Introduction

The District of Columbia Department of Human Services (DHS), Family Services Administration (FSA), Adult Protective Services (APS) Division provides social services and crisis intervention to address the needs of abused, neglected, self-neglected, and exploited vulnerable adults (18 years of age and older). The primary goals of APS are to mitigate immediate risks and promote the safety and well-being of vulnerable adults.

The Fiscal Year (FY) 2014 APS Annual Report provides a discussion of the reports of abuse, neglect, self-neglect and exploitation of vulnerable adults both received and investigated by the program. In addition, the report identifies the aggregate outcomes of case investigations and illustrates the extent to which APS collaborates with multiple agencies to mitigate risks, provide services and stabilize vulnerable adults.

This report does not include complaints addressed by the District of Columbia Office on Aging (DCOA), the District of Columbia Long-Term Care Ombudsman (Ombudsman Program) regarding nursing homes and other institutions, or the Department of Health Care Finance (DHCF), Office of the Health Care Ombudsman.

Adult Protective Services – Purpose and Organization

APS investigates reports of alleged abuse, neglect, exploitation, and self-neglect of vulnerable adults. Further, APS intervenes to remediate risk when reports are substantiated in accordance with the Adult Protective Services Act of 1984, effective March 14, 1985 (D.C. Law 5-156; D.C. Official Code §§ 7-1901, *et seq*.), as amended (Act)) and its accompanying regulations located at 29 DCMR §§ 2900, *et Seq*.

If non-life threatening emergencies, APS commences an investigation within ten working days of receiving a report of abuse, neglect, exploitation, or self-neglect, If a case involves the risk of immediate and life-threatening harm to an individual, APS is required to contact the Metropolitan Police Department (MPD) and begin its investigation within 24 hours. These two investigations can be initiated simultaneously.

The Act requires APS to have the capacity to receive reports 24 hours a day, seven days a week. APS accomplishes this by utilizing its hotline, which records the date and time of calls received. APS uses this information as the benchmark for ensuring investigations begin within the statutory timeframes.

Operating Budget

The operating budget for APS in FY14 was $2,761,718. The FY14 APS budget was comprised of $1,096,023 in local funds and $1,665,695 in federal funds. The federal funds originate from the Social Services Block Grant (SSBG), which is awarded by the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF). SSBG provides federal financial assistance to states for the provision of services that assist families and individuals achieve economic self-sufficiency, prevent or remedy neglect, abuse or exploitation of children or adults, and preserve families by preventing institutionalization.

Staffing and Division Composition

APS conducts its work through the Screening Services Cluster (SSC), Intake Services Cluster (ISC) and the Continuing Services Cluster (CSC). Each cluster consists of social workers and a supervisor who provides guidance and direction to the cluster.

Screening Services Cluster

This cluster is staffed by a licensed clinical social worker who receives referrals and makes a determination based on uniform criteria the extent to which the information provided by the referrer can be investigated as one of the four allegation types (*i.e.*, abuse, neglect, self-neglect or exploitation). In terms of oversight, this is executed through of the Intake Services Supervisor.

Intake Services Cluster

The primary purpose of the Intake Services Cluster (ISC) is to explore with the referrer the allegations being made, and determine whether abuse, neglect, self-neglect, or exploitation is occurring or has occurred, or if an emergency exists. Sufficient information is gathered to evaluate the concerns of the person making the report and to judge whether the report is valid. The intake social worker obtains as much of the following information as is known by the person making the report:

- The name and location of the adult and directions to the adult's place of residence;
- The names and relationships of other members in the household;
- The age of the adult;
- The alleged incapacity of the adult, if warranted;
- The name and address of the caregiver, if any;
- The circumstances surrounding the abuse, neglect, exploitation, or self-neglect and/or the reason(s) the reporter suspects the adult is at risk of abuse, neglect, exploitation, or self-neglect;
- Whether an emergency exists;
- The name of witnesses, including their telephone number(s) and addresses;
- Any information about previous abuse, neglect, exploitation, or self-neglect;
- The name, address, and relationship of any other person(s) or agencies that might be concerned or have knowledge of the adult;
- The living arrangement of the adult (*e.g.*, they live alone, with their spouse, with the alleged perpetrator, etc.);
- The name, address, and telephone number of the person reporting if the reporter is willing to give this information;

- Source of the reporter's information;
- Any other information that might be helpful in establishing the cause of the suspected abuse, neglect, self-neglect, or exploitation or the risk of abuse, neglect, self-neglect, or exploitation;
- Permission to give the reporter's name and telephone number to the appropriate regulatory authority; and
- The adult's income and other resources, if known.

Continuing Services Cluster

The Continuing Services Cluster (CSC) investigates cases received from ISC that require additional attention. These cases remain within this cluster until the risks to the vulnerable adult have been mitigated or remedied.

To achieve this goal in the best interest of the client, CSC social workers may link the client with community agencies for assistance, provide home maker services, place a client in a safe place, as well as provide food if the client is in need and/or lacks the ability to obtain food on their own. Social workers in this cluster are required to conduct follow-up assessments until the case is closed.

Staffing

APS consists of the following personnel: the APS chief; two supervisory social workers; fourteen social workers; two social service assistants, and one quality assurance program coordinator and a program/policy analyst.

APS currently consists of the following staff persons:

Office of the Chief	
Chief, Ph.D., MBA	DS 14
Program/Policy Analyst	DS 12
Quality Assurance Program Coordinator (QAPC), Social Worker, LGSW	DS 12
Social Services Assistant	DS 8
Social Services Assistant	DS 8
APS Intake Services and Screening Services	
Supervisory Social Worker, LICSW	DS 13
Social Worker, LICSW	DS 12
Social Worker, LICSW	DS 12
Social Worker, LICSW	DS 12
Social Worker, LICSW	DS 12
Social Worker, LICSW	DS 12
Social Worker, LGSW	DS 11
Social Worker, LGSW	DS 11
Social Worker, LGSW	DS 11

APS Continuing Services	
Supervisory Social Worker, LICSW	DS 13
Social Worker, LICSW	DS 12
Social Worker, LICSW	DS 12
Social Worker, LICSW	DS 12
Social Worker, LICSW	DS 12
Social Worker, LGSW	DS 11
Social Worker, LGSW	DS 11

Staff In-Service Trainings and Workshops

APS staff participated in three (3) in-service trainings and workshops including the following:

1. APS Court Intervention , conducted by the Office of the Attorney General for the District of Columbia (OAG), Family Services Division, June 13, 2014

2. Understanding the Data-Sharing Act, Use of the Health and Human Services Information (HHSI) Form, and revised Consent to Protective Services and release of Information Form, conducted by DHS, Office of General Counsel, August 29, 2014

3. End of Life Choices, Compassion and Choices: End of Life Choices, Palliative Care, September 19, 2014

Continuing Quality Improvement Team: The APS Continuous Quality Improvement (CQI) team comprised of eight (8) APS staff represents a cross-section of the management team and each of the three service clusters (Screening, Intake and Continuing staff). The team continued its work during the fiscal year with three overarching goals guiding their work: (1) ensuring high quality of services; (2) identifying improved/best practices for APS work; (3) determining strategies for improving compliance standards, mandates as well as regulations; and (4) assisting in meeting APS's annual goals and objectives using a theory-based management system that focuses on processes, feedback and outcomes.

The CQI team engaged in several initiatives using the feedback loop to determine lessons learned and best practices. Since implementation of the Screening Services Cluster, the CQI team has endeavored to streamline the operations of this cluster using established criteria and associated risk levels for incoming referrals received via the hotline.

Council on Accreditation

Adult Protective Services has applied for accreditation from the Council on Accreditation (COA). COA is an international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization. COA currently accredits 50 different service areas and over 125 types of programs.

Currently, COA accredits or is in the process of accrediting more than 2,000 private and public organizations or programs that serve more than 7 million individuals and families in the United States, Canada, Bermuda, Belgium, Cuba, Germany, Italy, Japan, Puerto Rico, South Korea, the

Philippines and the United Kingdom. The accreditation process is designed to meet the needs of diverse organizations--voluntary, public and proprietary, local and statewide, large and small.

Earning this accreditation increases the credibility, integrity and achievement of APS. The accreditation facilitates streamlining of program standards, policies and procedures. This accreditation also signals the program's commitment to offer the ultimate services to its clients.

During FY 14, the APS team completed all of the requisite documentation in fulfillment of the initial phase of the process for accreditation from COA, as well as the extensive site visit. Final notification of COA's decision is forthcoming in FY 15.

The Work of Adult Protective Services

Population Served

APS provides services to any District resident that is 18 years of age or older and is:

- Highly vulnerable to abuse, neglect, exploitation, or self-neglect because of a physical or mental impairment;
- Being or has recently been abused, neglected, exploited by another, or is a victim or self-neglect; and
- Likely to continue being abused, neglected, exploited by others, or engage in self-neglecting behaviors.

Hotline Operations

In FY14, APS received 3,674 hotline calls. Of this number, twenty-four percent (24%), or 831 cases, met the criteria and threshold for an investigation. The remaining seventy-six percent (76%) of calls received did not meet the eligibility screening criteria requiring an investigation based on the nature of the call. APS referred the latter calls to other agencies or community-based organizations that would be more appropriate in responding to the inquiry.

Client Data Profile

In FY14, APS received nearly two times as many referrals involving women (517) as it did men (313). However, the number of case investigations involving males increased from FY13 (270). These case investigations occurred primarily in Wards 4, 5, and 7. The largest number of referrals that resulted in case investigation by age category was 18-59 and 80-89. The highest percentage of new cases referred to APS were residents 80 years of age or older. The allegation types most frequently reported for women were neglect (167) and exploitation (122). For men, self-neglect (124) emerged as the most frequently reported and investigated allegation type. Neglect (81) was the second most prevalent allegation type among men.

Complexity of Client Health Status

The vulnerable adults who were the subject of the referrals investigated by APS have a wide variety of illnesses. In FY14, fifty-eight percent (58%) of the clients referred were identified with at least one chronic health issue (*e.g.*, arthritis, stroke, hypertension, high blood pressure, diabetes, cardiovascular and other related heart diseases, etc.). Within this group, nearly half

reportedly had co-morbidities (more than one chronic illness). Twenty-five percent (25%) of the clients had dementia or other memory loss diseases; sixteen percent (16%) had mental/behavioral health illnesses (*e.g.*, schizophrenia, depression, paranoia, etc.); five percent (5%) had visual or hearing problems; three percent (3%) suffered from substance abuse (alcohol or illicit drugs); and three (3%) had other health problems (*e.g.* HIV/AIDS, ambulation problems, etc.).

The vulnerable adults whose cases were transferred to CSC in FY13 had higher levels of these impairments. At least seventy-five percent (75%) of the clients active within CSC had chronic health problems (*e.g.*, arthritis, stroke, hypertension, high blood pressure, diabetes, heart problems, etc.); sixty percent (60%) had dementia; nineteen percent (19%) had mental health problems; thirteen percent (13%) had problems with vision or hearing; and eight percent (8%) had other health concerns (*e.g.*, alcoholism, substance abuse, HIV/AIDS, autism, and having difficulty with ambulation, etc.).

a) Chronic Health Problems and Dementia: Chronic health problems are the most prevalent health issue reported for clients active in APS. The single most frequent conditions reported were Dementia and Alzheimer's disease.

b) Mental Illness: Mental illness impacts a significant number of clients referred to APS. This is evident in the twenty percent (20%) of cases that are referred which indicate mental illness is a possible contributing factor to the allegation. This has led to increased collaboration with the Department of Behavioral Health.

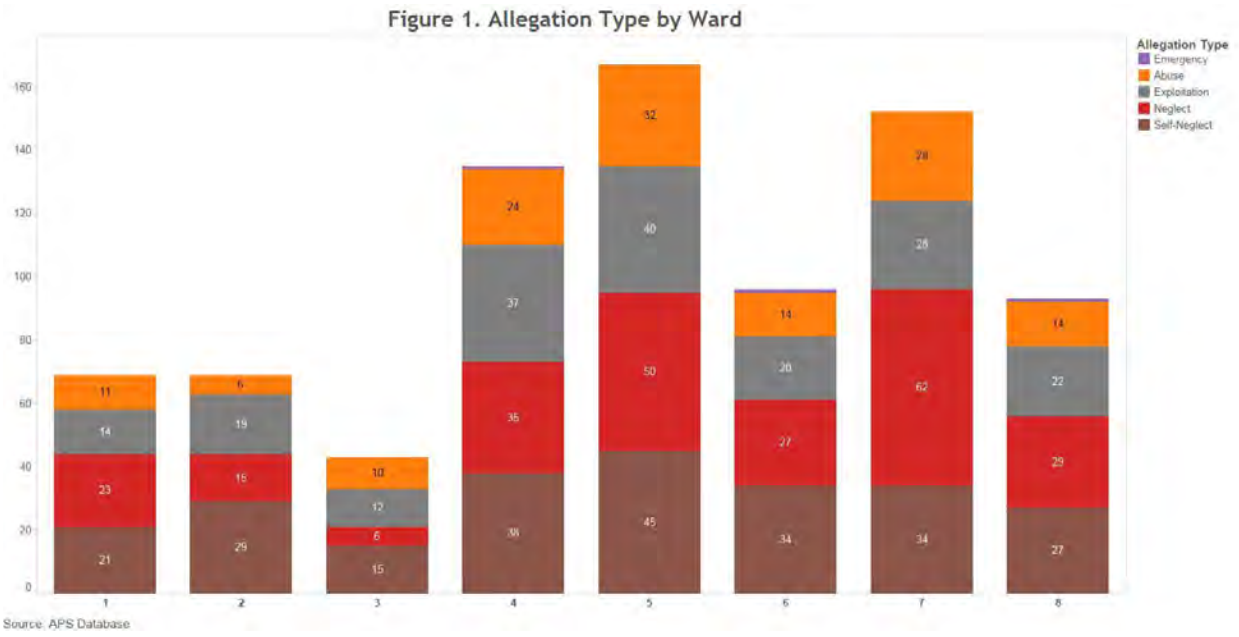
Compulsive Hoarding: Compulsive hoarding has emerged as one of the major contributing factors with regard to self-neglect referrals. Compulsive hoarding creates a risk of excessive clutter, deplorable living conditions, and/or the threat of eviction. Given the complexity of these cases, APS staff engaged in training on hoarding that illuminated the pervading issues related to hoarding and the strategies for addressing this growing challenge.

Data Tracking, Findings and Discussion

APS staff continues to enter and track key data elements related to client referrals and investigations using the QuickBase software application. This is a web-based data management platform that provides data in "real time." APS uses the database for entering and maintaining case specific information that illustrates important data outcomes as it relates to data such as frequency of allegation type, ward, age, gender, etc. The FY 14 statistical data and information presented in this report is extrapolated from the APS database. The discussion herein is an aggregate presentation of the critical data elements that address program outcomes and efficacy.

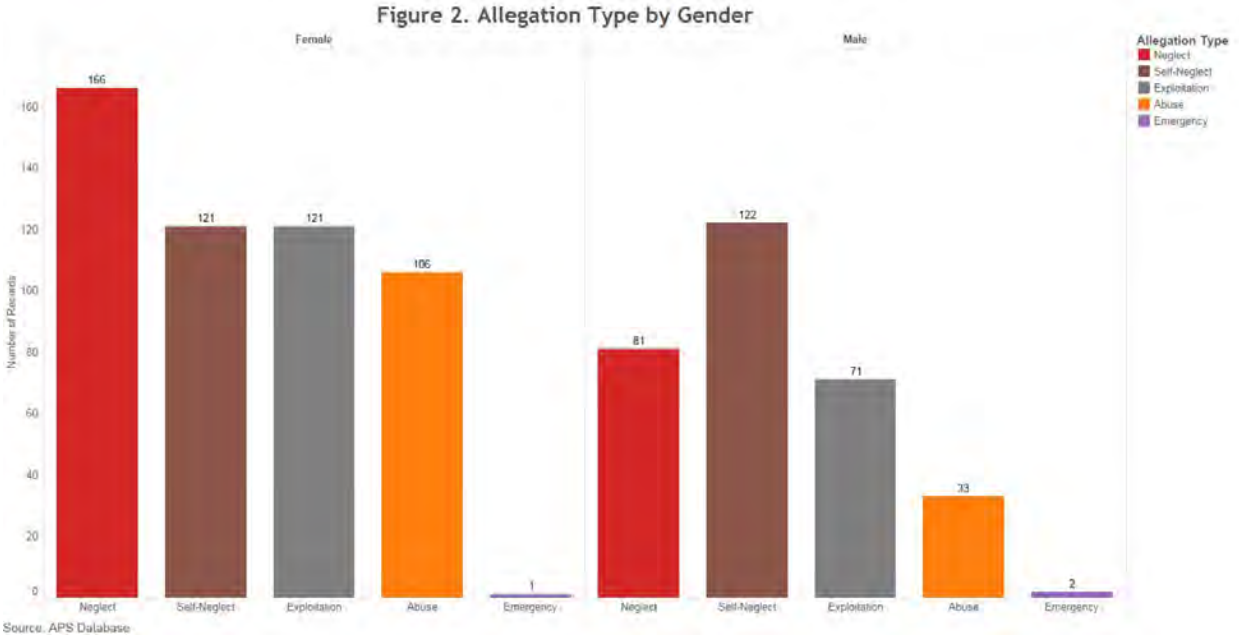
Allegation Type by Ward

Figure 1 reflects that the highest reported incidence of self-neglect occurred in Wards 4, 5, and 7. Allegations of neglect were found most frequently reported in Wards 5 and 7. APS staff investigated more allegations of neglect in Ward 7. Similarly, there was a high incidence of self-neglect referrals investigated in Wards 4 and 5.



Allegation Type by Gender

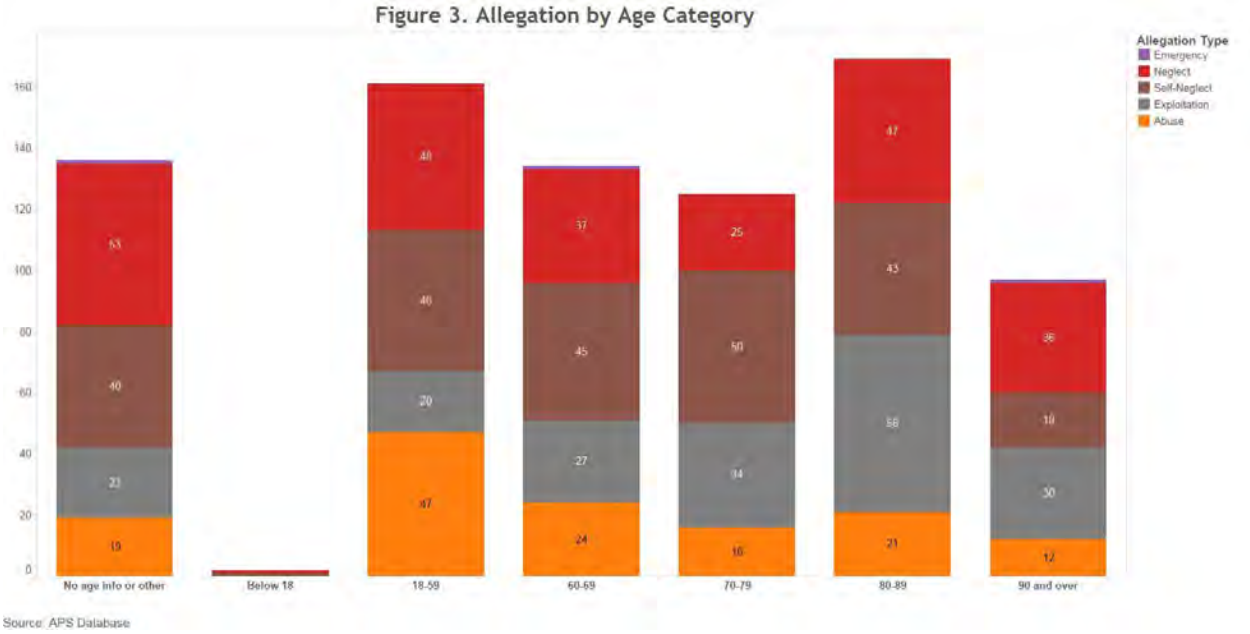
Figure 2 illustrates that of the cases investigated in FY 14, allegations of self-neglect occurred most often for males (124 cases). For females, neglect (167 cases) was the most investigated allegation type.



Allegation Type by Age Category

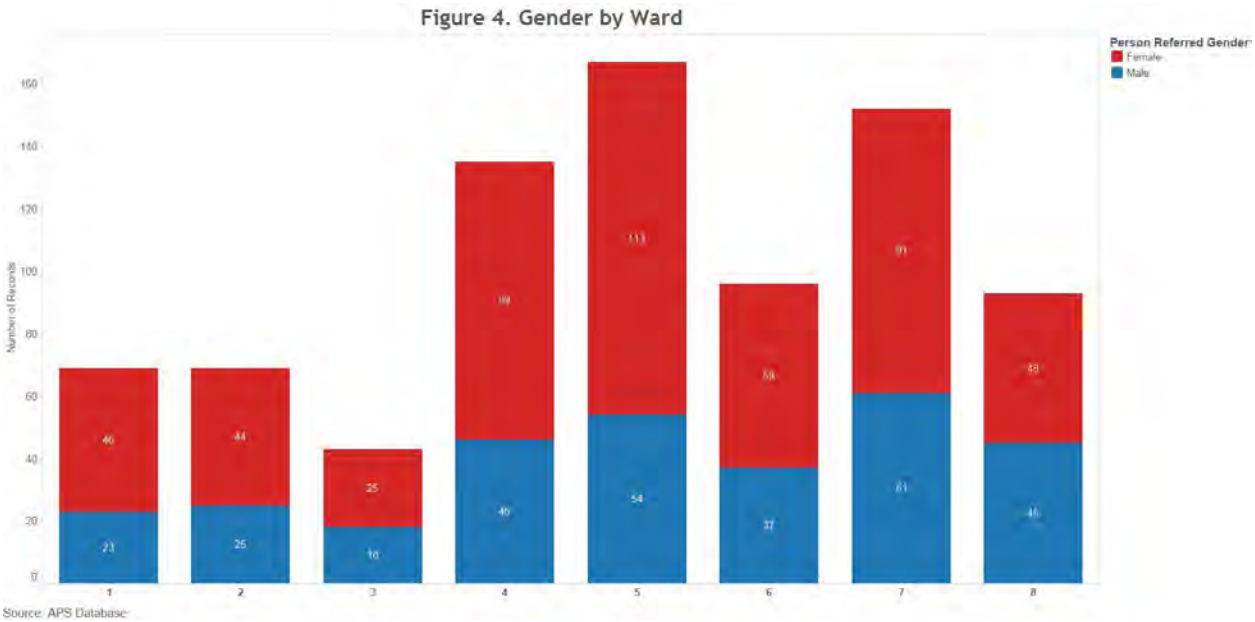
Figure 3 reflects that for persons in the age category of 18-59, neglect was the allegation type that occurred most frequently (59 cases). Self- neglect was the second most prevalent allegation type among this age category (50 cases). Within the age-category 80-89, exploitation was the

most prevalent type (64 cases). Neglect was the second most prevalent allegation type (53 cases).



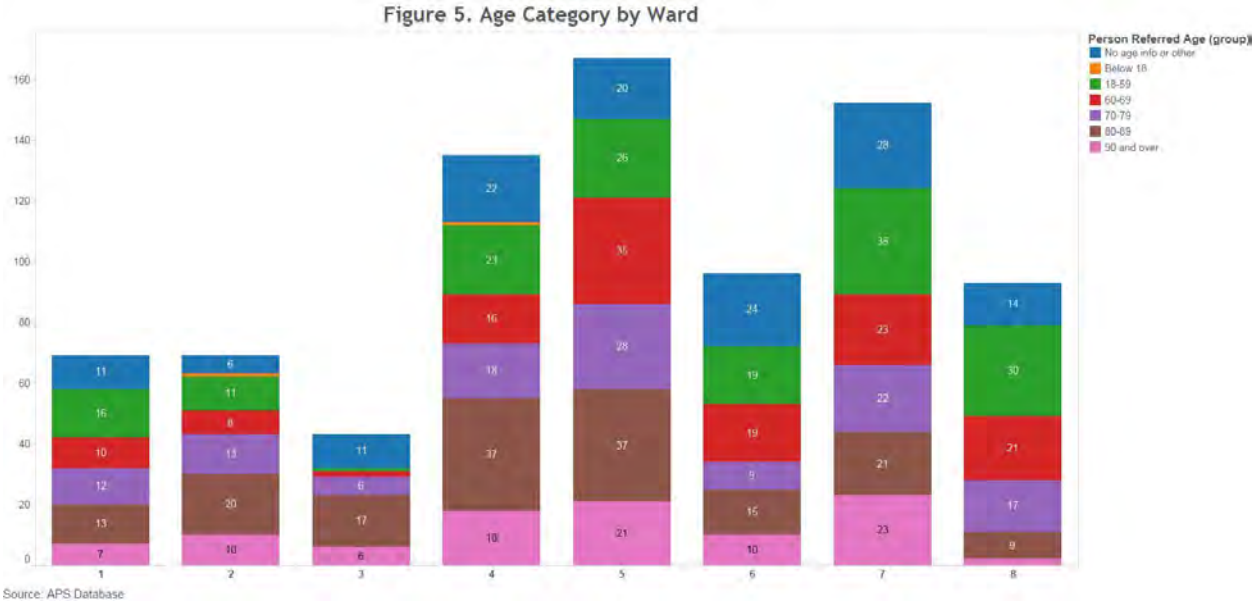
Gender by Ward

Data presented in Figure 4 suggests that the number of case investigations was highest among women residing in Wards 5 (113 cases) and 7 (91 cases). Similarly, the highest number of investigations for men also originated from Wards 5 (54 cases) and 7 (62 cases).



Age Category by Ward

Figure 5 shows that of the 167 cases investigated in Ward 4 in FY 14, the highest number occurred equally among persons in the age categories 60-69 and 80-89. In Ward 7, of the 153 case investigations, the highest number was for the age category 18-59 (41 cases).



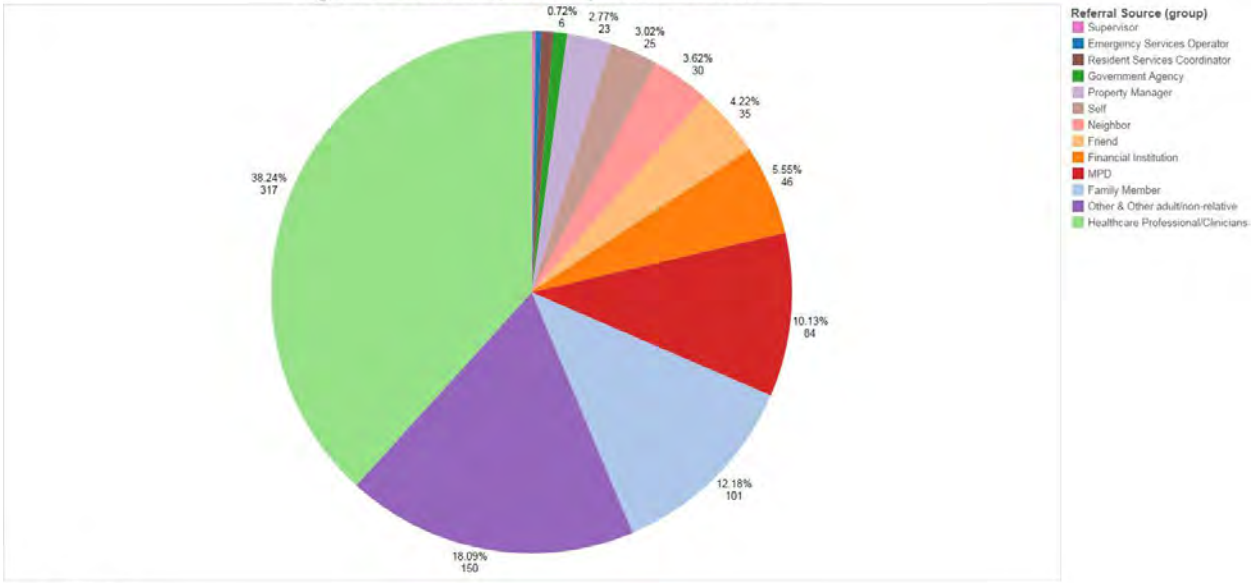
Referral Source and Reporting

Under the District's APS statute, anyone can report instances of abuse, neglect, exploitation, and self-neglect. However, the law mandates that certain persons are required to report instances of abuse, neglect, or exploitation to APS. Specifically, the Act states:

> whenever a conservator, court-appointed mental retardation advocate, guardian, health care administrator, licensed health professional, police officer, bank manager, financial manager, or social worker has as a result of his or her appointment, employment, or practice substantial cause to believe that an adult is in need of protective services because of abuse, neglect, or exploitation by another, he or she shall immediately report this belief. *See* D.C. Official Code § 7-1903 (a) (1).

The information presented in Figure 6 provides an overview of the referral sources and the number of referrals that resulted in APS opening investigations in FY 14. As the figure suggests, the largest number of APS referrals (423 cases) originated from health care professionals and clinicians, both of whom are mandatory reporters. A distant second was the Metropolitan Police Department (86 cases) and financial institutions (84 cases).

Figure 6. Number of Cases by Referral Source



Source: APS Database

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Program Outcomes

The outcomes of APS investigations vary and depend on the unique circumstances of the individual assisted by the division. APS investigations result in the mitigation of immediate risk(s), stabilization of individuals in the least restrictive environment, and the provision of resources such as caregiver support services, food, or other emergency assistance. For cases that require court intervention, APS collaborates with OAG to petition the court for the appointment of a temporary guardian, special conservator, temporary guardian and special conservator, permanent guardian, or permanent conservator.

Table 1 identifies the services and the number of clients receiving each of the interventions that APS offers.

Table 1. Program Outcomes by Number of Clients

Outcomes	Number of Clients
Total Remediated Risks	**528**
Referrals to Assistant Attorney General	**51**
Guardian/conservator appointed	**46**
Refused Services*	**59**
Homemaker placement	**59**
Psychological Assessments	**79**
Safe Placement**	**4**
Total***	**831**

Source: APS Database

**This primarily represents clients who are hoarders or have some level of dementia.*

***Safe Placement removes an individual from unsafe environment/condition.*

****The total presented in the table does not represent unduplicated data*

Legal Intervention

Cases referred to court, reasons for referral, outcome, and associated costs.

Number of court cases: In FY14, there were a total of 46 petitions filed for guardianship or conservatorship for clients active in APS. Of that number, there were six emergency hearings.

Reasons for Referral: The clients were referred to APS because they were subject to or at risk of abuse, neglect, or exploitation. Guardians were sought when clients lacked the capacity to make decisions about their own care, specifically as it relates to medical care. Conservators were sought when the clients had assets and/or property and were unable to manage their finances related to their lack of decision-making capacity. Cases were referred to the Probate Division of the Superior Court for the District of Columbia (Probate Court) for purposes of obtaining the appointment of a guardian or conservator primarily for clients with dementia or Alzheimer's disease who needed someone to make decisions for them.

Prior to scheduling a hearing, the Probate Court requires certain documentation to be included in each petition that is filed. The petition must include assessments completed by the APS social worker, a clinical psychologist, and the client's physician or medical staff at a hospital. The petition must also include the names and contact information for all interested parties.

Outcomes: All 46 of the petitions resulted in the appointment of a guardian and/or conservator by the Probate Court.

Associated Costs:

Costs associated with petitioning the court for a guardian or a conservator include:

- APS staff time to investigate the client's situation, obtain medical reports, consult with OAG, and prepare the petition. The costs associated with APS case management services are a part of the APS operating budget, and therefore, are not calculated as an expense associated with petitioning for a guardian and conservator.
- Psychological evaluations at an average cost of $300 per case when services are purchased.
- DHS renewed its Memorandum of Understanding (MOU) with the OAG for the representation of APS in all court cases seeking guardianship or conservatorship. The funding for the MOU was $60,000 for FY 14. OAG reports that the full cost of the assigned attorney was $108,231 for FY 14.
- A court-appointed examiner can cost $75 per hour.
- A court-appointed visitor can cost upwards of $85 per hour.
- The cost of a court-appointed guardian *ad litem* is $85 per hour.
- A court-appointed attorney for the client can cost $85 per hour.

If a family member is appointed as the guardian, the family member is not paid. Guardians appointed from the District of Columbia Fiduciary Panel of the D.C. Bar are paid $95 per hour

by the court unless the client has the ability to pay. The fee could be higher if the client has sufficient assets which would allow him or her to pay the conservator.

On rare occasions, family members are appointed as conservators, but they must be bonded and most family members are unable to pay for bonding. In addition, there are conflict of interest concerns when family members are appointed to manage the client's assets. Thus, family members are rarely appointed as the conservator.

Service Provision

The type, amount, and cost of protective services provided.

If reports to APS are substantiated, protective services are provided to help remediate risk and to help the client develop a safe long-term care plan. In those cases where the risk can be alleviated quickly with short-term case management or counseling services, the APS intake social worker provides direct services to the client. Cases that are more complex and require longer-term intervention are referred to APS CSC.

While in CSC, social workers make home visits, complete assessments to develop a case plan, determine what actions need to be taken to protect the client, and provide case management and support services. A range of protective services are provided, including:

- Direct Counseling: Direct counseling, both for the client and his or her family, was the service most often utilized in FY 14. Counseling included:
  - Financial counseling to help clients identify and protect resources;
  - Counseling to help clients work through the decision-making process when facing placement in a long-term care facility;
  - Family counseling to help clients and family members assume new roles; and
  - Individual support counseling to help clients understand the options available for reducing the risk of abuse, neglect, exploitation, and self-neglect.
- Home Visits/Case Management Services: A significant portion of the social work services provided directly for clients is conducted in the field during home and collateral visits. The purpose of these visits is to further investigate cases and provide case management and support services to remediate risk. Services are provided primarily by CSC social workers and include gathering information to assist clients in accessing services, providing counseling, meeting with family members, assessing the client's capacity, arranging for services, responding to emergency needs, assisting with medical appointments, making referrals, and monitoring the status of cases.
- Homemaker Services: Homemaker services consist of personal care aides to assist clients with activities of daily living which can include bathing, dressing, cooking, and feeding. Homemaker services embrace the objective of protecting clients while maintaining them in the least restrictive environment. Every effort is made to keep clients in their homes. Homemaker services assist primary caretakers on a short-term basis. The service is temporary while more permanent

solutions are developed such as homemaker services provided through the Medicaid Waiver Program, arrangements with family members to assume additional responsibility for a family member, and/or long-term placement.

- Direct Emergency Services: When clients are at risk and without basic necessities, social workers provide direct services by providing or arranging for emergency food, medication, clothing, transportation, etc. These services are provided to address emergency needs.

- Psychological Assessments: For APS clients whose judgment appears to be impaired to the point where their decision-making capacity is hindered, psychological assessments are used as part of the documentation needed when APS petitions the court for guardianship and/or conservatorship for clients.

- Nurse Practitioner Assessments: In FY 14, APS continued to use the services of nurse practitioners to conduct medical assessments in the homes of clients who were unable or unwilling to go to the doctor. These assessments assisted APS staff in assessing risk and obtaining testing such as the Purified Protein Derivative (PPD), a skin test to determine if an individual has ever come into contact with the bacteria that causes Tuberculosis, which is required for nursing home placement.

Interagency and Community Collaborations

APS continues to foster collaborative efforts with the mantra "Interagency Collaboration: How Can We Do It Better." Continuing to build this effort with momentum has led to better coordination in meeting client needs. During FY 14, APS collaborated and coordinated services for clients among agencies, including but not limited to, the DBH, Department of Health (DOH), Department of Fire, Emergency and Medical Services (DCFEMS), including the "Street Calls Program", Department on Disability Services (DDS), DCOA, Department of Health Care Finance (DHCF), Department of Insurance Securities and Banking (DISB), MPD, Long-term Care Ombudsman Program and the AARP-Legal Counsel for the Elderly.

Below is a brief description of some of the District agencies and organizations APS collaborated with in FY 14 to benefit its clients:

Department of Insurance Securities and Banking (DISB): APS continues to work with DISB in identifying strategies that will lead to increased cooperation and better participation by the financial institutions which provide services to APS clients. This is especially important in cases involving financial exploitation. APS seeks to encourage banking institutions to freeze accounts to remedy further exploitation. This relationship has led to meetings with the local Metropolitan Bankers Group advising their members of the distinct need to encourage banks, credit unions, and other financial institutions to work with APS in addressing financial exploitation of vulnerable adults.

Department of Behavioral Health (DBH): APS continued to partner with DBH, particularly the Mobile Crisis Services Division. During FY 14, APS's collaboration with DBH resulted in a more supportive approach in assessing and planning for services for mentally ill clients that were referred to APS. APS engaged in a meeting with Mobile Crisis Services to gain better understanding of the strategy for better addressing mutual clients who require immediate

intervention, (*e.g.*, involuntary commitment). Conference calls or face-to-face meetings between DBH and APS occurred regularly throughout FY14FY14, which has enabled APS to better serve persons in need of adult protective services who suffer from mental illness.

DC Office on Aging (DCOA): APS continued to partner with the DCOA in multiple ways. Most notably is APS's participation on the Elder Abuse Prevention Committee. This committee, through the appropriated Imprest Fund, affords APS the ability to offer a cadre of services to assist older adults while meeting their needs. These services include, but are not limited to, rodent, vermin and bed bug infestation treatment, light hauling, and the purchasing of furniture and bedding.

Metropolitan Police Department (MPD): In FY 14, APS continued to collaborate with MPD. The commitment of both APS and MPD is further supported in a forthcoming Memorandum of Agreement between the agencies that enumerates the manner and the extent to which both entities will collaborate and address APS cases. Presented below explicates the successful relationship that exists between APS and MPD:

1. Police Accompaniment of APS Workers: During FY 14, police officers accompanied APS social workers when requested if:

    - there was an allegation of immediate, substantial risk of life-threatening harm to an adult in need of protective services;
    - the APS worker articulated a basis for suspecting that the adult was in need of protective services or the APS worker was in danger of bodily harm or violence;
    - when a court order was issued and APS suspected resistance to the order or a threat to the APS worker or the client; or
    - in any other circumstance that the police official agreed police accompaniment would be appropriate.

2. Police Reporting: MPD reported 86 cases to APS during FY 14. These cases involved suspected abuse, neglect, or exploitation of a vulnerable adult. All of the cases were investigated. Nine (9) of the cases were continued into FY 14. Of these cases, four were petitioned and two have court dates in fiscal year 2015. The remaining cases were transferred to the CSC for follow-up and potential intervention.

3. Police Investigations: APS reported two exploitation cases to the MPD for further investigation during FY 14. At the conclusion of the fiscal year, both cases were still open and required additional data collection and information.

Office of the Attorney General for the District of Columbia (OAG): APS renewed its memorandum of understanding with OAG in FY 14, which allows OAG to provide dedicated legal services to the APS program. The overarching purpose of the MOU is to provide legal advice to APS regarding client concerns and needs and to petition the Probate Court on behalf of APS in matters seeking the appointment of a guardian and/or conservator for vulnerable adults who lack decision making capacity.

OAG represented APS in 68 cases in Probate Court in FY 14. Of those 68 cases, the results are as follows: two resulted in appointments of Temporary Guardians; three resulted in appointments of Special Conservators; one resulted in the appointment of a Permanent Conservator; and 62 resulted in the appointment of Permanent Guardians.

Office of the Long-Term Care Ombudsman (LTCOP): The Office of the Long-term Care Ombudsman investigates and resolves complaints made by or on behalf of an older person or someone who resides in a long-term care facility. In some instances, the Ombudsman will collaborate with APS on cases where there is a mutual interest and assist with abating the alleged infraction, as well as placement.

Office of Health Care Ombudsman and Bill of Rights: The Office of Health Care Ombudsman and Bill of Rights (Office) is a program within the Department of Health Care Finance (DHCF). The Office was established to ensure the safety and well-being of District consumers of health care services through advocacy, education and community outreach. During FY 14, APS received five referrals from this office. Collectively investigating these cases produced positive outcomes in each case such as rescuing clients from ongoing neglect and placing them in more suitable and caring environments.

Iona Services: This organization has provided essential services for older adults, their families, and the community for over three decades. Their staff frequently collaborates with APS on case referrals to address the needs of older adults (*i.e.*, 60 years and older) that promotes and affords them the opportunity to age well and live well while aging in place.

Family Matters of Greater Washington (Family Matters): Family Matters is a nationally accredited social services organization in the Washington metropolitan area. Family Matters, Senior Division, collaborates with APS for the provision of services to APS clients, 60 years of age and older. These services include wheelchair accessible transportation, bed bug extermination, heavy duty cleaning, and case management.

Kuehner Place for Abused and Neglected Elderly (Kuehner Place): Kuehner Place is a program established by DCOA and So Others Might Eat (SOME) which provides temporary housing and extra supportive services for up to six abused or neglected elderly adults. Each resident has access to a spacious community day center, as well as a washer and dryer in his or her apartment or suite. There are multiple services offered, including meals.

APS has an established ongoing relationship with Kuehner Place. This relationship has afforded APS with the opportunity to place six (6) clients during FY1 4 for temporary housing until a more permanent solution could be identified.

Protective Arrangement Evaluation Panel (PAEP): APS staff continued to participate in and support the Protective Arrangement Evaluation Panel (PAEP), a collaborative effort with APS, Family Matters, DCOA, and Legal Counsel for the Elderly. The PAEP is comprised of an inter-disciplinary group of social workers, lawyers, and medical personnel who discuss challenging cases that require a multi-disciplinary approach to address and stabilize difficult circumstances surrounding vulnerable clients.

Prior to the enactment of the Karyn Barquin Adult Protective Services Self-Neglect Expansion Amendment Act of 2005, effective March 8, 2006 (D.C. Law-16-67), PAEP was the only means

available to APS for assisting self-neglecting clients. Two APS social workers are active members on the PAEP.

District of Columbia Vulnerable Adult Death Analysis Review Board

APS, along with several District and local agencies which provide services to the District's elderly population (Exploratory Committee), continued to work on taking the necessary steps for creating a vulnerable adult fatality review board (Board). During FY14FY14, the Exploratory Committee (1) finalized the board's mission, which is to examine deaths involving suspected abuse or neglect of the elderly and vulnerable adults; and (2) completed the research, legislative review of and discussions with other states who have active fatality review committees, and prepared a draft Mayor's Order allowing the appointment of a Board to begin executing the work and mission set forth by the Exploratory Committee. In preparation for the Board, the Exploratory Committee is focused on establishing final criteria for case review and developing policies and procedures for board operations.

Information, Education and Community Outreach Presentations

During FY14FY14, the APS staff continued its information campaign efforts to educate the public on how to recognize abuse, neglect, self-neglect, and exploitation, as well as how to report these allegations to APS. APS disseminated information at workshops, conferences, and participated in panel discussion which aired on channel 16. Additionally, APS, along with DCOA's Executive Director, aired public service announcements on WYCB, The Senior Zone. Table 2 presents other APS outreach endeavors throughout the fiscal year.

Table 2: FY Information, Education and Community Outreach Activities by Date

Outreach Activity	Date
Presentation to the Veteran Administration Medical Center Dept. of Social Services	January 16,2014
APS 101 Presentation at the Charles Sumner Museum	April 11, 2014
Court Services and Offender Supervision Agency (CSOSA) Elder Abuse Training	April 17, 2014
Mayor's Annual Senior Symposium: What You Need to Know About Abuse, Neglect and Exploitation	May 7, 2014
Terrific, Inc.—Oasis: Importance of Reporting to Adult Protective Services	May 27, 2014
Presentation—Goodwill of Greater Washington	June 12, 2014
APS Presentation—Terrific, Inc. Luther Place Program	July 24, 2014
Senior Summit--Invited Presentation –Hosted by the Office of Anita Bonds, Councilmember At-Large	July 26, 2014
Terrific, Inc.—APS Awareness, Making a Referral and Investigation--Case Managers and Social Workers for Wards 1, 2, and 4	July 31, 2014
George Washington University Hospital—APS Presentation	August 7, 2014
"Person Centered" Empowerment Information Session sponsored by the Long-Term Care Ombudsman Program, Iona Services and the Legal Counsel for the Elderly	September 8, 2014
City-Wide Case Management Workshop—APS Presentation: How Can We Better Collaborate?	September 17, 2014
DCOA sponsored—Elder Abuse Panel Discussion on DC TV Channel 16	September 23, 2014
APS Presentation and Discussion—Reporting suspected abuse, neglect, self-neglect or exploitation, Terrific, Inc.- "Luther Place Program"	September 28, 2014
WYCB "Senior Zone" PSA Taping, DC Office on Aging and Adult Protective Services on Elder Abuse	September 29, 2014
DC Guardianship Office Orientation for New Guardians—APS 101: "Making a Referral to APS Can be a Life Saver"	September 30, 2014

Additional Outreach Activities

APS had the opportunity to educate the public on elder abuse and the far-reaching effects it can have on the victim, their families, and the community during a radio interview on WAMU (88.5 FM). The interview also provided a distinct moment to highlight the prevalence of elder abuse in the District. The segment enabled APS to discuss the importance of using outreach activities to better inform residents of prophylactic measures that can be taken to avoid becoming the next target for elder abuse.

Agency and Community-Based Committee Affiliations

In order to maintain an active presence in the community, APS staff participated on the following committees and task forces during FY14:

- *DC Office on Aging Elder Abuse Prevention Committee*
- *Long-term Care Coalition*

- *Domestic Violence Fatality Review Committee*
- *Fire and Emergency Medical Services High Client Utilization Workgroup*

Participating on these committees affords APS the opportunity to remain engaged and inform participants of current trends in protective services and case complexity, while at the same time, gaining knowledge and understanding of the challenges that confront the work of APS and their collaborating partners.

Involvement in these affiliations has placed APS at the table where new work began around burgeoning issues, such as hoarding, excessive use of the "911" system requesting fire and emergency medical services response, etc. This has been invaluable because it provided APS the ability to learn of changes to the existing landscape, specifically as it relates to the provision and utilization of services.

Revision of the APS Policy and Procedure Manual

APS endeavored to successfully revise the policies and procedures manual in FY 14. The revised manual is a comprehensive document that better depicts the current operations and related procedures of the program. This effort engaged the expertise of both internal and external partners to bring this undertaking to fruition. The APS Policy and Procedure Manual will be implemented in FY 2015.

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APPENDIX I

Adult Protective Services Fact Sheet

What is Adult Protective Services?
Answer: Adult Protective Services is a specialized social services program within the District of Columbia Department of Human Services, Family Services Administration, developed to address instances of abuse, neglect, exploitation, and self-neglect of vulnerable adults by establishing a system of reporting, requiring the investigation of each report received, and ensuring the availability of protective services.

Are there any laws that govern the work of Adult Protective Services?
Answer: Yes. The Adult Protective Services Act of 1984, effective March 14, 1985 (D.C. Law 5-156; D.C. Official Code §§ 7-1901, *et seq.*), as amended, and corresponding its regulations located at 29 DCMR §§ 2900, *et seq*. govern the Adult Protective Services Program. The laws set forth a system for reporting, investigating, and ensuring protective services intervention to address instances of abuse, neglect, exploitation, and self-neglect of vulnerable adults.

What types of complaints does Adult Protective Services address?
Answer: Adult Protective Services has the responsibility for investigating reports of alleged abuse, neglect, exploitation, and self-neglect of vulnerable adults.

What segment of the population does Adult Protective Services serve?
Answer: Adult Protective Services serves vulnerable adults 18 years of age or older who have a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection.

What types of services are provided by Adult Protective Services?
Answer: Adult Protective Services provides a variety of services to assist vulnerable adults who are victims of abuse, neglect, exploitation, or self-neglect including counseling, personal care/homemaker services, psychological assessments, referrals, and case management services.

When a referral is received by Adult Protective Services, how long does it take for the investigation to be completed?
Answer: If it is an emergency, APS reports the situation immediately to the Metropolitan Police Department who will take immediate action, and APS will investigate within 24 hours. Non-emergency cases are initially investigated within ten (10) business days.

When should Adult Protective Services be contacted?
Answer: If one encounters a vulnerable adult 18 years of age or older who is suspected of being abused, neglected, exploited, or self-neglecting, he or she should contact APS.

How can I contact Adult Protective Services?
Answer: APS can be reached seven days a week, 24 hours a day by calling the hotline at (202) 541-3950. Persons can also come by APS's office located at 64 New York Avenue, N.E., 4th Floor, Washington, DC 20002, to submit a complaint.

Who can make a referral to Adult Protective Services?
Answer: Any individual can make a referral to APS. A person can make a referral and choose to remain anonymous. Should they choose to self-identify, their personal information remains confidential. Also needed is any information that presents potential threat to the safety of the investigating social worker. If not anonymous, contact information is desired of the person reporting the complaint. Mandatory Reporters are required to report suspected abuse, neglect or exploitation of elders or incapacitated adults.

Reports should provide the name, age, address and location of the person being abused, and as much detail about the situation as possible.

Is the name of the person who submits the referral kept confidential?
Answer: Yes

What information is required when submitting a referral?
Answer: In accordance with the APS statute, referrals must include the following information, if known:

(1) The name, age, physical description, and location of the adult alleged to be in need of protective services;
(2) The name and location of the person(s) allegedly responsible for the abuse, neglect, or exploitation;
(3) The nature and extent of the abuse, neglect, self-neglect, or exploitation;
(4) The basis of the reporter's knowledge; and
(5) Any other information the reporter believes might be helpful to an investigation.

What actions cannot be taken by APS?
Answer: APS cannot:

(1) Take custody of an adult
(2) Force adult victims to accept help. The law provides that persons have the right to refuse services and that APS must honor that refusal unless the worker believes that the individual lacks capacity or that his or her refusal is prompted by intimidation by a third party.
(3) Force adult victims to go into a nursing home
(4) Tell third parties, including the referrer, what happen as a result of the referral and investigation

APPENDIX II

Adult Protective Services
Organizational Chart