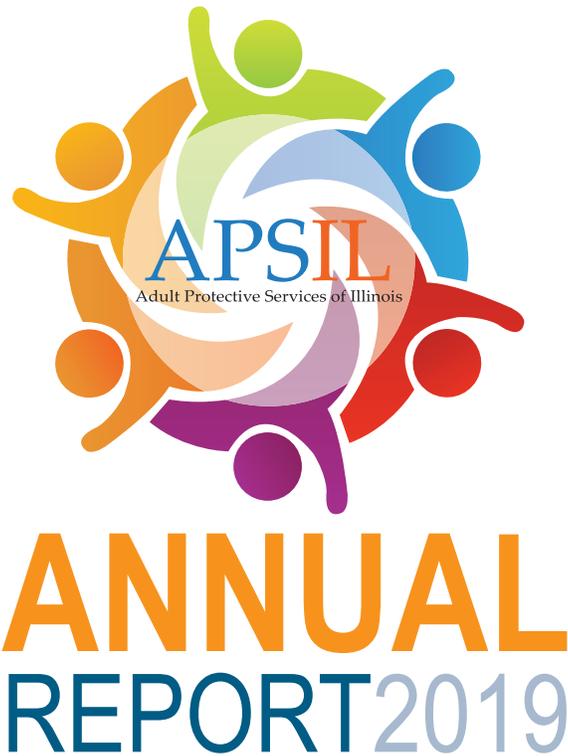




State of Illinois
Illinois Department on Aging



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

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March 30, 2020

Dear Friends:

I would like to present to you the Illinois Department on Aging's Adult Protective Services Annual Report for Fiscal Year 2019.

Throughout its history, the Department's Adult Protective Services Program has demonstrated a thoughtful, forward-thinking and nationally recognized approach to protecting adults 60 years of age and older, and persons 18-59 with a disability from abuse, neglect and exploitation. The program has consistently grown through the years, both in terms of statistics and services. FY 2019 reflects further expansion. Several major accomplishments were undertaken which include the program's acceptance of self-neglect reports and the implementation of an APS Registry to help safeguard those we serve from abusive caregivers.

These and other accomplishments further underscore our strength and determination to protect the health, safety and welfare of older adults and persons with disabilities in every part of our state. Our program does not accept stagnation or saturation. Abuse, neglect and exploitation are indiscriminating offenders reflective of many societal factors. We remain a critical safety net and provide services to our clients 24 hours per day, seven days per week.

As this Annual Report reflects, reports of abuse, neglect, exploitation, and self-neglect, surpassed 21,000; our caseloads are growing. Reports have steadily risen each year for critical problems that remain vastly under-identified and under-reported. We continue our mission to educate all Illinoisans that abuse, neglect and exploitation is a problem we cannot tolerate. We all have the right to be treated with dignity and respect - to feel safe and secure. We will not stand by; interventions are available. The sooner we know about the abuse, the sooner we can put a stop to it.

The APS Program stands ready to pivot towards the public's and professional's attention on education, awareness, prevention, early intervention and collaborative practices to improve approaches to fighting abuse, neglect and exploitation. We are elated to have been awarded a new grant from the Administration for Community Living to enhance training and awareness of APS reporting, assessment and service. We are eager and enthusiastic to begin working on the project that will have impact for years to come.

Thank you, again, for reviewing the Annual Report. We are proud of our work of making a positive difference in the lives of thousands. The people who work in this field are driven and passionate. We owe a debt of gratitude to the entire Aging Network for making strides against abuse, neglect and exploitation, and helping those who self-neglect. 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 must, as a community, work together to make a difference in the lives of our older adults and adults with disabilities living in our neighborhoods. We owe it to our elders to *respect yesterday, support today, and plan for tomorrow.*

Sincerely,



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, FY 2019 represents the first year in which reports of self-neglect were accepted by the program. Self-Neglect 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 work 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, 2018, through June 30, 2019 (State Fiscal Year 2019). During this time, there were 21,348 reports of abuse received by the program, constituting 4,263 more reports than last fiscal year. Eighteen percent of reports alleged abuse of an individual with a disability. It is important to note that abuse can take many forms and victims typically suffer from multiple types of abuse, so that a person who is financially exploited may be emotionally abused as well.

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. Each year, the number of victims receiving assistance through the program has increased. Since its inception, reports to the program have climbed by roughly 1,000 each year. From 1,000 in the program's first year, reports have increased 20-fold as reflected in this report. Hence, there will be little surprise if, in 20 years, reports exceed 40,000. Further, experts believe for each case reported, between 12 and 20 go unreported.

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. What resulted is a heightened attention to education, awareness, prevention, early intervention and collaborative practices to meet need demands.

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. In 2019, 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.

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

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

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

Upon the receipt of funding, 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.

2019

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

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

2020

APS is awarded grant from the Administration for Community Living with the goal of enhancing training and awareness of APS reporting, assessment and service.

- 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 the 2019 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 workgroups 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.

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,

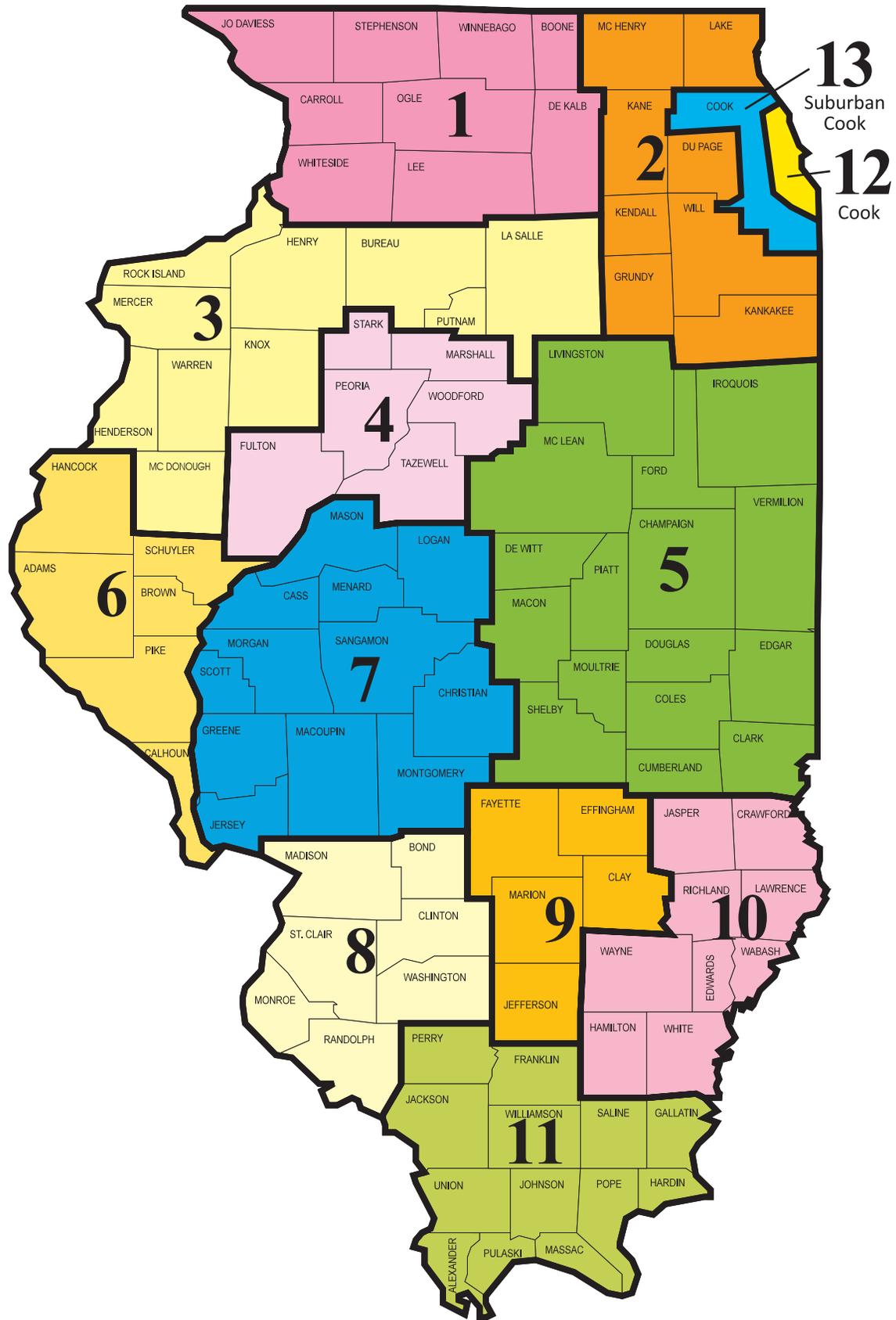
neglect, exploitation, and self-neglect to the general public and professionals in their communities, coordinate Multi-Disciplinary Teams to assist them on difficult cases, and authorize the expenditure of Early Intervention Services funds for short-term and/or emergency services.

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 166 APS caseworkers and 60 supervisors working statewide. The State average of assessments conducted monthly is 40.

APS Funding

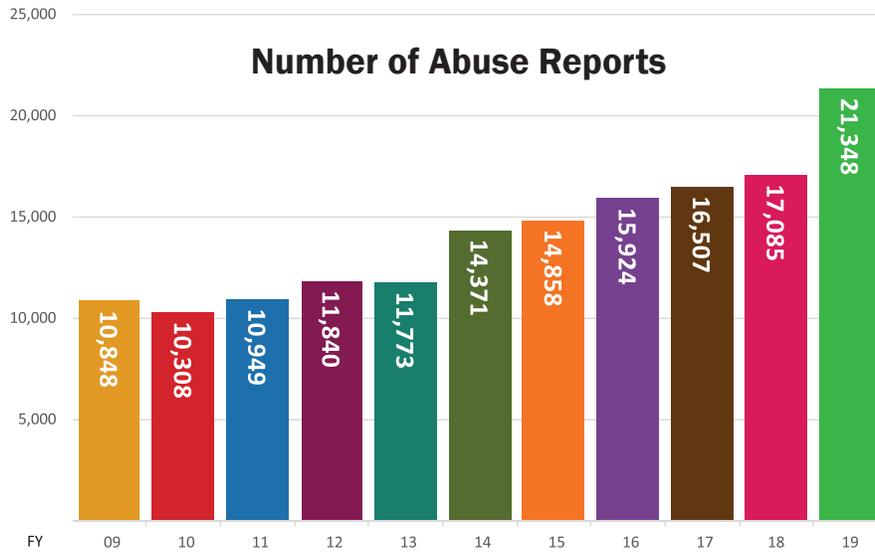
In Illinois, the APS Program is supported with State General Revenue and Older Americans Act Title VII funds. Provider agencies receive reimbursement for the assessment, case work, and follow-up activities on a unit rate basis. There is no dedicated federal funding or regulations for State programs;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



ANNUAL REPORT DATA

Number of Abuse Reports

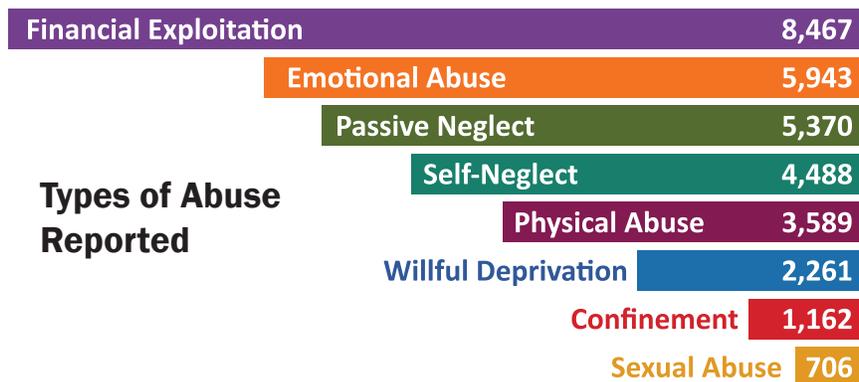
During the period of July 1, 2018 through June 30, 2019, there were 21,348 reports of abuse received by the program. This represents a 25 percent increase from the previous year in which 17,085 reports were made. This more-than-average jump is attributed to the new acceptance of Self-Neglect reports. The city of Chicago received the largest number of reports numbering 4,265, followed by the suburban Cook County area which received 3,438.



From Fiscal Year 2018 to Fiscal year 2019, there was an increase of 25% in reports; 21% of reports involved allegations of self-neglect; 18% of the reports received involved persons age 18-59 with a disability.

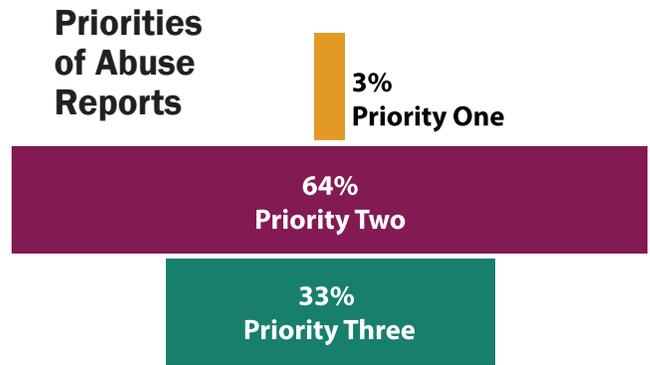
Types of Abuse Reported

As in past years, financial exploitation was reported more frequently than any other type of abuse. Financial exploitation was reported in 40 percent of all reports. Emotional abuse, which is highly associated with financial exploitation, was reported in 28 percent of all reports, followed by passive neglect (25%), self-neglect (21%), physical abuse (17%), willful deprivation (11%), and confinement (5%). Allegations of sexual abuse were reported in three percent of cases.



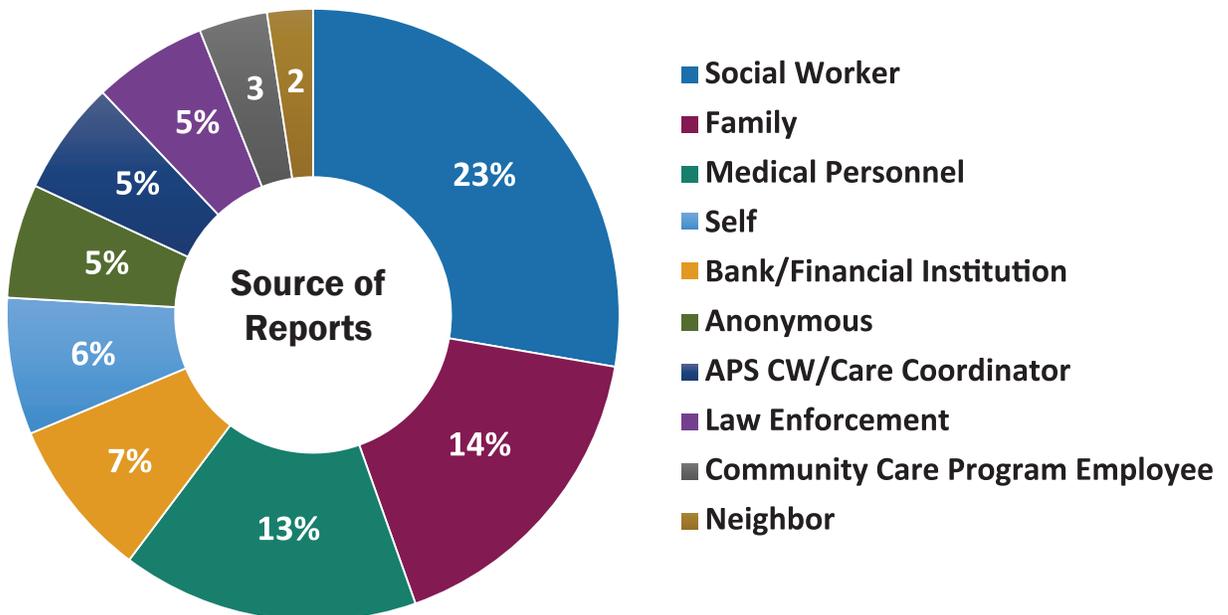
Victims generally experience more than one type of abuse. Financial exploitation is the type of abuse most frequently reported (40% of reports), and is highly associated with emotional abuse, reported in 28% of cases.

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 2019, a Priority One status was assigned to 3 percent of the reports; 64 percent were Priority Two reports, and 33 percent were categorized as Priority Three.



Limited Mandated Reporting

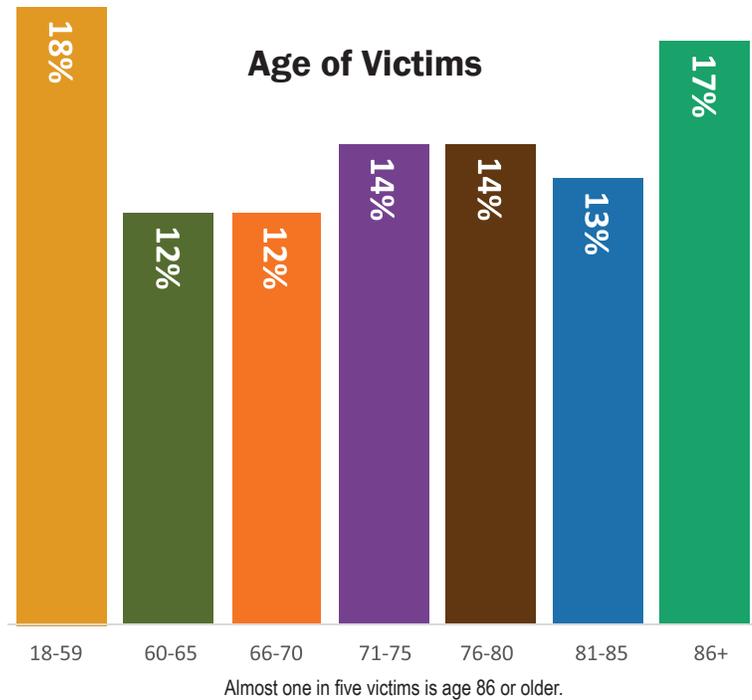
Mandated reporting applies to persons delivering professional services to eligible adults, including but not limited to the following fields: social services, adult day service, law enforcement, education, medical, state service to seniors, paramedics, and social work. Requirements for limited mandated 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 2019, 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 2019.



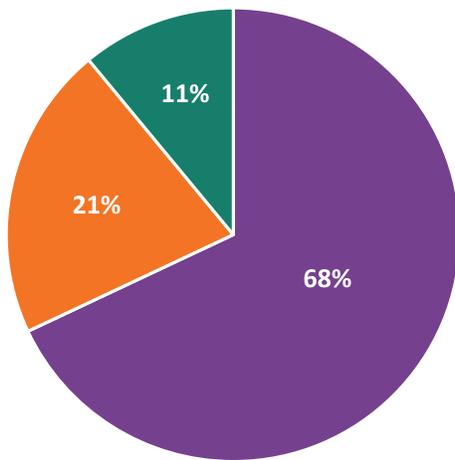
36% of cases were reported by social workers or medical personnel. Family members were responsible for 14% of all reports, and victims self reported in 6% of all cases. Self reports were most likely to occur in physical, sexual, emotional and financial exploitation cases.

Age of Victims

The reports of ANE/SN received by the program in FY 2019 involved victims between the ages of 18 and 100. The average age of the victim was 70 years old. Twenty-four percent of the victims were widowed and 21 percent were married.



Race of Victims



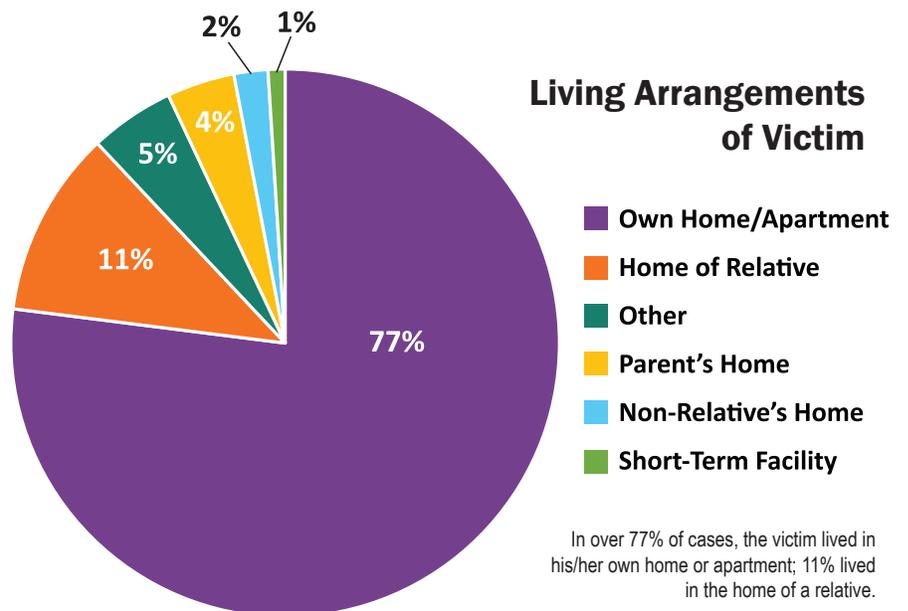
- Caucasian
- African American
- Unknown or Other

Race of Victims

The greatest percentage of victims were white, constituting 68 percent in FY 2019. Twenty-one percent were African-American, and the remaining percentages were either unknown or other. The majority of victims spoke English (89%).

Living Arrangements of Victims

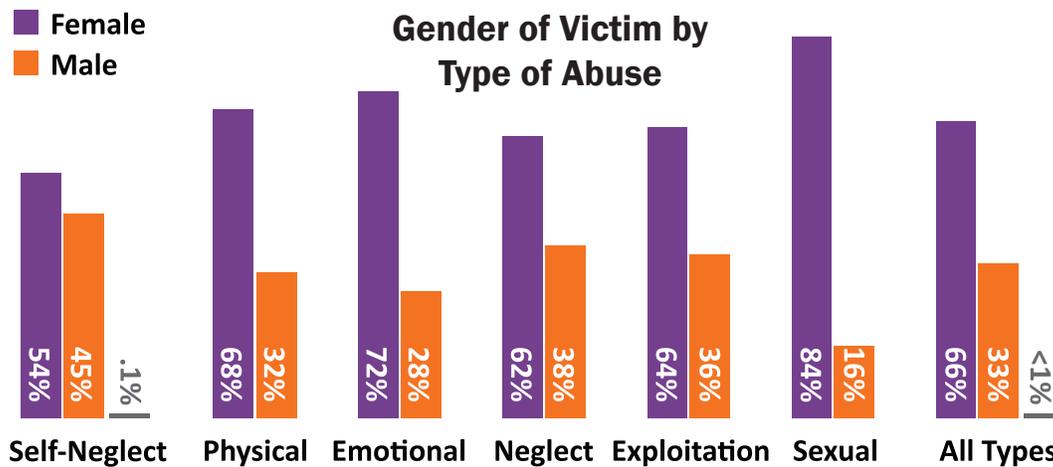
The majority of victims lived in their own home or apartment (77%) and 11 percent lived in the home of a relative. Some victims also lived with non-relatives (2%).



In over 77% of cases, the victim lived in his/her own home or apartment; 11% lived in the home of a relative.

Gender of Victims by Abuse Type

The majority of victims of abuse, neglect, exploitation and self-neglect are female. In FY 2019, 66 percent of victims were female, and 33 percent were male. Less than one percent of victims identified as transgender, which is a new field being captured by data.

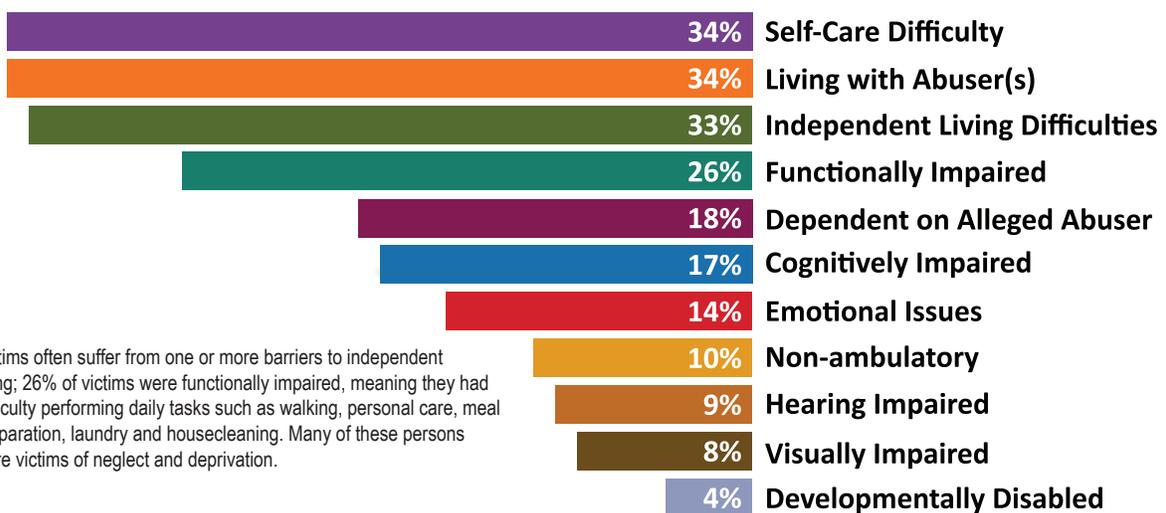


66% of the victims were female and 33% were male. Less than 1% of the victims were transgender.

Leading Barriers of Victims

One-third of 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. Eighteen percent were dependent on their alleged abusers. Ten percent were non-ambulatory. Ten percent were non-ambulatory. Ten percent were non-ambulatory.

Leading Barriers of Victims



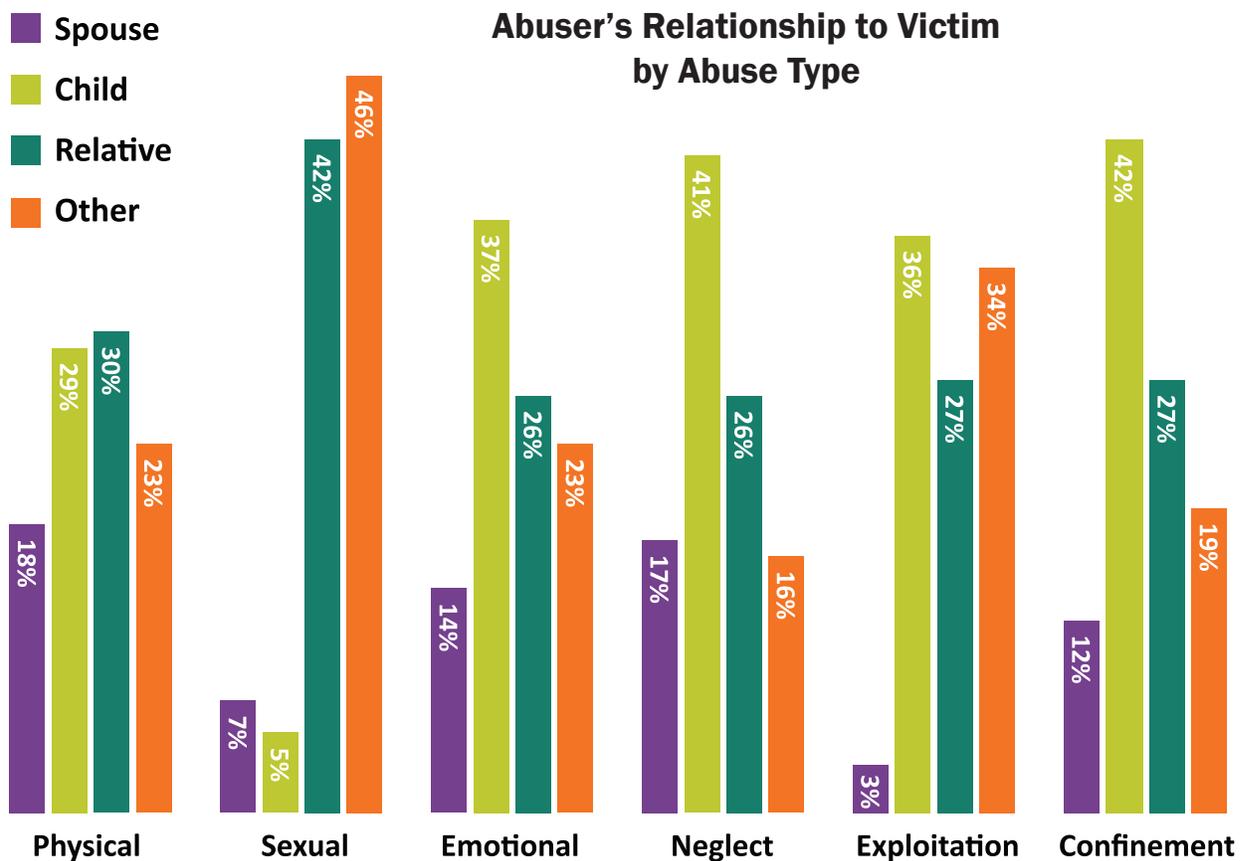
Victims often suffer from one or more barriers to independent living; 26% of victims were functionally impaired, meaning they had difficulty performing daily tasks such as walking, personal care, meal preparation, laundry and housecleaning. Many of these persons were victims of neglect and deprivation.

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 2019, eleven percent had high blood pressure; nine percent had Alzheimer’s or other dementia; nine percent had diabetes, nine percent had heart problems, seven 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.

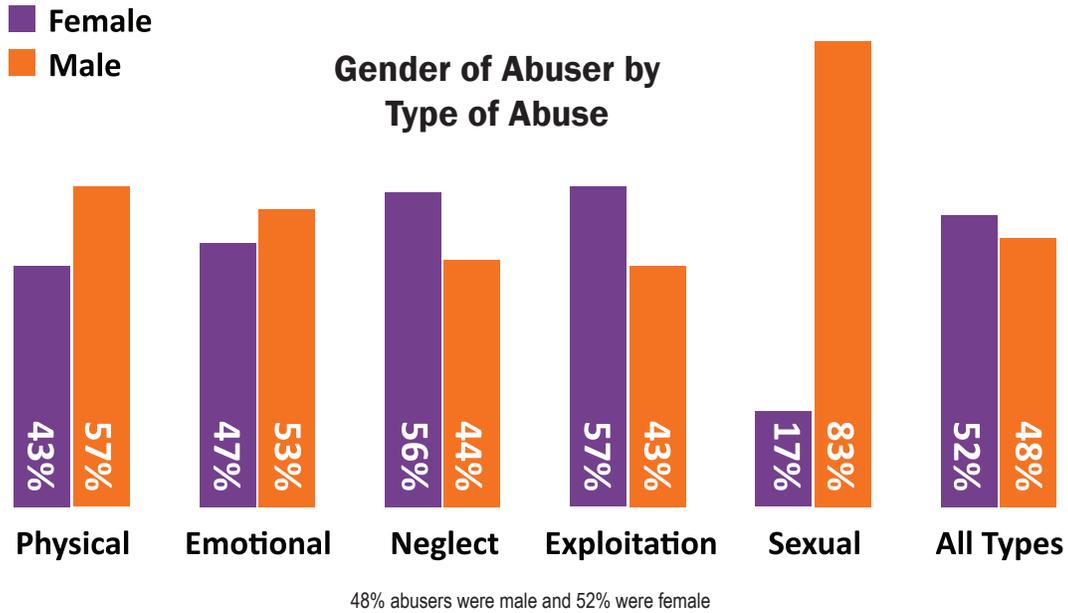
Characteristics of Abusers

Abuse, neglect, and exploitation is a family problem – three out of four abusers were either the spouse, child, or other relative. Approximately 14 percent of the abusers were the victim’s guardian, representative payee, or had been given a power of attorney.



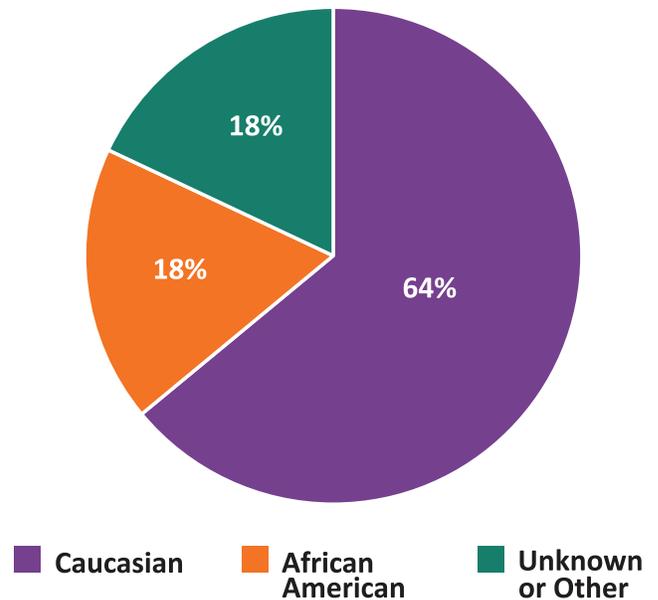
Gender of Abuser by Type

In FY 2019, 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 83 percent, compared to 17 percent of females.



Race of Abuser

In FY 2019, the majority of abusers were white (64%), followed by African-American (18%). Eighteen percent of abuser’s race were unknown or other.

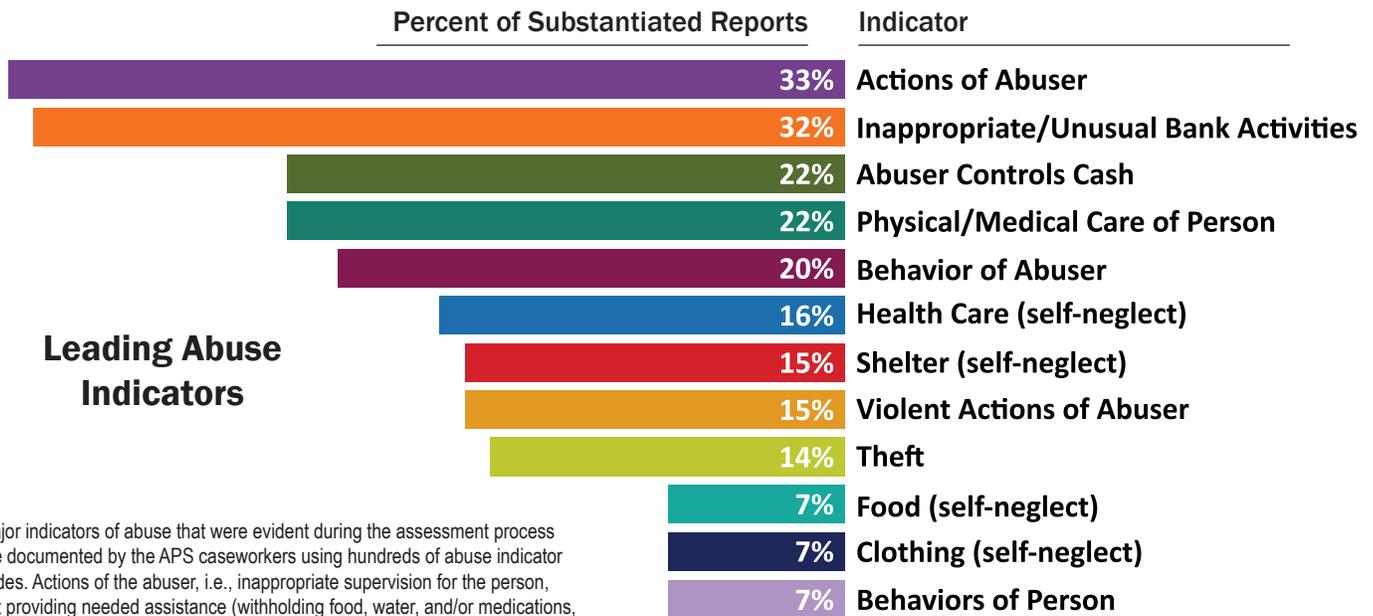


Indicators of Abuse

Major indicators of abuse evident during the assessment process are documented by the APS caseworker using hundreds 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 22 percent and 32 percent, respectively.

Leading Indicators of Self-Neglect

Every report of self-neglect is assessed using 36 indicator codes. In FY 2019, many of the self-neglecting individuals refused medical care, refused to take medications, or otherwise engaged in behavior detrimental to their health care (16 percent). Other self-neglecting individuals did not have proper shelter (15%), food (7%) or clothing (7%). APS may intervene for these individuals when their neglect substantially threatens their health and safety.



Major indicators of abuse that were evident during the assessment process are documented by the APS caseworkers using hundreds 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 22% and 32% of the reports, respectively.

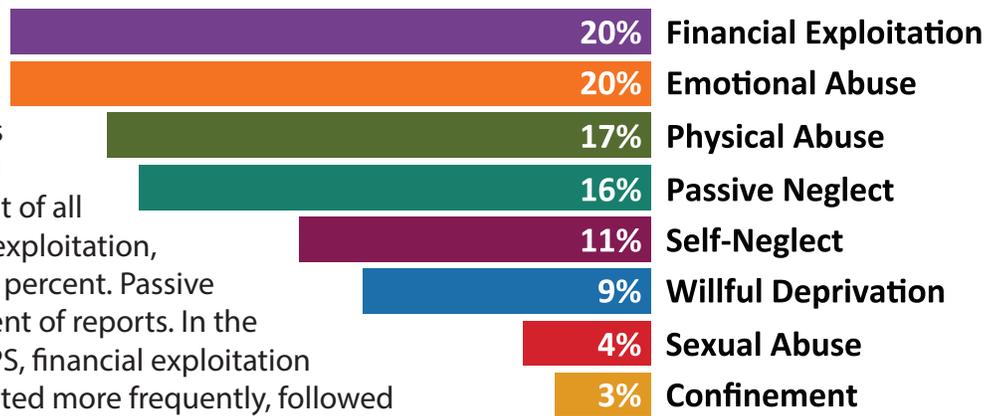
Origin of Intake Reports

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	2,948
Senior HelpLine	5,065
APS PAs	13,335

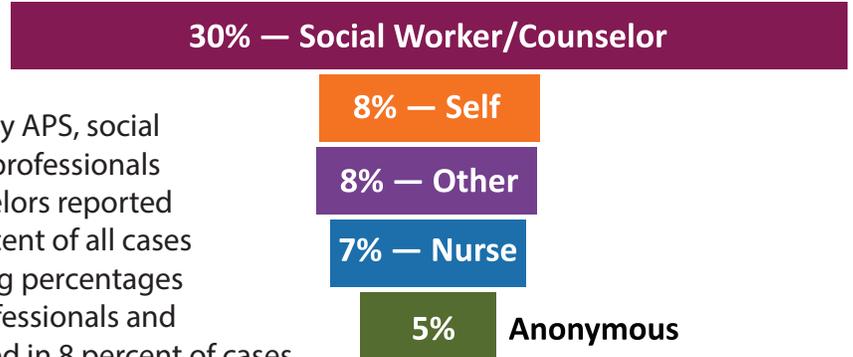
Types of Abuse Reported for Ages 18-59

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.



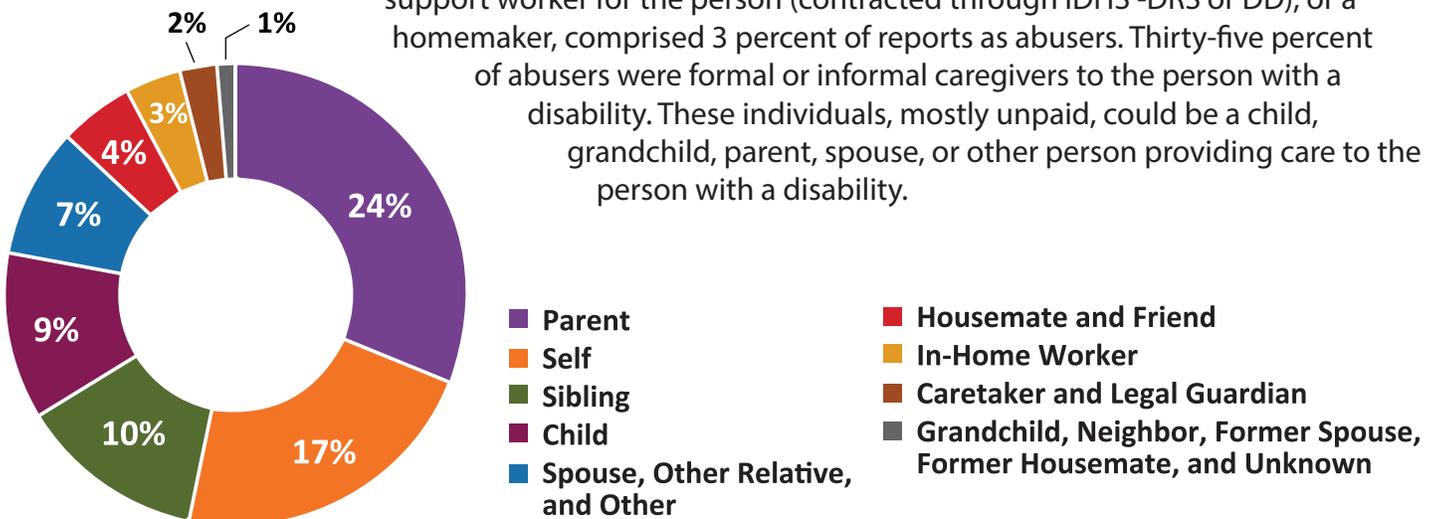
Highest Reporter Types for Ages 18-59

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 8 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 24 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.

Overall, 40 percent of all ANE/SN reports received were substantiated in FY 2019. Of the allegations made, physical and emotional abuse had the highest rates of substantiation, and sexual abuse, found to be true in 14 percent of the allegations made, had the lowest.

Services Provided to Victims and Reduction in Risk

In FY 2019, In-Home Assistance was the most frequently referred service for victims – 22 percent were referred for In-Home Assistance followed by Care/Case Management and Legal Services, both at 12 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. Sixty-seven percent of the abuse of the cases closed during FY 2019 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 80 percent of cases closed in FY 2019.

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 2019 APS HIGHLIGHTS

APS Begins Accepting Self-Neglect Reports

FY 2019 represented the first year Self-Neglect (SN) reports were accepted by APS. In fact, nearly 5,000 such reports were received. The program's official acceptance of the reports was allowed when funding was appropriated. It is well-established that self-neglect can have grave consequences, including increased mortality, increases in occurrence and severity of chronic diseases, and the loss of savings and even homes. The APS Program is now able to help eligible adults who are unable to perform essential self-care tasks that substantially threaten their health, well-being and safety. Interventions mean they may receive assistance essential for them, such as food, clothing, shelter, and health care, and obtaining goods and services necessary to maintain physical and mental health.

APS Conducts Quality Reviews

APS continued conducting quality reviews at provider agencies throughout the state in FY 2019. 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 Case Management System Implemented

After years in development, an IDoA web-based case management system (CMS) was released in FY 2019 for use by the IDoA HelpLine, RAAs, and APS providers. The system reflects the program's conversion to real-time client records and incorporates many new data elements to garner information relevant to the client, abuser, and situation at case closure. CMS also contains a separate portal for RAAs to use to conduct case monitoring.

APS Expands Jurisdiction

APS expanded its jurisdiction when Public Act 100-641 was enacted January 1, 2019. The law allows for the inclusion of individuals previously excluded from the definition of "domestic living situation." Therefore, an individual allegedly abused outside of a facility by a family member, caregiver, or another person who has a continuing relationship with the individual, is now eligible for service under the APS Program. Further, if alleged financial exploitation is perpetrated by a family member, caregiver, or another person who has a continuing relationship with the individual living in a facility, but is not an employee of the facility, APS may intervene.

APS Expands Training and Outreach

In FY 2019, APS applied for and was awarded a grant from the Administration for Community Living encompassing four projects with the goal of enhancing training and awareness of APS reporting, assessment and service. The projects include caseworker simulation training, caseworker trauma-informed training, public and professional awareness campaign, and legal professional training. Expected outcomes are an increase in caseworker retention; a more educated and informed public on issues of abuse, neglect and exploitation; an increase in self-reports by older adults and adults with disabilities; increased reporting by key mandated reporters, and an increase in prosecution of APS-related cases. Work on the projects begins in FY 2020.

Adult Protective Services Registry Implemented

The Adult Protective Services (APS) Registry was enabled through Public Act 98-49 and developed and implemented to protect victims or potential victims receiving in-home or community-based services from caregivers against whom a verified and substantiated finding of abuse, neglect, or financial exploitation was made. The APS Registry includes the identity of caregivers who are found, as a result of an APS investigation, to have abused, neglected or financially exploited persons age 60 or over and adults with a disability age 18-59 who reside or were visiting a domestic living situation at the time of the report. The APS Registry is intended to limit caregivers with verified and substantiated determinations from moving from one direct care agency to another. This is a significant way to further protect the health, welfare, and safety of APS clients.

Training

Comprehensive pre-service training is required for APS caseworkers. In FY 2019, 109 caseworkers and RAA staff were trained by IDoA and added to its Caseworker Registry.

IDoA also conducts training for APS Supervisors. In FY 2019, the trainings were attended by a total of 36 APS supervisors and RAA staff.

A two-day Spring 2019 Retreat was also conducted for Supervisors in Springfield and was attended by over 100 supervisors. The retreat was designed to help prepare them to usher in program changes. Sessions were also conducted on using problem-based learning to improve communication, consensus and collaboration, and manage conflict with employees. Sessions were also presented by representatives of the Office of State Guardian, Illinois Guardianship and Advocacy Commission; Illinois Department of Human Services, Office of the Inspector General; and IDoA to update the supervisors on protocols, policies, and jurisdictional differences.

IDoA also conducted its annual Adult Protection and Advocacy Conference in Itasca, Illinois, which drew over 250 APS caseworkers and supervisors, long term care ombudsman, nurses, attorneys, law enforcement officers, nursing home administrators, and other professionals interested in protecting the rights of older persons and persons with disabilities. Goals of the conference were to improve skills of professionals who intervene on behalf of adults with disabilities who have experienced domestic and sexual violence; increase understanding of inpatient and outpatient mental health treatment; and increase understanding of the relationship between animal abuse and family violence.

A statewide initiative titled B*SAFE (Bankers and Seniors Against Financial Exploitation), mandates training of new and current bank employees with direct customer contact in an effort to help them identify, report, and prevent financial abuse of older persons 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 2019, eleven trainings were conducted by APS provider agencies which trained 185 attendees; nine Train-the-Trainer sessions were conducted by IDoA training 140 attendees; one senior training was conducted by a provider agency training 17 attendees, and two trainings were conducted by banks training 11 total attendees.

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

Oswaldo 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 - 2019

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, 2018 through July 1, 2019, FRTs discussed 37 cases. Most cases were referred to the FRTs from APS providers; however, others originated from law enforcement agencies, State's Attorney's Offices, health care providers and coroners throughout the state.

The majority of victims were white, widowed females living in a home. The youngest was age 52, and the oldest was 99. Abusers ranged in age from 21 to 60. 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 and sexual in the cases discussed in FY 2019.

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
 Mark Thomas, Knox County Coroner, Galesburg
 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
 Tandra Boose, SWAN (Stopping Woman Abuse Now), Olney
 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
 Clarissa Palermo, Assistant State's Attorney, Cook County State's Attorney's Office
 Jamie Farrell, Aging and Disability Rights Coordinator, AgeOptions, Oak Park

Making Systemic Changes: Accomplishments to Date

- 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.
- A law was passed in FY 2018 to implement an APS Registry to protect victims or potential victims receiving in-home or community-based services from caregivers with verified and substantiated findings of abuse, neglect or financial exploitation.
- 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.



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, 1-888-206-1327 (TTY)

Adult Protective Services Hotline (24-Hour):

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

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in compliance with appropriate State and federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).