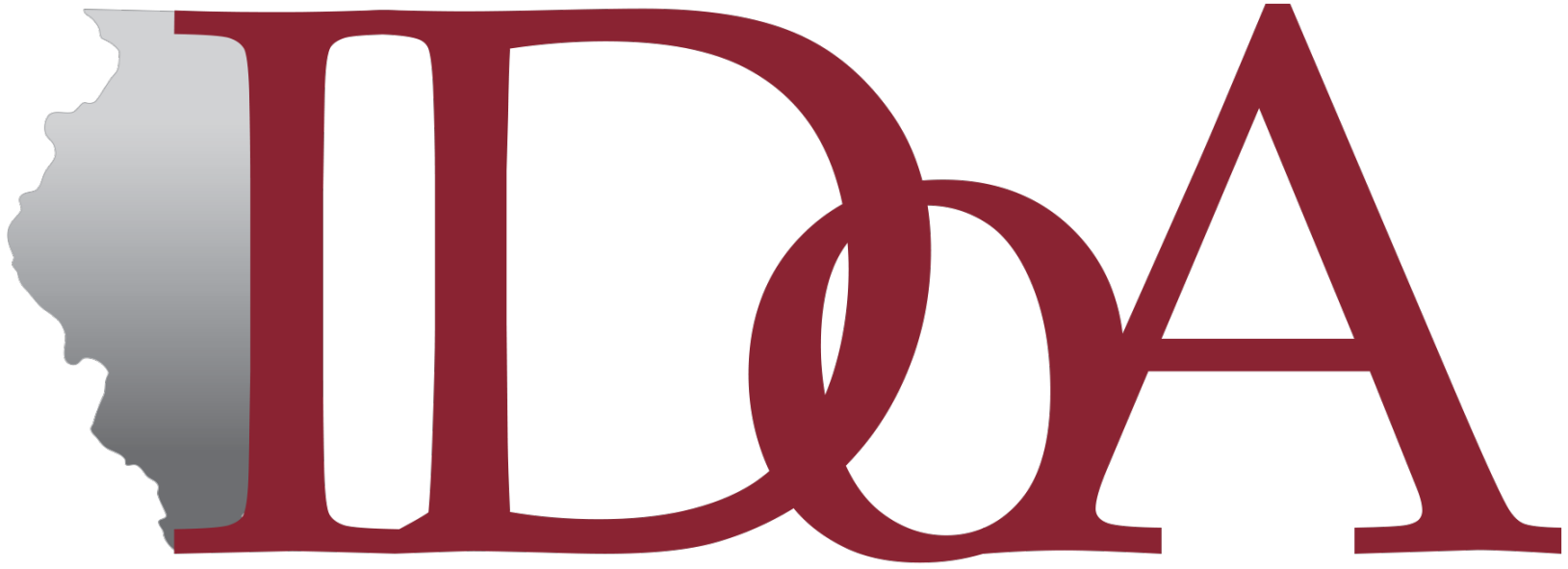


# Adult Protective Services Mandated Reporter Training

Adult Protective Services Training Team

The **MISSION** of the Illinois Department on Aging is to serve and advocate for older Illinoisans and their caregivers by administering quality and culturally appropriate programs that promote partnerships and encourage independence, dignity, and quality of life.


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# Disclaimer

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Please contact Aging.apstraining@illinois.gov with any questions.

# Illinois Adult Protective Services Program

- The Illinois Adult Protective Services Program is managed by the Illinois Department on Aging and is operated through designated local Adult Protective Services Provider Agencies (APSPAs). These APSPAs include not-for-profit social service agencies, city and county public health departments and senior centers.
- Reports can be made to the Illinois Department on Aging, Adult Protective Services Hotline 1-866-800-1409.
- Reports may also be made to the local Adult Protective Services Provider Agency or the local Area Agency on Aging.

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# Program Purpose

The goal of Adult Protective Services is to maintain the proper health, safety, and welfare of older adults and adults with disabilities.


**APS will work with and on behalf of individuals to:**

1. Investigate reports of alleged maltreatment and self-neglect
2. Intervene to prevent further mistreatment; and
3. Allow the individual to remain independent to the maximum degree possible.

# Guiding Principals

Ethics

Self Determination

Advocacy Intervention Model

Collaboration

Intervention

Limited Mandatory Reporting

# Guiding Principles: Self Determination

## Competent adults have the right to:

- Decide how and where to live
- Choose whether to accept services and support
- Make their own decisions
- Develop personal relationships

## Allow room for unique personal and lifestyle choices which do no harm

## Competent adults have a right to privacy

# Guiding Principals: Advocacy

| | | | | |
|---|---|---|---|---|
| **Recognize** that the individual is in a vulnerable situation | **Assist** the individual through interventions | **Serve** as an advocate of the individual's rights | **Assist** the individual in obtaining needed services | **Support** the individual's right to self-advocacy |

# Guiding Principals: Collaboration

- Facilitate collaboration with community members to provide the individual  with the broadest range of options, improve access to services, and increase the likelihood that they will receive help.
- Work with multi-disciplinary team members to address the varied needs of individual's served by utilizing the team member's individual talents, knowledge, and skills.

# Guiding Principals: Intervention

- Involve the individual in decision making
- The individual's interest comes first
- Respect the individual's right to confidentiality
- Be direct in discussing the situation

# Limited Mandatory Reporting

- Combines voluntary and mandatory reporting for abuse, neglect, and financial exploitation
- A mandated report must be made within 24 hours of suspicion
- A mandated report must be made when it is believed that the eligible adult, who, because of a disability or other condition or impairment, is unable to seek assistance for themselves and has within the previous 12 months, been subjected to abuse, neglect or financial exploitation by an identifiable individual with whom the eligible adult has continued contact
  - 320 ILCS 20/2 & 20/4 (Sections 2 & 4)

# Limited Mandatory Reporting

## ILCS 20/2 & 20/4  (Sections 2 & 4)

- “Mandated reporter” means a designated professional engaged in carrying out their professional duty
- The law exempts attorneys, including legal services providers from mandatory reporting
- Provides for voluntary reporting for self-neglect
- Act Provides Immunity from:
  - Criminal liability
  - Civil liability
  - Professional disciplinary action
- Act Prohibits Retaliation
  - By an employer against employee for reporting or helping with investigation

# Limited Mandatory Reporting
# 320 ILCS 20/2 & 20/4  (Sections 2 & 4)

For a listing of mandated reporters

Visit the APS Act: 320 ILCS 20/2 & 20/4  (Sections 2 & 4)

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# Limited Mandatory Reporting AM/SN

320 ILCS 20/4 (Section 4)

- The reporter's identity is confidential unless, the reporter provides a written consent for release or there is a court order.
- Reporters may remain anonymous. However, as a mandated reporter, anonymous reports will not provide proof that an individual had fulfilled their reporting requirements.

# Reportable Events

| | | |
|---|---|---|
| Physical Abuse | Sexual Abuse | Emotional Abuse |
| Financial Exploitation | Confinement | Passive Neglect |
| Willful Deprivation | Abandonment | Self Neglect |

# Physical Abuse

The causing of infliction of physical pain or injury to an older person or a person with a disability.

- Assault
- Pulling Hair
- Slapping
- Battery
- Burning
- Hitting
- Over-medicating

# Sexual Abuse

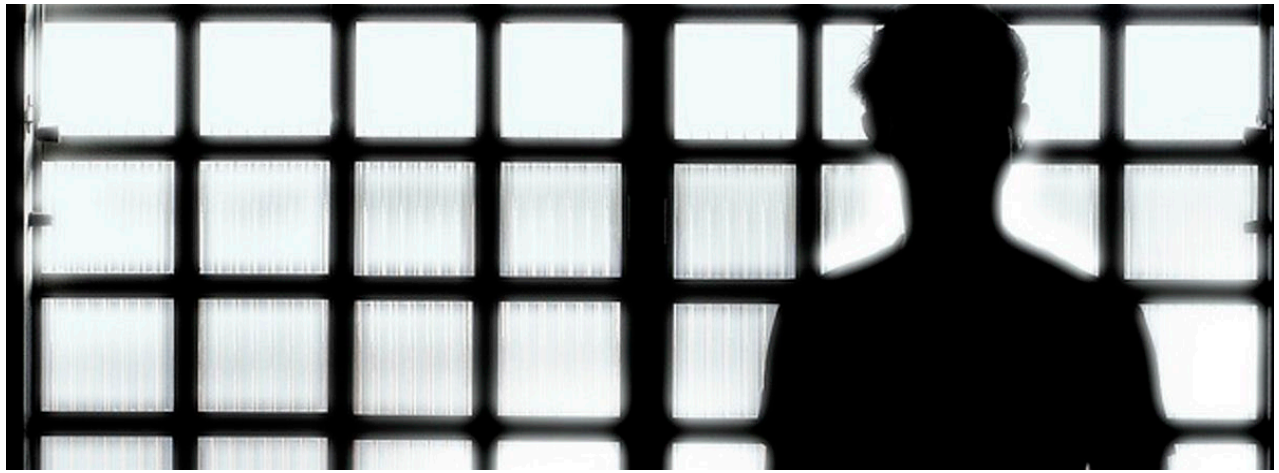
The touching, fondling, or any other sexual activity with an older adult or adult with a disability when he or she is unable to understand, unwilling to consent, threatened, or physically forced to engage in sexual behavior.

# Emotional Abuse

- Verbal assaults, threats of abuse, harassment, or intimidation
- Destruction of Property
- Humiliation
- Abuses Animals

# Confinement

Restraining or isolating an older person or adult with disability for other than medical reasons.



- Restraining
- Denies access to phone/mail
- Isolation
- Controls activities
- Limits the time the elder or person with disability spends with loved ones

# Types of Neglect

| Passive Neglect | Willful Deprivation |
| --- | --- |
| Failure by a caregiver to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelter, or medical care, because of failure to understand the eligible adult's needs, lack of awareness of services to help meet needs, or a lack of capacity to care for the eligible adult. | The deliberate denial to an eligible adult of required medication, medical care, shelter, food, therapeutic devices, or other physical assistance, thereby exposing that person to the risk of physical, mental, or emotional harm. This does not include the discontinuation of medical care or treatment when the eligible adult has expressed a desire to forego such medical care or treatment. |

# Self-Neglect

## Self-Neglect

A condition that is the result of an eligible adult's inability, due to physical or mental impairments, or both, or a diminished capacity, to perform essential self-care tasks that **substantially threaten** his or her own health, including: providing essential food, clothing shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well being, and general safety. Includes compulsive hoarding which significantly impairs the performance of essential self-care tasks or otherwise substantially threatens life or safety

# Abandonment

Abandonment" means the desertion or willful forsaking of an eligible adult by an individual responsible for the care and custody of that eligible adult under circumstances in which a reasonable person would continue to provide care and custody. Nothing in this Act shall be construed to mean that an eligible adult is a victim of abandonment because of health care services provided or not provided by licensed health care professionals

# Financial Exploitation




Financial exploitation means the use of an eligible adult's resources by another to the disadvantage of that adult or the profit or advantage of a person other than that adult.

# Criteria to accept a report of alleged or suspected AM/SN

There must be an alleged victim who is 60 years of age or an adult with a disability, age 18-59

Allegations must meet the criteria and definition for maltreatment and self-neglect

The alleged abuse must have occurred within the past twelve months, or, if the abuse occurred prior to the previous twelve months, the effects of the abuse must continue to adversely affect the alleged victim

# Criteria to accept a report of alleged or suspected AM/SN

The alleged abuse or neglect occurred outside of a facility and not under facility supervision by a family member, caregiver, or another person who has a continuing relationship with the alleged victim

The alleged financial exploitation was perpetrated by a family member, caregiver or another person who has a continuing relationship with the alleged victim, but who is not an employee of the facility where the alleged victim resides

The alleged abuse must have been caused by an identifiable person other than the alleged victim; who has continued access to the alleged victim

# Criteria to accept a report of alleged or suspected AM/SN

A reporter need only have a “suspicion” that the allegation(s) occurred.

Proof is not required.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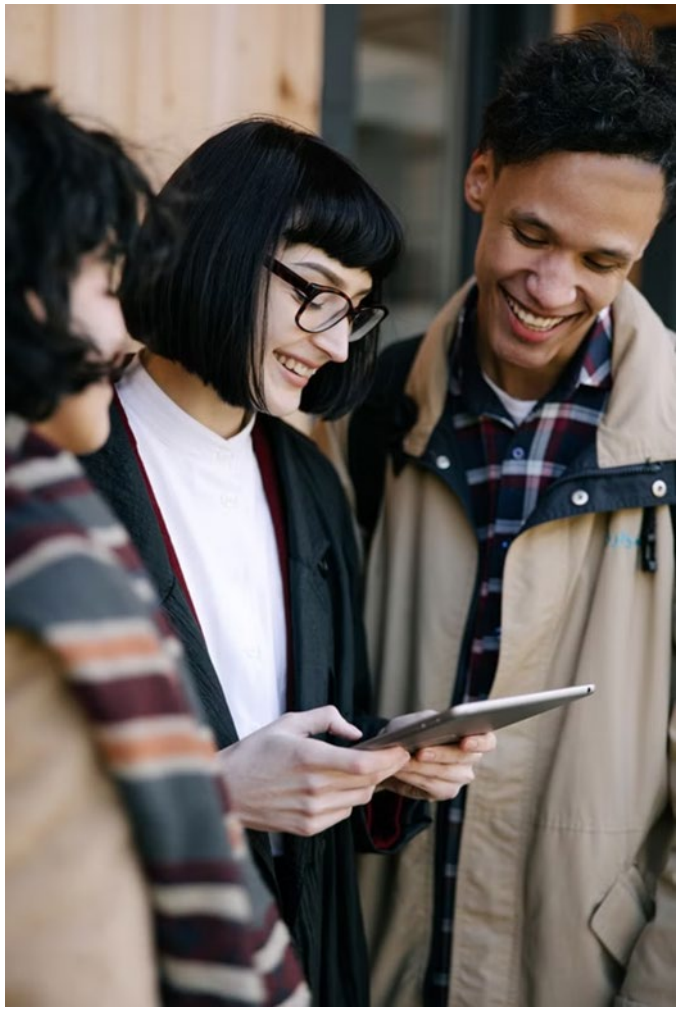
# Helpful Reporting Facts

- Eligible adult's and if applicable alleged abuser's names, addresses, phone numbers, sex, age, and general conditions
- Circumstances related to the suspicion of AM/SN
- Is eligible adult in immediate danger
- Best time to contact the eligible adult
- If the eligible adult is aware of the report
- Any danger to the worker going out to investigate

# Helpful Reporting Information

- Name, telephone number, and profession of the reporter
- Names of others with information about the situation
- Whether the reporter is willing to be contacted again
- Any other relevant information



# Suspicious Death Reports


- Suspicious death reporting is part of the mandated reporting requirements. APS accepts suspicious death reports for all eligible adults whose death is suspected to be the result of abuse, neglect, and/or exploitation.
- Upon receipt of a suspicious death report, the APS Provider Agency will immediately report the matter to both law enforcement and the coroner or medical examiner in the jurisdiction where the death occurred.

# Suspicious Death Reporting

Common indicators that death may be related to abuse, neglect, and/or financial exploitation:

- Brain damage
- Bone fractures
- Extensive burns
- Serious bodily injury
- Extensive swelling or bruising
- Evidence of severe neglect

# Reporting Process

If you have questions or concerns about the reporting process, please contact:


Aging.APS@illinois.gov

*Please note: APS Reports are considered confidential. Information may not be available to provide to reporters after intake.*

# Defining Urgency of Response

**Priority 1 (24 hrs.)**

Serious physical harm or immediate danger

**Priority 2 (72 hrs.)**

Less serious consequences than Priority 1

**Priority 3 (7 Days)**

Emotional abuse, financial exploitation, or with no immediate threat or harm

*Some exceptions may apply depending on the circumstance(s).

# What Happens After a Report is Made?

- Information provided by the mandated reporter is forwarded to the APS provider agency in the alleged victim's coverage area.
- 33 provider agencies across 13 planning and service areas.
- APS provider agency will make a follow-up call to the mandated reporter, if agreeable, to gather any additional information available.
- APS provider may then reach out to other collaterals before initiating a face-to-face visit with the alleged victim.

# APS Program Components

**Services Provided:**

1. Intake
2. Comprehensive Assessment
3. Case Plan and Interventions
4. Follow-up Monitoring
5. Case Closure

# Goals of Casework and Follow-Up

- Provide long-term support and intervention to prevent further abuse/neglect/self-neglect/financial exploitation
  - Development of a case plan
  - Arranging for services/interventions in the case plan
  - Monitoring progress in the case

# Case Closure


- Individual declines services
- Individual deceased
- Individual moved
- Individual no longer at risk
- Administrative closure

# How to Get Involved

- **Multidisciplinary Teams (M-Teams)**
  - Assist caseworkers with complex assessments
- **Fatality Review Teams (FRT)**
  - Review suspicious deaths for the purpose of reducing risks in similar situations
- **For information, please contact Aging.APS@illinois.gov**

Illinois Department on Aging

# Report 24/7
# 1-866-800-1409

APSIL
Adult Protective Services of Illinois

To locate your local provider agency, search the IDoA website
ilaging.Illinois.gov

# Thank You

**For more information or to schedule in-person training please contact:**

Office Adult Protective Services
Illinois Department on Aging
One Natural Resources Way, #100
Springfield, IL 62702-1271

E-mail: Aging.APSTraining@Illinois.gov

Call: 1-800-252-8966