



State of Illinois
Illinois Department on Aging



ANNUAL REPORT 2021

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

#ENGAGE 2 CHANGE

Table of Contents:

Letter from Director Paula Basta.....	4
Introduction.....	5
History.....	7
Definitions.....	8
Service Components of the Program.....	9
Guiding Principles of the Program.....	9
APS Case Management System and Monitoring of Program.....	11
Intervention Principles.....	11
Structure of APS Program.....	12
APS Funding.....	13
PSA Map.....	13
Annual Report Data.....	14
Status of Reports Received.....	22
Services Provided to Victims and Reduction in Risk.....	22
Interagency Coordination/Partnerships.....	23
FY 2021 APS Highlights.....	24
Elder Abuse Task Force.....	24
Federal Grant Awarded to Illinois APS.....	29
Regional Inter-Agency Fatality Review Teams (FRTs) Annual Report - 2021.....	36
Making Systemic Changes: Accomplishments to Date.....	38

March, 2022

Dear Friends:

I am pleased to present the Illinois Department on Aging's Adult Protective Services (APS) program annual report for fiscal year 2021. This report outlines the Department's efforts to protect the health, safety, and welfare of older adults and persons with disabilities during the first full reporting period since the onset of the COVID-19 pandemic.

During fiscal year 2021, the APS program received a total of 20,567 reports of suspected abuse, neglect, self-neglect, and exploitation, 233 fewer reports than the previous fiscal year. A consequence of pandemic-related stay-at-home orders was that vulnerable adults had limited contact with reporters, likely contributing to this slight decline in reports.

Still, the state Department on Aging, regional Area Agencies on Aging, and local provider agencies worked uninterrupted to investigate all allegations of abuse while maintaining a focus on pandemic safety. Personal protective equipment was distributed to frontline staff, and caseworkers were urged to follow all public health guidance to protect both themselves and the individuals served.

Additionally, the APS program launched #Engage2Change, a public and professional awareness campaign to remind everyone of the importance of reporting suspected abuse, as well as how to do so. This campaign undoubtedly prevented a larger dip in the number of reports this year by educating members of the public about the warning signs of abuse and empowering them to take action.

Adult abuse is a complex public health, justice, social, family, and financial issue requiring multi-faceted efforts to successfully prevent and resolve. As federal guidelines describe, state APS programs are a gateway for adult maltreatment victims who need additional community, social, health, behavioral health, and legal services to live independently in their preferred environment. We take every case very seriously as we receive and respond to a large volume of allegations, working closely with advocates and partners to properly intervene in situations of abuse.

Despite challenges related to the pandemic, the Department on Aging and our partners made meaningful strides this year to strengthen protections for older adults and persons with disabilities in Illinois. The Elder Abuse Task Force issued its final report of recommendations, informing the Department's legislative agenda for the next session.

We welcome these legislative advances and continue to work on other initiatives to improve and enhance APS reporting, practices, and collaborative processes.

We are committed to creating an Illinois where older adults and persons with disabilities can thrive and live free from abuse in their communities. I look forward to continued collaboration with our team members, our many partner organizations, and the General Assembly to do an even better job of protecting our most vulnerable adults in the coming years.

Sincerely,

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

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

Timeline of APS Milestones

** In Fiscal Years*

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 (320 ILCS 20/) 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

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

2016

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.

2017

INTRODUCTION

The Adult Protective Services Program (APS) is administered through the Illinois Department on Aging (IDoA) and designed to respond to adults with disabilities and older adults, living in the community or where abuse occurs outside of a facility, who are potential victims of abuse, neglect, financial exploitation (ANE) or self-neglect (SN). By building on the existing legal, medical, and social service system the program assures that it is responsive to the needs of victims and their families reducing an individual's risk of continued ANE/SN.

This program is coordinated through 39 provider agencies throughout the state. Supervisors and caseworkers within these agencies conduct investigations and work with adults aged 60 and older and adults with disabilities aged 18-59 to resolve the abuse, neglectful or exploitative situations reported.

This annual report covers the period of July 1, 2020 through June 30, 2021 (State Fiscal Year 2021), a timeframe involving the coronavirus (COVID-19) pandemic. During this time, there were 20,567 reports of abuse received state-wide by the APS program.

Many IDoA and provider agencies worked remotely during this time yet continued to respond to the needs of clients either telephonically and/or in person. During the remote period of work, IDoA ensured Priority One cases were addressed through collaboration between APS and local police and sheriff's offices to maximize client's health, welfare and safety during the pandemic. Throughout this time, services to clients were never denied nor reduced due to a person's health or vaccination status and operations continued following the issuance of safety protocols.

The COVID-19 Pandemic required more than just program adjustments. Recognizing these other needs, IDoA responded in manners such as:

♦ Providing for Personal Protective Equipment (PPE)

IDoA issued PPE offset payments to APS providers at the outset of the pandemic by providing them with monthly funding for such expenses. This funding allowed providers to conduct face-to-face visits safely using gloves, surgical masks, and sanitizer. Funding was also used to cover cleaning or disinfecting supplies and other expenses incurred due to COVID-19.

IDoA distributed nearly 100,000 PPE items directly to provider agencies; including gowns, face shields, and thermometers. This allotment was made possible by the Federal Emergency Management Agency and the Illinois Emergency Management Agency.

♦ Issuance of COVID-19 Grants for APS Providers

On April 1, 2021, \$3.3 million was made available to Illinois APS providers by the Administration on Community Living (ACL) through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021. These funds are to be spent in accordance with Elder Justice Act Section 2042(b) and intended to enhance, improve, and expand the ability of APS to investigate allegations of abuse, neglect, and exploitation in the context of COVID-19 and to respond to the needs of adults experiencing such abuse, neglect, and exploitation. APS Providers utilized this funding for personnel/staffing, technology, and assisting clients. All activities are required to be related in some form to the impact of COVID-19. These funds continue to be available through September 30, 2022.

♦ Issuance of Emergency Senior Services Grant

An Emergency Senior Services (ESS) Grant was rolled out to provider agencies in FY 2020 and continued through FY 2021. This grant allowed providers to purchase goods and services for clients in their communities related to COVID-19. The funding was designed to meet basic or one-time emergency needs of individuals requiring assistance. For example, funds could be used for food, clothing, furniture medicine, medical evaluation, 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 under approval.

When expending these funds, providers identified the highest priority cases and used monies in the most economical way to meet the need. In meeting the needs, providers coordinated with Care Coordination Units (CCUs) to ensure the needs of APS clients were properly addressed and not duplicated.

State Plan on Aging

The State Plan on Aging was submitted by IDoA to the ACL during FY 2021. The State Plan focuses on key goals and objectives of IDoA, working in partnership with the Aging Network. It strategizes how to implement and monitor plans to ensure older adults and caregivers are provided with the highest quality services and resources through FY 2024.

There is an overarching goal in the Plan relating to APS, specifically to "Prevent and improve response to abuse, neglect and exploitation while preserving the rights of older adults and persons with disabilities in all settings."

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

2018

APS program officially begins accepting reports of Self-Neglect.

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.

2019

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 are taken to meet needs of clients during pandemic.

2020

Elder Abuse Task Force issues recommendation report on January 1.

COVID Relief in the form of funding and Personal Protective Equipment issued to all APS provider agencies.

#Engage2Change campaign is formally launched.

2021

Defined goal objectives are to:

- Protect older adults and persons with disabilities by strengthening interagency collaboration to prevent abuse, neglect and exploitation, and increase public awareness;
- Strengthen the capacity of APS provider agencies to respond to reports of abuse, neglect and exploitation, and to promote the prevention of abuse in older adults and adults with disabilities;
- Evaluate and implement best practices related to the implementation of services targeted to address self-neglect.
- IDoA is working on the implementation of the State Plan, which was approved by ACL in September of 2021.
- IDoA has identified APS as an enhanced strategic priority focusing on the following goals:
- Support adults with disabilities and 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 healthy aging and prevention.
- Respond and follow up on reports of abuse, neglect and exploitation of older adults and adults 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 the 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.

History of APS

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 known, became available to older adults throughout the state after being phased in over a two-year period. Since its inception, reports to the program have climbed roughly 1,000 per year until 2020 when the COVID-19 Pandemic began.

Program Purpose

APS is charged with receiving and responding to reports of adult maltreatment and working closely with clients and allied professionals to maximize client safety and independence. 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

GUIDING PRINCIPLES OF THE PROGRAM

Ethics

The Adult Protective Services Program is foundationally guided by principles of ethics to ensure that treatment of clients and others involved are uniformly treated with respect and understanding. ACL set forth in their Voluntary Consensus Guidelines for State APS Systems 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

Self-Determination refers to a framework for advocacy which allows for older adults and adults with disabilities to maintain the autonomy they deserve while mitigating risk of harm. 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 rules otherwise
- Make decisions that do not conform with societal norms as long as these decisions do not harm others
- Choose whether or not 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 needs of adults served by utilizing the team members' individual talents, knowledge, and skills.

Health, Welfare and Safety

Under Section 1915c of the Social Security Act, successful waivers must provide assurance 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.

IDoA and APS work to assure:

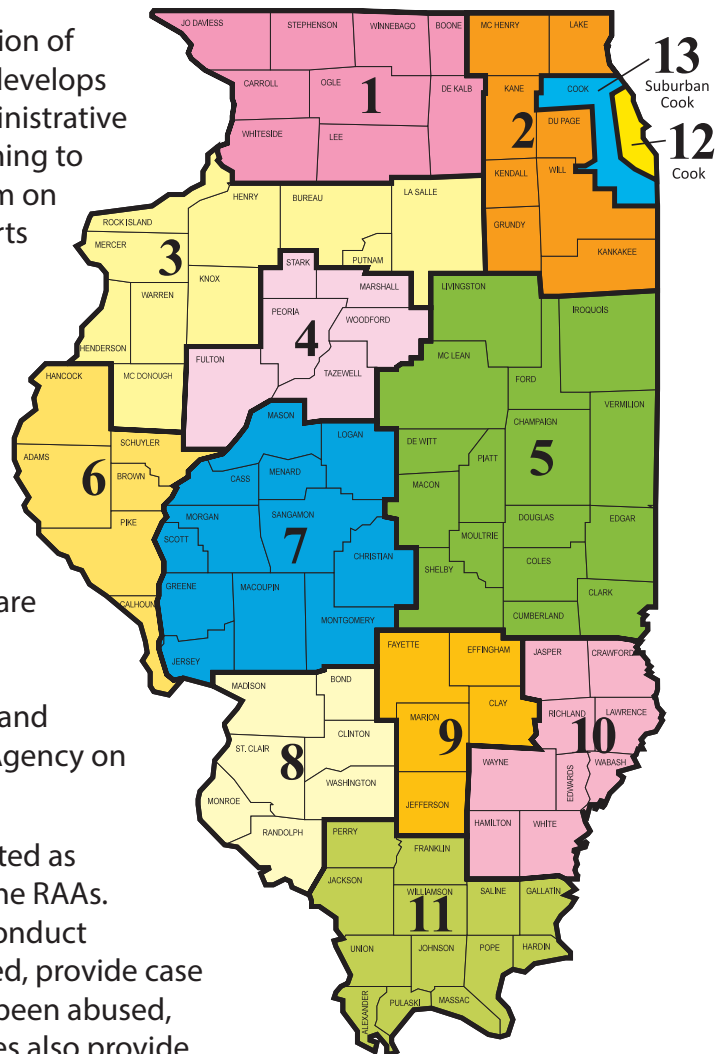
- Adequate program standards and procedures are in place
- Certification standards are met including APS statute, administrative rules, and standards/procedures
- Ability to meet the unique service needs of adults who are among different target groups
- Services are provided for in-home and community-based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

STRUCTURE OF APS PROGRAM

IDoA has the overall responsibility for the administration of 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 APS 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 the administration of the program within each of the 13 planning and service areas in the state. In addition to assisting IDoA in appointing APS 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 issues 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.

Thirty-nine agencies throughout the state are appointed as APS provider agencies by IDoA, in cooperation with the RAAs. 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, exploited, or who self-neglect. The agencies also provide public awareness and education 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 Service funds for short-term and/or emergency services.



A variety of agencies are designated as provider agencies. They range from Visiting Nurses Associations, Senior Resource Centers, Care Coordination Units, religious organizations and health departments. In addition to APS, 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 160 APS caseworkers and 59 APS supervisors working statewide. The State average number of APS assessments initiated monthly by a provider agency is 41.

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 APS programs. APS program jurisdiction and procedures vary from state to state.

APS DEFINITIONS OF ABUSE, NEGLECT AND EXPLOITATION

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 they have 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.

Abandonment (effective FY 22) 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.

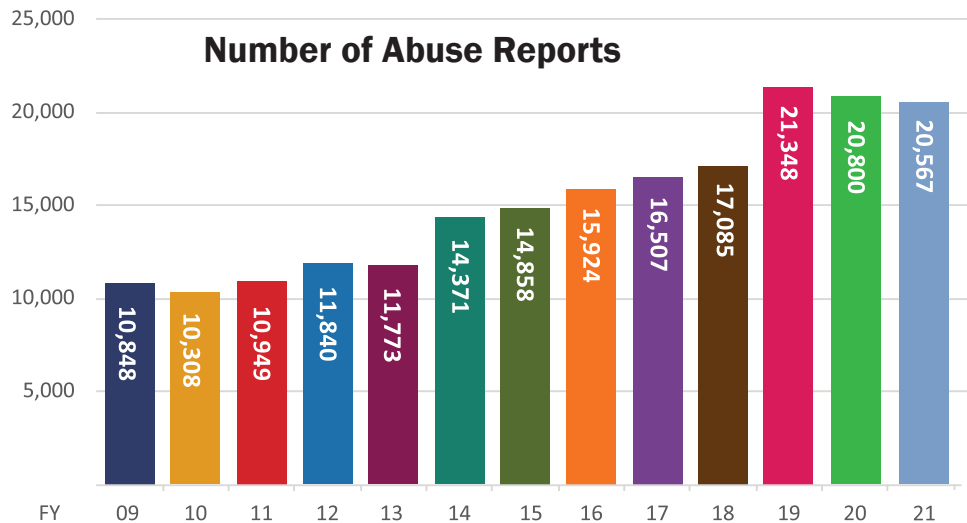
Financial Exploitation means the misuse of or withholding of an eligible adult's resources to the disadvantage of the eligible adult and/or the profit or advantage of another person.

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 their 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.

ANNUAL REPORT DATA

Number of Abuse Reports

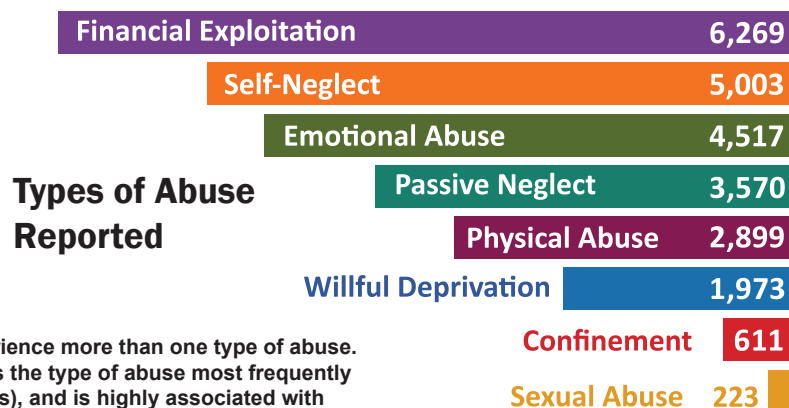
During the period of July 1, 2020 through June 30, 2021, there were 20,567 reports of abuse received by the program. The city of Chicago received the largest number of reports numbering 3,817, followed by the suburban Cook County area which received 3,320.



Reports were steadily increasing through Fiscal Year 19. In Fiscal Year 20, the start of the COVID-19 Pandemic, reports experienced a slight decline.

Types of Abuse Reported

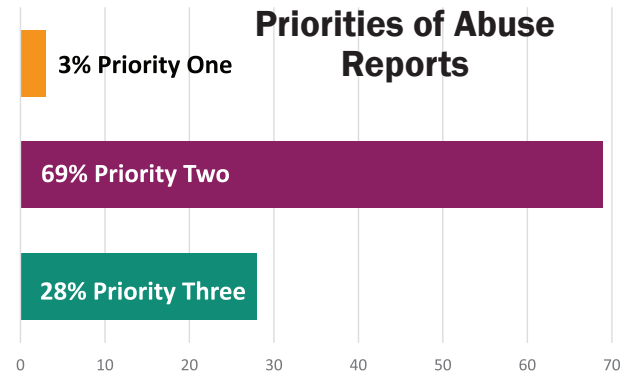
As in past years, financial exploitation was reported more frequently than any other type of abuse. Financial exploitation was reported in approximately 30 percent of all reports. Emotional abuse, which is highly associated with financial exploitation, was reported in approximately 22 percent of all reports, followed by passive neglect, physical abuse, willful deprivation, and confinement. Allegations of sexual abuse were reported in one 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 22% of cases. Self-Neglect is reported in approximately 24% of cases.

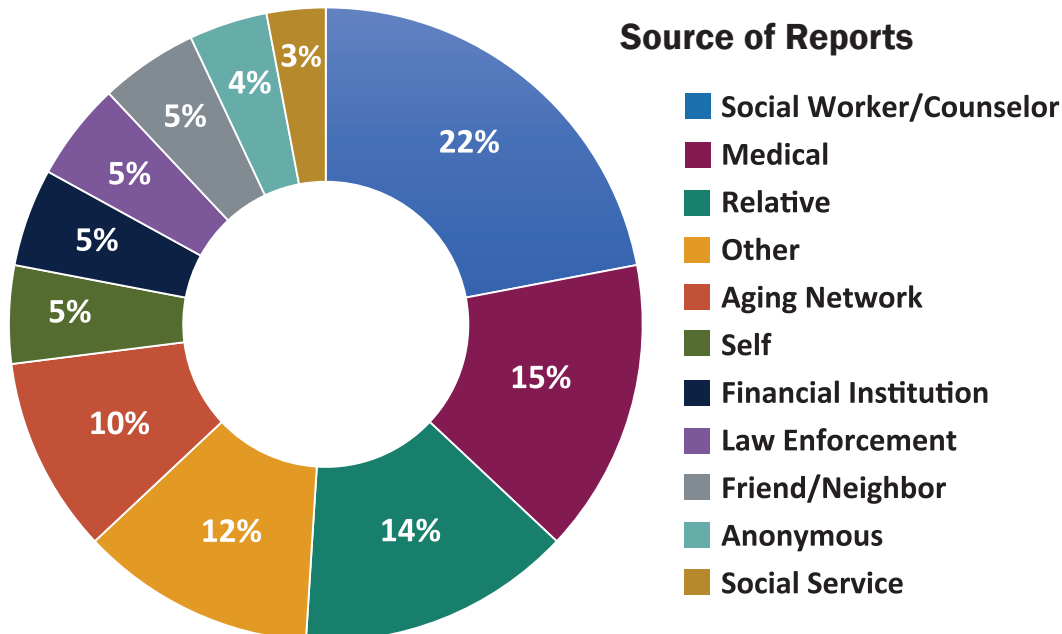
Reports of abuse, neglect, exploitation, and self-neglect are received by the local provider agencies or by calling the Illinois Department on Aging's 24-hour Abuse HelpLine (1-866-800-1409). Upon receipt of a report, the provider agency initiates an assessment by conducting a face-to-face visit with the eligible adult 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 2021, a Priority One status was assigned to 3 percent of the reports; 69 percent were Priority Two reports, and 28 percent were categorized as Priority Three.



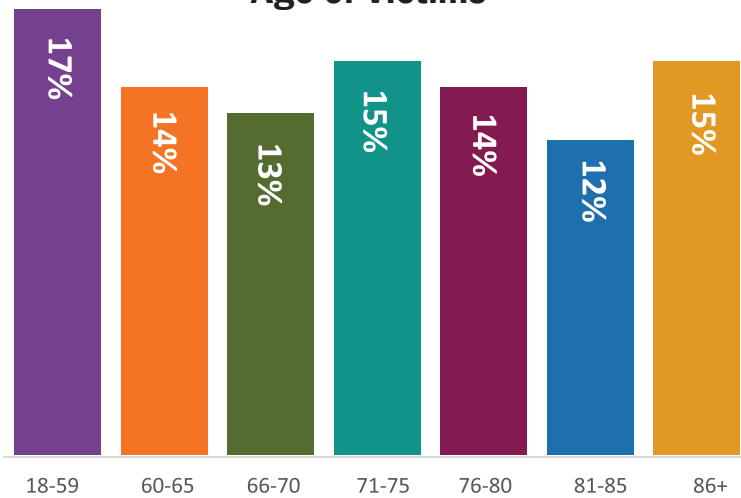
Mandated Reporting

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 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 2021 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 five percent of all reports received in FY 2021.



37% of cases were reported by social workers or medical personnel. Relatives were responsible for 14% of all reports, and victims self reported in 5% of all cases. Self reports were most likely to occur in physical, sexual, emotional and financial exploitation cases. Other may include postal worker, animal control, advocates, and other uncategorized individuals.

Age of Victims



Approximately 27% of victims are over the age of 80.

Age of Victims

The reports of ANE/SN received by the program in FY 2021 involved victims between the ages of 18 and 100. The average age of the victim was 70 years old.

FY20 Race of Victims

Race	%
Caucasian	68
African American	21
Unknown or Other	11

Race of Victims

The greatest percentage of victims were white, constituting 68 percent in FY 2021. Twenty-one 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%.

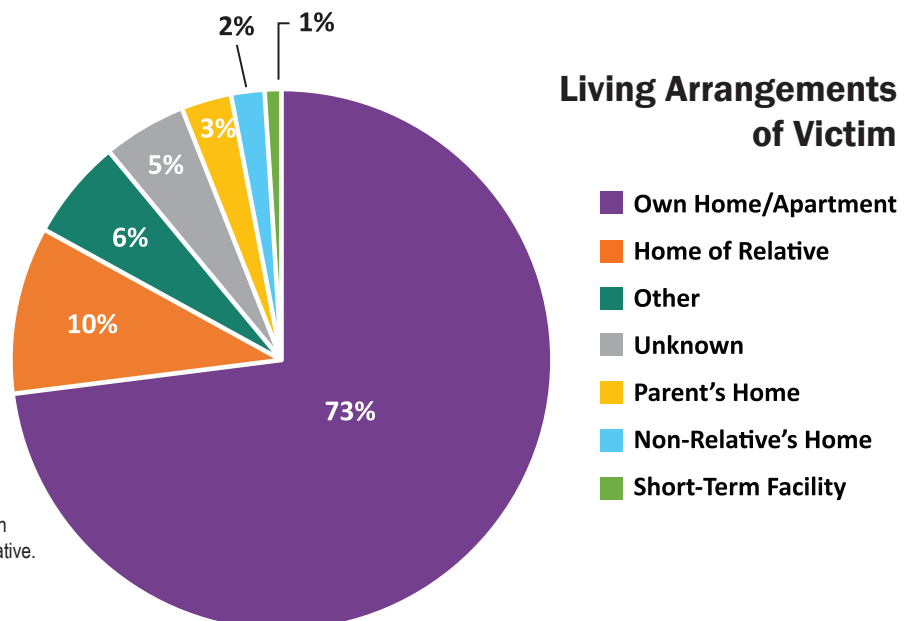
FY20 Ethnicity of Victims

Ethnicity	%
Hispanic or Latino/a	3
Mexican	1
Mexican American	0
Puerto Rican	0
Cuban	0
Other Hispanic, Latino/a, or Spanish	2
Not Hispanic/Latino/a, or Spanish	77
Unknown or Other	17

Living Arrangements of Victim

Living Arrangements of Victims

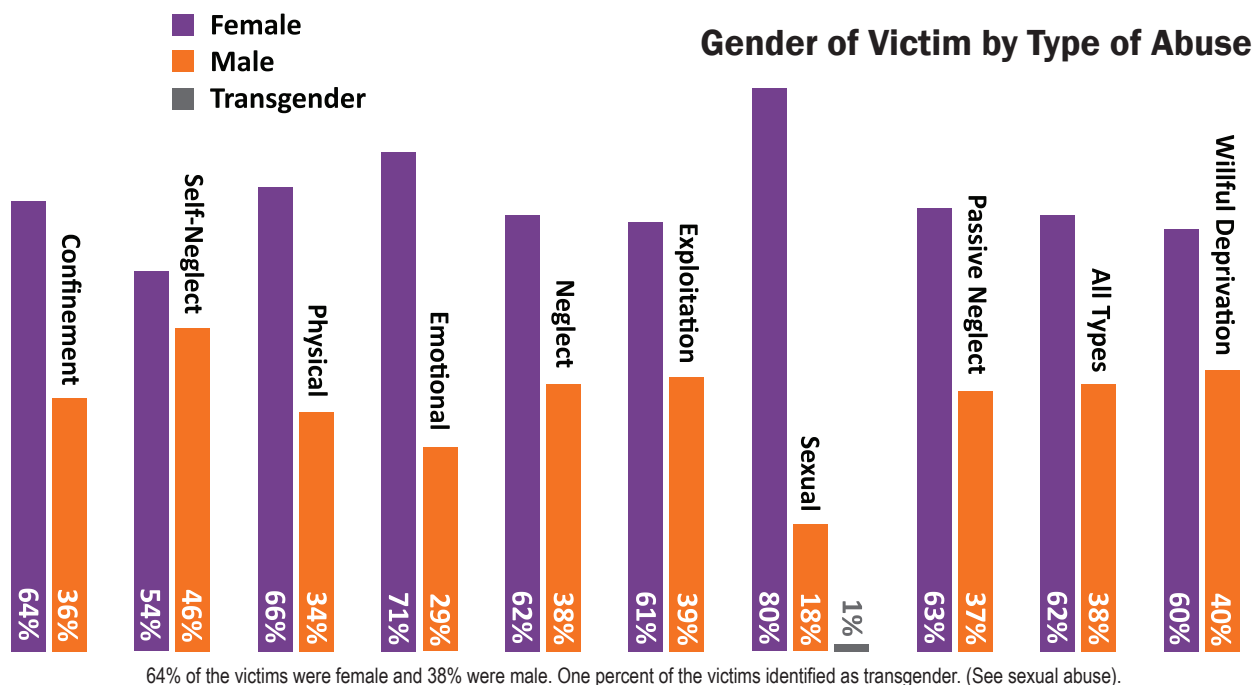
The majority of victims lived in their own home or apartment (73%) and 10 percent lived in the home of a relative.



In over 73% of cases, the victim lived in his/her own home or apartment; 10% lived in the home of a relative. Other includes but is not limited to homelessness and residency in a motel.

Gender of Victims by Abuse Type

The majority of victims of abuse, neglect, exploitation and self-neglect are female. In FY 2021, 61 percent of victims reported as female and 39 percent reported as male.

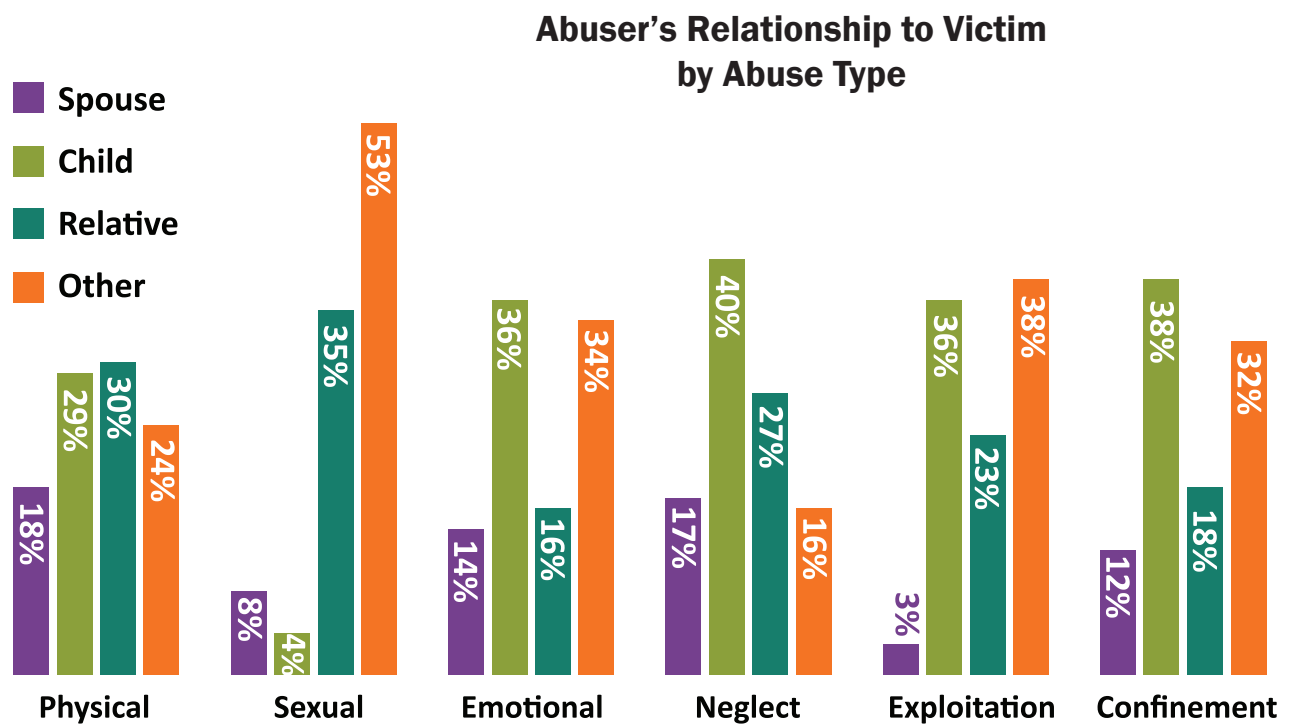


Victims Medical Conditions

Victims of abuse, neglect, exploitation, and self-neglect are diagnosed with a host of medical conditions leaving them especially vulnerable. In FY 2021, 22 percent had high blood pressure; 26 percent had Alzheimer's or other dementia; 20 percent had diabetes; 19 percent had heart problems; 16 percent had arthritis; 10 percent had respiratory problems; 14 percent had depression; and eight percent had cancer. Victims were also diagnosed to lesser degrees with medical conditions ranging from schizophrenia to kidney disease to bipolar disorder.

Characteristics of Abusers

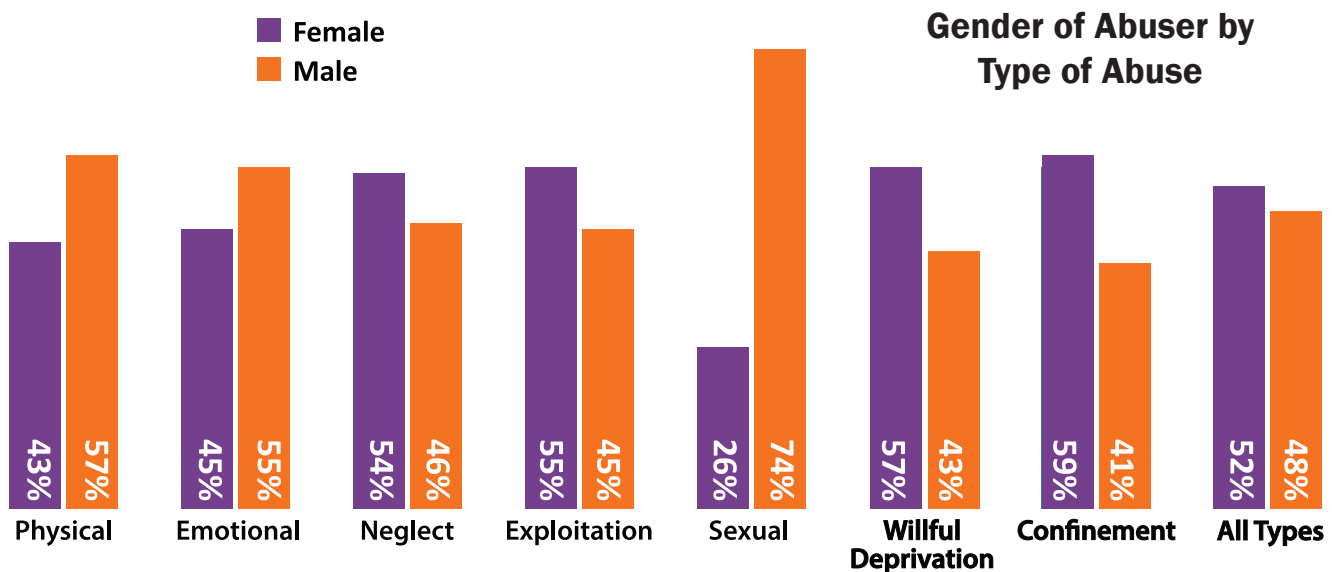
Abuse, neglect, and exploitation are often committed by a family member – either a spouse, child, or other relative.



Reports may contain allegations of multiple types of ANE.

Gender of Abuser by Type

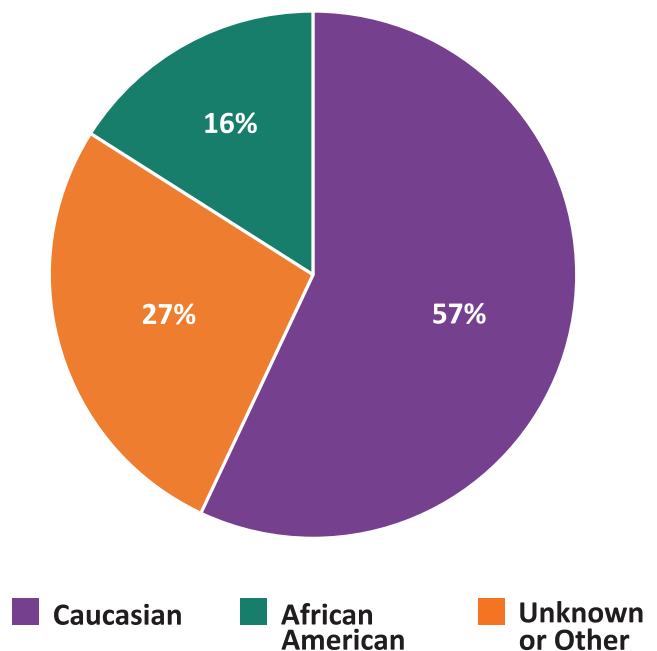
In FY 2021, 52 percent of abusers were reported as female and 48 percent were reported as male. When breaking abuse down by type, males were more likely than females to perpetrate physical abuse at 57 percent compared to female perpetrators at 43 percent. Conversely, females were more likely to perpetrate financial exploitation at 55 percent, compared to males at 45 percent. When examining sexual abuse statistics, males were the overwhelming number of abusers at 74 percent, compared to 26 percent of females.



52 percent of abusers were male and 48% were female. Reports may contain allegations of multiple types of ANE.

Race of Abuser

In FY 2021, the majority of abusers were white (57%), followed by African-American (16%). Twenty-seven percent of abuser's race was unknown or other.



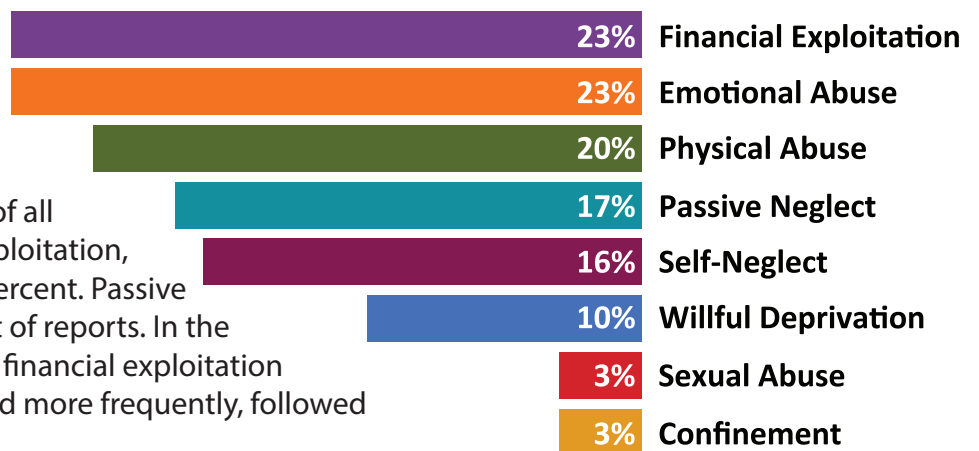
Origin of Intake Reports

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. PATH refers to the After-Hours Intake Line. APS Provider Agencies are also authorized to receive intake reports.

Intake Reports	
APS PAs	12,152
Senior HelpLine	4,791
PATH	3,624

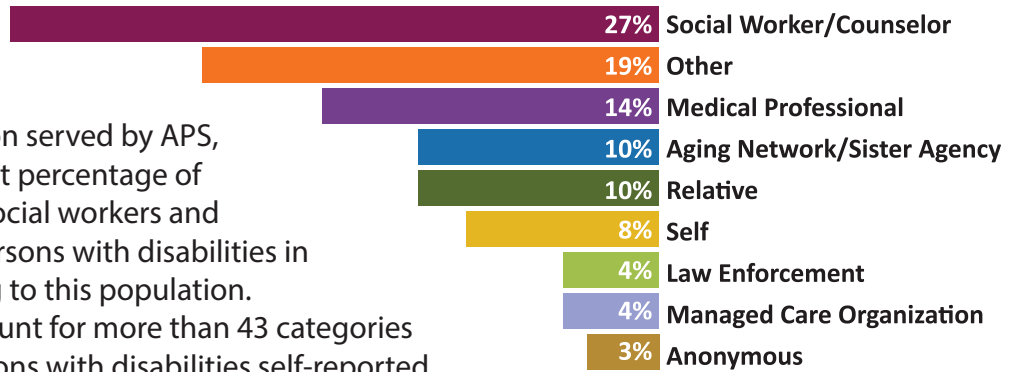
Types of Abuse Reported for Ages 18-59

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 23 percent of all cases, concurrent with financial exploitation, followed by physical abuse at 20 percent. Passive neglect was reported in 17 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

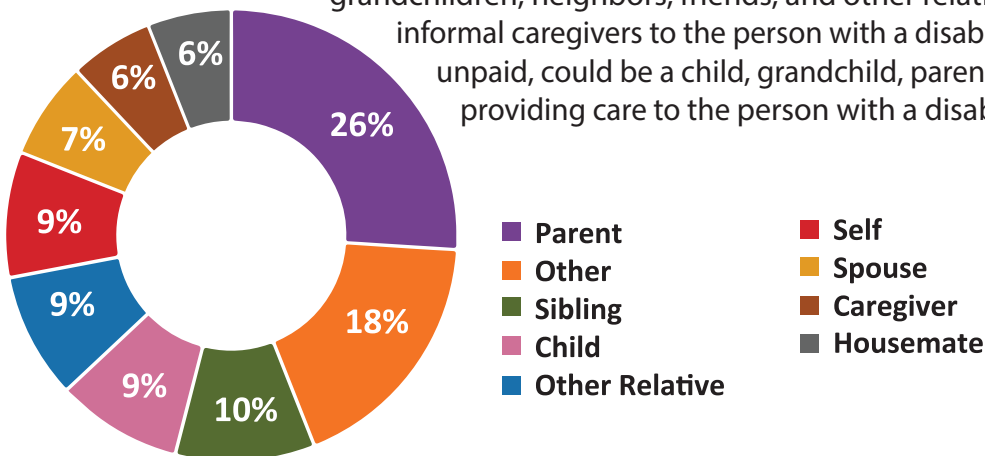
As is true in the overall population served by APS, social workers remain the highest percentage of professionals reporting abuse. Social workers and counselors reported abuse of persons with disabilities in 27 percent of all cases pertaining to this population. The remaining percentages account for more than 43 categories of professionals and others. Persons with disabilities self-reported in eight percent of cases.



Other includes Friend, financial institution, neighbor, teacher, mental health professional, and domestic violence provider. Values will not equal 100% due to rounding.

Abuser Relationship for Ages 18-59

Over one-quarter (26%) of the abusers of those aged 18-59 with disabilities have been parents of the victim. 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 of the reports. Other reported abusers comprise house-mates, legal guardians, grandchildren, neighbors, friends, and other relatives. Most abusers are 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.



Serving both Older Adults and Adults with Disabilities

In July of 2013, the Elder Abuse and Neglect Act was amended to become the Adult Protective Services Act (320 ILCS 20/). The State demonstrated a thoughtful and supportive approach 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 Illinois resident populations: older adults (aged 60 and older) and adults with disabilities (aged 18 to 59).

APS SERVICE COMPONENTS

APS coordinates an in-person response, seven days per week, to reports of abuse, neglect, exploitation, or self-neglect. This time-limited approach includes investigation including assessment of the person's risks, needs, strengths, and limitations. A case plan is developed in collaboration with the client and community services to alleviate identified problems. APS then continues counseling, monitoring, and reassessment to adjust to any change in the client's needs or situation.

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, evaluate the degree of risk of harm to the eligible adult and to provide immediate interventions if needed.

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 includes goals agreed to by the eligible adult and interventions that can include a variety of services or assistance.

Follow-Up – A systematic method of meeting with the eligible adult after a case is substantiated is essential to continuing to evaluate risk and ensure interventions are successful. . Follow-up includes working with the eligible adult to consider whether goals are met or in need of revision and detecting reemerging or new signs of concerns 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.

DECISIONS ON REPORTS RECEIVED

Every report of ANE/SN that is found to meet APS criteria is investigated. Investigation can take 30 to 45 days to complete. The APS provider agency is required to determine a substantiation decision based on the evidence collected. Each type of allegation involved is determined to be either:

- Substantiated, indicates there is either clear and convincing evidence or a preponderance of evidence to support the injury or harm was a result of the ANE/SN;
- Unsubstantiated, meaning there was insufficient evidence to support the ANE/SN occurred; or
- Unable to Substantiate, meaning the provider agency was unable to locate the alleged victim, had no jurisdiction, was unable to access the eligible adult after good faith efforts, or the eligible adult declined an investigation. .

APS CASE MANAGEMENT PORTAL AND MONITORING OF PROGRAM

The Illinois Department on Aging launched the APS Case Management Portal (CMP) in 2018 to manage case information and statistics for the APS program in real-time. CMP is designed to centralize the process by which APS providers document investigations. APS staff worked diligently to identify, design and streamline documentation entry and enhance the assessment process for providers by utilizing the web-based case management system. The system continues to evolve to increase consistency and accuracy in case management and providing data for program administration, evaluation, and budgeting. More revisions and upgrades were made to the system in FY 2021.

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:

- 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 they are unable to decide to act on their own behalf.

IDOA APS TRAINING

Comprehensive pre-service training is required for APS caseworkers and conducted by IDOA APS staff. In FY 2021, 100 caseworkers and RAA staff successfully completed training and were added to the APS Caseworker Registry. IDoA also conducts training for APS Supervisors. In FY 2021, 33 trainees successfully completed Supervisor training to go on to be certified as APS Supervisors or RAA APS staff.

A mandatory Documentation Training Series was conducted in April of 2021 for all APS caseworkers and supervisors. The recorded training is now required for new caseworkers as part of certification training and encompasses Intake, Basic Documentation, Client Assessment, Risk Assessment, Case Planning and Coordination, and the APS Registry.

Further, in response to the Elder Abuse Task Force recommendations and ACL grant funding, the Office of Adult Protection conducted monthly training webinars in FY 2021. More than 1,000 professionals participated and received APS Recertification credit, continuing legal education credits and/or continuing education credits approved for attorneys, social workers, nursing home administrators, professional counselors and nurses. The webinars, which were recorded for ongoing training opportunities, covered:

- "The Dysfunctional Family: Providing Care in the Midst of Drama;"
- "The Human Rights Authority and How it Intersects with APS;" "Implementation of the APS SN and Individual Care Provider Collaboration Policies;"
- "Making the Case: Documenting Our Way to a Successful Prosecution;" Review of Public Act 101-0496 (Clarifying whom to interview during case investigation);"
- "APS Outreach Campaign;" "APS Case Management Updates;"
- "Alone We Can Do So Little: Collaborative Response to Financial Exploitation of Older Adults and Persons with Disabilities;"
- "Elder Financial Exploitation from a Prosecutor's Perspective;"
- "What Legal Professionals and Others Need to Know About Those Who Abuse Older Adults and Persons with Disabilities;"
- "Undoing Undue Influence;"
- "Developing Culturally Responsive Trauma-Informed Legal Advocacy Services and Responses."

Bankers and Seniors Against Financial Exploitation (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 to help them identify, report, and prevent financial abuse of older adults and adults with disabilities.

New employees must be trained within the first six months of employment and training must be repeated every three years. In FY 2021, five trainings were conducted by APS provider agencies, 54 attendees, and nine Train-the-Trainer sessions were conducted by IDoA.

Virtual Financial Summit

As a result of findings of the Elder Abuse Task Force which called for more education and outreach to educate professionals and the public on preventing, addressing and intervening in cases involving financial exploitation, IDoA hosted a virtual Financial Summit on February 21, 2021. Financial exploitation remains, in keeping with national trends, the highest percentage of cases reported to APS.

The all-day, interactive Summit explored how to combat financial exploitation utilizing the following presentations and national experts:

- “Financial Services 101: Information for Adult Protective Services” presented by Ronald C. Long, Anne W. Larkin and Jason H. Lewis, Wells Fargo, St. Louis. The panel presented an overview of bank and brokerage reporting processes and review case scenarios.
- “Elder Financial Abuse from a Prosecutorial Standpoint” presented by Tonya Genovese. The session focused on the issues that can arise when prosecuting financial exploitation including capacity, consent, undue influence and the misconception that financial exploitation is a civil issue that cannot be prosecuted.
- “Scams: New Challenges in the Time of COVID-19” presented by Cordelia Coppleson, JD, Office of the Illinois Attorney General. The session focused on scams older adults are facing, particularly during times of quarantine.
- “Who Decides? Surrogate Decision Makers and the Law” presented by Caroline Manley, Center for Disability and Elder Law. The session provided an overview about the legal options available for when a surrogate decision maker is needed for both health care and finances. She explained the difference between power of attorney documents, adult guardianship, and the Illinois Health Care Surrogate Act.
- “Providing Help, Restoring Hope: The U.S. Department of Justice National Fraud Hotline” presented by Lori A. McGee, National Elder Fraud Hotline for the Office of Victims of Crime Training and Technical Assistance Center. This session discussed fraud perpetrated against adults and how it costs billions each year. The crimes often go unreported due to victims being scared, embarrassed or ignorant of who can help. The U.S. Department of Justice’s new hotline now provides services to adults aged 60 and older who have been defrauded.
- “Behind the Music: Candid Discussions Between Adult Protective Services and Financial Services” was presented by the Wells Fargo Panel to entertain broad questions and answers pertaining to privacy and jurisdiction.

As a follow-up to the Summit, Page Ulrey, Senior Deputy Prosecuting Attorney of the King County Prosecutor’s Office in Seattle, presented “Elder Financial Exploitation.” The webinar, conducted in March of 2021, explained the best course of action to address financial exploitation from a prosecutor’s perspective.

Other Trainings

In-person and virtual trainings are conducted on an ongoing basis by IDoA. Trainings are provided for the Aging Network as well as for external entities. When requested, IDoA host training for hospitals, legislators and aldermanic offices, in-home workers and others seeking information regarding the APS program and how to report suspected ANE/SN. APS also coordinates with the IDOA Planning Division to ensure trainings of relevance are shared with the Aging Network.

SERVICES PROVIDED TO CLIENTS

Types of interventions reviewed and discussed with APS clients include:

Short Term/Crisis Interventions

- ◇ Early Intervention Services
- ◇ Emergency Medical Care
- ◇ Law Enforcement Involvement
- ◇ Orders of Protection

Long Term Interventions

- ◇ In-home assistance and/or home-health referrals
- ◇ Care/case management referrals
- ◇ Medical and rehab referrals
- ◇ Nutrition referrals (home delivered meals)
- ◇ Transportation assistance
- ◇ Mental Health referrals
- ◇ Adult Day Center referrals
- ◇ Education, employment, training referrals
- ◇ Financial management referrals
- ◇ Socialization referrals
- ◇ Legal service referrals
- ◇ Victim services including domestic violence referrals
- ◇ Supportive Counseling

In FY 2021, in-home assistance was the most frequently referred service for victims, with 16 percent referred, followed by Care/Case Management at 13 percent. Abusers are also referred for services such as counseling, respite, substance use, caregiver support, etc.

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. The assessment of risk level enables the provider agency to develop an individualized care plan with the client. 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 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.

A caseworker provides supportive counseling to the client, arranges for needed services, and monitors the abusive or neglectful situation during the time the case is open.

Cases are closed due to the eligible adult:

- Declining services;
- Becoming deceased;
- Placed in a long-term care facility or group home;
- Moving out of APS jurisdiction; or
- Is no longer at risk

INTERAGENCY COORDINATION/PARTNERSHIPS

IDoA's APS Program continues to partner with the IDoA's Care Coordination Units, the Illinois Department of Human Services' Divisions of Developmental Disabilities, Mental Health and Rehabilitation Services, Managed Care Organizations and a variety of other service providers to ensure clients receive the appropriate referral of services. In addition, IDoA APS staff participate in the Illinois Silver Search Task Force, created in 2017 as part of the Endangered Missing Person Advisory, which is 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 Southern Illinois Criminal Justice Summit, the National Adult Protective Services Association (NAPSA), as well as other organizations to promote collaboration and educational opportunities.

Additionally, IDoA works with the Illinois State TRIAD which brings together police officers, legal representatives, elder rights advocates and older adults for crime prevention and education throughout Illinois. The primary goal is to reduce criminal victimization of older citizens and enhance the delivery of services to this population. A TRIAD is tailored to meet the needs of each community and can be an integral part of community policing.

IDoA also established an Interagency Agreement with the University of Illinois Urbana-Champaign in 2020 that revitalized the Illinois Data Science Initiative. This agreement enables the IDoA to share data with the University in order to have analysis and research completed. This agreement will enable high-level analysis of data to ensure that policy and procedural decisions affecting state programs are informed with sound datasets and outputs.

FISCAL YEAR 2021 APS HIGHLIGHTS

Elder Abuse Task Force Issues Report

The Illinois General Assembly, through Senate Joint Resolution 13 (SJR 13), established a multidisciplinary Elder Abuse Task Force on June 2, 2019. The Task Force was 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 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 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

Members

Senator Craig Wilcox, State Senator, 32nd District

Cordelia Coppleson, Assistant Attorney General, Illinois 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 Rights Authority Manager, Illinois Guardianship and Advocacy Commission

Ashley Snavelly, Legislative Director, Illinois Health Care Association

Kristopher Tharp, Lieutenant, 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

The Task Force met quarterly; three meetings were held in person in 2019 and one virtual meeting was held in 2020. The meetings fostered collaboration among stakeholders serving the elderly in various capacities across the state.

Task Force members were educated on best practices, current requirements and initiatives to combat ANE/ SN, scams and fraud. Common themes emerged in the Task Force's final report issued in FY 2021 - the need to address training, close gaps in statutes, expand TRIAD, and increase communication and collaboration with partners. The Task Force's full report may be accessed on the IDoA website.

How Task Force Goals are Being Accomplished: Increasing Public Awareness, Training and Collaboration; Decrease Social Isolation in FY 2021

In response to the important work of the Elder Abuse Task Force, IDoA APS worked on the following initiatives in FY 2021 independently and in conjunction with a \$2.1 million grant from the ACL to answer deliverables issued by the Task Force:

Public Awareness – #Engage2Change Campaign

The Illinois Department on Aging launched a new public and professional awareness campaign titled “#Engage2Change” to highlight the importance of reporting suspected abuse, neglect and exploitation of persons aged 60 and older and persons with disabilities aged 18-59.

Utilizing the theme, APS partnered with the CBS Community Partnership Division to air public service announcements about how to recognize and report abuse, neglect and exploitation. The multi-platform education and outreach campaign included broadcast television (WBBM TV/CBS 2 Chicago), mobile phone messaging, email marketing and social media, in both English and Spanish languages, to expand the reach of APS throughout Illinois.

Messaging encouraged individuals, friends and family of loved ones they suspect of being abused to report and how to report. Messaging targeted not only reporting ANE/SN of older adults but also persons with disabilities aged 18-59.

The CBS campaign ran from July through September, 2020 and again in March, 2021 with plans for future deployments in FY 2022.

IDoA also utilized the #Engage2Change campaign by implementing an IDoA webpage located at <https://www2.illinois.gov/aging/Engage>. This webpage includes information for the public and professionals about the need to report and how to do so. It includes materials newly produced with the #Engage2Change theme such as brochures explaining the APS program, defining ANE/SN and available resources, as well as an APS/Ombudsman brochure explaining how ANE is addressed within long-term care facilities. Brochures, printed in five languages, along with posters in two languages were also disseminated to Area Agencies on Aging and APS providers statewide to assist in spreading the reach of the campaign.

Campaign radio advertisements were conducted through a partnership with the Illinois Broadcast Association (IBA). The IBA's Non-Commercial Sustaining Announcements were recorded through its Public Education Partnership program and aired on approximately 220 participating IBA member stations located throughout the state. Each station was instructed to air the message, recorded by IDoA Director Paula Basta, at a frequency that results in a minimum 3:1 ratio. Over 3,000 spots ultimately aired resulting in more than a 3:1 return on investment.

Campaign billboard advertisements were erected through a partnership with the Outdoor Advertising Association of Illinois (OAAI). The OAAI executed the campaign as part of its Public Service Program, a statewide effort in which member billboard companies donate advertising space to qualifying organizations to communicate important messages to the motoring public. Approximately 200 campaign billboards were placed beginning June 1, 2021 and continuing into state fiscal year 2022. Two graphics were designed each targeting either older adults or adults with disabilities aged 18 to 59.

Training

Because financial exploitation remains, in keeping with national trends, the highest percentage of abuse reported to APS, IDoA conducted a Financial Exploitation Virtual Learning Event to increase understanding of financial exploitation and consumer scams and educate professionals from a multitude of fields about how to combat this problem. A “Financial Summit” was held February 21, 2021 and explored how to combat financial exploitation as presented by national experts.

IDoA APS continues to partner with the banking industry to train bank employees about financial exploitation through its Bankers and Seniors Against Financial Exploitation (B*SAFE) program.

APS Caseworker Simulation Training was launched at the end of FY 21 in coordination with partner Child Protection Training Academy at the University of Illinois at Springfield to strengthen caseworker's skill sets with investigations and confidence in the field. Simulation training provides a mock house designed to simulate a client's home along with actors who serve as the eligible adults and alleged abusers. The training includes, but is not limited to, receipt of an Intake, staffing with a supervisor, a call back to the reporter for further information, the door knock exercise to gain entry to the home, interview with the eligible adult, interview with the alleged abuser and debriefing. Such exercises help the caseworker in training work on active listening, problem-solving, and observation and communication. Improvement in these skills leads to improved service to clients.

IDoA laid the groundwork for a Trauma-Informed Training to educate how trauma affects people and cover secondary trauma to caseworkers. The training will be held in state fiscal year 22.

Collaboration

In order to foster better collaboration among caseworkers and supervisors as well as with sister agencies and other entities, APS focused on clarifying existing policies, upgrading policies and establishing new policies in FY 2021. These included an APS Report of Substantiation Policy including timelines and responsibilities for all agencies involved in sharing information on abuse and neglect cases.

Other efforts to increase collaboration involved examining the APS Case Management Portal to improve automation for information sharing and or more detailed data that can be extracted to allow for timely and inclusive review of data and response to clients.

A renewed focus was also placed upon establishing Memorandums of Understanding (MOUs) to allow for interagency collaboration with law enforcement and/or fire departments who can more readily access relevant information when serving mutual clients. IDoA is working to assist all APS provider agencies having MOUs in place to allow for more seamless response between agencies. Further, IDoA has reached out to the Illinois Police Chiefs and Illinois Sheriff's Associations to strengthen these interagency partnerships.

APS created and issued a First Responder Handout to provide resource numbers, conditions to look for in possible abuse situations, and the agency responsible for jurisdiction along with phone numbers to make the suspected abuse report. More than three thousand handouts were distributed to RAAs and the Aging Network for distribution to local police and fire departments, ambulance services, State's Attorney's Offices, and other similar groups and agencies.

Social Isolation

The increased social isolation for many older adults and adults with disabilities resulting from the pandemic raised concerns about the population served by APS. Researchers found that social distancing requirements created increased dependency on others for completion of daily living activities, further increasing vulnerability of APS clients.

To educate the professionals internal and external to APS, IDoA made plans in FY 21 to host a future webinar in collaboration with DHS Division of Developmental Disabilities to improve knowledge of how to engage with adults with disabilities.

IDoA also emphasized that social isolation should be discussed as part of all committee, council, and/or advisory group meetings and placed on agendas as a standing item.

Task Force Legislative Recommendations

The following bills were Introduced during the 2020 Spring Session:

Senate Bill 3128 expands the scope of “person who stands in a position of trust and confidence” to include a friend or acquaintance of the older adult or person with a disability who is in a position of trust. (This bill would become PA 102-0244 in FY 22.)

Senate Bill 3534 provides that a prosecution for theft by deception of an older adult or a person with a disability under the theft statute may commence within seven years of the last act committed in furtherance of the crime (rather than three years). (This bill would become PA 102-0244 in FY 22.)

Senate Bill 3626 provides that a person commits home repair fraud when promising a repair, he or she knows will not be completed during a certain timeframe. (This bill would become PA 102-0244 in FY 22.)

House Bill 3993 expands the definition of “mandated reporter” to include investment advisors and insurance adjusters. (This bill was reintroduced in FY 22.)

Senate Bill 3604 provides that any person may report information about a suspicious death of an eligible adult to an agency designated to receive such reports under the APS Act or IDoA for subsequent referral to the appropriate law enforcement agency and the coroner or medical examiner. (This bill was reintroduced in FY 22.)

IDoA APS Fiscal Year 2021 Pledges

IDoA committed to several strategic pledges to complete work as part of the ACL Grants to Enhance State APS and in response to the Elder Abuse Task Force.

These include:

- Expand B*SAFE training to local law enforcement departments
- Increase number of Elderly Service Officers by working with the Illinois Attorney General’s Office, Illinois Police Chiefs and Sheriffs’ Association to develop a plan to support and expand having more officers trained specifically to work with older adults.
- Development of Legal Professional Toolkit to educate professionals who can become advocates for our most vulnerable adults.
- Completion of an APS “Improving Documentation” webinar series to reinforce expectations and best practices across the APS provider network related to documentation; conduct an APS “Investigation” webinar series to standardize the investigation across the state utilizing best practices; conduct an APS “Form Completion” webinar series to standardize APS documentation across the state so all forms associated with an APS case are completed utilizing best practices; conduct “Cognition” webinars to provide webinars on diseases, diagnosis, and/or conditions that affect cognition.
- Create an APS Training Advisory Group including stakeholders to assist in identifying APS training needs and effectiveness of current trainings.
- Increase the number of Local TRIADS by working with the state TRIAD to help increase outreach and awareness of the need for local TRIADS; explore ways IDoA can support TRIAD financially.

- Develop a training on how to petition for access to an APS client by working with the Office of General Counsel to train on procedural and substantive requirement of petitions.
- Develop training on Supported Decision Making to promote a person-centered approach and allow individuals to make choices about their lives with the support of a trusted network of people, as an alternative to guardianship.
- Partner with hospitals/hospital associations, managed care organizations, CCUs and APS providers to help hospitalized clients at risk of abuse, neglect, or exploitation. If determined to be at risk, hospitalized clients would be referred to an MCO, CCU, legal services or other community resources prior to hospital discharge.
- Establish a Tailored Caregiver Assessment and Referral (T-Care). T-Care is a care management system designed to support family members who are providing care to adults, of any age, with chronic or acute health conditions.

APS Policies Enacted

At the request of the Elder Abuse Task Force, the policy 'Self-Neglect and Provider Collaboration' was created for the purpose of which is to safeguard the health, safety and welfare of APS clients who have a finding of SN. When an eligible adult experiencing self-neglect is also the recipient of a state waiver service, response requires collaboration with IDoA CCUs, MCOs, DHS Division of Developmental Disabilities, DHS Division of Rehabilitative Services, and the University of Chicago Division of Specialized Care for Children to ensure the most comprehensive and person-centered plan of care. Such coordination also prevents any duplication of services by the various agencies involved. The policy was created to ensure APS share information at key points in the APS case with the associated waiver agency for who the eligible adult is a shared client. The waiver agency provider is then expected to follow up with the client and consider any needed changes to the existing Plan of Care based on the current circumstances.

Another policy, "Coordination of Services for Adult Protective Services and Waiver Service Providers" outlines the roles and responsibilities of the APS provider agency casework staff as well as the CCUs, DHS Division of Rehabilitation Services, DHS Division of Developmental Disabilities, University of Chicago Division of Specialized Care for Children, and MCOs to ensure more comprehensive, individualized and person-centered care plans and case work that address the health, safety, and welfare of participants. Communication between the entities has improved with the sharing of Reports of Substantiation and APS Client Assessments.

FEDERAL GRANT AWARDED TO ILLINOIS APS

In FY 2019, APS applied for and was awarded a three-year \$2.1 million grant from the ACL 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 the four projects:

♦ Evidence-Based Caseworker Simulation Training

Initial training of APS caseworkers was enhanced in FY 2021 through simulation training to improve the learning process related to skills required for investigation of the diverse and complex population served by the program. A recent survey of Illinois APS providers found a 42% turnover rate in APS staff. The addition of simulation training is intended to play a role in worker retention of new hires by placing them in safe yet realistic mock scenarios where they can practice and receive immediate feedback before entering the field.

Simulation training commenced after an Intergovernmental Agreement was finalized between IDoA and the University of Illinois at Springfield (UIS) in May of 2021.

The agreement enabled IDoA to partner with the Child Protection Training Academy (CPTA) at UIS, which established the Simulations Laboratories program in 2016 to provide a safe learning environment with realistic challenges that bolster investigator skills and confidence. The Laboratories have been used for the Illinois Department of Children and Family Service (DCFS) child protection 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 move forward with an investigation. Simulation training 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 portray client and family members.

Simulation training concentrates on receipt of Intake, staffing with a Supervisor, call back to the reporter, Door Knock exercise, interview with alleged victim, interview with alleged abuser and debriefing. Pre/Post exams for trainees are shared. These exams are used toward the evaluation of grant outcomes in addition to tracking retention of trainees following training.

Due to the pandemic, the in-person Simulation Training was converted to a virtual platform during FY 2021. Twelve participants completed the first Simulation Training which was held in May of 2021.

The two-day Simulation training follows the initial training provided to all APS caseworker and supervisory staff. Currently, APS caseworker training consists of four days of 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.

♦ **APS Network 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. 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. Providing caseworkers with knowledge on secondary and vicarious trauma helps them respond to work-related stress and burnout, promoting improved program functioning and more effective practice with clients.

In May of 2021, attorney and consultant Olga Trujillo presented a webinar to the APS network titled "Developing Culturally Responsive, Trauma-Informed Legal Advocacy Services and Responses." More than

150 participants including APS, law enforcement and attorneys learned to explore the signs of trauma from a lived experience; how to help ensure access to justice for survivors of violence; how to determine capacity and develop strategies for court proceedings.

Grant objectives include further trauma-informed training to the APS network in state fiscal year 22 with partner Holly Ramsey Klawnsnik developing a four part series.

♦ **Public and Professional Awareness Campaign**

Abuse, neglect and exploitation of older adults is recognized as being chronically under-reported. It is estimated that for every case reported, between 15 and 20 percent go unreported. There are many factors when considering reporting. Among them is the lack of awareness that a program exist to address abuse, neglect and exploitation of older adults.

In the past seven years the APS program has undergone major jurisdictional changes. . Thus, previous outreach campaigns “Break the Silence” and “Enough is Enough” released in 2002 and 2014 respectively, were in need in of rebranding. The grant allowed a new “#Engage2Change” campaign to educate the populace prior to advanced aging when cognitive decline can increase. The campaign includes messages of how to remove oneself from an abusive or neglectful situation and empowers individuals to speak up for themselves or for others.

The “#Engage2Change” theme is intended to form a connection with the person considering making an APS report. When a person engages in making the report, they become part of changing the life of the vulnerable adult.

IDoA partnered with CBS Community Partnership Division to spread the #Engage2Change campaign to the Chicago region (which is the area with highest population and reporting) through television and digital media beginning in FY 2020 and continuing into FY 2021. The campaign was built on a foundation of broadcast television on WBBM TV/CBS 2 Chicago using a blend of 30 second and 15 second vignettes. The message was extended through multiple digital platforms to help heighten awareness about adult abuse and abuse of adults with disabilities through the use of social platforms and email deployments specifically targeted to older adults, caregivers and mandated reports. Geo-fencing techniques were used to reach these targets and the messaging ran in tandem with the television component. Campaign analytics during state fiscal year 21 revealed the campaign performed above targeted benchmarks and it continues into the next fiscal year.

The campaign also included a statewide 13-week radio campaign launched at the end of FY 2021 which included airing public service announcements voiced by IDoA’s Director about the APS program and how to report. IDoA partnered with the Illinois Broadcaster’s Association (IBA) to run the ads from the end of FY 2021 through the summer months in FY 2022. The ads reached nearly 40 cities, every county throughout the state and a small portion of Missouri, Iowa and Wisconsin. The ads were conducted in both English and Spanish.

A contract with the Illinois Outdoor Advertising Association (IOAA) was finalized in mid FY 2021 to erect 200 billboards throughout the state . Artwork and messaging targets both older adults as well as adults with disabilities and were displayed in both English and Spanish languages.

A dedicated webpage highlighting the “#Engage2Change” campaign was completed and integrated within IDoA’s revamped website. In addition, materials were developed for use by APS providers for localized outreach. These include brochures and posters with various messaging for the different target audiences.

♦ 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. Adult maltreatment is a system-wide issue with victims affected by the actions or inactions of law enforcement and legal professionals involved in cases. Cases are not always consistently investigated or lead to charges brought against alleged abusers due to a lack of knowledge. Law enforcement and legal professionals need specialized training related to abuse of older adults and adults with disabilities, including information about state laws, supportive services, decision-making capacity, and undue influence,.. Providing such training in Illinois will serve to increase coordination and improve service to APS clients.

APS and its Legal Service Assistance Developer were able to work with the Illinois MCLE Board to offer legal education credits to attorneys for several webinars developed with grant funds. Further, IDoA submitted a publication in the August, 2020 Illinois State Bar Association Elder Law Section Council announcing the #Engage2Change campaign. The publication's distribution includes 1,228 members.

In January of 2021, David Adams, Ed.D., Director of EMERGE, presented "What Legal Professionals and Others Need to Know About Those Who Abuse Older Adults and Persons with Disabilities" for the Aging Network, law enforcement and legal audiences. More than 175 professionals participated in the webinar which educated them on the characteristics of those who perpetrate abuse toward intimate partners, identified types and patterns of abuse for this type of perpetrator, helped them understand what legal interventions and types of treatment are effective and how to carry out a safety plan for victims.

In April of 2021, Page Ulrey, King County Prosecutor's Office in Seattle, presented "Elder Financial Exploitation from a Prosecutor's Perspective" for the Aging Network, law enforcement and legal audiences. More than 200 professionals participated to learn the role of cognitive capacity in such cases and what qualities make them prosecutable.

In May of 2021, attorney and trainer Olga Trujillo trained the Aging Network, law enforcement and legal audience on "Developing Culturally Responsive, Trauma-Informed Legal Advocacy Services and Responses." More than 100 participants learned to explore the signs of trauma from a lived experience; how to help ensure access to justice for survivors of violence; how to determine capacity and develop strategies for court proceedings.

In June of 2021, Lisa Nerenberg, Executive Director of the California Elder Justice Coalition presented "Undoing Undue Influence" which trained more than 150 participants on the use of unfair tactics to manipulate the less powerful to benefit themselves. She described the devastating consequences for victims and how undue influence has been addressed in the fields of psychology, law, and APS. The presentation also offered strategies for preventing, identifying and responding to undue influence. Further discussion covered the four-pronged statutory definition of undue influence adopted in California, as well as screening tools designed for APS caseworkers.

Overall Grant Outcomes

Expected outcomes of the overall project over the course of the three-year grant period and beyond 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.

Quality Reviews

IDoA APS staff conducted quality reviews at APS provider agencies throughout the state in FY 2021. The reviews, were undertaken at nine agencies to gauge adherence to quality assurance standards and procedures. IDoA selected and reviewed case records that were examined for:

- Quality of the Intake Process;
- Quality of the Assessment Process;
- Quality of Case Work; and
- Quality of Follow-Up and Case Closure Process.

IDoA informed agencies of strengths and weaknesses and identified areas requiring more supervisory guidance and training to meet quality goals and best practices. Quality reviews are undertaken on a three-year rotational cycle unless scores indicate a need to review sooner.

APS Advisory Committee

IDoA APS is responsible for establishing an Advisory Committee whose purpose is to provide advice on policy issues and to assist IDoA in responding to concerns regarding the program.

State of IL FY 21 members include:

Barbara Eskildsen, Executive Director, Western Illinois Area Agency on Aging, Rock Island
Brenda Fleming, Executive Director, West Central Illinois CCU, Quincy
David Mitchell, Adult Protective Services Director, 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 Nurse Association
Yvonne Anderson, Adult Protective Services Supervisor, MercyHealth, Rockford

REGIONAL INTER-AGENCY FATALITY REVIEW TEAMS

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 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 FRT Advisory Council, 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 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 IDoA's Planning and Service Areas. Rules to guide the implementation of FRTs were adopted and teams were ultimately formed statewide.

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.

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

For the timeframe of June 30, 2020 through July 1, 2021, FRTs discussed 15 cases, most having been referred from APS providers.

The majority of victims were white, widowed females living in a home. The youngest was age 19, and the oldest was 100. Victims suffered functional impairments, including one with developmental disabilities. Many were living with or dependent upon their alleged abusers. The majority also had cognitive impairments, including Alzheimer's disease.

Of the cases discussed in FY 2021, passive neglect was the most common form of abuse, followed by physical abuse.

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 VNA 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, Coroner, Sangamon County

Nancy Hinton, Program Coordinator/ Senior Advocate, Midland Area Agency on Aging

Scott Kinley, Deputy Coroner, Williamson County

David Mitchell, APS Supervisor, 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

Audrey Klopp, Program Director, Doctoral Nursing Program, Loyola University Chicago

Beverlee Hiestand, APS Coordinator, SWAN, Salem

MAKING SYSTEMIC CHANGES: ACCOMPLISHMENTS TO DATE

IDoA's federal waiver demands assurance 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 FRT Advisory Council in FY 20 explored different models of Root Cause Analysis to adopt for use by FRTs to show how gathering data analytics may lead to better outcomes. A model commonly known as a "Fishbone" tool was chosen 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 FRT members on use of this method commenced in FY 2021.

An agreement between the IDoA and the Illinois Department of Public Health – Division of Vital Records was executed to trigger the review of 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 review by FRTs.

An APS Registry was created with the passage of 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 aged 60 or older and adults with a disability aged 18-59 in their homes. The Registry makes the caregivers 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 changing employers after abuse allegations, endangering older Illinoisans. 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.

Public Act 101-0394 went into effect January 1, 2020. The Act was proposed by FRT Advisory Council Chair Diane Michalak and the DuPage County State's Attorney's Office and 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 charged 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 the abuser that the person agreed to give them money) if the person lacked capacity.

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 can better respond to any call or disturbance by separating individuals and asking more relevant 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 death in the household. The critical component of MOUs is that they can 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 and gangs.



State of Illinois, Department on Aging

One Natural Resources Way, #100
Springfield, Illinois 62702-1271
www.illinois.gov/aging

Senior HelpLine (8:30am – 5:00pm, Monday – Friday):
1-800-252-8966

Adult Protective Services Hotline (24-Hour):
1-866-800-1409

The Illinois Department on Aging does not discriminate against any individual because of his or her race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, gender identity, pregnancy, or unfavorable discharge from military service in admission to programs or treatment of employment in programs or activities.

If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging.

For information call the Senior HelpLine: 1-800-252-8966.