



State of Illinois
Illinois Department on Aging



ADULT PROTECTIVE SERVICES OF ILLINOIS

ANNUAL 20 REPORT 22

Protecting the Health, Safety and Welfare of Older Adults and Persons with Disabilities

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March, 2023

Dear Friends:

The Illinois Department on Aging (IDoA) is pleased to present the Adult Protective Services (APS) program annual report for fiscal year 2022. I am grateful to the hundreds of caseworkers, social workers, law enforcement partners, and community advocates whose work is encompassed in this report, and who support and strengthen IDoA's efforts to protect the health, safety, and welfare of older adults and persons with disabilities.

During fiscal year 2022, the APS program received a total of 19,937 reports of suspected abuse, neglect, self-neglect, and exploitation. For each report received, local provider agencies intervened to investigate and when appropriate, offer support services to victims of substantiated abuse or neglect.

Recent data from a study conducted by New Editions Consulting, Inc. indicates that the majority of victims and at-risk adults served by the APS program during fiscal year 2022 were satisfied with the care and assistance they received. We are encouraged by this survey data, and remain committed to delivering APS services with compassion, sensitivity, and professionalism.

To further protect against adult abuse, we are undertaking new initiatives to enhance training for permanent and contracted APS staff. Additionally, as required under a new state law, IDoA has begun the development and implementation of a demonstration project to allow for the use of a comprehensive risk assessment tool for professionals to identify and respond to older adults experiencing maltreatment. We have taken meaningful steps this year to boost safeguards for some of Illinois' most vulnerable residents, and we look forward to building upon our progress in the immediate and long-term future.

Ultimately, IDoA envisions an Illinois where older adults and persons with disabilities can thrive and live free from abuse in their communities. We appreciate the partnership of our Aging Network and the General Assembly as we work collectively toward this goal, continuing and expanding our efforts in the ongoing fight against adult abuse.

Sincerely,

A handwritten signature in black ink that reads "Paula Basta". The signature is written in a cursive style with a large initial "P" and a long horizontal stroke extending across the middle of the name.

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

Executive Summary

The Illinois Department on Aging's (IDoA) Adult Protective Services (APS) Program has jurisdiction to respond to reports of abuse, neglect, exploitation, and self-neglect of older adults and adults with disabilities aged 18-59 who live in a domestic setting.

IDoA administers the statewide APS Program under the authority of the Adult Protective Service Act (320 ILCS 20/1 et seq) and Title 89 Illinois Administrative Code 270. IDoA is responsible for establishing, designing, and managing the program including, but not limited to developing policies, training APS staff, performing quality assurance and analyzing program data. The program is coordinated through 38 contracted provider agencies which are designated by the Regional Administrative Agency (RAA) and IDoA. IDoA partners with Regional Administrative Agencies in providing technical assistance to APS provider agencies and monitoring service provision. The APS provider agencies are responsible for receiving, responding, and investigating reports. The Office of Adult Protective Services engages with a variety of social service agencies to ensure a holistic approach is taken to investigation and referrals for service. Each APS provider agency has a specified geographic area within the state for which they are responsible for providing services.

Supervisory consultation is a priority in the APS process and supervisors meet with caseworkers to review cases at critical junctures throughout the life of the case. During Fiscal Year 2022 there were approximately 185 APS caseworkers and 110 staff trained as APS supervisors. Minimum education requirements for APS caseworkers include a bachelor's degree in an applicable field, an RN or LPN license with 2-years' experience in an applicable field. Minimum education requirements for APS supervisors include a bachelor's degree or RN license with three years' experience in an applicable field and 1-year supervisory experience. The statewide average caseload per APS caseworker in Fiscal Year 2022 was 24. Caseloads can fluctuate throughout the year and are impacted by attrition, an increase in reports, an increase in the population served, and/or legislative initiatives.

The APS Program is supported predominately through the State General Revenue Fund with Multidisciplinary Team support from the Older Americans Act Title VII federal funds. There is no cost for service to the APS client. APS provider agencies are reimbursed by the Illinois Department on Aging through a fee for service model including the following services: assessment, casework, follow-up activities and early intervention services. During Fiscal Year 2022 the Administration for Community Living (ACL) awarded IDoA Office of APS \$3,324,229 in Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) formula grant funding for the purpose of addressing pandemic-related needs. Also, during Fiscal Year 2022 the ACL awarded IDoA Office of APS \$3,047,328 in American Rescue Plan (ARP) funding requiring development of a 3 to 5-year operational plan for how to invest allocations. Both awards fall under the Social Security Act Title XX Section 2042(b). These awards represent the largest-ever federal investment to support APS programs and the first time the federal government awarded formula grants to state APS programs. (See below for further details on these funds.)

This annual report covers State Fiscal year July 1, 2021 through June 30, 2022. During this time, there were 19,937 APS intakes received state-wide. Research warns the occurrence of maltreatment is likely underreported. According to a 2011 New York State study, the incidence rate of elder abuse was nearly 24 times greater than the actual number of cases referred or reported. In coming years, APS intakes are expected to increase as the target populations served increase. As reported in IDoA's State Plan on Aging for Fiscal Year 2022 – Fiscal year 2024, population growth specifically among older adults in Illinois is

expected to continue, with those age 60 or older increasing to 25% by 2030. Fiscal Year 2022 intakes consisted of 82% alleged abuse of adults 60 years or older and 18% alleged abuse of adults aged 18-59 with a disability. The highest reported type of abuse was financial exploitation at 24.23%. See below section titled 'Illinois Adult Protective Services Fiscal Year 2022 Statistics' for further detailed APS Fiscal Year statistics.

Illinois Adult Protective Program History and Background

IDoA, together with aging advocacy groups, worked 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 previously known, became available throughout the state after being phased in over a two-year period. On July 1, 2013, an amendment to the APS Act (320 ILCS 20/) allowed for the addition of response to adults aged 18-59 with a disability which had previously been addressed by the Illinois Department of Human Services. The APS program expanded again in 2019 to accept self-neglect intakes and to expand APS jurisdiction to individuals who were previously excluded from the definition of "domestic living situation." Also in 2019, the program launched the APS Registry to protect victims receiving services from caregivers with a verified and substantiated finding.

Since its inception, intakes to the program have climbed approximately 1,000 per year with exceptions being Fiscal Year 2020 through Fiscal Year 2022 which appear attributable to the COVID-19 pandemic when intakes dropped approximately 1,000 and plateaued. Reasons for this decrease may be attributed to increased social isolation of the population which could impact maltreatment occurrence or reporting.

IDoA utilizes the research, guidelines and technical support of the Administration for Community Living's Office of Elder Justice and Adult Protective Services which leads in the advancement, development, and implementation of comprehensive APS systems. This office established both the National Adult Protective Services Technical Resource Center and the National Adult Maltreatment Reporting System. Through these federal services IDoA is able to engage with other state APS programs to learn best practices and improve program management.

Purpose and Guiding Principles of Illinois APS

APS is charged with receiving and responding to intakes of adult maltreatment and working closely with individuals and allied professionals to maximize safety and independence. APS works with and on behalf of individuals to:

- Investigate intakes of alleged maltreatment
- Intervene to prevent further maltreatment
- Allow the individual to remain independent to the maximum degree possible

Program staff utilize the following guiding principles to ensure appropriate service is delivered to eligible adults.

1) Ethics

The APS Program is foundationally guided by principles of ethics to ensure that individuals and those involved are uniformly treated with respect and understanding. The Administration for Community Living (ACL) set forth in the 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 an individual’s rights and freedoms while, at the same time, meeting the 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.

2) Self Determination

Self-Determination refers to a framework for APS 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 to accept services and support

3) Advocacy

As part of the Advocacy Intervention Model the APS provider assists the individual through interventions on their behalf and serves as an advocate to ensure the rights of the individual are upheld while providing referrals in obtaining legal, medical, and social service supports.

- 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

4) Collaboration with Other Agencies and Community Partners

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

APS Advisory Committee

IDoA has established an APS Advisory Committee whose purpose is to assist the Department in the advancement of the program through policy collaboration, program development activities, and large-scale initiatives. The committee is composed of IDoA-appointed representatives from RAAs and APS provider agencies who meet once per quarter. Topics of discussion by the Advisory Committee in Fiscal Year 2022 included but was not limited to a legislative mandate adding abandonment as a class of maltreatment, data collection initiatives, release of the “Working Together” brochure for distribution to APS eligible adults, and creation of safety, training, and policy committees.

Illinois Fatality Review Team (FRT) Advisory Council and Regional Review Teams

Public Act 095-0402 was enacted June 1, 2008, authorizing statewide establishment of the Illinois FRT Advisory Council and regional Fatality Review Teams (FRT). The purpose of the Council is to assist local agencies in identifying and reviewing suspicious deaths of APS eligible adults and to facilitate communications between officials responsible for autopsies and investigation. A “suspicious death” is any instance in which an APS provider agency has reason to believe the death of an eligible adult may be the result of maltreatment. The Adult Protective Service Act currently requires a minimum of one regional team in each of IDoA’s 13 planning and service areas (PSA) per 320 ILCS 20/3(b). FRT members consist of various related profession representation including APS staff, medical examiners, coroners, prosecutors, law enforcement, health departments, mental health agencies, medical staff, community-based service providers, financial representatives, and more. The goals of regional FRTs are to improve understanding of why eligible adults die from maltreatment, identify gaps in services, and improve methods of investigating suspicious deaths. FRT Advisory Council and regional meetings are held quarterly each year and are a public body under the Open Meetings Act. FRT records are exempt from release under the Freedom of Information Act.

During Fiscal Year 2022:

- A total of 6 suspicious death cases were reviewed statewide (4 of those in Chicago) out of a total of 52 meetings.
- The gender of these deaths was 50% female and 50% male with the age ranging from 74 to 91.
- Issues experienced by the deceased included functional or cognitive impairment and mental illness.
- Following review and discussion of these cases by the teams, members agreed the death was related to the maltreatment in only 1 of the 6 (six) cases which resulted in specific policy and practice recommendations for that area.
- On this one case, the types of maltreatment involved included emotional abuse, confinement, passive neglect, and financial exploitation.
- A valuable outcome of FRTs is the increased awareness and coordination amongst the different professions to better serve individuals in their local communities.

Illinois APS Definitions of Maltreatment Types

The types of maltreatment addressed by the APS Program are described below. All types reported are investigated and any additional type discovered during an assessment is added and investigated.

Physical Abuse	Causing the infliction of physical pain or injury to an eligible adult.
Sexual Abuse	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	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	Restraining or isolating an eligible adult for other than medical reasons.
Passive Neglect	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	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 (implemented FY 22)	The desertion or willful forsaking of an eligible adult by an individual responsible for the care and custody of that eligible adult when a reasonable person would continue to provide care and custody.
Financial Exploitation	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	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.

APS Service Components and Substantiation Decisions

IDoA is responsible for implementing a 24-hour, 7 day a week toll-free telephone system to accept reports of abuse, neglect, exploitation, and self-neglect. The current system ensures trained IDoA staff are available to respond during state business hours and a contracted agency is available to respond during after-business hours, weekends, and holidays. Once intakes are screened and received:

- At the initiation of the assessment APS provides the eligible adult written explanation of their rights.
- Assess the person’s risks, needs, strengths, and limitations.
- A case plan is developed in collaboration with the client and community services are identified that may alleviate the risk of maltreatment or address any needs.
- APS may provide counseling, monitoring, and periodic reassessment to adjust to any change in the client’s needs or situation.

APS service components include:

Intake	A standardized screening process is used to determine if there is reasonable cause to suspect whether maltreatment has occurred. Not all calls meet APS criteria and those could be referred to other agencies with jurisdiction, directly to service providers, or to law enforcement for well-being checks. Response to Intakes is initiated within 24 hours to 7 days depending on the type of maltreatment and whether imminent danger is involved.
Assessment (30 – 45 days to complete)	Involves a systematic, standardized method to respond to intakes to determine whether maltreatment has occurred, evaluate the risk of harm to the eligible adult and to provide immediate interventions if needed.
Case Work (30 – 60 days to complete)	Case work proceeds on only substantiated cases and 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. The case plan includes goals agreed to by the eligible adult and interventions that can include a variety of services or assistance.
Follow-Up (begins at 60 + days)	A systematic method of meeting with the eligible adult after a case is substantiated 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) (Available throughout the duration of the case)	Victims of maltreatment may face unique barriers which prevent access to available resources. EIS are available for short-term emergency assistance where resources are not available. These may include legal assistance, housing and relocation assistance, respite care, emergency aid such as food, clothing, and medical care.

Adult Protective Service providers are tasked with investigating all cases of maltreatment that meet legislative criteria and making a substantiation decision for each allegation based on the evidence collected. APS investigators are not required to meet the standard burden of proof found in law enforcement investigations; rather they must decide if there is sufficient evidence of abuse by meeting one of three standards: "preponderance of evidence," "clear and convincing," or "no credible proof." As a result, allegations can be determined either "substantiated" or "unsubstantiated."

APS Decision:		FY22 Substantiation Rate
Substantiated	Indicates there is either clear and convincing evidence (verified) or a preponderance of evidence (some indication) to support the injury or harm was a result of the maltreatment	42.84%
Unsubstantiated	Meaning there was insufficient evidence to support the maltreatment occurred	32.45%
Unable to Substantiate	Meaning the provider agency was unable to locate the individual, had no APS jurisdiction, was unable to access the eligible adult after good faith efforts, or the eligible adult declined an investigation	24.71%

Registry

The Adult Protective Services (APS) Registry process is an important tool for preventing further abuse of vulnerable adults. When a case has been verified and substantiated against a caregiver, the APS provider agency will send notification to IDoA for a review of the findings and subsequent determination regarding whether the abuser poses a risk to the general public. The APS Registry process also allows IDoA to better monitor caregivers, ensuring that any future allegations are addressed quickly and effectively. By providing these safeguards, the APS Registry process helps ensure the safety of all vulnerable adults in Illinois. If IDoA concurs with the finding and assesses that the caregiver poses a risk to the general public, a notice will be sent to the caregiver that they have been recommended for APS Registry placement. The caregiver then has 30 days to file an appeal to contest APS Registry placement. If no appeal is filed, the caregiver's identity will be placed on the registry. If an appeal is filed, IDoA will refer the case to the Administrative Law Bureau of the Illinois Department of Central Management Services. The Administrative Law Judge will draft a recommended decision and the Director of IDoA will issue the final administrative decision accepting, rejecting, or modifying the recommendation. During Fiscal Year 2022, 224 APS cases were reviewed by IDoA for placement of substantiated abusers onto the APS Registry. Of those, 40 substantiated abusers were added. As of the end of Fiscal Year 2022, there were a total of 99 caregivers placed on the Illinois APS Registry since its implementation in 2019.

Other Program Components

To facilitate a holistic programmatic approach to the mitigation and prevention of abuse, neglect, exploitation, and self-neglect, it is crucial for the Office of Adult Protective Services to include collaborations, partnerships, and tools that will broaden the reach and abilities of the program and services provided. If there is cause to believe an eligible adult is in danger of serious injury or imminent death by another person in a manner that constitutes a crime, APS will notify law enforcement for immediate and

thorough intervention to assure the health, welfare, and safety of the client. Such situations may involve serious physical harm, sexual abuse, and other life-threatening conditions as a result of neglect. During Fiscal Year 2022, APS documented 79 referrals to law enforcement for such purposes. In less serious cases where the eligible adult is deemed to have decisional capacity, the individual has the right to choose whether to report the crime to the authorities.

APS utilizes literature-backed assessment tools to assess decisional capacity for the clients served. In the instance a client is deemed to not have decisional capacity or an understanding of the situation, the investigation continues in “client’s best interest” in which the investigator will take action to mitigate risk without certain explicitly stated consents. The decision to proceed in the individual’s best interest is not taken lightly and the individual’s wishes, including least restrictive solutions, are followed whenever possible. Such circumstances often involve APS seeking input from multi-disciplinary teams to ensure all avenues are considered.

The length of time that an APS case remains open will depend on specific goals for the client and the pace at which these goals are achieved. The goal of APS services are to reduce or eliminate the risk of maltreatment, at which point the case can be closed with an established plan to mitigate future risk. However, cases may also close due to other reasons such as, relocation of the client away from service area or family, if they decline continued services or death. At the time of closure, the APS caseworker will evaluate current risk, explain how to be reached in the future, and make any needed referrals. APS may receive and investigate additional intakes on an individual after a case has closed.

In 2022, ACL and partners funded an APS client outcome study. Following a review of the National Adult Maltreatment Reporting System case component data, the outcome study noted that approximately 1 in 5 of APS clients experienced a recurrence of maltreatment at some point during the four-year study review period, typically in the short term after the case closes. Self-neglect was found to have the greatest likelihood of reoccurrence; however, this is to be expected when considering reducing the risk requires a change in client behavior. The outcome study found recurrence is not necessarily good or bad and noted repeat APS clients could indicate the need for longer-term support requiring more than one interaction with APS to address the needs. The results of this study have recently been released and IDoA will be utilizing these findings to progress the program.

Interagency Coordination/Partnerships

IDoA’s APS Program continues to partner with the IDoA’s Care Coordination Units, the Illinois Department of Human Services’ (IDHS) Divisions of Developmental Disabilities, Mental Health and Rehabilitation Services, and Managed Care Organizations (MCO) along with a variety of other service providers and first responders to ensure clients receive the appropriate referrals or attention for needed services. APS staff are required to share with the associated agency when APS is involved with a Care Coordination Unit, IDHS or MCO client to make them aware of an APS investigation, the outcome, and to discuss whether any existing services need re-assessed. Specific Fiscal Year 2022 coordination consisted of:

- IDoA partnered with IDHS Division of Developmental Disabilities on September 23, 2021 to offer a webinar for applicable professionals titled “Working Together: Creating Better Understanding of Persons with Intellectual/Developmental Disabilities.”

- On January 7, 2023, IDoA distributed letters to Illinois Police Chiefs Association and Illinois Sheriffs Association members regarding on-going cooperation and assistance with APS responding to high-risk individuals.
- IDoA staff attended the statewide TRIAD conference (October 21, 2022) and APS Administrator, Brian Pastor, was named to the Board. In addition, IDoA was awarded \$3,047,328 from the ACL to fund efforts to enhance the Illinois APS program. The grant period began August 1, 2021 and will continue through September 30, 2024. A portion of this funding will be used to increase training and collaboration with community-based agencies, including the goal of increasing the number of law enforcement Elderly Service Officers in Illinois by 5% by September of 2024.
- B*Safe is a partnership supported by IDoA, Illinois Bankers Association, Illinois Community Bankers Association, Office of Attorney General and TRIAD. B*Safe was developed in 2001 and stands for Bankers and Seniors Against Financial Exploitation. The purpose of the program is to educate bank personnel on how to detect adult maltreatment and report it. Pursuant to Title 89, Section 271.120 of the Illinois Administrative Code, new employees of financial institutions who will have direct customer contact must complete training within six months and a refresher every three years. The IDoA training staff are responsible for conducting train-the-trainer sessions and then the individual bank or senior trainings are led by the local APS provider agency, banks, credit unions, or law enforcement. In Fiscal Year 2022, eight Train-the-Trainer sessions including 17 attendees were conducted by IDoA and two B*Safe senior trainings were conducted by APS provider agencies including 38 attendees. See the Illinois Administrative Code Title 89 Section 271.120 for more details.³
- Each APS provider agency has an established Multi-disciplinary Team (M-Teams). An M-Team is a mechanism for bringing together the expertise and skills of different professionals to act in a technical advisory role for the APS provider agency. Members of an M-Team may consist of disability care, law enforcement, health care, legal professionals, clergy, financial professionals, and mental health professionals. Functions of the M-Team include providing consultation on complex cases, identify gaps in response, providing different perspectives, and improving networking among professionals within the team. Members sign confidentiality agreements prohibiting release of case information.

Fiscal Year 2022 Highlights and Accomplishments

IDoA APS Training

IDoA is responsible for providing training to the RAAs and APS provider agencies. Required trainings for the APS network include a four-day Phase I Certification followed by a two-day simulation training, a two-day Phase II training, and for those aspiring to become Supervisors or RAA APS staff a two-day Supervisor Training. IDoA maintains a registry of all APS staff that have successfully completed IDoA sponsored certification training. In addition, APS staff must complete a mandatory 1-hour trauma-informed training and two hours of dementia related training annually. During Fiscal Year 2022:

- Eight Phase I and Simulation trainings were conducted by IDoA serving a total of 146 trainees. Training objectives include topics such as guiding principles of the APS program, completion of Intake, worker safety, assessment, screening for decisional capacity, and casework. Simulation training increases knowledge of engagement with the eligible adult, interviewing skills, and reinforcement of APS procedures. See below for further details on simulation trainings.

Five Phase II trainings were conducted by IDoA including a total of 103 trainees. Training objectives include topics such as understanding self-neglect and hoarding, APS policies and procedures, guardianship, court appearances, criminal statutes, suicide prevention and response resources.

Three Supervisor trainings were conducted by IDoA serving a total of 38 trainees. Training objectives include topics such as staff supervision and motivation, training and certificate requirements, legal interventions and more.

- IDoA sponsored the IDoA Summit on Discharge Planning October 27, 2021 led by the Memorial Medical Center and APS provider agency supervisor, Carolyn Yuroff, for the purpose of discussing each agencies roles and responsibilities during a hospital discharge and how best to collaborate.
- As part of the ACL demonstration grant awarded in 2019, IDoA continued implementation of APS simulation training. This was possible through partnership with the Child Protection Training Academy at the University of Illinois at Springfield which was established in 2016 and had only been used for the Illinois Department of Children and Family Service child protection investigators. Virtual simulation training includes, but is not limited to, trainees simulating the receipt of intake, staffing with a supervisor, a call back to the reporter, a door-knock exercise at the eligible adult's home, and interviews with both an alleged victim and alleged abuser. Trainees view a mock house through Zoom software and interact with actors from the Southern Illinois University School of Medicine's Standardized Patient Program. During Fiscal Year 2022, IDoA APS training staff conducted 15 simulation trainings with 132 trainees successfully completing training. In May of 2022, IDoA procured an Inter-Governmental Agreement with Board of Trustees of University of Illinois Urbana-Champaign for evaluation of the simulation training using the Daily Experience of Simulation Training-APS tool. Use of the tool began in March of 2022 and will be on-going into a no-cost extension year through August 31, 2023.

Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) Funding

IDoA was awarded \$3,324,229 from the ACL to fund efforts to enhance Illinois APS's response to the COVID-19 pandemic. The grant period began May 3, 2021 and will run through September 30, 2022. The focus of IDoA's Fiscal Year 2022 activities included:

- Support to the APS provider agencies as they provide APS services to clients during the COVID-19 pandemic at \$749,229. Funding for this work was set aside for purchase of personal protective equipment for clients; completion of additional home visits; purchase of supplies such as food clothing, shelter; assuring caregiver respite services were available, providing vaccination education, addressing safety concerns, etc.
- Supplemental costs incurred by APS provider agencies for their staff related to the COVID-19 pandemic at \$1,500,000.
- Support for Personal Assistance Telephone Help (PATH) during the COVID-19 pandemic to assure adequate staffing to receive APS reports at \$75,000
- Provide technology to support improved remote work and increase connection with eligible adults.
- Provide for enhanced APS service delivery at \$500,000 to fund an outside review of the Illinois APS program. American Rescue Plan Act (ARPA) Funding

IDoA was awarded \$3,047,328 from the ACL to fund efforts to enhance the Illinois APS program. The grant period began August 1, 2021 and will continue through September 30, 2024. The focus of IDoA's activities include:

- Funding of additional IDoA staff positions to assist with program development and coordination of grant funding at \$300,000.
- Funding to RAAs to increase training and collaboration with community-based agencies at \$750,000 including the goal of increasing the number of law enforcement Elderly Service Officers in Illinois by 5% by September of 2024.
- Reimbursement to APS provider agencies for supervision of substantiation decisions at \$1,123,644.
- Funding to APS provider agencies to address staff retention at \$1,123,644 with a goal of reducing the number of vacant APS caseworker positions by 5% by September of 2024.

IDoA Updated Procedures Due to the COVID-19 Pandemic for the APS network

As COVID-19 safety restrictions and recommendations from the Centers for Disease Control changed, IDoA revised APS guidance to be followed by APS staff while serving eligible adults. Updated revisions to APS policies were made and shared with the APS network on August 30, 2021, December 20, 2021, January 5, 2022, and April 11, 2022. Such revisions were related to mask use, the use of COVID screenings before conducting face-to-face visits, delay of face-to-face visits when positive covid cases are involved, refusal of masks by clients, etc. The goal of all revisions was to ensure the health and safety of both the clients and the APS workers involved. As a result of these revised procedures APS was able to adjust to the challenges created by the pandemic and offer alternative avenues for contacting clients while still prioritizing health and safety. Some clients refused or were hesitant to allow APS into their home because of COVID concerns while others allowed APS entry but refused to wear a mask. APS caseworkers had to consider and balance the COVID risks to the individuals involved, in addition to their own safety, all while continuing the required APS assessment of maltreatment. The APS network faced many challenges as result of the COVID-19 pandemic and were devoted and resilient to finding innovative ways to continue to meet the mandate of serving eligible adults.

Participation in New Editions Consulting, Inc. APS Outcomes Study

Illinois was one of 9 states randomly selected by New Editions Consulting, Inc. in Fiscal Year 2021 to participate in the first national study about how APS impacts the lives of its clients. The goal was to examine three client outcomes: safety/risk, well-being, and satisfaction. The study was funded by the ACL and conducted in collaboration with the National Adult Protective Services Association. The study consists of three parts: analysis of National Adult Maltreatment and Reporting System data, client data collection, and site visits/interviews. Three Illinois counties were randomly selected for participation including Bond, Marion, and Will. Data collection began in March of 2021 and continued until September 30, 2021. New Editions Consulting, Inc. then moved into the data analysis phase followed by a final report. The report notes a crucial theme to achieve positive client outcomes is the client's willingness to participate in APS. Conclusions found the majority of clients report satisfaction with APS and most report APS improved their safety and life. Key predictors to positive outcomes included availability of services, client readiness to participate in APS, client self-determination, client involvement in the process, and the strength of client-worker relationships.

Legislative Changes During Fiscal Year 2022

Senate Bill 701/P.A. 102-0244 adds the definition of “abandonment” as a type of elder abuse to the Adult Protective Services Act. The Act includes IDoA offering trauma-informed training to APS employed and contracted staff that includes review of secondary trauma. The Act also requires IDoA to develop and implement a demonstration project to allow for the use of a comprehensive Risk Assessment tool for professionals to identify and respond older adults experiencing maltreatment. The Bill passed in May of 2021 with an effective date of January 1, 2022. The Office of Adult Protective services completed the preparatory tasks, including training, technical system upgrades, and monitoring shifts, to successfully implement this component on the effective date.

ACL Demonstration Grant - Public Awareness Campaign

As part of the 2019 awarded ACL demonstration grant, during Fiscal Year 2022 the Office of APS completed implementation of a statewide awareness campaign with partner CBS Community Partnership Division. The theme of the awareness campaign is #Engage2Change and encourages professionals and the public to recognize and report maltreatment and encourages all to empower themselves to engage for yourself or your community. Work with CBS consisted of TV advertisements and social media messaging. Outreach included messages about both maltreatment and self-neglect. During Fiscal Year 2022, IDoA also partnered with the Illinois Outdoor Advertising Association to place approximately 200 billboards throughout the state targeting both older adults and adults with disabilities. Evaluation of the billboard campaign continues into Fiscal Year 2023.⁴

ACL Demonstration Grant - Development of Legal Resource Guide

Also, as part of the 2019 ACL demonstration grant, during Fiscal Year 2022 IDoA continued development of a web-based legal resource guide for use by Illinois law enforcement and legal professionals. The guide is to serve as a master resource for professionals developing trainings or individuals wanting to learn more about adult maltreatment and the APS program. IDoA coordinated with law enforcement expert, Candace Heisler, JD, beginning in November of 2021 to develop recorded training sessions specific to law enforcement focused on serving older adults and adults with disabilities who are victims of maltreatment. Topics included what maltreatment consist of, interviewing techniques, medical issues in abuse/neglect cases, considerations of powers of attorney in exploitation cases, and capacity and consent issues. The guide continues to be developed and will also include Illinois specific statues and roll call videos that can be used by law enforcement for convenient education to officers.

Training Advisory Committee

An objective of the Elder Abuse Task Force January 2021 Final Report was to develop a Training Advisory Committee. Topics to be discussed by the Committee include evaluating existing APS and community trainings and developing further trainings for APS providers and community stakeholders. The Training Advisory Committee began meeting June 17, 2021 and consists of 22 members including state and APS network individuals.

Beginning in March of 2022 the focus of the Training Advisory Committee shifted to APS worker safety with the creation of the Safety Committee and subgroups focusing on 1) Data; 2) Critical Incident Review; and 3) Literature review/field guide development.

National Adult Maltreatment and Reporting System (NAMRS) Data Submittal

IDoA Office of APS voluntarily prepared and submitted APS program and deidentified case component data to the NAMRS during March of 2022. The NAMRS is a data reporting system established and operated by the ACL for the purpose of better understanding the phenomena of adult maltreatment in the United States. The data provide an understanding of key program policies, characteristics of those experiencing and perpetrating maltreatment, information on the types of maltreatment investigated, and information on services to address the maltreatment. IDoA Office of APS staff also participated in a NAMRS Focus Group during December of 2021 as part of the ACL data renewal process to revise data elements in the future 5.

World Elder Abuse Awareness Day

Launched in 2006, by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations, World Elder Abuse Awareness Day is every June 15th and encourages people around the world to engage their friends, family, and colleagues by sharing facts about elder abuse and how to prevent it. In support of this day on April 8, 2022 Governor Pritzker proclaiming June 15, 2022 as Elder Abuse Awareness Day in Illinois. APS agencies throughout Illinois held community public education events and social media campaigns in addition to wearing purple in support. Through such efforts we hope to raise awareness on how to identify, address, and prevent maltreatment so we can all do our part to support everyone as we age.

Illinois Adult Protective Services Fiscal Year 2022 Statistics

Note: The term “victim” used in these statistics refers to an eligible adult determined to have at least one type of maltreatment substantiated. The term “maltreatment” refers to a type of abuse, neglect, abandonment and/or exploitation. The term “abuser” refers to an individual determined to be responsible for one or more substantiated type(s) of maltreatment. Abuser does not include those found substantiated of self-neglect.

In general, Fiscal Year 2022 statistics remain consistent with Fiscal Year 2021 with no significant variants observed.

Number of Maltreatment Intakes

Between July 1, 2021 through June 30, 2022 there were 19,937 intakes of maltreatment received by the Illinois APS program. Of those intakes 77.94% included at least one type of maltreatment while 22.06% were self-neglect only.

Reporters

Anyone can make a report to APS. In general, the main source of calls is from mandated professionals and relatives of the eligible adult. Illinois law requires certain persons who provide services to older adults and adults with disabilities report to the APS Program any suspicions of maltreatment of eligible adults who, because of a disability or other condition or impairment, cannot report for themselves. Social workers and counselors were the largest source of intakes in Fiscal Year 2022 at 21.53%. The source types remained consistent with those of Fiscal Year 2021. The number of callers reporting for themselves also remained similar to last fiscal year, representing 5% of all intakes made.

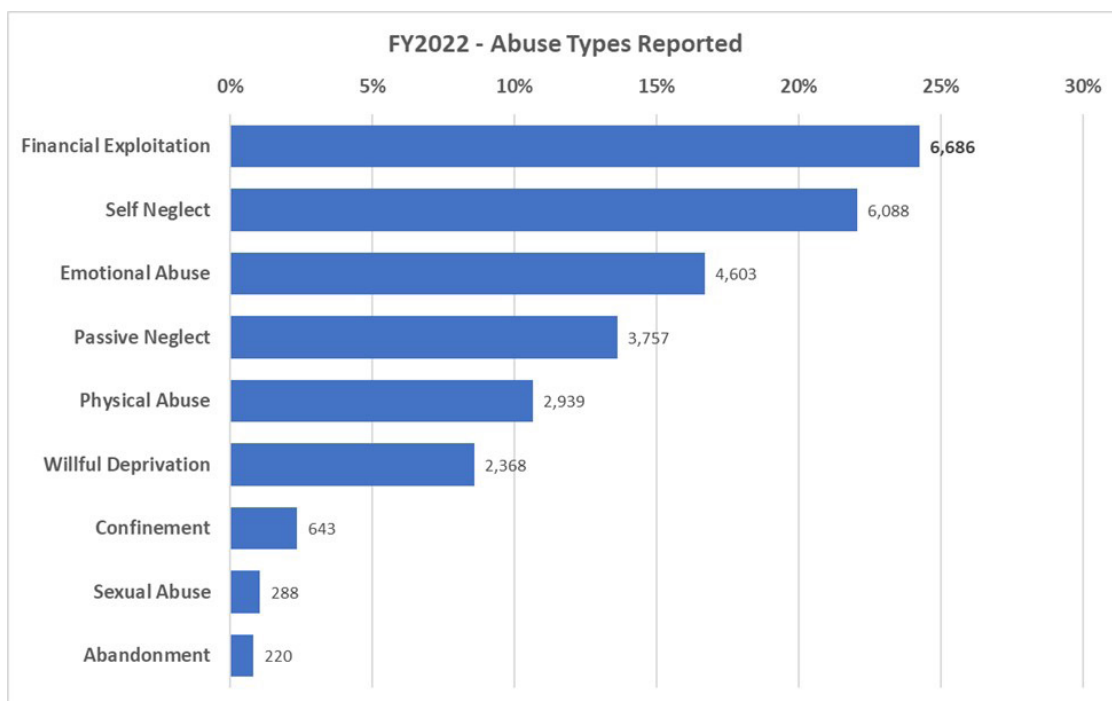
Assigned Priorities of Intakes that Define APS Provider Agency Response Time

Once an intake is received a priority is assigned based on maltreatment type and the possibility of harm. Each priority corresponds to a response time required by the APS provider agency.

Priority	Initiation of Assessment by APS Provider Agency	Type of Maltreatment Involved	FY 22 % Priority Assigned
1	24 hours	Involves imminent danger of death or serious physical harm including sexual abuse within the last 72 hours	3.46 %
2	72 hours	Physical, Passive Neglect, Willful Deprivation, Abandonment	68.3 %
3	Within 7 calendar days	Financial exploitation and Emotional *Financial exploitation may rise in priority when threat of majority of assets are alleged exploited	28.24%

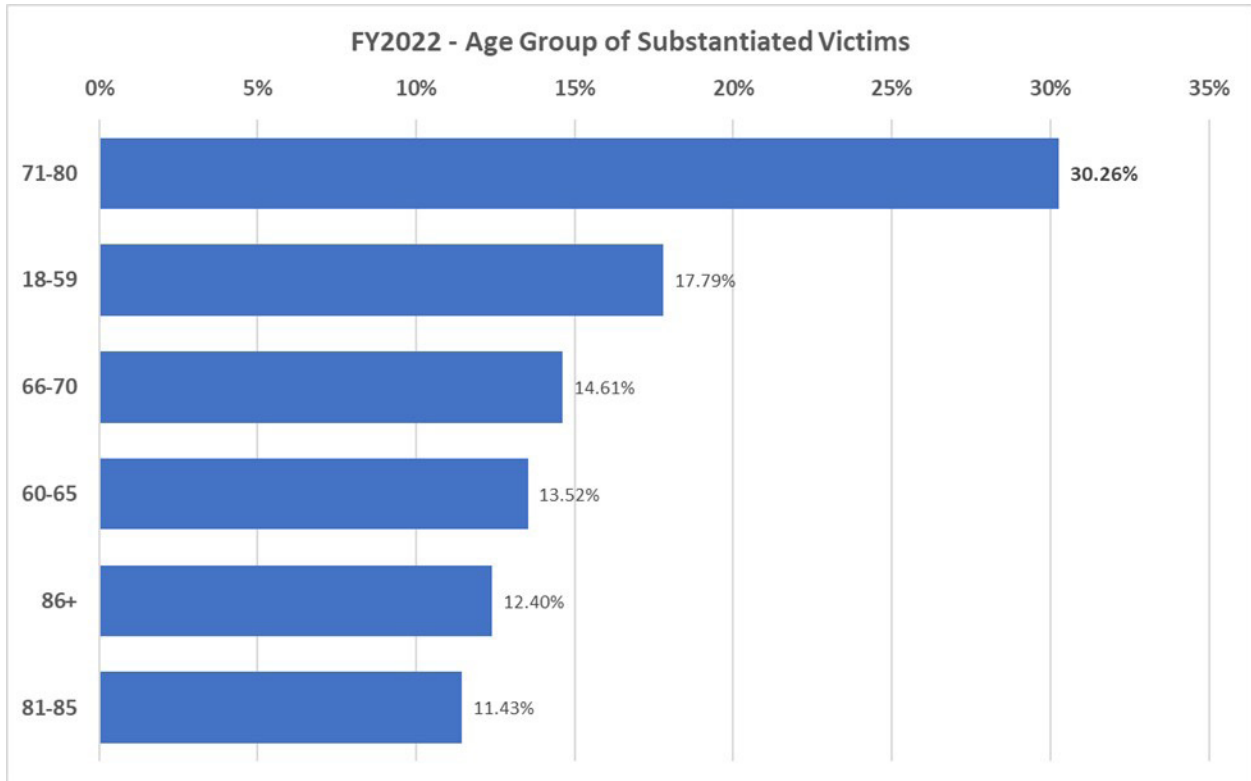
Types of Maltreatment Reported

During Fiscal Year 2022, financial exploitation was reported more frequently than any other type of maltreatment at 24.23 % followed by self-neglect at 22.06 % and emotional abuse at 16.68%. Financial exploitation cases can be complex involving multiple accounts, assets, and investments. Nationally, the Adult Maltreatment Report for 2021, issued by the Administration for Community Living, found self-neglect is the most frequent type of maltreatment reported. Self-neglect cases have their own challenges in that they require time to build a rapport with the eligible adult, may require capacity assessments and often involve honoring the individual’s right to self-determination.



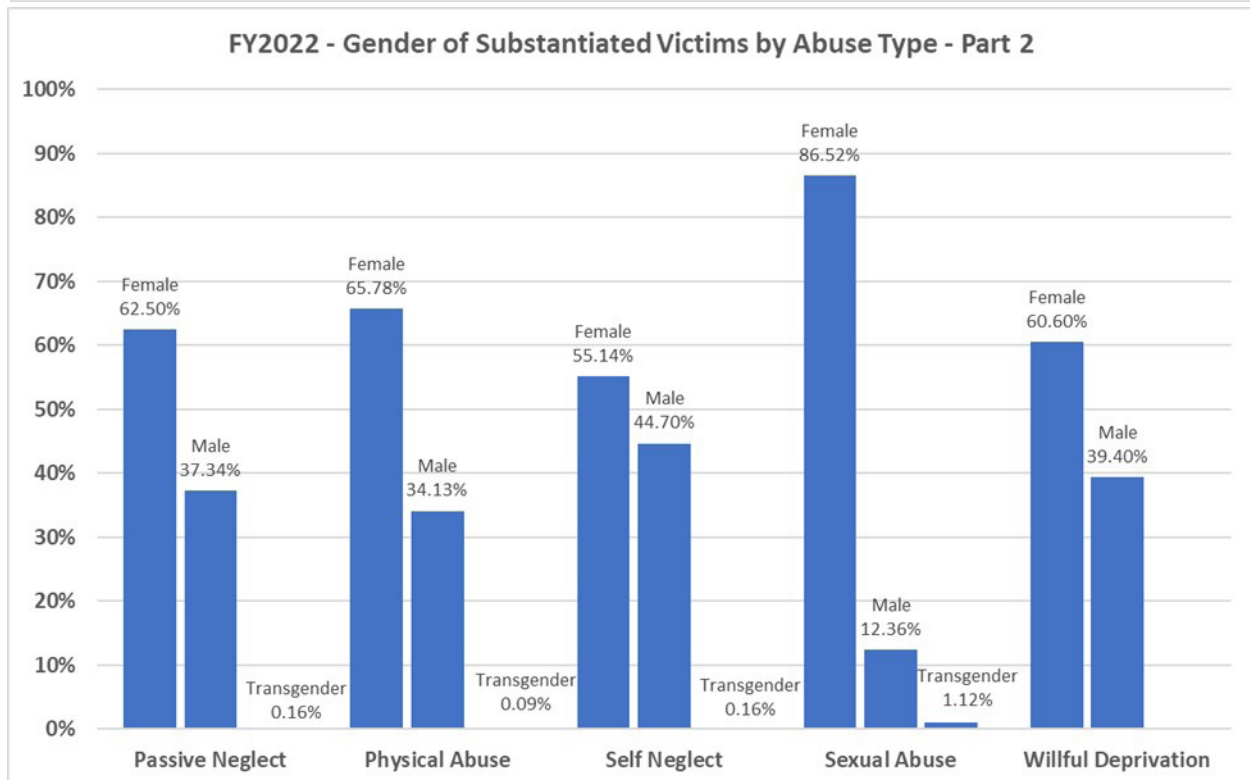
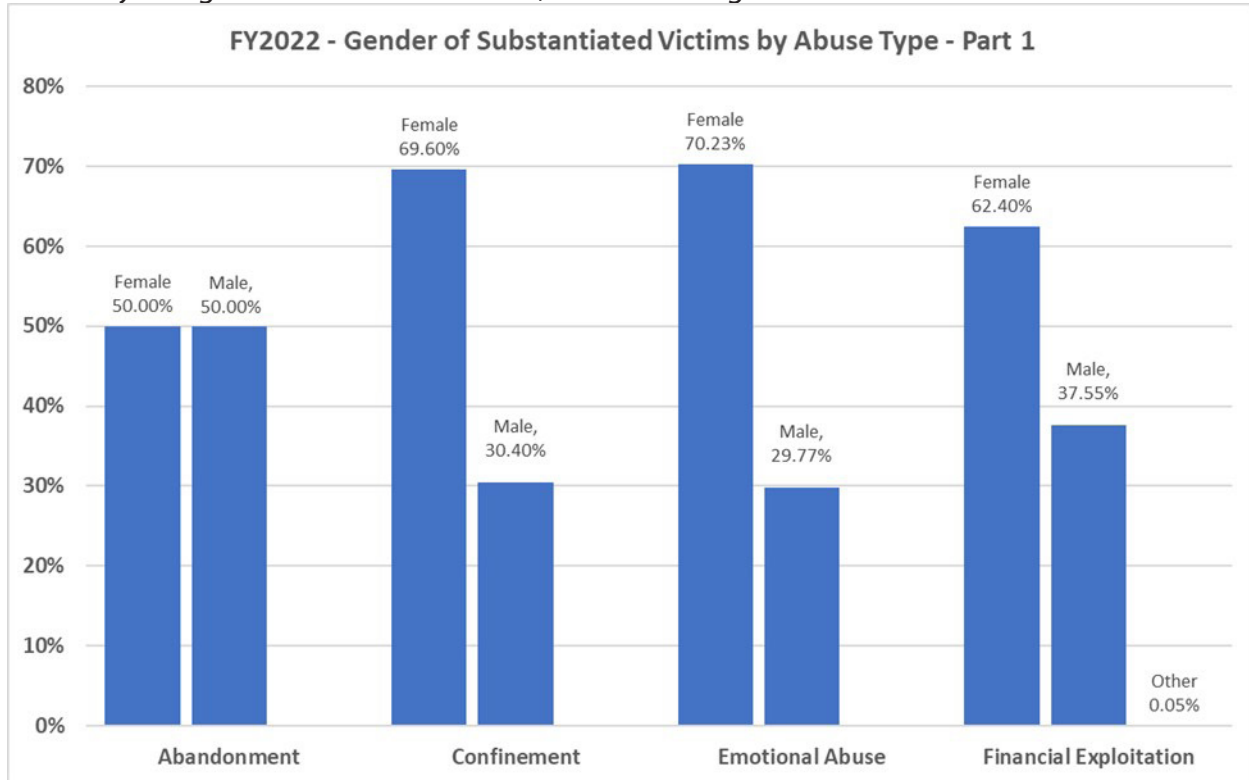
Age of Victims

Of the intakes received in Fiscal Year 2022, 82% of victims were adults aged 60 or older while approximately 18% were for adults aged 18 to 59. Victim's age ranged between 18 and 107.



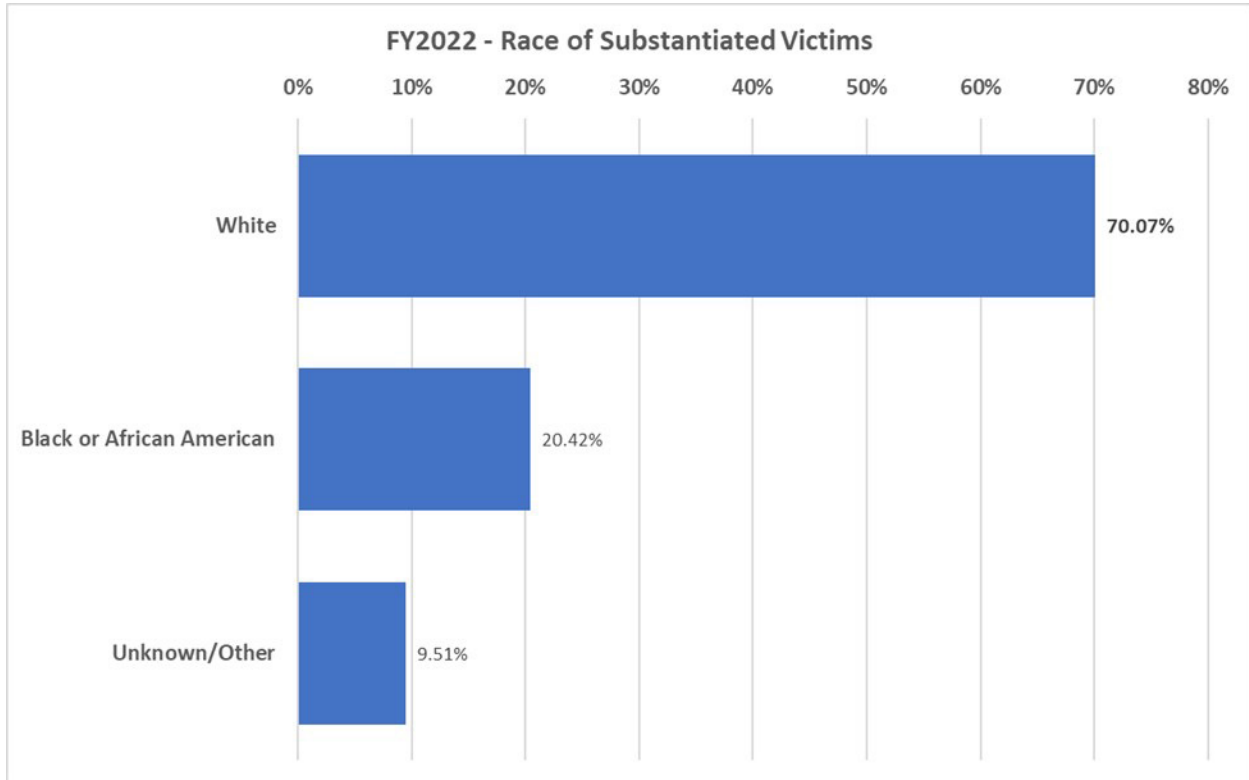
Gender of Victims

Women represent the largest proportion of Fiscal Year 2022 maltreatment victims. Women were also more likely to self-neglect at 55.14% compared to men at 44.70%. Eligible adults identified as transgender are reflected in the bar graph below. Illinois APS strives to be inclusive of all genders and does allow for eligible adults to identify as a gender other than female, male or transgender.



Race and Ethnicity of Victims

The largest percentage of victims (70%) reported as white. The National Adult Maltreatment Report 2021 data found nationwide APS victims were predominantly white at 59.9%. Within the “other” category shown in the bar graph below Illinois APS allows for various race identities outside of white or black. The majority of victims ethnicity was found to be non-Hispanic, non-Latino/a, or unknown. Ethnicity is defined as the affiliation of the eligible adult to an ethnicity. Illinois APS strives to be inclusive of all races and ethnicities and incorporates diversity, equity and inclusion priorities into awareness and training opportunities. Additionally, it is important to consider how cultural identities and beliefs can impact an individual’s feelings and response to adult maltreatment, reporting, and whether individuals are comfortable involving APS.



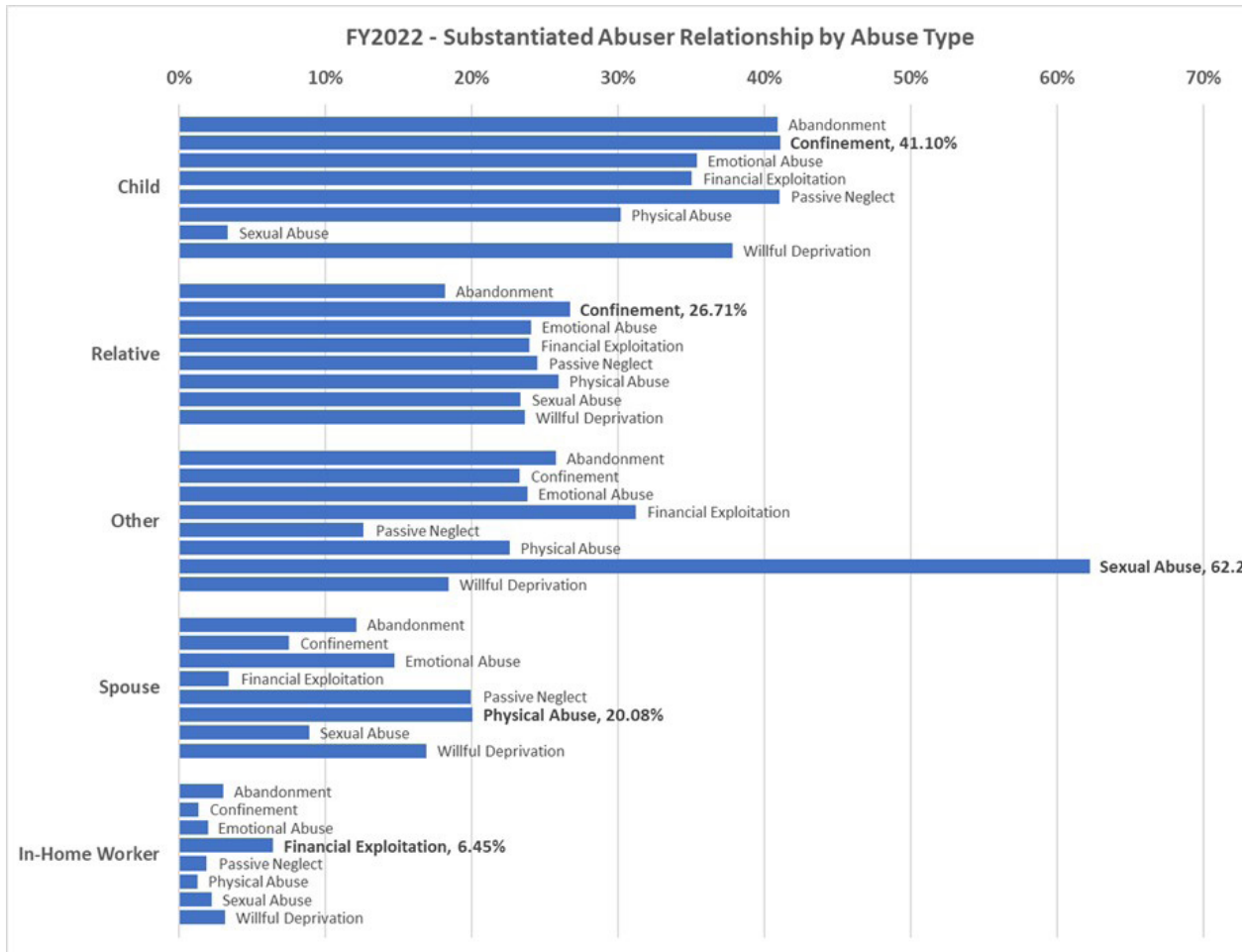
Victim Ethnicity	% of Grand Total
Not Hispanic	81.54%
Unknown	12.46%
Hispanic	6.01%
Grand Total	100.00%

Veteran Status

During Fiscal Year 2022, 7.3% of victims were reported to be veterans. The age range of these victims spanned 26 to 103.

Victim’s Relationship to Abuser

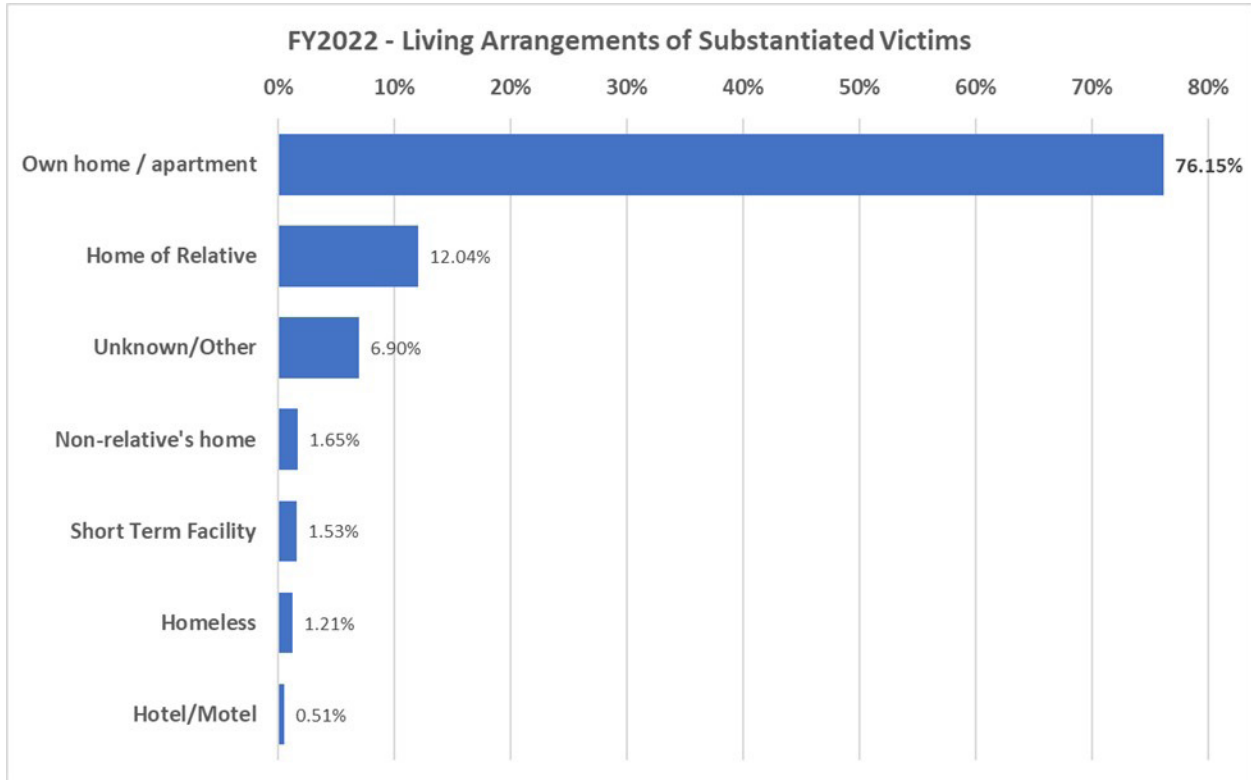
Adult maltreatment is often committed by a family member – either a child, spouse or other relative. The exception to this is sexual abuse in which the abuser is most likely a friend, housemate, or other non-related individual. The data also finds a significant number of non-relatives to be involved in financial exploitation compared to other types of maltreatment.



Only 2.54% of abusers were reported to be guardians of victims at the beginning of the APS case. This refers to legal guardians who have been appointed by a court with legal authority and duty to care for another person or the person’s estate. A larger 12.8% of abusers were Power of Attorneys for victims at the start of the APS case. The term Power of Attorney refers to the legal authorization that designates a person the power to act for someone else related to one’s healthcare or finances.

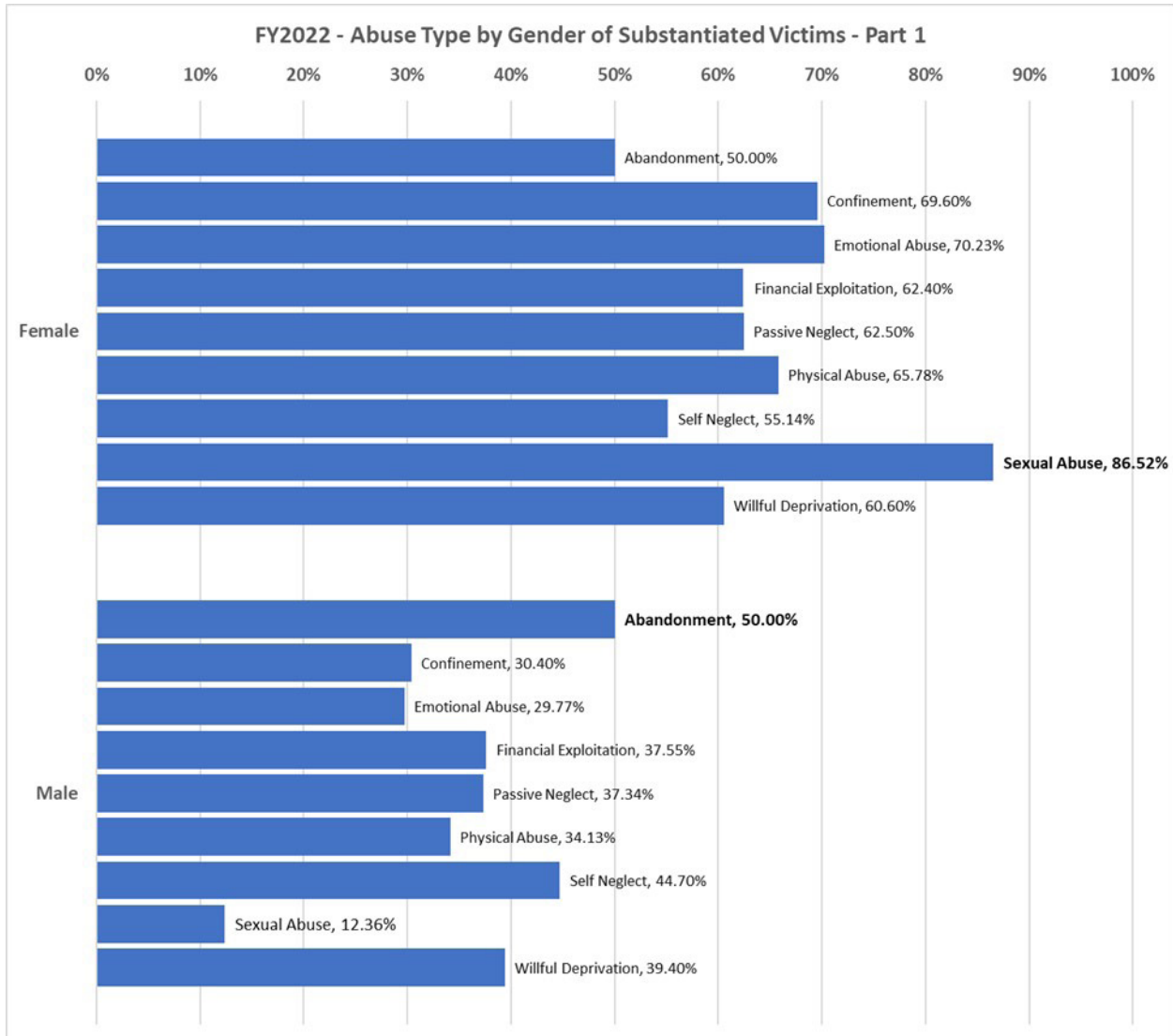
Victim’s Living Arrangement

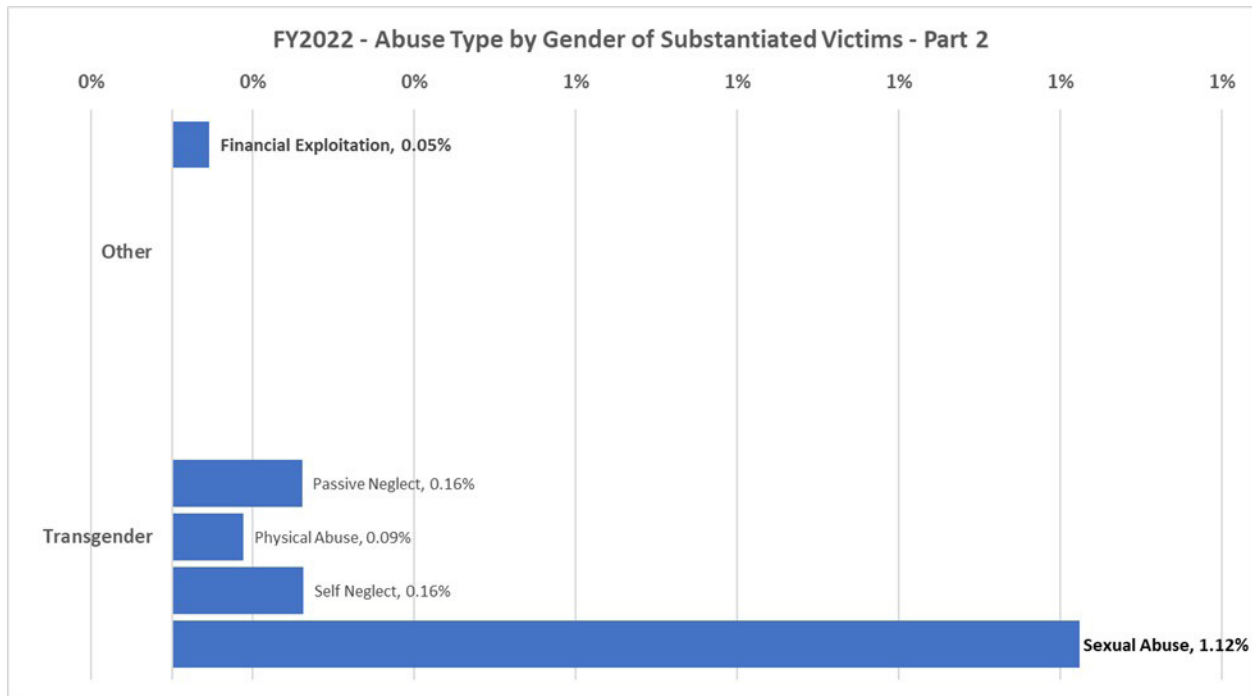
The majority of victims (76.15%) resided in their own home or apartment, while only 12.04% resided in a relative’s home. While the majority lived in their own home or apartment, there were 47.51% who lived in that home with a relative opposed to 39.74% who lived alone.



Abuser Gender by Type of Maltreatment

In Fiscal Year 2022, 50.25% of abusers were reported as female, 49.56% were reported as male, and less than 1% as transgender or other. Females were found more likely to be abusers of the following types of maltreatment: abandonment, financial exploitation, passive neglect, and willful deprivation. Men were more likely to be abusers of confinement, emotional abuse, physical abuse, and sexual abuse. Nationally, the Adult Maltreatment Report for 2021 also found women slightly more likely than men to be substantiated as abusers.





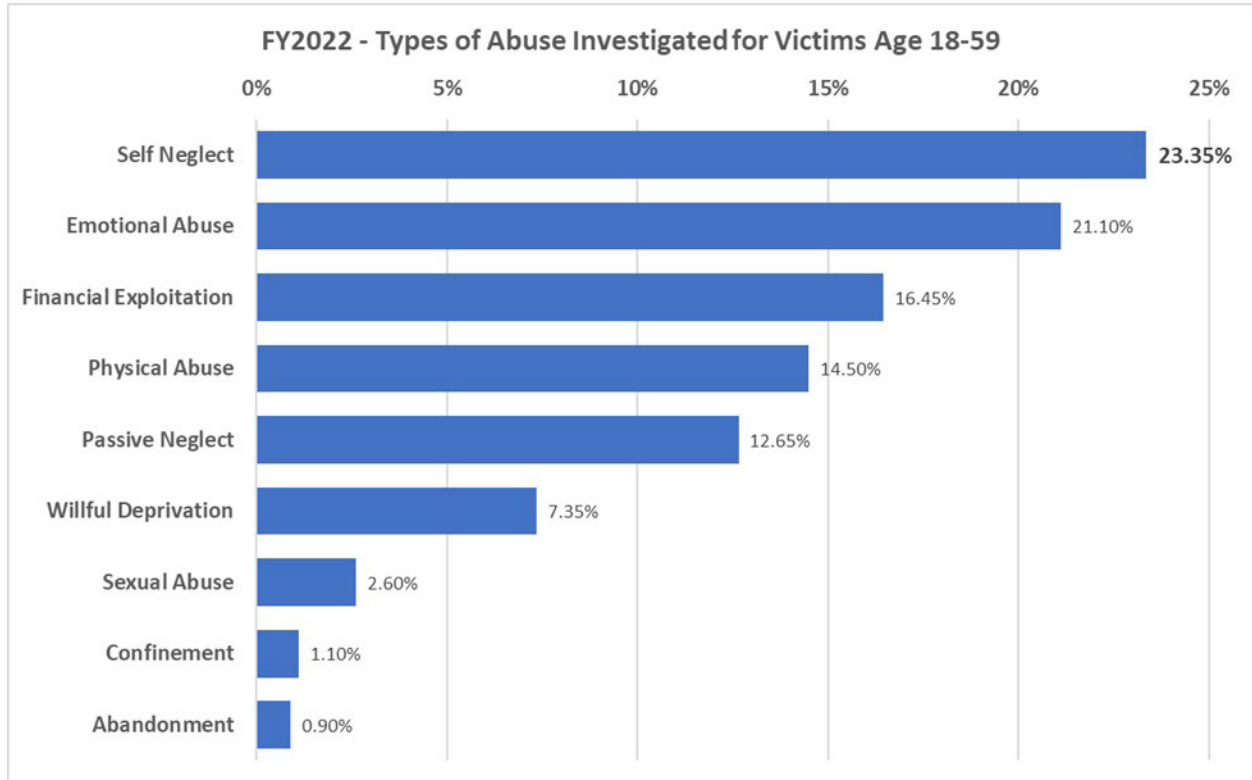
Abuser Race

In Fiscal Year 2022, most abusers identified as white. Within the other category shown in the bar graph below Illinois APS allows for various race identities aside from white or black.

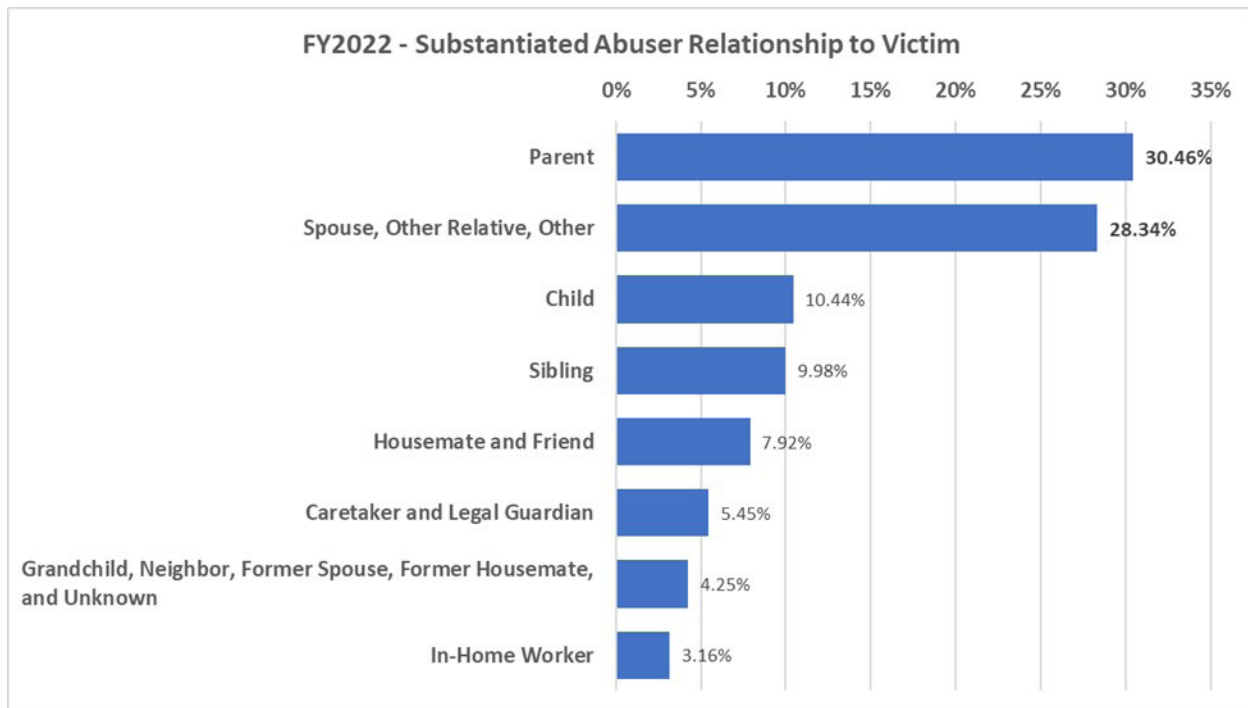
Abuser Race	% of Grand Total
White	62.71%
Black or African American	17.77%
Unknown	16.08%
Other	2.42%
Asian	0.66%
American Indian/Alaska Native	0.14%
Asian (non-specific)	0.13%
Native Hawaiian/Other Pacific Islander	0.11%
Grand Total	100.00%

Victims of the Age 18 – 59 with a Disability

There are distinctions between maltreatment types reported for eligible adults with disabilities aged 18 – 59 compared to older adults aged 60 and older. Within the younger age range self-neglect was investigated more often than any other type of maltreatment. Next, emotional abuse, financial exploitation, physical abuse, and passive neglect were most common.



Parents were found to be the largest category of abusers for the 18 - 59 aged victims at 30.46%. Legal guardians only accounted for 1.4%.



Services Referred to the Victim by APS

In Fiscal Year 2022, “other services” was the most frequently referred service by APS to victims followed by in-home services and legal services. Other services include such things as medical rehabilitation services, transportation, material aid, public assistance benefits and substance use services. In-home assistance generally refers to paid workers coming into the home to assist with meals, cleaning, bathing, shopping, etc. Legal services or interventions may include establishing a Representative Payee or Power of Attorney, orders for assessment, orders of protection, civil action to recover assets, court orders to freeze assets, divorce or legal separation, criminal prosecution, etc.

References

¹ Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, & New York City Department for the Aging. (2011). Under the radar: New York state elder abuse prevalence study. New York, NY: Author.

² “Adult Protective Services Client Outcomes Study”, New Editions Consulting, Inc., U.S. Department of Health and Human Services, Administration for Community Living, Office of Elder Justice and Adult Protective Services, August 19, 2022.

³ <https://www.ilga.gov/commission/jcar/admincode/089/089002710001200R.html>

⁴ <https://www2.illinois.gov/aging/Engage/>

⁵ <https://namrs.acl.gov/>



State of Illinois, Department on Aging

One Natural Resources Way, #100
Springfield, Illinois 62702-1271
ilaging.illinois.gov

Senior HelpLine (8:30am – 5:00pm, Monday – Friday):
1-800-252-8966; 711 (TRS)

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.