding APS programs operating in specific states, including mandated reporting requirements, maltreatment definitions, and types of maltreatment handled, is available at: www.napsa-now.org/get-help/help-in-your-area.

Policies regulating case practice:

There is also variability among APS policies governing practice. For example, all programs have policies regarding timeframes during which ANE reports must be screened to determine if an investigation is warranted. Timeframes are also established for commencing investigations. These range from within a few hours to 20 days, and are tied to the “triage level” (perceived level of danger for the subject of the report). Triage categories include the following designations: emergency, urgent, rapid, and routine. Timeframes are also established for completing investigations ranging from five to 90 days with a few programs not establishing an upper limit. State laws vary in terms of requirements for APS personnel to notify law enforcement when ANE reports contain allegations of criminal conduct. In many jurisdictions, immediate police or prosecution notice is required.

CONSISTENCY AMONG APS PROGRAMS

Despite APS program variability, there is much consistency among APS programs across the nation. As stated in the National Adult Protective Services Adult Protective Services Code of Ethics [NAPSA, 2013], “Adult Protective Services programs and staff promote safety, independence, and quality-of-life for older persons and persons with disabilities who are being mistreated or are in danger of being mistreated, and who are unable to protect themselves” [Adult Protective Services Recommended Minimum Program Standards, p.6, www.napsa-now.org/wp-content/uploads/2014/04/Recommended-Program-Standards.pdf]. This code provides guiding values and practice guidelines, stressing the rights of individuals served by APS, including the right to informed consent and least intrusive interventions. The code contains the imperative to “do no harm” in serving clients and can be accessed at: www.napsa-now.org/about.

In addition to shared goals, all APS programs are authorized by their state legislatures to receive and respond to reports of alleged ANE. All conduct investigations, make determinations as to the veracity of reports received and investigated, and seek to provide appropriate, effective, and ethical intervention services to alleviate danger and suffering experienced by victims. All must create and follow policies and practices consistent with state laws and professional standards of practice. All must protect the confidentiality of people served and of those who report suspected



ANE. All programs seek to protect their staff from job-related danger, and to engage in effective collaboration with concerned community partners and government agencies to benefit their clients.

A goal delineated by the US Department of Health and Human Services Administration for Community Living in their preface to the Voluntary Consensus Guidelines for State Adult Protective Service [Administration for Community Living, 2016] is “to promote an effective adult protective services [APS] response across the country so that all older adults and adults with disabilities, regardless of the state or jurisdiction in which they live, have similar protections and service delivery from APS systems,” [p. ii]. Throughout the country, efforts are underway to support effective APS policies and practice. These efforts address conducting and applying findings from sound research, seeking strategies to increase needed program funding, establishing multi-disciplinary teams for case review, creating and implementing sufficient APS caseworker and supervisor training, and increasing APS collaboration with governmental and community organizations and professionals invested in providing safety to vulnerable adult victims.

REFERENCES

- Administration for Community Living. [2016]. *Voluntary Consensus Guidelines for State Adult Protective Service*. Washington, DC: US Department of Health and Human Services Administration for Community Living.
- NAPSA. [2013]. *Adult Protective Services Recommended Minimum Program Standards*. Washington, DC. Available at: <http://www.napsa-now.org/wp-content/uploads/2014/04/Recommended-Program-Standards.pdf>