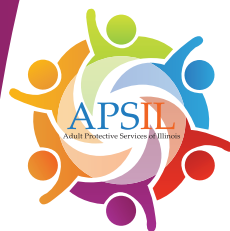




State of Illinois
Illinois Department on Aging



ANNUAL REPORT 2020

ADULT PROTECTIVE SERVICES OF ILLINOIS
*Protecting the Health, Safety and Welfare
of Older Adults and Persons with Disabilities*

#ENGAGE 2 CHANGE

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May, 2021

Dear Friends:

I would like to present to you the Illinois Department on Aging's Adult Protective Services Annual Report for Fiscal Year 2020.

In March of 2020, half-way into the fiscal year, the country was inundated with cases of the Coronavirus (COVID-19), which resulted in a pandemic. We soon learned that the greatest risk for severe illness from COVID-19 is among our older adults; particularly if they are 85 years of age or older, as well as those that have underlying medical conditions. With guidance advising communities to stay at home to stay safe from the virus, new challenges emerged. It was imperative that the Department's Adult Protective Services Program, protecting adults 60 years of age and older, and persons 18-59 with a disability from abuse, neglect, and exploitation immediately transform itself to help safeguard those we serve from abuse.

IDoA, Area Agencies on Aging, and Provider Agencies acted immediately to ensure work would not be interrupted. APS continued to be strong and resilient, forging new partnerships and innovative solutions. With the launching of **#Engage2Change**, a new public and professional awareness campaign to remind everyone about the importance of reporting suspected abuse, we further witnessed APS commitment, rising to the challenge to address the needs of at-risk adults while protecting them and caseworkers alike in every part of our state.

Working with the Governor's Office, the Illinois Department of Public Health, our law enforcement partners, and other sister agencies, APS maintained contact with providers and issued guidance to conduct investigations and outreach both remotely and in-person after proper screening methods. Policies were adapted, Personal Protective Equipment (PPE) was shipped to providers, and additional funding was released to address emergencies. These and other accomplishments further underscore our strength and determination to putting an end to abuse.

Thank you, again, for reviewing the Annual Report. 2020 was quite a year, and frankly, it is incredible how far we have come as a State. I am deeply humbled by the work APS has done over this past year - making a positive difference in the lives of thousands. The people who work in this field are driven and passionate, and we owe a debt of gratitude to the entire Aging Network for the life changing work they are doing every day. I encourage all of us to educate ourselves on elder abuse; how we can recognize the signs, provide intervention and stop this abuse from happening. We cannot assume that someone else will report it. We need every Illinois resident to **engage to make the change**.

Sincerely,

A handwritten signature in black ink, reading "Paula Basta". The signature is fluid and cursive, with a large initial "P" and a stylized "B".

Paula Basta, M.Div.
Director, Illinois Department on Aging

Timeline of APS Milestones * In Fiscal Years

Elder Abuse and Neglect Act amended to include Self-Neglect contingent upon funding. Prior to funding, provider agencies receive reports of Self-Neglect and refer to appropriate agencies for follow-up.

2007

Elder Abuse and Neglect Act amended to allow statewide establishment of Fatality Review Teams to review suspicious deaths of older adults.

2009

Training becomes mandatory for financial institutions to train staff on elder financial exploitation. This results in creation of the Bankers and Seniors Against Financial Exploitation (B*SAFE) program and bank employees being trained by provider agencies and IDoA.

2010

IDoA celebrates 25th anniversary of hosting Elder Rights Conference.

2012

Elder Abuse and Neglect Act becomes the Adult Protective Services (APS) Act effective July 1, 2013, incorporating persons 18-59 years of age with a disability into the APS program. Cases are transferred from the Illinois Department of Human Services to the appropriate provider agency.

2014

IDoA and Advisory Council, law enforcement and others charged with new mandate to appoint members to Fatality Review Teams to review suspicious deaths of older adults in each of the state's Planning and Service Areas.

2015

INTRODUCTION

The Illinois Department on Aging's Adult Protective Services (APS) Program is an intervention model responding to reports of alleged abuse, neglect and exploitation of older adults and adults with disabilities who live at home. In addition, the program responds to reports of self-neglect which refers to a condition that is the result of an eligible adult's inability to perform essential care tasks that substantially threaten his or her own health.

The APS program is coordinated through 40 provider agencies throughout the state which conduct investigations and works with older adults and persons with disabilities aged 18-59 to resolve the abusive, neglectful or exploitive situation.

This annual report covers the period of July 1, 2019 through June 30, 2020 (State Fiscal Year 2020). Of course, this period partially covers the Pandemic caused by COVID-19 which necessitated many changes and adaptations to the program.

During this time, there were 20,800 reports of abuse received by the program, constituting 548 less than the previous fiscal year. One of the consequences of the Pandemic was that reports of abuse of adults, as well as children, declined globally as the result of home isolation. This reality bears out by the fact that in Illinois, reports of abuse, neglect and exploitation have risen exponentially each year by roughly 1,000 until this fiscal year. Though reports were down, they were in concert with the types of reports as in previous years.

A national survey titled, "COVID-19: Effect on Work and Workload, Policy and Practice, Effect on Staff, Partnerships, and Preparedness Plans," conducted by the National Adult Protective Services Technical Resource Center and the Center for Gerontology at Virginia Tech covering the time period in this Annual Report, concluded the following national changes:

- Fewer ANE/SN reports were received
- No change in types of ANE/SN reported
- APS staff were able to continue to receive adequate technical and other support from management to maintain work habits, including peer discussion and support
- APS providers were provided access to PPE
- States adjusted policies to respond to cases during Covid, including incorporating virtual methods of contacting clients

The above is reflective of what transpired in Illinois. When the Pandemic hit in Spring, 2020, the Illinois Department on Aging dispatched state staff to work remotely from home. This included supervisors and staff with the Office of Adult Protective Services, both in Chicago and Springfield.

Provider agencies also began to work remotely. IDoA conducted monthly calls to communicate guidance determined in consultation and under direction from the Office of the Governor as well as the Illinois Department of Public Health and other state agencies. IDoA was able to adapt to the needs of APS providers and issue guidance on how to maintain workloads and client contact, either telephonically and/or in person during this unprecedented time period.

Personal Protective Equipment (PPE) Issued

Because the work by APS is critical, IDoA began issuing Personal Protective Equipment (PPE) offset payments to providers prior to the end of FY 2020. The temporary offset mechanism provided a monthly infusion of funding to the agencies for expenses related to PPE with the expectation is that PPE would be utilized during Face-to-Face visits with clients. The PPE constituted gloves, surgical masks, sanitizer and bleach.

IDoA automatically generated the payments to providers in the middle of each month beginning around June 15, 2020. Payments were based on actual expenditures for case assessment, casework and follow-up conducted by agencies in the previous fiscal year.

IDoA worked in collaboration with the Federal Emergency Management Agency (FEMA) and the Illinois Emergency Management Agency (IEMA) to distribute free PPE to all APS provider agencies.

Emergency Senior Services Grant Issued

An Emergency Senior Services (ESS) Grant was rolled out to Provider Agencies to allow for goods and services to be purchased due to the unanticipated needs of clients specifically resulting from Covid-19. The additional funding was designed to meet the basic or one-time emergency needs of the individuals needing assistance. When expending the funds, the highest priority cases were identified to be used in the most economical way to meet the need. Providers coordinated with CCUs to ensure ESS goods and services were purchased and that APS clients' needs were properly addressed.

Per guidance from IDoA, the funds could be used for "emergency aid" including: food, clothing or furniture; medicine, medical evaluations or hospital expenses; psychiatric or mental health evaluations; transportation and ambulance services; minor household repairs, utility shut-offs, sanitation assistance; translation services; and other services with approval. Other uses related to respite care, legal assistance, housing and relocation services. Distinctions were made to ensure the special funding was not duplicated and applied in cases due to the Pandemic under the approval of IDoA and the RAAs. Referral forms were sent by the provider agencies to CCUs to help track the funds and to ensure resources were implemented quickly.

2016
APS program launches a series of webinars to enable caseworkers and supervisors to receive re-certification and continuing education on-line.

2017
APS partners with other agencies in the Illinois Silver Search Task Force created as part of the Endangered Missing Person Advisory to coordinate a statewide awareness program when a person with Alzheimer's disease or other dementia goes missing.

2018
IDoA implements web-based Case Management System (CMS) which transitions client records from paper files to electronic records, improving data collection for program analysis.

Upon the receipt of funding, APS program officially begins accepting reports of Self-Neglect.

2019
Individuals previously excluded from the definition of "domestic living situation" become eligible for service under the APS program if they are abused outside of a facility.

APS Registry is launched to protect victims receiving services from caregivers with verified and substantiated findings of ANE.

2020
APS training for new caseworkers is expanded to four days in Springfield and Chicago area.

APS begins implementing grants from the Administration for Community Living with the goal of enhancing training and awareness of APS reporting, assessment and service.

Governor JB Pritzker convenes Multi-disciplinary Elder Abuse Task Force

Measures taken to meet needs of clients during pandemic

HISTORY

The Illinois Department on Aging (IDoA), together with aging advocacy groups, worked for years to develop a community-based response to address the needs of victims of elder abuse. On April 1, 1991, the Elder Abuse and Neglect Program, as it was initially known, became available to older persons throughout the state after being phased in over a two-year period. Since its inception, reports to the program have climbed by roughly 1,000 each year with the exception of this fiscal year which saw a decline in reports due to the pandemic.

Program Purpose

The goal of Adult Protective Services is to maintain proper health, safety and welfare of older adults and adults with disabilities. APS works with and on behalf of individuals to:

- Investigate reports of alleged abuse
- Intervene to prevent further mistreatment
- Allow the individual to remain independent to the maximum degree possible

APS: Serving Both Older Adults and Persons with Disabilities

In Illinois, the APS Program is known as trend-setting and forward thinking. Progressive leaders and public officials have championed responses to reports of abuse, neglect and exploitation of older adults and persons with disabilities and incorporating this population into APS.

In July, 2013, the Elder Abuse and Neglect Act amended to the Adult Protective Services Act (320 ILCS 20). The state approached a demonstrated, thoughtful and supportive relationship to the mission and goals of the APS program.

Thus, APS has grown as a critical safety net and provides services for victims of abuse for two populations. Elders (residents of Illinois age 60 and older) and persons (aged 18-59) with disabilities. APS coordinates an in-person response, seven days per week, to reports of ANE/SN for the purpose of providing intake or intervention, or both, to new reports involving life threats.

APS provides time-limited case management services to reported victims of abuse that include investigation, assessment of the person's concerns, needs, strengths, problems, and limitations, stabilization and linking with community services, and development of a case plan to alleviate identified problems utilizing counseling, monitoring, follow-up and reassessment. APS ensures inter-agency treatment strategies, to ensure maximum access on behalf of elders and persons with disabilities.

It should be noted that APS has been identified by the Illinois Department on Aging as an enhanced strategic priority going forward. The Department identified the following as priorities:

- Support older adults' ability to remain independent and in their own homes through the provision of quality home and community-based services with a strong focus on health aging and prevention.
- Respond and follow up on reports of abuse, neglect and exploitation of older adults and persons with disabilities through the Adult Protective Services and Long-Term Care Ombudsman Program

- Ensure adequate capacity for services and supports in the Aging Network for the projected growth in the Aging population. Stabilize the Aging workforce and partner with experts in the field to expand training opportunities.
- Maximize federal, state, local and private resources to sustain and expand services and supports to older adults. Ensure Aging provider network is an integral component of options covered by Managed Care.
- Promote responsive management through the enhanced use of data to drive programmatic decisions and enhanced IT systems to improve efficiencies within the delivery of services.
- Address social determinates of health including but not limited to housing, food, education employment, healthy behaviors, transportation, and personal safety to improve health and reduce longstanding disparities in health and health care.

DEFINITIONS

The types of abuse, neglect, and exploitation addressed by the APS Program are described below:

Physical Abuse means causing the infliction of physical pain or injury to an eligible adult.

Sexual Abuse means touching, fondling, or any other sexual activity with a person when the person is unable to understand, unwilling to consent, threatened, or physically forced.

Emotional Abuse means verbal assaults, threats of abuse, harassment, or intimidation to compel the eligible adult to engage in conduct from which s/he has the right to abstain or to refrain from conduct in which the eligible adult has the right to engage.

Confinement means restraining or isolating an eligible adult for other than medical reasons.

Passive Neglect means another individual's failure to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelters, or medical care, because of failure to understand the eligible adult's needs, lack of awareness of services to help meet needs, or lack of capacity to care for the eligible adult.

Willful Deprivation means willfully denying assistance to an eligible adult who requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, thereby exposing that person to the risk of harm.

Financial Exploitation means the misuse of or withholding of an eligible adult's resources to the disadvantage of the eligible adult and/or the profit or advantage of another person.

Self-Neglect means a condition that is the result of an eligible adult's inability, due to physical or mental impairments, or both, or diminished capacity, to perform essential 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.

SERVICE COMPONENTS OF PROGRAM

Intake – A screening process to determine if there is reasonable cause to suspect whether abuse, neglect, exploitation or self-neglect (ANE/SN) has occurred.

Assessment – A systematic, standardized method to respond to reports to determine whether ANE/SN has occurred, the degree of risk of harm to the eligible adult and to provide immediate interventions if the need exists.

Case Work – Intensive case work activities on substantiated cases of ANE/SN. Case work includes working with the eligible adult on the development and implementation of a case plan for the purpose of stabilizing the situation and reducing risk of further harm to the eligible adult. The case plan could include legal, mental, social service and/or other assistance needed.

Follow-Up. Because there are sometimes recurring problems even after intervention, a systematic method of follow up on substantiated cases is essential to the program. Follow-up may be effective in preventing further risk of harm by working with the eligible adult in detecting recurring signs of problems before the situation becomes life-threatening.

Early Intervention Services (EIS) – While an array of services is available in communities, older adults and adults with disabilities who are victims of ANE/SN often face unique barriers which prevent access to available resources. EIS are available for short term emergency assistance where resources are not available for the victim. These include legal assistance, housing and relocation assistance, respite care, and emergency aid such as food, clothing and medical care.

GUIDING PRINCIPLES OF THE PROGRAM

Ethics

The Administration for Community Living (ACL) set forth in Consensus Guidelines the following ethical foundations for APS:

- Least restrictive alternative – a setting, program or a course of action that puts as few limits as possible on a person's rights and individual freedoms while, at the same time, meeting the person's care and support needs.
- Person-centered services – an orientation to the delivery of services that consider an adult's needs, goals, preferences, cultural traditions, family situation, and values.
- Trauma-informed approach – realize the widespread impact of trauma, recognize the signs and symptoms of trauma, respond by fully integrating knowledge about trauma into policies, procedures, and practices, and actively resist re-traumatization.
- Supported decision-making – a series of relationships, practices, arrangements, and agreements, of more or less formality and intensity, designed to assist an individual with a disability to make, and communicate to others, decisions about the adult's life.

Self Determination

Adults have the right to:

- Be safe
- Retain all their civil and constitutional rights i.e. decide how and where they live, manage their own finances, enter into contracts, marry etc. unless a court adjudicates otherwise
- Make decisions that do not conform with societal norms as long as these decisions do not harm others
- Choose whether to accept services and support

Advocacy

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

Collaboration

- Facilitate collaboration with community members to provide the adult with the broadest range of options, improve access to services, and increase the likelihood that they will receive help.
- Work with other agencies, partners, and Multi-Disciplinary Team members to address the varied need of adults served by utilizing the team member's individual talents, knowledge, and skills.

Health, Welfare and Safety

Under section 1915c of the Social Security Act, successful waivers* must provide assurances to Centers for Medicare and Medicaid Services (CMS) that the state has implemented necessary safeguards to protect the health and welfare of participants receiving services.

The Illinois Department on Aging and its Office of Adult Protective Services works to assure:

- Adequate program standards and procedures are in place
- License/certification standards are met including APS statute, administrative rules, and standards/procedures
- Ability to meet the unique service needs of adults who are among different target groups
- Services are provided for in-home and community-based settings
- System for tracking services to prevent future incidents of abuse, neglect and exploitation
- Use of data to prevent future incidents

**CMS funded community-based services/alternatives to long-term care/inpatient treatment*

APS CASE MANAGEMENT SYSTEM AND MONITORING OF PROGRAM

The Illinois Department on Aging launched the APS Case Management System (CMS) in 2018 to manage case information and statistics for the APS program. CMS is designed to improve tracking statistics and generate reports. APS staff has spent many hours in work groups dedicated to identifying and designing the capability to streamline case processes and utilize the technology to support the use of evidence-based tools, electronic submission of documents, and the receipt of abuse reports. It continues to evolve to increase consistency and accuracy in case management and provide data for program administration, evaluation, and budgeting. More revisions and upgrades were made to the system in FY 2020.

CMS Capabilities for Enhanced Accountability:

- Expand the state APS program's participation in the National Adult Maltreatment Reporting System (NAMRS) data collections system

- Improve the quality of data collection by local APS provider agencies and their ability to report reliable real-time data
- Improve the state's ability to track APS reports, investigations, services, resolution and outcomes of reports and cases
- Use data for state and local APS program quality assurance and monitoring
- Improve consistency in APS practice across the state
- Identify service gaps and needs across the state

INTERVENTION PRINCIPLES

These practices are followed by APS caseworkers to support the adult's right to self-determination:

- Involve the older adult or person with a disability in the development of the intervention or case plan. Take the time to explain the range of legal, medical, and social service options to them, beginning with the least restrictive alternatives in treatment and placement so that they exercise their maximum decision-making ability.
- Consult with the family unit support system whenever possible. Often abused eligible adults live with a family member or receive some form of care from their family.
- Assist the individual to live in the most independent setting.
- Be direct in discussing the situation, the alternatives, and the consequences.
- Respect the eligible adult's right to confidentiality. Information about the eligible adult's affairs should only be shared as authorized by the eligible adult or a guardian or others as permitted by law.
- Recognize that inadequate or inappropriate intervention may be more harmful than none and may greatly increase the risk to the eligible adult.
- The eligible adult's interests are to be the first concern of the program. Their welfare comes before that of family members or citizens of the community. The safety of the older adult or adult with a disability is the foremost concern when he or she is unable to decide to act on his or her own behalf.

STRUCTURE OF APS PROGRAM

IDoA has the overall responsibility for administering the Adult Protective Services Act (320ILCS 20/1) and develops all policies and procedures, designates Regional Administrative Agencies (RAAs) and provider agencies, provides training to staff, maintains a web-based management system on all reports, and coordinates with other statewide efforts to assist at-risk adults.

RAAs are designated by IDoA and assist in administering the program within each of the 13 planning and service areas in the state. In addition to assisting the Department in appointing provider agencies in their planning and service areas, many RAAs also coordinate and/or participate in public awareness and professional training activities related to the issue of ANE/SN of adults. Twelve of the RAAs are designated Area Agencies on Aging. The RAA for Chicago is the Chicago Department of Family and Support Services. The Chicago Department of Family and Support Services also serves as the designated Area Agency on Aging for Chicago.

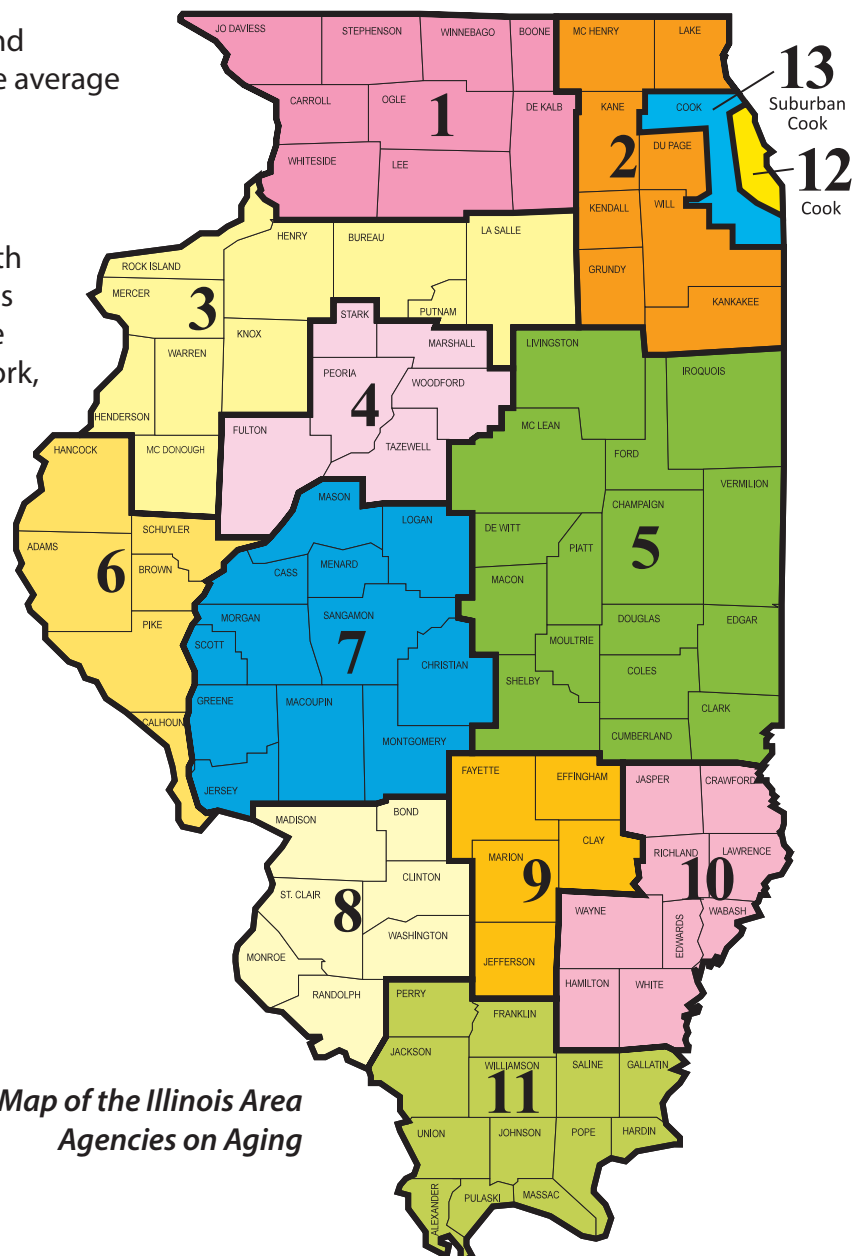
Forty agencies throughout the state are appointed by IDoA, in cooperation with the RAAs, to provide services. These provider agencies receive reports of ANE/SN, conduct assessments on all reported cases, and, if substantiated, provide case work and follow-up services to individuals who have been abused, neglected or exploited, or who self-neglect. The agencies also provide public awareness and education on abuse, neglect, exploitation, and self-neglect to the general public and professionals in their communities, coordinate Multi-Disciplinary Teams to assist them on difficult cases, and authorize the expenditure of Early Intervention Services funds for short-term and/or emergency services.

A variety of agencies are designated as provider agencies. They range from Visiting Nurse Associations, Senior Resource Centers, Care Coordination Units, religious organizations and health departments. All provide other services to adults in their communities. For example, many provide case management and outreach services. Each has a specified geographic area within the State for which they are responsible for providing services to adults.

Currently, there are 161 APS caseworkers and 60 supervisors working statewide. The State average of assessments conducted monthly is 40.

APS FUNDING

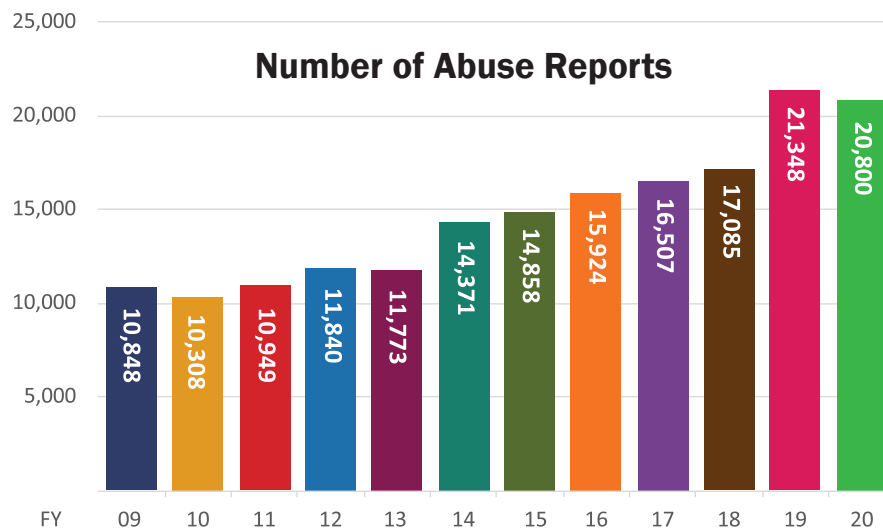
In Illinois, the APS Program is supported with State General Revenue and Older Americans Act Title VII funds. Provider agencies receive reimbursement for the assessment, case work, and follow-up activities on a unit rate basis. There is no dedicated federal funding or regulations for State programs; APS programs vary from state to state.



ANNUAL REPORT DATA

Number of Abuse Reports

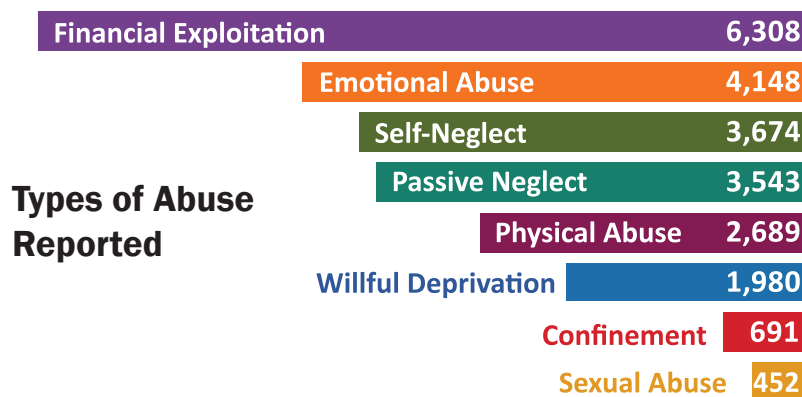
During the period of July 1, 2019 through June 30, 2020, there were 20,800 reports of abuse received by the program. This represents a decrease from the previous year in which 21,348 reports were made. The city of Chicago received the largest number of reports numbering 3,744, followed by the suburban Cook County area which received 3,283.



From Fiscal Year 2018 to Fiscal year 2019, there was an increase of 25% in reports; 21% of reports involved allegations of self-neglect which were newly accepted into the APS program. COVID impacted FY 2020 reports. Out of the 20,800 reports, 3,434 reports involved a person age 18-59 with a disability, or 16%.

Types of Abuse Reported

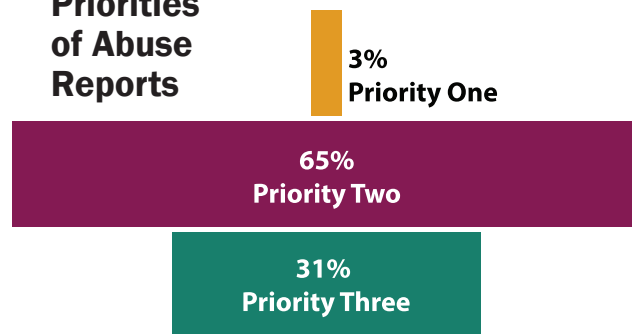
As in past years, financial exploitation was reported more frequently than any other type of abuse. Financial exploitation was reported in 30 percent of all reports. Emotional abuse, which is highly associated with financial exploitation, was reported in 20 percent of all reports, followed by passive neglect (17%), self-neglect (17%), physical abuse (12%), willful deprivation (9%), and confinement (3%). Allegations of sexual abuse were reported in two percent of cases.



Victims generally experience more than one type of abuse. Financial exploitation is the type of abuse most frequently reported (30% of reports), and is highly associated with emotional abuse, reported in 20% of cases.

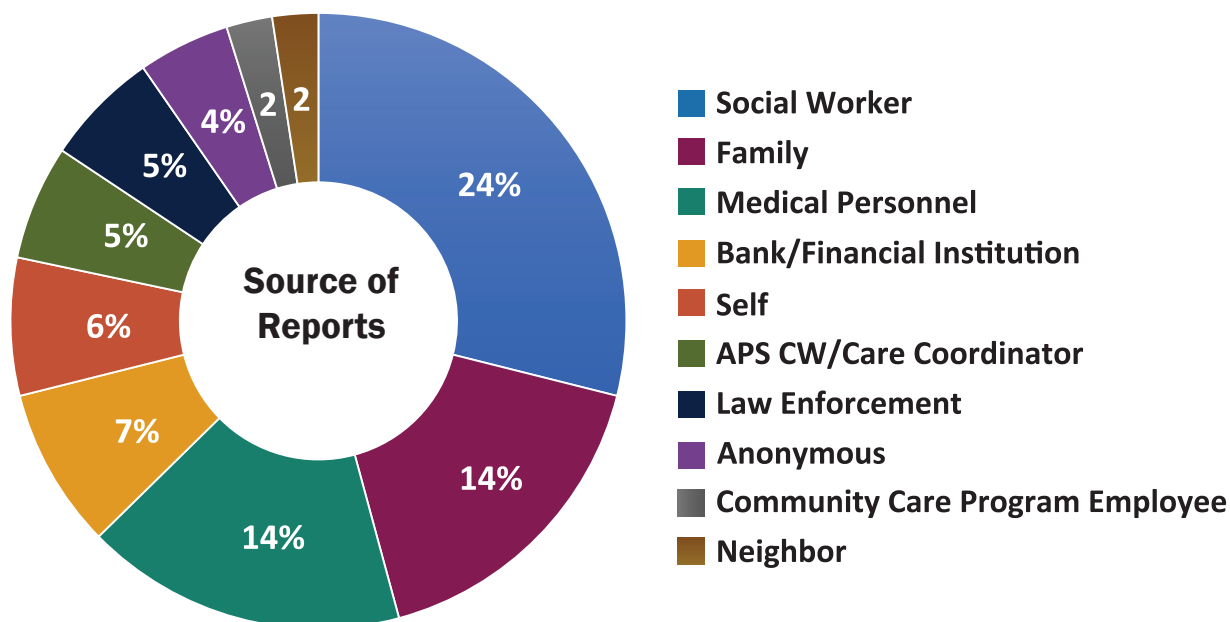
Reports of abuse, neglect, exploitation, and self-neglect are received by the local provider agencies or by calling the Illinois Department on Aging's 24-hour Abuse HelpLine (1-866-800-1409). Upon receipt of a report, the provider agency initiates an assessment by conducting a face-to-face visit with the older person or person with a disability within a specified period of time. The timeframe for initiating an assessment is determined by the nature of the allegations made by the reporter. An assessment is initiated within 24 hours on a Priority One report, wherein the most serious allegations such as sexual abuse or severe physical abuse have been made. A Priority Two report is initiated within 72 hours, and the provider agency is required to conduct an initial face-to-face visit with the alleged victim within seven days of receiving a Priority Three report. In FY 2020, a Priority One status was assigned to 3 percent of the reports; 65 percent were Priority Two reports, and 31 percent were categorized as Priority Three.

Priorities of Abuse Reports

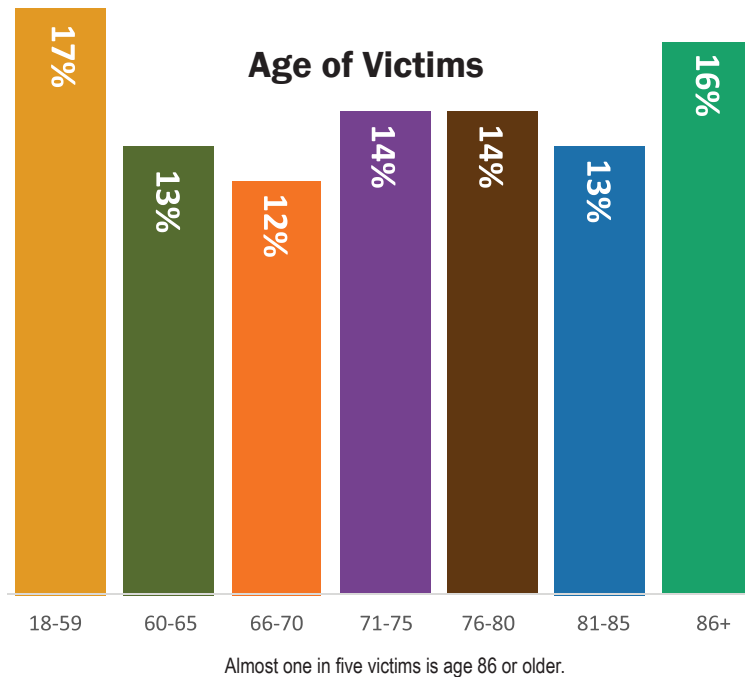


Limited Mandated Reporting

Mandated reporting applies to persons delivering professional services to eligible adults, including but not limited to the following fields: social services, adult day service, law enforcement, education, medical, state service to seniors, paramedics, and social work. Requirements for limited mandated reporting apply when the reporter believes the eligible adult is not capable of reporting the abuse himself/herself. The law also encourages any person to report voluntarily for an eligible adult and provides immunity from liability and professional disciplinary action for anyone making such an abuse report in good faith. It further provides that the identity of the reporter is kept confidential except with their written permission or by court order. As in previous years, in FY 2020 social workers were the largest source of reports, accounting for almost one in four. Other sources of reports originate from family members and medical personnel. The alleged victim contacted the program on their own in six percent of all reports received in FY 2020.



38% of cases were reported by social workers or medical personnel. Family members were responsible for 14% of all reports, and victims self reported in 6% of all cases. Self reports were most likely to occur in physical, sexual, emotional and financial exploitation cases.



Age of Victims

The reports of ANE/SN received by the program in FY 2020 involved victims between the ages of 18 and 100. The average age of the victim was 70 years old. Twenty-two percent of the victims were widowed and 21 percent were married.

FY20 Race of Victims	
Race	%
Caucasian	69
African American	20
Unknown or Other	11

FY20 Ethnicity of Victims	
Ethnicity	%
Hispanic or Latino/a	3
Mexican	1
Mexican American	0
Chicano/a	0
Puerto Rican	0
Cuban	0
Other Hispanic, Latino/a, or Spanish	1
Not Hispanic/Latino/a, or Spanish	79
Unknown or Other	16

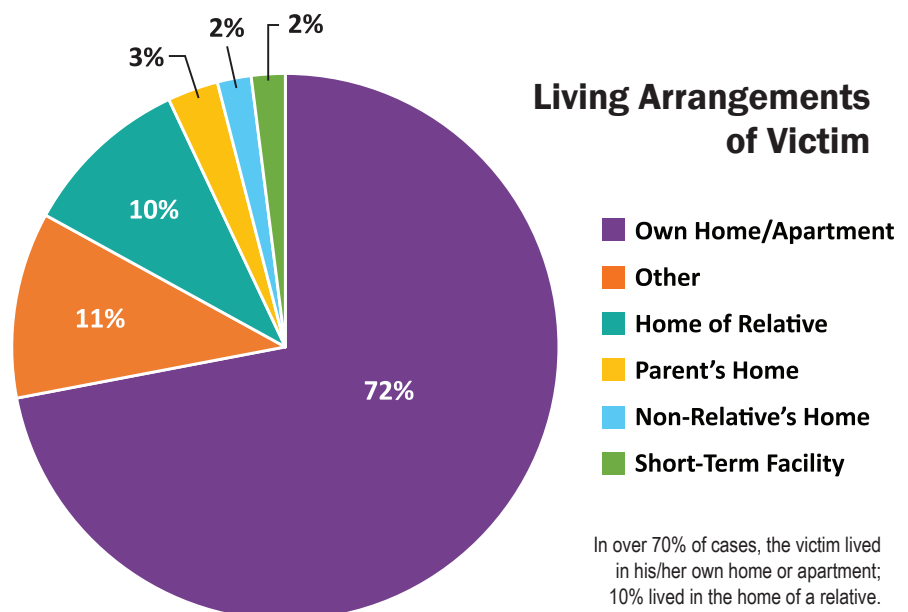
Race of Victims

The greatest percentage of victims were white, constituting 69 percent in FY 2020. Twenty percent were African-American, and the remaining percentages were either unknown or other. The majority of victims spoke English (89%).

Asian (non-specific), Asian Indian, American Indian/Alaska Native, Filipino, Korean, Chinese, Vietnamese, Japanese, Native Hawaiian/Other, Asian/Pacific, Other Pacific Islander, and Samoan make up less than .5%.

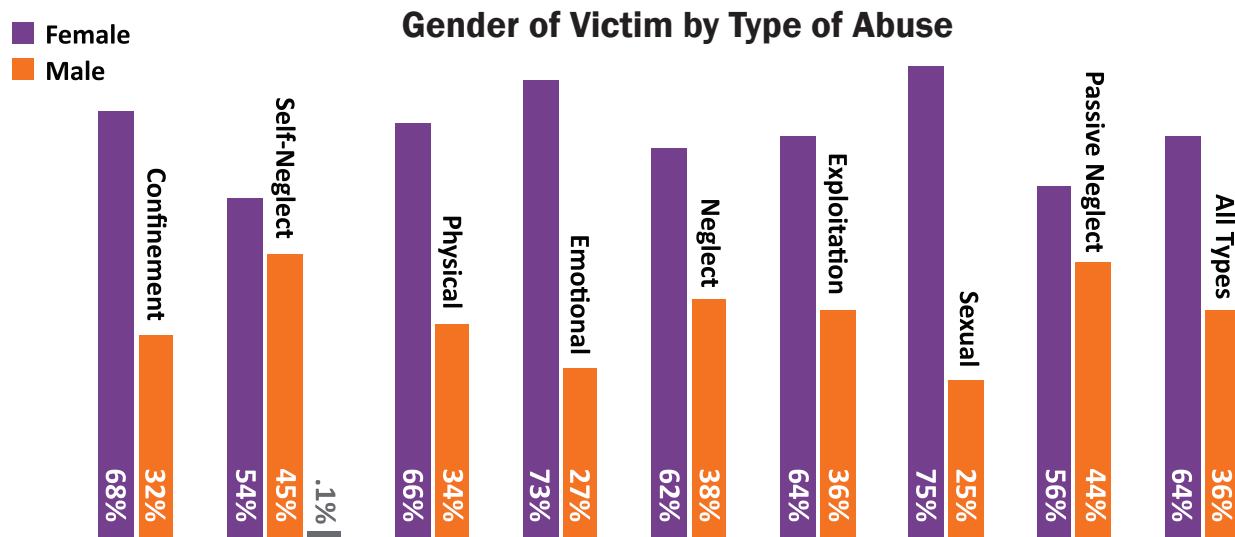
Living Arrangements of Victims

The majority of victims lived in their own home or apartment (72%) and 10 percent lived in the home of a relative. Some victims also lived with non-relatives (2%).



Gender of Victims by Abuse Type

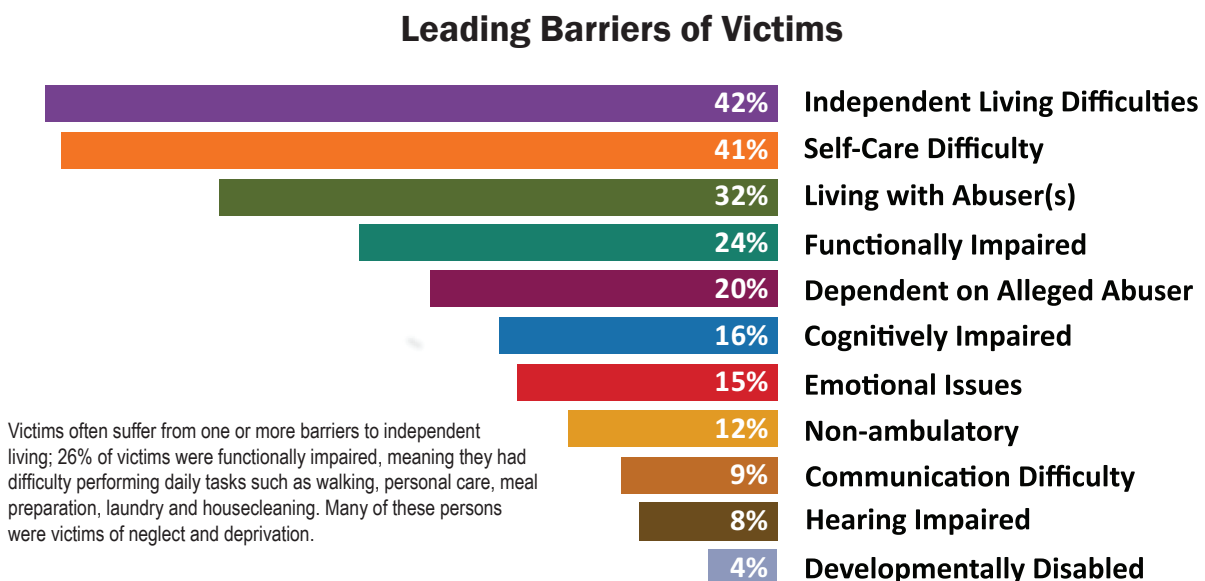
The majority of victims of abuse, neglect, exploitation and self-neglect are female. In FY 2020, 66 percent of victims were female, and 33 percent were male.



66% of the victims were female and 33% were male. Less than 1% of the victims were transgender.

Leading Barriers of Victims

Victims suffered from one or more barriers to independent living due to physical, mental or emotional problems. About a quarter of victims were functionally impaired, meaning that they had difficulty performing daily tasks such as personal care, meal preparation, laundry, and housecleaning. Twenty percent were dependent on their alleged abusers. Twelve percent were non-ambulatory.

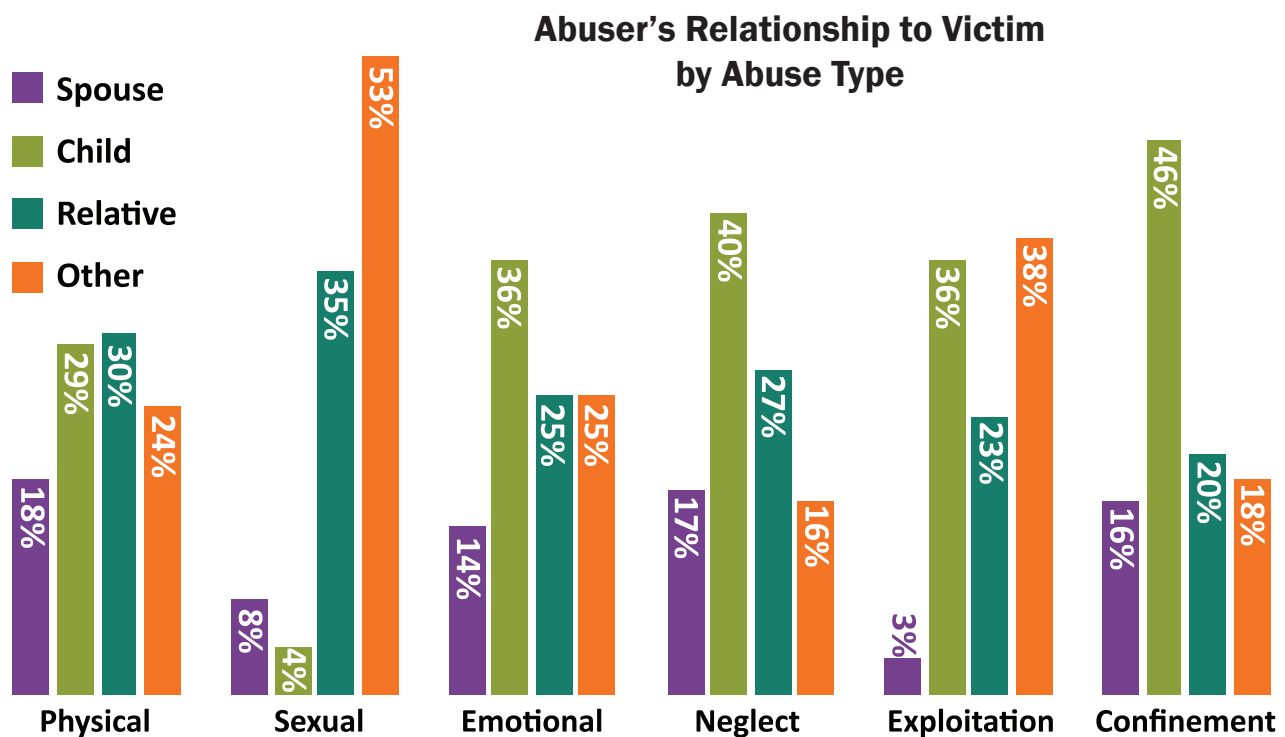


Victims Medical Conditions

Victims of abuse, neglect, exploitation, and self-neglect are diagnosed with a host of medical conditions leaving them especially vulnerable. In FY 2020, ten percent had high blood pressure; nine percent had Alzheimer's or other dementia; nine percent had diabetes, nine percent had heart problems, six percent had arthritis, five percent had respiratory problems, five percent had depression, and four percent had cancer. Victims also were diagnosed to lesser degrees with medical conditions ranging from schizophrenia to kidney disease and bipolar disorder.

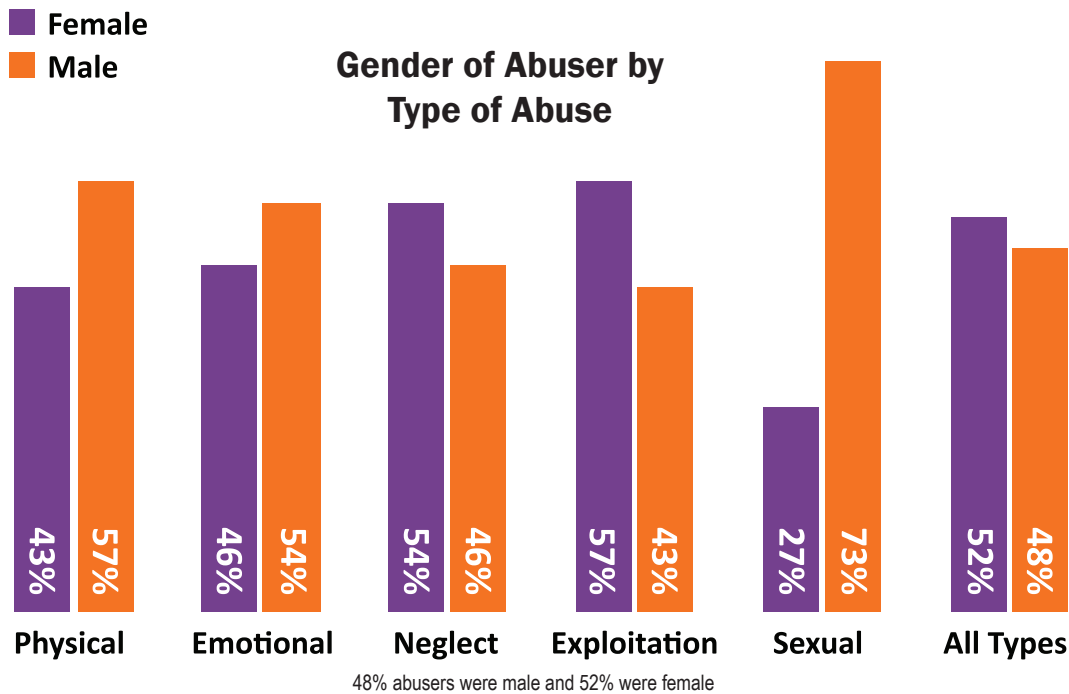
Characteristics of Abusers

Abuse, neglect, and exploitation is a family problem – three out of four abusers were either the spouse, child, or other relative. Approximately 15 percent of the abusers were the victim's guardian, representative payee, or had been given a power of attorney.



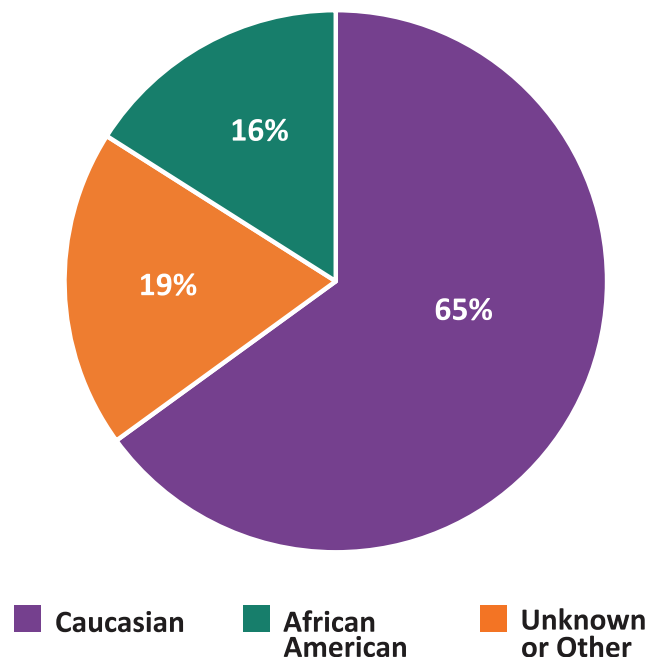
Gender of Abuser by Type

In FY 2020, 52 percent of abusers were female and 48 percent were male. When breaking abuse down by type, males were more likely than females to perpetrate physical abuse at 57 percent compared to female perpetrators at 43 percent. Conversely, females were more likely to perpetrate financial exploitation at 57 percent, compared to males at 43 percent. When examining sexual abuse statistics, males were the overwhelming number of abusers at 73 percent, compared to 27 percent of females.



Race of Abuser

In FY 2020, the majority of abusers were white (65%), followed by African-American (16%). Nineteen percent of abuser's race were unknown or other.

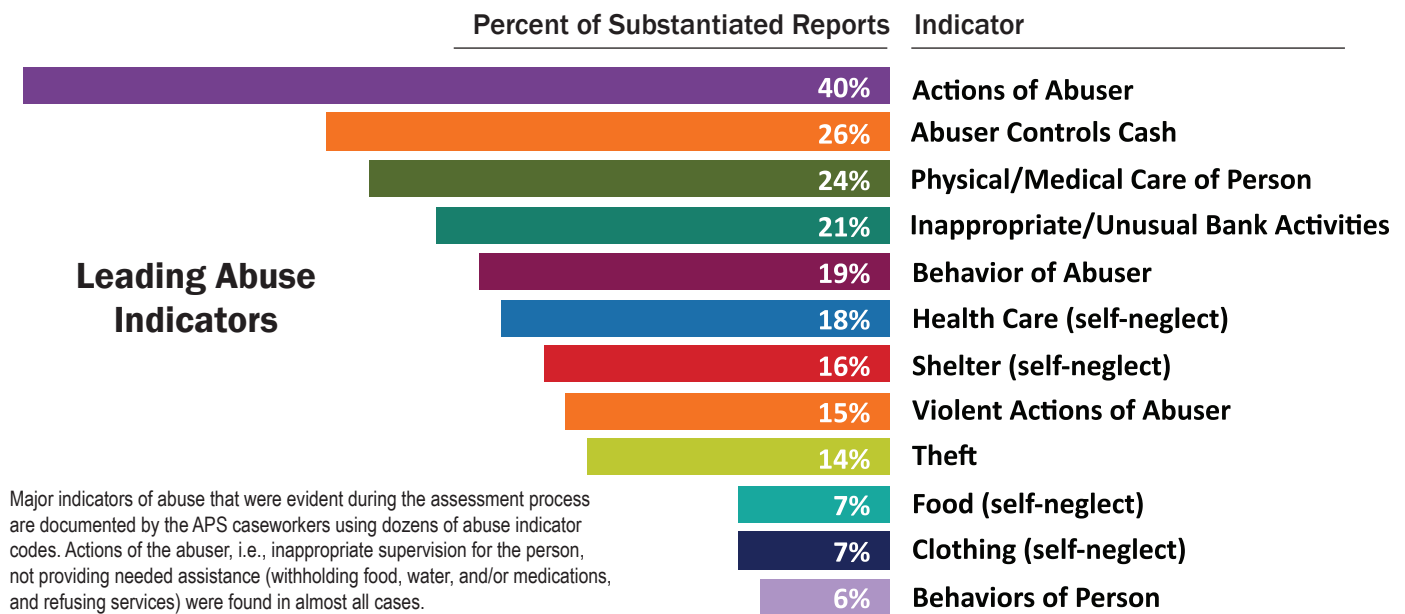


Indicators of Abuse

Major indicators of abuse evident during the assessment process are documented by the APS caseworker using dozens of abuse indicator codes. Actions of the abuser i.e. inappropriate supervision for the person, not providing needed assistance (withholding food, water, and/or medications, and refusing services) were found in almost all cases. Controlling the person's finances and unusual financial transactions were documented in 26 percent and 21 percent, respectively.

Leading Indicators of Self-Neglect

Every report of self-neglect is assessed using 36 indicator codes. In FY 2020, many of the self-neglecting individuals refused medical care, refused to take medications, or otherwise engaged in behavior detrimental to their health care (18 percent). Other self-neglecting individuals did not have proper shelter (16%), food (7%) or clothing (7%). APS may intervene for these individuals when their neglect substantially threatens their health and safety.



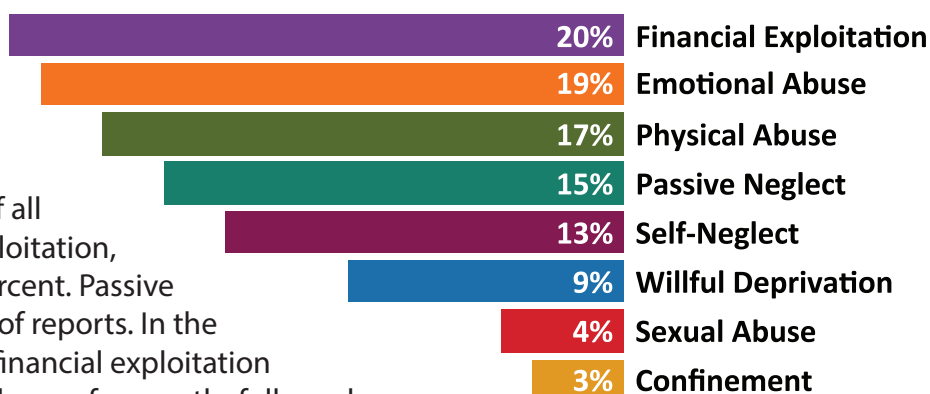
Origin of Intake Reports

Intake refers to a screening process to determine if there is reasonable cause to suspect that abuse, neglect, financial exploitation, or self-neglect has occurred. The Senior HelpLine refers to IDoA's 24-Hour toll-free, statewide number (1-866-800-1409 and 1-888-206-1327 for TTY). PATH refers to the After-Hours Intake Line reached at same numbers (1-866-800-1409 and 1-888-206-1327 for TTY). APS Provider Agencies are also authorized to receive intake reports.

Intake Reports	
PATH	3,118
Senior HelpLine	5,049
APS PAs	12,723

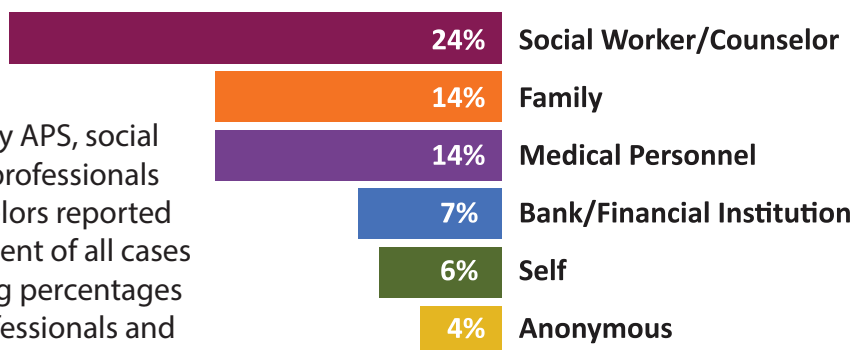
Types of Abuse Reported for Ages 18-59

There are several distinctions between abuse types reported for persons with disabilities ages 18-59 and older adults ages 60 and older. Notably, emotional abuse was reported at 20 percent of all cases, concurrent with financial exploitation, followed by physical abuse at 17 percent. Passive neglect was reported in 16 percent of reports. In the overall populations served by APS, financial exploitation and emotional abuse were reported more frequently, followed by passive neglect.



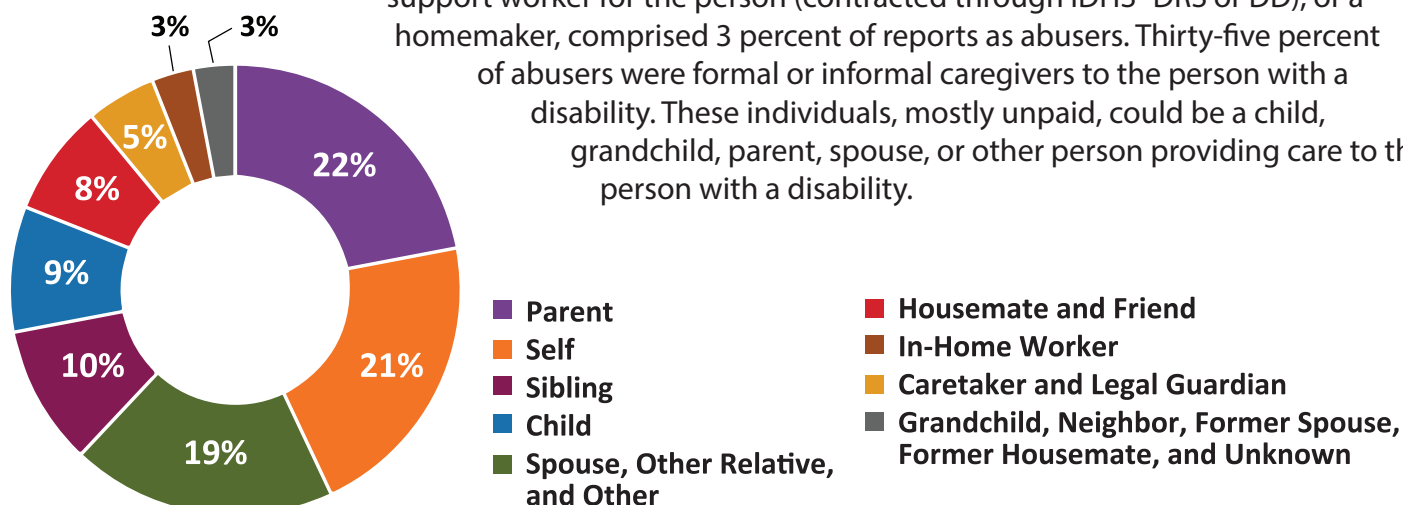
Highest Reporter Types for Ages 18-59

As is true in the overall population served by APS, social workers remain the highest percentage of professionals reporting abuse. Social workers and counselors reported abuse of persons with disabilities in 30 percent of all cases pertaining to this population. The remaining percentages account for more than 43 categories of professionals and others. Persons with disabilities self-reported in six percent of cases.



Abuser Relationship for Ages 18-59

Abusers of those between the ages of 18-59 with disabilities are nearly one-quarter parents, at 22 percent. Siblings were alleged to have abused in 10 percent of reports, and a child of the person with a disability was alleged in 9 percent. Other reported abusers comprise house-mates, legal guardians, grandchildren, neighbors, friends, and other relatives. In-home workers, who are either an individual provider or personal support worker for the person (contracted through IDHS -DRS or DD), or a homemaker, comprised 3 percent of reports as abusers. Thirty-five percent of abusers were formal or informal caregivers to the person with a disability. These individuals, mostly unpaid, could be a child, grandchild, parent, spouse, or other person providing care to the person with a disability.



STATUS OF REPORTS RECEIVED

Every report of ANE/SN is assessed, and, within thirty days, the provider agency is required to make a decision about the report based on the evidence collected. Each report is determined to be either:

- Substantiated, meaning that one or more of the alleged types of abuse did occur;
- Unsubstantiated, meaning there was insufficient evidence to support the abuse allegations; or
- Unable to Substantiate, meaning the provider agency was unable to locate the alleged victim, or the agency had no jurisdiction over the report.

SERVICES PROVIDED TO VICTIMS AND REDUCTION IN RISK

In FY 2020, In-Home Assistance was the most frequently referred service for victims – 20 percent were referred for In-Home Assistance followed by Care/Case Management and Legal Services, both at 11 percent. One of the most frequently referred services for abusers was Counseling (Individual, Family, and Group).

For every substantiated report of abuse, the provider agency evaluates the potential risk for the victim for further harm or injury. A risk assessment is completed every three months for as long as the victim is a client of the program. This assessment of risk level enables the provider agency to develop an individualized care plan and determine the degree of monitoring required by the case. The risk assessment looks at the functional abilities of the victim, the services/assistance currently available to the victim, the relationship between the abuser and victim, the abuser's characteristics, and the type of ANE/SN substantiated.

- Low risk means, in the judgment of the provider agency, the situation has a fairly low likelihood of recurring or escalating in severity.
- Medium risk means there is the potential that the situation will continue and possibly escalate.
- High risk means that it is very likely the abusive situation will continue and will probably escalate in the future. The initial assessment of risk is done at the time the assessment status is determined. Fifty-one percent of the abuse of the cases closed during FY 2020 were initially assessed to be at medium or high risk.

A caseworker provides supportive counseling to the victim, arranges for needed services, and monitors the abusive situation during the time the case is open. As a result, the victim was assessed at low risk for further harm or injury in almost 81 percent of cases closed in FY 2020.

The goal of casework and follow-up is to provide long term support and intervention to prevent further abuse/neglect by:

- Developing a Case Plan
- Arranging for services/interventions in Case Plan
- Monitoring Progress in the Case

Types of Interventions, are:

- Immediate/Short Term/Crisis
 - Early Intervention Services
 - Medical Care
 - Law Enforcement Interventions
 - Orders of Protection

- Long Term
 - Medical/Health
 - Social
 - Legal/Law Enforcement Involvement
- Supportive Counseling

When a case is closed, it is due to the individual declining services, they are deceased, placed in a long-term care facility or group home, moved, or he or she is no longer at risk.

INTERAGENCY COORDINATION/PARTNERSHIPS

The Department on Aging's Adult Protective Services Program continues to partner with the Department's Care Coordination Units, the Illinois Department of Human Services' Divisions of Developmental Disabilities, Mental Health and Rehabilitation Services, and Managed Care Organizations to ensure clients receive the appropriate referral for services. In addition, IDoA continues to participate in the Illinois Silver Search Task Force, created in 2017 as part of the Endangered Missing Person Advisory and charged with developing a coordinated statewide awareness program used when a person with Alzheimer's disease or other dementia is reported missing. The Department also engages with the Illinois Criminal Justice Information Authority through the Illinois Family Violence Coordinating Councils, Envision Illinois, the State TRIAD, the Southern Illinois Criminal Justice Summit, the National Adult Protective Services Association (NAPSA), and other organizations to promote collaboration and educational opportunities.

FY 2020 APS HIGHLIGHTS

Elder Abuse Task Force

On June 2, 2019, the Illinois General Assembly, through Senate Joint Resolution 13 (SJR 13), established a multidisciplinary Elder Abuse Task Force designed to foster collaboration among government officials serving the elderly in various capacities across the state. It also aimed to serve as a public forum to assess existing elder protective practices, develop approaches for increasing public awareness and identify strategies for combating patterns of abuse.

The 22-member, bipartisan Task Force was Co-Chaired by Senator Rachelle Crowe and State Representative Katie Stuart and was charged with four primary responsibilities:

- Assessing the effectiveness of current elder protective services and laws;
- Examining the barriers to prosecution and strategies to increase public awareness of elder abuse and reporting;
- Studying training resources and best practices in other states; and
- Identifying a long-range plan to combat elder abuse.

Elder Abuse Task Force Members:**Co-Chair**

Senator Rachelle Crowe, Illinois State Senator, 56th District

Co-Chair

Representative Katie Stuart, State Representative, 112th District

Senator Craig Wilcox, State Senator, 32nd District

Cordelia Coppleson, Assistant Attorney General, Attorney General's Office

Barbara Eskildsen, Executive Director, Western Illinois Area Agency on Aging

Brian Fengel, Mobile Training Unit Instructor, Illinois Association of Chiefs of Police

Tonya Genovese, Assistant State's Attorney, Madison County State's Attorney's Office

Lori Hendren, Associate State Director, AARP

Paul Isaac, Senior Advisor, Illinois Department of Financial and Professional Regulation

Aimee Isham, Bureau Chief for Long-Term Care, Illinois Department of Public Health

Eric Lane, Political and Grassroots Director, Health Care Council of Illinois

Bill Langheim, Captain, Illinois State Police

Beth Menz, Vice President and Director for Home Care Division, SEIU Health Care

Lois Moorman, Program Administrator, Adult Protective Services, Illinois Department on Aging

Kelly Richards, State Ombudsman, Illinois Department on Aging

Gene Seaman, Human Right Authority Manager, Illinois Guardianship and Advocacy Commission

Ashley Snavelly, Legislative Director, Illinois Health Care Association

Kristopher Tharp, Captain, Madison County Sheriff's Office

Debra Verschelde, Executive Director, Aging Care Connections

Michelle Weinberg, Attorney, Legal Aid Chicago

Dawn Wells, R.N., Area Manager, Illinois Department of Healthcare and Family Services

Aimee Winebaugh, Director of Governmental Affairs, Illinois Bankers Association

Brief summaries of the meetings held in FY 20 are below.**August 29, 2019**

Task Force members spent time during this initial meeting discussing their respective experiences with elder abuse. Task Force members reported that there is great work being done by each agency; however, there needs to be a way to increase communication and collaboration among community partners. In addition, Illinois Department on Aging's Office of Adult Protective Services (APS) Program Administrator Lois Moorman led a presentation explaining the APS program. The presentation included the explanation of the APS Act, Fatality Review Teams, the APS Registry, and the educational and training requirements APS caseworkers must meet.

November 15, 2019

During the second meeting, the Task Force asked that each agency providing services to individuals affected by elder abuse explain how their services assist with combating the abuse. Packets were given out containing materials provided by APS, the Long-Term Care Ombudsman Office, the Illinois Department of Public Health, the Illinois Department of Human Services, the Illinois Guardianship and Advocacy Commission, and the Illinois Attorney General's Office. A quick synopsis was given by representatives for each of the afore mentioned agencies related to the information provided in the packet. Captain Kristopher

Tharp of the Madison County Sheriff's Office and Tonya Genovese, Assistant State's Attorney in Madison County, presented on tools and recommendations to increase communication and cooperation between law enforcement and agencies providing services to the elderly population.

January 28, 2020

During the third meeting, Elizabeth Ferris, Legal Counsel to the Hampden District Attorney in Springfield, Massachusetts, discussed Massachusetts's Building Partnerships for the Protection of Persons with Disabilities Initiative (BPI). BPI is a statewide multidisciplinary team approach implemented by geographical counties and coordinated by the District Attorneys to address abuse and crimes committed against persons with disabilities. This team approach was established in a memorandum of understanding to ensure coordination amongst law enforcement, APS, and human service agencies so that individuals conducting investigations of abuse and crimes against persons with disabilities would go forward in a unified, collaborative nature. Task Force members reviewed the initiative and reflected on ways of incorporating successful techniques into Illinois' collaboration efforts.

After a fourth meeting is conducted, findings and recommendations were scheduled to be released the following Fiscal Year, on January 1, 2021.

Formulation of APS Policies to Promote Health, Safety and Welfare of Clients

In an effort to further protect the health, safety and welfare of APS clients who Self-Neglect, a policy was enacted by IDoA requiring collaboration with IDoA Care Coordination Units, Managed Care Organizations, Division of Developmental Disabilities, Division of Rehabilitative Services, and Division of Specialized Care for Children to develop more robust and person-centered plans of care. As part of that collaboration, the APS Report of Substantiation and Client Assessment Forms would be shared for mutual clients to inform providers of the result of an APS assessment/investigation. For clients with a Self-Neglect report, this policy requires a second face-to-face visit for those who declined a first visit to ensure their health, safety, and welfare.

Another IDoA policy was enacted to improve communication and coordination between APS provider agencies and Care Coordination Units (CCUs), Illinois Department of Human Services' Division of Developmental Disabilities, Division of Rehabilitative Services, Division of Specialized Care for Children, and Managed Care Organizations (MCOs). This policy affects the sharing of APS Reports of Substantiation and related Client Assessments. Through this process, the roles and responsibilities of APS provider staff as well as the other partners are now clearly articulated resulting in more robust and individualized person-centered case and care plans addressing health, safety and welfare of participants.

Federal Grant Awarded to Illinois APS

In FY 2019, APS applied for and was awarded a three-year, \$2.1 million grant from the Administration for Community Living encompassing four projects with the goal of enhancing training and awareness of APS reporting, assessment and service. Foundational work commenced in FY 2020 to implement these four projects:

Caseworker Simulation Training

Initial training of APS caseworkers will be enhanced to improve the learning process related to skills required for investigation of the diverse and complex population served by the program through simulation training. A recent survey of Illinois' APS providers found a 42% turnover rate in APS staff. The addition of simulation training is intended play a role in worker retention of new hires by placing them in safe yet realistic scenarios they can practice in and receive immediate feedback before entering the field.

The training will involve partnering with the Child Protection Training Academy (CPTA) at the University of Illinois at Springfield (UIS), which established the Simulations Laboratories program in 2016 to provide a safe learning environment with realistic challenges that bolster investigators skills and confidence. To date, the Laboratories have been used for the Illinois Department of Children and Family Service (DCFS) child protection investigators. IDoA recognizes the benefits this established training will provide APS investigators. APS caseworkers must be appropriately trained to perform a home visit before being sent into the field. He or she must quickly and effectively establish trust and rapport with the client and learn how to go forward with an investigation. The Simulations Laboratories program consists of a house on the UIS campus designed to simulate a client's home. Actors from Southern Illinois University (SIU) School of Medicine's Standardized Patient Program will portray client and family members.

The IDoA Office of APS is responsible for providing training to all APS caseworker and supervisory staff. Currently, APS caseworker training consists of a four-day initial certification followed by a two-day Phase II certification within six months. The initial certification objectives include increasing knowledge of abuse theories, learning skills and techniques for investigation/assessment/intervention/closure, learning Illinois APS policies and procedures, exploring ethical issues, and learning effective documentation skills. The two-day Simulation Training will be added at the end of the initial four-day classroom certification training. New APS hires will be the target audience of the simulation trainings.

Caseworker Trauma-Informed Training

IDoA recognizes the need to incorporate consistent trauma-informed practice as an ethical obligation into standard APS training for caseworkers to better serve clients. A national survey found nearly 90 percent of adults reported having been exposed to at least one traumatic event. APS caseworkers frequently encounter clients who have been chronically maltreated and traumatized. The impact of trauma is complex and mediated by class, gender, race, ethnicity and culture. The Substance Abuse and Mental Health Services Administration defines trauma as "experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being." Trauma-informed work incorporates delivering services in a manner that avoids inadvertently repeating unhealthy interpersonal dynamics in the caseworker-client relationship. Trauma-informed social workers rely on their knowledge about trauma to respond to clients in ways that convey respect and compassion, honor self-determination, and enable the rebuilding of healthy interpersonal skills and coping strategies. As the diversity of APS clients grows, caseworkers need to recognize the characteristics that result in disproportionate trauma exposure, avoid blame or stereotypes and emphasize strengths to reduce trauma-induced consequences.

Further, providing caseworkers with knowledge on secondary and vicarious trauma can help them respond to work-related stress and burnout, which promotes improved program functioning and more effective practice with clients. IDoA will conduct the training, utilizing experts in the field, in FY 2021.

Public and Professional Awareness Campaign

Abuse, neglect and exploitation of older adults is recognized as being chronically under-reported based on prevalence studies. Most estimate that for every case reported, between 15 and 20 go unreported. There are many factors when taking underreporting into consideration, among them is the lack of awareness that any program, intervention or resource options exist to address abuse, neglect and exploitation of older adults. Based on Illinois' rural and urban population, there should be dramatically more reports for both older adults and adults with disabilities (Illinois's APS program expanded to include adults with disabilities in 2013). The program further expanded with the acceptance of self-neglect reports as well as the start of an Abuser Registry to identify caregivers who commit abuse.

In the past six years the APS program has undergone major internal efficiency and infrastructure projects. Thus, previous outreach campaigns "Break the Silence" and "Enough is Enough, released in 2002 and 2014 respectively, are in need of rebranding.

The grant will allow a new campaign to educate the populace prior to advanced aging when cognitive decline can increase. The campaign will including messages of how to remove oneself from an abusive or neglectful situation will empower individuals to speak up for themselves.

In FY 2020, "#Engage2Change" was chosen as the campaign theme. This theme aims to form a connection with the person who would make an APS report. When a person engages in making the report, they will also be part of changing the life of the vulnerable adult.

The campaign theme and other graphics will ultimately be used as part of a statewide television and radio campaign which will include airing public service announcements about the APS program and how to report. Billboards utilizing the theme and a dedicated micro-website within IDoA's highlighting the campaign are also planned.

Toolkits will also be developed that can be used by providers for outreach. These kits will include brochures, palm cards, fact sheets and posters. Additionally, IDoA will use freestanding banners with the campaign theme that will be housed in each of the thirteen PSAs throughout the state and used by APS Providers for various events throughout Illinois.

Key Campaign Objectives:

Develop outreach campaign and distribute materials that will:

- Target self-neglectors – reduce stigma of victimization and reduce isolation so individuals are willing to self-report
- Develop specifics to curb financial exploitation of older adults (highest reports)
- Promote reporting of abuse of individuals with disabilities between the ages of 18-59
- Educate the public and mandated reporters about acceptance of reports of someone being abused in a facility by someone on the outside.

Law Enforcement and Legal Professional Training

Law Enforcement and Legal Professional Training is needed due to the increasing aging population and associated increase in the number of abuse, neglect and exploitation cases. The two main intervention systems for adult victims are APS and the justice system. Adult maltreatment is a system-wide issue with victims affected by the actions or inactions of law enforcement and legal professionals involved in cases. Among the problems identified nationally and through feedback from Illinois APS providers is the lack of knowledge about abuse by law enforcement and legal professionals which means cases are not consistently investigated with charges brought against alleged abusers and civil remedies sought on behalf of victims in court. Law enforcement and legal professionals need different levels of training on a more frequent basis related to abuse of older adults and persons with disabilities, including information about State laws, supportive services, decision-making capacity, undue influence, and effective protective orders. Providing such training to law enforcement and legal professionals in Illinois will serve to increase coordination and improve service to APS clients found to be victims of crimes.

Overall Grant Outcomes

Expected outcomes of the overall project include: an increase in APS caseworker retention, a more educated and informed public on issues of abuse, neglect and exploitation, an increased number of reports to APS, an increase in self-reports by older adults and adults with disabilities, and increased reporting by key mandated reporters.

The grant was awarded based in part on expansion of the Illinois APS program in past years including: investigation of self-neglect and investigation of allegations related to non-facility based abuse of institutionalized individuals.

Implementation of the grant is expected to also dovetail with projected recommendations from the Elder Abuse Task Force. As stated in this Annual Report, the Task Force was charged with investigating the effectiveness of current elder protective services and laws, examining barriers to prosecution and strategies to increase public awareness of elder abuse and reporting, studying training resources and best practices in other states, and identifying a long-range plan to combat abuse, neglect and exploitation of older adults and persons with disabilities.

IDoA believes all four projects included in the grant will meet the goals of the Task Force and will have further consideration and support from the Task Force moving forward during the three-year grant period and beyond.

Training

Comprehensive pre-service training is required for APS caseworkers. In FY 2020, 110 caseworkers and RAA staff were trained by IDoA and added to its Caseworker Registry.

IDoA also conducts training for APS Supervisors. In FY 2020, the trainings were attended by a total of 36 APS Supervisors and RAA staff.

B*SAFE

A statewide initiative titled B*SAFE (Bankers and Seniors Against Financial Exploitation), mandates training of new and current bank employees with direct consumer contact in an effort to help them identify, report, and prevent financial abuse of older persons and persons with disabilities.

New employees must be trained within the first six months of employment, and training must be repeated every three years. In FY 2020, ten trainings were conducted by APS provider agencies which trained 69 attendees; five Train-the-Trainer sessions were conducted by IDoA training 122 attendees; one senior training was conducted by a provider agency training eight attendees, and nine training were conducted by banks training 69 total attendees.

Adult Protection and Advocacy Conference

An Adult Protection and Advocacy Conference was held October 28-30, 2019 at the Holiday Inn in Itasca with the goal of improving the skills of APS caseworkers and supervisors as well as Long Term Care Ombudsmen and others working in the Aging Network. Approximately 250 individuals participated in the three-day event which offered continuing education for professionals and included a Legal Track for attorneys.

Sessions covered topics ranging from safety and trauma-informed care to hoarding, domestic violence and substance abuse. Sessions were both presented and attended by representatives of the Administration on Community Living, the U.S. Department of Health and Human Services, Illinois Criminal Justice Authority, and Illinois Department of Human Services.

Sessions for Ombudsman focused on care planning for people with dementia, effective response and advocacy for clients, training for facility staff, and how to better educate the community about Ombudsmen services. Additionally, new Medicare coverage and other rules, policies and reporting systems affecting long term care facilities were addressed by state and national experts.

Other Trainings

In-person and virtual trainings are conducted on an ongoing basis by IDoA. Trainings are presented for the Aging Network as well as to educate external entities. For example, APS training staff and IDoA's Legal Assistance Developer presented at the Winter Violent Crime Conference January 17, 2020 to help educate attorneys about APS. The training was sponsored by the Cook County State's Attorney's Office and the Illinois Office of the State's Attorneys Appellate Prosecutor.

In FY 20, the Office of Adult Protective Service staff trainers conducted not only trainings for APS caseworkers and supervisors but numerous trainings for external entities such as hospitals, legislators and aldermanic offices, in-home workers and others seeking information with regard to the APS program and how to report suspected ANE/SN. Twenty-four trainings were held statewide, training hundreds of participants about their role within the Network or how to collaborate with IDoA to help persons with disabilities and older adults.

APS Conducts Quality Reviews

APS continued conducting quality reviews at provider agencies throughout the state in FY 2020. The reviews, conducted by APS liaisons, were undertaken at 15 agencies to gauge adherence to quality assurance standards and procedures. IDoA selected and reviewed case files that were examined for: Quality of Report Intake; Exercise of Due Diligence; Quality of Assessment Process; Quality of Case Work, and Quality of Follow-Up and Case Closure Process. In follow-up, the APS liaisons informed agencies of strengths and weaknesses and identified areas requiring more supervisory guidance and training to meet quality goals. Quality reviews are undertaken on a three-year rotational cycle unless scores indicate a need to review sooner.

APS Advisory Committee

Barbara Eskildsen, Executive Director, Western Illinois Area Agency on Aging, Rock Island
Brenda Fleming, Executive Director, West Central Illinois CCU, Quincy
David Mitchell, Shawnee Alliance for Seniors, Carterville
Deborah Matthew, CEO, Care Horizon, Toledo
Holly Kozinski, Director, Adult Protective Services, Center for Prevention of Abuse, Peoria
Elizabeth Rivera, Aging Care Connections, LaGrange
Nancy Hinton, Senior Advocate/Program Coordinator, Midland Area Agency on Aging
Lucinda Hurt, Community Planner, Northeastern Illinois Area Agency on Aging, Kankakee
Osvaldo Caballero, Program Manager, Metropolitan Family Services, Chicago
Rachel Hayes, Prairie Council on Aging, Jacksonville
Teva Shirley, Program Director, Southwestern Illinois Visiting Nurses Association
Yvonne Anderson, APS Supervisor, MercyHealth Visiting Nurse Association, Rockford

REGIONAL INTER-AGENCY FATALITY REVIEW TEAMS ANNUAL REPORT - 2020

The APS Act includes provisions that the Director of IDoA, in consultation with an Advisory Council, law enforcement and other professionals appoints members to a minimum of one Fatality Review Team (FRT) in each of the Department's PSAs. The purpose of each team is to assist local agencies in identifying and reviewing suspicious deaths of victims of alleged, suspected or substantiated abuse or neglect in domestic living situations, facilitate communications between officials responsible for autopsies and inquests and persons involved in reporting or investigating abuse, evaluate means by which the death might have been prevented, report findings to the appropriate agency and Advisory Council, and make recommendations to help reduce the number of at-risk adults and increase prosecutions, if appropriate.

Background

The Kane County Elder Abuse Fatality Review Team (FRT) was instrumental in the passage of Public Act 95 – 402 (effective 6-1-08) authorizing the statewide establishment of Elder Abuse Fatality Review Teams. Effective July 1, 2013, legislation was passed by the Illinois General Assembly to expand the Elder Abuse and Neglect Program to the Adult Protective Services Program. As part of the program expansion, FRTs were mandated in each of the Department's Planning and Service Areas. Rules to guide the implementation of FRTs were adopted and went into effect in April, 2018.

The purpose of FRTs, as defined by the APS Act, is to:

- Assist local agencies in identifying and reviewing suspicious deaths of adult victims of alleged, suspected, or substantiated abuse or neglect in domestic living situations (primarily home);
- Facilitate communications between officials responsible for autopsies and inquests and those involved in reporting or investigating alleged or suspected cases of abuse, neglect, or financial exploitation of at-risk adults and persons involved in providing services to at-risk adults;
- Evaluate means by which the death might have been prevented;
- Report finding to the appropriate agencies and the Illinois Fatality Review Team Advisory Council and make recommendations that may help to reduce the number of at-risk adult deaths caused by abuse and neglect and that may help to improve the investigations of deaths of at-risk adults and increase prosecutions, if appropriate.

Team Membership

FRTs are comprised of representatives of entities and individuals including, but not limited to, the following:

- the Department on Aging;
- coroners or medical examiners (or both);
- State's Attorneys;
- local police departments;
- forensic units (units certified in the use of science and technology to investigate and establish facts in criminal or civil courts of law);
- local health departments;
- a social service or health care agency that provides services to persons with mental illness, in a program whose accreditation to provide such services is recognized by the Division of Mental Health within the Department of Human Services;
- a social service or health care agency that provides services to persons with developmental disabilities, in a program whose accreditation to provide such services is recognized by the Division of Developmental Disabilities within the Department of Human Services;
- a local hospital, trauma center, or provider of emergency medicine;
- providers of services for eligible adults in domestic living situations; and
- a physician, psychiatrist, or other health care provider knowledgeable about abuse and neglect of at-risk adults.

Case Reviews

FRTs were formed in PSAs 1, 2, 5, 6 and 7 in 2014. PSAs 3, 4, and 10 formed teams in 2015. In FY 2016, FRTs were established in PSA 12, which covers the city of Chicago, and PSA 13, which covers Cook County (outside Chicago). In addition, a Regional FRT was formed in PSA 5. FRTs launched in PSAs 8 and 9 in FY 2017, which marked the first year every region of the state was covered by a team.

An FRT reviews cases of deaths of at-risk adults occurring in its planning and service area involving blunt force trauma or an undetermined manner or suspicious cause of death. Others may be reviewed if requested

by the deceased's attending physician or emergency room physician or upon referral by a health care provider or coroner/medical examiner.

An FRT may review an opened or closed case from an APS provider agency, law enforcement agency, State's Attorney's Office or the Department of Human Services' Office of Inspector General that involves alleged or suspected abuse, neglect or financial exploitation.

FRTs may review cases referred by law enforcement or the State's Attorney's Office.

FRTs do not review cases that are currently being prosecuted by the State's Attorney or under review by a coroner or medical examiner.

Teams may also review deaths of at-risk adults if the alleged abuse or neglect occurred while the person was residing in a domestic living situation.

The Coordinator, Chair or Co-chair may ask team members to assist in deciding on cases to be selected for review. Team members may also suggest cases for review based on their professional experience and case criteria.

For the timeframe of June 30, 2019 through July 1, 2020, FRTs discussed 20 cases. Most cases were referred to the FRTs from APS providers; however, others originated from law enforcement agencies and coroners throughout the state.

The majority of victims were white, widowed females living in a home. The youngest was age 57, and the oldest was 90. Victims suffered functional impairments, including three with developmental disabilities. Many were living with, or dependent upon their abusers. The majority also had cognitive impairments, including Alzheimer's disease.

Passive neglect and financial exploitation, which often occur together, were the most common forms of abuse, followed by physical abuse in the cases discussed in FY 2020.

Fatality Review Team Advisory Council

Chair - Diane Michalek, Assistant State's Attorney, DuPage County State's Attorney's Office
Co-Chair – Teva Shirley, Program Director, Southwestern Illinois Visiting Nurses Association
Yvonne Anderson, APS Supervisor, MercyHealth Visiting Nurses Association, Rockford
Loren Carrera, Chief Deputy, Kane County Coroner's Office, Geneva
Aristotle Papanikolaou, Director of APS Services, Alternatives, Moline
Lana Sample, Administrator, Ford County Public Health Department, Paxton
Amy Brown, Executive Director, CRIS Healthy Aging Center, Danville
Holly Kozinski, Director, APS Services, Center for Prevention of Abuse, Peoria
Duane Northrup, Champaign County Coroner
Jim Allmon, Chief Deputy Coroner, Sangamon County
Nancy Hinton, Program Coordinator/Senior Advocate, Midland Area Agency on Aging
Scott Kinley, Williamson County Deputy Coroner
David Mitchell, Shawnee Alliance for Seniors, Carterville
Jamie Farrell, Aging and Disability Rights Coordinator, AgeOptions, Oak Park
Brenda Fleming, Executive Director, West Central Illinois Case Coordination Unit, Quincy

MAKING SYSTEMIC CHANGES: ACCOMPLISHMENTS TO DATE

- IDoA's federal waiver demands assurance that it is doing all it can to safeguard and protect the health and welfare of all participants. To this end, one strategic priority of IDoA is the enhanced use of data to drive programmatic decisions and improve delivery of services. As it relates to FRTs, the Council in FY 20 explored different models of Root Cause Analysis to adopt for use by teams to show how gathering data analytics may lead to corrective action. A model commonly known as a "Fishbone" tool was chosen in order to facilitate identifying and describing problems clearly and to distinguish between the root cause and other causal factors. Advantages of such a model include fostering brainstorming that can spark solutions; quickly identifying root causes found multiple times, and good visualization for team members to help develop outcome-based solutions. Training on use of this method will commence in FY 2021.
- An agreement between the Illinois Department on Aging and the Illinois Department of Public Health-Division of Vital Records was executed to trigger suspicious death information that can be compared to the APS database of clients. The system was implemented to elicit information on decedents that capture date of birth and death, place of death, cause of death, whether an autopsy was performed, race and county of death. This will help bring cases to the surface to bring forth for discussion for the FRT.
- An APS Registry became a reality with the passage of a law (PA 98-49) in FY 2018. The Registry includes the identity of caregivers who are found, because of an APS investigation, to have abused, neglected or financially exploited persons age 60 or over and adults with a disability age 18-59 in their homes. The Registry makes the caregiver's identity available to IDoA, the Illinois Department of Public Health, Illinois Department of Human Services, Illinois Department of Healthcare and Family Services, and direct care entities or provider agencies funded by the state. By accessing the Registry, direct care agencies can prevent abusive caregivers from going from one agency to another. IDoA has developed protocols from initiation of placing a caregiver on the Registry through an appeal process. Illinois now joins 25 other states in adopting the use of a Registry to help protect vulnerable adults from abusive caregivers.
- SB 69, proposed by FRT Advisory Council Chair Diane Michalak and the DuPage County State's Attorney's Office was signed into law August 16, 2019. The Public Act has three important components: It provides that a person who commits the offense of financial exploitation of an elderly person or a person with a disability may be tried where the victim lives (as opposed to just where the offense occurred); that theft from a person with a disability is a Class 2 felony, and that consent is not a defense (i.e. the claim by abuser that the person agreed to give them money) if the person lacked capacity.
- Senate Joint Resolution 13 passed and created a 22-member Elder Abuse Task Force. The task force is charged with analyzing the effectiveness of Adult Protective Services in Illinois and other states to develop a long-term plan to improve outcomes for older persons and persons with a disability. It is to report its findings and recommendations to the Governor and General Assembly by January, 2021.
- FRTs have engaged in Memorandums of Understanding (MOUs) to enhance the ability of first responders and the coroner/medical examiner to more effectively investigate and respond to the needs of vulnerable adults at risk of abuse, neglect, financial exploitation and self-neglect. Previously, first responders might be called to a residence and not be aware an occupant is either an alleged or substantiated victim of ANE/SN. Thus, when armed with this information, first responders are able to better respond to any call or disturbance by separating individuals and asking more questions about

the situation. Further, MOUs enable better communication and more timely notifications with APS. Likewise, coroners/medical examiners have more information with which to evaluate a decedent of the household. The critical component of MOUs is that they are able to increase police, fire and coroner's knowledge of a client's situation "on-scene" so they can be more thorough, similar to how they respond to cases involving child abuse, domestic violence, drugs and gangs.



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Senior HelpLine (8:30am – 5:00pm, Monday – Friday):

1-800-252-8966, 1-888-206-1327 (TTY)

Adult Protective Services Hotline (24-Hour):

1-866-800-1409, 1-888-206-1327 (TTY)

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